

J. Stafford and L. Burns

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

Australian Drug Trends Series No. 127



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AUSTRALIAN DRUG TRENDS 2014



FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS)

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AUSTRALIAN DRUG TRENDS SERIES NO. 127

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACBPS	Australian Customs and Border Protection Service
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AIVL	Australian Injecting and Illicit Drug Users League
ANSPS	Australian Needle and Syringe Program Survey
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Dataset
ATOD	Alcohol, Tobacco and Other Drugs
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
DMT	Dimethyltryptamine
DSM-5	Diagnostic and Statistical Manual of Mental Disorders-5
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Medical Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
Hydro	Hydroponically grown cannabis
ICD-10	International Classification of Diseases-10
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	Key expert(s); see Method section for further details
LSD	Lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of participants
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NHMD	National Hospital Morbidity Database
NIDIP	National Illicit Drug Indicators Project
NNDSS	National Notifiable Diseases Surveillance System
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
NT	Northern Territory

OST	Opioid substitution treatment
OTC	Over the counter
PBS	Pharmaceutical Benefits Scheme
PWID	Person/people who inject(s) drugs
QLD	Queensland
SA	South Australia
SCID	Structural Clinical Interview for DSM
SDS	Severity of Dependence scale
SPSS	Statistical Package for the Social Sciences
TAS	Tasmania
TGA	Therapeutic Goods Administration
VIC	Victoria
WA	Western Australia

GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection
Half weight	0.5 gram
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the IDRS (see Method section for further details)
Person who inject(s) drugs	Also referred to as PWID. In the context of the IDRS, refers to persons participating in the PWID Survey component of the IDRS (see Method section for further details)
Key expert(s)	Also referred to as KE; persons participating in the key expert Survey component of the IDRS (see Method section for further details)
Licit	Licit refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, antidepressants) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
Participant	In the context of this report refers to persons who participated in the PWID survey (does not refer to key expert participants unless stated otherwise)
Point	0.1 gram although may also be used as a term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
Use	Use via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
↑	Significant increase ($p < 0.05$) from previous year (2013) compared with current year (2014)
↓	Significant decrease ($p < 0.05$) from previous year (2013) compared with current year (2014)

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 2014 IDRS

The Illicit Drug Reporting System (IDRS) is intended to serve as a monitoring system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS consists of three components: interviews with a sentinel group of people who regularly inject drugs (PWID¹) conducted in the capital cities of Australia; interviews with key experts (KE), professionals who have regular contact with illicit drug users through their work; and analysis and examination of indicator data sources related to illicit drugs. *Australian Drug Trends 2014* 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 ninety-eight participants were recruited to the 2014 IDRS participant survey component. The mean age of the national sample was 41 years (range 18-67 years) and 69% were male. The vast majority of the sample spoke English as their main language at home (96%), and 17% identified as being of Aboriginal and/or Torres Strait Islander descent. More than three-quarters (83%) of the sample were currently unemployed, over half (55%) reported a previous prison history and nearly half (47%) 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, 48% reported that an amphetamine (including methamphetamine) was the first drug injected, followed by heroin (37%).
- Heroin was nominated by approximately half (50%) 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-one percent of the national sample reported injecting heroin most often in the last month, followed by methamphetamine. Nearly half (45%) of the participants in the national sample reported daily injecting.

Heroin

- Heroin use was reported as the main drug of choice among participants. Around two-thirds (60%) of the sample reported using heroin in the last six months on a median of 72 days. Twenty-five 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 (70%) of the national sample reported using one or more forms of methamphetamine recently on a median of 24 days. Recent speed and base use remained stable, while the recent use of ice/crystal was significantly higher. The median number of days used ice/crystal also increased significantly. 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 (32%), with proportions elsewhere reporting use in the preceding six months remaining at less than 15%. 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 three days.

Cannabis

- The majority of participants in the national sample reported recent cannabis use. Daily use was common, however the number of days recently used significantly decreased. Smoking cannabis in cones was more common than joints. Hydroponic cannabis continued to dominate the market.

Other opioids

- Nearly half of the national sample reported recent use of methadone (any form) and around one-quarter reported recently injecting. Eighteen percent of the national sample reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview, and 9% the recent use of 'illicitly' obtained methadone tablets (Physeptone).
- Four percent of the national sample reported use of 'licitly' obtained buprenorphine in the six months preceding interview and 14% the use of 'illicitly' obtained buprenorphine.
- Two percent of the national sample reported using 'licitly' obtained buprenorphine-naloxone 'tablet', while 12% reported recently using 'licitly' obtained buprenorphine-naloxone 'film'.
- Six percent reported 'illicitly' obtained buprenorphine-naloxone 'tablet' in the preceding six months, while 13% reported recently using buprenorphine-naloxone 'film'.
- Overall, the number of participants recently using any form of buprenorphine-naloxone 'tablet' significantly decreased.
- The recent use of any form of morphine remained stable at 37%. The recent use of 'licit' morphine was reported by 7% of the sample compared to 35% for 'illicit' morphine. Morphine remained the most commonly injected pharmaceutical in the national sample (35% in 2014). 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.
- The recent use of any form of oxycodone remained stable at 33%. Recent 'licit' oxycodone use was reported by 7% of the national sample compared to 29% for 'illicit' oxycodone in the last six months.
- The recent use of fentanyl was reported by 9% of the sample on a median of three days in the last six months.
- Nineteen percent of the national sample reported using over the counter codeine on a median of twelve days in the last six months.
- The recent use of 'other' opioids (i.e. those not elsewhere classified – mainly Panadeine Forte®) significantly increased to 22% in 2014 (14% in 2013). The median number of days of used was eight. Recent injection of these preparations was low at one percent.

Other drugs

- Around two-thirds (60%) of the national sample reported using ecstasy in their lifetime with 10% reporting use in the last six months.
- Nearly two-thirds of the participants reported having used hallucinogens at some stage in their lifetimes (61%), recent use remained fairly low, with six percent reporting use in the six months preceding interview.
- Sixty-four percent of the national sample reported using some form of alprazolam in their lifetime, with nearly one-third (31%) recently using any form of alprazolam. Eleven percent reported recently injecting alprazolam.
- Three-quarters (76%) of the national sample had used another form of other benzodiazepines not including alprazolam in their lifetime. Over half (57%) reported recently using any form of other benzodiazepines. Small proportions reported recently injecting other benzodiazepines (6% nationally).
- The majority (82%) of the national sample had reported the use of benzodiazepines (including alprazolam) at some stage in their lifetime. Sixty-three percent reported the recent use of benzodiazepines on a median of 60 days. Only small numbers reported recently injecting benzodiazepines (4%) on a median of three days in the last six months.
- Thirteen percent of the national sample reported recently using 'illicit' pharmaceutical stimulants on a median of four days in the last six months.
- The use of Seroquel® ever was reported by 48% of the sample, 20% reported recently using Seroquel®.
- Six percent of the national sample reported ever using steroids with 10 participants reporting recent use.
- Ten percent reported ever using new psychoactive stimulants, with four percent using them in the six months.
- Eighteen percent reported ever using synthetic cannabinoids, with eight percent reporting use in the last six months.
- Lifetime use of inhalants was reported by 20% of the national sample; however, only small numbers reported using inhalants in the last six months (3%).
- Fifty-seven percent of the national sample reported recently using alcohol on a median of 24 days (one day per week). Fifteen percent of the national sample reported daily use of alcohol.
- As in previous years, tobacco was widely used among the 2014 sample, with 92% having used it in the preceding six months. The vast majority of participants (93%) were daily smokers.
- One-quarter of the national sample reported ever trying an e-cigarette, with 17% recently using an e-cigarette on a median of three days.

Drug Market: price, purity, availability and purchasing patterns*Heroin*

- Heroin was typically \$50 per cap across the jurisdictions and remained stable compared to 2013. The median price for a gram varied. The majority of the participants reported heroin purity as 'low'. Heroin was considered either 'easy' or 'very easy' to obtain in the last six months and this was stable. The most common source when purchasing heroin was through a known dealer or friend. The most common place of purchase was at an agreed public location.

Methamphetamine

- Methamphetamines were reported to be around \$50 per point nationally for speed, \$100 per point for base and ice/crystal, variations were noted across jurisdictions. Price was considered as 'stable' for all three forms over the last six months by the majority of participants. The purity of speed and base was considered 'medium' and ice/crystal as '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 \$400 and \$50 respectively. The purity of cocaine was considered 'medium' with most reporting purity as stable over the last six months. The availability of cocaine was reported as 'easy' to obtain in NSW and nationally. Purchasing from a friend, known dealer or street dealer was most common nationally and in NSW.

Cannabis

- The median cost of a gram of hydroponic cannabis was around \$20-\$30. While the median cost of an ounce of hydroponic cannabis was between \$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 cannabis (both forms) was considered 'very easy' or 'easy' to obtain. Either form of cannabis was typically purchased through a friend or known dealer from either a friend or dealer's home.

Methadone

- The majority of those who commented reported the price of 'illicit' methadone syrup to be a median of \$1 per millilitre and physeptone at \$15 per 10mg tablet. Nearly half 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. Over two-thirds reported the availability of 'illicit' buprenorphine as 'very easy' or 'easy' to obtain. Both price and availability were reported as stable over the last six months. The most common source was through a friend, purchasing from an agreed public location or friend's home.

Buprenorphine-naloxone

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

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 one-quarter reported an increase in price. The majority reported that 'illicit' morphine was 'very easy' or '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 'difficult' (this significantly increased between 2013 and 2014), while one-third reported availability as 'very easy'. The majority reported purchasing 'illicit' oxycodone through a friend or a known dealer, usually from either a friend's home or a dealer's home.

Benzodiazepines

- The median price for 'illicit' benzodiazepines varied among the jurisdictions. Price was reported as stable over the last six months. Nearly half reported that the availability of 'illicit' benzodiazepines as 'easy' to obtain. The majority reported the availability of 'illicit' benzodiazepines as stable over the last six months. The majority reported purchasing 'illicit' benzodiazepines through a friend, usually from either a friend's home or an agreed public location.

Alprazolam

- In Australia, on the 1st February 2014 the Therapeutic Goods Administration (TGA) up-scheduled Alprazolam (all forms and preparations) from Schedule 4 to Schedule 8 (controlled drug).
- Seventy-percent of those who used alprazolam before the policy change (before February 2014) reported using non-prescribed alprazolam, 14% only prescribed alprazolam and 16% either non-prescribed or prescribed alprazolam between June 2013 and January 2014.
- Of those participants who had used Alprazolam before the policy change (June 2013 and January 2014) and continued to use after the policy change (since February 2014), 75% reported using non-prescribed alprazolam only, 12% reported using only prescribed alprazolam and 13% either non-prescribed or prescribed alprazolam.
- Among those who used alprazolam since February 2014, around half (46%) reported that alprazolam was 'difficult' to obtain. The majority (61%) reported that it had become harder to obtain since February 2014.

Overdose and drug related fatalities

- Fifteen 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 NSW (28%).
- Of those who had ever overdosed on another drug (not including heroin), 31% had done so in the past year, and 7% had done so in the last month preceding interview.
- Indicator data from the Australian Bureau of Statistics reported 613 accidental deaths due to opioids in 2010. The majority occurred in NSW and VIC. Males comprised the majority of accidental opioid deaths among 15-54year olds. Methamphetamine was determined to be the underlying cause of death in 21% of all methamphetamine related deaths, and cocaine was determined to be the underlying cause of death in 20% of all cocaine-related deaths in 2010.

Drug treatment

- Nearly half (47%) of the IDRS sample reported current treatment, mainly methadone with a median of 41 months in methadone 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 2013. The majority of clients were being prescribed methadone. 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 the ACT, VIC 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) in 2012/13. While SA reported the highest proportion of closed treatment episodes for people who identified amphetamines as their principle drug of concern, NSW reported the highest for cocaine and VIC cannabis.

Hospital admissions

- The number of opioid-related hospital admissions remained relatively stable between 2011/12 and 2012/13, the most recent data available at the time of publication. While, methamphetamine-related hospital admissions increased. Admissions relating to opioid use were higher than for methamphetamine at the national level. Differences were noted in the jurisdictions.
- Cocaine-related hospital admissions increased however remained low relative to those for heroin and methamphetamine. Figures were highest in NSW in 2012/13. Cannabis-related separations have remained relatively stable between 2011/12 and 2012/13.

Injecting risk behaviours

- Needle and syringe programs were by far the most common source of needles and syringes in the preceding six months (95%), followed by chemists (18%). Receptive sharing ('borrowing') of needles/syringes was reported by 6% of participants in the month preceding interview, usually after a regular partner or close friend. While 12% reported that somebody had used a needle after them (lent) in the month preceding interview.
- One-quarter reported the sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) nationally in 2014. The majority of participants reported last injecting in the arm.
- Forty-one percent reported re-using their own needle in the last month. Fifty-six percent reported re-using their own injecting equipment such as filters, water and mixing containers (e.g. spoons).
- The majority of IDRS participants reported last injecting in a private location (77%), with smaller proportions last injecting in a public location such as on the street, in a car or in a public toilet. Over half (57%) of the IDRS sample experienced an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. in finding a vein).

Blood-borne viral infections

- 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.

Alcohol Use Disorders Identification Test – Consumption (AUDIT-C)

- Sixty-one percent of males and 41% of females scored five or more on the AUDIT-C, indicating the need for further assessment.
- The mean score on the AUDIT-C among those who drank alcohol recently was 5.9.

Opioid and Stimulate Dependence

- Of those who recently used a stimulant drug (mainly methamphetamine), the median score on the severity of dependence scale (SDS) was two, with 41% scoring four or above (indicating dependence).
- Of those who recently used an opioid drug (mainly heroin), the median SDS score was seven, with 69% scoring five or above (indicating dependence).

Self-reported mental health problems and psychological distress

- Forty-four percent of the IDRS sample self-reported a mental health problem in the preceding six months, most commonly depression (68% of respondents) and/or anxiety (48% of respondents).
- Among those who had experienced a problem, nearly three-quarters reported seeing a mental health professional during the last six months.

- Seventy-one 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 (55%) and/or antipsychotics (44%).
- 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 27% reporting 'high' distress (7.4% in the general population) and 26% reporting 'very high' distress (2.4% in the general population). Those reporting a 'very high' level of distress have been identified as possibly requiring clinical assistance.

Naloxone program and distribution

- The majority of the national sample had heard of naloxone, with two-thirds reporting that naloxone was used to 'reverse heroin' and one-third reporting its use to 're-establish consciousness'.
- Forty-three percent reported that they had heard of the take-home naloxone program while 56% had not.
- A small proportion reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program (mainly in the ACT).
- Seven percent of those who commented had completed training in naloxone administration along with a prescription for naloxone (mainly WA, VIC and the ACT). Of those who had completed the course nearly one-third had used the naloxone to resuscitate someone who had overdosed.
- The majority of those participants who had not completed training in naloxone administration stated that they would call 000 if they found someone they had suspected had overdosed.
- Ninety-nine percent of those who had not completed training in naloxone administration reported that if trained they would stay with someone after giving them naloxone or administer the naloxone after the person had overdosed.

Law enforcement-related trends associated with drug use

Reports of criminal activity

- Participant reports of criminal activity remained stable compared to previous years, with 38% of the national sample reporting engagement in criminal behaviour in the preceding month. The most common types of crime committed were drug dealing and property crime.

Arrests

- Thirty-three percent of the national sample reported having been arrested in the preceding 12 months.
- In 2012/13, numbers of consumer and provider arrests for amphetamine-type stimulants (including phenethylamines such as 3,4-methylenedioxymethamphetamine [MDMA]), cocaine and cannabis were higher than 2011/12 numbers.
- The number of consumer and provider arrests for heroin and other opioids was lower than 2011/12 number.
- 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, 44% reported not spending money on illicit drugs the day before interview. The median amount spent by those who had purchased drugs was \$100.

Special topics of interest

Homelessness

- The lifetime prevalence of homelessness among the PWID sample was 74%. Among those with a homelessness history, 21% were homeless at the time of interview. The main factor contributing to their first episode of homelessness was relationship breakdown with family (41%), followed by drug use/dependence (37%).
- Among the participants with a homelessness history two-fifths (42%) reported being homeless for more than three years of their lives. One-quarter reported being physically attacked (26%), stood over (24%) or robbed (24%) during the last six months of their most recent episode of homelessness

Oxycodone

- Of the national sample who commented, 57% reported ever using any form of oxycodone (either licit or illicit).
- Of those who reported ever using oxycodone, 44% reported recently using any form of the original OxyContin® 'OC' tablets followed by 15% recently using the Reformulated Oxycodone 'OP' tablets.

Ageing

- Of those who commented, 34% reported a lifetime diagnosis of asthma, 17% cancer, 16% a stroke, 12% a heart/circulatory condition, 11% gout/rheumatism/arthritis, 7% diabetes/high sugar levels and 5% respiratory disease or skin problems.
- Among those who had visited a health service in the last 12 months, the median number of visits to a General Medical Practitioner (GP) was eight. Participants reported a median of six visits to opioids substitution treatment doctor (OST) or drug and alcohol counsellor, five visits to a social/welfare worker, four visits to a psychiatrist or psychologist and two visits to a dentist.

1 INTRODUCTION

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

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

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

Jurisdictional differences. To provide a greater understanding of some of the reasons for differences between jurisdictions, detailed reports describing drug trends in each jurisdiction can be obtained via the National Drug and Alcohol Research Centre, UNSW Australia, 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, 2015) or www.ndarc.med.unsw.edu.au for further details).

1.1 Study aims

The primary aims of the 2014 national IDRS were:

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

2 METHOD

The 2014 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 2014, 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 survey and/or trends suggested by indicator data.

2.1 Survey of people who regularly inject drugs

A total of 898 people who inject drugs were interviewed in 2014. The 898 PWID who participated in the 2014 IDRS were interviewed during June and July, 2014. The sample sizes in each jurisdiction were: NSW n=150; VIC n=150; SA n=106; TAS n=101; QLD n=100; ACT n=100; WA n=98 and NT n=93. The sample sizes reflect predetermined quotas. To be eligible to participate in the survey, PWID participants needed to be at least 16 years of age (due to ethical requirements), to have injected at least monthly during the six months preceding interview, and to have been a resident for at least 12 months in the capital city in which they were interviewed. Participants were recruited using multiple methods, including advertisements in street press, newspapers, treatment agencies, needle and syringe programs (NSP) and peer referral. Participants were interviewed in locations convenient to them, such as NSP, treatment agencies, public parks, coffee shops and hotels. The recruitment remained consistent with the methodology used in previous years.

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

The structured interview schedule administered to participants was similar to that administered in previous years, which was originally based on previous NDARC studies of heroin and amphetamine users (Darke, Hall, Wodak et al., 1992; Darke, 1994). Survey items included demographics, drug use history, market characteristics (including price, perceived purity and perceived availability) of the main drugs investigated by the IDRS, health-related trends associated with drug use (including injection-related harms, risk behaviours, overdose and mental health) and law enforcement-related harms associated with drug use (including recent criminal activity and perceptions of police activity). In 2014, extra questions were included in the questionnaire in an attempt to collect more detailed information on access to treatment, alprazolam use, oxycodone use, ageing and homelessness.

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 133 KE were interviewed, either by telephone, online or in person, between June and early October 2014. Criteria for entry to the KE component of the IDRS were at least weekly contact with illicit drug users in the six months preceding interview, or contact with at least 10 illicit drug users during the same timeframe. Some law enforcement personnel were interviewed who did not have regular contact with illicit drug users, but they were able to supply information about drug importation, manufacture and/or dealing.

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

The numbers of KE recruited in each jurisdiction were: NSW n=23; TAS n=22; NT n=20, VIC n=18; WA n=17; SA n=12; QLD n=12 and ACT n=9. 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 Australian Government Department of Health, 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 2013 and National Surveys 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 22.0 (IBM, 2011). Further analysis was conducted on the main drugs of focus in the IDRS to test for significant differences between 2013 and 2014 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 2013 and 2014 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 898 participants were interviewed for the IDRS survey in 2014.
- Mean age was 41 years (range 18-67 years).
- Nearly two-thirds were male.
- Majority of the participants were unemployed, with a mean income of \$416 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 898 IDRS participants were interviewed for the 2014 IDRS. The mean age of participants was 41 years (range 18-67 years) with the majority of the sample being male (69%). The majority of the national sample spoke English as their main language at home (96%) and 17% identified as being of Aboriginal and/or Torres Strait Islander descent. More than three-quarters (83%) of the sample were unemployed. The main source of income was a Government pension, allowance or benefit. The mean weekly income was \$416 nationally.

Nearly half (47%) of the participants were currently in some form of drug treatment, with 31% reporting the main treatment as methadone (includes Biodone® and Physeptone®), 9% buprenorphine-naloxone (Suboxone®) and 3% buprenorphine (Subutex®) maintenance treatment. Over the last six months, 32% of the sample had been in some form of drug treatment, mainly methadone (56%).

Fifty-five percent of the sample had previously been imprisoned; as in previous years, males were significantly more likely to report previous imprisonment (65% of males versus 37% of females; $p < 0.05$).

Demographic information by jurisdiction in the 2014 sample is shown in Table 1. Notable differences included the proportions identifying as Aboriginal and/or Torres Strait Islanders (ranging from 6% in WA to 37% in NSW) and completion of a university or college qualification (from 3% in VIC to 15% in WA). Proportions reporting having no fixed address ranged from 1% in SA to 22% in NSW, while unemployed status ranged from 75% in TAS to 93% in NSW. There was substantial variation in those reporting a prison history, from 41% in TAS to 79% in NSW, and proportions reporting current drug treatment ranged from 17% in the NT to 66% in VIC.

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

Appendix A, Table A1 provides a demographic overview of the national sample from 2000 to 2014.

Table 1: Demographic characteristics of the national sample, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
Mean age (years)	40	41	40	41	40	38	42	43	44	40
% Male	64	69	75	75	75	65	59	60	71	65
% English speaking background	96	96	94	97	89	100	96	98	96	98
% Aboriginal and/or Torres Strait Islander	17	17	37	13	13	10	9	6	22	15
% Sexual identity										
Heterosexual	89	90	91	92	89	96	92	85	87	88
Gay male	2	1	2	2	1	0	0	0	1	2
Lesbian	1	1	0	0	1	1	0	3	2	1
Bisexual	7	7	7	6	8	2	8	7	8	9
Other	2	1	0	0	1	1	1	5	2	0
% Relationship status										
Married/de facto	18	17	22	15	16	16	18	18	16	9
Partner	22	18	16	20	14	19	19	17	16	26
Single	53	56	55	58	57	58	56	45	57	57
Separated	3	4	3	2	5	4	6	4	5	4
Divorced	3	4	3	4	6	2	1	11	3	2
Widow/er	1	1	1	1	2	0	1	4	1	1
Other	1	<1	0	0	0	1	0	0	1	1
Mean grade at school completed	10	10	9	10	10	10	10	10	10	10
% Completed trade/tech qualification	40	46	49	49	43	49	46	48	36	44
% Completed university/college	9	9	7	14	3	11	6	15	13	6
% Accommodation										
Own home (<i>inc. renting</i>)	68	72	61	92	57	80	85	67	77	66
Parents'/family home	8	8	5	1	10	11	10	12	3	7
Boarding house/hostel	9	7	9	2	11	5	3	5	3	11
Shelter/refuge	1	1	1	1	1	1	0	1	0	1
No fixed address	12	11	22	4	15	3	1	13	8	13
Other	4	2	2	0	4	0	1	1	9	2
% Unemployed	84	83	93	82	89	75	80	77	77	82
% Full-time work	3	6	3	9	1	6	3	9	14	3
% Gov't pension, allowance or benefit main income source	89	87	85	84	87	92	93	80	88	87
Mean income/ week (\$)	(N=871) \$392	(N=882) \$416	(n=148) \$375	(n=99) \$486	(n=146) \$384	(n=99) \$412	(n=105) \$424	(n=95) \$454	(n=92) \$442	(n=98) \$386
% Prison history	56	55	79	50	64	41	51	51	44	51
% Current drug treatment [#]	47	47	51	56	66	45	27	50	17	53

Source: IDRS participant interviews

[#] Includes all types of pharmacotherapy treatment and drug counselling, detoxification, therapeutic community and narcotics anonymous
 Note: Aboriginal and/or Torres Strait Islander proportion of sample is not indicative of numbers of Indigenous persons who regularly inject drugs

4 CONSUMPTION PATTERNS

Key points

- The mean age of first injection for the national sample was 20 years. Nationally speed powder was reported as the drug first injected by the majority of the sample.
- Half of the national sample reported heroin as the drug of choice followed by methamphetamines.
- The drug injected most often in the last month was heroin followed by methamphetamines.
- Polydrug use over the last six months was common among the national sample.

4.1 Current drug use

Patterns of lifetime (i.e. ever having used a drug) and recent (last six months) use by participants of all drugs monitored in the IDRS are shown in Appendix A, Table A2. 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 6.4; range 5-60). Overall, speed powder followed by heroin was 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, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
Mean age first injected	20	20	19	19	19	20	21	20	22	19
% Drug first injected										
Heroin	39	37	55	52	45	8	23	43	20	36
Methamphetamine*	52	48	32	39	50	59	68	45	48	59
Speed	45	42	26	31	49	57	55	37	48	41
Base	2	2	2	0	0	0	8	0	0	11
Ice/crystal	5	4	4	8	1	2	6	8	0	7
Morphine	4	7	1	3	2	24	4	3	22	1
Cocaine	1	2	7	2	1	0	2	2	1	1
Methadone	<1	1	0	0	0	3	2	0	0	0
Buprenorphine**	<1	<1	1	1	0	0	1	0	0	1
Other drugs	2	4	4	3	2	6	1	7	9	2

Source: IDRS participant interviews

* Includes speed, base and ice/crystal

** Excludes buprenorphine-naloxone (Suboxone®)

4.1.1 Drug of choice

Heroin was nominated by half (50%) of the national sample as the 'drug of choice', followed by methamphetamine, morphine and cannabis. Differences were noted at the jurisdictional level (Table 3). No significant differences were found for drug of choice between 2013 and 2014 ($p>0.05$).

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, SA and the NT (Table 3). Ice/crystal as the last drug injected significantly increased between 2013 and 2014 (15% versus 22%; $p<0.05$). No other significant differences were found between 2013 and 2014 for 'last drug injected' ($p>0.05$).

Forty-one percent of the national sample reported heroin as the drug 'most often injected in the last month', followed by methamphetamine and morphine (Table 3). Ice/crystal as the drug injected most in the last month significantly increased between 2013 and 2014 (15% versus 22%; $p<0.05$). No other significant differences were found between 2013 and 2014 for 'drug injected most often in the last month' ($p>0.05$).

Twenty-seven 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 (40%), price (17%), their drug of choice was not injectable (generally cannabis; 9%), being in drug treatment (6%), purity (5%) and caused undesirable health effects (7%).

Nearly half (45%) of the 2014 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 2014. 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, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Drug of choice										
Heroin	53	50	66	56	65	15	37	65	28	56
Methamphetamine [^]	23	24	16	33	23	23	50	14	12	24
<i>Speed</i>	10	8	3	8	6	14	16	0	8	9
<i>Base</i>	2	2	0	0	0	0	13	0	0	5
<i>Ice/crystal</i>	11	14	13	25	17	9	21	14	4	10
Morphine	8	10	2	1	1	24	8	1	48	4
Oxycodone	3	1	1	0	0	3	0	2	2	3
Methadone	1	4	3	1	1	24	1	1	0	0
Buprenorphine [#]	1	1	1	0	1	5	0	2	0	2
Cocaine	2	1	4	0	2	0	0	0	4	1
Cannabis	5	5	4	5	5	3	5	5	1	8
Other drugs	4	4	3	4	2	3	0	10	4	1
% Last drug injected										
Heroin	39	40	59	47	62	0	34	49	1	42
Methamphetamine [^]	27	30	25	37	27	29	55	27	15	27
<i>Speed</i>	10	7	1	6	2	19	13	6	5	6
<i>Base</i>	2	1	0	0	0	0	11	0	0	0
<i>Ice/crystal</i>	15	22↑	24	31	25	10	30	21	10	21
Morphine	15	15	4	3	1	34	9	5	72	12
Oxycodone	5	2	4	2	1	3	0	2	1	3
Methadone	5	5	4	4	3	23	1	1	1	3
Buprenorphine [#]	4	2	1	2	1	3	0	8	2	3
Cocaine	2	1	2	0	1	1	0	0	0	1
Other drugs	3	5	1	5	4	7	1	8	8	9
% Drug injected most often last month										
Heroin	40	41	60	52	63	0	33	55	1	45
Methamphetamine [^]	25	30	28	38	29	22	55	23	14	29
<i>Speed</i>	8	6	3	4	3	14	15	3	5	7
<i>Base</i>	2	1	0	0	0	0	11	0	0	0
<i>Ice/crystal</i>	15	22↑	25	34	26	8	28	19	9	22
Morphine	17	16	5	2	1	40	9	5	79	11
Oxycodone	5	2	2	0	1	4	0	2	1	3
Methadone	4	4	2	1	1	24	3	2	1	3
Buprenorphine [#]	4	4	1	3	3	7	1	10	1	5
Cocaine	1	<1	1	0	1	0	0	0	0	0
Other drugs	4	3	1	4	1	4	0	3	3	4
% Injection frequency last month										
Not in last month	2	2	0	3	3	1	1	0	0	4
Weekly or less	19	18	11	18	25	17	14	16	17	21
More than weekly (but less than daily)	38	37	29	41	35	47	54	35	16	38
Once daily	17	19	11	23	12	20	17	21	34	17
2-3 times daily	20	20	37	12	17	16	11	18	31	13
> 3 times a day	5	6	11	3	7	0	3	9	1	7

Source: IDRS participant interviews

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

4.1.3 Polydrug use

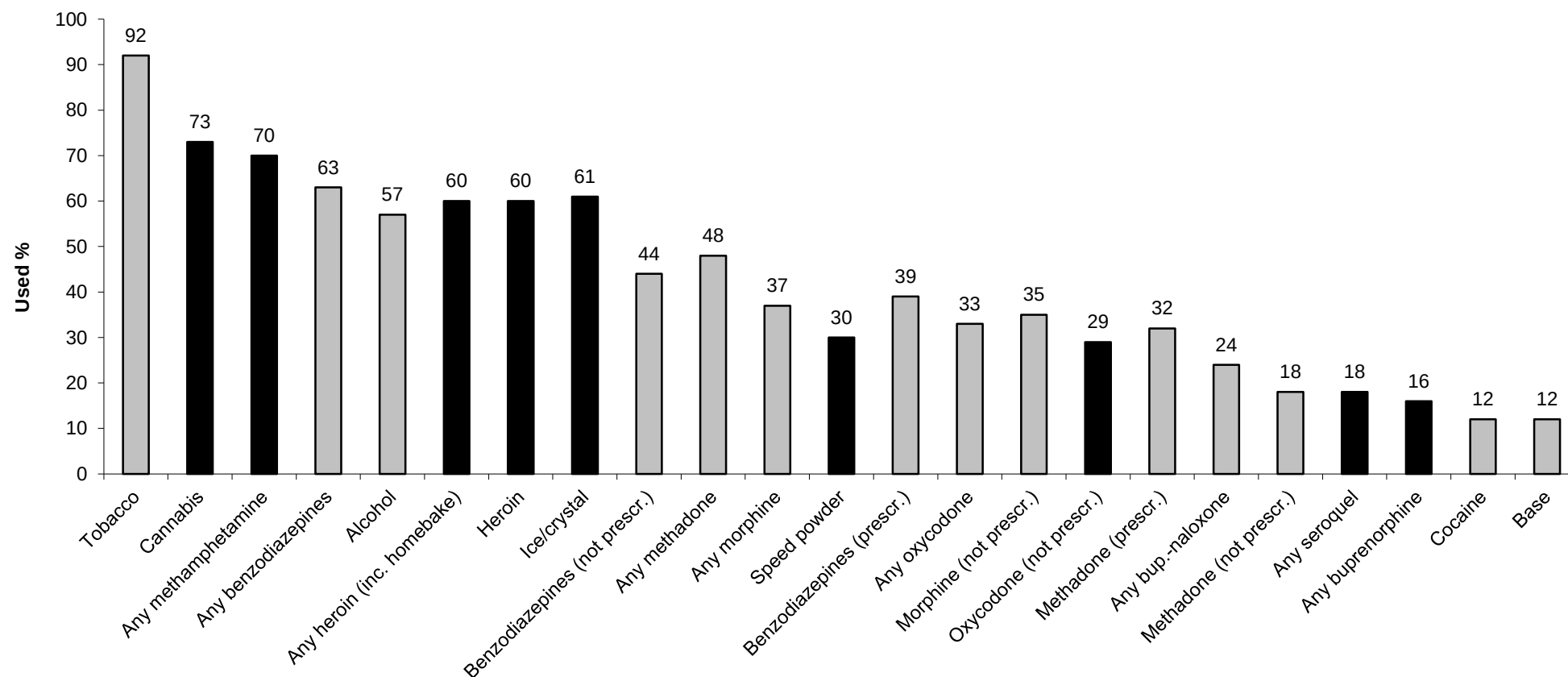
As in previous years, IDRS participants sampled were polydrug users. Figure 1 shows the prevalence of drug use by the national sample in the past six months for the most commonly used drugs (12% or greater prevalence in the preceding six months) investigated by the IDRS. Use of tobacco, benzodiazepines and alcohol were common. Substantial proportions of the sample reported recent use of three of the four main drugs monitored by the IDRS: heroin (60%); cannabis (73%); and methamphetamine (any form; 70%).

The median number of drugs used in their lifetime was 14 (range 1-22 drugs), while the median number of drugs used recently was six (range 1-20 drugs). A total of 22 drugs were included in the analysis. The drugs included were; heroin, any methadone, any oxycodone, any morphine, any buprenorphine, any buprenorphine-naloxone, any pharmaceutical stimulant, any benzodiazepine, speed, base, ice/crystal, liquid amphetamine, cocaine, cannabis, hallucinogens, inhalants, ecstasy, fentanyl, steroids, Seroquel®, alcohol and tobacco.

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, 2014



Source: IDRS participant interviews

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

4.1.4 Forms of drugs used in preceding six months

Participants were asked what forms of the main drug types they had used in the six months preceding interview and which form they had used most during that time. Table 4 depicts the proportion of participants in each jurisdiction who reported having used different forms of the drug in the preceding six months. Table 5 refers to the specific form of the drug type participants reported having used 'the most' in the preceding six months. For example, 66% of participants in the ACT sample (n=100) reported use of hydroponic cannabis in the preceding six months, 31% reported use of outdoor-grown 'bush' cannabis, 9% reported use of hashish and 3% the use of hash oil (Table 4). Among those who had used cannabis in the ACT, the majority (90%) stated that hydroponic cannabis was the form they had used most often during that time; eight percent stated bush was the form most used (Table 5). Four participants reported using hashish or hash oil most often in the last six months.

In 2014, a significant increase was found for ice/crystal as the form of drug used and as the form of drug used most in the preceding six month compared to 2013 ($p < 0.05$; Table 4 and Table 5).

