AUSTRALIAN DRUG TRENDS 2011

FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS)

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at www.ndarc.med.unsw.edu.au.

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH&A	Australian Government Department of Health and Ageing
AIHW	Australian Institute of Health and Welfare
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
Bup.	Buprenorphine
CI	Confidence Intervals
CPR	Cardiopulmonary resuscitation
DPMP	Drug Policy Modelling Program
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders IV
ED	Emergency Department
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Medical Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HSI	Heavy Smokers Index
Hydro	Hydroponically grown cannabis
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	Key expert(s); see Method section for further details
LSD	Lysergic acid diethylamide
MCS	Mental Component Score
MDMA	3,4-methylenedioxymethamphetamine
MH	Mental Health
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of participants
NCHECR	National Centre in HIV and Epidemiology Clinical Research
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NGOTPG	Non-Government organisation Treatment Grants Program
NHMD	National Hospital Morbidity Database
NIDIP	National Illicit Drug Indicators Project

NNDSS	National Notifiable Diseases Surveillance System
NSAID	Non-steroidal anti-inflammatory drug
NSP	Needle and syringe program(s)
NSW	New South Wales
NT	Northern Territory
OP	Outpatient
OST	Opioid substitution treatment
OTC	Over the counter
PBS	Pharmaceutical Benefits Scheme
PCS	Physical component score
Pharm. Stim.	Pharmaceutical stimulants
PO	Pharmaceutical opioids
PWI	Personal Wellbeing Index
PWID	Person/people who inject(s) drugs
QLD	Queensland
RBT	Random Breath Testing
ROA	Route of Administration
SA	South Australia
SCID	Structural Clinical Interview for DSM
SF-12	Short Form 12
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infection
TAS	Tasmania
TGA	Therapeutic Goods Administration
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection
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 (2010) compared with current year (2011)
↓	Significant decrease ($p<0.05$) from previous year (2010) compared with current year (2011)

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 2011 IDRS

The Illicit Drug Reporting System (IDRS) is intended to serve as a monitoring system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS consists of three components: interviews with a sentinel group of people who regularly inject drugs (PWID[1]) conducted in the capital cities of Australia; interviews with key experts (KE), professionals who have regular contact with illicit drug users through their work; and analysis and examination of indicator data sources related to illicit drugs. *Australian Drug Trends 2011* 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

Eight hundred and sixty eight participants were recruited to the 2011 IDRS participant survey component. The mean age of the national sample was 38 years (range 17-65) and 66% were male. The vast majority of the sample spoke English as their main language at home (96%), and 14% identified as being of Aboriginal and/or Torres Strait Islander descent. More than three-quarters (79%) of the sample were currently unemployed, over half (55%) reported a previous prison history and nearly half (49%) 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, 52% reported that an amphetamine (including methamphetamine) was the first drug injected, followed by heroin (39%).
- Heroin was nominated by approximately half (53%) 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 (42%) 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 (62%) of the sample reported using heroin in the last six months on a median of 72 days. Twenty-four 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 (66%) of the national sample reported using one or more forms of methamphetamine recently on a median of 19 days. Recent speed and base use remained fairly stable, while the recent use of ice/crystal was 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 (47%), with proportions elsewhere reporting use in the preceding six months remaining at less than 17%. 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 5 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 then joints. Hydroponic cannabis continued to dominate the market.

Other opioids

- Half of the national sample reported recent use of methadone (any form) and one-quarter reported recently injecting. Twenty-one percent of the national sample reported the use of illicitly obtained methadone liquid in the six months preceding interview, and 11% the recent use of illicitly obtained methadone tablets (Physeptone).
- Eight percent of the national sample reported use of licitly obtained buprenorphine in the six months preceding interview and 15% the use of illicitly obtained buprenorphine.
- Six percent of the national sample reported using licitly obtained buprenorphine-naloxone, while 11% reported illicitly obtained buprenorphine-naloxone in the preceding six months.
- The recent use of licit morphine was reported by 8% of the sample compared to 39% for 'illicit' morphine. Morphine remained the most commonly injected pharmaceutical in the national sample (41% in 2011). 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 6% of the national sample compared to 32% for illicit oxycodone in the last six months.
- Forty-two percent of the national sample reported using over the counter codeine on a median of 10 days in the last six months.
- Around one-third of the national sample reported recent use of 'other' opioids (i.e. those not elsewhere classified – mainly Panadeine FORTE®) on a median of seven days. Recent injection of these preparations was low at one percent.

Other drugs

- Around two-thirds (65%) of the national sample reported using ecstasy in their lifetime with around fourteen percent 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 eight percent reporting use in the six months preceding interview.

- Sixty-two percent of the national sample reported using some form of alprazolam in their lifetime, with nearly half (46%) reported recently using any form of alprazolam on a median of 12 days.
- Three-quarters (75%) of the national sample had used another form of other benzodiazepines not including alprazolam in their lifetime. Over half (56%) reported recently using any form of other benzodiazepines on a median of 60 days. Small proportions reported recently injecting other benzodiazepines (5% or less).
- The majority (83%) of the national sample had reported the use of benzodiazepines (including alprazolam) at some stage in their lifetime. Sixty-nine percent reported the recent use of benzodiazepines on a median of 74 days. Only small numbers reported recently injecting benzodiazepines on a median of six days in the last six months. Eight percent reported recently injecting alprazolam.
- Fifteen 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 41% of the sample, 22% reported recently using Seroqual®.
- Lifetime use of inhalants was reported by 24% of the national sample; however, only small numbers reported using inhalants in the last six months (3%).
- 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. Fourteen percent of the national sample reported daily use of alcohol.
- As in previous years, tobacco was widely used among the 2011 sample, with 93% having used it in the preceding six months. The vast majority of participants (96%) 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 2010. 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 regardless of form used, 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’ 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 $300 and $50 respectively. The purity of cocaine was considered ‘medium’ or ‘low’ which had remained stable over the last six months. The availability of cocaine was reported as ‘easy’ 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 $210 and $450. Price for both forms of cannabis (bush and hydroponic) was reported as 'stable' over the last six months. Nationally participants reported the potency of hydro as 'high' and bush 'medium'. This remained stable over the last six months. The availability of both forms of cannabis were considered 'very easy' 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 $17 per 10mg tablet. Around 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 or street dealer, purchasing from the street market or an agreed public location.

Buprenorphine-naloxone

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

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 'difficult'. The majority reported purchasing 'illicit' oxycodone through a friend or street dealer usually from either a friend's home or street market.

Health-related trends associated with drug use

Overdose and drug related fatalities

- Twenty-three percent of IDRS participants (who reported ever overdosing on heroin) had experienced a heroin overdose in the past 12 months. The highest rates of recent (12 month) overdose were in WA and VIC (29% and 28% each respectively).
- Of those who had ever overdosed on another drug (not including heroin), 23% had done so in the past year, and 3% had done so in the last month preceding interview.
- Indicator data from the Australian Bureau of Statistics reported 433 accidental deaths due to opioids in 2009. The majority occurred in NSW, VIC and QLD. Males comprised the majority of

accidental opioid deaths among 15-54year olds. Methamphetamine was determined to be the underlying cause of death in 21% (n=13) of all methamphetamine related deaths and cocaine was determined to be the underlying cause of death in 24% (n=4) of all cocaine-related deaths in 2009.

Drug treatment

- Nearly half (49%) 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 2010. 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, for NSW it was cocaine and TAS cannabis.

Hospital separations

- The number of opioid-related hospital separations remained stable between 2007/08 and 2008/09, the most recent data available at the time of publication. Separations relating to opioid use were higher than for methamphetamine at the national level, and figures for the latter remained relatively stable in most jurisdictions.
- Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Figures were highest in NSW in 2008/09. Cannabis-related separations have remained relatively stable between 2007/08 and 2008/09.

Injecting risk behaviours

- Needle and syringe programs were by far the most common source of needles and syringes in the preceding six months (90%), followed by chemists (17%). Receptive sharing ('borrowing') of needles/syringes was reported by eleven percent of participants in the month preceding interview, usually after a regular partner or close friend. While 16% reported that somebody had used a needle after them (lent) in the month preceding interview.
- Nationally, around half (49%) reported re-using their own needle ranging from 29% in the NT to 55% in VIC. While the sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was more common, sharing of injecting equipment significantly decreased between 2010 and 2011 (39% and 25% respectively). 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 (75%), with smaller proportions last injecting in a public location such as on the street, in a car or in a public toilet. Over half (55%) of the IDRS sample experienced an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. in finding a vein).

Mental health problems and psychological distress

- Forty-eight percent of the IDRS sample self-reported a mental health problem in the preceding six months, most commonly depression (66% of respondents) and/or anxiety (45%). The majority (71%) of those who experienced a problem saw a mental health professional during this period. Eighty-eight 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 (45%).
- 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 (8% in the general population) and 31% reporting 'very high' distress (2% in the general population). Those reporting a 'very high' level of distress have been identified as possibly requiring clinical assistance.

Driving risk behaviour

- Driving under the influence of alcohol was reported by eighteen percent of participants who had driven in the preceding six months. Seventy-nine 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. Nineteen percent felt that their driving had been 'slightly impaired', 5% 'quite impaired', 8% 'slightly improved' and 3% 'quite improved'. Nearly one-quarter reported being saliva drug tested (24% of those who had driven soon after taking an illicit drug), of whom twenty-eight participants reported 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 thirty-nine percent of the national sample reporting engagement in criminal behaviour in the preceding month. The most common types of crime committed were drug dealing and property crime.

Arrests

- Thirty-six percent of the national sample reported having been arrested in the preceding 12 months.
- The most recent indicator data available on consumer and provider arrests were for the financial year 2009/10. In 2009/10, numbers of consumer and provider arrests for heroin and other opioids were higher than 2008/09 numbers.
- The number of arrests for amphetamine-type stimulants (including phenethylamines such as 3,4-methylenedioxymethamphetamine [MDMA]) were lower, while cocaine and cannabis were 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, 59% reported spending money on illicit drugs the day before interview. The median amount spent by those who had purchase drugs was $85.

Special topics of interest

Heavy Smoking Index for nicotine dependence

- Among those who reported daily smoking, half reported having their cigarette within the first five minutes of waking. Forty-one percent of daily smokers reported smoking between 11-20 cigarettes a day.
- Among daily smokers the mean HSI score was 3.4. Half of the daily smokers scored 5 or above indicating high nicotine dependence.

Alcohol Use Disorders Identification Test-Consumption

- Among those who drank alcohol recently the mean score on the Alcohol Use Disorders Identification Test - Consumption (AUDIT-C) was 5.6.
- Fifty-eight percent of males and 49% females scored 5 or more indicating the need for further assessment.

Pharmaceutical Opioids

- Around half of the national sample recently used pharmaceutical opioids such as methadone, oxycodone.
- Of those who recently used pharmaceutical opioids, half of them reported using them for pain relief and around one-third to seek an opioid effect.
- Twenty-two percent of those who commented reported being refused pharmaceutical medications due to injecting history.
- Of those who commented, three-quarters were prescribed pharmaceutical opioids by their general medical practitioner.

Over the counter Codeine

- Around two-thirds of the national sample reported the use of OTC codeine in their lifetime, with 42% using OTC codeine in the last six months on a median of 10 days.
- Forty percent of participants reported using OTC codeine for medical purposes in the last six months on a median of 10 days. The main type of medical purpose was short-term pain (71%).
- Six percent of the national sample reported the use of OTC codeine for non-medical purposes on a median of eight days.

Injecting equipment use in the last month

- Seventy-six percent of the national sample who commented reported the use of 1ml needle and syringes in the last month followed by a detachable needle (21%) and 3ml syringe (20%).
- The re-use of 1ml needle and syringe was reported by 39% of the IDRS sample who commented.
- Of those who commented, 39% reported cleaning 1ml needle/syringes, with around two-thirds (65%) reporting last cleaning a 1ml needle/syringe.

Mental and Physical Health problems (SF12)

- IDRS participants scored a mean for 35.7 for the mental component score and 42.2 for the physical component score.
- IDRS had significantly lower MCS and PCS scores compared to the Australian population.
- Scores indicated that IDRS participants had poorer mental and physical health then the population average.

Health Service Access

- The majority of participants (n=535) reported visiting a GP in the last four weeks on a median of one occasion (1-30 occasions). Sixty-two percent reported visiting a GP once in the last four weeks and around one-third reported the visit was substance use related.

Online activities

- Of the national sample who commented, 61% reported that they never used the internet in the last month, while 13% reported daily internet use.
- Of those who had used the internet in the last month, around one-third reported going ‘online’ to get information about drugs.

- Of those who commented, 15% stopped using a drug and 14% altered drug dose due to information found online.
- Text messaging was the preferred medium to obtain drugs.

Policy

- Ninety-seven percent of the IDRS sample, who commented, supported needle and syringe programs to reduce problems associated with heroin use. The majority also supported methadone/buprenorphine maintenance programs, treatment with drugs (not including methadone) and regulated injecting rooms.
- The majority of the IDRS sample also supported the legalisation of cannabis (87%) for personal use and just over half (55%) supported the legislation of heroin for person use.
- Small numbers supported the increased penalties for sale or supply of cannabis (9%). Around one-third supported the increased penalties for sale or supply of heroin, methamphetamine or cocaine.

1 INTRODUCTION

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

The complete methodology consists of three components: interviews with people who regularly inject drugs (PWID); 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, 2012) or www.ndarc.med.unsw.edu.au for further details).

1.1 Study aims

The primary aims of the 2011 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 require further and more detailed investigation.

2 METHOD

The 2011 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 2011, 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 868 people who inject drugs were interviewed in 2011. The 868 PWID who participated in the 2011 IDRS were interviewed between June and August, 2011. The sample sizes in each jurisdiction were: NSW n=150; VIC n=150; ACT n=98; TAS n=100; SA n=100; WA n=70; NT n=98; and QLD n=102. 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 the 2010 IDRS , 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 2011, amendments were made to the questionnaire in an attempt to collect more detailed information on mental and physical functioning using the Short Form 12, pharmaceutical opioids and OTC. Other inclusions included the Heavy Smoking Index, AUDIT-C, health service access, use of injecting equipment in the last month, online activity and policy.

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 131 KE were interviewed, either by telephone or in person, between June and early October 2011. 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 renumerated with a small incentive (e.g. box of chocolates, coffee) for their time.

The numbers of KE recruited in each jurisdiction were: TAS n=24; QLD n=19; NSW n=18; VIC n=18; SA n=15; ACT n=14; NT n=13; and WA 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 19.0 and 20.0 (IBM, 2010; IBM, 2011) . Further analysis was conducted on the main drugs of focus in the IDRS to test for significant differences between 2010 and 2011 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 2010 and 2011 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 868 participants were interviewed for the IDRS survey in 2011.
- Mean age was 38 years (range 17-65years).
- Nearly two-thirds were male.
- Majority of the participants were unemployed, with a mean income of $414 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 868 IDRS participants were interviewed for the 2011 IDRS. The mean age of participants was 38 years (range 17-65years) with the majority of the sample being male (66%). The majority of the national sample spoke English as their main language at home (96%) and 14% identified as being of Aboriginal and/or Torres Strait Islander descent. More than three-quarters (79%) of the sample were unemployed. The main source of income was a Government pension, allowance or benefit. The mean weekly income was $414 nationally.

Nearly half (49%) of the participants were currently in some form of drug treatment, with 33% reporting the main treatment as methadone (includes Biodone® and Physeptone®), 8% buprenorphine-naloxone (Suboxone®) and 4% buprenorphine (Subutex®) maintenance treatment. Over the last six months, 59% of the sample had been in some form of drug treatment.

Fifty-five 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 37% of females; $p<0.05$).

Demographic information by jurisdiction in the 2011 sample is shown in Table 1. Notable differences included the proportions identifying as Aboriginal and/or Torres Strait Islanders, ranging from 4% in WA to 28% in the NT and completion of a university or college qualification (from 5% in NSW to 27% in WA). Proportions reporting having no fixed address also varied and was highest in VIC (17%), while unemployed status ranged from 67% in SA to 87% in VIC and the NT. There was substantial variation in those reporting a prison history, from 37% in TAS to 71% in NSW, and proportions reporting current drug treatment ranged from 4% in the NT to 72% in NSW.

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 2011 and Table A2 the jurisdictional demographics for 2011.

Table 1: Demographic characteristics of the national sample, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	n=102
	2010	**2011**								
Mean age (years)	38	**38**	40	38	37	35	39	40	42	38
Male (%)	65	**66**	65	63	75	55	59	57	70	78
English speaking background (%)	98	**96**	89	100	97	100	96	99	98	94
Aboriginal and/or Torres Strait Islander (%)	14	**14**	17	12	10	12	10	4	28	19
Sexual identity (%)										
Heterosexual	88	**87**	84	93	91	88	83	83	90	85
Gay male	2	**2**	3	0	1	0	4	1	1	5
Lesbian	2	**2**	2	0	1	2	0	4	2	1
Bisexual	7	**8**	11	4	7	7	12	6	6	9
Other	1	**1**	0	3	0	3	1	6	1	0
Relationship status (%)										
Married/de facto	19	**21**	28	18	12	29	28	20	8	24
Partner	22	**20**	20	17	21	30	23	26	16	11
Single	54	**54**	43	59	65	35	46	41	73	62
Separated	2	**2**	5	4	2	2	1	3	1	1
Divorced	1	**2**	1	1	0	3	2	7	2	2
Widow/er	1	**1**	3	0	0	1	0	1	0	1
Other	<1	**<1**	0	1	0	0	0	2	0	0
Mean grade at school completed	10	**10**	10	10	10	10	10	10	10	10
Completed trade/tech qualification (%)	37	**40**	42	29	52	48	39	36	32	32
Completed university/college (%)	9	**12**	5	11	8	11	19	27	14	8
Accommodation (%)										
Own home *(inc. renting)*	61	**65**	68	84	34	78	78	72	70	55
Parents'/family home	8	**9**	9	1	11	9	10	11	6	14
Boarding house/hostel	9	**11**	11	3	24	2	5	11	2	21
Shelter/refuge	2	**1**	1	1	3	0	1	0	1	1
No fixed address	10	**10**	7	10	17	10	4	3	14	9
Other	10	**4**	4	1	11	1	2	3	7	0
Unemployed (%)	81	**79**	84	79	87	68	67	70	87	82
Full-time students (%)	1	**1**	2	1	0	5	0	1	0	2
Gov't pension, allowance or benefit main income source (%)	84	**83**	85	83	85	86	74	74	85	87
Mean income/ week ($)	N=804 $366	**N=831 $414**	n=137 $418	n=96 $398	n=148 $398	n=99 $384	n=96 $455	n=59 $465	n=97 $459	n=99 $360
Prison history (%)	52	**55**	71	53	63	37	48	42	44	66
Current drug treatment (%)	47	**49**	72	58	45	40	40	59	4	47

Source: IDRS participant interviews

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.
- In 2011, a significantly higher proportion of the sample reported ice/crystal as their drug of choice compared to 2010.
- The drug injected most often in the last month was heroin followed by methamphetamines.
- In 2011, ice/crystal reported as the drug injected most often in the last month and the last drug injected was significantly higher compared to 2010.
- 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 6.9; range 8-54). 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, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	n=102
	2010	**2011**								
Mean age first injected	20	**20**	19	18	18	20	20	20	24	20
Drug first injected (%)										
Heroin	41	**39**	63	50	39	10	33	47	30	35
Methamphetamine*	49	**52**	32	44	56	65	62	36	52	61
Speed	*44*	***45***	*28*	*33*	*55*	*58*	*49*	*33*	*44*	*55*
Base	*2*	***2***	*1*	*1*	*0*	*3*	*4*	*0*	*3*	*2*
Ice/crystal	*3*	***5***	*3*	*10*	*1*	*4*	*9*	*3*	*5*	*4*
Morphine	4	**5**	0	2	1	18	2	6	16	2
Cocaine	1	**1**	3	2	1	0	0	0	0	1
Methadone	1	**<1**	0	0	0	1	1	1	0	0
Buprenorphine**	<1	**<1**	0	0	1	0	0	1	0	0
Other drugs	3	**1**	2	2	2	6	2	9	2	1

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 (53%) of the national sample as the 'drug of choice', followed by methamphetamine, morphine and cannabis. Differences were noted at the jurisdictional level (Table 3).

A significantly higher proportion of participants reported any methamphetamine (20% in 2011 versus 16% in 2010; $p<0.05$) and ice/crystal as their drug of choice in 2011 compared to 2010 (9% in 2011 versus 4% in 2010; $p<0.05$). No other significant differences were found for drug of choice between 2010 and 2011 for heroin, speed, base, cocaine, morphine, oxycodone or cannabis ($p>0.05$).

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

These preferences were reflected in the 'drug last injected' and the 'drug injected most often in the last month' in the national sample (i.e. heroin was most commonly reported, followed by methamphetamine and morphine). There were differences at the jurisdictional level, with the majority nationally reporting heroin as the last drug injected except in TAS and the NT (Table 3).

In 2011, the proportion of participants reporting any methamphetamine (24% in 2011 versus 19% in 2010; $p<0.05$) and 'ice/crystal' (10% in 2011versus 5% in 2010; $p<0.05$) as the 'last drug injected' was significantly higher compared to 2010. No other significant differences were found between 2009 and 2010 for 'last drug injected' (for heroin, base, ice/crystal, cocaine, morphine, oxycodone, methadone, buprenorphine or buprenorphine-naloxone).

Forty-two percent of the national sample reported injecting heroin 'most often in the last month', followed by methamphetamine and morphine (Table 3). The proportion of participants reporting any methamphetamines (25% in 2011 versus 19% in 2010; $p<0.05$) and ice/crystal (11% in 2011 versus 5% in 2010; $p<0.05$) as the 'drug injected most often in the last month' was significantly higher compared to 2010. No other significant differences were found between 2010 and 2011 for 'drug injected most often in the last month' (for heroin, base, ice/crystal, cocaine, morphine, oxycodone, methadone, buprenorphine or buprenorphine-naloxone).

Thirty-five percent of participants had injected a drug other than their drug of choice most often in the past month. The main reasons for this were availability (43%), their drug of choice was not injectable (generally cannabis; 15%), price (13%), purity (5%), caused undesirable health effects (5%) or being in drug treatment (4%).

Nearly half (42%) of the 2011 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 2011. 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, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	n=102
Drug of choice (%)	2010	**2011**								
Heroin	54	**53**	70	65	60	30	44	66	30	51
Methamphetamine^	16	**20↑**	16	21	20	25	37	12	17	17
Speed	*10*	***10***	*1*	*8*	*10*	*18*	*20*	*3*	*15*	*10*
Base	*2*	***1***	*1*	*0*	*0*	*2*	*4*	*0*	*0*	*2*
Ice/crystal	*4*	***9↑***	*14*	*12*	*9*	*5*	*13*	*9*	*2*	*5*
Morphine	10	**9**	1	0	1	25	4	6	36	6
Oxycodone	2	**2**	1	2	1	3	2	4	1	1
Methadone	2	**2**	0	1	0	8	2	0	3	1
Buprenorphine#	1	**1**	0	1	2	0	0	0	0	2
Cocaine	3	**2**	7	1	3	0	1	1	0	1
Cannabis	8	**7**	3	5	11	4	7	7	7	16
Other drugs	4	**4**	2	4	2	5	3	4	6	5
Last drug injected (%)										
Heroin	41	**41**	61	49	59	3	48	50	3	39
Methamphetamine^	19	**24↑**	17	28	20	23	35	18	19	29
Speed	*10*	***12***	*1*	*13*	*11*	*17*	*18*	*4*	*17*	*19*
Base	*4*	***2***	*1*	*1*	*0*	*4*	*4*	*0*	*0*	*5*
Ice/crystal	*5*	***10↑***	*15*	*14*	*9*	*2*	*13*	*14*	*2*	*5*
Morphine	19	**17**	4	2	1	44	9	9	68	12
Oxycodone	3	**2**	3	0	1	3	3	7	1	3
Methadone	5	**5**	5	4	1	21	1	6	4	5
Buprenorphine#	4	**4**	1	8	7	1	0	0	0	8
Cocaine	2	**1**	5	1	0	0	1	0	0	0
Other drugs	7	**6**	4	8	11	5	3	10	5	4
Drug injected most often last month (%)										
Heroin	43	**42**	62	50	60	1	45	54	4	40
Methamphetamine^	19	**25↑**	20	29	23	26	36	21	18	34
Speed	*10*	***12***	*1*	*14*	*11*	*20*	*17*	*7*	*15*	*18*
Base	*4*	***2***	*1*	*0*	*1*	*5*	*5*	*0*	*0*	*7*
Ice/crystal	*5*	***11↑***	*18*	*14*	*11*	*1*	*14*	*14*	*3*	*10*
Morphine	19	**16**	1	1	1	39	11	6	68	13
Oxycodone	3	**2**	3	0	1	5	3	4	1	1
Methadone	7	**5**	3	4	1	26	2	4	4	5
Buprenorphine#	3	**5**	1	8	14	2	2	10	0	6
Cocaine	2	**1**	7	1	0	0	0	0	0	0
Other drugs	4	**4**	3	7	0	1	1	1	5	1
Injection frequency last month (%)										
Not in last month	1	**1**	1	0	2	2	0	0	0	0
Weekly or less	15	**20**	13	24	28	7	18	24	20	25
More than weekly (but less than daily)	30	**38**	43	35	36	55	37	44	15	38
Once daily	18	**18**	14	19	13	23	28	11	26	12
2-3 times daily	26	**20**	23	19	17	13	13	16	37	22
> 3 times a day	10	**4**	7	4	3	0	4	4	2	4

Source: IDRS participant interviews
^ Includes speed powder, base and ice/crystal
# Excludes buprenorphine-naloxone (Suboxone)
↑ significant increase

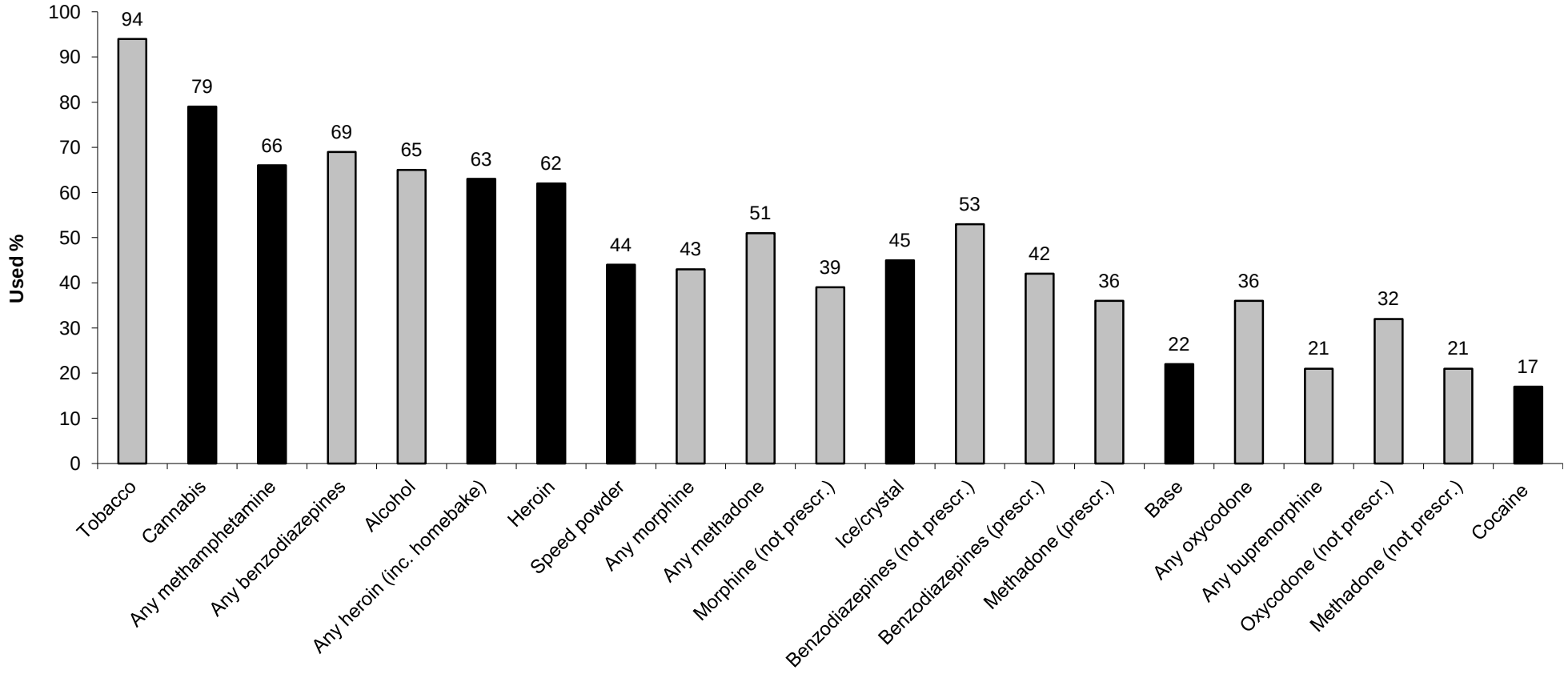
4.1.3 Polydrug use

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 (62%); cannabis (79%); and methamphetamine (any form; 66%).

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

Please refer to the footnotes contained beneath Figure 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, 2011



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' include licit and illicit forms of the drug in any formulation unless otherwise specified. 'Other opioids' refers to opioids not elsewhere classified. 'Use' refers to any form of administration and does not necessarily imply injection. For further information on routes of administration, please refer to Appendix A

4.1.4 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, 76% of participants in the ACT sample (n=98) reported use of hydroponic cannabis in the preceding six months, 59% reported use of outdoor-grown 'bush' cannabis, 8% reported use of hashish and 4% the use of hash oil (Table 4). Among those who had used cannabis in the ACT, the majority (83%) stated that hydroponic cannabis was the form they had used most often during that time; about one-fifth stated bush (17%) was the form most used (Table 5). No participants reported using hashish or hash oil most often in the last six months. Note: In 2011, participants were prompted for the use of Panadeine FORTE® when asked about 'other opiates', which may account for the increase seen.

Table 4: Forms of drugs used in the preceding six months, by jurisdiction, 2011

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Heroin (%)										
Powder – white/off-white	43	**35**	61	59	20	7	37	49	6	42
Rock – white/off-white	33	**40**	58	39	72	5	41	36	0	44
Any white/off-white heroin	*54*	***54***	*77*	*72*	*75*	*11*	*53*	*60*	*6*	*57*
Powder – brown	28	**17**	44	11	10	2	15	27	1	16
Rock – brown	24	**17**	32	6	17	6	19	31	2	23
Any brown heroin	*39*	***26***	*58*	*13*	*21*	*8*	*27*	*43*	*3*	*25*
Methadone (%)										
Liquid, licit	34	**36**	63	46	40	36	27	34	3	23
Liquid, illicit	20	**21**	23	22	21	40	11	24	11	14
Physeptone, licit	2	**2**	4	2	1	2	1	3	5	1
Physeptone, illicit	10	**11**	4	5	4	37	5	7	27	2
Buprenorphine (%)										
Licit	9	**8**	15	9	9	1	3	4	7	12
Illicit	16	**15**	12	21	18	6	8	11	8	33
Buprenorphine-naloxone (%)										
Licit	12	**12**	13	10	21	4	7	19	6	15
Illicit	13	**13**	8	12	29	5	4	14	14	11
Morphine (%)										
Licit	8	**8**	7	6	3	6	6	4	28	8
Illicit	42	**39**	21	30	33	73	20	33	72	39
Oxycodone (%)										
Licit	7	**6**	5	6	8	5	5	4	8	6
Illicit	28	**32**	34	23	37	45	23	30	26	34
Other opiates (%)										
Licit	5	22	22	10	23	24	16	26	0	29
Illicit	4	9	8	5	13	18	9	4	7	10

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, 2011 (continued)

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Methamphetamine (%)										
Methamphetamine powder (speed)	41	**44**	30	46	49	67	36	43	43	40
Amphetamine liquid (oxblood)	3	**6**	3	7	3	8	15	1	4	6
Base methamphetamine (base/point/wax)	21	**22**	17	17	11	39	35	6	12	37
Crystalline methamphetamine (ice/crystal)	39	**45**	53	57	53	26	44	46	28	50
Prescription stimulants (%)										
Licit	2	**1**	1	7	1	0	0	0	1	0
Illicit	13	**14**	2	25	16	35	9	16	11	4
Cocaine (%)										
Powder	15	**14**	40	8	13	7	9	6	1	11
Crack	1	**1**	2	1	1	0	1	0	0	0
Rock	6	**4**	14	1	6	0	2	4	0	3
Hallucinogens (%)										
LSD	3	**4**	0	1	3	10	4	9	5	7
Mushrooms	2	**4**	0	9	4	6	3	1	2	4
Ecstasy (%)										
Pills	12	**11**	7	13	11	18	13	0	7	20
Powder	<1	**1**	0	0	1	2	2	0	2	0
Alprazolam (%)										
Licit	n.a	**13**	9	10	20	4	12	17	13	17
Illicit	n.a	**39**	37	27	63	40	23	27	36	40
Other Benzos^ (%)										
Licit	43	**36**	30	29	46	48	20	43	30	46
Illicit	40	**35**	35	34	47	51	19	23	24	33
Seroquel (%)										
Licit	n.a	**9**	9	8	15	9	2	17	3	10
Illicit	n.a	**15**	13	13	30	12	7	19	2	16
Cannabis (%)										
Hydro	68	**70**	76	76	79	72	59	67	63	75
Bush	44	**43**	39	59	31	59	54	49	21	40
Hashish (hash)	6	**9**	6	8	5	6	24	7	9	9
Hash oil	3	**5**	3	4	1	2	14	7	5	8

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
^ 'Other benzos' included Alprazolam in 2010.

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2011

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Heroin (%)										
Powder – white/off-white	37	**33**	38	63	8	35	30	43	55	27
Rock – white/off-white	30	**42**	32	28	79	29	40	11	0	48
Powder – brown	16	**7**	15	3	2	6	5	9	0	6
Rock – brown	15	**12**	11	0	7	18	19	21	9	19
Homebake	2	**4**	1	7	0	6	4	14	18	0
Other	2	**2**	3	0	4	6	6	2	18	0
Methadone (%)										
Liquid, licit	67	**61**	87	83	76	54	67	63	9	61
Liquid, illicit	21	**20**	12	11	23	22	23	34	16	36
Physeptone, licit	3	**2**	0	2	0	3	3	0	16	0
Physeptone, illicit	9	**10**	1	4	1	22	8	3	63	3
Buprenorphine (%)										
Licit	36	**37**	57	30	38	14	30	27	54	24
Illicit	64	**63**	43	70	62	86	70	73	46	76
Buprenorphine-naloxone (%)										
Licit	50	**52**	70	53	42	50	64	60	33	65
Illicit	50	**48**	30	47	58	50	36	40	67	35
Morphine (%)										
Licit	15	**15**	26	16	10	7	18	13	23	9
Illicit	85	**85**	74	84	90	93	82	88	77	91
Oxycodone (%)										
Licit	17	**14**	11	25	15	7	12	13	23	11
Illicit	83	**86**	89	75	85	94	88	87	77	89
Other opiates (%)										
Licit	58	**72**	75	67	64	59	68	90	81	88
Illicit	42	**28**	25	33	36	42	32	10	19	12

Source: IDRS participant interviews

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

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2011 (continued)

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Methamphetamine (%)										
Methamphetamine powder (speed)	46	**42**	16	37	46	65	35	49	63	28
Amphetamine liquid (oxblood)	1	**2**	1	2	0	7	3	0	2	2
Base methamphetamine (base/point/wax)	16	**12**	7	5	0	21	20	0	8	32
Crystalline methamphetamine (ice/crystal)	38	**45**	77	57	54	8	42	52	27	39
Prescription stimulants (%)										
Licit	10	**7**	25	19	9	0	0	0	8	0
Illicit	90	**93**	75	82	91	100	100	100	92	100
Cocaine (%)										
Powder	79	**84**	83	100	83	100	82	57	100	85
Crack	1	**2**	1	0	4	0	9	0	0	0
Rock	20	**14**	16	0	13	0	9	43	0	15
Hallucinogens (%)										
LSD	59	**53**	0	0	44	57	67	86	71	58
Mushrooms	39	**45**	0	100	56	43	33	14	29	33
Ecstasy (%)										
Pills	95	**95**	100	100	100	85	100	0	75	100
Powder	1	**3**	0	0	0	5	0	0	25	0
Alprazolam (%)										
Licit	n.a.	**26**	19	29	26	10	34	39	22	35
Illicit	n.a.	**74**	81	71	74	90	66	61	78	65
Other Benzos^ (%)										
Licit	58	**61**	51	57	58	56	59	74	68	75
Illicit	42	**39**	49	43	42	44	41	26	32	25
Seroquel (%)										
Licit	n.a	**13**	10	23	16	8	0	7	0	13
Illicit	n.a	**87**	90	77	84	92	100	93	100	87
Cannabis (%)										
Hydro	85	**87**	88	83	94	91	69	84	88	92
Bush	15	**12**	10	17	6	9	29	14	11	8

Source: IDRS participant interviews

^ 'Other benzos' included Alprazolam in 2010.

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 2010.
- 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 2011, heroin was the drug of choice for half of the sample (53%, 54% in 2010), and nominated as the last drug injected and drug injected most often in the last month (41% and 42% respectively, Table 3).

For data between 2000 and 2011 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 (62%) 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 2011 and 2010 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 SA where the frequency of use was higher in 2011 compared to 2010 (72 days in 2011 versus 24 days in 2010). Twenty-four percent of recent heroin users reported daily use of heroin in the last six months. The highest proportions of daily users were in NSW and VIC (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 B6 for median days of recent heroin use between 2000 and 2011. For a jurisdictional breakdown of heroin use patterns including daily use between 2000 and 2011 refer to Appendix C, Table C1.

Table 6: Recent use and median days of heroin use by jurisdiction, 2010-2011

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Recent use (%)									
2010	64	92	78	85	8	64	69	5^	81
2011	62	87	79	81	19	57	79	9^	65
Median days of use*									
2010	72	96	60	74	3	24	55	4	90
2011	72	90	66	63	4	72	68	21^	66
Daily use* (%)									
2010	27	35	17	33	0	10	23	0	33
2011	24	32	26	21	0	25	16	22	21

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. Homebake use remained stable compared to 2009 (9%, n=77), with 9% (n=81) of the national sample reporting use on a median of five and a half days over the past six months. Nine percent reported injection on a median of four and a half 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

Eighty-eight percent of recent heroin users reported use of 'white/off-white' heroin in the preceding six months, while 42% reported use of 'brown' heroin. The vast majority of heroin users reported that they had used 'white/off-white' heroin (77%) 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, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Used last 6 months (%)	N=573	**N=535**	n=130	n=77	n=122	n=19	n=57	n=55	n=9^	n=66
White/off-white powder or rock	85	**88**	89	94	93	58	93	75	67	88
Brown powder or rock	62	**42↓**	67	17	25	42	47	53	22	39
Form most used last 6 months	N=544	**N=514**	n=124	n=74	n=121	n=16	n=55	n=50	n=9^	n=64
White powder or rock	68	**77↑**	70	92	88	69	73	60	67	75
Brown powder or rock	31	**19↓**	27	3	8	25	26	34	11	25
Homebake	<1	**2**	1	5	0	6	0	4	0	0
Other colour	1	**2**	2	0	4	0	1	2	22	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, 38% reported heating the heroin before injecting last and 4% reported using acid. The majority of participants reported the colour of heroin as white (56%). Forty-one percent reported the colour as brown (41%) 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, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Heated in the last injection (%)	N=511 42	**N=493** **38**	n=122 51	n=65 48	n=118 13	n=19 16	n=54 33	n=43 42	n=9^ 33	n=63 57
Acid in the last injection (%)	N=508 6	**N=481** **4**	n=122 9	n=65 3	n=116 1	n=12 8	n=54 6	n=43 2	n=9^ 11	n=60 2
Main Colour*	N=189	**N=167**	n=48	n=31	n=13	n=2^	n=18	n=19	n=3^	n=33
White	47	**56**	40	90	23	50	39	63	67	64
Brown	50	**41**	56	10	69	50	50	37	0	36
Other	3	**3**	4	0	8	0	11	0	33	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 19 days in the last six months.
- The recent use of ice/crystal was significantly higher compared to 2010. While the recent use of speed and base 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 10 days for 'speed' and 'ice/crystal' and 6 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

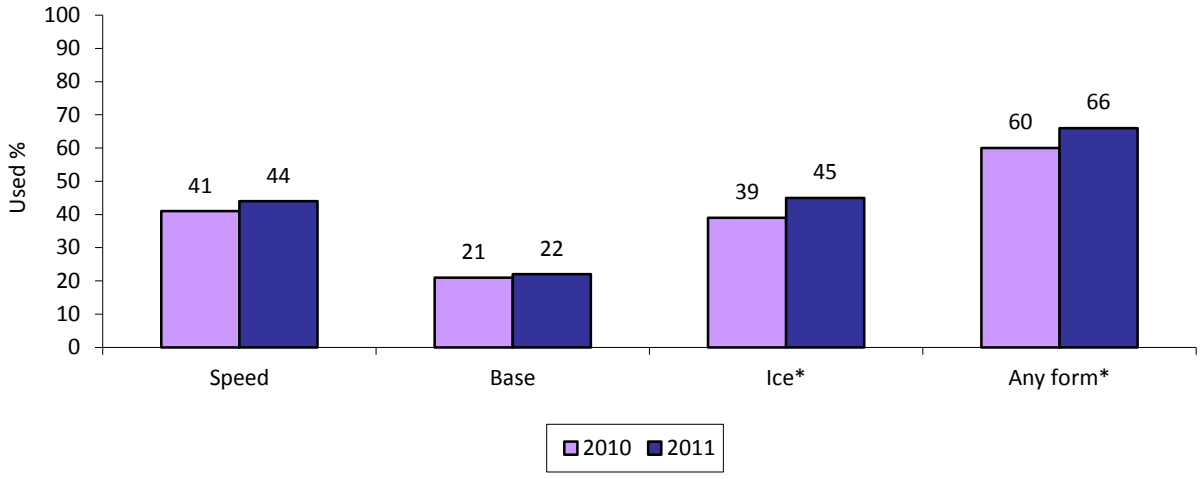
In 2011, sixty-six percent of the national sample reported using one or more forms of methamphetamine (speed, base, ice/crystal or liquid amphetamine) in the six months preceding interview. This is a significant increase from 60% in 2010 ($p<0.05$). The proportion of participants reporting recent use and frequency of methamphetamine nationally over time is presented in Appendix B, Figure B3, Figure B4 and Figure B6. For a jurisdictional breakdown refer to Appendix C, Table C2 to C4.

Figure 2 shows the proportion of participants who reported using the three different forms of methamphetamine nationally in 2010 and 2011. The recent use of 'speed' remained stable (ranging from 67% in TAS to 30% in NSW) and no significant difference was found between 2011 and 2010 ($p>0.05$). Nearly all (96%) of the recent 'speed' users reported recently injecting 'speed' on a median of eight days in the last six months.

The recent use of 'base' also remained stable (ranging from 39% in TAS to 6% in WA) and no significant difference was found between 2010 and 2011 ($p>0.05$). Nearly all (95%) recent 'base' users reported recently injecting base on a median of six days.

Nationally, the recent use of 'ice/crystal' was significantly higher in 2011 compared to 2010 (45% in 2011 versus 39% in 2010; $p<0.05$). Recent ice/crystal use ranged from 57% in the ACT to 26% in TAS. The majority (96%) of recent 'ice/crystal' users reported recently injecting 'ice/crystal' on a median of ten days in the last six months.

Figure 2: Recent use of methamphetamine (speed, base, ice/crystal and any form), 2010-2011



Source: IDRS participant interviews

Table 9: Proportion of IDU who reported use of speed powder in the preceding six months, 2003-2011

	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**

Source: IDRS Injecting drug user interviews

Table 10: Proportion of IDU who reported use of base methamphetamine in the preceding six months, 2003-2011

	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	**22**	**17**	**17**	**11**	**39**	**35**	**6**	**12**	**37**

Source: IDRS Injecting drug user interviews

Table 11: Proportion of IDU who reported use of ice/crystal methamphetamine in the preceding six months, 2003-2011

	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**

Source: IDRS Injecting drug user interviews
↑ Significant increase ($p<0.05$)

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' (45%), followed by 'speed' (42%), 'base' (12%) and liquid amphetamine (2%) (Table 5). For comparison, in 2010, these figures were: 'speed' (46%), 'ice/crystal' (38%) and 'base' (16%). There are some jurisdictional variations in these findings. 'Ice/crystal' use was the main form reported in all justifications, with the exception of TAS and the NT ('speed' main form used) (Table 5).

4.3.3 Methamphetamine frequency of use

In 2011, the median number of days any form of methamphetamine was used by the national sample was 19 days (14 days in 2010), around fortnightly use (Table 12). The median frequency of use among those who reported recent methamphetamine use was 10 days for 'speed' (ranging from three days in the WA to 24 days in SA; 10 days nationally in 2010), 6 days for 'base' (ranging from one day in WA to 20 days in SA; 10 days nationally in 2010) and 10 days for 'ice/crystal' (ranging from four days in the NT to 15 days in SA; 7 days nationally in 2010). No significant differences for median days of use were found for speed, base or ice/crystal among those who recently used ($p>0.05$).

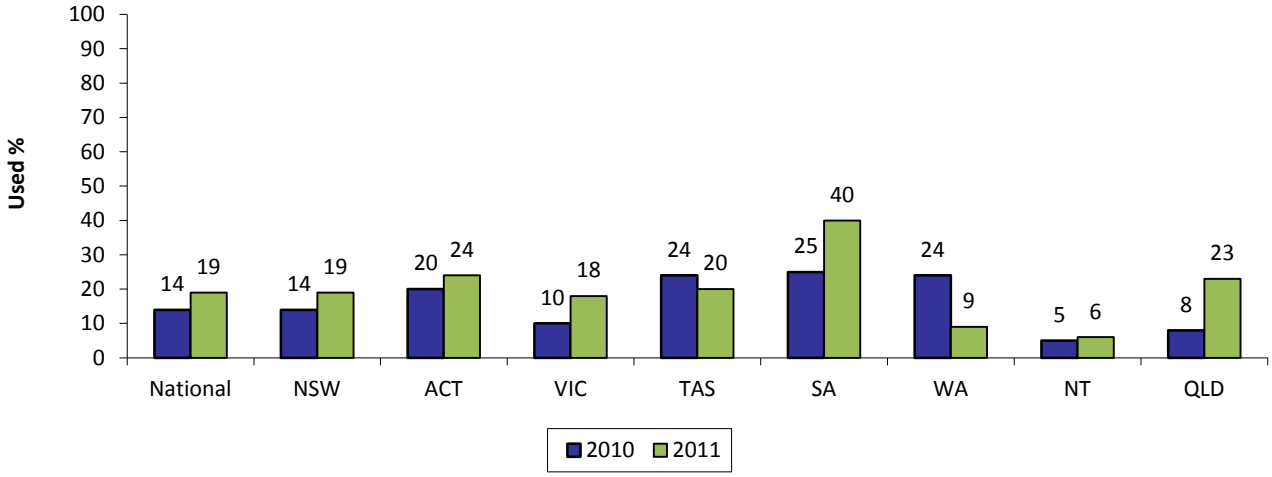
Figure 3 shows the median number of days of methamphetamine use (any form) among those who recently used any form of methamphetamine for 2010 and 2011. Median days of any methamphetamine use was higher in all jurisdictions, except in TAS and WA (both decreased). Daily use of any form of methamphetamine was reported by 3% of the national sample (5% 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, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Speed	10	**10**	10	10	10	10	24	3	6	10
Base	10	**6**	2	7	3	7	20	1^	6	12
Ice/crystal	7	**10**	12	12	6	6	15	12	4	6
Liquid	6	**4**	2^	6^	2^	14^	10	1^	2^	13^
Any form*	14	**19**	19	24	18	20	40	9	6	23

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

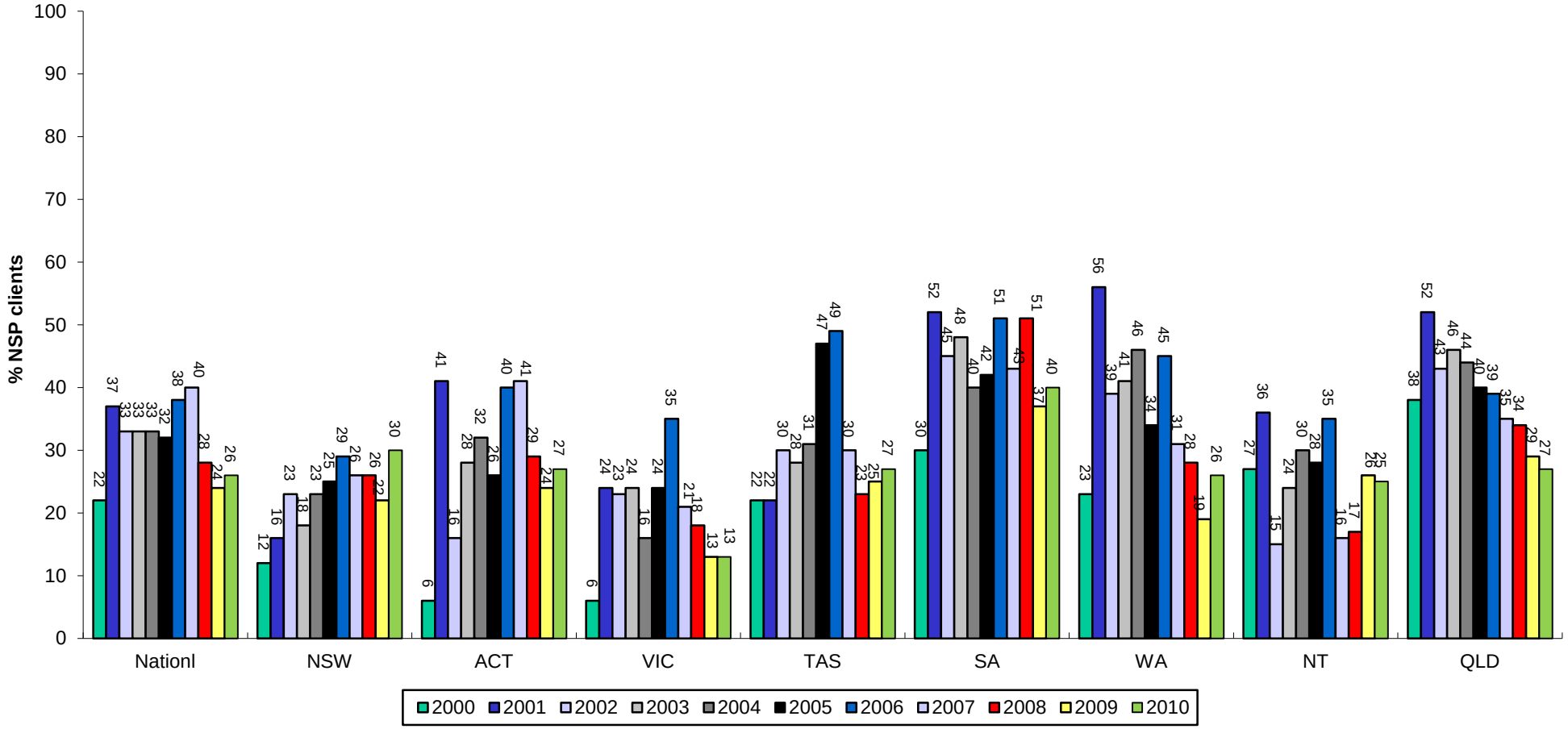
Figure 3: Median days of methamphetamine (any form) use among participants who had used methamphetamine in the past six months, by jurisdiction, 2010-2011



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

The jurisdictional differences in methamphetamine use are reflected in data sources other than the IDRS. The most recent Needle and Syringe Program (NSP) survey available (provided by the Kirby Institute previously known as the National Centre in HIV Epidemiology and Clinical Research) provides data from 2000 to 2010 (Figure 4)(Kirby Institute, May 2011) . 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 (Figure 4).

