

J. Stafford and L. Burns

AUSTRALIAN DRUG TRENDS 2012
Findings from the
Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 91



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under the Substance Misuse Prevention and Service Improvement Grants Fund

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Jennifer Stafford and Lucy Burns

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AGDH&A	Australian Government Department of Health and Ageing
AIHW	Australian Institute of Health and Welfare
ANSPS	Australian Needle and Syringe Program Survey
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Dataset
ATS	Amphetamine-type stimulants
AUDIT-C	Alcohol Use Disorders Identification Test - Consumption
BBVI	Blood-borne viral infections
BPI	Brief Pain Inventory
Bup.	Buprenorphine
CI	Confidence Intervals
CPR	Cardiopulmonary resuscitation
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders IV
ED	Emergency Department
EDRS	Ecstasy and Related Drugs Reporting System
FTND	Fagerstrom Test for Nicotine Dependence
GP	General Medical Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
Hydro	Hydroponically grown cannabis
ICD-10	International Classification of Diseases, Tenth Revision
IDRS	Illicit Drug Reporting System
IRID	Injection-Related Injuries and Diseases
K10	Kessler Psychological Distress Scale
KE	Key expert(s); see Method section for further details
LOC	Loss of consciousness
LSD	Lysergic acid diethylamide
MCS	Mental Component Score
MDMA	3,4-methylenedioxymethamphetamine
MH	Mental Health
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of participants
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NGOTGP	Non-Government Organisation Treatment Grants Program
NHMD	National Hospital Morbidity Database
NIDIP	National Illicit Drug Indicators Project
NNDSS	National Notifiable Diseases Surveillance System

NSP	Needle and syringe program(s)
NSW	New South Wales
NT	Northern Territory
OST	Opioid substitution treatment
OTC	Over the counter
PBS	Pharmaceutical Benefits Scheme
PCS	Physical component score
PO	Pharmaceutical opioids
PWID	Person/people who inject(s) drugs
QLD	Queensland
RBT	Random Breath Testing
SA	South Australia
SCID	Structural Clinical Interview for DSM
SDS	Severity of Dependence
SF-12	Short Form 12- Item Health Survey
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infection
TAS	Tasmania
TBI	Traumatic brain injury
VIC	Victoria
WA	Western Australia

GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection
Half weight	0.5 gram
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the IDRS (see Method section for further details)
Person who inject(s) drugs	Also referred to as PWID. In the context of the IDRS, refers to persons participating in the PWID Survey component of the IDRS (see Method section for further details)
Key expert(s)	Also referred to as KE; persons participating in the key expert Survey component of the IDRS (see Method section for further details)
Licit	Licit refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, antidepressants) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
Participant	In the context of this report, refers to persons who participated in the PWID survey (does not refer to key expert participants unless stated otherwise)
Point	0.1 gram although may also be used as a term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
Use	Use via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
↑	Significant increase ($p < 0.05$) from previous year (2011) compared with current year (2012)
↓	Significant decrease ($p < 0.05$) from previous year (2011) compared with current year (2012)

Guide to days of use/injection

180 days	daily use/injection* over preceding six months
90 days	use/injection* every second day
24 days	weekly use/injection*
12 days	fortnightly use/injection*
6 days	monthly use/injection*

*As appropriate

EXECUTIVE SUMMARY

Common terms used throughout the report

Regular PWID:	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 points towards trends and harms
Median:	The middle value of an ordered set of values (maximum: 180 days)
Mean:	The average
Frequency:	The number of occurrences within a given time period

Key findings from the 2012 IDRS

The Illicit Drug Reporting System (IDRS) is intended to serve as a monitoring system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS consists of three components: interviews with a sentinel group of people who regularly inject drugs (PWID¹) conducted in the capital cities of Australia; interviews with key experts (KE), professionals who have regular contact with illicit drug users through their work; and analysis and examination of indicator data sources related to illicit drugs. *Australian Drug Trends 2012* draws largely on the PWID participant survey and indicator data components of the IDRS, while KE are relied upon to provide contextual information within jurisdictions. As such, this information is reported more fully in the individual state/territory reports, to which the reader is also referred.

Demographics of the participant sample

Nine hundred and twenty four participants were recruited to the 2012 IDRS participant survey component. The mean age of the national sample was 39 years (range 17-71 years) and 66% were male. The vast majority of the sample spoke English as their main language at home (97%), and 16% identified as being of Aboriginal and/or Torres Strait Islander descent. More than three-quarters (84%) of the sample were currently unemployed, over half (54%) reported a previous prison history and nearly half (44%) were in current treatment, mainly methadone.

Consumption pattern results

Current drug use

- The mean age of first injection was 20 years. Of the national sample, 50% reported that an amphetamine (including methamphetamine) was the first drug injected, followed by heroin (37%).
- Heroin was nominated by approximately half (54%) of the national sample as their drug of choice, followed by methamphetamine, morphine and cannabis.
- The drug injected most often in the last month broadly followed the same pattern. Forty-two percent of the national sample reported injecting heroin most often in the last month, followed by methamphetamine. Nearly half (46%) of the participants in the national sample reported daily injecting.

Heroin

- Heroin use was reported as the main drug of choice among participants. Around two-thirds (60%) of the sample reported using heroin in the last six months on a median of 72 days. Twenty-eight percent of recent heroin users reported daily heroin use. Nearly all of the recent heroin users injected. Small numbers reported using homebake heroin recently. The majority of

¹ The term 'participants' is used throughout the report to refer to the IDRS participant sample. Participants completing the key expert survey are referred to as KE, or key experts (see Glossary).

recent heroin users reported mainly using 'white/off-white' coloured heroin compared to 'brown' heroin.

Methamphetamine

- The IDRS distinguishes between methamphetamine powder ('speed'), methamphetamine base, and crystal methamphetamine ('ice' or 'crystal').
- Around two-thirds (68%) of the national sample reported using one or more forms of methamphetamine recently on a median of 22 days. Recent speed use remained fairly stable, while the recent use of base was significantly lower and the recent use of ice/crystal significantly higher than the previous year. Ice/crystal was the form mainly used by the sample, followed by speed. Small numbers reported using any form of methamphetamine daily.

Cocaine

- The recent use of cocaine remained most common among participants in NSW (44%), with proportions elsewhere reporting use in the preceding six months remaining at less than 16%. The frequency of cocaine use among users remained low and sporadic in all jurisdictions except NSW. Nationally, the frequency of cocaine use was a median of seven days (10 days in NSW).

Cannabis

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

Other opioids

- Around half of the national sample reported recent use of methadone (any form) and around one-third reported recently injecting. Twenty percent of the national sample reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview, and 10% the recent use of 'illicitly' obtained methadone tablets (Physeptone).
- Six percent of the national sample reported use of 'licitly' obtained buprenorphine in the six months preceding interview and 14% the use of 'illicitly' obtained buprenorphine.
- Nine percent of the national sample reported using 'licitly' obtained buprenorphine-naloxone 'tablet', while 8% reported recently using buprenorphine-naloxone 'film'.
- Eleven percent reported 'illicitly' obtained buprenorphine-naloxone 'tablet' in the preceding six months, while 7% reported recently using buprenorphine-naloxone 'film'.
- The recent use of 'licit' morphine was reported by 9% of the sample compared to 38% for 'illicit' morphine. Morphine remained the most commonly injected pharmaceutical in the national sample (40% in 2012). Jurisdictional variations and changes were observed. The use of morphine remained highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available.
- Recent 'licit' oxycodone use was reported by 7% of the national sample compared to 35% for 'illicit' oxycodone in the last six months.
- Fifteen percent of the national sample reported using over the counter codeine on a median of seven days in the last six months.
- Twenty-one percent of the national sample reported recent use of 'other' opioids (i.e. those not elsewhere classified – mainly Panadeine FORTE®) on a median of ten days. Recent injection of these preparations was low at one percent.

Other drugs

- Around two-thirds (63%) of the national sample reported using ecstasy in their lifetime with 12% reporting use in the last six months.

- While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (65%), recent use remained fairly low, with six percent reporting use in the six months preceding interview.
- Sixty percent of the national sample reported using some form of alprazolam in their lifetime, with nearly half (44%) reported recently using any form of alprazolam on a median of 10 days. Six percent reported recently injecting alprazolam.
- Three-quarters (72%) of the national sample had used another form of other benzodiazepines not including alprazolam in their lifetime. Over half (54%) reported recently using any form of other benzodiazepines on a median of 56 days. Small proportions reported recently injecting other benzodiazepines (6% or less).
- The majority (79%) of the national sample had reported the use of benzodiazepines (including alprazolam) at some stage in their lifetime. Sixty-four percent reported the recent use of benzodiazepines on a median of 91 days. Only small numbers reported recently injecting benzodiazepines on a median of six days in the last six months.
- Fourteen percent of the national sample reported recently using pharmaceutical stimulants on a median of four days in the last six months.
- The use of Seroqual® ever was reported by 48% of the sample, 25% reported recently using Seroqual®.
- Lifetime use of inhalants was reported by 21% of the national sample; however, only small numbers reported using inhalants in the last six months (2%).
- Two-thirds of the national sample reported having drunk alcohol in the preceding six months, with those who had consumed alcohol having done so on an average of one day per week. Eighteen percent of the national sample reported daily use of alcohol.
- As in previous years, tobacco was widely used among the 2012 sample, with 93% having used it in the preceding six months. The vast majority of participants (95%) were daily smokers.

Drug Market: price, purity, availability and purchasing patterns

Heroin

- Heroin was typically \$50 per cap across the jurisdictions and remained stable compared to 2011. The median price for a gram varied. The majority of the participants reported heroin purity as 'low'. Heroin was considered either 'easy' or 'very easy' to obtain in the last six months and this was stable. The most common source when purchasing heroin was through a known dealer or friend. The most common place of purchase was at an agreed public location.

Methamphetamine

- Methamphetamines were reported to be around \$50 per point nationally for speed and base and \$100 for ice/crystal, variations were noted across jurisdictions. Price was considered as 'stable' over the last six months by the majority of participants. The purity of speed was considered 'low', base 'medium/high' and ice/crystal 'high'. All forms for methamphetamine were generally considered 'easy' or 'very easy' to obtain. Participants purchased all forms of methamphetamine from a variety of sources, most commonly friends and known dealers. An agreed public location was the most common place of purchase.

Cocaine

- Small numbers in all jurisdictions, except in NSW, were able to comment on the price, purity, availability and purchasing of cocaine. The price of a gram and a cap of cocaine in NSW were \$375 and \$50 respectively. The purity of cocaine was considered 'medium' with most reporting purity as stable over the last six months. The availability of cocaine was reported as 'easy' to obtain in NSW and nationally. Purchasing from a friend, known dealer or street dealer was most common nationally and in NSW.

Cannabis

- The median cost of a gram of hydroponic cannabis was around \$20-\$30. While the median cost of an ounce of hydroponic cannabis was between \$220 and \$420. Price for both forms of cannabis (bush and hydroponic) was reported as 'stable' over the last six months. Nationally participants reported the potency of hydro as 'high' and bush 'medium'. This remained stable over the last six months. The availability of cannabis (both forms) was considered 'very easy' or 'easy' to obtain. Either form of cannabis was typically purchased through a friend or known dealer from either a friend or dealer's home.

Methadone

- The majority of those who commented reported the price of 'illicit' methadone syrup to be a median of \$1 per millilitre and physeptone at \$15 per 10mg tablet. Over two-thirds reported the availability of 'illicit' methadone as 'easy' to obtain. Price and availability remained stable over the last six months. The majority of participants reported purchasing methadone through a friend, usually from a friend's home or at an agreed public location.

Buprenorphine

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

Buprenorphine-naloxone

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

Morphine

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

Oxycodone

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

Health-related trends associated with drug use***Overdose and drug related fatalities***

- Twenty percent of IDRS participants (who reported ever overdosing on heroin) had experienced a heroin overdose in the past 12 months. The highest rates of recent (12 month) overdose were in the WA and QLD (36% and 29% each respectively).
- Of those who had ever overdosed on another drug (not including heroin), 28% had done so in the past year, and 5% had done so in the last month preceding interview.
- Indicator data from the Australian Bureau of Statistics reported 500 accidental deaths due to opioids in 2008. The majority occurred in NSW and VIC. Males comprised the majority of

accidental opioid deaths among 15-54year olds. Methamphetamine was determined to be the underlying cause of death in 20% (n=16) of all methamphetamine related deaths, and cocaine was determined to be the underlying cause of death in 13% (n=2) of all cocaine-related deaths in 2008.

Drug treatment

- Nearly half (44%) of the IDRS sample reported current treatment, mainly methadone with a median of 36 months in treatment.
- In Australia, indicator data from the Australian Institute of Health and Welfare on the total number of clients registered in opioid substitution treatment remained relatively stable in all jurisdictions in 2011. The majority of clients were being prescribed methadone, followed by buprenorphine-naloxone and buprenorphine. This pattern was also reflected among IDRS participants who reported current treatment.
- Data from the Alcohol and Other Drug Treatment Services-National Minimum Data Set indicated that VIC, the ACT and NSW had the highest proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (drug of main concern). While WA reported the highest proportion of closed treatment episodes for people who identified amphetamines as their principle drug of concern, NSW cocaine and TAS cannabis.

Hospital separations

- The number of opioid-related hospital separations remained relatively stable between 2008/09 and 2009/10, the most recent data available at the time of publication. Separations relating to opioid use were higher than for methamphetamine at the national level. Differences were noted in the jurisdictions.
- Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Figures were highest in NSW in 2009/10. Cannabis-related separations have remained relatively stable between 2008/09 and 2009/10.

Injecting risk behaviours

- Needle and syringe programs were by far the most common source of needles and syringes in the preceding six months (95%), followed by chemists (16%). Receptive sharing ('borrowing') of needles/syringes was reported by 7% of participants in the month preceding interview, usually after a regular partner or close friend. While 14% reported that somebody had used a needle after them (lent) in the month preceding interview.
- Nationally, around half (47%) reported re-using their own needle ranging from 26% in the NT to 63% in TAS. One-quarter reported the sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) nationally in 2012. The majority of participants reported last injecting in the arm.
- In Australia, hepatitis C virus (HCV) continued to be more commonly notified than hepatitis B virus (HBV). The prevalence of human immunodeficiency virus (HIV) among those people who inject drugs in Australia has also remained stable at relatively low rates over the past decade, with HCV more commonly reported.
- The majority of IDRS participants reported last injecting in a private location (80%), with smaller proportions last injecting in a public location such as on the street, in a car or in a public toilet. Over half (59%) of the IDRS sample experienced an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. in finding a vein).

Blood-borne viral infections

- Of those who commented, 93% reported testing for HBV in their lifetime compared to 96% for HCV and 94% for HIV.

- Among those who had tested for HBV, 62% had a test within the past year and 30% within the last three months. Six percent reported a positive result.
- Sixty-one percent of those who commented had been vaccinated against HBV. The main reason for vaccination was 'at risk – injecting drug use'.
- Among those who had tested for HCV, 65% had a test within the past year and 31% within the last three months. One percent reported a positive result. The main reason for testing was a 'matter of routine'.

Alcohol use disorders Identification test - consumption

- Sixty percent of males and 50% females scored 5 or more on the AUDIT-C, indicating the need for further assessment
- The mean score on the AUDIT-C among those who drank alcohol recently was 5.6.

Mental health problems and psychological distress

- Forty-three percent of the IDRS sample self-reported a mental health problem in the preceding six months, most commonly depression (70% of respondents) and/or anxiety (52% of respondents).
- Among those who had experienced a problem, the number who reported seeing a mental health professional during the last six months significantly decreased between 2011 and 2012 (71% and 58% respectively).
- Eighty percent of participants who reported experiencing a mental health problem had been prescribed medication for this problem during the past six months, most commonly antidepressants (50%) and/or antipsychotics (37%).
- Higher levels of psychological distress, as measured by the Kessler Psychological Distress Scale (K10), were reported by the national sample compared to the Australian general population, with 28% reporting 'high' distress (7.4% in the general population) and 32% reporting 'very high' distress (2.4% in the general population). Those reporting a 'very high' level of distress have been identified as possibly requiring clinical assistance.
- IDRS participants scored a mean of 35.3 for the mental component score and 41.9 for the physical component score. These scores are significantly lower compared to the Australian population.
- Scores indicated that IDRS participants had poorer mental and physical health than the population average.

Health service assess

- The majority of participants reported visiting a GP in the last four weeks on a median of two occasions, followed by an OST doctor on a median of one occasion in the last four weeks. One-third (29%) of those who saw a GP reported visiting on one occasion for a substance use reason whereas 72% of those who saw an OST doctor had visited on one occasion for a substance use reason.

Driving risk behaviour

- Driving under the influence of alcohol was reported by 20% of participants who had driven in the preceding six months. Seventy-seven percent reported driving under the influence of an illicit drug during that time (mainly heroin), 65% of whom believed that it had had no impact on their driving. Eighteen percent felt that their driving had been 'slightly impaired', 5% 'quite impaired', 10% 'slightly improved' and 3% 'quite improved'.
- Twenty-one percent reported being saliva drug tested soon after taking an illicit drug, with 16 participants reporting a positive result.

Law enforcement-related trends associated with drug use

Reports of criminal activity

- Participant reports of criminal activity remained stable compared to previous years, with 37% of the national sample reporting engagement in criminal behaviour in the preceding month. The most common types of crime committed were drug dealing and property crime.

Arrests

- Thirty-three percent of the national sample reported having been arrested in the preceding 12 months.
- The most recent indicator data available on consumer and provider arrests were for the financial year 2010/11. In 2010/11, numbers of consumer and provider arrests for heroin and other opioids were lower than 2009/10 numbers.
- The number of arrests for amphetamine-type stimulants (including phenethylamines such as 3,4-methylenedioxymethamphetamine [MDMA]) and cocaine, while cannabis was higher nationally.
- Cocaine arrests were higher in NSW and remained low and stable elsewhere.
- Cannabis arrests continued to account for the majority of all drug-related arrests in Australia.

Expenditure on illicit drugs

- Among the national sample who commented, 61% reported spending money on illicit drugs the day before interview. The median amount spent by those who had purchased drugs was \$80.

Special topics of interest

Nicotine Dependence

- Nearly the entire IDRS sample (94%) reported smoking tobacco (at any stage) during the last 12 months.
- Forty-four percent of those who had smoked in the last 12 months had reduced the amount of tobacco smoked in a day and 31% tried to give up.
- Among those who had tried to give up, cut down or changed to a lower tar/nicotine content, the main motivator was 'worried that smoking was affecting health or fitness' (68%).
- Among those who reported daily smoking, half reported having their cigarette within the first five minutes of waking. Forty-six percent of daily smokers reported smoking between 11-20 cigarettes a day.
- Thirty-eight percent of daily smokers found it difficult to refrain from smoking in forbidden places.
- Two-thirds reported that they would hate giving up the first cigarette in the morning.
- Nearly half of daily smokers scored 6 or above indicating high/very high nicotine dependence. The mean Heavy Index Score was 5.0.

Pharmaceutical Opioids

- Seventy-four percent of the national sample recently used pharmaceutical opioids such as methadone and oxycodone.
- Of those who recently used pharmaceutical opioids, nearly half reported using them to treat self-dependence and around one-third for pain relief.
- Twenty-one percent of those who commented reported being refused pharmaceutical medications due to injecting history.
- Of those who commented, 41% were prescribed pharmaceutical medications for pain relief in the last six months.
- Of those who commented, 40% reported sourcing information about pill filtering from an Needle and Syringe Program.

Brief Pain Inventory

- One-third of the national sample experienced pain (other than everyday pain) on the day of interview.
- Of those who experienced pain, 73% reported the pain as non-cancer, 16% acute pain and 9% chronic cancer/malignant pain.
- The mean 'pain severity score' was 4.7, with one percent scoring 10 and the mean 'pain interference score' was 5.2, with three percent scoring 10.
- The mean score for 'relief from pain medication' was 4.7, with 10% scoring 10.
- Of those who experienced pain, around half reported trouble obtaining pain relief medication in the last six months.

Opioid and Stimulate Dependence

- Of those who recently used a stimulant drug (mainly methamphetamine) and commented, the median SDS was 3.7, with 43% scoring four or above indicating dependence.
- Of those who recently used an opioid drug (mainly heroin) and commented, the median SDS score was 7.6, with 76% scoring five or above indicating presence of dependence.

Neurological history

- Life prevalence of epilepsy and cerebrovascular disease (e.g. stroke) was higher in the IDRS sample than the general population.
- Nearly half of the IDRS sample reported a lifetime history of a Traumatic Brain Injury on a median of two occasions.
- Eighteen percent of those who experienced a Traumatic Brain Injury reported a level of consciousness greater than half an hour.
- The median age of most severe Traumatic Brain Injury was 25 years.
- One-third of the group reported being under the influence of alcohol, and 34% were under the influence of at least one drug (mainly heroin) at the time.

OST injection

- Of the national sample, 18% reported recently injecting methadone, 12% buprenorphine, 9% buprenorphine-naloxone 'tablet' and 4% buprenorphine-naloxone 'film'.

Injection-related injuries and diseases

- The IDRS gathered information on injection-related injuries and diseases which were then compared to the injection-related injuries and diseases project.
- The most common injection-related injury reported ever by the IDRS sample and in the Injection-Related Injuries and Diseases project was a dirty hit (59% and 67.9% respectively).
- In the last six months, the most common injection-related injuries or diseases reported by the IDRS sample was redness near the injection site (30%).

Possession laws

- Three-quarters of the national sample believed the quantity of drugs they were caught with would affect the type of charge received.
- Of those who believed this, the median number of two points for heroin and methamphetamine was the quantity thought to affect the type of charge.

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug system funded by the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The IDRS has been conducted in all states and territories of Australia since 2000. The purpose of the IDRS is to provide a coordinated approach to monitoring the use of illicit drugs – in particular, heroin, methamphetamine, cocaine and cannabis. It is designed to be sensitive to trends, providing data in a timely manner, rather than to describe issues in detail. Therefore, the IDRS can provide direction for more detailed data collection on specific issues.

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

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

Jurisdictional differences. To provide a greater understanding of some of the reasons for differences between jurisdictions, detailed reports describing drug trends in each jurisdiction can be obtained via the National Drug and Alcohol Research Centre website www.ndarc.med.unsw.edu.au. These reports can provide richer data and context around trends in each state/territory, particularly through their incorporation of KE comments and indicator data not available at a national level.

Ecstasy and related drug use. Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among people who regularly inject drugs, it cannot provide information on drug use and harms among all groups of drug users. The Ecstasy and related Drugs Reporting System (EDRS), which has been funded in every jurisdiction in Australia since 2003, has documented patterns and trends in use among regular ecstasy users. The EDRS adopts the same methodology as the IDRS, and results are reported elsewhere (Sindicich and Burns, 2013) or www.ndarc.med.unsw.edu.au for further details).

1.1 Study aims

The primary aims of the 2012 national IDRS were:

1. to document the price, purity, availability and patterns of use of the four main illicit drug classes in this country, primarily focusing on heroin, methamphetamine, cocaine and cannabis;
2. to document risks and harms associated with drug use; and
3. to detect and document emerging drug trends of national significance that requires further and more detailed investigation.

2 METHOD

The 2012 IDRS monitored trends in illicit drug markets using the methodology trialled by Hando and colleagues in NSW, VIC and SA (Hando, O'Brien, Darke et al., 1997; Hando, Darke, O'Brien et al., 1998). In 2012, in all Australian jurisdictions, drug trends were monitored through a triangulation of three data sources. In each jurisdiction, data collection consisted of:

1. a quantitative survey of people who inject drugs (PWID);
2. a semi-structured interview with key experts (KE) who worked with illicit drug users; and
3. analyses of indicator data sources related to illicit drug use.

These data were used to provide an indication of emerging trends in drug use and illicit drug markets. Comparisons of data sources were used to determine convergent validity of illicit drug trends. The data sources were also used in a supplementary fashion, in which KE reports served to validate and contextualise the quantitative information obtained through the participant and/or trends suggested by indicator data.

2.1 Survey of people who regularly inject drugs

A total of 924 people who inject drugs were interviewed in 2012. The 924 PWID who participated in the 2012 IDRS were interviewed between June and August, 2012. The sample sizes in each jurisdiction were: NSW n=151; VIC n=150; NT n=125; TAS n=106; QLD n=100; WA n=100; ACT n=99; and SA n=93. The sample sizes reflect predetermined quotas. To be eligible to participate in the survey, PWID participants needed to be at least 16 years of age (due to ethical requirements), to have injected at least monthly during the six months preceding interview, and to have been a resident for at least 12 months in the capital city in which they were interviewed. Participants were recruited using multiple methods, including advertisements in street press, newspapers, treatment agencies, needle and syringe programs (NSP) and peer referral. Participants were interviewed in locations convenient to them, such as NSP, treatment agencies, public parks, coffee shops and hotels. The recruitment remained consistent with the methodology used in previous years.

The interview schedule was administered to participants by research staff in all jurisdictions. Interviews took approximately 30 to 50 minutes to complete. Participants in all jurisdictions were reimbursed up to \$40 for their time and expenses incurred. Informed consent to participate was obtained prior to interview. All participants were assured that all information they provided would remain confidential and anonymous.

The structured interview schedule administered to participants was similar to that administered in previous years, which was originally based on previous NDARC studies of heroin and amphetamine users (Darke, Hall, Wodak et al., 1992; Darke, 1994). Survey items included demographics, drug use history, market characteristics (including price, perceived purity and perceived availability) of the main drugs investigated by the IDRS, health-related trends associated with drug use (including injection-related harms, risk behaviours, overdose and mental health) and law enforcement-related harms associated with drug use (including recent criminal activity and perceptions of police activity). In 2012, amendments were made to the questionnaire in an attempt to collect more detailed information on stimulant and opioid dependence and smoking using the Fagerstrom Test for Nicotine Dependence. Other inclusions included information on blood-borne viral infections (BBVI) testing and vaccination, opioid substitution treatment medication injection, injection-related injuries and diseases, the brief pain inventory, neurological history and drug possession laws.

Each jurisdiction obtained ethics approval to conduct the study from the appropriate Ethics Committees in their jurisdiction.

2.2 Survey of key experts

A total of 121 KE were interviewed, either by telephone or in person, between June and early October 2012. Criteria for entry to the KE component of the IDRS were at least weekly contact with illicit drug users in the six months preceding interview, or contact with at least 10 illicit drug users during the same timeframe. Some law enforcement personnel were interviewed who did not have regular contact with illicit drug users, but they were able to supply information about drug importation, manufacture and/or dealing.

Participants in the KE component had either participated in the IDRS in previous years, or were referred by colleagues, supervisors or former KE. They were screened for eligibility prior to interview. The purpose and methodology of the IDRS were described to KE prior to interview, and they were given the opportunity to obtain more information about the study before deciding whether to participate. KE were remunerated with a small incentive (e.g. box of chocolates, coffee) for their time.

The numbers of KE recruited in each jurisdiction were: TAS n=23; NSW n=19; VIC n=16; SA n=16; WA n=13; QLD n=12; NT n=12; and ACT n=10. KE included nurses, drug dealers, staff of drug treatment agencies, residential rehabilitations and therapeutic communities (e.g. counsellors, psychologists, nurses, drug treatment workers, general health workers), outreach workers, hospital emergency department staff, NSP staff, researchers, forensic scientists, user representatives, law enforcement agencies, legal agencies, youth services, mental health professionals, paramedics, youth workers, and general/community health agencies.

As in previous years, the majority of KE recruited were most knowledgeable about heroin/opioids or methamphetamine/amphetamines, and it was very difficult to find KE who were able to talk about cocaine, reflecting the differences in use and presentations to services.

KE interviews took approximately 45 minutes to administer. The interview schedule was a semi-structured instrument that included sections on demographic characteristics of illicit drug users, drug use patterns, the price, purity and availability of drugs, criminal activity, and health issues.

The interview schedule consisted of open-ended and closed-ended questions, and the interviewers took notes during the interview that were later transcribed into a variety of data analysis formats that differed across jurisdictions. The responses were analysed and sorted for recurring themes

Detailed reports of key findings arising from KE interviews may be found in each jurisdictional report available on the NDARC website www.ndarc.med.unsw.edu.au click on 'Drug Trends'.

2.3 Other indicators

A number of secondary data sources were examined to supplement and validate data collected from the PWID and KE surveys. These included data from survey, health, research and law enforcement sources. The pilot study for the IDRS (Hando, O'Brien, Darke et al., 1997) recommended that such data should:

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

Data sources that are included in the national IDRS report were obtained as part of the National Illicit Drug Indicators Project (NIDIP) and include:

- drug purity data provided by the Australian Crime Commission (ACC). This includes the number and median purity of seizures of illicit drugs made by state/territory and federal law enforcement agencies that were analysed in Australia;
- data on consumer and provider arrests by drug type provided by the ACC;
- data from the National Hospital Morbidity Database (NHMD) provided by the Australian Institute of Health and Welfare (AIHW). The ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments contribute to this database;
- data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) provided by the Australian Institute of Health and Welfare (AIHW);
- drug injection prevalence data and HIV/HCV seroprevalence data from the annual Australian NSP Survey, conducted by the Kirby Institute (formally the National Centre for HIV Epidemiology and Clinical Research);
- pharmacotherapy statistics provided by the AIHW;
- national notifiable diseases surveillance data provided by the AGDH&A National Notifiable Disease Surveillance System (NNDSS);
- opioid, cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS);
- data on the number and weight of seizures of illicit drugs made at the border provided by the Australian Customs and Border Protection Service; and
- data from the National Household Survey 2010 and National Survey of Mental Health and Wellbeing 2007 provided by the Australian Bureau of Statistics;

Indicator data reported in the individual state/territory reports may contain data from different sources than reported in this national overview. In addition, due to different reporting periods, the most up-to-date data are not always available across all data collections at the time of publication.

2.4 Data analysis

The PWID participant survey results are used as the primary basis on which to estimate drug trends. These participants provide the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. However, purity of drug seizures data provided by the ACC is an objective indicator of drug purity, and data are also presented in this report. Other indicator data are reported to provide a broader overview and a basis against which trends in PWID participant data may be contextualised. Key expert data are discussed within the individual jurisdictional reports to provide a context around the quantitative data from the PWID surveys.

Categorical variables were analysed using valid percentages and χ^2 . All data were analysed using the IBM SPSS Statistical Package for Windows, Version 20.0 (IBM, 2011) Further analysis was conducted on the main drugs of focus in the IDRS to test for significant differences between 2011 and 2012 for drug of choice, last drug injected, drug injected most often in the last month, recent use, purity and availability. Confidence Intervals (CI) were calculated using an excel spreadsheet available at <http://www.cebm.net/index.aspx?o=1023> (Tandberg) . Higher and lower confidence interval results which crossed over the value of zero were not significant. This calculation tool was an implementation of the optimal methods identified by (Newcombe, 1998) . Significance testing using the Mann-Whitney U calculation was used to compare 2011 and 2012 median days of use for the major drug types discussed. For individual jurisdictional significance testing results please refer to jurisdictional reports.

More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the NDARC website www.ndarc.med.unsw.edu.au.

3 DEMOGRAPHICS

Key points

- A total of 924 participants were interviewed for the IDRS survey in 2012.
- Mean age was 39 years (range 17-71years).
- Nearly two-thirds were male.
- Majority of the participants were unemployed, with a mean income of \$386 per week.
- Nearly half of the participants reported being in current treatment, mainly methadone maintenance.
- Around half of the participants had a prison history.

3.1 Overview of the IDRS participant sample

A total of 924 IDRS participants were interviewed for the 2012 IDRS. The mean age of participants was 39 years (range 17-71years) with the majority of the sample being male (66%). The majority of the national sample spoke English as their main language at home (97%) and 16% identified as being of Aboriginal and/or Torres Strait Islander descent. More than three-quarters (84%) of the sample were unemployed, a significant increase from 79% in 2011 ($p < 0.05$). The main source of income was a Government pension, allowance or benefit. The mean weekly income was \$386 nationally.

Nearly half (44%) of the participants were currently in some form of drug treatment, with 28% reporting the main treatment as methadone (includes Biodone® and Physeptone®), 10% buprenorphine-naloxone (Suboxone®) and 3% buprenorphine (Subutex®) maintenance treatment. Over the last six months, 54% of the sample had been in some form of drug treatment, mainly methadone (65%).

Fifty-four percent of the sample had previously been imprisoned; as in previous years, males were significantly more likely to report previous imprisonment (63% of males versus 40% of females; $p < 0.05$).

Demographic information by jurisdiction in the 2012 sample is shown in Table 1. Notable differences included the proportions identifying as Aboriginal and/or Torres Strait Islanders (ranging from 1% in WA to 30% in NSW and 28% in the NT) and completion of a university or college qualification (from 3% in QLD to 24% in WA). Proportions reporting having no fixed address ranged from 2% in the ACT and SA to 15% in VIC, while unemployed status ranged from 61% in SA to 94% in the NT. There was substantial variation in those reporting a prison history, from 38% in TAS to 65% in NSW, and proportions reporting current drug treatment ranged from 10% in the NT to 60% in NSW and VIC.

With the exception of the NT, substantial proportions of all samples were currently in treatment (usually pharmacotherapy treatment such as methadone or buprenorphine programs). However, it should be noted that the IDRS deliberately recruits a 'sentinel' population of regular PWID who are current and active participants in illicit drug markets; as a result, participants who reported being in treatment may be unrepresentative of treatment populations more generally.

Appendix A, Table A1 provides a demographic overview of the national sample from 2000 to 2012 and Table A2 the jurisdictional demographics for 2012.

Table 1: Demographic characteristics of the national sample, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	n=100
	2011	2012								
Mean age (years)	38	39	38	40	38	35	40	41	42	39
Male (%)	66	66	60	65	70	59	59	68	71	76
English speaking background (%)	96	97	94	97	95	100	97	98	99	97
Aboriginal and/or Torres Strait Islander (%)	14	16	30	15	11	10	11	1	28	16
Sexual identity (%)										
Heterosexual	87	90	87	93	93	87	85	87	94	92
Gay male	2	1	2	0	1	2	1	1	0	3
Lesbian	2	1	0	2	1	2	4	2	1	0
Bisexual	8	7	10	2	5	9	9	7	6	5
Other	1	1	1	3	1	0	1	3	0	0
Relationship status (%)										
Married/de facto	21	17	18	17	17	23	11	27	8	11
Partner	20	19	18	17	23	26	20	13	16	15
Single	54	58	60	60	54	48	52	52	68	71
Separated	2	3	1	1	1	1	7	6	3	3
Divorced	2	3	1	4	4	3	5	0	4	0
Widow/er	1	1	1	1	0	0	5	2	1	0
Other	<1	<1	1	0	1	0	0	0	0	0
Mean grade at school completed	10	10	10	10	10	10	10	11	10	10
Completed trade/tech qualification (%)	40	43	46	46	41	51	41	48	30	47
Completed university/college (%)	12	10	5	16	5	7	19	24	8	3
Accommodation (%)										
Own home (<i>inc. renting</i>)	65	69	66	89	41	74	81	80	73	62
Parents'/family home	9	8	7	2	11	12	11	6	6	9
Boarding house/hostel	11	12	9	6	27	11	7	8	6	15
Shelter/refuge	1	2	3	1	4	0	0	0	1	1
No fixed address	10	8	12	2	15	3	2	6	10	8
Other	4	2	3	0	3	1	0	0	5	5
Unemployed (%)	79	84[†]	93	77	92	77	61	79	94	82
Full-time students (%)	1	1	0	2	0	5	2	0	0	1
Gov't pension, allowance or benefit main income source (%)	83	86	92	77	95	88	77	79	90	84
Mean income/ week (\$)	N=831 \$414	N=903 \$386	n=149 \$341	n=98 \$452	n=148 \$376	n=105 \$383	n=88 \$441	n=99 \$416	n=116 \$354	n=100 \$368
Prison history (%)	55	54	65	43	60	38	48	58	58	59
Current drug treatment[#] (%)	49	44	60	54	60	49	32	41	10	35

Source: IDRS participant interviews

[#] Includes all types of pharmacotherapy treatment and drug counselling

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

4 CONSUMPTION PATTERNS

Key points

- The mean age of first injection for the national sample was 20 years. Nationally methamphetamines (speed, base or ice/crystal) were reported as the drug first injected by the majority of the sample.
- Over half of the national sample reported heroin as the drug of choice followed by methamphetamines.
- The drug injected most often in the last month was heroin followed by methamphetamines.
- Polydrug use over the last six months was common among the national sample.

4.1 Current drug use

Patterns of lifetime (i.e. ever having used a drug) and recent (last six months) use by participants of all drugs monitored in the IDRS are shown in Appendix A, Table A3. Routes of administration, including injecting, swallowing, snorting and smoking/inhaling are also provided in some detail.

The mean age of first injection of the overall sample was 20 years (SD 6.8; range 5-70). Overall, methamphetamines followed by heroin were most commonly reported as the drug first injected, with smaller proportions nominating other drugs (Table 2).

Table 2: Drug first injected and age at first injection, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	n=100
	2011	2012								
Mean age first injected	20	20	19	19	18	20	19	19	24	20
Drug first injected (%)										
Heroin	39	37	58	37	47	17	28	36	28	29
Methamphetamine*	52	50	33	52	45	53	64	52	50	58
<i>Speed</i>	45	45	29	42	44	52	56	45	49	47
<i>Base</i>	2	1	1	1	0	0	4	0	0	7
<i>Ice/crystal</i>	5	4	3	9	1	1	4	7	1	4
Morphine	5	7	1	2	2	18	2	4	18	5
Cocaine	1	2	5	3	1	0	2	1	0	3
Methadone	<1	<1	0	0	0	2	1	1	0	0
Buprenorphine**	<1	<1	0	1	0	0	0	0	0	1
Other drugs	1	2	3	4	5	10	3	6	4	4

Source: IDRS participant interviews

* Includes speed, base and ice/crystal

** Excludes buprenorphine-naloxone (Suboxone)

4.1.1 Drug of choice

Heroin was nominated by just over half (54%) of the national sample as the 'drug of choice', followed by methamphetamine, morphine and cannabis. Differences were noted at the jurisdictional level (Table 3). No significant differences were found for drug of choice between 2011 and 2012 ($p>0.05$).

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

These preferences were reflected in the 'drug last injected' and the 'drug injected most often in the last month' in the national sample (i.e. heroin was most commonly reported, followed by methamphetamine and morphine). There were differences at the jurisdictional level, with the majority nationally reporting heroin as the last drug injected except in TAS and the NT (Table 3). No significant differences were found between 2011 and 2012 for 'last drug injected' ($p>0.05$).

Forty-two percent of the national sample reported injecting heroin 'most often in the last month', followed by methamphetamine and morphine (Table 3). No significant differences were found between 2011 and 2012 for 'drug injected most often in the last month' ($p>0.05$).

Thirty percent of participants had injected a drug other than their drug of choice most often in the past month. The main reasons for this were availability (41%), price (14%), their drug of choice was not injectable (generally cannabis; 12%), being in drug treatment (8%), purity (5%) and caused undesirable health effects (3%).

Nearly half (46%) of the 2012 national sample reported injecting daily in the month preceding interview (Table 3).

Presented in Appendix B, Figure B1 is Drug of choice and Figure B2 Drug injected most often in the last month between 2000 and 2012. Over time heroin has continued to be the main drug of choice and the drug injected most often in the last month except in 2006 when methamphetamines were reported as the drug injected most often in the last month.

Table 3: Drug of choice, last drug injected, drug injected most often last month and injection frequency last month, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	n=100
Drug of choice (%)	2011	2012								
Heroin	53	54	67	58	74	25	46	74	21	55
Methamphetamine [^]	20	21	15	24	13	25	39	14	22	20
<i>Speed</i>	10	13	3	14	6	22	24	5	21	13
<i>Base</i>	1	1	0	0	0	0	3	1	0	4
<i>Ice/crystal</i>	9	7	12	10	7	3	12	8	1	3
Morphine	9	11	3	1	3	12	4	5	46	7
Oxycodone	2	2	2	0	0	6	4	1	2	0
Methadone	2	2	0	4	1	10	0	1	0	1
Buprenorphine [#]	1	1	1	3	2	1	0	0	0	0
Cocaine	2	3	5	0	1	8	2	0	2	2
Cannabis	7	5	2	7	4	3	3	3	6	13
Other drugs	4	1	5	3	2	11	2	2	1	1
Last drug injected (%)										
Heroin	41	41	59	49	73	2	35	46	2	47
Methamphetamine [^]	24	26	23	36	15	32	50	18	23	25
<i>Speed</i>	12	15	3	16	7	29	32	7	21	16
<i>Base</i>	2	1	1	0	0	2	3	0	0	1
<i>Ice/crystal</i>	10	11	19	20	8	1	15	11	2	8
Morphine	17	15	3	1	1	16	5	9	66	17
Oxycodone	2	5	8	0	2	12	4	9	4	0
Methadone	5	4	1	5	1	22	1	4	1	3
Buprenorphine [#]	4	4	1	6	7	3	2	7	0	5
Cocaine	1	1	5	0	0	0	1	1	0	1
Other drugs	6	4	0	3	1	13	2	6	4	2
Drug injected most often last month (%)										
Heroin	42	42	62	49	72	1	36	53	2	49
Methamphetamine [^]	25	25	19	35	17	30	47	17	24	26
<i>Speed</i>	12	14	2	19	7	27	28	4	23	14
<i>Base</i>	2	1	0	0	0	2	3	0	0	3
<i>Ice/crystal</i>	11	10	17	16	10	1	16	13	1	9
Morphine	16	16	4	0	2	20	7	12	71	14
Oxycodone	2	4	5	0	1	12	4	8	2	0
Methadone	5	5	1	7	1	26	2	3	1	2
Buprenorphine [#]	5	4	1	7	7	1	0	5	0	7
Cocaine	1	1	3	0	0	0	1	0	0	1
Other drugs	3	3	5	2	0	10	3	2	1	1
Injection frequency last month (%)										
Not in last month	1	1	1	0	1	1	0	1	3	1
Weekly or less	20	18	14	18	23	16	27	12	14	21
More than weekly (but less than daily)	38	35	34	40	35	58	33	37	15	35
Once daily	18	19	14	15	19	13	12	15	39	21
2-3 times daily	20	21	23	22	18	9	22	27	29	19
> 3 times a day	4	6	15	4	5	4	7	8	1	3

Source: IDRS participant interviews

[^] Includes speed powder, base and ice/crystal[#] Excludes buprenorphine-naloxone (Suboxone)

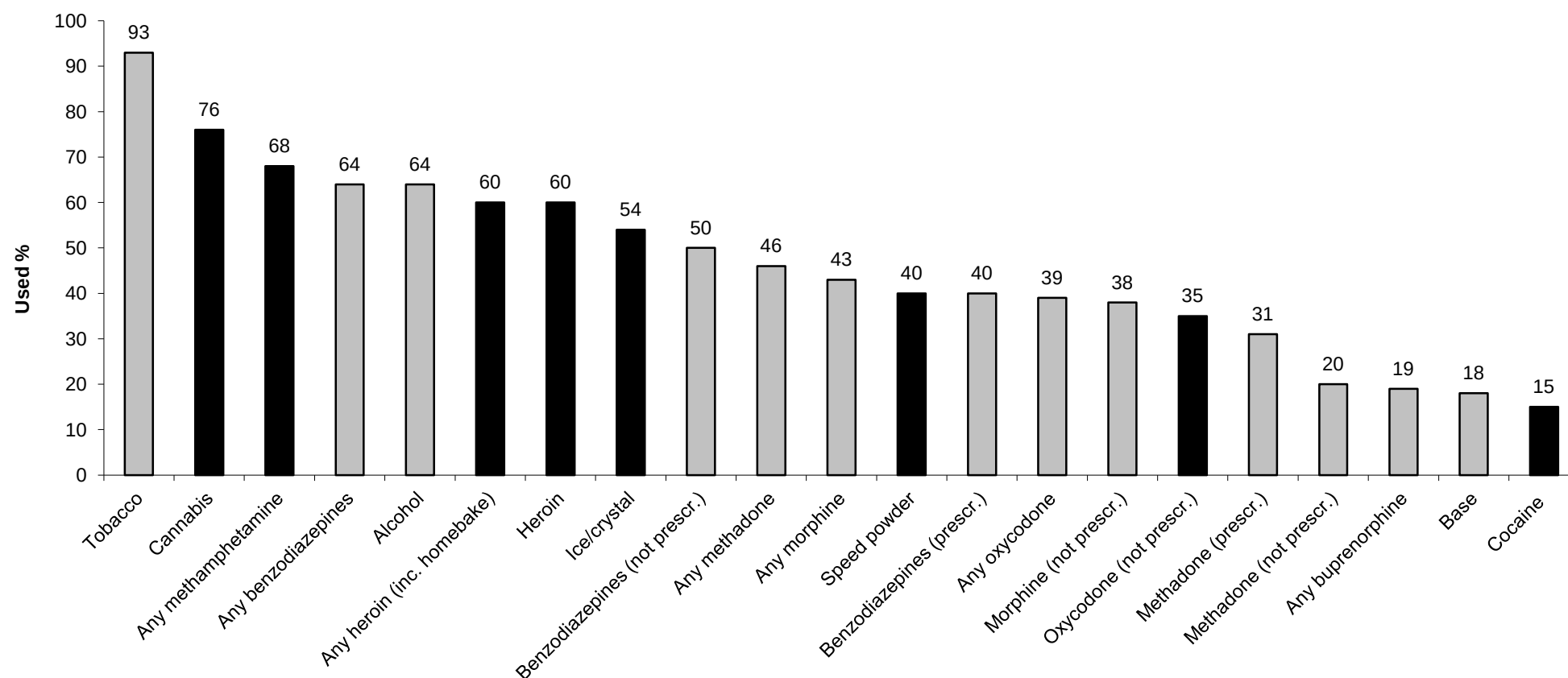
4.1.3 Polydrug use

As in previous years, IDRS participants sampled were polydrug users. Figure 1 shows the prevalence of drug use by the national sample in the past six months for the most commonly used drugs (15% or greater prevalence in the preceding six months) investigated by the IDRS. Use of tobacco, benzodiazepines and alcohol were common. Substantial proportions of the sample reported recent use of three of the four main drugs monitored by the IDRS: heroin (60%); cannabis (76%); and methamphetamine (any form; 68%).

Overall, there was little difference in the extent of polydrug use across jurisdictions, although there were some distinct jurisdictional differences in the types of drugs used. For example, the prevalence of recent cocaine use was substantially higher in NSW compared to all other jurisdictions, while the use of illicitly obtained opioids was considerably higher among participants in the NT and TAS compared to the other jurisdictions. Further discussion of the use of these drugs may be found under the relevant section headings elsewhere in the report.

Please refer to the footnotes contained beneath Figure 1 for information on interpretation of findings. Key findings are discussed by relevant drug type (heroin, methamphetamine, cocaine, cannabis, other opioids, other drugs) in the sections that follow.

Figure 1: Drug use among the national sample in the six months preceding interview, 2012



Source: IDRS participant interviews

Note: Key drugs investigated in the IDRS (i.e. heroin, methamphetamine, cocaine and cannabis) shown in black. 'Any heroin' includes heroin and homebake heroin. 'Any methamphetamine' includes speed powder, base, ice/crystal and liquid amphetamine. 'Any methadone' includes licit (prescr.) and illicit (not prescr.) methadone liquid and Physeptone. 'Any morphine', 'any buprenorphine', 'any oxycodone', 'any form pharmaceutical stimulants' and 'any form bup.-naloxone' includes licit and illicit tablet and film forms of the drug in any formulation unless otherwise specified. 'Other opioids' refers to opioids not elsewhere classified. 'Use' refers to any form of administration and does not necessarily imply injection. For further information on routes of administration, please refer to Appendix A

4.1.4 Forms of drugs used in preceding six months

Participants were asked what forms of the main drug types they had used in the six months preceding interview and which form they had used most during that time. Table 4 depicts the proportion of participants in each jurisdiction who reported having used different forms of the drug in the preceding six months. Table 5 refers to the specific form of the drug type participants reported having used 'the most' in the preceding six months. For example, 74% of participants in the WA sample (n=100) reported use of hydroponic cannabis in the preceding six months, 56% reported use of outdoor-grown 'bush' cannabis, 12% reported use of hashish and 7% the use of hash oil (Table 4). Among those who had used cannabis in NSW, the majority (91%) stated that hydroponic cannabis was the form they had used most often during that time; nine percent stated bush was the form most used (Table 5). No participants reported using hashish or hash oil most often in the last six months.

Table 4: Forms of drugs used in the preceding six months, by jurisdiction, 2012

Form of drug	National N=868	N=924	NSW n=151	ACT n=99	VIC n=150	TAS n=106	SA n=93	WA n=100	NT n=125	QLD N=100
	2011	2012								
Heroin (%)										
Powder – white/off-white	35	41	70	64	37	8	33	64	7	45
Rock – white/off-white	40	38	61	30	73	4	31	36	4	47
<i>Any white/off-white heroin</i>	54	55	85	69	79	9	42	70	11	60
Powder – brown	17	20	36	31	20	1	16	29	0	26
Rock – brown	17	17	24	16	25	1	17	26	0	23
<i>Any brown heroin</i>	26	28	45	34	32	2	26	47	0	39
Homebake	15	7	7	4	1	0	8	36	0	7
Methadone (%)										
Liquid, licit	36	31	48	42	45	39	18	25	4	18
Liquid, illicit	21	19	25	24	20	29	13	21	11	11
Physeptone, licit	2	2	1	6	2	3	0	2	2	1
Physeptone, illicit	11	10	3	8	1	34	3	15	19	1
Buprenorphine (%)										
Licit	8	6	8	10	3	10	2	1	2	10
Illicit	15	14	13	20	19	6	9	15	10	22
Buprenorphine-naloxone (%)										
Tablet, licit	12	9	7	4	17	8	9	9	5	14
Tablet, illicit	13	11	6	6	19	9	11	16	8	14
Film, licit	n.a.	8	9	7	10	1	17	11	1	6
Film, illicit	n.a.	7	5	3	12	2	11	18	0	4
Morphine (%)										
Licit	8	9	6	9	3	4	11	13	23	8
Illicit	39	38	21	30	27	64	23	43	68	34
Oxycodone (%)										
Licit	6	7	11	2	6	5	8	10	7	7
Illicit	32	35	46	34	26	56	26	48	19	29
Other opiates (%)										
Licit	22	15	9	12	17	17	17	15	15	16
Illicit	9	7	2	7	3	18	2	12	10	3

Source: IDRS participant interviews

Note: Percentages in each form may not total 100% as more than one form may have been used in the last six months

Table 4: Forms of drugs used in the preceding six months, by jurisdiction, 2012 (continued)

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Methamphetamine (%)										
Methamphetamine powder (speed)	44	40	17	42	39	70	34	45	46	30
Amphetamine liquid (oxblood)	6	5	3	6	1	9	15	2	5	5
Base methamphetamine (base/point/wax)	22	18↓	15	15	11	43	32	6	7	21
Crystalline methamphetamine (ice/crystal)	45	54↑	68	66	59	43	56	64	26	44
Prescription stimulants (%)										
Licit	1	1	1	2	1	0	2	1	2	0
Illicit	14	13	4	12	11	42	8	22	10	3
Cocaine (%)										
Powder	14	13	38	15	8	9	5	13	2	3
Crack	1	1	3	2	2	0	0	0	1	0
Rock	4	4	14	5	3	2	3	4	2	0
Hallucinogens (%)										
LSD	4	5	0	1	3	14	3	10	4	4
Mushrooms	4	3	0	6	1	7	4	3	2	0
Ecstasy (%)										
Pills	11	10	6	10	12	23	10	11	7	4
Powder	1	1	0	2	1	3	1	3	0	1
Alprazolam (%)										
Licit	13	11	11	5	14	3	11	26	7	12
Illicit	39	37	40	31	58	41	22	46	18	35
Other Benzos (%)										
Licit	36	35	23	37	47	34	31	56	19	40
Illicit	35	34	33	36	48	49	19	47	14	20
Seroquel (%)										
Licit	9	10	21	7	10	6	8	14	2	12
Illicit	15	16	19	13	29	16	7	19	4	11
Cannabis (%)										
Hydro	70	70	68	72	81	72	52	74	66	65
Bush	43	39	30	54	17	65	42	56	30	37
Hashish (hash)	9	7	3	10	4	12	8	12	3	4
Hash oil	5	5	2	7	3	9	8	7	2	4

Source: IDRS participant interviews

Note: Percentages in each form may not total 100% as more than one form may have been used in the last six months

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2012

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Heroin (%)	N=525	N=533	n=131	n=69	n=125	n=9	n=47	n=74	n=14	n=64
Powder – white/off-white	33	38	48	74	10	67	30	41	64	28
Rock – white/off-white	42	43	36	12	82	33	43	13	36	55
Powder – brown	7	8	11	9	3	0	6	12	0	8
Rock – brown	12	8	5	3	5	0	17	19	0	9
Homebake	4	2	0	0	0	0	0	13	0	0
Other	2	1	0	2	0	0	4	2	0	0
Methadone (%)	N=429	N=421	n=93	n=55	n=83	n=60	n=24	n=43	n=36	n=27
Liquid, licit	61	67	77	73	82	67	67	55	8	67
Liquid, illicit	20	23	19	22	16	20	29	25	39	30
Physeptone, licit	2	1	2	0	1	2	0	0	3	0
Physeptone, illicit	10	10	1	6	1	12	4	21	50	4
Buprenorphine (%)	N=177	N=172	n=28	n=28	n=33	n=14	n=10	n=15	n=15	n=29
Licit	37	30	36	32	15	79	20	6	33	31
Illicit	63	70	64	68	85	21	80	94	67	69
Buprenorphine-naloxone Tablet (%)	N=185	N=167	n=20	n=10	n=47	n=17	n=13	n=20	n=15	n=25
Licit	52	48	55	40	51	47	46	43	33	52
Illicit	48	52	45	60	49	53	54	57	67	48
Morphine (%)	N=351	N=390	n=35	n=35	n=43	n=70	n=26	n=48	n=95	n=38
Licit	15	17	17	23	7	3	35	19	24	16
Illicit	85	83	83	77	93	97	65	81	76	84
Oxycodone (%)	N=304	N=359	n=75	n=35	n=44	n=63	n=28	n=52	n=27	n=35
Licit	14	15	19	9	14	8	21	15	26	17
Illicit	86	85	81	91	86	92	79	85	74	83
Other opiates (%)	N=250	N=184	n=15	n=14	n=31	n=34	n=18	n=24	n=30	n=18
Licit	72	69	87	64	84	47	89	58	60	83
Illicit	28	31	23	46	16	53	11	42	40	17

Source: IDRS participant interviews

^ Small numbers reported; interpret with caution (n<10)

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

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2012 (continued)

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Methamphetamine (%)	N=539	N=592	n=108	n=73	n=101	n=66	n=64	n=69	n=59	n=52
Methamphetamine powder (speed)	42	36	11	27	31	74	34	33	71	27
Amphetamine liquid (oxblood)	2	<1	0	1	0	0	2	0	0	0
Base methamphetamine (base/point/wax)	12	6	2	3	3	18	11	1	0	14
Crystalline methamphetamine (ice/crystal)	45	56	87	69	66	8	53	66	12	60
Prescription stimulants (%)	N=125	N=130	n=7^	n=13	n=19	n=44	n=8^	n=22	n=14	n=3^
Licit	7	8	14	15	11	0	25	5	14	0
Illicit	93	92	86	85	90	100	75	95	86	100
Cocaine (%)	N=140	N=134	n=66	n=16	n=14	n=9^	n=6^	n=15	n=5^	n=3^
Powder	84	78	79	69	79	100	67	80	40	100
Crack	2	2	0	0	7	0	0	0	20	0
Rock	14	21	21	31	14	0	33	20	40	0
Hallucinogens (%)	N=64	N=54	n=1^	n=6^	n=6^	n=17	n=5^	n=10	n=5^	n=4^
LSD	53	65	0	0	67	82	40	70	80	100
Mushrooms	45	26	0	100	33	12	60	0	20	0
Other	2	9	100	0	0	6	0	30	0	0
Ecstasy (%)	N=100	N=102	n=11	n=12	n=19	n=26	n=10	n=11	n=9^	n=4^
Pills	95	85	82	75	90	81	90	91	100	75
Powder	3	5	0	8	5	4	10	0	0	25
Capsules	1	7	18	0	5	15	0	0	0	0
Alprazolam (%)	N=391	N=395	n=70	n=34	n=97	n=44	n=28	n=52	n=28	n=42
Licit	26	23	21	15	21	7	36	40	32	21
Illicit	74	77	79	85	79	93	64	60	68	79
Other Benzos (%)	N=467	N=491	n=71	n=56	n=105	n=68	n=35	n=74	n=35	n=47
Licit	61	59	37	57	62	44	74	68	60	81
Illicit	39	41	63	43	38	56	26	32	40	19
Seroquel (%)	N=126	N=230	n=58	n=20	n=56	n=23	n=13	n=30	n=8^	n=22
Licit	13	41	53	35	27	26	54	45	38	55
Illicit	87	59	47	65	73	74	46	55	62	45
Cannabis (%)	N=662	N=675	n=108	n=77	n=127	n=82	n=54	n=76	n=83	n=68
Hydro	87	87	91	90	93	81	70	96	78	90
Bush	12	11	9	10	6	18	28	4	11	10

Source: IDRS participant interviews

^ Small numbers reported; interpret with caution (n<10)

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

4.2 Heroin

Key points

- Heroin remained the most commonly reported drug of choice among participants.
- Nationally around two-thirds of the sample reported recent heroin use.
- Frequency of use was stable nationally compared to 2011.
- Heroin used by participants was typically white/off-white in colour, with 'rock' and 'powder' forms both noted. The use of brown coloured heroin was also reported although not as common.
- The use of homebake heroin in the sample remained largely uncommon.

4.2.1 Use of heroin

In 2012, heroin was the drug of choice for half of the sample (54%), and nominated as the last drug injected by 41% of the sample (Table 3). Forty-two percent reported that heroin was the drug injected most often in the last month (Table 3).

For data between 2000 and 2012 refer to Appendix B, Figure B1 for drug of choice and Figure B2 for drug injected most often in the last month.

Around two-thirds (60%) of the national sample reported the use of heroin in the last six months on a median of 72 days. No significant difference was found between 2012 and 2011 for recent heroin use or frequency of heroin use in the last six months ($p>0.05$). Prevalence and frequency of heroin use varied by jurisdiction. The most notable change was seen in WA where the frequency of use was higher in 2012 compared to 2011 (90 days in 2012 versus 68 days in 2011). A decrease in frequency of use was also noted in SA (48 days in 2012 versus 72 days in 2011). Nationally, 28% of recent heroin users reported daily use of heroin in the last six months. The highest proportions of daily users were in NSW and SA (Table 6). Among those who recently used heroin all reported injecting on a median of 72 days in the last six months.

For national data please refer to Appendix B, Figure B3 for recent heroin use and Figure B7 for median days of recent heroin use between 2000 and 2012. For a jurisdictional breakdown of heroin use patterns including daily use between 2000 and 2012 refer to Appendix C, Table C1.

Table 6: Recent use and median days of heroin use by jurisdiction, 2011-2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Recent use (%)									
2011	62	87	79	81	19	57	79	9^	65
2012	60	89	74	84	9	52	80	11	65
Median days of use*									
2011	72	90	66	63	4	72	68	21^	66
2012	72	96	72	72	6^	48	90	4.5	72
Daily use* (%)									
2011	24	32	26	21	0	25	16	22	21
2012	28	39	26	25	0	29	26	14	19

Source: IDRS participant interviews

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

^ Small numbers reported; interpret with caution ($n<10$)

4.2.2 Homebake

Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. Homebake use remains uncommon among the national IDRS sample. Recent homebake use remained stable compared to 2011 (9%, N=81), with 9% (N=84) of the national sample reporting use on a median of six days over the past six months. Nine percent reported injection on a median of six days in the preceding six months (Appendix A, Table A3). As the use of homebake has remained uncommon since the commencement of the IDRS, information on market characteristics such as price, perceived purity and availability were not obtained.

4.2.3 Heroin forms used

Ninety-three percent of recent heroin users reported use of 'white/off-white' heroin in the preceding six months, this was a significant increase from 88% in 2011 ($p<0.05$). Forty-eight percent reported use of 'brown' heroin. The vast majority of heroin users reported that they had used 'white/off-white' heroin (81%) most often in the preceding six months. Two percent of heroin users in the national sample reported that homebake heroin as the form of heroin that they had most used in the preceding six months (Table 7).

While the following information provides an indication of the appearance of heroin used by participants of the IDRS at the street level, it is not possible to draw conclusions about its geographic origin, purity or preparation method required for injection based on these data alone.

Table 7: Reports of heroin forms used in the last six months among those who had recently used heroin, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Used last 6 months (%)	N=535	N=549	n=134	n=73	n=126	n=9^	n=48	n=80	n=14	n=65
White/off-white powder or rock	88	93↑	96	93	94	100	81	88	100	92
Brown powder or rock	42	48	51	47	38	22	50	59	0	60
Form most used last 6 months	N=514	N=534	n=131	n=69	n=125	n=9^	n=47	n=75	n=14	n=64
White powder or rock	77	81	84	86	91	100	72	55	100	83
Brown powder or rock	19	16	16	12	8	0	23	31	0	17
Other colour or homebake	4	2	0	2	1	0	5	14	0	0

Source: IDRS participant interviews

IDRS participants who recently injected heroin were also asked 'Did you heat the last time you injected?', 'Did you use acid?' and 'What colour was the heroin?'. Of those who commented, 32% reported heating the heroin before injecting last and 3% reported using acid. The majority of participants reported the colour of heroin as white (52%). Forty-four percent reported the colour as brown when used with acid or when heating (Table 8).

Table 8: Use of heat and acid in the preparation of last heroin injection among recent heroin users who commented, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Heated in the last injection (%)	N=493 38	N=522 32	n=130 35	n=68 43	n=122 14	n=8^ 0	n=45 38	n=76 42	n=9 56	n=64 34
Acid in the last injection (%)	N=481 4	N=503 3	n=114 4	n=68 2	n=122 0	n=8^ 0	n=45 13	n=73 3	n=9 11	n=64 0
Main Colour[*]	N=167	N=147	n=41	n=20	n=14	n=0	n=18	n=31	n=1	n=22
White	56	52	39	65	71	0	56	29	100	77
Brown	41	44	56	20	29	0	39	71	0	23
Other	3	4	5	15	0	0	6	0	0	0

Source: IDRS participant interviews

^{*}Among those who reported either heating or using acid to prepare their last injection of heroin

[^] Small numbers reported; interpret with caution (n<10)

4.3 Methamphetamine

Key points

- Around two-thirds of the national sample reported using one or more forms of methamphetamine in the last six months on a median of 22 days.
- The recent use of ice/crystal was significantly higher compared to 2011. While the recent use of base significantly decreased and speed remained stable.
- Minimal use of liquid amphetamine (or 'oxblood') was noted in all jurisdictions.
- The form mainly used in the past six months was 'ice/crystal' followed by 'speed' and 'base'.
- Frequency of use in the last six months was 12 days for 'ice/crystal', 10 days for 'speed' and six days for 'base'.
- The majority of methamphetamine users reported injecting either 'speed', 'base' or 'ice/crystal' in the last six months.