Table 4: Forms of drugs used in the preceding six months, by jurisdiction, 2014

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Heroin										
Powder – white/off-white	31	38	69	60	37	6	23	52	3	40
Rock – white/off-white	33	39	63	34	72	2	26	39	1	48
<i>Any white/off-white heroin</i>	50	53	79	72	79	8	35	65	4	57
Powder – brown	17	20	55	18	11	1	16	35	0	12
Rock – brown	22	24	51	16	33	4	25	28	2	17
<i>Any brown heroin</i>	30	32	69	26	35	5	29	44	2	20
Homebake	6	6	8	4	3	1	7	21	6	4
% Methadone										
Liquid, licit	34	33	41	46	51	32	15	32	5	26
Liquid, illicit	20	18	27	23	16	35	9	12	0	15
Physeptone, licit	2	2	0	9	1	3	0	0	7	2
Physeptone, illicit	9	9	3	6	3	38	2	9	16	4
% Buprenorphine										
Licit	5	4	3	5	3	4	1	3	7	12
Illicit	12	14	22	12	12	11	5	19	12	19
% Buprenorphine-naloxone										
Tablet, licit	4	2	2	1	0	3	1	1	4	3
Tablet, illicit	8	6	5	9	5	6	4	4	7	5
Film, licit	11	12	9	7	15	10	12	15	11	17
Film, illicit	11	13	15	10	14	11	8	16	16	16
% Morphine										
Licit	6	7	6	5	1	4	3	4	30	5
Illicit	35	35	25	12	24	71	20	27	80	32
% Oxycodone										
Licit	7	7	9	5	5	7	8	7	3	8
Illicit	32	29	40	16	22	47	21	27	22	38
% Other opiates										
Licit	9	14	17	7	18	13	13	4	20	18
Illicit	5	8	7	6	9	14	9	4	4	9

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, 2014 (continued)

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Methamphetamine										
Methamphetamine powder (speed)	34	30	17	36	25	50	34	39	16	31
Amphetamine liquid (oxblood)	3	2	2	1	1	4	2	3	2	2
Base methamphetamine (base/point/wax)	13	12	12	4	3	19	30	8	4	22
Crystalline methamphetamine (ice/crystal)	55	61↑	74	73	75	54	60	53	26	58
% Prescription stimulants										
Licit	2	2	1	1	1	2	0	2	3	4
Illicit	11	13	2	11	10	34	6	24	20	3
% Cocaine										
Powder	13	10	24	12	9	5	6	7	2	7
Crack	1	<1	1	0	0	0	0	0	1	0
Rock	5	4	16	4	1	3	1	1	1	2
% Hallucinogens										
LSD	5	4	2	6	4	9	3	8	0	1
Mushrooms	3	3	2	4	5	4	4	5	1	2
% Ecstasy										
Pills	8	9	8	8	10	19	8	10	3	5
Powder	1	2	1	0	3	3	3	1	1	0
% Alprazolam										
Licit	9	7	6	8	7	4	7	10	7	10
Illicit	34	27	37	12	39	37	17	26	12	25
% Other Benzos										
Licit	36	37	28	24	50	46	34	44	22	45
Illicit	32	35	38	27	46	48	31	41	14	28
% Seroquel										
Licit	9	9	10	4	13	11	6	14	4	7
Illicit	10	12	13	11	25	15	4	11	5	7
% Cannabis										
Hydro	66	65	73	66	63	71	64	63	57	62
Bush	38	39	32	31	37	60	53	43	30	27
Hashish (hash)	7	7	8	9	5	13	11	6	3	3
Hash oil	4	4	3	3	5	7	7	3	1	47

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

 ↑ Significant increase between 2013 and 2014 ($p < 0.05$)

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2014

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Heroin (n)	(N=530)	(N=529)	(n=124)	(n=77)	(n=122)	(n=14)	(n=46)	(n=75)	(n=6 [^])	(n=65)
Powder – white/off-white	30	32	36	66	9	43	17	36	50	29
Rock – white/off-white	41	44	27	23	76	14	50	33	17	54
Powder – brown	9	8	16	1	1	7	4	23	0	2
Rock – brown	16	13	19	7	10	29	26	7	33	8
Homebake	3	2	2	3	1	7	2	0	0	3
Other	1	1	0	0	3	0	0	1	0	4
% Methadone (n)	(N=418)	(N=412)	(n=85)	(n=65)	(n=89)	(n=53)	(n=22)	(n=42)	(n=21)	(n=35)
Liquid, licit	70	70	71	69	85	55	73	74	24	74
Liquid, illicit	22	19	27	25	11	21	18	17	5	23
Physeptone, licit	1	2	1	2	1	2	0	0	14	3
Physeptone, illicit	7	9	1	5	2	23	9	10	57	0
% Buprenorphine (n)	(N=140)	(N=160)	(n=36)	(n=17)	(n=21)	(n=15)	(n=6 [^])	(n=22)	(n=16)	(n=27)
Licit	29	23	8	29	19	27	17	18	31	41
Illicit	71	77	92	71	81	73	83	82	69	59
% Buprenorphine-naloxone Tablet (n)	(N=96)	(N=60)	(n=10)	(n=10)	(n=7 [^])	(n=9 [^])	(n=5 [^])	(n=5 [^])	(n=8 [^])	(n=6 [^])
Licit	35	23	20	10	0	44	20	20	38	33
Illicit	65	77	80	90	100	56	80	80	62	67
% Buprenorphine-naloxone Film (n)	(N=170)	(N=200)	(n=33)	(n=16)	(n=35)	(n=19)	(n=20)	(n=26)	(n=24)	(n=27)
Licit	52	53	42	44	63	53	60	54	42	59
Illicit	48	47	58	56	37	47	40	46	58	41
% Morphine (n)	(N=330)	(N=326)	(n=43)	(n=17)	(n=38)	(n=71)	(n=23)	(n=28)	(n=73)	(n=33)
Licit	12	11	9	24	5	0	13	11	23	12
Illicit	88	89	91	76	95	100	87	89	77	88
% Oxycodone (n)	(N=317)	(N=291)	(n=66)	(n=21)	(n=37)	(n=48)	(n=28)	(n=29)	(n=22)	(n=40)
Licit	18	17	14	24	19	10	29	17	18	13
Illicit	82	83	86	76	81	90	71	83	82	87
% Other opiates (n)	(N=128)	(N=189)	(n=36)	(n=15)	(n=40)	(n=22)	(n=22)	(n=8)	(n=23)	(n=23)
Licit	66	66	69	53	70	46	64	50	87	70
Illicit	34	34	31	47	30	55	36	50	13	30

Source: IDRS participant interviews

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

Note: Percentages in each drug type may not round to 100 due to missing data. In some cases this may be due to 'other' responses such as participants reporting use of a form of the drug not listed (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

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2014 (continued)

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Methamphetamine (n)	(N=574)	(N=614)	(n=112)	(n=75)	(n=115)	(n=69)	(n=79)	(n=61)	(n=31)	(n=72)
Methamphetamine powder (speed)	27	21	6	8	10	54	23	36	36	22
Amphetamine liquid (oxblood)	1	1	0	1	0	3	1	0	3	1
Base methamphetamine (base/point/wax)	6	5	0	0	0	9	24	0	7	7
Crystalline methamphetamine (ice/crystal)	66	73↑	94	91	90	35	52	64	55	69
% Prescription stimulants (n)	(N=106)	(N=127)	(n=4^)	(n=12)	(n=16)	(n=35)	(n=6^)	(n=25)	(n=22)	(n=7^)
Licit	13	12	50	8	13	3	0	8	14	57
Illicit	87	88	50	92	88	97	100	92	86	43
% Cocaine (n)	(N=136)	(N=110)	(n=47)	(n=15)	(n=15)	(n=8^)	(n=7^)	(n=7^)	(n=2^)	(n=9^)
Powder	76	75	64	80	93	63	86	100	50	78
Crack	4	1	0	0	0	0	0	0	50	0
Rock	20	25	36	20	7	38	14	0	0	22
% Hallucinogens (n)	(N=62)	(N=56)	(n=3^)	(n=8^)	(n=11)	(n=13)	(n=6^)	(n=9^)	(n=3^)	(n=3^)
LSD	58	52	67	50	46	69	50	56	0	33
Mushrooms	26	36	0	38	46	23	50	33	33	67
Other	16	13	33	13	9	8	0	11	67	0
% Ecstasy (n)	(N=80)	(N=87)	(n=13)	(n=10)	(n=16)	(n=20)	(n=9^)	(n=10)	(n=4^)	(n=5^)
Pills	81	83	85	80	81	75	78	100	75	100
Powder	6	8	0	0	19	5	22	0	25	0
Capsules	8	5	0	10	0	15	0	0	0	0
% Alprazolam (n)	(N=344)	(N=338)	(n=76)	(n=38)	(n=62)	(n=40)	(n=25)	(n=37)	(n=12)	(n=48)
Licit	22	22	11	32	19	13	24	35	33	31
Illicit	78	78	90	68	81	88	76	65	67	69
% Other Benzos (n)	(N=491)	(N=558)	(n=89)	(n=60)	(n=110)	(n=74)	(n=59)	(n=70)	(n=27)	(n=69)
Licit	58	58	45	47	66	51	61	63	59	74
Illicit	42	42	55	53	35	49	39	37	41	26
% Seroquel (n)	(N=148)	(N=176)	(n=32)	(n=15)	(n=50)	(n=24)	(n=10)	(n=23)	(n=9^)	(n=13)
Licit	44	45	47	27	38	46	60	61	44	46
Illicit	56	55	53	73	62	54	40	39	56	54
% Cannabis (n)	(N=620)	(N=626)	(n=111)	(n=73)	(n=101)	(n=78)	(n=75)	(n=66)	(n=55)	(n=67)
Hydro	87	85	95	90	84	77	73	82	89	84
Bush	12	15	5	8	16	23	27	17	11	15

Source: IDRS participant interviews

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

↑ Significant increase between 2013 and 2014 (p<0.05)

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 participants reporting use of a form of the drug not listed (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 nearly two-thirds of the sample reported recent heroin use.
- Frequency of use remained stable.
- 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 commonly.
- The use of homebake heroin in the sample remained largely uncommon.

4.2.1 Use of heroin

In 2014, heroin was the drug of choice for half of the sample (50%), and nominated as the last drug injected by 40% of the sample (Table 3). Forty-one percent reported that heroin was the drug injected most often in the last month (Table 3).

For data between 2000 and 2014 refer to Appendix B, Figure B1 for drug of choice and Figure B2 for drug injected most often in the last month.

Around two-thirds (60%) of the national sample reported the use of heroin in the last six months on a median of 72 days. No significant difference was found between 2013 and 2014 for recent heroin use or days of use. Prevalence and frequency of heroin use varied by jurisdiction. The most notable changes were seen in NSW, SA, WA and QLD where the median days of use was higher in 2014 compared to 2013, while the median days of use in VIC was lower (Table 6). Nationally, 25% of recent heroin users reported daily use of heroin in the last six months. The highest proportions of daily users were in NSW and SA (Table 6).

For national data please refer to Appendix B, Figure B3 for recent heroin use and Figure B7 for median days of recent heroin use between 2000 and 2014. For a jurisdictional breakdown of heroin use patterns including daily use between 2000 and 2014 refer to Appendix C, Table C1.

Table 6: Recent use and median days of heroin use, by jurisdiction, 2013-2014

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Recent use									
2013	60	83	75	83	10	41	75	17	72
2014	60	85	75	83	13	43	79	7	66
Median days of use*									
2013	60	90	50	72	3	72	54	3	30
2014	72	120	60	48	3	108	72	11^	48
% Daily use*									
2013	22	26	23	30	0	20	15	7	18
2014	25	41	20	18	8	33	25	17	11

Source: IDRS participant interviews

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

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

4.2.2 Homebake

Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. Homebake use remains uncommon among the national IDRS sample. Recent homebake use remained stable compared to 2013 (8%, N=72), with 7% (N=66) of the national sample reporting use on a median of eight days over the past six months. Seven percent of the national sample reported injection of homebake on a median of ten 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-nine percent of recent heroin users reported use of 'white/off-white' heroin in the preceding six months, this was a significant increase from 83% in 2013 ($p<0.05$). Fifty-three percent reported use of 'brown' heroin. The vast majority of heroin users reported that they had used 'white/off-white' heroin (76%) most often in the preceding six months. Three percent of heroin users in the national sample reported homebake heroin or another colour of heroin as the form 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 the 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, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Used last 6 months (n)	(N=529)	(N=536)	(n=128)	(n=75)	(n=125)	(n=13)	(n=46)	(n=77)	(n=6 [^])	(n=66)
% White/off-white powder or rock	83	89[↑]	93	95	94	62	80	84	67	86
% Brown powder or rock	51	53	81	35	42	39	67	57	33	30
Form most used last 6 months	(N=525)	(N=523)	(n=122)	(n=75)	(n=122)	(n=13)	(n=46)	(n=75)	(n=6 [^])	(n=64)
% White powder or rock	70	76	64	91	85	57	67	69	67	84
% Brown powder or rock	25	21	36	8	11	36	30	29	33	9
% Other colour or homebake	5	3	0	1	4	7	2	2	0	6

Source: IDRS participant interviews

[↑] Significant increase between 2013 and 2014 ($p<0.05$)

[^] Smaller numbers reported; interpret with caution ($p<0.05$)

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, 29% reported heating the heroin before injecting last and 3% reported using acid. Similar proportions reported the colour of heroin as white (48%) and 45% as brown when used with acid or when heating. These findings are different to those reported in 2013 (Table 8).

Table 8: Use of heat and acid in the preparation of last heroin injection among recent heroin users who commented, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Heated in the last injection (n)	(N=522) 38	(N=528) 29↓	(n=122) 25	(n=75) 32	(n=125) 10	(n=13) 54	(n=45) 40	(n=76) 53	(n=6^) 17	(n=66) 30
% Acid in the last injection (n)	(N=511) 5	(N=514) 3	(n=119) 7	(n=75) 1	(n=125) 1	(n=3^) 0	(n=44) 2	(n=76) 5	(n=6^) 0	(n=66) 0
% Main Colour* (n)	(N=196)	(N=146)	(n=32)	(n=25)	(n=14)	(n=9^)	(n=19)	(n=27)	(n=1^)	(n=19)
White	38	48	22	56	86	56	42	37	100	68
Brown	53	45	63	32	14	33	58	59	0	26
Other	10	8	16	12	0	11	0	4	0	5

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)

↓ Significant decrease between 2013 and 2014 (p<0.05)

4.2.4 Quantity of heroin use

Participants were asked about the quantity of heroin used during a typical (average) session, a heavy session and over a day. The most common measures reported were points and grams. During a typical (average) session the median amount used was a quarter of a gram (range 0.1 to 3 grams) or one and a half points (range 0.1 to 8 points). During a heavy session the median amount used was half a gram (range 0.1 to 4 grams) or two and a half points (range 0.2 to 15 points). Over the period of a day the median amount used was half a gram (range 0.1 to 6 grams) or two points (range 0.25 to 20 points).

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 24 days.
- The use of ice/crystal was significantly higher compared to 2013. Recent use of speed powder 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 20 days for 'ice/crystal', six days for 'speed' and 'base'. The median days of ice/crystal use significantly increased.
- The majority of methamphetamine users reported injecting either 'speed', 'base' or 'ice/crystal' in the last six months.

4.3.1 Use of methamphetamines

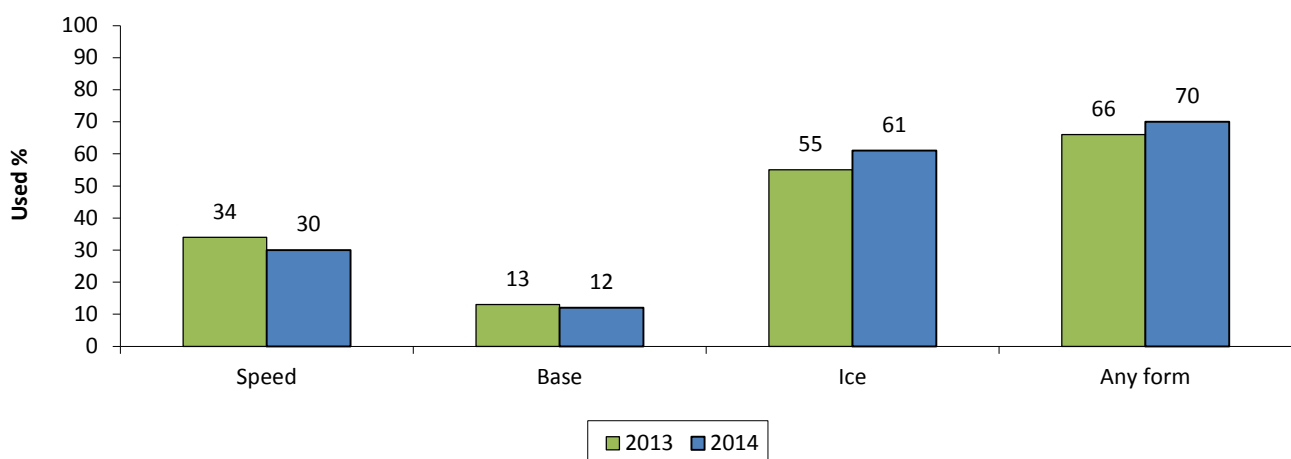
In 2014, seventy percent of the national sample reported using one or more forms of methamphetamine (speed, base, ice/crystal or liquid amphetamine) in the six months preceding interview. No significant difference was found between 2013 and 2014 ($p < 0.05$). The proportion of participants reporting recent use and frequency of methamphetamine nationally over time is presented in Appendix B, Figure B3, Figure B4 and Figure B7. For a jurisdictional breakdown refer to Appendix C, Table C2 to C4.

Figure 2, Table 9, Table 10 and Table 11 show the proportion of participants who reported using the three different forms of methamphetamine nationally over time. Nationally, the recent use of 'speed' remained stable at 30% in 2014 (34% in 2013). Recent 'speed' use ranged from 50% in TAS to 16% in the NT. The median number of days used 'speed' in the last six month was six days. Nearly all (96%) of the recent 'speed' users reported injecting 'speed'.

The recent use of 'base' remained stable between 2013 and 2014 (13% in 2013 versus 12% in 2014) ranging from 30% in SA to 3% in VIC. The median number of days used 'base' in the last six months was six days. Nearly all (96%) of the recent 'base' users reported injecting 'base'.

Nationally, the recent use of 'ice/crystal' was significantly higher at 61% in 2014 (55% in 2013). Recent 'ice/crystal' use ranged from 75% in VIC to 26% in the NT. The frequency of days used 'ice/crystal' in the last six months significantly increased from 12 days in 2013 to 20 days in 2014. The majority (95%) of recent 'ice/crystal' users reported injecting 'ice/crystal'.

Figure 2: Recent use of methamphetamine (speed, base, ice/crystal and any form), 2013-2014



Source: IDRS participant interviews

Table 9: Proportion of IDU who reported use of speed powder in the preceding six months, by jurisdiction, 2003-2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	55	31	48	70	51	53	71	60	58
2004	53	35	41	65	60	44	61	60	61
2005	60	38	59	75	76	39	61	69	65
2006	56	49	58	71	54	39	66	57	54
2007	55	35	55	65	63	42	61	58	62
2008	48	38	37	64	61	34	61	50	35
2009	48	33	46	65	56	33	54	50	46
2010	41	29	48	53	56	29	51	25	41
2011	44	30	46	49	67	36	43	43	40
2012	40	17	42	39	70	34	45	46	30
2013	34	14	29	23	61	40	48	31	37
2014	30	17	36	25	50	34	39	16	31

Source: IDRS participant interviews

Table 10: Proportion of IDU who reported use of base methamphetamine in the preceding six months, by jurisdiction, 2003-2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	35	32	13	18	46	51	40	30	50
2004	38	31	25	11	72	46	45	26	60
2005	39	38	28	13	79	61	54	16	40
2006	38	43	32	15	55	52	37	25	53
2007	32	41	32	8	48	42	22	20	48
2008	22	33	18	5	25	37	13	10	34
2009	28	36	21	13	55	31	12	16	41
2010	21	29	18	3	40	43	8	6	30
2011	21	17	17	11	39	35	6	12	37
2012	18	15	15	11	43	32	6	7	21
2013	13	12	6	3	17	31	11	7	22
2014	12	12	4	3	19	30	8	4	22

Source: IDRS participant interviews

Table 11: Proportion of IDU who reported use of ice/crystal methamphetamine in the preceding six months, by jurisdiction, 2003-2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	54	38	65	50	69	48	80	34	60
2004	52	45	73	41	52	48	83	32	51
2005	43	38	62	29	50	46	68	21	36
2006	57	57	88	53	56	49	76	29	55
2007	46	50	80	43	38	41	56	29	39
2008	49	69	68	39	32	49	61	28	40
2009	37	46	57	32	26	30	43	15	46
2010	39	48	48	36	20	60	40	18	37
2011	45	53	57	53	26	44	46	28	50
2012	54	68	66	59	43	56	64	26	44
2013	55	74	61	55	45	57	59	30	50
2014	61[↑]	74	72	75	54	60	53	26	58

Source: IDRS participant interviews

[↑] Significant increase between 2013 and 2014 ($p < 0.05$)

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' (73%), followed by 'speed' (21%), 'base' (5%) and liquid amphetamine (1%) (Table 5). For comparison, in 2013, these figures were: 'ice/crystal' (66%), 'speed' (27%) and 'base' (6%). There are some jurisdictional variations in these findings. 'Ice/crystal' use was the main form reported in all jurisdictions, with the exception of TAS ('speed' main form used) (Table 5).

4.3.3 Methamphetamine frequency of use

In 2014, the median number of days any form of methamphetamine used by the national sample was 24 days (24 days in 2013); around fortnightly use (Table 12). The median frequency of use among those who reported recent methamphetamine use was 6 days for 'speed' (ranging from five days in VIC to 12 days in SA; 10 days nationally in 2013), 6 days for 'base' (ranging from four in NSW, WA, QLD and the NT to 56 days in ACT; 6 days nationally in 2014). Note: small numbers commented on base so please interpret with caution. The median number of days used ice/crystal increased significantly from 12 days in 2013 to 20 days in 2014 (ranging from six days in TAS to 48 days in the ACT). No other significant differences for median days of use were found for speed or base 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 2013 and 2014.

The proportion of all participants who reported daily methamphetamine (among those recently used) use was relatively stable at 8% nationally (6% in 2013). Daily use of ice/crystal also remained stable.

Table 12: Median number of days of methamphetamine use by those who had used methamphetamine in the past six months, by jurisdiction, 2014

Number	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Speed	10	6	6	9	5	11	12	8	6	6
Base	6	6	4	56 [^]	8 [^]	12	24	4 [^]	4 [^]	4
Ice/crystal	12	20 [↑]	28	48	12	6	24	15	14	11
Liquid	3	6	90 [^]	72 [^]	1 [^]	12 [^]	16 [^]	2 [^]	4 [^]	4 [^]
Any form*	24	24	39	48	12	18	48	15	10	11

Source: IDRS participant interviews

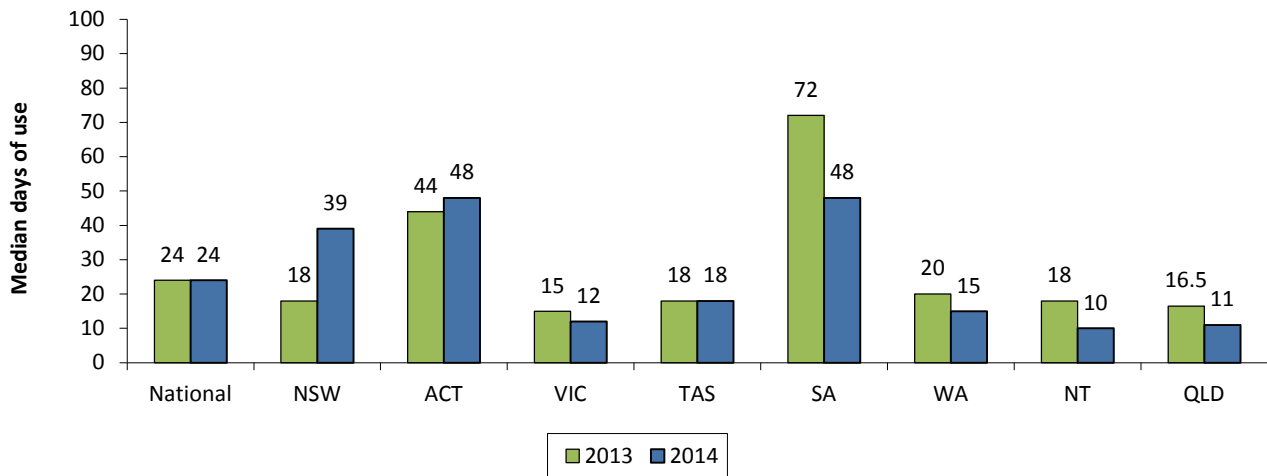
[^] Very small numbers reporting ($n<10$)

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

[↑] Significant increase between 2013 and 2014 ($p<0.05$)

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, 2013-2014



Source: IDRS participant interviews

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

The jurisdictional differences in methamphetamine use are reflected in data sources other than the IDRS. The Australian Needle and Syringe Program Survey (ANSPS) (provided by the Kirby Institute previously known as the National Centre in HIV Epidemiology and Clinical Research) provides data from 2000 to 2013 on amphetamine use (Table 13). The table depicts the proportion of NSP clients who report methamphetamine as the drug they had last injected, by jurisdiction. Consistent with the IDRS reports, SA had the largest proportion of NSP clients reporting methamphetamine as the last drug injected (Table 13).

Table 13: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000-2013

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	22	12	6	6	22	30	23	27	38
2001	37	16	41	24	22	52	56	36	52
2002	33	23	16	23	30	45	39	15	43
2003	33	18	28	24	28	48	41	24	46
2004	33	23	32	16	31	40	46	30	44
2005	32	25	26	24	47	42	34	28	40
2006	38	29	40	35	49	51	45	35	39
2007	30	26	41	21	30	43	31	16	35
2008	28	26	29	18	23	51	28	17	34
2009	24	22	24	13	25	37	19	26	29
2010	26	30	27	13	27	40	26	25	27
2011	27	29	24	18	26	35	34	23	29
2012	26	26	29	18	32	35	32	18	26
2013	29	32	30	21	24	38	36	11	29

Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2005; National Centre in HIV Epidemiology and Clinical Research, 2010; Iversen, Chowand Maher, 2014)

Note: Respective sample sizes for the ANSPS were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395; 2012: 2,391; 2013: 2,407

4.3.4 Quantity of methamphetamine use

Participants were asked about the quantity of speed powder, base and ice/crystal used in the last six months during a typical (average) session, a heavy session and over a day. Below are the median quantities reported for speed powder, base and ice/crystal.

4.3.4.1 Speed powder

The most common measures reported for speed powder were points and grams. During a typical (average) session the median amount used was half a gram (range 0.1 to 3.5 grams) or one point (range 0.1 to 8 points) in the last six months. During a heavy session the median amount used was one gram (range 0.1 to 5 grams) or two points (range 0.1 to 15 points) in the last six months. Over the period of a day the median amount used in the last six months was one gram (range 0.1 to 7 grams) or one point (range 0.1 to 8 points) (Table 14).

4.3.4.2 Base

For base the most common measures reported were points and grams. During a typical (average) session the median amount used was one gram (range 0.1 to 3.5 grams) or one point (range 0.5 to 7 points). During a heavy session the median amount used was one gram (range 0.2 to 3.5 grams) or two points (range 0.1 to 20 points). Over the period of a day the median amount used was 0.75 grams (range 0.1 to 3.5 grams) or one point (range 0.2 to 9 points) (Table 14).

4.3.4.3 Ice/crystal

Grams and points were the most common measures reported for ice/crystal among those who commented. During a typical (average) session the median amount used in the last six months was a 0.1 of a gram (range 0.1 to 6 grams) or one point (range 0.1 to 6 points). During a heavy session the median amount used was half a gram (range 0.1 to 10 grams) or two points (range 0.1 to 13 points) in the last six months. Over the period of a day the median amount used in the last six months was 0.3 of a gram (range 0.1 to 6 grams) or one point (range 0.1 to 20 points) (Table 14).

Table 14: Median quantity of methamphetamine used during a typical session, heavy session and over a day in the last 6 months, nationally, 2014

In the last six months	Typical session (median quantity)		Heavy session (median quantity)		Over a day (median quantity)	
	Points	Grams	Points	Grams	Points	Grams
Speed powder (range)	1 (0.1-8)	0.5 (0.1-3.5)	2 (0.1-15)	1 (0.1-5)	1 (0.1-8)	1 (0.1-7)
Base (range)	1 (0.5-7)	1^ (0.1-3.5)	2 (0.1-20)	1^ (0.2-3.5)	1 (0.2-9)	0.75^ (0.1-3.5)
Ice/crystal (range)	1 (0.1-6)	0.1 (0.1-6)	2 (0.1-13)	0.5 (0.1-10)	1 (0.1-20)	0.3 (0.1-6)

Source: IDRS participant interviews

^ Small numbers; interpret with caution

4.4 Cocaine

Key points

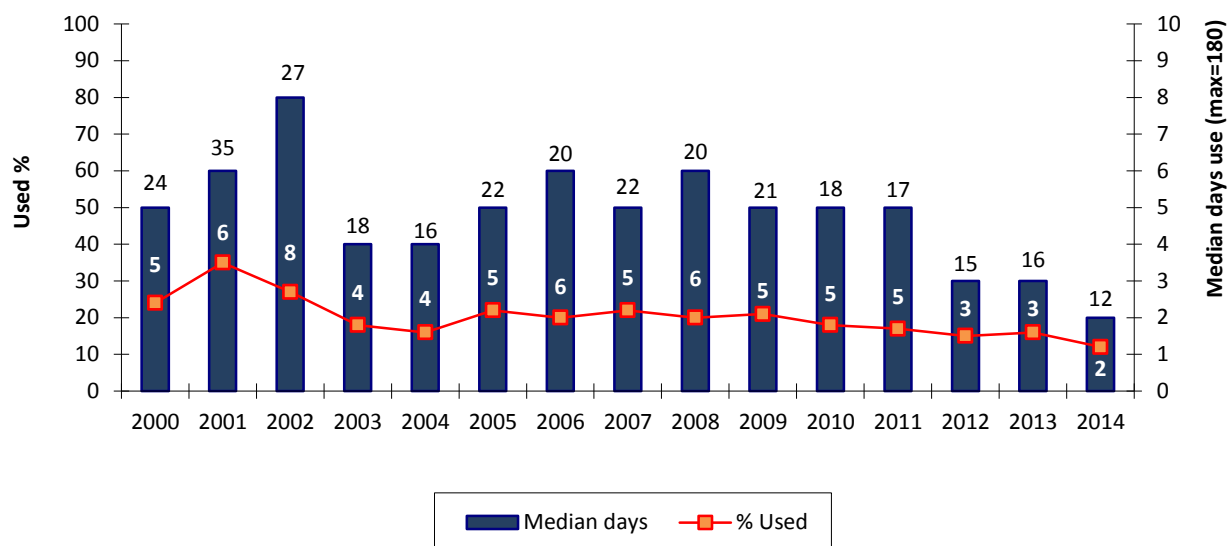
- The recent use of cocaine remained most common among participants in NSW (32%), with proportions elsewhere reporting use in the preceding six months remaining at less than 15%.
- The frequency of cocaine use remained low and in the majority of jurisdictions except NSW. In NSW, the frequency of cocaine use was three days (six days in 2013).
- Cocaine powder remained the most common form of the drug used by participants.

4.4.1 Use of cocaine

Twelve percent of the national sample reported recent use of cocaine (Figure 4), the majority (75%) of whom also reported injecting it in the last six months. The recent use of cocaine remained most common among participants in NSW (32%), ranging in the other states from 15% in ACT to 3% in the NT (Figure 5). No significant difference was found between 2013 and 2014 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 two days, ranging from four days in WA to one day in QLD. Among those who recently used cocaine nationally and in NSW, no significant difference was found between 2013 and 2014 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 the majority of jurisdictions except NSW (Figure 5). In NSW, the frequency of cocaine use was three days compared to six days in 2013, this was not significant ($p>0.05$). Please refer to Appendix B, Figure B3 and Figure B7 for national data between 2000 and 2014 and Appendix C, Table C5 for jurisdictional differences over time.

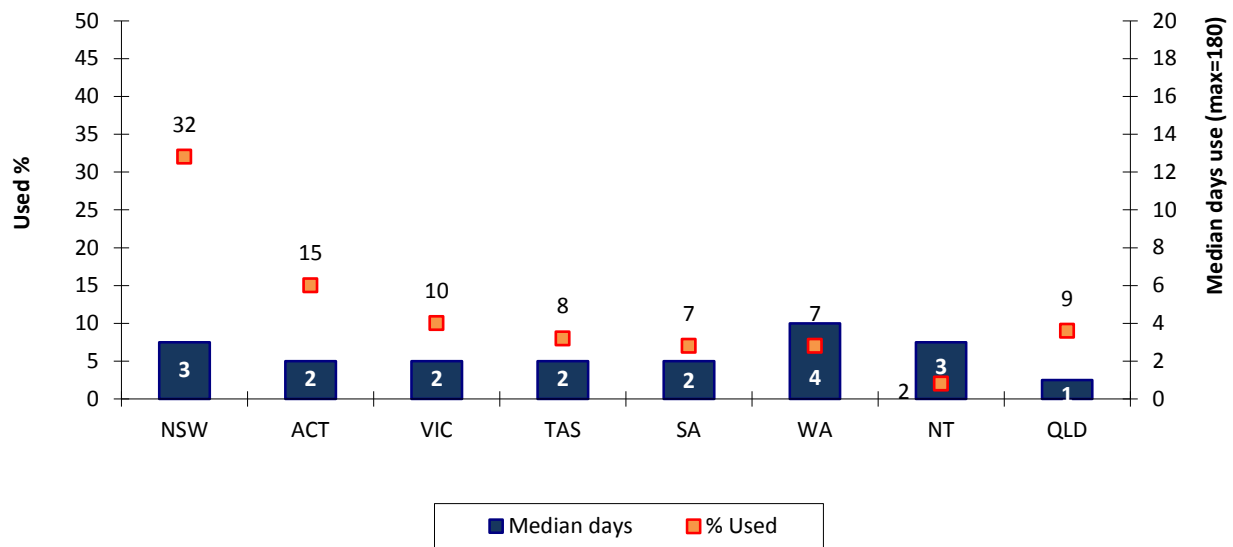
Figure 4: Proportion of participants in the national sample who reported recent cocaine use and median days of use, 2000-2014



Source: IDRS participant interviews

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

Figure 5: Proportion of participants who reported recent cocaine use and median days of use, by jurisdiction, 2014



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

4.4.2 Cocaine forms used

Ten percent of the national sample reported use of powder cocaine in the preceding six months, ranging from 2% in the NT to 24% in NSW. While, 4% reported using rock cocaine and <1% crack cocaine in the last six month (see Table 4). Among users, powder cocaine remained the form most commonly used in the preceding six months, followed by rock cocaine (75% and 25% respectively, see Table 5).

4.4.3 Quantity of cocaine use

Participants were asked about the quantity of cocaine used during a typical (average) session, a heavy session and over a day. The most common measures were points and grams. During a typical session the median amount used was half a gram (range 0.1 to 5 grams) or 1.75 points (range 0.3 to 5 points). During a heavy session the median amount used was half a gram (range 0.1 to 20 grams) or one point (range 0.5 to 5 points). Over the period of a day the median amount used was half a gram (range 0.1 to 6 grams) or two points (range 0.5 to 5 points).

4.5 Cannabis

Key points

- The majority of participants reported recent cannabis use. The median days of cannabis use significantly reduced from 170 days to 96 days in 2014. Daily use was still commonly reported.
- Smoking of cannabis in cones was more common than in joints, with users reporting having smoked a median of four 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.

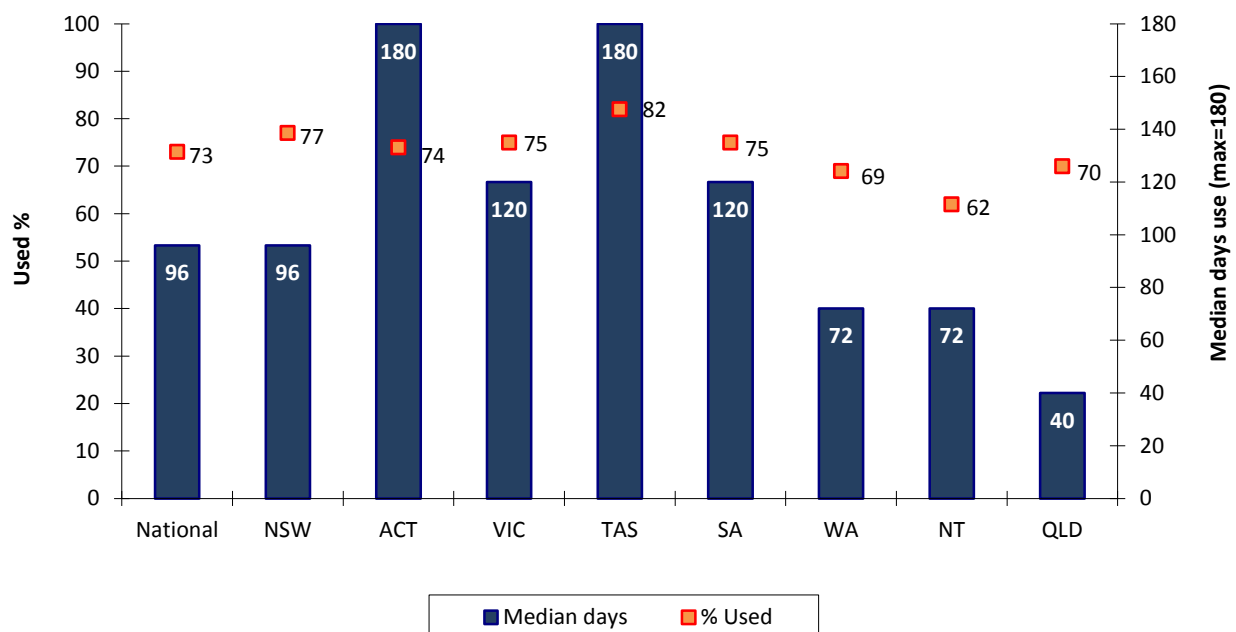
4.5.1 Use of cannabis

Seventy-three percent of the national sample reported they had used cannabis in the six months prior to interview, ranging from 62% in the NT to 82% in TAS (Figure 6). No significant difference was found between 2013 and 2014 for recent cannabis use nationally (72% in 2013).