Figure 4: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000-2010



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002; 2005; 2009; 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.

4.4 Cocaine

Key points

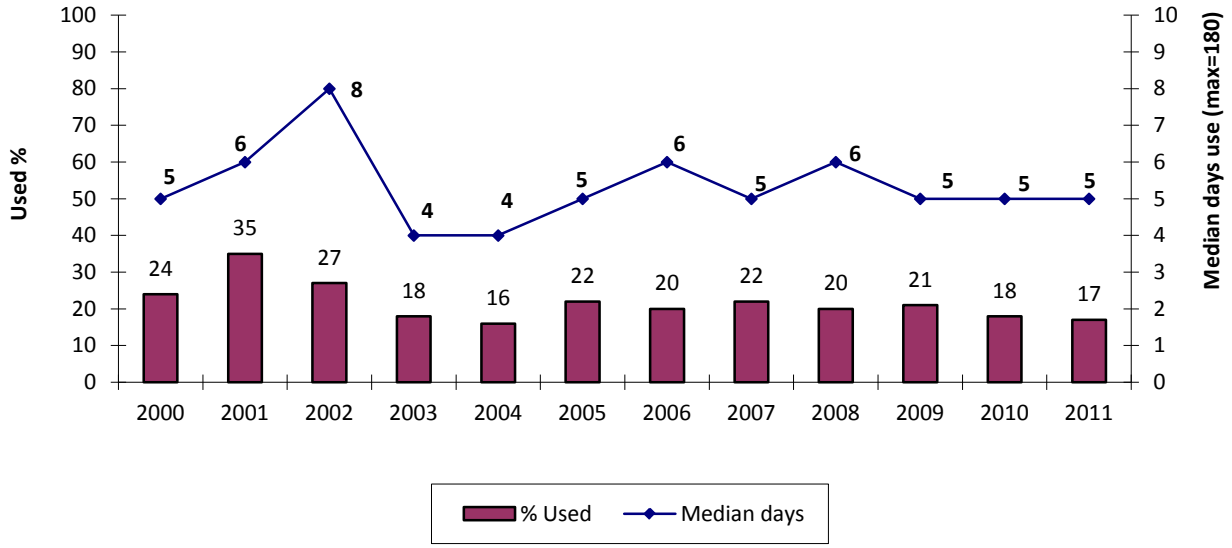
- The recent use of cocaine remained most common among participants in NSW (47%), with proportions elsewhere reporting use in the preceding six months remaining at less than 17%.
- The frequency of cocaine use remained low and sporadic (on average less than bi-monthly use in the last six months) in all jurisdictions except NSW. In NSW, the frequency of cocaine use was 10 days (12 days in 2010).
- Cocaine powder remained the most common form of the drug used by participants.

4.4.1 Use of cocaine

Seventeen percent of the national sample reported recent use of cocaine (Figure 5), the majority (80%) of whom also reported injecting it in the last six months. The recent use of cocaine remained most common among participants in NSW (47%), ranging in the other states from 17% in VIC to 1% in the NT (Figure 6). No significant difference was found between 2010 and 2011 for recent cocaine use nationally or in NSW ($p>0.05$). The vast majority of cocaine used was cocaine powder (see Tables 4 and 5).

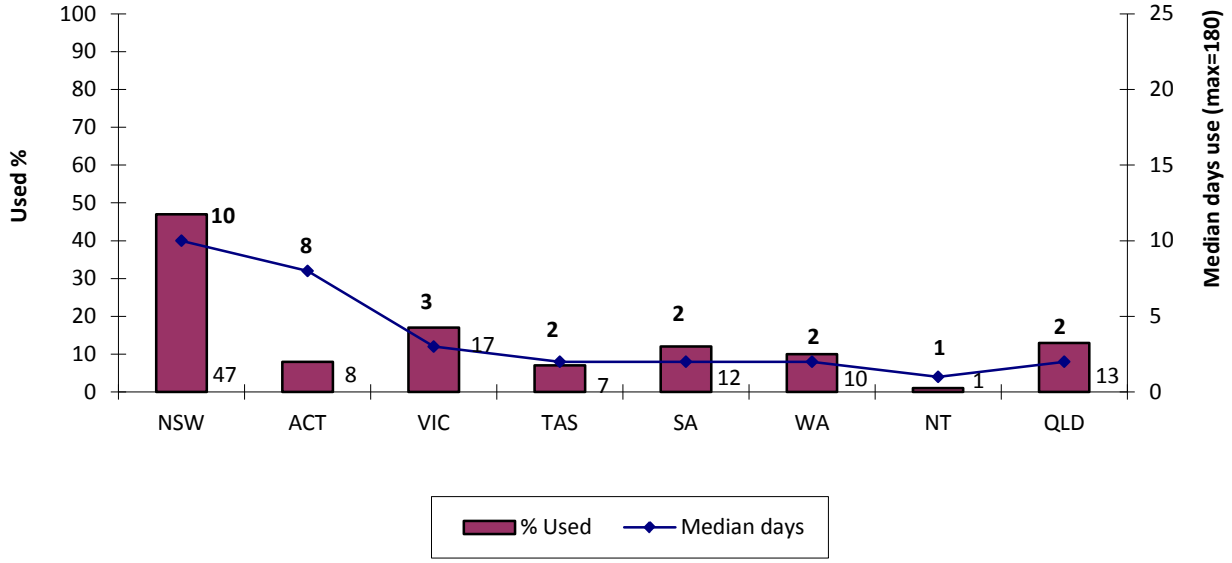
The median frequency of use was five days, ranging from 10 days in NSW to one day in the NT. Among those who recently used cocaine nationally and in NSW, no significant difference was found between 2010 and 2011 for median days of use ($p>0.05$). The frequency of cocaine use remained low and sporadic (on average less than bi-monthly use in the last six months) in all jurisdictions except NSW (Figure 6). In NSW, the frequency of cocaine use was 10 days compared to 12 days in 2010, this was not significant ($p>0.05$). Please refer to Appendix B, Figure B3 and Figure B6 for national data between 2000 and 2011 and Appendix C, Table C5 for jurisdictional differences over time.

Figure 5: Proportion of participants in the national sample who reported recent cocaine use and median days of use, 2000-2011



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 6: Proportion of participants who reported recent cocaine use and median days of use by jurisdiction, 2011



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.

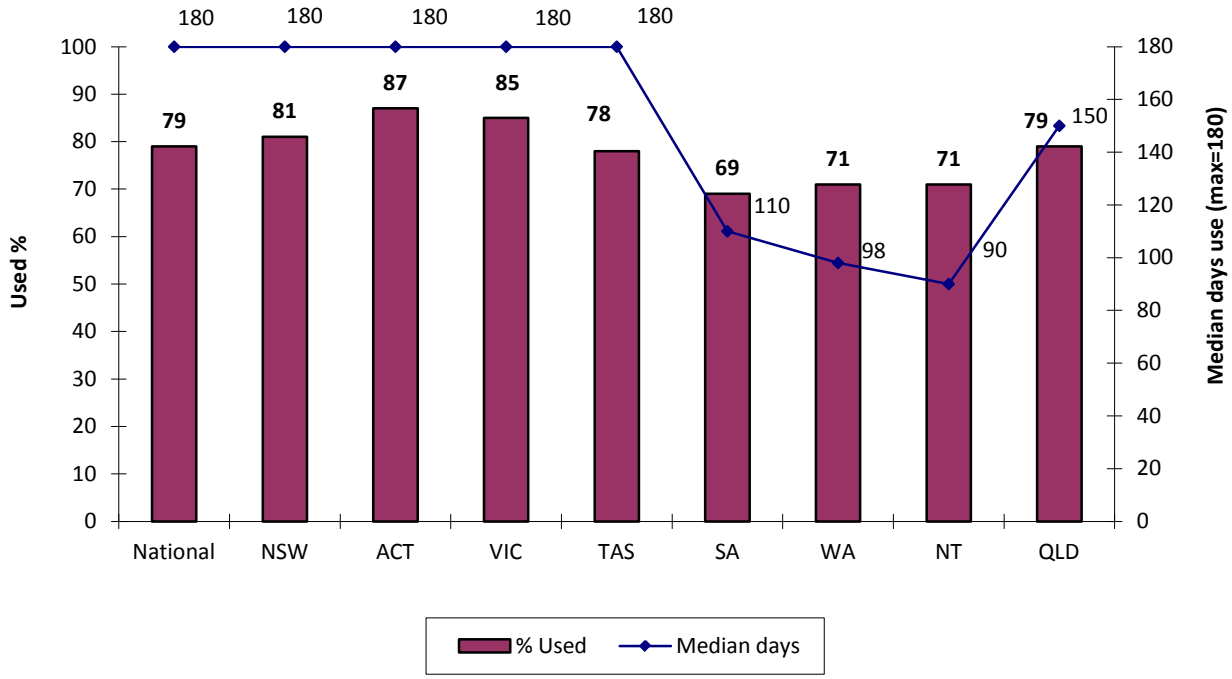
4.5.1 Use of cannabis

Seventy-nine percent of the national sample reported they had used cannabis in the six months prior to interview, ranging from 69% in SA to 87% in the ACT (Figure 7). No significant difference was found between 2010 and 2011 for recent cannabis use nationally (71% in 2010; p>0.05).

Nationally the median number of days used among those who use recently used cannabis was 180 days (daily use) (Figure 7). No significant difference in median days use for cannabis was found between 2010 and 2011 (p>0.05). Nationally, 51% of recent cannabis users reported daily use ranging between 41% in the NT to 63% in TAS.

For national data between 2000 and 2011 please refer to Appendix B, Figure B3 and Figure B6 and for jurisdictional differences over time Appendix C, Table C6.

Figure 7: Proportion of participants who reported recent cannabis use and median days of use by jurisdiction, 2011



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 76% in SA to 92% in the ACT and TAS) rather than joints (10%; range 4% in TAS to 17% in WA). Among those who had smoked cones, the median number used on the last day was four (range: less than one cone to 100 cones), while the number of joints smoked was two (range: less than one joint to 10 joints). Daily users of cannabis had smoked a median of six cones (range: 1-100) or four joints (range: 1-10) on the last day of use.

4.5.2 Cannabis forms used

Seventy-two percent of the national sample reported use of hydroponic cannabis (hydro) in the preceding six months, ranging from 59% in SA to 79% in VIC. Nearly half (43%) reported use of outdoor-grown 'bush' cannabis, ranging from 21% in the NT to 60% in the ACT and 59% in TAS. Nine 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

- Around 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 11% of the national sample reported recent use of 'illicitly' obtained methadone tablets (Physeptone).
- Eight percent of the national sample reported use of 'licitly' obtained buprenorphine in the six months preceding interview and 15% reported use of 'illicit' buprenorphine.
- Six percent of the national sample reported using 'licitly' and 11% 'illicitly' obtained buprenorphine-naloxone in the preceding six months.
- The recent use of 'licit' morphine was reported by 8% of the sample compared to 39% for 'illicit' morphine.
- Morphine remained the most commonly injected pharmaceutical in the national sample (41% in 2011).
- Jurisdictional variations and changes were observed. The use of morphine remained highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available.
- Four percent of the national sample reported the recent injection of 'licitly' obtained oxycodone and 30% for 'illicitly' obtained oxycodone. Overall, frequency of injection (any form) among those who had recently injected was low at approximately monthly.
- Forty-two percent of the national sample reported using over the counter codeine on a median of 10 days in the last six months.
- Around one-third percent of the national sample reported recent use of 'other' opioids (i.e. those not elsewhere classified – mainly Panadeine FORTE®) on a median of seven 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 Heath-related trends associated with drug use).

More recently, the argument has been made for a distinction between 'non-adherence' (the use of one's own medication in a way other than as directed, for example through injection) and 'diversion'

(the selling, trading, giving or sharing of one's medication to another person, including through voluntary, involuntary and accidental means). Appendix D shows how this recent distinction applies to the IDRS.

4.6.1 Use of methadone

Methadone, which is prescribed for the treatment of opioid dependence, is usually prescribed as a liquid preparation and is often dosed under supervision. Physeptone tablets are less common in Australia and are usually prescribed for people in methadone treatment who are travelling, or in a minority of cases, where liquid methadone is not tolerated.

In 2011, around half of the national sample reported recent use of 'licitly' and/or 'illicitly' obtained methadone (including Physeptone tablets), on median of 180 days in the last six months. Among the national sample, thirty-six percent reported the use of 'licitly 'obtained methadone (34% in 2010), while, twenty-one percent (20% in 2010) reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview (Table 13). No significant difference was found nationally between 2010 and 2011 for recent 'illicit' methadone use ($p>0.05$). 'Illicitly' obtained methadone liquid was the form of methadone reported as the form used most by 20% of those who reported methadone use, ranging from 11% in the ACT to 36% in QLD (see Table 5).

Eleven percent (10% in 2010) of the 2010 national sample reported recent use of 'illicit' Physeptone (Table 13). 'Illicitly' obtained Physeptone tablets were reported as the form of methadone 'most used' by 10% of the national sample who used methadone recently (9% in 2010) (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 63% in the NT (results should be interpreted with caution due to small numbers, see Table 5).

For national differences between 2000 and 2011 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 self-treat dependence (45%), to substitute for heroin/opiates (35%), to seek an opiate effect (intoxication; 24%), because they were away from home (1%) and/or another reason (12%).

Table 13: Methadone (any form) recent use and median days, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
Recent use (%)	2010	**2011**								
Licit										
Methadone syrup	34	**36**	61	46	40	36	27	34	3	23
Physeptone	2	**2**	4	2	1	2	1	3	5	1
Illicit										
Methadone syrup	20	**21**	23	22	21	40	11	24	11	14
Physeptone	10	**11**	4	5	4	37	5	7	27	2
Any form (licit and/or illicit)	50	**51**	69	56	52	65	39	51	34	33
Median days used *										
Licit										
Methadone syrup	180	**180**	180	180	180	153	180	180	90^	180
Physeptone	42	**40.5**	17.5^	6^	21^	120^	180^	3^	180^	7^
Illicit										
Methadone syrup	6	**4**	6	2	3	7	4	5	5^	4.5
Physeptone	4	**6**	11^	13^	2^	7	2^	2^	5	92^
Any form (licit and/or illicit)	180	**180**	180	180	180	98	66	180	10	128

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

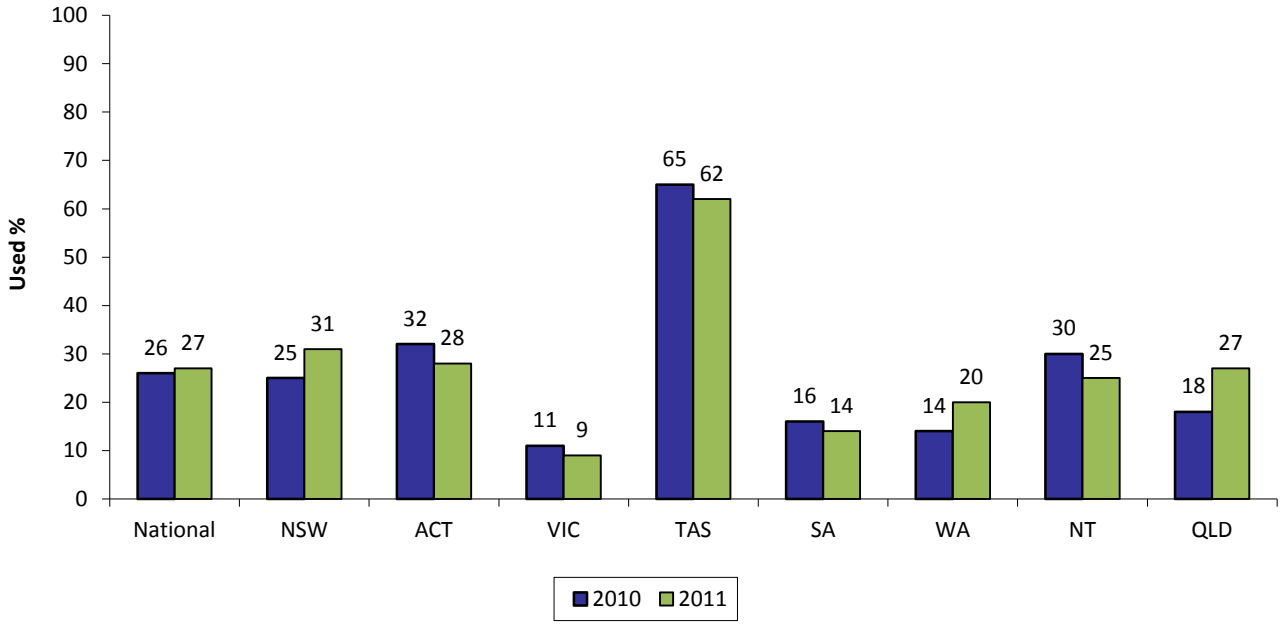
Twenty-seven percent of the national sample reported recently injecting 'licitly' and/or 'illicitly' obtained methadone (including Physeptone) compared to 26% in 2010 (Figure 8, Table 14).

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 (9%) and highest in TAS (62%) (Figure 8, Table 14). 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 ACT, VIC and QLD to 4% in the NT), and 8% for 'illicitly' obtained tablets, respectively (1% in SA to 36% in TAS) (Table 14).

Nationally, those who reported injecting 'licitly' obtained methadone recently had done so on a median of 38.5 days and 'illicitly' obtained methadone on a median of five days. The injection of 'licitly' and 'illicitly' obtained Physeptone was reported by few participants and typically on an infrequent basis (Table 14). Frequency of injection of methadone liquid and Physeptone varied by jurisdiction. No significant difference was observed nationally between 2010 and 2011 for median days injected 'licit' or 'illicitly' obtained methadone syrup ($p>0.05$).

Figure 8: Recent injection of methadone (any form), by jurisdiction, 2010-2011



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

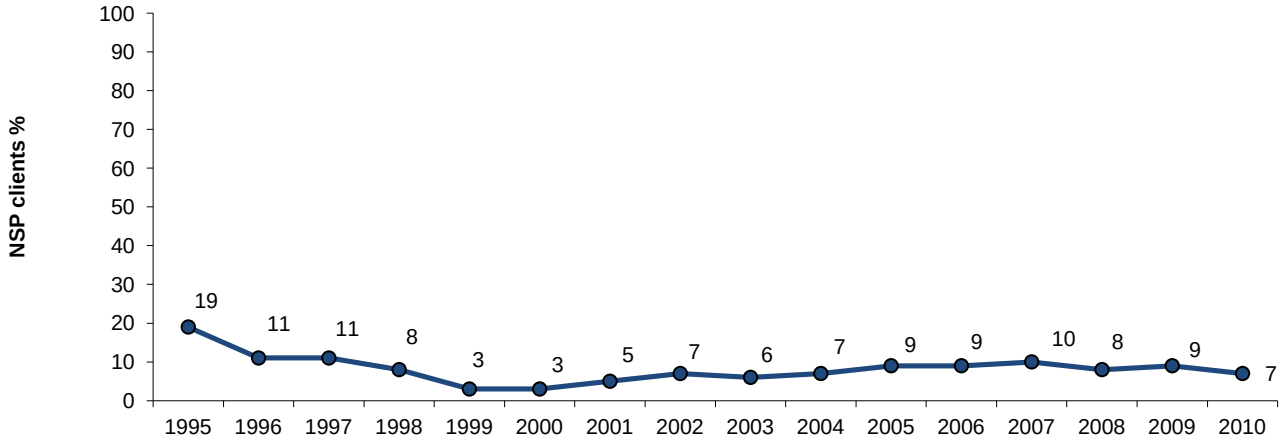
Table 14: Methadone (any form) recent injection and median days, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Recent injection (%)										
Licit										
Methadone syrup	11	**12**	18	17	4	31	6	9	1	11
Physeptone	2	**1**	1	0	0	1	1	1	4	0
Illicit										
Methadone syrup	15	**15**	18	20	6	39	9	14	7	13
Physeptone	9	**8**	3	2	3	36	1	3	18	2
Any form (licit and/or illicit)	26	**27**	31	28	9	62	14	20	25	27
Median days injected *										
Licit										
Methadone syrup	48	**38.5**	24	21	8.5	72	9	29	90	60
Physeptone	21	**90^**	46^	-	-	180^	180^	5^	71^	-
Illicit										
Methadone syrup	6	**5**	6	3	2	6	4	5.5	5	4
Physeptone	4	**6**	27^	16^	2^	6	1^	6.5^	5	91^
Any form (licit and/or illicit)	12	**14**	6	16	4.5	30	4	9	10.5	18

Source: IDRS participant interviews4
^ 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 2010 (Figure 9). Consistent with IDRS participant reports, the NSP Survey results show that TAS recorded the highest proportion (28%) of NSP clients reporting methadone as the last drug injected, followed by the ACT (16%) (Kirby Institute, May 2011) .

Figure 9: Proportion of NSP clients reporting methadone as last injection, Australia, 1995-2010



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002; 2005; 2009; 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.

4.6.2 Use of buprenorphine

Eight percent of the national sample reported recently using 'licit' buprenorphine compared to 15% for 'illicitly' obtained buprenorphine in the six months preceding interview (Table 15). No significant difference was found nationally between 2010 and 2011 for recent 'licit' or 'illicit' buprenorphine use ($p>0.05$).

Use of 'licitly' obtained buprenorphine ranged between 1% in TAS to 15% in NSW, while, for 'illicitly' obtained buprenorphine, this figure ranged from 6% in TAS to 33% in QLD (Table 15).

For national differences between 2002 and 2011 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' bupernorphine. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to self-treat dependence (46%), to substitute for heroin/opiates (42%), to seek an opiate effect (intoxication; 16%), and/or another reason (19%).

4.6.2.1 Buprenorphine injection

Five percent of the national sample reported injection of 'licit' buprenorphine and 13% reported injection of 'illicit' buprenorphine in the six months preceding interview (Table 15). Injection of 'licitly' obtained buprenorphine ranged from 1% in TAS, SA and the NT to 12% in QLD, while injection of 'illicitly' obtained buprenorphine ranged from 4% in SA to 35% in QLD (Table 15). Sixteen 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 24 days (24 days in 2010). For 'licit' buprenorphine, this figure was 72 days (69 days in 2010) and for 'illicitly' obtained buprenorphine 12 days (14 days in 2010) (Table 15). No significant difference was observed between 2010 and 2011 for median days injected 'licit' or 'illicit' buprenorphine ($p>0.05$).

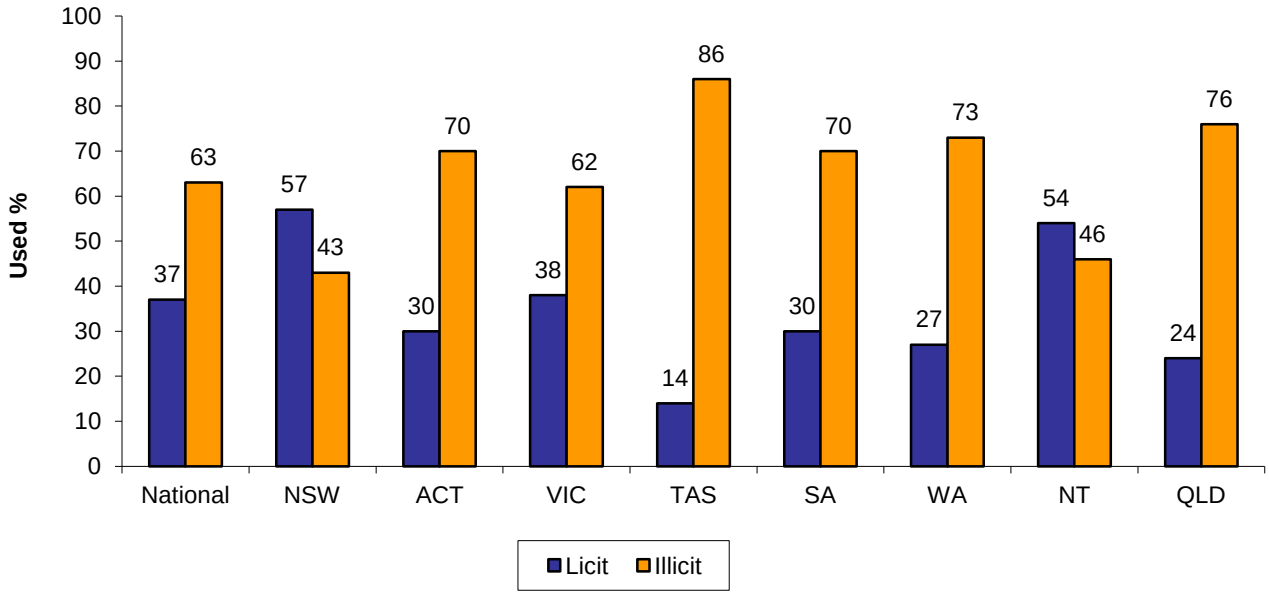
Table 15: Buprenorphine use patterns, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Recent Use (%)										
Licit	9	**8**	15	9^	9	1^	3^	4^	7^	12
Illicit	16	**15**	12	21	18	6^	8^	11^	8^	33
Any form (licit and/or illicit)	22	**21**	23	28	25	7^	11	16	13	38
Median days used*										
Licit	150	**90**	47.5	90	123	180	180	20	24	120
Illicit	13	**8**	5	60	30	2^	6.5^	2.5^	6^	9
Any form (licit and/or illicit)	38	**30**	21	90	48	2^	14	6	7	35
Recent injection (%)										
Licit	4	**5**	8	5^	7	1^	1^	3^	1^	12
Illicit	14	**13**	12	20	15	5^	4^	10^	5^	35
Any form (licit and/or illicit)	17	**16**	16	25	21	6^	5^	13^	5^	43
Median days injected*										
Licit	69	**72**	3	90^	93	1^	180^	13.5^	8^	90
Illicit	14	**12**	6	50	30	2^	13.5^	2^	7^	8.5
Any form (licit and/or illicit)	24	**24**	4	81	48	2^	24^	3^	11^	11

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, 63% reported 'illicit' buprenorphine as the form used most recently compared to 37% for 'licit' buprenorphine. At a jurisdictional level the form used most varied. NSW and the NT reported the use of 'licit' buprenorphine as the form used most, whereas the other jurisdictions reported 'illicit' as the form mainly used (Figure 10).

Figure 10: Most used form of buprenorphine among those who reported recent buprenorphine use, by jurisdiction, 2011



Source: IDRS participant interviews

4.6.3 Use of buprenorphine-naloxone

In 2011, twelve percent of the national sample reported recently using 'licitly' obtained buprenorphine-naloxone on a median of 93 days (every second day). Thirteen percent also reported the recent use of 'illicitly' obtained buprenorphine-naloxone on a median of five days (around once a month) in the last six months. No significant difference was found nationally between 2010 and 2011 for recent 'licit' or 'illicit' buprenorphine-naloxone use ($p>0.05$).

VIC and WA reported the highest levels of recent 'licit' buprenorphine-naloxone use. The use of 'illicitly' obtained buprenorphine-naloxone was highest in VIC, followed by WA and the NT (Table 16). The form of buprenorphine-naloxone most used (i.e. whether 'licitly' or 'illicitly' obtained) among those who had used, varied by jurisdiction (see Table 5).

For national differences between 2006 and 2011 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C9.

Participants who recently used buprenorphine-naloxone were asked about their reasons for using 'illicit' buprenorphine-naloxone. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to self-treat dependence (53%), to substitute for heroin/opiates (34%), to seek an opiate effect (intoxication; 14%), and/or another reason (21%).

Table 16: Buprenorphine-naloxone use patterns, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Recent Use (%)										
Licit	12	**12**	13	10	21	4^	7^	19	6^	15
Illicit	13	**13**	8	12	29	5^	4^	14	14	11
Any form (licit and/or illicit)	23	**22**	18	20	43	8^	11	29	19	22
Median days used*										
Licit	90	**93**	179	171	150	169.5^	90^	90	17.5^	90
Illicit	6	**5**	7	4	5	2^	3.5^	10	2	35
Any form (licit and/or illicit)	30	**30**	93	5	25.5	46^	10	81	4	90
Recent injection (%)										
Licit	4	**4**	2^	3^	8	2^	1^	7^	0	8^
Illicit	10	**8**	5^	7^	19	5^	1^	11^	3^	11^
Any form (licit and/or illicit)	13	**11**	6^	8^	25	6^	2^	17	3^	16
Median days injected*										
Licit	30	**60**	180^	90^	20	106^	3^	60^	-	120^
Illicit	11	**6**	6.5^	2^	7	2^	1^	10.5^	2^	26.5
Any form (licit and/or illicit)	14	**9.5**	7^	2.5^	14	17^	4.5^	19.5	2^	32

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

4.6.3.1 Buprenorphine-naloxone injection

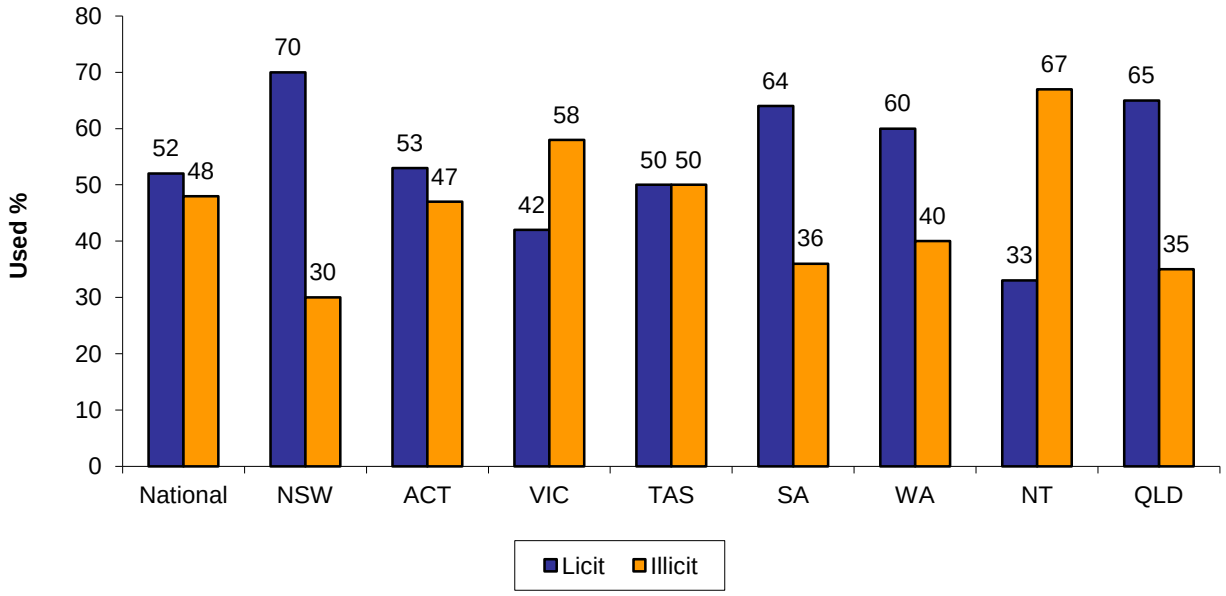
Small proportions of participants had injected 'licitly' obtained (i.e. their own) buprenorphine-naloxone in the preceding six months (n=33; 4% of the national sample), while a slightly larger number of participants had injected 'illicitly' obtained buprenorphine-naloxone during this time (n=71; 8% of the national sample). Overall, 11% (n=92) of the national sample had injected any form of buprenorphine-naloxone (i.e. 'licitly' or 'illicitly' obtained) (Table 16).

Among recent buprenorphine-naloxone injectors (regardless of 'licit' or 'illicit' obtainment) the median frequency of injection was nine and a half days (14 days in 2010). For 'licit' buprenorphine-naloxone, this figure increased to 60 days (from 30 days in 2010); and for 'illicitly' obtained buprenorphine-naloxone the number of days injected was six (11 days in 2010) (Table 16).

No significant difference was observed between 2010 and 2011 for median days injected 'licit' or 'illicit' buprenorphine-naloxone ($p>0.05$).

Among those who had used any form of buprenorphine-naloxone (i.e. whether 'licitly' and/or 'illicitly' obtained), similar proportions (52% and 48% respectively) reported that 'licitly' or 'illicitly' obtained buprenorphine-naloxone as the form most used, however, there was some jurisdictional variation (see Figure 11 and Table 5).

Figure 11: Most used form of buprenorphine-naloxone among those who reported recent buprenorphine use, by jurisdiction, 2011



Source: IDRS participant interviews

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 SA to 81% in the NT (Figure 12).

The use of morphine was highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available, and where methadone and morphine have dominated the markets (Figure 12).

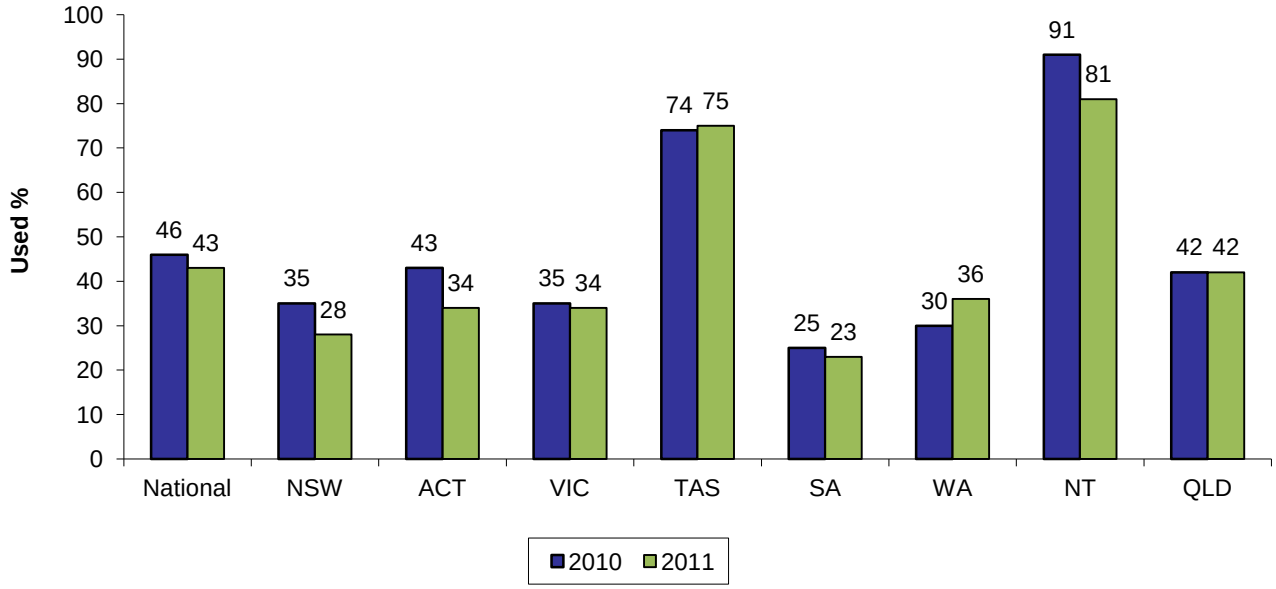
The recent use of 'licit' morphine was reported by 8% of the sample (range 3% in VIC to 28% in the NT) compared to 39% for 'illicit' morphine (range 20% in SA to 73% in TAS) (Table 17). No significant difference was found nationally between 2010 and 2011 for recent 'licit' or 'illicit' morphine use ($p>0.05$).

The median days of use for 'licitly' obtained morphine (90 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 2010 and 2011 (15 days and 13 days respectively; $p>0.05$). By jurisdiction, the median frequency of 'illicitly' obtained morphine use among users varied (Table 17).

For national differences between 2001 and 2011 refer to Appendix B, Figure B5 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 (54%), because they were away from home (28%), to substitute for heroin/opiates (25%), to seek an opiate effect (intoxication; 1%) and/or another reason (11%).

Figure 12: Recent use of morphine (any form), by jurisdiction, 2010-2011



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 18% in SA to 70% in TAS. The median number of days on which 'illicitly' obtained morphine was injected ranged from four days in VIC and WA to 120 days in the NT (Table 18).

Of those who reported recent morphine use, the majority (85%) reported 'illicit' morphine as the form most used, ranging from 74% in NSW to 93% in TAS (see Table 5). The most commonly used brand of morphine used in the preceding six months was MS Contin® followed by Kapanol®.

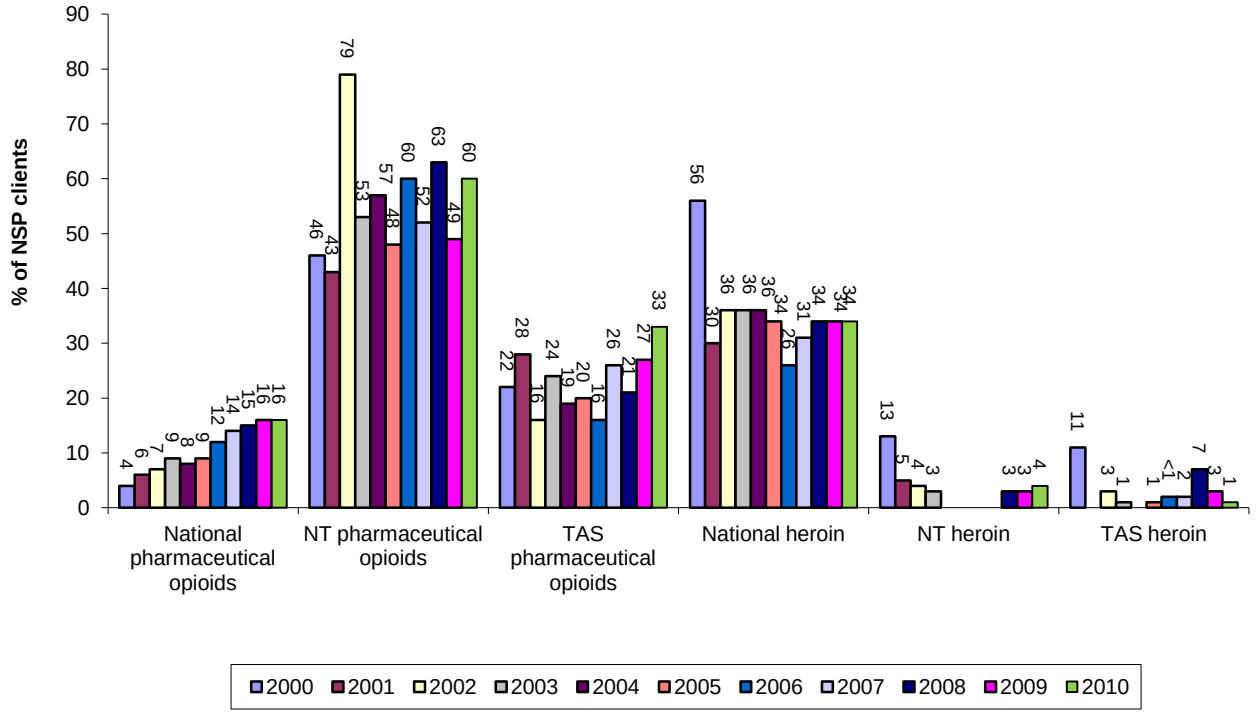
Table 17: Morphine use patterns, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Recent Use (%)										
Licit	8	**8**	7	6	3	6	6	4	28	8
Illicit	42	**39**	21	30	33	73	20	33	72	39
Any form (licit and/or illicit)	46	**43**	28	34	34	75	23	36	81	41
Median days used*										
Licit	144	**90**	14	90^	6^	180^	15^	60^	180	48^
Illicit	15	**13**	10	5	4	48	10	4	100	15
Any form (licit and/or illicit)	20	**20**	11	5	4	48	30	5	180	20
Recent injection (%)										
Licit	7	**7**	4^	1^	3^	6^	5^	4^	24	8^
Illicit	40	**37**	20	26	31	70	18	33	69	41
Any form (licit and/or illicit)	43	**41**	23	26	33	72	20	36	78	46
Median days injected*										
Licit	60	**75**	19^	90^	6^	180^	90.5^	60^	130	44^
Illicit	19	**12**	10	5	4	48	10	4	120	18
Any form (licit and/or illicit)	20	**24**	10.5	5	4.5	48	48	6	180	20

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 2010 (the most recent NSP Survey results available) are depicted in Figure 13. 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 33%). 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 (Kirby Institute, May 2011) .

Figure 13: Proportion of NSP clients in the NT, TAS and the national sample who reported heroin and pharmaceutical opioids as the last drug injected, 2000-2010



Source: Australian NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2002; 2005; 2009; 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

4.6.5 Use of oxycodone

Around one-third of the national sample reported the use of oxydocone in the last six months (36% in 2011and 32% in 2010), ranging from 25% in ACT to 47% in TAS (Figure 14).

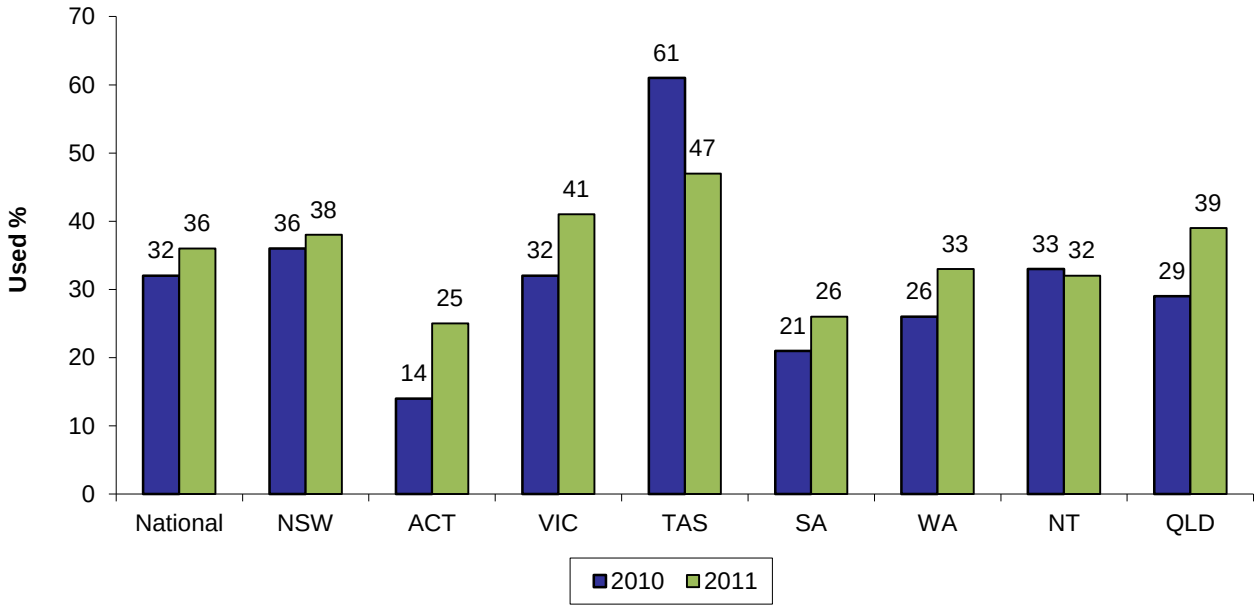
In 2011, six percent of the national sample reported recent (last six months) use of 'licitly' obtained oxycodone. This contrasted with 32% of the sample who reported recent use of 'illicitly' obtained oxycodone. Nationally, the use of 'illicit' oxycodone significantly increased between 2010 and 2011 (32% in 2011 versus 28% in 2010; $p<0.05$). No other significant differences were found ($p>0.05$). Similar to previous years, TAS reported the highest levels of recent 'illicit' oxycodone use (Table 18).

Median days of use of 'illicitly' obtained oxycodone were relatively low at approximately monthly use in all jurisdictions (Table 18). No significant difference was found for median number of days used 'illicit' oxydocone between 2010 and 2011 ($p>0.05$).

For national differences between 2005 and 2011 refer to Appendix B, Figure B5 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 (43%), to substitute for heroin/opiates (35%), to seek an opiate effect (intoxication; 34%), away from home (1%) and/or another reason (11%).

Figure 14: Recent use of oxycodone (any form), by jurisdiction, 2010-2011



Source: IDRS participant interviews

4.6.5.1 Oxycodone injection

Injection of 'licitly' obtained oxycodone was also rare, while for 'illicitly' obtained oxycodone injection figures ranged from 17% in the ACT to 43% in TAS. The median number of days on which 'illicitly' obtained oxycodone was injected ranged from two and a half days in the ACT to eight days in TAS (Table 18).

Of those who reported recent oxycodone use, the majority (86%) reported 'illicit' oxycodone as the form most used, ranging from 75% in the ACT to 94% in TAS (see Table 5). The most commonly used brand of oxycodone used in the preceding six months was OxyContin®.

Table 18: Oxycodone use patterns, by jurisdiction, 2011

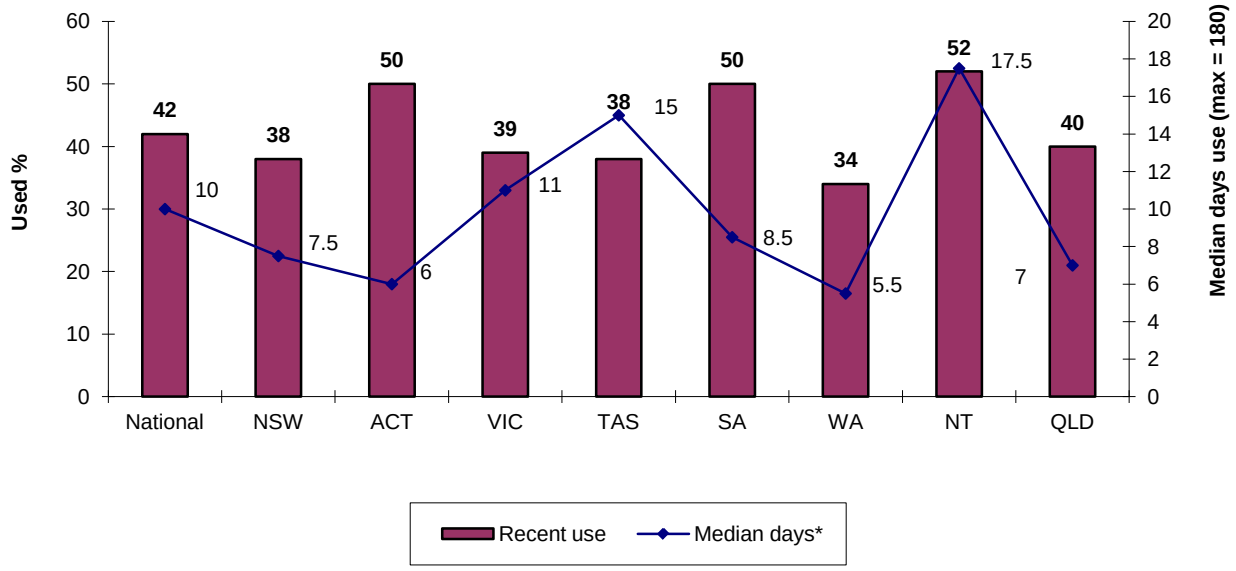
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Recent use (%)										
Licit	7	**6**	5^	6^	8	5^	5	4^	8^	6^
Illicit	28	**32↑**	34	23	37	45	23	30	26	34
Any form (licit and/or illicit)	32	**36**	38	25	41	47	26	33	32	39
Median days used *										
Licit	48	**41**	30^	14^	42	74^	40^	3^	72^	30^
Illicit	6	**4**	5	2.5	2	7	7	5	3	3
Any form (licit and/or illicit)	10	**5**	6	3.5	4	10	8	4	6	6
Recent injection (%)										
Licit	4	**4**	3^	2^	6^	3^	3^	3^	6^	4^
Illicit	26	**30**	30	17	34	43	19	30	23	38
Any form (licit and/or illicit)	28	**31**	32	17	36	44	20	31	27	41
Median days injected *										
Licit	48	**54**	120^	65^	42^	72^	40^	91^	72^	30^
Illicit	6.5	**4**	5	2.5	3	8	6	4	3	4
Any form (licit and/or illicit)	10	**4**	5	2.5	4	9	6	4	5	4

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 (p<0.05)

4.6.6 Use of over the counter codeine

Since 2009, participants have been asked about the use of over the counter codeine (OTC) separately. In previous years OTC codeine has been included under 'other opioids'. Around two-thirds (63%) of the national sample reported using OTC codeine in their lifetime. Forty-two percent reported using OTC codeine on a median of ten days (or around once a fortnight) in the last six months (Figure 15). The recent use of OTC codeine significantly increased between 2010 and 2011 (35% in 2010; $p<0.05$). Only three participants reported injecting OTC codeine recently. The main brands used were Nurofen Plus® (48%) and Panadeine® (18%).