4.3.1 Use of methamphetamines

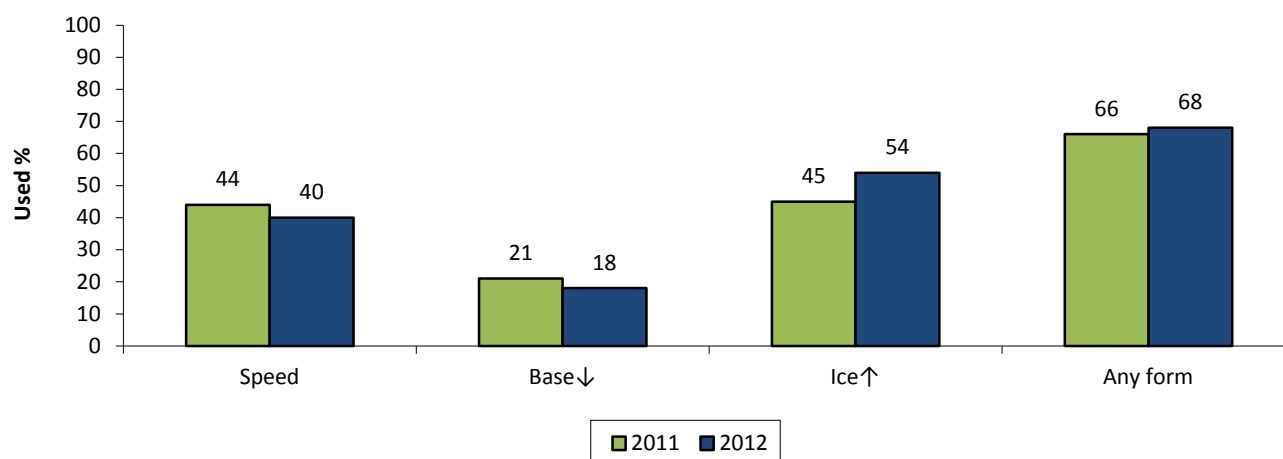
In 2012, sixty-eight percent of the national sample reported using one or more forms of methamphetamine (speed, base, ice/crystal or liquid amphetamine) in the six months preceding interview. No significant difference was found between 2011 and 2012 ($p < 0.05$). The proportion of participants reporting recent use and frequency of methamphetamine nationally over time is presented in Appendix B, Figure B3, Figure B4 and Figure B7. For a jurisdictional breakdown refer to Appendix C, Table C2 to C4.

Figure 2, Table 9, Table 10 and Table 11 show the proportion of participants who reported using the three different forms of methamphetamine nationally over time. The recent use of 'speed' remained stable (ranging from 70% in TAS to 17% in NSW) and no significant difference was found between 2011 and 2012 ($p > 0.05$). Nearly all (98%) of the recent 'speed' users reported injecting 'speed' on a median of ten days in the last six months.

The recent use of 'base' significantly decreased between 2011 and 2012 (21% in 2011 versus 18% in 2012; $p < 0.05$) ranging from 43% in TAS to 6% in WA. Nearly all (98%) of the recent 'base' users reported injecting 'base' on a median of seven days in the last six months.

Nationally, the recent use of 'ice/crystal' was significantly higher in 2012 compared to 2011 (54% in 2012 versus 45% in 2011; $p < 0.05$). Recent ice/crystal use ranged from 68% in NSW to 26% in the NT. The majority (98%) of recent 'ice/crystal' users reported injecting 'ice/crystal' on a median of twelve days in the last six months.

Figure 2: Recent use of methamphetamine (speed, base, ice/crystal and any form), 2011-2012



Source: IDRS participant interviews

Table 9: Proportion of IDU who reported use of speed powder in the preceding six months, 2003-2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	55	31	48	70	51	53	71	60	58
2004	53	35	41	65	60	44	61	60	61
2005	60	38	59	75	76	39	61	69	65
2006	56	49	58	71	54	39	66	57	54
2007	55	35	55	65	63	42	61	58	62
2008	48	38	37	64	61	34	61	50	35
2009	48	33	46	65	56	33	54	50	46
2010	41	29	48	53	56	29	51	25	41
2011	44	30	46	49	67	36	43	43	40
2012	40	17	42	39	70	34	45	46	30

Source: IDRS Injecting drug user interviews

Table 10: Proportion of IDU who reported use of base methamphetamine in the preceding six months, 2003-2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	35	32	13	18	46	51	40	30	50
2004	38	31	25	11	72	46	45	26	60
2005	39	38	28	13	79	61	54	16	40
2006	38	43	32	15	55	52	37	25	53
2007	32	41	32	8	48	42	22	20	48
2008	22	33	18	5	25	37	13	10	34
2009	28	36	21	13	55	31	12	16	41
2010	21	29	18	3	40	43	8	6	30
2011	21	17	17	11	39	35	6	12	37
2012	18↓	15	15	11	43	32	6	7	21

Source: IDRS Injecting drug user

↓ Significant decrease between 2011 and 2012 (p<0.05)

Table 11: Proportion of IDU who reported use of ice/crystal methamphetamine in the preceding six months, 2003-2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	54	38	65	50	69	48	80	34	60
2004	52	45	73	41	52	48	83	32	51
2005	43	38	62	29	50	46	68	21	36
2006	57	57	88	53	56	49	76	29	55
2007	46	50	80	43	38	41	56	29	39
2008	49	69	68	39	32	49	61	28	40
2009	37	46	57	32	26	30	43	15	46
2010	39	48	48	36	20	60	40	18	37
2011	45	53	57	53	26	44	46	28	50
2012	54↑	68	66	59	43	56	64	26	44

Source: IDRS Injecting drug user interviews

↑ Significant increase between 2011 and 2012 (p<0.05)

4.3.2 Methamphetamine form most used

Participants were asked what form of methamphetamine they had used most in the six months preceding interview. The form of methamphetamine used most in the past six months was 'ice/crystal' (56%), followed by 'speed' (36%), 'base' (6%) and liquid amphetamine (<1%, Table 5). For comparison, in 2011, these figures were: 'speed' (42%), 'ice/crystal' (45%) and 'base' (12%). There are some jurisdictional variations in these findings. 'Ice/crystal' use was the main form reported in all jurisdictions, with the exception of TAS and the NT ('speed' main form used) (Table 5).

4.3.3 Methamphetamine frequency of use

In 2012, the median number of days any form of methamphetamine was used by the national sample was 22 days (19 days in 2011), around fortnightly use (Table 12). The median frequency of use among those who reported recent methamphetamine use was 10 days for 'speed' (ranging from four days in the WA to 15 days in the NT; 10 days nationally in 2011), 6 days for 'base' (ranging from two days in VIC to 20 days in QLD; 6 days nationally in 2011) and 12 days for 'ice/crystal' (ranging from five days in TAS to 24 days in NSW; 10 days nationally in 2011). No significant differences for median days of use were found for speed, base or ice/crystal among those who recently used ($p>0.05$).

Figure 3 shows the median number of days of methamphetamine use (any form) among those who recently used any form of methamphetamine for 2011 and 2012. Median days of any methamphetamine use was higher in all jurisdictions, except in VIC, SA and QLD (lower). Daily use of any form of methamphetamine was reported by 4% of the national sample (6% of recent methamphetamine users).

Table 12: Median number of days of methamphetamine use by those who had used methamphetamine in the past six months, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Speed	10	10	5	14	5	12	13	4	15	6
Base	6	6	3.5	3	2	8	12	3^	6.5^	20
Ice/crystal	10	12	24	13	6	5	11	8	12	16.5
Liquid	4	4	21^	8^	32.5^	3^	4.5	3.5^	2^	5
Any form*	19	22	24	32	12	23	27	12	20.5	20

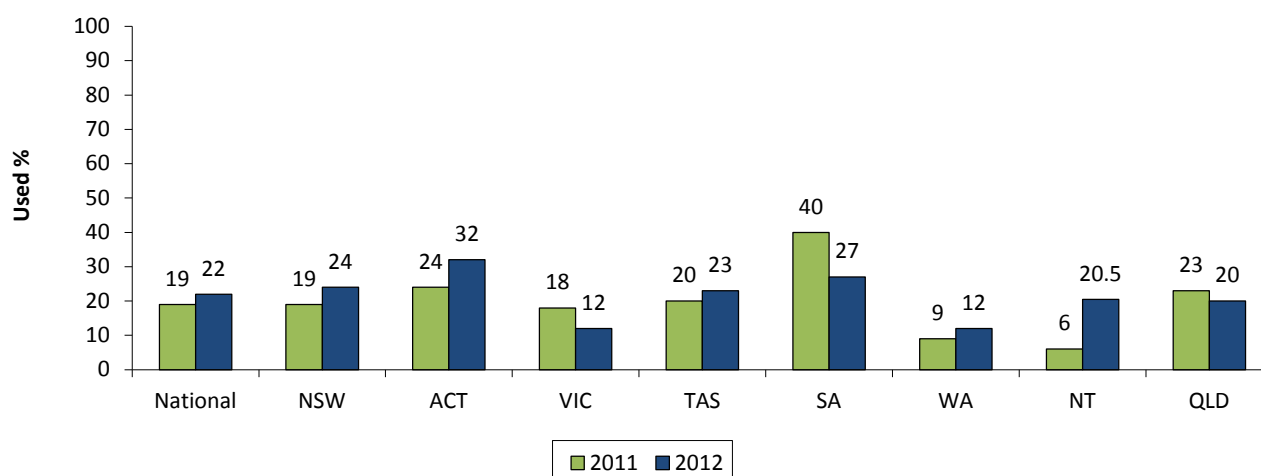
Source: IDRS participant interviews

^ Very small numbers reporting ($n<10$)

* Includes speed powder, base, ice/crystal and liquid forms

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

Figure 3: Median days of methamphetamine (any form) use among participants who had used methamphetamine in the past six months, by jurisdiction, 2011-2012



Source: IDRS participant interviews

Note: Data includes liquid amphetamine and excludes pharmaceutical stimulants. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

The jurisdictional differences in methamphetamine use are reflected in data sources other than the IDRS. The most recent Needle and Syringe Program (NSP) survey available (provided by the Kirby Institute previously known as the National Centre in HIV Epidemiology and Clinical Research) provides data from 2000 to 2011 (Table 13) (Iversen and Maher, 2012). The graph depicts the proportion of NSP clients who report methamphetamine as the drug they had last injected, by jurisdiction. SA had the largest proportion of NSP clients reporting methamphetamine as the last drug injected (Table 13).

Table 13: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000-2011

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	22	12	6	6	22	30	23	27	38
2001	37	16	41	24	22	52	56	36	52
2002	33	23	16	23	30	45	39	15	43
2003	33	18	28	24	28	48	41	24	46
2004	33	23	32	16	31	40	46	30	44
2005	32	25	26	24	47	42	34	28	40
2006	38	29	40	35	49	51	45	35	39
2007	30	26	41	21	30	43	31	16	35
2008	28	26	29	18	23	51	28	17	34
2009	24	22	24	13	25	37	19	26	29
2010	26	30	27	13	27	40	26	25	27
2011	27	29	24	18	26	35	34	23	29

Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002; National Centre in HIV Epidemiology and Clinical Research, 2005; National Centre in HIV Epidemiology and Clinical Research, 2009; National Centre in HIV Epidemiology and Clinical Research, 2010; Iversen and Maher, 2012; Kirby Institute, May 2011)

Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395

4.4 Cocaine

Key points

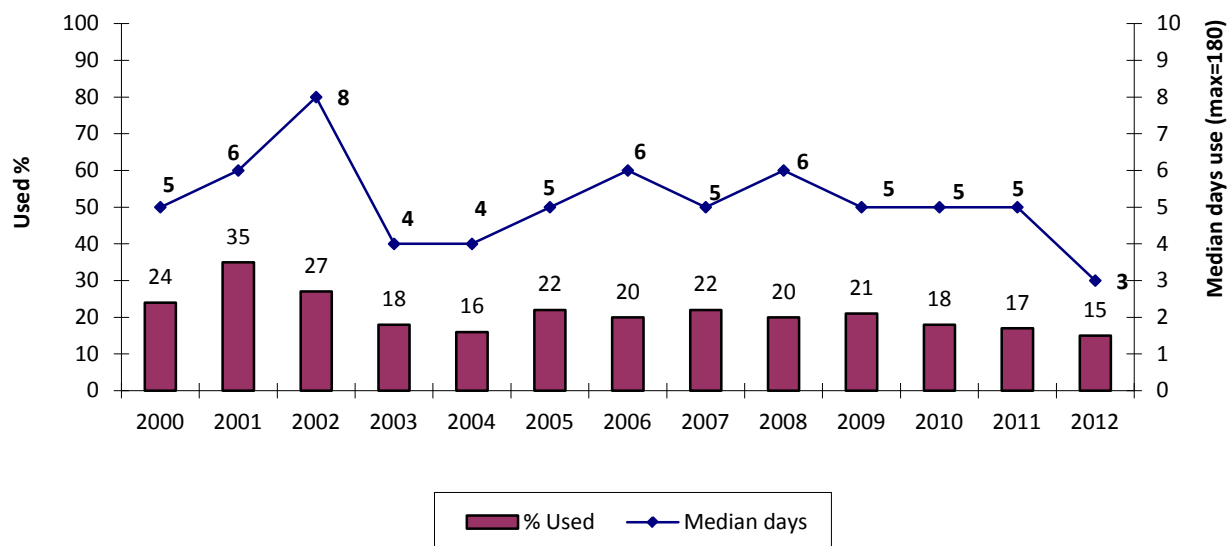
- The recent use of cocaine remained most common among participants in NSW (44%), with proportions elsewhere reporting use in the preceding six months remaining at less than 16%.
- The frequency of cocaine use remained low and sporadic (on average less than bi-monthly use in the last six months) in all jurisdictions except NSW. In NSW, the frequency of cocaine use was 7 days (10 days in 2011).
- Cocaine powder remained the most common form of the drug used by participants.

4.4.1 Use of cocaine

Fifteen percent of the national sample reported recent use of cocaine (Figure 4), the majority (84%) of whom also reported injecting it in the last six months. The recent use of cocaine remained most common among participants in NSW (44%), ranging in the other states from 16% in ACT to 4% in the NT and QLD (Figure 5). No significant difference was found between 2011 and 2012 for recent cocaine use nationally or in NSW ($p>0.05$). The vast majority of cocaine used was cocaine powder (see Tables 4 and 5).

The median frequency of use was three days, ranging from seven days in NSW to one day in TAS. Among those who recently used cocaine nationally and in NSW, no significant difference was found between 2011 and 2012 for median days of use ($p>0.05$). The frequency of cocaine use remained low and sporadic (on average less than bi-monthly use in the last six months) in all jurisdictions except NSW (Figure 5). In NSW, the frequency of cocaine use was seven days compared to 10 days in 2011, this was not significant ($p>0.05$). Please refer to Appendix B, Figure B3 and Figure B7 for national data between 2000 and 2012 and Appendix C, Table C5 for jurisdictional differences over time.

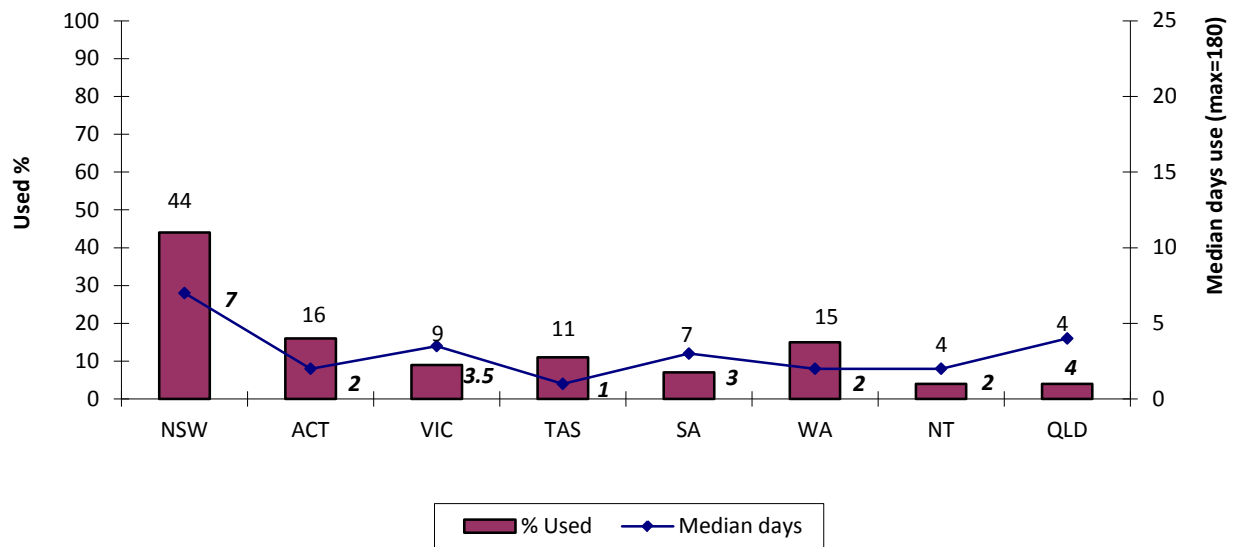
Figure 4: Proportion of participants in the national sample who reported recent cocaine use and median days of use, 2000-2012



Source: IDRS participant interviews

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

Figure 5: Proportion of participants who reported recent cocaine use and median days of use by jurisdiction, 2012



Source: IDRS participant interviews

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

4.5 Cannabis

Key points

- The majority of participants reported recent cannabis use. The frequency of cannabis use was high with daily use commonly reported.
- Smoking of cannabis in cones was more common than in joints, with daily users reporting having smoked a median of six cones on the last day of use.
- Hydro continued to dominate the market although the use of bush was also common. Use of hashish and/or hash oil was less common.

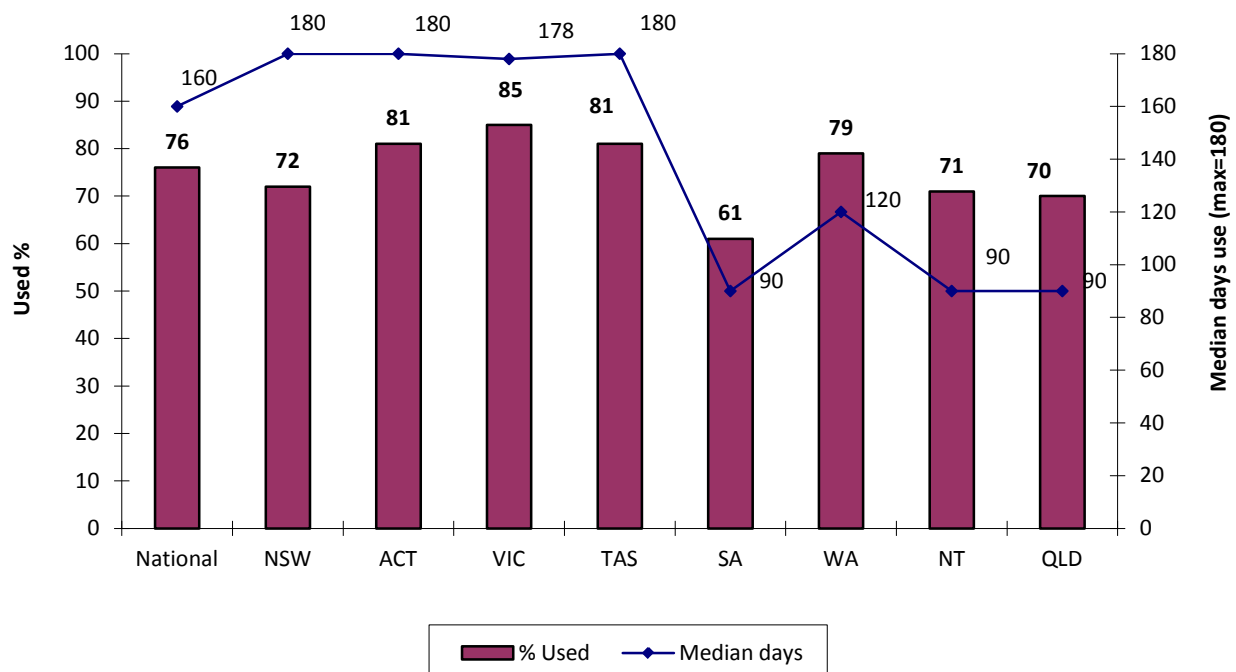
4.5.1 Use of cannabis

Seventy-six percent of the national sample reported they had used cannabis in the six months prior to interview, ranging from 61% in SA to 85% in VIC (Figure 6). No significant difference was found between 2011 and 2012 for recent cannabis use nationally (79% in 2011; $p>0.05$).

Nationally the median number of days used among those who use recently used cannabis was 160 days (near daily use) (Figure 6). No significant difference in median days use for cannabis was found between 2011 and 2012 ($p>0.05$). Nationally, 48% of recent cannabis users reported daily use ranging between 36% in the NT to 61% in TAS.

For national data between 2000 and 2012 please refer to Appendix B, Figure B3 and Figure B7 and for jurisdictional differences over time Appendix C, Table C6.

Figure 6: Proportion of participants who reported recent cannabis use and median days of use by jurisdiction, 2012



Source: IDRS participant interviews

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

Recent cannabis users were asked how much cannabis they had smoked on the last day of use, as measured by the number of cones or joints used on that occasion, either by themselves or shared with others. Among those who responded nationally, cannabis had typically been smoked in cones (84%; range 77% in VIC to 97% in WA) rather than joints (10%; range 2% in WA to 19% in TAS). Among those who had smoked cones, the median number used on the last day was four (range: less than one cone to 196 cones), while the number of joints smoked was one (range: less than one joint to six joints). Daily users of cannabis had smoked a median of five cones (range: 0.5-196) or two joints (range: 1-6) on the last day of use.

4.5.2 Cannabis forms used

Seventy percent of the national sample reported use of hydroponic cannabis (hydro) in the preceding six months, ranging from 52% in SA to 81% in VIC. Over one-third (39%) reported use of outdoor-grown 'bush' cannabis, ranging from 17% in VIC to 65% in TAS. Seven percent had used hashish and minimal proportions (5%) reported use of hash oil (see Table 4). Among users, hydro remained the form most commonly used in the preceding six months, followed by bush (see Table 5).

4.6 Other opioids

Key points

- Nearly half of the national sample reported recent use of methadone (any form, i.e. 'licitly' and/or 'illicitly' obtained methadone or Physeptone) and, around one-third reported recent (last six months) injection.
- Twenty-one percent of the national sample reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview, while 10% of the national sample reported recent use of 'illicitly' obtained methadone tablets (Physeptone).
- Six percent of the national sample reported use of 'licitly' obtained buprenorphine in the six months preceding interview and 14% reported use of 'illicit' buprenorphine.
- Nine percent of the national sample reported using 'licitly' obtained buprenorphine-naloxone 'tablet' and 8% buprenorphine-naloxone 'film' in the preceding six months.
- Eleven percent of the national sample reported using 'illicitly' obtained buprenorphine-naloxone 'tablet' and 7% buprenorphine-naloxone 'film' in the last six months.
- The recent use of 'licit' morphine was reported by 9% of the sample compared to 38% for 'illicit' morphine.
- Morphine remained the most commonly injected pharmaceutical in the national sample (40% in 2012).
- Jurisdictional variations and changes were observed. The use of morphine remained highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available.
- Thirty-nine percent of the national sample reported the recent use of any form of oxycodone (7% licit; 35% illicit).
- Four percent of the national sample reported the recent injection of 'licitly' obtained oxycodone and 32% for 'illicitly' obtained oxycodone.
- Fifteen percent of the national sample reported using over the counter codeine on a median of seven days in the last six months.
- Twenty-one percent of the national sample reported recent use of 'other' opioids (i.e. those not elsewhere classified – mainly Panadeine FORTE®) on a median of ten days. Recent injection of these preparations was low at one percent.

The IDRS investigates the use patterns, harms and market characteristics of a number of pharmaceutical opioids including methadone, buprenorphine, buprenorphine-naloxone, morphine and oxycodone. Use of these substances is broadly split into the following categories:

Use

1. use of 'licitly' obtained opioids, i.e. use of opioids obtained by a prescription in the user's name, through any route of administration (includes the use of these medications as prescribed);
2. use of 'illicitly' obtained opioids, i.e. those obtained from a prescription in someone else's name, through any route of administration ('illicit use');
3. use of any opioids, i.e. does not distinguish between 'licitly' and 'illicitly' obtained opioids;

Injection

4. injection of licitly obtained opioids;
5. injection of illicitly obtained opioids; and
6. injection of any opioids.

See Glossary for further details relating to licit and illicit use. For additional information on data covering the use of 'licitly' obtained methadone, buprenorphine and buprenorphine-naloxone,

including national indicator data on opioids substitution treatment (OST), please see also Drug Treatment section (under Health-related trends associated with drug use).

More recently, the argument has been made for a distinction between 'non-adherence' (the use of one's own medication in a way other than as directed, for example through injection) and 'diversion' (the selling, trading, giving or sharing of one's medication to another person, including through voluntary, involuntary and accidental means). Appendix D shows how this recent distinction applies to the IDRS.

4.6.1 Use of methadone

In 2012, nearly half (46%) of the national sample reported recent use of 'licitly' and/or 'illicitly' obtained methadone (including Physeptone tablets), on a median of 156 days in the last six months. Among the national sample, thirty-one percent reported the use of 'licitly' obtained methadone (36% in 2011), while, twenty percent (21% in 2011) reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview (Table 14). No significant difference was found nationally between 2011 and 2012 for recent 'illicit' methadone use ($p>0.05$). 'Illicitly' obtained methadone liquid was the form of methadone reported as the form used most by 23% of those who reported methadone use, ranging from 16% in VIC to 39% in the NT (see Table 5).

Ten percent (11% in 2011) of the 2012 national sample reported recent use of 'illicit' Physeptone (Table 14). 'Illicitly' obtained Physeptone tablets were reported as the form of methadone 'most used' by 10% of the national sample who used methadone recently (10% in 2011) (see Table 5). There were substantial jurisdictional differences among those who reported 'illicitly' obtained Physeptone tablets as the form 'most used', ranging from 1% in NSW and VIC to 50% in the NT (results should be interpreted with caution due to small numbers, see Table 5).

For national differences between 2000 and 2012 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C7.

Participants who recently used methadone were asked about their reasons for using 'illicit' methadone. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to alleviate withdrawal symptoms (34%), own dose was not high enough (13%), self-treat dependence (12%), seeking an opiate effect (12%), couldn't score (9%), to alleviate pain (8%), cheaper than heroin/other opiates (3%) and/or another reason (9%).

Table 14: Methadone (any form) recent use and median days, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
Recent use (%)	2011	2012								
Licit										
Methadone syrup	36	31	48	42	45	39	18	25	4	18
Physeptone	2	2	1	6	2	3	0	2	2	1
Illicit										
Methadone syrup	21	20	25	24	20	29	13	22	11	11
Physeptone	11	10	3	8	1	34	3	15	19	1
Any form (licit and/or illicit)	51	46	62	56	55	58	27	45	29	27
Median days used *										
Licit										
Methadone syrup	180	180	180	180	180	180	180	180	30^	170
Physeptone	40.5	10	1^	9^	90^	27^	-	2^	95^	2^
Illicit										
Methadone syrup	4	4	4	3	3	24	2	3.5	7	2
Physeptone	6	4	3.5^	1.5^	9.5^	5.5	3^	3	4	2^
Any form (licit and/or illicit)	180	156	180	180	180	180	120	73.5	4	150

Source: IDRS participant interviews

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

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

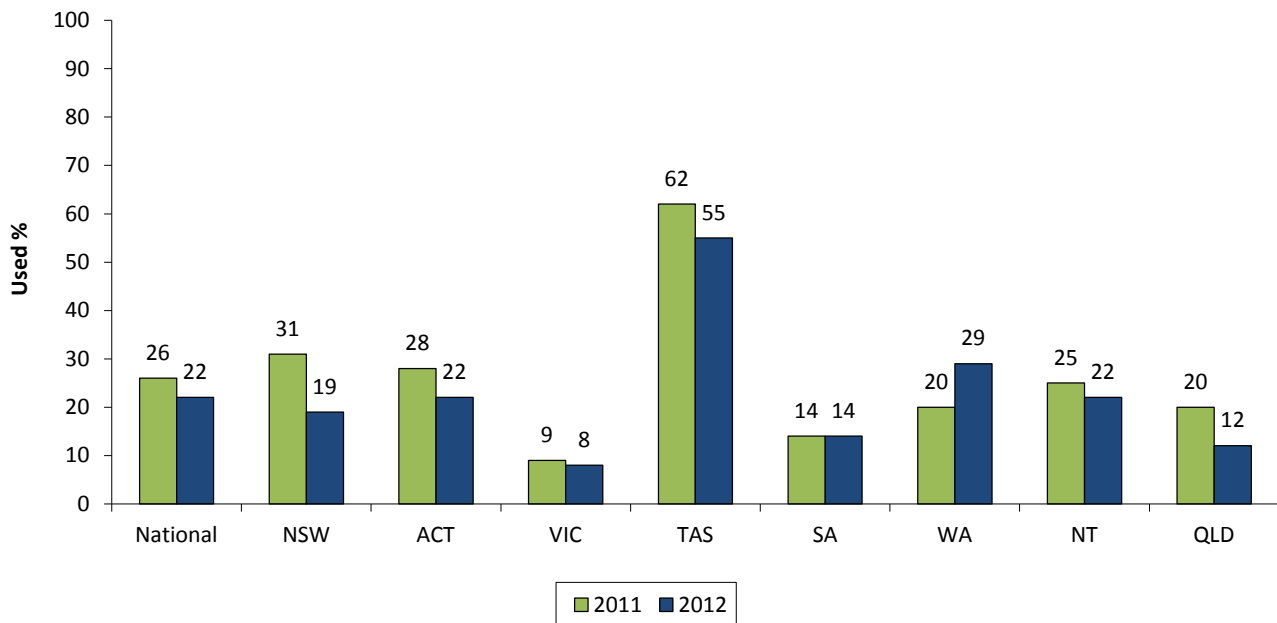
4.6.1.1 Methadone injection

Twenty-two percent of the national sample reported recently injecting 'licitly' and/or 'illicitly' obtained methadone (including Physeptone) compared to 26% in 2011 (Figure 7, Table 15).

The proportions of participants from the entire sample in each jurisdiction who reported having injected methadone in the preceding six months was lowest in VIC (8%) and highest in TAS (55%) (Figure 7, Table 15). The high rate of methadone injection recorded in TAS, which is probably partly related to the difficulty in obtaining heroin in that jurisdiction, has been a consistent finding of the IDRS since the national monitoring began in 2000.

Nationally, injection of methadone tablets (Physeptone) was low at 1% for 'licitly' obtained, i.e. prescribed, tablets (range zero in NSW, ACT, SA, WA and QLD to 3% in TAS), and 9% for 'illicitly' obtained tablets, respectively (1% in NSW, VIC and QLD to 34% in TAS) (Table 15).

Nationally, those who reported injecting 'licitly' obtained methadone recently had done so on a median of 48 days (38.5 days in 2011) and 'illicitly' obtained methadone on a median of six days. The injection of 'licitly' and 'illicitly' obtained Physeptone was reported by few participants and typically on an infrequent basis (Table 15). Frequency of injection of methadone liquid and Physeptone varied by jurisdiction. No significant difference was observed nationally between 2011 and 2012 for median days injected 'licit' or 'illicitly' obtained methadone syrup ($p>0.05$).

Figure 7: Recent injection of methadone (any form), by jurisdiction, 2011-2012

Source: IDRS participant interviews

Note: Figures include licitly and illicitly obtained methadone and Physeptone

Table 15: Methadone (any form) recent injection and median days, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Recent injection (%)										
Licit										
Methadone syrup	12	9	5	11	5	33	8	9	2	7
Physeptone	1	1	0	0	1	3	0	0	2	0
Illicit										
Methadone syrup	15	12	15	16	2	29	8	16	8	6
Physeptone	8	9	1	8	1	34	2	12	16	1
Any form (licit and/or illicit)	26	22	19	22	8	55	14	29	22	12
Median days injected *										
Licit										
Methadone syrup	38.5	48	42^	69	5^	48	24^	24^	30^	48^
Physeptone	90^	18^	-	-	1^	24^	-	-	45^	-
Illicit										
Methadone syrup	5	6	4	7.5	2^	24	2^	7^	13.5	3^
Physeptone	6	4	49.5^	1.5^	12^	5.5	2^	3.5	4	2^
Any form (licit and/or illicit)	12	15	7	42	3.5	48	4.5	5.5	8	5

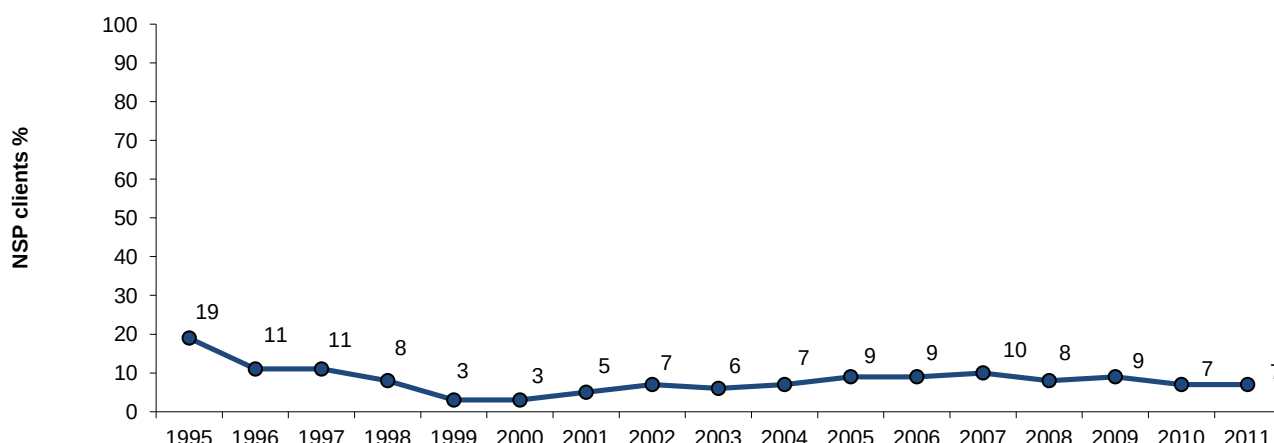
Source: IDRS participant interviews

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

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

The proportion of NSP clients in Australia reporting methadone as the last drug injected was 7% in 2011 (Figure 8). Consistent with IDRS participant reports, the NSP Survey results show that TAS recorded the highest proportion (31%) of NSP clients reporting methadone as the last drug injected, followed by the ACT (16%) (Iversen and Maher, 2012)

Figure 8: Proportion of NSP clients reporting methadone as last injection, Australia, 1995-2011



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002; National Centre in HIV Epidemiology and Clinical Research, 2005; National Centre in HIV Epidemiology and Clinical Research, 2009; National Centre in HIV Epidemiology and Clinical Research, 2010; Iversen and Maher, 2012; Kirby Institute, May 2011)

Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395

4.6.2 Use of buprenorphine

Six percent of the national sample reported recently using 'licit' buprenorphine compared to 14% for 'illicitly' obtained buprenorphine in the six months preceding interview (Table 16). No significant difference was found nationally between 2011 and 2012 for recent 'licit' or 'illicit' buprenorphine use ($p>0.05$).

Use of 'licitly' obtained buprenorphine ranged between 1% in WA to 10% in the ACT, TAS and QLD, while, for 'illicitly' obtained buprenorphine, this figure ranged from 6% in TAS to 22% in QLD (Table 16).

For national differences between 2002 and 2012 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C8.

Participants who recently used buprenorphine were asked about their reasons for using 'illicit' buprenorphine. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to alleviate withdrawal symptoms (36%), to treat self-dependence (14%), to alleviate pain (11%), cheaper than heroin (7%), to seek an opiate effect (7%), wanted to inject (3%) and other (22%).

4.6.2.1 Buprenorphine injection

Two percent of the national sample reported injection of 'licit' buprenorphine and 12% reported injection of 'illicit' buprenorphine in the six months preceding interview (Table 16). Injection of 'licitly' obtained buprenorphine ranged from 1% in VIC, TAS, SA, WA and the NT to 3% in NSW, the ACT and QLD, while injection of 'illicitly' obtained buprenorphine ranged from 5% in TAS to 19% in VIC

and QLD (Table 16). Fourteen percent of the national sample had injected any form of buprenorphine (i.e. 'licitly' or 'illicitly' obtained).

Among recent buprenorphine injectors (regardless of 'licit' or 'illicit' obtainment) the median frequency of injection was eight days (24 days in 2011). For 'licit' buprenorphine, this figure was 35 days (72 days in 2011) and for 'illicitly' obtained buprenorphine five days (12 days in 2011) (Table 16). No significant difference was observed between 2011 and 2012 for median days injected 'licit' or 'illicit' buprenorphine ($p>0.05$).

Table 16: Buprenorphine use patterns, by jurisdiction, 2012

	National N=868 N=924		NSW n=151	ACT n=99	VIC n=150	TAS n=106	SA n=93	WA n=100	NT n=125	QLD N=100
	2011	2012								
Recent Use (%)										
Licit	8	6	8	10	3	10	2	1	2	10
Illicit	15	14	13	20	19	6	9	15	10	22
Any form (licit and/or illicit)	21	19	20	28	22	13	11	16	12	29
Median days used*										
Licit	90	93	93	135	150^	90	107.5^	180^	90^	120
Illicit	8	4.5	4	10	10	2^	12^	6	2	8.5
Any form (licit and/or illicit)	30	12.5	9.5	81	10	71	14	7	2	42
Recent injection (%)										
Licit	5	2	3	3	1	1	1	1	1	3
Illicit	13	12	11	14	19	5	7	15	7	19
Any form (licit and/or illicit)	16	14	13	17	20	6	8	16	7	21
Median days injected*										
Licit	72	35	48^	7^	180^	24^	35^	100^	3^	24^
Illicit	12	5	3	120	7.5	2^	28^	3.5	2.5^	12
Any form (licit and/or illicit)	24	8	4	90	10	2^	35^	7	3^	12

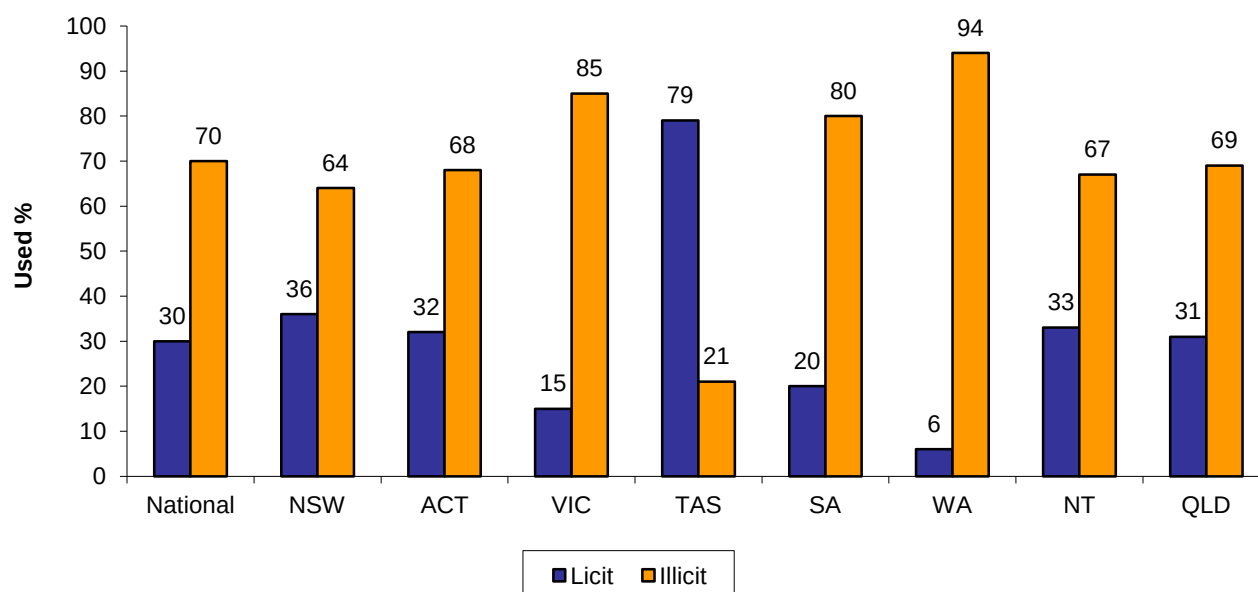
Source: IDRS participant interviews

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

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

Of those who had recently used buprenorphine, 70% reported 'illicit' buprenorphine as the form used most recently compared to 30% for 'licit' buprenorphine. TAS was the only jurisdiction to report the use of 'licit' buprenorphine as the form used most, whereas the other jurisdictions reported 'illicit' as the form mainly used (Figure 9).

Figure 9: Most used form of buprenorphine among those who reported recent buprenorphine use, by jurisdiction, 2012



Source: IDRS participant interviews

4.6.3 Use of buprenorphine-naloxone

For the first time in 2012, participants were asked about the use of buprenorphine-naloxone 'film' which became available on the PBS to treat opiate dependence in late 2011. The 'film' dissolves faster under the tongue compared to the 'tablet' reducing the opportunity for clients to remove the dose from the mouth and misuse it (Therapeutic Goods Administration, March 2011) <http://www.tga.gov.au/pdf/auspar/auspar-suboxone.pdf>.

Of the national sample, 18% reported recently using any form of buprenorphine-naloxone 'tablet' (licit use 9% and illicit use 11%) on a median of 24 days (once a week). While, 13% of the national sample reported recently using any form of buprenorphine-naloxone 'film' (licit use 8% and illicit use 7%) on a median of 14 days (once a fortnight) in the last six months (Table 17). No significant difference was found nationally between 2011 and 2012 for recent 'illicit' buprenorphine-naloxone 'tablet' use ($p > 0.05$).

For national differences between 2006 and 2012 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C9.

Participants who recently used buprenorphine-naloxone 'tablet' were asked about their reasons for using 'illicit' buprenorphine-naloxone 'tablet'. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to alleviate withdrawal symptoms (45%), to treat self-dependence (11%), to alleviate pain (9%), cheaper than heroin (6%), to seek an opiate effect (6%), wanted to inject (4%) and other (19%).

Participants who recently used buprenorphine-naloxone 'film' were also asked about their reasons for using 'illicit' buprenorphine-naloxone 'film'. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to alleviate withdrawal symptoms (59%), to treat self-dependence (6%), to alleviate pain (6%), safer alternative to heroin or illicit opiates (6%), to seek an opiate effect (6%), wanted to inject (6%) and other (11%).

Table 17: Buprenorphine-naloxone use patterns, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Recent Use (%)										
Licit[#]										
Tablet	12	9	7	4	17	8	9	9	5	14
Film	n.a.	8	9	7	10	1	17	11	1	6
Illicit[#]										
Tablet	13	11	6	6	19	9	11	16	1	14
Film	n.a.	7	5	3	12	2	11	18	0	4
Any TABLET form (licit and/or illicit)	22	18	13	10	31	16	15	22	12	25
Any FILM form (licit and/or illicit)	n.a.	13	13	9	19	3	26	28	1	10
Median days used*										
Licit[#]										
Tablet	93	60	60	22 [^]	72	81.5 [^]	60 [^]	96 [^]	36 [^]	31.5
Film	n.a.	75	67.5	90 [^]	72	1 [^]	135	72	170 [^]	10.5 [^]
Illicit[#]										
Tablet	5	4.5	2 [^]	5 [^]	5	3.5	2 [^]	18	6	5.5
Film	n.a.	3	3.5 [^]	4 [^]	2	2 [^]	4 [^]	3	-	1.5 [^]
Any TABLET form (licit and/or illicit)	30	24	10	12	38	10	27.5	51	14	39
Any FILM form (licit and/or illicit)	n.a.	14	50.5	90 [^]	6	2 [^]	72	10	170 [^]	4
Recent injection (%)										
Licit[#]										
Tablet	4	3	0	0	6	2	4	3	2	7
Film	n.a.	1	1	2	2	0	4	1	0	1
Illicit[#]										
Tablet	8	7	2	3	14	4	4	13	6	10
Film	n.a.	4	1	1	6	0	7	14	0	2
Any TABLET form (licit and/or illicit)	11	9	2	3	18	5	7	15	7	15
Any FILM form (licit and/or illicit)	n.a.	4	1	2	7	0	10	15	0	3
Median days injected*										
Licit[#]										
Tablet	60	24	-	-	28 [^]	90.5 [^]	1 [^]	180 [^]	13 [^]	24 [^]
Film	n.a.	29	10 [^]	132 [^]	60 [^]	-	25 [^]	5 [^]	-	1 [^]
Illicit[#]										
Tablet	6	10	1 [^]	10 [^]	10	2.5 [^]	35 [^]	22	2 [^]	8
Film	n.a.	3.5	30 [^]	6 [^]	2 [^]	-	10 [^]	2	-	1.5 [^]
Any TABLET form (licit and/or illicit)	9.5	12	1 [^]	10 [^]	10	1 [^]	35 [^]	27	2 [^]	24
Any FILM form (licit and/or illicit)	n.a.	4	40 [^]	132 [^]	3	-	5 [^]	3.5	-	1 [^]

Source: IDRS participant interviews

[^] Medians based on small numbers (n<10); interpret with caution

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

[#] Licit and Illicit use in 2011 only included buprenorphine-naloxone tablet

n.a. Not applicable

4.6.3.1 Buprenorphine-naloxone injection

Of the national sample, 9% reported recently injecting any form of buprenorphine-naloxone 'tablet' (licit 3% and illicit 7%; 11% any form in 2011) on a median of 12 days (once a fortnight). While, 4% of the national sample reported recently using any form of buprenorphine-naloxone 'film' (licit 1% and illicit 4%) on a median of four days (less than once a month) in the last six months (Table 17).

No significant difference was found nationally between 2011 and 2012 for recent 'licit' or 'illicit' buprenorphine-naloxone 'tablet' use ($p>0.05$).

4.6.4 Use of morphine

Forty-three percent of the national sample had used morphine (includes both 'licitly' and 'illicitly' obtained morphine) in the last six months, ranging from 23% in NSW to 77% in the NT (Figure 10).

The use of morphine was highest in the NT and TAS, jurisdictions where traditionally heroin has not been freely available, and where methadone and morphine have dominated the markets (Figure 10).

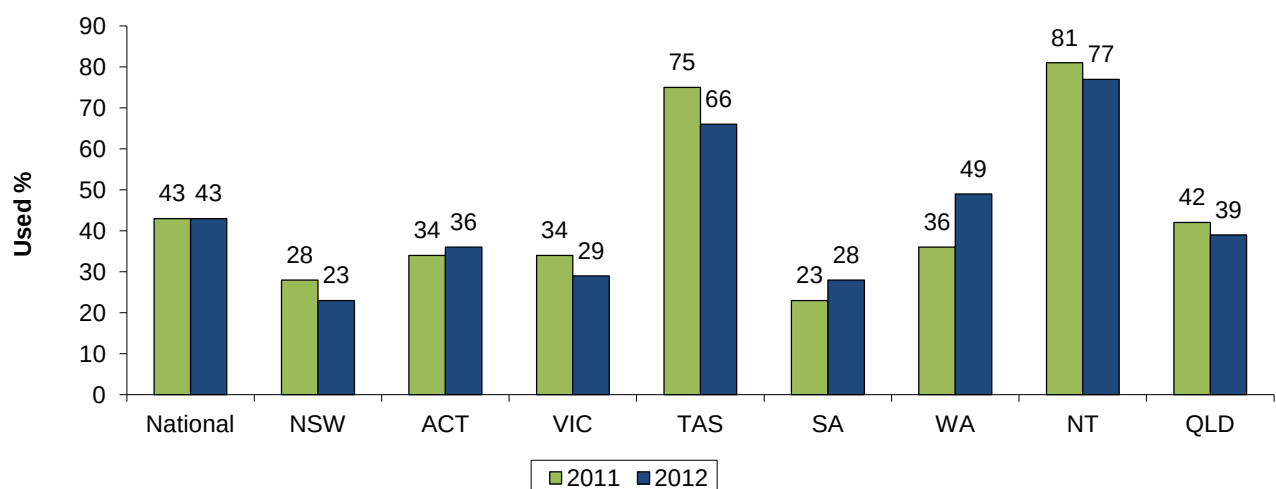
The recent use of 'licit' morphine was reported by 9% of the sample (range 3% in VIC to 23% in the NT) compared to 38% for 'illicit' morphine (range 21% in NSW to 68% in the NT) (Table 18). The median days of use for 'licitly' obtained morphine (93 days) were based on small numbers in most jurisdictions and, therefore, should be interpreted with caution.

Among those who recently used 'illicit' morphine no significant difference was found for the median number of days used between 2011 and 2012 ($p>0.05$). By jurisdiction, the median frequency of 'illicitly' obtained morphine use among users varied (Table 18).

For national differences between 2001 and 2012 refer to Appendix B, Figure B6 and for jurisdictional differences refer to Appendix C, Table C10.

Participants who recently used morphine were asked about their reasons for using 'illicit' morphine. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to self-treat dependence (52%), to seek an opiate effect (intoxication; 37%), to substitute for heroin/opiates (17%), because they were away from home (1%) and/or another reason (16%).

Figure 10: Recent use of morphine (any form), by jurisdiction, 2011-2012



Source: IDRS participant interviews

Note: Includes licitly and illicitly obtained morphine

4.6.4.1 Morphine injection

Injection of 'licitly' obtained morphine was rare, while for 'illicitly' obtained morphine injection figures ranged from 19% in NSW to 66% in the NT. The median number of days on which 'illicitly' obtained morphine was injected ranged from four days in VIC to 170 days in the NT (Table 18).

Of those who reported recent morphine use, the majority (83%) reported 'illicit' morphine as the form most used, ranging from 65% in SA to 97% in TAS (see Table 5). The most commonly used brand of morphine used in the preceding six months was MS Contin® followed by Kapanol®.

Table 18: Morphine use patterns, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Recent Use (%)										
Licit	8	9	6	9	3	4	11	13	23	8
Illicit	39	38	21	30	27	64	23	43	68	34
Any form (licit and/or illicit)	43	43	23	36	29	66	28	49	77	39
Median days used*										
Licit	90	93	6^	72^	2^	4^	75	106	180	180
Illicit	13	20	10	4	3.5	19.5	12	16	177.5	11
Any form (licit and/or illicit)	20	28	10	7	3	19.5	12	30	180	18
Recent injection (%)										
Licit	7	7	5	4	2	4	9	10	18	3
Illicit	37	37	19	27	24	64	22	42	66	32
Any form (licit and/or illicit)	41	40	21	29	25	66	27	47	74	33
Median days injected*										
Licit	75	60	4^	17.5^	1^	3^	5^	75	155	180
Illicit	12	20	10	5	4	19	12	20	170	12
Any form (licit and/or illicit)	24	24	10	6	4	18.5	12	24	180	12

Source: IDRS participant interviews

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

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

A higher prevalence of morphine injection among people who inject drugs in the NT and TAS compared to those in other jurisdictions has also been documented by the Australian NSP Survey. The proportion of NSP clients surveyed who reported pharmaceutical opioids and heroin as the last drug injected in 2000 to 2011 (the most recent NSP Survey results available) are depicted in Table 19. The figure shows that while, at a national level, proportions of clients reporting pharmaceutical opioids are relatively low (between 4% and 16%), they are much higher in the NT (between 43% and 79%) and TAS (between 16% and 34%). The reverse trend is evident for heroin as the last drug injected, which is relatively prevalent at a national level (between 26% and 36% since 2001; 56% in 2000), and almost non-existent in the NT and TAS (each less than 7% from 2001 onwards (Iversen and Maher, 2012)).

Table 19: Proportion of NSP clients in the NT, TAS and the national sample who reported heroin and pharmaceutical opioids as the last drug injected, 2000-2011

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
National												
Pharmaceutical opioids	4	6	7	9	8	9	12	14	15	16	16	15
Heroin	56	30	36	36	36	34	26	31	34	34	34	33
Northern Territory												
Pharmaceutical opioids	46	43	79	53	57	48	60	52	63	49	60	63
Heroin	13	5	4	3	0	0	0	0	3	3	4	3
Tasmania												
Pharmaceutical opioids	22	28	16	24	19	20	16	26	21	27	33	34
Heroin	11	0	3	1	0	1	2	2	7	3	1	1

Source: Australian NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2002; National Centre in HIV Epidemiology and Clinical Research, 2005; National Centre in HIV Epidemiology and Clinical Research, 2009; National Centre in HIV Epidemiology and Clinical Research, 2010; Iversen and Maher, 2012; Kirby Institute, May 2011)

Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395

4.6.5 Use of oxycodone

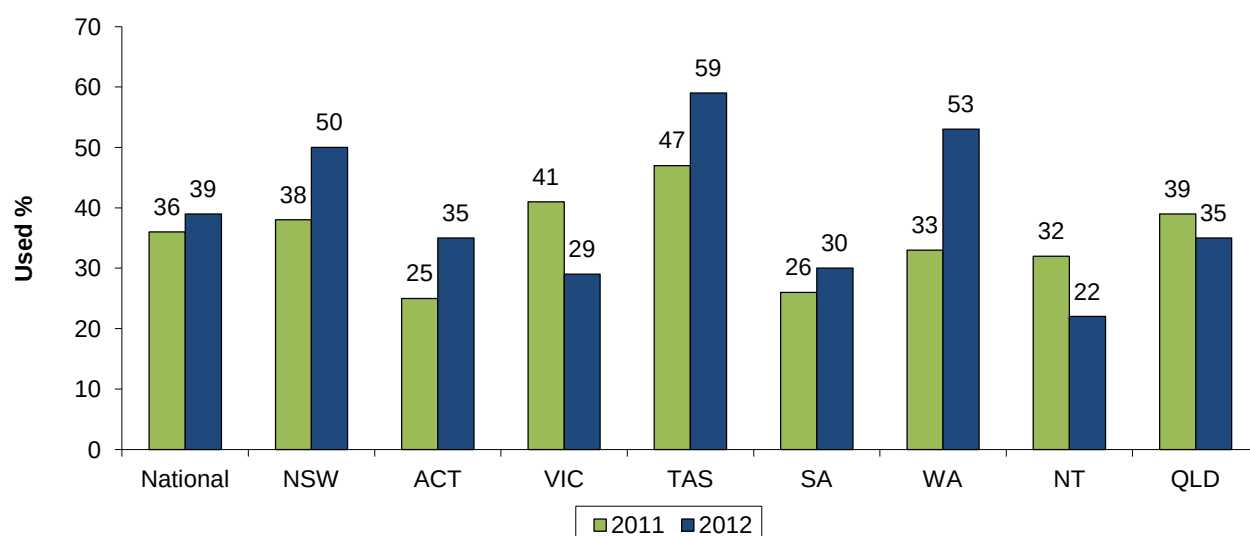
Over one-third (39%) of the national sample reported the use of oxycodone in the last six months (36% in 2011 and 32% in 2010), ranging from 22% in the NT to 59% in TAS (Figure 11). TAS increased from 47% in 2011 to 59% in 2012 and WA from 33% in 2011 to 53% in 2012.

In 2012, seven percent of the national sample reported recent (last six months) use of 'licitly' obtained oxycodone. This contrasted with 35% of the sample who reported recent use of 'illicitly' obtained oxycodone. No significant differences for recent use were found between 2011 and 2012 ($p>0.05$). Similar to previous years, TAS reported the highest levels of recent 'illicit' oxycodone use followed by WA (Table 20).

Median days of use of 'illicitly' obtained oxycodone were relatively low at approximately 24 days (weekly use) or less in all jurisdictions (Table 20). Among those who recently used 'illicit' oxycodone, the median number of days used increased significantly between 2011 and 2012 (4 days versus 7 days; $p>0.05$).

For national differences between 2005 and 2012 refer to Appendix B, Figure B6 and for jurisdictional differences refer to Appendix C, Table C11.

Participants who recently used oxycodone were asked about their reasons for using 'illicit' oxycodone. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to self-treat dependence (48%), to seek an opiate effect (intoxication; 36%), to substitute for heroin/opiates (26%), away from home (<1%) and/or another reason (13%).

Figure 11: Recent use of oxycodone (any form), by jurisdiction, 2011-2012

Source: IDRS participant interviews

4.6.5.1 Oxycodone injection

Injection of 'licitly' obtained oxycodone (4%) was rare, while for 'illicitly' obtained oxycodone injection (32% nationally) figures ranged from 18% in the NT to 55% in TAS. The median number of days on which 'illicitly' obtained oxycodone was injected ranged from three days in the ACT and NT to 24 days in TAS (Table 20).

Of those who reported recent oxycodone use, the majority (85%) reported 'illicit' oxycodone as the form most used, ranging from 74% in the NT to 92% in TAS (see Table 5). The most commonly used brand of oxycodone used in the preceding six months was OxyContin®.

Table 20: Oxycodone use patterns, by jurisdiction, 2012

	National N=868		NSW n=151	ACT n=99	VIC n=150	TAS n=106	SA n=93	WA n=100	NT n=125	QLD N=100
	2011	2012								
Recent use (%)										
Licit	6	7	11	2	6	5	8	10	7	7
Illicit	32	35	46	34	26	56	26	48	19	29
Any form (licit and/or illicit)	36	39	50	35	29	59	30	53	22	35
Median days used *										
Licit	41	15	11.5	44^	20^	14^	24^	61^	5^	14^
Illicit	4	7↑	10	3	5	24	5	12	4	3
Any form (licit and/or illicit)	5	9	20	3	7	24	7.5	12	4	4
Recent injection (%)										
Licit	4	4	9	1	4	4	2	7	4	2
Illicit	30	32	40	31	23	55	22	46	18	22
Any form (licit and/or illicit)	31	33	42	31	24	58	23	48	19	24
Median days injected *										
Licit	54	20	25	40^	10.5^	2.5^	36.5^	72^	5^	71.5^
Illicit	4	10	20	3	6	24	6	13.5	3	3.5
Any form (licit and/or illicit)	4	10	24	3	7	24	6	17.5	3	3.5

Source: IDRS participant interviews

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

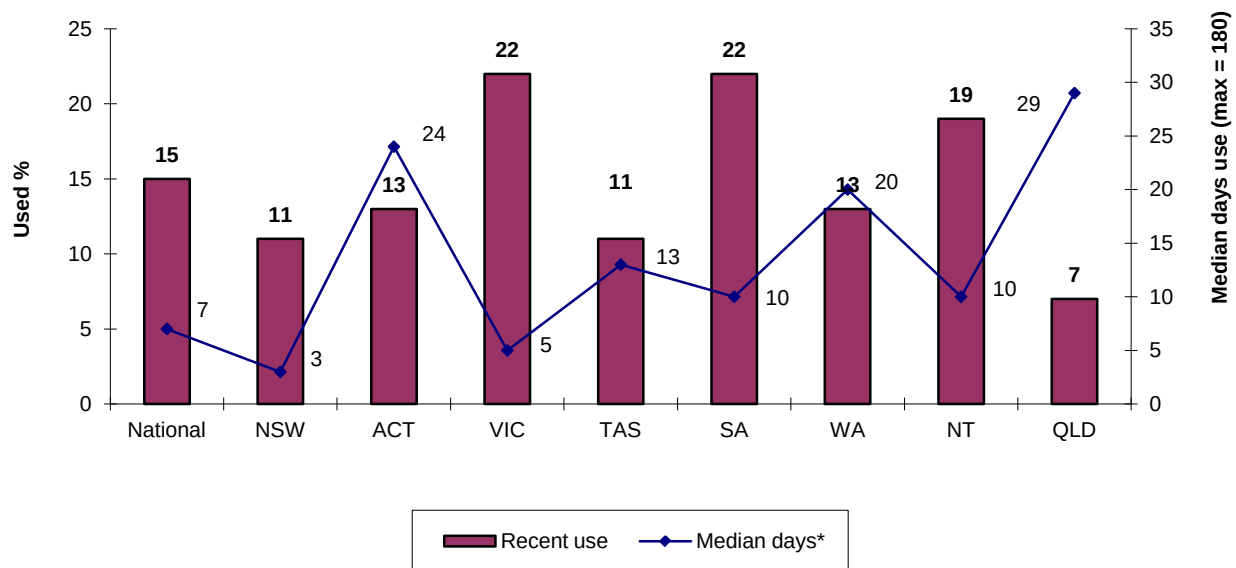
* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide of days use/injection

↑ Significant increase between 2011 and 2012 (p<0.05)

4.6.6 Use of over the counter codeine

In 2012, around one-third (29%) of the national sample reported using over the counter (OTC) codeine in their lifetime. Fifteen percent reported using OTC codeine on a median of seven days (10 days in 2011) in the last six months (Figure 12). The recent use of OTC codeine significantly decreased between 2011 and 2012 (42% in 2011; $p < 0.05$). Only three participants reported injecting OTC codeine recently. The main brands used were Nurofen Plus® (43%) and Panadeine® and Mersyndol® (12% each).

Figure 12: Recent use and median days of over the counter codeine use, by jurisdiction, 2012



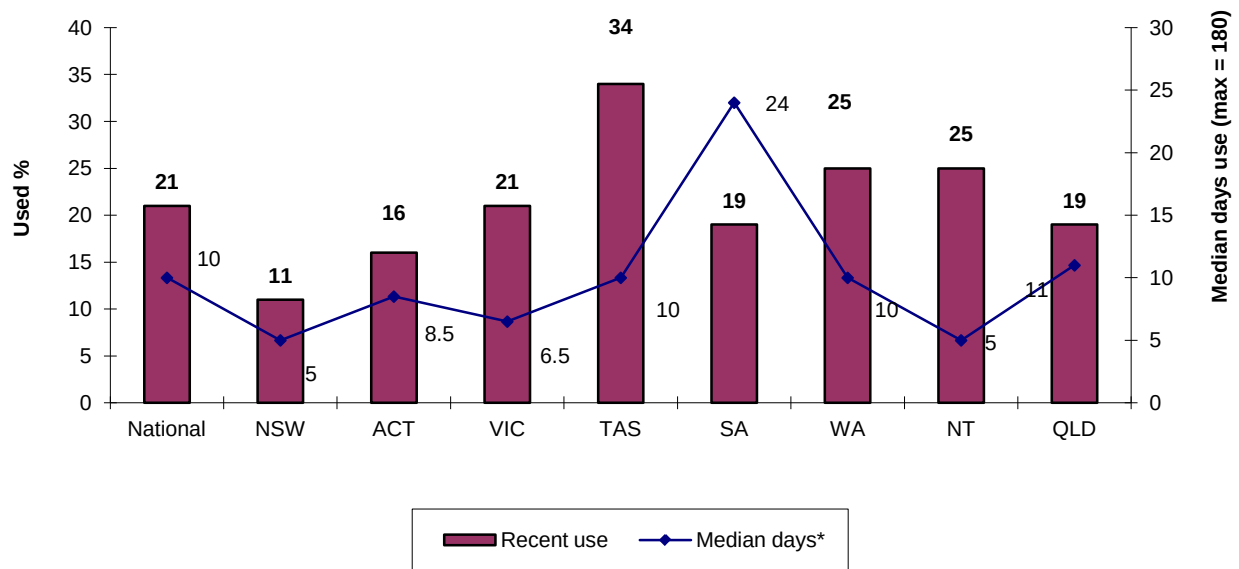
Source: IDRS participant interviews

* Among those who recently used OTC codeine

4.6.7 Use of other opioids (not elsewhere specified)

Other opioids include (but are not limited to) opium, pethidine and codeine phosphate (not including OTC codeine). The recent use of other opioids (any form) significantly decreased from 33% in 2011 to 21% in 2012 ($p < 0.05$). In 2012, the median numbers of days recently used any form of other opioids was ten. TAS followed by the NT and WA reported the highest recent use of other opioids (Figure 13). Only 11 participants (1%) reported injecting in the last six months. Frequency of injection was reported on a median of 10 days during this time.

Figure 13: Recent use of other opioids (not elsewhere specified), by jurisdiction, 2012



Source: IDRS participant interviews

* Among those who recently used other opioids

Among those who reported recent other opioid use and commented (N=184), 69% reported mainly using 'licit' other opiates while 31% reported 'illicit' use. It should be noted that, due to the introduction of questions relating to oxycodone and OTC codeine, the figures for other opioids will not be directly comparable to figures prior to 2005. In 2012, participants were prompted for the use of Panadeine FORTE® when asked about the use of other opiates, hence the most commonly used 'other' opioid reported was Panadeine FORTE® (85% of users). Four participants reported the main form of 'other' opioid used was fentanyl.

4.7 Other drugs

Key points

- Around two-thirds of participants (63%) had used ecstasy in their lifetime, and 12% had used ecstasy in the preceding six months, frequency of use by users was sporadic (median two and a half days).
- While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (65%), recent use remained fairly low, with six percent reporting use in the six months preceding interview.
- The majority (79%) of the national sample had reported the use of benzodiazepines (including alprazolam) at some stage in their lifetime. Sixty-four percent reported the recent use of benzodiazepines on a median of 91 days. Only small numbers reported recently injecting benzodiazepines (7%) on a median of six days in the last six months.
- Sixty percent of the national sample reported using some form of alprazolam in their lifetime, with nearly half (44%) reported recently using any form of alprazolam on a median of 10 days. Six percent reported recently injecting alprazolam.
- Nearly three-quarters (72%) of the national sample had used another form of other benzodiazepines not including alprazolam in their lifetime. Over half (54%) reported recently using any form of other benzodiazepines on a median of 56 days. Small proportions reported recently injecting other benzodiazepines (6% or less).
- The recent (six months) use of pharmaceutical stimulants was reported by 14% of the national sample on a median of four days.
- The use of Seroqual® ever was reported by 48% of the sample, 25% reported recently using Seroqual®.
- Twenty-one percent of participants had used inhalants in the past but a very low proportion (2%) had used them in the last six months.
- Two-thirds of the national sample reported having drunk alcohol in the preceding six months, with those who had consumed alcohol having done so on an average of one day per week. Eighteen percent of the national sample reported daily use of alcohol.
- As in previous years, tobacco was widely used among the sample, with 93% having used in the preceding six months. Ninety-five percent of recent tobacco users reported smoking daily.