Nationally the median number of days used among those who use recently used cannabis was 96 days (every second day) (Figure 6). This result was a significant decrease from 170 days in 2013 ($p>0.05$). Nationally, 42% of recent cannabis users reported daily use ranging between 26% in QLD to 53% in TAS.

For national data between 2000 and 2014 please refer to Appendix B, Figure B3 and Figure B7 and for jurisdictional differences over time Appendix C, Table C6.

Figure 6: Proportion of participants who reported recent cannabis use and median days of use, by jurisdiction, 2014



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, joints or puffs used on that occasion, either by themselves or shared with others. Among those who responded nationally (N=599), cannabis had typically been smoked in cones (70%; range 50% in VIC to 88% in WA) rather than joints (11%; range 6% in SA to 30% in QLD) or puffs (1%). Among those who had smoked cones, the median number used on the last day was four (range: less than one cone to 80 cones), while the number of joints smoked was one (range: less than one joint to 25 joints). Daily users of cannabis had smoked a median of six cones (range: 1-50) or two joints (range: <1-6) on the last day of use.

4.5.2 Cannabis forms used

Sixty-five percent of the national sample reported use of hydroponic cannabis (hydro) in the preceding six months, ranging from 57% in the NT to 73% in NSW. Over one-third (39%) reported use of outdoor-grown 'bush' cannabis, ranging from 27% in QLD to 60% in TAS. Seven percent had used hashish and minimal proportions (4%) 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).

4.5.3 Quantity of cannabis use

Participants were asked about the quantity of cannabis used during a typical (average) session, a heavy session and over a day. The measures analysed were cones and joints. During a typical session the median amount used was four cones (range 0.5 to 50 cones) or one joint (range 0.25 to 8 joints). During a heavy session the median amount used was 7 cones (range 0.5 to 200 cones) or two joints (range 0.25 to 20 joints). Over the period of a day the median amount used was 6 cones (range 0.5 to 150 cones) or one joint (range 0.25 to 8 joints).

4.6 Other opioids

Key points

- Eighteen percent of the national sample reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview, while 9% of the national sample reported recent use of 'illicitly' obtained methadone tablets (Physeptone).
- Four percent of the national sample reported use of 'licitly' obtained **buprenorphine** in the six months preceding interview and 14% reported use of 'illicit' buprenorphine.
- Two percent of the national sample reported using 'licitly' obtained **buprenorphine-naloxone** 'tablet' and 12% buprenorphine-naloxone 'film' in the preceding six months.
- Six percent of the national sample reported using 'illicitly' obtained buprenorphine-naloxone 'tablet' and 13% buprenorphine-naloxone 'film' in the last six months.
- The recent use of any form of **morphine** remained stable at 37% (38% in 2013). Recent 'licit' morphine use was reported by 7% of the sample compared to 35% for 'illicit' morphine.
- Morphine remained the most commonly injected pharmaceutical in the national sample (35% in 2014).
- Jurisdictional variations and changes were observed. The use of morphine remained highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available.
- Thirty-three percent of the national sample reported the recent use of any form of **oxycodone** (7% licit; 29% illicit).
- Three percent of the national sample reported the recent injection of 'licitly' obtained oxycodone and 27% for 'illicitly' obtained oxycodone. The median days of oxycodone use remained stable between 2013 and 2014.
- Nine percent of the national sample reported recently using **fentanyl** on a median of three days in the last six months.
- Nine percent of the national sample reported using **over the counter codeine** on a median of 12 days in the last six months.
- Twenty-two percent of the national sample reported recent use of '**other**' **opioids** (i.e. those not elsewhere classified – mainly Panadeine Forte®) on a median of eight days. Recent injection of these preparations was low at less than one percent.

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

Use

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

Injection

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

See Glossary for further details relating to licit and illicit use. For additional information on data covering the use of 'licitly' obtained methadone, buprenorphine and buprenorphine-naloxone, including national indicator data on opioids substitution treatment (OST), please see also Drug treatment section (under Health-related trends associated with drug use).

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

4.6.1 Use of methadone

In 2014, nearly half (46%) of the national sample reported recent use of 'licitly' and/or 'illicitly' obtained methadone (including Physeptone tablets), on a median of 180 days in the last six months. Among the national sample, thirty-three percent reported the use of 'licitly' obtained methadone liquid (34% in 2013), while, eighteen percent (20% in 2013) reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview (Table 15). No significant difference was found nationally between 2013 and 2014 for recent 'illicit' methadone use ($p>0.05$). 'Illicitly' obtained methadone liquid was the form of methadone reported as the form used most by 19% of those who reported methadone use, ranging from 5% in the NT to 27% in NSW (see Table 5).

Nine percent (9% in 2013) of the 2014 national sample reported recent use of 'illicit' Physeptone (Table 15). 'Illicitly' obtained Physeptone tablets were reported as the form of methadone 'most used' by nine percent of the national sample who used methadone recently (7% in 2013) (see Table 5). There were substantial jurisdictional differences among those who reported 'illicitly' obtained Physeptone tablets as the form 'most used', ranging from no reports in QLD to 57% in the NT (results should be interpreted with caution due to small numbers, see Table 5).

For national differences between 2000 and 2014 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C7.

Participants who recently used methadone and commented (N=133) were asked about their reasons for using 'illicit' methadone. Motivations varied considerably, with the most commonly reported reasons being to self-treat dependence (32%), a substitute for heroin/other opiates (25%), intoxication (26%) and/or another reason (14%).

Table 15: Methadone (any form) recent use and median days, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
% Recent use	2013	2014								
Licit										
Methadone syrup	34	33	41	46	51	32	15	32	5	26
Physeptone	2	2	-	9	1	3	-	-	7	2
Illicit										
Methadone syrup	20	18	27	23	19	35	9	12	-	15
Physeptone	9	9	3	6	3	38	2	9	16	4
Any form (licit and/or illicit)	48	46	57	65	59	54	22	43	24	35
Median days used *										
Licit										
Methadone syrup	180	180	180	180	180	98	180	180	180^	180
Physeptone	36	6	-	17^	170^	4^	-	-	114^	80^
Illicit										
Methadone syrup	5	6	7	5	5	12	4^	3	-	7
Physeptone	6	4	7^	1.5^	3^	6	1^	2^	4	10.5^
Any form (licit and/or illicit)	180	180	177	180	180	90	180	180	13	180

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 to days of use/injection

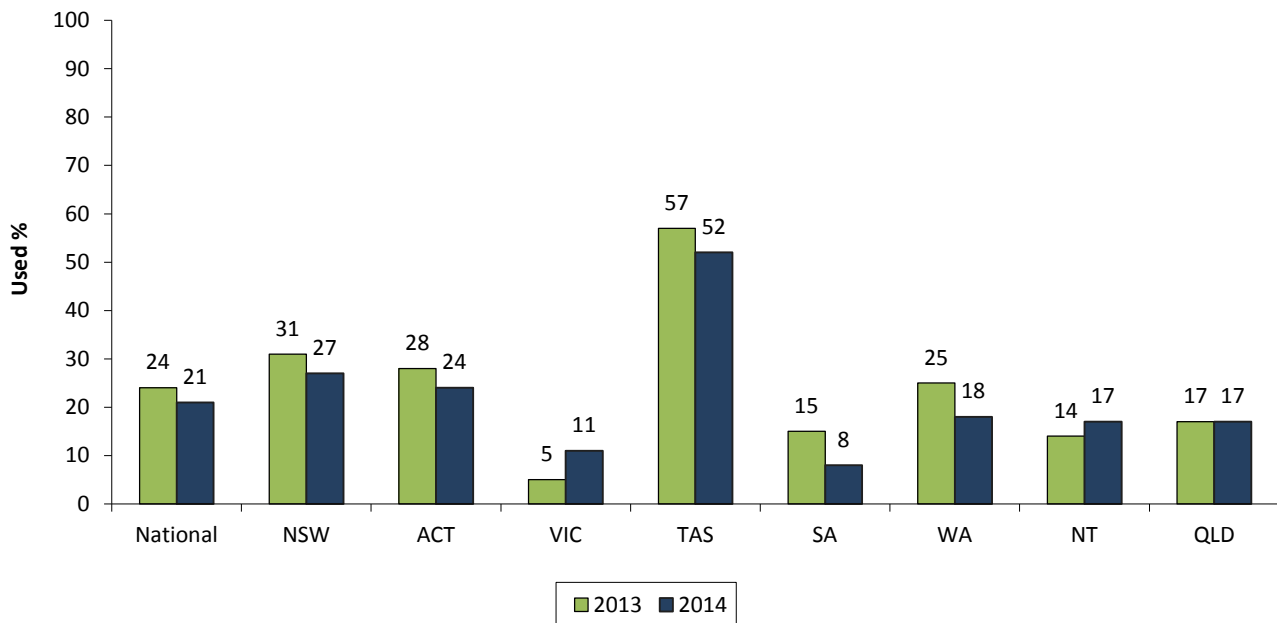
4.6.1.1 Methadone injection

Twenty-one percent of the national sample reported recently injecting 'licitly' and/or 'illicitly' obtained methadone (including Physeptone) compared to 24% in 2013 (Figure 7, Table 16).

The proportions of participants from the entire sample in each jurisdiction who reported having injected methadone in the preceding six months was lowest in SA (8%) and highest in TAS (52%) (Figure 7, Table 16). 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 less than 1% for 'licitly' obtained, i.e. prescribed, tablets (range zero in NSW, SA, WA and QLD to 2% in the ACT, TAS and the NT), and 8% for 'illicitly' obtained tablets, respectively (range 2% in SA and QLD to 36% in TAS) (Table 16).

Nationally, those who reported injecting 'licitly' obtained methadone recently had done so on a median of 48 days (48 days in 2013) and 'illicitly' obtained methadone on a median of six days. The injection of 'licitly' and 'illicitly' obtained Physeptone was reported by few participants and typically on an infrequent basis (Table 16). Frequency of methadone liquid and Physeptone injecting varied by jurisdiction. No significant difference was observed nationally between 2013 and 2014 for median days injected 'licit' or 'illicitly' obtained methadone syrup ($p>0.05$).

Figure 7: Recent injection of methadone (any form), by jurisdiction, 2013-2014


Source: IDRS participant interviews

Note: Figures include licitly and illicitly obtained methadone and Physeptone

Table 16: Methadone (any form) recent injection and median days, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Recent injection										
Licit										
Methadone syrup	10	8	9	6	6	23	4	9	-	10
Physeptone	1	<1	-	2	<1	2	-	-	2	-
Illicit										
Methadone syrup	15	13	22	16	7	34	5	9	-	11
Physeptone	7	8	3	5	3	36	2	7	16	2
Any form (licit and/or illicit)	24	21	27	24	11	52	8	18	17	17
Median days injected *										
Licit										
Methadone syrup	48	48	22	57^	72^	48	37^	48^	-	36.5
Physeptone	72^	48^	-	92.5^	14^	91^	-	-	114^	-
Illicit										
Methadone syrup	6	6	7	5	12.5	12	2^	3^	-	6
Physeptone	6	4	8.5^	2^	3^	5.5	1^	2^	4	12.5^
Any form (licit and/or illicit)	20	14	16	6	6	48	15^	11	5	20

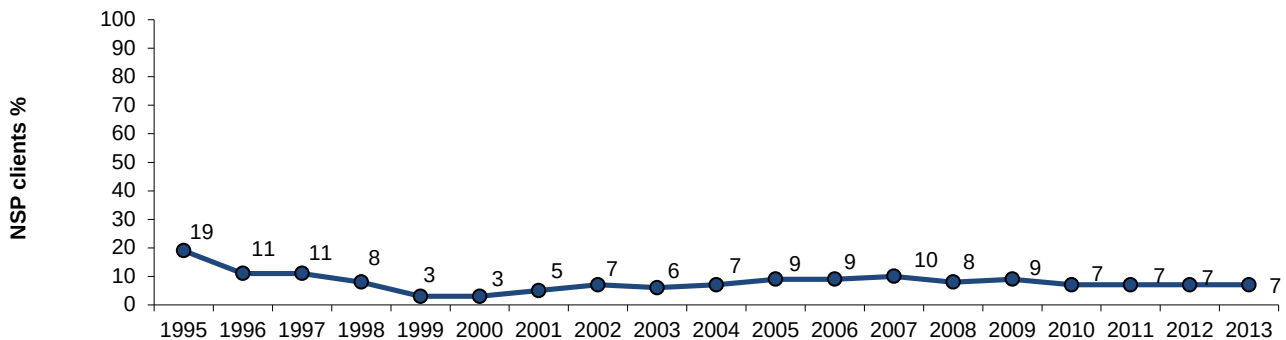
Source: IDRS participant interviews

^ 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 to days of use/injection

The proportion of NSP clients in Australia reporting methadone as the last drug injected was 7% in 2013 (Figure 8). Consistent with IDRS participant reports, the ANSPS results show that TAS recorded the highest proportion (27%) of NSP clients reporting methadone as the last drug injected (Iversen, Chow and Maher, 2014)

Figure 8: Proportion of NSP clients reporting methadone as last injection, Australia, 1995-2013



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002; National Centre in HIV Epidemiology and Clinical Research, 2005; National Centre in HIV Epidemiology and Clinical Research, 2010; Iversen, Chow and Maher, 2014)

Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395; 2012: 2,391; 2013: 2,407

4.6.2 Use of buprenorphine

Four percent of the national sample reported recently using 'licit' buprenorphine compared to 14% for 'illicitly' obtained buprenorphine in the six months preceding interview (Table 17). No significant difference was found nationally between 2014 and 2013 for recent 'licit' or 'illicit' buprenorphine use ($p>0.05$).

Use of 'licitly' obtained buprenorphine ranged between 1% in SA to 12% in QLD, while, for 'illicitly' obtained buprenorphine, this figure ranged from 5% in SA to 22% in NSW (Table 17).

For national differences between 2002 and 2014 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C8.

Participants who recently used buprenorphine and commented (N=71) were asked about their reasons for using 'illicit' buprenorphine. Motivations varied considerably, with the most commonly reported reasons being a substitute for heroin/other opiates (37%), to self-treat dependence (32%) and/or intoxication (9%).

4.6.2.1 Buprenorphine injection

Two percent of the national sample reported injection of 'licit' buprenorphine and 10% reported injection of 'illicit' buprenorphine in the six months preceding interview (Table 17). Injection of 'licitly' obtained buprenorphine ranged from zero in SA to 9% in QLD, while injection of 'illicitly' obtained buprenorphine ranged from 1% in SA to 17% in WA (Table 17). Twelve 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 12 days (22.5 days in 2013). For 'licit' buprenorphine, this figure was 96 days (small numbers commenting; 72 days in 2013) and for 'illicitly' obtained buprenorphine 12 days (18 days in 2013) (Table 17).

Of those who had recently used buprenorphine, 77% reported 'illicit' buprenorphine as the form used most recently compared to 23% for 'licit' buprenorphine.

Table 17: Buprenorphine use patterns, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Recent Use										
Licit	5	4	3	5	3	4	1	3	7	12
Illicit	12	14	22	12	12	11	5	19	12	19
Any form (licit and/or illicit)	16	18	24	17	14	15	6	22	17	27
Median days used*										
Licit	150	179	135	180	180	30	180	180	144	176
Illicit	12	10	6	4.5	29	4	10^	2	15	24
Any form (licit and/or illicit)	30	15.5	6.5	9	48	12	12^	13	36	95
% Recent injection										
Licit	2	2	<1	1	3	1	-	1	1	9
Illicit	9	10	16	8	11	6	1	17	8	14
Any form (licit and/or illicit)	10	12	17	9	13	7	1	18	9	21
Median days injected*										
Licit	72^	96	180^	1^	138^	180^	-	6^	138^	10^
Illicit	18	12	5.5	4^	29	22^	1^	48	2^	22.5
Any form (licit and/or illicit)	22.5	12	6	6^	48	30^	1^	27	6^	12

Source: IDRS participant interviews

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

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

4.6.3 Use of buprenorphine-naloxone

In 2014, participants were asked about the use of buprenorphine-naloxone 'tablet' and 'film'. The buprenorphine-naloxone 'film' became available on the PBS to treat opiate dependence in late 2011. The 'film' dissolves faster under the tongue compared to the 'tablet' reducing the opportunity for clients to remove the dose from the mouth and misuse it (Therapeutic Goods Administration, March 2011) <http://www.tga.gov.au/pdf/auspar/auspar-suboxone.pdf>.

Of the national sample, 7% reported recently using any form of buprenorphine-naloxone 'tablet' (licit use 2% and illicit use 6%) on a median of 12 days (twice a month; 45 days in 2013). While, 22% of the national sample reported recently using any form of buprenorphine-naloxone 'film' (licit use 12% and illicit use 13%) on a median of 48 days (twice a week) in the last six months (48 days in 2013) (Table 18). The recent use and frequency of use (days of use) of licit or illicit buprenorphine-naloxone 'tablet' significantly decreased between 2013 and 2014 (11% in 2013 versus 7% in 2014; and 45 days in 2013 versus 12 days in 2014; $p<0.05$). No other significant differences were found for licit or illicit buprenorphine-naloxone 'tablet' or 'film'.

For national differences between 2006 and 2014 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C9.

Participants who recently used buprenorphine-naloxone 'tablet' and commented (N=40) were asked about their reasons for using 'illicit' buprenorphine-naloxone 'tablet'. Motivations varied considerably, with the most commonly reported reasons being a substitute for heroin/other opiates (45%), to self-treat dependence (38%), intoxication (8%) and/or another reason (8%).

Those who recently used buprenorphine-naloxone 'film' and commented (N=82) were asked about their reasons for using 'illicit' buprenorphine-naloxone 'film'. Motivations varied considerably, with the most commonly reported reasons being to self-treat dependence (40%), a substitute for heroin/other opiates (38%), intoxication (12%) and/or another reason (16%).

Table 18: Buprenorphine-naloxone recent use and median days, by jurisdiction, 2014

	National N=887 N=898		NSW n=150	ACT n=100	VIC n=150	TAS n=101	SA n=106	WA n=98	NT n=93	QLD n=100
	2013	2014								
% Recent Use										
Licit										
Tablet	4	2	2	1	-	3	1	1	4	3
Film	11	12	9	7	15	10	12	15	11	17
Illicit										
Tablet	8	6	5	9	5	6	4	4	7	5
Film	11	13	15	10	14	11	8	16	16	16
Any TABLET form (licit and/or illicit)	11	7↓	7	10	5	9	5	5	9	6
Any FILM form (licit and/or illicit)	19	22	22	16	23	19	19	27	26	27
Any form (licit or illicit)	24	25	23	23	25	21	20	31	31	28
Median days used*										
Licit										
Tablet	131	27	30^	180^	-	2^	7^	180^	42^	21^
Film	90	93	120	96^	166	89	90	90	180	110
Illicit										
Tablet	7	7	16^	12^	5^	9^	2^	2^	14.5^	6^
Film	5	10	6.5	4.5	10	3	11^	81	5	8.5
Any TABLET form (licit and/or illicit)	45	12↓	25	16	5^	6^	2^	2^	24^	17
Any FILM form (licit and/or illicit)	48	48	20	19	90	48	90	90	8.5	40

Source: IDRS participant interviews

^ Medians based on small numbers (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 for days of use/injection

↓ Significant decrease between 2013 and 2014 (p<0.05)

4.6.3.1 Buprenorphine-naloxone injection

Of the national sample, 4% reported recently injecting any form of buprenorphine-naloxone 'tablet' (illicit only 4%) on a median of 12 days (twice a month). This result was a significant decrease from 7% in 2013 (p<0.05). While, 8% of the national sample reported recently using any form of buprenorphine-naloxone 'film' (licit 2% and illicit 7%) on a median of 37.5 days in the last six months (20 days in 2013) (Table 19).

No other significant differences were found nationally between 2013 and 2014 for 'licit' or 'illicit' buprenorphine-naloxone 'tablet' or 'film' (p>0.05).

Table 19: Buprenorphine-naloxone recent injection and median days, by jurisdiction, 2014

	National N=887 N=898		NSW n=150	ACT n=100	VIC n=150	TAS n=101	SA n=106	WA n=98	NT n=93	QLD n=100
	2013	2014								
% Recent injection										
Licit										
Tablet	1	-	-	-	-	-	-	-	-	-
Film	2	2	<1^	1^	5^	1^	2^	3^	-	3^
Illicit										
Tablet	6	4	4^	8^	5^	4^	1^	3^	3^	2^
Film	6	7	7^	3^	11^	6^	3^	14^	5^	9^
Any TABLET form (licit and/or illicit)	7	4	4	8	5	4	1	3	3	2
Any FILM form (licit and/or illicit)	7	8	7	4	12	7	5	15	5	10
Any form (licit or illicit)	10	10	7	10	14	7	5	16	7	11
Median days injected*										
Licit										
Tablet	180	-	-	-	-	-	-	-	-	-
Film	30	87.5	108^	96^	90^	10^	78.5^	20^	-	90^
Illicit										
Tablet	11	12	13.5^	13.5^	3^	13^	96^	2^	1^	50^
Film	10	17.5	13.5	4^	12	69^	90^	90	7^	12^
Any TABLET form (licit and/or illicit)	22.5	12	13.5^	13.5^	3^	13^	96^	2^	1^	50^
Any FILM form (licit and/or illicit)	20	37.5	15	50.5^	36	48^	85^	135	7^	37.5

Source: IDRS participant interviews

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

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

4.6.4 Use of morphine

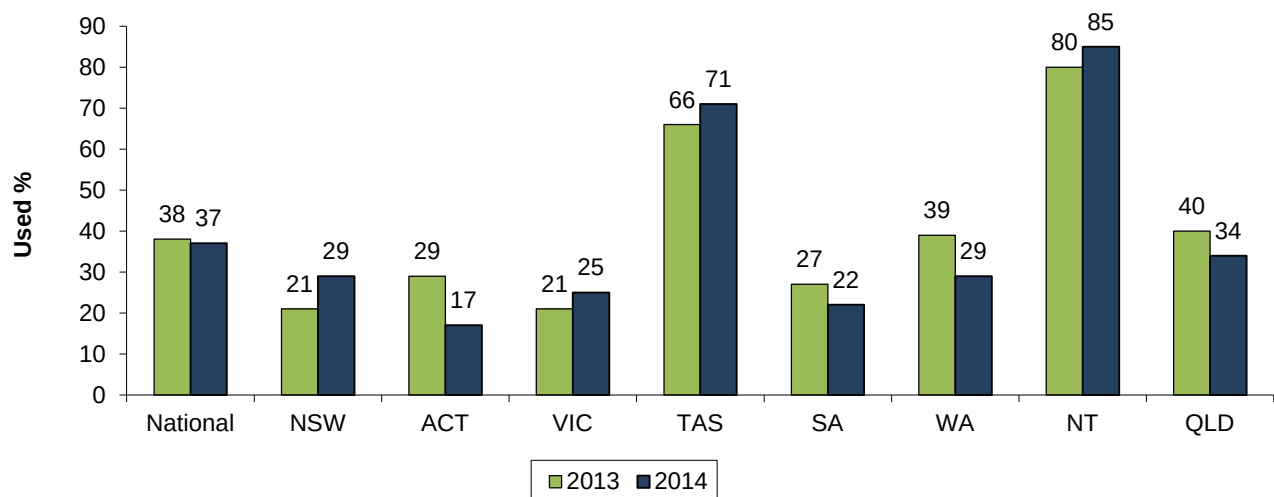
Thirty-seven percent of the national sample had recently used morphine (includes both 'licitly' and 'illicitly' obtained morphine), ranging from 17% in the ACT to 85% in the NT (Figure 9). The use of morphine was highest in the NT and TAS, jurisdictions where traditionally heroin has not been freely available, and where methadone and morphine have dominated the markets (Figure 9).

The recent use of 'licit' morphine was reported by 7% of the sample (range 1% in VIC to 30% in the NT) compared to 35% for 'illicit' morphine (range 12% in the ACT to 80% in the NT) (Table 20). The median days of use for 'licitly' obtained morphine (175 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 2013 and 2014 ($p>0.05$). By jurisdiction, the median frequency of 'illicitly' obtained morphine use among users varied (Table 20).

For national differences between 2001 and 2014 refer to Appendix B, Figure B6 and for jurisdictional differences refer to Appendix C, Table C11.

Participants who recently used morphine and commented (N=281) were asked about their reasons for using 'illicit' morphine. Motivations varied considerably, with the most commonly reported reasons being to self-treat dependence (50%), intoxication (23%), a substitute for heroin/other opiates (21%), were away from home (<1%) and/or another reason (15%).

Figure 9: Recent use of morphine (any form), by jurisdiction, 2013-2014

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 12% in the ACT to 80% in the NT. The median number of days on which 'illicitly' obtained morphine was injected was 26 days, ranging from six days in WA to 135 days in the NT (Table 20).

Of those who reported recent morphine use, the majority (89%) reported 'illicit' morphine as the form most used, ranging from 76% in the ACT to 100% 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 20: Morphine use patterns, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Recent Use										
Licit	6	7	6	5	1	4	3	4	30	5
Illicit	35	35	25	12	24	71	20	27	80	32
Any form (licit and/or illicit)	38	37	29	17	25	71	22	29	85	34
Median days used*										
Licit	90	175	5^	90^	10.5^	14.5^	180^	3^	180	180^
Illicit	20	26	22	9	3.5	44	30	6	135	22
Any form (licit and/or illicit)	24	36	19	20	4	48	72	6	180	30
% Recent injection										
Licit	5	5	4^	3^	-	3^	2^	4^	29	3^
Illicit	33	34	25	10	22	72	19	25	78	31
Any form (licit and/or illicit)	35	35	27	13	22	71	20	28	84	31
Median days injected*										
Licit	90	126	2.5^	90^	-	24^	180^	3^	180	180^
Illicit	24	30	24	15	4	40	51	6	142.5	24
Any form (licit and/or illicit)	24	40	14	20	3	44	72	6	180	42

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 to 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 2013 (the most recent NSP Survey results available) are depicted in Table 21. 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 40%). 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 10% from 2001 onwards (Iversen, Chow and Maher, 2014)

Table 21: Proportion of NSP clients in the NT, TAS and the national sample who reported heroin and pharmaceutical opioids as the last drug injected, 2000-2013

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
% National														
Pharmaceutical opioids	4	6	7	9	8	9	12	14	15	16	16	15	14	14
Heroin	56	30	36	36	36	34	26	31	34	34	34	33	33	29
% Northern Territory														
Pharmaceutical opioids	46	43	79	53	57	48	60	52	63	49	60	63	70	61
Heroin	13	5	4	3	0	0	0	0	3	3	4	3	4	10
% Tasmania														
Pharmaceutical opioids	22	28	16	24	19	20	16	26	21	27	33	34	40	33
Heroin	11	0	3	1	0	1	2	2	7	3	1	1	1	3

Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2005; National Centre in HIV Epidemiology and Clinical Research, 2010b; Iversen, Chow and Maher, 2014)

Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395; 2012: 2,391; 2013: 2,407

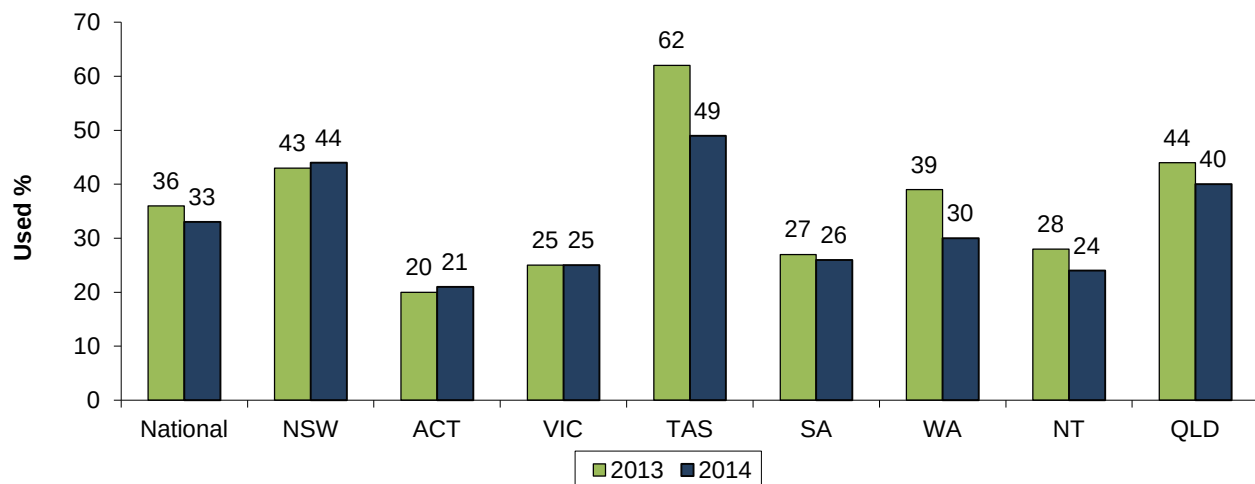
4.6.5 Use of oxycodone

Around one-third (33%) of the national sample reported the use of oxycodone in the last six months (36% in 2013), ranging from 21% in the ACT to 49% in TAS (Figure 10). Seven percent of the national sample reported recent (last six months) use of 'licitly' obtained oxycodone. This contrasted with 29% of the sample who reported recent use of 'illicitly' obtained oxycodone. No significant differences for recent use were found between 2013 and 2014 ($p>0.05$). Similar to previous years, TAS reported the highest levels of recent 'illicit' oxycodone use (Table 22).

Among those who recently used 'illicit' oxycodone the median days of use was stable at 36 days (37 days in 2013) in the last six months. While the median days of use of 'illicitly' obtained oxycodone were relatively low at approximately 20 days (nearly weekly use) or less in all jurisdictions (10 days nationally in 2014) (Table 22).

For national differences between 2005 and 2014 refer to Appendix B, Figure B6 and for jurisdictional differences refer to Appendix C, Table C12.

Participants who recently used oxycodone and commented (N=202) were asked about their reasons for using 'illicit' oxycodone. Motivations varied considerably, with the most commonly reported reasons being to self-treat dependence (34%), a substitute for heroin/other opiates (29%), intoxication (24%), were away from home (1%) and/or another reason (15%).

Figure 10: Recent use of oxycodone (any form), by jurisdiction, 2013-2014


Source: IDRS participant interviews

4.6.5.1 Oxycodone injection

Injection of 'licitly' obtained oxycodone (3%) was rare, while for 'illicitly' obtained oxycodone injection (27% nationally) figures ranged from 10% in the ACT to 46% in TAS. The median number of days on which 'illicitly' obtained oxycodone was injected ranged from six days in TAS to 20 days in NSW (10 days nationally in 2014) (Table 22).

Of those who reported recent oxycodone use, the majority (83%) reported 'illicit' oxycodone as the form most used, ranging from 71% in SA to 90% in TAS (see Table 5). The most commonly used brand of oxycodone used in the preceding six months was OxyContin®.

Table 22: Oxycodone use patterns, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Recent use										
Licit	7	7	9	5^	5^	7^	8^	7^	3^	8^
Illicit	32	29	40	16	22	47	21	27	22	38
Any form (licit and/or illicit)	36	33	44	21	25	49	26	30	24	40
Median days used *										
Licit	37	36	21	180^	98^	30^	66^	14^	180^	150^
Illicit	10	10	20	5	6	6	8.5	11	11	10
Any form (licit and/or illicit)	12	11	20	6	7	6	10.5	12	11	12
% Recent injection										
Licit	3	3	6^	1^	1^	5^	2^	4^	2^	3^
Illicit	30	27	37	10	20	46	16	26	22	34
Any form (licit and/or illicit)	31	28	39	11	20	47	17	29	23	34
Median days injected *										
Licit	60	48	20^	180^	111^	53^	53.5^	9.5^	180^	90^
Illicit	10	10	20	10	6.5	6	7	11	10	10.5
Any form (licit and/or illicit)	12	10	20	14	8.5	6	8.5	11	10	10.5

Source: IDRS participant interviews

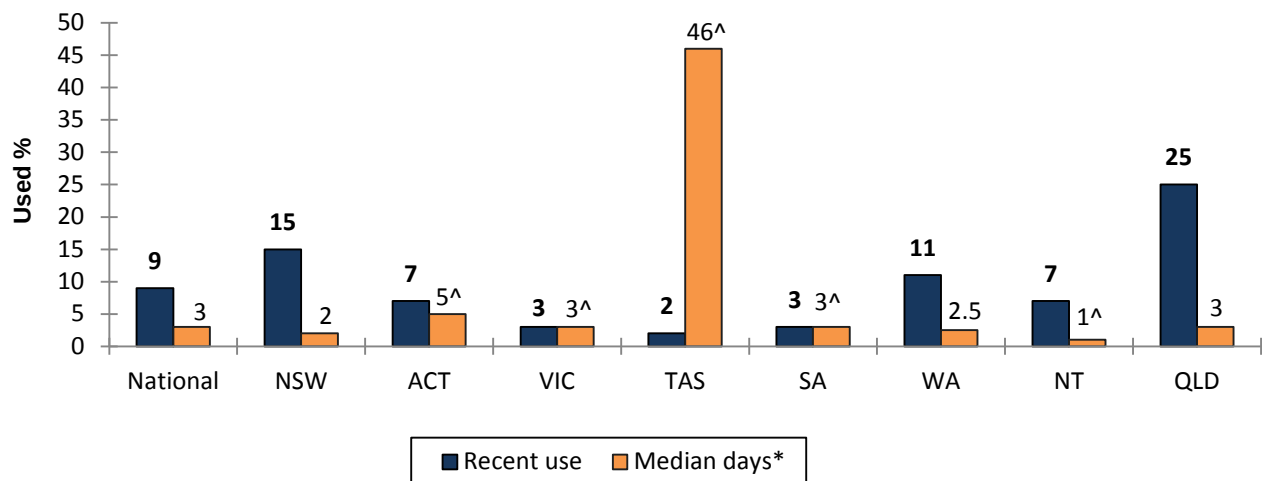
^ Medians based on small numbers (n<10); interpret with caution

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

4.6.6 Use of fentanyl

In 2014, 19% of the national sample reported using fentanyl in their lifetime (15% in 2013). Nine percent reported using fentanyl on a median of three days in the last six months (Figure 11). Fentanyl was injected by 8% of the national sample on a median of three days in the last six months (6% in 2013). Among those who recently used fentanyl the form most used was illicit (80%) (20% licit). Of those who recently injected and commented (N=45), 91% reported heating the fentanyl before injecting. The main filter used (among those who recently injected and commented; N=67) was cotton wool (30%), followed by a cigarette filter (51%).

Figure 11: Recent use and median days of fentanyl, by jurisdiction, 2014



Source: IDRS participant interviews

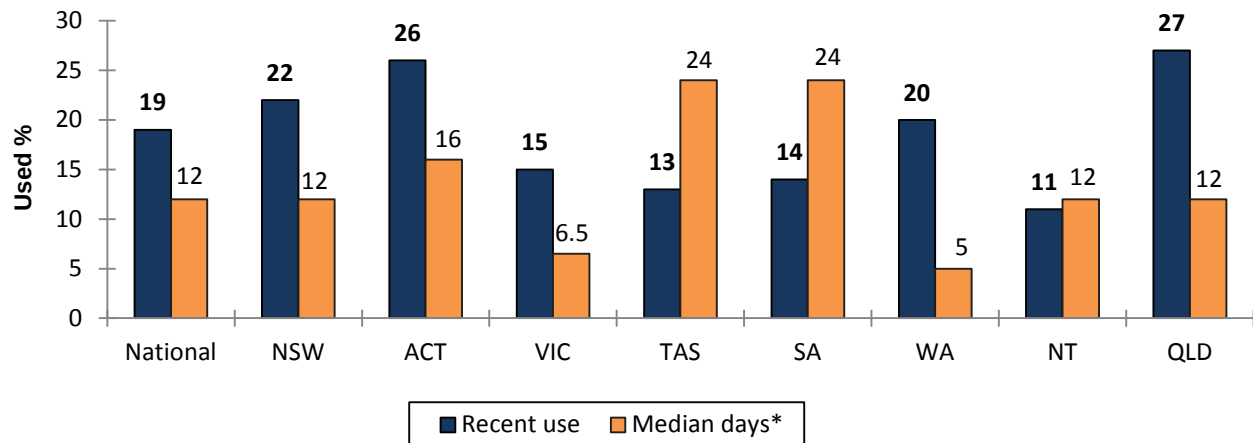
* Among those who recently used fentanyl

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

4.6.7 Use of over the counter codeine

In 2014, 37% of the national sample reported using over the counter (OTC) codeine in their lifetime. Nineteen percent reported using OTC codeine on a median of 12 days the last six months (22% in 2013) (Figure 12). No significant differences were found for the recent use of OTC codeine between 2013 and 2014. Only six participants reported injecting OTC codeine recently. Among those who commented (N=136), the main brands used were Panadeine® (27%), Nurofen Plus® (25%) and Chemist own® pain tablets/capsules (13%). Among those who commented (N=129), the average number of tablets used was three.