Figure 15: Recent use and median days of over the counter codeine use, by jurisdiction, 2011

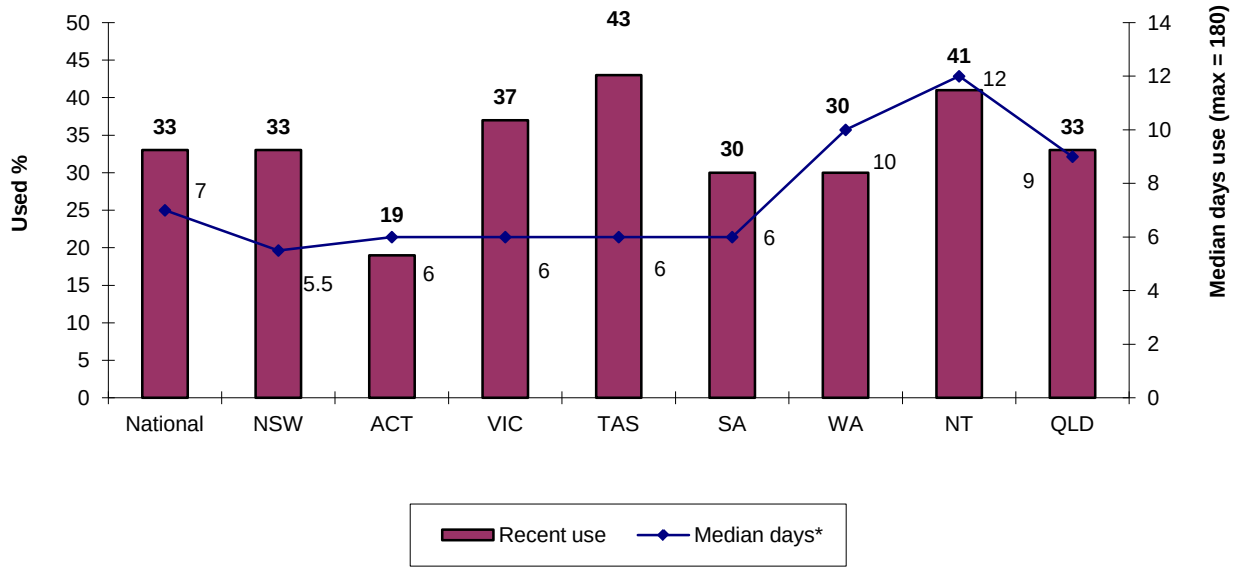


Source: IDRS participant interviews
* Among those who recently used OTC codeine

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 increased from 11% in 2010 to 33% in 2011 ($p<0.05$). In 2011, the median numbers of days recently used any form of other opioids was seven. TAS followed by the NT reported the highest recent use of other opioids (Figure 16). Only 11 participants (1%) reported injecting in the last six months. Frequency of injection was reported on a median of two days during this time.

Figure 16: Recent use of other opioids (not elsewhere specified), by jurisdiction, 2011



Source: IDRS participant interviews
* Among those who recently used other opioids

Among those who reported recent other opioid use and commented (n=250), 72% reported mainly using 'licit' other opiates while 28% 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 2011, participants were promoted 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).

4.7 Other drugs

Key points

- Around two-thirds of participants (65%) had used ecstasy in their lifetime, and 14% had used ecstasy in the preceding six months, frequency of use by users was sporadic (median two days).
- While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (65%), recent use remained fairly low, with eight percent reporting use in the six months preceding interview.
- Sixty-two percent of the national sample reported using some form of alprazolam in their lifetime, with nearly half (46%) reported recently using any form of alprazolam on a median of 12 days.
- Nearly three-quarters (75%) of the national sample had used another form of other benzodiazepines not including alprazolam in their lifetime. Over half (56%) reported recently using any form of other benzodiazepines on a median of 60 days. Small proportions reported recently injecting other benzodiazepines (5% or less).
- The majority (83%) of the national sample had reported the use of benzodiazepines (including Alprazolam) at some stage in their lifetime. Sixty-nine percent reported the recent use of benzodiazepines on a median of 74 days. Only small numbers reported recently injecting benzodiazepines on a median of six days in the last six months. Eight percent reported recently injecting alprazolam.
- The recent (six months) use of pharmaceutical stimulants was reported by 15% of the national sample on a median of four days.
- The use of Seroqual® ever was reported by 41% of the sample, 22% reported recently using Seroqual®.
- Twenty-four percent of participants had used inhalants in the past but a very low proportion (3%) 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. Fourteen 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-six percent of recent tobacco user reported smoking daily.

4.7.1 Ecstasy and related drugs

A fairly large proportion of participants (65%) had ever used ecstasy in the past. Fourteen percent of the national sample had used ecstasy in the six months preceding interview on a median of two days, while four percent injected it on a median of two occasions (see Appendix A, Table A3). No significant difference was found between 2010 and 2011 for recent ecstasy use nationally (14% in 2010; $p>0.05$).

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 eight percent reporting use in the six months preceding interview (see Appendix A, Table A3). No significant difference was found between 2010 and 2011 for the recent use of hallucinogens nationally (6% in 2010; $p>0.05$).

Frequency of use was also low, with those who had used reporting doing so on a median frequency of two days during the last six months. 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). Eight 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 (83%) of the national sample had reported the use of any benzodiazepines at some stage in their lifetime. Sixty-nine percent reported the recent use of any benzodiazepines on a median of 74 days in the last six months. No significant difference was found between 2010 and 2011 for the recent use of any form of any benzodiazepines use nationally (65% in 2010; p>0.05). Among those who recently used any benzodiazepines, 32% reported using them daily in the last six months. No significant difference was observed between 2011 and 2010 for median days of use of any form of any benzodiazepines (p>0.05). For national differences between 2000 and 2011 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C12.

Only small numbers reported recently injecting any benzodiazepines (10%) on a median of six days in the last six months. At a national level, over half (61%) of those who reported recent any benzodiazepine use stated that 'licit' benzodiazepines were the form they had most used in the preceding six months (see Table 5).

For the first time in 2011 participants were asked separately about the use of alprazolam and other benzodiazepines use (please see below).

4.7.3.1 Alprazolam

Sixty-two percent of the national sample reported using some form of alprazolam in their lifetime (23% licit and 53% illicit). Nearly half (46%) reported recently using any form of alprazolam on a median of 12 days in the last six months. Thirteen percent had recently used 'licit' alprazolam on a median of 172 days while 39% had recently used 'illicit' alprazolam on a median of seven days (Table 19).

A smaller proportion (15%) had injected alprazolam at some stage in their life (4% licit, 14% illicit), with 8% injecting any form of alprazolam (<1% licit, 8% illicit) in the last six months.

Table 19: Alprazolam use patterns, by jurisdiction, 2011

	National N=868	NSW n=150	ACT n=98	VIC n=150	TAS n=100	SA n=100	WA n=70	NT n=98	QLD n=102
	2011								
Recent use (%)									
Licit	**13**	9	10	20	4	12	17	13	17
Illicit	**39**	37	27	63	40	22	27	36	40
Any form (licit and/or illicit)	**46**	**43**	33	69	43	32	41	43	50
Median days used *									
Licit	**172**	180	180	178	95^	165	40	90	160
Illicit	**7**	24	5.5	9	6	3.5	4	6	7
Any form (licit and/or illicit)	**12**	48	10	13	6	4	6	10	22

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

Three-quarters (75%) of the national sample had used any form of other benzodiazepines (licit/illicit) not including alprazolam in their lifetime. Over half (56%) recently used any form of other benzodiazepines on a median of 60 days (approximately two and half times per week) (Table 20).

Thirty-six percent of the national sample reported having used 'licitly' obtained other benzodiazepines and thirty-five percent 'illicitly' obtained other benzodiazepines in the six months preceding interview. Reports of recent use of 'licitly' and 'illicitly' obtained other benzodiazepines varied across jurisdictions (Table 20).

Proportions of respondents reporting the recent injection of other benzodiazepines (any form – excludes alprazolam) in the last six months were relatively low at 5% or less.

Table 20: Other benzodiazepine (excludes alprazolam) use patterns, by jurisdiction, 2011

	National N=868	NSW n=150	ACT n=98	VIC n=150	TAS n=100	SA n=100	WA n=70	NT n=98	QLD n=102
	2011								
Recent use (%)									
Licit	**36**	30	29	46	48	20	43	30	46
Illicit	**35**	35	34	47	51	19	23	24	33
Any form (licit and/or illicit)	**56**	51	50	71	78	35	56	42	61
Median days used *									
Licit	**96**	90	180	180	160	60	165	80	60
Illicit	**9.5**	13	5	10	20	10	5.5	6	6
Any form (licit and/or illicit)	**60**	60	58	55	93	27	96	60	37.5

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 (84% of recent users) as the main type of other benzodiazepine used in the preceding six months, followed by oxazepam (e.g. Serapax®, Murelax®, 7% of recent users) Table 21 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. 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 the majority of them (96%) 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 21: Main other benzodiazepine type used (excluding alprazolam) in the six months preceding interview, 2011

	Recent use among those who had recently used N=444	Recent injectors* N=52
Diazepam (%) *e.g. Antenex, Ducene, Valium, Valmpam*	84	79 (n=41)
Oxazepam (%) *e.g. Serepax*	7	12 (n=6)
Temazepam (%) *e.g. Normison, Temaze*	4	4 (n=2)
Clonazepam (%) *e.g. Rivotril*	2	0
Nitrazepam (%) *e.g. Alodorm, Mogadon*	<1	2 (n=1)
Flunitrazepam (%) *e.g. Hypnodorm*	<1	2 (n=1)

Source: IDRS participant interviews
* 96% (n=50) of recent 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 2011, use and injection of pharmaceutical stimulants remained relatively low and infrequent in the national sample. A greater proportion of participants reported using (14%) 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 and the ACT (Table 22). No significant difference was found between 2010 and 2011 for the recent use of licit or illicit pharmaceutical stimulants nationally (p>0.05).

Table 22: Pharmaceutical stimulant use patterns in the past six months, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Recent use (%)										
Illicit	13	**14**	2	25	16	35	9	16	11	4
Any form (licit and/or illicit)	14	**15**	3	29	16	35	9	16	12	4
Median days used *										
Illicit	4	**4**	18^	5	2	3	4^	2	4	2^
Any form (licit and/or illicit)	5	**4**	4	5.5	2.5	3	4^	2	4.5	2^
Recent injection (%)										
Illicit	9	**10**	1^	24	10	31	1^	7^	8^	1^
Any form (licit and/or illicit)	9	**10**	1^	26	10	31	1^	7^	8^	1^
Median days injected*										
Illicit	4	**3**	18^	5	2	3	3^	2^	3^	2^
Any form (licit and/or illicit)	6	**3**	18^	5	2	3	3^	2^	4^	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)

For the first time in 2011 participants were asked about the use of Seroquel® (quetiapine). Of the national sample 41% reported a lifetime use of Seroquel® (16% licit, 31% illicit). Twenty-two percent of the sample had used Seroquel® in the last six months (9% licit, 15% illicit). 'Licit' Seroquel® has been used on a median of 180 days compared to three days for 'illicit' Seroquel®. Only three participants reported injecting Seroquel® in the last six months.

4.7.7 Inhalants

Twenty-four percent reported ever having inhaled volatile substances such as amyl nitrate, petrol, glue and/or lighter fluid. Three percent of participants reported use in the six months preceding interview on a median of two days (see Appendix A, Table A3). No significant difference was found between 2010 and 2011 for recent inhalant use nationally (3% in 2010; p>0.05).

4.7.8 Alcohol and tobacco

Sixty-five percent of the national sample reported recently using alcohol (64% in 2010), on a median of 24 days, indicating that frequency of use was approximately weekly among two-thirds of the sample (Table 23). Fourteen percent of recent alcohol consumers reported daily use of alcohol in the preceding six months.

The vast majority of the national sample (94%; 93% in 2010) reported recent tobacco use (Table 23), with 96% of recent tobacco users reporting having smoked daily over the preceding six months.

No significant difference was found between 2010 and 2011 for recent alcohol or tobacco use nationally (p>0.05)

Table 23: Patterns of alcohol and tobacco use in the preceding six months, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Recent use (%)										
Alcohol	64	**65**	60	70	70	68	54	69	63	68
Tobacco	93	**94**	97	96	95	92	94	83	97	96
Median days used by those who had used*										
Alcohol	24	**24**	24	16	24	24	14	14	24	24
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. Medians rounded to the nearest whole number

5 Drug Market: Price, purity, availability and purchasing patterns

5.1 Heroin

Key points

- Heroin was typically $50 per cap across the jurisdictions and remained relatively stable compared to 2010. The median prices per gram varied, ranging from $250 in VIC to $650 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 VIC ($250), followed by NSW and the ACT ($300). Heroin was most expensive per gram in WA ($650, note: small numbers reporting; interpret with caution) (Table 24 and Figure 17).

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 and QLD to $100 in SA and WA. Small numbers reported purchasing caps in TAS and the NT, indicating low availability (Table 24). The majority (78%) of those who commented reported that price had remained stable in the last six months. Small numbers (15%) reported that the price of heroin has increased recently.

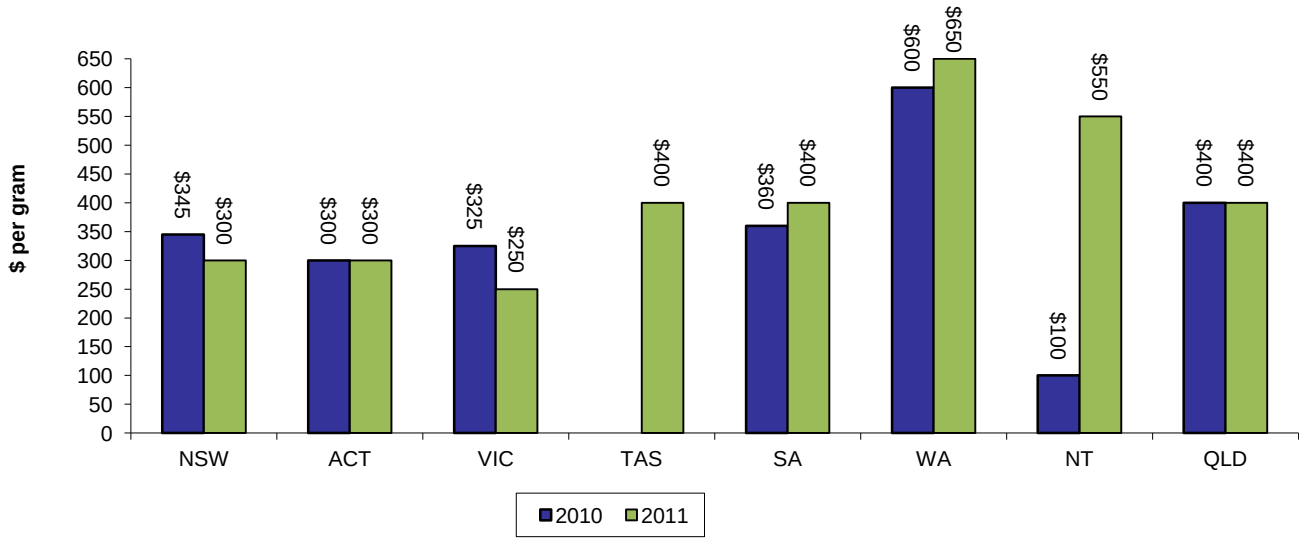
Appendix E, Table E1 and Figure E1 show participant estimates of the median price of heroin over the several years of data collection.

Table 24: Price of heroin, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Median Price ($)										
Per gram	360	**300**	300	300	250	400^	400^	650^	550^	400^
Per cap	50	**50**	50	50	50	75^	100	100	80^	50
Price changes (%)	N=517	**N=479**	n=131	n=73	n=108	n=6	n=51	n=43	n=4	n=63
Increased	16	**15**	22	7	6	17	12	28	50	14
Stable	76	**78**	74	85	75	83	84	70	0	83
Decreased	4	**4**	0	7	9	0	2	0	25	0
Fluctuated	4	**4**	3	1	9	0	2	2	25	3

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

Figure 17: Median price per gram of heroin, by jurisdiction, 2010-2011



Source: IDRS participant interviews
Note: Small numbers (n<10) reported in VIC, SA and the NT in 2010 and in TAS, SA, the NT and QLD in 2011

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=485) reported that heroin was of 'low' purity. This pattern of results was broadly seen across all jurisdictions except in SA and WA (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 NSW where the majority reported the purity as decreasing (Table 25 and Figure 18).

Significance testing was carried out on the current purity for 'low', 'medium', 'high' and 'fluctuates' between 2010 and 2011. No significant differences were found between 2010 and 2011 for current heroin purity ($p>0.05$).

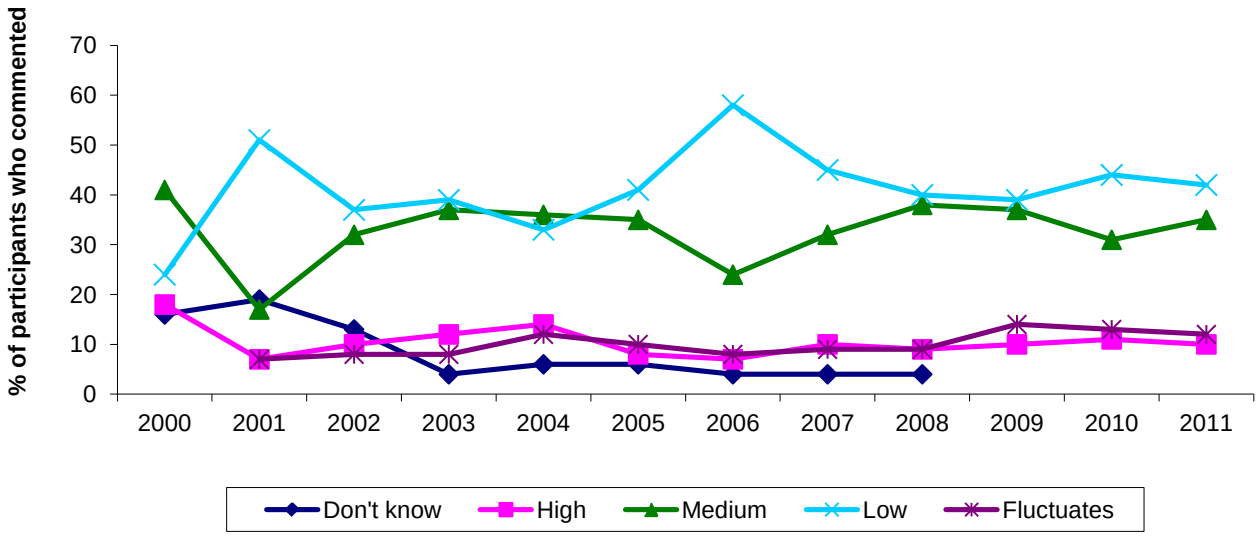
Appendix E, Figure E2 shows the current purity of heroin over the several years of data collection.

Table 25: Perceived purity of heroin, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Current Purity (%)	N=520	**N=485**	n=128	n=75	n=108	n=7^	n=51	n=48	n=4^	n=64
High	11	**10**	8	13	7	29	6	23	25	8
Medium	31	**35**	37	31	33	43	51	29	0	34
Low	44	**42**	42	51	51	29	37	21	50	38
Fluctuates	13	**12**	13	5	8	0	6	27	25	20
Purity changes (%)	N=502	**N=471**	n=125	n=74	n=104	n=6	n=51	n=46	n=4	n=61
Increasing	13	**10**	11	12	8	17	6	24	0	3
Stable	39	**40**	32	47	41	67	39	41	50	39
Decreasing	29	**27**	37	27	28	0	24	7	0	28
Fluctuating	18	**23**	20	14	23	17	31	28	50	30

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

Figure 18: Participant reports of current heroin purity among those able to comment, 2000-2011



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

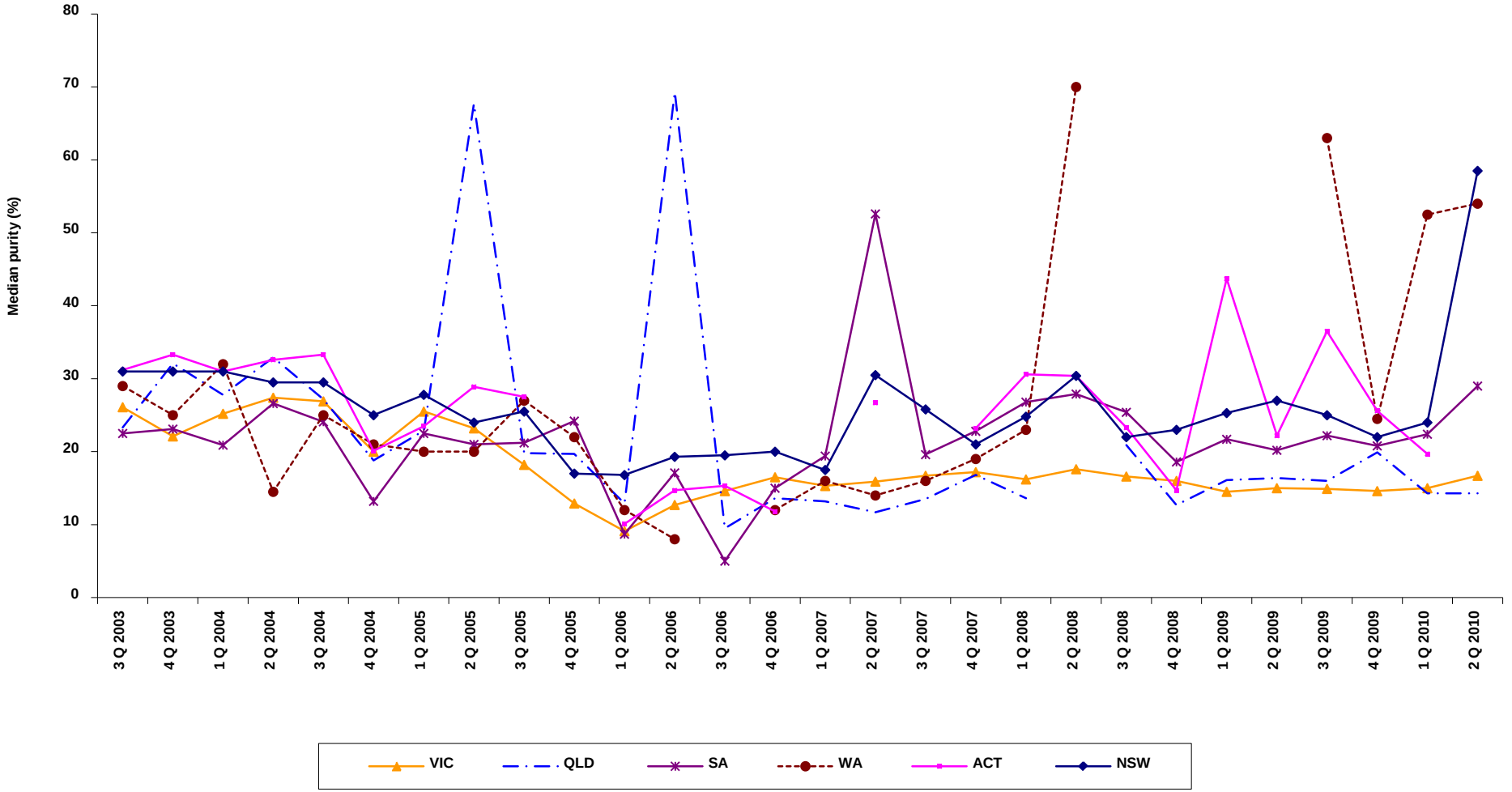
Participant reports of purity are subjective and depend on a number of factors including the health and tolerance of the individual. A more objective measure of purity is derived from the analysis of drug seizures. The purity figures reported below, therefore, relate to an unrepresentative sample of 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, 2011)

Data reported include seizures ≤ 2 grams and > 2 grams, reflecting both street and larger seizures. The following caveat applies to Figure 19 through to Figure 22: 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 2009/10

The median purity of analysed state/territory police heroin seizures in 2003/04 to 2009/10 financial years (displayed quarterly) by jurisdictions is displayed in Figure 19. No reports were made in TAS, the ACT or the NT in 2009/10. The 'overall total' median purity of seizures analysed by state/territory police in 2009/10 was highest in WA (51%), the ACT (25.6%) and NSW (24.5%) and lowest in VIC (14.9%) (Australian Crime Commission, 2011) . The 2010/11 ACC seizure data were unavailable at the time of publication.

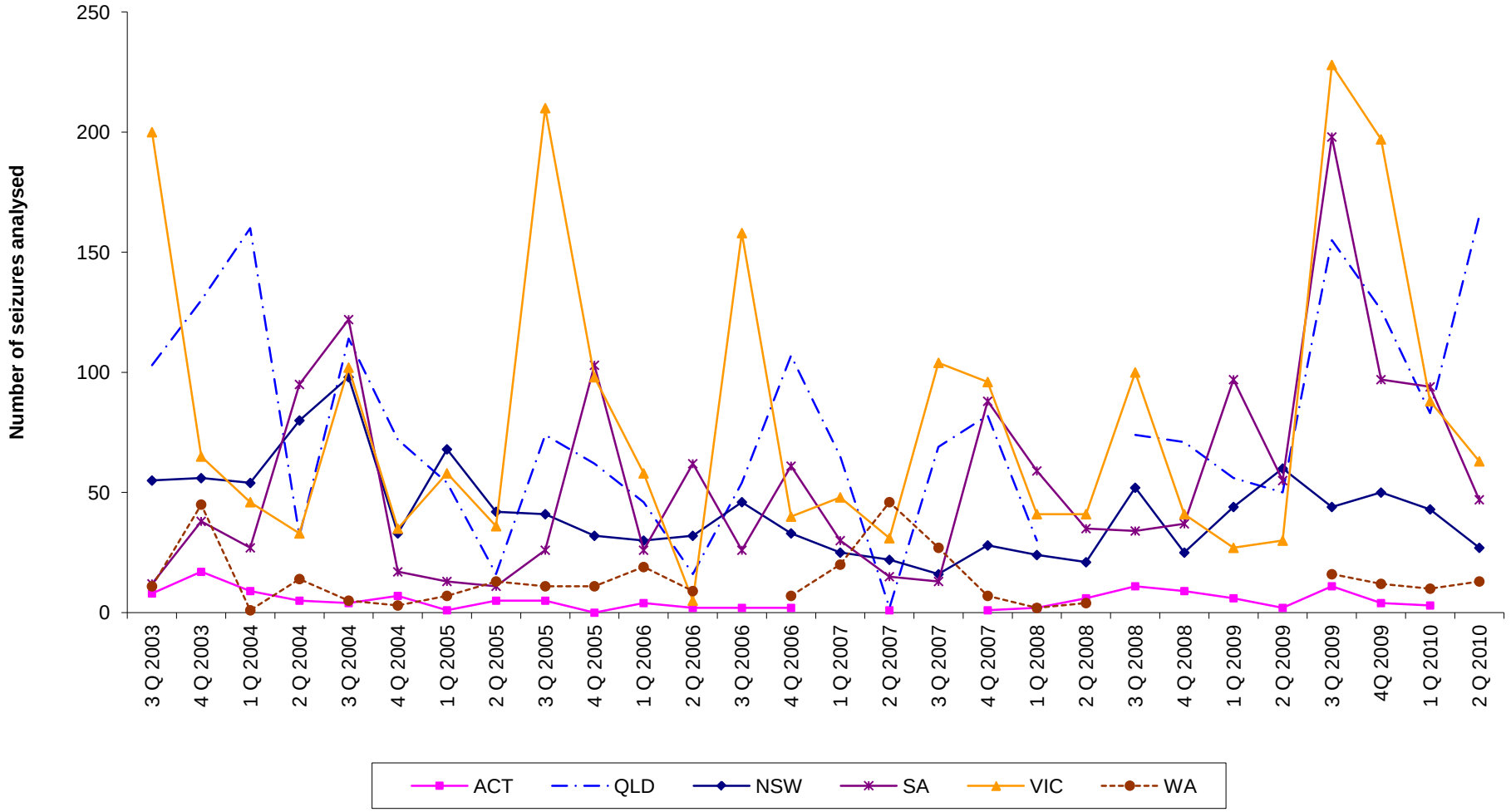
The number of state/territory police heroin seizures analysed for purity are presented in Figure 20. No reports were made in TAS or the NT in 2009/10. Given that not all seizures are analysed, these data do not provide an indication as to whether there have been changes in the number of seizures made; rather, they provide an indication of how many seizures contribute to the median purity presented in Figure 19.

Figure 19: Median purity of heroin seizures analysed by state/territory police, by jurisdiction, 2003/04-2009/10



Source: (Australian Crime Commission, 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
Note: Seizures ≤2g and >2g combined; data for 2010/11 were not available at the time of publication

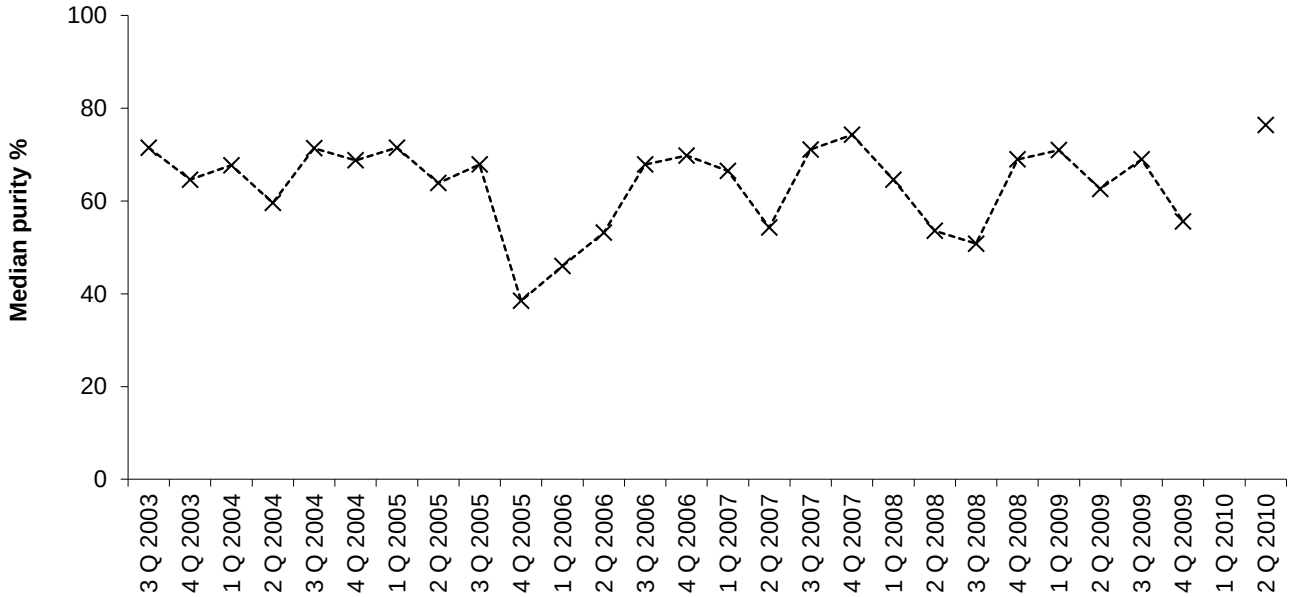
Figure 20: Number of state/territory police heroin seizures analysed, by jurisdiction, 2003/04-2009/10



Source: (Australian Crime Commission, 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
Note: Data for 2010/11 were not available at the time of publication

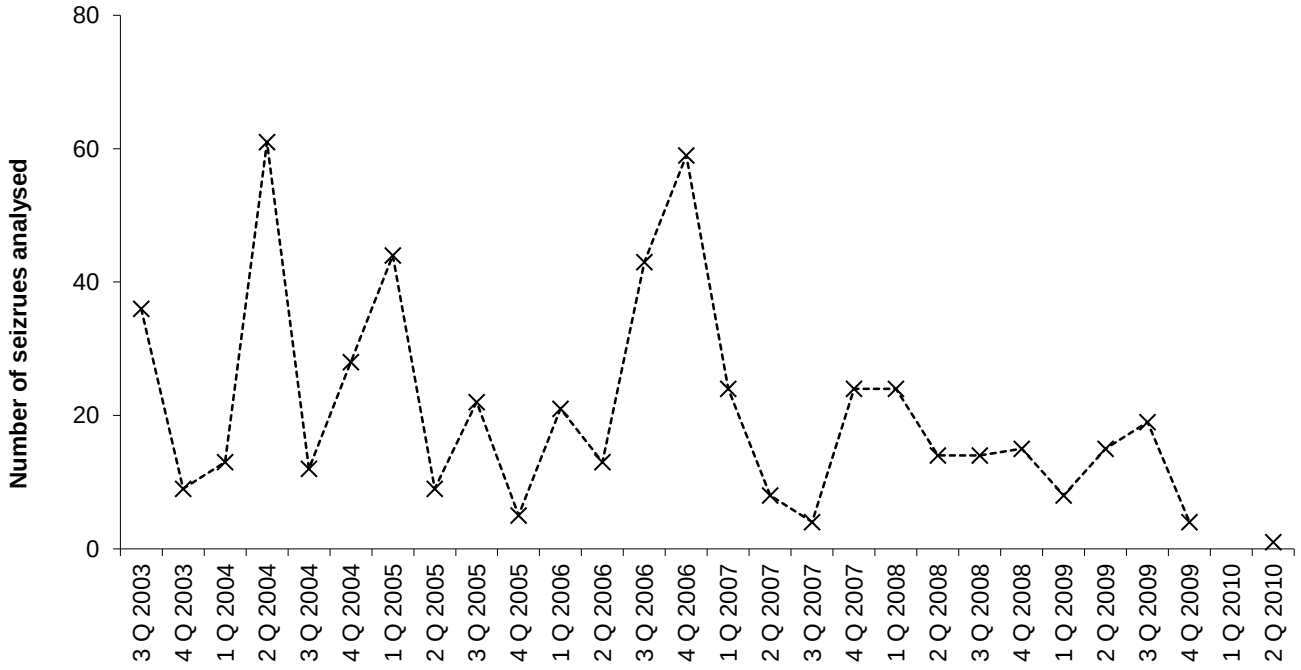
The median purity and number of AFP seizures for NSW are presented in Figure 21 and Figure 22. Only NSW data are presented as there were fewer seizures analysed in all other jurisdictions, some with no seizures analysed for many quarters. The median purity of these seizures is relatively higher than those seized by jurisdictional police, which is not surprising given that AFP seizures are likely to result from targeted, higher level operations than those of state/territory police agencies. There was a decrease during 2005/06, with median purity declining to 38.5% in the last quarter of 2005, the lowest it has been in the past nine years (Figure 21). It should be noted, however, that this purity figure was only based on five seizures (Figure 22). In 2009/10, the median purity was lowest in late 2009 and increased in the second quarter of 2010 (Australian Crime Commission, 2011) . Data for 2010/11 were not available at the time of publication.

Figure 21: Median purity of heroin seizures analysed by AFP in NSW 2003/04-2009/10



Source: (Australian Crime Commission, 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
Note: Data for 2010/11 were not available at the time of publication

Figure 22: Number of AFP heroin seizures analysed in NSW, 2003/04-2009/10



Source: (Australian Crime Commission, 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 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-eight percent of the national sample commented on the availability of heroin. Of those who commented, 48% reported the availability of heroin as 'very easy' and 38% as 'easy' (Table 26).

Significance testing was carried out on current heroin availability between 2010 and 2011. No significant differences were found between 2010 and 2011 for current heroin availability ($p>0.05$).

In 2011, 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 26).

The majority of those commenting on heroin availability reported that availability had remained stable (72%) in the last six months, a finding recorded in all jurisdictions except the NT (small numbers commenting). Thirteen percent of the national sample reported the availability of heroin as 'more difficult' (ranging from no reports in the NT to 19% in NSW (Table 26).

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

Table 26: Availability of heroin, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Availability (%)	N=532	**N=492**	n=131	n=77	n=110	n=8^	n=52	n=48	n=4^	n=62
Very easy	52	**48**	50	48	57	13	48	46	0	40
Easy	34	**38**	32	42	36	13	50	40	50	44
Difficult	11	**11**	16	10	5	25	2	6	50	15
Very difficult	3	**3**	2	0	1	50	0	8	0	2
Availability changes (%)	N=526	**N=487**	n=129	n=75	n=110	n=8^	n=51	n=48	n=4^	n=62
More difficult	13	**13**	19	9	12	13	4	17	0	13
Stable	72	**72**	64	76	77	75	80	69	25	76
Easier	11	**9**	11	11	7	0	6	13	50	5
Fluctuates	3	**6**	**6**	4	4	13	10	2	25	7

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.1.4 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 (36%). Nineteen percent reported obtaining heroin from a dealer's home, while 15% reported obtaining heroin from a street market (Table 27).

Table 27: Purchasing patterns of heroin, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Purchased from# (%)	N=522	**N=476**	n=128	n=72	n=109	n=6^	n=51	n=47	n=4^	n=59
Street dealer	18	**17**	22	24	17	17	6	4	25	14
Friends	26	**27**	23	29	24	50	18	53	0	27
Known dealer	45	**45**	41	42	54	17	63	36	25	39
Acquaintance	5	**5**	6	1	4	17	8	0	50	7
Unknown dealer	2	**2**	5	1	0	0	2	0	0	3
Mobile dealer	2	**3**	2	1	0	0	4	4	0	7
Other	0	**1**	1	2	1	0	0	3	0	3
Places of usual purchase# (%)	N=519	**N=476**	n=128	n=72	n=109	n=6^	n=51	n=47	n=4^	n=59
Home delivery	12	**13**	9	19	13	0	24	13	0	12
Dealer's home	16	**19**	21	25	15	17	22	19	25	12
Friend's home	12	**13**	11	10	10	33	16	38	0	7
Acquaintance's house	2	**2**	2	1	1	0	0	0	25	3
Street market	15	**15**	23	6	28	17	8	0	25	2
Agreed public location	41	**36**	34	39	30	17	29	28	25	63
Other	2	**2**	0	0	3	16	1	2	0	1

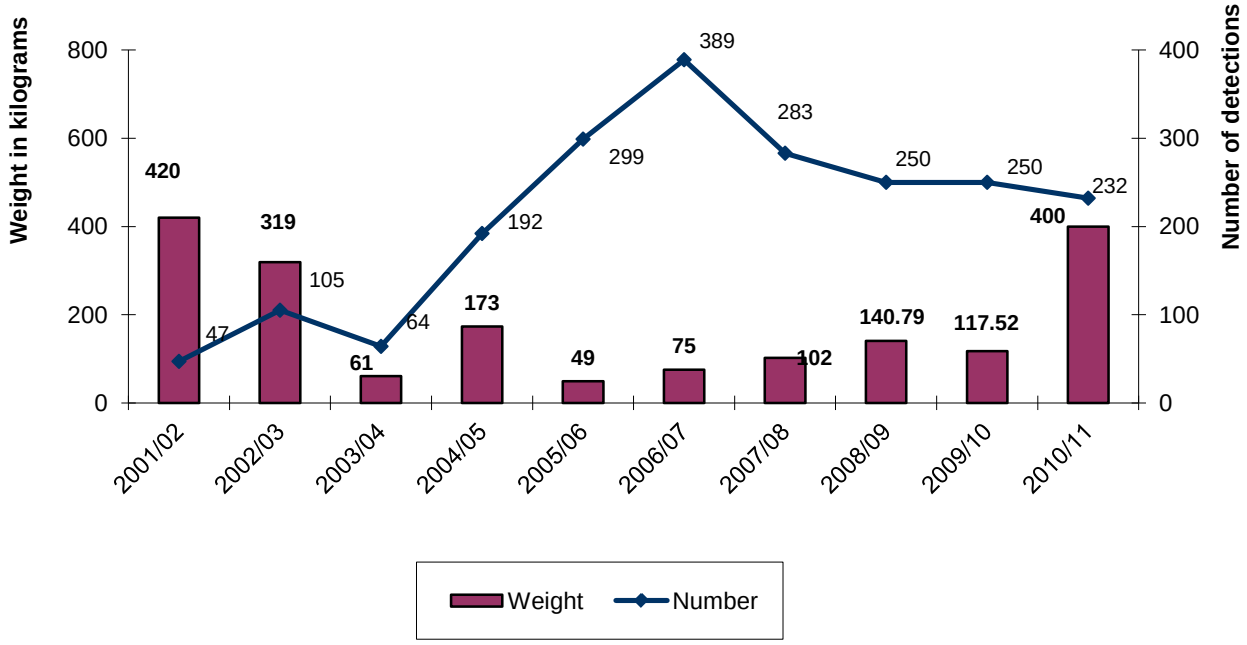
Source: IDRS participant interviews
Only one response allowed
^ Small numbers reporting (n<10); interpret with caution

5.1.5 Heroin detected at the Australian border

Figure 23 presents the weight and number of heroin detections by the Australian Customs and Border Protection Service at the Australian border over the past 10 years.

In the financial year 2010/11 there were 232 heroin detections at the Australian border, representing a decrease from a record high of 389 detections in 2006/07. Numbers of detections have been steadily increasing since 2003/04, while weights remain much lower. The total weight of detections in 2010/11 was 400.2 kilograms (significantly higher than 117.52 kilograms in 2009/10). The cargo and international post stream accounted for 95 per cent of the total weight of heroin detected (Australian Customs Border and Protection Service, 2011) (Figure 23).

Figure 23: Weight and number of detections of heroin made at the border by the Australian Customs and Border Protection Service, financial years 2001/02-2010/11



Source: Australian Customs and Border Protection Service

5.2 Methamphetamine

Key points

- Methamphetamine was reported to cost $50 per point nationally, regardless of type (speed, base or ice), 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' and ice/crystal as 'high'.
- All forms of methamphetamines were generally considered 'easy' or 'very easy' to obtain in all jurisdictions, and this was reported to have remained stable, although some jurisdictional variations were noted.
- Participants purchased all forms of methamphetamine from a variety of sources, most commonly through friends and known dealers. The most common purchase locations for all forms were at an agreed public location, a dealer's home and/or a friend's home.

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

5.2.1 Price of methamphetamines

The median price of the last purchase of speed, base and ice/crystal are presented in Table 28.

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 and either $50 or $100 in the jurisdictions. Fewer participants had bought half-grams, the price ranging from $100 in VIC to $400 in SA and WA (small numbers commenting). Grams of speed were cheapest in NSW (small numbers commenting) and most expensive in WA (small numbers commenting). Seventy percent of those participants who commented reported that the price of speed had remained stable over the last six months (Table 28).

5.2.1.2 Base

Purchase of a 'point' (0.1 gram) of base was most commonly reported. As in previous years, overall, 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 $400 in VIC. A gram of base ranged from $250 in the ACT to $800 in VIC. Seventy-three percent of those who commented reported that the price of base had remained stable over the last six months (Table 28).

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 TAS 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. Fifty-eight percent of participants reported that the price of ice/crystal had remained 'stable' over the last six months (52% in 2010), with the exception of the NT and QLD where a larger proportion stated that it had increased. Over one-third (34%) reported that the price of ice/crystal has increased recently (Table 28).

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 28: Price of methamphetamine, by jurisdiction, 2011

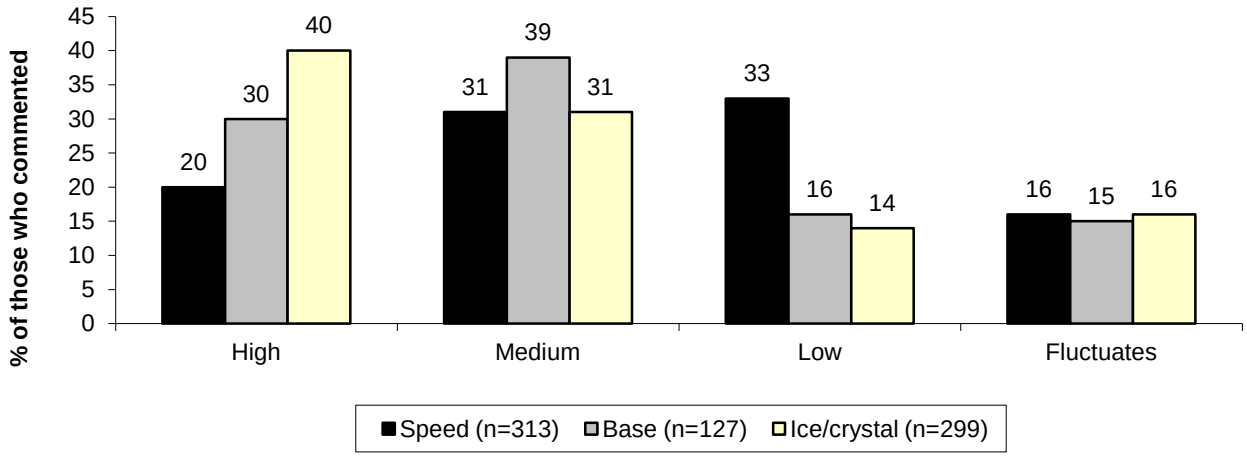
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Price ($) SPEED										
Per point	50	**50**	50	50	50	50	100	100	100	100
Per ½ gram	150	**150**	125^	150	100	150	400^	400^	250^	150^
Per gram	300	**250**	190^	235	200	300	-	550^	400	400^
Price ($) BASE										
Per point	50	**50**	50^	50^	90^	50	75	-	150^	80
Per ½ gram	150	**150**	180^	150^	400^	150	200^	-	-	200^
Per gram	250	**300**	350^	250^	800^	300^	700^	-	700^	300^
Price ($) ICE/CRYSTAL										
Per point	50	**100**	50	92.5	100	50	75	100	150	100
Per ½ gram	200	**280**	250^	250	400^	162.5^	250^	300^	500^	200^
Per gram	400	**600**	400	600^	800	-	575^	600^	1000^	400^
Price changes										
Methamphetamine powder (speed) (%)	N=288	**N=302**	n=41	n=46	n=50	n=53	n=33	n=15	n=32	n=32
Increased	23	**21**	20	9	10	13	30	33	44	28
Stable	67	**70**	73	83	78	83	67	40	41	59
Decreased	5	**3**	0	7	4	0	0	13	0	3
Fluctuated	5	**7**	7	2	8	4	3	13	16	9
Methamphetamine base (base) (%)	N=142	**N=117**	n=20	n=13	n=4	n=24	n=28	n=0	n=4	n=24
Increased	26	**20**	25	8	0	17	14	0	25	33
Stable	68	**73**	65	92	100	75	71	0	75	63
Decreased	1	**3**	0	0	0	4	7	0	0	4
Fluctuated	5	**4**	10	0	0	4	7	0	0	0
Crystalline methamphetamine (ice/crystal) (%)	N=233	**N=296**	n=69	n=53	n=58	n=17	n=37	n=22	n=13	n=27
Increased	38	**34**	30	38	29	35	16	41	46	56
Stable	52	**58**	62	57	59	65	76	46	31	41
Decreased	1	**3**	1	2	7	0	5	0	8	4
Fluctuated	9	**5**	6	4	5	0	3	14	15	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.2.2 Purity of methamphetamines

Participants were asked to describe the current purity of speed, base and ice/crystal. In 2011, the majority of participants reported speed purity as 'low', base as 'medium' and ice/crystal as 'high'. (Figure 24; Table 29, Table 30 and Table 31).

Figure 24: Participant reports of current purity of speed, base and ice/crystal among those able to comment, 2011



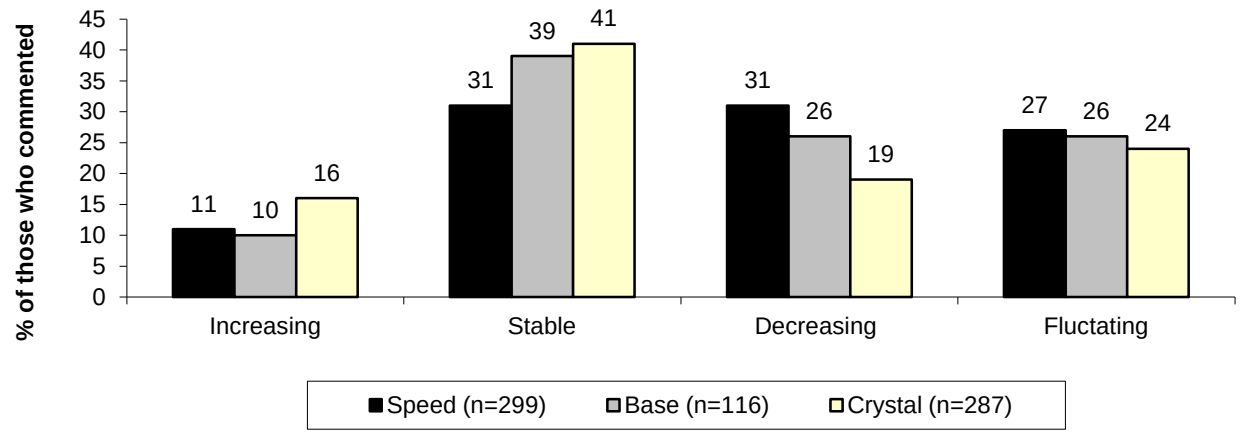
Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Significance testing was carried out on the current purity of speed, base and ice/crystal for 'low', 'medium', 'high' and 'fluctuates' between 2010 and 2011. No significant differences were found between 2010 and 2011 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 percent or less of speed, base and ice/crystal, users reported the purity as 'increasing' (Figure 25, Table 29, Table 30 and Table 31).