4.7.1 Ecstasy and related drugs

A fairly large proportion of participants (63%) had ever used ecstasy in the past. Twelve percent of the national sample had used ecstasy in the six months preceding interview on a median of two and half days, while four percent injected it on a median of two occasions (see Appendix A, Table A3). No significant difference was found between 2011 and 2012 for recent ecstasy use nationally (14% in 2011; $p>0.05$).

The IDRS is not designed to monitor trends in ecstasy and related drug use as the frequency and prevalence of use among people who inject drugs is low. The Ecstasy and related Drugs Reporting System (EDRS), which monitors trends in these drug types, has been conducted in each jurisdiction in Australia since 2003. The EDRS uses similar methodology to the IDRS, but recruits regular ecstasy users in each jurisdiction. Detailed findings of the EDRS are available as NDARC Technical Reports on the NDARC website (<http://www.ndarc.med.unsw.edu.au/group/drug-trends>) click on EDRS.

4.7.2 Hallucinogens

While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (65%), recent use (i.e. in the preceding six months) remained fairly low, with six percent reporting use in the six months preceding interview (see Appendix A, Table A3). No significant difference was found between 2011 and 2012 for the recent use of hallucinogens nationally (8% in 2011; $p>0.05$).

Frequency of use was also low, with those who had used reporting doing so on a median frequency of three days during the last six months. Nationally, the main type of hallucinogen used in the last six months was lysergic acid diethylamide (LSD), followed by magic mushrooms, although there was some jurisdictional variation (see Table 4 and Table 5). Ten percent of the sample reported injecting hallucinogens at some point in their lifetime, while less than 1% had injected them in the last six months (see Appendix A, Table A3).

4.7.3 Benzodiazepines

The majority (79%) of the national sample had reported the use of any form of benzodiazepines at some stage in their lifetime. Sixty-four percent reported the recent use of any form of benzodiazepines on a median of 91 days in the last six months. Forty-percent reported the recent use of any form of 'licit' (prescribed) benzodiazepines and 50% any form of 'illicit' benzodiazepine use. Among those who recently used any form of benzodiazepines, 41% reported using them daily in the last six months.

Nationally, the recent use of any form of benzodiazepines significantly decreased between 2011 and 2012 (69% and 64% respectively; $p < 0.05$). However, the median days of use among those who reported recently using any form of benzodiazepine significantly increased between 2011 and 2012 (74 day versus 91 days respectively; $p < 0.05$). For national differences between 2000 and 2012 refer to Appendix B, Figure B6 and for jurisdictional differences refer to Appendix C, Table C12. Only small numbers reported recently injecting any benzodiazepines (7%) on a median of six days in the last six months.

From 2011 participants were asked separately about the use of alprazolam and other benzodiazepines use (please see below).

4.7.3.1 Alprazolam

Sixty percent of the national sample reported using some form of alprazolam in their lifetime (21% licit and 53% illicit). Nearly half (44%) reported recently using any form of alprazolam on a median of 10 days in the last six months. Eleven percent had recently used 'licit' alprazolam on a median of 160 days while 37% had recently used 'illicit' alprazolam on a median of ten days (Table 21).

A smaller proportion (13%) had injected alprazolam at some stage in their life (2% licit, 11% illicit), with 6% injecting any form of alprazolam (<1% licit, 6% illicit) in the last six months.

At a national level, of those who reported recent alprazolam use 77% stated that 'illicit' alprazolam was the form they had used most in the preceding six months (see Table 5).

Table 21: Alprazolam use patterns, by jurisdiction, 2011-2012

	National N=868 N=924		NSW n=151	ACT n=99	VIC n=150	TAS n=106	SA n=93	WA n=100	NT n=125	QLD n=100
	2011	2012								
Recent use (%)										
Licit	13	11	11	5	14	3	11	26	7	12
Illicit	39	37	40	31	58	41	22	46	18	35
Any form (licit and/or illicit)	46	44	48	35	65	42	30	56	23	42
Median days used*										
Licit	172	160	170	180^	180	60^	180^	66	21^	80
Illicit	7	10	20	3	10	10	6.5	10	5.5	5
Any form (licit and/or illicit)	12	12	24	5.5	12	12	30	20	9	10

Source: IDRS participant interviews

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

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

4.7.3.2 Other benzodiazepines

Around three-quarters (72%) of the national sample had used any form of other benzodiazepines (54% licit and 51% illicit) not including alprazolam in their lifetime. Over half (54%) recently used any form of other benzodiazepines on a median of 56 days (approximately two and half times per week) (Table 22).

Thirty-five percent of the national sample reported having used 'licitly' obtained other benzodiazepines on a median of 150 days in the last six months. While, thirty-four percent 'illicitly' obtained other benzodiazepines on a median of ten days in the last six months. Reports of recent use of 'licitly' and 'illicitly' obtained other benzodiazepines varied across jurisdictions (Table 22).

Proportions of respondents reporting the recent injection of other benzodiazepines (any form – excludes alprazolam) in the last six months were relatively low at 6% or less.

Of those who reported recent other benzodiazepine use over half (59%) stated that 'licit' other benzodiazepines were the form they had most used in the preceding six months (see Table 5).

Table 22: Other benzodiazepine (excludes alprazolam) use patterns, by jurisdiction, 2011-2012

	National N=868	N=924	NSW n=151	ACT n=99	VIC n=150	TAS n=106	SA n=93	WA n=100	NT n=106	QLD n=100
	2011	2012								
Recent use (%)										
Licit	36	35	23	37	47	34	31	56	19	40
Illicit	35	34	33	36	48	49	19	47	14	20
Any form (licit and/or illicit)	56	54	47	59	70	65	40	77	29	48
Median days used*										
Licit	96	150	104	98	180	180	133.5	180	20	150
Illicit	9.5	10	12	7	6.5	17.5	6	20	7	6
Any form (licit and/or illicit)	60	60	48	48	90	60	48	104	11	90

Source: IDRS participant interviews

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

Excluding alprazolam, diazepam (e.g. Valium®, Antenex®) was reported by the largest proportion of the national sample (85% of recent users) as the main type of other benzodiazepine used in the preceding six months, followed by oxazepam (e.g. Serapax®, Murelax®, 6% of recent users). Table 23 shows the main type of other benzodiazepine (not including alprazolam) reported by recent users, as well as those who had recently injected. Diazepam was by far the most commonly nominated main type of other benzodiazepine used orally and recently injected (Table 23).

Note: While it is possible that this group is injecting their preferred brand of other benzodiazepines (e.g. diazepam), it is not possible to determine using these data alone because all of them (100%) also reported oral use, and data on the main brand used did not differentiate between different routes of administration (i.e. swallowed versus injected).

Table 23: Main other benzodiazepine type used (excluding alprazolam) in the six months preceding interview, 2011-2012

	Recent use among those who had recently used		Recent injectors*	
	2011 N=444	2012 N=449	2011 N=52	2012 N=43
Diazepam (%) e.g. <i>Antenex, Ducene, Valium, Valmpam</i>	84	85	79 (N=41)	79 (N=34)
Oxazepam (%) e.g. <i>Serepax</i>	7	6	12 (N=6)	9 (N=4)
Temazepam (%) e.g. <i>Normison, Temaze</i>	4	3	4 (N=2)	5 (N=2)
Clonazepam (%) e.g. <i>Rivotril</i>	2	1	0	0
Nitrazepam (%) e.g. <i>Alodorm, Mogadon</i>	<1	1	2 (N=1)	2 (N=1)
Flunitrazepam (%) e.g. <i>Hypnodorm</i>	<1	1	2 (N=1)	5 (N=2)

Source: IDRS participant interviews

* 96% (2011, n=50) and 100% (2012, n=43) of recent other benzodiazepine injectors also reported oral use; therefore, one cannot make the assumption that the main brand reported is being injected

4.7.5 Pharmaceutical stimulants

In 2012, use and injection of pharmaceutical stimulants remained relatively low and infrequent in the national sample. A greater proportion of participants reported using (13%) or injecting (10%) 'illicitly' obtained pharmaceutical stimulants compared to pharmaceutical stimulants obtained through 'licit' means (1% use; <1% injection). Use and injection of 'illicitly' obtained pharmaceutical stimulants in the preceding six months was most common in TAS (Table 24). No significant difference was found between 2011 and 2012 for the recent use of licit or illicit pharmaceutical stimulants nationally ($p>0.05$).

Table 24: Pharmaceutical stimulant use patterns in the past six months, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Recent use (%)										
Illicit	14	13	4	12	11	42	8	22	10	3
Any form (licit and/or illicit)	15	14	5	13	13	42	9	23	11	3
Median days used *										
Illicit	4	4	3^	6	3.5	6	2^	2	3	2^
Any form (licit and/or illicit)	4	4	4^	5	4	6	2^	2	5.5	2^
Recent injection (%)										
Illicit	10	10	2	10	8	38	3	10	8	3
Any form (licit and/or illicit)	10	10	2	11	8	38	4	11	9	3
Median days injected*										
Illicit	3	4	3^	4.5	2	5.5	2^	1.5	5.5	2^
Any form (licit and/or illicit)	3	4	3^	4	2	5.5	2^	2	6	2^

Source: IDRS participant interviews

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

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

Note: Patterns of use of licitly obtained pharmaceutical stimulants not shown by jurisdiction due to fewer than ten participants responding to each item

4.7.6 Seroquel® (Quetiapine)

Of the national sample 48% reported a lifetime use of Seroquel® (quetiapine) (21% licit, 34% illicit). Twenty-six percent of the sample had used Seroquel® in the last six months (10% licit, 16% illicit; Figure 14). 'Licit' Seroquel® has been used on a median of 180 days compared to four days for 'illicit' Seroquel®. Only three participants reported injecting Seroquel® in the last six months.

Figure 14: Proportion of IDU who reported use of licit (prescribed) and illicit seroquel in the preceding six months, 2012



4.7.7 Inhalants

Twenty-one percent reported ever having inhaled volatile substances such as amyl nitrate, petrol, glue and/or lighter fluid. Two percent of participants reported use in the six months preceding interview on a median of three days (see Appendix A, Table A3). No significant difference was found between 2011 and 2012 for recent inhalant use nationally (3% in 2011; $p>0.05$).

4.7.8 Alcohol and tobacco

Sixty-four percent of the national sample reported recently using alcohol (65% in 2011), on a median of 24 days, indicating that frequency of use was approximately weekly among two-thirds of the sample (Table 25). Eighteen percent of recent alcohol consumers reported daily use of alcohol in the preceding six months.

The vast majority of the national sample (93%; 94% in 2011) reported recent tobacco use (Table 25), with 95% of recent tobacco users reporting having smoked daily over the preceding six months.

No significant difference was found between 2011 and 2012 for recent alcohol or tobacco use nationally ($p>0.05$).

Table 25: Patterns of alcohol and tobacco use in the preceding six months, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Recent use (%)										
Alcohol	65	64	61	65	69	74	66	67	54	60
Tobacco	94	93	95	94	95	88	96	91	93	93
Median days used by those who had used*										
Alcohol	24	24	12	54	24	27	12	12	24	12
Tobacco	180	180	180	180	180	180	180	180	180	180

Source: IDRS participant interviews

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

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

5.1 Heroin

Key points

- Heroin was typically \$50 per cap across the jurisdictions and remained relatively stable compared to 2011. The median prices per gram varied, ranging from \$300 in VIC to \$600 in WA.
- The majority of participants commenting reported that heroin was of 'low' purity.
- As in previous years, the majority of participants reported that heroin was 'easy' or 'very easy' to obtain. The exceptions were the NT and TAS where few participants were able to comment.
- Of those who had bought heroin, the most common source was a known dealer or a friend. The most common place of purchase was at an agreed public location.

This section contains information on the market characteristics (including price, perceived purity, availability and purchasing patterns) of heroin. Data on harms (health and law enforcement-related) associated with drug use, including heroin use and injecting drug use more generally, are discussed under the relevant sections later in this report. Comparable findings on price, availability and perceived purity are shown in Appendix E.

5.1.1 Price of heroin

The median price of a gram of heroin was cheapest in the NT (\$125, note: small numbers reporting; interpret with caution), followed by the ACT and VIC (\$300). Heroin was most expensive per gram in WA (\$600) (Table 26 and Figure 15).

The median price of a 'cap' of heroin (a small amount typically used for a single injection) ranged from \$50 in NSW, the ACT, VIC, TAS and QLD to \$110 in the NT. Small numbers reported purchasing caps in TAS, WA and the NT, indicating low availability (Table 26). The majority (73%) of those who commented reported that price had remained stable in the last six months. Small numbers (16%) reported that the price of heroin has increased recently.

Appendix E, Table E1, Table E2 and Figure E1 show participant estimates of the median price of heroin over the several years of data collection.

Table 26: Median price of heroin, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Median Price (\$)										
Per gram	300	350	350	300	300	-	400	600	125^	400
Per cap	50	50	50	50	50	50^	100	100^	110^	50
Price changes (%)	N=479	N=504	n=133	n=69	n=119	n=8^	n=43	n=71	n=8^	n=53
Increased	15	16	22	7	13	13	9	24	38	8
Stable	78	73	71	84	64	63	88	68	50	81
Decreased	4	5	1	4	13	13	0	3	0	6
Fluctuated	4	7	6	4	10	13	2	6	13	6

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis.

Figure 15: Median price per gram of heroin, by jurisdiction, 2011-2012

Source: IDRS participant interviews

Note: Small numbers (n<10) reported in TAS, SA, the NT and QLD in 2011 and in the NT in 2012

5.1.2 Purity of heroin

Participants were asked about their perception of current heroin purity or strength, and if there had been any change in purity in the six months preceding interview. The majority of participants commenting (N=504) reported that heroin was of 'low' purity (40%). This pattern of results was broadly seen across all jurisdictions except in the ACT, TAS, WA and the NT (reported medium). In TAS and the NT few participants were able to comment. Purity was most commonly reported to have remained stable across the majority of jurisdictions, except SA where equal numbers reported the purity as decreasing or stable (Table 27 and Figure 16).

Significance testing was carried out on the current purity for 'low', 'medium', 'high' and 'fluctuates' between 2011 and 2012. No significant differences were found between 2011 and 2012 for current heroin purity ($p>0.05$).

Appendix E, Figure E2 shows the current purity of heroin over the several years of data collection.

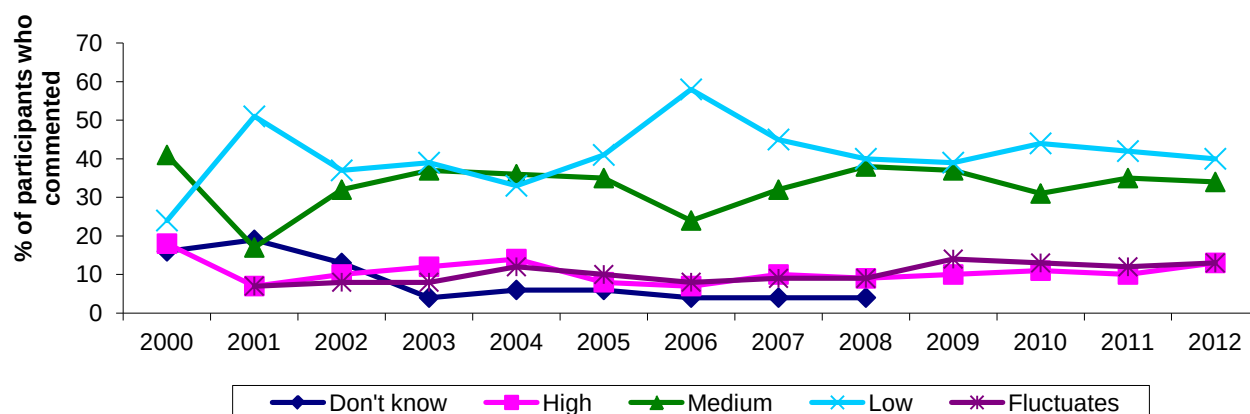
Table 27: Perceived purity of heroin, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Current Purity (%)	N=485	N=504	n=127	n=69	n=118	n=8^	n=46	n=69	n=11	n=56
High	10	13	13	16	7	25	9	20	27	9
Medium	35	34	33	38	31	63	30	36	55	32
Low	42	40	38	32	49	13	50	30	18	50
Fluctuates	12	13	17	15	14	0	11	13	0	9
Purity changes (%)	N=471	N=488	n=126	n=65	n=117	n=7^	n=45	n=66	n=9^	n=53
Increasing	10	15	13	17	14	29	16	15	22	13
Stable	40	40	35	49	37	43	33	47	33	45
Decreasing	27	23	31	12	22	0	33	17	11	21
Fluctuating	23	23	21	22	27	29	18	21	33	21

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

Figure 16: Participant reports of current heroin purity among those able to comment, 2000-2012

Source: IDRS participant interviews

Note: From 2009 onwards the response option 'Don't know' was excluded from analysis

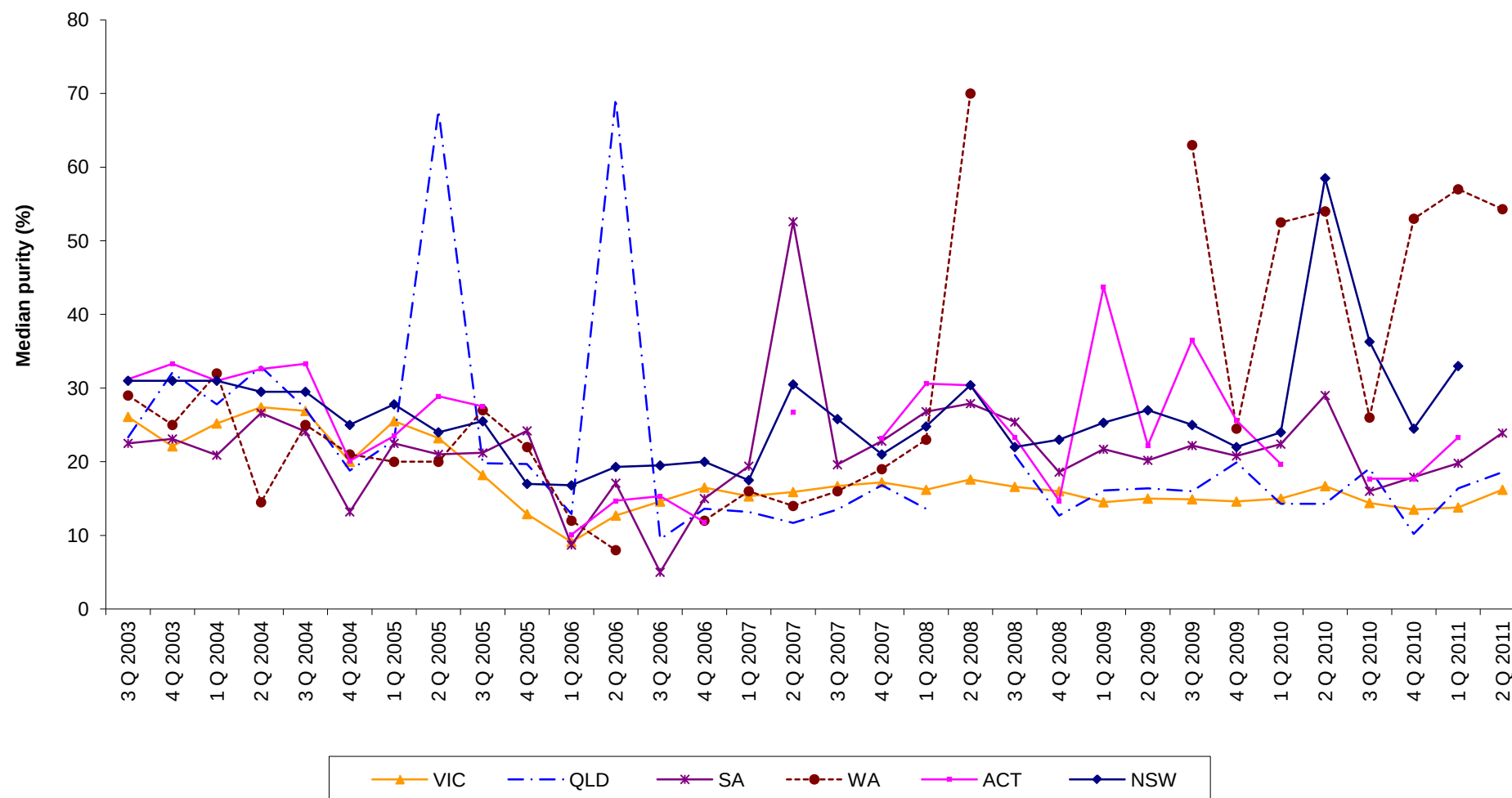
Participant reports of purity are subjective and depend on a number of factors including the health and tolerance of the individual. A more objective measure of purity is derived from the analysis of drug seizures. The purity figures reported below, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia, and this should be considered when drawing conclusions from the purity data presented. These data are provided by the Australian Crime Commission (ACC). However, there are some important issues to consider when examining purity measures. These data do not reflect the total weight of a particular drug seized in each year, but only those samples and seizures submitted for analysis. There is typically a lag of several months between the seizure and receipt of profiling results. Additionally, the absence of similar data for street level seizures in Australia makes it difficult to extrapolate the impact of any observed trends on drugs reaching consumers (Australian Crime Commission, 2012).

Data reported include seizures ≤ 2 grams and > 2 grams, reflecting both street and larger seizures. The following caveat applies to Figure 17 through to Figure 20: figures do not represent the purity levels of all heroin seizures – only those that have been analysed at a forensic laboratory. Figures do not represent the purity levels of all amphetamine seizures—only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of amphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of amphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police. No heroin seizures were analysed for purity in the NT or TAS in 2010/11.

The median purity of analysed state/territory police heroin seizures in 2003/04 to 2010/11 financial years (displayed quarterly) by jurisdictions is displayed in Figure 17. No reports were made in TAS, or the NT in 2010/11. The 'overall total' median purity of seizures analysed by state/territory police in 2010/11 was highest in WA (48%), NSW (28.5%) and the ACT (22.3%) and lowest in VIC (14%) (Australian Crime Commission, 2012). The 2011/12 ACC seizure data were unavailable at the time of publication.

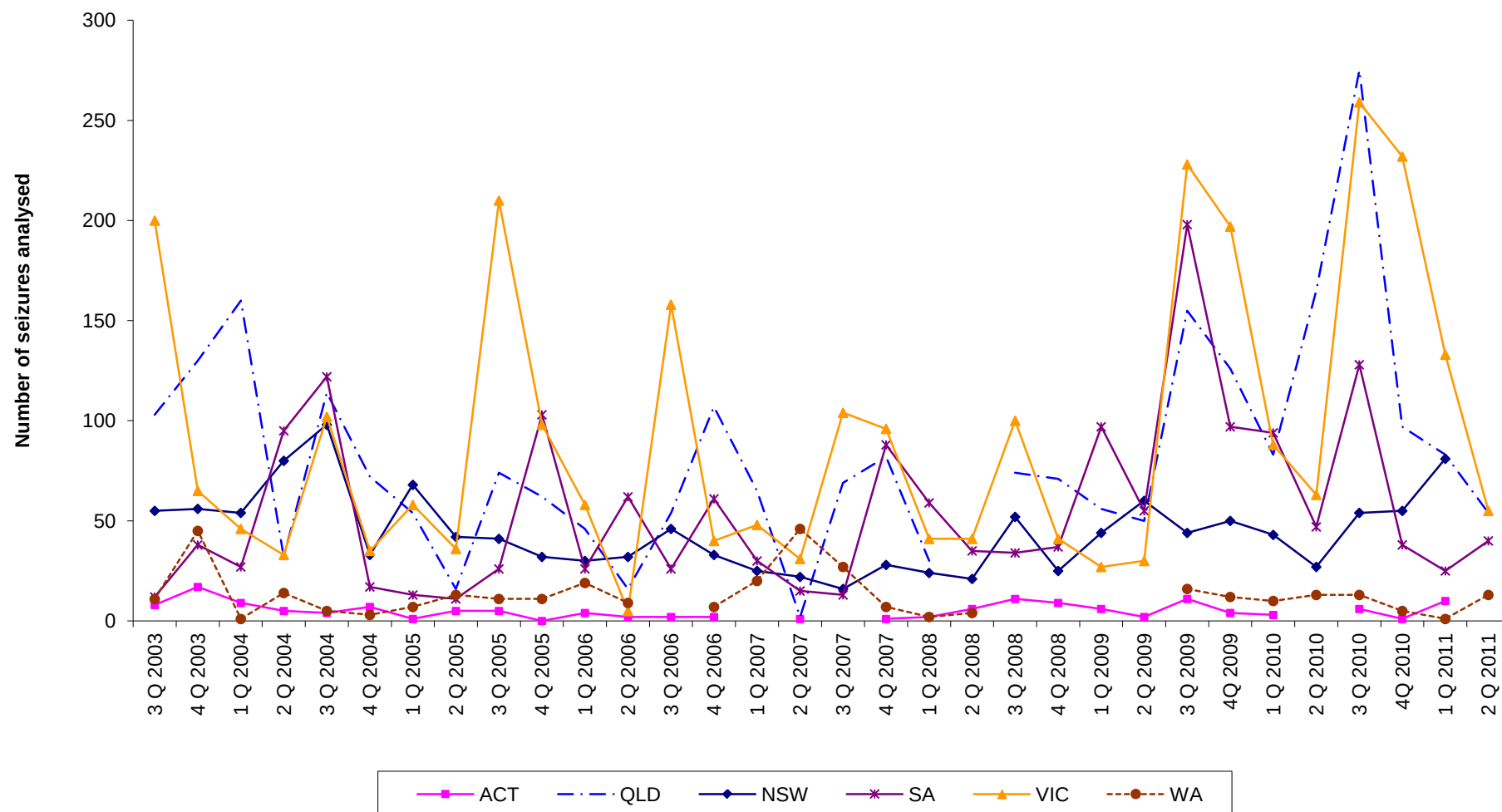
The number of state/territory police heroin seizures analysed for purity are presented in Figure 18. No reports were made in TAS or the NT in 2010/11. Given that not all seizures are analysed, these data do not provide an indication as to whether there have been changes in the number of seizures made; rather, they provide an indication of how many seizures contribute to the median purity presented in Figure 17.

Figure 17: Median purity of heroin seizures analysed by state/territory police, by jurisdiction, 2003/04-2010/11



Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012)
 Note: Seizures ≤2g and >2g combined; data for 2011/12 were not available at the time of publication

Figure 18: Number of state/territory police heroin seizures analysed, by jurisdiction, 2003/04-2010/11

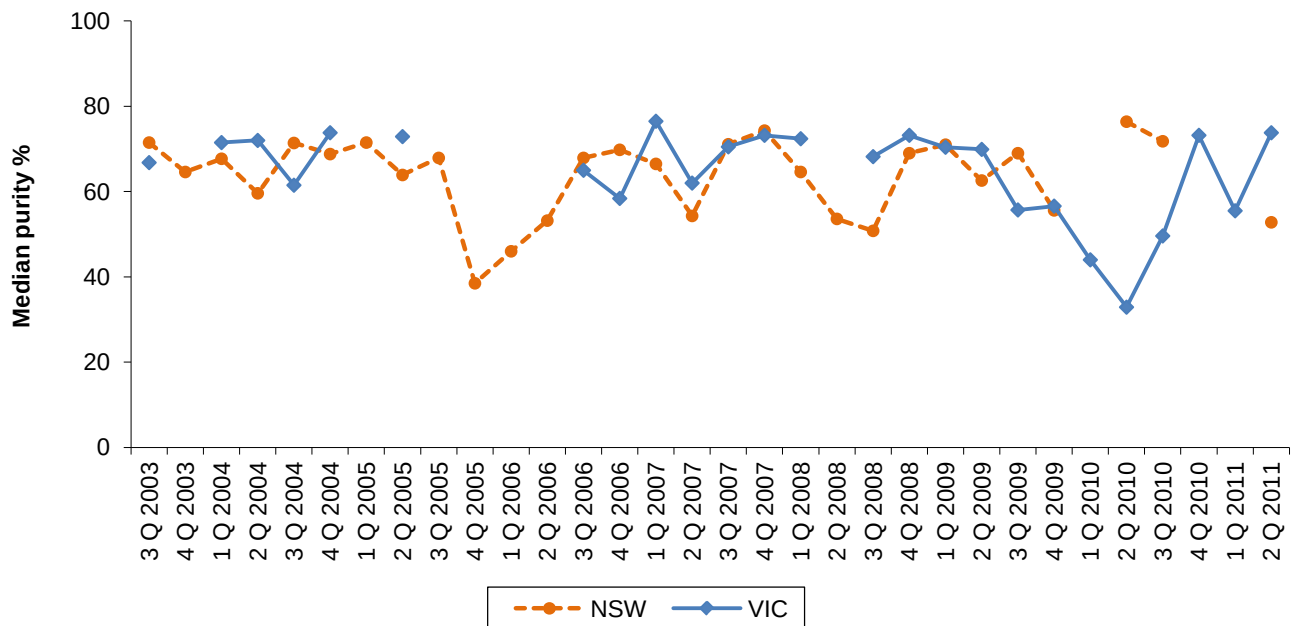


Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012)

Note: Data for 2011/12 were not available at the time of publication

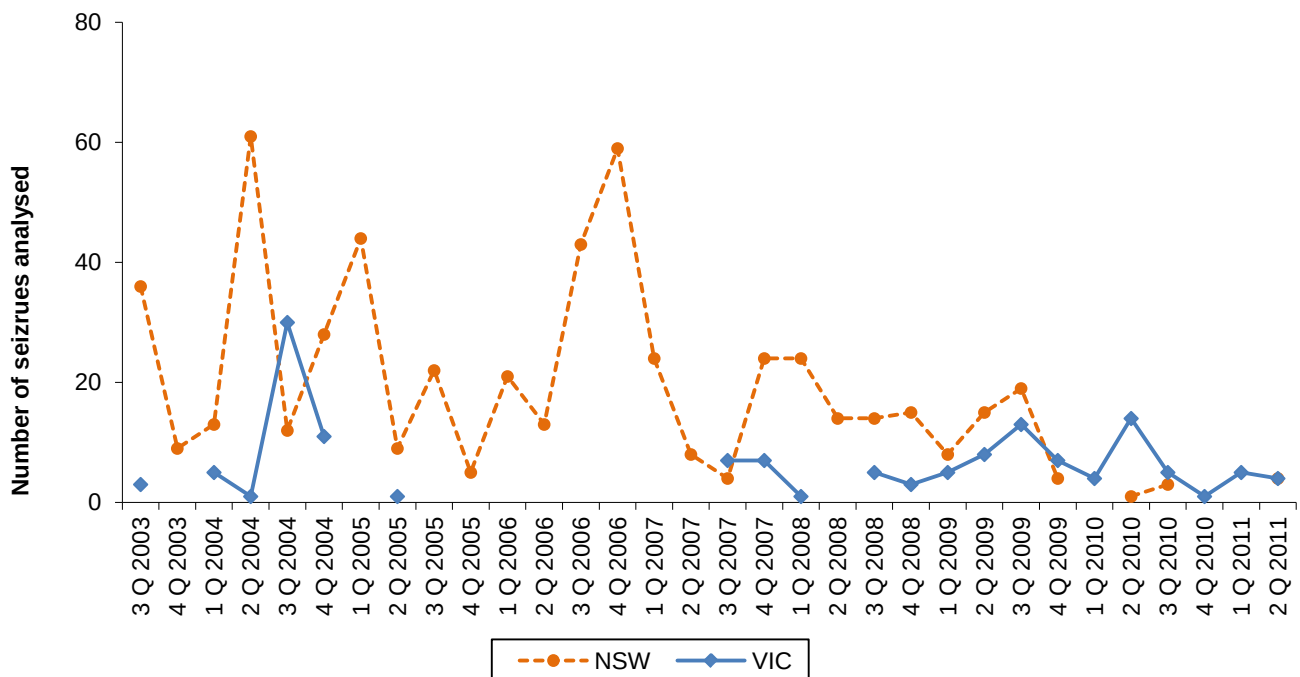
The median purity and number of AFP seizures for NSW and VIC are presented in Figure 19 and Figure 20. Only NSW and VIC data are presented as there were fewer seizures analysed in the other jurisdictions, some with no seizures analysed for many quarters (Australian Crime Commission, 2012). The median purity of these seizures is relatively higher than those seized by jurisdictional police, which is not surprising given that AFP seizures are likely to result from targeted, higher level operations than those of state/territory police agencies. Data for 2011/12 were not available at the time of publication.

Figure 19: Median purity of heroin seizures analysed by AFP in NSW and VIC, 2003/04-2010/11



Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012)

Note: Data for 2011/12 were not available at the time of publication

Figure 20: Number of AFP heroin seizures analysed in NSW and VIC, 2003/04-2010/11

Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011)

Note: Data for 2010/11 were not available at the time of publication

5.1.3 Availability of heroin

To collect information on the availability of heroin, participants were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?'. Fifty-six percent (N=519) of the national sample commented on the availability of heroin. Of those who commented, 51% reported the availability of heroin as 'very easy' and 36% as 'easy' (Table 28).

Significance testing was carried out on current heroin availability between 2011 and 2012. No significant differences were found between 2011 and 2012 for current heroin availability ($p > 0.05$).

In 2012, the majority of participants reported that heroin was 'easy' or 'very easy' to obtain, with the exception of TAS and the NT where few participants were able to comment. The largest proportions reporting heroin as 'difficult' and 'very difficult' to obtain were recorded in TAS and the NT (Table 28).

The majority of those commenting on heroin availability reported that availability had remained stable (77%) in the last six months. Eleven percent of the national sample reported the availability of heroin as 'more difficult', while seven percent reported that heroin availability was 'easier' (Table 28).

Appendix E, Figure E3 shows the current availability of heroin nationally over the several years of data collection.

Table 28: Availability of heroin, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Availability (%)	N=492	N=519	n=132	n=69	n=121	n=7^	n=50	n=71	n=12	n=57
Very easy	48	51	38	56	73	0	48	59	8	33
Easy	38	36	46	38	24	14	44	32	33	40
Difficult	11	11	14	6	3	57	8	6	25	25
Very difficult	3	2	2	0	0	29	0	3	33	2
Availability changes (%)	N=487	N=514	n=132	n=69	n=121	n=7^	n=48	n=70	n=11	n=56
More difficult	13	11	14	7	9	14	6	10	0	18
Stable	72	77	77	83	79	43	81	76	91	63
Easier	9	7	5	7	5	14	6	9	9	14
Fluctuates	6	5	4	3	7	29	6	6	0	5

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

5.1.4 Purchasing patterns of heroin

Participants were also asked 'Who have you bought heroin from in the last six months?' and 'What venues (locations) do you normally score (buy) heroin at?'. Only one response was allowed. Of those who had bought heroin, the most common source was a known dealer (45%) or a friend (27%). The most common place of purchase was at an agreed public location (40%). Eighteen percent reported obtaining heroin from a dealer's home, while 17% reported obtaining heroin from a street market (Table 29).

Table 29: Purchasing patterns of heroin, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Purchased from[#] (%)	N=476	N=500	n=130	n=65	n=122	n=7^	n=42	n=68	n=10	n=56
Street dealer	17	17	26	17	20	29	21	2	30	5
Friends	27	27	25	31	21	29	17	50	40	16
Known dealer	45	45	39	42	51	14	43	38	20	66
Acquaintance	5	6	5	8	5	0	2	9	10	7
Unknown dealer	2	2	2	0	0	0	5	2	0	5
Mobile dealer	3	2	0	2	4	0	12	0	0	0
Online	n.a.	<1	0	0	0	29	0	0	0	0
Partner	n.a.	<1	1	1	0	0	0	0	0	0
Other	1	0	2	0	0	0	0	0	0	0
Places of usual purchase[#] (%)	N=476	N=498	n=129	n=65	n=122	n=7^	n=40	n=68	n=11	n=56
Home delivery	13	13	18	17	7	14	10	12	27	13
Dealer's home	19	18	9	25	28	0	15	18	0	20
Friend's home	13	9	4	8	9	29	0	19	18	14
Acquaintance's house	2	2	2	2	1	14	3	4	0	0
Street market	15	17	31	8	24	14	8	2	27	4
Agreed public location	36	40	36	39	30	29	63	46	27	50
Other	2	1	0	3	2	0	3	0	0	0

Source: IDRS participant interviews

[#] Only one response allowed

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

n.a. not applicable

In 2012, participants were asked if they typically bought heroin as a weight or dollar amount. Of those who commented (N=503), 44% typically purchased heroin in the last six months as a dollar amount, 47% by the weight and 9% either as a dollar or weight amount. The main reasons for purchasing in either weight or dollar value was 'it is all I want, enough for me' (38%) and 'it is all I can afford' (35%):

Of those who commented and bought in weight value (N=244), the most common purchase was a quarter (29%), or half weight (29%), followed by a point/cap (19%).

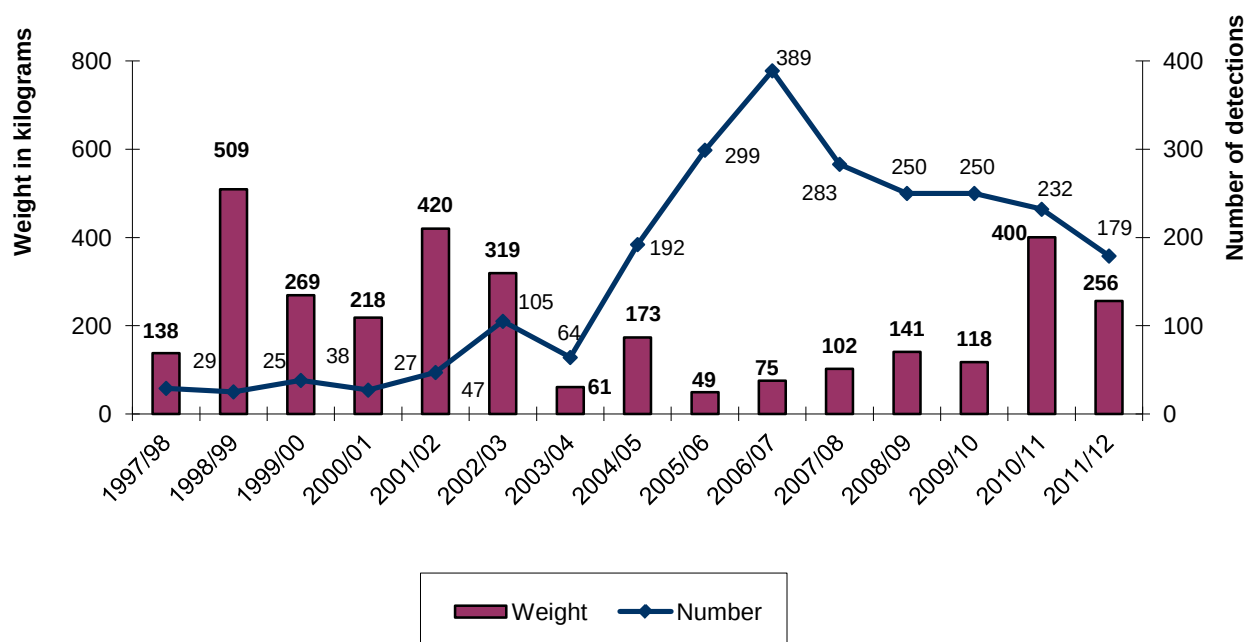
The most common dollar value bought among those who commented and bought in dollar value (N=258) was \$100 (35%), followed by \$50 (31%).

5.1.5 Heroin detected at the Australian border

Figure 21 presents the weight and number of heroin detections by the Australian Customs and Border Protection Service at the Australian border.

In the financial year 2011/12 there were 179 heroin detections at the Australian border, representing a decrease from a record high of 389 detections in 2006/07. The total weight of detections in 2011/12 was 256 kilograms (significantly lower than 400 kilograms in 2010/11). The cargo and international post stream accounted for 90 per cent of the total weight of heroin detected (Australian Customs Border and Protection Service, 2012) (Figure 21).

Figure 21: Weight and number of detections of heroin made at the border by the Australian Customs and Border Protection Service, 1997/98-2011/12



Source: Australian Customs and Border Protection Service

5.2 Methamphetamine

Key points

- Methamphetamine was reported to cost \$50 per point nationally for speed and base and \$100 for ice/crystal, variations were noted across jurisdictions.
- Grams of speed powder and base were typically cheaper than grams of ice/crystal. Few participants reported having purchased a gram of base.
- Price was considered to have been 'stable' over the last six months by the majority of participants.
- The majority of participants reported the purity of speed as 'low', base as 'medium/high' and ice/crystal as 'high'.
- All forms of methamphetamine were generally considered 'easy' or 'very easy' to obtain in all jurisdictions, and this was reported to have remained stable, although some jurisdictional variations were noted.
- Participants purchased all forms of methamphetamine from a variety of sources, most commonly through friends and known dealers. The most common purchase locations for all forms were at an agreed public location, a dealer's home and/or a friend's home.

This section contains information about market characteristics of methamphetamine (including price, perceived purity, availability and purchasing patterns). Data on harms (health and law enforcement-related) associated with drug use, including methamphetamine use and injecting drug use more generally, are provided under the relevant sections later in this report. Comparable findings on price, availability and perceived purity are shown in Appendix F.

5.2.1 Price of methamphetamines

The median price of the last purchase of speed, base and ice/crystal are presented in Table 30.

5.2.1.1 *Methamphetamine powder (speed)*

Participants had typically bought speed as points, then grams. A 'point' (0.1 gram) of speed cost \$50 nationally (ranging between \$50 and \$150 in the jurisdictions). Fewer participants had bought half-grams, the price ranging from \$100 in VIC to \$350 and WA (small numbers commenting). Grams of speed were cheapest in VIC and most expensive in QLD (small numbers commenting). Sixty-nine percent of those participants who commented reported that the price of speed had remained stable over the last six months (Table 30).

5.2.1.2 *Base*

Purchase of a 'point' (0.1 gram) of base was most commonly reported. As in previous years, a point was the most popular purchase amount and was a median of \$50 nationally and varied in the jurisdictions. Small numbers in most jurisdictions commented on the price of half-gram and a gram of base so results should be interrupted with caution. The median price for a half gram of base ranged from \$150 in the ACT and TAS to \$375 in QLD. A gram of base ranged from \$200 in the ACT to \$700 in SA. Eighty-one percent of those who commented reported that the price of base had remained stable over the last six months (73% in 2011; Table 30).

5.2.1.3 *Crystal methamphetamine (ice)*

As in previous years, and as with other methamphetamine forms, a 'point' (0.1 gram) was the most popular purchase amount, typically ranging from \$50 per point in NSW to \$150 per point in the NT (\$100 nationally). Purchase of a half-gram or gram was uncommon. The median price of purchase among these small numbers of participants varied quite widely across the jurisdictions. Sixty-nine percent of participants reported that the price of ice/crystal had remained 'stable' over the last six months (58% in 2011). Over one-quarter (24%) reported that the price of ice/crystal has increased recently (34% in 2011; Table 30).

Appendix F, Table F1 to F3 and Figures F1 to F3 show participant estimates of the median price of methamphetamines over the several years of data collection.

Table 30: Median price of methamphetamine, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Price (\$) SPEED										
Per point	50	50	50	50	100	50	100	100	150	100^
Per ½ gram	150	150	275^	150^	100	150	225^	350^	300^	150^
Per gram	250	300	675^	250	200	300	350^	700^	275^	775^
Price (\$) BASE										
Per point	50	50	50	20^	-	50	100	100^	100^	75^
Per ½ gram	150	150	-	150^	300^	150	350	-	300^	375^
Per gram	300	300	250^	200^	450^	300	700^	-	-	550^
Price (\$) ICE/CRYSTAL										
Per point	100	100	50	100	100	60	100	100	150	100
Per ½ gram	280	300	250	275^	300	160^	275	400^	600^	325^
Per gram	600	500	400	575	500	350	500^	750^	700^	725^
Price changes										
Methamphetamine powder (speed) (%)	N=302	N=293	n=26	n=38	n=31	n=72	n=39	n=29	n=42	n=16
Increased	21	24	15	18	26	10	44	28	38	25
Stable	70	69	81	80	68	85	54	69	43	56
Decreased	3	2	0	0	0	6	3	3	2	0
Fluctuated	7	5	4	3	7	0	0	0	17	19
Methamphetamine base (base) (%)	N=117	N=111	n=15	n=10	n=2^	n=39	n=25	n=1^	n=5^	n=14
Increased	20	15	7	10	50	3	28	100	0	36
Stable	73	81	93	80	50	92	72	0	100	57
Decreased	3	2	0	0	0	5	0	0	0	0
Fluctuated	4	2	0	10	0	0	0	0	0	7
Crystalline methamphetamine (ice/crystal) (%)	N=296	N=358	n=94	n=52	n=48	n=33	n=44	n=39	n=22	n=26
Increased	34	24	17	31	21	12	34	21	32	31
Stable	58	69	76	64	71	85	59	72	50	58
Decreased	3	4	3	2	6	3	4	3	5	4
Fluctuated	5	4	4	4	2	0	2	5	14	8

Source: IDRS participant interviews

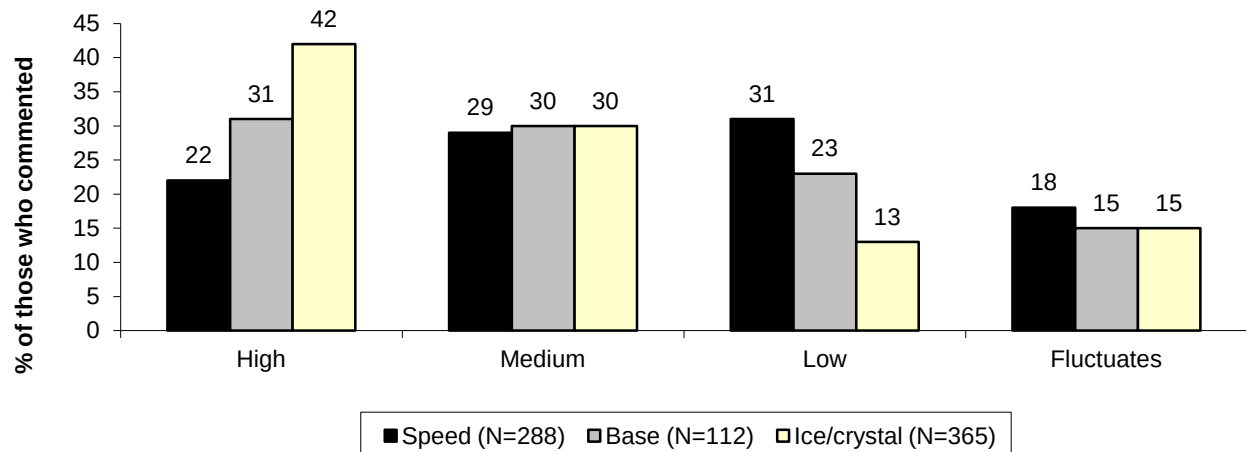
^ Small numbers reporting (n<10); interpret with caution

Note: The response option 'Don't know' was excluded from analysis

5.2.2 Purity of methamphetamines

Participants were asked to describe the current purity of speed, base and ice/crystal. In 2012, the majority of participants reported speed purity as 'low', base as 'medium/high' and ice/crystal as 'high'. (Figure 22; Table 31, Table 32 and Table 33).

Figure 22: Participant reports of current purity of speed, base and ice/crystal among those able to comment, 2012



Source: IDRS participant interviews

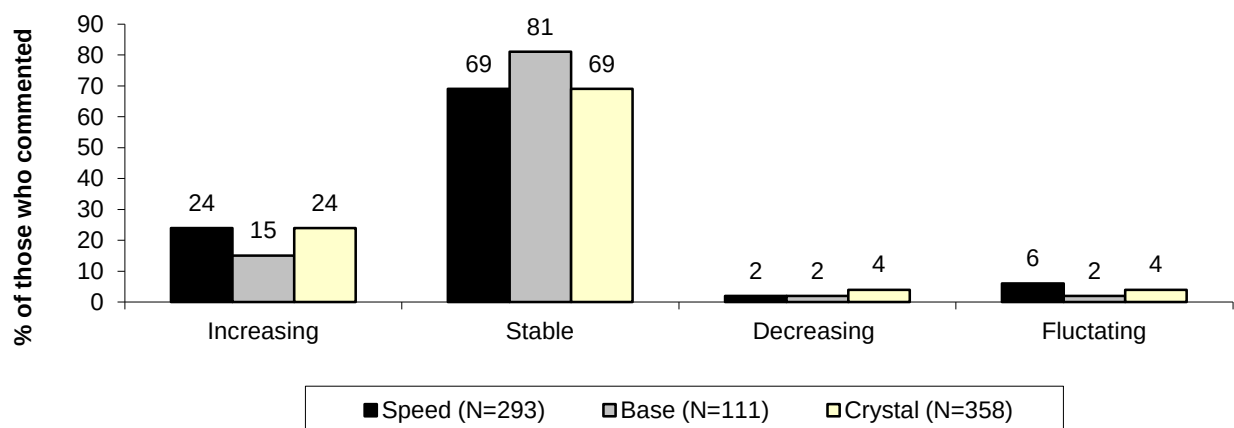
Note: The response option 'Don't know' was excluded from analysis

Significance testing was carried out on the current purity of speed, base and ice/crystal for 'low', 'medium', 'high' and 'fluctuates' between 2011 and 2012. No significant differences were found between 2011 and 2012 for all three forms of methamphetamine.

Participant reports of recent changes in purity for all forms of methamphetamine varied. The majority of participants who commented described the purity or strength for all three forms as 'stable'. Twenty-four percent or less of speed, base and ice/crystal, users reported the purity as 'increasing' (Figure 23, Table 31, Table 32 and Table 33).

Appendix F, Figure F4 to Figure F6 shows the current purity of methamphetamines over the several years of data collection.

Figure 23: Participant reports of changes in purity of speed, base and ice/crystal among those able to comment, 2012



Source: IDRS participant interviews

Note: The response option 'Don't know' was excluded from analysis

Table 31: Perceived purity of methamphetamine powder, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Current purity (%)	N=313	N=288	n=22	n=37	n=28	n=71	n=39	n=29	n=45	n=17
High	20	22	36	24	25	10	33	45	13	0
Medium	31	29	18	41	21	25	28	10	33	71
Low	33	31	41	24	46	37	8	21	44	24
Fluctuates	16	18	5	11	7	28	31	24	9	6
Purity changes (%)	N=299	N=283	n=22	n=37	n=29	n=70	n=38	n=28	n=43	n=16
Increasing	11	11	9	11	14	4	16	21	9	6
Stable	31	38	59	51	45	36	16	39	28	44
Decreasing	31	28	18	16	28	27	32	18	40	50
Fluctuates	27	24	14	22	14	33	37	21	23	0

Source: IDRS participant interviews

Note: The response option 'Don't know' was excluded from analysis

Table 32: Perceived purity of methamphetamine base, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Current purity (%)	N=127	N=112	n=15	n=10	n=2^	n=38	n=26	n=1^	n=5^	n=15
High	30	31	27	10	50	26	42	0	20	47
Medium	39	30	40	30	50	34	31	0	20	13
Low	16	23	27	50	0	16	12	0	60	33
Fluctuates	15	15	7	10	0	24	15	100	0	7
Purity changes (%)	N=116	N=104	n=15	n=7^	n=2^	n=34	n=26	n=1^	n=4^	n=15
Increasing	10	10	7	0	0	6	12	0	25	20
Stable	39	49	67	86	50	38	39	0	50	60
Decreasing	26	16	0	14	0	20	23	0	25	13
Fluctuates	26	25	27	0	50	35	27	100	0	7

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

Table 33: Perceived purity of crystalline methamphetamine, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Current purity (%)	N=299	N=365	n=88	n=53	n=50	n=37	n=46	n=40	n=24	n=27
High	40	42	26	45	54	62	35	48	30	52
Medium	31	30	43	15	20	22	33	28	58	26
Low	14	13	19	19	12	5	7	5	13	19
Fluctuates	16	15	11	21	14	11	26	20	0	4
Purity changes (%)	N=287	N=352	n=87	n=51	n=48	n=34	n=43	n=40	n=23	n=26
Increasing	16	16	9	20	21	6	21	18	17	27
Stable	41	46	53	31	56	71	30	40	39	42
Decreasing	19	16	21	18	13	6	19	13	17	15
Fluctuates	24	22	17	31	10	18	30	30	26	15

Source: IDRS participant interviews

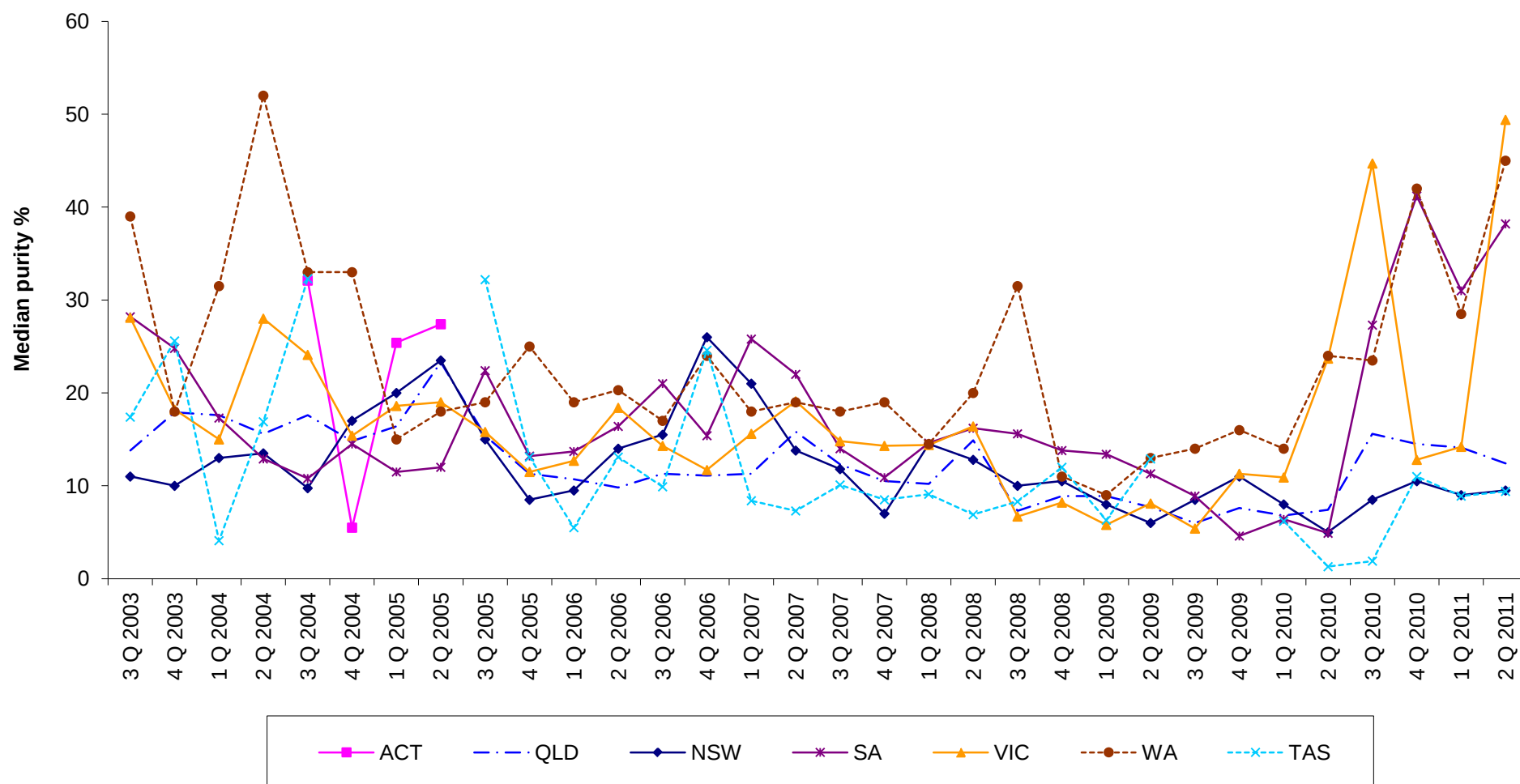
Note: The response option 'Don't know' was excluded from analysis

The ACC provides purity data for state/territory police and AFP seizures that have been analysed for methylamphetamine. There are important caveats (in addition to those already discussed within the heroin section) to consider when interpreting these data. The purity of methylamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process and the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported. During 1999/00 and 2010/11, forensic analysis of seizures of methylamphetamine in Australia revealed purity levels ranging from less than 1% to 82.5%, with higher purity often relating to one single seizure rather than being representative of a large number of seizures. This wide range in both purity and numbers of seizures analysed should be considered when looking at the median purity figures presented.

As with heroin, the figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figure 24, the following caveat applies: figures do not represent the purity levels of all methylamphetamine seizures—only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of methylamphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

Figure 24 shows the median purity across jurisdictions of methylamphetamine seizures (respectively) by quarter from 2003/04. As there were few AFP seizures analysed in most jurisdictions, only state/territory police seizures are shown. There is no clear trend in the purity of methylamphetamine or amphetamine seizures that are analysed. Only data for methylamphetamine seizures are presented here. Amphetamine purity is available from the latest Illicit Drug Data Report available online (<http://www.crimecommission.gov.au/publications/illicit-drug-data-report>). No methylamphetamine seizures were analysed for purity in the ACT or the NT in 2010/11 (Australian Crime Commission, 2012). Data for 2011/12 were not available at the time of publication of this report.

Figure 24: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2003/04-2010/11



Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012)

Note: Data for 2010/11 were not available at the time of publication

5.2.3 Availability of methamphetamines

Among those who commented, all forms of methamphetamines were generally considered 'easy' or 'very easy' to obtain in all jurisdictions. Nationally, the availability of all forms were reported as 'stable' in the last six months (Table 34, Table 35 and Table 36).

Significance testing was carried out on the current availability of speed, base and ice/crystal for 'very easy', 'easy', 'difficult' and 'more difficult' between 2011 and 2012. The availability of speed as 'very easy' significantly increased and 'more difficult' significantly decreased between 2011 and 2012 ($p < 0.05$). Nationally, no other significant differences were found ($p > 0.05$).

Appendix F, Figure F7 to Figure F9 shows the current availability of methamphetamines over the several years of data collection.

Table 34: Availability of methamphetamine powder, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Availability (%)	N=313	N=295	n=25	n=38	n=31	n=72	n=39	n=27	n=45	n=18
Very easy	35	45 [↑]	32	58	48	40	62	59	27	44
Easy	45	44	48	40	39	46	31	33	62	44
Difficult	16	11	20	3	10	14	8	7	11	11
Very difficult	4	<1	0	0	3	0	0	0	0	0
Availability changes (%)	N=305	N=289	n=24	n=38	n=30	n=71	n=38	n=27	n=44	n=17
More difficult	14	9	21	8	10	9	5	11	7	6
Stable	73	81	63	84	73	87	79	85	77	88
Easier	7	7	13	5	17	3	11	4	9	0
Fluctuates	5	3	4	3	0	1	5	0	7	6

Source: IDRS participant interviews

Note: The response option 'Don't know' was excluded from analysis

Table 35: Availability of methamphetamine base, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Availability (%)	N=130	N=114	n=16	n=10	n=2 [^]	n=40	n=26	n=1 [^]	n=5	n=14
Very easy	32	35	38	50	0	25	54	0	0	36
Easy	42	44	25	20	0	63	39	100	60	36
Difficult	25	18	38	20	50	13	8	0	40	14
Very difficult	1	4	0	10	50	0	0	0	2	14
Availability changes (%)	N=125	N=111	n=16	n=8 [^]	n=2 [^]	n=39	n=26	n=1 [^]	n=5 [^]	n=14
More difficult	13	13	25	0	50	10	4	0	0	29
Stable	71	73	75	88	50	77	69	100	100	50
Easier	6	8	0	0	0	8	15	0	0	14
Fluctuates	10	6	0	13	0	5	12	0	0	7

Source: IDRS participant interviews

[^] Small numbers reporting ($n < 10$), interpret with caution

Note: The response option 'Don't know' was excluded from analysis

Table 36: Availability of crystalline methamphetamine, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Availability (%)	N=307	N=376	n=94	n=56	n=49	n=37	n=47	n=41	n=24	n=28
Very easy	40	46	42	57	61	14	47	59	13	61
Easy	43	38	45	34	31	38	43	32	54	29
Difficult	15	14	13	5	8	41	11	10	33	11
Very difficult	2	2	1	4	0	8	0	0	0	0
Availability changes (%)	N=303	N=370	n=94	n=56	n=50	n=35	n=44	n=41	n=23	n=27
More difficult	14	11	10	14	6	20	9	12	4	11
Stable	69	73	73	68	74	74	77	76	78	67
Easier	15	12	15	9	18	6	9	12	13	15
Fluctuates	3	4	2	9	2	0	5	0	4	7

Source: IDRS participant interviews

Note: The response option 'Don't know' was excluded from analysis

5.2.4 Purchasing patterns of methamphetamines

5.2.4.1 Speed

Participants purchased speed from a variety of sources, most commonly from friends (47%) and known dealers (32%). Speed powder was purchased from a range of locations. Nationally, the most common responses were at an agreed public location (29%), from a friend's home (28%) and/or a dealer's home (21%) (Table 37).

In 2012, participants were asked if they typically bought speed as a weight or dollar amount. Of those who commented (N=272), 68% typically purchased speed in the last six months by the weight, 25% as a dollar amount, and 7% either as a dollar or weight amount. The main reasons for purchasing in either weight or dollar value was 'it is all I want, enough for me' (41%) and 'it is all I can afford' (36%):

Of those who commented and bought in weight value (N=189), the most common purchase was a point/cap (44%), followed by a half weight (34%).

The most common dollar value bought among those who commented and bought in dollar value (N=258) was \$50 (44%), followed by \$100 (29%).

5.2.4.2 Base

Base was most commonly obtained from a friend (49%) and/or a known dealer (32%). Again, locations of purchase were varied, with the most commonly reported being from a friend's home (39%), dealer's home (19%) and/or an agreed public location (19%) (Table 38).

Of those who commented (N=107), 65% typically purchased base in the last six months by the weight, 28% as a dollar amount, and 8% either as a dollar or weight amount. The main reasons for purchasing in either weight or dollar value was 'it is all I want, enough for me' (36%) and 'it is all I can afford' (34%):

Of those who commented and bought in weight value (N=68), the most common purchase was a half weight (41%) followed by a point/cap (38%).

The most common dollar value bought among those who commented and bought in dollar value (N=37) was \$50 (35%), followed by \$100 (30%).

5.2.4.3 Ice/crystal

Ice/crystal was also obtained from a variety of sources, in a similar pattern to speed and base. Friends (43%) and known dealers (32%) were the most typical people from whom it had been purchased, with an agreed public location (24%), friend's home (22%), and/or dealer's home (18%) reported as the most common locations of purchase (Table 39).

Of those who commented (N=346), 52% typically purchased ice/crystal in the last six months by the weight, 41% as a dollar amount, and 7% either as a dollar or weight amount. The main reasons for purchasing in either weight or dollar value was 'it is all I want, enough for me' (46%) and 'it is all I can afford' (38%).

Of those who commented and bought in weight value (N=189), the most common purchase was a point/cap (69%) followed by a half weight (18%).

The most common dollar value bought among those who commented and bought in dollar value (N=162) was \$50 (48%), followed by \$100 (32%).