Figure 12: Recent use and median days of over the counter codeine use, by jurisdiction, 2014



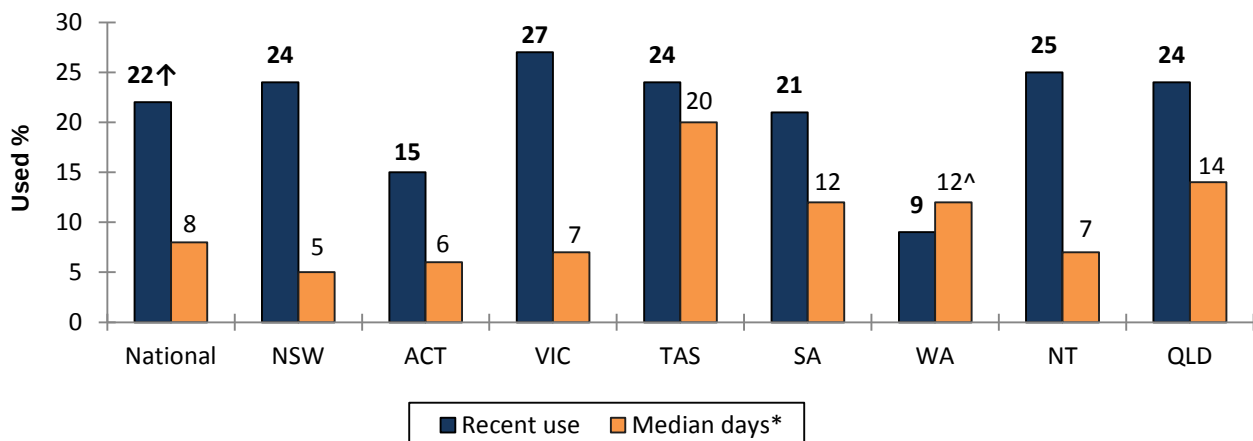
Source: IDRS participant interviews

* Among those who recently used OTC codeine

4.6.8 Use of other opioids (not elsewhere specified)

Other opioids include (but are not limited to) opium, pethidine and codeine phosphate (not including OTC codeine). Nearly half (47%) of the national sample reported the use of other opioids in their lifetime. The recent use of other opioids (any form) significantly increased from 14% in 2013 to 22% in 2014 ($p < 0.05$). In 2014, the median numbers of days recently used any form of other opioids was eight (7 days in 2013). VIC followed by the NT reported the highest recent use of other opioids (Figure 13). Ten participants (1%) reported injecting in the last six months. Frequency of injection was reported on a median of four and a half days during this time.

Figure 13: Recent use of other opioids (not elsewhere specified), by jurisdiction, 2014



Source: IDRS participant interviews

* Among those who recently used other opioids

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

↑ Significant increase between 2013 and 2014 ($p < 0.05$)

Among those who reported recent other opioid use and commented ($N = 192$), 66% reported mainly using 'licit' other opiates while 34% reported 'illicit' use. It should be noted that, due to the introduction of questions relating to oxycodone, OTC codeine and fentanyl the figures for other opioids will not be directly comparable to figures prior to 2005. The most commonly used 'other' opioid reported was Panadeine Forte® (85% of recent other opioid users). Eleven participants reported the main form of 'other' opioid used was tramadol.

4.7 Other drugs

Key points

- Around two-thirds of participants (60%) had used **ecstasy** in their lifetime, and 10% had used ecstasy in the preceding six months, frequency of use by users was sporadic (median two days).
- Over half of the participants reported having used **hallucinogens** at some stage in their lifetimes (61%), recent use remained fairly low, with seven percent reporting use in the six months preceding interview.
- The majority (82%) of the national sample had reported the use of **benzodiazepines** (including alprazolam) at some stage in their lifetime. Sixty-three percent reported the recent use of benzodiazepines on a median of 60 days. Only small numbers reported recently injecting benzodiazepines (4%) on a median of three days in the last six months.
- Sixty-four percent of the national sample reported using some form of **alprazolam** in their lifetime, with over one-third (31%) reported recently using any form of alprazolam. Three percent reported recently injecting alprazolam.
- Around three-quarters (76%) of the national sample had used another form of other **benzodiazepines** not including alprazolam in their lifetime. Over half (57%) reported recently using any form of other benzodiazepines. Small proportions reported recently injecting other benzodiazepines (6% nationally).
- The recent (six months) use of **pharmaceutical stimulants** was reported by 14% of the national sample on a median of six days.
- The use of **Seroquel®** ever was reported by 48% of the sample, 20% reported recently using Seroquel®.
- Six percent of the national sample reported the use of **steroids** in their lifetime. Ten participants had used steroids in the last six months.
- Ten percent reported ever using **new psychoactive stimulants**, with four percent using them in the last six months.
- Eighteen percent reported ever using **synthetic cannabinoids**, with eight percent reporting use in the last six months.
- Twenty percent of participants had used **inhalants** in the past but a very low proportion (3%) had used them in the last six months.
- The use of **alcohol** in the last six months remained stable at 57% in 2014. Of those who had consumed alcohol, they did so, on an average of one day per week. Fifteen percent of the national sample reported daily use of alcohol.
- As in previous years, **tobacco** was widely used among the sample, with 92% having used in the preceding six months. Ninety-three percent of recent tobacco users reported smoking daily.
- One in four participants reported ever using an **e-cigarette**, with 17% reporting use in the last six months on a median of three days.

4.7.1 Ecstasy and related drugs

A fairly large proportion of participants (60%) had ever used ecstasy in the past. Ten percent of the national sample had used ecstasy in the six months preceding interview on a median of two days, while three percent injected it on a median of two occasions (see Appendix A, Table A3). No significant difference was found between 2013 and 2014 for recent ecstasy use nationally (9% in 2013; $p>0.05$).

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 <https://ndarc.med.unsw.edu.au/group/drug-trends> click on EDRS.

4.7.2 Hallucinogens

Nearly two-thirds of the participants reported having used hallucinogens at some stage in their lifetimes (61%), recent use (i.e. in the preceding six months) remained fairly low, with six percent reporting use in the six months preceding interview (see Appendix A, Table A3). No significant difference was found between 2013 and 2014 for the recent use of hallucinogens nationally (7% in 2013; $p>0.05$).

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). Seven percent of the national 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 (82%) of the national sample had reported the use of any form (licit or illicit) of benzodiazepines at some stage in their lifetime. Sixty-three percent reported the recent use of any form of benzodiazepines on a median of 60 days in the last six months. Among those who recently used any form of benzodiazepines, 35% reported using them daily in the last six months. Only small numbers reported recently injecting any benzodiazepines (4%) on a median of three days in the last six months (see Appendix A, Table A3).

Nationally, the recent use and the median days of use of any form of benzodiazepines remained stable between 2013 and 2014. However, the median days of use among those who reported recently using any form of benzodiazepine significantly decreased between 2013 and 2014 (72 days versus 60 days respectively; $p<0.05$). For national differences between 2000 and 2014 refer to Appendix B, Figure B6 and for jurisdictional differences refer to Appendix C, Table C13.

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

4.7.3.1 Alprazolam

Sixty-four percent of the national sample reported using some form of alprazolam in their lifetime (24% licit and 56% illicit). Nearly one-third (31%) of the sample reported recently using any form of alprazolam. Seven percent had recently used 'licit' alprazolam on a median of 74 days, while 27% had recently used 'illicit' alprazolam on a median of six days (Table 23).

A smaller proportion (11%) had injected alprazolam at some stage in their life (4% licit, 9% illicit), with 3% injecting any form of alprazolam (<1% licit, 3% illicit) in the last six months.

At a national level, of those who reported recent alprazolam use 78% stated that 'illicit' alprazolam was the form they had used most in the preceding six months (see Table 5).

Table 23: Alprazolam use patterns, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Recent use										
Licit	10	7	6	8	7	4	7	10	7	10
Illicit	34	27	37	12	39	37	17	26	12	25
Any form (licit and/or illicit)	39	31	39	19	41	40	20	35	15	31
Median days used*										
Licit	158	74	30^	135^	177	126^	90^	45	24^	83
Illicit	8	6	12	10	6	4.5	7	8	6	3.5

Source: IDRS participant interviews

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

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

4.7.3.2 Other benzodiazepines

Around three-quarters (76%) of the national sample had used any form of other benzodiazepines (58% licit and 53% illicit) not including alprazolam in their lifetime. Over half (57%) reported recently using any form of other benzodiazepines (Table 24).

Thirty-seven percent of the national sample reported having used 'licitly' obtained other benzodiazepines on a median of 166 days in the last six months. While thirty-five percent reported having used 'illicitly' obtained other benzodiazepines on a median of ten days in the last six months. Reports of recent use of 'licitly' and 'illicitly' obtained other benzodiazepines varied across jurisdictions (Table 24).

Proportions of respondents reporting the recent injection of other benzodiazepines (any form – excludes alprazolam) in the last six months were relatively low at 6% nationally (4% licit, 3% illicit).

Of those who reported recent other benzodiazepine use over half (58%) stated that 'licit' other benzodiazepines were the form they had most used in the preceding six months (see Table 5).

Table 24: Other benzodiazepine (excludes alprazolam) use patterns, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Recent use										
Licit	36	37	28	24	50	46	34	44	22	45
Illicit	32	35	38	27	46	48	31	41	14	28
Any form (licit and/or illicit)	56	57	51	46	72	74	53	70	29	56
Median days used*										
Licit	93	166	53	180	156	180	120	180	72	48
Illicit	10	10	7	6	10	20	6	11	40	6

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

Excluding alprazolam, diazepam (e.g. Valium®, Antenex®) was reported by the largest proportion of the national sample (82% of recent users) as the main type of other benzodiazepine used in the preceding six months, followed by oxazepam (e.g. Serapax®, Murelax®, 8% of recent users). Table 25 shows the main type of other benzodiazepine (not including alprazolam) reported by recent users, as well as those who had recently injected. Diazepam was by far the most commonly nominated main type of other benzodiazepine used orally and recently injected (Table 25).

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 (78%) 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 25: Main other benzodiazepine type used (excluding alprazolam) in the six months preceding interview, 2013-2014

	Recent use among those who had recently used		Recent injectors*	
	2013 (N=494)	2014 (N=509)	2013 (N=39)	2014 (N=23)
% Diazepam e.g. <i>Antenex, Ducene, Valium</i>	82	82	92 (N=36)	83 (N=19)
% Oxazepam e.g. <i>Serepax</i>	9	8	3 (N=1)	9 (N=2)
% Temazepam e.g. <i>Normison, Temaze</i>	3	3	0	4 (N=1)
% Clonazepam e.g. <i>Rivotril</i>	2	5	0	4 (N=1)
% Nitrazepam e.g. <i>Alodorm, Mogadon</i>	1	1	0	0
% Flunitrazepam e.g. <i>Hypnodorm</i>	<1	<1	3 (N=1)	0

Source: IDRS participant interviews

* 97% (2013, N=39) and 78% (2014, N=23) of recent other benzodiazepine injectors also reported oral use; therefore, one cannot make the assumption that the main brand reported is being injected

4.7.4 Pharmaceutical stimulants

In 2014, use and injection of pharmaceutical stimulants remained relatively low and infrequent in the national sample. A greater proportion of participants reported using (13%) or injecting (9%) 'illicitly' obtained pharmaceutical stimulants compared to pharmaceutical stimulants obtained through 'licit' means (2% use; 1% injection). Use and injection of 'illicitly' obtained pharmaceutical stimulants in the preceding six months was most common in TAS (Table 26). No significant difference was found between 2013 and 2014 for the recent use of licit or illicit pharmaceutical stimulants nationally ($p>0.05$).

Table 26: Pharmaceutical stimulant use patterns in the past six months, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	N=106	n=98	n=93	N=100
	2013	2014								
% Recent use										
Illicit	11	13	2^	11	10	34	6^	24	20	3^
Any form (licit and/or illicit)	12	14	3^	12	11	35	6^	26	24	7^
Median days used *										
Illicit	4	4	12^	7	2	10	2.5^	2	4	1^
Any form (licit and/or illicit)	5.5	6	96^	7.5	2.5	10	2.5^	3	6.5	18^
% Recent injection										
Illicit	7	9	2^	9^	8	33	1^	6^	17	2^
Any form (licit and/or illicit)	7	10	2^	10	9^	34	1^	7^	19	5^
Median days injected*										
Illicit	3	5.5	12^	4^	2	6	3^	7.5^	5	2^
Any form (licit and/or illicit)	5	6	12^	5	2	6	3^	12^	6.5	18^

Source: IDRS participant interviews

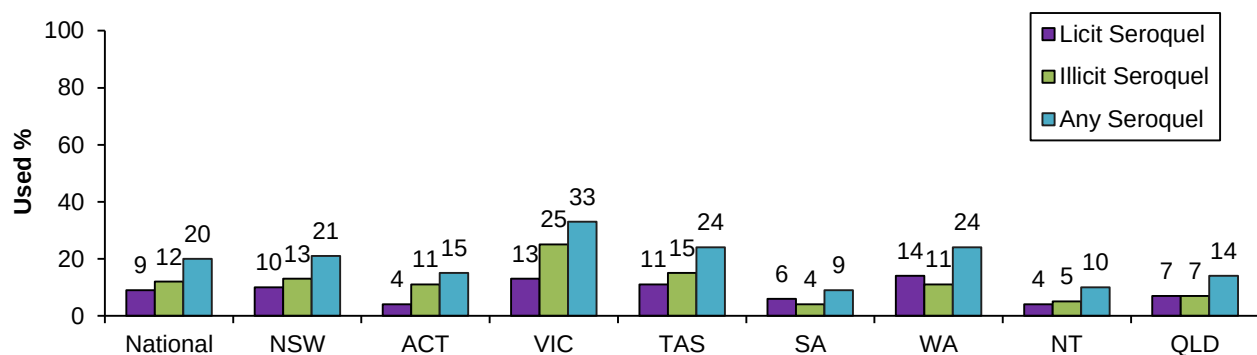
* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

^ 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

4.7.5 Seroquel® (quetiapine)

Of the national sample 48% reported a lifetime use of Seroquel® (quetiapine) (22% licit, 32% illicit). The recent use of any Seroquel® remained stable 20% in 2014 (9% licit, 12% illicit; 18% any in 2013; Figure 14). 'Licit' Seroquel® has been used on a median of 180 days compared to five days for 'illicit' Seroquel®. Only four participants reported injecting Seroquel® in the last six months.

Figure 14: Proportion of IDU who reported use of licit (prescribed) and illicit Seroquel® in the preceding six months, by jurisdiction, 2014


Source: IDRS participant interviews

4.7.6 Steroids

Six percent of the national sample reported ever using steroids. Ten participants reported use in the six months preceding interview and five participants reported recently injecting steroids (see Appendix A, Table A3).

4.7.7 New psychoactive substances

Ten percent reported ever using new psychoactive substances (NPS) such as synthetic cathinones (e.g. mephedrone), tryptamines (e.g. dimethyltryptamine [DMT]) and phenethylamines (e.g. 2C-x class). Four percent of participants reported use in the six months preceding interview on a median of two days. Three percent reported recently injecting NPS on a median of seven days (see Appendix A, Table A3). No significant difference was found between 2013 and 2014 for recent NPS use nationally ($p>0.05$).

4.7.8 Synthetic cannabinoids

Eighteen percent reported ever using synthetic cannabinoids (e.g. K2, Spice). Eight percent of participants reported use in the six months preceding interview on a median of two days. Two participants reported injecting a synthetic cannabinoid (see Appendix A, Table A3). No significant difference was found between 2013 and 2014 for recent synthetic cannabinoid use nationally ($p>0.05$).

4.7.9 Inhalants

Twenty 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 six days (see Appendix A, Table A3). No significant difference was found between 2012 and 2013 for recent inhalant use nationally (2% in 2012; $p>0.05$).

4.7.10 Alcohol, tobacco and e-cigarettes

Fifty-seven percent of the national sample reported recently using alcohol (59% in 2013), on a median of 24 days, indicating that frequency of use was approximately weekly among two-thirds of the sample (Table 27). No significant difference was found between 2013 and 2014 for recent alcohol use ($p>0.05$). Fifteen percent of recent alcohol consumers reported daily use of alcohol in the preceding six months.

The vast majority of the national sample (92%; 91% in 2013) reported recent tobacco use (Table 27), with 93% of recent tobacco users reporting having smoked daily over the preceding six months. No significant difference was found between 2013 and 2014 for recent tobacco use nationally ($p>0.05$).

In 2014, participants were asked about the use of e-cigarettes. Of the national sample one-quarter reported ever trying an e-cigarette, with 17% recently using an e-cigarette on a median of three days (Table 27).

Table 27: Patterns of alcohol and tobacco use in the preceding six months, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Recent use										
Alcohol	59	57	50	55	68	43	61	63	52	63
Tobacco	91	92	93	89	97	89	93	89	93	91
E-cigarettes	n.a.	17	10	25	23	16	18	18	11	20
Median days used by those who had used*										
Alcohol	24	24	12	44	27	6	15	24	48	21
Tobacco	180	180	180	180	180	180	180	180	180	180
E-cigarettes	n.a.	3	6	11.5	2	30	3	1	2^	2.5

Source: IDRS participant interviews

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

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

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

5.1 Heroin

Key points

Price

- Heroin was typically \$50 per cap across the jurisdictions and remained relatively stable compared to 2013. The median prices per gram varied, ranging from \$250 in VIC to \$600 in WA.

Purity

- The majority of participants commenting reported that heroin was of 'low' purity.

Availability

- 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) and most expensive per gram in WA (\$600) (Table 28).

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, SA and QLD to \$75 in WA. No purchases were reported in TAS and the NT. Small numbers reported purchasing caps in WA and QLD indicating low availability (Table 28). The majority (77%) of those who commented reported that price had remained stable in the last six months. Small numbers (14%) reported that the price of heroin had increased recently.

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

Table 28: Median price of heroin, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Median Price (\$)										
Per gram	300	320	400	300	250	450^	400	600	-	400
Per cap	50	50	50	50	50	-	50	75^	-	50^
% Price changes (n)	(N=474)	(n=490)	(n=119)	(n=81)	(n=113)	(n=2^)	(n=41)	(n=75)	(n=3^)	(n=56)
Increased	18	14	17	7	11	0	12	27	67	5
Stable	72	77	79	86	69	100	85	63	0	89
Decreased	5	6	2	1	16	0	0	5	0	4
Fluctuated	6	4	3	5	4	0	2	5	33	2

Source: IDRS participant interviews

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

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

5.1.2 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=499) reported that heroin was of 'low' purity (46%), while 30% reported the purity as 'medium'. This pattern of results was broadly seen across all jurisdictions. 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 TAS which reported the purity as fluctuating and in the NT which reported the purity as decreasing (Table 29).

Significance testing was carried out on the current purity for 'low', 'medium', 'high' and 'fluctuates' between 2013 and 2014. No significant differences were found between 2013 and 2014 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 29: Perceived purity of heroin, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Current Purity (n)	(N=475)	(N=499)	(n=124)	(n=78)	(n=112)	(n=5 [^])	(n=41)	(n=77)	(n=4 [^])	(n=58)
High	7	10	13	8	8	20	7	17	0	7
Medium	32	30	36	32	25	40	34	27	0	29
Low	50	46	37	55	56	40	49	29	100	52
Fluctuates	11	13	15	5	11	0	10	27	0	12
% Purity changes (n)	(N=463)	(N=485)	(n=121)	(n=77)	(n=112)	(n=3 [^])	(n=41)	(n=74)	(n=2 [^])	(n=55)
Increasing	9	12	11	14	8	0	5	26	0	6
Stable	44	47	48	48	51	33	42	38	0	53
Decreasing	29	24	23	20	22	0	37	27	100	22
Fluctuating	18	17	18	18	19	67	17	10	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

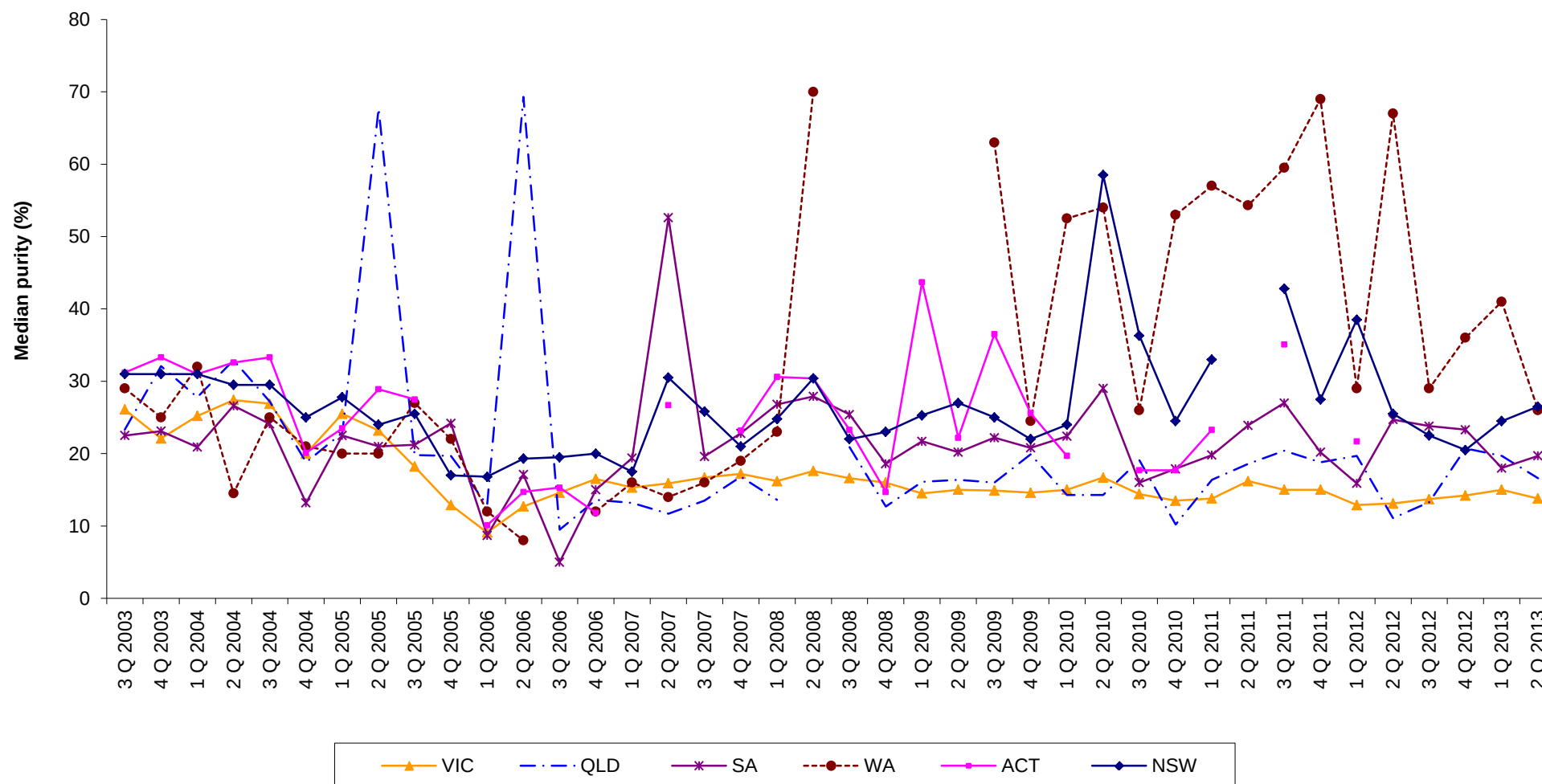
Participant reports of purity are subjective and depend on a number of factors including the health and tolerance of the individual. A more objective measure of purity is derived from the analysis of drug seizures. The purity figures reported below, therefore, relate to an unrepresentative sample of 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 (Australian Crime Commission, 2014)

Data reported include seizures ≤ 2 grams and > 2 grams, reflecting both street and larger seizures. The following caveat applies to Figure 15 through to Figure 18: figures do not represent the purity levels of all heroin seizures – only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of heroin received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of heroin seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police. No heroin seizures were analysed for purity in the ACT or TAS in 2012/13.

The median purity of analysed state/territory police heroin seizures in 2003/04 to 2012/13 financial years (displayed quarterly) by jurisdictions is displayed in Figure 15. No reports were made in TAS or the ACT in 2012/13. The 'overall total' median purity of seizures analysed by state/territory police in 2012/13 was highest in WA (30%) and NSW (23.2%) and lowest in VIC (14.1%) (Australian Crime Commission, 2014) . The 2013/14 ACC seizure data were unavailable at the time of publication.

The number of state/territory police heroin seizures analysed for purity is presented in Figure 16. No reports were made in TAS, the ACT or the NT in 2012/13. 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 15.

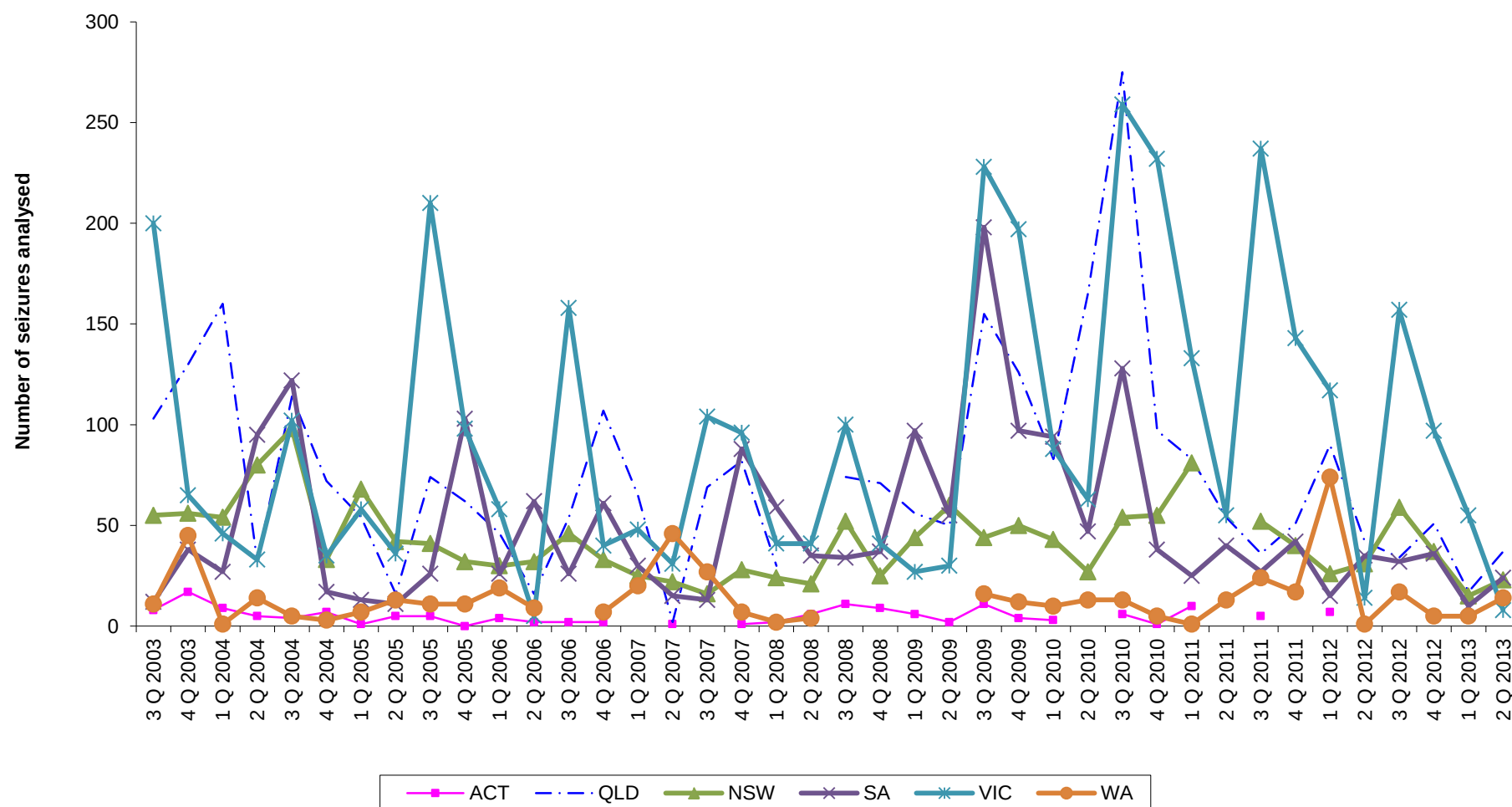
Figure 15: Median purity of heroin seizures analysed by state/territory police, by jurisdiction, 2003/04-2012/13



Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013; Australian Crime Commission, 2014)

Note: Seizures ≤2g and >2g combined; data for 2013/14 were not available at the time of publication

Figure 16: Number of state/territory police heroin seizures analysed, by jurisdiction, 2003/04-2012/13

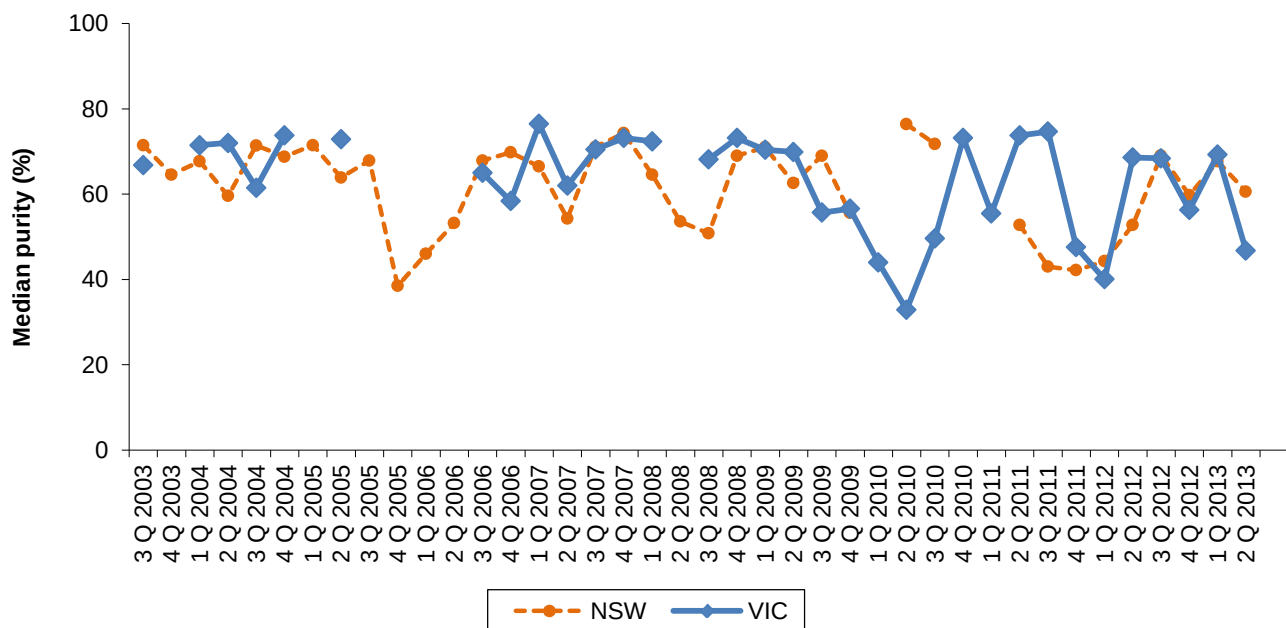


Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013; Australian Crime Commission, 2014)

Note: Data for 2013/14 were not available at the time of publication

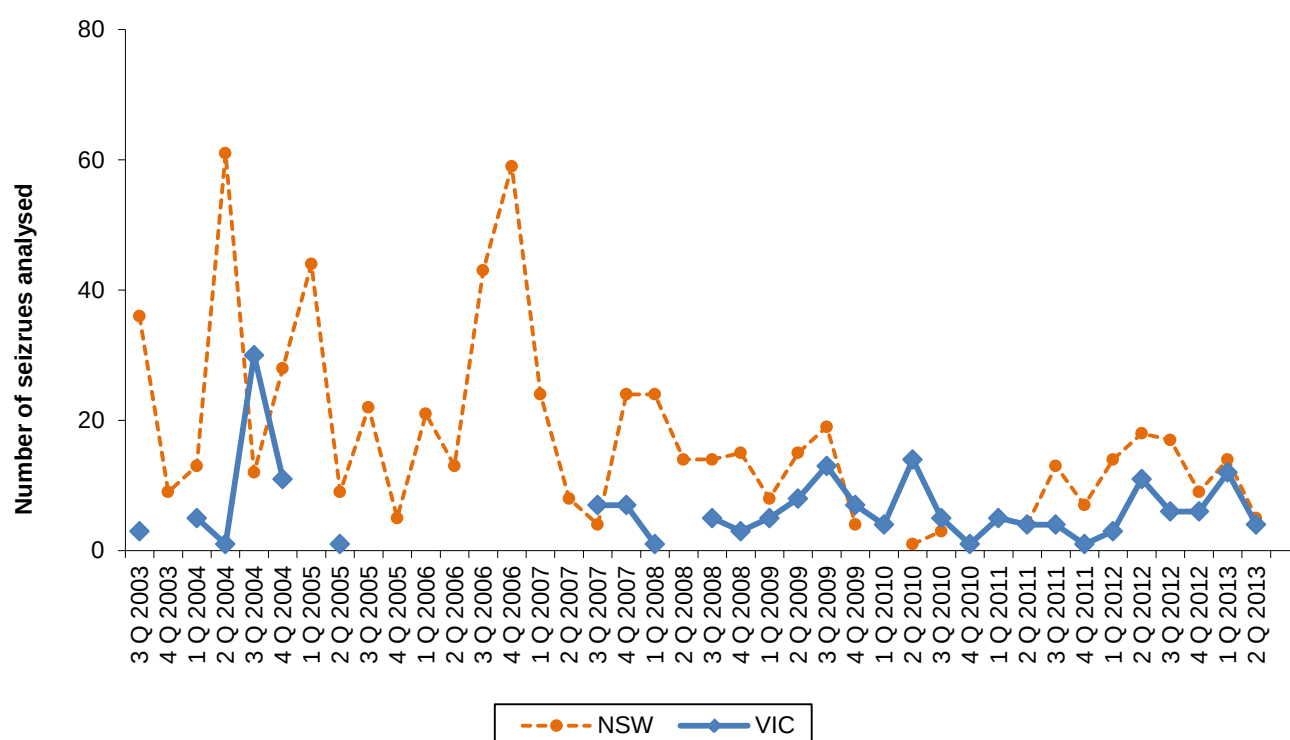
The median purity and number of Australian Federal Police (AFP) seizures for NSW and VIC are presented in Figure 17 and Figure 18. Only NSW and VIC data are presented as there were fewer seizures analysed in the other jurisdictions, some with no seizures analysed for many quarters (Australian Crime Commission, 2014). 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. No reports were made in TAS or the ACT in 2012/13. Data for 2013/14 were not available at the time of publication.

Figure 17: Median purity of heroin seizures analysed by AFP in NSW and VIC, 2003/04-2012/13



Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013; Australian Crime Commission, 2014)

Note: Data for 2013/14 were not available at the time of publication

Figure 18: Number of AFP heroin seizures analysed in NSW and VIC, 2003/04-2012/13

Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013; Australian Crime Commission, 2014)

Note: Data for 2013/14 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-seven percent (N=515) of the national sample commented on the availability of heroin. Of those who commented, 50% reported the availability of heroin as 'very easy' and 39% as 'easy' (Table 30).

Significance testing was carried out on current heroin availability between 2013 and 2014. No significant differences were found between 2013 and 2014 for current heroin availability ($p > 0.05$).

In 2014, 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 30).