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

Figure 25: Participant reports of changes in purity of speed, base and ice/crystal among those able to comment, 2011



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 29: Perceived purity of methamphetamine powder, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Current purity (%)	N=291	**N=313**	n=41	n=48	n=56	n=54	n=31	n=14	n=37	n=32
High	14	**20**	15	25	14	15	23	50	11	31
Medium	33	**31**	34	33	39	30	26	21	24	28
Low	40	**33**	34	38	30	43	23	7	41	25
Fluctuates	13	**16**	17	4	16	13	29	21	24	16
Purity changes (%)	N=280	**N=299**	n=40	n=45	n=51	n=53	n=30	n=13	n=35	n=32
Increasing	9	**11**	3	16	8	13	13	23	3	16
Stable	38	**31**	30	40	33	34	37	31	9	31
Decreasing	31	**31**	38	31	27	32	20	15	43	31
Fluctuates	23	**27**	30	13	31	21	30	31	46	22

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 30: Perceived purity of methamphetamine base, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Current purity (%)	N=145	**N=127**	n=21	n=15	n=5^	n=29	n=28	n=0	n=5^	n=24
High	28	**30**	14	27	40	24	32	0	40	46
Medium	43	**39**	52	40	40	55	21	0	0	38
Low	19	**16**	19	27	20	10	18	0	20	8
Fluctuates	10	**15**	14	7	0	10	29	0	40	8
Purity changes (%)	N=141	**N=116**	n=21	n=12	n=4^	n=25	n=27	n=0	n=4^	n=23
Increasing	14	**10**	0	25	0	12	7	0	25	9
Stable	46	**39**	14	33	100	56	22	0	0	61
Decreasing	16	**26**	62	17	0	12	22	0	25	22
Fluctuates	24	**26**	24	25	0	20	48	0	50	9

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

Table 31: Perceived purity of crystalline methamphetamine, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Current purity (%)	N=244	**N=299**	n=72	n=52	n=60	n=15	n=37	n=21	n=12	n=30
High	46	**40**	26	31	50	60	43	43	50	43
Medium	28	**31**	42	27	30	27	24	19	17	37
Low	16	**14**	19	27	7	7	5	5	8	13
Fluctuates	12	**16**	13	15	13	7	27	33	25	7
Purity changes (%)	N=232	**N=287**	n=70	n=49	n=57	n=14	n=35	n=20	n=13	n=29
Increasing	19	**16**	9	18	21	29	20	20	8	10
Stable	40	**41**	40	35	42	64	31	40	23	62
Decreasing	18	**19**	30	31	7	0	14	10	23	14
Fluctuates	23	**24**	21	16	30	7	34	30	46	14

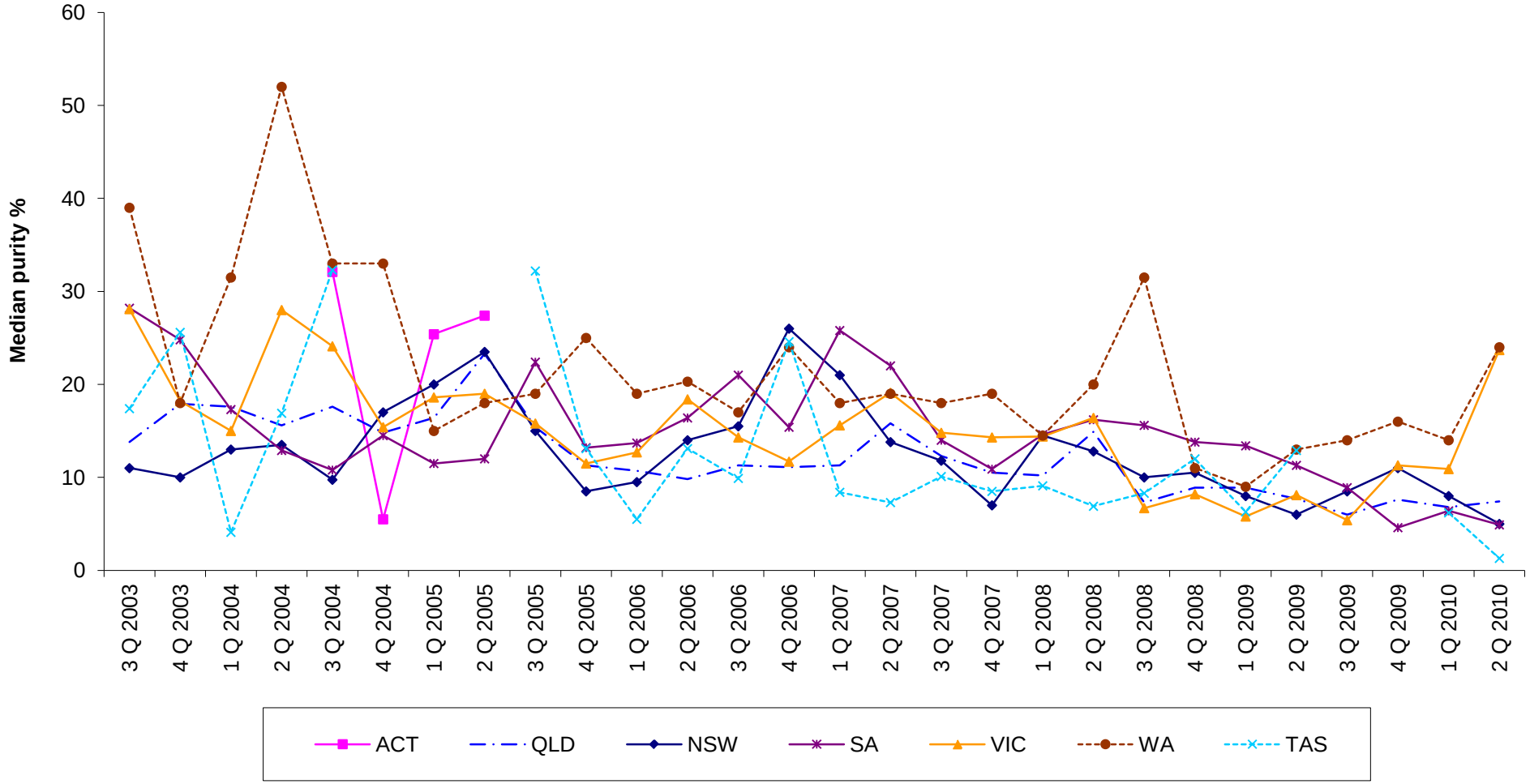
Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

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 2009/10, 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 26, 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 26 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). In the past eight years, the median purity of methylamphetamine has generally remained lower than 35%, except in WA where the purity reached a high of 52% in the second quarter of 2004. No methylamphetamine seizures were analysed for purity in the ACT or the NT in 2009/10 (Australian Crime Commission, 2011) . Data for 2010/11 were not available at the time of publication of this report.

Figure 26: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2003/04-2009/10



Source: (Australian Crime Commission, 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
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 32, Table 33 and Table 34).

Significance testing was carried out on the current availability of speed, base and ice/crystal for 'very easy', 'easy', 'difficult' and 'more difficult' between 2010 and 2011. Nationally, no 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 32: Availability of methamphetamine powder, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Availability (%)	N=296	**N= 313**	n=42	n=47	n=57	n=55	n=32	n=14	n=34	n=32
Very easy	41	**35**	45	34	32	40	31	43	24	34
Easy	38	**45**	29	47	42	51	50	43	56	41
Difficult	18	**16**	19	15	19	9	13	7	21	22
Very difficult	3	**4**	7	4	7	0	6	7	0	3
Availability changes (%)	N=295	**N= 305**	n=42	n=45	n=53	n=56	n=31	n=14	n=33	n=31
More difficult	15	**14**	24	13	15	5	10	29	18	13
Stable	76	**73**	64	76	81	80	61	57	70	81
Easier	4	**7**	5	9	4	11	13	7	3	7
Fluctuates	5	**5**	7	2	0	4	16	7	9	0

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 33: Availability of methamphetamine base, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Availability (%)	N=145	**N=130**	n=21	n=17	n=5^	n=30	n=28	n=0	n=5^	n=24
Very easy	32	**32**	29	41	0	37	39	0	20	25
Easy	49	**42**	38	35	40	47	46	0	40	42
Difficult	17	**35**	33	24	40	17	14	0	40	33
Very difficult	3	**1**	0	0	20	0	0	0	0	0
Availability changes (%)	N=145	**N=125**	n=21	n=15	n=4^	n=28	n=28	n=0	n=5^	n=24
More difficult	21	**13**	19	7	0	18	4	0	20	17
Stable	70	**71**	62	87	100	61	79	0	60	71
Easier	6	**6**	5	0	0	14	11	0	0	0
Fluctuates	3	**10**	14	7	0	7	7	0	20	13

Source: IDRS participant interviews
^ Small numbers reporting (n<10), interpret with caution
Note: The response option 'Don't know' was excluded from analysis

Table 34: Availability of crystalline methamphetamine, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Availability (%)	N=247	**N=307**	n=73	n=55	n=60	n=16	n=38	n=21	n=13	n=31
Very easy	34	**40**	49	38	42	25	29	52	23	36
Easy	41	**43**	37	42	40	50	58	38	54	45
Difficult	19	**15**	12	18	12	25	13	10	23	19
Very difficult	5	**2**	1	2	7	0	0	0	0	0
Availability changes (%)	N=239	**N=303**	n=73	n=54	n=59	n=16	n=38	n=20	n=13	n=30
More difficult	15	**14**	18	15	14	0	13	15	23	3
Stable	66	**69**	63	72	70	88	61	55	69	83
Easier	14	**15**	18	9	15	12	18	25	8	7
Fluctuates	6	**3**	1	4	2	0	8	5	0	7

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.2.4 Purchasing patterns of methamphetamines

Participants purchased speed from a variety of sources, most commonly from friends (40%) and known dealers (31%). Speed powder was purchased from a range of locations. Nationally, the most common responses were from a friend's home (27%), a dealer's home (22%) and/or at an agreed public location (21%) (Table 35).

Base was most commonly obtained from a friend (40%) and/or a known dealer (35%). Again, locations of purchase were varied, with the most commonly reported being from a dealer's home (26%), an agreed public location (24%) and/or friend's home (23%) (Table 36).

Ice/crystal was also obtained from a variety of sources, in a similar pattern to speed and base. friends (41%) and known dealers (32%) were the most typical people from whom it had been purchased, with a friend's home (24%), an agreed public location (23%), and/or dealer's home (20%) reported as the most common locations of purchase (
Table 37).

Table 35: Methamphetamine powder purchasing patterns, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Purchased from[#] (%)	N=283	**N=296**	n=37	n=45	n=56	n=55	n=28	n=15	n=31	n=29
Street dealer	12	**14**	24	27	13	2	7	7	16	14
Friend	46	**40**	32	31	41	36	46	33	61	45
Known dealer	31	**31**	30	31	36	49	21	33	13	17
Acquaintance	7	**8**	8	7	5	9	11	20	7	10
Unknown dealer	2	**3**	5	4	5	0	4	0	3	3
Other	2	**4**	1	0	0	4	11	7	0	11
Places of usual purchase[#] (%)	N=281	**N=296**	n=37	n=45	n=56	n=55	n=28	n=15	n=31	n=29
Home delivery	14	**11**	5	9	4	11	29	13	10	21
Dealer's home	20	**22**	19	33	21	31	11	27	13	14
Friend's home	27	**27**	30	13	29	27	18	13	48	31
Acquaintance's house	6	**4**	8	2	4	2	7	13	3	3
Street market	8	**12**	24	18	18	2	4	7	7	7
Agreed public location	24	**21**	11	20	23	26	25	20	16	24
Other	2	**14**	3	5	1	1	6	7	3	0

Source: IDRS participant interviews
[#] Only one response allowed

Table 36: Methamphetamine base purchasing patterns, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Purchased from[#] (%)	N=139	**N=121**	n=19	n=12	n=5^	n=29	n=27	n=0	n=5^	n=24
Street dealer	10	**14**	21	17	20	7	4	0	40	21
Friend	41	**40**	37	33	60	38	44	0	40	38
Known dealer	36	**35**	26	42	20	48	33	0	20	29
Acquaintance	9	**7**	11	0	0	7	11	0	0	4
Unknown dealer	1	**3**	5	8	0	0	4	0	0	4
Other	3	**1**	0	0	0	0	4	0	0	4
Places of usual purchase[#] (%)	N=138	**N=120**	n=18	n=12	n=5^	n=29	n=27	n=0	n=5^	n=24
Home delivery	21	**15**	17	25	20	10	11	0	20	17
Dealer's home	25	**26**	6	67	0	31	22	0	20	25
Friend's home	19	**23**	33	8	20	28	26	0	20	13
Acquaintance's house	4	**3**	6	0	0	0	11	0	0	0
Street market	6	**7**	11	0	20	3	0	0	20	13
Agreed public location	23	**24**	22	0	40	24	26	0	20	33
Other	3	**2**	5	0	0	4	4	0	0	0

Source: IDRS participant interviews
[#] Only one response allowed
^ Small numbers reporting (n<10); interpret with caution

Table 37: Crystalline methamphetamine purchasing patterns, by jurisdiction, 2011

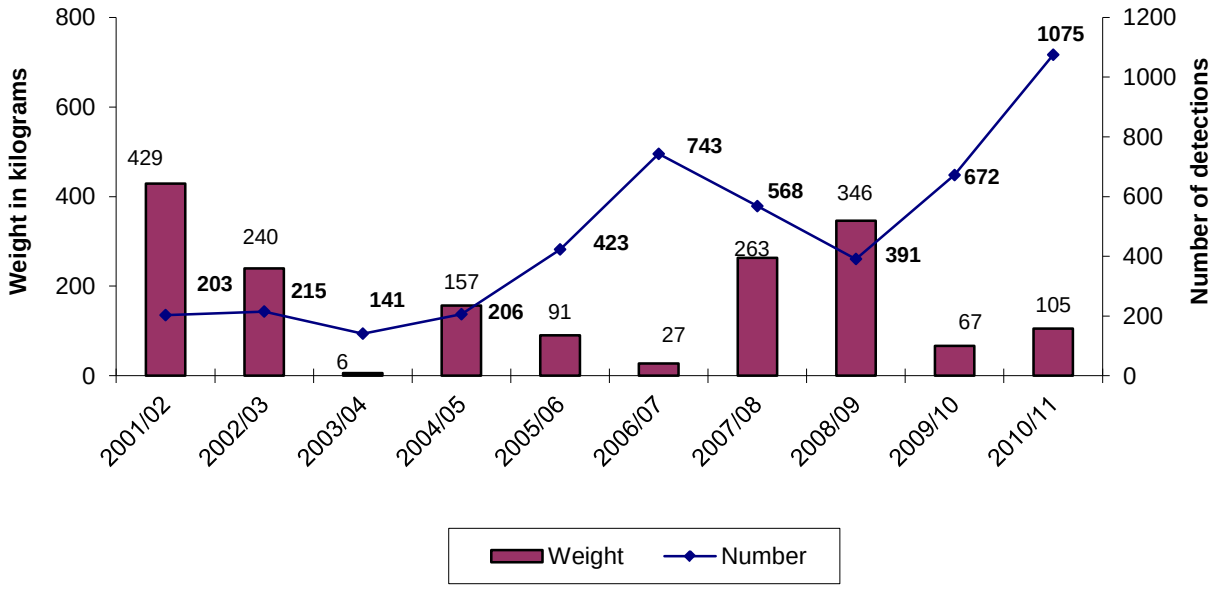
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Purchased from[#] (%)	N=238	**N=290**	n=70	n=46	n=60	n=15	n=34	n=21	n=14	n=30
Street dealer	9	**16**	23	35	10	0	0	10	21	10
Friend	50	**41**	34	28	53	27	44	47	50	43
Known dealer	31	**32**	21	30	33	67	38	28	21	37
Acquaintance	6	**6**	11	0	2	7	12	10	0	3
Unknown dealer	1	**2**	6	2	0	0	0	5	7	0
Other	3	**3**	5	5	2	0	6	0	1	7
Places of usual purchase[#] (%)	N=237	**N=288**	n=69	n=46	n=60	n=14	n=34	n=21	n=14	n=30
Home delivery	17	**17**	9	15	13	21	24	33	14	27
Dealer's home	19	**20**	20	26	15	36	12	19	21	20
Friend's home	30	**24**	29	11	28	21	27	14	36	20
Acquaintance's house	2	**3**	4	2	0	7	6	5	0	0
Street market	6	**12**	13	17	18	0	3	5	7	13
Agreed public location	24	**23**	23	28	23	7	27	19	21	20
Other	2	**1**	2	1	3	8	1	5	1	0

Source: IDRS participant interviews
[#] Only one response allowed

5.2.5 Amphetamine-type stimulant detections at the Australian border

Figure 27 shows the weight and number of amphetamine-type stimulants detected at the Australian border by the Australian Customs and Border Protection Service. In 2010/11, the number of detections increased markedly from 672 in 2009/10 to 1,075. Weight of detections also increased from 67 in 2009/10 to 105.2 kilograms in 2010/11. 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, 2011)

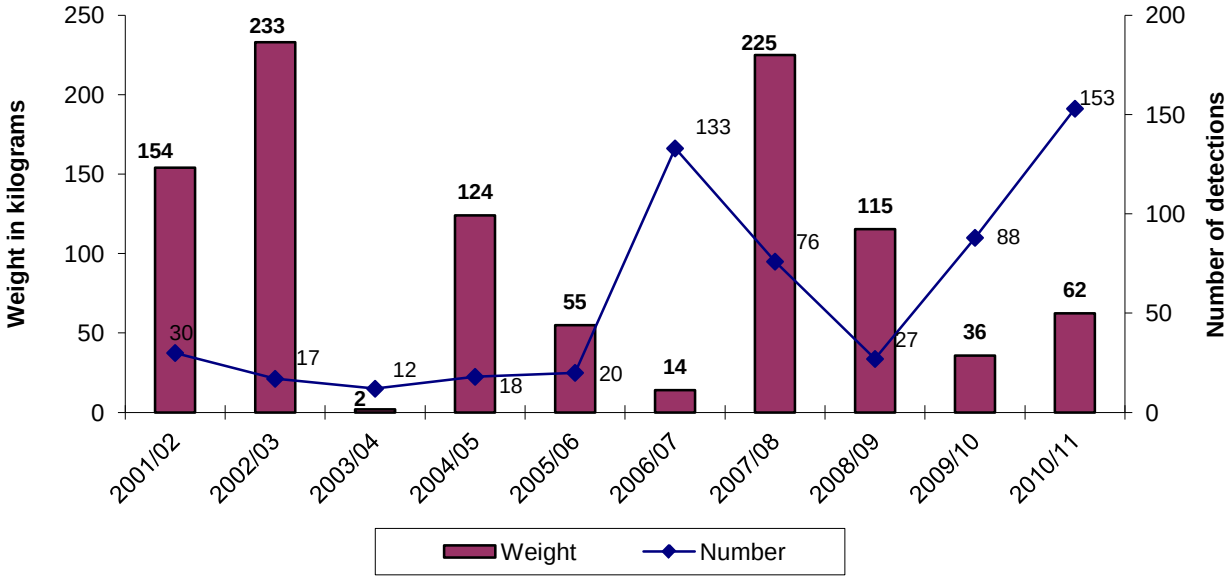
Figure 27: Total weight and number of amphetamine-type stimulants* detected by the Australian Customs and Border Protection Service, financial years 1999/00-2010/11



Source: Australian Customs and Border Protection Service
* Amphetamine-type stimulants includes methamphetamine and amphetamine but excludes MDMA (ecstasy).

Figure 28 reports the number and weight of detections of crystalline methamphetamines at the border between 2001/02 and 2010/11. Both the number and weight of detections increased substantially in 2010/11, 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, 2011) .

Figure 28: Number and weight of detections of crystalline methamphetamine* detected at the border by the Australian Customs and Border Protection Service, financial years 2001/02-2010/11



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 $300 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' or 'low' with most reporting purity as stable over the last six months. In NSW the majority reported the purity as 'low'.
- 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. An agreed public location or a friend's home were reported as the most common purchase location.
- The limited participant data on cocaine suggest that there remains a limited market for cocaine among IDRS participants in jurisdictions other than NSW. The market for cocaine continues to appear smaller and less visible than the methamphetamine and heroin markets.

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

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

5.3.1 Price of cocaine

Prices in Table 38 represent the median prices of the last purchase made by participants in the preceding six months. Less than 10% of participants had bought a gram of cocaine in the past six months, except in NSW (NSW n=15) 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 $300 and $50 respectively ($300 per gram and $50 per cap nationally). Thirty participants in NSW bought a cap of cocaine in the last six months, as did one participants in the ACT and SA; 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 (76%).

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

Table 38: Price of cocaine, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Median price ($) per gram	340	**300**	300	330^	400^	200^	300^	-	-	290^
Median price ($) per cap	50	**50**	50	50^	-	-	50^	-	-	-
Price changes (%)	N=92	**N=75**	n=51	n=10	n=5^	n=1^	n=3^	n=0	n=0	n=5^
Increased	15	**13**	18	10	0	0	0	0	0	0
Stable	79	**76**	71	80	100	100	67	0	0	100
Decreased	3	**3**	0	10	0	0	33	0	0	0
Fluctuated	2	**8**	12	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

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-four participants were able to comment on the purity of cocaine, while 10 or less participants were able to comment in the others states. Of those able to comment nationally, equal proportions (32%) reported the purity of cocaine as 'medium' or 'low', while one-third reported the purity as 'low' (Table 39). In 2011, a larger number of participants in the national sample reported the purity of cocaine as 'low' compared to 2010 (32% and 24% respectively). In NSW, the majority of participants reported the purity of cocaine as 'low'.

Significance testing was carried out on the current purity of cocaine for 'low', 'medium', 'high' and 'fluctuates' between 2010 and 2011. Nationally, no significant differences were found ($p>0.05$).

Participant reports regarding the changes in cocaine purity varied between jurisdictions. Of those who commented in the 2011 national sample, 43% reported the purity of cocaine as 'stable' and 26% as 'decreasing' (Table 39).

The purity of analysed state/territory police seizures varied in each state/territory in 2009/10, ranging from 30.1% in QLD to 48% in NSW (Australian Crime Commission, 2011) . In 2009/10 most of the cocaine seizures analysed were from QLD, NSW, and VIC (Table 40). 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 or SA in 2009/10 (Table 40). Data for 2010/11 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 39: Perceived purity of cocaine, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Current purity (%)	N=104	**N=84**	n=54	n=10	n=8^	n=1^	n=4^	n=2^	n=0	n=5^
High	32	**21**	11	20	38	100	50	100	0	40
Medium	32	**32**	32	50	25	0	25	0	0	40
Low	24	**32**	39	20	38	0	0	0	0	20
Fluctuates	12	**14**	19	10	0	0	25	0	0	0
Purity changes (%)	N=98	**N=80**	n=52	n=10	n=7^	n=1^	n=4^	n=1^	n=0	n=5^
Increasing	14	**11**	14	10	14	0	0	0	0	0
Stable	45	**43**	31	60	57	100	75	0	0	80
Decreasing	20	**26**	35	10	29	0	0	0	0	0
Fluctuating	20	**20**	21	20	0	0	25	100	0	20

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

Table 40: Median purity of cocaine seizures, by jurisdiction, 2003/04-2009/10

	Median purity %													
	State/Territory police							AFP						
	03/04	04/05	05/06	06/07	07/08	08/09	**09/10**	03/04	04/05	05/06	06/07	07/08	08/09	**09/10**
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**	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**
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**	-	-	-	-	-	-	**-**
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**	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**
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**	-	-	-	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**	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**
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**	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**

Source: (Australian Crime Commission, 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
^ 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 2010/11 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 in itself suggests that the drug is not widely available in those jurisdictions. Of those who commented in NSW, 74% (68% nationally) described cocaine as 'easy' or 'very easy' to obtain, while 24% considered it to be 'difficult' to obtain (27% nationally). Availability in the six months preceding interview was generally thought to be stable nationally and in NSW (63% and 59% respectively) (Table 41).

Significance testing was carried out on the current availability of cocaine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2010 and 2011. 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 41: Availability of cocaine, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Availability (%)	N=108	**N=83**	n=54	n=10	n=7^	n=1^	n=4^	n=2^	n=0	n=5^
Very easy	28	**25**	28	40	0	0	0	0	0	40
Easy	35	**43**	46	40	43	0	75	50	0	0
Difficult	30	**27**	24	20	43	100	0	50	0	40
Very difficult	7	**5**	2	0	14	0	25	0	0	20
Availability changes (%)	N=105	**N=80**	n=53	n=10	n=6^	n=1^	n=4^	n=1^	n=0	n=5^
More difficult	26	**24**	28	10	17	0	0	100	0	20
Stable	64	**63**	59	80	67	0	75	0	0	80
Easier	8	**11**	11	10	17	0	25	0	0	0
Fluctuates	3	**3**	2	0	0	100	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

5.3.4 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, friend's home or street market were reported as the most common purchase locations (Table 42).

Table 42: Purchasing patterns of cocaine, by jurisdiction, 2011

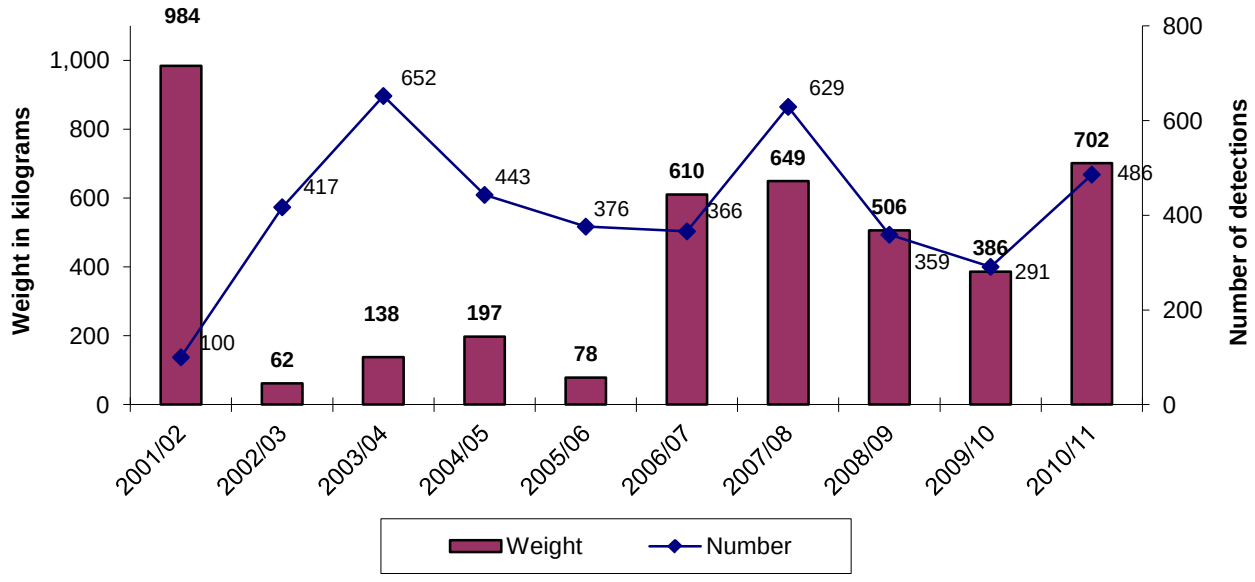
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Purchased from[#] (%)	N=99	**N=74**	n=50	n=7^	n=8^	n=0	n=3^	n=1^	n=0	n=5^
Street dealer	27	**22**	26	14	13	0	0	0	0	20
Friend	33	**42**	34	71	50	0	34	100	0	60
Known dealer	29	**27**	32	14	25	0	33	0	0	0
Acquaintance	7	**5**	4	0	0	0	33	0	0	20
Unknown dealer	2	**3**	2	0	13	0	0	0	0	0
Mobile dealer	1	**1**	2	0	0	0	0	0	0	0
Other	0	**0**	0	0	0	0	0	0	0	0
Places of usual purchase[#] (%)	N=98	**N=73**	n=49	n=7^	n=8^	n=0	n=3^	n=1^	n=0	n=5^
Home delivery	12	**14**	14	14	0	0	33	100	0	0
Dealer's home	9	**15**	12	14	13	0	33	0	0	40
Friend's home	12	**23**	16	57	25	0	34	0	0	40
Street market	28	**21**	25	0	38	0	0	0	0	0
Agreed public location	38	**23**	29	14	13	0	0	0	0	20
Other	1	**4**	4	0	11	0	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 2010/11, the Australian Customs and Border Protection Service made 486 detections of cocaine at the Australian border, an increase from 291 in 2009/10 (Figure 29). The detections weighed a total of 701.8 kilograms an increase from 386 kilograms in 2009/10. There was a significant increase in the total weight detected through the shipping and aircraft stream due to the major detection of 401kg from a yacht in Queensland. However, the vast majority of cocaine detections occurred through the cargo and international post stream (Australian Customs Border and Protection Service, 2011) .

Figure 29: Number and weight of detections of cocaine detected at the border by the Australian Customs and Border Protection Service, financial years 2001/02-2010/11



Source: Australian Customs and Border Protection Service

5.4 Cannabis

Key points

- An ounce of hydroponic cannabis (hydro) cost between a median of $210 and $450 and 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 2011, participants completing the section (N=863) were asked if they were able to differentiate between hydroponic and bush cannabis in terms of price, perceived potency, availability and supply. Most participants reported that they could make a distinction: 76% of participants in NSW; 77% in the ACT; 69% in VIC; 71% in TAS; 66% in SA; 56% in WA; 58% in the NT; and 78% in QLD.

5.4.1 Price of cannabis

Table 43 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 2011, an ounce of hydro cost a median of $300 nationally, ranging from $210 (SA) and $450 (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 $120 in the NT (small numbers commenting).

Overall, participants reported that the price of hydro and bush remained stable over the preceding six months (79% and 78% respectively among those who commented) (Table 43).

Eleven 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 43: Median price of cannabis and price changes, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Price ($) HYDRO										
Per gram	20	**20**	20	20	20	25^	25^	25^	30	25
Per quarter ounce	90	**80**	100	80	80	100	60	90^	120^	90
Per ounce	300	**300**	300	300	250	300^	210	350	450	300
Price ($) BUSH										
Per gram	20	**20**	20	20	20^	25^	25^	20^	15^	25^
Per quarter ounce	75	**75**	80	75	70^	70	60^	50^	50^	80^
Per ounce	250	**220**	260^	240	210^	200^	220	300^	210^	195^
Price changes (%)										
HYDRO (%)	N=474	**N=544**	n=101	n=72	n=97	n=67	n=60	n=34	n=52	n=61
Increased	23	**11**	11	6	7	9	12	21	29	8
Stable	69	**79**	80	86	80	84	75	77	62	77
Decreased	2	**3**	0	1	5	3	5	0	0	7
Fluctuated	6	**7**	9	7	7	5	8	3	10	8
BUSH (%)	N=274	**N=222**	n=38	n=39	n=9	n=40	n=47	n=20	n=11	n=18
Increased	11	**8**	11	0	0	10	11	15	9	6
Stable	80	**78**	68	92	89	75	79	80	64	67
Decreased	4	**7**	8	5	0	8	6	5	9	11
Fluctuated	5	**8**	13	3	11	8	4	0	18	17

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
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 (58%) of the national sample who commented reported that hydro potency was 'high' (ranging from 51% in the NT to 67% in TAS) and nearly one-third (30%) described it as 'medium' (ranging from 19% in WA to 36% in QLD). By contrast, over half (60%) reported the potency of bush cannabis as 'medium' (ranging from 50% in WA to 71% in the NT). The potency of hydro and bush cannabis was generally reported to have remained stable over the preceding six months (65% and 74% respectively) (Table 44 and Table 45).

Significance testing was carried out on the current purity of hydroponic and 'bush' cannabis for 'low', 'medium', 'high' and 'fluctuates' between 2010 and 2011. Nationally, no 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 44: Perceived potency of hydroponic cannabis, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Current Potency (%)	N=485	**N=549**	n=102	n=72	n=96	n=66	n=60	n=36	n=55	n=62
High	57	**58**	60	50	56	67	60	64	51	55
Medium	32	**30**	30	35	35	23	23	19	35	36
Low	4	**4**	3	10	1	5	5	0	2	2
Fluctuates	7	**9**	7	6	7	6	12	17	13	8
Potency changes (%)	N=477	**N=541**	n=100	n=71	n=96	n=67	n=60	n=33	n=52	n=62
Increasing	13	**13**	12	11	10	19	15	9	12	13
Stable	66	**65**	67	65	67	60	63	82	58	61
Decreasing	7	**6**	7	10	7	10	3	0	2	5
Fluctuating	14	**16**	14	14	16	10	18	9	29	21

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 45: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Current Potency (%)	N=279	**N=237**	n=42	n=41	n=11	n=41	n=48	n=20	n=14	n=20
High	25	**23**	24	24	27	17	29	30	7	20
Medium	52	**60**	60	61	64	63	56	50	71	55
Low	16	**12**	14	15	0	16	4	10	7	20
Fluctuates	7	**6**	2	0	9	2	10	10	14	5
Potency changes (%)	N=270	**N=233**	n=41	n=40	n=11	n=41	n=48	n=20	n=12	n=20
Increasing	9	**10**	20	8	18	7	4	5	8	15
Stable	69	**74**	63	78	55	68	83	95	67	70
Decreasing	9	**7**	12	5	0	10	4	0	0	15
Fluctuating	14	**9**	5	10	27	15	8	0	25	0

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.4.3 Availability of cannabis

Ninety-four percent of participants commenting on hydro in all jurisdictions described it as 'very easy' or 'easy' to obtain, and although reports on bush were more mixed, it was most commonly reported as 'very easy' or 'easy' to obtain (76%). Smaller numbers of participants were able to comment on bush cannabis (from n=11 in VIC to n=48 in SA) suggesting that it continued to be less available than hydro in many jurisdictions (ranging from n=35 in WA to n=102 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 (82% and 69% respectively) (Table 46 and Table 47).

Significance testing was carried out on the current availability of hydro and bush cannabis for 'very easy', 'easy', 'difficult' and 'more difficult' between 2010 and 2011 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 46: Availability of hydroponic cannabis, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Availability (%)	N=484	**N=548**	n=102	n=72	n=97	n=65	n=61	n=35	n=55	n=61
Very easy	54	**55**	64	57	57	60	43	46	44	54
Easy	38	**39**	32	38	34	37	49	37	51	39
Difficult	8	**7**	3	6	9	3	8	17	6	7
Very difficult	1	**<1**	1	0	0	0	0	0	0	0
Availability changes (%)	N=482	**N=546**	n=102	n=72	n=97	n=65	n=61	n=34	n=54	n=61
More difficult	8	**6**	8	1	7	8	8	12	4	5
Stable	77	**82**	83	88	85	75	79	71	85	80
Easier	9	**7**	5	10	5	9	7	9	6	5
Fluctuates	6	**5**	4	1	3	8	7	9	6	10

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 47: Availability of outdoor-grown 'bush' cannabis, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Availability (%)	N=288	**N=240**	n=43	n=41	n=11	n=43	n=48	n=20	n=14	n=20
Very easy	41	**33**	35	61	27	37	17	25	7	30
Easy	38	**43**	37	27	27	54	48	50	57	50
Difficult	19	**21**	26	12	46	9	29	25	29	10
Very difficult	2	**3**	2	0	0	0	6	0	7	10
Availability changes (%)	N=281	**N=233**	n=38	n=41	n=11	n=43	n=47	n=19	n=14	n=20
More difficult	13	**16**	16	2	36	12	26	21	14	10
Stable	74	**69**	68	83	55	58	64	68	79	75
Easier	9	**9**	11	12	9	14	4	11	0	10
Fluctuates	5	**6**	5	2	0	16	6	0	7	5

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 (56%) or known dealer (27%). Sources were similar for bush cannabis, with friends (63%) and known dealers (16%) 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 36%; bush 39%), a dealer's home (hydro 22%; bush 17%), home delivery (hydro 17%; bush 17%) and/or an agreed public location (hydro 11%; bush 11%) (Table 48 and Table 49).

Table 48: Hydroponic cannabis purchasing patterns, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Purchased from[#] (%)	N=481	**N=535**	n=100	n=69	n=98	n=65	n=53	n=35	n=53	n=62
Street dealer	5	**10**	21	17	10	0	4	11	8	0
Friend	56	**56**	47	49	45	60	64	66	64	68
Known dealer	31	**27**	23	29	42	29	17	17	21	21
Acquaintance	5	**5**	7	1	1	9	8	3	8	7
Unknown dealer	1	**<1**	1	0	0	0	2	0	0	0
Other	2	**2**	1	1	2	2	2	3	0	3
Places of usual purchase[#] (%)	N=481	**N=535**	n=100	n=69	n=98	n=65	n=53	n=35	n=53	n=62
Home delivery	13	**17**	15	17	11	25	23	23	11	18
Dealer's home	25	**22**	23	32	27	23	17	14	21	15
Friend's home	37	**36**	31	29	27	34	42	40	53	47
Acquaintance's house	3	**3**	3	1	3	5	6	0	6	0
Street market	5	**8**	16	10	13	3	2	9	6	0
Agreed public location	16	**11**	10	10	19	9	6	9	4	16
Other	1	**3**	2	0	0	1	4	5	0	4

Source: IDRS participant interviews
[#] Only one response allowed

Table 49: Outdoor-grown 'bush' cannabis purchasing patterns, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Purchased from[#] (%)	N=282	**N=219**	n=41	n=37	n=10	n=43	n=37	n=19	n=12	n=20
Street dealer	6	**9**	20	16	0	0	3	11	8	5
Friend	62	**63**	49	51	60	65	76	68	83	70
Known dealer	23	**16**	15	27	0	21	5	16	8	20
Acquaintance	<1	**7**	7	0	20	14	11	0	0	0
Unknown dealer	5	**1**	5	0	0	0	0	0	0	0
Other	1	**4**	4	6	20	0	5	5	1	5
Places of usual purchase[#] (%)	N=281	**N=218**	n=41	n=37	n=10	n=43	n=37	n=19	n=12	n=19
Home delivery	19	**17**	15	14	30	23	19	16	17	11
Dealer's home	18	**17**	17	35	10	16	5	11	8	16
Friend's home	41	**39**	27	32	10	37	60	47	67	37
Acquaintance's house	3	**4**	2	0	0	9	8	0	0	0
Street market	5	**8**	24	5	30	0	0	5	8	0
Agreed public location	13	**11**	10	8	10	12	5	16	0	32
Other	2	**4**	5	6	10	3	3	5	0	4

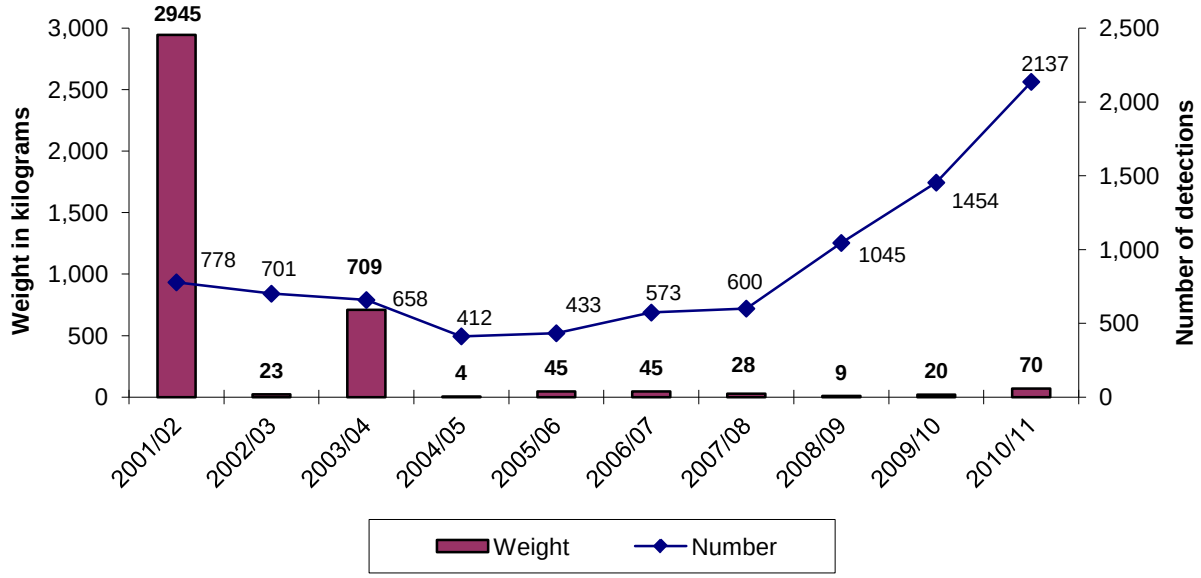
Source: IDRS participant interviews
[#] Only one response allowed

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 2010/11 to 2,137 (up from 1,454 in 2009/10), while weights of seizures continues to fluctuate (Figure 30)(Australian Customs Border and Protection Service, 2011) .

Figure 30: Weight and number of detections of cannabis made at the border by the Australian Customs and Border Protection Service, financial years 2001/02-2010/11



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 $17 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 36% 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 a friend's home followed by an agreed public location.

5.5.1 Price of illicit methadone

Twenty-two percent of the national sample commented on the price or availability of 'illicitly' obtained methadone liquid. Twenty participants in the national sample commented on the price range of one-millilitre (1ml) of methadone. Of those who commented, 35% reported that it cost a median of $1.00 per ml of liquid and 35% reported $1.50 (range $0.30 to $2 per ml).

Four participants reported having purchased 5mg physeptone tablets, having paid between $5 and $10 per tablet. The 39 participants (5% of the national sample) who bought 10mg tablets paid between $5 and $60 per tablet. Of those who commented, 33% paying $20; 23% reported paying $10 and 13% paying $15 per tablet. Median prices per tablet are recorded in Table 50.

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

Table 50: Median price of illicit methadone and price changes, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Median Price ($)										
Syrup per 1ml	0.50	**1**	0.5	1	-	1	0.5^	1^	1^	1^
Physeptone 10mg	15	**17**	10^	10^	-	15	-	7.5^	20	30^
Price changes (%)	N=124	**N=150**	n=41	n=27	n=5^	n=39	n=12	n=7	n=6^	n=13
Increased	14	**17**	22	0	20	18	17	14	67	15
Stable	77	**77**	63	100	60	80	75	86	33	85
Decreased	1	**3**	5	0	20	0	8	0	0	0
Fluctuated	8	**3**	10	0	0	3	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

5.5.2 Availability of illicit methadone

Among those who commented on availability, 40% reported that it was 'easy' to obtain 'illicit' methadone and 19% reported availability as 'very easy'. Thirty-six percent reported it as 'difficult', and a small proportion as 'very difficult' (5%). Seventy-three percent reported that availability had remained 'stable' in the six months preceding interview, although 21% reported that it had become 'more difficult' (Table 51).

Significance testing was carried out on the current availability of 'illicit' methadone (any form) for 'very easy', 'easy', 'difficult' and 'more difficult' between 2010 and 2011. Nationally, no significant differences were found (p>0.05).

Table 51: Availability of illicit methadone, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Availability (%)	N=138	**N=151**	n=41	n=25	n=5^	n=38	n=17	n=6^	n=7^	n=12
Very easy	25	**19**	46	8	0	8	12	17	0	8
Easy	38	**40**	39	48	100	24	59	33	29	33
Difficult	31	**36**	12	44	0	53	29	50	57	58
Very difficult	6	**5**	2	0	0	16	0	0	14	0
Availability changes (%)	N=130	**N=146**	n=39	n=25	n=5^	n=37	n=17	n=6^	n=5^	n=12
More difficult	21	**21**	13	12	20	38	6	33	40	25
Stable	74	**73**	74	88	80	57	94	50	60	75
Easier	2	**3**	5	0	0	5	0	17	0	0
Fluctuates	3	**2**	8	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

5.5.3 Purchasing patterns of illicit methadone

Of those who had bought 'illicit' methadone, the most common source was a friend (70%) or an acquaintance (19%). The most common place of purchase was a friend's home (30%) followed by an agreed public location (28%) (Table 52).

Table 52: Purchasing patterns of illicit methadone by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Purchased from[#]	N=113	**N=112**	n=27	n=16	n=5^	n=38	n=6^	n=5^	n=5^	n=10
Street dealer	7	**6**	11	6	20	3	17	0	0	0
Friend	67	**70**	70	75	80	61	50	80	100	80
Known dealer	11	**5**	0	0	0	8	17	20	0	0
Acquaintance	12	**19**	19	13	0	29	17	0	0	20
Other	2	**0**	0	6	0	0	0	0	0	0
Places of usual purchase[#]	N=112	**N=112**	n=27	n=16	n=5^	n=38	n=6^	n=5^	n=5^	n=10
Home delivery	13	**12**	15	13	0	8	17	20	20	10
Dealer's home	9	**2**	0	0	0	3	0	20	0	0
Friend's home	30	**30**	19	31	80	26	50	60	60	20
Acquaintance's house	5	**7**	7	6	0	13	0	0	0	0
Street market	8	**15**	33	13	20	3	17	0	0	10
Agreed public location	31	**28**	22	31	0	39	17	0	0	60
Other	4	**6**	4	6	0	8	0	0	20	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 or street dealer. The most common place of purchase was the street market followed by an agreed public location.

5.6.1 Price of illicit buprenorphine

Very small numbers were able to comment on the price of 'illicit' buprenorphine (Subutex®). The median price for Subutex® 2mgs ranged from no reports in TAS, WA and the NT to $20 in SA, whereas the median price for Subutex® 8mgs ranged from $10 in TAS to $40 in WA. In 2011, participants were asked if the price of buprenorphine had changed in the last six months. Of those who commented, the majority (71%) reported the price of 'illicit' buprenorphine as stable over the last six months (Table 53).

Table 53: Median price of illicit buprenorphine and price changes, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Median Price ($)										
Subutex® 2mgs	10	**10**	5^	5^	12.5^	-	20^	-	-	15^
Subutex® 8mgs	20	**20**	20	20	20	10^	32.5^	40^	22.5^	30
Price changes (%)	N=84	**N=94**	n=19	n=20	n=23	n=1^	n=7^	n=1^	n=6^	n=17
Increased	16	**22**	26	25	17	100	14	0	33	18
Stable	71	**71**	63	75	83	0	86	100	50	65
Decreased	6	**4**	5	0	0	0	0	0	17	12
Fluctuated	7	**2**	5	0	0	0	0	0	0	6

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, 26% reported the availability of 'illicit' buprenorphine as 'very easy' and 44% reported availability as 'easy'. Seventy-five percent of the national sample reported availability as stable in the last six months (Table 54).

Significance testing was carried out on the current availability of 'illicit' buprenorphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2010 and 2011. Nationally, no significant differences were found ($p>0.05$).

Table 54: Availability of illicit buprenorphine, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Availability (%)	N=91	**N=96**	n=19	n=19	n=23	n=3^	n=7^	n=1^	n=7^	n=17
Very easy	28	**26**	26	26	26	0	14	0	0	47
Easy	31	**44**	58	42	44	100	57	100	14	24
Difficult	32	**27**	11	32	26	0	29	0	71	29
Very difficult	10	**3**	5	0	4	0	0	0	14	0
Availability changes (%)	N=89	**N=92**	n=17	n=20	n=23	n=3^	n=5^	n=1^	n=7^	n=16
More difficult	27	**14**	6	10	26	0	0	0	29	13
Stable	63	**75**	82	75	61	100	80	100	71	81
Easier	3	**5**	6	10	4	0	0	0	0	6
Fluctuates	7	**5**	6	5	9	0	20	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

5.6.3 Purchasing patterns of illicit buprenorphine

Of those who had bought 'illicit' buprenorphine, the most common source was a friend (52%) or a street dealer (25%). The most common place of purchase was a street market (28%) followed by an agreed public location (25%) (Table 55).

Table 55: Purchasing patterns of illicit buprenorphine by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Purchased from[#]	N=77	**N=83**	n=14	n=17	n=23	n=3^	n=6^	n=1^	n=3^	n=16
Street dealer	13	**25**	29	29	35	33	0	0	33	13
Friend	57	**52**	57	53	44	57	67	100	34	50
Known dealer	17	**7**	7	12	9	0	0	0	0	6
Acquaintance	10	**13**	7	6	13	0	33	0	33	19
Other	1	**3**	0	0	0	0	0	0	0	12
Places of usual purchase[#]	N=77	**N=83**	n=14	n=17	n=23	n=3^	n=6^	n=1^	n=3^	n=16
Home delivery	10	**11**	0	12	4	33	17	0	33	19
Dealer's home	9	**7**	7	24	0	0	0	0	0	6
Friend's home	21	**24**	14	24	17	33	50	100	0	31
Acquaintance's house	1	**4**	7	0	4	0	17	0	0	0
Street market	22	**28**	50	12	48	0	0	0	33	13
Agreed public location	33	**25**	21	29	26	34	17	0	34	25
Other	4	**1**	1	0	1	0	0	0	0	6

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
[#] Only one response allowed

5.7 Buprenophine-naloxone

Key points

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

5.7.1 Price of illicit buprenorphine-naloxone

Very small numbers were able to comment on the price of 'illicit' buprenorphine-naloxone (Suboxone®). The median price for Suboxone® 2mgs ranged from no reporting in NSW, the ACT, TAS, SA and the NT to $30 in WA, where as the median price for Suboxone® 8mgs ranged from no reports in TAS to $50 in the NT. In 2010, participants were asked if the price of buprenorphine-naloxone had changed in the last six months. Of those who commented, the majority (77%) reported the price of 'illicit' buprenorphine-naloxone as stable over the last six months (Table 56).

Table 56: Median price of illicit buprenorphine-naloxone and price changes, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Median Price ($)										
Suboxone® 2mgs	10	**6**	-	-	5^	-	-	30^	-	10^
Suboxone® 8mgs	20	**20**	25^	7.5^	20	-	37.5^	45^	50^	30^
Price changes (%)	N=67	**N=60**	n=11	n=7^	n=18	n=0	n=4^	n=5^	n=4^	n=11
Increased	24	**18**	18	0	17	0	0	20	50	27
Stable	70	**77**	64	100	78	0	100	80	50	73
Decreased	3	**2**	0	0	6	0	0	0	0	0
Fluctuated	3	**3**	18	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

5.7.2 Availability of illicit buprenorphine-naloxone

Of those participants in the IDRS sample who were able to comment, 49% reported the availability of 'illicit' buprenorphine-naloxone as 'easy' and 31% reported availability as 'very easy'. Of those who commented, 78% reported availability as stable in the last six months (Table 57).

Significance testing was carried out on the current availability of 'illicit' buprenorphine-naloxone for 'very easy', 'easy', 'difficult' and 'more difficult' between 2010 and 2011. Nationally, no significant differences were found ($p>0.05$).

Table 57: Availability of buprenorphine-naloxone, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Availability (%)	N=72	**N=67**	n=12	n=9^	n=19	n=2^	n=3^	n=6^	n=5^	n=11
Very easy	35	**31**	25	22	53	0	33	33	0	27
Easy	44	**49**	75	44	32	100	33	67	0	64
Difficult	18	**15**	0	33	11	0	33	0	60	9
Very difficult	3	**5**	0	0	5	0	0	0	40	0
Availability changes (%)	N=71	**N=64**	n=12	n=8^	n=19	n=2^	n=3^	n=5^	n=4^	n=11
More difficult	9	**14**	8	13	21	0	0	0	25	18
Stable	70	**78**	83	75	63	100	100	100	75	82
Easier	20	**6**	8	13	11	0	0	0	0	0
Fluctuates	1	**2**	0	0	5	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

5.7.3 Purchasing patterns of illicit buprenorphine-naloxone

Of those who had bought 'illicit' buprenorphine-naloxone, the most common source was through a friend (65%) or a street dealer (18%). The most common place of purchase was a friend's home (29%) followed by the street market (28%) (Table 58).

Table 58: Buprenorphine-naloxone purchasing patterns, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Purchased from[#]	N=63	**N=51**	n=10	n=4^	n=16	n=2^	n=2^	n=6^	n=2^	n=9^
Street dealer	8	**18**	0	50	19	0	0	0	100	22
Friend	65	**65**	70	50	56	50	100	83	0	78
Known dealer	10	**6**	20	0	6	0	0	0	0	0
Acquaintance	11	**8**	0	0	19	50	0	0	0	0
Unknown dealer	3	**2**	10	0	0	0	0	0	0	0
Other	3	**1**	0	0	0	0	0	17	0	0
Places of usual purchase[#]	N=62	**N=51**	n=10	n=4^	n=16	n=2^	n=2^	n=6^	n=2^	n=9^
Home delivery	11	**8**	0	25	6	50	0	17	0	0
Dealer's home	3	**4**	10	0	0	0	0	0	0	11
Friend's home	36	**29**	40	0	19	0	50	33	0	56
Street market	13	**28**	20	50	44	0	0	0	50	22
Agreed public location	23	**24**	30	0	25	50	0	33	50	11
Other	14	**7**	0	25	6	0	50	17	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
[#] Only one response allowed

5.8 Morphine

Key points

- The median price for each brand of morphine varied among the jurisdictions. 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' (24% and 25% 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 59). 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 (64%) reported that the price of 'illicit' morphine had remained stable over the past six months (65% in 2010). While 28% reported that the price of 'illicit' morphine had increased recently.