Table 37: Methamphetamine powder purchasing patterns, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	W	NT	QLD
	2011	2012								
Purchased from[#] (%)	N=296	N=282	n=20	n=36	n=29	n=71	n=34	n=28	n=46	n=18
Street dealer	14	10	35	11	0	1	15	4	17	6
Friend	40	47	35	44	35	52	65	64	33	39
Known dealer	31	32	15	36	62	37	12	18	28	39
Acquaintance	8	6	5	8	0	6	6	7	11	6
Unknown dealer	3	3	10	0	0	3	0	0	9	6
Mobile dealer	n.a.	1	0	0	0	0	3	0	0	6
Other	4	0	0	1	3	1	0	7	2	0
Places of usual purchase[#] (%)	N=296	N=280	n=20	n=36	n=28	n=71	n=34	n=28	n=46	n=17
Home delivery	11	12	5	6	21	10	21	7	11	18
Dealer's home	22	21	5	39	43	25	12	7	15	6
Friend's home	27	28	10	33	18	32	44	29	20	18
Acquaintance's house	4	1	0	0	0	1	0	4	4	0
Street market	12	8	50	6	0	1	6	0	11	6
Agreed public location	21	29	30	17	18	28	18	46	35	47
Other	14	1	0	0	0	3	0	7	4	6

Source: IDRS participant interviews

[#] Only one response allowed

Table 38: Methamphetamine base purchasing patterns, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Purchased from[#] (%)	N=121	N=110	n=13	n=10	n=2^	n=40	n=25	n=1^	n=5^	n=14
Street dealer	14	6	23	0	0	3	4	0	20	0
Friend	40	49	46	70	50	35	76	0	0	50
Known dealer	35	32	15	20	50	50	12	100	20	36
Acquaintance	7	6	8	0	0	8	4	0	40	0
Unknown dealer	3	4	8	10	0	3	0	0	20	0
Other	1	3	0	0	0	1	4	0	0	14
Places of usual purchase[#] (%)	N=120	N=108	n=13	n=10	n=2^	n=40	n=25	n=1^	n=5^	n=12
Home delivery	15	14	8	20	0	10	12	0	40	25
Dealer's home	26	19	15	20	50	28	12	0	0	8
Friend's home	23	39	15	50	0	35	60	0	20	42
Acquaintance's house	3	4	8	0	0	3	4	0	20	0
Street market	7	5	39	0	0	0	0	0	0	0
Agreed public location	24	19	15	10	50	20	12	100	20	25
Other	2	0	0	0	0	4	0	0	0	0

Source: IDRS participant interviews

[#] Only one response allowed[^] Small numbers reporting (n<10); interpret with caution**Table 39: Crystalline methamphetamine purchasing patterns, by jurisdiction, 2012**

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Purchased from[#] (%)	N=290	N=361	n=91	n=54	n=48	n=36	n=42	n=38	n=24	n=28
Street dealer	16	13	26	13	6	6	5	0	21	14
Friend	41	42	36	37	35	33	67	68	33	32
Known dealer	32	32	26	33	48	44	24	16	21	43
Acquaintance	6	9	6	13	8	11	5	11	21	4
Unknown dealer	2	2	6	0	2	3	0	3	0	0
Other	3	1	0	4	1	3	0	3	4	7
Places of usual purchase[#] (%)	N=288	N=358	n=89	n=55	n=48	n=36	n=41	n=38	n=24	n=27
Home delivery	17	16	8	11	21	19	22	26	8	19
Dealer's home	20	18	16	27	27	36	10	0	8	19
Friend's home	24	22	11	24	19	19	39	32	25	22
Acquaintance's house	3	3	1	0	8	3	5	3	8	0
Street market	12	15	38	13	2	3	2	0	21	11
Agreed public location	23	24	21	26	23	19	20	37	21	30
Other	1	2	5	0	0	1	2	2	9	0

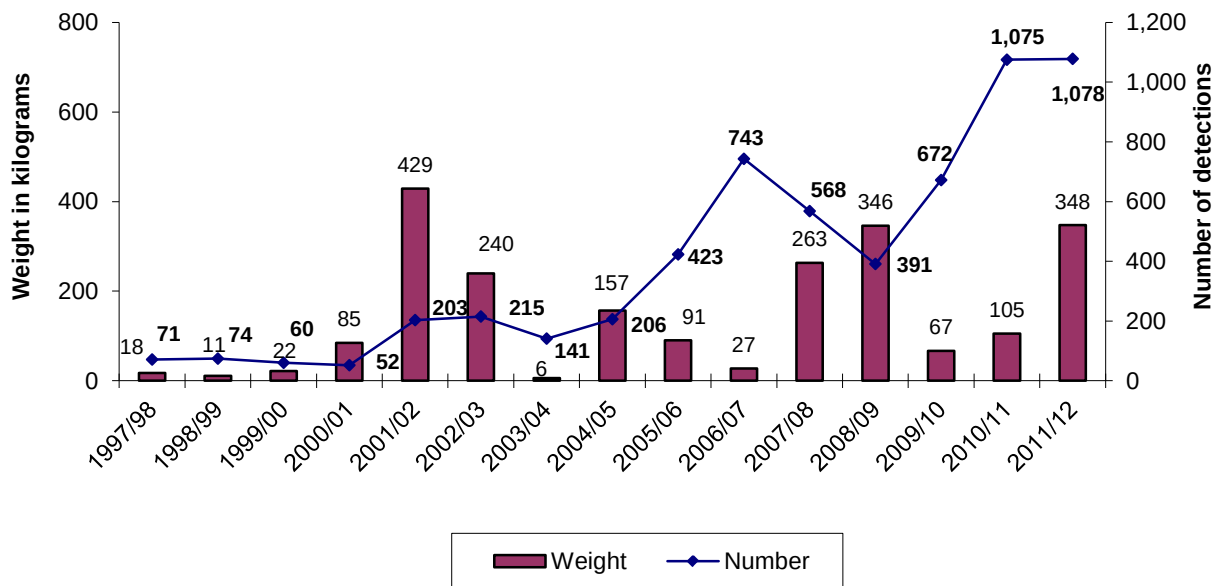
Source: IDRS participant interviews

[#] Only one response allowed

5.2.5 Amphetamine-type stimulant detections at the Australian border

Figure 25 shows the weight and number of amphetamine-type stimulants detected at the Australian border by the Australian Customs and Border Protection Service. In 2011/12, the number of detections remained fairly stable from 1,075 in 2010/11 to 1,078. However, weight of detections increased from 105 kilograms in 2010/11 to 348 kilograms in 2011/12. The increase in number and weight of detections was mainly due to the growth in detections in the cargo and international post stream (Australian Customs Border and Protection Service, 2012)

Figure 25: Total weight and number of amphetamine-type stimulants* detected by the Australian Customs and Border Protection Service, 1997/98-2011/12

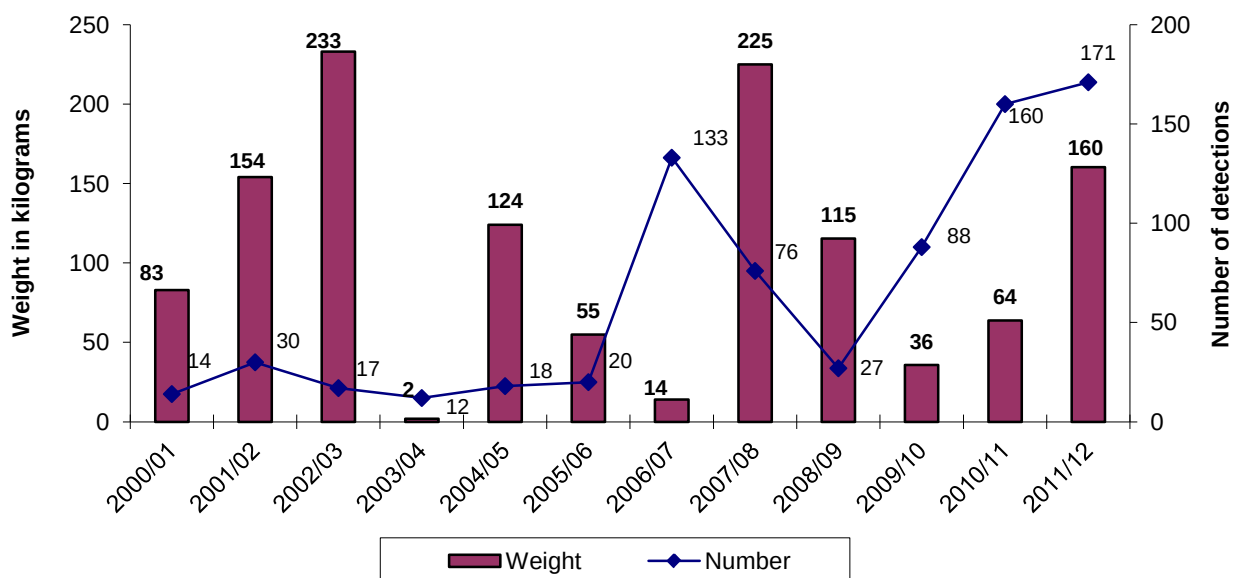


Source: Australian Customs and Border Protection Service

* Amphetamine-type stimulants includes methamphetamine and amphetamine but excludes MDMA (ecstasy)

Figure 26 reports the number and weight of detections of crystalline methamphetamines at the border between 2001/02 and 2011/12. Both the number and weight of detections increased in 2011/12, with the majority of detections occurring in the cargo and international post stream. The weight of seizures has varied widely over the years, reflecting changes in importation methodologies (Australian Customs Border and Protection Service, 2012)

Figure 26: Number and weight of detections of crystalline methamphetamine* detected at the border by the Australian Customs and Border Protection Service, 2000/01-2011/12



Source: Australian Customs and Border Protection Service

* Includes only the crystalline variety of methamphetamine called 'ice'. Excludes MDMA (ecstasy)

5.3 Cocaine

Key points

- Small numbers in all jurisdictions except NSW were able to comment on the price, purity and availability of cocaine. The price of a gram and a cap of cocaine in NSW remained largely stable at \$375 and \$50 respectively. The majority of participants also described the price of cocaine as having remained 'stable' over the last six months.
- The majority of participants nationally reported purity as 'medium' with most reporting purity as stable over the last six months. In NSW the majority reported the purity as 'medium'.
- Cocaine was considered 'easy' to obtain in NSW and nationally, and the majority reported availability as stable in the preceding six months.
- In NSW and nationally, purchasing from a friend, a known dealer or from a street dealer were most popular. The street market or an agreed public location were reported as the most common purchase location in NSW and nationally.
- The limited participant data on cocaine suggest that there remains a limited market for cocaine among IDRS participants in jurisdictions other than NSW. The market for cocaine continues to appear smaller and less visible than the methamphetamine and heroin markets.

This section contains information about data on market characteristics (including price, perceived purity, availability and purchasing patterns) of cocaine. Information on harms (health and law enforcement-related) associated with drug use, including cocaine use and injecting drug use more generally, is provided under the relevant sections later in this report.

Only very small numbers have been able to report on cocaine price, purity and availability over the history of the IDRS, indicating limited use and availability of cocaine among IDRS participants outside of NSW. As very small numbers were able to comment in jurisdictions other than NSW, results in these jurisdictions should be interpreted with caution. Appendix G displays comparable findings on price, availability and perceived purity from previous years.

5.3.1 Price of cocaine

Prices in Table 40 represent the median prices of the last purchase made by participants in the preceding six months. Thirteen participants had bought a gram of cocaine in the past six months, except in NSW (NSW n=6) and, therefore, these figures should be interpreted with caution. The price of a gram and a cap of cocaine in NSW remained largely stable at \$375 and \$50 respectively (\$350 per gram and \$50 per cap nationally). Twenty-three participants in NSW bought a cap of cocaine in the last six months, as did one participants in the ACT, VIC and TAS; there were no purchases in any other jurisdiction. The majority of participants nationally described the price of cocaine as having remained 'stable' over the last six months (79%).

Appendix G, Table G1, Table G2 and Figure G1 show participant estimates of the median price of cocaine over the several years of data collection.

Table 40: Median price of cocaine, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Median price (\$) per gram	300	350	375 [^]	350 [^]	500 [^]	400 [^]	-	-	-	-
Median price (\$) per cap	50	50	50	50 [^]	50 [^]	80 [^]	-	-	-	-
Price changes (%)	N=75	N=72	n=42	n=8 [^]	n=4 [^]	n=9 [^]	n=4 [^]	n=1 [^]	n=2 [^]	n=2 [^]
Increased	13	13	12	13	25	0	0	100	50	0
Stable	76	79	83	75	25	100	100	0	50	50
Decreased	3	4	0	0	50	0	0	0	0	50
Fluctuated	8	4	5	12	0	0	0	0	0	0

Source: IDRS participant interviews

[^] Small numbers reporting (n<10); interpret with caution

Note: The response option 'Don't know' was excluded from analysis

5.3.2 Purity of cocaine

Participants were asked to describe the current purity or strength of cocaine, and if there had been any change in perceived purity in the six months preceding interview. Participant reports of the purity of cocaine were variable. In NSW fifty-two participants were able to comment on the purity of cocaine, while 10 or fewer participants were able to comment in the others states. Of those able to comment nationally, 49% reported the purity of cocaine as 'medium'. Twenty-three percent reported the purity of cocaine as 'high' (Table 41). In NSW, the majority of participants reported the purity of cocaine as 'medium'.

Significance testing was carried out on the current purity of cocaine for 'low', 'medium', 'high' and 'fluctuates' between 2011 and 2012. Nationally, a significant increase was found for 'medium' cocaine purity (32% in 2011 versus 49% in 2012; $p < 0.05$). No other significant differences were found ($p > 0.05$).

Participant reports regarding the changes in cocaine purity varied between jurisdictions. Of those who commented in the 2012 national sample, 44% reported the purity of cocaine as 'stable' and 24% as 'decreasing' (Table 41).

Table 41: Perceived purity of cocaine, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Current purity (%)	N=84	N=74	n=42	n=8 [^]	n=4 [^]	n=9 [^]	n=5 [^]	n=2 [^]	n=2 [^]	n=2 [^]
High	21	23	14	0	25	67	40	0	50	50
Medium	32	49[↑]	48	88	75	33	20	50	50	0
Low	32	22	26	12	0	0	40	50	0	50
Fluctuates	14	7	12	0	0	0	0	0	0	0
Purity changes (%)	N=80	N=71	n=40	n=7 [^]	n=4 [^]	n=9 [^]	n=5 [^]	n=2 [^]	n=2 [^]	n=2 [^]
Increasing	11	14	8	14	50	11	40	50	0	0
Stable	43	44	40	43	25	67	40	50	0	100
Decreasing	26	24	30	29	25	0	20	0	50	0
Fluctuating	20	18	23	14	0	22	0	0	50	0

Source: IDRS participant interviews

[^] Small numbers reporting (n<10); interpret with caution

Note: The response option 'Don't know' was excluded from analysis

The purity of analysed state/territory police seizures varied in each state/territory in 2010/11, ranging from 9.5% in the ACT to 30.2% in VIC (Australian Crime Commission, 2012). In 2010/11 most of the cocaine seizures analysed were from QLD and NSW (Table 42). The AFP seizures of cocaine were generally higher in purity. There were no state/territory cocaine seizures analysed in TAS and the NT and no AFP in the ACT, TAS, SA and the NT in 2010/11 (Table 42). Data for 2011/12 were unavailable at the time of publication.

Appendix G, Figure G2 shows the current purity of cocaine over the several years of data collection.

Table 42: Median purity of cocaine seizures, by jurisdiction, 2003/04-2010/11

	Median purity %															
	State/Territory police								AFP							
	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11
NSW	32.0 n=97	64.3 n=92	56.3 n=108	61.5 n=119	37.0 n=84	42.0 n=133	48 n=166	29.3 n=120	72.3 n=348	69.9 n=63	74.3 n=98	76.4 n=491	71.7 n=93	70.3 n=78	67.3 n=27	66.0 n=17
ACT	48.0 n=3	47.7 n=5	30.6 n=5	-	36.6 n=7	61.4 n=2	31.3 n=2	9.5 n=2	-	-	-	-	-	-	-	-
VIC	32.6 n=27	48.8 n=33	31.7 n=43	46.0 n=60	18.3 n=50	49.9 n=54	37.7 n=156	30.2 n=52	75.3 n=34	58.9 n=9	55.3 n=7	75.5 n=25	75.6 n=16	75.9 n=37	64.6 n=9	64.4 n=21
TAS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	71.7^ n=1	-
SA	38.5 n=10	30.7 n=64	32.8 n=9	48.2 n=35	48.2 n=21	53.3 n=50	46.6 n=37	19.5 n=30	-	-	-	59.9 n=2	-	-	-	-
WA	3.0 n=4	44.0 n=27	21 n=12	55.0 n=22	46.5 n=16	52.0 n=14	28 n=92	30.0 n=35	59.4 n=9	77.4^ n=1	53.8 n=6	52.7^ n=1	68.6 n=2	67.2 n=5	77.1^ n=1	55.3 n=6
NT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22.7^ n=1	-
QLD	14.9 n=30	35.2 n=90	38 n=109	40.2 n=109	35.2 n=133	28.1 n=214	30.1 n=257	19.8 n=126	71.7 n=24	79.9 n=7	42.7 n=4	76.1 n=63	84.6 n=6	41.7 n=6	53.7 n=3	76.2 n=21

Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012)

^ Median purity based on one seizure

- Dashes represent no seizures analysed

Note: Seizures ≤2g and >2g combined

Figures do not represent the purity levels of all cocaine seizures—only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of cocaine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police. Data for 2011/12 were not available at the time of publication

5.3.3 Availability of cocaine

In jurisdictions other than NSW, only small numbers of participants were able to comment on the availability of cocaine, which suggests that the drug is not widely available in those jurisdictions. Of those who commented in NSW, 71% (65% nationally) described cocaine as 'easy' or 'very easy' to obtain, while 25% considered it to be 'difficult' to obtain (25% nationally). Availability in the six months preceding interview was generally thought to be stable nationally and in NSW (65% each) (Table 43).

Significance testing was carried out on the current availability of cocaine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2011 and 2012. Nationally, no significant differences were found ($p>0.05$).

Appendix G, Figure G3 shows the current availability of cocaine over the several years of data collection.

Table 43: Availability of cocaine, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Availability (%)	N=83	N=80	n=44	n=8^	n=4^	n=11	n=7^	n=2^	n=2^	n=2^
Very easy	25	20	30	25	0	9	0	0	0	0
Easy	43	45	41	37	75	55	29	50	50	100
Difficult	27	25	25	13	0	27	43	50	50	0
Very difficult	5	10	5	25	25	9	29	0	0	0
Availability changes (%)	N=80	N=78	n=43	n=8^	n=4^	n=11	n=6^	n=2^	n=2^	n=2^
More difficult	24	19	19	25	25	18	17	50	0	0
Stable	63	65	65	63	25	73	83	50	50	100
Easier	11	12	12	13	50	9	0	0	0	0
Fluctuates	3	4	5	0	0	0	0	0	50	0

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

5.3.4 Purchasing patterns of cocaine

Again only small numbers reported having purchased cocaine in the preceding six months with the exception of NSW, the only jurisdiction in which a sizeable proportion of participants reported recent use of cocaine. Purchasing from a friend, a known dealer or from a street dealer were popular in NSW and nationally. An agreed public location, street market or home delivery were reported as the most common purchase locations (Table 44).

In 2012, participants were asked if they typically bought cocaine as a weight or dollar amount. Of those who commented ($n=66$), 58% typically purchased cocaine in the last six months by the weight, 39% as a dollar amount, and 3% either as a dollar or weight amount. The main reasons for purchasing in either weight or dollar value was 'it is all I want, enough for me' (46%) and 'it is all I can afford (30%)'.

Of those who commented and bought in weight value ($n=36$), the most common purchase was a point/cap (69%) followed by a gram (28%).

The most common dollar value bought among those who commented and bought in dollar value ($n=28$) was \$50 (54%), followed by \$100 (36%).

Table 44: Purchasing patterns of cocaine, by jurisdiction, 2012

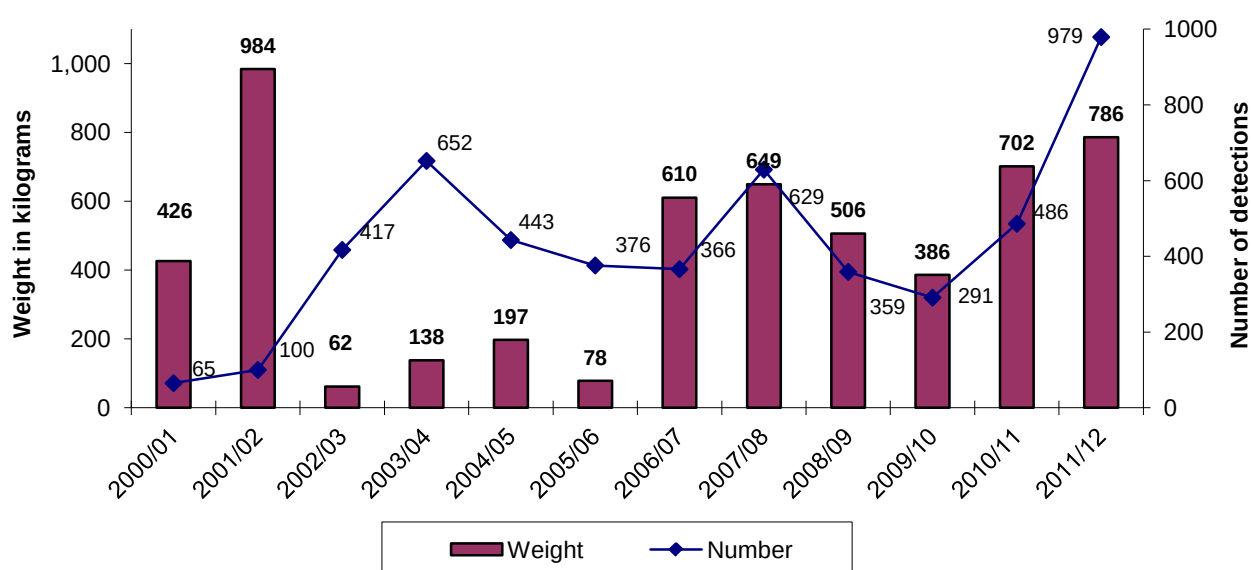
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Purchased from[#] (%)	N=74	N=68	n=43	n=5 [^]	n=4 [^]	n=11	n=1 [^]	n=1 [^]	n=2 [^]	n=1 [^]
Street dealer	22	25	40	0	0	0	0	0	0	0
Friend	42	38	37	40	0	55	100	0	50	0
Known dealer	27	19	12	40	100	9	0	0	50	0
Acquaintance	5	6	5	20	0	9	0	0	0	0
Unknown dealer	3	6	2	0	0	18	0	100	0	0
Other	0	6	4	0	0	9	0	0	0	100
Places of usual purchase[#] (%)	N=73	N=68	n=43	n=5 [^]	n=4 [^]	n=11	n=1 [^]	n=1 [^]	n=2 [^]	n=1 [^]
Home delivery	14	19	9	40	0	46	100	0	0	100
Dealer's home	15	7	7	0	50	0	0	0	0	0
Friend's home	23	15	16	20	0	9	0	0	50	0
Street market	21	29	47	0	0	0	0	0	0	0
Agreed public location	23	27	21	40	50	27	0	100	50	0
Other	4	3	0	0	0	18	0	0	0	0

Source: IDRS participant interviews

[#] Only one response allowed[^] Small numbers commenting (n<10); interpret with caution

5.3.5 Cocaine detected at the Australian border

During 2011/12, the Australian Customs and Border Protection Service made 979 detections of cocaine at the Australian border, an increase from 486 in 2010/11 (Figure 27). The detections weighed a total of 786 kilograms. This was an increase from 702 kilograms in 2010/11. There was a significant increase in the total weight detected through the shipping and aircraft stream due to the major detection of 300 kilograms from a yacht in Bundaberg. However, the vast majority of cocaine detections occurred through the cargo and international post stream (Australian Customs Border and Protection Service, 2012)

Figure 27: Number and weight of detections of cocaine detected at the border by the Australian Customs and Border Protection Service, 2000/01-2011/12

Source: Australian Customs and Border Protection Service

5.4 Cannabis

Key points

- An ounce of hydroponic cannabis (hydro) cost between a median of \$220 and \$420, while a gram ranged from \$20 to \$30. Prices for both forms were generally reported to have remained stable in the six months preceding interview.
- Participants in all jurisdictions generally perceived the potency of hydro to be 'high' and bush was most commonly reported to be 'medium'. The potency for both forms was generally reported to have remained stable over the last six months.
- Hydro was considered to be 'very easy' or 'easy' to obtain by the majority of participants. The availability of both forms was perceived to have remained stable over the preceding six months.
- The most commonly reported sources of hydro and bush nationally were from a friend or known dealer. The most commonly reported locations of purchase among those who had bought cannabis were at a friend's home, a dealer's home or home delivery.

This section contains information about cannabis market characteristics (including price, perceived purity, availability and purchasing patterns). Information on harms (health and law enforcement-related) associated with cannabis use, including indicator data on treatment and toxicity, are discussed under the relevant sections later in this report.

Survey items on price, potency, availability and supply of cannabis have distinguished between indoor-cultivated hydroponic cannabis 'hydro' and outdoor cultivated 'bush' cannabis since 2003, following reports of different market characteristics of each. Appendix H provides comparable data to previous years.

In 2012, participants completing the section (N=914) were asked if they were able to differentiate between hydroponic and bush cannabis in terms of price, perceived potency, availability and supply. Most participants reported that they could make a distinction: 66% of participants in NSW; 74% in the ACT; 53% in VIC; 72% in TAS; 57% in SA; 67% in WA; 63% in the NT; and 64% in QLD.

5.4.1 Price of cannabis

Table 45 contains the median price of the last purchase made by participants in the preceding six months for cannabis. Gram and ounce prices for bush tended to be equal to or lower than prices for hydroponic. In 2012, an ounce of hydro cost a median of \$290 nationally, ranging from \$220 (SA) and \$420 (the NT). A gram cost \$20 nationally, ranging from \$20 (NSW, the ACT and VIC) to \$30 (NT). Nationally, a quarter of an ounce was \$80, ranging from \$60 in SA to \$100 in QLD.

Overall, participants reported that the price of hydro and bush remained stable over the preceding six months (79% each among those who commented) (Table 45).

Six participants or less in each jurisdiction reported purchasing hashish or hash oil in the preceding six months.

Appendix H, Table H1, Table H2, Figure H1 and Figure H2 show participant estimates of the median price of cannabis over the several years of data collection.

Table 45: Median price of cannabis and price changes, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Price (\$) HYDRO										
Per gram	20	20	20	20	20	25	25 [#]	25	30	25
Per quarter ounce	80	80	95	90	80	90	60	80	-	100
Per ounce	300	290	320	290	250	250	220	350	420	300 [^]
Price (\$) BUSH										
Per gram	20	20	20	20	20 [^]	25	25 [#]	25	30	25 [^]
Per quarter ounce	75	70	80 [^]	80 [^]	70 [^]	70	62.5 [^]	-	-	50 [^]
Per ounce	220	200	280 [^]	220 [^]	240 [^]	200 [^]	180 [^]	250 [^]	300 [^]	60 [^]
Price changes (%)										
HYDRO (%)	N=544	N=524	n=90	n=59	n=73	n=73	n=49	n=61	n=74	n=45
Increased	11	15	10	5	7	11	31	26	20	18
Stable	79	79	84	86	85	85	59	74	73	76
Decreased	3	1	0	3	3	1	2	0	1	0
Fluctuated	7	5	6	5	6	3	8	0	5	7
BUSH (%)	N=222	N=215	n=30	n=23	n=7	n=56	n=37	n=22	n=28	n=12
Increased	8	11	7	9	14	11	19	5	11	17
Stable	78	79	80	91	57	73	70	96	86	75
Decreased	7	5	13	0	14	5	5	0	4	0
Fluctuated	8	5	0	0	14	11	5	0	0	8

Source: IDRS participant interviews

[^] Small numbers reporting (n<10); interpret with caution[#] SA purchase is per bag instead of per gram

Note: The response option 'Don't know' was excluded from analysis

5.4.2 Potency of cannabis

Participants were asked 'How strong would you say hydro/bush is at the moment?' and whether the potency or strength had changed in the last six months. Over half (59%) of the national sample who commented reported that hydro potency was 'high' (ranging from 39% in the NT to 70% in NSW) and nearly one-third (29%) described it as 'medium' (ranging from 18% in NSW and WA to 54% in the NT). By contrast, around half (52%) reported the potency of bush cannabis as 'medium' (ranging from 39% in the NT to 79% in WA). The potency of hydro and bush cannabis was generally reported to have remained stable over the preceding six months (64% and 73% respectively) (Table 46 and Table 47).

Significance testing was carried out on the current purity of hydroponic and 'bush' cannabis for 'low', 'medium', 'high' and 'fluctuates' between 2011 and 2012. The purity of bush cannabis as 'low' significantly increased (12% in 2011 versus 24% in 2012; $p < 0.05$). Nationally, no other significant differences were found ($p > 0.05$).

Appendix H, Figure H3 and Figure H4 shows the current potency of cannabis over the several years of data collection.

Table 46: Perceived potency of hydroponic cannabis, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Current Potency (%)	N=549	N=527	n=89	n=61	n=73	n=73	n=48	n=62	n=74	n=47
High	58	59	70	53	58	64	52	69	39	62
Medium	30	29	18	31	36	23	29	18	54	21
Low	4	3	7	0	1	1	4	2	4	4
Fluctuates	9	9	6	16	6	11	15	11	3	13
Potency changes (%)	N=541	N=520	n=88	n=61	n=72	n=73	n=45	n=61	n=73	n=47
Increasing	13	10	9	5	11	6	22	7	11	15
Stable	65	64	59	71	67	75	56	80	52	53
Decreasing	6	6	9	3	1	7	7	0	3	17
Fluctuating	16	20	23	21	21	12	16	13	34	15

Source: IDRS participant interviews

Note: The response option 'Don't know' was excluded from analysis

Table 47: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Current Potency (%)	N=237	N=224	n=29	n=25	n=7^	n=60	n=38	n=24	n=28	n=13
High	23	20	10	28	14	23	32	4	7	31
Medium	60	52	62	48	71	45	47	79	39	54
Low	12	24↑	17	16	0	28	16	17	54	15
Fluctuates	6	4	10	8	14	3	5	0	0	0
Potency changes (%)	N=233	N=218	n=29	n=24	n=7^	n=56	n=36	n=24	n=29	n=13
Increasing	10	8	3	17	0	9	17	4	3	0
Stable	74	73	69	58	57	77	64	83	83	77
Decreasing	7	11	24	13	29	9	8	4	0	23
Fluctuating	9	8	3	13	14	5	11	8	14	0

Source: IDRS participant interviews

Note: The response option 'Don't know' was excluded from analysis

5.4.3 Availability of cannabis

Ninety-two percent of participants commenting on hydro in all jurisdictions described it as 'very easy' or 'easy' to obtain. Although reports on bush were more mixed, it was most commonly reported as 'very easy' or 'easy' to obtain (81%). Smaller numbers of participants were able to comment on bush cannabis (from n=7 in VIC to n=60 in TAS) suggesting that it continued to be less available than hydro in many jurisdictions (ranging from n=48 in QLD to n=93 in NSW). The majority of participants who commented perceived that the availability of hydro and bush cannabis had remained stable over the six months preceding interview (85% and 77% respectively) (Table 48 and Table 49).

Significance testing was carried out on the current availability of hydro and bush cannabis for 'very easy', 'easy', 'difficult' and 'more difficult' between 2011 and 2012. Nationally, no significant differences were found ($p>0.05$).

Appendix H, Figure H5 and Figure H6 shows the current availability of cannabis over the several years of data collection.

Table 48: Availability of hydroponic cannabis, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Availability (%)	N=548	N=536	n=93	n=62	n=73	n=74	n=50	n=62	n=74	n=48
Very easy	55	52	44	58	74	51	50	74	30	35
Easy	39	40	43	39	21	45	36	23	68	46
Difficult	7	8	13	3	6	4	14	3	3	19
Very difficult	<1	0	0	0	0	0	0	0	0	0
Availability changes (%)	N=546	N=533	n=93	n=62	n=73	n=74	n=50	n=62	n=72	n=47
More difficult	6	7	9	5	4	5	14	5	7	11
Stable	82	85	86	89	90	89	80	87	81	77
Easier	7	5	4	2	4	4	4	3	10	4
Fluctuates	5	3	1	5	1	1	2	5	3	9

Source: IDRS participant interviews

Note: The response option 'Don't know' was excluded from analysis

Table 49: Availability of outdoor-grown 'bush' cannabis, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Availability (%)	N=240	N=230	n=31	n=25	n=7^	n=60	n=40	n=24	n=29	n=14
Very easy	33	35	10	56	86	35	28	46	35	29
Easy	43	46	55	32	14	60	43	29	48	43
Difficult	21	17	19	12	0	5	30	25	17	29
Very difficult	3	2	16	0	0	0	0	0	0	0
Availability changes (%)	N=233	N=224	n=30	n=24	n=7^	n=58	n=40	n=24	n=28	n=13
More difficult	16	8	7	8	0	3	18	8	4	23
Stable	69	77	80	79	100	83	65	79	79	62
Easier	9	9	10	13	0	10	13	0	11	0
Fluctuates	6	5	3	0	0	3	5	13	7	15

Source: IDRS participant interviews

Note: The response option 'Don't know' was excluded from analysis

5.4.4 Purchasing patterns of cannabis

Like previous years, the most commonly reported sources of hydro nationally were from a friend (54%) or known dealer (28%). Sources were similar for bush cannabis, with friends (60%) and known dealers (19%) the most commonly reported source in the national sample and across most jurisdictions. The most commonly reported locations of purchase among those who had bought cannabis were at a friend's home (hydro 38%; bush 43%), a dealer's home (hydro 19%; bush 14%), home delivery (hydro 15%; bush 16%) and/or an agreed public location (hydro 15%; bush 12%) (Table 50 and Table 51).

In 2012, participants were asked if they typically bought hydro and bush cannabis as a weight or dollar amount. Of those who commented on hydro cannabis (n=504), 59% typically purchased cannabis in the last six months by the weight, 34% as a dollar amount, and 7% either as a dollar or weight amount. Similar to hydro, bush cannabis (N=185), was mainly purchase by the weight (64%), followed as a dollar amount (28%).

The main reasons for purchasing hydro or bush cannabis in either weight or dollar value were 'it is all I want, enough for me' (43% and 32% respectively) and 'it is all I can afford' (29% and 30% respectively).

Of those who commented and bought hydro cannabis in weight value (N=285), the most common purchase was a gram (36%) followed by a quarter ounce (26%). Smaller numbers commented on bush cannabis weight (N=115), which was typically purchased in grams (34%) and an ounce (23%).

The most common dollar value bought among those who commented on hydro cannabis and bought in dollar value (N=194) was \$20 (30%) and \$25 (30%). Those commenting on bush cannabis (N=62) also purchased mainly in \$25 or \$20 values (39% and 26% respectively).

Table 50: Hydroponic cannabis purchasing patterns, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Purchased from[#] (%)	N=535	N=514	n=88	n=57	n=73	n=72	n=43	n=60	n=74	n=47
Street dealer	10	8	18	7	7	0	7	2	14	2
Friend	56	54	44	44	34	72	77	65	45	64
Known dealer	27	28	26	37	47	26	5	27	30	15
Acquaintance	5	6	6	12	6	1	2	5	7	9
Unknown dealer	<1	2	3	0	4	0	0	2	3	4
Other	2	2	3	0	2		9	0	1	6
Places of usual purchase[#] (%)	N=535	N=516	n=88	n=58	n=73	n=72	n=43	n=60	n=75	n=47
Home delivery	17	15	11	16	11	25	16	18	9	15
Dealer's home	22	19	14	29	32	17	5	18	25	6
Friend's home	36	38	33	29	26	44	56	42	39	45
Acquaintance's house	3	3	3	5	3	0	2	3	4	4
Street market	8	8	23	3	11	0	7	2	7	4
Agreed public location	11	15	14	17	18	14	5	17	15	21
Other	3	2	1	1	0	0	9	0	1	5

Source: IDRS participant interviews

[#] Only one response allowed

Table 51: Outdoor-grown 'bush' cannabis purchasing patterns, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Purchased from[#] (%)	N=219	N=200	n=27	n=21	n=6^	n=49	n=32	n=23	n=31	n=11
Street dealer	9	8	30	10	0	0	3	0	13	9
Friend	63	60	48	29	50	67	81	70	55	46
Known dealer	16	19	11	52	33	22	3	9	16	27
Acquaintance	7	8	7	5	0	8	3	17	10	9
Workmates	1	2	4	0	0	2	3	0	0	0
Other	4	3	0	4	17	1	7	4	6	9
Places of usual purchase[#] (%)	N=218	N=198	n=27	n=20	n=6^	n=49	n=32	n=23	n=30	n=11
Home delivery	17	16	4	10	17	27	16	30	7	9
Dealer's home	17	14	11	40	17	16	6	4	7	18
Friend's home	39	43	44	20	33	39	59	35	57	36
Acquaintance's house	4	6	7	5	0	4	3	13	7	0
Street market	8	7	22	0	17	0	3	4	7	18
Agreed public location	11	12	7	25	0	12	6	9	13	18
Other	4	2	5	0	16	2	7	5	2	0

Source: IDRS participant interviews

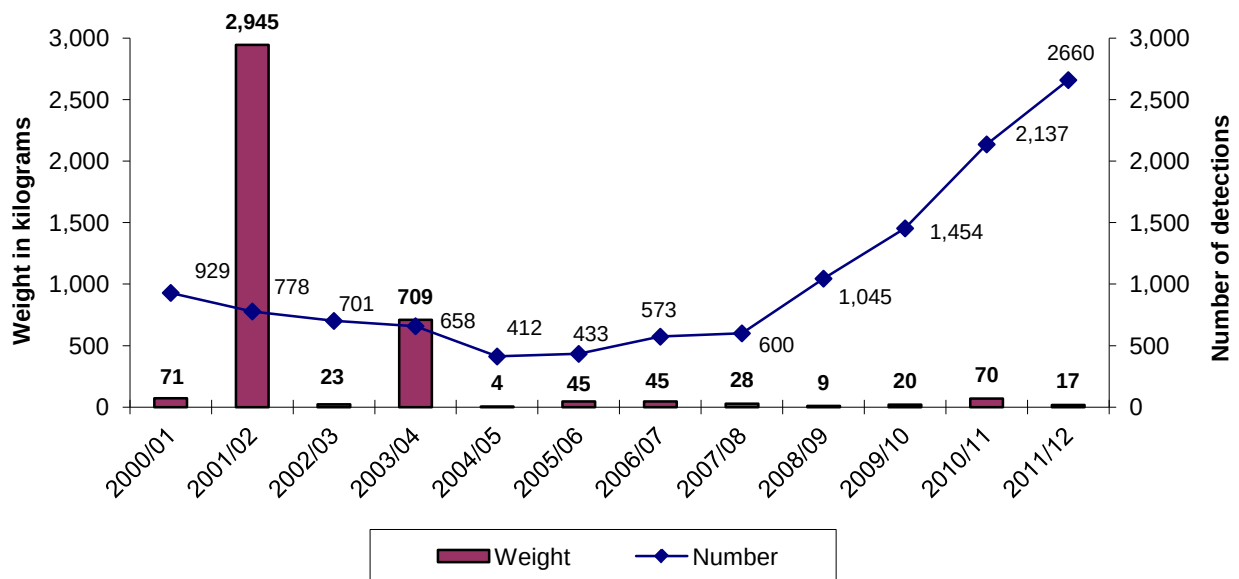
[#] Only one response allowed

5.4.5 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is believed to be domestically produced. However, there are also numerous cannabis detections made by the Australian Customs and Border Protection Service each year.

The number of cannabis detections continued to increase in 2011/12 to 2,660 (up from 2,137 in 2010/11), while weight of seizures continues to fluctuate (Figure 28) (Australian Customs Border and Protection Service, 2012)

Figure 28: Weight and number of detections of cannabis made at the border by the Australian Customs and Border Protection Service, 2000/01-2011/12



Source: Australian Customs and Border Protection Service

5.5 Methadone

Key points

- Of those who commented, the majority reported the price of 'illicit' methadone syrup to be a median of \$1 per millilitre and Physeptone at \$15 per 10mg tablet (small numbers commenting). The price of 'illicit' methadone was reported mainly as stable over the last six months.
- Forty percent reported the availability of 'illicit' methadone as 'easy', while 38% reported the availability as 'difficult'. The majority reported the availability of 'illicit' methadone as stable over the last six months.
- The most common source among those who had bought 'illicit' methadone was through a friend. The most common place of purchase was an agreed public location followed by a friend's home.

5.5.1 Price of illicit methadone

Nineteen percent of the national sample commented on the price or availability of 'illicitly' obtained methadone liquid. Fifty-four participants in the national sample commented on the price range of one-millilitre (1ml) of methadone. Of those who commented, 43% reported that it cost a median of \$1.00 per ml of liquid and 32% reported \$0.50 (range \$0.30 to \$5 per ml).

Three participants reported having purchased 5mg Physeptone tablets, having paid between \$5 and \$10 per tablet. The 39 participants (4% of the national sample) who bought 10mg tablets paid between \$5 and \$20 per tablet. Of those who commented, 36% paying \$20; 23% reported paying \$10 and 15% paying \$15 per tablet. Median prices per tablet are recorded in Table 52.

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

Table 52: Median price of illicit methadone and price changes, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Median Price (\$)										
Syrup per 1ml	1	1	0.5^	1^	-	-	1.5^	1^	1^	1^
Physeptone 10mg	17	15	10^	-	-	15	10^	5^	20	10^
Price changes (%)	N=150	N=154	n=43	n=18	n=4^	n=34	n=12	n=14	n=20	n=9^
Increased	17	20	21	6	0	18	33	29	25	22
Stable	77	73	70	94	75	82	58	71	55	67
Decreased	3	3	2	0	25	0	8	0	5	0
Fluctuated	3	5	7	0	0	0	0	0	15	11

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

5.5.2 Availability of illicit methadone

Among those who commented on availability, 40% reported that it was 'easy' to obtain 'illicit' methadone and 17% reported availability as 'very easy'. Thirty-eight percent reported it as 'difficult', and a small proportion as 'very difficult' (5%). Seventy-seven percent reported that availability had remained 'stable' in the six months preceding interview, although 14% reported that it had become 'more difficult' (Table 53).

Significance testing was carried out on the current availability of 'illicit' methadone (any form) for 'very easy', 'easy', 'difficult' and 'more difficult' between 2011 and 2012. Nationally, no significant differences were found ($p>0.05$).

Table 53: Availability of illicit methadone, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Availability (%)	N=151	N=151	n=42	n=19	n=4^	n=32	n=12	n=14	n=21	n=7^
Very easy	19	17	19	21	0	9	25	29	5	29
Easy	40	40	50	42	75	34	33	43	29	29
Difficult	36	38	29	37	25	50	33	21	62	29
Very difficult	5	5	2	0	0	6	8	7	5	14
Availability changes (%)	N=146	N=153	n=42	n=19	n=4^	n=32	n=13	n=14	n=21	n=8^
More difficult	21	14	5	16	25	16	0	14	33	25
Stable	73	77	88	74	50	81	69	86	62	63
Easier	3	6	5	5	25	3	23	0	5	0
Fluctuates	2	3	2	5	0	0	8	0	0	13

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

5.5.3 Purchasing patterns of illicit methadone

Of those who had bought 'illicit' methadone, the most common source was a friend (69%) or an acquaintance (14%). The most common place of purchase was an agreed public location (34%) followed by a friend's home (33%) (Table 54).

Table 54: Purchasing patterns of illicit methadone by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Purchased from[#]	N=112	N=128	n=31	n=14	n=4^	n=33	n=5^	n=15	n=19	n=7^
Street dealer	6	9	19	0	0	6	0	0	16	0
Friend	70	69	61	64	75	79	40	67	74	71
Known dealer	5	7	7	7	0	3	0	20	0	29
Acquaintance	19	14	13	29	25	12	40	7	11	0
Other	0	2	0	0	0	0	20	7	0	0
Places of usual purchase[#]	N=112	N=128	n=31	n=14	n=4^	n=33	n=5^	n=15	n=19	n=7^
Home delivery	12	15	10	36	0	15	0	20	11	14
Dealer's home	2	2	0	0	0	3	0	0	5	0
Friend's home	30	33	23	29	50	24	40	27	63	43
Acquaintance's house	7	6	3	7	25	3	40	7	5	0
Street market	15	7	23	0	0	0	0	0	11	0
Agreed public location	28	34	39	29	25	55	0	33	5	43
Other	6	3	3	0	0	0	20	13	0	0

Source: IDRS participant interviews

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

[#] Only one response allowed

5.6 Buprenorphine

Key points

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

5.6.1 Price of illicit buprenorphine

Very small numbers were able to comment on the price of 'illicit' buprenorphine (Subutex®). The median price for Subutex® 2mgs ranged from no reports in TAS, WA and the NT to \$10 in the ACT, VIC, SA and QLD, whereas the median price for Subutex® 8mgs ranged from no reports in TAS to \$40 in QLD. Participants were asked if the price of buprenorphine had changed in the last six months. Of those who commented, the majority (69%) reported the price of 'illicit' buprenorphine as stable over the last six months (Table 55).

Table 55: Median price of illicit buprenorphine and price changes, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Median Price (\$)										
Subutex® 2mgs	10	10	7.5^	7.5^	10^	-	10^	-	-	10^
Subutex® 8mgs	20	25	20^	40^	20^	-	25^	35^	30^	30^
Price changes (%)	N=94	N=74	n=14	n=18	n=10	n=2^	n=10	n=4^	n=2^	n=14
Increased	22	22	36	17	20	0	40	0	0	14
Stable	71	69	50	72	70	50	60	100	100	79
Decreased	4	3	7	6	0	0	0	0	0	0
Fluctuated	2	7	7	6	10	50	0	0	0	7

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

5.6.2 Availability of illicit buprenorphine

Of those participants in the IDRS sample who were able to comment, 31% reported the availability of 'illicit' buprenorphine as 'very easy', 32% as 'easy' and a further 35% reported availability as 'difficult'. Sixty-four percent of the national sample reported availability as stable in the last six months (Table 56).

Significance testing was carried out on the current availability of 'illicit' buprenorphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2011 and 2012. Nationally, no significant differences were found (p>0.05).

Table 56: Availability of illicit buprenorphine, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Availability (%)	N=96	N=84	n=15	n=21	n=10	n=2^	n=10	n=7^	n=3^	n=16
Very easy	26	31	27	38	50	0	20	43	0	25
Easy	44	32	13	29	10	100	50	29	0	56
Difficult	27	35	60	33	30	0	30	14	100	19
Very difficult	3	2	0	0	10	0	0	14	0	0
Availability changes (%)	N=92	N=83	n=15	n=21	n=10	n=2^	n=10	n=7^	n=3^	n=15
More difficult	14	28	53	24	20	0	40	29	67	0
Stable	75	64	47	71	70	100	40	43	33	93
Easier	5	7	0	5	10	0	20	29	0	0
Fluctuates	5	1	0	0	0	0	0	0	0	7

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

5.6.3 Purchasing patterns of illicit buprenorphine

Of those who had bought 'illicit' buprenorphine, the most common source was a friend (58%) or a street dealer (16%). The most common place of purchase was a friend's home (30%) followed by home delivery (23%) and an agreed public location (21%) (Table 57).

Table 57: Purchasing patterns of illicit buprenorphine by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Purchased from[#]	N=83	N=69	n=14	n=17	n=10	n=0	n=8^	n=5^	n=2^	n=13
Street dealer	25	16	21	18	0	0	25	20	50	8
Friend	52	58	71	47	60	0	63	60	0	62
Known dealer	7	13	0	12	30	0	0	0	50	23
Acquaintance	13	7	0	18	0	0	13	0	0	8
Other	3	6	8	6	10	0	0	20	0	0
Places of usual purchase[#]	N=83	N=70	n=14	n=17	n=10	n=0	n=8^	n=5^	n=2^	n=14
Home delivery	11	23	29	24	20	0	25	40	0	14
Dealer's home	7	7	7	12	10	0	0	0	50	0
Friend's home	24	30	43	18	30	0	25	20	0	43
Acquaintance's house	4	1	0	6	0	0	0	0	0	0
Street market	28	14	21	12	0	0	25	0	50	14
Agreed public location	25	21	0	24	30	0	25	40	0	29
Other	1	3	0	6	10	0	0	0	0	0

Source: IDRS participant interviews

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

[#] Only one response allowed

5.7 Buprenorphine-naloxone

Key points

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

5.7.1 Price of illicit buprenorphine-naloxone

Very small numbers were able to comment on the price of 'illicit' buprenorphine-naloxone 'tablet' or 'film' (Suboxone®) so result should be interpreted with caution. The median price for Suboxone® 2mgs 'table' ranged from no reports in NSW, the ACT, SA and WA to \$20 in TAS, where as the median price for Suboxone® 2mgs 'film' had no reports all in jurisdictions except SA which reported \$10.

The median price for Suboxone® 8mgs 'tablet' ranged from no reports in the ACT to \$40 in WA, where as the median price for Suboxone® 8mgs 'film' ranged from no reports in the ACT, TAS, the NT and QLD to \$38 in WA. Note: all price results are based on small number so interpret with caution.

In 2012, participants were asked if the price of buprenorphine-naloxone 'tablet' had changed in the last six months. Of those who commented, the majority (65%) reported the price of 'illicit' buprenorphine-naloxone as stable over the last six months (Table 58).

Table 58: Median price of illicit buprenorphine-naloxone and price changes, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Price (\$) TABLET										
Suboxone® 2mgs	6	10 [^]	10 [^]	-	6.25 [^]	20 [^]	-	-	10 [^]	10 [^]
Suboxone® 8mgs	20	25	25 [^]	10 [^]	15 [^]	10 [^]	20 [^]	40 [^]	30 [^]	35 [^]
Price (\$) FILM										
Suboxone® 2mgs	n.a.	15 [^]	-	20 [^]	-	-	12.5 [^]	-	-	-
Suboxone® 8mgs	n.a.	30	30 [^]	-	10 [^]	-	27.5 [^]	38 [^]	-	10 [^]
Price changes (%)										
TABLET (%)	N=60	N=49	n=8 [^]	n=1 [^]	n=7 [^]	n=5 [^]	n=8 [^]	n=9 [^]	n=5 [^]	n=6 [^]
Increased	18	27	38	0	14	40	38	11	60	0
Stable	77	65	63	100	71	40	63	67	40	100
Decreased	2	0	0	0	0	0	0	0	0	0
Fluctuated	3	8	0	0	14	20	0	22	0	0

Source: IDRS participant interviews

[^] Small numbers reporting (n<10); interpret with caution

Note: The response option 'Don't know' was excluded from analysis

Note: Data collection for buprenorphine-naloxone 'film' began in 2012

5.7.2 Availability of illicit buprenorphine-naloxone

Of those participants in the IDRS sample who were able to comment, 53% reported the availability of 'illicit' buprenorphine-naloxone 'tablet' as 'easy' and 26% reported availability as 'very easy'. Of those who commented, 77% reported availability as stable in the last six months (Table 59).

Significance testing was carried out on the current availability of 'illicit' buprenorphine-naloxone 'tablet' for 'very easy', 'easy', 'difficult' and 'more difficult' between 2011 and 2012. Nationally, no significant differences were found ($p>0.05$).

Table 59: Availability of buprenorphine-naloxone 'tablet', by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Availability (%)	N=67	N=55	n=9^	n=1^	n=7^	n=7^	n=7^	n=9^	n=8^	n=7^
Very easy	31	26	11	0	71	14	29	22	13	29
Easy	49	53	89	0	14	71	43	44	38	71
Difficult	15	20	0	100	14	14	14	33	50	0
Very difficult	5	2	0	0	0	0	14	0	0	0
Availability changes (%)	N=64	N=51	n=7^	n=1^	n=7^	n=7^	n=7^	n=9^	n=6^	n=7^
More difficult	14	18	14	0	14	14	14	33	33	0
Stable	78	77	86	100	86	71	86	56	50	100
Easier	6	6	0	0	0	14	0	11	17	0
Fluctuates	2	0	0	0	0	0	0	0	0	0

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

Of those participants in the IDRS sample who were able to comment, 42% reported the availability of 'illicit' buprenorphine-naloxone 'film' as 'very easy' and 38% reported availability as 'easy'. Of those who commented, 46% reported availability as stable and 36% as 'easier' in the last six months (Table 60).

Table 60: Availability of buprenorphine-naloxone 'film', by jurisdiction, 2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012								
Availability (%)	N=24	n=4^	n=1^	n=3^	n=0	n=9^	n=5^	n=0	n=2^
Very easy	42	25	0	67	0	56	40	0	0
Easy	38	25	0	33	0	22	60	0	100
Difficult	17	50	100	0	0	11	0	0	0
Very difficult	4	0	0	0	0	11	0	0	0
Availability changes (%)	N=22	n=4^	n=1^	n=3^	n=0	n=7^	n=5^	n=0	n=2^
More difficult	14	50	0	0	0	0	20	0	0
Stable	46	50	100	0	0	43	40	0	100
Easier	36	0	0	100	0	43	40	0	0
Fluctuates	5	0	0	0	0	14	0	0	0

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

Note: Data collection for buprenorphine-naloxone 'film' began in 2012

5.7.3 Purchasing patterns of illicit buprenorphine-naloxone

Of those who had bought 'illicit' buprenorphine-naloxone 'tablet' and 'film', the most common source was through a friend (63% and 71% respectively). The most common place of purchase was a friend's home (33%) for the 'tablet' form and an agreed public location (41%) for the 'film' form (Table 61 and Table 62).

Table 61: Buprenorphine-naloxone 'tablet' purchasing patterns, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Purchased from[#]	N=51	N=46	n=8 [^]	n=1 [^]	n=6 [^]	n=4 [^]	n=5 [^]	n=9 [^]	n=8 [^]	n=5 [^]
Street dealer	18	13	25	0	33	0	20	0	13	0
Friend	65	63	75	100	33	75	80	79	38	60
Known dealer	6	7	0	0	17	0	0	0	13	20
Acquaintance	8	13	0	0	0	25	0	22	25	20
Unknown dealer	2	2	0	0	17	0	0	0	0	0
Other	1	2	0	0	0	0	0	0	13	0
Places of usual purchase[#]	N=51	N=46	n=8 [^]	n=1 [^]	n=6 [^]	n=4 [^]	n=5 [^]	n=9 [^]	n=8 [^]	n=5 [^]
Home delivery	8	17	38	0	17	50	40	0	0	0
Dealer's home	4	2	0	0	0	0	0	0	13	0
Friend's home	29	33	50	0	17	25	0	33	25	80
Street market	28	17	0	100	33	0	40	0	25	20
Agreed public location	24	22	0	0	33	25	20	67	0	0
Other	7	9	12	0	0	0	0	0	37	0

Source: IDRS participant interviews

[^] Small numbers reporting (n<10); interpret with caution

[#] Only one response allowed

Table 62: Buprenorphine-naloxone 'film' purchasing patterns, by jurisdiction, 2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012								
Purchased from[#]	N=17	n=3 [^]	n=1 [^]	n=2 [^]	n=0	n=6 [^]	n=5 [^]	n=0	n=0
Street dealer	12	33	0	0	0	17	0	0	0
Friend	71	67	0	100	0	67	80	0	0
Known dealer	6	0	100	0	0	0	0	0	0
Acquaintance	12	0	0	0	0	17	20	0	0
Places of usual purchase[#]	N=17	n=3 [^]	n=1 [^]	n=2 [^]	n=0	n=6 [^]	n=5 [^]	n=0	n=0
Home delivery	17	33	100	0	0	0	20	0	0
Friend's home	29	0	0	50	0	67	0	0	0
Street market	12	33	0	50	0	0	0	0	0
Agreed public location	41	33	0	0	0	33	80	0	0

Source: IDRS participant interviews

[^] Small numbers reporting (n<10); interpret with caution

[#] Only one response allowed

Note: Data collection for buprenorphine-naloxone 'film' began in 2012

5.8 Morphine

Key points

- The median price for each brand of morphine varied among the jurisdictions. Nearly two-thirds reported the price of 'illicit' morphine as stable over the past six months, while one-quarter reported that price had increased recently.
- Nearly half reported that 'illicit' morphine was 'easy' to obtain. Similar proportions reported the availability as 'very easy' or 'difficult' (27% and 23% respectively). The majority reported that availability had remained stable over the last six months preceding interview.
- The most common source among those who had bought 'illicit' morphine was through a friend or a known dealer and the most common place of purchase was a friend's home followed by at an agreed public location.

5.8.1 Price of illicit morphine

Participants were asked to comment on the current price of different brands of morphine tablets. The median price for each brand varied among the jurisdictions (Table 63). Participants were asked to comment on any change in the price of 'illicit' morphine in the six months preceding interview. Among those who commented, two-thirds (61%) reported that the price of 'illicit' morphine had remained stable over the past six months (64% in 2011). While 29% reported that the price of 'illicit' morphine had increased recently.

Table 63: Median price of illicit morphine and price changes, by jurisdiction, 2012

		National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Median Price (\$)										
MS Contin® 60mgs	50	55	20^	20^	20^	60	22.5^	40	50	40^
MS Contin® 100mg	80	80	40	50^	50	100	50^	70	80	65
Kapanol® 50mgs	60	50	-	37.5^	-	50	27.5^	32.5^	40	25^
Kapanol® 100mgs	60	70	50^	55^	45^	100^	50^	70^	80	55^
Price changes (%)	N=283	N=276	n=28	n=15	n=15	n=65	n=20	n=24	n=87	n=22
Increased	28	29	46	13	20	19	45	38	28	36
Stable	64	61	46	73	73	77	55	54	58	41
Decreased	2	3	4	7	0	5	0	4	0	5
Fluctuated	7	8	4	7	7	0	0	4	15	18

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

5.8.2 Availability of illicit morphine

Of those participants in the IDRS sample who were able to comment, 45% reported that the availability of 'illicit' morphine was 'easy'. Similar proportions reported the availability as 'very easy' or 'difficult' (27% and 23% respectively). Sixty-four percent of the national sample reported availability as stable in the last six months (Table 64).

Significance testing was carried out on the current availability of 'illicit' morphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2011 and 2012. Nationally, no significant differences were found ($p>0.05$).

Table 64: Availability of illicit morphine, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Availability (%)	N=295	N=282	n=31	n=14	n=16	n=66	n=20	n=26	n=88	n=21
Very easy	25	27	29	7	38	26	30	58	22	19
Easy	47	45	45	50	13	55	35	15	52	52
Difficult	24	23	19	29	38	20	15	23	25	19
Very difficult	4	5	7	14	13	0	20	4	1	10
Availability changes (%)	N=289	N=274	n=30	n=14	n=14	n=65	n=21	n=25	n=87	n=18
More difficult	25	22	33	21	14	19	33	20	21	17
Stable	60	64	60	50	79	69	57	76	60	61
Easier	7	6	7	29	0	8	0	0	3	17
Fluctuates	9	8	0	0	7	5	10	4	15	6

Source: IDRS participant interviews

Note: The response option 'Don't know' was excluded from analysis

5.8.3 Purchasing patterns of illicit morphine

Of those who had bought 'illicit' morphine, the most common source was through a friend (52%) or a known dealer (20%). The most common place of purchase was a friend's home (33%) followed by an agreed public location (21%) (Table 65).

Table 65: Purchasing patterns of illicit morphine by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Purchased from[#] (%)	N=283	N=273	n=32	n=14	n=16	n=68	n=17	n=26	n=82	n=18
Street dealer	14	15	53	21	19	3	6	4	16	11
Friend	49	52	31	79	63	46	65	69	52	39
Known dealer	20	20	3	0	6	38	6	15	21	28
Acquaintance	14	9	9	0	6	10	24	12	6	11
Unknown dealer	1	2	0	0	6	2	0	0	1	11
Other	1	2	4	0	0	1	0	0	4	0
Places of usual purchase[#] (%)	N=283	N=273	n=32	n=14	n=16	n=68	n=17	n=26	n=82	n=18
Home delivery	9	10	6	36	13	7	0	12	11	0
Dealer's home	18	16	6	0	0	31	6	8	20	6
Friend's home	28	33	13	36	31	29	53	46	39	17
Acquaintance's house	7	3	0	0	0	6	6	0	4	6
Street market	17	15	53	14	38	0	0	4	10	33
Agreed public location	21	21	19	14	19	27	29	27	12	39
Other	1	2	3	0	0	0	6	3	4	0

Source: IDRS participant interviews

[#] Only one response allowed

5.9 Oxycodone

Key points

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

5.9.1 Price of illicit oxycodone

The median price for 'illicit' Oxycontin® 40mgs ranged from \$20 (NSW) to \$40 (TAS), where as the median price for 'illicit' Oxycontin® 80mgs ranged from \$40 (NSW and SA) to \$80 (TAS). The majority (63%) reported the price of 'illicit' oxycodone as stable over the last six months (72% in 2011) (Table 66).

Table 66: Median price of illicit oxycodone and price changes, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	20112								
Median Price (\$)										
Oxycontin® 40mgs	22.5	30	20	30^	22.5	40	22.5^	35	35^	25^
Oxycontin® 80mgs	40	50	40	50^	40	80	40^	60	60	50
Price changes (%)	N=162	N=220	n=56	n=14	n=15	n=60	n=18	n=31	n=15	n=11
Increased	22	26	30	14	13	18	39	42	20	18
Stable	72	63	59	71	67	72	44	52	73	73
Decreased	1	6	4	14	20	3	6	0	7	9
Fluctuated	6	6	7	0	0	7	11	7	0	0

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

5.9.2 Availability of illicit oxycodone

Of those participants in the IDRS sample who were able to comment, 41% reported the availability of 'illicit' oxycodone as 'easy' and 27% reported availability as 'very easy' or 'difficult'. Seventy percent of those who commented reported availability as stable in the last six months (Table 67).

Significance testing was carried out on the current availability of 'illicit' oxycodone for 'very easy', 'easy', 'difficult' and 'more difficult' between 2011 and 2012. Nationally, the availability of 'illicit' oxycodone as 'very easy' significantly increased between 2011 and 2012 ($p < 0.05$). No other significant differences were found ($p > 0.05$).

Table 67: Availability of illicit oxycodone, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Availability (%)	N=171	N=235	n=59	n=15	n=16	n=61	n=23	n=33	n=16	n=12
Very easy	15	27	22	7	38	30	22	49	13	25
Easy	46	41	49	53	19	38	30	36	50	58
Difficult	33	27	25	27	31	30	44	12	38	17
Very difficult	6	4	3	13	13	3	4	3	0	0
Availability changes (%)	N=165	N=231	n=58	n=15	n=15	n=60	n=23	n=33	n=15	n=12
More difficult	22	20	29	13	27	13	35	12	7	17
Stable	65	70	62	67	60	78	52	85	80	67
Easier	6	6	3	13	7	7	4	3	13	8
Fluctuates	7	4	5	7	7	2	9	0	0	8

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis

5.9.3 Purchasing patterns of illicit oxycodone

Of those who had bought 'illicit' oxycodone, the most common source was through a friend (50%) or a street dealer (20%). The most common place of purchase was a friend's home (28%) followed by an agreed public location (26%) (Table 68).

Table 68: Purchasing patterns of illicit oxycodone by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Purchased from[#]	N=165	N=220	n=54	n=14	n=15	n=61	n=15	n=31	n=18	n=12
Street dealer	21	20	44	21	27	8	13	0	17	17
Friend	49	50	37	64	53	54	60	61	39	42
Known dealer	15	18	11	7	7	31	13	13	17	25
Acquaintance	13	10	6	7	13	5	13	19	17	8
Unknown dealer	1	1	0	0	0	2	0	0	6	8
Other	1	2	2	0	0	0	0	7	6	0
Places of usual purchase[#]	N=166	N=220	n=54	n=14	n=15	n=61	n=15	n=31	n=18	n=12
Home delivery	7	12	7	20	13	12	7	16	12	17
Dealer's home	12	11	4	7	0	26	7	7	18	0
Friend's home	27	28	11	33	27	36	47	42	24	0
Acquaintance's house	5	4	0	0	0	0	20	10	12	0
Street market	25	19	52	7	33	0	0	3	12	42
Agreed public location	22	26	26	33	27	26	20	19	24	42
Other	2	1	0	0	0	0	0	3	0	0

Source: IDRS participant interviews

[#] Only one response allowed

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

Overdose and drug-related fatalities

- Twenty percent of IDRS participants who reported ever overdosing on heroin had experienced a heroin overdose in the past 12 months. The highest rates of recent (12 month) overdose were in the WA and QLD (36% and 29% respectively).
- Of those who had ever overdosed on another drug (not including heroin), 28% had done so in the past year, and 5% had done so in the last month preceding interview.