The majority of those commenting on heroin availability reported that availability had remained stable (78%) in the last six months. Ten percent of the national sample reported the availability of heroin as 'more difficult' and 10% also reported that heroin availability was 'easier' (Table 30).

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

Table 30: Availability of heroin, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=487)	(N=515)	(n=128)	(n=83)	(n=115)	(n=7^)	(n=41)	(n=77)	(n=4^)	(n=60)
Very easy	47	50	50	39	58	0	46	52	0	57
Easy	38	39	37	46	37	43	44	40	0	33
Difficult	13	10	12	16	4	57	7	8	25	8
Very difficult	4	2	2	0	1	0	2	0	75	2
% Availability changes (n)	(N=481)	(N=510)	(n=126)	(n=83)	(n=115)	(n=5^)	(n=41)	(n=77)	(n=4^)	(n=59)
More difficult	17	10	11	7	10	20	12	9	25	7
Stable	70	78	72	78	83	40	85	77	75	81
Easier	8	10	13	12	6	40	2	12	0	10
Fluctuates	5	2	4	2	2	0	0	3	0	2

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 (40%) or a friend (36%). The most common place of purchase was at an agreed public location (33%). Nineteen percent reported obtaining heroin from a dealer's home, while 17% reported obtaining heroin from a friend's home (Table 31).

Table 31: Purchasing patterns of heroin, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Purchased from [#] (n)	(N=473)	(N=505)	(n=122)	(n=81)	(n=115)	(n=7^)	(n=41)	(n=77)	(n=3^)	(n=59)
Street dealer	13	13	21	16	11	43	12	1	0	3
Friends	32	36	34	41	30	43	37	49	100	27
Known dealer	46	40	38	33	55	0	27	33	0	54
Acquaintance	5	6	4	6	4	0	7	8	0	9
Unknown dealer	2	2	3	3	1	0	0	0	0	5
Mobile dealer	1	2	0	1	0	0	17	0	0	0
Online	<1	<1	0	0	0	14	0	1	0	0
Partner	<1	<1	0	0	0	0	0	3	0	0
Other	0	1	1	0	0	0	0	5	0	0
% Most recent purchase place [#] (n)	(N=469)	(N=506)	(n=123)	(n=81)	(n=115)	(n=7^)	(n=41)	(n=77)	(n=3^)	(n=59)
Home delivery	13	16	17	19	11	0	27	20	33	12
Dealer's home	20	19	11	28	23	0	12	14	0	25
Friend's home	15	17	12	20	17	14	17	23	67	14
Acquaintance's house	1	2	1	4	1	14	2	5	0	0
Street market	11	10	27	3	12	0	5	1	0	0
Agreed public location	37	33	29	25	36	57	37	31	0	49
Other	3	2	2	2	0	14	0	5	0	0

Source: IDRS participant interviews

[#] Only one response allowed

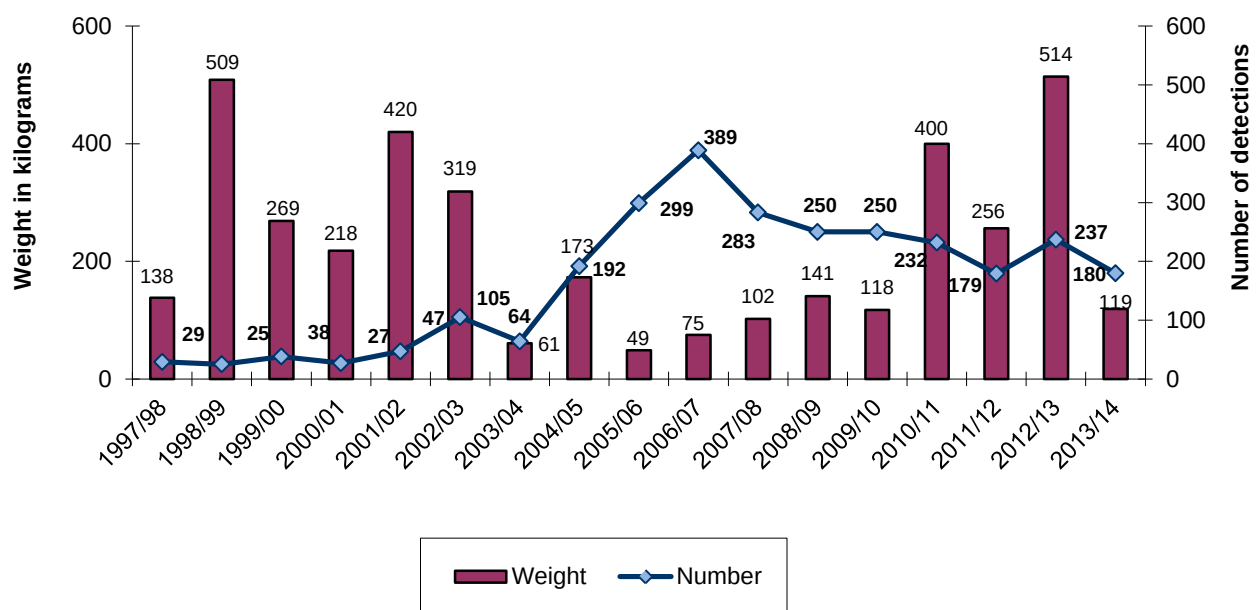
^ Small numbers reporting (n<10); interpret with caution

5.1.5 Heroin detected at the Australian border

Figure 19 presents the weight and number of heroin detections by the Australian Customs and Border Protection Service (ACBPS) at the Australian border.

In the financial year 2013/14 there were 180 heroin detections at the Australian border, representing a decrease from a record high of 389 detections in 2006/07. The total weight of detections in 2013/14 was 119 kilograms (significantly lower than 514 kilograms in 2012/13) (Figure 19). The cargo and international post stream accounted for 88 per cent of the total number of heroin detections in 2013/14 (Australian Customs Border and Protection Service, 2014)

Figure 19: Weight and number of detections of heroin made at the border by the Australian Customs and Border Protection Service, 1997/98-2013/14



Source: Australian Customs and Border Protection Service

5.2 Methamphetamine

Key points

Price

- Methamphetamine was reported to cost \$50 per point nationally for speed, \$100 per point for base and ice/crystal, variations were noted across jurisdictions.
- Grams of speed powder and base were typically cheaper than grams of ice/crystal. Few participants reported having purchased a gram of base.
- Price was considered to have been 'stable' for all three forms over the last six months by the majority of participants.

Purity

- The majority of participants reported the purity of speed and base as 'medium' and ice/crystal as 'high'.

Availability

- All forms of methamphetamine were generally considered 'easy' or 'very easy' to obtain in all jurisdictions, and this was reported to have remained stable, although some jurisdictional variations were noted.
- Participants purchased all forms of methamphetamine from a variety of sources, most commonly through friends and known dealers. The most common purchase locations for all forms were at an agreed public location, a dealer's home and/or a friend's home.

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

5.2.1 Price of methamphetamines

The median price of the last purchase of speed, base and ice/crystal are presented in Table 32.

5.2.1.1 Methamphetamine powder (speed)

Participants had typically bought speed as points, then grams. A 'point' (0.1 gram) of speed cost \$50 nationally (ranging between \$50 and \$100 in the jurisdictions). A 'gram' of speed was \$300 nationally (cheapest in VIC and most expensive in WA). Seventy-four percent of those participants who commented reported that the price of speed had remained stable over the last six months (Table 32).

5.2.1.2 Base

Purchase of a 'point' (0.1 gram) of base was most commonly reported. As in previous years, a point was the most popular purchase amount and was a median of \$100 nationally (varied in the jurisdictions). Small numbers in most jurisdictions commented on the price of a gram of base so results should be interrupted with caution. A gram of base ranged from \$150 in NSW to \$700 in the NT. Seventy-three percent of those who commented reported that the price of base had remained stable over the last six months (Table 32).

5.2.1.3 Crystal methamphetamine (ice)

As in previous years, and as with other methamphetamine forms, a 'point' (0.1 gram) was the most popular purchase amount, typically ranging from \$50 per point in NSW to \$150 per point in the NT (\$100 nationally). Purchase of a gram was not as common. The median price of purchase among these small numbers of participants varied quite widely across the jurisdictions. Seventy-one percent of participants reported that the price of ice/crystal had remained 'stable' over the last six months. Nearly one-quarter (18%) reported that the price of ice/crystal had increased recently (Table 32).

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 32: Median price of methamphetamine, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Price (\$) Speed										
Per point	50	50	50	50	50	50	100	100	100^	65^
Per gram	275	300	350^	275	175	300^	600^	700^	420^	450^
Price (\$) Base										
Per point	90	100	50	-	100^	50^	100	75^	90^	100^
Per gram	325	375	150^	-	-	300^	550^	-	700^	350^
Price (\$) Ice/crystal										
Per point	100	100	50	100	100	100	100	100	150	100
Per gram	500	500	475	500	500	325^	600	675^	1050^	550^
Price changes										
% Methamphetamine powder (n) (speed)	(N=233)	(N=190)	(n=21)	(n=25)	(n=23)	(n=44)	(n=31)	(n=23)	(n=9)	(n=14)
Increased	22	16	19	16	13	11	13	35	11	14
Stable	73	74	76	80	74	75	77	61	67	71
Decreased	2	5	5	0	13	9	3	0	0	0
Fluctuated	3	5	0	4	0	5	7	4	22	14
% Methamphetamine base (n) (base)	(N=90)	(N=77)	(n=13)	(n=1^)	(n=1^)	(n=16)	(n=31)	(n=2^)	(n=3^)	(n=10)
Increased	12	16	7	0	0	6	23	0	33	20
Stable	74	73	69	100	100	69	71	100	67	80
Decreased	3	5	15	0	0	13	0	0	0	0
Fluctuated	10	7	8	0	0	13	7	0	0	0
% Crystal methamphetamine (n) (ice/crystal)	(N=363)	(N=434)	(n=100)	(n=60)	(n=79)	(n=37)	(n=58)	(n=42)	(n=20)	(n=38)
Increased	18	18	13	17	14	19	26	26	25	16
Stable	72	71	78	70	66	68	71	69	45	79
Decreased	4	5	4	3	13	3	2	2	10	3
Fluctuated	6	7	5	10	8	11	2	2	20	3

Source: IDRS participant interviews

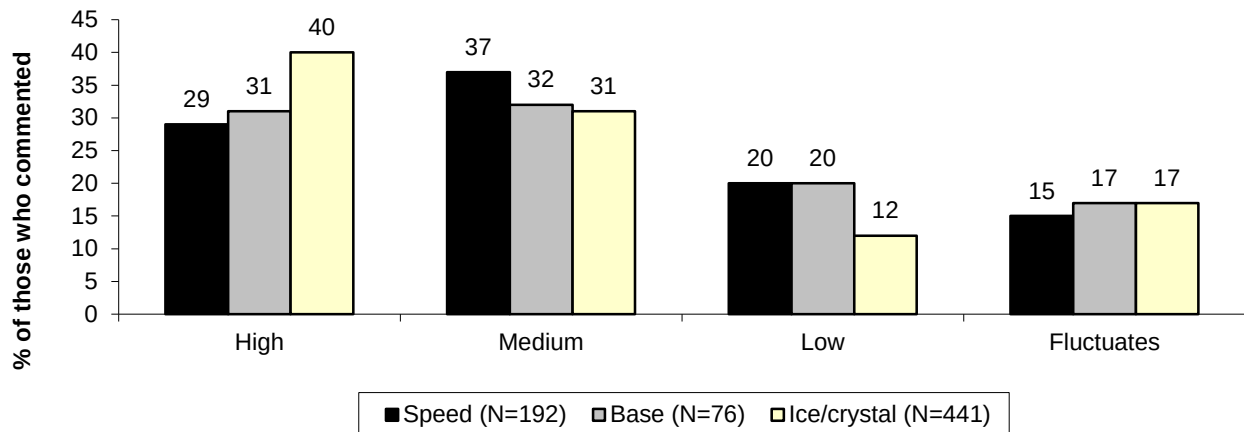
^ Small numbers reporting (n<10); interpret with caution

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 2014, the majority of participants reported speed and base purity as 'medium' and ice/crystal as 'high' (Figure 20; Table 33, Table 34 and Table 35).

Figure 20: Participant reports of current purity of speed, base and ice/crystal among those able to comment, 2014



Source: IDRS participant interviews

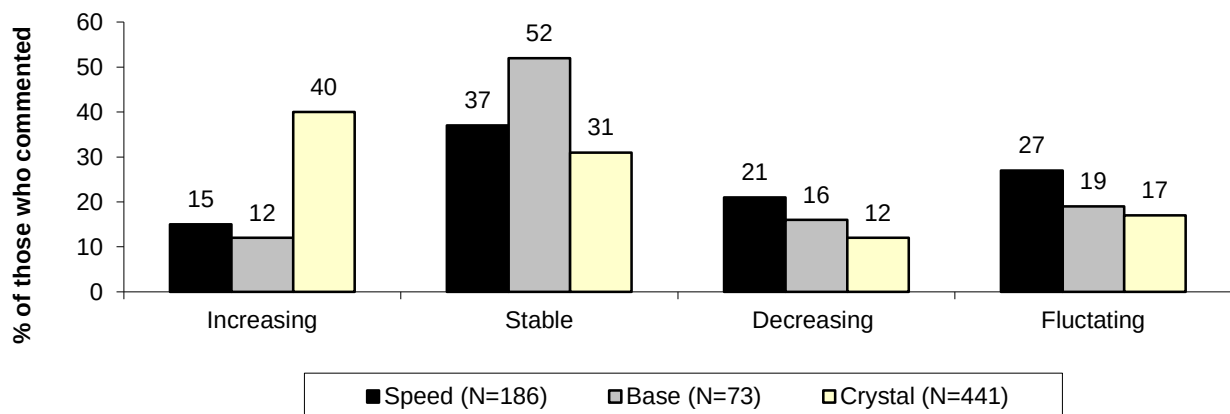
Note: The response option 'Don't know' was excluded from analysis

Significance testing was carried out on the current purity of speed, base and ice/crystal for 'low', 'medium', 'high' and 'fluctuates' between 2013 and 2014. No significant differences were found between 2013 and 2014 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 change in purity over the last six months for speed and base as 'stable'. While 40% reported the purity of ice/crystal as 'increasing' in the last six months. Smaller numbers reported the purity as 'decreasing' or 'fluctuating' in the last six months (Figure 21, Table 33, Table 34 and Table 35).

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

Figure 21: Participant reports of changes in purity of speed, base and ice/crystal among those able to comment, 2014



Source: IDRS participant interviews

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

Table 33: Perceived purity of methamphetamine powder, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Current purity (n)	(N=239)	(N=192)	(n=20)	(n=26)	(n=24)	(n=43)	(n=31)	(n=25)	(n=9 [^])	(n=14)
High	23	29	35	31	38	14	23	52	33	14
Medium	37	37	25	46	46	30	52	20	22	43
Low	26	20	30	15	13	30	16	4	22	29
Fluctuates	14	15	10	8	4	26	10	24	22	14
% Purity changes (n)	(N=232)	(N=186)	(n=19)	(n=26)	(n=24)	(n=41)	(n=30)	(n=24)	(n=9 [^])	(n=13)
Increasing	8	15	5	12	25	12	13	29	0	8
Stable	41	37	47	46	38	29	43	25	44	31
Decreasing	30	21	32	23	17	17	17	21	22	31
Fluctuates	22	27	16	19	21	42	27	25	33	31

Source: IDRS participant interviews

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

Table 34: Perceived purity of methamphetamine base, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Current purity (n)	(N=92)	(N=76)	(n=12)	(n=1 [^])	(n=1 [^])	(n=15)	(n=31)	(n=3 [^])	(n=3 [^])	(n=10)
High	27	31	58	0	0	27	29	33	0	30
Medium	40	32	25	100	0	13	42	0	67	30
Low	15	20	17	0	0	47	7	67	33	10
Fluctuates	17	17	0	0	100	13	23	0	0	30
% Purity changes (n)	(N=88)	(N=73)	(n=9 [^])	(n=1 [^])	(n=1 [^])	(n=16)	(n=30)	(n=3 [^])	(n=3 [^])	(n=10)
Increasing	10	12	22	0	0	25	7	0	0	10
Stable	44	52	78	0	0	31	60	67	0	60
Decreasing	19	16	0	100	0	19	13	33	67	10
Fluctuates	26	19	0	0	100	25	20	0	33	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 35: Perceived purity of crystalline methamphetamine, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Current purity (n)	(N=375)	(N=441)	(n=96)	(n=61)	(n=82)	(n=41)	(n=60)	(n=43)	(n=20)	(n=38)
High	44	40	28	38	45	44	50	54	20	40
Medium	30	31	33	38	35	29	27	19	35	26
Low	13	12	18	12	11	10	12	5	15	5
Fluctuates	13	17	21	13	9	17	12	23	30	29
% Purity changes (n)	(N=359)	(N=427)	(n=95)	(n=60)	(n=79)	(n=37)	(n=57)	(n=43)	(n=19)	(n=37)
Increasing	13	16	12	18	18	22	12	28	11	8
Stable	49	42	38	45	49	35	46	35	26	46
Decreasing	20	18	25	17	15	22	21	14	21	5
Fluctuates	18	24	25	20	18	22	21	23	42	41

Source: IDRS participant interviews

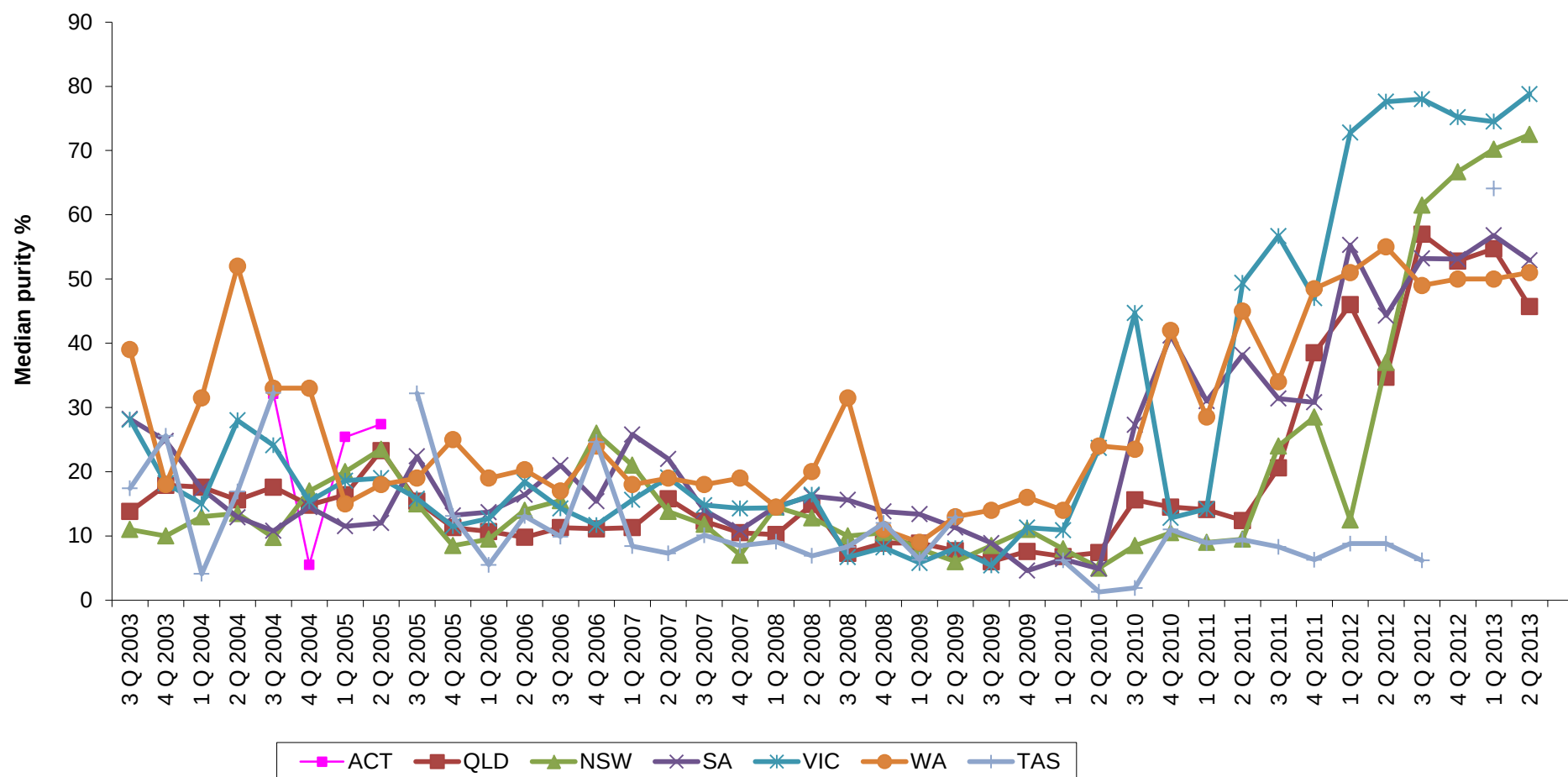
Note: The response option 'Don't know' was excluded from analysis

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 2012/13, forensic analysis of seizures of methylamphetamine in Australia revealed purity levels ranging from less than 1% to 78.8%, 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 22, 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 South Australia, Western Australia, Tasmania 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 22 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 <https://www.crimecommission.gov.au/sites/default/files/290414-IDDR-2012-13.pdf> No methylamphetamine seizures were analysed for purity in the ACT in 2012/13 (Australian Crime Commission, 2014) Data for 2013/14 were not available at the time of publication of this report.

Figure 22: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2003/04-2012/13



Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013; Australian Crime Commission, 2014)

Note: Data for 2013/14 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 was reported as 'stable' in the last six months (Table 36, Table 37 and Table 38).

Significance testing was carried out on the current availability of speed, base and ice/crystal for 'very easy', 'easy', 'difficult' and 'more difficult' between 2013 and 2014. The availability of ice/crystal as 'very easy' significantly increased between 2013 and 2014 ($p < 0.05$). Nationally, no other significant differences were found ($p > 0.05$).

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

Table 36: Availability of methamphetamine powder, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=238)	(N=192)	(n=21)	(n=27)	(n=23)	(n=44)	(n=30)	(n=24)	(n=9 [^])	(n=14)
Very easy	39	34	29	30	26	41	30	54	11	36
Easy	45	51	52	67	44	48	53	42	56	43
Difficult	15	14	14	4	26	11	17	4	33	14
Very difficult	2	2	5	0	4	0	0	0	0	7
% Availability changes (n)	(N=234)	(N=188)	(n=19)	(n=27)	(n=23)	(n=41)	(n=31)	(n=24)	(n=9 [^])	(n=14)
More difficult	13	10	16	4	13	7	7	8	0	29
Stable	77	76	74	82	74	76	74	79	78	64
Easier	6	11	11	11	13	15	10	13	11	0
Fluctuates	4	4	0	4	0	2	10	0	11	7

Source: IDRS participant interviews

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

Table 37: Availability of methamphetamine base, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=88)	(N=79)	(n=15)	(n=1 [^])	(n=1 [^])	(n=15)	(n=31)	(n=3 [^])	(n=3 [^])	(n=10)
Very easy	39	34	40	0	0	27	36	67	0	40
Easy	41	49	27	100	100	67	52	33	67	40
Difficult	15	11	13	0	0	7	13	0	0	20
Very difficult	6	5	20	0	0	0	0	0	33	0
% Availability changes (n)	(N=87)	(N=80)	(n=15)	(n=1 [^])	(n=1 [^])	(n=16)	(n=31)	(n=3 [^])	(n=3 [^])	(n=10)
More difficult	16	14	27	0	0	6	13	0	33	10
Stable	74	78	67	100	0	81	77	100	67	90
Easier	8	4	0	0	0	13	3	0	0	0
Fluctuates	1	5	7	0	100	0	7	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

Table 38: Availability of crystalline methamphetamine, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=379)	(N=451)	(n=105)	(n=61)	(n=83)	(n=40)	(n=57)	(n=44)	(n=22)	(n=39)
Very easy	42	49↑	52	48	54	25	46	52	41	64
Easy	46	42	41	44	35	58	47	39	46	28
Difficult	12	9	5	8	11	18	7	9	14	8
Very difficult	0	0	2	0	0	0	0	0	0	0
% Availability changes (n)	(N=374)	(N=445)	(n=105)	(n=61)	(n=81)	(n=40)	(n=56)	(n=44)	(n=20)	(n=38)
More difficult	9	6	9	2	6	8	9	7	0	3
Stable	75	75	77	79	72	68	73	73	75	87
Easier	13	15	11	8	22	20	14	21	20	5
Fluctuates	3	4	3	12	0	5	4	0	5	5

Source: IDRS participant interviews

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

↑ Significant increase between 2013 and 2014 ($p < 0.05$)

5.2.4 Purchasing patterns of methamphetamines

5.2.4.1 Speed

Participants purchased speed from a variety of sources, most commonly from friends (45%) and known dealers (28%). Speed powder was purchased from a range of locations. Nationally, the most common responses were from a friend's home (31%), a dealer's home (23%) and/or an agreed public location (17%) (Table 39).

Table 39: Methamphetamine powder purchasing patterns, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	W	NT	QLD
	2013	2014								
% Purchased from [#] (n)	(N=235)	(N=191)	(n=20)	(n=27)	(n=24)	(n=43)	(n=31)	(n=24)	(n=9^)	(n=13)
Street dealer	11	14	25	26	13	14	7	4	22	0
Friend	43	45	30	41	50	44	58	54	44	23
Known dealer	35	28	30	30	33	28	23	25	11	46
Acquaintance	7	8	0	4	4	12	10	8	22	15
Unknown dealer	1	2	10	0	0	0	3	0	0	8
Other	3	3	5	0	0	2	0	9	1	8
% Most recent purchase place [#] (n)	(N=235)	(N=191)	(n=20)	(n=27)	(n=24)	(n=43)	(n=31)	(n=24)	(n=9^)	(n=13)
Home delivery	18	15	20	7	8	7	29	21	11	15
Dealer's home	27	23	5	37	25	35	7	25	11	15
Friend's home	26	31	10	26	38	30	39	29	67	31
Acquaintance's house	3	4	0	0	4	7	3	7	11	0
Street market	8	9	45	15	13	0	7	0	0	0
Agreed public location	17	17	15	15	13	21	16	13	0	39
Other	1	1	5	0	0	0	0	4	0	0

Source: IDRS participant interviews

[#] Only one response allowed

5.2.4.2 Base

Base was most commonly obtained from a friend (41%) and/or a known dealer (32%). Again, locations of purchase were varied, with the most commonly reported being from a friend's home or an agreed public location (23% each) and/or home delivery or dealer's home (18% each) (Table 40).

Table 40: Methamphetamine base purchasing patterns, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Purchased from[#] (n)	(N=89)	(N=75)	(n=13)	(n=1 [^])	(n=1 [^])	(n=15)	(n=29)	(n=3 [^])	(n=3 [^])	(n=10)
Street dealer	11	7	23	0	0	7	0	0	33	0
Friend	49	41	31	0	0	40	59	33	0	30
Known dealer	25	32	23	100	100	47	28	0	67	20
Acquaintance	5	8	8	0	0	7	7	0	0	20
Unknown dealer	3	3	8	0	0	0	0	0	0	10
Other	7	9	7	0	0	0	6	67	0	20
% Most recent purchase place[#] (n)	(N=89)	(N=74)	(n=14)	(n=1 [^])	(n=1 [^])	(n=14)	(n=28)	(n=3 [^])	(n=3 [^])	(n=10)
Home delivery	20	18	7	0	0	14	32	0	33	0
Dealer's home	19	18	7	100	100	43	7	0	33	10
Friend's home	29	23	36	0	0	14	25	0	0	30
Acquaintance's house	2	7	7	0	0	7	11	0	0	0
Street market	9	5	29	0	0	0	0	0	0	0
Agreed public location	19	23	14	0	0	21	21	33	33	40
Other	2	6	0	0	0	1	4	67	0	20

Source: IDRS participant interviews

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

5.2.4.3 Ice/crystal

Ice/crystal was also obtained from a variety of sources, in a similar pattern to speed and base. Friends (44%) and known dealers (33%) were the most typical people from whom ice/crystal had been purchased. A friend's home or an agreed public location (25% each), and/or a dealer's home (19%) were reported as the most common locations of purchase (Table 41).

Table 41: Crystalline methamphetamine purchasing patterns, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Purchased from[#] (n)	(N=380)	(N=452)	(n=102)	(n=61)	(n=85)	(n=43)	(n=60)	(n=43)	(n=22)	(n=36)
Street dealer	11	10	18	18	6	14	2	2	18	0
Friend	40	44	37	43	39	51	62	51	46	25
Known dealer	37	33	32	31	49	21	23	26	23	47
Acquaintance	7	7	6	3	2	7	10	12	5	19
Unknown dealer	2	3	5	2	0	2	2	2	5	6
Other	3	3	2	3	4	5	2	7	3	3
% Most recent purchase place[#] (n)	(N=380)	(N=449)	(n=102)	(n=61)	(n=84)	(n=43)	(n=58)	(n=43)	(n=22)	(n=36)
Home delivery	18	15	18	10	6	12	26	19	36	11
Dealer's home	21	19	17	38	21	23	3	21	18	11
Friend's home	25	25	19	25	26	30	35	30	18	22
Acquaintance's house	3	3	1	5	1	0	9	9	0	0
Street market	10	9	30	3	8	0	0	0	5	0
Agreed public location	22	25	14	18	32	33	26	16	23	53
Other	1	4	1	1	6	2	2	5	0	3

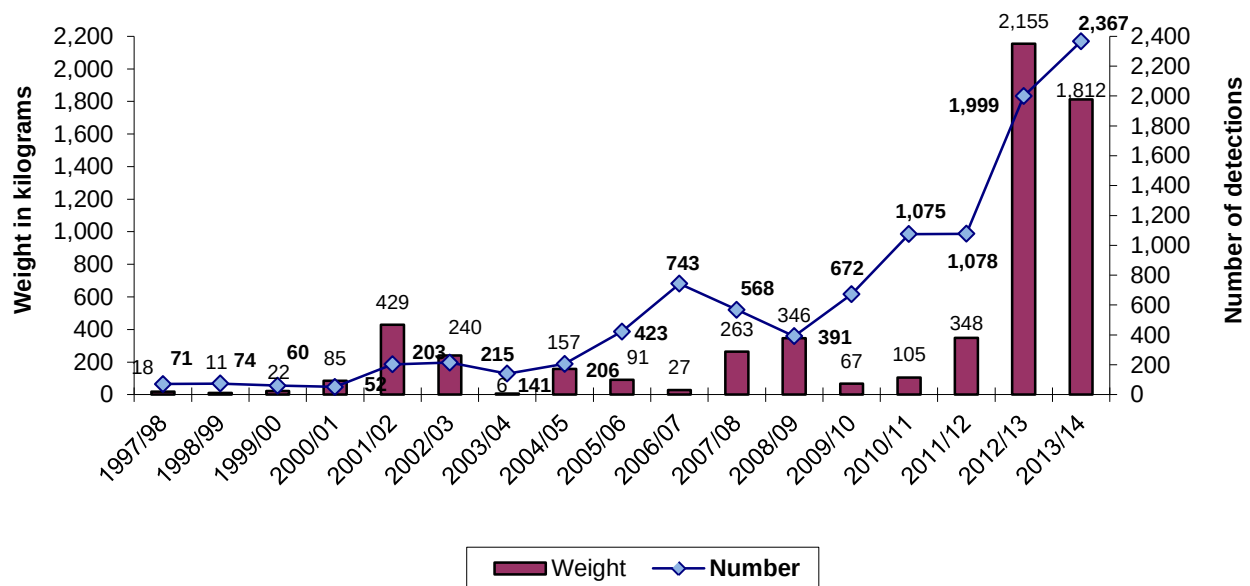
Source: IDRS participant interviews

[#] Only one response allowed

5.2.5 Amphetamine-type stimulant detections at the Australian border

Figure 23 shows the weight and number of amphetamine-type stimulants detected at the Australian border by the Australian Customs and Border Protection Service. In 2013/14, the number of detections increased from 1,999 in 2012/13 to 2,367. The weight of detections has increased significantly from 348 kilograms in 2011/12 to 2,155 kilograms in 2012/13. In 2013/14 the weight was 1,812. 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, 2014)

Figure 23: Total weight and number of amphetamine-type stimulants* detected by the Australian Customs and Border Protection Service, 1997/98-2013/14

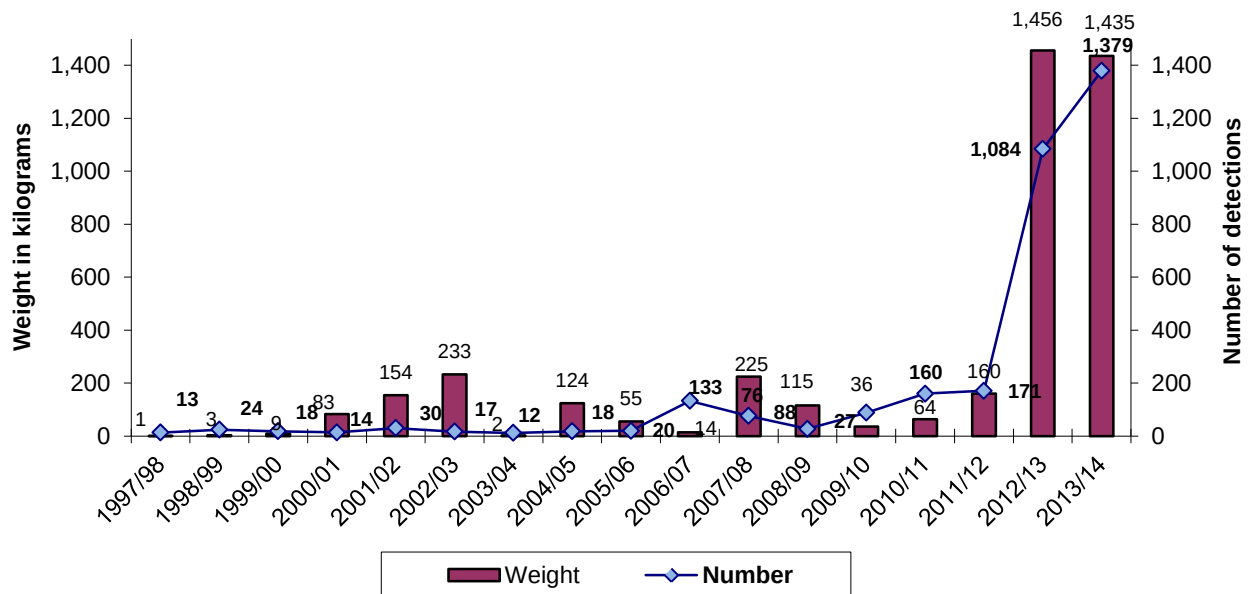


Source: Australian Customs and Border Protection Service

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

Figure 24 reports the number and weight of detections of crystalline methamphetamines at the border between 1997/98 and 2013/14. Both the number and weight of detections increased significantly in 2012/13, with the majority of detections occurring in the cargo and international post stream. The number of detections increased to 1,379 in 2013/14. Weight remained similar to 2012/13. The weight of seizures has varied widely over the years, reflecting changes in importation methodologies (Australian Customs Border and Protection Service, 2014)

Figure 24: Number and weight of detections of crystalline methamphetamine* detected at the border by the Australian Customs and Border Protection Service, 1997/98-2013/14



Source: Australian Customs and Border Protection Service

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

5.3 Cocaine

Key points

Price

- 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 \$400 and \$50 respectively. The majority of participants also described the price of cocaine as having remained 'stable' over the last six months.

Purity

- Similar proportion of participants nationally reported the purity of cocaine as 'high', 'medium' and 'low'. Most reported purity as stable over the last six months. In NSW the majority reported the purity as 'medium' with similar numbers reporting the purity as 'low'.

Availability

- 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 was most popular. A friend's home, dealer's home or street market were reported as the most common purchase location in NSW and nationally.
- The limited participant data on cocaine suggest that there remains a limited market for cocaine among IDRS participants in jurisdictions other than NSW. The market for cocaine continues to appear smaller and less visible than the methamphetamine and heroin markets.

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

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

5.3.1 Price of cocaine

Prices in Table 42 represent the median prices of the last purchase made by participants in the preceding six months. Twenty-one participants had bought a gram of cocaine in the past six months (NSW n=12), therefore, these figures should be interpreted with caution. The price of a gram and a cap of cocaine in NSW remained largely stable at \$400 and \$50 respectively (\$350 per gram and \$50 per cap nationally). Twenty-five participants in NSW bought a cap of cocaine in the last six months, as did two participants in VIC and one participant in the ACT; 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 (75%).