Table 59: Median price of illicit morphine and price changes, by jurisdiction, 2011

		National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Median Price ($)										
MS Contin® 60mgs	50	**50**	20^	30^	30	60	20^	35^	50	32.5
MS Contin® 100mg	80	**80**	40	50	50	100	40^	70^	80	60
Kapanol ® 50mgs	40	**60**	11.5^	25^	30^	50	25^	25^	40	25^
Kapanol® 100mgs	80	**60**	35^	37.5^	40	100	40^	52.5^	80	50^
Price changes (%)	N=298	**N=283**	n=33	n=25	n=28	n=61	n=20	n=16	n=71	n=29
Increased	26	**28**	36	8	14	25	50	50	25	35
Stable	65	**64**	61	84	68	74	50	44	59	55
Decreased	2	**2**	0	8	7	0	0	0	0	3
Fluctuated	7	**7**	3	0	11	2	0	6	16	7

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.8.2 Availability of illicit morphine

Of those participants in the IDRS sample who were able to comment, 47% reported that the availability of 'illicit' morphine was 'easy'. Similar proportions reported the availability as 'very easy' or 'difficult' (24% and 25% respectively). Sixty percent of the national sample reported availability as stable in the last six months (Table 60).

Significance testing was carried out on the current availability of 'illicit' morphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2010 and 2011. Nationally, no significant differences were found ($p>0.05$).

Table 60: Availability of illicit morphine, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Availability (%)	N=303	**N=295**	n=37	n=27	n=35	n=59	n=21	n=16	n=71	n=29
Very easy	24	**25**	32	26	14	22	10	38	25	35
Easy	48	**47**	35	33	54	53	62	25	54	38
Difficult	25	**24**	24	41	20	20	29	38	20	24
Very difficult	3	**4**	8	0	11	5	0	0	1	3
Availability changes (%)	N=301	**N=289**	n=35	n=26	n=33	n=59	n=20	n=15	n=72	n=29
More difficult	24	**25**	29	31	24	24	30	27	17	31
Stable	61	**60**	57	46	61	64	60	73	60	55
Easier	5	**7**	3	23	12	2	10	0	4	7
Fluctuates	11	**9**	11	0	3	10	0	0	19	7

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 (49%) or a known dealer (20%). The most common place of purchase was a friend's home (28%) followed by an agreed public location (21%) (Table 61).

Table 61: Purchasing patterns of illicit morphine by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Purchased from[#] (%)	N=296	**N=283**	n=34	n=24	n=34	n=61	n=14	n=16	n=72	n=28
Street dealer	11	**14**	32	4	21	2	7	6	17	21
Friend	42	**49**	41	79	53	39	43	88	50	29
Known dealer	27	**20**	0	4	12	38	43	0	18	36
Acquaintance	15	**14**	21	4	12	20	7	6	15	7
Unknown dealer	3	**1**	6	0	0	0	0	0	0	7
Mobile dealer	<1	**<1**	0	0	0	2	0	0	0	0
Other	1	**1**	0	8	3	0	0	0	0	0
Places of usual purchase[#] (%)	N=295	**N=283**	n=34	n=24	n=34	n=61	n=14	n=16	n=72	n=28
Home delivery	12	**9**	3	8	6	12	7	25	7	7
Dealer's home	16	**18**	0	25	12	30	29	0	14	29
Friend's home	24	**28**	9	42	29	21	29	50	39	7
Acquaintance's house	6	**7**	6	4	6	8	7	6	13	0
Street market	12	**17**	56	8	27	5	7	6	14	14
Agreed public location	28	**21**	27	13	18	21	21	13	14	43
Other	3	**1**	0	0	3	3	0	0	0	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 '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 the street market.

5.9.1 Price of illicit oxycodone

The median price for 'illicit' Oxycontin® 40mgs ranged from $20 (VIC and SA) to $40 (TAS and the NT), where as the median price for 'illicit' Oxycontin® 80mgs ranged from $40 (NSW, the ACT, VIC and SA) to $80 (TAS). The majority (72%) reported the price of 'illicit' oxycodone as stable over the last six months (Table 62).

Table 62: Median price of illicit oxycodone and price changes, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Median Price ($)										
Oxycontin® 40mgs	40	**22.5**	25^	22.5^	20	40	20^	25^	40^	22.5^
Oxycontin® 80mgs	40	**40**	40	40^	40	80	40^	50^	70	50
Price changes (%)	N=167	**N=162**	n=27	n=11	n=25	n=36	n=19	n=10	n=12	n=22
Increased	19	**22**	33	9	12	25	21	40	17	14
Stable	75	**72**	56	82	80	69	79	50	75	82
Decreased	1	**1**	4	0	4	0	0	0	0	0
Fluctuated	5	**6**	7	9	4	6	0	10	8	5

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.9.2 Availability of illicit oxycodone

Of those participants in the IDRS sample who were able to comment, 46% reported the availability of 'illicit' oxycodone as 'easy' and 33% reported availability as 'difficult'. Sixty-five percent of those who commented reported availability as stable in the last six months (Table 63).

Significance testing was carried out on the current availability of 'illicit' oxycodone for 'very easy', 'easy', 'difficult' and 'more difficult' between 2010 and 2011. Nationally, no significant differences were found ($p>0.05$).

Table 63: Availability of illicit oxycodone, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Availability (%)	N=185	**N=171**	n=30	n=11	n=28	n=37	n=19	n=9^	n=16	n=21
Very easy	21	**15**	27	9	4	11	16	44	13	14
Easy	41	**46**	50	46	43	57	63	11	38	33
Difficult	32	**33**	20	46	36	27	21	44	38	52
Very difficult	6	**6**	3	0	18	5	0	0	13	0
Availability changes (%)	N=182	**N=165**	n=31	n=10	n=27	n=36	n=19	n=9^	n=13	n=20
More difficult	20	**22**	29	10	19	25	16	22	23	20
Stable	69	**65**	61	80	78	50	74	78	69	55
Easier	7	**6**	3	10	4	11	0	0	0	15
Fluctuates	4	**7**	7	0	0	14	11	0	8	10

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 (49%) or a street dealer (21%). The most common place of purchase was a friend's home (27%) followed by the street market (25%) (Table 64).

Table 64: Purchasing patterns of illicit oxycodone by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Purchased from[#]	N=173	**N=165**	n=32	n=10	n=28	n=36	n=14	n=11	n=15	n=19
Street dealer	15	**21**	34	10	36	0	21	9	27	21
Friend	47	**49**	47	60	46	36	29	82	60	58
Known dealer	25	**15**	9	0	4	39	29	9	0	11
Acquaintance	7	**13**	6	20	11	25	14	0	13	5
Unknown dealer	2	**1**	0	0	0	0	0	0	0	5
Other	4	**1**	4	10	4	0	7	0	0	0
Places of usual purchase[#]	N=173	**N=166**	n=32	n=10	n=28	n=37	n=14	n=11	n=15	n=19
Home delivery	13	**7**	6	10	0	5	7	18	13	5
Dealer's home	17	**12**	6	20	4	27	7	9	0	16
Friend's home	28	**27**	13	20	36	27	29	46	47	16
Acquaintance's house	4	**5**	0	10	7	8	7	0	7	0
Street market	14	**25**	47	30	43	0	21	9	27	16
Agreed public location	24	**22**	25	10	7	27	21	18	7	47
Other	0	**2**	3	0	4	6	8	0	0	0

Source: IDRS participant interviews
[#] Only one response allowed

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

Overdose

- Twenty-three percent of IDRS participants who reported ever overdosing on heroin had experienced a heroin overdose in the past 12 months. The highest rates of recent (12 month) overdose were in WA and VIC (29% and 28% respectively).
- Of those who had ever overdosed on another drug (not including heroin), 23% had done so in the past year, and 3% had done so in the last month preceding interview.

Treatment

- Nearly half of the IDRS sample reported current treatment, mainly methadone with a median of 36 months in treatment.
- The number of opioid-related hospital separations remained stable between 2007/08 and 2008/09, the most recent data available at the time of publication. Separations relating to opioid use were higher than for methamphetamine at the national level, and figures for the latter remained relatively stable in most jurisdictions.
- Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Figures were highest in NSW in 2008/09. Cannabis-related separations have remained relatively stable between 2007/08 and 2008/09.

Injection

- Needle and syringe programs were by far the most common source of needles and syringes in the preceding six months (90%), followed by chemists (17%).
- Receptive sharing (borrowing) of needles/syringes was reported by 11% of participants in the month preceding interview, typically after a partner or close friend. Sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was more common.
- 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.
- Around 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.

Mental Health

- Around half of the national sample self reported experiencing a mental health problem in the last six months, mainly depression, followed by anxiety. Higher levels of psychological distress (as measured by the K10) were reported among the national sample compared to the general population.

Driving

- Driving a car while under the influence of alcohol was reported by 18% of participants who had driven in the preceding six months. Seventy-nine percent reported driving under the influence of an illicit drug during that time, mainly heroin, methamphetamines and cannabis.

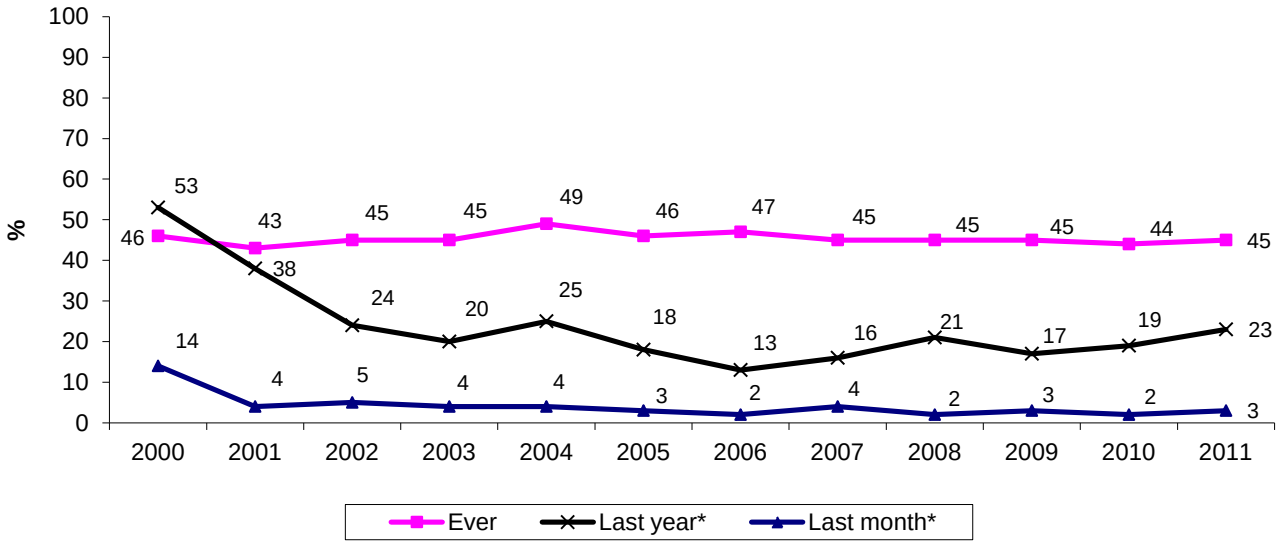
6.1 Overdose and drug-related fatalities

6.1.1 Heroin and other opioids

6.1.1.1 Non-fatal overdose

The IDRS participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. Nearly half (45%) of the national sample reported a heroin overdose in their lifetime. Of those who had ever overdosed on heroin, 23% reported overdosing in the last year and three percent in the last month (Figure 31).

Figure 31: The prevalence of heroin overdose among participants, 2000-2011



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 (range 1-57), ranging from a median of four times in WA to once in TAS and SA.

There was some jurisdictional variation in the proportion reporting heroin overdose in the last year. Heroin overdose in the last year among those who had ever overdosed on heroin was highest in WA (29%) followed by VIC (28%). Proportions reporting overdose in the last year have remained lower than 2000 levels in all jurisdictions (Table 65).

Table 65: **Heroin overdose in the year preceding interview among those who had ever overdosed on heroin, by jurisdiction, 2000-2011**

%	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**

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). Twenty percent of those who overdosed on heroin in the last year reported not receiving any treatment, while 50% reported receiving Narcan®. Forty-six percent had an ambulance attend, 27% attended the hospital emergency department, 24% received oxygen, 17% reported receiving cardiopulmonary resuscitation (CPR) from a friend/partner and 12% received CPR from a health professional.

Participants were also asked about the treatment or information they received post (after) the most recent heroin overdose. Of those who had overdosed in the past year, 80% did not receive any information or treatment after the recent overdose, while 8% received information from a drug health service and 7% from a counsellor.

6.1.1.2 Fatal overdose

The Australian Bureau of Statistics (ABS) has changed the way they collate deaths data, making comparisons to earlier overdose bulletins published by the National Drug and Alcohol Research Centre (Degenhardt and Roxburgh, 2007a; Degenhardt and Roxburgh, 2007b) difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS). It was in 2006, that the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. Given that coronial cases can take to some time to complete, this is likely to have an impact on the number of opioid-related deaths recorded at a national level. The ABS have implemented a number of additional strategies, including examination of death certificates and coroners reports, to ensure that as many of the deaths as possible have a cause of death coded at the time the data file is closed. The following data represent findings from preliminary data for 2009. The ABS will be releasing two subsequent revisions of the 2009 deaths data in March 2012 and March 2013 respectively. Accordingly, these figures may represent an underestimate of opioid-related deaths (ABS causes of death data).

In 2009, there were 433 accidental deaths due to opioids. Twenty-five percent of deaths occurred in NSW, with 68% of all opioid-related deaths occurring in NSW, VIC and QLD (Table 66). 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.

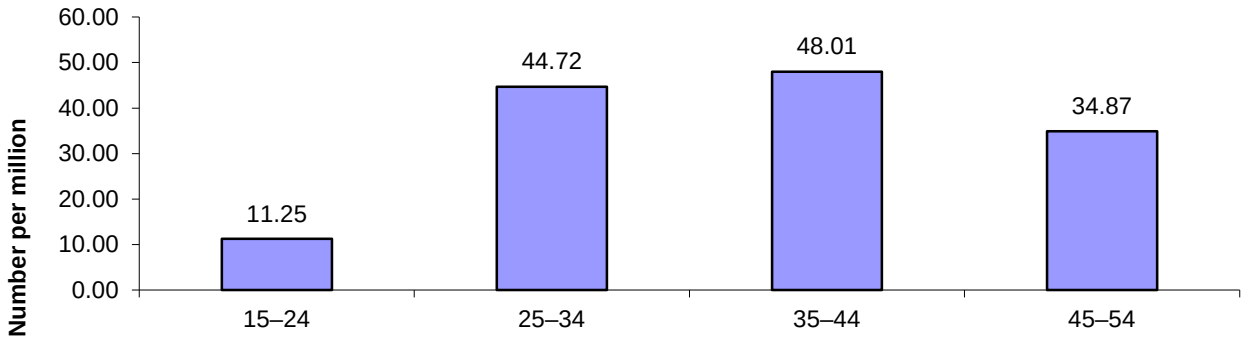
Table 66: Number of accidental deaths due to opioids by jurisdiction among those aged 15-54 years, 2009 preliminary data*

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Number of accidental deaths	**433**	108	105	83	48	65	np*	np*	11

Source: ABS causes of death data
***** Data unable to be compared to previous years (before 2006) due to the way the ABS collate deaths data
np: Means that the data in these jurisdictions were not published in order to protect confidentiality

In 2009, there were approximately 48 accidental opioid deaths per million persons among those aged 35-44 years. Opioid-related deaths were lowest among the 15-24 year age group (Figure 32).

Figure 32: Number of accidental opioid deaths per million persons by ten year age group, 2009 preliminary data*



Source: ABS causes of death data
* Data unable to be compared to previous years due to the way the ABS collate deaths data

Males comprised 77% of the 2009 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 67).

Table 67: Number of accidental opioid deaths due to opioids among those aged 15-54 years by gender and jurisdiction, 2009 preliminary data*

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Males	**334**	87	81	59	37	53	np	np	np
Females	**99**	19	26	24	11	12	np	np	np

Source: ABS causes of death data
* Data unable to be compared to previous years (before 2006) due to the way the ABS collate deaths data
np: Means that the data in these jurisdictions were not published in order to protect confidentiality

6.1.2 Other drugs

6.1.2.1 Non-fatal overdose

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

Nationally, 23% of the entire IDRS sample reported an overdose on another drug (besides heroin) in their lifetime. Of those who had ever overdosed on another drug, 23% had done so in the past year, and 3% had done so in the last month preceding interview (Table 68).

Among those who had overdosed on another drug (not including heroin) in the last year, 37% reported receiving no treatment at the time of overdose, while 30% attended a hospital emergency department or 26% had an ambulance attend. Small numbers received Narcan® (12%), oxygen (5%) or 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, 66% did not receive any information or treatment after the recent overdose, while 12% received information from a counsellor, 10% from a generalised health service and 7% from a drug health service.

Table 68: Overdose on other drugs (not including heroin) in the last 12mths and in the last month among those who had ever overdosed on other drugs, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Ever overdosed on other drugs (%)	20	**23**	23	20	23	24	24	23	18	29
	N=172	**N=194**	n=32	n=19	n=34	n=23	n=24	n=15	n=18	n=29
OD last 12mths (%)	29	**23**	32	37	21	17	21	0	44	7
OD last month (%)	3	**3**	3	0	3	4	0	0	17	0

Source: IDRS participant interviews

Twenty-two percent (1% of national sample) believed they had overdosed on a benzodiazepine at some stage in their life, while 27% believed they had overdosed on any form of methamphetamine, 11% on methadone, and 13% alcohol.

6.1.3 Methamphetamine

6.1.3.1 Non-fatal overdose

Twelve participants believed that they had overdosed on amphetamines at some stage during their lifetime. By form of methamphetamine, five participants thought that they had overdosed on speed, five participants on ice/crystal and two 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 2009, there was a total of 62 '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 21% (n=13) of all methamphetamine related deaths in 2009 (ABS causes of death data). The 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. No participants believed that they had experienced a cocaine overdose at some stage during their lifetime.

6.1.4.2 Fatal overdose

Seventeen drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2009 (ABS causes of death data). Cocaine was determined to be the underlying cause of death in 24% (n=4) of all cocaine-related deaths in 2009. The 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 (49%) were asked a number of questions about their reported treatment. Participants reported a median of 24 months (ranging from one week to 30 years) in any current treatment. Those in current methadone treatment reported a median of 36 months (ranging from three weeks to 30 years). Thirty-four percent of participants in current treatment reported that they had been in treatment for 12 months or less.

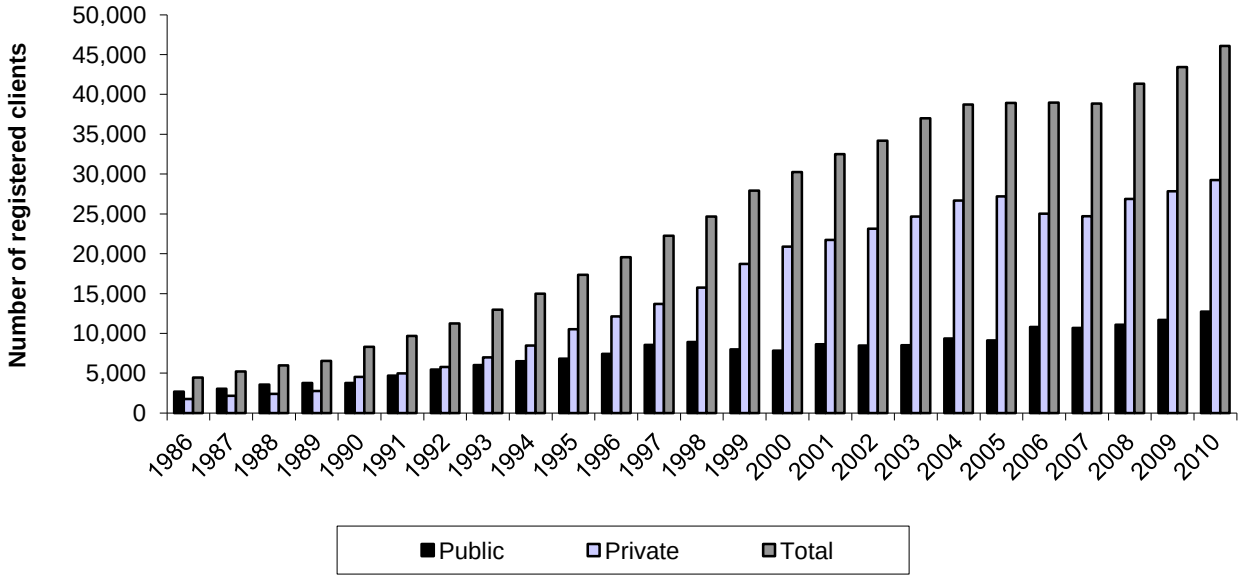
Participants in current treatment were asked 'What forms of treatment have you been in over the last six months?' Of those participants currently in treatment, 66% reported previous methadone syrup treatment, 20% drug counselling, 17% buprenorphine-naloxone, 10% buprenorphine and 5% detoxification.

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 2010 recorded the highest number of clients registered in OST. In total, just over 46,000 persons were registered in pharmacotherapy treatment for opioid dependence as at 30th June, 2010 (Figure 33). A higher proportion of clients are registered in private pharmacotherapy treatment compared to public pharmacotherapy treatment (Australian Institute of Health and Welfare, 2011c) . The majority of private clients (69%) were being prescribed methadone, with smaller numbers being prescribed buprenorphine-naloxone (17%) and buprenorphine (14%).

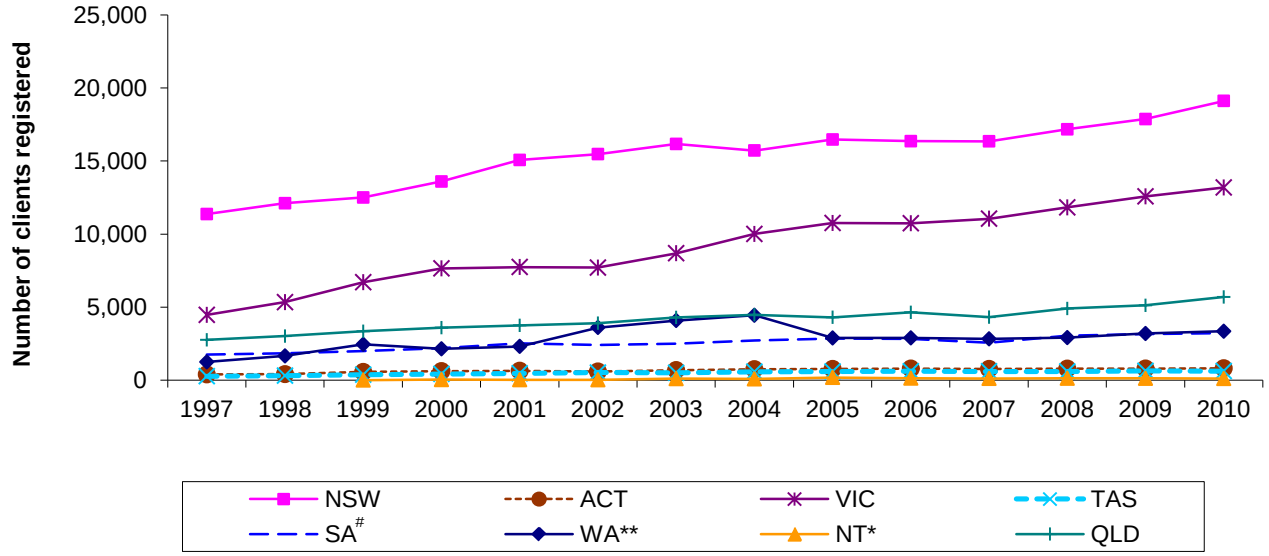
Figure 33: National opioid substitution treatment client numbers by financial year, 1986-2010



Source: (Australian Institute of Health and Welfare, 2011c)
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 2010 (Figure 34). As in previous years, both NSW and VIC recorded the highest number of clients registered in OST, most likely reflecting population size.

Figure 34: Total opioid substitution treatment client numbers by financial year 1997-2010, by jurisdiction



Source: (Australian Institute of Health and Welfare, 2011c)
* 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 2009. The 2005, 2006, 2007, 2008 and 2009 figures reported for Western Australia are substantially lower than previous years, which included data for the whole year
# In 2008, South Australia made a slight variation to its reporting practices which has resulted in a revision to the total numbers of clients for 2006 (from 2,517 to 2,823) and 2007 from (2,559 to 2,834). This revision has also resulted in a change in the total number of clients for 2006 from 38,659 to 38,965 and 2007 from 38,568 to 38,843
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, although jurisdictional variations were observed. In the 2011 national IDRS sample nearly one-third (33%) were currently involved in methadone maintenance, 8% in buprenorphine-naloxone and 4% buprenorphine (Table 69).

Table 69: Current involvement in opioid substitution treatment (OST), by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Methadone (%)	29	**33**	57	43	35	34	26	34	1	19
Buprenorphine (%)	6	**4**	6	6	7	1	3	0	1	6
Buprenorphine-naloxone (%)	8	**8**	7	6	12	2	4	19	1	12
Any OST (%)	47	**45**	70	56	53	37	33	53	3	36

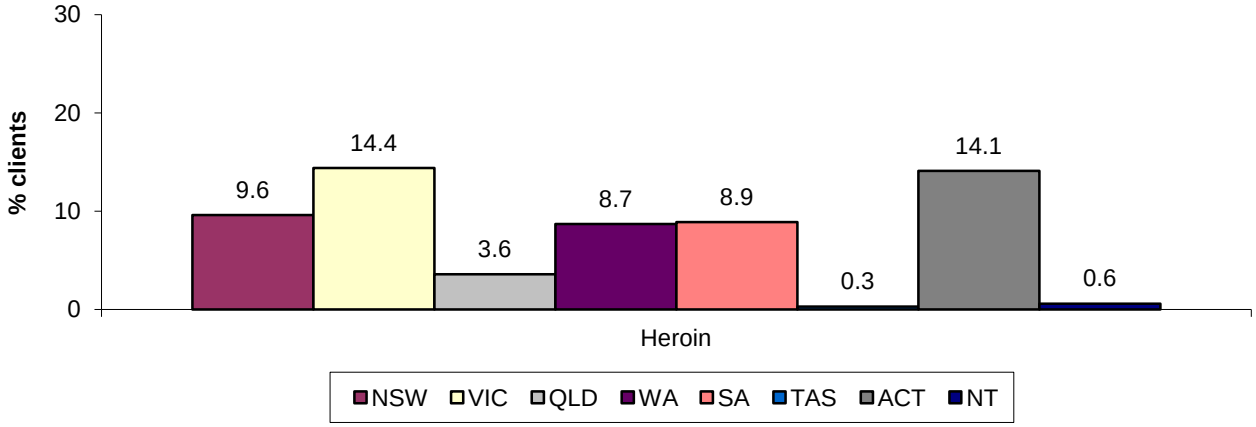
Source: IDRS participant interviews

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 2009/10, 140,769 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, 2011b) .

Figure 35 indicates that the VIC (14.4%), the ACT (14.1%) and NSW (9.6%) had the highest proportions of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy) in 2009/10 (Australian Institute of Health and Welfare, 2011b). 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 35: Proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2009/10*

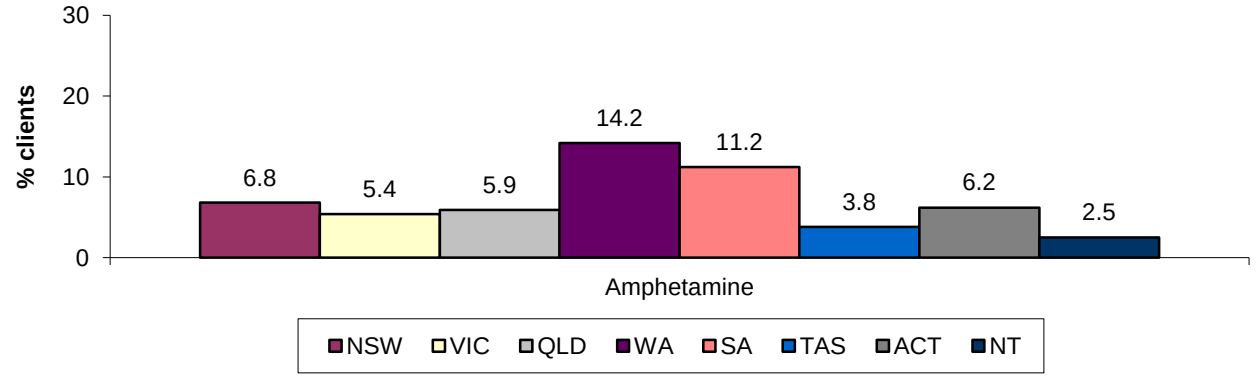


Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2011b)
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others. In 2009/10, New South Wales submitted data from six more agencies than in 2008/09. However, the number of agencies was still lower (by 12) than in 2007/08 and so comparison over years with New South Wales data should be made with caution. In 2009/10 there was a review by the Department of Health and Ageing of the number of agencies funded by the Non-Government Organisation Treatment Grants Program (NGOTGP) that should be providing data for the collection. Any such change has an impact on the final proportion of in-scope agencies successfully reporting to the department
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 Methamphetamine

WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (14.2%), followed by SA (11.2%), and NSW (6.8%) (Figure 36) (Australian Institute of Health and Welfare, 2011b) .

Figure 36: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2009/10*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2011b)
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others. In 2009/10, New South Wales submitted data from six more agencies than in 2008/09. However, the number of agencies was still lower (by 12) than in 2007/08 and so comparison over years with New South Wales data should be made with caution. In 2009/10 there was a review by the Department of Health and Ageing of the number of agencies funded by the Non-Government Organisation Treatment Grants Program (NGOTGP) that should be providing data for the collection. Any such change has an impact on the final proportion of in-scope agencies successfully reporting to the department
Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS

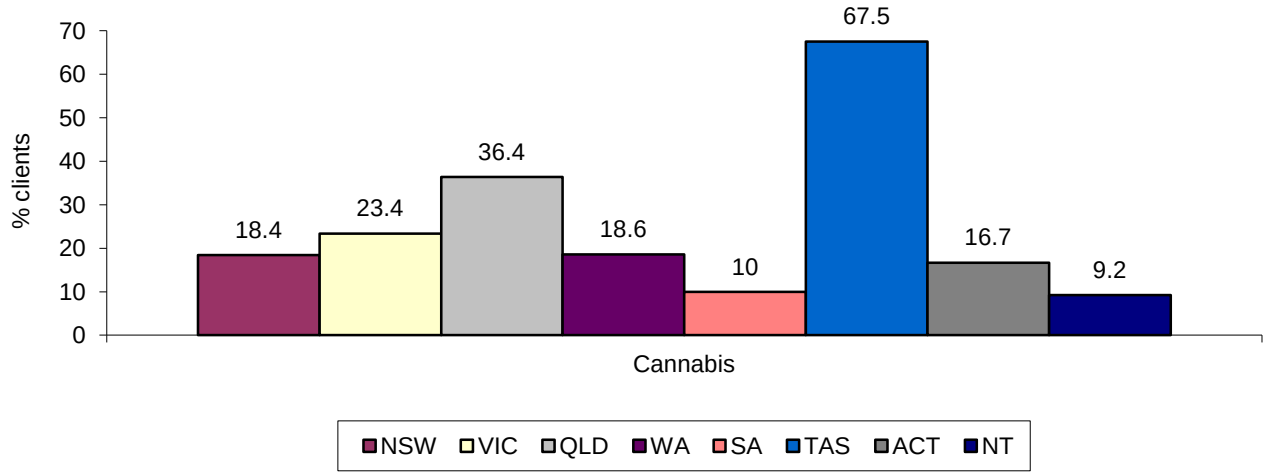
6.2.4 Cocaine

Closed treatment episodes for clients who identified cocaine as their principle drug of concern were included under 'other drugs' in 2008/09 due to small numbers (Australian Institute of Health and Welfare, 2011b) .

6.2.5 Cannabis

Data from the AODTS-NMDS indicate that in 2008/09, TAS had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (67.5%), followed by QLD (36.4%) and VIC (23.4%) (Figure 37) (Australian Institute of Health and Welfare, 2011b) .

Figure 37: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy) by jurisdiction, 2009/10*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2011b)
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others. In 2009/10, New South Wales submitted data from six more agencies than in 2008/09. However, the number of agencies was still lower (by 12) than in 2007/08 and so comparison over years with New South Wales data should be made with caution. In 2009/10 there was a review by the Department of Health and Ageing of the number of agencies funded by the Non-Government Organisation Treatment Grants Program (NGOTGP) that should be providing data for the collection. Any such change has an impact on the final proportion of in-scope agencies successfully reporting to the department.
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

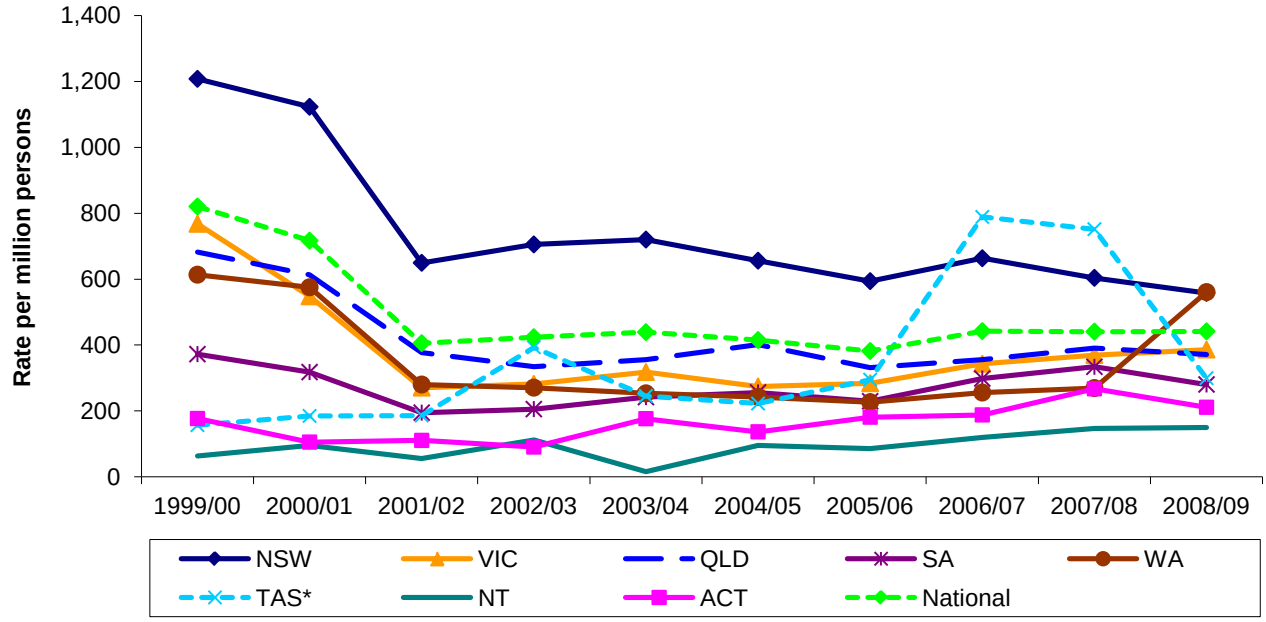
For information on closed treatment episodes relating to other drugs, see reports produced by the AIHW e.g. (Australian Institute of Health and Welfare, 2011b) .

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 38. 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 2009/10 was unavailable at time of printing.

Figure 38: Number of principal opioid-related hospital admissions per million persons aged 15-54 years, by jurisdiction, 1999/00-2008/09

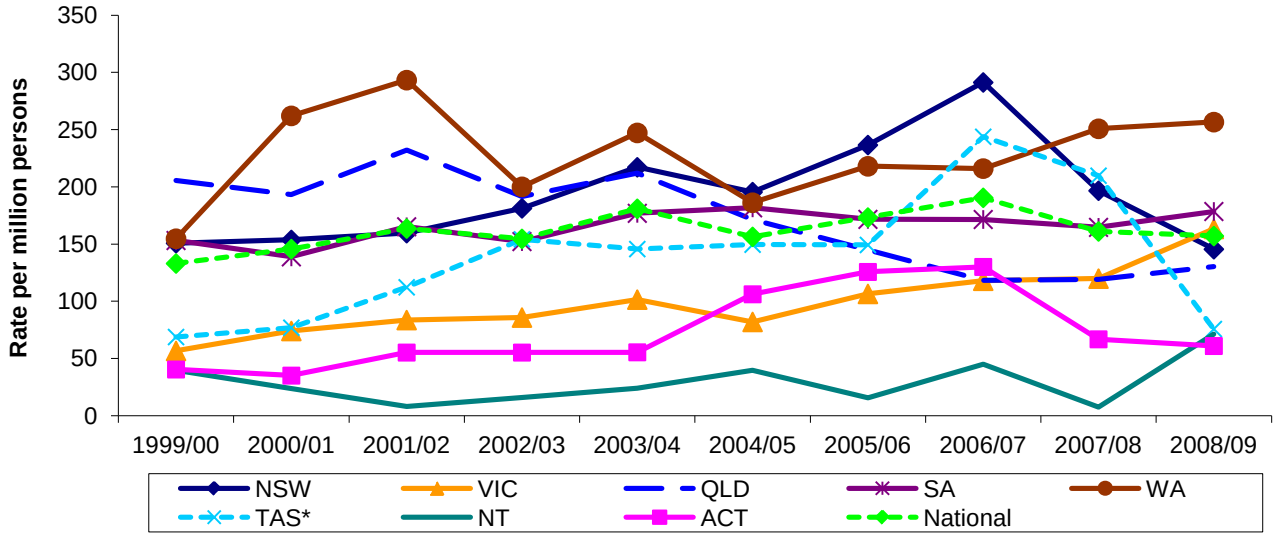


Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, 2012)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit

6.3.2 Methamphetamine

Figure 39 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 2009/10 was unavailable at time of printing.

Figure 39: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2008/09

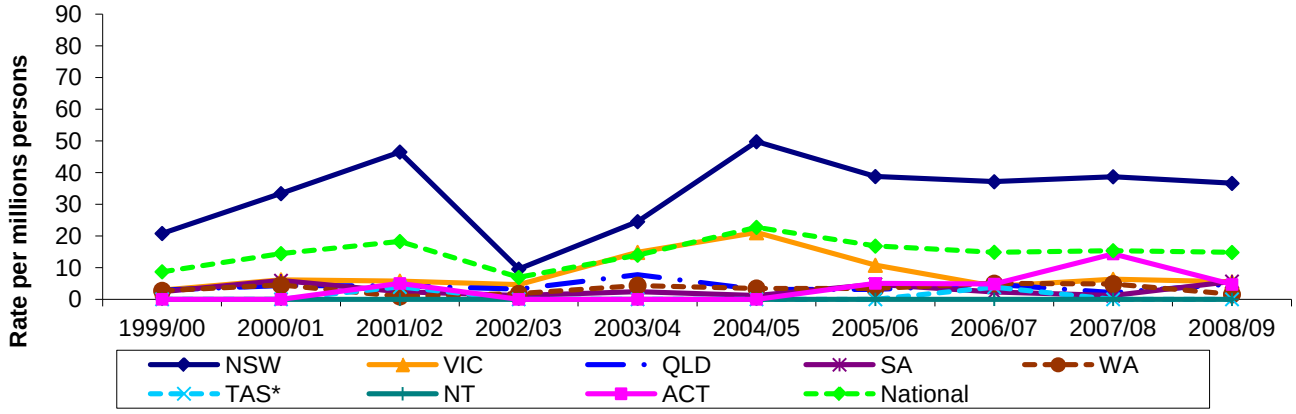


Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, 2012)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit

6.3.3 Cocaine

Figure 40 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 2009/10 was unavailable at time of printing.

Figure 40: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2008/09

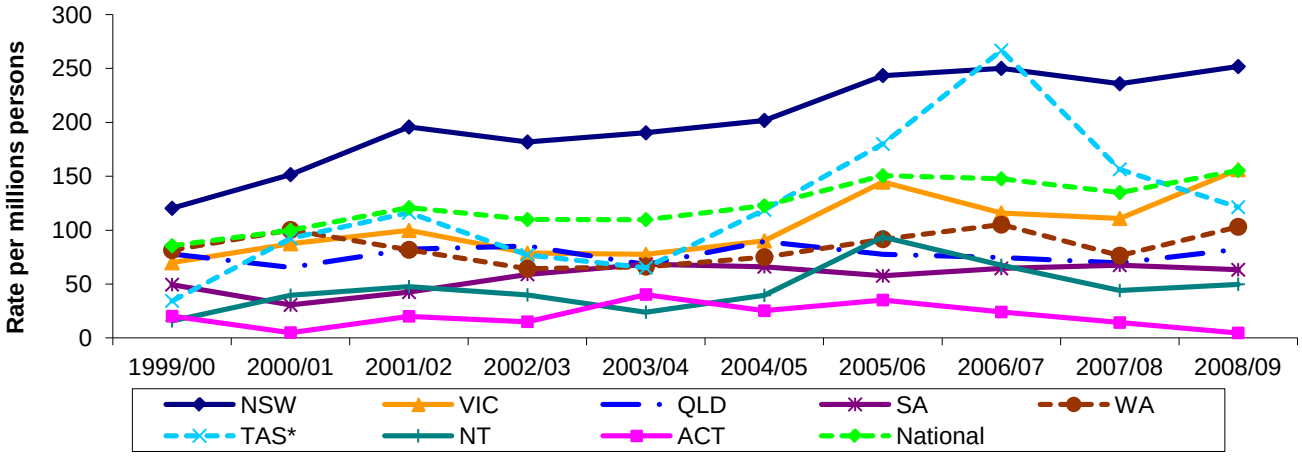


Source: AIHW; ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, 2012)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit

6.3.4 Cannabis

Figure 41 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 2009/10 was unavailable at time of printing.

Figure 41: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2008/09



Source: AIHW; ACT, NSW, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, 2012)
* 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, 2011a) .

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 (90%), followed by chemists (17%). NSP vending machines were used by 22% of participants in the ACT and 18% in NSW. Proportions reporting friends, partners and/or dealers varied by jurisdiction. Hospitals and outreach/peer workers were also accessed (Table 70).

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, 2011a) .

Table 70: Main sources of needles and syringes in the preceding six months, 2011

Accessing from (%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
NSP	94	**90**	83	93	93	98	94	67	95	95
NSP Vending machine*	10	**7**	18	22	0	0	10	0	0	2
Chemist	18	**17**	29	20	7	12	5	27	3	30
Partner	4	**2**	1	9	1	4	0	0	2	0
Friend	12	**10**	3	21	5	8	10	17	4	17
Dealer	4	**3**	2	10	2	2	2	6	0	2
Hospital	2	**2**	11	0	1	0	0	0	0	3
Outreach/peer worker	2	**5**	2	0	2	0	1	1	0	0

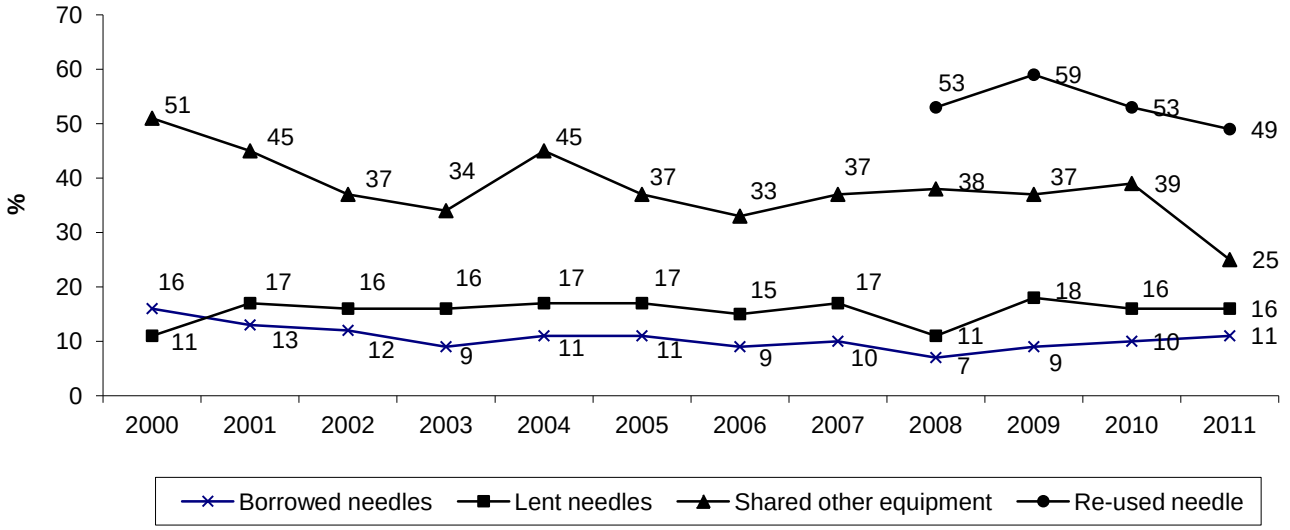
Source: IDRS participant interviews
* Vending machines not available in all jurisdictions
Note: Multiple responses allowed

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') or had used a needle after them ('lent') in the month remained relatively stable in 2011.

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 was significantly lower in 2011 (39% in 2010 versus 25%, $p<0.05$) (Figure 42, Table 71).

Figure 42: Borrowing and lending of needles and sharing of injecting equipment in the month prior to interview, 2000-2011



Source: IDRS participant interviews

Proportions reporting borrowing needles varied by jurisdiction, from 3% (NT) to 20% (QLD) (Table 71 and Figure 42), while lending needles ranged from 8% (NT) to 28% (QLD) (Table 71 and Figure 44). The borrowing of needles in the past month remained relatively stable in most jurisdictions, except in the ACT, TAS and QLD where it was higher (Figure 43).

Self-reported lending of used needles and/or syringe was mixed. Figures in NSW, the ACT, TAS and WA were lower, while the other jurisdictions were higher compared to 2010 (Figure 44). The self-reported sharing of used injecting equipment not including needles and/or syringes was lower compared to 2010 in all jurisdictions except the NT (Figure 45).

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-nine percent reported re-using their own needle ranging from 29% in the NT to 55% in VIC and SA (Table 71).

Participants were also asked about the re-use of injecting equipment (not including needles). The re-use of own injecting equipment significantly decreased in 2011 (68% in 2010 versus 59% in 2011; $p<0.05$) (Table 71).

Participants were also asked 'The last time you injected what was the injection site (on the body)?. Of those who commented, the majority (76%) reported injecting in the arm, while 12% reported the hand and 4% the leg (Table 71).

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

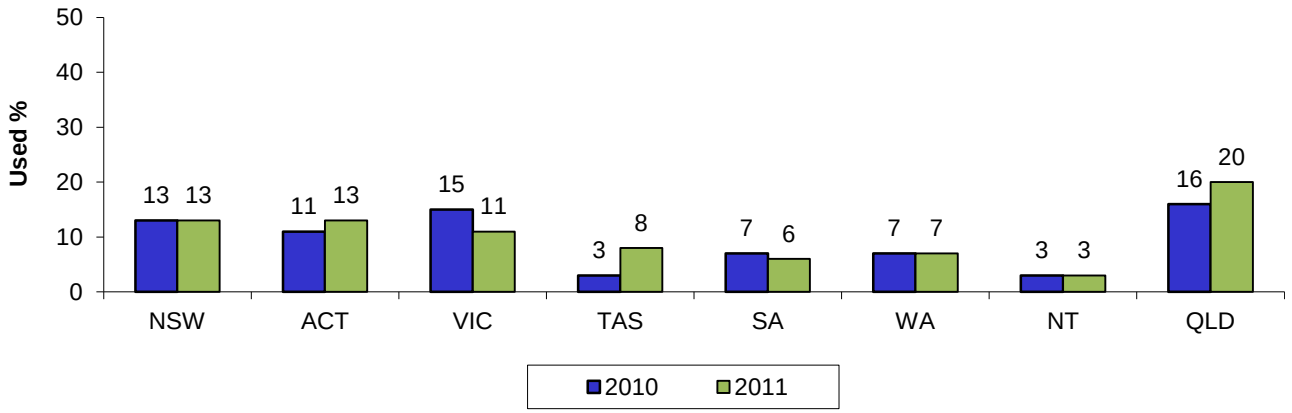
Participants who had used a needle after someone else in the last month had typically used after a regular partner (48%) or close friend (30%). These participants had usually borrowed a needle on one or two occasions during that time (68%). Twenty-three percent reported 'borrowing' a needle on three to five occasions in the last month.