Drug treatment

- Nearly half (42%) of the IDRS sample reported current treatment, mainly methadone with a median of 36 months in treatment.

Hospital admissions

- The number of related hospital separations for opioids, methamphetamine, cocaine and cannabis remained relatively stable between 2008/09 and 2009/10.

Injection risk behaviours

- Needle and syringe programs were by far the most common source of needles and syringes in the preceding six months (95%), followed by chemists (16%).
- Receptive sharing (borrowing) of needles/syringes was reported by 7% of participants (significant decrease from 11% in 2011) in the month preceding interview, typically after a regular partner or close friend.
- Sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was more common.
- Around half of the participants re-used their own needle in the last month. Sterile needles and syringes were predominantly obtained from NSP, although a range of other sources were also used. The majority of IDRS participants reported injecting last in a private home.
- Nearly two-thirds of the national sample reported experiencing an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. in finding a vein).
- In Australia, hepatitis C (HCV) continued to be more commonly notified than hepatitis B (HBV). The prevalence of HIV among those who injected drugs in Australia remained stable at relatively low rates, with HCV more commonly reported.

Blood-borne viral infections

- Of those who commented, 93% reported testing for HBV in their lifetime compared to 96% for HCV and 94% for HIV.
- Among those who had tested for HBV, 62% had a test within the past year and 30% within the last three months. Six percent reported a positive result.
- Sixty-one percent of those who commented had been vaccinated against HBV. The main reason for vaccination was 'at risk – injecting drug use'.
- Among those who had tested for HCV, 65% had a test within the past year and 31% within the last three months. One percent reported a positive result. The main reason for testing was a 'matter of routine'.

Alcohol use disorders Identification test - consumption

- Sixty percent of males and 50% females scored 5 or more on the AUDIT-C, indicating the need for further assessment
- The mean score on the AUDIT-C among those who drank alcohol recently was 5.6.

Mental Health problems and psychological distress

- Forty-three percent of the national sample self reported experiencing a mental health problem in the last six months, mainly depression, followed by anxiety.
- Among these who had experienced a problem, the number who reported seeing a mental health professional during the last six months significantly decreased between 2011 and 2012 (71% and 58% respectively).
- Eighty percent of participants who reported experiencing a mental health problem had been prescribed medication for this problem during the past six months, most commonly antidepressants (50%) and/or antipsychotics (37%).
- Higher levels of psychological distress (as measured by the K10) were reported among the national sample compared to the general population, with 28% reporting 'high' distress (7.4% in the general population) and 32% reporting 'very high' distress (2.4% in the general population). Those reporting a 'very high' level of distress have been identified as possibly requiring clinical assistance.
- IDRS participants scored a mean of 35.3 for the mental component score and 41.9 for the physical component score.
- IDRS participants had significantly lower mental and physical component scores compared to the Australian population.

Health service access

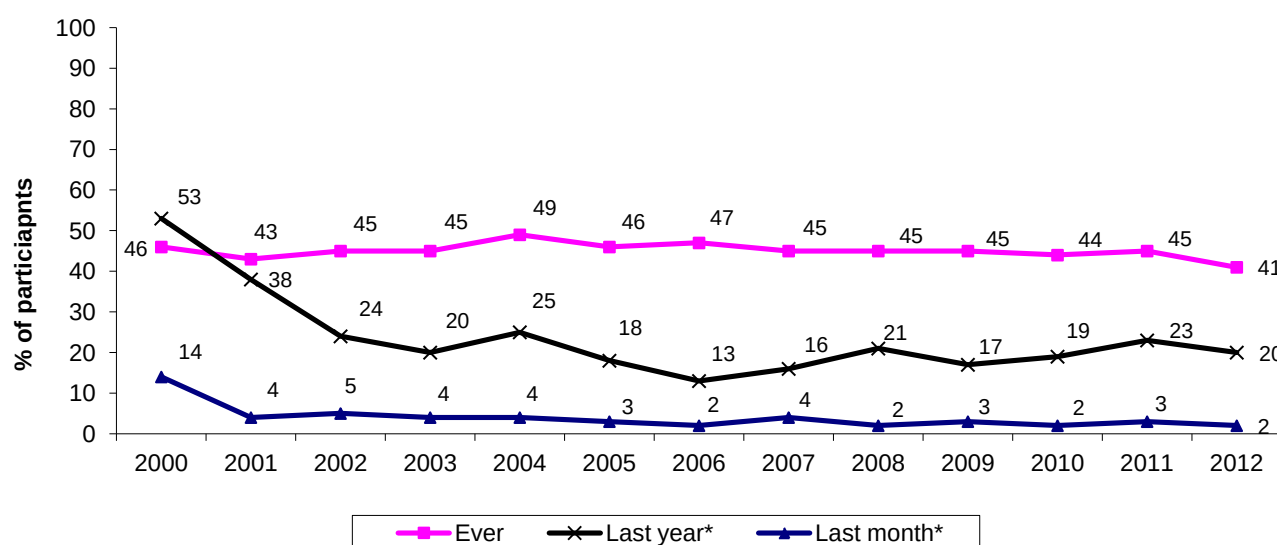
- The majority of participants reported visiting a GP in the last four weeks on a median of two occasions, followed by an opioid substitution treatment doctor on a median of one occasion in the last four weeks. One-third (29%) of those who saw a GP reported visiting on one occasion for a substance use reason.

Driving risk behaviour

- Driving a car while under the influence of alcohol was reported by 20% of participants who had driven in the preceding six months. Seventy-seven percent reported driving under the influence of an illicit drug during that time, mainly heroin, methamphetamines and cannabis.
- Two-thirds of those who drove while under the influence of an illicit drug believed that it had had no impact on their driving. While, 18% felt that their driving had been 'slightly impaired', 5% 'quite impaired', 10% 'slightly improved' and 3% 'quite improved'.
- Twenty-one percent reported being saliva drug driving test soon after taking an illicit drug with 16 participants reporting a positive result.

6.1 Overdose and drug-related fatalities**6.1.1 Heroin and other opioids***6.1.1.1 Non-fatal overdose*

The IDRS participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. Nearly half (41%) of the national sample reported a heroin overdose in their lifetime. Of those who had ever overdosed on heroin, 20% reported overdosing in the last year and two percent in the last month (Figure 29).

Figure 29: The prevalence of heroin overdose among participants, 2000-2012

Source: IDRS participant interviews

*Among those who had 'ever' overdosed on heroin

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

Participants who had ever overdosed on heroin had done so on a median of two occasions in their lifetime (range 1-50), ranging from a median of three times in NSW, the ACT and WA to once in TAS and the NT.

There was some jurisdictional variation in the proportion reporting heroin overdose in the last year. Heroin overdose in the last year among those who had ever overdosed on heroin was highest in the WA (36%) followed by QLD (29%). Proportions reporting overdose in the last year have remained lower than 2000 levels in all jurisdictions (Table 69).

Table 69: Heroin overdose in the year preceding interview among those who had ever overdosed on heroin, by jurisdiction, 2000-2012

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000*	53	37	55	78	30	37	64	51	56
2001	38	45	23	46	33	40	50	17	39
2002	24	32	22	29	13	12	31	3	23
2003	20	28	30	21	7	14	29	2	13
2004	25	26	47	30	17	5	28	9	20
2005	18	19	19	29	9	15	14	3	21
2006	13	20	15	12	10	9	14	7	9
2007	16	22	10	22	0	16	6	3	25
2008	21	27	19	32	0	19	28	0	10
2009	17	24	19	12	4	9	25	4	21
2010	19	22	19	24	0	14	17	10	24
2011	23	25	21	28	5	21	29	10	21
2012	20	14	26	16	0	24	36	5	29

Source: IDRS participant interviews

* In 2000 participants were asked about 'any overdose'

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

Participants were also asked about the treatment they received at the time of a recent heroin overdose (in the past year; N=74). Eighteen percent of those who overdosed on heroin in the last year reported not receiving any treatment, while 53% reported receiving Narcan®. Fifty-seven percent had an ambulance attend, 27% reported receiving cardiopulmonary resuscitation (CPR) from a friend/partner, 18% attended the hospital emergency department, 18% received oxygen and 12% received CPR from a health professional.

Participants were also asked about the treatment or information they received after (post) the most recent heroin overdose. Of those who had overdosed in the past year (n=58), 87% did not receive any information or treatment after the recent overdose, while 6% received information from a drug health service and 2% from a counsellor or user group/organisation.

6.1.1.2 Fatal overdose

The Australian Bureau of Statistics (ABS) collates and manages the national causes of death database, utilising information from the National Coronial Information System (NCIS). Prior to 2003, ABS staff visited coronial offices to manually update information about the cause of death for records that had not yet been loaded onto the NCIS. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices, therefore ceasing manual updates of deaths that were not already included on the NCIS.

In 2006, the ABS relied solely on the data contained on NCIS at the time the ABS ceased processing the deaths data. Since 2007, the causes of death data have been subject to a revisions process. The preliminary data is released, then two successive revisions are released 12 months apart from the date of the release of preliminary data. The 2006 data were not subject to this revision process, and are, therefore, likely to be incomplete. This is likely to result in an underestimate of the number of opioid induced deaths recorded in 2006. We have tried to offset this underestimate by analysing the changes between preliminary and final findings for both 2007 and 2008. We have averaged the changes across both years, and applied it to the 2006 figures. This data should be interpreted with caution.

Data for both 2007 and 2008 represent the 2nd and final revision of each dataset, and are, therefore, methodologically comparable. Data for 2009 and 2010 are projected estimates, based on the changes that occurred in 2008 and 2009 data. Again these data should be interpreted with caution as figures may change. The result of the revisions process is a longer time from the reporting of a death to finalization by the coroner. These revisions will most likely result in an increase in the number of deaths. This is particularly true for deaths that are drug related, as coronial investigations can be complex and lengthy in nature.

In addition to the revisions process, the ABS undertook two further processing improvements from 2008 onwards; 1) for both open (where a coroner has not yet handed down a finding on cause of death) and closed (where a coroner's decision has been made) cases on the NCIS, the ABS now spend more time investigating the Medical Certificate of Cause of Death to more consistently apply the appropriate International Classification of Diseases, Tenth Revision (ICD-10) code for cause of death; 2) for both open and closed cases, the ABS also increasingly uses additional information on the NCIS (e.g. autopsy, police and toxicology reports), where available, to apply more specific cause of death codes. Both of these processing improvements are likely to have an impact on the number of opioid induced deaths reported from 2008 onwards. It should also be noted that availability of additional information on the NCIS varies by jurisdiction, which means that improvements are likely to be applied differentially across jurisdictions. These findings should be interpreted in conjunction with the ABS Technical Note 2 Causes of Death Revisions 2008 and 2009, available on the ABS website:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/3303.0Technical%20Note22010?open&tabname=Notes&prodno=3303.0&issue=2010&num=&view>

In 2008, there were 500 accidental deaths due to opioids. Thirty-four percent of deaths occurred in VIC, with 74% of all opioid-related deaths occurring in NSW, VIC and QLD (Table 70). It should be noted that the deaths reported are opioid-related and not necessarily heroin overdose deaths. In jurisdictions such as TAS and the NT where heroin is less available, deaths are more likely to be related to pharmaceutical opioids (Table 70) (Roxburgh and Burns, 2012).

Table 70: Number of accidental deaths due to opioids by jurisdiction among those aged 15-54 years, 1988-2008

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
1988	351	204	99	16	12	18	0	0	2
1989	307	158	99	19	8	18	1	2	2
1990	312	196	79	8	19	14	5	0	0
1991	350	146	64	9	13	13	3	0	2
1992	336	182	79	18	30	22	0	1	4
1993	374	188	86	23	41	24	5	2	5
1994	425	209	97	37	32	38	4	5	3
1995	582	273	140	42	38	70	6	0	13
1996	557	260	145	32	32	64	5	2	17
1997	713	333	203	36	52	76	2	2	9
1998	927	452	243	64	53	78	10	13	14
1999	1116	481	376	79	64	92	5	8	11
2000	938	349	323	124	50	72	8	2	10
2001	386	177	73	58	18	35	8	5	12
2002	364 [#]	158	93	40	21	28	9	6	8
2003	357	143	129	32	14	16	4	2	17
2004	357	144	126	34	25	19	6	1	2
2005	374	133	104	42	37	36	14	np	np
2006E	381	138	118	42	20	38	15	np	np
2007	360	115	103	52	34	27	15	np	np
2008	500	137	170	62	43	64	11	np	np
2009R	536	168	135	95	47	70	9	np	np
2010P	503	116	134	130	40	65	9	np	np

Source: ABS causes of death data, (Roxburgh and Burns, 2012)

[#] One death did not have a jurisdiction noted

np - Means that the data in these jurisdictions were not published in order to protect confidentiality

2006E – estimated; R - revised data; P- preliminary data

Note: There is a break in the series in 2006, as these data were not revised, and are, therefore, likely to be an underestimate. We have estimated these data points using original data, then using an average of change across the 2007 and 2008 revisions.

Males comprised 74% of the 2008 accidental opioid deaths among the 15 to 54 year age group. NSW and VIC reported the largest number of accidental opioid deaths among males and females (Table 71).

Table 71: Number of accidental opioid deaths due to opioids among those aged 15-54 years by gender and jurisdiction, 2008

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Males	369	109	129	44	31	46	5	np	np
Females	129	29	43	18	12	21	6	np	np

Source: ABS causes of death data, (Roxburgh and Burns, 2012)

np - Means that the data in these jurisdictions were not published in order to protect confidentiality

Figures may not match those reported in Table 68 as a result of the ABS confidentialisation process

In 2008, the rate of accidental deaths due to opioids in Australia was 41.5 per million persons aged 15 to 54 years. VIC reported the highest rate of accidental deaths due to opioids per million persons (56.5 per million persons) in 2008, followed by WA (51.5 per million persons) (Table 72). The largest proportion of deaths occurred among the 25–34 year age group, followed by the 35–44 age group, 45–54 and 15–24 age groups (Figure 30 and Figure 31).

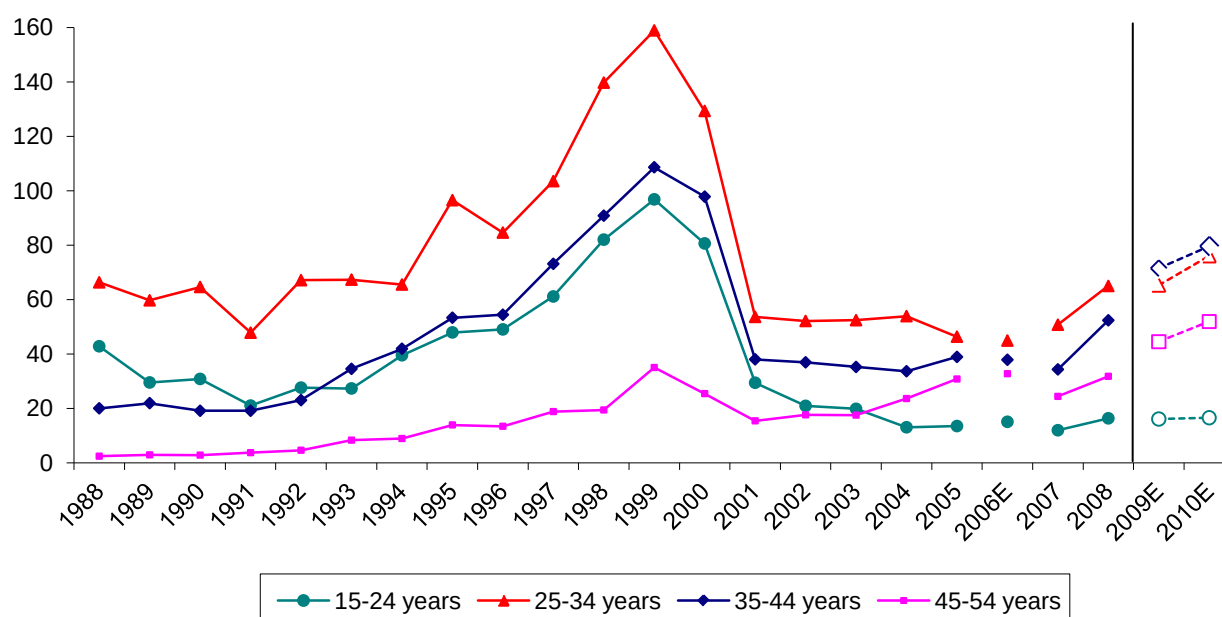
Table 72: Rate of deaths due to opioids per million persons among 15-54 year olds by jurisdiction, 1988-2008

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
1988	36.6	62.5	39.9	10.1	14.9	19.7	0	0	11.4
1989	31.4	47.5	39.3	11.6	9.8	19.2	6.4	19.2	11.4
1990	32.3	58.2	30.8	4.7	23.1	14.6	19.1	0	0
1991	24.8	42.8	24.7	5.2	15.7	13.4	11.4	0	10.8
1992	32.9	52.9	30.3	10.1	35.9	22.4	0	9.2	21.1
1993	36.3	54.3	33.0	12.6	48.9	24.1	18.8	18.3	25.9
1994	40.9	59.9	37.1	19.7	38.1	37.7	15.0	45.5	15.4
1995	55.3	76.9	53.4	21.8	45.1	68.1	22.5	0	66.2
1996	52.2	72.7	54.8	16.2	37.9	61.2	18.7	17.7	85.6
1997	66.3	92.2	76.1	18.1	61.8	71.3	7.5	16.5	45.8
1998	85.4	124.1	90.4	31.7	62.7	72.1	37.8	106.1	71.3
1999	101.9	130.9	138.8	38.7	75.5	84.1	19.0	64.4	55.9
2000	84.9	94.1	118.1	60.1	58.9	65.2	30.6	15.9	50.5
2001	34.6	47.2	26.4	27.8	21.2	31.3	30.8	39.6	60.2
2002	32.3	41.9	33.2	18.8	24.7	24.8	34.9	47.8	40.1
2003	31.5	37.8	45.9	14.7	16.5	14.1	15.4	15.9	85.3
2004	31.3	38.0	44.6	15.4	29.5	16.6	23.0	8.0	10.1
2005	32.5	35.0	36.5	18.7	43.7	31.0	53.7	np	np
2006	32.8	36.1	41.0	18.3	23.5	32.2	57.4	np	np
2007	30.4	29.8	34.8	22.1	39.2	22.4	57.2	np	np
2008	41.5	35.1	56.5	25.7	49.2	51.5	42.0	np	np

Source: ABS causes of death data, (Roxburgh and Burns, 2012)

np - Means that the data in these jurisdictions were not published in order to protect confidentiality

Figure 30: Rate of deaths due to opioids per million persons by 10 year age group (15-54 years), Australia 1988-2008



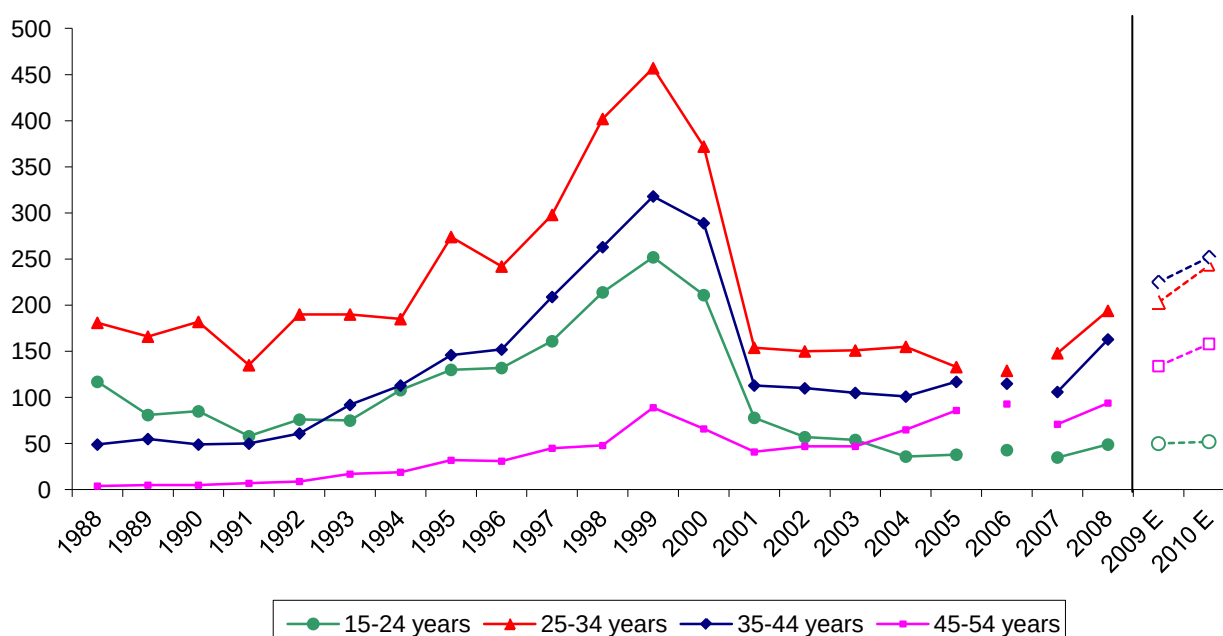
Source: ABS causes of death data, (Roxburgh and Burns, 2012)

2006E- estimated; 2009E – estimated; 2010E - estimated

Notes: There is a break in the series in 2006, as these data were not revised, and are, therefore, likely to be an underestimate. We have estimated these data points using original data, then using an average of change across the 2007 and 2008 revisions

We estimated what the 2009 and 2010 final figures might be given the changes that occurred across revisions in 2008 and 2009. These figures are not yet final.

Figure 31: Number of accidental deaths due to opioids by 10 year age group (15-54 years) Australia 1988-2008



Source: ABS causes of death data, (Roxburgh and Burns, 2012)

2006E- estimated; 2009E – estimated; 2010E - estimated

Notes: There is a break in the series in 2006, as these data were not revised, and are, therefore, likely to be an underestimate. We have estimated these data points using original data, then using an average of change across the 2007 and 2008 revisions

We estimated what the 2009 and 2010 final figures might be given the changes that occurred across revisions in 2008 and 2009. These figures are not yet final.

6.1.2 Other drugs

6.1.2.1 Non-fatal overdose

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

Nationally, 23% of the entire IDRS sample reported an overdose on another drug (besides heroin) in their lifetime on a median of one occasion. Of those who had ever overdosed on another drug, 28% had done so in the past year, and 5% had done so in the last month preceding interview (Table 73).

Among those who had overdosed on another drug (not including heroin) in the last year and commented (N=51), 43% reported receiving no treatment at the time of overdose, while 33% had an ambulance attend and 22% attended a hospital emergency department. Small numbers received oxygen (12%), CPR from a health professional (8%), Narcan® (6%) and CPR from a friend/partner/peer (4%).

Participants were also asked about the treatment or information they received post (after) the most recent other drug (not including heroin) overdose. Of those who had overdosed in the past year and commented (n=42), 83% did not receive any information or treatment after the recent overdose, while 5% received information from a counsellor, 5% from a generalised health service and 2% from a drug health service.

Table 73: Overdose on other drugs (not including heroin) in the last 12 months and in the last month among those who had ever overdosed on other drugs, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Ever overdosed on other drugs (%)	23	23	20	26	21	25	21	24	28	18
	N=194	N=208	n=30	n=26	n=30	n=26	n=19	n=24	n=35	n=18
OD last 12mths (%)	23	28	33	8	20	35	32	29	32	44
OD last month (%)	3	5	10	0	7	4	11	0	0	11

Source: IDRS participant interviews

Thirty percent (2% of national sample) of those who had ever overdosed (not including heroin) and commented (N=60) believed they had last overdosed on a benzodiazepine, while 23% believed they had overdosed on any form of methamphetamine (mainly ice/crystal), 20% on methadone and 10% alcohol.

6.1.3 Methamphetamine

6.1.3.1 Non-fatal overdose

Fourteen participants believed that they had overdosed on amphetamines at some stage during their lifetime. By form of methamphetamine, ten participants on ice/crystal, three participants thought that they had overdosed on speed and one on base. No jurisdictional differences were observed due to small numbers reporting (n<10).

6.1.3.2 Fatal overdose

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

ABS data on accidental deaths where amphetamines were mentioned have been analysed since 1997. In 2008, there was a total of 82 'drug induced' deaths in which methamphetamine was mentioned among those aged 15-54 years. Methamphetamine was determined to be the underlying cause of death in 20% (n=16) of all methamphetamine related deaths in 2008 (ABS causes of death data) (Roxburgh and Burns, 2012) The 2009 and 2010 ABS data on amphetamine deaths were not available at the time of publication.

6.1.4 Cocaine

6.1.4.1 Non-fatal overdose

Participants were asked whether they considered themselves to have ever accidentally overdosed on cocaine. Only one participant believed that they had experienced a cocaine overdose at some stage during their lifetime.

6.1.4.2 Fatal overdose

Sixteen drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2008 (ABS causes of death data). Cocaine was determined to be the underlying cause of death in 13% (n=2) of all cocaine-related deaths in 2008 (Roxburgh and Burns, 2012) The 2009 and 2010 ABS data on cocaine-related deaths were not available at the time of publication.

6.2 Drug treatment

6.2.1 IDRS participant survey

Participants interviewed for the IDRS who were currently in treatment (44%) were asked a number of questions about their reported treatment. Participants reported a median of 36 months (ranging from one week to 30 years) in any current treatment. Those in current methadone treatment (28% of the sample) reported a median of 48 months (ranging from two weeks to 30 years). Thirty-one percent of participants in current treatment reported that they had been in treatment for 12 months or less.

Ten percent of the national sample reported current buprenorphine-naloxone treatment, 3% buprenorphine and 2% drug counselling.

Participants in current treatment were asked 'What forms of treatment have you been in over the last six months?'. Of those participants currently in treatment, 65% reported previous methadone syrup treatment, 18% drug counselling, 23% buprenorphine-naloxone, 9% buprenorphine and 4% detoxification.

All of the participants were then asked if they had tried to get into treatment, but were turned away or told to wait more than a week before entering treatment. Of those who commented (n=878), one-third (29%) responded 'yes' (ranging from 13% in TAS to 42% in NSW). Of those who responded 'yes' (n=253), the majority (57%) reported that the last time this happened was more than a year ago. Nine percent reported this happening in the last month, while 10% reported 3-6 months ago and 15% reported 6-12 months ago.

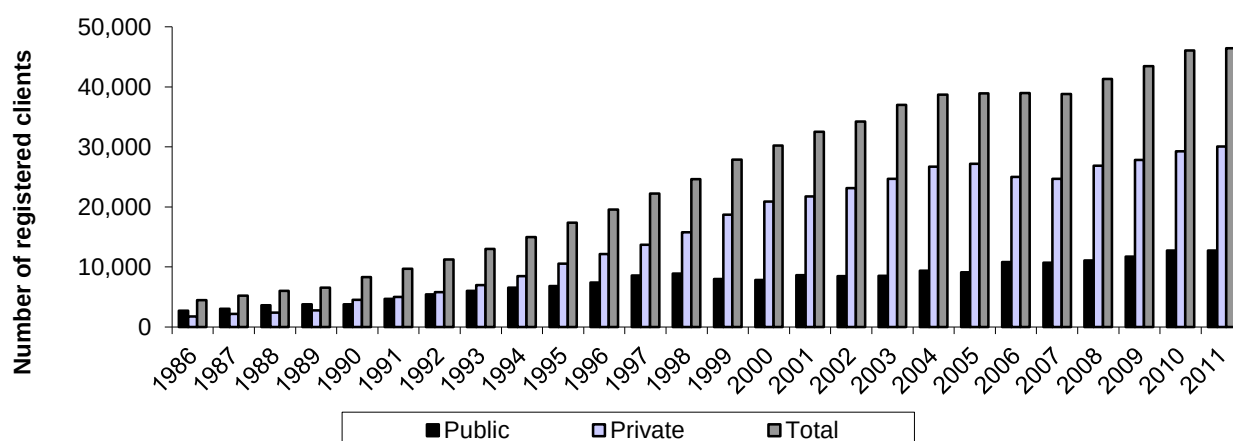
6.2.2 Heroin

6.2.2.1 Opioid substitution treatment

Methadone maintenance treatment is an established form of opioid substitution treatment (OST) in all jurisdictions in Australia. In 2000, Subutex® (buprenorphine hydrochloride) was registered in Australia and listed on the Pharmaceutical Benefits Scheme (PBS) in March 2001. Suboxone® (buprenorphine-naloxone) was registered in Australia in 2005 and listed on the PBS in April 2006. The total number of clients registered in OST has steadily increased over the years. The year 2011 recorded the highest number of clients registered in OST. In total, 46,446 persons were registered

in pharmacotherapy treatment for opioid dependence as at 30th June, 2011 (Figure 32). A higher proportion of clients are registered in private pharmacotherapy treatment compared to public pharmacotherapy treatment (Australian Institute of Health and Welfare, 2012b) The majority of private clients were being prescribed methadone (67%), with smaller numbers being prescribed buprenorphine-naloxone (20%) and buprenorphine (12%).

Figure 32: National opioid substitution treatment client numbers, financial years 1986-2011

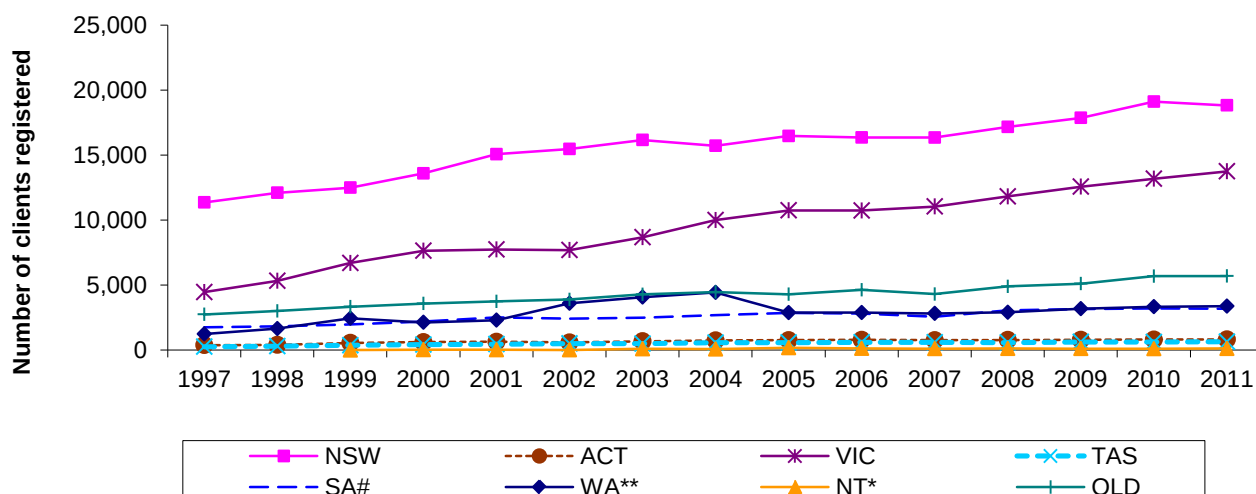


Source: (Australian Institute of Health and Welfare, 2012b)

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

The number of clients enrolled in opioid substitution treatment has remained relatively stable across all jurisdictions in 2011 (Figure 33). As in previous years, both NSW and VIC recorded the highest number of clients registered in OST, most likely reflecting population size.

Figure 33: Total opioid substitution treatment client numbers by jurisdiction, financial years 1997-2011



Source: (Australian Institute of Health and Welfare, 2012b)

* Until 2004, NT data excluded clients receiving pharmacotherapy treatment at the public clinic in Alice Springs. In 2005, these clients were included which may account for any increase

** In Western Australia the numbers of clients receiving pharmacotherapy treatment are reported through the month of June (instead of on the 'snapshot/specified' day). Before 2005, WA reported clients over the whole year

In 2008, South Australia made a slight variation to its reporting practices which has resulted in a revision to the total numbers for 2006 (from 2,517 to 2,823) and 2007 (from 2,559 to 2,834). This revision has also resulted in a change in the total number of clients for 2006 (from 38,659 to 38,965) and 2007 (from 38,568 to 38,843).

Note: Data from 2001 includes buprenorphine and from 2006, buprenorphine-naloxone. Each state and territory uses a different method to collect data on pharmacotherapy prescription and dosing. These differences may result in minor discrepancies if directly comparing one jurisdiction with another jurisdiction

The IDRS recruits participants who regularly inject drugs; it does not specifically target those who are engaged in treatment programs because it aims to interview active participants in the illicit drug market. Those in treatment tend to be less active in illicit drug markets. However, as in previous years, substantial proportions of participants in all jurisdictions reported involvement in opioid substitution treatment (42% nationally), although jurisdictional variations were observed. In the 2012 national IDRS sample nearly one-third (28%) were currently involved in methadone maintenance, 10% in buprenorphine-naloxone and 3% buprenorphine (Table 74).

Table 74: Current involvement in opioid substitution treatment (OST), by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Methadone (%)	33	28	44	40	39	36	16	21	2	17
Buprenorphine (%)	4	3	4	6	2	6	1	1	2	5
Buprenorphine-naloxone (%)	8	10	10	6	15	6	14	15	3	12
Any OST (%)	45	42	58	53	56	47	31	37	7	34

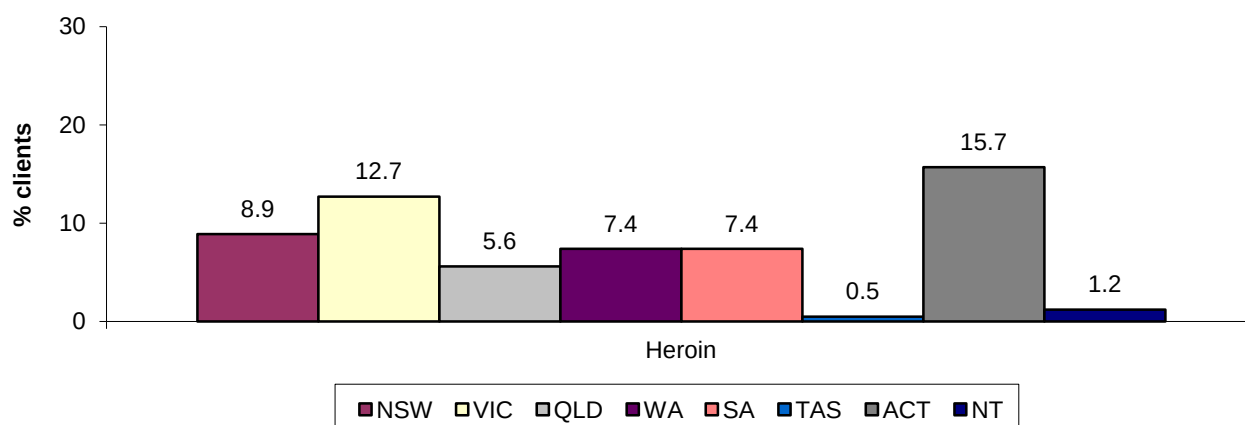
Source: IDRS participant interviews

6.2.2.2 Other treatment for opioid dependence

Treatment statistics collected by the Alcohol and Other Drug Treatment Services-National Minimum Data Set (AODTS-NMDS) provide measures of service utilisation for clients of alcohol and other drug treatment services. This collection provides ongoing information on the demographics of clients who use these services, the treatment they receive, and the drug of concern for which they are seeking treatment. In 2010/11, 144,002 episodes were reported of clients seeking treatment for their own drug use. The principle drug of concern refers to the main substance that the client stated led them to seek treatment from the alcohol and other drug treatment agency. Only clients seeking treatment for their own substance use are included in analyses involving principle drug of concern (Australian Institute of Health and Welfare, 2012a)

Figure 34 indicates that the ACT (15.7%), VIC (12.7%) and NSW (8.9%) had the highest proportions of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy) in 2010/11 (Australian Institute of Health and Welfare, 2012a). This is consistent with IDRS participant data that showed higher proportions of users reporting recent heroin use, as well as generally greater frequency of heroin use in these jurisdictions.

Figure 34: Proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2010/11*



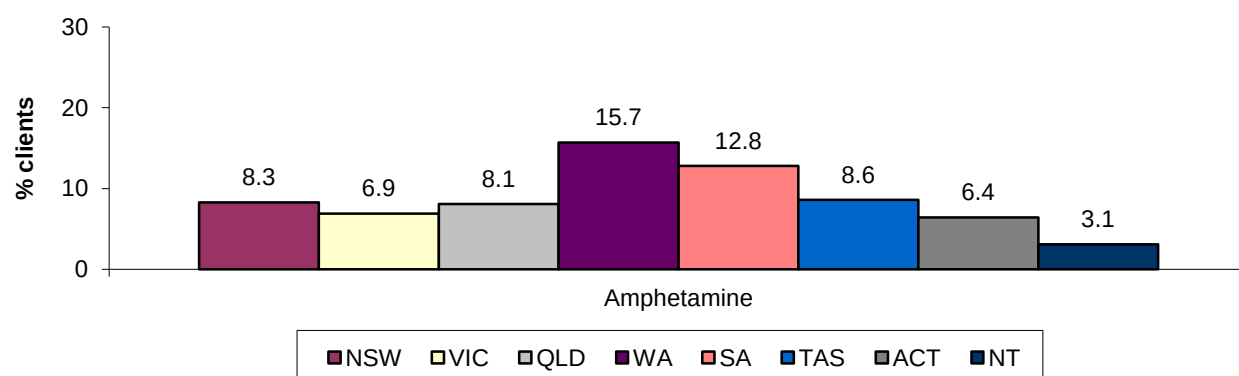
Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2012a)

* Excludes closed treatment episodes for clients seeking treatment for the drug use of others. In 2010/11, the total number of agencies/episodes was under-reported due to system issues in 2008/09. However, the number of agencies/episodes was still lower (by 8) than in 2007/08. So comparison over years with New South Wales data should be made with caution. In 2010/11, there was a review by the Department of Health and Ageing into the processes used to collate and provide Non-Government Organisation Treatment Grants Program (NGOTGP) data. As a result 14 extra agencies submitted data in 2010/11 and the number of NGOTGP episodes increased. Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS

6.2.3 Amphetamine

WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (15.7%), followed by SA (12.8%), and TAS (8.6%) (Figure 35) (Australian Institute of Health and Welfare, 2012a)

Figure 35: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2010/11*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2012a)

* Excludes closed treatment episodes for clients seeking treatment for the drug use of others. In 2010/11, the total number of agencies/episodes was under-reported due to system issues in 2008/09. However, the number of agencies/episodes was still lower (by 8) than in 2007/08. So comparison over years with New South Wales data should be made with caution. In 2010/11 there was a review by the Department of Health and Ageing to review the processes used to collate and provide Non-Government Organisation Treatment Grants Program (NGOTGP) data. As a result 14 extra agencies submitted data in 2010/11 and the number of NGOTGP episodes increased

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

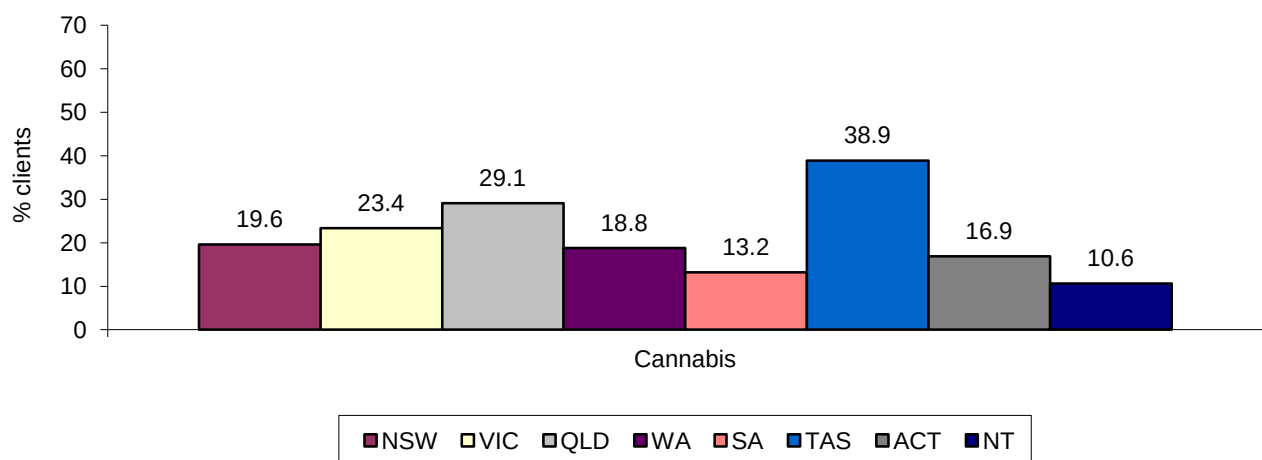
6.2.4 Cocaine

A small proportion (0.3%) of closed treatment episodes for clients who identified cocaine as the principle drug of concern were recorded in Australia in 2010/11. NSW recorded the highest proportion (0.7%) across the jurisdictions (Australian Institute of Health and Welfare, 2012a) .

6.2.5 Cannabis

Data from the AODTS-NMDS indicate that in 2010/11, TAS had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (38.9%), followed by QLD (29.1%) and VIC (23.4%) (Figure 36) (Australian Institute of Health and Welfare, 2012a) .

Figure 36: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy) by jurisdiction, 2010/11*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2012a)

* Excludes closed treatment episodes for clients seeking treatment for the drug use of others. In 2010/11, the total number of agencies/episodes was under-reported due to system issues in 2008/09. However, the number of agencies/episodes was still lower (by 8) than in 2007/08. So comparison over years with New South Wales data should be made with caution. In 2010/11 there was a review by the Department of Health and Ageing to review the processes used to collate and provide Non-Government Organisation Treatment Grants Program (NGOTGP) data. As a result 14 extra agencies submitted data in 2010/11 and the number of NGOTGP episodes increased

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

6.2.6 Other drugs

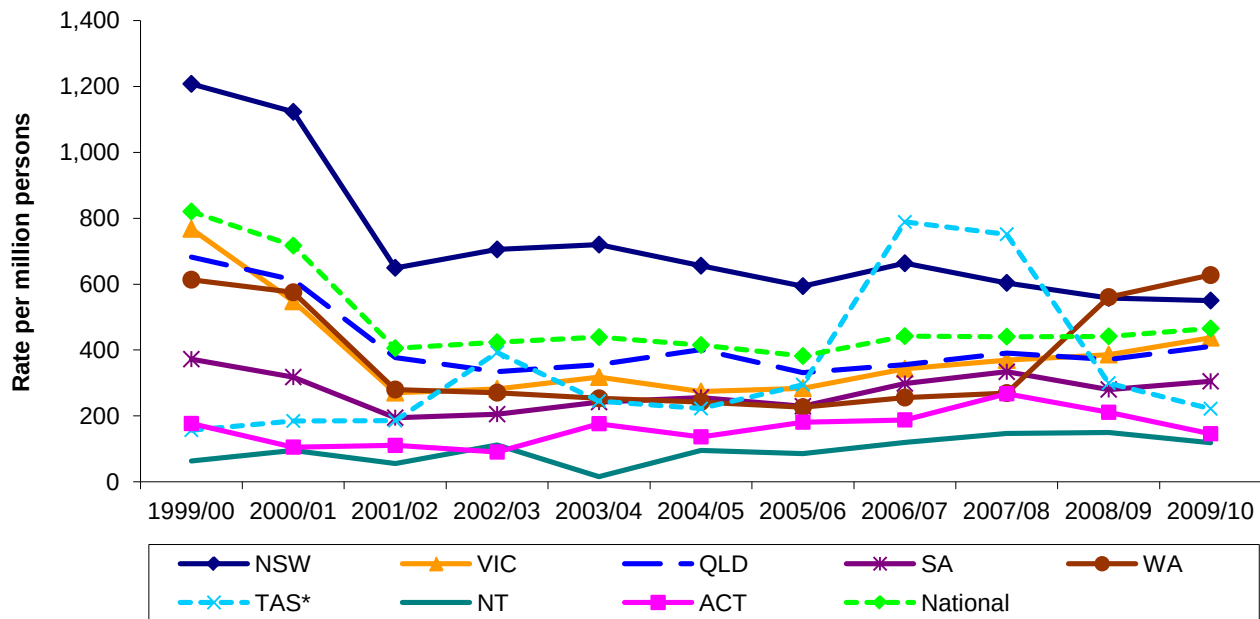
For information on closed treatment episodes relating to other drugs, see reports produced by the AIHW for example (Australian Institute of Health and Welfare, 2012a)

6.3 Hospital admissions

6.3.1 Heroin including other opioids

The number per million persons of inpatient hospital admissions among persons aged 15-54 years, with a principal diagnosis relating to opioids, is shown in Figure 37. The figure shows a decrease in national opioid-related hospital admissions in 2001/02, consistent with decreases in other heroin-related harms (such as non-fatal and fatal overdoses) documented at this time (Degenhardt, Conroy, Gilmour et al., 2005) , following the heroin shortage of 2001. In 2008/09, the number of opioid-related hospital admissions per million persons at a national level was 442 admissions among persons aged 15-54 years. In 2008/09, WA recorded the highest number (561) of opioid-related hospital admissions per million persons aged 15-54yrs, followed by NSW (558 admissions per million persons). Data for 2010/11 was unavailable at time of printing.

Figure 37: Number of principal opioid-related hospital admissions per million persons aged 15-54 years, by jurisdiction, 1999/00-2009/10



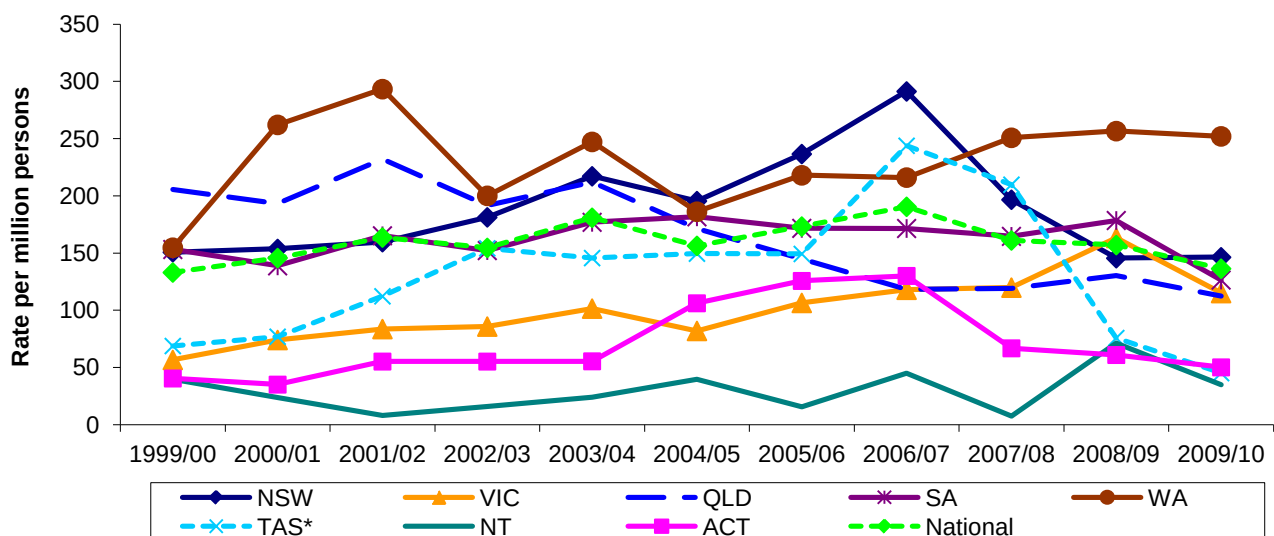
Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press)

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

6.3.2 Methamphetamine

Figure 38 shows the number of inpatient hospital admissions per million persons, since 1999/00, with a principal diagnosis relating to amphetamines among persons aged 15-54 years. Figures have steadily increased at a national level since 1999/00, peaking at 180 per million persons in 2003/04 and again at 191 in 2006/07. These admissions have stabilised over the past five years. WA recorded the highest number of amphetamine-related hospital admissions in 2008/09 at 257 admissions per million persons. NSW and TAS reported a decrease in amphetamine-related hospital admissions in 2008/09. Data for 2010/11 was unavailable at time of printing.

Figure 38: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2009/10



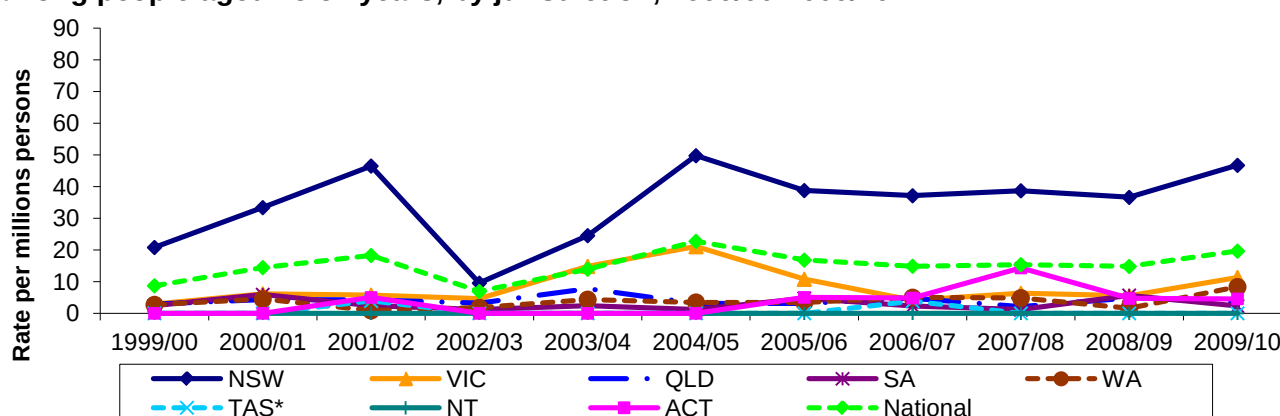
Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press)

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

6.3.3 Cocaine

Figure 39 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine. These figures have fluctuated at a national level over the nine-year period, ranging from seven admissions per million persons in 2002/03 to 23 admissions per million persons in 2004/05. In 2008/09, the number of cocaine-related hospital admissions was 15 per million persons. It should be noted, however, that relative to opioids and amphetamines, these figures are small. NSW has consistently had the highest number of cocaine-related hospital admissions, which reached a peak of 49 admissions per million persons in 2004/05. In 2008/09, NSW recorded 36 cocaine-related admissions per million persons. Figures were relatively lower in all other jurisdictions. Data for 2010/11 was unavailable at time of printing.

Figure 39: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2009/10



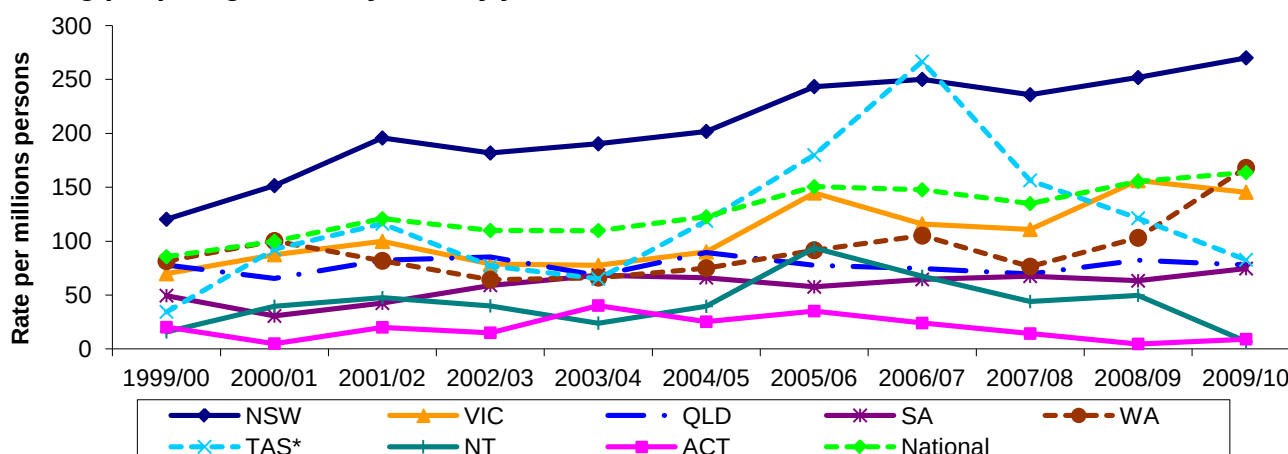
Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press)

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

6.3.4 Cannabis

Figure 40 shows the number of inpatient hospital admissions per million persons (among those aged 15-54 years) with a principal diagnosis related to cannabis. At a national level, these figures have steadily increased over the nine-year period from 85 admissions per million persons in 1999/00 to 155 per million persons in 2008/09. NSW recorded the highest number of admissions per million persons among people aged 15-54 years in 2008/09 (252 admissions per million persons). Data for 2010/11 was unavailable at time of printing.

Figure 40: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2009/10



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

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

6.4 Injecting risk behaviours

6.4.1 Injecting drug use in the general population

It has been estimated that a very low proportion of the Australian general population aged 14 years and over have ever injected or recently injected drugs. In 2010, 1.8% of the population had injected a drug in their lifetime, with 0.4% having injected a drug in the past year. More than one-quarter (27.1%) of recent users injected daily and the majority obtained their needles and syringes from a chemist (64.5%). Males were more likely to have recently injected drugs in the past year than females (0.6% versus 0.3%). Those in the 20-29 and 30-39 year age groups had a higher proportion of past-year injecting drug use (0.9% for each) than those in other age groups (Australian Institute of Health and Welfare, 2011) .

Another recent prevalence estimate of injecting in Australia in 15-64 year olds is 1.09% (range = 0.65%-1.50%) which equates to approximately 149,591 persons (range = 89,253-204,564) (Mathers, Degenhardt, Phillips et al., 2008) .

6.4.2 Access to needles and syringes

Needle and syringe programs (NSP) were by far the most common source of needles and syringes in the preceding six months (95%), followed by chemists (16%). NSP vending machines were used by 33% of participants in TAS and 29% in NSW. Proportions reporting a friend, partner and/or dealer varied by jurisdiction. Hospitals and outreach/peer workers were also accessed (Table 75).

In comparison, data from the 2010 National Drug Strategy Household survey reported that around 65% of recent injectors (used in the previous 12 months) obtained needles and syringes from a chemist, followed by 37% at NSP (Australian Institute of Health and Welfare, 2011) .

Table 75: Main sources of needles and syringes in the preceding six months, 2012

Accessing from (%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
NSP	90	95	96	97	97	97	97	85	92	100
NSP Vending machine*	7	13	29	21	0	33	17	6	2	0
Chemist	17	16	23	44	3	12	15	16	1	23
Partner	2	2	4	7	1	0	5	0	1	0
Friend	10	12	13	36	3	10	23	4	5	9
Dealer	3	4	4	15	0	0	8	5	0	6
Hospital	2	2	6	1	1	0	2	0	0	2
Outreach/peer worker	5	2	3	2	2	0	3	1	0	1

Source: IDRS participant interviews

* Vending machines not available in all jurisdictions

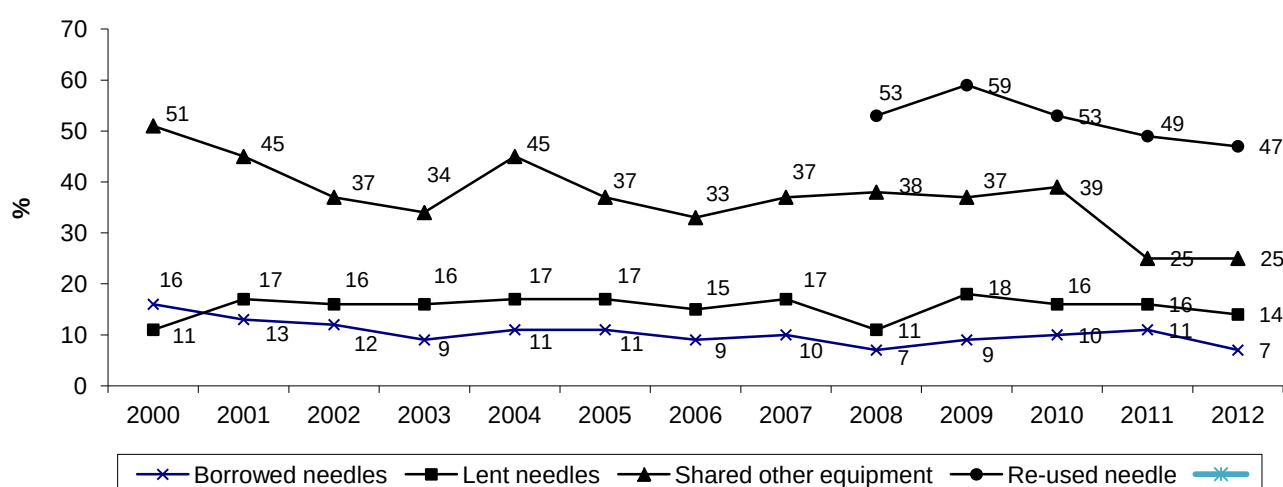
Note: Multiple responses allowed

6.4.3 Sharing of injecting equipment

The sharing of injecting equipment remains an issue of concern due to the risk of transmission of blood-borne viral infections (BBVI) such as human immunodeficiency virus (HIV) and hepatitis C virus (HCV). Proportions reporting that they had used a needle after someone else ('borrowed') significantly decreased in 2012 (11% in 2011 versus 7% in 2012; $p < 0.05$). Those reporting that they had used a needle after them ('lent') in the last month remained relatively stable in 2012.

In comparison, higher proportions of participants reported sharing other injecting equipment such as spoons/mixing containers, filters, tourniquets and water in the month prior to interview. The sharing of injecting equipment remained stable between 2011 and 2012, $p > 0.05$ (Figure 41, Table 76).

Figure 41: Borrowing and lending of needles and sharing of injecting equipment in the month prior to interview, 2000-2012



Source: IDRS participant interviews

Proportions reporting borrowing needles varied by jurisdiction, from 2% in TAS to 11% in NSW (Table 76 and Figure 42), while lending needles ranged from 3% in the NT to 25% in VIC (Table 76 and Figure 43). The borrowing of needles in the past month remained relatively stable in most jurisdictions, except in TAS and QLD where it was lower (Figure 42).

Self-reported lending of used needles and/or syringe was mixed. Figures in TAS, SA, QLD and the NT were lower, while the other jurisdictions were higher compared to 2011 (Figure 43). The self-reported sharing of used injecting equipment not including needles and/or syringes varied among the jurisdictions (Figure 44).

IDRS participants were also asked if they re-used their own needle due to the risks associated with re-using needles such as infection. Nationally, forty-seven percent reported re-using their own needle ranging from 26% in the NT to 63% in TAS (Table 76).

Participants were also asked about the re-use of injecting equipment (not including needles). Sixty-two percent of the national sample reported re-using their own injecting equipment in the last six months, mainly spoons/mixing containers (88%) and tourniquets (43%) (Table 76).

Participants were also asked 'The last time you injected what was the injection site (on the body)?'. Of those who commented, the majority (78%) reported injecting in the arm, while 11% reported the hand and 3% the leg or neck (Table 76).

For national trends over time for borrowing of needles, lending of needles and sharing of injecting equipment please refer to Appendix I.

Participants who had used a needle after someone else in the last month (n=68) had typically used after a regular partner (52%) or close friend (37%). These participants had usually borrowed a needle on one or two occasions during that time (71%). Nineteen percent reported 'borrowing' a needle on three to five occasions in the last month.

Table 76: Sharing needles and injecting equipment in last month, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Borrowed a needle (%)	11	7↓	11	8	11	2	5	9	2	7
Lent a needle (%)	16	14	16	16	25	8	10	14	3	19
Shared any injecting equipment* (%)	25 N=216	25 N=231	24 n=36	25 n=25	25 n=38	26 n=28	17 n=16	17 n=17	28 n=35	36 n=36
Shared spoon/mixing container	78	79	81	72	92	57	69	77	83	86
Shared filter	24	15	17	24	21	14	44	18	3	0
Shared tourniquet	29	37	42	36	16	43	69	47	54	17
Shared water	33	20	28	36	13	36	31	24	3	8
Shared swabs	8	5	3	4	8	11	6	6	0	3
Reused own needle (%)	49	46	46	52	60	63	40	44	26	44
Reused own injecting equipment (%)	59 N=506	62 N=573	64 n=96	64 n=64	64 n=96	48 n=51	53 n=49	66 n=66	72 n=89	62 n=62
Re-used own spoon/missing container	84	88	89	84	96	73	76	96	88	90
Re-used own filters	13	11	13	16	15	6	10	11	8	3
Re-used own tourniquets	40	43	40	44	23	47	61	41	65	32
Re-use own water	17	13	21	28	13	2	18	9	2	10
Re-used own swabs	4	4	4	2	7	2	8	2	1	3
Re-used own wheel filter	n.a.	6	6	8	6	2	10	9	2	5
Last site of injection (%)	N=844	N=910	n=150	n=99	n=150	n=106	n=91	n=93	n=124	n=97
Arm	76	78	75	79	81	76	80	73	75	81
Leg	4	3	5	0	1	4	4	3	6	2
Hand	12	11	12	15	9	10	11	10	14	10
Foot	2	2	3	3	1	4	2	4	2	1
Groin	2	2	2	1	2	1	1	2	3	1
Neck	3	3	3	2	5	4	1	7	0	1
Other	1	1	0	0	1	2	0	1	0	3
Median no. of times injected in the last month	n.a.	25	28	25	20	20	17	30	30	27
Median no. of times obtained needles/syringes in the last month	n.a.	3	4	4	4	4	2	2	2	3
Median no. of needles/syringes obtained in the last month	n.a.	58	60	50	60	40	50	100	100	50
Median no. of needles/syringes sold/given away in the last month	n.a.	5	2.5	4.5	3.5	5	5	20	10	4.5

Source: IDRS participant interviews

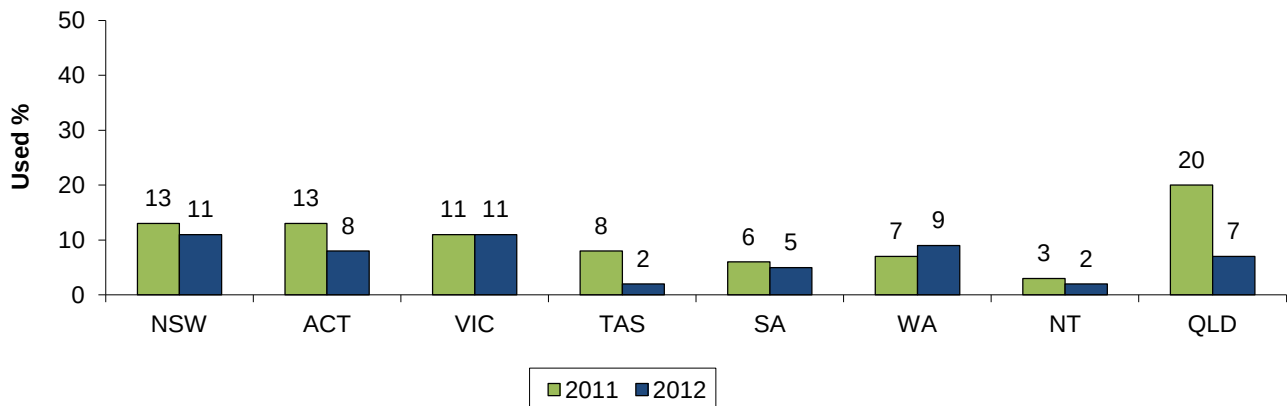
* Includes spoons, water, tourniquets and filters; excludes needles/syringes

n.a. Not applicable

↓ Significant decrease between 2011 and 2012 (p<0.05)

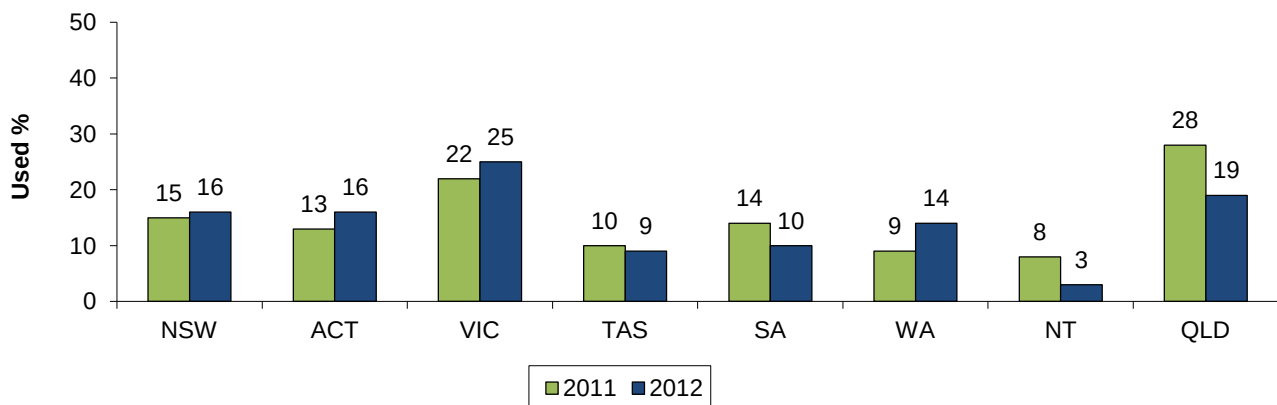
Note: 'Borrowed' – used a needle after somebody else and 'Lent' – used a needle before somebody else

Figure 42: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2011-2012



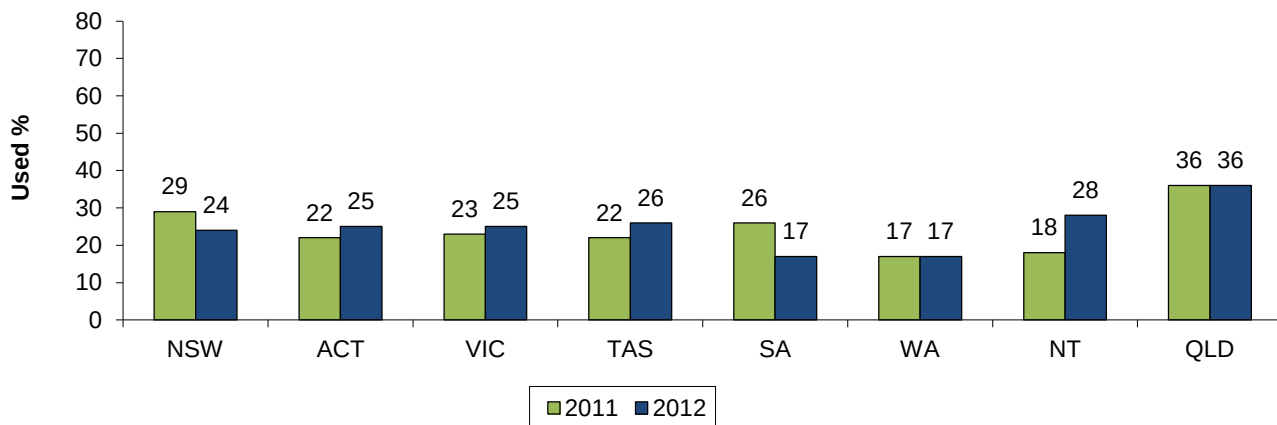
Source: IDRS participant interviews

Figure 43: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2011-2012



Source: IDRS participant interviews

Figure 44: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 2011-2012



Source: IDRS participant interviews

In 2012, participants were asked extra questions about the use of needles and syringes in the last month. The median number of times participants had injected in the last month was 25 times (range 0-500). Needles/syringes were obtained on a median of three occasions in the last month. Participants reported a median of 58 needles/syringes obtained and a median of five needle/syringes were sold/given away in the last month (Table 76). Of those who commented (N=911), 18% reported that they had trouble getting needles/syringes in the last month.