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

Table 42: Median price of cocaine, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Median price (\$) per gram	325	350	400	417 [^]	300 [^]	-	-	-	-	350 [^]
Median price (\$) per cap	50	50	50	50 [^]	75 [^]	-	-	-	-	-
% Price changes (n)	(N=58)	(N=47)	(n=30)	(n=4 [^])	(n=5 [^])	(n=2 [^])	(n=1 [^])	(n=1 [^])	(n=1 [^])	(n=3 [^])
Increased	17	9	10	0	0	0	0	100	0	0
Stable	72	75	80	75	60	100	100	0	0	67
Decreased	9	13	7	0	40	0	0	0	100	33
Fluctuated	2	4	3	25	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 thirty participants were able to comment on the purity of cocaine, while eight or fewer participants were able to comment in the others states. Of those able to comment nationally, 33% reported the purity of cocaine as 'medium'. Twenty-nine percent reported the purity of cocaine as 'high' and 26% as 'low' (Table 43). In NSW, the majority of participants reported the purity of cocaine as 'medium' (30%).

Significance testing was carried out on the current purity of cocaine for 'low', 'medium', 'high' and 'fluctuates' between 2013 and 2014. Nationally, no significant differences were found for current cocaine purity ($p>0.05$).

Participant reports regarding the changes in cocaine purity varied between jurisdictions. Of those who commented in the 2014 national sample, half reported the purity of cocaine as 'stable', while 27% reported the purity of cocaine as 'decreasing' over the last six months (27%) (Table 43).

Table 43: Perceived purity of cocaine, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Current purity (n)	(N=64)	(N=51)	(n=30)	(n=4 [^])	(n=8 [^])	(n=2 [^])	(n=1 [^])	(n=2 [^])	(n=1 [^])	(n=3 [^])
High	28	29	23	0	25	0	0	50	0	67
Medium	36	33	30	75	13	0	0	0	100	33
Low	27	26	27	25	50	100	100	50	0	0
Fluctuates	9	12	20	0	13	0	0	0	0	0
% Purity changes (n)	(N=59)	(N=44)	(n=29)	(n=1 [^])	(n=6 [^])	(n=1 [^])	(n=1 [^])	(n=2 [^])	(n=1 [^])	(n=3 [^])
Increasing	7	9	10	0	17	0	0	0	0	0
Stable	39	50	41	100	50	100	100	50	100	67
Decreasing	39	27	28	0	33	0	0	50	0	33
Fluctuating	15	14	21	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

The purity of analysed state/territory police seizures varied in each state/territory in 2012/13, ranging from 27.8% in QLD to 56.6% in SA (Australian Crime Commission, 2014) . In 2012/13 most of the cocaine seizures analysed were from QLD and NSW (Table 44). The AFP seizures of cocaine were generally higher in purity. There were no state/territory cocaine seizures analysed in TAS or the NT and no AFP in the ACT, TAS and the NT in 2012/13 (Table 44). Data for 2013/14 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 44: Median purity of cocaine seizures, by jurisdiction, 2003/04-2012/13

	Median purity %																			
	State/Territory police										AFP									
	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
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	48.0 n=166	29.3 n=120	52.5 n=129	53.2 n=92	72.3 n=348	69.9 n=63	74.3 n=98	76.4 n=491	71.7 n=93	70.3 n=78	67.3 n=27	66.0 n=17	66.7 n=76	65.4 n=61
ACT	48.0 n=3	47.7 n=5	30.6 n=5	-	36.6 n=7	61.4 n=2	31.3 n=2	9.5 n=2	46.4 n=5	39.6 n=4	-	-	-	-	-	-	-	-	-	-
VIC	32.6 n=27	48.8 n=33	31.7 n=43	46.0 n=60	18.3 n=50	49.9 n=54	37.7 n=156	30.2 n=52	43.2 n=97	46.4 n=113	75.3 n=34	58.9 n=9	55.3 n=7	75.5 n=25	75.6 n=16	75.9 n=37	64.6 n=9	64.4 n=21	57.0 n=30	59.3 n=15
TAS	-	-	-	-	-	-	-	-	29.8 n=1	-	-	-	-	-	-	-	71.7^ n=1	-	-	-
SA	38.5 n=10	30.7 n=64	32.8 n=9	48.2 n=35	48.2 n=21	53.3 n=50	46.6 n=37	19.5 n=30	32.0 n=30	56.6 n=78	-	-	-	59.9 n=2	-	-	-	-	-	56.6 n=4
WA	3.0 n=4	44.0 n=27	21 n=12	55.0 n=22	46.5 n=16	52.0 n=14	28 n=92	30.0 n=35	19.0 n=46	36.0 n=35	59.4 n=9	77.4^ n=1	53.8 n=6	52.7^ n=1	68.6 n=2	67.2 n=5	77.1^ n=1	55.3 n=6	64.8 n=3	39.5 n=3
NT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22.7^ n=1	-	-	-
QLD	14.9 n=30	35.2 n=90	38.0 n=109	40.2 n=109	35.2 n=133	28.1 n=214	30.1 n=257	19.8 n=126	18.7 n=125	27.8 n=178	71.7 n=24	79.9 n=7	42.7 n=4	76.1 n=63	84.6 n=6	41.7 n=6	53.7 n=3	76.2 n=21	66.0 n=9	65.5 n=11

Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013; Australian Crime Commission, 2014)

^ 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 South Australia, Western Australia and Tasmania 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 2013/14 were not available at the time of publication

5.3.3 Availability of cocaine

In jurisdictions other than NSW, only small numbers of participants were able to comment on the availability of cocaine, which suggests that the drug is not widely available in those jurisdictions. Of those who commented in NSW, 85% (62% nationally) described cocaine as 'easy' or 'very easy' to obtain, while 16% considered it to be 'difficult' to obtain (26% nationally). Availability in the six months preceding interview was generally thought to be stable nationally and in NSW (75% and 69% respectively) (Table 45).

Significance testing was carried out on the current availability of cocaine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2013 and 2014. 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 45: Availability of cocaine, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=64)	(N=53)	(n=32)	(n=4 [^])	(n=8 [^])	(n=2 [^])	(n=1 [^])	(n=2 [^])	(n=1 [^])	(n=3 [^])
Very easy	28	34	38	25	25	0	0	50	0	67
Easy	42	38	47	50	13	0	0	0	100	33
Difficult	27	25	16	25	50	100	0	50	0	0
Very difficult	3	4	0	0	13	0	100	0	0	0
% Availability changes (n)	(N=60)	(N=51)	(n=32)	(n=3 [^])	(n=7 [^])	(n=2 [^])	(n=1 [^])	(n=2 [^])	(n=1 [^])	(n=3 [^])
More difficult	27	18	22	0	29	0	0	0	0	0
Stable	60	75	69	100	71	100	100	50	100	100
Easier	12	8	9	0	0	0	0	50	0	0
Fluctuates	2	0	0	0	0	0	0	0	0	0

Source: IDRS participant interviews

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

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

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. A street market, a friend's home or an agreed public location were reported as the most common purchase locations (Table 46).

Table 46: Purchasing patterns of cocaine, by jurisdiction, 2014

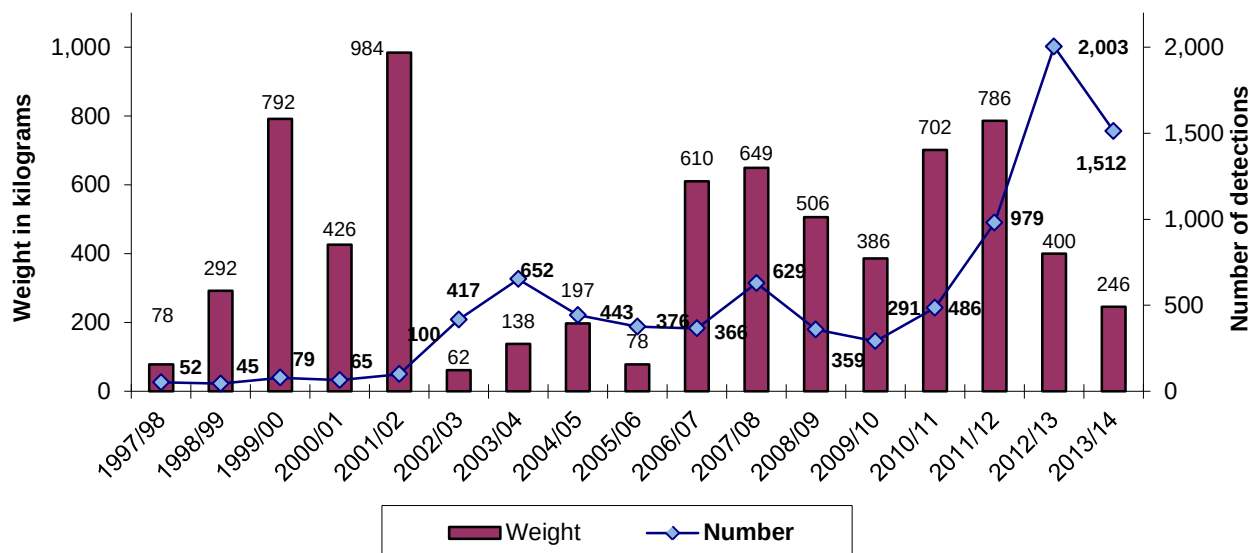
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Purchased from [#] (n)	(N=64)	(N=49)	(n=29)	(n=4 [^])	(n=8 [^])	(n=2 [^])	(n=0)	(n=2 [^])	(n=1 [^])	(n=3 [^])
Street dealer	13	22	24	25	25	50	-	0	0	0
Friend	44	31	31	50	25	0	-	50	0	33
Known dealer	30	25	24	0	25	0	-	50	100	33
Acquaintance	3	14	14	0	25	0	-	0	0	33
Other	8	8	7	25	0	50	-	0	0	0
% Most recent purchase place [#] (n)	(N=64)	(N=51)	(n=31)	(n=4 [^])	(n=8 [^])	(n=2 [^])	(n=0)	(n=2 [^])	(n=1 [^])	(n=3 [^])
Home delivery	17	12	10	25	25	0	-	0	0	0
Dealer's home	19	14	10	0	13	50	-	50	0	33
Friend's home	23	18	16	25	25	0	-	0	100	0
Street market	16	22	29	0	25	0	-	0	0	0
Agreed public location	16	18	16	25	0	0	-	50	0	67
Other	9	16	19	25	12	50	-	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 2013/14, the Australian Customs and Border Protection Service made 1,512 detections of cocaine at the Australian border, a decrease from 2,003 in 2012/13 (Figure 25). The detections weighed a total of 246 kilograms. This was a decrease from 400 kilograms in 2012/13. The vast majority (98%) of cocaine detections occurred through the cargo and international post stream

Figure 25: Number and weight of detections of cocaine detected at the border by the Australian Customs and Border Protection Service, 1997/98-2013/14

Source: Australian Customs and Border Protection Service

5.4 Cannabis

Key points

Price

- An ounce of hydroponic cannabis (hydro) cost between a median of \$210 and \$450, while a gram ranged from \$20 to \$30. Prices for both forms were generally reported to have remained stable in the six months preceding interview.

Potency

- 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.

Availability

- Both forms were considered to be 'very easy' or 'easy' to obtain by the majority of participants, however, one-quarter did report that bush cannabis was 'difficult' to obtain. 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 or a dealer's home.

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 2014, participants 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: 71% of participants in NSW; 62% in the ACT; 48% in VIC; 71% in TAS; 66% in SA; 61% in WA; 60% in the NT; and 46% in QLD.

5.4.1 Price of cannabis

Table 47 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 2014, 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- small numbers commenting). Nationally, a quarter of an ounce was \$80, ranging from \$60 in SA to \$150 in the NT (small numbers commenting).

Overall, participants reported that the price of hydro and bush remained stable over the preceding six months (76% and 82% respectively among those who commented) (Table 47).

Five 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 47: Median price of cannabis and price changes, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Price (\$) HYDRO										
Per gram	20	20	20	20	20	25	25*	25	30	25
Per quarter ounce	90	80	100	90	70	90	60	100^	150^	90
Per ounce	300	300	300	280	250	260^	210	350	450	280^
Price (\$) BUSH										
Per gram	20	20	20	12.50^	20	20	25*	25^	30^	20^
Per quarter ounce	70	70	80^	80^	80^	70	50^	90^	-	70^
Per ounce	240	220	220^	210^	230^	200^	190	250^	350^	250^
Price changes										
% HYDRO (n)	(N=457)	(N=466)	(n=99)	(n=57)	(n=51)	(n=61)	(n=58)	(n=54)	(n=51)	(n=35)
Increased	12	14	8	5	6	5	21	39	20	11
Stable	82	76	83	77	82	80	69	54	71	86
Decreased	2	2	2	7	2	0	0	4	0	3
Fluctuated	5	9	7	11	10	15	10	4	10	0
% BUSH (n)	(N=193)	(N=194)	(n=27)	(n=11)	(n=15)	(n=49)	(n=41)	(n=24)	(n=17)	(n=10)
Increased	5	9	7	0	7	12	12	4	18	0
Stable	80	82	93	82	67	78	88	88	77	70
Decreased	5	4	0	0	20	8	0	4	0	0
Fluctuated	10	5	0	18	7	2	0	4	6	30

Source: IDRS participant interviews

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

* SA purchase is per bag instead of per gram

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

5.4.2 Potency of cannabis

Participants were asked 'How strong would you say hydro/bush is at the moment?' and whether the potency or strength had changed in the last six months. Over half (55%) of the national sample who commented reported that hydro potency was 'high' (ranging from 37% in QLD to 65% in TAS, SA and WA) and around one-third (32%) described it as 'medium' (ranging from 19% in TAS to 49% in QLD). By contrast, around half (54%) reported the potency of bush cannabis as 'medium' (ranging from 46% in NSW to 60% in VIC, TAS and QLD). The potency of hydro and bush cannabis was generally reported to have remained 'stable' over the preceding six months (63% and 66% respectively) (Table 48 and Table 49).

Significance testing was carried out on the current purity of hydroponic and 'bush' cannabis for 'low', 'medium', 'high' and 'fluctuates' between 2013 and 2014. 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 48: Perceived potency of hydroponic cannabis, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
%Current Potency (n)	(N=461)	(N=479)	(n=103)	(n=56)	(n=52)	(n=63)	(n=60)	(n=57)	(n=53)	(n=35)
High	58	55	59	45	48	65	65	65	45	37
Medium	30	32	27	45	37	19	30	25	34	49
Low	4	3	1	9	4	2	0	4	8	3
Fluctuates	9	10	13	2	12	14	5	7	13	11
% Potency changes (n)	(N=456)	(N=467)	(n=100)	(n=55)	(n=51)	(n=62)	(n=60)	(n=53)	(n=51)	(n=35)
Increasing	11	12	15	9	10	13	12	17	10	9
Stable	70	63	57	75	65	61	68	68	51	63
Decreasing	7	6	6	2	8	3	7	6	6	9
Fluctuating	13	19	22	15	18	23	13	9	33	20

Source: IDRS participant interviews

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

Table 49: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Current Potency (n)	(N=207)	(N=205)	(n=28)	(n=12)	(n=15)	(n=52)	(n=43)	(n=27)	(n=18)	(n=10)
High	27	22	21	17	13	12	33	30	22	30
Medium	54	54	46	50	60	60	51	48	56	60
Low	9	11	11	25	7	14	7	11	11	0
Fluctuates	10	14	21	8	20	15	9	11	11	10
% Potency changes (n)	(N=195)	(N=200)	(n=28)	(n=12)	(n=15)	(n=49)	(n=42)	(n=26)	(n=18)	(n=10)
Increasing	8	9	4	8	13	8	12	12	0	10
Stable	70	66	57	67	40	67	71	73	72	70
Decreasing	7	7	11	8	20	6	5	4	0	0
Fluctuating	16	19	29	17	27	18	12	12	28	20

Source: IDRS participant interviews

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

5.4.3 Availability of cannabis

Ninety-one percent of participants commenting on hydro in all jurisdictions described it as 'very easy' or 'easy' to obtain. Although reports on bush were more mixed, it was most commonly reported as 'very easy' or 'easy' to obtain (72%). Smaller numbers of participants were able to comment on bush cannabis (from n=11 in QLD to n=53 in TAS) suggesting that it continued to be less available than hydro in many jurisdictions (ranging from n=36 in QLD to n=103 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 (80% and 75% respectively) (Table 50 and Table 51).

Significance testing was carried out on the current availability of hydro and bush cannabis for 'very easy', 'easy', 'difficult' and 'more difficult' between 2013 and 2014. 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 50: Availability of hydroponic cannabis, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=464)	(N=485)	(n=103)	(n=58)	(n=52)	(n=62)	(n=61)	(n=59)	(n=54=)	(n=36)
Very easy	53	51	55	64	56	61	41	39	32	56
Easy	40	40	35	33	37	39	44	48	61	28
Difficult	7	9	9	3	8	0	13	14	7	17
Very difficult	1	<1	1	0	0	0	2	0	0	0
% Availability changes (n)	(N=464)	(N=479)	(n=98)	(n=58)	(n=52)	(n=62)	(n=61)	(n=59)	(n=54=)	(n=35)
More difficult	6	9	10	3	10	3	10	12	7	23
Stable	87	80	79	90	81	79	77	78	87	66
Easier	3	6	9	3	4	15	5	3	2	3
Fluctuates	4	5	2	3	6	3	8	7	4	9

Source: IDRS participant interviews

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

Table 51: Availability of outdoor-grown 'bush' cannabis, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=204)	(N=211)	(n=30)	(n=12)	(n=15)	(n=53)	(n=43)	(n=29)	(n=18)	(n=11)
Very easy	27	29	20	50	40	40	23	21	17	27
Easy	47	43	63	33	33	40	47	35	44	36
Difficult	25	26	13	17	20	21	28	45	33	27
Very difficult	3	2	3	0	7	0	2	0	6	9
% Availability changes (n)	(N=203)	(N=206)	(n=29)	(n=12)	(n=15)	(n=52)	(n=43)	(n=28)	(n=17)	(n=10)
More difficult	15	13	7	8	13	6	16	18	18	30
Stable	72	75	86	92	80	79	67	75	53	70
Easier	7	6	0	0	7	12	7	7	0	0
Fluctuates	5	6	7	0	0	4	9	0	29	0

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 (50%) or known dealer (28%). Sources were similar for bush cannabis, with friends (59%) and known dealers (21%) 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 32%; bush 37%), a dealer's home (hydro 23%; bush 17%), home delivery (hydro 14%; bush 21%) and/or an agreed public location (hydro 18%; bush 15%) (Table 52 and Table 53).

Table 52: Hydroponic cannabis purchasing patterns, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
%Purchased from[#] (n)	(N=458)	(N=474)	(n=99)	(n=57)	(n=51)	(n=60)	(n=60)	(n=59)	(n=52)	(n=36)
Street dealer	9	10	14	18	8	10	0	3	19	6
Friend	49	50	49	40	47	45	67	56	48	42
Known dealer	30	28	27	32	45	28	15	19	25	42
Acquaintance	8	7	6	5	0	12	8	12	4	3
Unknown dealer	1	1	2	0	0	0	2	0	0	0
Other	3	4	2	5	0	5	8	10	4	7
% Most recent purchase place[#] (n)	(N=458)	(N=472)	(n=100)	(n=57)	(n=51)	(n=60)	(n=58)	(n=58)	(n=52)	(n=36)
Home delivery	14	14	14	9	10	22	26	17	6	8
Dealer's home	26	23	17	26	29	32	12	12	33	25
Friend's home	32	32	26	28	28	28	45	40	37	28
Acquaintance's house	5	3	3	2	0	3	5	5	2	0
Street market	7	7	20	7	8	0	0	0	10	3
Agreed public location	14	18	16	25	26	13	10	19	12	31
Other	2	3	4	3	0	2	2	7	0	5

Source: IDRS participant interviews

[#] Only one response allowed**Table 53: Outdoor-grown 'bush' cannabis purchasing patterns, by jurisdiction, 2014**

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Purchased from[#] (n)	(N=195)	(N=206)	(n=29)	(n=11)	(n=15)	(n=52)	(n=41)	(n=29)	(n=18)	(n=11)
Street dealer	6	4	3	9	7	4	0	3	11	0
Friend	60	59	72	46	47	52	59	59	72	64
Known dealer	21	21	24	27	33	21	20	10	17	36
Acquaintance	8	9	0	9	7	17	5	17	0	0
Unknown dealer	1	1	0	0	0	0	2	0	0	0
Other	4	6	1	9	6	6	14	11	0	0
% Most recent purchase place[#] (n)	(N=194)	(N=206)	(n=29)	(n=11)	(n=15)	(n=52)	(n=41)	(n=29)	(n=18)	(n=11)
Home delivery	12	21	17	27	13	15	42	17	6	27
Dealer's home	14	17	14	18	27	23	7	7	28	27
Friend's home	46	37	41	27	20	33	34	52	56	27
Acquaintance's house	6	2	0	0	0	8	2	0	0	0
Street market	7	4	14	9	13	2	0	0	5	0
Agreed public location	10	15	14	18	27	17	10	17	5	18
Other	5	4	0	1	0	2	5	7	0	1

Source: IDRS participant interviews

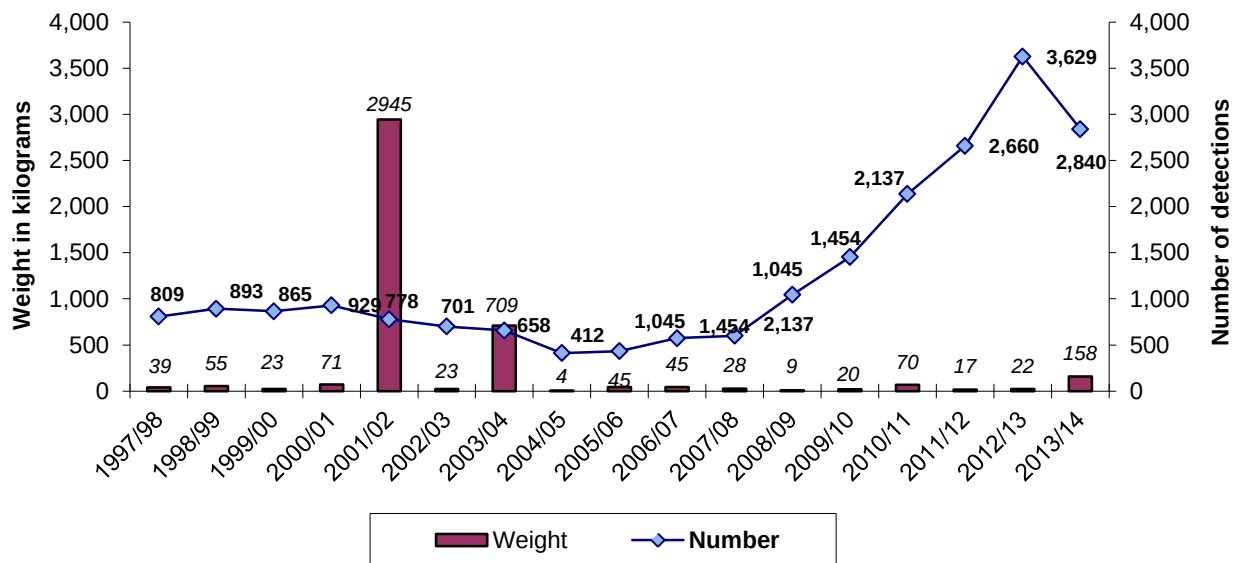
[#] Only one response allowed

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 decreased in 2013/14 to 2,840 (down from 3,629 in 2012/13), while the weight of seizures increased to 158 kilograms in 2013/14 (up from 22 kilograms in 2012/13) (Figure 26) (Australian Customs Border and Protection Service, 2014)

Figure 26: Weight and number of detections of cannabis made at the border by the Australian Customs and Border Protection Service, 1997/98-2013/14



Source: Australian Customs and Border Protection Service

5.5 Methadone

Key points

Price

- Of those who commented, the majority reported the price of 'illicit' methadone syrup to be a median of \$1 per one-millilitre and Physeptone at \$15 per 10mg tablet (small numbers commenting). The price of 'illicit' methadone was reported mainly as stable over the last six months.

Availability

- Nearly half of the participants reported the availability of 'illicit' methadone as 'easy', while 30% 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 and purchased most commonly from either a friend's home or an agreed public location.

5.5.1 Price of illicit methadone

Thirteen percent of the national sample commented on the price or availability of 'illicitly' obtained methadone liquid. Eighty-two participants in the national sample commented on the price range of one-millilitre (1ml) of methadone. Of those who commented, 42% reported that it cost a median of \$1.00 per ml of liquid and 28% reported \$0.50 (range \$0.20 to \$3.33 per ml).

Three participants reported having purchased 5mg Physeptone tablets for between \$5 and \$10 per tablet. The 43 participants (5% of the national sample) who bought 10mg tablets paid between \$5 and \$50 per tablet. Of those who commented (N=38), 42% reported paying \$20, 21% paying \$15 per tablet and 19% paying \$10. Median prices per tablet are recorded in Table 54.

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

Table 54: Median price of illicit methadone and price changes, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Median Price (\$)										
Syrup per 1ml	1	1	0.5	1 [^]	0.25 [^]	1	0.5 [^]	0.88 [^]	0.8 [^]	1 [^]
Physeptone 10mg	20	15	13 [^]	10 [^]	-	17.5	8.5 [^]	5 [^]	20 [^]	30 [^]
% Price changes (n)	(N=129)	(N=115)	(n=46)	(n=13)	(n=4 [^])	(n=32)	(n=7 [^])	(n=5 [^])	(n=1 [^])	(n=7 [^])
Increased	28	20	28	8	0	13	14	40	0	29
Stable	64	71	63	77	50	84	71	60	100	71
Decreased	2	1	2	0	0	0	0	0	0	0
Fluctuated	6	8	7	15	50	3	14	0	0	0

Source: IDRS participant interviews

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

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

5.5.2 Availability of illicit methadone

Among those who commented on availability, 42% reported that it was 'easy' to obtain 'illicit' methadone and 21% reported availability as 'very easy'. Thirty percent reported it as 'difficult', and a small proportion as 'very difficult' (7%). Seventy-two percent reported that availability had remained 'stable' in the six months preceding interview, although 15% reported that it had become 'more difficult' (Table 55).

Significance testing was carried out on the current availability of 'illicit' methadone (any form) for 'very easy', 'easy', 'difficult' and 'more difficult' between 2013 and 2014. Nationally, no significant differences were found ($p>0.05$).

Table 55: Availability of illicit methadone, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=138)	(N=125)	(n=48)	(n=16)	(n=5 [^])	(n=33)	(n=7 [^])	(n=6 [^])	(n=2 [^])	(n=8 [^])
Very easy	27	21	23	19	20	15	0	17	50	50
Easy	35	42	44	50	60	33	71	17	50	25
Difficult	29	30	29	31	20	36	29	50	0	13
Very difficult	9	7	4	0	0	15	0	17	0	13
% Availability changes (n)	(N=135)	(N=119)	(n=43)	(n=16)	(n=5 [^])	(n=33)	(n=7 [^])	(n=6 [^])	(n=1 [^])	(n=8 [^])
More difficult	17	15	19	6	20	6	29	50	0	13
Stable	73	72	77	88	20	79	57	50	0	63
Easier	4	7	5	0	60	3	0	0	100	13
Fluctuates	6	6	0	6	0	12	14	0	0	13

Source: IDRS participant interviews

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

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

5.5.3 Purchasing patterns of illicit methadone

Of those who had bought 'illicit' methadone (N=110), the most common source was a friend (67%) or an acquaintance (13%). The most common place of purchase was a friend's home (27%) followed by an agreed public location (24%) (Table 56).

Table 56: Purchasing patterns of illicit methadone, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Purchased from[#] (n)	(N=116)	(N=110)	(n=37)	(n=13)	(n=7 [^])	(n=34)	(n=3 [^])	(n=6 [^])	(n=2 [^])	(n=8 [^])
Street dealer	5	7	8	0	0	9	33	0	50	0
Friend	72	67	68	92	71	59	67	50	50	75
Known dealer	4	10	11	0	0	18	0	0	0	13
Acquaintance	12	13	8	8	29	15	0	33	0	13
Other	7	3	5	0	0	0	0	17	0	0
% Most recent purchase place[#] (n)	(N=116)	(N=110)	(n=37)	(n=13)	(n=7 [^])	(n=34)	(n=3 [^])	(n=6 [^])	(n=2 [^])	(n=8 [^])
Home delivery	15	12	6	15	0	18	0	33	0	14
Dealer's home	5	7	3	0	0	21	0	0	0	0
Friend's home	35	27	25	46	29	21	0	17	50	43
Acquaintance's house	4	4	0	8	0	6	0	17	0	0
Street market	5	17	36	8	14	3	33	0	0	14
Agreed public location	33	24	19	15	57	27	33	17	0	29
Other	3	9	11	8	0	4	33	16	50	0

Source: IDRS participant interviews

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

[#] Only one response allowed

5.6 Buprenorphine

Key points

Price

- 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.

Availability

- Over two-thirds reported the availability of 'illicit' buprenorphine as 'very easy' or 'easy' to obtain. The majority reported the availability of 'illicit' buprenorphine as stable over the last six months.
- The most common source among those who had bought 'illicit' buprenorphine was through a friend. The most common place of purchase was an agreed public location followed and a friend's home.

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 or SA to \$10 in NSW, the ACT, WA and the NT, whereas the median price for Subutex® 8mgs ranged from \$20 in NSW to \$40 in WA (small numbers commenting). Participants were asked if the price of buprenorphine had changed in the last six months. Of those who commented, the majority (75%) reported the price of 'illicit' buprenorphine as stable over the last six months (Table 57).

Table 57: Median price of illicit buprenorphine and price changes, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Median Price (\$)										
Subutex® 2mgs	10	10	10 [^]	10 [^]	2.5 [^]	-	-	10 [^]	10 [^]	7.5 [^]
Subutex® 8mgs	31	25	20	17.5 [^]	15 [^]	30 [^]	-	40 [^]	30 [^]	35 [^]
% Price changes (n)	(N=46)	(N=63)	(n=16)	(n=7 [^])	(n=10)	(n=4 [^])	(n=6 [^])	(n=5 [^])	(n=3 [^])	(n=12)
Increased	11	24	38	0	0	75	33	40	0	17
Stable	83	75	63	100	100	25	67	60	67	83
Decreased	2	2	0	0	0	0	0	0	33	0
Fluctuated	4	0	0	0	0	0	0	0	0	0

Source: IDRS participant interviews

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

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

5.6.2 Availability of illicit buprenorphine

Of those participants in the IDRS sample who were able to comment, 47% reported the availability of 'illicit' buprenorphine as 'easy', 34% as 'very easy' and a further 13% reported availability as 'difficult'. Seventy percent of the national sample reported availability as stable in the last six months (Table 58).

Significance testing was carried out on the current availability of 'illicit' buprenorphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2013 and 2014. Nationally, no significant differences were found (p>0.05).

Table 58: Availability of illicit buprenorphine, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=54)	(N=71)	(n=17)	(n=7 [^])	(n=10)	(n=8 [^])	(n=6 [^])	(n=7 [^])	(n=4 [^])	(n=12)
Very easy	37	34	24	14	60	38	33	29	25	42
Easy	33	47	47	71	40	25	50	43	50	50
Difficult	22	13	18	14	0	25	17	14	25	0
Very difficult	7	7	12	0	0	13	0	14	0	8
% Availability changes (n)	(N=53)	(N=69)	(n=17)	(n=7 [^])	(n=10)	(n=6 [^])	(n=6 [^])	(n=7 [^])	(n=4 [^])	(n=12)
More difficult	21	25	24	43	20	67	17	29	0	8
Stable	70	70	77	57	80	33	33	57	100	92
Easier	8	6	0	0	0	0	50	14	0	0
Fluctuates	2	0	0	0	0	0	0	0	0	0

Source: IDRS participant interviews

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

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

5.6.3 Purchasing patterns of illicit buprenorphine

Of those who had bought 'illicit' buprenorphine, the most common source was a friend (72%) or a street dealer (10%). The most common place of purchase was an agreed public location or friend's home (both 33%), followed by the street market (13%) (Table 59). Among those who commented (N=66) the main way they obtained the 'illicit' buprenorphine was by purchasing (70%) compared to 23% who reported they were given it for free.

Table 59: Purchasing patterns of illicit buprenorphine, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Purchased from [#] (n)	(N=49)	(N=61)	(n=16)	(n=6 [^])	(n=9 [^])	(n=8 [^])	(n=3 [^])	(n=7 [^])	(n=2 [^])	(n=10)
Street dealer	18	10	25	17	0	13	0	0	0	0
Friend	51	72	56	83	89	75	67	71	100	70
Known dealer	16	7	13	0	0	13	0	14	0	0
Acquaintance	12	8	0	0	11	0	33	0	0	30
Other	3	3	6	0	0	0	0	15	0	0
%Most recent purchase place [#] (n)	(N=49)	(N=61)	(n=16)	(n=6 [^])	(n=9 [^])	(n=8 [^])	(n=3 [^])	(n=7 [^])	(n=2 [^])	(n=10)
Home delivery	14	7	0	0	11	0	0	29	0	10
Dealer's home	10	2	0	0	0	13	0	0	0	0
Friend's home	22	33	13	67	33	25	0	57	100	30
Acquaintance's house	2	3	0	0	0	0	33	0	0	10
Street market	16	13	31	17	11	13	0	0	0	0
Agreed public location	35	33	44	17	33	50	33	0	0	40
Other	1	9	12	0	12	0	33	14	0	10

Source: IDRS participant interviews

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

5.7 Buprenorphine-naloxone

Key points

Price

- The median price of 'illicit' buprenorphine-naloxone 'tablet' and 'film' varied among the jurisdictions. The majority reported the price of 'illicit' buprenorphine-naloxone 'tablet' and 'film' as stable over the last six months.

Availability

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

5.7.1 Price of illicit buprenorphine-naloxone

Very small numbers were able to comment on the price of 'illicit' buprenorphine-naloxone 'tablet' or 'film' (Suboxone®). Results should be interpreted with caution. The median price for Suboxone® 2mgs 'tablet' ranged from no reports in VIC, SA, WA, QLD and the NT to \$15 in NSW, whereas the median price for Suboxone® 2mgs 'film' had no reports in TAS to \$10 in the ACT, WA and QLD.

The median price for Suboxone® 8mgs 'tablet' ranged from no reports in WA to \$35 in the ACT, whereas the median price for Suboxone® 8mgs 'film' ranged from \$10 in the ACT and VIC to \$40 in WA. Note that all price results are based on small numbers so interpret with caution.

Participants were also asked if the price of buprenorphine-naloxone 'tablet' or 'film' had changed in the last six months. The majority of participants report that the price of buprenorphine-naloxone 'tablet' or 'film' had remained stable over the preceding six months (81% and 71% respectively among those who commented) (Table 60).

Table 60: Median price of illicit buprenorphine-naloxone and price changes, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Price (\$) TABLET										
Suboxone® 2mgs	5 [^]	10 [^]	15 [^]	10 [^]	-	10 [^]	-	-	-	-
Suboxone® 8mgs	30	20	20	35 [^]	10 [^]	30 [^]	20 [^]	-	30 [^]	15 [^]
Price (\$) FILM										
Suboxone® 2mgs	10 [^]	8	10 [^]	7.5 [^]	3.75 [^]	-	6 [^]	10 [^]	7.5 [^]	10 [^]
Suboxone® 8mgs	25	20	20	10 [^]	10 [^]	20 [^]	20 [^]	40	20 [^]	20 [^]
Price changes										
% TABLET (n)	(N=29)	(N=36)	(n=10)	(n=6 [^])	(n=5 [^])	(n=4 [^])	(n=5 [^])	(n=1 [^])	(n=2 [^])	(n=3 [^])
Increased	17	17	20	0	0	50	20	100	0	0
Stable	72	81	80	100	100	50	60	0	100	100
Decreased	0	0	0	0	0	0	0	0	0	0
Fluctuated	10	3	0	0	0	0	20	0	0	0
% FILM (n)	(N=42)	(N=70)	(n=16)	(n=5 [^])	(n=10)	(n=4 [^])	(n=7 [^])	(n=13)	(n=8 [^])	(n=7 [^])
Increased	14	17	6	0	10	0	29	54	13	0
Stable	81	71	94	100	80	50	57	46	75	57
Decreased	0	6	0	0	10	25	0	0	13	14
Fluctuated	5	6	0	0	0	25	14	0	0	29

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis. Data collection for buprenorphine-naloxone 'film' began in 2012

5.7.2 Availability of illicit buprenorphine-naloxone

Of those participants in the IDRS sample who were able to comment, 47% reported the availability of 'illicit' buprenorphine-naloxone 'tablet' as 'easy', 21% reported availability as 'very easy' and 26% 'difficult'. Of those who commented, 64% reported availability as stable in the last six months (Table 61).