Table 71: Sharing needles and injecting equipment in last month, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Borrowed a needle (%)	10	**11**	13	13	11	8	6	7	3	20
Lent a needle (%)	16	**16**	15	13	22	10	14	9	8	28
Shared any injecting equipment* (%)	39 N=349	**25↓ N=216**	29 n=44	22 n=22	23 n=35	22 n=22	26 n=26	17 n=12	18 n=18	36 n=37
Shared spoon/mixing container	76	**78**	71	77	89	68	69	83	83	87
Shared filter	35	**24**	30	23	20	14	19	42	22	24
Shared tourniquet	33	**29**	32	32	6	41	39	25	44	24
Shared water	40	**33**	46	50	31	36	19	33	6	32
Shared swabs	7	**8**	21	9	0	9	0	8	6	8
Reused own needle (%)	53	**49**	53	53	55	49	55	43	29	51
Reused own injecting equipment (%)	68 N=613	**59↓ N=506**	64 n=96	55 n=54	55 n=82	46 n=46	54 n=54	47 n=33	73 n=72	68 n=69
Re-used own spoon/missing container	80	**84**	84	91	95	54	78	73	88	90
Re-used own filters	22	**13**	14	22	18	15	11	15	4	7
Re-used own tourniquets	52	**40**	35	26	16	48	57	39	67	41
Re-use own water	18	**17**	31	32	15	13	11	6	0	16
Re-used own swabs	6	**4**	7	2	6	4	0	3	0	3
Last site of injection (%)	N=893	**N=844**	n=145	n=97	n=146	n=98	n=98	n=65	n=95	n=100
Arm	76	**76**	72	75	81	69	79	79	68	88
Leg	4	**4**	4	5	3	5	1	1	10	0
Hand	13	**12**	12	13	8	19	14	14	10	8
Foot	2	**2**	1	5	1	0	1	1	7	0
Groin	2	**2**	5	0	1	3	1	1	3	1
Neck	3	**3**	4	0	6	2	4	4	1	2
Other	1	**1**	2	1	1	1	0	0	1	1
Median no. of times injected last 2 weeks	n.a.	**9**	8	9	8	10	8	7	14	9
Median no. of times obtained needles/syringes last 2 weeks	n.a.	**2**	2	2	2	2	1	1	2	2
Median no. of needles/syringes obtained last 2 weeks	n.a.	**20**	20	24	20	25	40	10	50	20

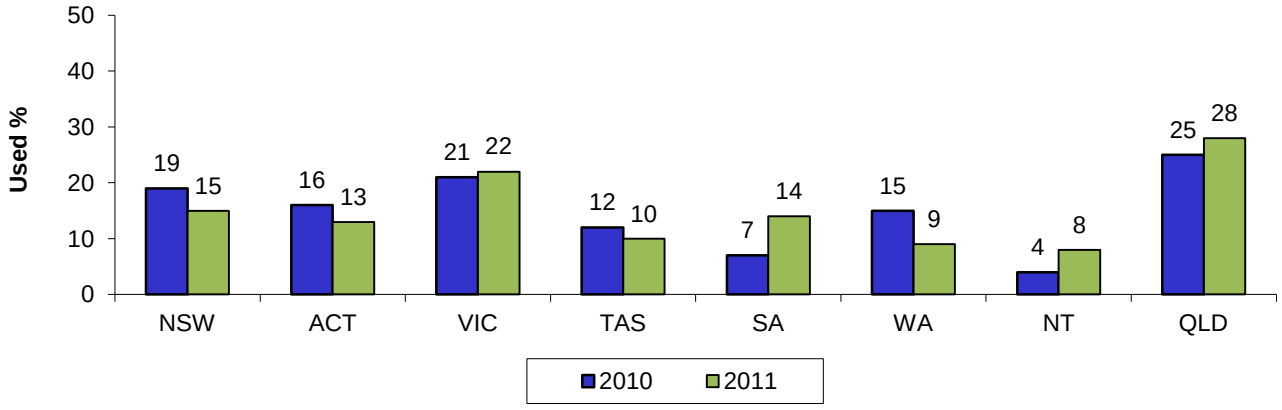
Source: IDRS participant interviews
* Includes spoons, water, tourniquets and filters; excludes needles/syringes
n.a. Not applicable
↓ Significant decrease (p<0.05)

Figure 43: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2010-2011



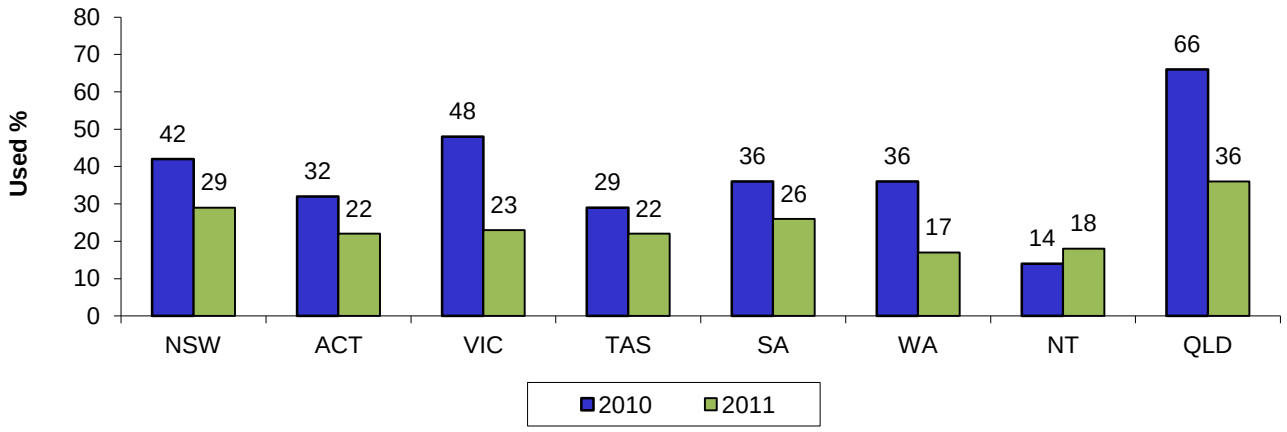
Source: IDRS participant interviews

Figure 44: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2010-2011



Source: IDRS participant interviews

Figure 45: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 2010-2011



Source: IDRS participant interviews

In 2011, participants were asked extra questions about the use of needles and syringes in the last two weeks. The median number of times participant injected in the last two weeks was nine (range 0-210). The median number of times needles/syringes obtained in the last two weeks was two occasions. Participants reported a median of 20 needle/syringes obtained in the last two weeks (Table 71).

6.4.4 Location of injections

Consistent with previous years, the majority of participants (75%) 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 60% in VIC to 92% 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. Eight percent of participants in NSW reported last injecting at the Sydney Medically Supervised Injecting Centre (MSIC) (Table 72).

Table 72: Location of last injection, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Private home (%)	78	**75**	67	79	60	81	81	75	92	77
Car (%)	6	**9**	12	7	5	12	13	11	3	8
Street/car park/beach (%)	7	**6**	4	3	16	1	1	2	3	11
Public toilet (%)	5	**6**	2	6	15	4	4	6	1	3
Sydney MSIC (%)	2	**1**	8	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Other (%)	2	**3**	7	5	3	2	1	6	1	1

Source: IDRS participant interviews
n.a. Not applicable

6.4.5 Self-reported injection-related health problems

Fifty-five 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=460), the most prominent injection-related problems were scarring/bruising (72%) and difficulty injecting (60%), most likely indicating poor vascular health among a proportion of this group. Thirty 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 73). No significant differences for injection-related health problems were found between 2011 and 2010.

Table 73: Proportion of injection-related issues in last month, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Any injection related problem (%)	53	**55**	66	66	57	67	72	48	54	63
	N=477	**N=460**	n=84	n=36	n=85	n=61	n=67	n=29	n=53	n=45
Scarring/bruising * (%)	67	**72**	69	81	72	62	70	66	83	80
Difficulty injecting* (%)	56	**60**	64	58	59	69	55	55	68	49
Dirty hit* (%)	32	**30**	31	61	18	23	51	31	23	13
Infection/abscess* (%)	17	**16**	21	19	14	7	15	21	19	13
Thrombosis* (%)	8	**9**	18	9	11	7	3	7	13	2
Overdose* (%)	5	**8**	13	28	6	2	12	0	6	0
Total median score*	2	**2**	2	2	1	1	2	2	2	1

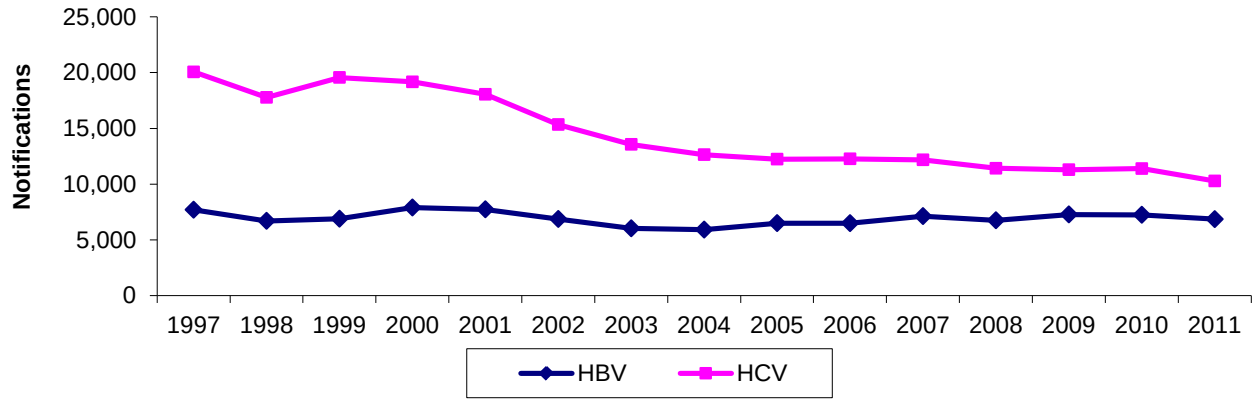
Source: IDRS participant interviews
* Among those who reported an injection related problem

6.4.6 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.

Figure 46 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 2011, the number of HBV and HCV notifications recorded was lower than in 2010 (HBV: 7,245 in 2010 and 6,854 in 2011 and HCV 11,388 in 2010 and 10,278 in 2011). HCV continued to be more commonly notified than HBV.

Figure 46: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2011



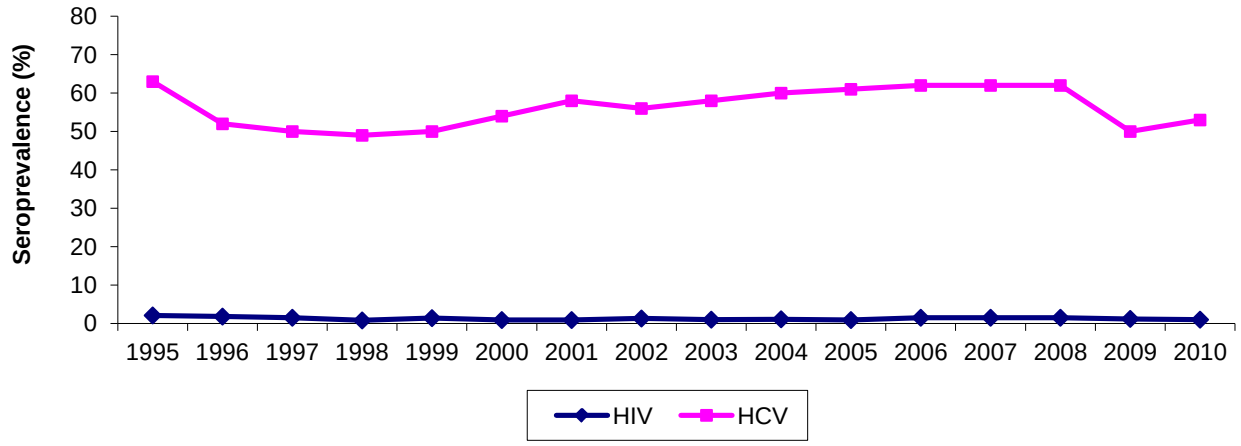
Source: Communicable Diseases Network – Australia – NNDSS
Note: Data accessed on 15 March 2012. Figures are updated on an ongoing basis
Notes on interpretation: There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified

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

cases are likely to only represent a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time

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 2010 was 1% (Figure 47). HCV prevalence among this group was much higher at 61% to 62% from 2005 to 2008, however this figure dropped to approximately 50% in 2009 and 2010 (Figure 47) (Kirby Institute, May 2011) .

Figure 47: HIV and HCV prevalence among participants recruited for the Australian NSP Survey, 1995-2010



Source: Australian NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2002; 2005; 2009; 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

6.5 Mental health problems and psychological distress

6.5.1 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, 48% percent of participants self-reported that they had experienced a mental health problem in the preceding six months. Among these who had experienced a problem (N=411), the number who reported seeing a mental health professional during the last six months significantly decreased between 2010 and 2011 (77% and 71% respectively) See

Table 74 for breakdown of these results by jurisdiction, problems experienced among those reporting a problem, and contact with mental health professionals.

The most commonly reported mental health problems was depression (66%), followed by anxiety (45%). Mania, bipolar disorder, phobia, panic, obsessive-compulsive disorder, paranoia, personality disorder, schizophrenia, drug-induced psychosis and psychosis (not drug induced) were each reported by 16% or less of the national sample.

Table 74: Self-reported mental health problems experienced in the preceding six months, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Self-reported mental health problem (%)	49	**48**	52	39	53	69	34	44	27	63
Problem*(%)	N=439	**N=411**	n=78	n=38	n=79	n=65	n=34	n=27	n=26	n=64
Depression	65	**66**	60	68	61	72	71	70	62	66
Anxiety	40	**45**	49	34	52	46	44	30	54	41
Manic-depression/Bipolar	13	**16**	14	21	16	12	12	19	23	16
Schizophrenia	14	**16**	24	16	18	8	12	11	12	16
Panic	11	**9**	8	18	8	9	9	4	8	8
Paranoia	7	**6**	6	18	8	3	0	11	4	3
Drug-induced psychosis	3	**7↑**	10	13	4	5	12	4	8	3
Attended health professional for mental health problem* (%)	77	**71↓**	63	61	84	81	77	54	73	64

Source: IDRS participant interviews
* Among those who reported a mental health issue
↑ Significant increase (p<0.05)
↓ Significant decrease (p<0.05)

Among those who reported a recent mental health problem and commented (n=281), 88% reported having been prescribed medication for this problem during this time period. Of those who were prescribed medication (n=246), 50% were prescribed antidepressants, most commonly mirtazepine n=41, citalopram n=17 (e.g. Cipramil®), (e.g. Avanza®), venlafaxine n=13 (e.g. Efexor®), amitriptyline n=11 (e.g. Endep®), sertraline n=11 (e.g. Zoloft®), escitalopram n=9 (e.g. Lexapro®) and fluoxetine n=6 (e.g. Prozac®). Forty-five percent of those with a mental health problem had been prescribed an antipsychotic, most commonly quetiapine n= 47 (e.g. Seroquel®), olanzapine n=24 (e.g. Zyprexa®), and risperodone n=10 (e.g. Risperdal®). 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 43% of those who had been prescribed medication for a mental health problem in the preceding six months. Diazepam n=66 (e.g. Valium®) and alprazolam n=23 (e.g. Xanax®) were most commonly prescribed.

6.5.2 The K10 psychological distress scale

The Kessler 10 (K10) was also administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)/the Structured Clinical Interview for DSM disorders (SCID) (Andrewsand 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, 2011a) .

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=822), the mean score

was 24.8 (median 24; SD 9.4; range 9-50). The 2010 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2011a) 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, 2011a) (Table 75).

Table 75: K10 scores by jurisdiction (method used in AIHW National Drug Strategy Household Survey), 2011

K10 category	National Drug Strategy Household Survey	IDRS									
		National N=869	N=819	NSW n=148	ACT n=97	VIC n=148	TAS n=81	SA n=98	WA n=56	NT n=95	QLD n=96
		2010	**2011**								
No or low distress (%) (score 10-15)	69.6	20	**18**	16	20	14	12	21	36	25	12
Moderate distress (%) (score 16-21)	20.5	24	**23**	19	24	20	21	30	27	26	22
High distress (%) (score 22-29)	7.4	30	**28**	28	26	30	28	32	25	24	28
Very high distress (%) (score 30-50)	2.4	26	**31**	37	31	37	38	17	13	24	39

Source: IDRS participant interviews; (Australian Institute of Health and Welfare, 2011a)
Note: The extent to which cut-offs derived from population samples can be applied to the IDRS population is yet to be established and, therefore, these findings should be taken as a guide only

6.6 Driving risk behaviour

Of the national sample, 46% had driven a car in the last six months. Of those who had driven recently (n=395), eighteen percent reported driving while under the influence of alcohol on a median of three occasions during that time (range 1-72 occasions). Of those who had driven while under the influence of alcohol (n=69), 51% reported driving while over the limit of alcohol (range 33% in NSW and the ACT to 77% in TAS). A large proportion (79%) reported driving shortly after using an 'illicit' or 'illicitly' obtained drug on a median of 20 occasions (range 1-255 occasions). Participants reported driving a median of 20 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 76).

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 19% felt that it had been 'slightly impaired' and 5% felt that it had been 'quite impaired'. Eight 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. Experiences of random breath and saliva drug driving testing among participants in the preceding six months were also recorded. 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-four percent (n=75) of those who had driven soon after using an

illicit drug in the past six months reported ever having been saliva drug tested at the roadside[3]. Twenty-eight participants reported a positive result, as follows: cannabis only n=6; amphetamine only n=7; opiates only n=4; cannabis and amphetamine n=3; cannabis and opiates n=2; amphetamines and opiates n=1; opiates and other n=3; and other only n=2.

Table 76: Driving behaviour by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Driven in the last six months (n)	47 (N=422)	**46 (N=395)**	29 (n=43)	35 (n=34)	41 (n=62)	63 (n=60)	58 (n=58)	58 (n=38)	55 (n=54)	45 (n=46)
Driven under the influence of alcohol last six months* (%)	20	**18**	21	18	19	22	12	13	15	20
Driven while over the limit of alcohol[#] (%)	57	**51**	33	33	42	77	57	60	38	56
Driven soon after using an illicit drug(s) last six months* (%)	82	**79**	74	82	73	87	85	76	76	78
Drug(s) taken (%)**	N=348	**N=312**	n=32	n=28	n=45	n=52	n=49	n=29	n=41	n=36
Heroin	37	**39**	63	57	58	4	55	55	2	42
Methadone	10	**8**	6	14	7	15	2	10	1	8
Buprenorphine	1	**2**	0	4	7	2	0	0	0	3
Bup-naloxone	3	**2**	0	0	4	2	0	3	0	3
Morphine	17	**16**	3	4	1	33	2	3	66	3
Oxycodone	3	**3**	6	0	1	4	2	3	0	3
Speed	11	**10**	3	4	16	14	14	7	15	3
Base	5	**3**	3	0	0	2	10	0	2	6
Ice/crystal	5	**12**	6	21	13	2	25	21	7	6
Any methamphetamine	*20*	***24***	*13*	*25*	*27*	*17*	*41*	*28*	*22*	*14*
Cocaine	0	**<1**	3	0	0	0	0	0	0	0
Benzodiazepines	7	**10**	3	14	9	17	2	7	10	14
Cannabis	34	**30**	25	25	33	35	22	24	39	33

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

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

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Thirty-nine 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-six percent of the sample reported having been arrested in the preceding 12 months, mainly for property crime.
- In 2009/10, numbers of consumer and provider arrests for heroin and other opioids were higher than 2008/09 numbers. The number of arrests for amphetamine-type stimulants (including phenethylamines such as MDMA) were lower, while cocaine and cannabis were 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 (59%), the median expenditure was $85.

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 77 shows self-reported criminal activity in the month preceding interview by jurisdiction. Over one-third (39%) 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 (25%) and property crime (22%). Proportions reporting engaging in drug dealing ranged from 20% in the NT to 29% in VIC, while proportions reporting engaging in property crime ranged from 14% in the NT to 29% in TAS. 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 77: Self-reported criminal activity in the month preceding the interview, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Crime in the last month (%)										
Drug dealing	25	**25**	28	22	29	26	21	21	20	28
Property	21	**22**	22	20	27	29	19	17	14	26
Fraud	4	**3**	3	1	5	4	2	1	2	6
Violence	6	**6**	9	5	7	5	6	4	3	7
Any crime (%)	39	**39**	43	34	47	41	32	30	31	46

Source: IDRS participant interviews

Of those who self-reported property crime in the last month, 77% reported the last property crime committed was while under the influence of drug(s). The main drug reported was heroin (40%), followed by alcohol (38%), benzodiazepines (33%) and cannabis (22%). Shoplifting was the main property crime committed (70%).

Among those who self-reported violence in the last month, 65% reported the last violent crime committed was while under the influence of drug(s). The main drug reported was alcohol (42%), followed by benzodiazepines (36%) and cannabis (27%). The main violent crime committed was assault (80%).

7.2 Arrests

Thirty-six percent of the 2011 national sample reported having been arrested in the 12 months preceding interview (39% in 2010), ranging from 22% in WA to 56% in QLD. Some fluctuations at the jurisdictional level have been noted (Table 78 and Figure 48). For national trends over time please refer to Appendix J, Figure J2.

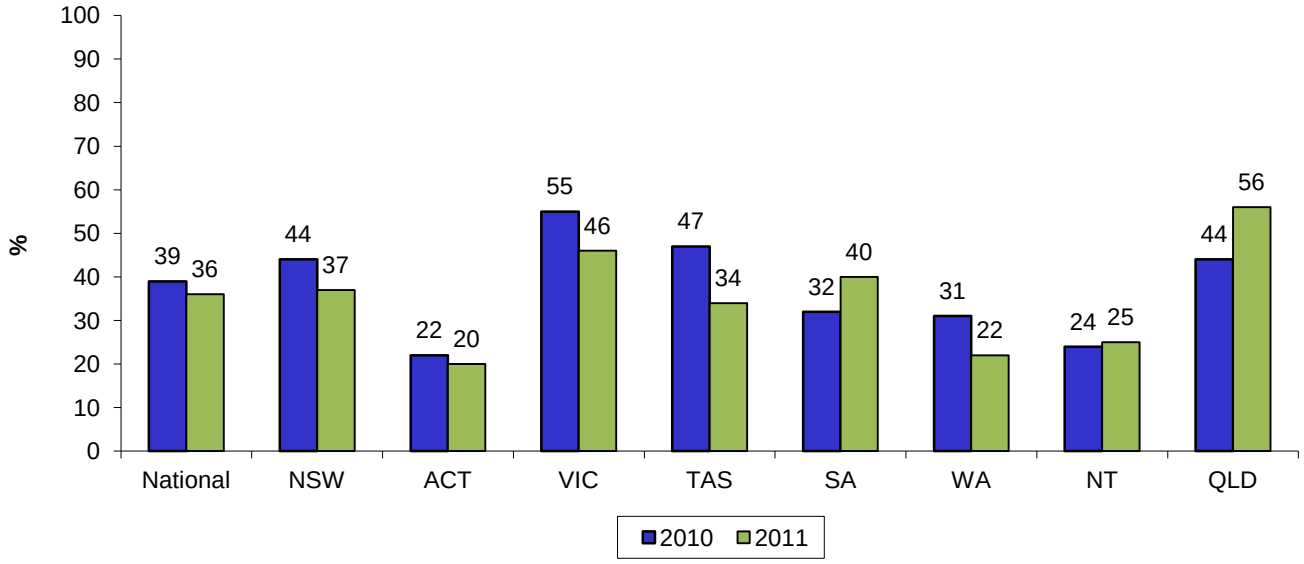
Among those participants who reported being arrested in the last year, over one-third reported being arrested for property crime (37%) and one-quarter for use/possession of drugs (27%) (Table 78).

Table 78: Main reasons for arrest in the last 12 months, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Arrested last 12 months (%)	39	**36**	37	20	46	34	40	22	25	56
Reason for arrest* (%)	N=349	**N=310**	n=54	n=19	n=69	n=34	n=38	n=15	n=24	n=57
Use/Possession drugs*	24	**27**	41	26	28	12	8	27	29	32
Property crime*	37	**37**	39	53	54	44	11	20	25	30
Violent crime*	19	**11**	11	16	13	12	13	7	4	11
Driving offence*	9	**12**	6	5	4	21	34	13	4	9
Other offence*	20	**18**	9	0	13	15	37	13	29	18

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, 2010-2011



Source: IDRS participant interviews

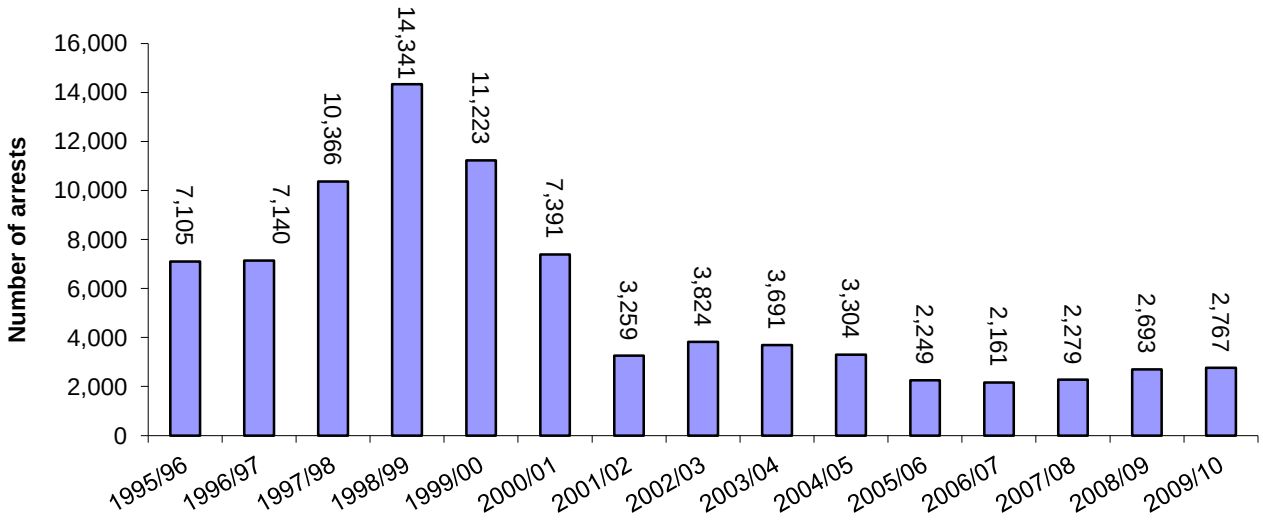
In addition to IDRS participant data on arrest over the past year, population level statistics related to drug use are also available from the Australian Crime Commission (latest available year 2009/10).

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, 2011) .

In 2009/10, numbers of consumer and provider arrests for heroin and other opioids increased to 2,767 from 2,693 in 2008/09. Arrests have steadily declined since 1998/99 (Figure 49). Data for 2010/11 were not available at the time of publication of this report.

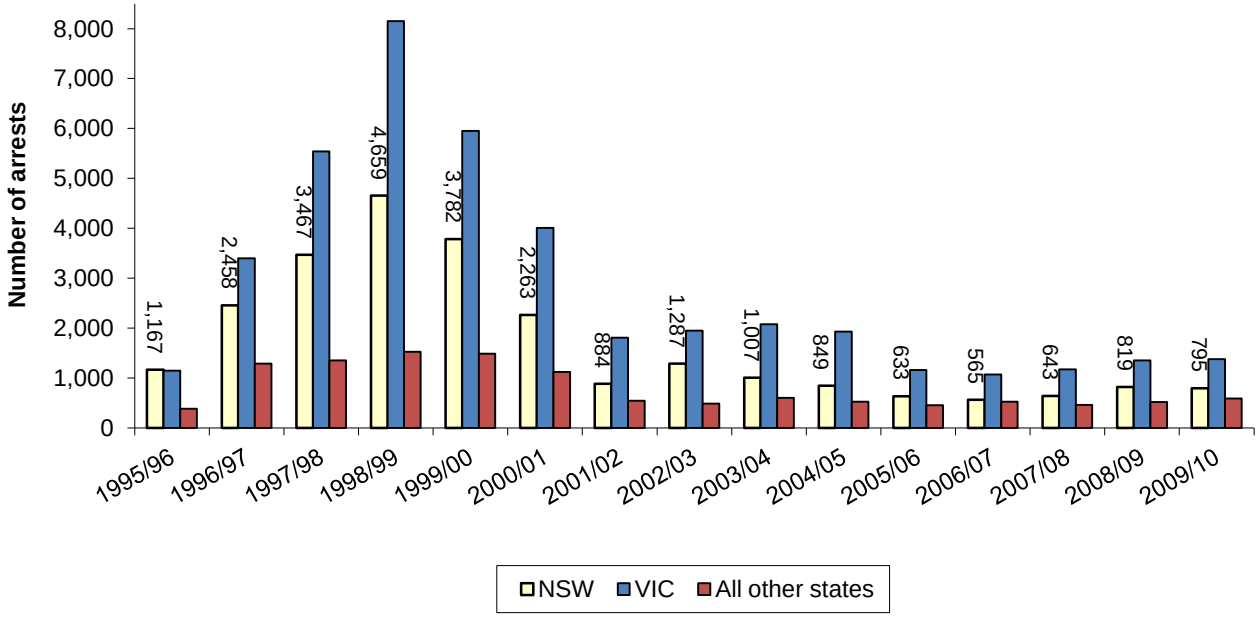
Figure 49: Total number of heroin and other opioids consumer and provider arrests, 1995/96-2009/10



Source: (Australian Bureau of Criminal Intelligence, 2000; 2001; 2002; Australian Crime Commission, 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
Note: The arrest data for each state and territory include AFP data. Data for 2010/11 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. A slight decrease in the number of arrests was reported in VIC in 2009/10. Data for 2010/11 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, 1995/96-2009/10

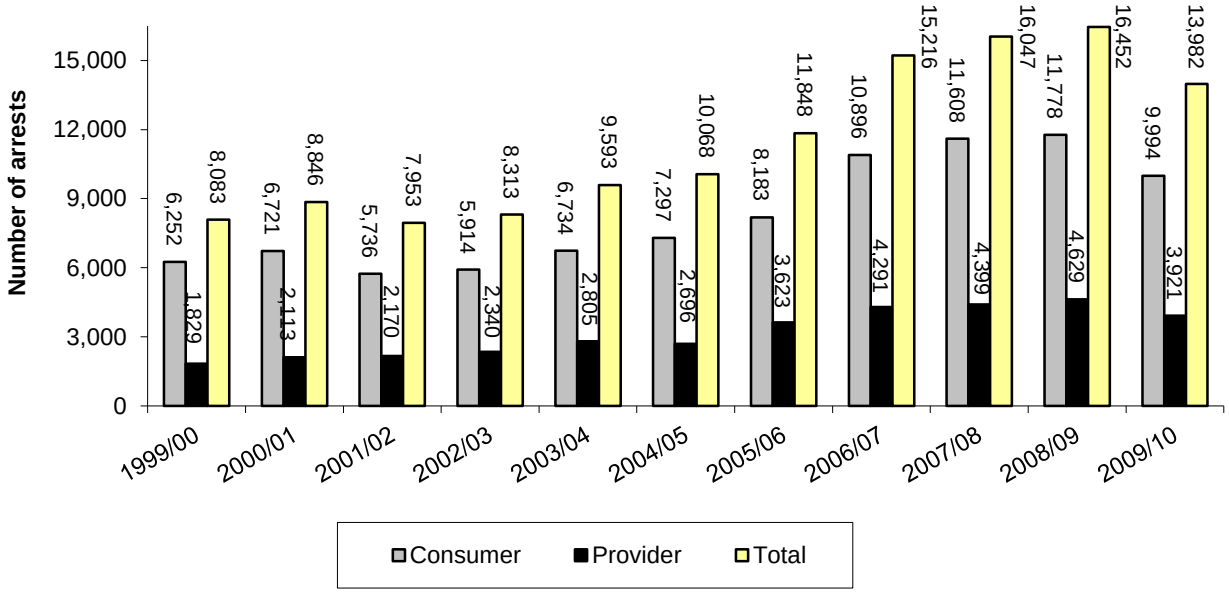


Source: (Australian Bureau of Criminal Intelligence, 2000; 2001; 2002; Australian Crime Commission, 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
Note: The arrest data for each state and territory include AFP data. Data for 2010/11were not available at the time of publication

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 2009/10, the total number of consumer and provider arrests decreased for the first time in seven years from 16,452 in 2008/09 to 13,982 (Figure 51). Data for 2010/11 were not available at the time of publication of this report.

Figure 51: Total number of amphetamine-type stimulants: consumer and provider arrests, 1999/00-2009/10

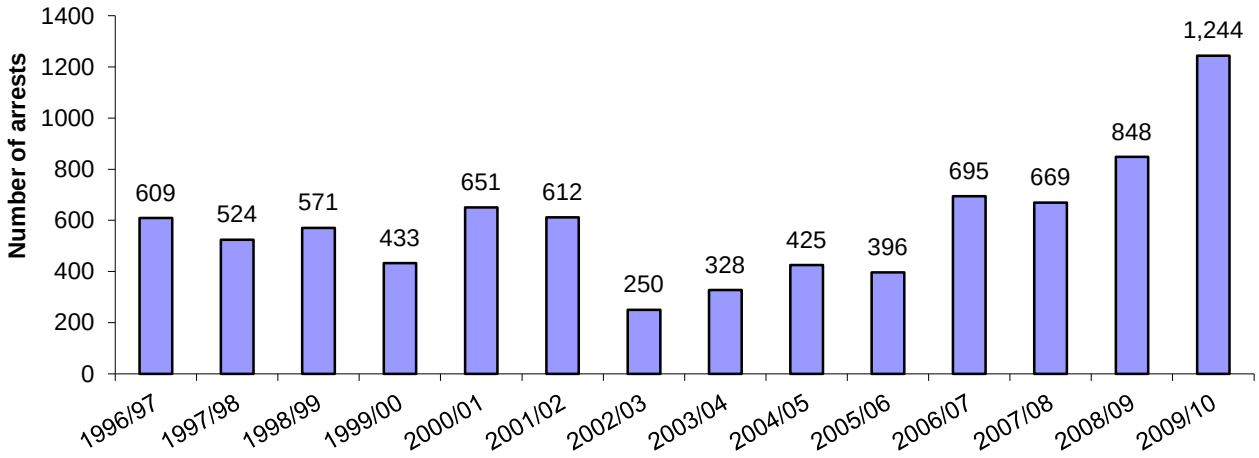


Source: (Australian Bureau of Criminal Intelligence, 2000; 2001; 2002; Australian Crime Commission, 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
Note: Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated. Data for 201011 were not available at the time of publication

7.2.3 Cocaine

In 2009/10, the number of cocaine arrests Australia wide increased to 1,244 from 848 in 2008/09 (Figure 52). The majority of these arrests (59%) 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 increased from 474 in 2008/09 to 728 in 2009/10. Data for 2010/11 were not available at the time of publication of this report.

Figure 52: Total number of cocaine consumer and provider arrests, 1996/97-2009/10

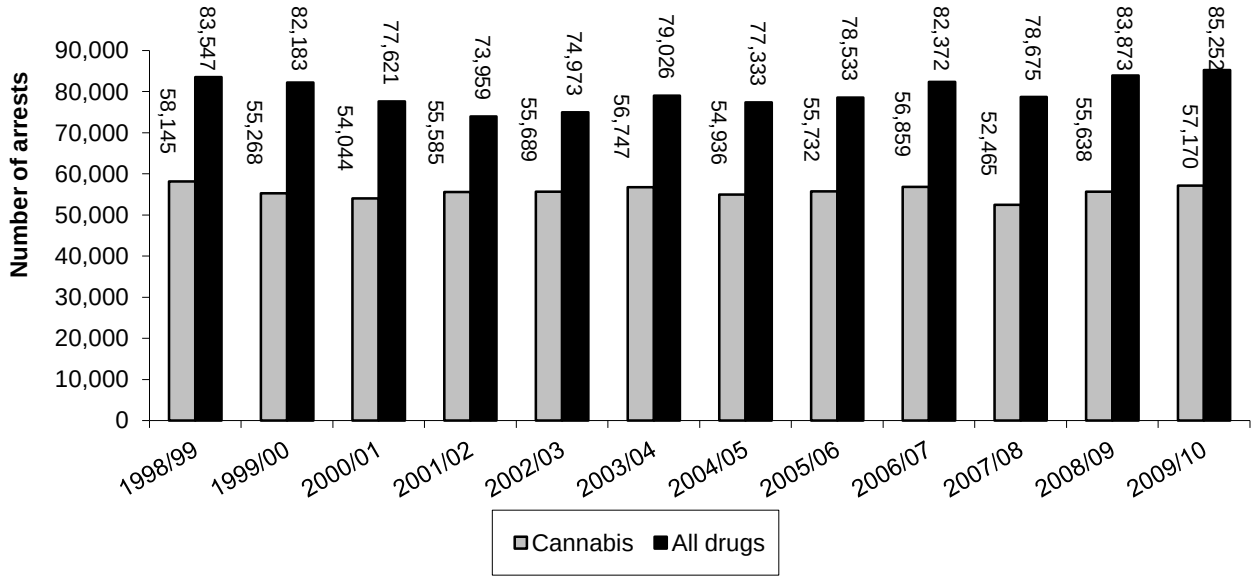


Source: (Australian Bureau of Criminal Intelligence, 2000; 2001; 2002; Australian Crime Commission, 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
Note: The arrest data for each state and territory include AFP data. Data for 2010/11 were not available at the time of publication

7.2.4 Cannabis

Cannabis arrests continue to account for the majority (67%) of all drug-related arrests in Australia (Figure 53). Numbers have remained relatively stable in the past twelve years. As in previous years, the number of cannabis arrests in QLD (16,325) accounted for nearly one-third (29%) of the national total. Numbers increased in NSW from 12,201 in 2007/08 to 12,752 in 2009/10. Data for 2010/11 were not available at the time of publication of this report.

Figure 53: Total number of cannabis and all drug consumer and provider arrests, 1998/99-2009/10



Source: (Australian Bureau of Criminal Intelligence, 2000; 2001; Australian Crime Commission, 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
Note: Data for 2010/11 were not available at the time of publication

7.3 Expenditure on illicit drugs

Among the national sample who commented, 59% reported spending money on illicit drugs the day prior to interview, ranging from 75% in NSW to 45% in WA. The median amount spent by those who had purchased drugs ranged from $70 in VIC to $100 in NSW, SA and QLD (median of $85 nationally) (Table 79).

Table 79: Expenditure on illicit drugs on the day preceding interview among those who commented, by jurisdiction, 2011

Expenditure %	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Nothing	36	**41**	25	32	42	53	50	55	39	46
Less than $20	3	**3**	3	6	5	3	2	3	1	2
$20 to $49	12	**11**	8	13	13	13	4	4	12	11
$50 to $99	17	**17**	22	19	19	15	12	13	17	13
$100 to $199	19	**18**	29	22	11	11	17	13	16	20
$200 to $399	10	**8**	11	7	9	4	9	6	11	7
$400 or more	3	**2**	3	1	2	0	3	3	3	2
Median expenditure ($)*	100	**85**	100	90	70	80	100	75	95	100

Source: IDRS participant interviews
*Among those who spent money on illicit drugs

8 SPECIAL TOPICS OF INTEREST

Key points

Heavy Smoking Index for nicotine dependence

- Among those who smoked daily, half had their cigarette within the first five minutes of waking.
- Forty-one percent of daily smokers reported smoking between 11-20 cigarettes a day.
- Half of daily smokers scored 4 or above indicating high nicotine dependence. The mean Heavy Index Score was 3.4.

Alcohol use disorders Identification test - consumption

- Fifty-eight percent of males and 49% females scored 5 or more indicating the need for further assessment
- The mean score on the AUDIT-C was 5.6 among those who drank alcohol recently.

Pharmaceutical Opioids

- Around half of the national sample recently used pharmaceutical opioids such as methadone, oxycodone.
- Of those who recently used pharmaceutical opioids, half of them reported using them for pain relief and around one-third to seek an opioid effect.
- Twenty-two percent of those who commented reported being refused pharmaceutical medications due to injecting history.
- Of those who commented, three-quarters were prescribed pharmaceutical opioids by their general medical practitioner.

Over the Counter Codeine

- Around two-thirds of the national sample reported the use of OTC codeine in their lifetime, with 42% using OTC codeine in the last six months on a median of 10 days.
- Forty percent of participants reported using OTC codeine for medical purposes in the last six months on a median of 10 days. The main type of medical purpose was short-term pain (71%).
- Six percent of the national sample reported the use of OTC codeine for non-medical purposes on a median of eight days.

Injecting equipment use in the last month

- Seventy-six percent of the national sample who commented reported the use of 1ml needle and syringes in the last month followed by a detachable needle (21%) and 3ml syringe (20%).
- The re-use of 1ml needle and syringe was reported by 39% of the IDRS sample who commented.
- Of those who commented, 39% reported cleaning 1ml needle/syringes, with around two-thirds (65%) reporting last cleaning a 1ml needle/syringe.

Mental and Physical Health problems

- IDRS participants scored a mean of 35.7 for the mental component score and 42.2 for the physical component score.
- IDRS had significantly lower mental and physical component scores compared to the Australian population.
- Scores indicated that IDRS participants had poorer mental and physical health then the population average.

Health Service Access

- The majority of participants (n=535) reported visiting a GP in the last four weeks on a median of one occasion (1-30 occasions). Sixty-two percent reported visiting a GP once in the last four weeks and around one-third reported the visit was substance use related.

Online activities

- Of the national sample who commented, 61% reported that they never used the internet in the last month, while 13% reported daily internet use.
- Of those who had used the internet in the last month, around one-third reported going 'online' to get information about drugs.
- Of those who commented, 15% stopped using a drug and 14% altered drug dose due to information found online.
- Text messaging was the preferred medium to obtain drugs.

Policy

- Ninety-seven percent of the IDRS sample, who commented, supported needle and syringe programs to reduce problems associated with heroin use. The majority also supported methadone/buprenorphine maintenance programs, treatment with drugs (not including methadone) and regulated injecting rooms.
- The majority of the IDRS sample also supported the legalisation of cannabis (87%) for personal use and just over half (55%) supported the legislation of heroin for personal use.
- Small numbers supported the increased penalties for sale or supply of cannabis (9%). Around one-third supported the increased penalties for sale or supply of heroin, methamphetamine or cocaine.

8.1 Heavy Smoking Index nicotine dependence

For the first time in 2011, participants who smoked daily were asked two questions from the Fagerstrom test for nicotine dependence, known as the Heavy Smoking Index (HSI) (n=770). These questions included 'How soon after walking do you smoke your first cigarette?' and 'How many cigarettes a day do you smoke?'. 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 sum of these scores was computed and a cut-off score of 4 or more was used to indicate high nicotine dependency (Heatherton, Kozlowski, Frecher et al., 1989) .

As seen in Table 80, half of the national sample who commented reported smoking their first cigarette within five mins of waking and one-third between five to 30 mins of waking. Forty-one percent of daily smokers reported smoking between 11-20 cigarettes a day and 29% smoked 10 or less cigarettes a day. The mean HSI score was 3.4. Half of daily smokers scored 4 or above indicating high nicotine dependence.

Table 80: Heavy Smoking Index for nicotine dependence, by jurisdiction, 2010

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011								
Time till first cigarette	**N=770**	n=136	n=87	n=135	n=85	n=86	n=54	n=91	n=96
Within 5 minutes (%)	**52**	50	51	48	41	52	50	59	62
5-30 mins (%)	**32**	32	35	33	38	30	30	34	25
31-60 mins (%)	**7**	11	7	7	15	5	4	2	5
60+ mins (%)	**9**	7	8	12	6	13	17	4	8
Number of cigarettes smoked a day	**N=768**	n=136	n=87	n=135	n=84	n=86	n=54	n=90	n=96
10 or less cigarettes (%)	**29**	33	35	40	33	23	24	11	24
11-20 cigarettes (%)	**41**	38	54	36	46	49	32	42	31
21-30 cigarettes (%)	**21**	19	10	18	16	22	35	24	31
31 or more cigarettes (%)	**9**	10	1	7	5	6	9	22	14
High Dependence* (%)	**50**	49	40	43	35	54	56	69	59
Mean score	**3.4**	3.3	3.1	3.1	3.1	3.3	3.4	4.1	3.7

Source: IDRS participant interviews
* Scored 4 or above

8.2 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 2010 (n=2,396) 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, Rossand Hall, 1996; Schiffand Ozden, 2004; Coffin, Tracy, Bucciarelli et al., 2007; Darke, Duflouand 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 et al (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 (5.8 versus 5.1; $p>0.05$) According to Dawson et al (Dawson, Grant, Stinson et al., 2005) and Haber et al (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 (55%) of the participants who drank in the past year scored 5 or over on the AUDIT-C, ranging from 43% in SA to 67% in TAS. Fifty-eight percent of males and 49% females scored 5 or more indicating the need for further assessment (Table 81).

Table 81: AUDIT-C among people who inject drugs and drank alcohol in the past year, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2010	**2011**								
Mean AUDIT-C score **SD** **(range)**	5.3 3.4 (1-12)	**5.6** **3.5** **(1-12)**	5.5 3.6 (1-12)	5.5 3.4 (1-12)	6.1 3.5 (1-12)	6.4 3.3 (1-12)	4.3 3.3 (1-12)	5.0 3.2 (1-12)	5.7 3.5 (1-12)	5.8 3.5 (1-12)
Score of 5 or more* (%)	N=646	**N=626**	n=97	n=71	n=112	n=70	n=72	n=54	n=75	n=75
All participants (%)	52	**55**	49	55	60	67	43	54	52	61
Males (%, n=417)	56	**58**	48	60	59	76	48	60	56	63
Females (%, n=209)	45	**49**	49	48	63	54	36	46	43	57

Source: IDRS participant interviews
*Among those who drank alcohol in the past year

8.3 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; Randall, Degenhardtand al., 2001; Vlahov, Wang, Galai et al., 2004) and that prescribers are often reluctant to prescribe opioid analgesics to people with a history of injecting drug use(Merrilland 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 2011, participants in the IDRS were asking questions about the use of PO and pain. Pharmaceutical opioids included morphine, oxycodone, and other PO such as fentanyl, pethidine and tramadol. Excluded were methadone, buprenorphine and buprenorphine-naloxone. Of the national sample, around half (53%) reported the use of PO in the last six months (Table 82). Among those who recently used PO (N=462), 46% reported using them for pain relief, 28% to seek an opioid effect and 22% to treat self-dependence. Participants were asked if they were refused PO medications for pain due to injecting history. Of those who commented 22% reported ‘yes’ and 38% ‘hadn’t sought pain relief’ (Table 82).

Among those who sought pain relief (n=279), just over half (54%) reported being prescribed PO for pain relief. Forty-two percent reported having trouble obtaining pain relief from their doctor. Nearly one-third reported informing their doctor about their drug use at the time and 17% reported that their doctor already knew about their drug use. Of those who commented (n=150), three-quarters were prescribed PO by their GP, 17% a pain specialist and 17% a hospital doctor (Table 82).

Table 82: Pharmaceutical opioids use among people who inject drugs, by jurisdiction, 2011

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011								
Used pharmaceutical opioids in the last 6 months (%)	**53**	46	41	53	81	27	40	81	59
Reason for using pharmaceutical opioids*	**N=462**	n=69	n=40	n=79	n=80	n=27	n=28	n=79	n=60
Treat self-dependence (%)	**22**	22	20	9	25	30	18	44	8
Seek an opioid effect (%)	**28**	13	23	38	40	19	29	6	52
Pain relief (%)	**46**	58	40	34	38	41	43	63	40
Know what dose to expect (%)	**5**	6	5	4	5	7	4	1	8
Cheaper than heroin (%)	**11**	17	18	17	3	19	11	4	12
Current heroin purity (%)	**4**	6	5	0	1	7	0	1	10
Couldn't score heroin (%)	**8**	17	3	8	5	3	7	8	7
Refused pharmaceutical opioids medications for pain due to injecting history	**N=457**	n=67	n=40	n=79	n=80	n=26	n=28	n=78	n=59
Yes (%)	**22**	24	20	17	25	19	29	28	17
Haven't sought pain relief (%)	**38**	15	35	63	38	31	32	42	37
Prescribed pharmaceutical opioids#	**N=279**	n=57	n=26	n=29	n=49	n=18	n=19	n=44	n=37
For pain last six months (%)	**54**	39	42	76	53	50	37	77	51
Trouble obtaining pain relief from doctor	**42**	43	31	45	48	28	28	55	32
Informed doctor about drug use	**N=231**	n=41	n=21	n=23	n=46	n=16	n=14	n=43	n=27
Yes (%)	**33**	44	52	48	28	25	0	35	19
Yes, but not all (%)	**7**	2	0	4	17	6	7	2	7
Doctor already knew (%)	**17**	22	14	22	9	13	29	2	37
Pharmaceutical opioids prescribed by##	**N=150**	n=22	n=11	n=22	n=26	n=9	n=7	n=34	n=19
Pain specialist (%)	**17**	27	40	14	12	33	14	15	0
Hospital doctor (%)	**17**	41	0	32	15	11	14	9	5
OST specialist (%)	**3**	0	9	9	4	0	0	0	0
GP (%)	**75**	36	73	73	85	67	71	88	95

Source: IDRS participant interviews
* Among those who recently used. Multiple responses were allowed
# Among those who sought pain relief
Among those who were prescribed PO for pain in the last six months

8.4 Over the counter codeine

In Australia, codeine available over the counter (OTC) is combined with simple analgesics including paracetamol and non-steroidal anti-inflammatory drugs (NSAID) such as ibuprofen and aspirin. Prolonged use of codeine has the potential to produce tolerance and create a dependence liability, often leading to dose escalation (Sproule, Busto, Somer et al., 1999; National Prescribing Service Ltd, 2009) .

In 2011, participants in the IDRS survey were asked questions about the use of over the counter (OTC) codeine for medical and non-medical purposes.

Around two-thirds of the national sample reported the use of OTC codeine in their lifetime, with 42% using OTC codeine in the last six months on a median of 10 days. Only three participants reported injecting OTC codeine in the last six months. Eighty-seven percent reported the use of illicit OTC codeine as the form mainly used in the previous six months. The most common brand reported was Nurofen Plus®.

Forty percent of participants reported using OTC codeine for medical purposes in the last six months on a median of 10 days. The main type medical purpose was short-term pain (71%) (Table 83). Nurofen Plus® (41%) was reported as the last brand used for medical purposes in the last six months. Among those who had used OTC for medical purposes the median amount of relief received from OTC codeine was 60% (range 0-100%). The median amount of tabs/caps taken was three. The most common last brand of OTC codeine used for non-medical purposes was Chemists own strong pain relief® (19%), followed by Nurofen Plus® (16%) and Panadeine® (16%).

Six percent of the national sample reported the use of OTC codeine for non-medical purposes on a median of eight days. The median amount of tabs/caps taken was one. The maximum number taken in any one session was five tabs/caps. The most common brand of OTC codeine used in a 'most' occasion for non-medical purposes was Chemists own strong pain relief® (19%) and Nurofen Plus® (19%).

Table 83: Over the counter Codeine use and pain, by jurisdiction, 2011

	National N=868	NSW n=150	ACT n=98	VIC n=150	TAS n=100	SA n=100	WA n=70	NT n=98	QLD n=102
	2011								
Ever used OTC codeine (%)	**63**	50	70	65	58	66	57	66	73
Recently used OTC codeine (%)	**42**	38	50	38	38	50	34	52	40
Median days used OTC codeine in the last six months*	**10**	7.5	6	12	15	8.5	5.5	17.5	7
Use OTC codeine for medical purposes in the last six months (%)	**40 (N=339)**	41 (n=60)	45 (n=43)	37 (n=55)	32 (n=36)	48 (n=48)	30 (n=21)	49 (n=47)	34 (n=35)
Acute/short-term	***71***	*88*	*81*	*78*	*53*	*69*	*71*	*45*	*71*
Chronic non-malignant	***25***	*7*	*19*	*20*	*47*	*29*	*14*	*51*	*20*
Chronic malignant	***2***	*2*	*0*	*0*	*0*	*2*	*10*	*2*	*9*
Used OTC codeine for non-medical purposes (%)	**6 (N=55)**	5 (n=8)	11 (n=11)	1 (n=2)	10 (n=10)	7 (n=7)	3 (n=2)	7 (n=7)	8 (n=8)
To feel numb	***9***	*25*	*9*	*0*	*0*	*14*	*0*	*0*	*13*
To go to sleep	***36***	*50*	*36*	*33*	*10*	*57*	*0*	*29*	*50*
Substitute for heroin	***39***	*63*	*27*	*100*	*20*	*43*	*100*	*57*	*0*
Substitute for pharmacotherapy	***7***	*0*	*27*	*0*	*10*	*0*	*0*	*0*	*0*
Supplement pharmacotherapy	***6***	*0*	*9*	*0*	*20*	*0*	*0*	*0*	*0*
Other	***26***	*22*	*46*	*0*	*22*	*13*	*67*	*0*	*33*

Source: IDRS participant interviews
* Among those who recently used

8.5 Injecting equipment use in the last month

In 2011, participants in the IDRS survey were asked questions about the use of injecting equipment, the re-use and cleaning of 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 84, Table 85 and Table 86, 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 84 around three-quarters (76%; 76% in the ANSPS survey) of the national sample who commented reported the use of 1ml needle and syringes in the last month followed by a detachable needle (21%; 19% in the ANSPS survey) and 3ml syringe (20%; 22% in the ANSPS survey) (Table 84). The re-use of 1ml needle and syringe was reported by 39% of the IDRS sample who commented (32% in the ANSPS survey) and 6% reported the re-use of 3ml syringes (7% in the ANSPS survey (Table 85).