6.4.4 Injecting equipment use in the last month

Participants in the IDRS survey were asked questions about the use and re-use of injecting equipment for a range of items used for injecting in the last month. These questions were from the 2008 Australian Needle and Syringe Program Survey (ANSPS) conducted by The Kirby Institute, University of New South Wales (National Centre in HIV Epidemiology and Clinical Research, 2009) .

Outlined in Table 77 and Table 78, are the results from the IDRS survey compared to the NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2009) . The IDRS found similar results to the 2008 ANSPS survey.

In Table 77 around three-quarters (80%; 76% in the ANSPS survey) of the national 2012 sample who commented reported the use of 1ml needle and syringes in the last month followed by a 3ml syringe barrel (26%; 22% in the ANSPS survey) and detached needle (22%; 19% in the ANSPS survey) (Table 77). The re-use of 1ml needle and syringe was reported by 37% of the IDRS sample who commented (32% in the ANSPS survey) and 8% reported the re-use of 3ml syringes (7% in the ANSPS survey) (Table 78). Results from 2011 and 2012 were similar.

Table 77: Use of injecting equipment in the last month among those who commented, by jurisdiction, 2012

	Australian NSP Survey	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD	
	2008	2011	2012								
Injecting equipment used in the last month* (%)		N=842	N=912	n=150	n=96	n=149	n=106	n=92	n=96	n=124	n=99
1ml needle/syringe	76	76	80	91	89	99	59	88	93	31	93
3ml syringe (barrel)	22	20	26	16	14	11	43	21	39	47	26
5ml syringe (barrel)	17	16	19	11	18	3	42	11	13	53	0
10ml syringe (barrel)	9	10	10	5	16	3	35	11	15	4	3
20ml syringe (barrel)	6	7	10	3	17	0	44	4	8	4	9
50ml syringe (barrel)	n.a.	1	1	0	2	0	0	4	3	0	0
Detached needle (tip)	19	21	22	12	12	7	13	19	17	73	21
Winged view infusion set (butterfly)	12	17	20	8	34	3	71	15	25	7	10
Wheel filter	11	16	22	10	39	7	39	22	29	23	24

Source: IDRS participant interviews

* More than one item could be selected

n.a. Not applicable

Table 78: Re-use of injecting equipment in the last month among those who commented, by jurisdiction, 2012

	Australian NSP Survey	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD	
	2008	2011	2012								
Injecting equipment reused in the last month* (%)		N=842	N=887	n=137	n=92	n=150	n=106	n=88	n=93	n=124	n=97
1ml needle/syringe	32	39	37	55	39	57	20	30	38	10	38
3ml syringe (barrel)	7	6	8	7	3	3	12	7	9	15	7
5ml syringe (barrel)	6	3	5	4	2	1	10	2	2	15	1
10ml syringe (barrel)	4	3	2	1	3	1	9	0	2	0	2
20ml syringe (barrel)	3	3	3	2	4	0	13	2	3	0	3
50ml syringe (barrel)	n.a.	<1	<1	0	0	0	0	2	2	0	0
Detached needle (tip)	4	4	3	5	1	1	0	2	0	12	3
Winged view infusion set (butterfly)	5	6	6	4	13	2	26	1	4	0	2
Wheel filter	4	4	3	4	5	3	1	6	2	2	1

Source: IDRS participant interviews

* More than one item could be selected

n.a. Not applicable

6.4.5 Location of injections

Consistent with previous years, the majority of participants (80%) in the national sample reported that they had last injected at a private home, and this remained the most commonly reported location of last injection across all jurisdictions, ranging from 64% in VIC to 96% in the NT. There were also jurisdictional variations in other locations of last injection, including public areas such as the street, a car park or a beach, inside a car, or in a public toilet. Twelve percent of participants in NSW reported last injecting at the Sydney Medically Supervised Injecting Centre (MSIC) (Table 79).

Table 79: Location of last injection, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Private home (%)	75	80	73	90	64	87	87	74	96	84
Car (%)	9	5	3	2	4	9	9	8	2	4
Street/car park/beach (%)	6	5	3	3	15	1	0	5	1	8
Public toilet (%)	6	4	3	5	10	4	4	4	1	1
Sydney MSIC (%)	1	2	12	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Other (%)	3	4	6	0	7	0	0	9	0	3

Source: IDRS participant interviews

n.a. Not applicable

6.4.4 Self-reported injection-related health problems

Fifty-nine percent of participants in the national sample had experienced an injection-related health problem in the month preceding interview. Of those who reported an injection-related health problem (N=544), the most prominent problems were scarring/bruising (66%) and difficulty injecting (59%), most likely indicating poor vascular health among a proportion of this group. Thirty-four percent reported they had a 'dirty hit' (i.e. a hit that made them feel sick) in the month preceding interview. Thrombosis and non-fatal overdose remained rare during this period (Table 80). A

significant decrease in scarring/bruising between 2011 and 2012 was found ($p < 0.05$). No other significant differences for injection-related health problems were found.

Table 80: Proportion of injection-related issues in last month, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Any injection related problem (%)	55	59	62	58	51	59	72	43	70	60
	N=460	N=544	n=89	n=58	n=77	n=63	n=66	n=43	n=88	n=60
Scarring/bruising* (%)	72	66↓	68	65	75	67	68	63	59	60
Difficulty injecting* (%)	60	59	67	53	51	71	65	63	49	53
Dirty hit* (%)	30	34	16	24	26	24	52	37	66	23
Infection/abscess* (%)	16	14	13	9	20	14	19	16	13	12
Thrombosis* (%)	9	9	9	9	9	5	11	7	7	14
Overdose* (%)	8	9	7	2	9	3	11	2	27	2

Source: IDRS participant interviews

* Among those who reported an injection related problem

6.6 Blood-borne viral infections

People who inject drugs are at significantly greater risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV)² and human immunodeficiency virus (HIV), as BBVI can be transmitted via the sharing of needles, syringes and equipment.

In 2012, IDRS participants were asked questions about BBVI testing and vaccinations. Of those who commented, 93% reported testing for HBV in their lifetime compared to 96% for HCV and 94% for HIV.

Of those who were tested for HBV, two-thirds (62%) had a test within the past year and one-third (30%) within the last three months. Six percent reported a positive result and 4% had been treated for HBV (anti-viral therapy only). Two-thirds (61%) had been vaccinated against HBV, with 87% having completed the course. The main reason for HBV vaccination was due to a history of injecting drug use (38%) (Table 81).

² HCV antibody testing has only been available since 1990.

Table 81: HBV testing and vaccination history among PWID, 2012

	National N=890	NSW n=146	ACT n=96	VIC n=150	TAS n=104	SA n=89	WA n=93	NT n=117	QLD n=95
Ever tested for HBV	93	97	93	98	87	91	98	88	94
	N=829	n=141	n=89	n=146	n=90	n=81	n=90	n=103	n=89
Tested within the last 12 months	62	67	54	73	62	64	64	50	55
Tested within the last 3 months	30	38	21	44	20	30	30	24	17
Positive result for most recent test	6	6	7	3	3	3	11	7	3
Has been vaccinated against HBV	61	63	61	60	70	58	65	48	66
Completed HBV vaccination course*	87	88	83	88	92	89	83	91	79
Main reason for HBV vaccination	N=497	n=84	n=55	n=81	n=69	n=50	n=49	n=56	n=53
At risk (injecting drug use)	38	37	46	42	38	24	41	52	23
At risk (sexual)	2	1	2	3	0	8	2	2	0
Going overseas	5	6	6	7	1	4	2	5	8
Vaccinated as a child	10	7	9	15	17	8	6	2	13
Work	11	1	11	5	19	16	18	11	17
Don't know	4	4	2	7	1	6	2	5	8
Other	29	44	26	21	23	34	29	23	32

Source: IDRS participant interviews

* Among those who had been vaccinated

Among those tested for HCV, two-thirds (65%) had a test within the past year and one-third (31%) within the last three months. Nearly half reported a positive result. Ten percent of those who commented had been treated for HCV (anti-viral therapy only), with 22% receiving HCV treatment (currently or in the last 12 months). The main reason for HCV testing on the last occasion was a 'matter of routine' (38%) and 'it was a responsible thing to do' (14%; Table 82).

Table 82: HCV testing among PWID, 2012

	National N=900	NSW n=145	ACT n=99	VIC n=150	TAS n=105	SA n=90	WA n=93	NT n=120	QLD n=98
Ever tested for HCV	96	99	94	100	91	97	99	92	96
	N=863	n=144	n=93	n=150	n=95	n=87	n=91	n=109	n=94
Tested within the last 12 months	65	69	61	78	71	62	67	46	59
Tested within the last 3 months	31	39	27	46	23	29	32	22	20
Positive result for most recent test	49	54	60	53	42	31	52	36	63
Treated for HCV (anti-viral therapy)	10	13	10	8	7	13	14	6	10
Currently receiving HCV treatment*	22	10	0	18	14	31	46	25	30
Last time tested for HCV reasons why	N=555	n=92	n=60	n=109	n=64	n=51	n=64	n=61	n=54
Matter of routine	38	42	42	36	45	53	34	21	30
Responsible thing to do	14	17	20	12	13	28	13	5	11
Free testing	3	1	10	6	3	0	3	2	0
Insistence of health professional	12	3	7	20	17	4	17	2	20
Shared needles	2	2	7	1	0	2	2	0	2
Shared other injecting equipment	1	1	2	0	3	0	2	0	2
Concern about exposure through injecting	6	4	7	6	5	4	16	2	2
Exposure by other needs (blood spills, needle stick injury etc)	3	0	3	3	0	8	5	0	4
Educational poster/brochure	<1	0	2	0	0	0	0	0	2
Tested on induction to prison	5	1	3	5	9	6	2	2	20
Monitoring existing infection	11	12	5	16	5	10	9	3	22
Other	17	21	15	20	6	18	20	13	17

Source: IDRS participant interviews

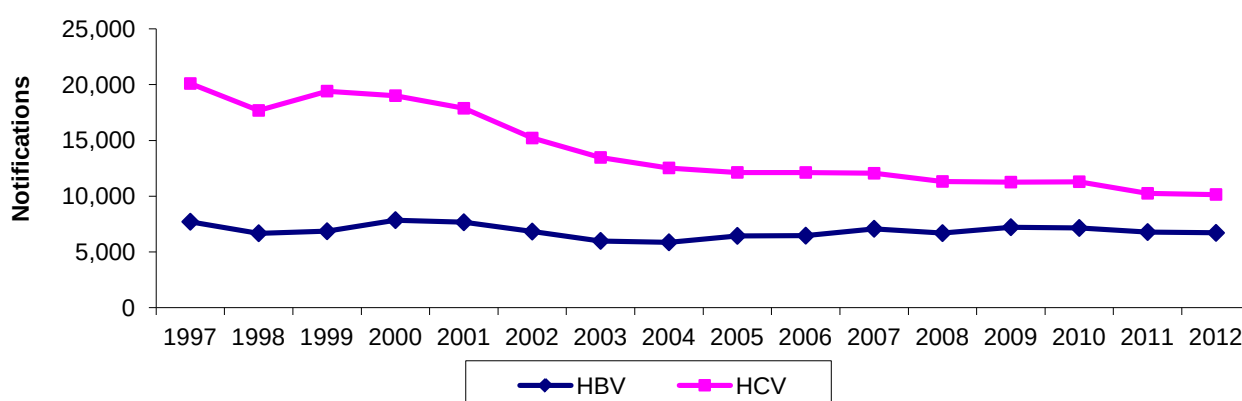
* Among those who had received treatment for HCV

Two-thirds (65%) of those who were tested for HIV were tested in the past year and one-third in the past three months. One percent reported a positive result.

The main reasons for not being tested for either HBV, HCV or HIV recently or ever (n=312) were; never share needles (21%), meant to but didn't get around to testing (19%), already known to be positive (17%), no desire/interested in being tested (15%), never shared injecting equipment (10%), inconvenience being tested (4%), vaccinated for HBV (4%) and other (13%).

Figure 45 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network – National Notifiable Diseases Surveillance System (NNDSS). Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. In 2012, the number of HBV and HCV notifications recorded was slightly lower than in 2011 (HBV: 6,782 in 2011 and 6,709 in 2012 and HCV 10,254 in 2011 and 10,151 in 2012). HCV continued to be more commonly notified than HBV.

Figure 45: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2012



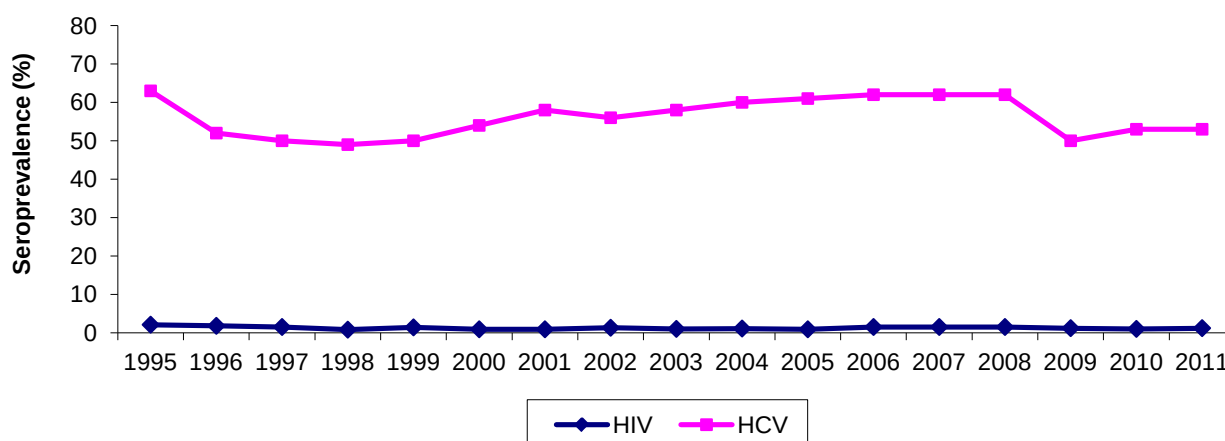
Source: Communicable Diseases Network – Australia – NNDSS

Note: Data accessed on 27 March 2013. Figures are updated on an ongoing basis

Notes on interpretation: The quality and completeness of data compiled in the National Notifiable Diseases Surveillance System are influenced by various factors. Notifications may be required from treating clinicians, diagnostic laboratories or hospitals. In addition, the mechanism of notification varies between States and Territories and in some cases different diseases are notifiable by different mechanisms. The proportion of cases seen by health care providers which are the subject of notification to health authorities is not known with certainty for any disease, and may vary among diseases, between jurisdictions and over time.

The prevalence of HIV among people who inject drugs in Australia has remained low at 2.1% or less since 1995. The prevalence of HIV in 2011 was 1.2% (Figure 46). HCV prevalence among this group was much higher at 61% to 62% from 2005 to 2008, however this figure was lower at 53% 2011 (Figure 46) (Iversen and Maher, 2012).

Figure 46: HIV and HCV prevalence among participants recruited for the Australian NSP Survey, 1995-2011



Source: Australian NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2002; National Centre in HIV Epidemiology and Clinical Research, 2005; National Centre in HIV Epidemiology and Clinical Research, 2009; National Centre in HIV Epidemiology and Clinical Research, 2010; Kirby Institute, May 2011)

Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395

6.6 Alcohol Use Disorders Identification Test-Consumption

Recently a lot of media attention has focused on young people and alcohol. However, there has been less focus on alcohol use amongst people who regularly inject drugs. People who regularly inject drugs are particularly at risk for alcohol related harms due to a high prevalence of the hepatitis C virus (HCV). Half of the participants interviewed in the Australian NSP Survey 2011 (n=2,395) were found to have HCV antibodies (Kirby Institute, May 2011). Given that the consumption of alcohol has been found to exacerbate HCV infection and to increase the risk of both non-fatal and fatal opioid overdose and depressant overdose (Darke, Ross and Hall, 1996; Schiff and Ozden, 2004; Coffin, Tracy, Bucciarelli et al., 2007; Darke, Duflou and Kaye, 2007) it is important to monitor risky drinking among PWID.

The information on alcohol consumption currently available in the IDRS includes the prevalence of lifetime and recent use, number of days of use over the preceding six months. Participants in the IDRS were asked the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) as a valid measure of identifying heavy drinking (Bush, Kivlahan, McDonell et al., 1998). The AUDIT-C is a three item measure, derived from the first three consumption questions in the AUDIT. Dawson and colleagues (Dawson, Grant, Stinson et al., 2005) reported on the validity of the AUDIT-C finding that it was a good indicator of alcohol dependence, alcohol use disorder and risk drinking.

Among IDRS participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 5.6 (median=5, range 1-12). No significant differences were found for gender. Males and females scoring similar on the AUDIT-C (5.9 versus 5.1; $p>0.05$) According to Dawson and colleagues (Dawson, Grant, Stinson et al., 2005) and Haber and colleagues (Haber, Lintzeris, Proude et al., 2009) 'Guidelines for the Treatment of Alcohol Problem's a cut-off score of five or more indicated that further assessment was required.

Over half (56%) of the participants who drank in the past year scored 5 or more on the AUDIT-C, ranging from 45% in NSW to 68% in the NT. Sixty percent of males and 50% females scored 5 or more indicating the need for further assessment (Table 83).

Table 83: AUDIT-C among people who injected drugs and drank alcohol in the past year, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Mean AUDIT-C score	5.6	5.6	5.0	5.9	6.1	6.1	5.1	5.2	6.3	4.9
SD	3.5	3.5	3.2	3.5	3.6	3.5	3.4	3.34	3.3	3.6
(range)	(1-12)	(1-12)	(1-12)	(1-12)	(1-12)	(1-12)	(1-12)	(1-12)	(1-12)	(1-11)
Score of 5 or more* (%)	N=626	N=640	n=101	n=75	n=107	n=80	n=67	n=72	n=74	n=64
All participants (%)	55	56	45	63	63	59	52	51	68	52
Males (%, N=425)	58	60	40	64	65	69	62	57	68	50
Females (%, N=211)	49	50	50	60	59	37	37	40	65	57

Source: IDRS participant interviews

*Among those who drank alcohol in the past year

6.7 Mental health problems and psychological distress

6.7.1 Self-reported mental health problems

Among the general population surveyed (around 16million) for the National Survey of Mental Health and Wellbeing 2007, forty-five percent reported a lifetime mental disorder, with 20% reporting any mental disorder symptoms in the last 12 months. Of those with a mental disorder in the last 12mths, 14% reported an anxiety disorder, 6% affective disorder and 5% substance use disorder (Australian Bureau of Statistics, 2007) .

The IDRS includes items regarding self-reported experience of mental health problems and health service utilisation for such problems, including obtaining of prescription medications. It is important to note that the following data refer to participants' perceptions of their mental health and were not confirmed by a formal diagnosis (although the participant may have received such a diagnosis from a health professional in the course of treatment).

In the IDRS, 43% percent of participants self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence). Among these who had experienced a problem (N=393), the number who reported seeing a mental health professional during the last six months significantly decreased between 2011 and 2012 (71% and 58% respectively; $p<0.05$). See Table 84 for breakdown of these results by jurisdiction, problems experienced among those reporting a problem, and contact with mental health professionals.

Of those who reported attending a mental health professional (N=229), 58% reported visiting a General Practitioner (GP), 35% visited a Psychiatrist, 29% a Psychologist, 10% a counsellor, 9% a social worker, 6% a mental health nurse, 4% a hospital emergency department and 4% a psychiatric ward.

The most commonly reported mental health problem was depression (70%), followed by anxiety (52%). Mania, bipolar disorder, phobia, panic, obsessive-compulsive disorder, paranoia, personality disorder, schizophrenia, drug-induced psychosis and psychosis (not drug induced) were each reported by 12% or less of the national sample.

Table 84: Self-reported mental health problems experienced in the preceding six months, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011	2012								
Self-reported mental health problem in the last six months (%)	48	43	45	35	51	46	45	42	26	56
Problem*(%)	N=411	N=393	n=68	n=35	n=76	n=49	n=39	n=42	n=32	n=52
Depression	66	70	68	80	76	82	62	62	59	69
Anxiety	45	52	57	51	43	67	62	48	41	48
Manic-depression/Bipolar	16	12	13	14	8	12	10	19	19	8
Schizophrenia	16	11	19	14	12	4	5	7	9	12
Panic	9	12	27	6	3	25	18	7	6	6
Paranoia	6	9	19	0	5	20	8	5	3	8
Drug-induced psychosis	7	7	10	3	8	16	3	7	3	0
Phobias	4	4	7	3	3	10	10	0	0	0
Attended health professional for mental health problem* (%)	71	58↓	72	49	65	58	39	62	38	58

Source: IDRS participant interviews

* Among those who reported a mental health issue

↓ Significant decrease between 2011 and 2012 (p<0.05)

Among those who reported a recent mental health problem and commented (N=230), 80% reported having been prescribed medication for this problem during this time period. Of those who were prescribed medication (N=184), 50% were prescribed antidepressants, most commonly mirtazepine N=25 (e.g. Avanza®), venlafaxine N=10 (e.g. Efexor®), fluoxetine N=6 (e.g. Prozac®), sertraline N=6 (e.g. Zoloft®), escitalopram N=4 (e.g. Lexapro®), amitriptyline N=3 (e.g. Endep®) and citalopram N=3 (e.g. Cipramil®). Thirty-seven percent of those with a mental health problem had been prescribed an antipsychotic, most commonly quetiapine N= 39 (e.g. Seroquel®), olanzapine N=5 (e.g. Zyprexa®), and risperidone N=3 (e.g. Risperdal®). Six percent of those with a self-reported mental health problem were prescribed a mood stabilizer, most commonly sodium valproate N=6 (e.g. Epilim®). Benzodiazepines had been prescribed (as participants understood it) specifically for a mental health problem (rather than for any other problem, e.g. sleeping difficulties or during detoxification) among 50% of those who had been prescribed medication for a mental health problem in the preceding six months. Diazepam N=56 (e.g. Valium®) and alprazolam N=22 (e.g. Xanax®) were most commonly prescribed.

6.7.2 The K10 psychological distress scale

The Kessler Psychological Distress Scale 10 (K10) was also administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)/the Structured Clinical Interview for DSM disorders (SCID) (Andrews and Slade, 2001; Kessler, Andrews, Colpe et al., 2002) . The K10 related to the level of anxiety and depressive symptoms a person may have felt in the preceding 4 week period (Australian Institute of Health and Welfare, 2011) .

The minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). Among participants who completed the full scale (N=834), the mean score was 23.7 (median 23; SD 9.9; range 8-50). The 2010 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2011) provided the most recent Australian population norms available for the K10, and used four categories to describe degree of distress: scores from 10-15 were considered to be 'low'; 16-21 as 'moderate'; 22-29 as 'high'; and 30-50 as 'very high'. Using these categories, IDRS participants reported greater levels of 'high' and 'very high' distress compared to the general population (Australian Institute of Health and Welfare, 2011) (Table 85).

Table 85: K10 scores by jurisdiction (method used in AIHW National Drug Strategy Household Survey), 2012

K10 category (%)	National Drug Strategy Household Survey	IDRS									
		National N=819	N=834	NSW n=143	ACT n=96	VIC n=144	TAS n=101	SA n=81	WA n=83	NT n=97	QLD n=89
		2011	2012								
No or low distress (score 10-15)	69.6	18	19	13	29	8	11	20	23	33	19
Moderate distress (score 16-21)	20.5	23	22	21	18	17	28	19	30	22	21
High distress (score 22-29)	7.4	28	28	28	26	33	24	37	24	21	29
Very high distress (score 30-50)	2.4	31	32	38	27	41	38	25	23	25	30

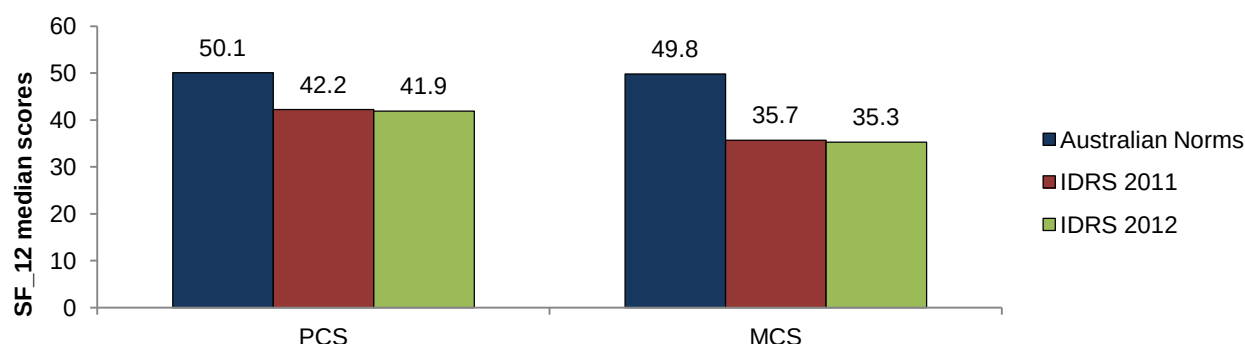
Source: IDRS participant interviews; (Australian Institute of Health and Welfare, 2011)

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

6.7.3 Mental and physical health problems

The Short Form 12-Item Health Survey (SF-12) is a questionnaire designed to provide information on general health and wellbeing and includes 12 questions from the SF-36 (Ware, Snow, Kosinski et al., 1993). The SF-12 includes twelve questions and measures health status across eight dimensions concerning physical functioning, role limitations due to physical health problems, bodily pain, general health, energy/fatigue, social functioning, role limitations due to emotional problems and psychological distress and wellbeing. The scores generated by these eight components are combined to generate two composite scores, the physical component score (PCS) and the mental component score (MCS) (Ware, Kosinski and Keller, 1995; Ware, Kosinski and Keller, 1996). A higher score indicates better health.

The SF-12 scoring system was developed to yield a mean of 50 and a standard deviation of 10. Participants in the 2012 IDRS scored a mean of 41.9 (SD=11.5; mean score of 42.2 in 2011) for the PCS and 35.3 (SD=11.7; mean score of 35.7 in 2011) for the MCS (Figure 47).

Figure 47: SF-12 scores for IDRS participants compared with the general Australian population (ABS), 2012

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

Figure 47 presents the MCS and PCS for participants interviewed in the IDRS compared with those of the general Australian population³ from the National Health Survey (Australian Bureau of Statistics, 1995). It appears that IDRS participants in 2012 had a significantly lower MCS compared with the Australian population average (35.3% versus 49.8%; $t_{605} = -30.63$; $p < 0.05$). It was also found that IDRS participants reported a significantly lower PCS score than the Australian population (41.9% versus 50.1%; $t_{605} = -17.63$; $p < 0.05$) (Table 86). The MCS and PCS were found to be one standard deviation below the Australian population mean score. This would indicate that IDRS participants had poorer mental and physical health than the population average.

Table 86: SF-12 Mental and Physical Health Mean Component Scores by jurisdiction, 2012

SF-12 Component scores	SF-36 Australian Population Norms (ABS)	SF-12 Australian Population Norms (ABS)	National N=606	NSW n=103	ACT n=67	VIC n=122	TAS n=74	SA n=59	WA n=58	NT n=59	QLD n=64
MCS	49.8	53.70	35.3	35.6	34.9	31.5	34.6	38.7	37.2	39.9	34.2
PCS	50.1	52.22	41.9	39.7	42.3	45.4	41.1	41.2	42.4	37.4	43.4

Source: IDRS participant interviews , (Australian Bureau of Statistics, 1995) , (Australian Bureau of Statistics, 1997)

In terms of state differences, an interesting finding was that all states and territories were found to have significantly lower MCS and PCS than the Australian population. For further discussion, see the 2012 individual state reports.

6.8 Health service access

Participants in the 2012 IDRS were asked about access to health services in the previous four weeks. Of those who commented (N=913), 79% reported attending a health professional in the last 30 days. Table 87 looks at the median number of occasions a participant visited a particular health service and of those occasions how many were substance use related.

For example, 82 participants reported visiting a hospital emergency department (ED)/Casualty in the last four weeks on a median of one occasion (range 1-10 occasions). Of those who had visited a hospital ED/Casualty, 74% had visited on one occasion in the last four weeks. Thirty-one percent reported visiting on one occasion for substance use reasons (Table 87).

The majority of participants (N=540) reported visiting a GP in the last four weeks on a median of two occasions (1-30 occasions). Half reported visiting a GP once in the last four weeks. One-third (29%) reported visiting on one occasion for a substance use reasons (Table 87).

³ The SF-12 scores were transformed into SF-36 scores using weighted syntax to make them comparable with the general Australian population scores.

Table 87: Health Service Access in the last four weeks, nationally, 2012

National IDRS	Number of occasions visited					Number of visits due to substance use*			
	Median	1	2	3	4 or more	0	1	2	3 or more
GP visit (N=540)	2(1-30)	50	26	7	17	47	29	14	10
Hospital ED/Casualty (N=82)	1 (1-10)	74	17	4	5	62	31	5	2
Hospital Inpatient (N=52)	1 (1-16)	85	8	2	5	75	21	2	2
Hospital Outpatient (N=36)	1 (1-10)	62	16	3	19	64	17	11	8
Specialist (N=53)	1 (1-22)	76	15	2	7	76	20	4	0
OST Doctor (N=281)	1 (1-30)	73	16	3	8	2	72	17	9
Dentist (N=110)	1 (1-12)	73	14	6	7	65	26	4	5
Other health professional (N=68)	1 (1-16)	65	19	3	13	63	21	6	10
Ambulance (N=44)	1 (1-7)	84	7	5	4	58	40	0	2
Psychiatrist (N=68)	1 (1-10)	74	15	4	7	52	34	9	5
Psychologist (N=72)	1 (1-14)	71	15	4	10	53	35	7	5
Social/welfare worker (N=108)	2 (1-14)	44	24	5	27	53	25	11	11
Drug/alcohol counsellor (N=137)	2 (1-30)	47	23	7	23	2	47	21	30
Cancer specialist (N=13)	1 (1-4)	69	23	0	8	92	8	0	0
Other (N=22)	1 (1-8)	68	18	5	9	50	36	9	5

Source: IDRS participant interviews

*Among those who reported accessing a health service

6.9 Driving risk behaviour

Of the national sample, 44% had driven a car in the last six months. Of those who had driven recently (N=409), twenty percent reported driving while under the influence of alcohol. Of those who had driven while under the influence of alcohol (N=82), 49% reported driving while over the limit of alcohol on a median of two occasions in the last six months (range 1-180 occasions). A large proportion (77%) reported driving shortly after using an 'illicit' or 'illicitly' obtained drug on a median of 20 occasions (range 1-180 occasions). Participants reported driving a median of 30 minutes after taking an illicit drug. The drugs most commonly reported, unsurprisingly, typically reflected the most commonly used drugs in each jurisdiction, i.e. cannabis, heroin/opioids and methamphetamine were typically the most commonly reported across the jurisdictions (Table 88).

Participants who had driven under the influence of an 'illicit' drug(s) in the preceding six months were asked whether they felt their driving had been impaired the last time they had engaged in this behaviour. Response options were 'quite impaired', 'slightly impaired', 'no impact', 'slightly improved' and 'quite improved'. Around two-thirds (65%) felt that it had had 'no impact' on their driving, while 18% felt that it had been 'slightly impaired' and 5% felt that it had been 'quite impaired'. Ten percent felt that their driving had 'slightly improved' and 3% thought it had 'quite improved'.

Random breath testing assesses blood alcohol content, while drug testing tests saliva for the presence of cannabis, methamphetamine and MDMA. If then found to be positive, drivers undergo confirmatory blood testing. Random breath testing (RBT) for alcohol has been widely implemented in Australia for some time, while saliva drug driving testing is becoming more common. Twenty-six percent (N=81) of those who had driven soon after using an illicit drug in the past six months reported ever having been saliva drug tested at the roadside⁴. Sixteen participants reported a positive result, as follows: cannabis only N=1; amphetamine only N=6; opiates only N=6; cannabis and amphetamine N=1; cannabis, amphetamines, MDMA, opiates and cocaine N=1; other only N=1.

⁴ Participants may not necessarily have been under the influence of drugs when they were drug tested.

Table 88: Driving behaviour by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Driven in the last six months (n)	46 (N=395)	44 (N=409)	23 (n=35)	40 (n=40)	31 (n=46)	64 (n=68)	59 (n=54)	51 (n=51)	50 (n=62)	53 (n=53)
Driven under the influence of alcohol last six months* (%)	18	20	14	28	28	24	19	12	25	11
Driven while over the limit of alcohol[#] (%)	51	49	0	50	46	50	38	67	64	50
Driven soon after using an illicit drug(s) last six months* (%)	79	77	69	77	76	78	81	84	72	83
Drug(s) taken** (%)	N=312	N=313	n=24	n=29	n=35	n=53	n=43	n=43	n=43	n=43
Heroin	39	39	75	69	69	0	28	65	0	47
Methadone	8	11	25	3	3	23	2	9	5	14
Buprenorphine	2	1	0	3	6	0	0	0	0	2
Bup-naloxone	2	3	0	3	11	2	0	2	0	5
Morphine	16	17	13	0	0	17	14	7	72	5
Oxycodone	3	5	13	0	6	13	7	0	5	0
Speed	10	10	0	7	9	17	12	5	14	7
Base	3	3	0	0	0	4	12	0	0	7
Ice/crystal	12	10	17	14	11	2	21	12	2	5
<i>Any methamphetamine</i>	25	23	17	21	20	23	45	17	16	19
Benzodiazepines	10	5	0	0	20	13	2	2	2	0
Cannabis	30	28	13	7	49	59	21	14	23	26

Source: IDRS participant interviews

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

[#]Among those who had driven while under the influence of alcohol^{**}Among those who had driven soon after taking a drug. Refers to the last occasion of driving under the influence of an illicit drug

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Thirty-seven percent of the national sample reported engagement in criminal behaviour in the preceding month. The most common types of crime committed were drug dealing and property crime.
- Thirty-three percent of the sample reported having been arrested in the preceding 12 months, mainly for property crime.
- In 2010/11, numbers of consumer and provider arrests for heroin and other opioids were lower than 2009/10 numbers. The number of arrests for amphetamine-type stimulants (including phenethylamines such as MDMA) and cocaine were lower, while cannabis was higher nationally.
- Cocaine arrests were higher in NSW and remained low and stable elsewhere. Cannabis arrests continued to account for the majority of all drug-related arrests in Australia.
- Among participants who had spent money on illicit drugs on the day before interview (61%), the median expenditure was \$80.

Please refer to the earlier section Health-related trends associated with drug use for information about drug driving risk behaviour, an issue that can be considered to be health and/or law enforcement-related.

7.1 Reports of criminal activity

Table 89 shows self-reported criminal activity in the month preceding interview by jurisdiction. Over one-third (37%) of the national sample had engaged in at least one of the listed criminal activities in the preceding month, with the most commonly reported activities being drug dealing (24%) and property crime (18%). Property crime and violence significantly decreased between 2011 and 2012 ($p < 0.05$). Proportions reporting engaging in drug dealing ranged from 11% in the NT to 36% in TAS, while proportions reporting engaging in property crime ranged from 4% in the NT to 27% in VIC. Violent crime and fraud were less commonly reported among the jurisdictional samples. Refer to Appendix J, Figure J1 for comparable data over time nationally.

Table 89: Self-reported criminal activity in the month preceding the interview, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Crime in the last month (%)										
Drug dealing	25	24	21	25	20	36	25	31	11	26
Property	22	18↓	19	19	27	26	18	16	4	14
Fraud	3	5	1	3	3	8	3	4	1	2
Violence	6	3↓	5	3	3	5	2	5	1	2
Any crime (%)	39	37	36	35	41	56	36	43	16	39

Source: IDRS participant interviews

↓ Significant decrease between 2011 and 2012 ($p < 0.05$)

7.2 Arrests

Thirty-three percent of the 2012 national sample reported having been arrested in the 12 months preceding interview (36% in 2011), ranging from 17% in the NT to 47% in VIC. Some fluctuations at the jurisdictional level have been noted (Table 90 and Figure 48). For national trends over time please refer to Appendix J, Figure J2.

Among those participants who reported being arrested in the last year, over one-third reported being arrested for property crime (41%) and 20% for use/possession of drugs (Table 90).

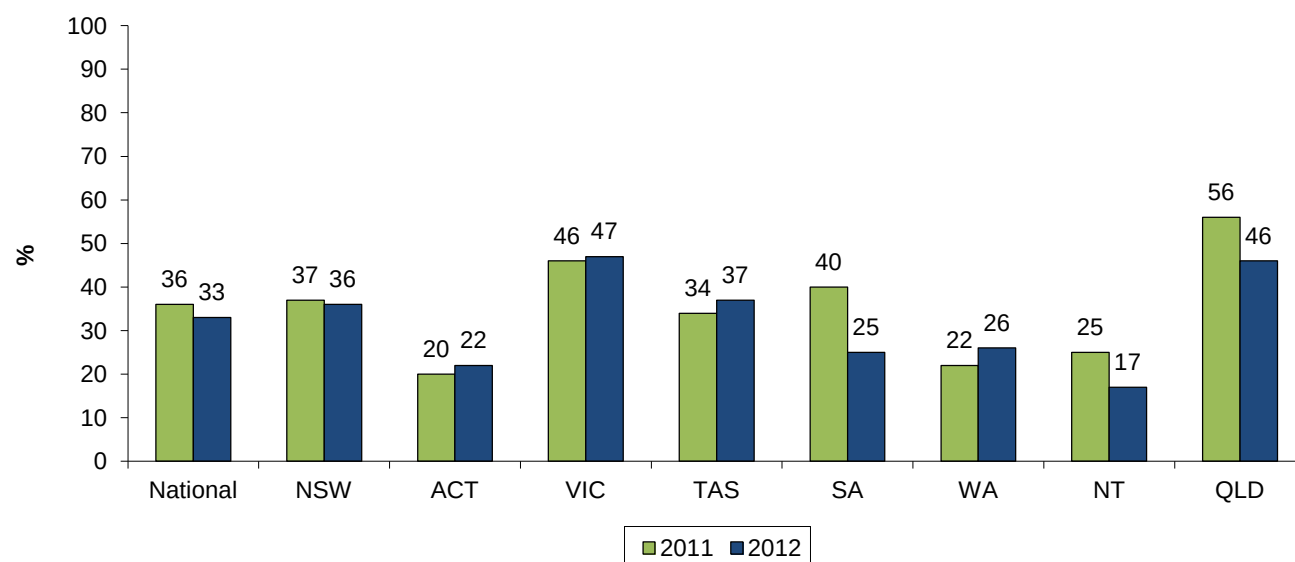
Table 90: Main reasons for arrest in the last 12 months, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=99	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Arrested last 12 months (%)	36	33	36	22	47	37	25	26	17	46
Reason for arrest* (%)	N=310	N=297	n=54	n=21	n=70	n=39	n=24	n=24	n=21	n=44
Use/Possession drugs	27	20	32	10	19	21	0	8	33	23
Property crime	37	41	37	33	60	39	33	33	4	41
Violent crime	11	13	15	10	11	18	8	29	10	5
Driving offence	12	12	4	14	1	31	38	17	5	9
Other offence	18	19	17	19	14	13	21	33	33	21

Source: IDRS participant interviews

*Among those arrested in the last 12 months. Multiple responses allowed

Figure 48: Arrested in the preceding 12 months, by jurisdiction, 2011-2012



Source: IDRS participant interviews

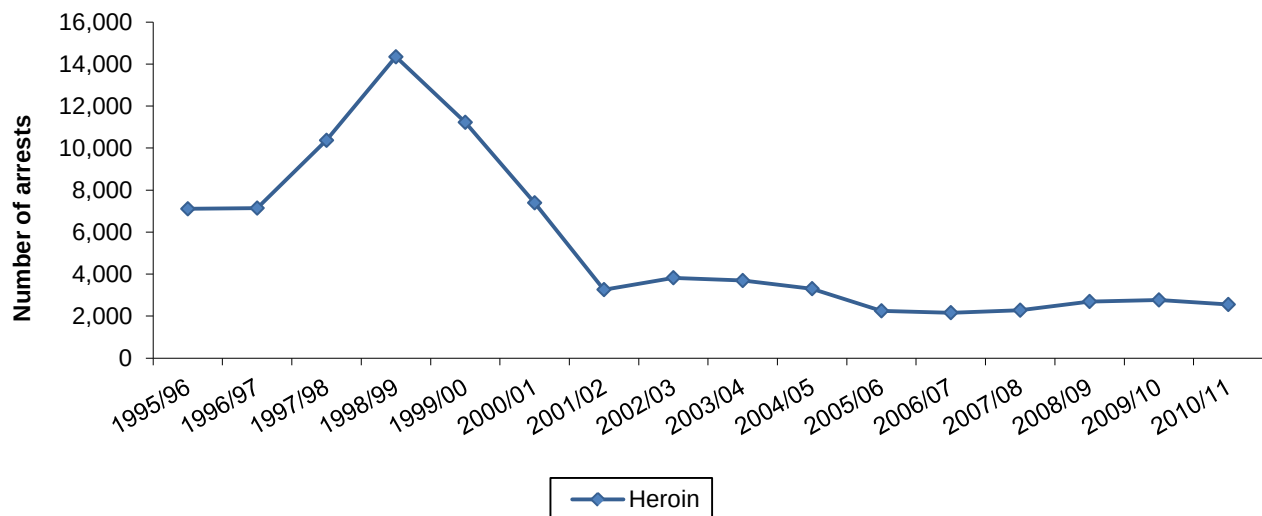
In addition to IDRS participant data on arrest over the past year, population level statistics related to drug use are also available from the Australian Crime Commission (latest available year 2010/11).

7.2.1 Heroin

Arrest data can indicate changes in activity of users, the people involved in supplying illicit drugs, and/or changes in the focus of police activity. Arrests are divided into consumer and provider offences to differentiate between people arrested for trading in (providers) as opposed to using (consumers) illicit drugs (Australian Crime Commission, 2012)

In 2010/11, numbers of consumer and provider arrests for heroin and other opioids decreased from 2,767 in 2009/10 to 2,551. Arrests have steadily declined since 1998/99 (Figure 49). Data for 2011/12 were not available at the time of publication of this report.

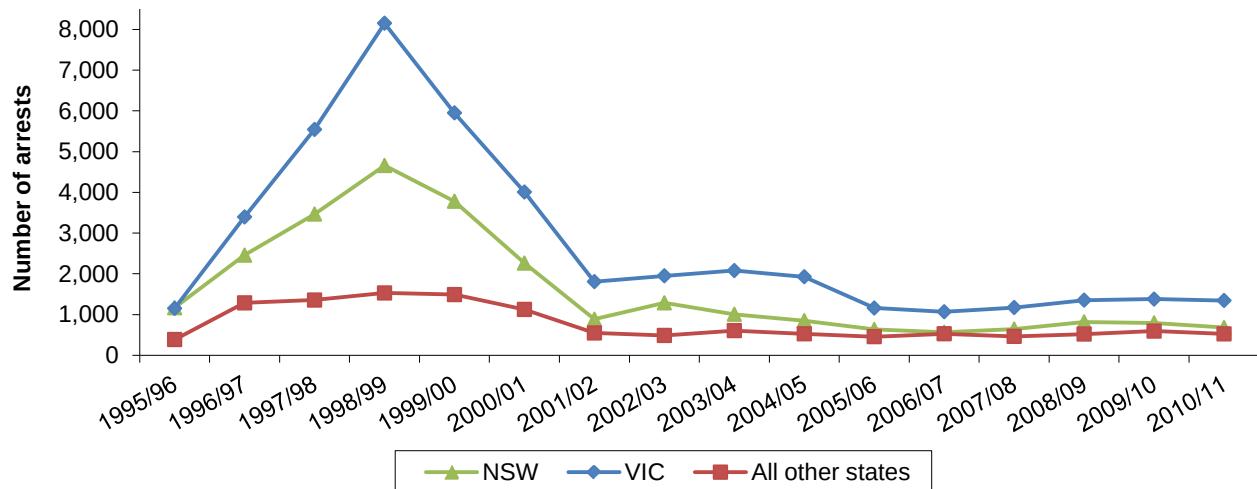
Figure 49: Total number of heroin and other opioid consumer and provider arrests, 1995/96-2010/11



Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012)
Note: The arrest data for each state and territory include AFP data. Data for 2011/12 were not available at the time of publication

Figure 50 shows the total number of arrests for heroin and other opioids in NSW and VIC compared to all other jurisdictions. Arrests have been highest in VIC for the entire period. The number of arrests in NSW, VIC and the other states remained fairly stable in 2010/11. Data for 2011/12 were not available at the time of publication of this report.

Figure 50: Total number of heroin and other opioids consumer and provider arrests for NSW and VIC versus all other jurisdictions, 1995/96-2010/11



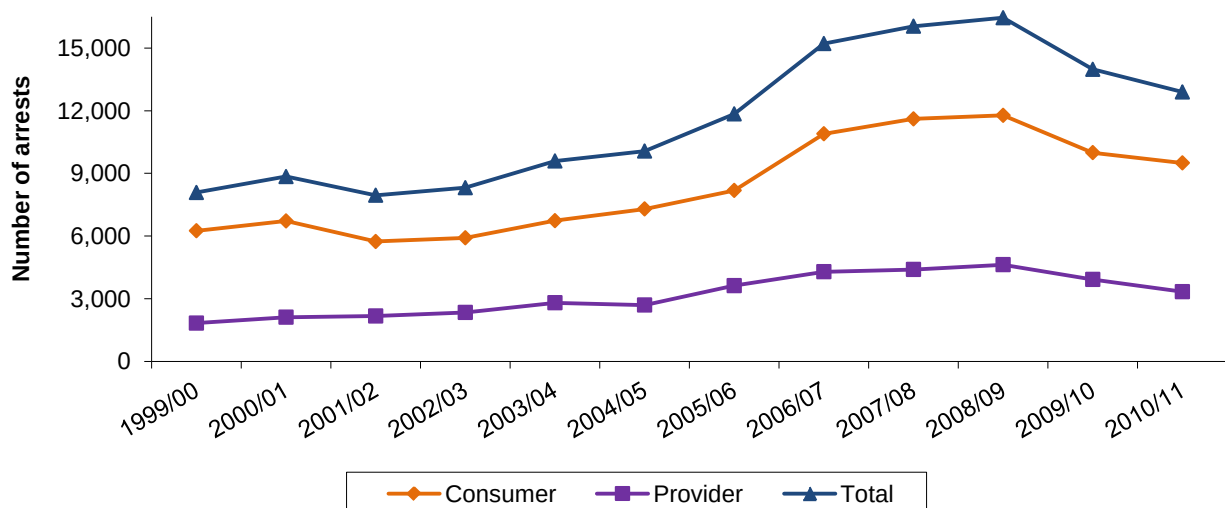
Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012)

Note: The arrest data for each state and territory include AFP data. Data for 2011/12 were not available at the time of publication

7.2.2 Methamphetamine

It should be noted that a number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants (ATS) and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Crime Commission, 2011). In 2010/11, the total number of consumer and provider arrests decreased from 13,982 in 2009/10 to 12,897 (Figure 51). Data for 2011/12 were not available at the time of publication of this report.

Figure 51: Total number of amphetamine-type stimulants: consumer and provider arrests, 1999/00-2010/11



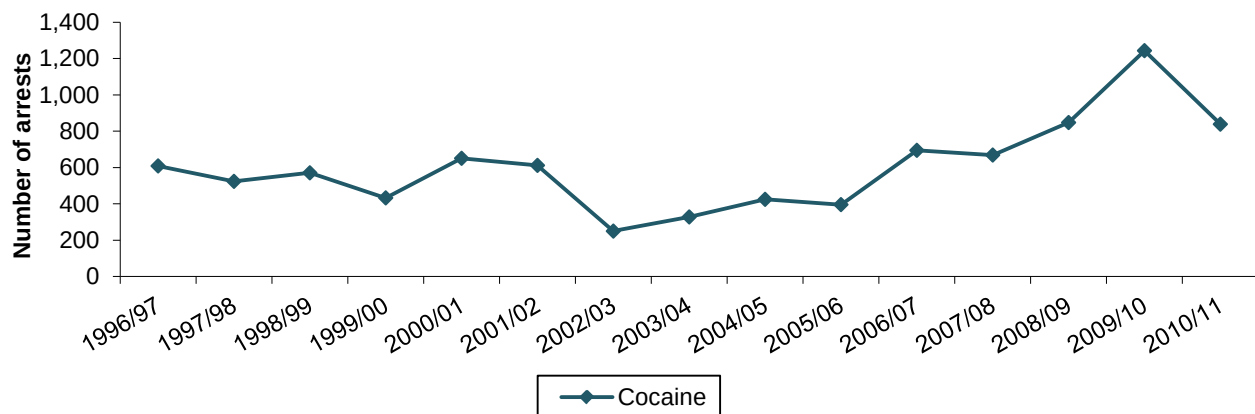
Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012)

Note: Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated. Data for 2011/12 were not available at the time of publication

7.2.3 Cocaine

In 2010/11, the number of cocaine arrests Australia wide decreased from 1,244 in 2009/10 to 839 in 2010/11 (Figure 52). The majority of these arrests (57%) were in NSW, which is consistent with IDRS reports of the predominance of cocaine use in NSW relative to other jurisdictions. In NSW, the number of arrests decreased from 728 in 2009/10 to 479 in 2010/11. Data for 2011/12 were not available at the time of publication of this report.

Figure 52: Total number of cocaine consumer and provider arrests, 1996/97-2010/11

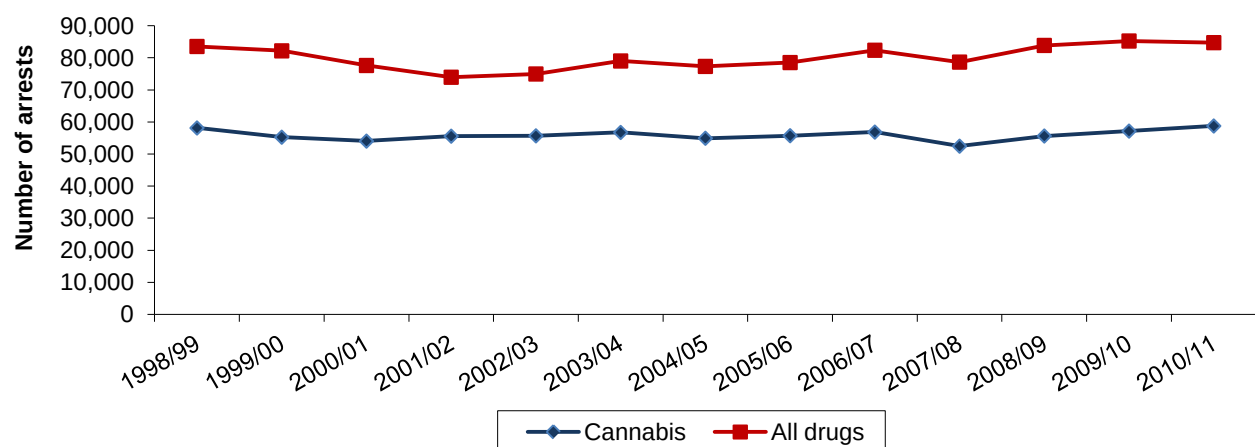


Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012)
 Note: The arrest data for each state and territory include AFP data. Data for 2011/12 were not available at the time of publication

7.2.4 Cannabis

Cannabis arrests continue to account for the majority (69%) of all drug-related arrests in Australia (Figure 53). Numbers have remained relatively stable in the past twelve years. As in previous years, the number of cannabis arrests in QLD (16,277) accounted for nearly one-third (28%) of the national total. Numbers increased in NSW from 12,752 in 2009/10 to 14,137 in 2010/11. Data for 2011/12 were not available at the time of publication of this report.

Figure 53: Total number of cannabis and all drug consumer and provider arrests, 1998/99-2010/11



Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012)
 Note: Data for 2011/12 were not available at the time of publication

7.3 Expenditure on illicit drugs

Among the national sample who commented, 39% reported not spending money on illicit drugs the day prior to interview, ranging from 28% in NSW to 54% in SA. The median amount spent by those who had purchased drugs was \$100 nationally, ranging from \$70 in QLD to \$100 in NSW, VIC, SA, WA and the NT (Table 91).

Table 91: Expenditure on illicit drugs on the day preceding interview among those who commented, by jurisdiction, 2012

Expenditure %	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=900	n=145	n=98	n=149	n=106	n=93	n=91	n=124	N=94
	2011	2012								
Nothing	41	39	28	31	42	29	54	40	43	46
Less than \$20	3	4	8	5	3	5	2	2	0	3
\$20 to \$49	11	10	12	8	12	15	2	15	7	10
\$50 to \$99	17	14	10	24	11	16	8	10	20	18
\$100 to \$199	18	18	21	20	15	22	19	15	17	10
\$200 to \$399	8	12	14	12	10	8	14	13	13	11
\$400 or more	2	4	6	0	5	6	1	4	1	3
Median expenditure (\$)*	85	100	100	80	100	95	100	100	100	70

Source: IDRS participant interviews

*Among those who spent money on illicit drugs

8 SPECIAL TOPICS OF INTEREST

Key points

Nicotine Dependence

- Nearly the entire IDRS sample reported smoking tobacco (at any stage) during the last 12 months.
- Forty-four percent of those who had smoked in the last 12 months had reduced the amount of tobacco smoked in a day and 31% tried to give up.
- Among those who had tried to give up, cut down or changed to a lower tar/nicotine content, the main motivator was 'worried that smoking was affecting health or fitness' (68%).
- Among those who smoked daily, half reported having a cigarette within the first five minutes of waking.
- Forty-six percent of daily smokers reported smoking between 11-20 cigarettes a day.
- Thirty-eight percent of daily smokers found it difficult to refrain from smoking in forbidden places.
- Two-thirds reported that they would hate giving up the first cigarette in the morning.
- Nearly half of daily smokers scored 6 or above indicating high/very high nicotine dependence. The mean Heavy Index Score was 5.0.

Pharmaceutical Opioids

- Seventy-four percent of the national sample recently used pharmaceutical opioids, mainly morphine, oxycodone and methadone syrup.
- Of those who recently used pharmaceutical opioids, nearly half reported using them to self-treat dependence and around one-third for pain relief.
- Twenty-one percent of those who commented reported being refused pharmaceutical medications due to injecting history.
- Of those who commented, 41% were prescribed pharmaceuticals for pain relief in the six months.
- Of those who commented, 40% reported sourcing information about pill filtering from an NSP.

Brief Pain Inventory

- One-third of the national sample experienced pain (other than everyday pain) on the day of interview.
- Of those who experienced pain, 73% reported the pain as non-cancer, 16% acute pain and 9% chronic cancer/malignant pain.
- The mean 'pain severity score' was 4.7, with nearly half scoring 5 or more and 1% scoring 10. On a scale of 0 to 10, 10 is 'pain as bad as you can imagine'.
- The mean 'pain interference score' was 5.2, with over half scoring 5 or more and 3% scoring 10. On a scale of 0 to 10, 10 is 'completely interferes'.
- The mean score for 'relief from pain medication' was 4.7, with over half scoring 5 or more and 10% scoring 10. On a scale of 0 to 10, 10 is 'complete relief'.
- Of those who experienced pain, around half reported trouble obtaining pain relief medication in the last six months.

Opioid and Stimulant Dependence

- Of those who recently used a stimulant drug (mainly methamphetamine), the median SDS score was 3.7, with 43% scoring four or above.
- Of those who recently used an opioid drug (mainly heroin), the median SDS score was 7.6, with 76% scoring five or above.

Neurological History

- Life prevalence of epilepsy and cerebrovascular disease (e.g. stroke) was higher in the IDRS sample than the general population.
- Nearly half of the IDRS sample reported a lifetime history of a Traumatic Brain Injury on a median of two occasions.

- Eighteen percent of those who experienced a Traumatic Brain Injury reported loss of consciousness greater than half an hour.
- The median age of most severe Traumatic Brain Injury was 25 years.
- One-third of the group reported being under the influence of alcohol and 34% were under the influence of at least one drug (mainly heroin) at the time.

Opioid substitution treatment medication Injection

- Of the national sample, 18% reported recently injecting methadone, 12% buprenorphine, 9% buprenorphine-naloxone 'tablet' and 4% buprenorphine-naloxone 'film'.

Injection-related Injuries and Diseases

- The IDRS gathered information on injection-related injured and diseases which was then compared to the IRID project.
- The most common injection-related injury reported ever by the IDRS sample and in the IRID project was a dirty hit (59% and 67.9% respectively).
- In the last six months, the most common injection-related injury or disease reported by the IDRS sample was redness near the injection site (30%).

Possession Laws

- Three-quarters of the national sample believed the quantity of drugs they were caught with would affect the type of charge received.
- Of those who believed this, the median number of points for heroin and methamphetamine was two.

8.1 Nicotine dependence

In 2012 the IDRS sample were asked about giving up smoking in the last 12 months. Daily smokers were also asked the Fagerstrom Test for Nicotine Dependence (FTND).

8.1.1 Giving up smoking

Of the national sample, 94% reported smoking tobacco (at any stage) during the last 12 months. Of those who had smoked in the last 12 months (N=857), 57% reported that they couldn't stop or cut down on their smoking even though they wanted to or tried to.

Forty-four percent of those who had smoked in the last 12 months had reduced the amount of tobacco smoked in a day and 31% tried to give up. One-third (33%) reported that they were not planning to give up smoking, 41% were planning to give up but not within the next three months and 24% were planning to give up within the next three months.

Among those who had tried to give up, cut down or changed to a lower tar/nicotine content (N=564), the main motivators were: 'worried that smoking was affecting health or fitness' (68%) and 'it was costing too much' (36%).

8.1.2 Fagerstrom Test for Nicotine Dependence

Participants who smoked daily were asked the FTND. These questions included 'How soon after waking do you smoke your first cigarette?', 'do you find it difficult to refrain from smoking in places where it is forbidden?', 'Which cigarette would you hate to give up', 'How many cigarettes a day do you smoke?', 'Do you smoke more frequently in the morning' and 'Do you smoke even when you are sick in bed?'.

The FTND gives a score between zero and 10. The responses were then scored on a four category scheme (0,1,2,3) for both time to the first cigarette of the day (≤ 5 , 6-50, 31-60 and 61+ min) and average daily consumption of cigarettes (1-10, 11-20, 21-30, 31+ cigarettes). The remaining questions were scored either 0 or 1. The sum of these scores was computed and a cut-off score between 6 and 8 was used to indicate 'high' nicotine dependence. A score of 8 or more was used to

indicate 'very high' nicotine dependency (Heatherton, Kozlowski, Frecker et al., 1991) <http://www0.health.nsw.gov.au/factsheets/general/nicotinedependence.html>

As seen in Table 92, nearly half (48%) of the national sample who commented reported smoking their first cigarette within five mins of waking and one-third (32%) between five to 30 mins of waking. Forty-six percent of daily smokers reported smoking between 11-20 cigarettes a day and 30% smoked 10 or less cigarettes a day.

Thirty-eight percent of daily smokers reported that they find it difficult to refrain from smoking in forbidden places such as a library, 62% reported that they would hate to give up the first cigarette in the morning compared to other times of the day. Around half reported smoking more often in the morning (43%) and when in bed when sick (49%). The mean FTND score was 5.0 (SD=2.4). Thirty-one percent of the daily smokers scored between 6 and 8 on the FTND indicating 'high' nicotine dependence. Fifteen percent scored 8 or more on the FTND indicating 'very high' nicotine dependence.

Table 92: Fagerstrom test for nicotine dependence among daily smokers, by jurisdiction, 2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012								
Time till first cigarette	N=793	n=134	n=85	n=127	n=85	n=83	n=81	n=110	n=88
Within 5 minutes (%)	48	44	38	57	34	53	43	61	51
5-30 mins (%)	32	34	46	22	40	29	36	22	32
31-60 mins (%)	10	11	8	9	13	6	9	10	8
60+ mins (%)	11	10	8	12	13	12	12	7	9
Number of cigarettes smoked a day	N=791	n=133	n=85	n=127	n=85	n=83	n=80	n=110	n=88
10 or less cigarettes (%)	30	31	35	39	34	23	31	14	28
11-20 cigarettes (%)	46	46	38	39	48	55	47	51	47
21-30 cigarettes (%)	19	18	22	19	12	16	19	25	19
31 or more cigarettes (%)	6	5	5	3	6	6	4	11	6
Experienced difficulty refraining from smoking in forbidden places (%)	38	41	29	43	29	36	33	45	38
Would hate to give up first cigarette in the morning (%)	62	64	58	63	58	60	61	59	72
Smoke when sick in bed (%)	49	51	51	54	46	41	53	55	39
Smoke more often in the morning (%)	43	50	39	44	46	36	35	44	44
Dependence* (%)	N=784	n=133	n=85	n=127	n=83	n=82	n=82	n=109	n=83
High	31	32	27	23	19	33	34	44	33
Very high	15	14	12	22	11	12	9	19	16
Mean score	5.0	5.1	4.9	5.1	4.4	5.0	4.7	5.6	5.0

Source: IDRS participant interviews

* Scored 6 or above

8.2 Pharmaceutical opioids

Since the heroin shortage (2001) the Illicit Drugs Reporting System (IDRS) has noted an increase in the use and injection of morphine and oxycodone. Over the same period the age of people who inject drugs (PWID) has also increased. The Australian Needle Syringe Program (NSP) survey (Kirby Institute, May 2011) noted similar findings over the same period. We know from a number of Australian and international studies that PWID experience excess morbidity and mortality when compared to those in the general population (English, Holman, Milne et al., 1995; Hulse, English, Milne et al., 1999; Vlahov, Wang, Galai et al., 2004; Randall, Degenhardt, Vajdic et al., 2011) and that prescribers are often reluctant to prescribe opioid analgesics to people with a history of injecting drug use (Merrill and Rhodes, 2002; Baldacchino, Gilchrist, Fleming et al., 2010). This section aimed to examine the complex interplay among PWID, pain management and the extra-medical use of pharmaceutical opioids (PO).