Significance testing was carried out on the current availability of 'illicit' buprenorphine-naloxone 'tablet' for 'very easy', 'easy', 'difficult' and 'more difficult' between 2013 and 2014. Nationally, no significant differences were found ($p>0.05$).

Table 61: Availability of buprenorphine-naloxone 'tablet', by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=32)	(N=38)	(n=9 [^])	(n=5 [^])	(n=5 [^])	(n=6 [^])	(n=5 [^])	(n=1 [^])	(n=4 [^])	(n=3 [^])
Very easy	31	21	33	20	40	17	20	0	0	0
Easy	44	47	33	40	60	50	40	0	75	67
Difficult	25	26	33	40	0	33	40	0	0	33
Very difficult	0	5	0	0	0	0	0	100	25	0
% Availability changes (n)	(N=32)	(N=36)	(n=10)	(n=5 [^])	(n=5 [^])	(n=4 [^])	(n=5 [^])	(n=1 [^])	(n=3 [^])	(n=3 [^])
More difficult	22	31	50	20	0	75	0	100	0	33
Stable	75	64	50	80	100	25	60	0	100	67
Easier	0	0	0	0	0	0	0	0	0	0
Fluctuates	3	6	0	0	0	0	40	0	0	0

Source: IDRS participant interviews

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

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

Of those participants in the IDRS sample who were able to comment, 38% reported the availability of 'illicit' buprenorphine-naloxone 'film' as 'very easy', 48% reported availability as 'easy' and 13% 'difficult'. Of those who commented, 88% reported availability as stable and 5% as 'easier' in the last six months (Table 62).

Significance testing was carried out on the current availability of 'illicit' buprenorphine-naloxone 'film' for 'very easy', 'easy', 'difficult' and 'more difficult' between 2013 and 2014. Nationally, no significant differences were found ($p>0.05$).

Table 62: Availability of buprenorphine-naloxone 'film', by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=49)	(N=82)	(n=16)	(n=7 [^])	(n=11)	(n=6 [^])	(n=7 [^])	(n=14)	(n=11)	(n=10)
Very easy	33	38	38	29	64	50	29	36	36	20
Easy	53	48	50	57	36	50	43	57	18	70
Difficult	10	13	13	14	0	0	29	0	46	10
Very difficult	4	1	0	0	0	0	0	7	0	0
% Availability changes (n)	(N=48)	(N=77)	(n=15)	(n=7 [^])	(n=11)	(n=5 [^])	(n=7 [^])	(n=14)	(n=10)	(n=8)
More difficult	8	4	0	0	0	0	14	7	10	0
Stable	71	88	93	100	100	80	71	86	80	88
Easier	19	5	7	0	0	20	0	7	0	13
Fluctuates	2	3	0	0	0	0	14	0	10	0

Source: IDRS participant interviews

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

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

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

5.7.3 Purchasing patterns of illicit buprenorphine-naloxone

Of those who had bought 'illicit' buprenorphine-naloxone 'tablet' and 'film', the most common source was through a friend (71% and 70% respectively). The most common place of purchase was a friend's home, 37% for 'tablet' form and 34% for 'film' form (Table 63 and Table 64).

Table 63: Buprenorphine-naloxone 'tablet' purchasing patterns, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Purchased from [#] (n)	(N=29)	(N=35)	(n=9)	(n=5 [^])	(n=5 [^])	(n=6 [^])	(n=4 [^])	(n=1 [^])	(n=3 [^])	(n=2 [^])
Street dealer	14	11	33	20	0	0	0	0	0	0
Friend	48	71	44	80	100	83	50	100	100	50
Known dealer	7	14	22	0	0	17	25	0	0	50
Acquaintance	21	3	0	0	0	0	25	0	0	0
Unknown dealer	10	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
% Most recent purchase place [#] (n)	(N=29)	(N=35)	(n=9)	(n=5 [^])	(n=5 [^])	(n=6 [^])	(n=4 [^])	(n=1 [^])	(n=3 [^])	(n=2 [^])
Home delivery	10	14	11	20	20	0	0	0	33	50
Dealer's home	3	6	0	0	0	17	25	0	0	0
Friend's home	21	37	22	40	60	50	0	100	67	0
Street market	24	11	33	20	0	0	0	0	0	0
Agreed public location	41	29	33	20	20	33	50	0	0	50
Other	1	3	1	0	0	0	25	0	0	0

Source: IDRS participant interviews

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

[#] Only one response allowed

Table 64: Buprenorphine-naloxone 'film' purchasing patterns, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Purchased from [#] (n)	(N=43)	(N=81)	(n=18)	(n=7 [^])	(n=11)	(n=6 [^])	(n=7 [^])	(n=13)	(n=10)	(n=9 [^])
Street dealer	16	6	22	14	0	0	0	0	0	0
Friend	54	70	67	71	100	67	71	77	60	44
Known dealer	12	9	0	0	0	17	0	15	10	33
Acquaintance	14	9	6	0	0	17	14	8	20	11
Other	4	6	5	15	0	0	14	0	10	12
% Most recent purchase place [#] (n)	(N=40)	(N=79)	(n=18)	(n=6 [^])	(n=11)	(n=6 [^])	(n=7 [^])	(n=13)	(n=10)	(n=8 [^])
Home delivery	23	15	11	17	9	0	29	23	0	38
Dealer's home	10	4	0	0	0	17	0	8	10	0
Friend's home	18	34	39	17	64	33	29	39	30	0
Street market	15	11	28	33	0	0	0	0	10	13
Agreed public location	30	28	11	33	27	50	14	31	30	50
Other	4	8	11	0	0	0	29	0	20	0

Source: IDRS participant interviews

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

[#] Only one response allowed

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

5.8 Morphine

Key points

Price

- 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.

Availability

- The majority of those who commented reported the availability of 'illicit' morphine as 'very easy' or 'easy' to obtain. 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. A friend's home or a dealer's home were the most common place of purchase.

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 65). 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 (67%) reported that the price of 'illicit' morphine had remained stable over the past six months. While 26% reported that the price of 'illicit' morphine had increased recently.

Table 65: Median price of illicit morphine and price changes, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Median Price (\$)										
MS Contin® 60mgs	50	50	27.5	15 [^]	30 [^]	60	30 [^]	40	47.5	32.5 [^]
MS Contin® 100mg	80	80	50	45 [^]	50 [^]	100	50 [^]	80	80	50
Kapanol® 50mgs	50	50	20 [^]	-	25 [^]	50	25 [^]	50 [^]	40	25 [^]
Kapanol® 100mgs	70	80	40 [^]	40 [^]	25 [^]	100	50	90 [^]	80	50 [^]
% Price changes (n)	(N=241)	(N=270)	(n=34)	(n=7[^])	(n=13)	(n=72)	(n=21)	(n=21)	(n=77)	(n=25)
Increased	24	26	44	0	15	10	48	57	22	28
Stable	69	67	53	100	77	82	33	33	73	72
Decreased	2	2	3	0	8	3	0	5	0	0
Fluctuated	5	5	0	0	0	6	19	5	5	0

Source: IDRS participant interviews

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

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

5.8.2 Availability of illicit morphine

Of those participants in the IDRS sample who were able to comment, 43% reported that the availability of 'illicit' morphine was 'easy' and 27% reported availability as 'very easy' to obtain. Twenty-six percent reported availability of illicit morphine as 'difficult' to obtain. Sixty-four percent of the national sample reported availability as stable in the last six months (Table 66).

Significance testing was carried out on the current availability of 'illicit' morphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2013 and 2014. Nationally, no significant differences were found ($p>0.05$).

Table 66: Availability of illicit morphine, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=243)	(N=274)	(n=35)	(n=10)	(n=14)	(n=71)	(n=23)	(n=21)	(n=77)	(n=23)
Very easy	24	27	31	10	21	42	9	24	20	30
Easy	44	43	46	20	21	44	35	38	49	57
Difficult	29	26	20	60	43	10	48	29	31	13
Very difficult	3	4	3	10	14	4	9	10	0	0
% Availability changes (n)	(N=246)	(N=267)	(n=32)	(n=10)	(n=13)	(n=67)	(n=23)	(n=21)	(n=77)	(n=24)
More difficult	28	23	16	10	23	10	44	43	30	17
Stable	63	64	69	70	69	72	52	48	57	83
Easier	3	6	16	10	8	10	0	5	0	0
Fluctuates	7	7	0	10	0	8	4	5	13	0

Source: IDRS participant interviews

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

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

5.8.3 Purchasing patterns of illicit morphine

Of those who had bought 'illicit' morphine, the most common source was through a friend (43%) or a known dealer (26%). The most common place of purchase was a friend's home (26%) followed by a dealer's home (24%) and then an agreed public location (23%) (Table 67).

Table 67: Purchasing patterns of illicit morphine by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Purchased from[#] (n)	(N=243)	(N=267)	(n=33)	(n=7 [^])	(n=14)	(n=71)	(n=21)	(n=21)	(n=76)	(n=24)
Street dealer	18	19	46	29	7	17	5	10	21	4
Friend	42	43	27	71	57	42	57	76	32	50
Known dealer	22	26	21	0	29	28	5	5	38	25
Acquaintance	12	10	3	0	7	11	33	10	5	17
Unknown dealer	3	1	0	0	0	1	0	0	1	0
Other	3	1	3	0	0	1	0	0	3	4
% Most recent purchase place[#] (n)	(N=244)	(N=267)	(n=32)	(n=7 [^])	(n=14)	(n=72)	(n=21)	(n=21)	(n=76)	(n=24)
Home delivery	14	10	6	29	7	7	14	14	9	17
Dealer's home	21	24	6	0	29	38	5	5	36	13
Friend's home	26	26	13	57	50	25	29	38	22	25
Acquaintance's house	5	4	0	0	0	6	10	10	4	0
Street market	13	10	50	0	7	1	5	5	7	8
Agreed public location	20	23	16	14	7	24	29	29	21	38
Other	1	3	9	0	0	0	10	0	1	0

Source: IDRS participant interviews

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

5.9 Oxycodone

Key points

Price

- The median price for 'illicit' oxycodone varied among the jurisdictions. Around half reported the price of 'illicit' oxycodone as stable over the last six months.

Availability

- Nearly half reported that the availability of 'illicit' oxycodone was 'difficult', while around one-quarter reported availability as 'easy'. Around half of the participants reported the availability of oxycodone as more difficult to obtain over the last six months.
- The most common source among those who had bought 'illicit' oxycodone was through a friend or known dealer. The most common place of purchase was a friend's home or a dealer's home.

5.9.1 Price of illicit oxycodone

The median price for 'illicit' Oxycotin® 40mgs 'OC' (old formulation) ranged from \$15 in SA to \$40 in TAS and WA. While the median price for the new formation of 'illicit' Oxycodone® 40mgs 'OP' ranged from \$4 in QLD to \$30 in WA (small numbers commenting).

Whereas the median price for 'illicit' Oxycotin® 80mgs 'OC' (old formulation) ranged from \$40 in QLD to \$80 in TAS and WA. The median price for the new formation of 'illicit' Oxycotin® 80mgs 'OP' ranged from \$10 in the ACT to \$85 in WA (small numbers commenting). The majority (46%) reported the price of 'illicit' oxycodone as stable over the last six months (a drop from 69% in 2013) (Table 68).

Table 68: Median price of illicit oxycodone and price changes, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Median Price (\$)										
Oxycotin® 40mgs 'OC'	30	30	25 [^]	25 [^]	20 [^]	40	15 [^]	40 [^]	32.5	20 [^]
Oxycotin® 40mgs 'OP'	n.a	15	12.5 [^]	12 [^]	20 [^]	22.5 [^]	5 [^]	30 [^]	-	4 [^]
Oxycotin® 80mgs 'OC'	50	50	50	50 [^]	45	80	50 [^]	80	70	40
Oxycotin® 80mgs 'OP'	n.a	20	20	10 [^]	-	-	-	85 [^]	-	25 [^]
% Price changes (n)	(N=201)	(N=183)	(n=46)	(n=10)	(n=18)	(n=35)	(n=12)	(n=19)	(n=19)	(n=24)
Increased	24	36	63	0	33	14	33	63	21	25
Stable	69	46	30	70	56	71	33	26	53	42
Decreased	2	14	2	30	11	14	25	11	16	29
Fluctuated	5	3	4	0	0	0	8	0	11	4

Source: IDRS participant interviews

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

n.a. not available (data not collected in 2013)

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, 25% reported the availability of 'illicit' oxycodone as 'easy', 18% reported availability as 'very easy' and 41% as 'difficult' to obtain. Forty-four percent of those who commented reported availability as stable in the last six months (Table 69).

Significance testing was carried out on the current availability of 'illicit' oxycodone for 'very easy', 'easy', 'difficult' and 'more difficult' between 2013 and 2014. A significant difference was found between 2013 and 2014 for oxycodone availability with more participants reporting the availability as 'difficult' or 'very difficult' to obtain ($p < 0.05$).

Table 69: Availability of illicit oxycodone, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=208)	(N=187)	(n=51)	(n=10)	(n=17)	(n=36)	(n=13)	(n=18)	(n=19)	(n=23)
Very easy	27	18	14	40	18	14	0	17	26	30
Easy	43	25↓	22	10	29	31	23	17	11	44
Difficult	28	41↑	37	40	47	44	69	39	58	13
Very difficult	2	16↑	28	10	6	11	8	28	5	13
% Availability changes (n)	(N=207)	(N=190)	(n=49)	(n=10)	(n=17)	(n=37)	(n=12)	(n=19)	(n=20)	(n=26)
More difficult	19	46	53	10	41	46	75	68	30	31
Stable	70	44	41	80	53	51	17	11	40	58
Easier	7	6	4	10	6	0	8	16	15	4
Fluctuates	5	4	2	0	0	3	0	5	15	8

Source: IDRS participant interviews

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

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

↑ Significant increase between 2013 and 2014 (p<0.05)

↓ Significant decrease between 2013 and 2014 (p<0.05)

5.9.3 Purchasing patterns of illicit oxycodone

Of those who had bought 'illicit' oxycodone, the most common source was through a friend (50%) or a known dealer (20%). The most common place of purchase was a friend's home (29%) followed by an agreed public location (27%) (Table 70).

Table 70: Purchasing patterns of illicit oxycodone, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Purchased from [#] (n)	(N=210)	(N=184)	(n=46)	(n=9)	(n=17)	(n=40)	(n=9)	(n=19)	(n=20)	(n=24)
Street dealer	21	16	35	22	0	15	0	11	15	4
Friend	45	50	37	78	59	35	56	68	45	67
Known dealer	19	20	22	0	29	33	0	5	20	17
Acquaintance	11	9	2	0	6	13	44	11	5	13
Unknown dealer	2	1	2	0	6	0	0	0	0	0
Other	2	4	2	0	0	96	0	5	15	0
% Most recent purchase place [#] (n)	(N=209)	(N=184)	(n=46)	(n=9)	(n=17)	(n=40)	(n=9)	(n=19)	(n=20)	(n=24)
Home delivery	11	10	11	11	0	10	22	16	5	13
Dealer's home	20	12	0	11	18	28	0	5	25	4
Friend's home	26	29	13	67	53	18	33	37	45	29
Acquaintance's house	5	4	0	0	0	10	11	5	0	4
Street market	19	13	41	0	0	3	0	0	5	8
Agreed public location	18	27	24	11	29	33	22	32	15	38
Other	1	4	9	0	0	0	11	5	5	4

Source: IDRS participant interviews

[#] Only one response allowed

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

5.10 Benzodiazepines

Key points

Price

- The median price for 'illicit' benzodiazepines varied among the jurisdictions. The majority reported the price of 'illicit' benzodiazepines as stable over the last six months.

Availability

- Nearly half reported that the availability of 'illicit' benzodiazepines was 'easy', while around one-third reported availability as 'difficult' to obtain. The majority reported the availability of 'illicit' benzodiazepines as stable over the last six months.
- The most common source among those who had bought 'illicit' benzodiazepines was through a friend. A friend's home or an agreed public location was the most common place of purchase.

In 2014, participants were asked about the price, availability and purchasing patterns of benzodiazepines in the last six months. Of the national sample 11% were able to comment. Among those who commented the most common brand of benzodiazepines reported were diazepam and alprazolam.

5.10.1 Price of illicit benzodiazepines

Small numbers commented on the median price of benzodiazepines, therefore, results should be interpreted with caution. The median price for an 'illicit' diazepam pill ranged from \$1 (SA) to \$12.50 (ACT), whereas the median price for an 'illicit' alprazolam pill was \$5 (NSW, SA and QLD). The majority (71%) reported the price of 'illicit' benzodiazepines as stable over the last six months (Table 71).

Table 71: Median price of illicit benzodiazepines and price changes, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Median Price (\$)										
Diazepam per pill	2	2	1.5	12.5	3	2^	1^	10^	-	-
Alprazolam per pill	10	5^	5^	-	-	-	5^	-	-	5^
% Price changes (n)	(N=111)	(N=90)	(n=26)	(n=13)	(n=19)	(n=6^)	(n=15)	(n=4^)	(n=2^)	(n=5^)
Increased	38	26	42	0	21	17	27	25	0	40
Stable	56	71	58	100	74	67	67	75	100	60
Decreased	0	0	0	0	0	0	0	0	0	0
Fluctuated	6	3	0	0	5	17	7	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

5.10.2 Availability of illicit benzodiazepines

Of those participants in the IDRS sample who were able to comment, 48% reported the availability of 'illicit' benzodiazepines as 'easy', 19% reported availability as 'very easy' and 30% as 'difficult' to obtain. Nearly three-quarters (72%) of those who commented reported availability as stable in the last six months (Table 72).

Significance testing was carried out on the current availability of 'illicit' benzodiazepines for 'very easy', 'easy', 'difficult' and 'more difficult' between 2013 and 2014. Nationally, no significant differences were found (p>0.05).

Table 72: Availability of illicit benzodiazepines, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Availability (n)	(N=119)	(N=94)	(n=26)	(n=14)	(n=20)	(n=7^)	(n=14)	(n=5^)	(n=4^)	(n=4^)
Very easy	24	19	19	14	15	0	21	20	50	50
Easy	41	48	39	71	35	57	71	60	25	0
Difficult	32	30	35	14	45	43	7	20	25	50
Very difficult	3	3	8	0	5	0	0	0	0	0
% Availability changes (n)	(N=120)	(N=94)	(n=26)	(n=14)	(n=20)	(n=7^)	(n=14)	(n=5^)	(n=4^)	(n=4^)
More difficult	31	22	31	14	25	29	7	0	0	75
Stable	56	72	65	79	75	57	93	60	100	25
Easier	9	2	4	0	0	0	0	20	0	0
Fluctuates	4	3	0	7	0	14	0	20	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

5.10.3 Purchasing patterns of illicit benzodiazepines

Of those who had bought 'illicit' benzodiazepines, the most common source was through a friend (63%) or a known dealer (10%). The most common place of purchase was a friend's home or an agreed public location (both 27%) (Table 73).

Table 73: Purchasing patterns of illicit benzodiazepines, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Purchased from[#] (n)	(N=115)	(N=87)	(n=19)	(n=14)	(n=19)	(n=7^)	(n=15)	(n=5^)	(n=4^)	(n=4^)
Street dealer	11	9	16	14	11	0	0	0	25	0
Friend	57	63	58	57	63	86	60	80	50	75
Known dealer	17	10	11	14	16	0	13	0	0	0
Acquaintance	12	8	11	7	5	0	13	0	25	0
Unknown dealer	2	2	0	0	5	14	0	0	0	0
Other	1	8	4	8	0	0	13	20	0	25
% Most recent purchase place[#] (n)	(N=93)	(N=88)	(n=19)	(n=14)	(n=20)	(n=7^)	(n=15)	(n=5^)	(n=4^)	(n=4^)
Home delivery	12	16	5	29	5	14	20	20	50	25
Dealer's home	8	3	0	7	5	0	7	0	0	0
Friend's home	27	27	16	21	20	71	33	40	0	50
Acquaintance's house	5	2	0	0	0	0	7	0	25	0
Street market	17	15	32	0	25	14	7	0	0	0
Agreed public location	26	27	37	21	40	0	13	40	25	25
Other	5	10	10	22	5	1	13	0	0	0

Source: IDRS participant interviews

[#] Only one response allowed

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

5.11 Alprazolam

Key points

Use before policy change (between June 2013 and January 2014)

- Seventy-percent of those who used alprazolam before the policy change reported using non-prescribed alprazolam, 14% using only prescribed alprazolam and 16% using either non-prescribed or prescribed alprazolam between June 2013 and January 2014. The median number of days participants used 'illicit' alprazolam before the policy change was 10 days.
- The median price for either 1mg or 2mg alprazolam tablets was \$5.

Use after policy change (since February 2014)

- Of those participants who had used Alprazolam before the policy change and continued to use after the policy change (since February 2014), 75% reported using only non-prescribed alprazolam, 12% reported using only prescribed alprazolam and 13% reported using either non-prescribed or prescribed alprazolam. The median number of days participants used 'illicit' Alprazolam was 10 days.
- The median price of 1mg alprazolam was \$5 (small numbers commenting) and 2mgs of alprazolam was \$7.
- Among those who used alprazolam since February 2014, around half (46%) reported that alprazolam was 'difficult' to obtain. The majority (61%) reported that it had become harder to obtain since February 2014.

In Australia, on the 1st February 2014 the Therapeutic Goods Administration (TGA) up-scheduled Alprazolam (all forms and preparations) from Schedule 4 to Schedule 8 (controlled drug). Due to this policy change participants were asked about the use, price and availability of Alprazolam before and after the 1st February 2014.

Participants were firstly asked if they had used alprazolam between June 2013 and January 2014 (before the policy change). Of those who used alprazolam during this period (N=171), 70% reported using only non-prescribed alprazolam, 14% reported using only prescribed alprazolam and 16% either non-prescribed or prescribed alprazolam (Table 74). The median number of days participants reported using 'illicit' Alprazolam during this period was 10 days (range 1-180 days). Participants were also asked about the price of alprazolam during this period. The median price of 1mg (small numbers commenting; interpret with caution) and 2mgs of alprazolam was \$5. Of those who commented (N=144), 14% reported that they received the alprazolam as a gift.

Of those participants who had used Alprazolam before the policy change and continued to use after the policy change (since February 2014; N=129), 75% reported using only non-prescribed alprazolam, 12% reported using only prescribed alprazolam and 13% either non-prescribed or prescribed alprazolam (Table 74). The median number of days participants reported using 'illicit' Alprazolam was 10 days (range 1-180 days).

Those participants who had used alprazolam since the policy change were asked the price and how easy or difficult it was for them to obtain alprazolam tablets at the moment. The median price of 1mg of alprazolam since February 2014 was \$5 (small numbers commenting; interpret with caution) and \$7 for 2mgs of alprazolam. Of those who commented (N=120), 13% reported that the alprazolam tablet was given to them as a gift.

Forty-six percent of those who commented (N=126), reported that alprazolam was 'difficult' to obtain (at the moment), 22% reported that it was 'easy' to obtain, 19% 'very difficult' and 13% 'very easy'. The majority (61%) reported that it had become 'more difficult' to obtain since February 2014, while 26% reported that they had not noticed any change in availability (Table 74).

The main reasons why participants had not used alprazolam since the policy change (N=62) were; it was 'harder to access' (50%) and 'lack of interest' (21%) (Table 74).

Table 74: Alprazolam use, price and availability, by jurisdiction, 2014

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014								
% Used alprazolam between June and 2013 and January 2014 (n)	(N=171)	(n=41)	(n=7[^])	(n=38)	(n=29)	(n=8)	(n=25)	(n=16)	(n=7[^])
Yes, prescribed only	14	15	14	5	21	0	28	13	0
Yes, non-prescribed only	70	76	57	66	76	75	60	75	71
Yes, both prescribed and non-prescribed	16	10	29	29	3	25	12	13	29
% Continued to use alprazolam after the policy change /since February 2014 (n)	(n=129)	(n=29)	(n=6[^])	(n=31)	(n=26)	(n=7[^])	(n=14)	(n=12)	(n=4[^])
Yes, prescribed only	12	7	17	7	8	0	29	17	50
Yes, non-prescribed only	75	69	50	84	85	86	71	67	50
Yes, both prescribed and non-prescribed	13	24	33	10	8	14	0	17	0
% Ease of access since February 2014 (n)	(N=126)	(n=31)	(n=6[^])	(n=30)	(n=25)	(n=7[^])	(n=10)	(n=11)	(n=6[^])
Very easy	13	10	33	13	20	0	10	9	0
Easy	22	29	0	10	28	29	20	27	33
Difficult	46	52	50	53	44	43	20	46	33
Very difficult	19	10	17	23	8	29	50	18	33
% Noticed a change in the availability of alprazolam since February 2014 (n)	(N=130)	(n=31)	(n=6[^])	(n=31)	(n=25)	(n=7[^])	(n=12)	(n=11)	(n=6[^])
No change	26	26	17	19	32	0	42	25	50
Yes, more difficult	61	55	83	77	40	86	42	75	50
Yes, easier	8	13	0	3	12	0	17	0	0
Yes, fluctuates	5	7	0	0	16	14	0	0	0
% Price change since February 2014 (n)	(N=117)	(n=30)	(n=6[^])	(n=30)	(n=24)	(n=5[^])	(n=7)	(n=9)	(n=6[^])
Increasing	50	60	33	53	29	100	43	44	50
Stable	43	27	67	43	58	0	57	56	33
Decreasing	3	3	0	0	8	0	0	0	0
Fluctuating	5	10	0	3	4	0	0	0	17
% Main reasons for not using alprazolam since February 2014 (n)*	(N=62)	(n=13)	(n=4[^])	(n=13)	(n=3[^])	(n=5[^])	(n=11)	(n=9[^])	(n=4[^])
Harder to access	50	23	50	62	67	80	55	44	50
Lack of interest	21	46	25	15	0	0	0	11	75
Prescriber shifted me to another medication	7	0	0	8	0	0	27	0	0
Price increased	7	8	0	8	0	20	0	11	0
Experience of bad effects	8	8	0	15	0	0	9	0	25
Heard about bad experiences	7	8	0	0	0	0	0	33	0
Other	16	31	25	8	33	20	18	0	0

Source: IDRS participant interviews

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

* Multiple responses allowed

5.12 Other drugs

In 2014, participants were asked about the price, purity, availability and purchasing patterns of a variety of drugs including antidepressants, antipsychotics, fentanyl, pharmaceutical stimulants, hallucinogens, steroids and ecstasy. Only those drugs with five or more commenting were reported below.

5.12.1 Antipsychotics

In 2014, five participants commented on the availability of illicit Seroquel®. Three participants reported the availability of Seroquel® as 'very easy' to obtain, while two participants reported the availability as 'easy'. Four participants reported the availability of Seroquel® as stable and one

participant as easier to obtain in the last six months. Three participants reported purchasing through friends (prescription) and one participant an acquaintance. Participants purchased either from a friend's home, an agreed public location, the street marker or had it home delivered.

5.12.2 Fentanyl

Twenty-two participants commented on the availability and purchasing patterns for fentanyl. Of those who commented, fourteen reported on Durogesic® patches and the remainder reported on 'other' forms of fentanyl. One participant reported the availability of fentanyl as 'very easy', five participants as 'easy', thirteen participants as 'difficult' and three participants as 'very difficult' to obtain. Twelve participants reported the availability as 'stable' over the last six months. Ten participants reported purchasing fentanyl from a friend and six participants from an acquaintance.

5.12.3 Pharmaceutical stimulants

Fifty participants (6% of national sample) commented on the availability and purchasing patterns for pharmaceutical stimulants (mainly dextroamphetamine). Of those who commented (N=41), the median price for a pharmaceutical stimulant pill was \$10 (range \$2.50-\$10). Two-thirds (64%) of those who commented reported the price as stable, while 26% reported the price as increasing over the last six months.

Of those who commented (N=48), 23% reported the availability of pharmaceutical stimulants as 'very easy', 44% as 'easy', 29% as 'difficult' and 4% as 'very difficult' to obtain. The availability of pharmaceutical stimulants was reported by the majority (66%) as 'stable' over the last six months. Half (51%) reported purchasing pharmaceutical stimulants from a friend which was either purchased from a friend's home or an agreed public location.

5.12.4 Hallucinogens

Five participants commented on the purity, availability and purchasing patterns of hallucinogens (mainly LSD). Three participants reported the current purity as 'medium' and two participants as 'high'. Three participants reported the availability of hallucinogens as 'easy' to obtain while another participant reported availability as 'difficult'. Two participants reported purchasing through a friend and two participants through a known dealer.

5.12.5 Ecstasy

Fourteen participants (2% of national sample) were able to comment on the price, purity, availability and purchasing patterns for ecstasy. Of those who commented (N=9), the median price for an ecstasy pill was \$30. The majority (84%, N=11) reported the price as stable over the last six months.

Eleven participants reported on the purity of ecstasy. Three participants reported the purity as 'high', three participants as 'low', three participants as 'fluctuating' and two participants as 'medium'. The majority (70%, N=7) commented that purity was stable in the last six months.

Thirteen participants commented on the availability of ecstasy. With eight participants reporting the availability of ecstasy as 'very easy', three participants as 'easy' and two participants as 'difficult' to obtain. The majority (83%, N=10) reported the availability of ecstasy as 'stable' over the last six months. Of those who commented (N=11), five participants reported purchasing ecstasy from a friend, three from a known dealer, two participants from a street dealer and one from an unknown dealer. Participants reported that ecstasy was either purchased from a friend's home or dealer's home.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

Overdose and drug-related fatalities

- Fifteen 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 NSW (28%).
- Of those who had ever overdosed on another drug (not including heroin), 31% had done so in the past year, and 7% had done so in the last month preceding interview.
- Indicator data from the Australian Bureau of Statistics reported 613 accidental deaths due to opioids in 2010. The majority occurred in NSW and VIC. Males comprised the majority of accidental opioid deaths among 15-54 year olds. Methamphetamine was determined to be the underlying cause of death in 21% of all methamphetamine related deaths, and cocaine was determined to be the underlying cause of death in 20% of all cocaine-related deaths in 2010.

Drug treatment

- Nearly half (47%) of the IDRS sample reported current treatment, mainly methadone with a median of 41 months in methadone treatment.
- Twenty-five percent of participants in current treatment reported that they had been in treatment for 12 months or less.

Hospital admissions

- Nationally, the number of opioid-related and cannabis-related hospital admissions remained relatively stable in 2012/13. While, the number of methamphetamine-related and cocaine-related hospital admissions increased.

Injection risk behaviours

- Needle and syringe programs were by far the most common source of needles and syringes in the preceding six months (95%), followed by chemists (18%).
- Receptive sharing (borrowing) of needles/syringes was reported by 6% of participants in the month preceding interview, typically after a regular partner or close friend. Lending of needles/syringes was reported by 12% of participants.
- Sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was reported by one-quarter of participants.
- Forty-one percent of the participants re-used their own needle in the last month.
- Fifty-six percent of the national sample reported re-using their own injecting equipment in the last six months, mainly spoons/mixing containers.
- Over half of the national sample reported experiencing an injection-related problem in the preceding month, most commonly scarring or bruising and difficulty injecting (e.g. in finding a vein).
- The majority of IDRS participants reported last injecting in a private location (77%), with smaller proportions last injecting in a public location such as on the street, in a car or in a public toilet.

Blood-borne viral infections

- 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.

Alcohol use disorders Identification test - consumption

- Sixty-one percent of males and 53% females scored 5 or more on the AUDIT-C, indicating the need for further assessment
- The mean score on the AUDIT-C among those who drank alcohol recently was 5.9.

Opioid and stimulant dependence

- Of those who recently used a stimulant drug (mainly methamphetamine), the median SDS score was two, with 41% scoring four or above (indicating dependence).
- Of those who recently used an opioid drug (mainly heroin), the median SDS score was seven, with 69% scoring five or above (indicating dependence).

Mental health problems and psychological distress

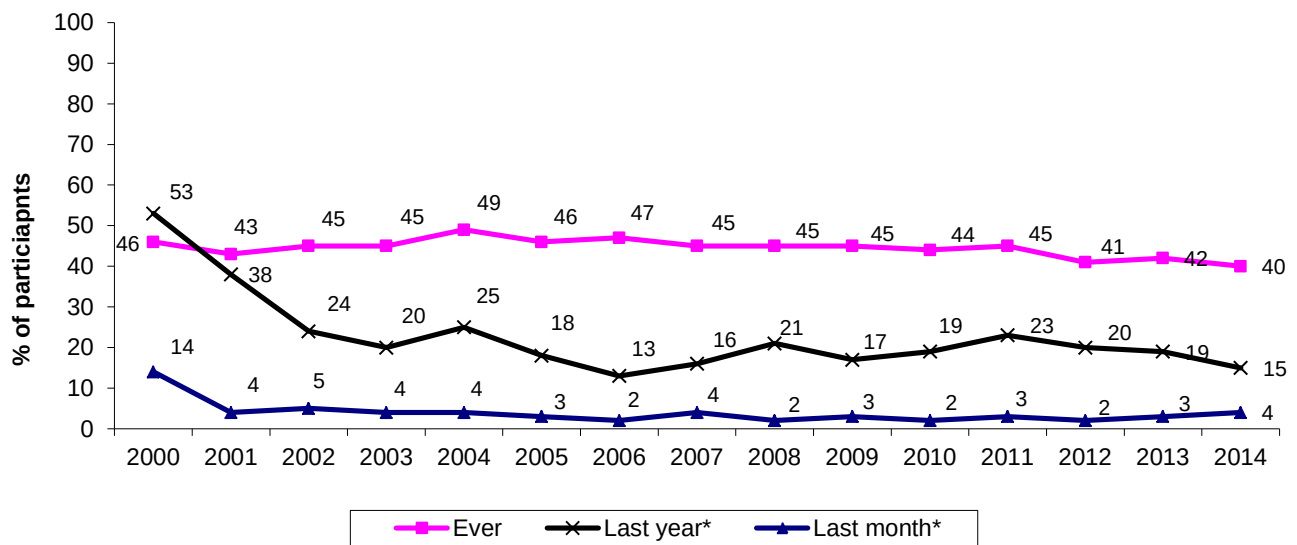
- Forty-four percent of the national sample self-reported experiencing a mental health problem in the last six months, mainly depression, followed by anxiety.
- Among those who had experienced a problem, nearly three-quarters reported seeing a mental health professional during the last six months.
- Seventy-one 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 (55%) and/or antipsychotics (44%).
- Higher levels of psychological distress (as measured by the K10) were reported among the national sample compared to the general population, with 27% reporting 'high' distress (7.4% in the general population) and 26% reporting 'very high' distress (2.4% in the general population). Those reporting a 'very high' level of distress have been identified as possibly requiring clinical assistance.

Naloxone program and distribution

- The majority of the national sample had heard of naloxone, with two-thirds reporting that naloxone was used to 'reverse heroin', while one-third reported its use to 're-establish consciousness'.
- Forty-three percent reported that they had heard of the take-home naloxone program while 56% had not.
- A small proportion reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program (mainly in the ACT).
- Of the national sample who commented, twelve percent nationally reported that they had completed training in naloxone administration along with a prescription for naloxone (mainly WA, VIC and the ACT). Of those who had completed the course around one-third had used the naloxone to resuscitate someone who had overdosed.

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

Participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. Nearly half (40%) of the national sample reported a heroin overdose in their lifetime. Of those who had ever overdosed on heroin, 15% reported overdosing in the last year and four percent in the last month (Figure 27).

Figure 27: The prevalence of heroin overdose among participants, 2000-2014

Source: IDRS participant interviews

*Among those who had 'ever' overdosed on heroin

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

Participants who had ever overdosed on heroin had done so on a median of two occasions in their lifetime, ranging from a median of three times in VIC and QLD to once in TAS.

Heroin overdose in the last year among those who had ever overdosed on heroin was highest in the NSW (28%) followed by VIC and WA (both 20%). Proportions reporting overdose in the last year have remained lower than 2000 levels in all jurisdictions (Table 75).