Table 84: Use of injecting equipment in the last month among those who commented, by jurisdiction, 2011

	Australian NSP Survey	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2011**								
Injecting equipment used in the last month* (%)		**N=842**	n=149	n=98	n=149	n=84	n=100	n=63	n=98	n=101
1ml needle/syringe	76	**76**	82	86	90	44	95	97	27	80
3ml syringe (barrel)	22	**20**	14	11	13	25	13	24	43	26
5ml syringe (barrel)	17	**16**	19	11	1	33	1	6	58	7
10ml syringe (barrel)	9	**10**	7	16	3	38	7	6	2	5
20ml syringe (barrel)	6	**7**	5	13	1	32	1	8	2	6
50ml syringe (barrel)	n.a.	**1**	1	1	0	4	2	12	0	0
Detached needle (tip)	19	**21**	12	16	10	30	12	17	58	23
Winged view infusion set (butterfly)	12	**17**	9	36	3	61	7	13	8	15
Wheel filter	11	**16**	6	32	10	35	8	22	17	10

Source: IDRS participant interviews
* More than one item could be selected
n.a. Not applicable

Table 85: Re-use of injecting equipment in the last month among those who commented, by jurisdiction, 2011

	Australian NSP Survey	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2011**								
Injecting equipment reused in the last month* (%)		**N=842**	n=145	n=97	n=149	n=94	n=99	n=60	n=98	n=100
1ml needle/syringe	32	**39**	46	43	54	18	50	42	9	40
3ml syringe (barrel)	7	**6**	3	3	5	5	3	6	13	11
5ml syringe (barrel)	6	**3**	3	1	0	10	1	0	15	2
10ml syringe (barrel)	4	**3**	3	8	1	7	2	0	0	5
20ml syringe (barrel)	3	**3**	1	5	0	10	0	2	1	3
50ml syringe (barrel)	n.a.	**<1**	0	0	0	0	1	3	0	0
Detached needle (tip)	4	**4**	2	3	1	5	0	3	8	8
Winged view infusion set (butterfly)	5	**6**	3	13	1	24	2	3	2	5
Wheel filter	4	**4**	<1	5	2	11	3	12	2	2

Source: IDRS participant interviews
* More than one item could be selected
n.a. Not applicable

Of those who commented (N=813), 39% reported cleaning 1ml needle/syringes in the IDRS compared to 30% in the ANSPS survey. Of those who reported cleaning their injected equipment (n=424), around two-thirds (65%) reported last cleaning a 1ml needle/syringe, followed by a 3ml syringe (Table 86).

Table 86: Injecting equipment cleaned in the last month among those who commented, by jurisdiction, 2011

	Australian NSP Survey	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	**2011**								
Cleaning of injecting equipment in the last month* (%)		**N=813**	n=142	n=97	n=149	n=95	n=74	n=60	n=97	n=99
1ml needle/syringe	30	**39**	46	39	52	16	66	37	8	40
3ml syringe (barrel)	8	**6**	4	2	5	3	1	7	14	12
5ml syringe (barrel)	6	**4**	2	1	0	7	1	2	17	2
10ml syringe (barrel)	4	**3**	3	6	1	6	3	2	0	4
20ml syringe (barrel)	3	**3**	2	4	0	9	0	2	2	3
50ml syringe (barrel)	n.a.	**<1**	0	0	0	0	3	3	0	0
Detached needle (tip)	5	**4**	2	2	1	4	1	5	8	9
Winged view infusion set (butterfly)	4	**7**	4	13	1	21	3	7	2	6
Wheel filter	3	**3**	<1	3	1	6	5	12	2	1
Last injecting item cleaned (%)**		**N=424**	n=72	n=49	n=85	n=47	n=55	n=30	n=32	n=54
1ml needle and syringe (%)	n.a.	**65**	74	55	88	26	86	60	19	67
3ml syringe (barrel) (%)	n.a.	**13**	13	18	7	11	4	13	25	19
5ml syringe (barrel) (%)	n.a.	**6**	3	0	0	11	0	3	44	4
10ml syringe (barrel) (%)	n.a.	**3**	4	2	1	4	4	0	0	4
20ml syringe (barrel) (%)	n.a.	**3**	0	4	0	11	0	0	3	6
Detachable needle (tip) (%)	n.a.	**1**	3	0	1	4	0	0	3	0
Winged vein infusion set (butterfly) (%)	n.a.	**6**	3	14	1	26	2	7	0	2
Wheel filter (%)	n.a.	**3**	0	0	1	9	4	17	6	0

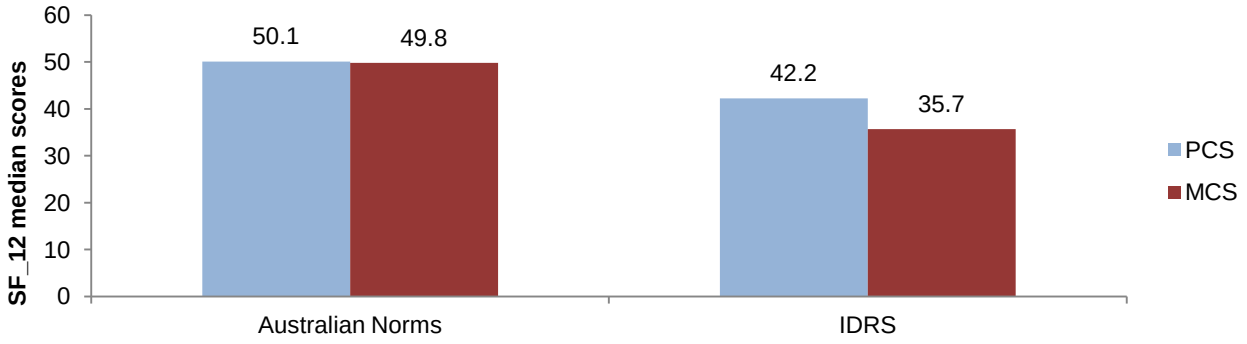
Source: IDRS participant interviews
* More than one item could be selected
** Among those who cleaned equipment in the last month
n.a. Not applicable

8.6 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 was administered for the first time in the IDRS in 2011. The SF-12 includes twelve questions and measures health statues 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, Kosinskiand Keller, 1995; Ware, Kosinskiand 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 2011 IDRS scored a mean of 35.7 (SD=11.9) for the MCS and 42.2 (SD=11.5) for the PCS (Figure 54).

Figure 54: SF-12 scores for IDRS participants compared with the general Australian population (ABS), 2011



Source: IDRS participant interviews , (Australian Bureau of Statistics, 1995)

Figure 54 presents the MCS and PCS for participants interviewed in the IDRS compared with those of the general Australian population[4] from the National Health Survey (Australian Bureau of Statistics, 1995) . It appears that IDRS participants in 2011 had a significantly lower MCS compared with the Australian population average (35.7% versus 49.8%; t_{579}=-28.49; p<0.05). It was also found that IDRS participants reported a significantly lower PCS score than the Australian population (42.2% versus 50.1%; t_{578}=--16. 6; p<0.05) (Table 87). 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 87: SF-12 Mental and Physical Health Mean Component Scores by jurisdiction, 2011

SF-12 Component scores	SF-36 Australian Population Norms (ABS)	SF-12 Australian Population Norms (ABS)	National N=597	NSW n=98	ACT n=71	VIC n=110	TAS n=77	SA n=68	WA n=23	NT n=66	QLD n=66
MCS	49.8	53.70	35.7	34.0	34.6	34.6	34.6	39.9	39.5	38.5	34.3
PCS	50.1	52.22	42.2	42.9	42.0	44.8	41.4	42.9	43.7	37.4	41.5

Source: IDRS participant interviews , (Australian Bureau of Statistics, 1995) , (Australian Bureau of Statistics, 1997)

[4] The SF-12 scores were transformed into SF-36 scores using weighted syntax to make them comparable with the general Australian population scores.

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 2011 individual state reports.

8.7 Health service access

Participants in the 2011 IDRS were asked about access to health services in the previous four weeks. Table 88 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, 115 participants reported visiting a hospital emergency department (ED)/Casualty in the last four weeks on a median of one occasion (range 1-28 occasions). Of those who had visited a hospital ED/Casualty, 72% had visited on one occasion in the last four weeks. Twenty-five percent reported visiting on one occasion for substance use reasons (Table 88).

The majority of participants (n=535) reported visiting a GP in the last four weeks on a median of one occasion (1-30 occasions). Sixty-two percent reported visiting a GP once in the last four weeks. One-third reported visiting on one occasion for substance use reasons (Table 88).

Table 88: Health Service Access in the last four weeks by jurisdiction, 2011

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
Hospital ED/Casualty (n=115)	1 (1-28)	72	19	4	5	68	25	5	2
Hospital Outpatient (n=60)	1 (1-28)	65	17	2	16	78	9	7	6
Hospital Inpatient (n=50)	1 (1-30)	82	12	2	4	78	15	4	2
GP visit (n=535)	1 (1-30)	62	22	4	12	52	32	9	7
Specialist (n=81)	1 (1-6)	75	20	3	2	64	27	5	4
Dentist (n=84)	1 (1-8)	86	10	2	2	85	15	0	0
Other health professional (n=56)	1 (1-14)	70	16	4	10	80	15	2	3
Ambulance (n=47)	1 (1-7)	87	6	2	5	60	33	2	5
Psychiatrist (n=71)	1 (1-4)	80	14	3	3	71	20	5	4
Psychologist (n=74)	1 (1-4)	72	19	3	7	70	23	4	3
Social/welfare worker (n=123)	1 (1-30)	58	15	6	21	66	24	1	9
Drug/alcohol counsellor (n=140)	1 (1-30)	63	15	5	17	6	62	13	19
Other (n=34)	1 (1-28)	68	15	6	11	46	32	14	8

Source: IDRS participant interviews
*Among those who reported accessing a health service

8.8 Online activities

The use of the internet has become part of everyday life. The internet is used to find out information, communicate with others, and to undertake commercial transactions. Those who use illicit drugs may undertake these types of activities in respect to their drug use. There is huge potential for the internet and other electronic mediums to be used as a way of relating health and safety messages (Belenko, Dugosh, Lynch et al., 2009) . The success of such messages will rely heavily on an increased understanding of the online drug market.

Therefore, a set of one-off questions about online activity was asked in the 2011 IDRS. Of the national sample who commented (n=788), 61% reported that they 'never' used the internet (went 'online') in the last month, while 13% reported daily internet use and 15% use at least weekly (Table 89).

Of those who had used the internet in the last month, 30% reported going 'online' to get information about drugs. Small numbers went 'online' to post information about drugs, buy drugs or ingredients or to sell drugs (Table 89).

Participants were then asked their favourite drug site. Of those who commented (n=97), 41% said they don't use drug websites, while 11% reported Wikipedia , 10% Erowid and 3% pill report (Table 89).

Of those who commented (n=88), 15% stopped using a drug, 14% altered drug dose and 8% used new drug combination or route of administration (ROA) due to information found 'online' (Table 89).

Nearly half of those who commented (n=282) reported using text messaging as the preferred medium to obtain drugs (Table 89).

Over half of the participants who commented (n=74), reported buying substance sold as 'legal' highs in the last six months (Table 89).

Participants in the EDRS were also asked questions about online activity related to drug use. For a comparison please refer to the National EDRS report 2011 (Sindicichand Burns, 2012) available through the NDARC website (www.ndarc.med.unsw.edu.au).

Table 89: Proportion of PWID that online activity related to drug use, by jurisdiction, 2011

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2011								
How often did you go online last month (%)	**N=788**	n=141	n=94	n=147	n=56	n=99	n=55	n=96	n=100
Never	**61**	65	63	56	73	55	46	69	60
Daily	**13**	12	12	16	4	17	20	13	9
At least weekly	**15**	16	14	22	5	15	16	8	17
At least fortnightly	**4**	2	6	3	2	4	9	5	6
At least monthly	**7**	5	5	4	16	9	9	5	8
In the last six months did you go online to (%)	**N=305**	n=48	n=34	n=65	n=14	n=45	n=30	n=29	n=40
Get information about drugs	**30**	19	41	26	93	33	33	24	15
Post information about drugs	**3**	2	12	0	n.a	4	7	0	0
Buy ingredients to make drugs	**1**	0	3	0	n.a	4	0	3	0
Buy drugs	**3**	0	0	3	n.a	7	10	0	3
Sell drugs	**1**	0	3	0	n.a	4	0	0	0
Didn't go online for these activities	**N=264** **75**	n=41 73	n=35 57	n=51 90	n.a	n=44 66	n=30 63	n=24 83	n=39 85
Favourite drug site* (%)	**N=97**	n=12	n=14	n=19	n=13	n=13	n=15	n=5	n=6
Don't use websites	**41**	50	21	26	46	23	67	40	83
Pill reports	**3**	8	0	5	0	8	0	0	0
Erowid	**10**	0	14	16	15	23	0	0	0
Wikipedia	**11**	17	21	26	8	0	0	0	0
Actions taken due to information found online (%)	**N=88**	n=10	n=12	n=19	n=12	n=14	n=9	n=5	n=7
Tried new drug	**5**	10	8	0	8	0	11	0	0
Altered drug dose	**14**	0	33	11	18	14	0	0	29
Used new drug combination or ROA	**8**	20	17	11	0	7	0	0	0
Stopped using a drug	**15**	10	8	11	18	7	20	0	57
Other	**8**	0	0	11	9	0	10	50	29
Text messaging as preferred medium for obtaining drugs (%)	**N=282** **45**	n=37 49	n=30 37	n=54 52	n.a	n=52 40	n=32 41	n=39 54	n=38 40
Bought substances sold as 'legal highs' in last six months (%)	**N=74** **55**	n=9 78	n=7 14	n=8 75	n.a	n=3 67	n=12 50	n=8 88	n=20 10

Source: IDRS participant interviews
*websites listed are the three highest proportions reported
n.a. Not applicable

8.9 Policy

Public opinion can play an important role in determining social policy and informing political processes (Matthew-Simmons, Love and Ritter, 2008) . The vast majority of public opinion data regarding attitudes to drug policy in Australia is collected at the broader population level. In 2011, additional questions in the IDRS were asked to provide data about how PWID themselves perceive Australian drug policy, as a starting point for further investigation as part of the wider Drug Policy Modelling Program (DPMP) project "Public opinion and drug policy: engaging the 'affected community'".

The policy questions were drawn from the National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2008) to ensure comparability with general population responses. Participants in the 2011 IDRS were asked three policy questions (1) Thinking about the problems associated with heroin use, to what extent would you support or oppose measures such as.....', (2) To what extent would you support or oppose the personal use of the following drugs being made legal?' and (3) To what extent would you support or oppose the increased penalties for sale or supply of the following drugs?'. Table 90 presents the 'support' response findings from participants

in the IDRS. The majority of IDRS participants commented (n=837), with 97% supporting needle and syringe programs to reduce problems associated with heroin use. The majority of the participants also supported methadone/buprenorphine maintenance programs, treatment with drugs (not including methadone) and regulated injecting rooms.

The majority of the IDRS sample also supported the legalisation of cannabis (87%) for personal use and just over half (55%) supported the legislation of heroin for personal use (Table 90).

Small numbers supported the increased penalties for sale or supply of cannabis (9%). Around one-quarter supported the increased penalties for sale or supply of heroin and around one-third for methamphetamine or cocaine (Table 90).

Table 90: Support for measures to reduce problems associated with heroin, for legalisation of illicit drugs and the increase of penalties for illicit drugs, by jurisdiction, 2011

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Support measures to reduce problems associated with heroin use:	**N=837**	n=147	n=98	n=145	n=87	n=99	n=67	n=97	n=97
Needle syringe programs (%)	**97**	97	96	99	96	98	99	100	90
Methadone/Buprenorphine maintenance program (%)	**86**	92	85	87	89	84	88	86	78
Treatment with drugs (not methadone) (%)	**83**	84	85	77	85	82	88	84	81
Regulated injecting room (%)	**81**	81	80	82	76	77	91	81	77
Trial of prescribed heroin (%)	**75**	76	84	77	62	69	88	77	65
Rapid detoxification therapy (%)	**55**	65	50	48	52	55	51	63	57
Use of naltrexone (%)	**53**	57	50	55	51	54	54	52	50
Support legalisation (personal use) of:	**N=836**	n=148	n=98	n=144	n=87	n=99	n=66	n=97	n=97
Cannabis (%)	**87**	85	92	87	89	84	88	90	85
Heroin (%)	**55**	56	70	56	41	56	73	46	43
Methamphetamine (%)	**29**	24	36	27	30	39	24	28	25
Cocaine (%)	**27**	27	38	25	28	30	29	27	18
Ecstasy (%)	**25**	19	42	20	26	29	36	18	18
Support increased penalties for sale or supply of illicit drugs:	**N=832**	n=148	n=97	n=144	n=86	n=98	n=65	n=97	n=96
Cannabis (%)	**9**	15	8	10	5	7	3	7	8
Heroin (%)	**26**	32	16	33	37	22	11	23	24
Methamphetamine (%)	**33**	45	24	39	35	25	34	29	29
Cocaine (%)	**28**	36	20	33	36	16	23	27	22
Ecstasy (%)	**29**	39	19	36	35	19	23	28	26

Source: IDRS participant interviews

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APPENDICES

Appendix A: Demographic characteristics (2000-2011) and lifetime use

Table A1: Demographic characteristics of the national sample, 2000-2011

	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
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)**
Male (%)	68	67	64	64	66	64	64	66	66	64	65	**66**
English speaking background (%)	94	95	96	97	95	97	97	95	94	96	98	**96**
Aboriginal and/or Torres Strait Islanders (%)	11	14	14	14	10^	12	13	15	11	11	14	**14**
Sexual identity (%)												
Heterosexual	n.a.	n.a.	n.a.	n.a.	n.a.	86	86	87	89	88	88	**87**
Gay male	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	2	1	3	2	**2**
Lesbian	n.a.	n.a.	n.a.	n.a.	n.a.	2	1	2	1	2	2	**2**
Bisexual	n.a.	n.a.	n.a.	n.a.	n.a.	9	9	7	8	7	7	**8**
Other	n.a.	n.a.	n.a.	n.a.	n.a.	1	2	2	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**
Partner	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	18	22	22	**20**
Single	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	49	51	54	**54**
Separated	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4	4	2	**2**
Divorced	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	1	**2**
Widow/er	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	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**
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**
Completed trade/technical qualification (%)	31	37	37	49	37	36	39	36	40	43	37	**40**
Completed university/college (%)	12	9	10	10	10	11	9	11	12	9	9	**12**
Accommodation (%)												
Own home *(inc. renting)*	n.a.	56	63	67	62	69	69	65	67	70	61	**65**
Parents'/family home	n.a.	15	14	11	11	11	9	10	10	8	8	**9**
Boarding house/hostel	n.a.	8	8	10	14	11	11	11	11	10	9	**11**
Shelter/refuge	n.a.	-	-	-	-	-	-	-	-	2	2	**1**
No fixed address	n.a.	9	7	6	8	6	6	11	9	8	10	**10**
Other	n.a.	12	8	6	5	3	5	4	3	2	10	**4**
Unemployed/on a pension (%)	68	73	73	76	77	73	77	79	77	78	81	**79**
Full-time student (%)	5	4	3	2	2	3	2	<1	1	1	1	**1**
Prison history (%)	43	44	45	43	46	50	51	51	52	53	52	**55**
Currently in drug treatment (%)	34	36	37	40	46	48	44	43	47	45	47	**49**

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, Sindicich, Burns et al., 2009; Staffordand Burns, 2010; Staffordand Burns, 2011)
^ Information not obtained in NSW for 2004

Table A2: Demographic characteristics of the national sample, by jurisdiction, 2011

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=868	n=150	n=98	n=150	n=100	n=100	n=70	n=98	N=102
	2010	**2011**								
Mean age (years)	38	**38**	40	387	37	35	39	40	42	38
Male (%)	65	**66**	65	63	75	55	59	57	70	78
English speaking background (%)	98	**96**	89	100	97	100	96	99	98	94
Aboriginal and/or Torres Strait Islander (%)	14	**14**	17	12	10	12	10	4	28	19
Sexual identity (%)										
Heterosexual	88	**87**	84	93	91	88	83	83	90	85
Gay male	2	**2**	3	0	1	0	4	1	1	5
Lesbian	2	**2**	2	0	1	2	0	4	1	1
Bisexual	7	**8**	11	4	7	7	12	6	6	9
Other	1	**2**	1	3	0	3	1	6	1	0
Relationship status (%)										
Married/de facto	19	**21**	28	18	12	29	28	20	8	24
Partner	22	**20**	20	17	21	30	23	26	16	11
Single	54	**54**	43	59	65	35	46	41	73	62
Separated	2	**2**	5	4	2	2	1	3	1	1
Divorced	1	**2**	1	1	0	3	2	7	2	2
Widow/er	1	**1**	3	0	0	1	0	1	0	1
Other	<1	**0**	0	1	0	0	0	2	0	0
Mean grade at school completed	10	**10**	10	10	10	10	10	10	10	10
Completed trade/tech qualification (%)	37	**40**	42	29	52	48	39	36	32	32
Completed university/college (%)	9	**12**	5	11	8	11	19	27	14	8
Accommodation (%)										
Own home *(inc. renting)*	61	**65**	68	84	34	78	78	72	70	55
Parents'/family home	8	**9**	9	1	11	9	10	11	6	14
Boarding house/hostel	9	**11**	11	3	24	2	5	11	2	21
Shelter/refuge	2	**1**	1	1	3	0	1	0	1	1
No fixed address	10	**10**	7	10	17	10	4	3	14	9
Other	10	**4**	4	1	11	1	2	3	7	0
Unemployed (%)	81	**79**	84	79	87	68	67	70	87	82
Full-time students (%)	1	**1**	2	1	0	5	0	1	0	2
Gov't pension, allowance or benefit main income source (%)	84	**92**	96	88	96	93	85	92	90	95
Mean income/ week ($)	N=804 $366	**N=831 $414**	n=137 $418	n=96 $398	n=148 $398	n=99 $384	n=96 $455	n=59 $465	n=97 $459	n=99 $360
Prison history (%)	52	**55**	71	53	63	37	48	42	44	66
Currently in drug treatment (%)	47	**49**	72	58	59	39	40	59	4	47

Source: IDRS participant interviews (Staffordand Burns, 2011)
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, 2011

	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	87	87	62	72	42	6	15	<1	17	3	62		72
Homebake heroin	36	33	9	4.5	3	1	1	<1	2	1	9		5.5
Any heroin (inc. homebake)	**88**	**88**	**63**	**72**	**44**	**6**	**16**	**1**	**19**	**4**	**63**		**72**
Methadone (licit/prescribed)	59	27	12	38.5					56	35	36	180	180
Methadone (illicit/not prescribed)	48	31	15	5					29	10	21		4
Physeptone (licit/prescribed)	12	5	1	90^	<1	<1	<1	<1	8	2	2	9.5^	40.5
Physeptone (illicit/not prescribed)	31	22	8	6	<1	<1	<1	<1	13	4	11		6
Any methadone (inc. Physeptone)	**78**	**50**	**27**	**14**	**<1**	**<1**	**<1**	**<1**	**71**	**41**	**51**		**180**
Buprenorphine (licit/prescribed)	34	17	5	72	1	<1	<1	<1	29	6	8	120	90
Buprenorphine (illicit/not prescribed)	47	29	13	12	3	1	1	<1	17	5	15		8
Any buprenorphine	**54**	**37**	**16**	**24**	**4**	**1**	**2**	**<1**	**38**	**10**	**21**		**30**
Buprenorphine-naloxone (licit/prescribed)	26	10	4	60	<1	<1	<1	<1	23	11	12	150	93
Buprenorphine-naloxone (illicit/not prescribed)	26	15	8	5	1	<1	<1	<1	15	6	13		5
Any buprenorphine-naloxone	**41**	**21**	**11**	**7**	**1**	**<1**	**<1**	**<1**	**31**	**16**	**22**		**30**
Morphine (licit/prescribed)	29	20	7	75	<1	0	<1	<1	15	4	8		90
Morphine (illicit/not prescribed)	67	62	37	12	1	<1	1	1	21	7	39		13
Any morphine	**76**	**69**	**41**	**24**	**1**	**<1**	**1**	**1**	**31**	**11**	**43**		**20**
Oxycodone (licit/prescribed)	16	9	4	54	<1	<1	0	*0*	10	4	6		41
Oxycodone (illicit/not prescribed)	58	51	30	4	1	<1	<1	<1	18	7	32		4
Any oxycodone	**64**	**54**	**31**	**5**	**1**	**1**	**<1**	**<1**	**25**	**10**	**36**		**5**
Over the counter codeine	63	2	<1	12^	<1	<1	1	0	61	42	42		10
Other opioids (not elsewhere classified)	59	4	1	2	<1	<1	<1	0	56	33	33		7

Source: IDRS participant interviews
Note: Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection
^ Small numbers commenting (n<10)
[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

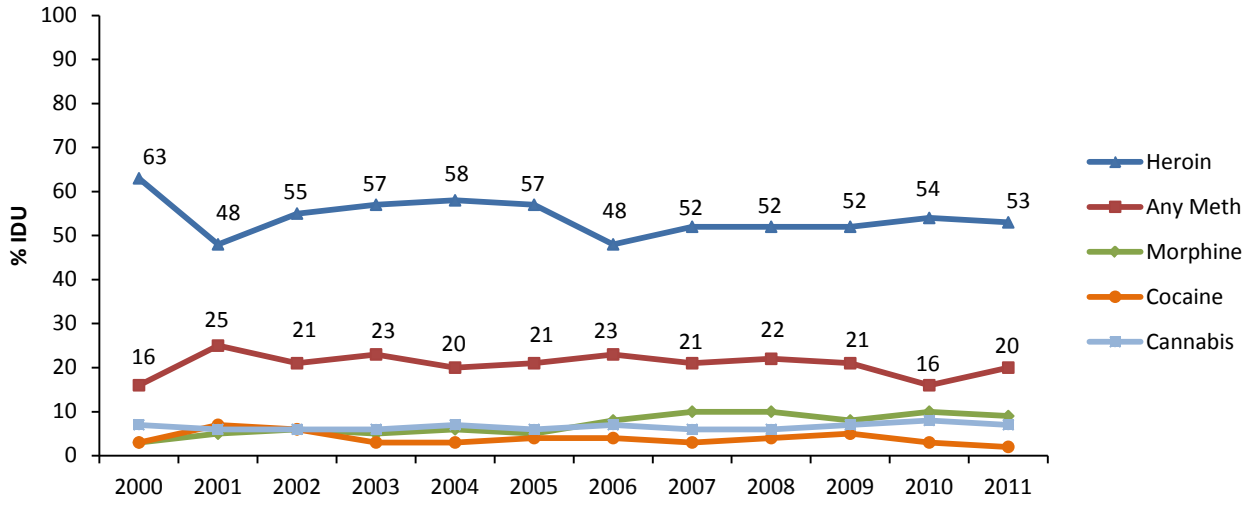
Table A3: Drug use history of the national sample, 2011 (continued)

	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	88	84	42	8	19	4	39	5	34	7	44		10
Base/point/wax	48	44	21	6	7	3	4	1	10	3	22		6
Ice/shabu/crystal	74	70	44	10	33	14	7	2	12	4	45		10
Methamphetamine liquid	26	21	6	4					6	1	6		4
Any methamphetamine [e]	**94**	**92**	**65**	**18**	**43**	**16**	**42**	**6**	**41**	**41**	**66**		**19**
Pharmaceutical stimulants (licit/prescribed)	8	2	<1	102^	<1	0	<1	0	7	1	1		25
Pharmaceutical stimulants (illicit/not prescribed)	34	20	10	3	<1	<1	<1	0	21	5	14		4
Any pharmaceutical stimulants	**38**	**21**	**10**	**3**	**<1**	**<1**	**1**	**0**	**26**	**6**	**15**		**4**
Cocaine	61	43	14	4.5	9	1	34	6	8	1	17		5
Hallucinogens	65	8	<1	3^	0	0	<1	<1	62	8	8		2
Ecstasy	65	27	4	2	2	<1	8	1	58	12	14		2
Alprazolam (licit/prescribed)	23	4	1	12.5^	<1	<1	<1	<1	21	13	13		170
Alprazolam (illicit/not prescribed)	53	14	8	6	<1	<1	1	<1	48	35	39		6.5
Other benzodiazepines (licit/prescribed)	55	6	1	3^	1	<	1	<1	54	36	36		96
Other benzodiazepines (illicit/not prescribed)	53	7	2	4.5	<1	0	1	<1	51	33	35		7
Any benzodiazepines	**83**	**21**	**10**	**6**	**2**	**<1**	**2**	**1**	**82**	**67**	**69**		**72**
Seroquel (Licit/prescribed)	16	<1	<1	0	0	0	<1	<1	15	9	9		180
Seroquel (illicit/not prescribed)	31	<1	<1	0	0	0	0	0	29	15	15		3
Any Seroquel	**41**	**1**	**<1**	**0**	**0**	**0**	**<1**	**<1**	**39**	**22**	**22**		**n.a.**
Alcohol	95	5	<1	1^					94	65	65		24
Cannabis	97				97	80					78		180
Inhalants	24										3		2
Steriods	8	6	1	9	<1	0	0	0	2	1	2		12
Tobacco	97										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
^ Small numbers commenting (n<10)
[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

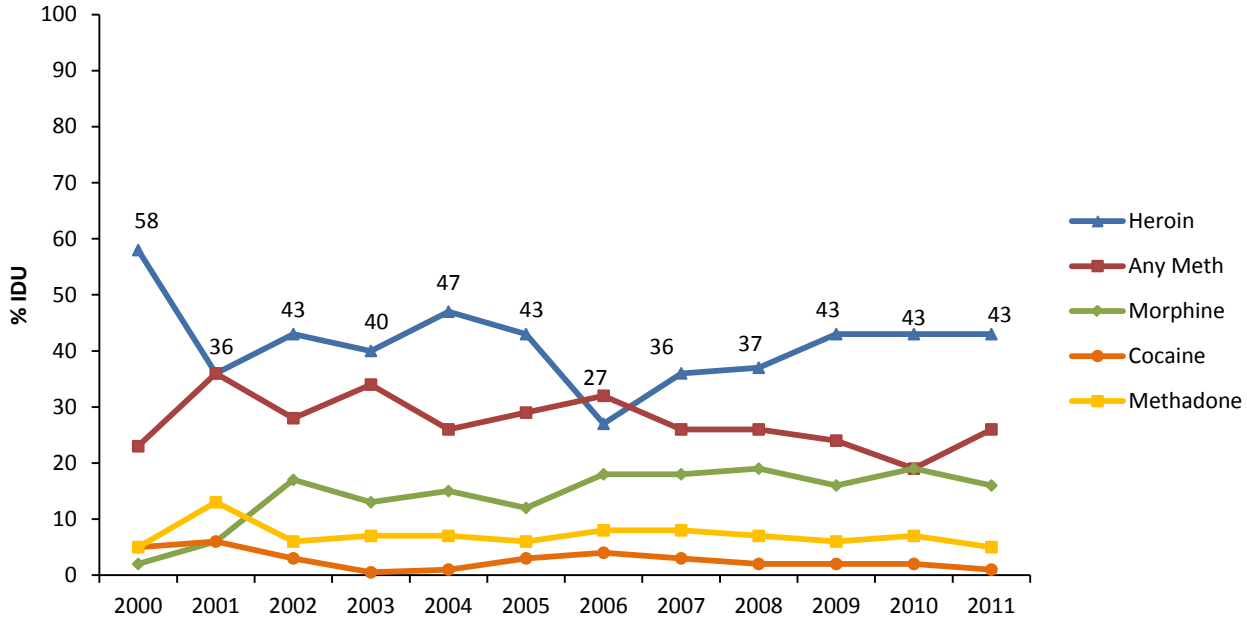
Appendix B: National drug use history, 2000-2011

Figure B1: Drug of Choice, nationally, 2000-2011



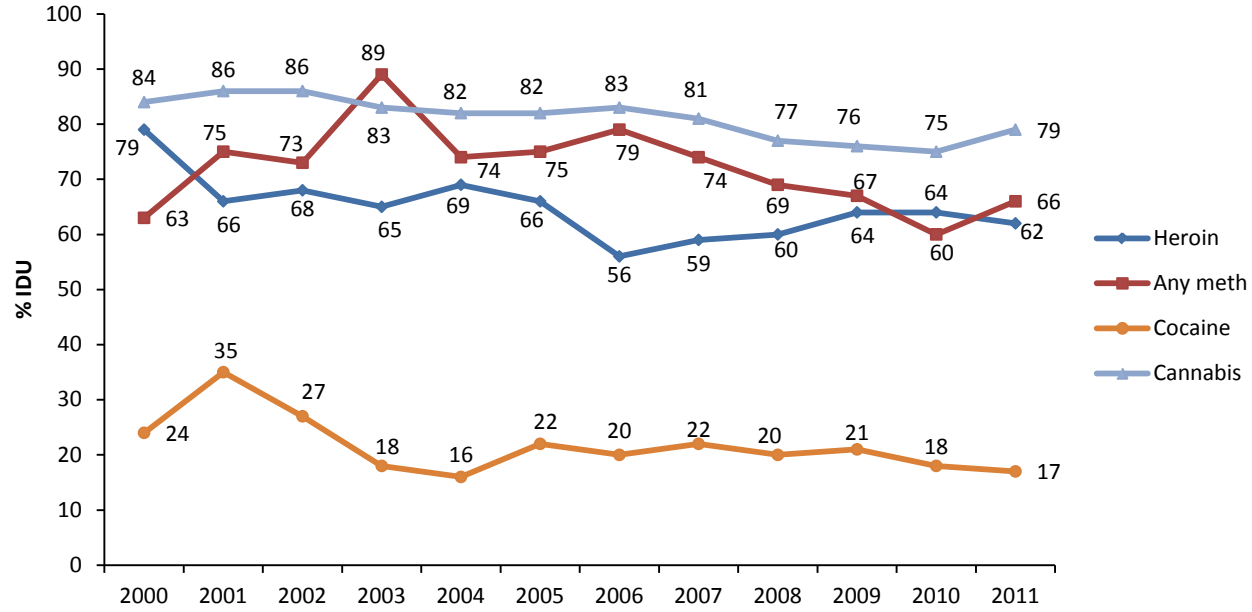
Source: IDRS participant interviews

Figure B2: Drug injected most often in the last month, nationally, 2000-2011



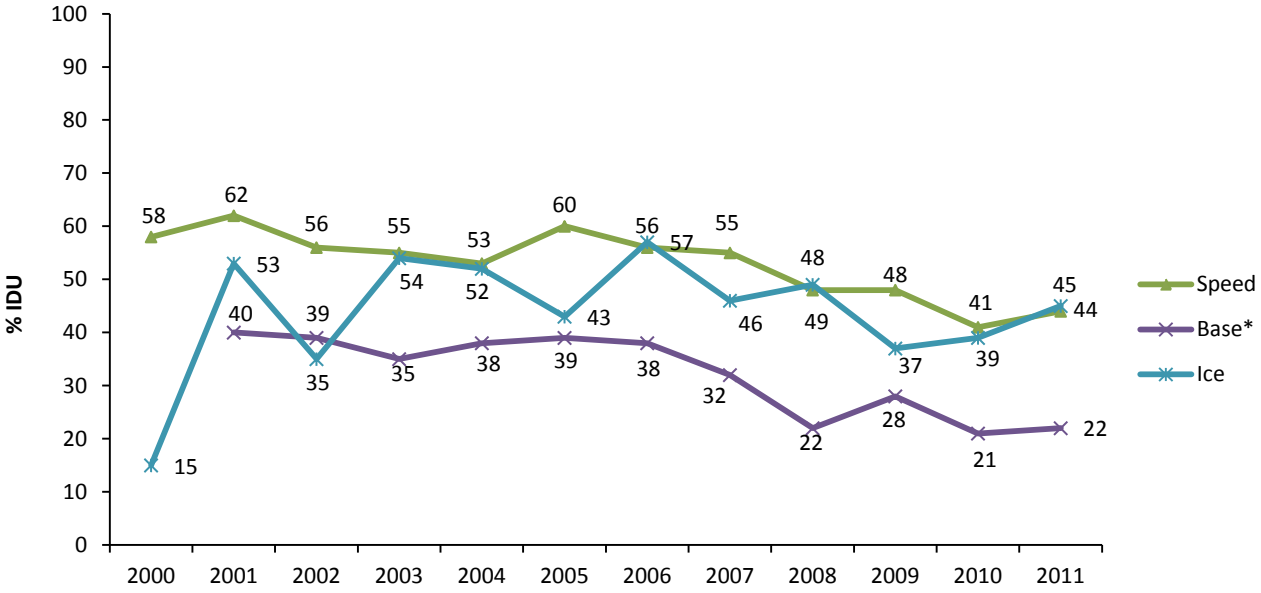
Source: IDRS participant interviews

Figure B3: Recent use of heroin, any methamphetamine, cocaine and cannabis, nationally, 2000-2011



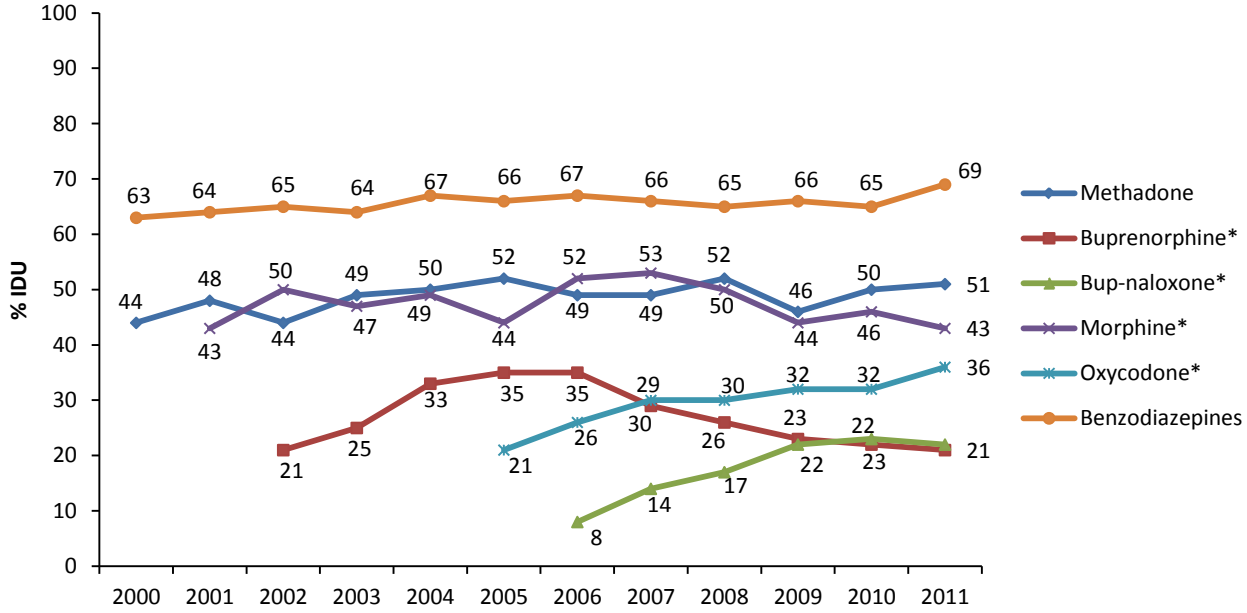
Source: IDRS participant interviews

Figure B4: Recent use of speed, base and crystal/ice, nationally, 2000-2011



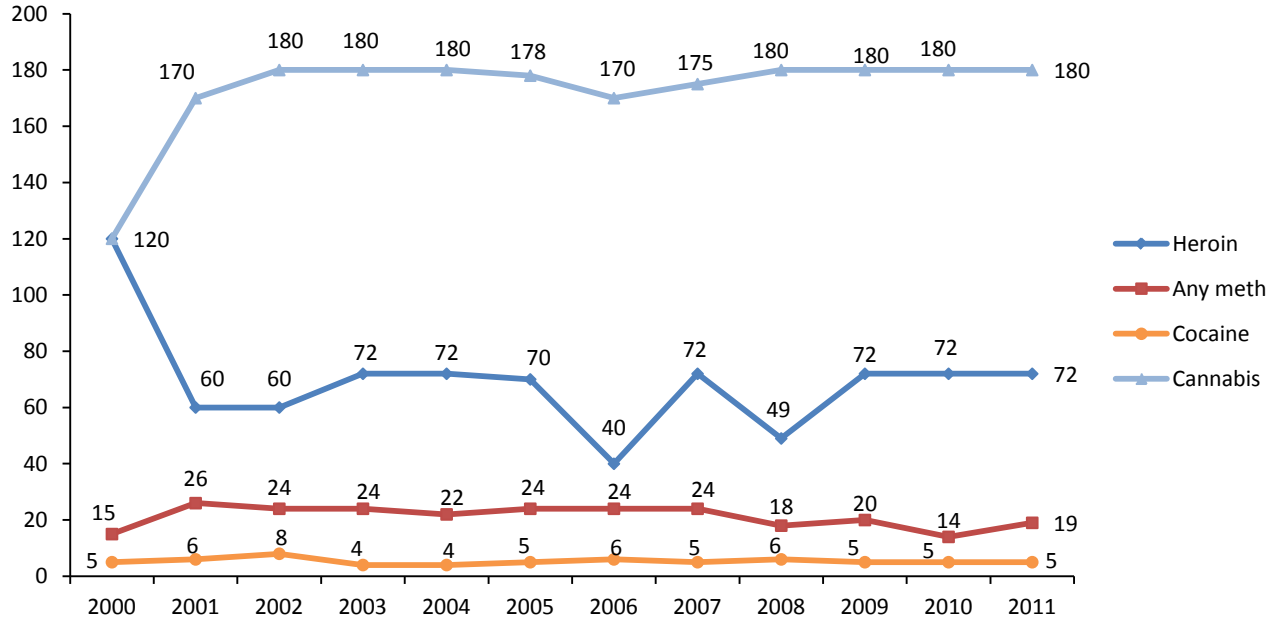
Source: IDRS participant interviews
* Base asked separately from 2001 onwards.

Figure B5: Recent use of other drugs, nationally, 2000-2011



Source: IDRS participant interviews
* Data collection started in 2001 for morphine, 2002 for buprenorphine, 2005 for oxycodone and 2006 for buprenorphine-naloxone

Figure B6: Median days of heroin, methamphetamine (any form), cocaine and cannabis use among participants who had recently used, nationally, 2000-2011



Source: IDRS participant interviews

Appendix C: Jurisdictional drug use history, 2000-2011

Table C1: Heroin use patterns, by jurisdiction, 2000-2011

	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**
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**
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**

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, 2000-2011

	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**

Source: IDRS participant interviews

Table C3: Recent use of base methamphetamine, by jurisdiction, 2001-2011*

	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**

Source: IDRS participant interviews
***** Base asked separately from 2001 onwards.

Table C4: Recent use of ice/crystal methamphetamine, by jurisdiction, 2000-2010

	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**

Source: IDRS participant interviews

Table C5: Recent use of cocaine, by jurisdiction, 2000-2011

	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**

Source: IDRS participant interviews

Table C6: Recent use of cannabis (any form), by jurisdiction, 2000-2011

	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**

Source: IDRS participant interviews

Table C7: Recent use of methadone (any form), by jurisdiction, 2000-2011

	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**

Source: IDRS participant interviews

Table C8: Recent use of buprenorphine (any form), by jurisdiction, 2002-2011*

	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**

Source: IDRS participant interviews
***** Data collected from 2002 onwards

Table C9: Recent use of buprenorphine-naloxone (any form), by jurisdiction, 2006-2011*

	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**

Source: IDRS participant interviews
***** Data collected from 2006 onwards

Table C10: Recent use of morphine (any form), by jurisdiction, 2001-2011*

	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**

Source: IDRS participant interviews
***** Data collected from 2001 onwards

Table C11: Recent use of oxycodone (any form), by jurisdiction, 2005-2011*

	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**

Source: IDRS participant interviews
***** Data collection commenced in 2005.