In 2012, participants in the IDRS were asking questions about the use of PO and pain. Pharmaceutical opioids included methadone, buprenorphine, buprenorphine-naloxone, morphine, oxycodone, and other PO such as fentanyl, pethidine and tramadol. Of the national sample, around three-quarters (74%) reported the use of PO in the last six months (Table 93). Among those who had recently used PO and commented (N=665), 27% reported that MS contin® (morphine) was the pharmaceutical of choice, followed by Oxycontin® (oxycodone, 23%) and methadone syrup (21%).

Among those who recently used PO (N=674), the reasons stated were: 48% to treat self-dependence, 35% for pain relief and 25% to seek an opioid effect. Participants were asked if they were refused PO medications for pain due to injecting history. Of those who commented (N=665), 21% reported 'yes' and 33% 'hadn't sought pain relief' (Table 93).

Among those who sought pain relief (N=448), nearly half (41%) reported being prescribed PO for pain relief. Participants were then asked to rate on a scale of zero (no relief) to 10 (complete relief) how much pain relief the pharmaceutical opioids had provided in the last week. Of those who commented (N=247), the median score was 6 (mean 5.5, SD=3.4) with a range from zero to 10. Thirteen percent scored zero (no relief) from taking any pharmaceutical opioids in the last week and 20% scored 10 (complete relief).

Participants were then asked if they had sold, traded or given away any pharmaceutical opioids in the last six months. Of those who commented (N=629), 18% reported selling, trading or giving away pharmaceutical opioids recently (mainly methadone, oxycodone and morphine).

Among those participants who had recently injected a pharmaceutical opioid (N=512), 34% reported not obtaining information about filtering, 40% received information about filtering from an NSP and 14% received information about filtering through friends (Table 93).

Table 93: Pharmaceutical opioids use among people who inject drugs, by jurisdiction, 2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012								
Used pharmaceutical opioids in the last 6 months (%)	74	78	66	79	77	60	78	79	70
Reason for using pharmaceutical opioids* (%)	N=674	n=118	n=64	n=118	n=81	n=51	n=78	n=98	n=66
Treat self-dependence	48	41	55	70	47	43	42	29	53
Seek an opioid effect	25	14	27	13	48	31	35	16	32
Pain relief	35	32	36	12	36	55	33	58	30
Know what dose to expect	7	9	16	1	3	20	10	2	8
Cheaper than heroin	14	16	30	12	3	25	18	2	15
Current heroin purity	4	3	8	4	0	14	8	0	3
Couldn't score heroin	9	12	17	6	3	12	22	4	3
Safer than heroin	7	11	9	3	0	16	9	5	8
Refused pharmaceutical opioids medications for pain due to injecting history (%)	N=665	n=115	n=63	n=116	n=81	n=49	n=78	n=98	n=65
Yes	21	24	22	13	12	27	23	26	26
Haven't sought pain relief	33	32	32	60	22	27	42	9	31
No, concealed injecting history	3	8	5	1	3	2	5	0	3
Prescribed pharmaceutical opioids# (%)	N=448	n=79	n=43	n=49	n=64	n=36	n=43	n=89	n=45
For pain last six months	41	43	33	35	34	50	40	47	40
Sourced information about filtering### (%)	N=512	n=75	n=43	n=64	n=79	n=34	n=70	n=93	n=54
Haven't obtained any information	34	39	12	47	34	29	56	3	54
NSP	40	20	40	23	56	35	34	67	26
Friends	14	7	26	22	9	9	3	27	4
Other	12	34^	22	8	1	27	7	3	17

Source: IDRS participant interviews

* Among those who recently used. Multiple responses were allowed

Among those who sought pain relief

Among those who recently injected a pharmaceutical opioid

^ 28% received information from MSIC

8.3 Brief Pain Inventory

In 2012, the Brief Pain Inventory (BPI) was asked to examine the association between injecting drug use and the legitimate therapeutic goals of pharmaceutical opioids (e.g. pain management). Comparisons between PWID and the general population, both in Australia and internationally have consistently shown excess mortality and morbidity (English, Holman, Milne et al., 1995; Hulse, English, Milne et al., 1999; Vlahov, Wang, Galai et al., 2004) yet there is no current evidence in Australia on the characteristics or the extent to which PWID obtain pharmaceutical opioids (licitly or illicitly) for the management of chronic non-malignant pain. Furthermore, there is growing evidence that prescribers are often reluctant to prescribe pharmaceutical opioids to people with a history of injecting drug use (Baldacchino, Gilchrist, Fleming et al., 2010) This section sought to examine the complex interplay among PWID, pain management and the extra-medical use of pharmaceutical opioids.

The BPI is a tool used for the assessment of pain in both clinical and research settings. The BPI uses rating scales from 0 to 10. For questions 3 to 6, 0 is 'no pain' and 10 is 'pain as bad as you can imagine'. The mean of questions 3 to 6 is then calculated to make the 'pain severity score'. For questions 9A to 9G, 0 is 'does not interfere' and 10 is 'completely interferes'. The mean of questions 9A to 9G is then calculated to make the 'pain interference score'. The 'pain interference score' looks at how much pain interferes with daily activities: general activity; mood; walking; normal work; relations; sleep and enjoyment of life.

In Table 94, one-third (34%, N=314) of the national sample experienced pain (other than everyday pain) on the day of interview. Of those who experienced pain, the majority (73%) reported the pain as chronic non-cancer pain (continuous pain which lasts for more than three months), while 16% reported acute pain and 9% chronic cancer/malignant pain. The mean 'pain severity score' was 4.7 (SD 1.8; range 0-10), with nearly half (46%) scoring 5 or more and 1% scored 10. A score of 10 refers to pain 'as bad as you can imagine'. The mean 'pain interference score' was 5.2 (SD 2.5; 0-10), with just over half (52%) scoring 5 or more and 3% scored 10. A score of 10 means the pain 'completely interferes' with daily activities.

Participants were also asked on a scale of 0 to 10 (0=no relief, 10=complete relief) how much relief they experienced from any treatments/medications they received. Of those who received treatment/medication for pain (N=246), a mean score of 4.7 (SD 3.5; range 0-10) was reported. Over half (57%) scored 5 or more and 10% scored 10.

Participants were then asked if they had any trouble obtaining sufficient pain relief from a doctor or specialist. Of those who experienced pain, around half (52%) reported trouble obtaining pain relief from a doctor or specialist in the last six months. Participants were also asked if they informed the doctor or specialist about their drug use when requesting pain relief in the last six months. Of those who commented (N=272), 37% reported 'no', 37% reported 'yes', 11% reported 'yes, but not all use' and 15% reported that the 'doctor already knew' (Table 94).

Table 94: Brief Pain Inventory (BPI) among PWID who commented, 2012

	National N=924	NSW n=151	ACT n=99	VIC n=150	TAS n=106	SA n=93	WA n=100	NT n=125	QLD n=100
Experienced pain today (other than everyday pain) (%)	34	41	25	31	35	42	30	40	25
Nature of pain (%)	N=314	n=62	n=25	n=47	n=37	n=39	n=30	n=49	n=25
Acute/short term	16	15	16	19	19	20	10	15	16
Chronic non-cancer pain	73	67	84	70	46	80	80	85	84
Chronic cancer/malignant pain	9	13	0	11	35	0	3	0	0
Other	2	5	0	0	0	0	7	0	0
Mean 'Pain Severity' score	4.7	4.7	4.0	4.4	4.9	4.7	5.3	5.1	4.5
Mean relief experience from treatment/medications*	4.7	4.3	3.4	5.2	4.5	5.5	4.5	5.7	4.0
Mean 'Pain Interference' score	5.2	5.1	4.4	5.2	5.8	4.6	5.5	5.7	4.4
Trouble obtaining pain relief from doctor last 6 months (%)	52	52	46	36	60	44	69	55	61
Told doctor about drug use when requested pain relief (%)	N=272	n=55	n=20	n=35	n=34	n=35	n=28	n=47	n=18
No	37	29	25	23	32	31	50	57	44
Yes	37	40	40	51	29	40	29	36	22
Yes, but not all use	11	18	10	11	12	14	4	6	11
Doctor already knew	15	13	25	14	27	14	18	0	22

Source: IDRS Injecting drug user interviews

* Among those who received treatment/medication for pain and commented (N=246)

8.4 Opioid and stimulant dependence

Understanding whether participants are dependent is an important predictor of harm, and typically demonstrates stronger relationships than simple frequency of use measures.

In 2012, the participants in the IDRS were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids.

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

Previous research has suggested that a cut-off of four is indicative of dependence for methamphetamine users (Topp and Mattick, 1997) and a cut-off value of three for cocaine (Kaye and Darke, 2002). No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of 5 for the presence of dependence.

Of those who had recently used a stimulant and commented (N=568), the median SDS score was 3.7 (mean 3.0, range 0-15), with 43% scoring four or above. There were no significant differences regarding gender and mean stimulant SDS score, or regarding gender and those who scored four or above. Of those who scored four or above (N=207), 88% reported specifically attributing responses to methamphetamines, 12% cocaine, 3% pharmaceutical stimulants and 1% other.

Of those who had recently used an opioid and commented (n=806), the median SDS score was 7.6 (mean 8.0, range 0-15), with 76% scoring five or above. There were no significant differences regarding gender and mean opioid SDS score, however, males were significantly more likely to score five or more compared to females (63% versus 37%; $p<0.05$). Of those who scored five or above (n=509), 60% reported specifically attributing responses to heroin, 20% morphine, 18% methadone, 8% buprenorphine, 5% oxycodone and 1% other.

8.5 Opioid substitution treatment medication injection

Due to the introduction of buprenorphine-naloxone 'film' in 2011, questions were included in the 2012 IDRS survey asking about the recent injection (last six months) of opioid substitution treatment (OST) medications (methadone, buprenorphine and buprenorphine-naloxone).

Of the national sample, 18% of participants reported recently injecting methadone, 12% reported recently injecting buprenorphine, 9% buprenorphine-naloxone 'tablet' and 4% buprenorphine-naloxone 'film'.

Please refer to Larance and colleagues for further information on OST medication injection (Larance, Sims, White et al., in preparation).

8.6 Injection-related injuries and diseases

People who inject drugs (PWID) are exposed to a broad range of potential harms including (but not limited to) bacterial infections, soft tissue damage and vascular injury. Research conducted with PWID has identified high levels of experience of such injuries (Dwyer, Power, Topp et al., 2007).

Previous IDRS surveys have asked a limited set of questions regarding harms experienced from injecting. The aim of these questions was to gather in greater detail the experience of these harms and identify individual risk factors significant for injection related injuries and diseases. Results can be compared with findings from the Injection-Related Injuries and Diseases (IRID) project (Dwyer, Power, Topp et al., 2007).

In 2012, IDRS participants were asked if they had ever and recently (last six month) experienced any injection-related injuries or diseases (IRID) from the list used in the IRID project (Dwyer, Power, Topp et al., 2007). Table 95 below lists the IRID ever and recently experienced in the last six months by participants in the IDRS survey and also those from the IRID project. Note: recent use in the IRID project is in the last 12 months. For example, of those who commented in the IDRS sample (N=895), nearly half (46.3%) reported in their lifetime and 30.1% reported recently experiencing redness near the injection site. This compares to 42.2% (ever) and 28.3% (recently) in the IRID project (Table 95).

Table 95: Self-reported injecting-related injuries and diseases ever experienced and recently* from injection, nationally 2012

Problem experienced from injecting (%)	The IRID project (N=393)		National IDRS (N=895)	
	Ever	Last 12 months*	Ever	Last 6 months*
Non-serious IRID				
Redness near injection site	42.2	28.3	46.3	30.1
Swelling near injecting site	45.0	30.9	43.8	28.4
Raised red area (hives)	56.0	41.3	36.8	24.4
Dirty hit	67.9	35.4	59.3	17.7
Hit an artery when injecting	21.9	9.4	24.4	10.4
Numbness/Pins and Needles	19.3	12.4	29.8	21.3
Collapsed/blocked veins	47.8	27.0	37.5	21.2
Potentially serious IRIDS				
Pus-filled lump (skin abscess)	16.5	7.0	19.6	6.6
Internal/inside body abscess	3.0	1.0	9.2	2.8
Red, hot, swollen, tender skin (cellulitis)	14.2	7.0	24.9	11.4
Inflamed veins (thrombophlebitis)	14.2	6.6	25.8	16.9
Swelling leaves a dent (Pitting oedema)	7.4	4.4	20.2	12.8
Puffy Hands Syndrome (lymph oedema)	7.1	3.9	15.7	8.6
Fistula (permanent hole)	n.a	n.a.	9.4	6.0
Injecting sinus	4.8	2.8	n.a	n.a
Serious IRIDs				
Heart infection (Endocarditis)	3.0	1.0	3.6	1.3
Septicaemia	4.3	1.3	n.a	n.a
Septic arthritis	1.0	0.2	n.a	n.a
Osteomyelitis	0.5	0.2	n.a	n.a
Serious infection (unspecified)	2.3	0.5	n.a	n.a
Other serious infection [#]	n.a	n.a	13.8	3.7
Deep vein thrombosis (blood clot)	3.3	1.3	3.9	1.8
Gangrene	0.8	0.3	4.5	1.7
Amputation	0.8	0.3	2.0	0.4
Venous ulcer	1.5	0.8	7.3	4.0
Other problem	n.a.	n.a.	3.6	1.6

Source: IDRS participant interviews, (Dwyer, Power, Topp et al., 2007)

*Recently = last six months for the IDRS and the last 12mths for the IRID project (Dwyer, Power, Topp et al., 2007)

[#] Needing stay in hospital and intravenous antibiotics (septic arthritis, osteomyelitis, septicaemia)

n.a not available

8.7 Neurological history

People with a neurological illness or injury may be at greater risk of experiencing adverse effects associated with drug use. Existing research indicates that there is an association between traumatic brain injury (TBI) and drug use (Corrigan, Bogner and Holloman, 2012). This may be due to greater exposure to violence, mental illness, poor nutrition and poor sleep among other factors. TBI is a major cause of morbidity and mortality in developed countries (Bruns and Hauser, 2003) and can result in long term physical and cognitive impairments, as well as negatively impact upon psychological wellbeing, social and occupational outcomes (Tait, Anstey and Butterworth, 2010). The cognitive, emotional and functional impairments associated with drug use could potentially compound those associated with TBI (Kelly, Johnson, Knoller et al., 1997). In 2012, the IDRS examined the prevalence of selected neurological illnesses and also TBI among PWID. Table 96, Table 97 and Table 98 outline the results of this investigation.

Table 96: Incidence of selected neurological conditions among PWID who commented, 2012

	National N=903	NSW n=147	ACT n=99	VIC n=150	TAS n=105	SA n=90	WA n=93	NT n=124	QLD n=95
Epilepsy* (%)	6	4	9	5	3	8	7	3	7
Stroke (%)	3	3	5	3	4	2	0	5	2
Hypoxia (%)	2	1	3	3	5	1	0	1	2
Traumatic Brain Injury** (%)	48	52	51	47	56	43	52	34	53

Source: IDRS Injecting drug user interviews

* National prevalence approximately 6.4 per 1000 people (i.e. 0.6%) in 2001 Australian Bureau of Statistics (Australian Bureau of Statistics, 2001)

** Population prevalence rates usually between approximately 0.1% and 0.4% Bruns, J., JR. & Hauser, W. A. (Bruns and Hauser, 2003)

The lifetime prevalence of epilepsy was higher in this group (6%) than the Australian population estimate (0.7%) obtained in the 2007-08 National Health Survey (Australian Bureau of Statistics, 2009). Data from the same survey estimates the Australian prevalence of cerebrovascular disease (including stroke) as approximately 1.2%, lower than the proportion reported in the current sample (3%). It is difficult to estimate the prevalence of hypoxic brain injury because it can result from a range of different situations (including drowning, carbon monoxide poisoning, heart attack etc.). Nonetheless, the prevalence in this group is reasonably low.

In contrast, a substantial proportion of the group (48%) reported a lifetime history of TBI⁵. In a recent study, Perkes and colleagues estimated the lifetime prevalence of TBI with loss of consciousness (LOC) as 35% among a community sample of males in Australia (Perkes, Schofield, Butler et al., 2011). Similarly, a cohort study conducted in Christchurch, New Zealand demonstrated that approximately 32% of the community sample had experienced at least a mild-traumatic brain injury by 25 years of age (McKinlay, Grace, Horwood et al., 2008). Both of these prevalence estimates are lower than that recorded in our sample. However, caution should be used when directly comparing these figures due to differences in sampling techniques and data collection.

⁵ TBI was measured as a knock on the head resulting in loss of consciousness.

Multiple TBI were the norm with the median number of TBI experienced over the lifetime equalling two (1-50). Participants were asked further details about the most severe occasion. The vast majority of participants who had experienced a TBI reported that the LOC on the most severe occasion lasted only a few minutes (consistent with a mild injury). However, a reasonable proportion (18%) of this group reported a LOC of greater than half an hour. The most severe TBI had usually occurred during the mid-twenties at a median of 25 years of age (range: 1-58). Approximately one-third of the group were under the influence of alcohol (29%) at the time of the injury and a further 34% were under the influence of at least one drug (mainly heroin) (Table 97).

Table 97: Traumatic Brain Injury among PWID, 2012

	National N=433	NSW n=77	ACT n=50	VIC n=70	TAS n=59	SA n=39	WA n=47	NT n=42	QLD n=49
Median No. TBI's (range)	2 (1-50)	2 (1-50)	3 (1-25)	2 (1-30)	2 (1-50)	1.5 (1-30)	2 (1-40)	3 (1-20)	2 (1-50)
Median LOC* (mins)	4	3	5	10	2	2	5	5	2
Most severe LOC - median age (years, range)	25 (1-58)	24 (3-54)	24 (5-57)	25 (1-47)	26 (9-51)	25 (8-49)	25 (1-44)	24 (5-56)	25 (5-58)
For most severe TBI	N=421	n=75	n=47	n=70	n=58	n=38	n=46	n=41	n=46
Under influence of alcohol (%)	29	19	30	33	41	16	30	32	28
Under influence of drugs (%)	34	26	38	44	41	24	34	37	26
Main drug	N=116	n=19	n=15	n=24	n=21	n=9	n=11	n=5	n=12
Heroin	31	53	47	46	0	22	27	0	25
Methadone	3	5	0	0	10	0	0	20	0
Benzodiazepines	14	11	13	13	10	22	27	20	8
Morphine	5	5	0	0	19	0	0	0	8
Speed	13	0	20	13	19	11	9	20	17
Ice/crystal	6	11	0	8	0	0	0	0	25
Other	28	15	20	21	42	45	37	40	17

Source: IDRS Injecting drug user interviews

* LOC = Loss of consciousness.

Some people experience neuropsychological sequelae (symptoms such as cognitive, motor and behavioural changes) following a TBI which can complicate recovery. A large proportion of the group (68%) reported having experienced neurological sequelae immediately following the injury. The most common complaints were poor concentration (65%), memory loss (63%) and poor coordination/balance (59%) (Table 98). Ongoing complaints were less common (32% of those that had a TBI, N=140). Participants who had experienced ongoing issues complained mostly of ongoing memory loss (69%), ongoing word finding problems while speaking (59%), ongoing poor concentration (58%), ongoing problems with coordination and balance (53%) and ongoing mood changes (59%).

Table 98: Effects of Traumatic Brain Injury among PWID, 2012

	National N= 414	NSW n=75	ACT n=48	VIC n=70	TAS n=56	SA n=39	WA n=47	NT n=35	QLD n=44
Experienced any effects* following the injury (%)	68	72	58	59	75	74	72	69	64
Experienced at the time (%):	N=280	n=54	n=28	n=41	n=42	n=29	n=34	n=24	n=28
Functional weakness	41	37	43	37	50	52	38	48	23
Poor concentration	65	62	82	63	69	57	62	65	57
Memory loss	63	56	78	76	69	50	62	57	56
Word finding problems	50	54	64	61	50	44	35	38	46
Poor coordination/ balance	59	50	63	49	69	57	59	71	64
Personality change	30	33	33	37	19	32	32	29	26
Mood changes/Anxiety Issues	44	52	48	51	31	37	38	58	30

Source: IDRS participant interviews

* Neurological, cognitive, behavioural or psychiatric effects.

8.8 Possession laws

Drug trafficking thresholds are used throughout every state and territory in Australia and often reverse the onus of proof onto users who exceed the nominated threshold quantity to prove they do not possess drugs for the purpose of trafficking. For the first time in 2012, participants in the IDRS were asked a number of questions relating to drug trafficking thresholds/possession laws. The aim of these questions was to find out whether regular users were aware of the existence of drug trafficking thresholds.

Participants were firstly asking a hypothetical scenario, 'Imagine you are caught by police and have drugs on you, do you think the quantity of drugs will affect the type of charge you will get?'. Those participants who responded 'yes' were then asked 'what quantity would you need to possess to be charged with sell or supply (as opposed to possession for personal use), for heroin, methamphetamine, MDMA, cocaine and cannabis?'.

Three-quarters (77%) of the national sample believed the quantity of drugs 'caught with' would affect the type of charge received. Of those who believed the quantity would affect the type of charge received and commented, the median number of points required for heroin and methamphetamine was two. The median number of grams for heroin, methamphetamine, cocaine and MDMA was two and the median number of grams for cannabis was five (Table 99). While, the median number of MDMA pills was ten and the median number of cannabis ounces was one.

Table 99: Drug trafficking thresholds among PWID nationally, 2012

National	Points	Grams	Pills	Ounces
Heroin	2	2	n.a.	n.a.
Methamphetamine	2	2	n.a.	n.a.
MDMA	n.a.	n.a.	10	n.a.
Cocaine	n.a.	2	n.a.	n.a.
Cannabis	n.a.	5	n.a.	1

Source: IDRS participant interviews

Note: Heroin point N=75, grams N=319; Methamphetamine points N=72, grams N=258; MDMA pills N=123, grams N=49; Cocaine grams N=200; Cannabis grams N=170, ounces N=193

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APPENDICES

Appendix A: Demographic characteristics and lifetime use, 2000-2012

Table A1: Demographic characteristics of the national sample, 2000-2012

	2000 N=910	2001 N=951	2002 N=929	2003 N=970	2004 N=948	2005 N=943	2006 N=914	2007 N=909	2008 N=909	2009 N=881	2010 N=902	2011 N=868	2012 N=924
Mean age in years (range)	28.8 (14-64)	30.1 (14-58)	30.1 (15-57)	32.9 (16-62)	33.1 (16-56)	34.1 (16-63)	34.5 (16-63)	35.8 (16-60)	36.7 (17-62)	36.7 (18-63)	37.6 (18-64)	38.38 (17-65)	39.27 (17-71)
Male (%)	68	67	64	64	66	64	64	66	66	64	65	66	66
English speaking background (%)	94	95	96	97	95	97	97	95	94	96	98	96	97
Aboriginal and/or Torres Strait Islanders (%)	11	14	14	14	10 [^]	12	13	15	11	11	14	14	16
Sexual identity (%)													
Heterosexual	n.a.	n.a.	n.a.	n.a.	n.a.	86	86	87	89	88	88	87	90
Gay male	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	2	1	3	2	2	1
Lesbian	n.a.	n.a.	n.a.	n.a.	n.a.	2	1	2	1	2	2	2	1
Bisexual	n.a.	n.a.	n.a.	n.a.	n.a.	9	9	7	8	7	7	8	7
Other	n.a.	n.a.	n.a.	n.a.	n.a.	1	2	2	1	1	1	1	1
Relationship status (%)													
Married/de facto	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	25	19	19	21	17
Partner	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	18	22	22	20	19
Single	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	49	51	54	54	58
Separated	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4	4	2	2	3
Divorced	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	1	2	3
Widow/er	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1	1	1	1	1
Other	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1	1	<1	<1	0
Mean years school education (range)	10.4 (0-16)	10.3 (0-14)	10.3 (0-13)	10.1 (1-13)	10.1 (2-13)	9.9 (0-12)	9.9 (3-12)	10.0 (0-12)	10.1 (0-12)	10.1 (3-13)	10.0 (3-12)	10 (4-12)	10 (0-12)
Completed trade/technical qualification (%)	31	37	37	49	37	36	39	36	40	43	37	40	43
Completed university/college (%)	12	9	10	10	10	11	9	11	12	9	9	12	10
Accommodation (%)													
Own home (<i>inc. renting</i>)	n.a.	56	63	67	62	69	69	65	67	70	61	65	69
Parents'/family home	n.a.	15	14	11	11	11	9	10	10	8	8	9	8
Boarding house/hostel	n.a.	8	8	10	14	11	11	11	11	10	9	11	12
Shelter/refuge	n.a.	-	-	-	-	-	-	-	-	2	2	1	2
No fixed address	n.a.	9	7	6	8	6	6	11	9	8	10	10	8
Other	n.a.	12	8	6	5	3	5	4	3	2	10	4	2
Unemployed/on a pension (%)	68	73	73	76	77	73	77	79	77	78	81	79	84
F/T student (%)	5	4	3	2	2	3	2	<1	1	1	1	1	1
Prison history (%)	43	44	45	43	46	50	51	51	52	53	52	55	54
Currently in drug treatment (%)	34	36	37	40	46	48	44	43	47	45	47	49	44

Source: IDRS participant interviews (see also McKetin, Darke, Humeniuk et al., 2000; Topp, Darke, Bruno et al., 2001; Topp, Kaye, Bruno et al., 2002; Breen, Degenhardt, Roxburgh et al., 2003; Breen, Degenhardt, Roxburgh et al., 2004; Stafford, Degenhardt, Black et al., 2005; Stafford, Degenhardt, Black et al., 2006; O'Brien, Black, Roxburgh et al., 2007; Black, Roxburgh, Degenhardt et al., 2008; Stafford, Sindich, Burns et al., 2009; Stafford and Burns, 2010; Stafford and Burns, 2011; Stafford and Burns, 2012)

[^] Information not obtained in NSW for 2004

n.a. Data not available

Table A2: Demographic characteristics of the national sample, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=924	n=151	n=989	n=150	n=106	n=93	n=100	n=125	N=100
	2011	2012								
Mean age (years)	38	39	38	40	38	35	40	41	42	39
Male (%)	66	66	60	65	70	59	59	68	71	76
English speaking background (%)	96	97	94	97	95	100	97	98	99	97
Aboriginal and/or Torres Strait Islander (%)	14	16	30	15	11	10	11	1	28	16
Sexual identity (%)										
Heterosexual	87	90	87	93	93	87	85	87	94	92
Gay male	2	1	2	0	1	2	1	1	0	3
Lesbian	2	1	0	2	1	2	4	2	1	0
Bisexual	8	7	10	2	5	9	9	7	6	5
Other	2	1	1	3	1	0	1	3	0	0
Relationship status (%)										
Married/de facto	21	17	18	17	17	23	11	27	8	11
Partner	20	19	18	17	23	26	20	13	16	15
Single	54	58	60	60	54	48	52	52	68	71
Separated	2	3	1	1	1	1	7	6	3	3
Divorced	2	3	1	4	4	3	5	0	4	0
Widow/er	1	1	1	1	0	0	5	2	1	0
Other	0	0	1	0	1	0	0	0	0	0
Mean grade at school completed	10	10	10	10	10	10	10	11	10	10
Completed trade/tech qualification (%)	40	43	46	46	41	51	41	48	30	47
Completed university/college (%)	12	10	5	16	5	7	19	24	8	3
Accommodation (%)										
Own home (<i>inc. renting</i>)	65	69	66	89	41	74	81	81	73	62
Parents'/family home	9	8	7	2	11	12	11	6	6	9
Boarding house/hostel	11	12	9	6	27	11	7	8	6	15
Shelter/refuge	1	2	3	1	4	0	0	0	1	1
No fixed address	10	8	12	2	15	3	2	6	10	8
Other	4	1	3	0	2	0	0	0	4	5
Unemployed (%)	79	84	93	77	92	77	61	79	94	82
Full-time students (%)	1	1	0	2	0	5	2	0	0	1
Gov't pension, allowance or benefit main income source (%)	92	92	95	83	97	93	88	91	91	92
Mean income/ week (\$)	N=831 \$414	N=904 \$386	N=149 \$341	N=98 \$452	N=148 \$376	N=105 \$382	N=88 \$441	N=100 \$414	N=116 \$354	N=100 \$368
Prison history (%)	55	54	65	42	60	38	48	58	58	57
Currently in drug treatment (%)	49	44	60	54	60	49	32	41	10	35

Source: IDRS participant interviews

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

Table A3: Drug use history of the national sample, 2012

	Ever used %	Ever injected %	Injected last six months %	Median days injected in last six months ^a	Ever smoked %	Smoked last six months %	Ever snorted %	Snorted last six months %	Ever swallowed ^b %	Swallowed last six months ^b %	Used last six months ^c %	Median days in treatment last six months ^{a, d}	Median days used in last six months ^{a, c}
Heroin	86	86	59	72	43	5	19	2	18	3	60		72
Homebake heroin	37	35	9	6	2	<1	<1	<1	3	<1	9		6
Any heroin (inc. homebake)	87	86	60	72	44	6	18	2	18	3	60		73
Methadone (licit/prescribed)	58	26	9	48					55	30	31	180	180
Methadone (illicit/not prescribed)	51	33	12	6					30	10	20		4
Physeptone (licit/prescribed)	11	5	1	18	<1	0	0	0	7	2	2	7	10
Physeptone (illicit/not prescribed)	31	24	9	4	<1	0	<1	<1	14	3	10		4
Any methadone (inc. Physeptone)	78	51	22	14	<1	0	<1	<1	66	38	46		156
Buprenorphine (licit/prescribed)	32	14	2	35	2	<1	1	<1	29	5	6	180	93
Buprenorphine (illicit/not prescribed)	37	29	12	5	4	1	<1	0	16	4	14		4
Any buprenorphine	53	34	14	7.5	5	1	1	<1	37	9	19		12
Bup-naloxone TABLET (licit/prescribed)	27	9	3	24	1	<1	<1	<1	26	8	9	150	60
Bup-naloxone TABLET (illicit/not prescribed)	26	15	7	10	2	<1	<1	<1	16	6	11		4.5
Any bup-naloxone TABLET	42	20	9	12	3	1	1	<1	33	13	18		24
Bup-naloxone FILM (licit/prescribed)	9	1	1	29	<1	0	0	0	9	8	8	120	75
Bup-naloxone FILM (illicit/not prescribed)	8	4	4	4	<1	<1	0	0	5	4	7		3
Any bup-naloxone FILM	16	5	5	4	<1	<1	0	0	13	11	13		14
Morphine (licit/prescribed)	26	20	7	60	<1	<1	<1	<1	15	6	9	160	93
Morphine (illicit/not prescribed)	67	64	37	20	1	<1	1	<1	23	7	38		20
Any morphine	75	69	40	24	1	<1	1	4	32	11	43		28
Oxycodone (licit/prescribed)	17	10	4	20	<1	0	<1	<1	14	5	7	17	15
Oxycodone (illicit/not prescribed)	60	53	32	10	1	<1	1	<1	21	9	35		7
Any oxycodone	66	55	33	10	1	1	1	<1	30	13	39		9
Over the counter codeine	29	3	<1	5	<1	0	<1	<1	28	15	15		7
Other opioids (not elsewhere classified)	43	4	1	10	1	<1	<1	0	41	21	21		10

Source: IDRS participant interviews

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

^a Among those who had used/injected (as applicable)

^b Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone)

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

^d Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week

Table A3: Drug use history of the national sample, 2012 (continued)

	Ever used %	Ever injected %	Injected last six months %	Median days injected in last six months ^a	Ever smoked %	Smoked last six months %	Ever snorted %	Snorted last six months %	Ever swallowed ^b %	Swallowed last six months ^b %	Used last six months ^c %	Median days in treatment last six months ^{a, d}	Median days used last six months ^{a, c}
Speed powder	86	80	38	10	20	3	39	3	36	4	40		10
Base/point/wax	41	37	17	7	6	2	3	<1	9	2	18		6
Ice/shabu/crystal	77	73	51	12	39	17	7	1	11	3	54		12
Methamphetamine liquid	21	19	5	4					5	1	5		4
Any methamphetamine ^e	94	91	65	21	46	19	42	4	41	8	68		22
Pharmaceutical stimulants (licit/prescribed)	9	3	<1	2.5	<1	0	1	<1	7	1	1	180	135
Pharmaceutical stimulants (illicit/not prescribed)	35	23	10	4	<1	0	2	<1	22	5	13		4
Any pharmaceutical stimulants	39	24	1	4	<1	0	3	<1	27	6	14		4
Cocaine	64	46	12	4	12	1	38	4	9	<1	15		3
Hallucinogens	65	10	1	3	1	<1	<1	<1	60	6	6		3
Ecstasy	63	24	4	2	2	0	9	2	58	9	12		2.5
Alprazolam (licit/prescribed)	21	2	1	3.5	<1	0	<1	0	20	11	11		160
Alprazolam (illicit/not prescribed)	53	11	6	5	<1	<1	1	<1	50	35	37		10
Other benzodiazepines (licit/prescribed)	54	3	<1	1	<1	<1	<1	<1	53	35	35		150
Other benzodiazepines (illicit/not prescribed)	51	6	2	10.5	<1	<1	1	0	49	33	34		10
Any benzodiazepines	79	17	7	6	1	<1	2	<1	76	62	64		91
Seroquel (Licit/prescribed)	21	1	<1	24.5					20	10	10		180
Seroquel (illicit/not prescribed)	34	1	<1	4					33	15	16		4
Any Seroquel	48	2	1	4					47	24	25		11
Alcohol	95	5	<1	1.5					93	64	64		24
Cannabis	96				93	75					76		160
Inhalants	21										2		3
Steroids	6	4	1	10	0	0	0	0	2	<1	2		14
Tobacco	98										94		180

Source: IDRS participant interviews

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

^a Among those who had used/injected (as applicable).

^b Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone)

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

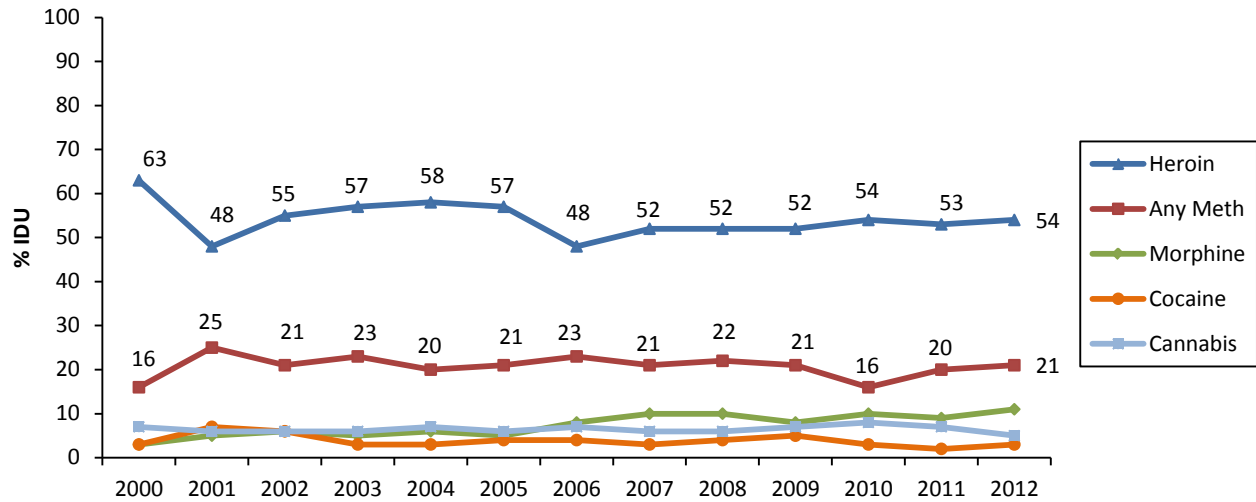
^d Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week

^e Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Prior to 2006, the 'methamphetamine' category also included pharmaceutical stimulants in this table. Pharmaceutical stimulants have comprised their own category since 2006

n.a. Data not available

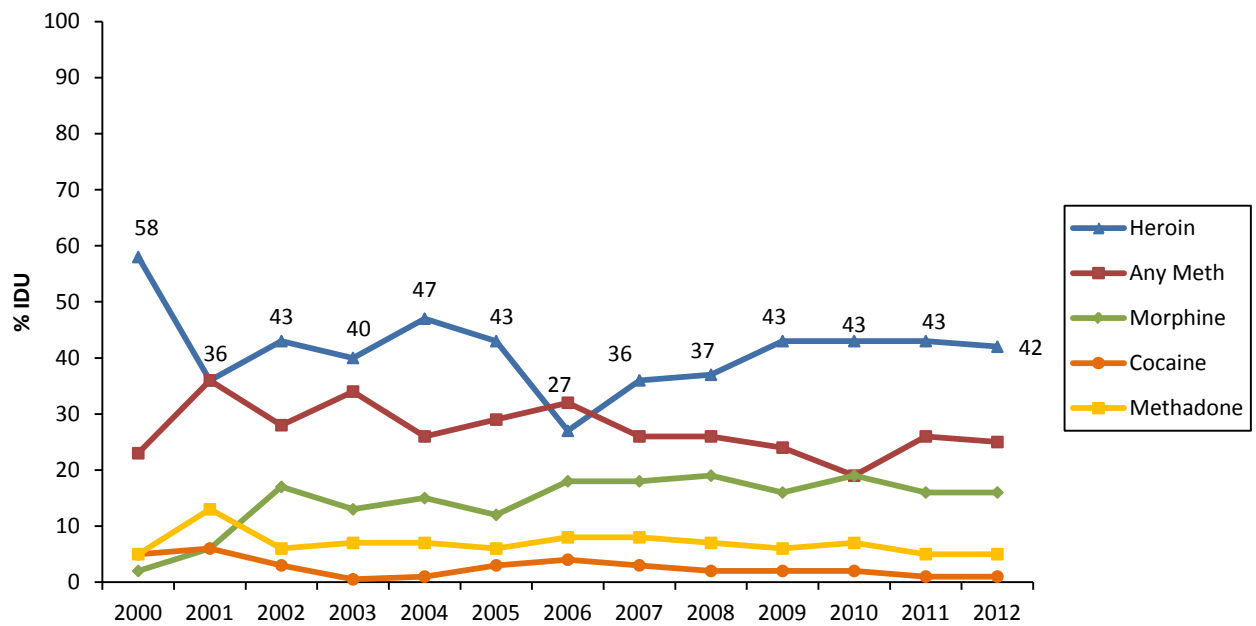
Appendix B: National drug use history, 2000-2012

Figure B1: Drug of Choice, nationally, 2000-2012



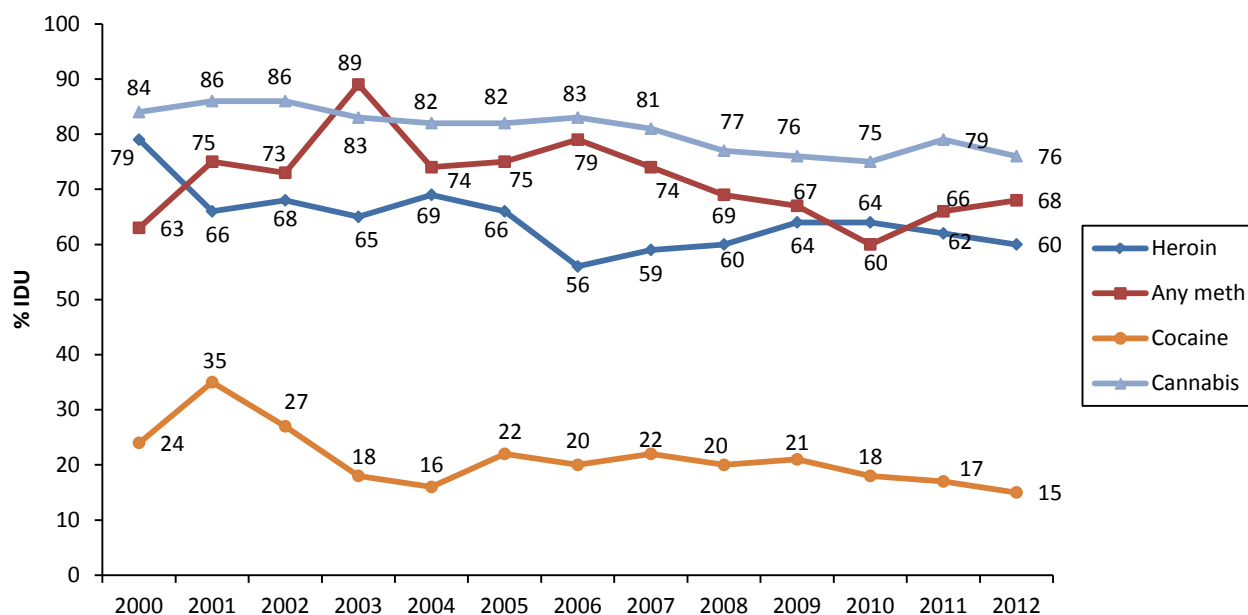
Source: IDRS participant interviews

Figure B2: Drug injected most often in the last month, nationally, 2000-2012



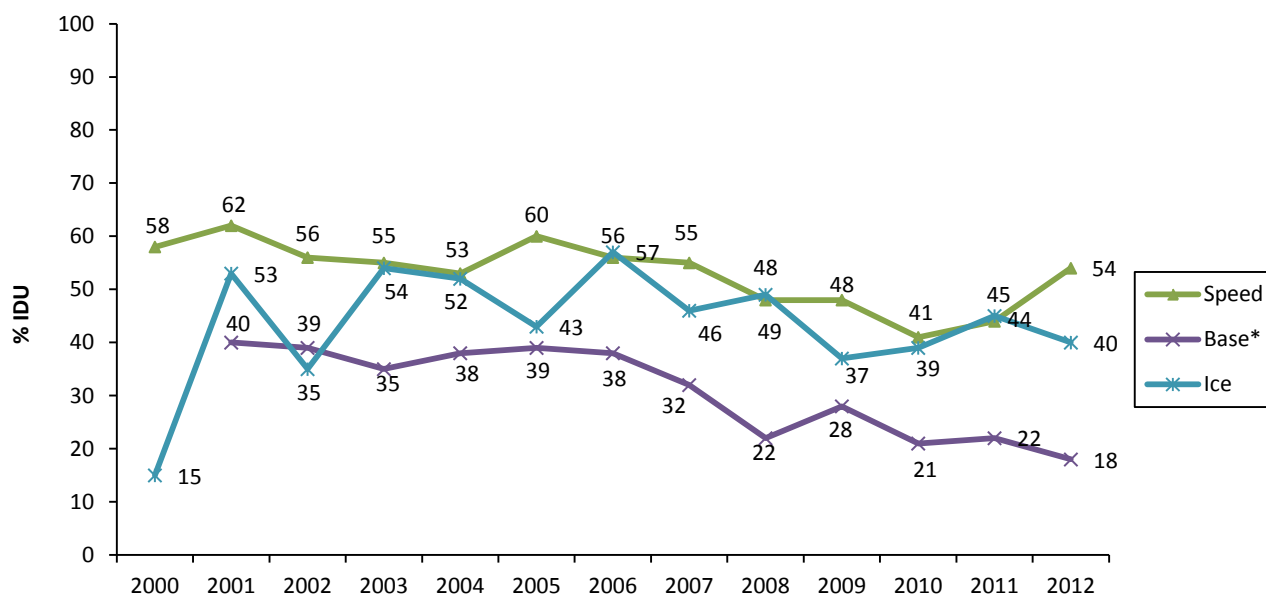
Source: IDRS participant interviews

Figure B3: Recent use of heroin, any methamphetamine, cocaine and cannabis, nationally, 2000-2012



Source: IDRS participant interviews

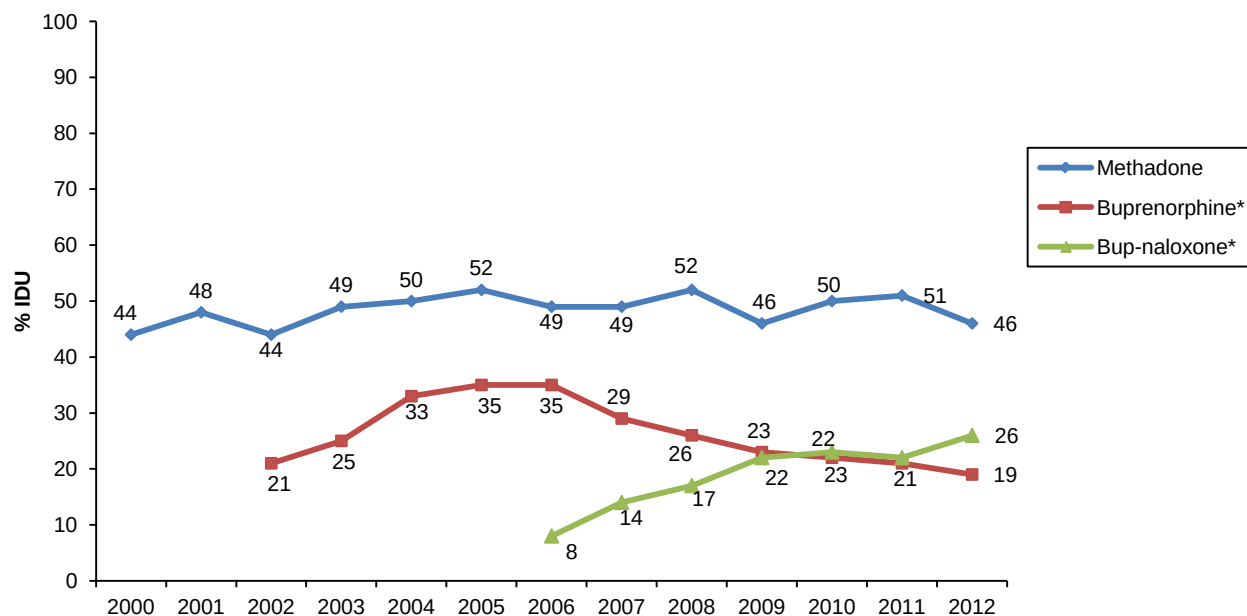
Figure B4: Recent use of speed, base and crystal/ice, nationally, 2000-2012



Source: IDRS participant interviews

* Base asked separately from 2001 onwards.

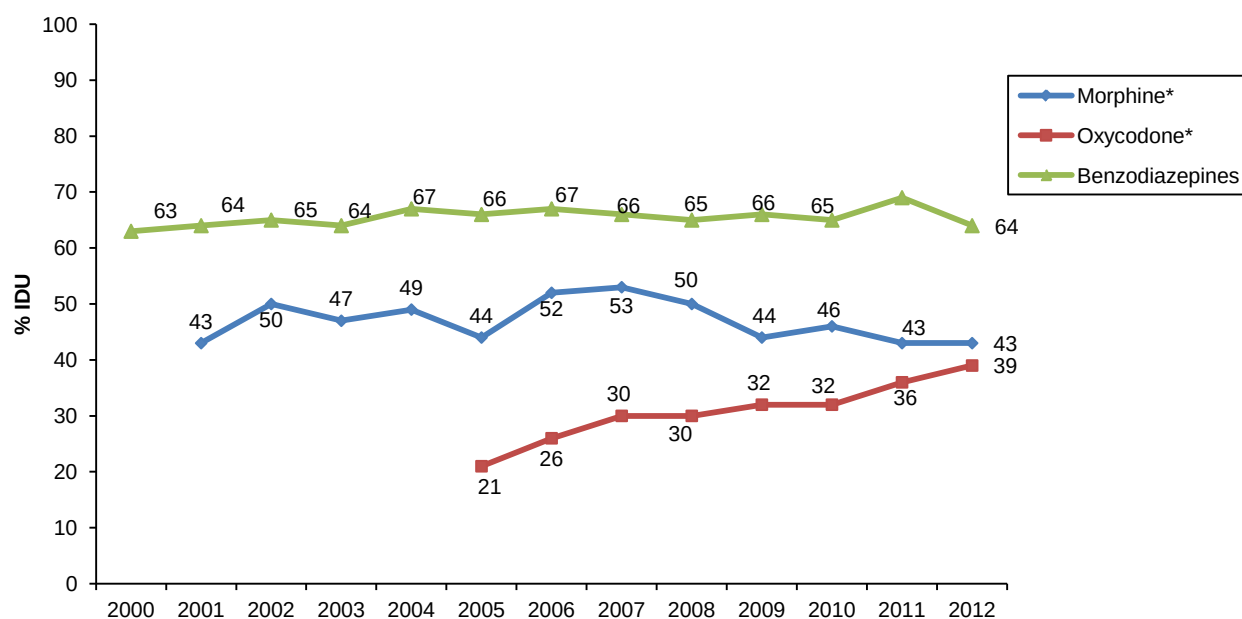
Figure B5: Recent use of methadone, buprenorphine and buprenorphine-naloxone, nationally, 2000-2012



Source: IDRS participant interviews

* Data collection started in 2002 for buprenorphine and 2006 for buprenorphine-naloxone

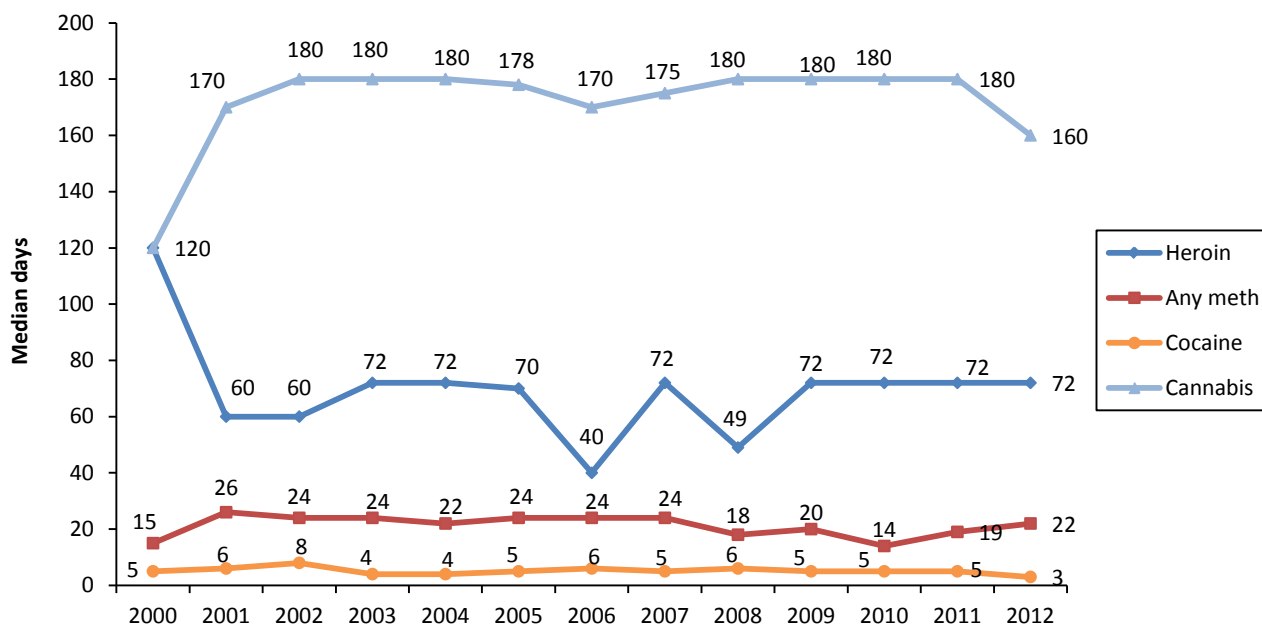
Figure B6: Recent use of morphine, oxycodone and benzodiazepines, nationally, 2000-2012



Source: IDRS participant interviews

* Data collection started in 2001 for morphine and 2005 for oxycodone

Figure B7: Median days of heroin, methamphetamine (any form), cocaine and cannabis use among participants who had recently used, nationally, 2000-2012



Source: IDRS participant interviews

Appendix C: Jurisdictional drug use history, 2000-2012

Table C1: Heroin use patterns, by jurisdiction, 2000-2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Used last six months (%)									
2000	79	95	92	97	38	73	80	56	86
2001	66	96	83	90	24	65	55	36	62
2002	68	96	89	94	21	48	64	22	81
2003	65	97	88	90	26	55	63	16	64
2004	69	95	91	86	19	60	69	34	79
2005	66	88	86	89	19	61	69	24	64
2006	56	81	71	76	9	60	53	12	63
2007	59	88	72	85	5	67	57	7	65
2008	60	83	86	85	5	51	59	14	74
2009	64	94	78	79	12	72	71	13	75
2010	64	92	78	85	8	64	69	5	81
2011	62	87	79	81	19	57	79	9	65
2012	60	89	74	84	9	52	80	11	65
Days used* (median)									
2000	120	180	160	176	5	60	90	28	100
2001	60	158	50	65	3.5	30	30	6	70
2002	60	180	48	60	6	24	24	2	80
2003	72	170	93	76	4.5	72	20	5	49
2004	72	120	72	90	4	48	48	5	26
2005	70	96	60	81	6	28	60	4	52
2006	40	72	24	56	6^	19	20	13	52
2007	72	96	48	90	4^	48	72	30^	28
2008	49	72	60	81	2	48	48	6	48
2009	72	96	48	51	6	30	96	17	72
2010	72	96	60	74	3	24	55	4^	90
2011	72	90	66	63	4	72	68	21^	66
2012	72	96	72	72	6^	48	90	4.5	72
Daily users among recent users (%)									
2000	29	49	47	47	0	14	22	10	27
2001	13	41	15	13	0	10	2	3	10
2002	18	53	18	24	0	5	5	0	17
2003	19	47	32	20	1	17	9	0	13
2004	25	38	24	25	0	13	16	1	16
2005	24	42	23	22	0	11	23	12	22
2006	17	31	7	21	0	2	11	0	16
2007	23	27	6	31	0	18	29	14	24
2008	18	24	18	25	0	16	15	7	5
2009	23	36	17	16	0	10	36	8	25
2010	27	36	17	33	0	10	23	0	33
2011	24	32	26	21	0	25	16	22	21
2012	28	39	26	25	0	29	26	14	19

Source: IDRS participant interviews

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

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

Table C2: Recent use of speed powder, by jurisdiction, 2000-2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	58	32	63	49	77	51	81	70	58
2001	62	42	63	74	45	47	87	63	80
2002	56	39	51	70	35	56	77	67	55
2003	55	31	48	70	51	53	71	60	58
2004	53	35	41	65	60	44	61	60	61
2005	60	38	59	75	76	39	61	69	65
2006	56	49	58	71	54	39	66	57	54
2007	55	35	55	65	63	42	61	58	62
2008	48	38	37	64	61	34	61	50	35
2009	48	33	46	65	56	33	54	50	46
2010	41	29	48	53	56	29	51	25	41
2011	44	30	46	49	67	36	43	43	40
2012	40	17	42	39	70	34	45	46	30

Source: IDRS participant interviews

Table C3: Recent use of base methamphetamine, by jurisdiction, 2001-2012*

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	40	23	36	32	52	59	56	18	75
2002	39	23	30	20	74	65	56	21	42
2003	35	32	13	18	46	51	40	30	50
2004	38	31	25	11	72	46	45	26	60
2005	39	38	28	13	79	61	54	16	40
2006	38	43	32	15	55	52	37	25	53
2007	32	41	32	8	48	42	22	20	48
2008	22	33	18	5	25	37	13	10	34
2009	28	36	21	13	55	31	12	16	41
2010	21	29	18	3	40	43	8	6	30
2011	22	17	17	11	39	35	6	12	37
2012	18	15	15	11	43	32	6	7	21

Source: IDRS participant interviews

* Base asked separately from 2001 onwards.

Table C4: Recent use of ice/crystal methamphetamine, by jurisdiction, 2000-2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	15	14	17	9	6	11	51	6	13
2001	53	29	72	52	56	58	85	24	75
2002	35	25	34	26	20	56	74	20	39
2003	54	38	65	50	69	48	80	34	60
2004	52	45	73	41	52	48	83	32	51
2005	43	38	62	29	50	46	68	21	36
2006	57	57	88	53	56	49	76	29	55
2007	46	50	80	43	38	41	56	29	39
2008	49	69	68	39	32	49	61	28	40
2009	37	46	57	32	26	30	43	15	46
2010	39	48	48	36	20	60	40	18	37
2011	45	53	57	53	26	44	46	28	50
2012	54	68	66	59	43	56	64	26	44

Source: IDRS participant interviews

Table C5: Recent use of cocaine, by jurisdiction, 2000-2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	24	63	15	13	6	20	22	18	13
2001	35	84	40	28	8	27	32	13	28
2002	27	79	18	17	12	26	17	10	15
2003	18	53	13	13	9	13	10	5	16
2004	16	47	10	10	4	6	15	10	10
2005	22	60	20	15	8	16	19	10	11
2006	20	67	8	19	12	8	10	8	9
2007	22	63	18	22	5	7	16	9	15
2008	20	58	18	24	4	4	15	3	13
2009	21	61	22	15	2	10	12	12	15
2010	18	57	6	14	5	12	15	4	13
2011	17	47	8	17	7	12	10	1	13
2012	15	44	16	9	11	7	15	4	4

Source: IDRS participant interviews

Table C6: Recent use of cannabis (any form), by jurisdiction, 2000-2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	84	72	84	85	90	88	90	84	84
2001	86	83	85	88	94	85	91	81	82
2002	86	80	89	87	91	85	98	83	82
2003	83	79	86	88	88	80	81	83	76
2004	82	80	85	81	87	83	84	75	75
2005	82	80	89	86	87	80	76	79	76
2006	83	80	90	83	88	77	80	84	85
2007	81	79	83	83	87	81	69	83	84
2008	77	80	80	74	86	75	64	78	82
2009	76	79	81	79	89	61	72	79	69
2010	75	72	81	81	79	66	70	72	77
2011	79	81	87	85	78	69	71	71	79
2012	76	72	81	85	81	61	79	71	70

Source: IDRS participant interviews

Table C7: Recent use of methadone (any form), by jurisdiction, 2000-2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	45	54	51	41	80	39	28	31	35
2001	48	52	61	44	83	43	29	36	38
2002	44	43	64	27	80	36	29	37	51
2003	49	53	62	31	85	48	34	51	37
2004	50	69	51	29	84	38	44	42	42
2005	52	64	66	34	71	47	40	50	43
2006	49	61	61	37	75	47	45	34	32
2007	49	54	57	47	75	40	50	44	28
2008	52	57	62	52	84	36	32	52	39
2009	46	59	59	47	78	32	25	35	22
2010	50	70	57	51	69	37	38	35	27
2011	51	69	56	52	65	39	51	34	33
2012	46	62	56	55	58	27	45	29	27

Source: IDRS participant interviews

Table C8: Recent use of buprenorphine (any form), by jurisdiction, 2002-2012*

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2002	21	13	10	53	7	10	28	14	16
2003	25	26	10	53	7	23	28	20	19
2004	33	24	28	59	8	35	38	25	36
2005	35	29	33	63	11	36	49	27	27
2006	35	33	44	50	9	32	41	26	47
2007	29	34	40	40	14	27	23	10	36
2008	26	21	37	30	13	28	20	23	33
2009	23	25	30	33	19	15	17	8	38
2010	22	18	35	28	9	23	22	12	30
2011	21	23	28	25	7	11	16	13	38
2012	19	20	28	22	13	11	16	12	29

Source: IDRS participant interviews

* Data collected from 2002 onwards

Table C9: Recent use of buprenorphine-naloxone (tablet form), by jurisdiction, 2006-2012*

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2006	8	1	1	16	0	8	17	1	18
2007	14	1	12	25	1	14	19	7	30
2008	17	6	16	35	8	7	21	10	25
2009	22	12	19	29	11	21	37	14	35
2010	23	8	19	39	9	20	34	21	33
2011	22	18	20	43	8	11	29	19	22
2012	18	13	10	31	16	15	22	12	25

Source: IDRS participant interviews

* Data collected from 2006 onwards

Table C10: Recent use of morphine (any form), by jurisdiction, 2001-2012*

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	42	13	39	32	72	43	32	83	35
2002	50	22	37	51	76	46	52	86	39
2003	47	23	50	42	72	43	41	82	42
2004	49	29	40	43	62	42	46	87	50
2005	44	28	37	42	59	37	52	80	32
2006	52	36	57	35	62	51	55	81	53
2007	53	38	56	41	68	44	50	82	59
2008	50	37	40	41	81	35	34	89	54
2009	44	31	43	33	82	24	37	70	42
2010	46	35	43	35	74	25	30	91	42
2011	43	28	34	34	75	23	36	81	41
2012	43	23	36	29	66	28	49	77	39

Source: IDRS participant interviews

* Data collected from 2001 onwards

Table C11: Recent use of oxycodone (any form), by jurisdiction, 2005-2012*

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2005	21	16	17	19	31	17	41	11	19
2006	26	20	26	27	30	22	44	11	27
2007	30	28	26	29	42	20	46	12	39
2008	30	31	31	27	54	15	27	31	29
2009	32	28	30	27	56	11	33	41	35
2010	32	36	14	32	61	21	26	33	29
2011	36	38	25	41	47	26	33	32	39
2012	39	50	35	29	59	30	53	22	35

Source: IDRS participant interviews

* Data collection commenced in 2005.

Table C12: Recent use of benzodiazepines (any form), by jurisdiction, 2000-2012

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	63	61	67	74	81	65	72	29	80
2001	64	56	66	78	85	57	51	53	64
2002	65	57	62	73	83	57	77	53	56
2003	64	62	62	80	88	53	67	54	48
2004	67	67	59	82	85	55	72	56	57
2005	66	65	62	73	86	63	73	53	51
2006	67	60	60	71	83	73	75	51	69
2007	66	65	68	67	87	67	71	52	50
2008	65	73	66	69	85	49	56	56	61
2009	66	66	70	80	79	51	64	54	59
2010	65	70	68	74	74	49	61	52	62
2011	69	63	64	85	81	50	64	61	76
2012	64	64	63	82	73	46	82	36	62

Source: IDRS participant interviews

Appendix D: Mapping the IDRS Findings

Table D1: Mapping IDRS findings onto the work of Larance et al.

IDRS distinctions		Interpretation following Larance et al.'s terminology
1	Use of licitly obtained opioids	Includes treatment adherence (use of prescribed opioids as directed) and non-adherence (including stockpiling, injection, etc.)
2	Use of illicitly obtained opioids	Use of diverted opioids
3	Use of any opioids	Includes all of the above behaviours (treatment adherence, non-adherence and use of diverted opioids). Provides an indication of the level of pharmaceutical opioid use, irrespective of method of obtainment or route of administration
4	Injection of licitly obtained opioids	Non-adherence
5	Injection of illicitly obtained opioids	Injection of diverted opioids
6	Injection of any opioids	Includes both of the above behaviours, i.e. does not differentiate between non-adherence and injection of diverted opioids. Provides an indication of the level of opioid injection (which is associated with injection related harms, irrespective of the method of obtainment).