Table C12: Recent use of benzodiazepines (any form), by jurisdiction, 2000-2011

	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**

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 & availability, 2000-2011

Table E1: Median price of heroin per gram, by jurisdiction, 2000-2011

	Price $ per gram											
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	**2011**
NSW	220	320	300	300	300	300	300	300	300	320	345	**300**
ACT	300	485	350	350	300	300	340^	300	300	320	300	**300**
VIC	300	450	400	380	300	310	350	350	300	310	325^	**250**
TAS	300	325	350	350	350^	360^	-	-	-	-	-	**400^**
SA	320	350	450	425	320^	400^	400^	390^	250^	400^	360^	**400^**
WA	450	750	550	550	500	550^	550	650^	600^	525	600	**650^**
NT	600	600	500	-	400^	500^	600^	150^	400^	300^	100^	**550^**
QLD	350	450	350	400	380	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
Reported price is median price of last purchase.
Note: National data not shown

Table E2: Median price of heroin per cap, by jurisdiction, 2000-2011

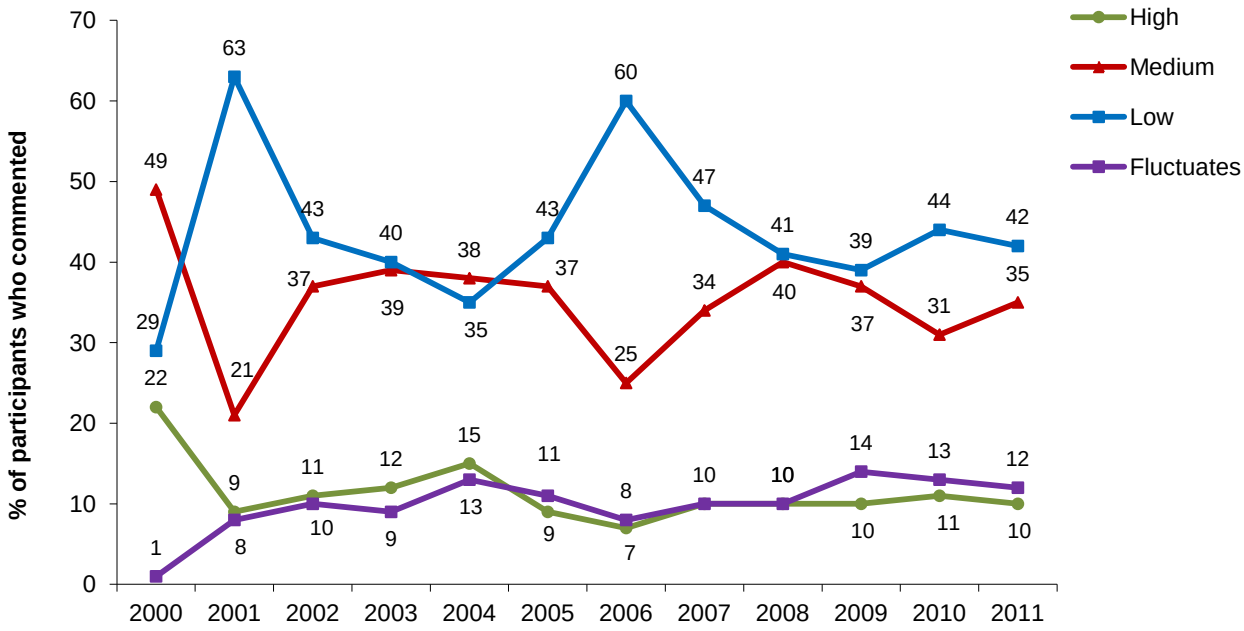
	Price $ per cap											
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	**2011**
NSW	25	50	50	50	50	50	50	50	50	50	50	**50**
ACT	50	50	50	50	50	50	50	50	50^	50	50^	**50**
VIC	50	50	50	50	40	45	40	50	47.50	50	50	**50**
TAS	50	50	82.5^	50	50^	90^	-	50^	50^	-	-	**75^**
SA	50	50	50	50	50	50	50	100	100	100	100	**100**
WA	50	50	50	50	50	50	50^	50^	100^	50	50^	**100^**
NT	50	100	85^	50	53	80^	50^	50^	100^	80^	-	**80^**
QLD	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
Reported price is median price of last purchase.
Note: National data not shown

Figure E1: Median price of heroin per cap and gram, nationally, 2000-2011

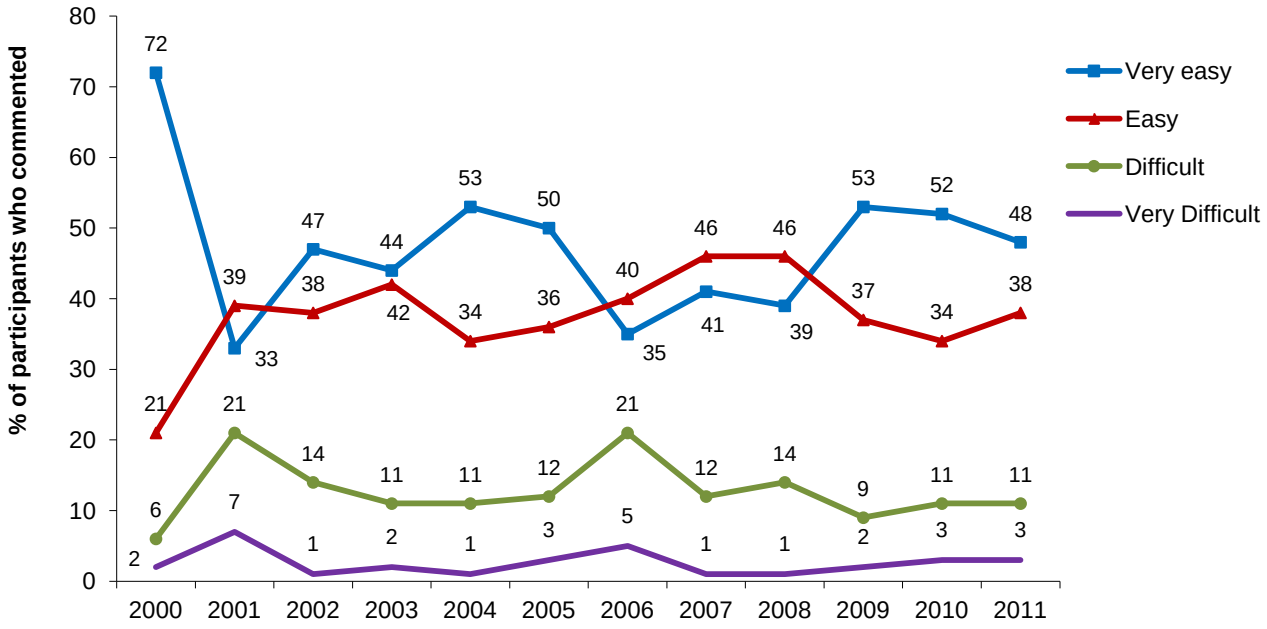
Source: IDRS participant interviews
Note: In 2000 cap is actually a 'rock'. No data available for gram in 2000

Figure E2: Current purity of heroin, nationally, 2000-2011



Source: IDRS participant interviews
Note: The response 'Don't know' was excluded from analysis

Figure E3: Current availability of heroin, nationally, 2000-2011



Source: IDRS participant interviews
Note: The response 'Don't know' was excluded from analysis

Appendix F: Methamphetamine price, purity & availability, 2002-2011

Table F1: Median price of speed, by jurisdiction, 2002-2011

	Price $ per gram										Price $ per point									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	**2011**	2002	2003	2004	2005	2006	2007	2008	2009	2010	**2011**
NSW	100	50^	100^	90	100	65^	200	120^	175^	**190^**	50	50	50^	50	50	50	50	50	50	**50**
ACT	300	175^	200^	125	175^	235	200^	250	250	**235**	50	50	50	50	50	50	50	50	50	**50**
VIC	200	200	180	200	200	200	200	200	200^	**200**	40	40	40	40	35	50	40	50	50	**50**
TAS	75	215^	290^	300	300^	300^	300^	300^	300	**300**	50	50	50	50	50	50	50	50	50	**50**
SA	50	100	50^	200	150^	175^	50^	425^	400^	**-**	20^	25	27.5^	41.5	50	50	50^	50	50	**100**
WA	250	260	260	300	300	400^	350^	400	400	**550^**	50	50	50	50	50	50	50	50	50	**100**
NT	80	100	200	280	250	300	300	350	450^	**400**	50	50	50	50	60	50	60	50	100^	**100**
QLD	200	200	200	200	200	200	200	200	250^	**400^**	40	50	50	50	50	50	50	50	50	**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, 2002-2011

	Price $ per gram										Price $ per point									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	**2011**	2002	2003	2004	2005	2006	2007	2008	2009	2010	**2011**
NSW	200^	200^	200^	160^	200	200^	200^	150^	100^	**350^**	50	50	50	50	50	50	50	50	50	**50^**
ACT	250^	210^	220^	280^	250^	100^	-	275^	250^	**250^**	50	50^	50^	50	50	50	40^	50	50^	**50^**
VIC	250^	200^	152^	150^	180^	150^	200^	200^	-	**800^**	35^	40^	35^	45^	50^	-	-	50^	-	**90^**
TAS	350	300^	300^	352	300	300^	300^	300^	300^	**300^**	50	50	50	50	50	50	50	50	50	**50**
SA	200	200	180^	200	200	200^	-	425^	210^	**700^**	25	30	25	50	50	50	50	50	100	**75**
WA	275	275	250	300	325^	175^	425^	-	400^	**-**	50	50	50	50	50	50^	50^	-	50^	**-**
NT	240^	250^	300	250^	250^	300^	400^	400^	250^	**700^**	50	50	50	50^	60	50^	100^	75^	100^	**150^**
QLD	200	200	200	200^	200	200	200	200	200^	**300^**	50	50	50	50^	50	50	50^	50	50^	**80**

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, 2002-2011

	Price $ per gram										Price $ per point									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	**2011**	2002	2003	2004	2005	2006	2007	2008	2009	2010	**2011**
NSW	300^	250^	280^	350^	325	350^	350	350^	400^	**400**	50	50	50	50	50	50	50	50	50	**50**
ACT	335^	300	300^	300^	410	380	450^	450^	275^	**600^**	50	50	50	50	50	50	50	50	50	**92.5**
VIC	220^	250	200^	300^	200^	350^	370^	380^	450^	**800**	50	50	50	50^	50	50	50	50^	100	**100**
TAS	400^	350^	400^	340^	300^	340^	300^	300^	400^	**-**	50	50	30	50	50	50	50	50	50^	**50**
SA	190	200	190^	300^	215^	220^	350^	600^	260^	**575^**	25	50	30^	30^	50	50	50	50	75	**75**
WA	350	300	350	400	400	400^	400^	400	500^	**600^**	50	50	50	50	50	50	50	50	100	**100**
NT	300^	300^	300^	250^	800^	400^	1200^	800^	1350^	**1000^**	80	50	50	65^	90	100	125^	100^	200^	**150**
QLD	235	200	250	200^	275	275	275	320	450^	**400^**	50	35	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

Figure F1: Median price of speed per point and gram, nationally, 2002-2011

Source: IDRS participant interviews

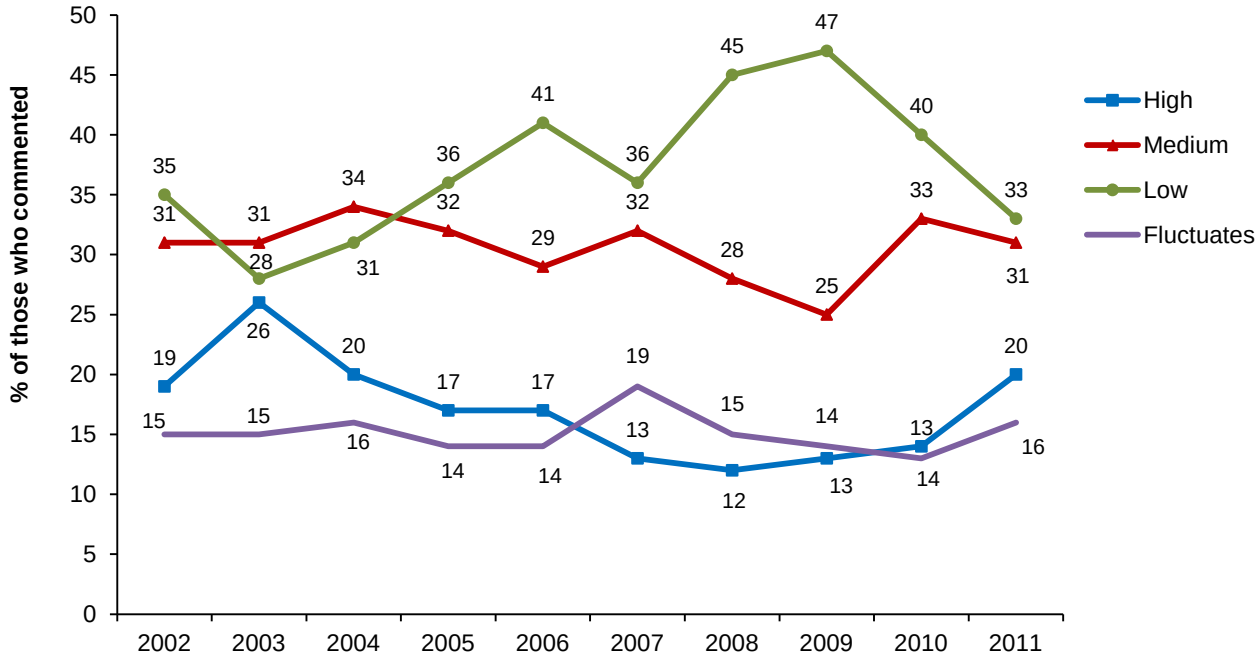
Figure F2: Median price of base per point and gram, nationally, 2002-2011

Source: IDRS participant interviews

Figure F3: Median price of ice/crystal per point and gram, nationally, 2002-2011

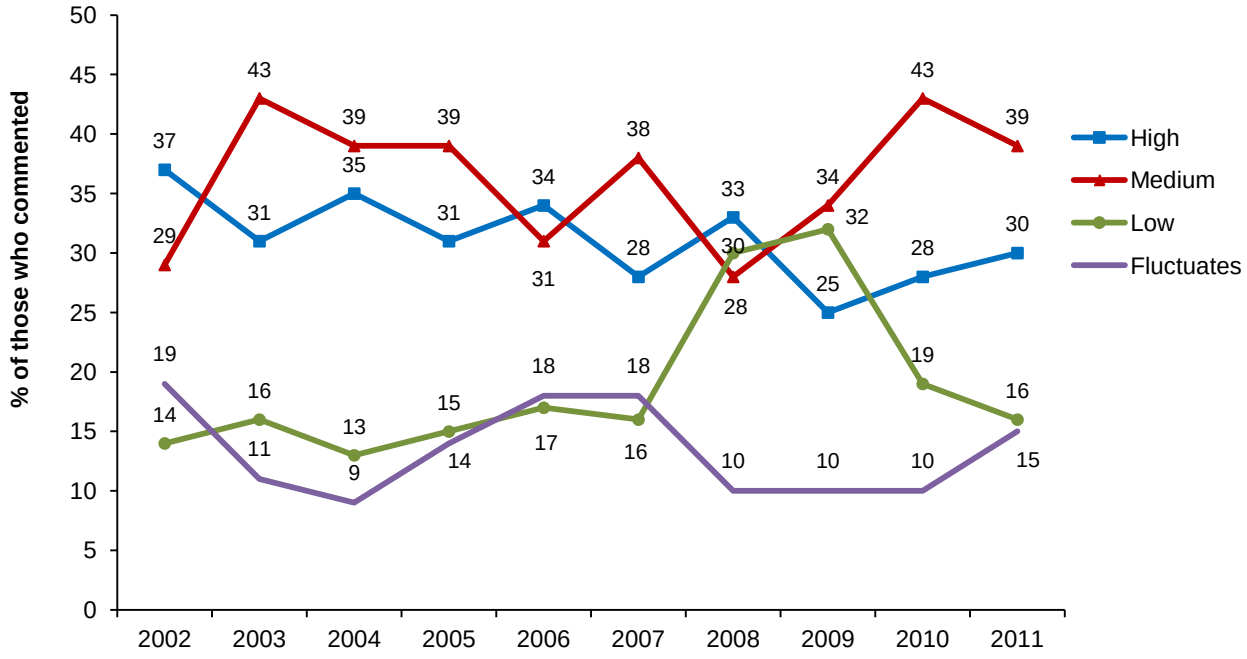
Source: IDRS participant interviews
Note: No data available for gram in 2001

Figure F4: Current purity of speed, nationally, 2002-2011



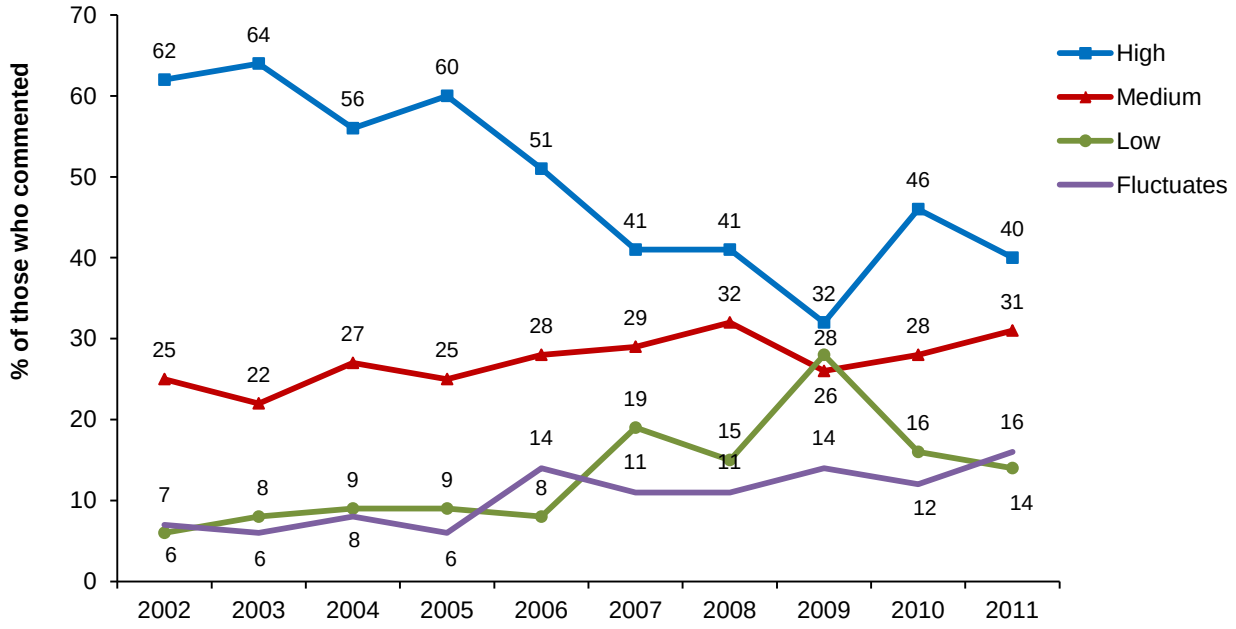
Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure F5: Current purity of base, nationally, 2002-2011



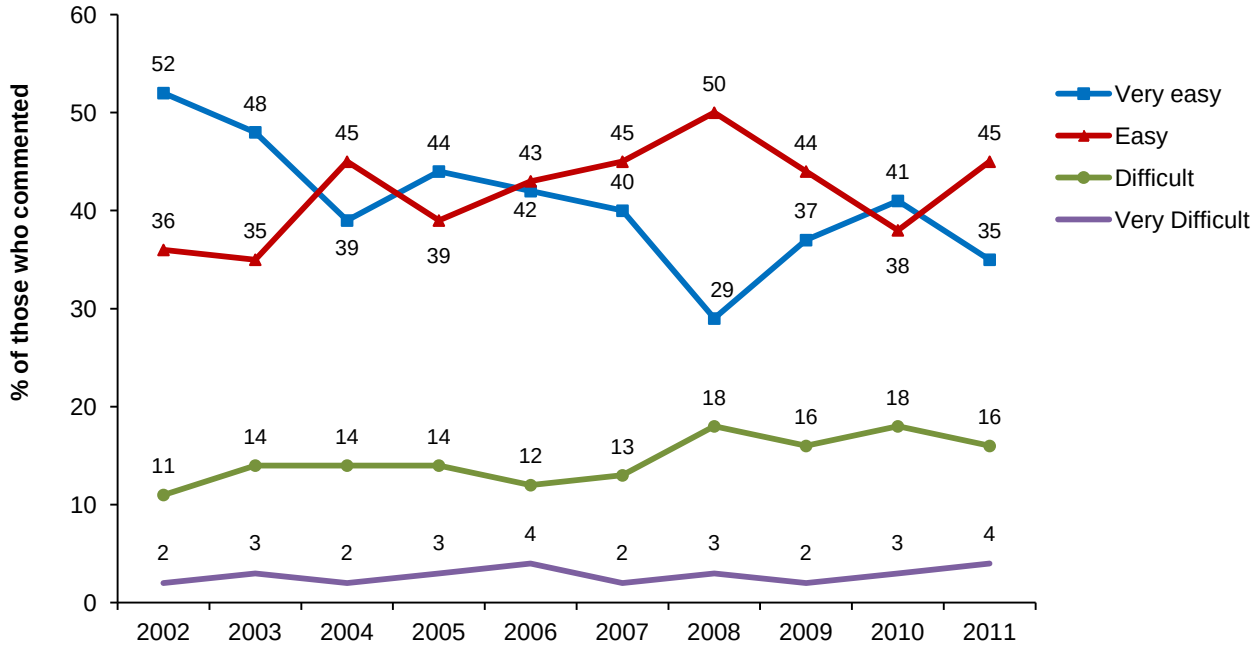
Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure F6: Current purity of ice/crystal, nationally, 2002-2011



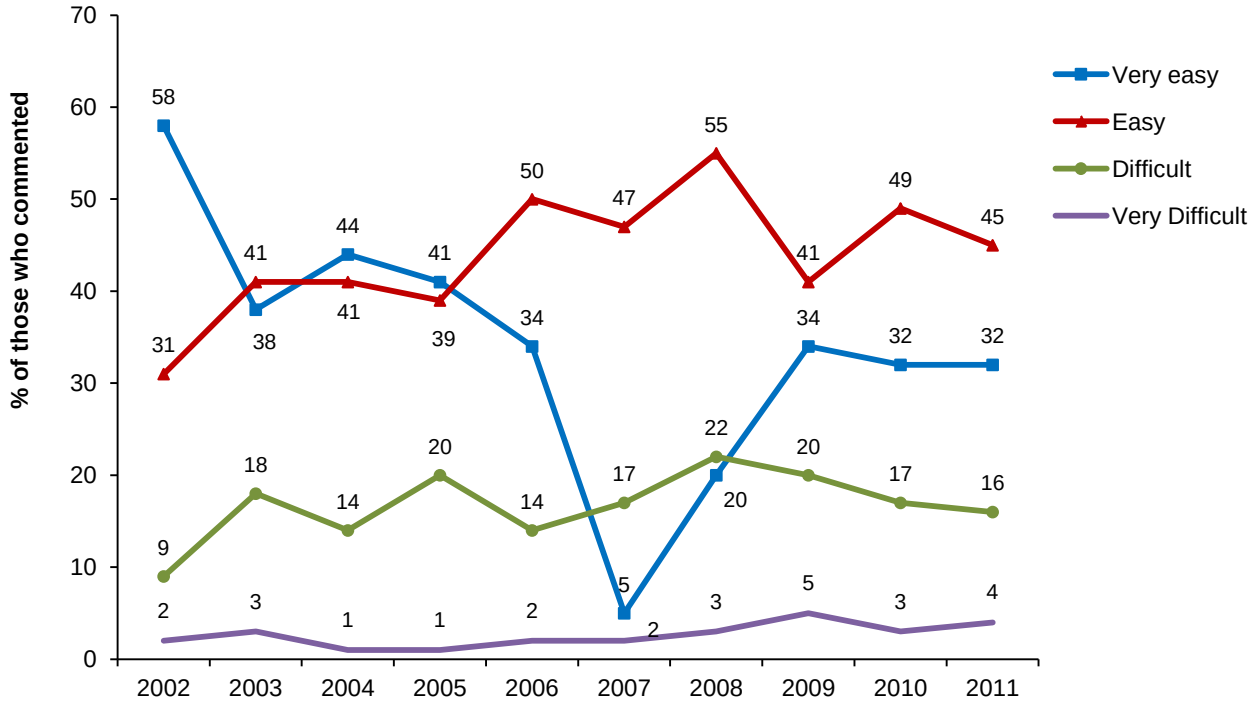
Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure F7: Current availability of speed, nationally, 2002-2011



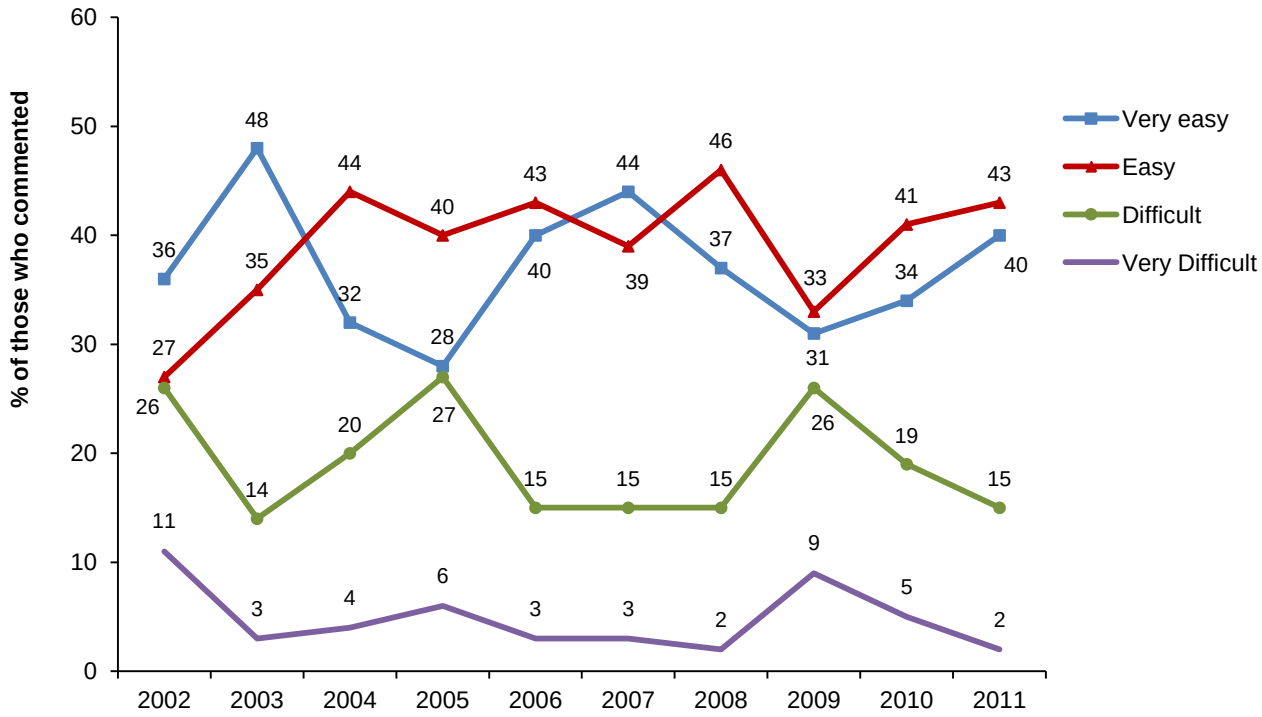
Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure F8: Current availability of base, nationally, 2002-2011



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, 2002-2011



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 & availability, 2000-2011

Table G1: Median price of cocaine, by jurisdiction, 2000-2011

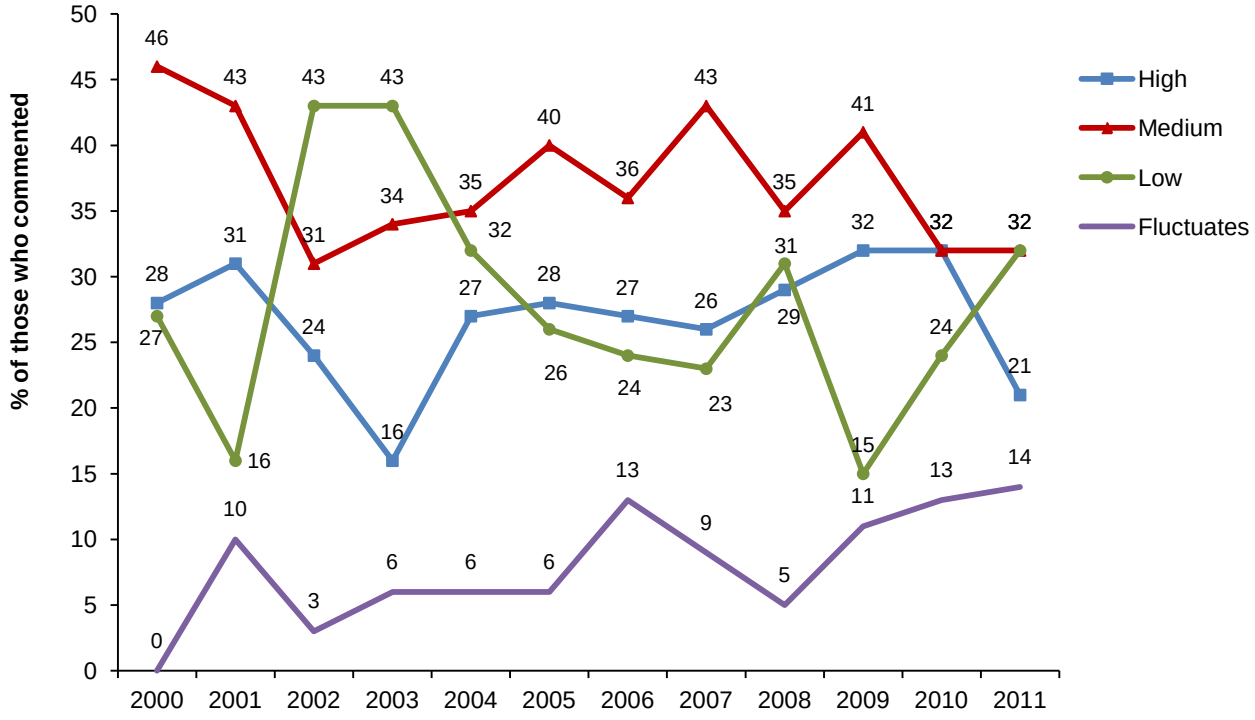
	Price $ per gram												Price $ per cap											
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	**2011**	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	**2011**
NSW	n/a	n/a	200	200	290^	280^	300	300	300	350	300	**300**	50	50	50	50	50	50	50	50	50	50	50	**50**
ACT	n/a	n/a	250^	200^	350^	250^	-	325^	310^	250^	-	**330^**	-	50^	65^	50^	-	50^	-	55^	70	50^	-	**50^**
VIC	n/a	n/a	200^	250^	200^	350^	400^	375^	-	325^	400^	**400^**	80^	50^	65^	-	-	50^	-	-	100	50^	50^	**-**
TAS	n/a	n/a	200^	250^	325^	400^	-	-	350^	-	400^	**-**	50^	-	-	-	-	60^	-	-	-	-	-	**-**
SA	n/a	n/a	250^	250^	190^	315^	400^	340^	225^	700^	250^	**300^**	87.5	50^	50^	-	50^	60^	-	-	-	250^	-	**50^**
WA	n/a	n/a	350^	250^	-	475^	350^	400^	-	450^	325^	**-**	50^	-	-	-	-	50^	-	-	-	-	40^	**-**
NT	n/a	n/a	50	-	250^	250^	250^	200^	-	250^	-	**-**	-	110^	30	-	60^	100^	125^	-	-	80^	-	**-**
QLD	n/a	n/a	220^	300^	200^	300^	-	350^	450^	350^	1000^	**290^**	-	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, 2000-2011

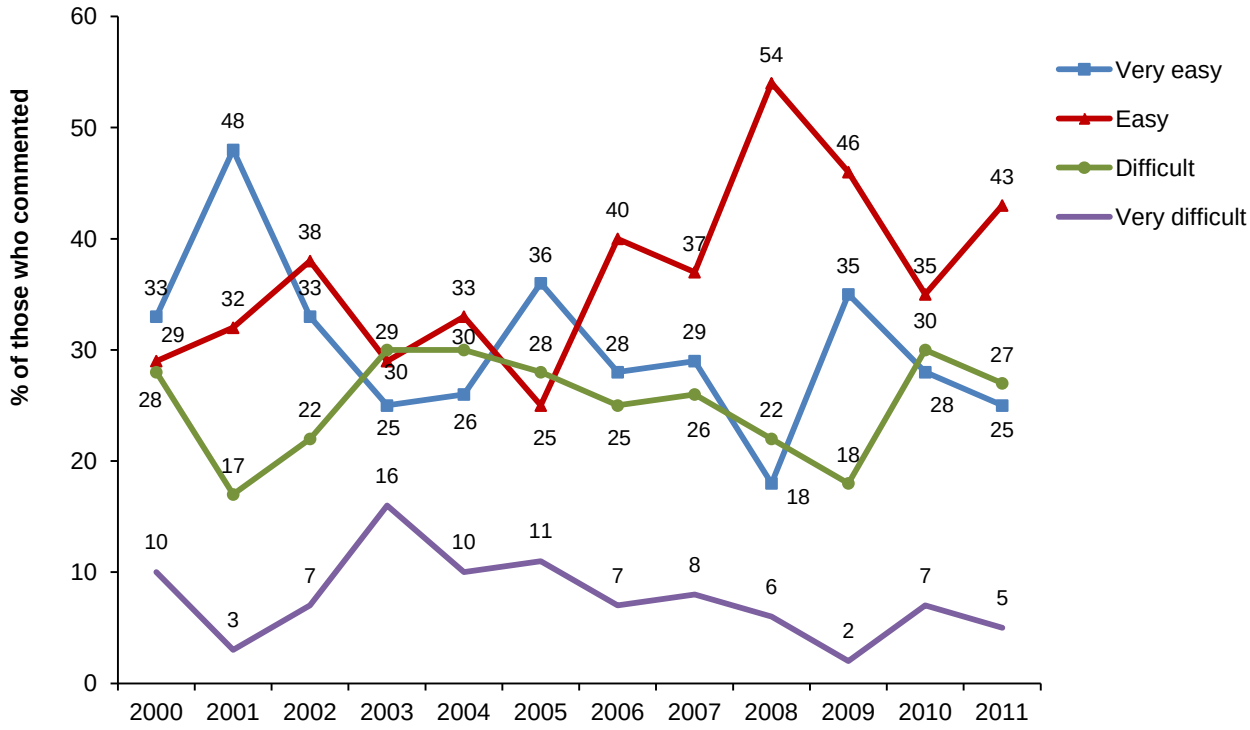
Source: IDRS participant interviews

Figure G2: Current purity of cocaine, nationally, 2000-2011



Source: IDRS participant interviews
Note: The response 'Don't know' was excluded from analysis

Figure G3: Current availability of cocaine, nationally, 2000-2011



Source: IDRS participant interviews
Note: The response 'Don't know' was excluded from analysis

Appendix H: Cannabis price, perceived potency & availability, 2000-2011

Table H1: Median price of hydroponic cannabis, by jurisdiction, 2000-2011

	Price $ per gram												Price $ per ounce											
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	**2011**	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	**2011**
NSW	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**
ACT	25	25	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**
VIC	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**
TAS	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**
SA	-	10^	10^	10^	25^	25^	25^	25	17.5	-	25^	**25^**	n/a	n/a	180	200	200	200	200	200^	210	225	220	**210**
WA	25^	22.5^	25	25	25	25	25	22.5^	25^	25	25	**25^**	n/a	n/a	250	270	250	300	280	300^	350^	350	350	**350**
NT	-	25	25	25	25	25	30	30	30	30	30	**30**	n/a	n/a	300	305	300	300	300	350	350	400	450	**450**
QLD	-	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**

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, 2003-2011

	Price $ per gram									Price $ per ounce								
	2003	2004	2005	2006	2007	2008	2009	2010	**2011**	2003	2004	2005	2006	2007	2008	2009	2010	**2011**
NSW	20	20	20	20^	20	20	20	20	**20**	225^	175	200	200^	200	200^	229	250^	**260^**
ACT	20	20	20	15	20	20	20	20	**20**	200	200	250	190	240	200^	250	250^	**240**
VIC	20	20	20	10^	20	20	20	20^	**20^**	250	180	200	-	240^	200^	225	220^	**210^**
TAS	25	25	22.5	15^	25	25^	25	20^	**25^**	150	180	200	170	200^	200	200	200	**200**
SA	15^	25^	25^	25^	25	-	-	25^	**25^**	180	180	200	160^	180^	190^	200^	200^	**220**
WA	20	25	25	25^	10^	27.5^	25^	25^	**20^**	200	200	232.5	200	225^	200^	290	250	**300^**
NT	25	23	25	25^	30	30^	30^	30	**15^**	200^	200	200	200^	200^	250	175^	300	**210^**
QLD	15	20	25	20^	20	20	20	20	**25^**	240	200	230	250^	200	220	280	280	**195^**

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

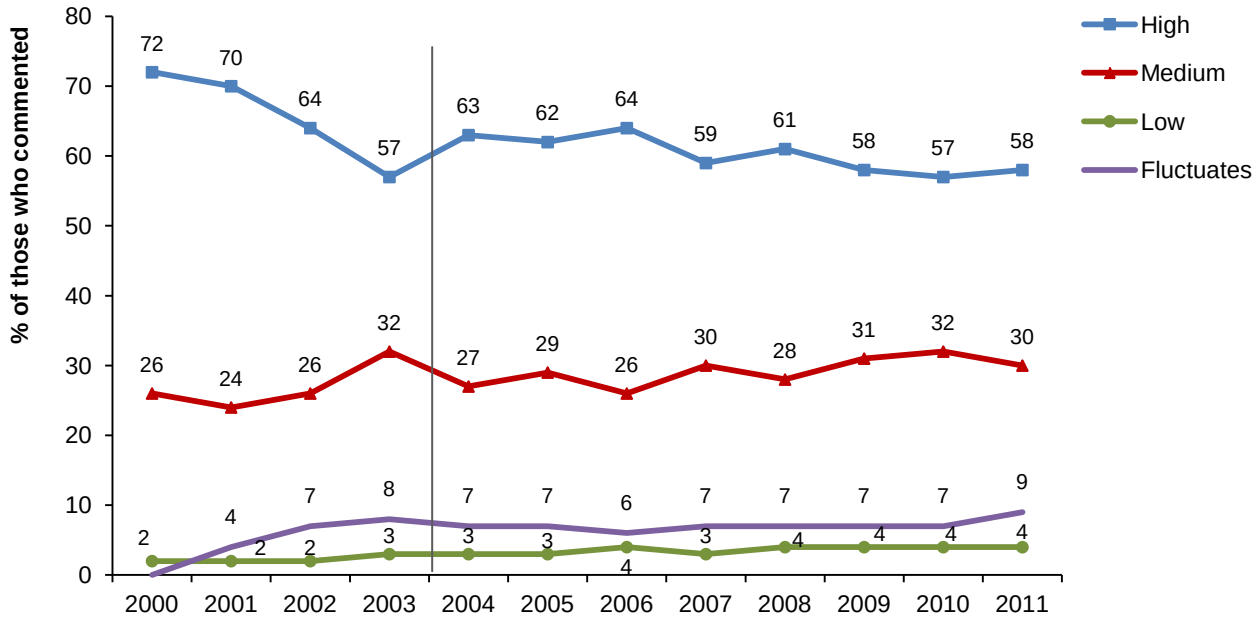
Figure H1: Median price of hydroponic cannabis per ounce and gram, nationally, 2000-2011

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, 2003-2011

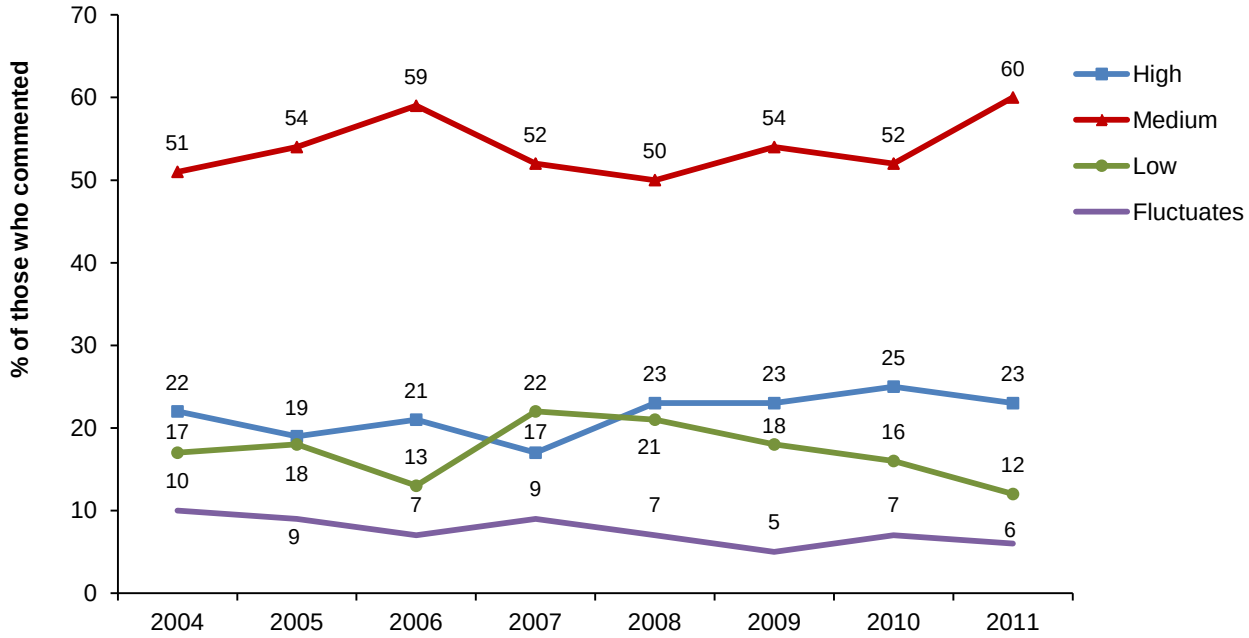
Source: IDRS Participant interviews
Note: Data collection from 2003 onwards

Figure H3: Current potency of hydroponic cannabis, nationally, 2000-2011*



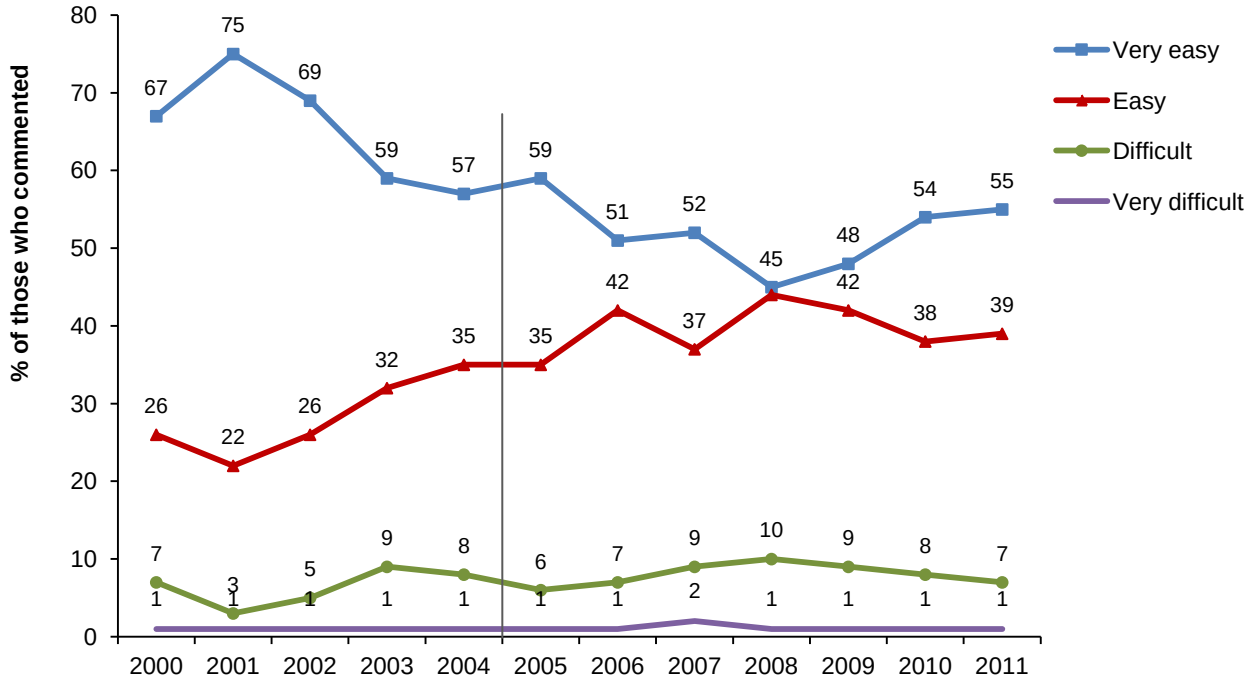
Source: IDRS participant interviews
***** Hydroponic and bush cannabis data collected separately from 2004 onwards
Note: The response 'Don't know' was excluded from analysis

Figure H4: Current potency of bush cannabis, nationally, 2004-2011*



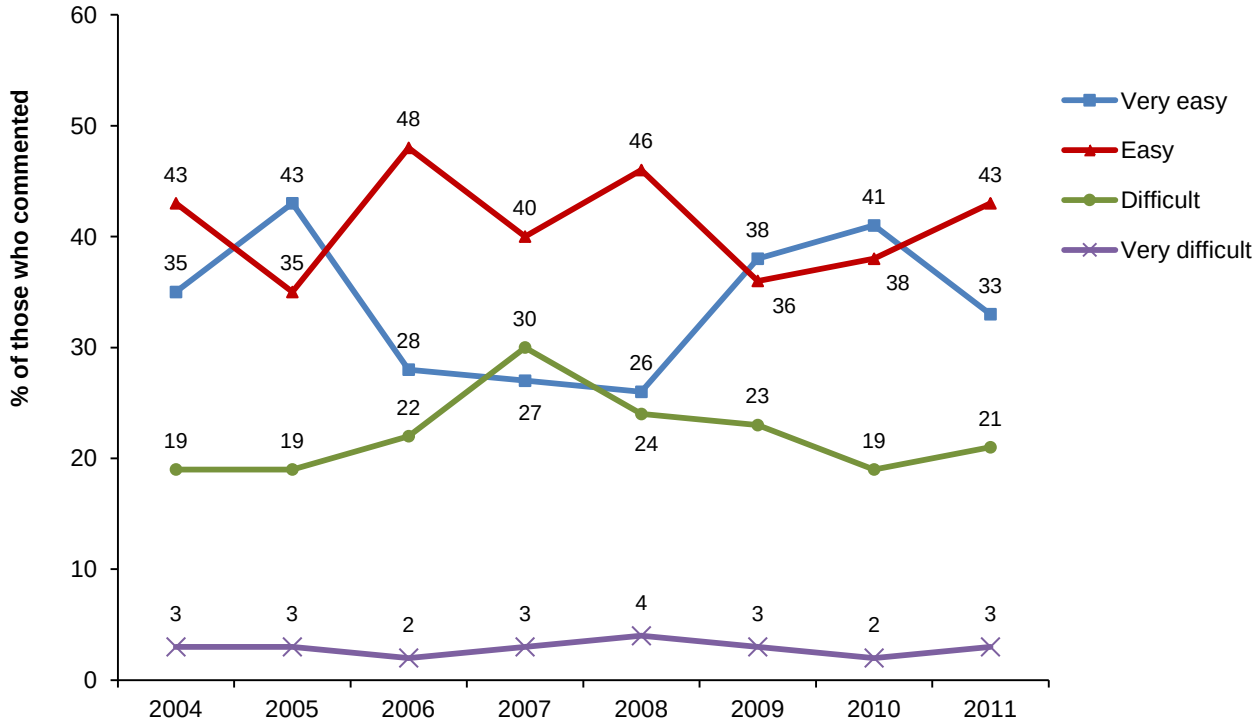
Source: IDRS participant interviews
***** Hydroponic and bush cannabis data collected separately from 2004 onwards
Note: The response 'Don't know' was excluded from analysis

Figure H5: Current availability of hydroponic cannabis, nationally, 2004-2011*



Source: IDRS participant interviews
* Hydroponic and bush cannabis data collected separately from 2004 onwards

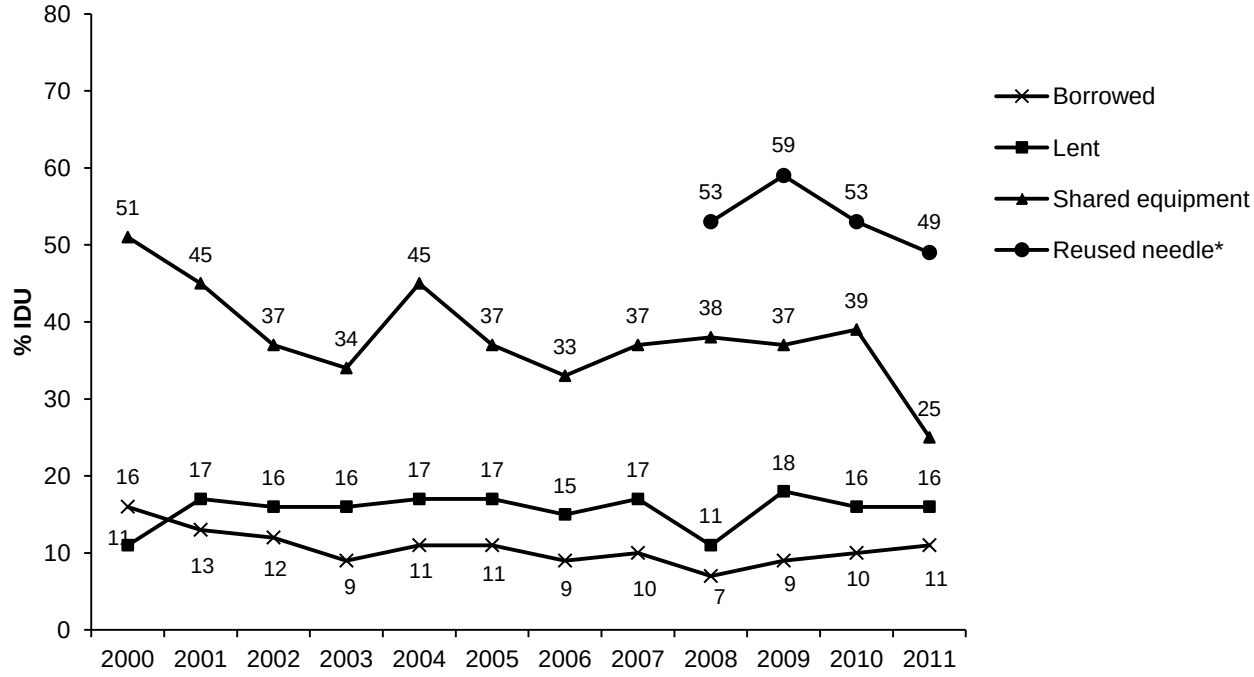
Figure H6: Current availability of bush cannabis, nationally, 2004-2011



Source: IDRS participant interviews
* Hydroponic and bush cannabis data collected separately from 2004 onwards

Appendix I: Injecting risk behaviours, 2000-2011

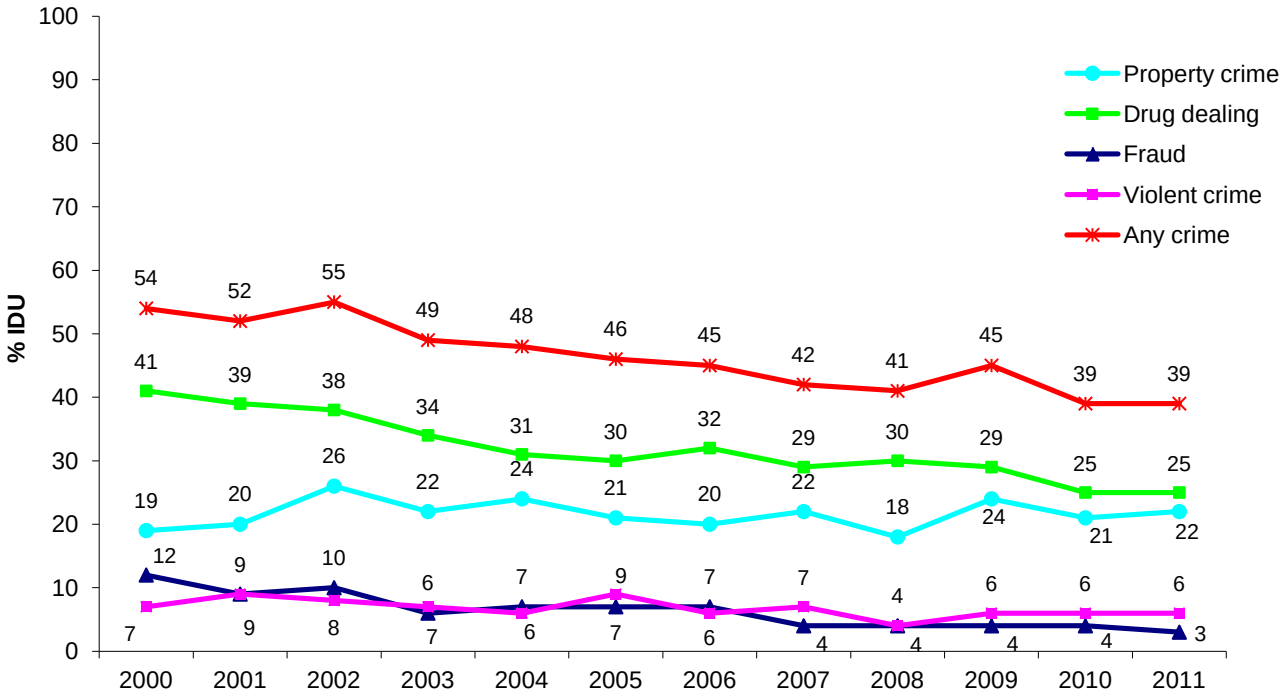
Figure I1: Injecting risk behaviours in the last month, nationally, 2000-2011



Source: IDRS participant interviews
* Data collection started in 2008

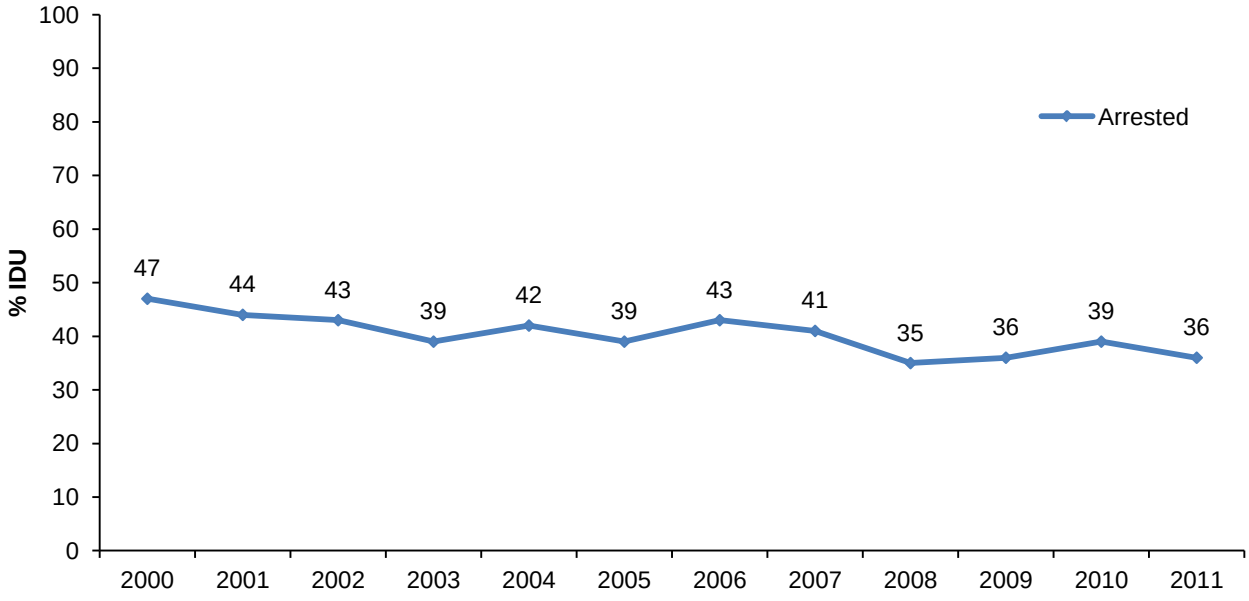
Appendix J: Arrests, 2000-2011

Figure J1: Self-reported criminal activity, nationally, 2000-2011



Source: IDRS participant interviews

Figure J2: Arrested in the last 12 months, nationally, 2000-2011



Source: IDRS participant interviews