Source: (Larance, Degenhardt, Lintzeris et al., 2011)

Appendix E: Heroin price, perceived purity and availability, 2000-2012

Table E1: Median price of heroin per gram, by jurisdiction, 2000-2012

	Price \$ per gram												
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
NSW	220	320	300	300	300	300	300	300	300	320	345	300	350
ACT	300	485	350	350	300	300	340^	300	300	320	300	300	300
VIC	300	450	400	380	300	310	350	350	300	310	325^	250	300
TAS	300	325	350	350	350^	360^	-	-	-	-	-	400^	-
SA	320	350	450	425	320^	400^	400^	390^	250^	400^	360^	400^	400
WA	450	750	550	550	500	550^	550	650^	600^	525	600	650^	600
NT	600	600	500	-	400^	500^	600^	150^	400^	300^	100^	550^	125^
QLD	350	450	350	400	380	400	400	400	400	400	400	400^	400

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

Note: National data not shown

Table E2: Median price of heroin per cap, by jurisdiction, 2000-2012

	Price \$ per cap												
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
NSW	25	50	50	50	50	50	50	50	50	50	50	50	50
ACT	50	50	50	50	50	50	50	50	50^	50	50^	50	50
VIC	50	50	50	50	40	45	40	50	47.50	50	50	50	50
TAS	50	50	82.5^	50	50^	90^	-	50^	50^	-	-	75^	50^
SA	50	50	50	50	50	50	50	100	100	100	100	100	100
WA	50	50	50	50	50	50	50^	50^	100^	50	50^	100^	100^
NT	50	100	85^	50	53	80^	50^	50^	100^	80^	-	80^	110^
QLD	50	50	50	50	50	50	50	50	50	50	50	50	50

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

Note: National data not shown

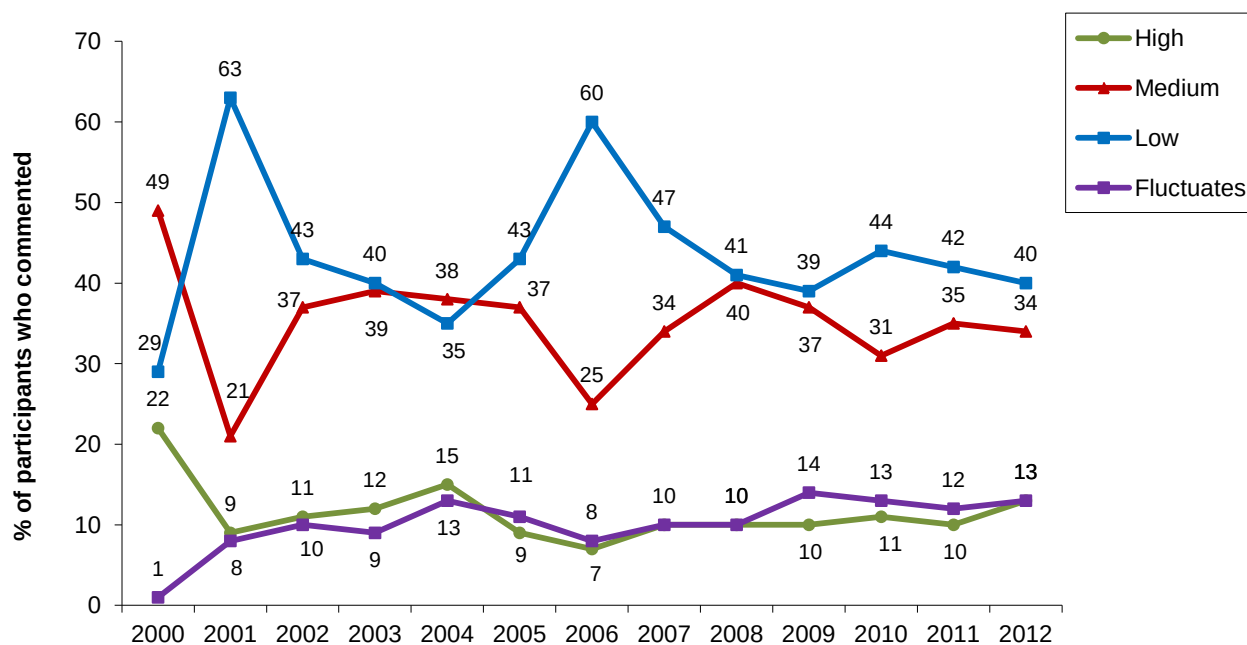
Figure E1: Median price of heroin per cap and gram, nationally, 2000-2012



Source: IDRS participant interviews

Note: In 2000 cap is actually a 'rock'. No data available for gram in 2000

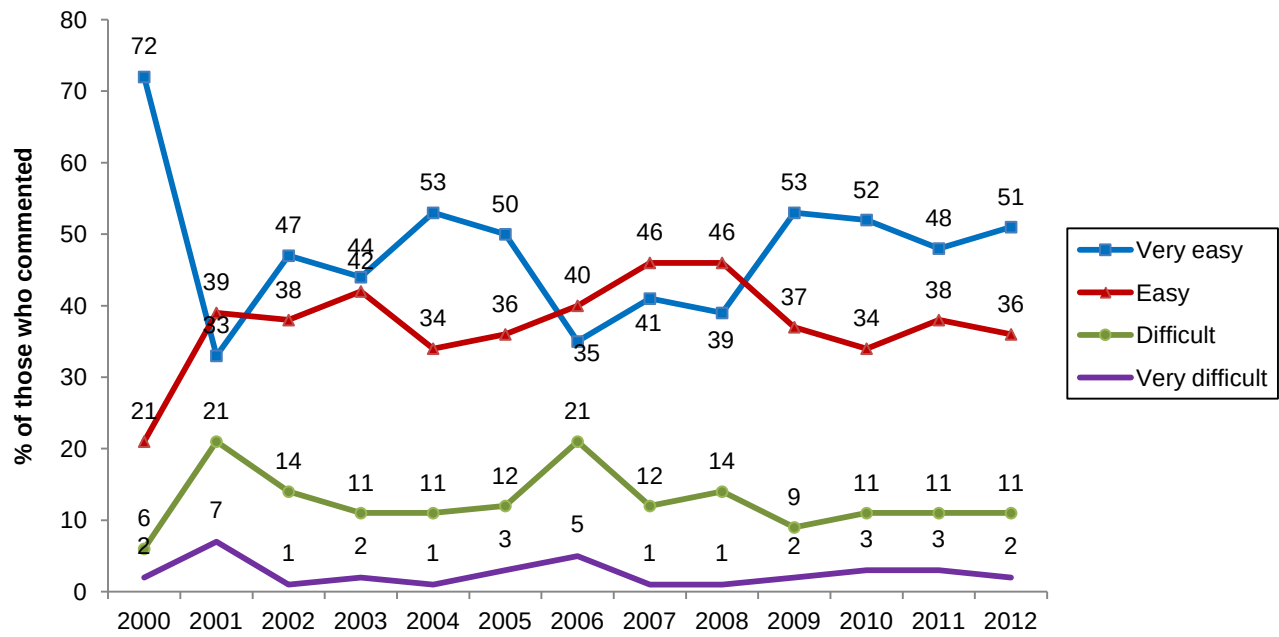
Figure E2: Current purity of heroin, nationally, 2000-2012



Source: IDRS participant interviews

Note: The response 'Don't know' was excluded from analysis

Figure E3: Current availability of heroin, nationally, 2000-2012



Source: IDRS participant interviews

Note: The response 'Don't know' was excluded from analysis

Appendix F: Methamphetamine price, purity and availability, 2002-2012

Table F1: Median price of speed, by jurisdiction, 2002-2012

	Price \$ per gram											Price \$ per point										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
NSW	100	50^	100^	90	100	65^	200	120^	175^	190^	675^	50	50	50^	50	50	50	50	50	50	50	50
ACT	300	175^	200^	125	175^	235	200^	250	250	235	250	50	50	50	50	50	50	50	50	50	50	50
VIC	200	200	180	200	200	200	200	200	200^	200	200	40	40	40	40	35	50	40	50	50	50	100
TAS	75	215^	290^	300	300^	300^	300^	300^	300	300	300	50	50	50	50	50	50	50	50	50	50	50
SA	50	100	50^	200	150^	175^	50^	425^	400^	-	350^	20^	25	27.5^	41.5	50	50	50^	50	50	100	100
WA	250	260	260	300	300	400^	350^	400	400	550^	700^	50	50	50	50	50	50	50	50	50	100	100
NT	80	100	200	280	250	300	300	350	450^	400	275^	50	50	50	50	60	50	60	50	100^	100	150
QLD	200	200	200	200	200	200	200	200	250^	400^	775^	40	50	50	50	50	50	50	50	50	100	100^

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Table F2: Median price of base, by jurisdiction, 2002-2012

	Price \$ per gram											Price \$ per point										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
NSW	200^	200^	200^	160^	200	200^	200^	150^	100^	350^	250^	50	50	50	50	50	50	50	50	50	50^	50
ACT	250^	210^	220^	280^	250^	100^	-	275^	250^	250^	200^	50	50^	50^	50	50	50	40^	50	50^	50^	20^
VIC	250^	200^	152^	150^	180^	150^	200^	200^	-	800^	450^	35^	40^	35^	45^	50^	-	-	50^	-	90^	-
TAS	350	300^	300^	352	300	300^	300^	300^	300^	300^	300	50	50	50	50	50	50	50	50	50	50	50
SA	200	200	180^	200	200	200^	-	425^	210^	700^	700^	25	30	25	50	50	50	50	50	100	75	100
WA	275	275	250	300	325^	175^	425^	-	400^	-	-	50	50	50	50	50	50^	50^	-	50^	-	100^
NT	240^	250^	300	250^	250^	300^	400^	400^	250^	700^	-	50	50	50	50^	60	50^	100^	75^	100^	150^	100^
QLD	200	200	200	200^	200	200	200	200	200^	300^	550^	50	50	50	50^	50	50	50^	50	50^	80	75^

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Table F3: Median price of ice/crystal, by jurisdiction, 2002-2012

	Price \$ per gram											Price \$ per point										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
NSW	300^	250^	280^	350^	325	350^	350	350^	400^	400	400	50	50	50	50	50	50	50	50	50	50	50
ACT	335^	300	300^	300^	410	380	450^	450^	275^	600^	575	50	50	50	50	50	50	50	50	50	92.5	100
VIC	220^	250	200^	300^	200^	350^	370^	380^	450^	800	500	50	50	50	50^	50	50	50	50^	100	100	100
TAS	400^	350^	400^	340^	300^	340^	300^	300^	400^	-	350	50	50	30	50	50	50	50	50	50^	50	60
SA	190	200	190^	300^	215^	220^	350^	600^	260^	575^	500^	25	50	30^	30^	50	50	50	50	75	75	100
WA	350	300	350	400	400	400^	400^	400	500^	600^	750^	50	50	50	50	50	50	50	50	100	100	100
NT	300^	300^	300^	250^	800^	400^	1200^	800^	1350^	1000^	700^	80	50	50	65^	90	100	125^	100^	200^	150	150
QLD	235	200	250	200^	275	275	275	320	450^	400^	725^	50	35	50	50^	50	50	50	50	100^	100	100

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Figure F1: Median price of speed per point and gram, nationally, 2002-2012



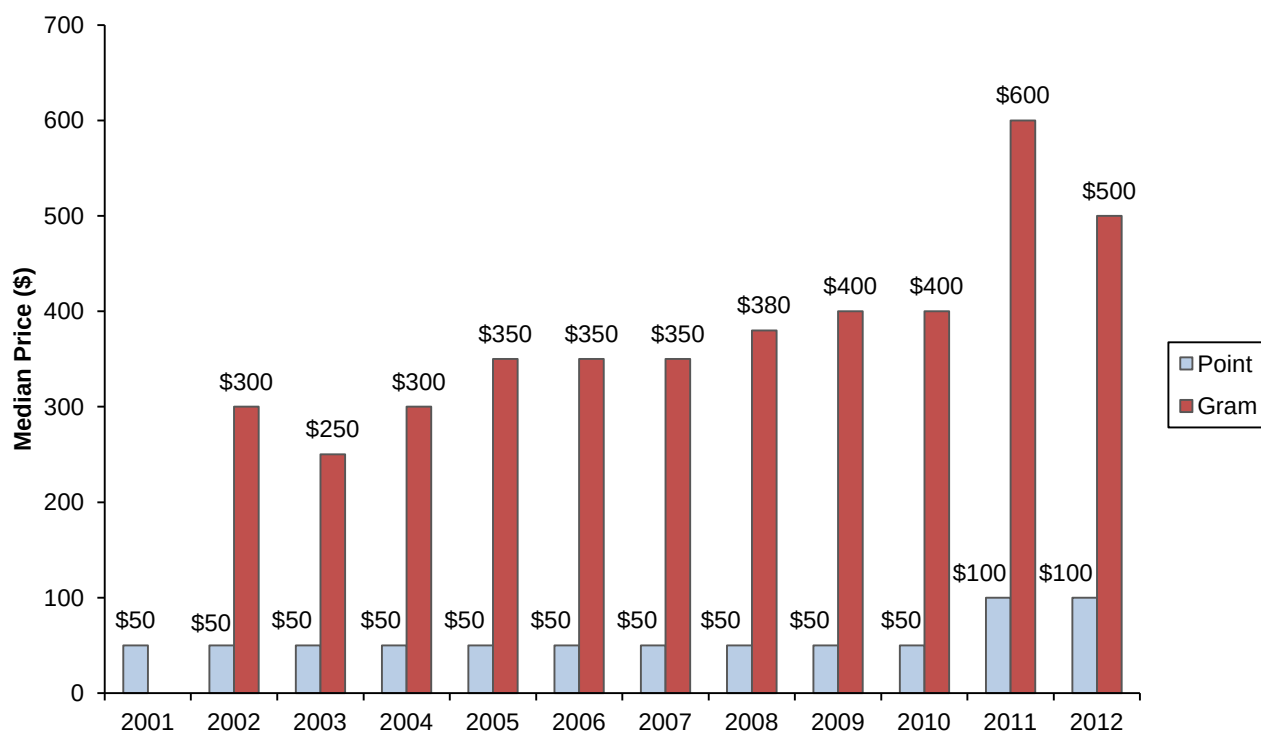
Source: IDRS participant interviews

Figure F2: Median price of base per point and gram, nationally, 2002-2012



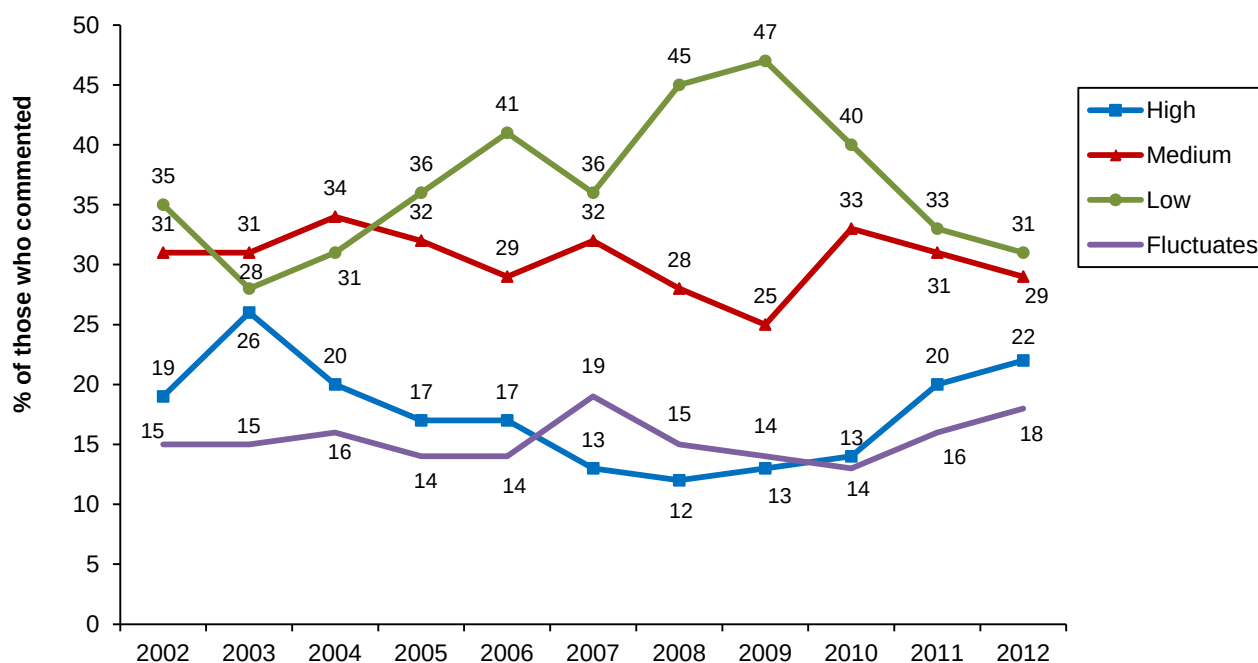
Source: IDRS participant interviews

Figure F3: Median price of ice/crystal per point and gram, nationally, 2002-2012



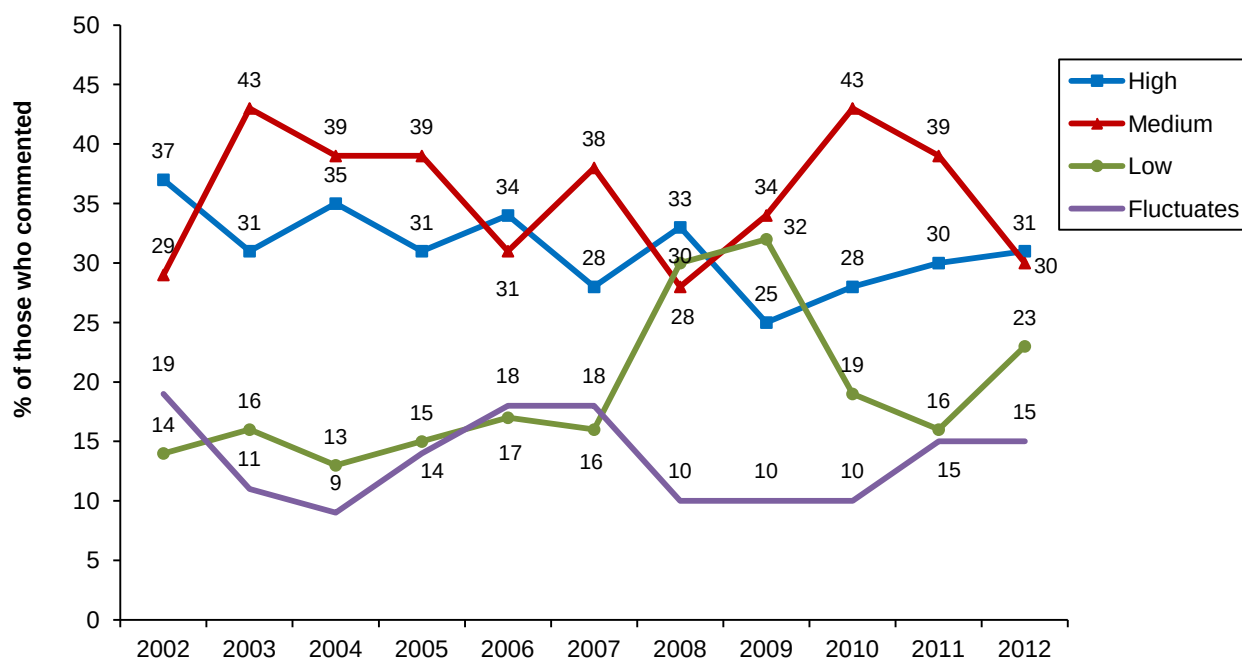
Source: IDRS participant interviews
 Note: No data available for gram in 2001

Figure F4: Current purity of speed, nationally, 2002-2012



Source: IDRS participant interviews
 Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

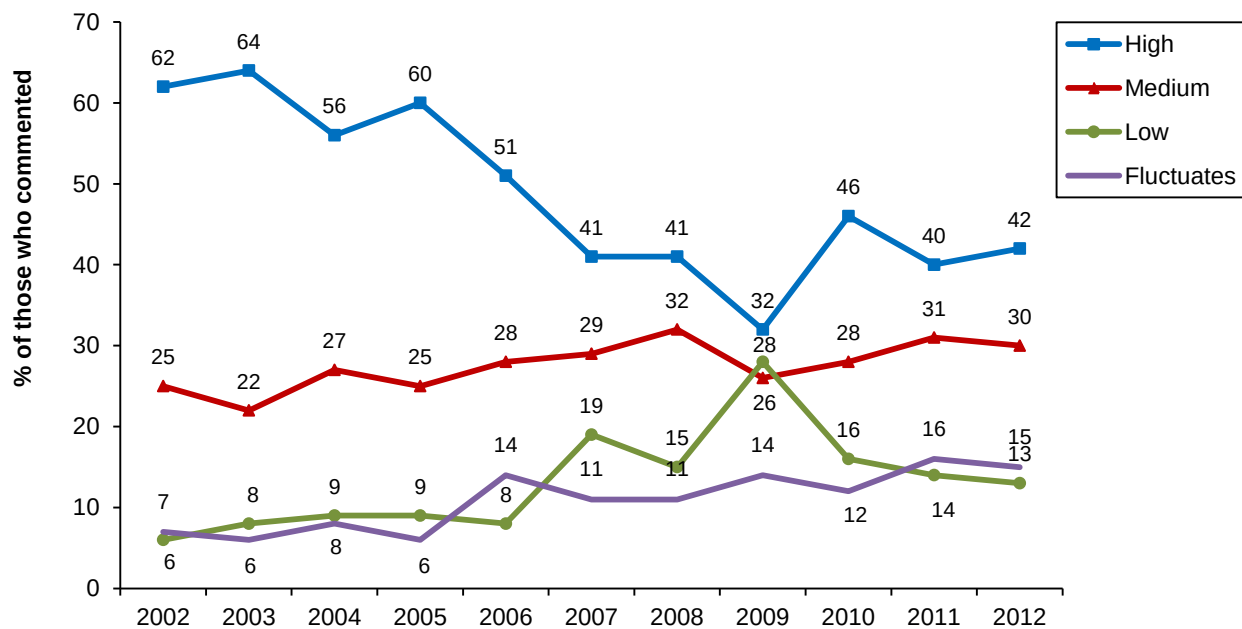
Figure F5: Current purity of base, nationally, 2002-2012



Source: IDRS participant interviews

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

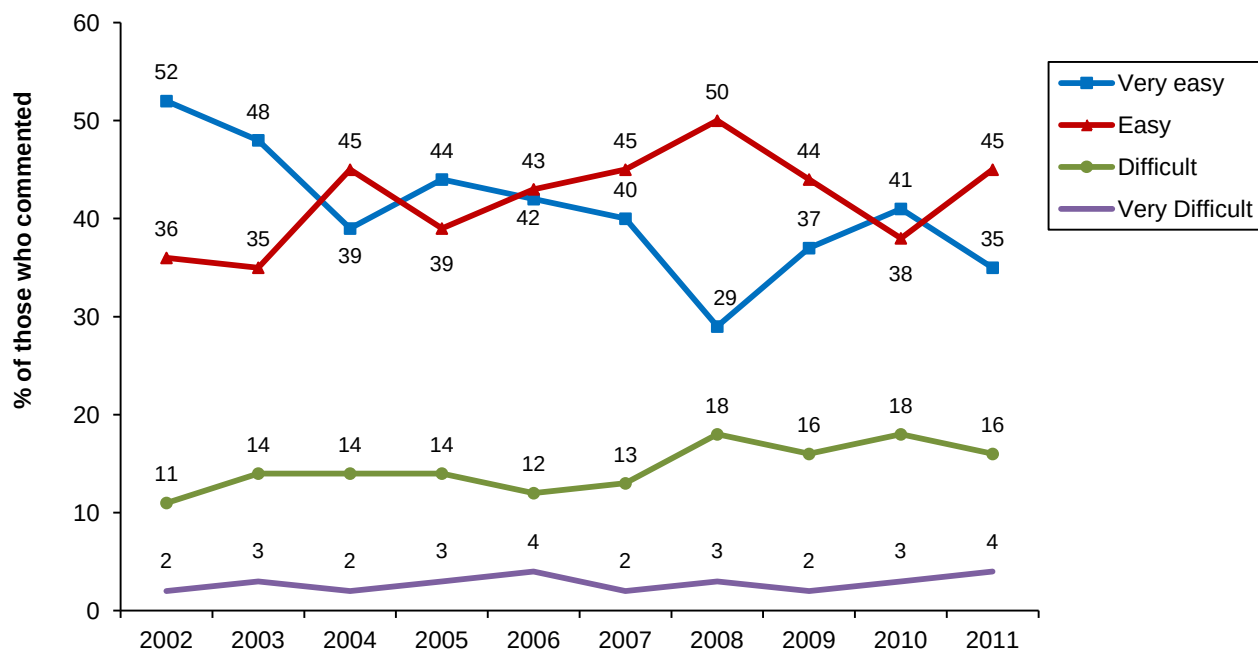
Figure F6: Current purity of ice/crystal, nationally, 2002-2012



Source: IDRS participant interviews

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

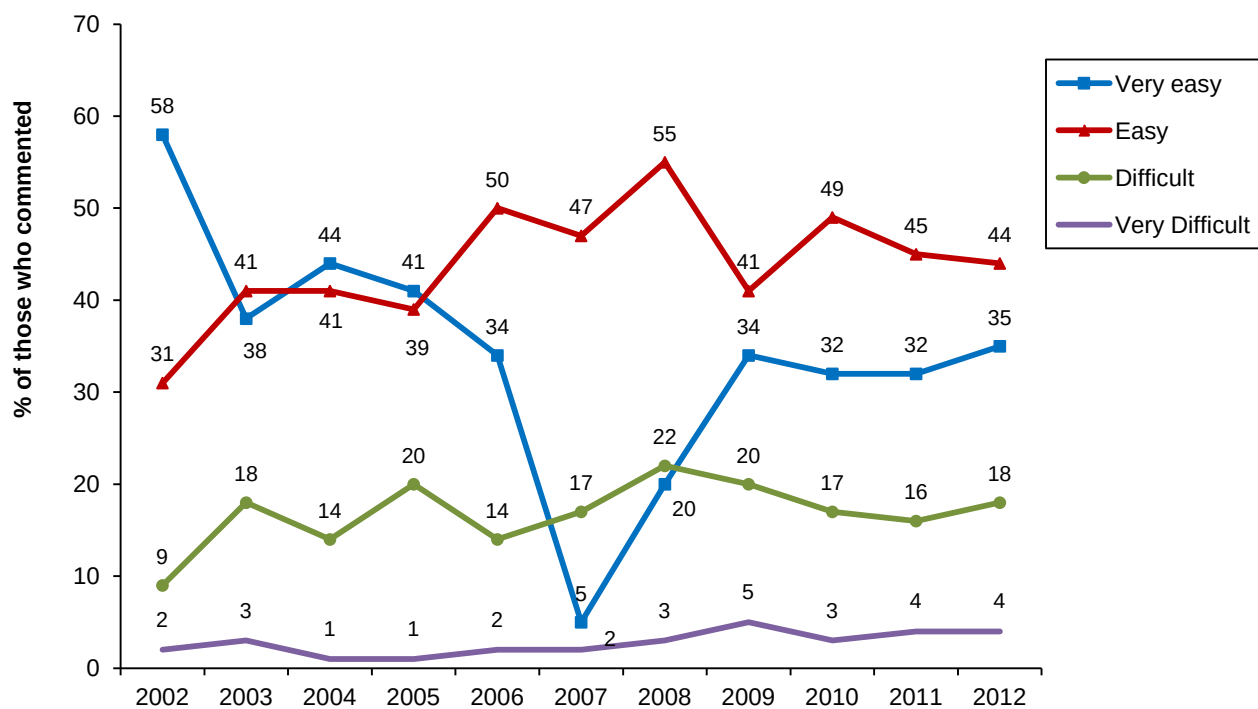
Figure F7: Current availability of speed, nationally, 2002-2012



Source: IDRS participant interviews

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

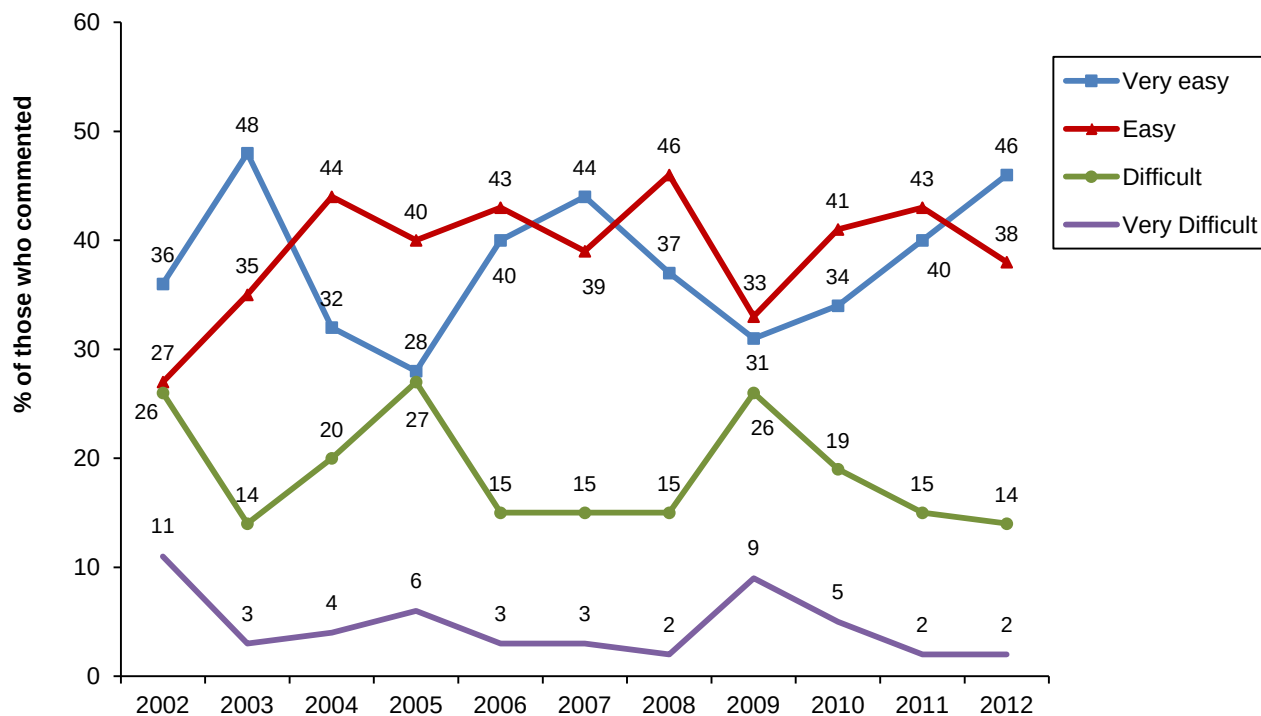
Figure F8: Current availability of base, nationally, 2002-2012



Source: IDRS participant interviews

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure F9: Current availability of ice/crystal, nationally, 2002-2012



Source: IDRS participant interviews

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Appendix G: Cocaine price, perceived purity and availability, 2000-2012

Table G1: Median price of cocaine per gram, by jurisdiction, 2000-2012

	Price \$ per gram												
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
NSW	n/a	n/a	200	200	290^	280^	300	300	300	350	300	300	375^
ACT	n/a	n/a	250^	200^	350^	250^	-	325^	310^	250^	-	330^	350^
VIC	n/a	n/a	200^	250^	200^	350^	400^	375^	-	325^	400^	400^	500^
TAS	n/a	n/a	200^	250^	325^	400^	-	-	350^	-	400^	-	400^
SA	n/a	n/a	250^	250^	190^	315^	400^	340^	225^	700^	250^	300^	-
WA	n/a	n/a	350^	250^	-	475^	350^	400^	-	450^	325^	-	-
NT	n/a	n/a	50	-	250^	250^	250^	200^	-	250^	-	-	-
QLD	n/a	n/a	220^	300^	200^	300^	-	350^	450^	350^	1000^	290^	-

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

n.a. Data not available

Note: The response 'Don't know' was excluded from analysis

Table G2: Median price of cocaine per cap, by jurisdiction, 2000-2012

	Price \$ per cap												
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
NSW	50	50	50	50	50	50	50	50	50	50	50	50	50
ACT	-	50^	65^	50^	-	50^	-	55^	70	50^	-	50^	50^
VIC	80^	50^	65^	-	-	50^	-	-	100	50^	50^	-	50^
TAS	50^	-	-	-	-	60^	-	-	-	-	-	-	80^
SA	87.5	50^	50^	-	50^	60^	-	-	-	250^	-	50^	-
WA	50^	-	-	-	-	50^	-	-	-	-	40^	-	-
NT	-	110^	30	-	60^	100^	125^	-	-	80^	-	-	-
QLD	-	57.5^	-	-	150^	-	50^	75^	-	-	-	-	-

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

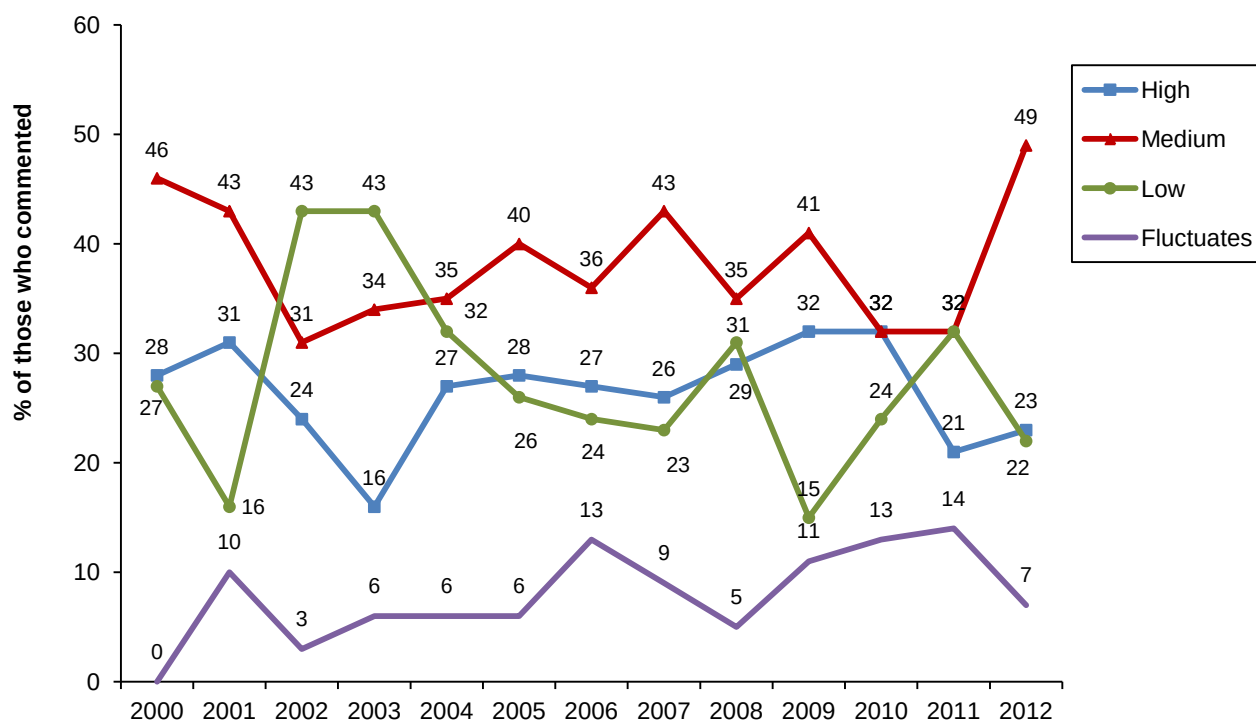
Note: The response 'Don't know' was excluded from analysis

Figure G1: Median price of cocaine per cap and gram, nationally, 2000-2012



Source: IDRS participant interviews

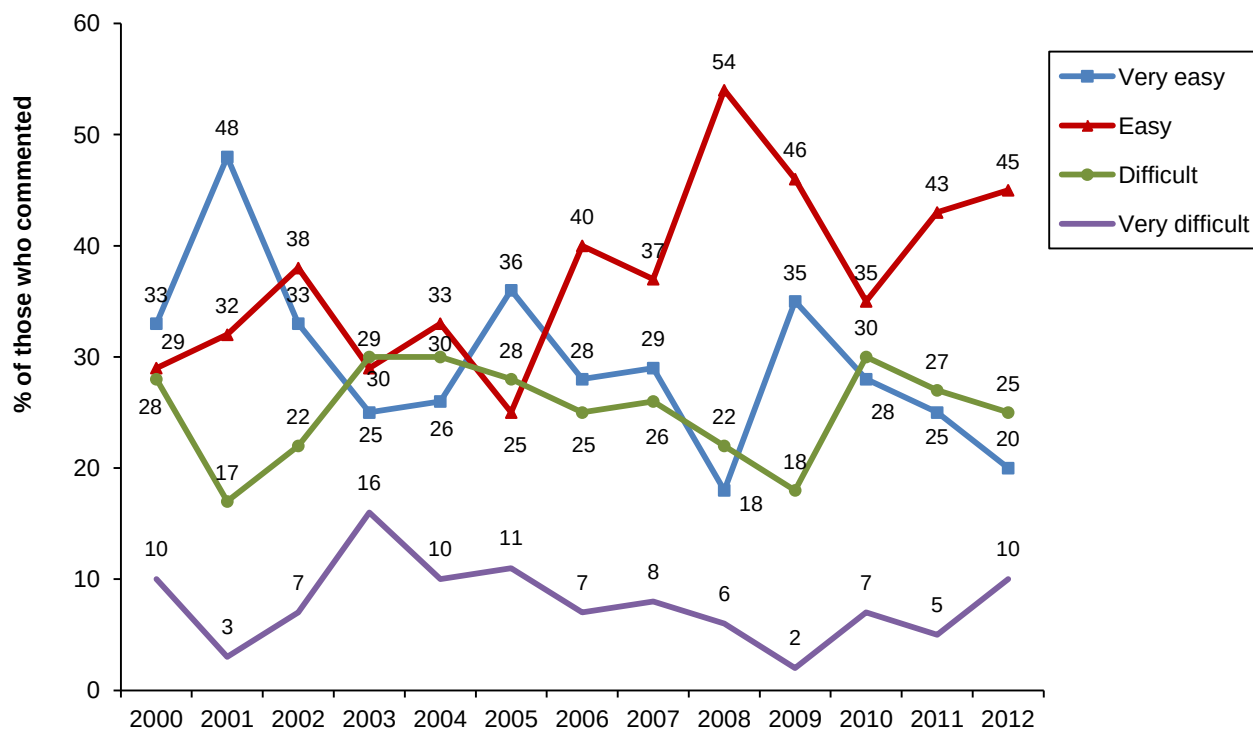
Figure G2: Current purity of cocaine, nationally, 2000-2012



Source: IDRS participant interviews

Note: The response 'Don't know' was excluded from analysis

Figure G3: Current availability of cocaine, nationally, 2000-2012



Source: IDRS participant interviews

Note: The response 'Don't know' was excluded from analysis

Appendix H: Cannabis price, perceived potency and availability, 2000-2012

Table H1: Median price of hydroponic cannabis, by jurisdiction, 2000-2012

	Price \$ per gram													Price \$ per ounce												
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
NSW	20	20	20	20	20	20	20	20	20	20	20	20	20	n/a	n/a	300^	310^	300	300	285	290	300	320	290	300	320
ACT	25	25	20	20	20	20	20	20	20	20	20	20	20	n/a	n/a	250	322.5	280	290	300	300	295	300	280	300	290
VIC	20	20	20	20	20	20	20	20	20	20	20	20	20	n/a	n/a	250	280	240	250	200	240	250	250	250	250	250
TAS	25	25	25	25	25	25	25	25	25	25	25	25	25	n/a	n/a	250	300	280	290	250	250	300	300	300	300	250
SA	-	10^	10^	10^	25^	25^	25^	25	17.5	-	25^	25^	25	n/a	n/a	180	200	200	200	200	200^	210	225	220	210	220
WA	25^	22.5^	25	25	25	25	25	22.5^	25^	25	25	25^	25	n/a	n/a	250	270	250	300	280	300^	350^	350	350	350	350
NT	-	25	25	25	25	25	30	30	30	30	30	30	30	n/a	n/a	300	305	300	300	300	350	350	400	450	450	420
QLD	-	25	25^	25	25	25	25	25	25	25	25	25	25	n/a	n/a	300	310	300	300	290	300	300	300	355	300	300^

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

Note: The response 'Don't know' was excluded from analysis. Data before 2002 included both hydro and bush cannabis.

Table H2: Median price of bush cannabis, by jurisdiction, 2003-2012

	Price \$ per gram										Price \$ per ounce									
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
NSW	20	20	20	20^	20	20	20	20	20	20	225^	175	200	200^	200	200^	229	250^	260^	280^
ACT	20	20	20	15	20	20	20	20	20	20	200	200	250	190	240	200^	250	250^	240	220^
VIC	20	20	20	10^	20	20	20	20^	20^	20^	250	180	200	-	240^	200^	225	220^	210^	240^
TAS	25	25	22.5	15^	25	25^	25	20^	25^	25	150	180	200	170	200^	200	200	200	200	200^
SA	15^	25^	25^	25^	25	-	-	25^	25^	25	180	180	200	160^	180^	190^	200^	200^	220	180^
WA	20	25	25	25^	10^	27.5^	25^	25^	20^	25	200	200	232.5	200	225^	200^	290	250	300^	250^
NT	25	23	25	25^	30	30^	30^	30	15^	30	200^	200	200	200^	200^	250	175^	300	210^	300^
QLD	15	20	25	20^	20	20	20	20	25^	25^	240	200	230	250^	200	220	280	280	195^	60^

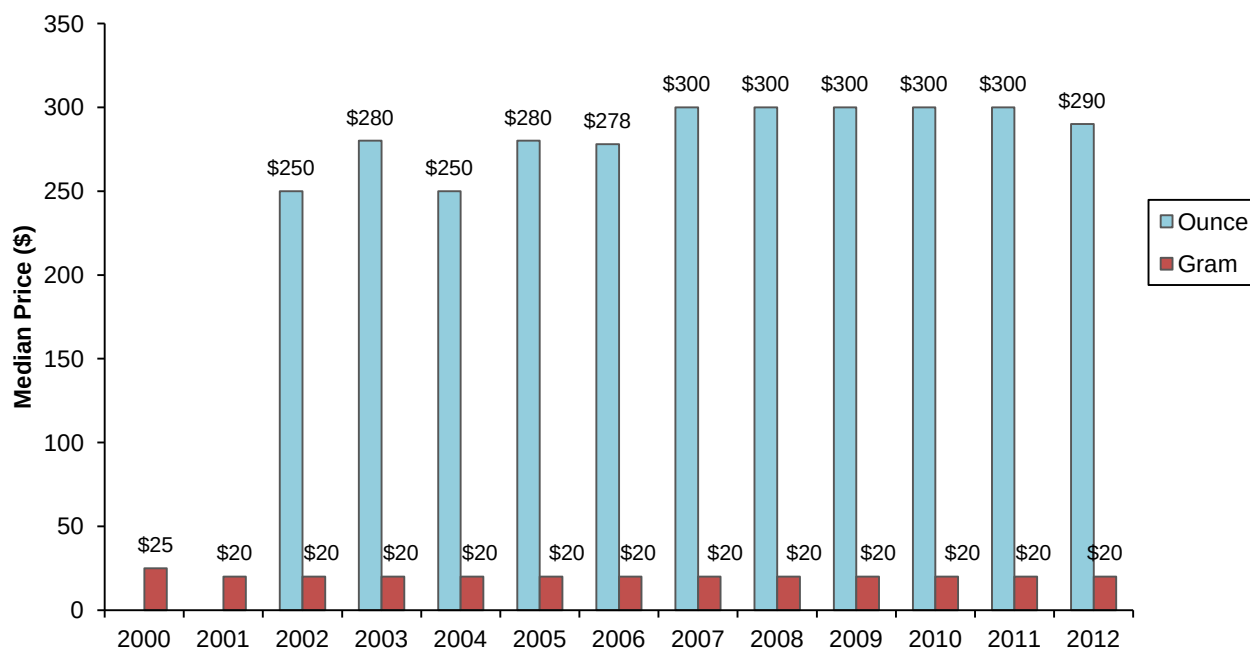
Source: IDRS participant interviews

^ Reports based on small numbers (n<10) therefore should be interpreted with caution

- Dashes represent no purchases

Note: The response 'Don't know' was excluded from analysis. Data before 2003 included both hydro and bush cannabis

Figure H1: Median price of hydroponic cannabis per ounce and gram, nationally, 2000-2012



Source: IDRS Participant interviews

Note: From 2003 onwards hydroponic and bush cannabis data collected separately. No data available for ounce in 2000 and 2001.

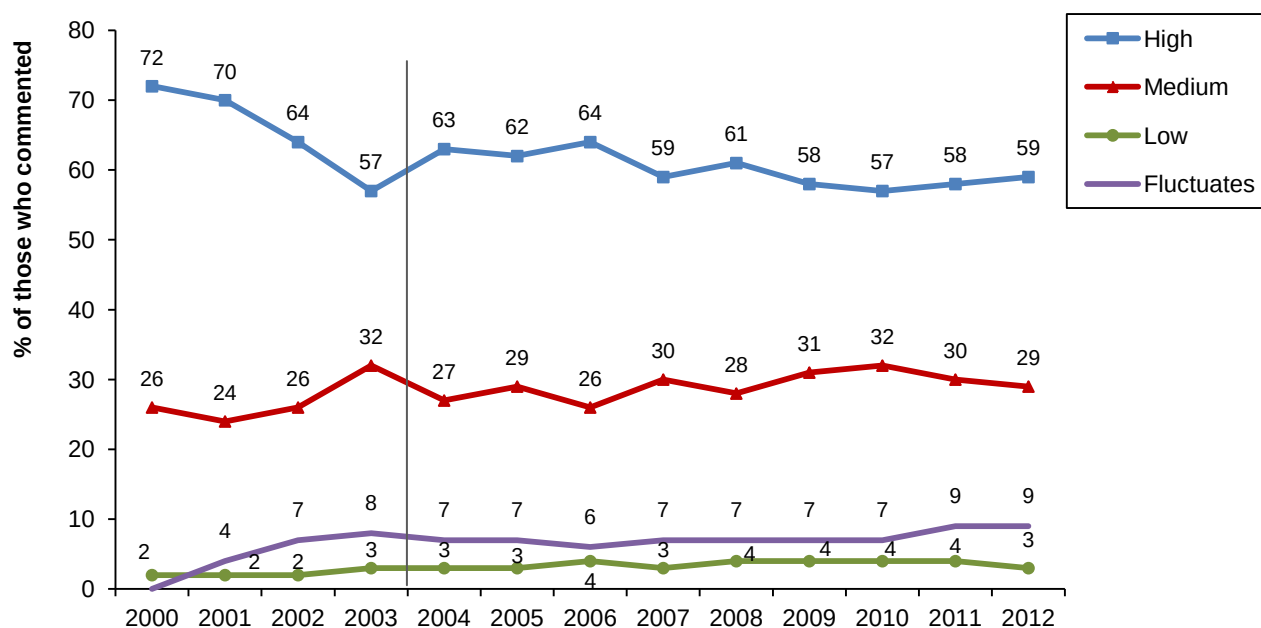
Figure H2: Median price of bush cannabis per ounce and gram, nationally, 2003-2012



Source: IDRS Participant interviews

Note: Data collection from 2003 onwards

Figure H3: Current potency of hydroponic cannabis, nationally, 2000-2012*

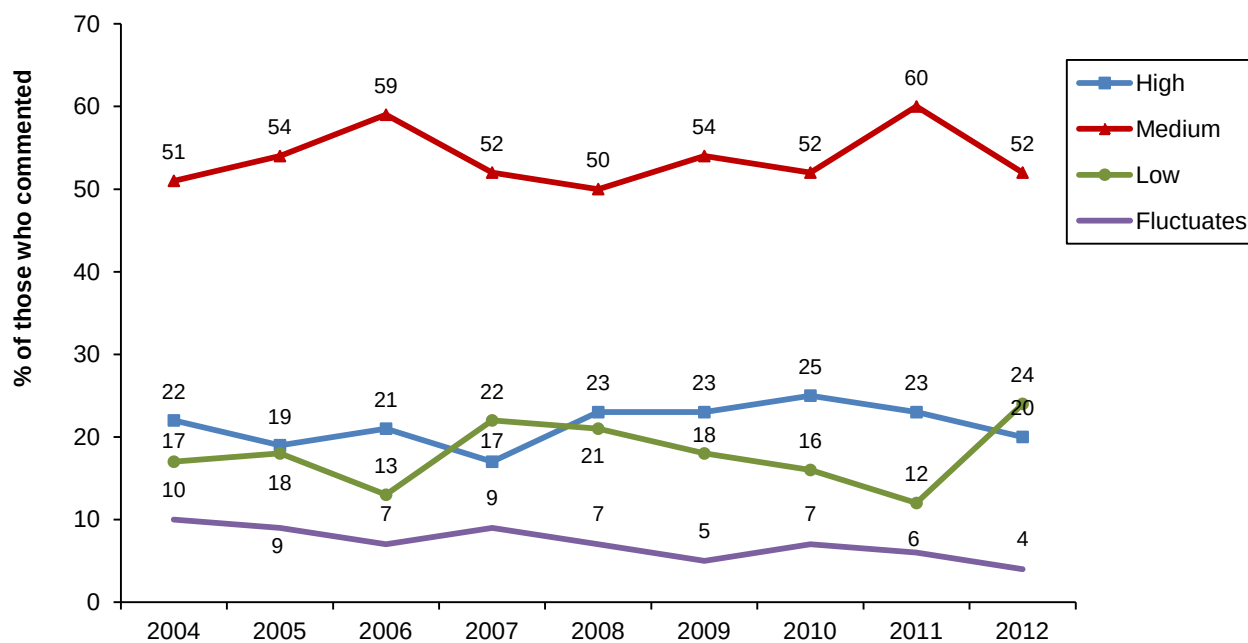


Source: IDRS participant interviews

* Hydroponic and bush cannabis data collected separately from 2004 onwards

Note: The response 'Don't know' was excluded from analysis

Figure H4: Current potency of bush cannabis, nationally, 2004-2012*

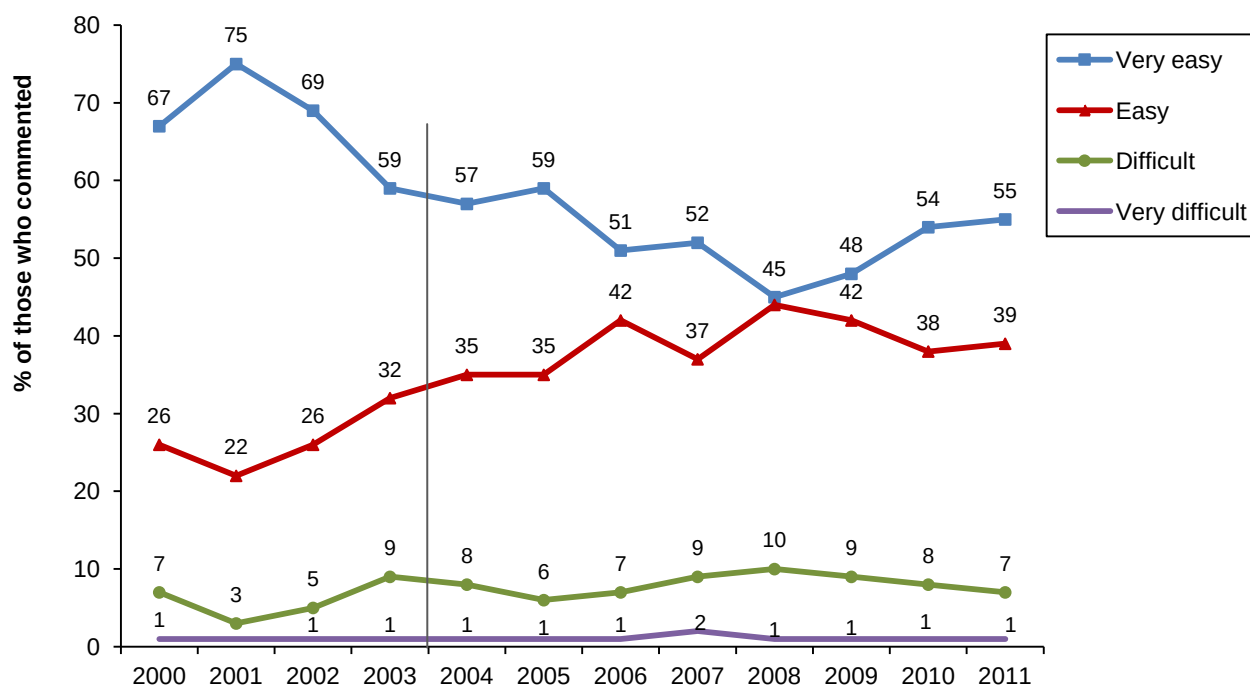


Source: IDRS participant interviews

* Hydroponic and bush cannabis data collected separately from 2004 onwards

Note: The response 'Don't know' was excluded from analysis

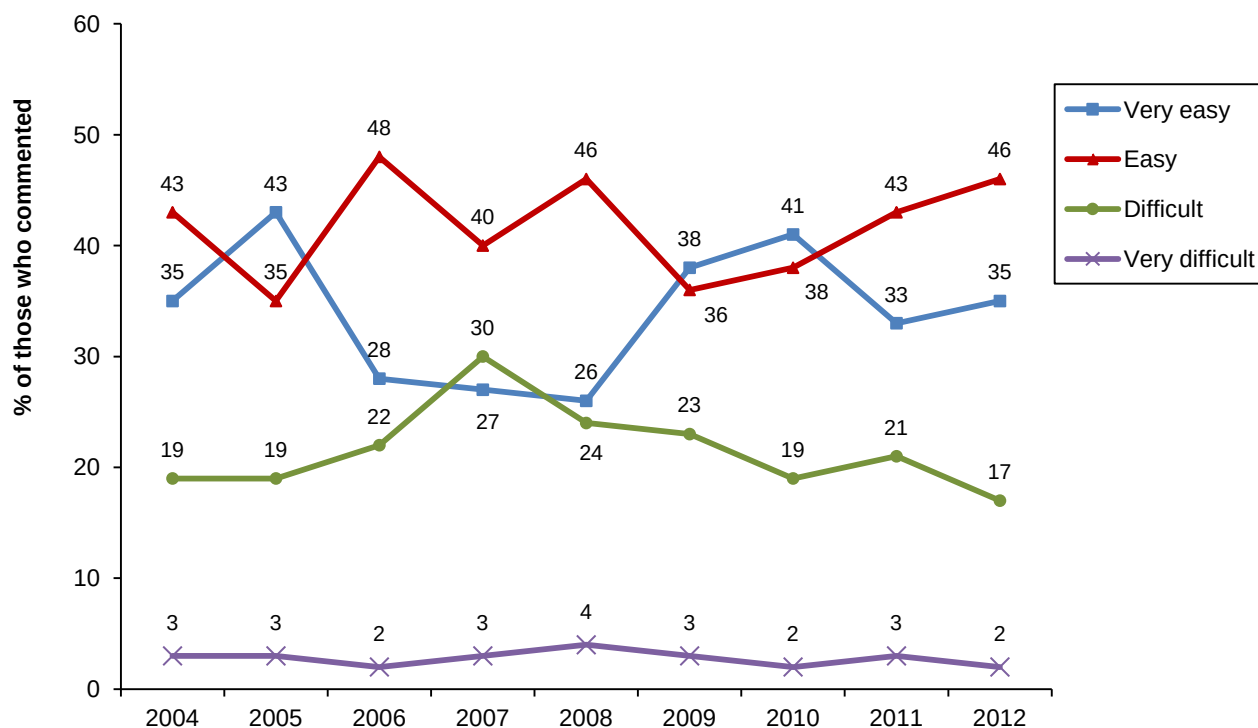
Figure H5: Current availability of hydroponic cannabis, nationally, 2000-2012*



Source: IDRS participant interviews

* Hydroponic and bush cannabis data collected separately from 2004 onwards

Figure H6: Current availability of bush cannabis, nationally, 2004-2012

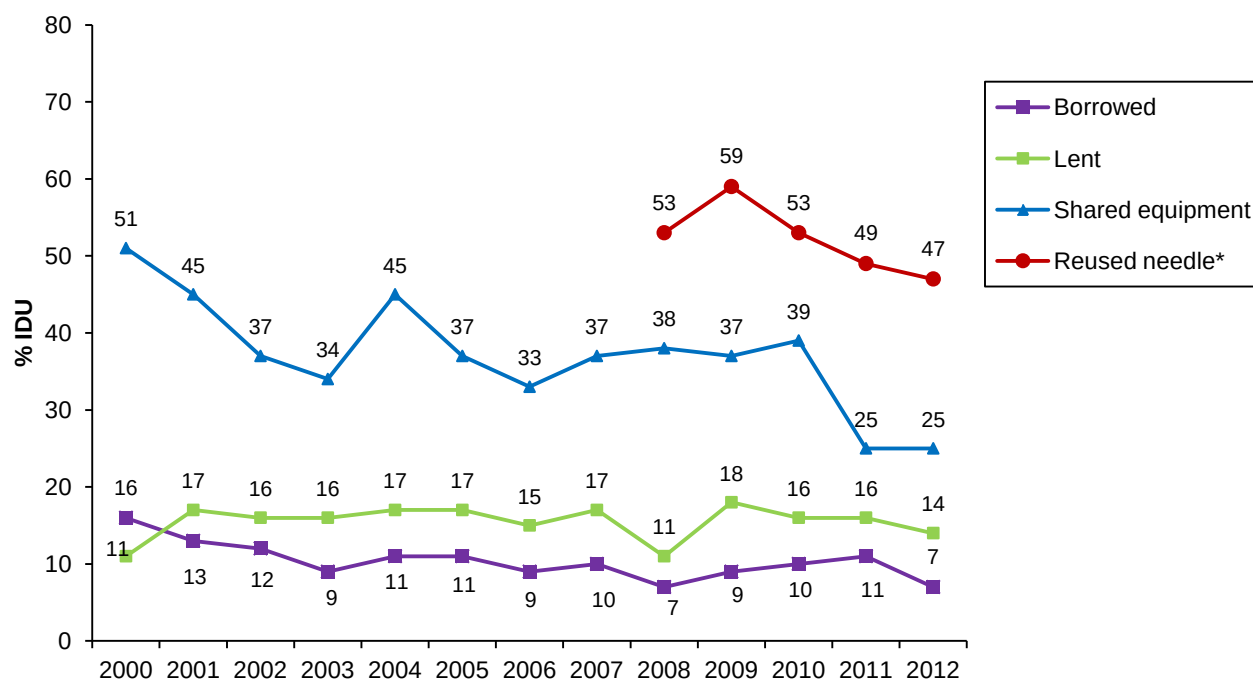


Source: IDRS participant interviews

* Hydroponic and bush cannabis data collected separately from 2004 onwards

Appendix I: Injecting risk behaviours, 2000-2012

Figure I1: Injecting risk behaviours in the last month, nationally, 2000-2012

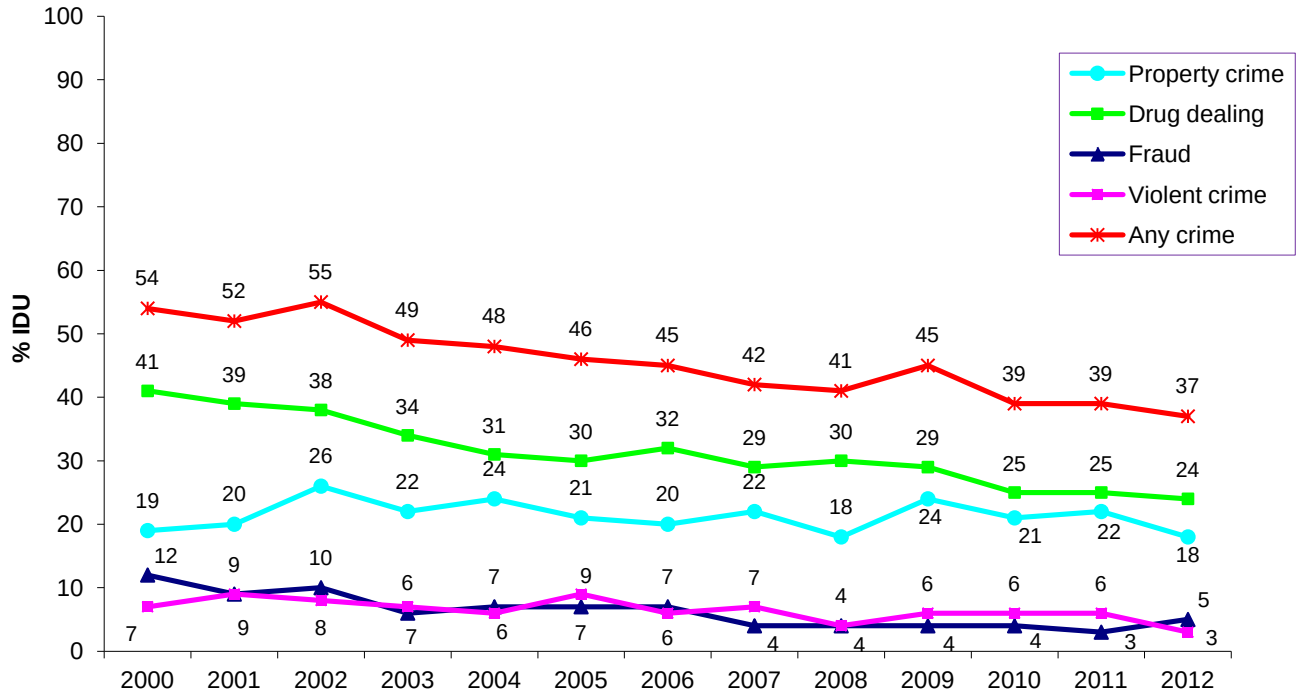


Source: IDRS participant interviews

* Data collection started in 2008

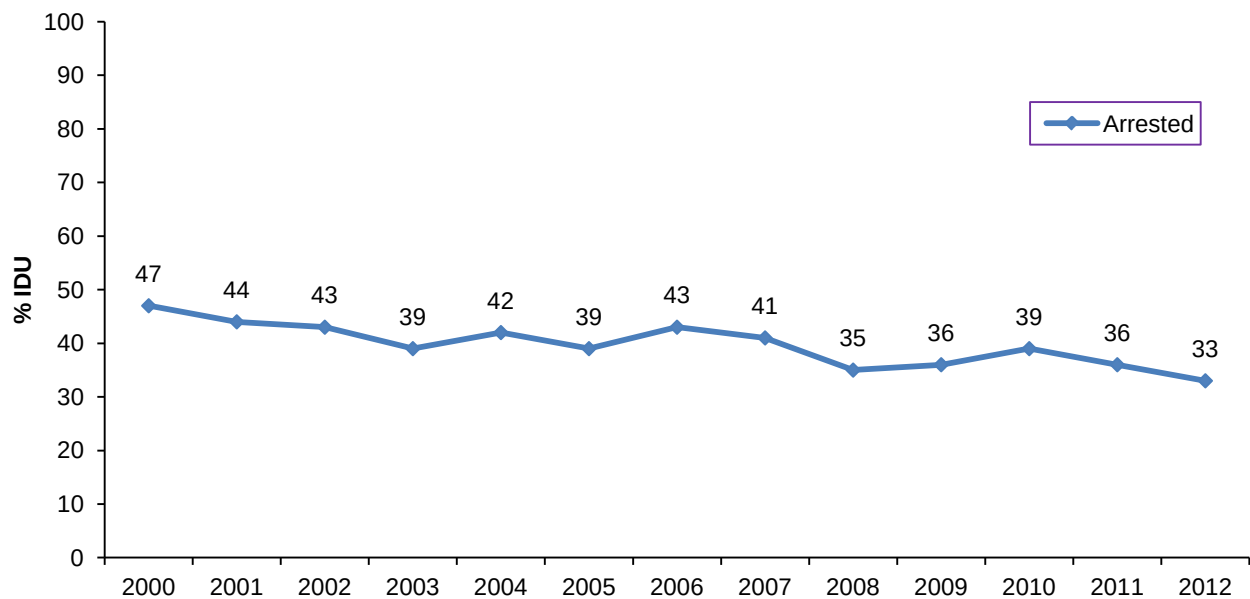
Appendix J: Arrests, 2000-2012

Figure J1: Self-reported criminal activity, nationally, 2000-2012



Source: IDRS participant interviews

Figure J2: Arrested in the last 12 months, nationally, 2000-2012



Source: IDRS participant interviews