Table 75: Heroin overdose in the year preceding interview among those who had ever overdosed on heroin, by jurisdiction, 2000-2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000*	53	37	55	78	30	37	64	51	56
2001	38	45	23	46	33	40	50	17	39
2002	24	32	22	29	13	12	31	3	23
2003	20	28	30	21	7	14	29	2	13
2004	25	26	47	30	17	5	28	9	20
2005	18	19	19	29	9	15	14	3	21
2006	13	20	15	12	10	9	14	7	9
2007	16	22	10	22	0	16	6	3	25
2008	21	27	19	32	0	19	28	0	10
2009	17	24	19	12	4	9	25	4	21
2010	19	22	19	24	0	14	17	10	24
2011	23	25	21	28	5	21	29	10	21
2012	20	14	26	16	0	24	36	5	29
2013	19	21	23	29	6	3	18	4	16
2014	15	28	13	20	6	17	20	0	16

Source: IDRS participant interviews

* In 2000 participants were asked about 'any overdose'

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

Participants were also asked about the treatment they received at the time of a recent heroin overdose (in the past year; N=62). Thirteen percent of those who overdosed on heroin in the last year reported not receiving any treatment, while 52% reported receiving Narcan®. Forty-seven percent had an ambulance attend, 29% attended the hospital emergency department, 19% received oxygen, 18% reported receiving cardiopulmonary resuscitation (CPR) from a friend/partner and 5% received CPR from a health professional.

Participants were also asked about the treatment or information they received after (post) the most recent heroin overdose. Of those who had overdosed in the past year (N=62), 77% did not receive any information or treatment after the recent overdose, while 8% received information from a drug health service, 5% received information from a generalist health service and 2% from a counsellor or psychologist.

6.1.1.2 Fatal overdose

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

For the first time in 2006, the ABS relied solely on the data contained on NCIS at the time the ABS ceased processing the deaths data. Since 2007, the causes of death data have been subject to a revisions process. The preliminary data is released, and then two successive revisions are released 12 months apart from the date of the release of preliminary data.

The 2006 data presented in this report are based on data released prior to the revisions process being applied to 2006 cause of death data. These data are, therefore, likely to be incomplete. This is likely to result in an underestimate of the number of opioid induced deaths recorded in 2006. We have tried to offset this underestimate by analysing the changes between preliminary and final findings for both 2007 and 2008. We have averaged the changes across both years, and applied it to the 2006 figures. This data should be interpreted with caution.

Data for the years 2007 through 2010 in this report represent the 2nd and final revision of each dataset, and are, therefore, methodologically comparable. Data for 2011 and 2012 are projected estimates, based on the changes that occurred in 2009 and 2010 data. Again these data should be interpreted with caution as figures may change.

The result of the revisions process is a longer time from the reporting of a death to finalization by the coroner. These revisions will lead to an increase in the number of deaths. This is particularly true for deaths that are drug-related, as coronial investigations can be complex and lengthy in nature.

In addition to the revisions process, the ABS undertook two further processing improvements from 2008 onwards; 1) for both open (where a coroner has not yet handed down a finding on cause of death) and closed (where a coroner's decision has been made) cases on the NCIS, the ABS now spend more time investigating the Medical Certificate of Cause of Death to more consistently apply the appropriate International Classification of Diseases-10 (ICD-10) code for cause of death; 2) for both open and closed cases, the ABS also increasingly uses additional information on the NCIS (e.g. autopsy, police and toxicology reports), where available, to apply more specific cause of death codes.

Both of these processing improvements are likely to have an impact on the number of opioid induced deaths reported from 2008 onwards. It should also be noted that availability of additional information on the NCIS varies by jurisdiction, which means that improvements are likely to be applied differentially across jurisdictions.

These findings should be interpreted in conjunction with the ABS Technical Note 2 Causes of Death Revisions 2009, available on the ABS website:

<http://www.abs.gov.au/ausstats/abs@.nsf/Previousproducts/3303.0Technical%20Note12009?opendocument&tabname=Notes&prodno=3303.0&issue=2011&num=&view=>

In 2010, there were 613 accidental deaths due to opioids. Twenty-eight percent of deaths occurred in VIC, with 75% of all opioid-related deaths occurring in NSW, VIC and QLD. 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 76) (Roxburgh and Burns, 2014a)

Table 76: Number of accidental deaths due to opioids, by jurisdiction, among those aged 15-54 years, 1988-2010

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
1988	351	204	99	16	12	18	0	0	2
1989	307	158	99	19	8	18	1	2	2
1990	312	196	79	8	19	14	5	0	0
1991	350	146	64	9	13	13	3	0	2
1992	336	182	79	18	30	22	0	1	4
1993	374	188	86	23	41	24	5	2	5
1994	425	209	97	37	32	38	4	5	3
1995	582	273	140	42	38	70	6	0	13
1996	557	260	145	32	32	64	5	2	17
1997	713	333	203	36	52	76	2	2	9
1998	927	452	243	64	53	78	10	13	14
1999	1,116	481	376	79	64	92	5	8	11
2000	938	349	323	124	50	72	8	2	10
2001	386	177	73	58	18	35	8	5	12
2002	364 [#]	158	93	40	21	28	9	6	8
2003	357	143	129	32	14	16	4	2	17
2004	357	144	126	34	25	19	6	1	2
2005	374	133	104	42	37	36	14	np	np
2006E	381	138	118	42	20	38	15	np	np
2007	360	115	103	52	34	27	15	np	np
2008	500	137	170	62	43	64	11	np	np
2009	563	174	143	103	47	71	10	np	np
2010	613	150	169	142	41	87	9	np	np

Source: ABS causes of death data, (Roxburgh and Burns, 2014a)

[#] One death did not have a jurisdiction noted

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

2006E – estimated

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

Males comprised 75% of the 2010 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 77).

Table 77: Number of accidental opioid deaths due to opioids among those aged 15-54 years, by gender and jurisdiction, 2010

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Males	461	110	126	118	25	64	np	np	np
Females	152	40	43	24	16	23	np	np	np

Source: ABS causes of death data, (Roxburgh and Burns, 2013)

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

Note: Figures may not match those reported in Table 74 as a result of the ABS confidentiality process

In 2010, the rate of accidental deaths due to opioids in Australia was 49.5 per million persons aged 15 to 54 years. WA reported the highest rate of accidental deaths due to opioids per million persons (65.9 per million persons) in 2010, followed by QLD (57.2 per million persons) (Table 78). The largest proportion of deaths occurred among the 35–44 year age group, followed by the 25–34 age group, 45–54 and 15–24 age groups (Figure 28 and Figure 29).

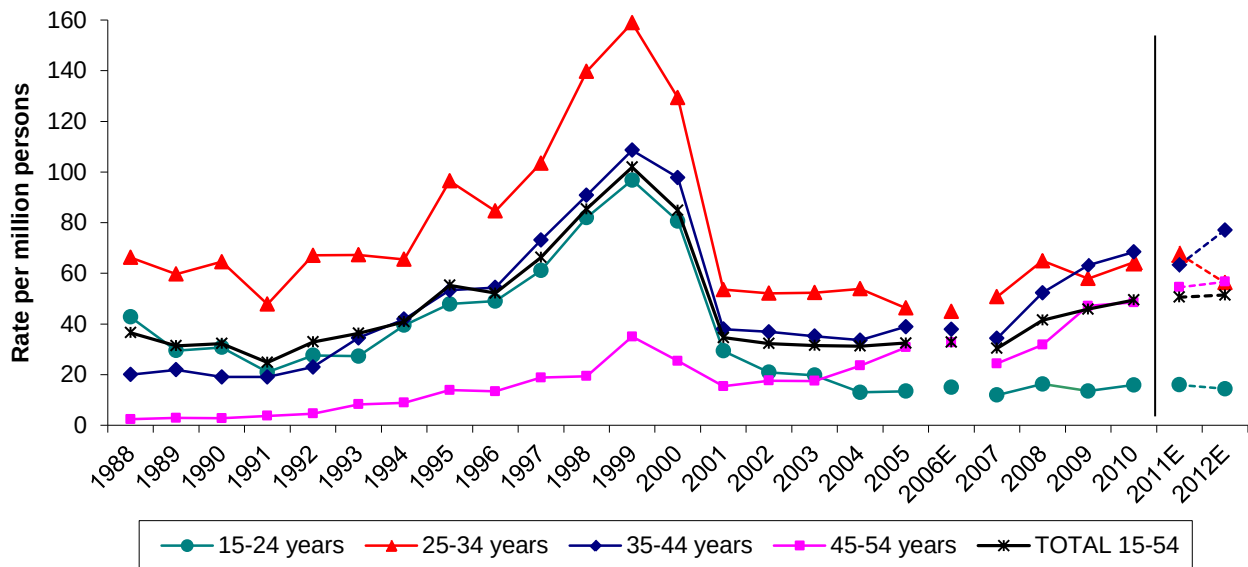
Table 78: Rate of deaths due to opioids per million persons among 15-54 year olds, by jurisdiction, 1988-2010

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
1988	36.6	62.5	39.9	10.1	14.9	19.7	0	0	11.4
1989	31.4	47.5	39.3	11.6	9.8	19.2	6.4	19.2	11.4
1990	32.3	58.2	30.8	4.7	23.1	14.6	19.1	0	0
1991	24.8	42.8	24.7	5.2	15.7	13.4	11.4	0	10.8
1992	32.9	52.9	30.3	10.1	35.9	22.4	0	9.2	21.1
1993	36.3	54.3	33.0	12.6	48.9	24.1	18.8	18.3	25.9
1994	40.9	59.9	37.1	19.7	38.1	37.7	15.0	45.5	15.4
1995	55.3	76.9	53.4	21.8	45.1	68.1	22.5	0	66.2
1996	52.2	72.7	54.8	16.2	37.9	61.2	18.7	17.7	85.6
1997	66.3	92.2	76.1	18.1	61.8	71.3	7.5	16.5	45.8
1998	85.4	124.1	90.4	31.7	62.7	72.1	37.8	106.1	71.3
1999	101.9	130.9	138.8	38.7	75.5	84.1	19.0	64.4	55.9
2000	84.9	94.1	118.1	60.1	58.9	65.2	30.6	15.9	50.5
2001	34.6	47.2	26.4	27.8	21.2	31.3	30.8	39.6	60.2
2002	32.3	41.9	33.2	18.8	24.7	24.8	34.9	47.8	40.1
2003	31.5	37.8	45.9	14.7	16.5	14.1	15.4	15.9	85.3
2004	31.3	38.0	44.6	15.4	29.5	16.6	23.0	8.0	10.1
2005	32.5	35.0	36.5	18.7	43.7	31.0	53.7	np	np
2006	32.8	36.1	41.0	18.3	23.5	32.2	57.4	np	np
2007	30.4	29.8	34.8	22.1	39.2	22.4	57.2	np	np
2008	41.5	35.1	56.5	25.7	49.2	51.5	42.0	np	np
2009	45.9	44.2	49.7	42.0	53.4	54.8	37.7	np	np
2010	49.5	37.8	54.5	57.2	46.3	65.9	33.8	np	np

Source: ABS causes of death data, (Roxburgh and Burns, 2013)

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

Figure 28: Rate of deaths due to opioids per million persons by 10 year age group (15-54 years), Australia 1988-2010

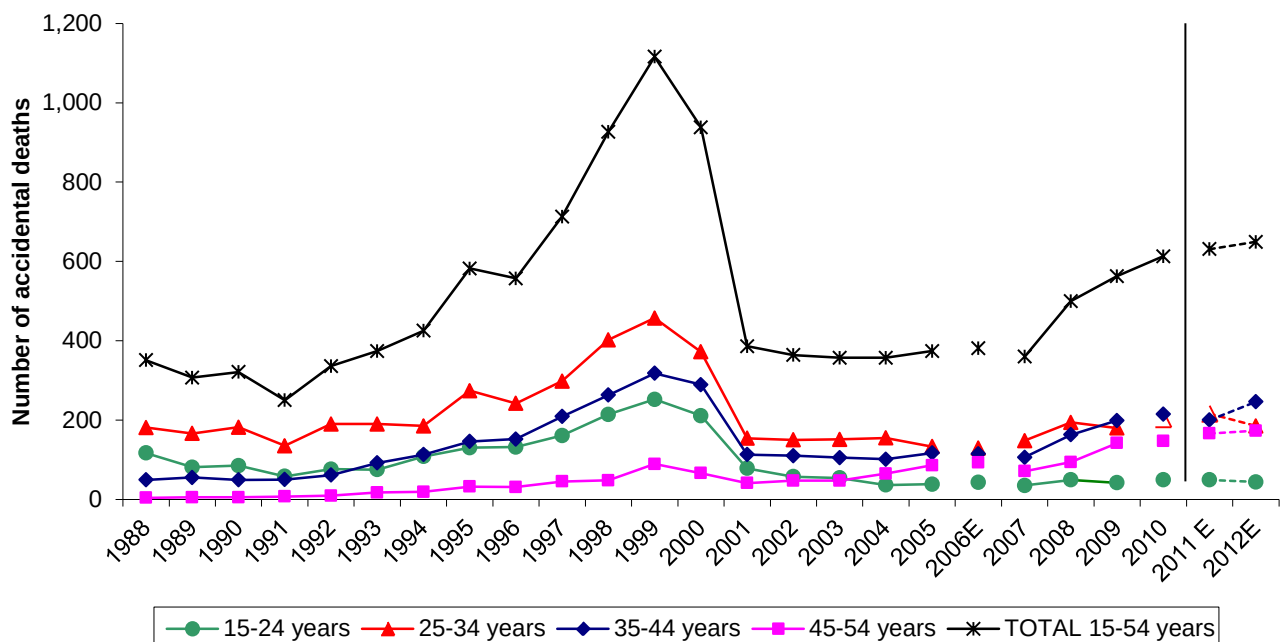


Source: ABS causes of death data, (Roxburgh and Burns, 2013)

Note: 2006E, 2011E and 2012E - Estimated

Note: There is a break in the series in 2006, as these data were not revised, and are, therefore, likely to be an underestimate. We have estimated these data points using original data, then using an average of change across the 2007 and 2008 revisions. We estimated what the 2011 and 2012 final figures might be given the changes that occurred across revisions in 2009 and 2010. These figures are not yet final

Figure 29: Number of accidental deaths due to opioids by 10 year age group (15-54 years), Australia, 1988-2010



Source: ABS causes of death data, (Roxburgh and Burns, 2013)

Note: 2006E, 2011E and 2012E - Estimated

Note: There is a break in the series in 2006, as these data were not revised, and are, therefore, likely to be an underestimate. We have estimated these data points using original data, then using an average of change across the 2007 and 2008 revisions. We estimated what the 2011 and 2012 final figures might be given the changes that occurred across revisions in 2009 and 2010. These figures are not yet final

6.1.2 Other drugs

6.1.2.1 Non-fatal overdose

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

Nationally, 20% of the entire IDRS sample reported an overdose on another drug (besides heroin) in their lifetime on a median of two occasions. Of those who had ever overdosed on another drug, 31% had done so in the past year, and 7% had done so in the last month preceding interview (Table 79).

Among those who had overdosed on another drug (not including heroin) in the last year and commented (N=51), 31% reported receiving no treatment at the time of overdose, while 28% had an ambulance attend and 22% attended a hospital emergency department. Small numbers received Narcan® (12%), CPR from a friend/partner/peer (6%), oxygen (2%) and CPR from a health professional (2%),

Participants were also asked about the treatment or information they received post (after) the most recent other drug (not including heroin) overdose. Of those who had overdosed in the past year and commented (N=51), 78% did not receive any information or treatment after the recent overdose, while 8% received information from a drug health service, 4% from a generalised health service, 2% from a user group/organisation and 2% from a counsellor.

Table 79: Overdose on other drugs (not including heroin) in the last 12 months and in the last month among those who had ever overdosed on other drugs, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
% Ever overdosed on other drugs	20	20	21	19	11	29	15	25	15	27
	(N=173)	(N=177)	(n=31)	(n=19)	(n=16)	(n=29)	(n=16)	(n=25)	(n=14)	(n=27)
% Overdose last 12mth	23	31	39	32	44	28	13	28	7	44
% Overdose last month	3	7	16	16	13	3	0	4	0	0

Source: IDRS participant interviews

Nineteen percent of those who had ever overdosed (not including heroin) and commented (N=58) believed they had last overdosed on a benzodiazepine, while 31% believed they had overdosed on any form of methamphetamine (mainly ice/crystal), 12% on morphine, 14% on methadone, 14% alcohol, 10% on other opiates, 10% oxycodone, 5% cannabis, 3% cocaine and 3% ecstasy.

6.1.3 Methamphetamine

6.1.3.1 Non-fatal overdose

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

6.1.3.2 Fatal overdose

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

ABS data on accidental deaths where amphetamines were mentioned have been analysed since 1997. In 2010, there was a total of 88 '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=18) of all methamphetamine related deaths in 2010 (ABS causes of death data) (Roxburgh and Burns, 2014b). The 2011 and 2012 ABS data on amphetamine deaths were not available at the time of publication.

6.1.4 Cocaine

6.1.4.1 Non-fatal overdose

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

6.1.4.2 Fatal overdose

Fifteen drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2010 (ABS causes of death data). Cocaine was determined to be the underlying cause of death in 20% of all cocaine-related deaths in 2010 (Roxburgh and Burns, 2014b). The 2011 and 2012 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 (47%) were asked a number of questions about their reported treatment. Participants reported a median of 24 months (ranging from one week to 25 years) in any current treatment. Those in current methadone treatment (31% of the sample) reported a median of 41 months (ranging from one month to 25 years). Twenty-five percent of participants in current treatment reported that they had been in treatment for 12 months or less. Nine percent of the national sample reported current buprenorphine-naloxone treatment, 3% buprenorphine and/or drug counselling.

Participants were asked 'What forms of treatment have you been in over the last six months?'. Of those participants who commented (N=354); 51% reported previous methadone syrup treatment, 22% drug counselling, 21% buprenorphine-naloxone treatment, 8% detoxification, 7% buprenorphine treatment, 2% narcotics anonymous and 2% therapeutic community.

All of the participants were then asked if they had tried to get into treatment, but were turned away or told to wait more than a week before entering treatment. Of those who commented (N=894), 15% responded 'yes' (ranging from 9% in the ACT, WA to 26% in TAS). Of those who responded (N=127), thirty-five percent reported that they tried to access an opioid substitution program, 25% detoxification, 23% drug counselling, 13% a rehabilitation service, 16% a General Practitioner, 9% an Alcohol, Tobacco and Other Drugs (ATOD) worker, 8% a counsellor, 9% an opioid substitution doctor, 7% a psychologist, 6% a psychiatrist and 11% other treatment.

Participants who had trouble accessing treatment were then asked 'what was the problem?'. The main problems reported among those who commented (N=125) were waiting list (48%) and turned down by the program (20%).

All participants were asked 'Are you currently trying to get into any form of treatment?'. Of those who commented (N=885), 81% were not waiting for treatment, 3% were trying to get into methadone treatment, 3% detoxification, 3% drug counselling and 2% buprenorphine-suboxone treatment.

Thirty-two percent of the those who commented (N=885) reported that it was 'easy' to get into treatment at the moment, while 24% reported that it was 'difficult', 16% 'very difficult' and 12% 'very easy' and 16% did not know.

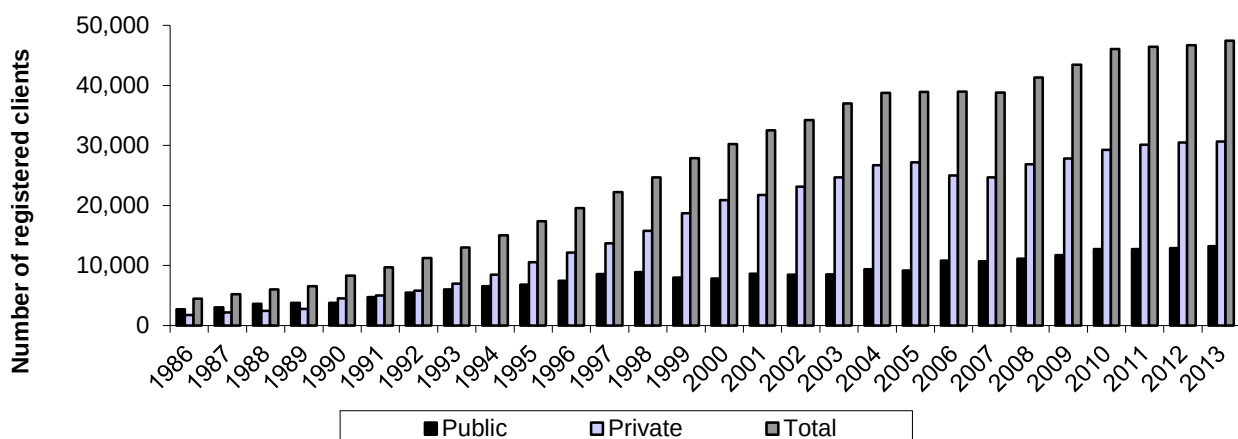
Participants were asked if there had been a change in the availability of drug treatment services in the last six months. Nearly half (47%) reported that it was 'stable', 30% did not know, 14% reported that it was more difficult to get, 7% thought it was easier to get and 2% reported that availability fluctuated.

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 2013 recorded the highest number of clients registered in OST. In total, 47,442 persons were registered in pharmacotherapy treatment for opioid dependence on a snapshot day in June, 2013 (Figure 30). A higher proportion of clients are registered in private pharmacotherapy treatment compared to public pharmacotherapy treatment (Australian Institute of Health and Welfare, 2014c) The majority of private clients were being prescribed methadone (67%), with smaller numbers being prescribed buprenorphine-naloxone (22%).

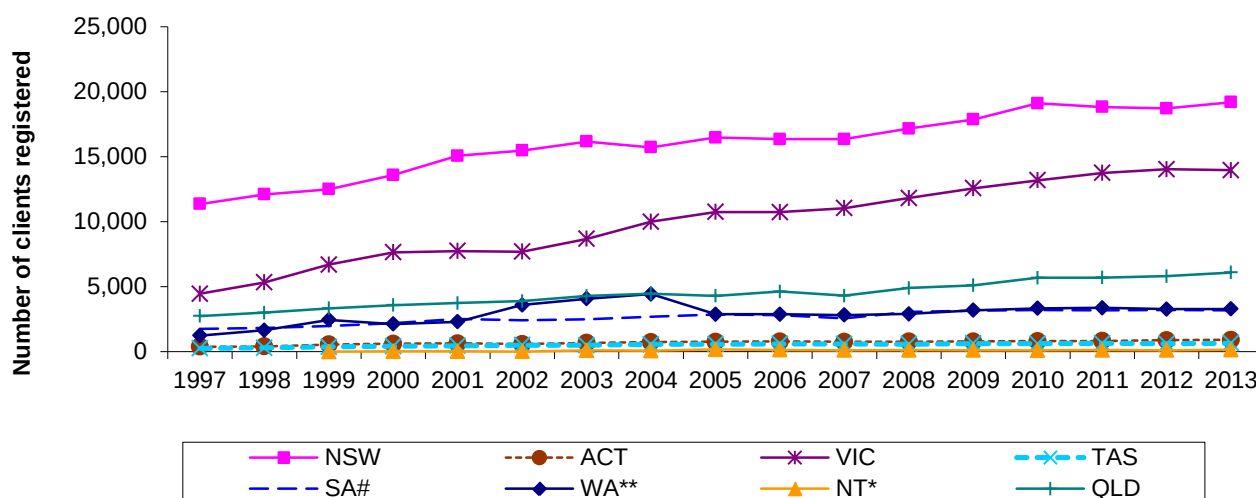
Figure 30: National opioid substitution treatment client numbers, financial years, 1986-2013



Source: (Australian Institute of Health and Welfare, 2014c)

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 2013 (Figure 31). As in previous years, both NSW and VIC recorded the highest number of clients registered in OST, most likely reflecting population size.

Figure 31: Total opioid substitution treatment client numbers by jurisdiction, financial years, 1997-2013

Source: (Australian Institute of Health and Welfare, 2014c)

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

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

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

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

The IDRS recruits participants who regularly inject drugs; it does not specifically target those who are engaged in treatment programs because it aims to interview active participants in the illicit drug market. Those in treatment tend to be less active in illicit drug markets. However, as in previous years, substantial proportions of participants in all jurisdictions reported involvement in opioid substitution treatment (43% nationally), although jurisdictional variations were observed. In the 2014 national IDRS sample nearly one-third (31%) were currently involved in methadone maintenance, 9% in buprenorphine-naloxone and 3% buprenorphine (Table 80).

Table 80: Current involvement in opioid substitution treatment (OST), by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	N=100
	2013	2014								
% Methadone	31	31	38	45	45	32	15	31	5	26
% Buprenorphine-naloxone	10	9	7	6	12	8	8	13	7	12
% Buprenorphine	2	3	2	1	3	2	0	1	4	8
% Any OST	44	43	47	52	59	42	23	45	16	46

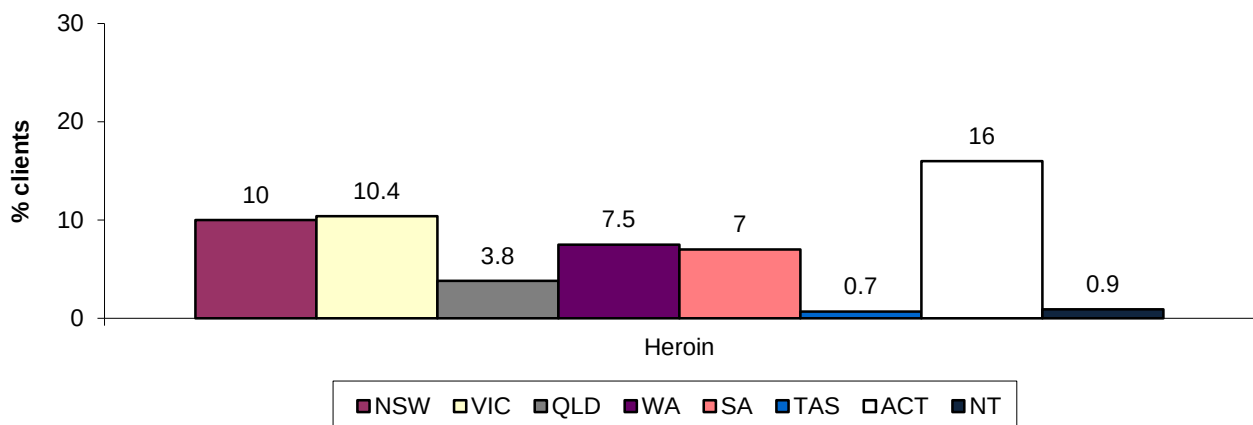
Source: IDRS participant interviews

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 2012/13, 155,151 episodes were reported of clients seeking treatment for their own drug use. The principal 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, 2014a) .

Figure 32 indicates that the ACT (16%), VIC (10.4%) and NSW (10%) had the highest proportions of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy) in 2012/13 (Australian Institute of Health and Welfare, 2014a) .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 32: Proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2012/13*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2014a)

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

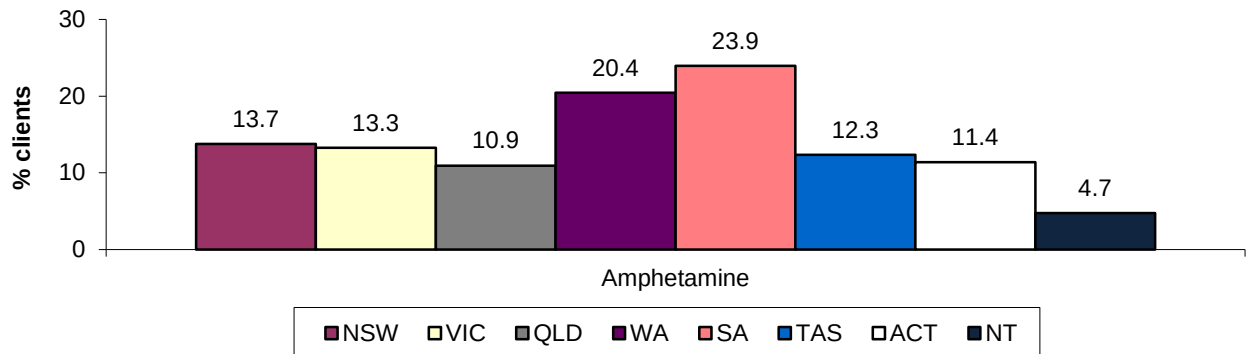
Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS. Please refer to Appendix A: Data quality statement for the AODTS-NMDS for jurisdictional issues

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548257>

6.2.3 Amphetamine

SA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (23.9%), followed by WA (20.4%) (Australian Institute of Health and Welfare, 2014a) (Figure 33) (Australian Institute of Health and Welfare, 2014a) .

Figure 33: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2012/13*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2014a)

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

Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS. Please refer to Appendix A: Data quality statement for the AODTS-NMDS for jurisdictional issues
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548257>

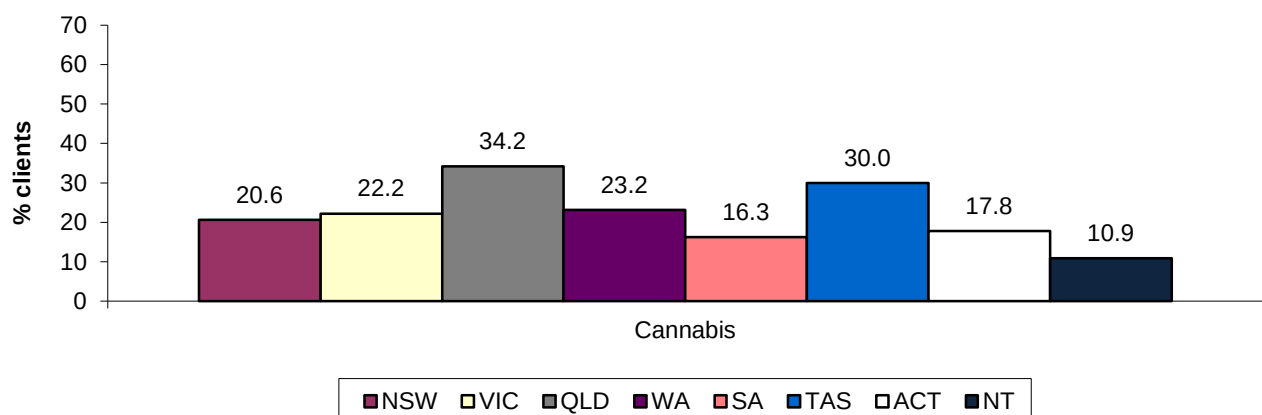
6.2.4 Cocaine

A small proportion (0.3%) of closed treatment episodes for clients who identified cocaine as the principle drug of concern were recorded in Australia in 2012/13. NSW recorded the highest proportion (0.7%) across the jurisdictions (Australian Institute of Health and Welfare, 2014a) .

6.2.5 Cannabis

Data from the AODTS-NMDS indicate that in 2012/13, VIC had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (34.2%), followed by TAS (30%) (Australian Institute of Health and Welfare, 2014a) (Figure 34) (Australian Institute of Health and Welfare, 2014a).

Figure 34: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2012/13*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2014a)

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

Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS. Please refer to Appendix A: Data quality statement for the AODTS-NMDS for jurisdictional issues
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548257>

6.2.6 Other drugs

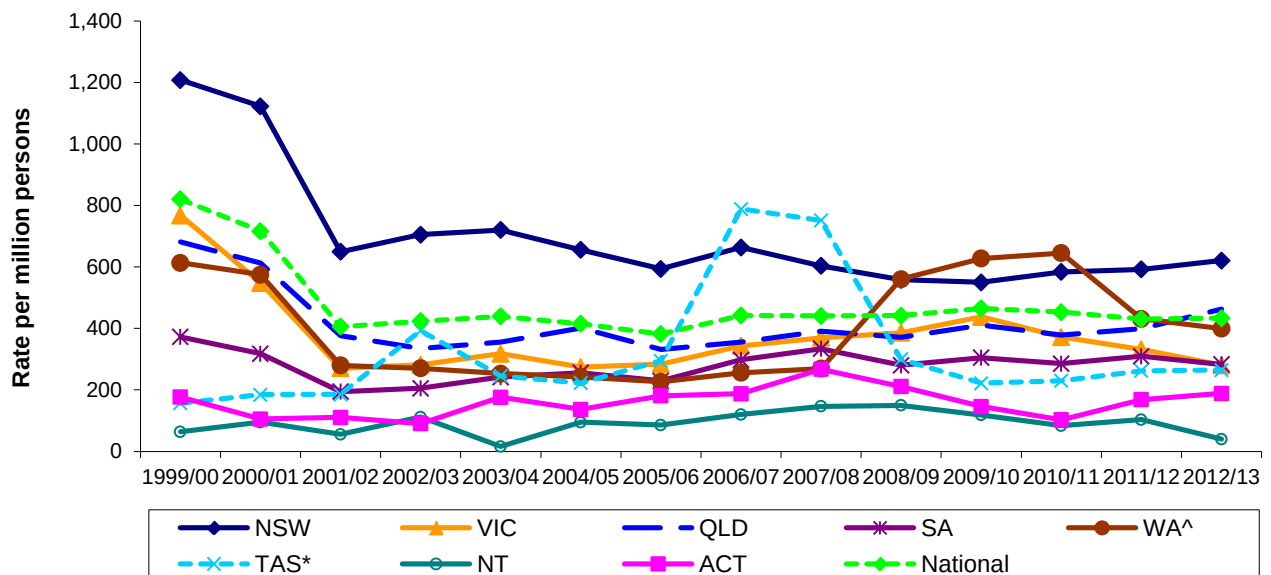
For information on closed treatment episodes relating to other drugs, see reports produced by the AIHW for example (Australian Institute of Health and Welfare, 2014a) .

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 35 (Roxburgh and Burns, in press) . 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 2012/13, the number of opioid-related hospital admissions per million persons at a national level was 433 admissions among persons aged 15-54 years. In 2012/13, NSW recorded the highest number (620) of opioid-related hospital admissions per million persons aged 15-54yrs, followed by WA (407 admissions per million persons). Data for 2013/14 was unavailable at time of printing.

Figure 35: Number of principal opioid-related hospital admissions per million persons aged 15-54 years, by jurisdiction, 1999/00-2012/13



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

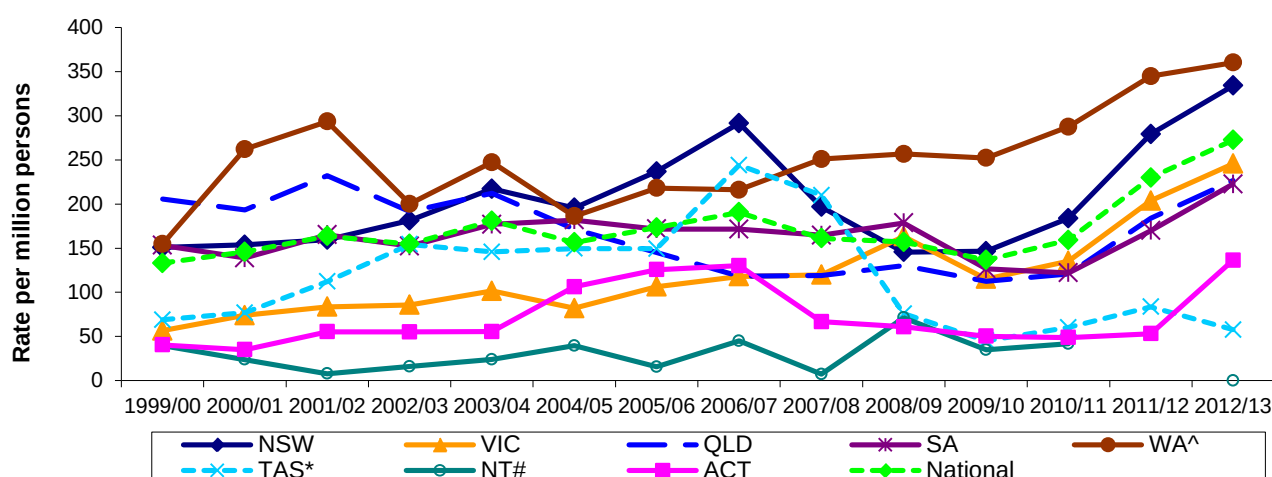
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit

[^] Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations

6.3.2 Methamphetamine

Figure 36 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 (Roxburgh and Burns, in press). Figures have steadily increased at a national level since 1999/00, peaking at 272 admissions per million persons in 2012/13. WA recorded the highest number of amphetamine-related hospital admissions in 2012/13 at 360 admissions per million persons. It should be noted however that part of this increase may be due to changes in the data collection procedures in 2010/11 in WA. The majority of the jurisdictions (except TAS and the NT) reported an increase in amphetamine-related hospital admissions in 2012/13 (Figure 36). Data for 2013/14 was unavailable at time of printing.

Figure 36: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2012/13



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

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

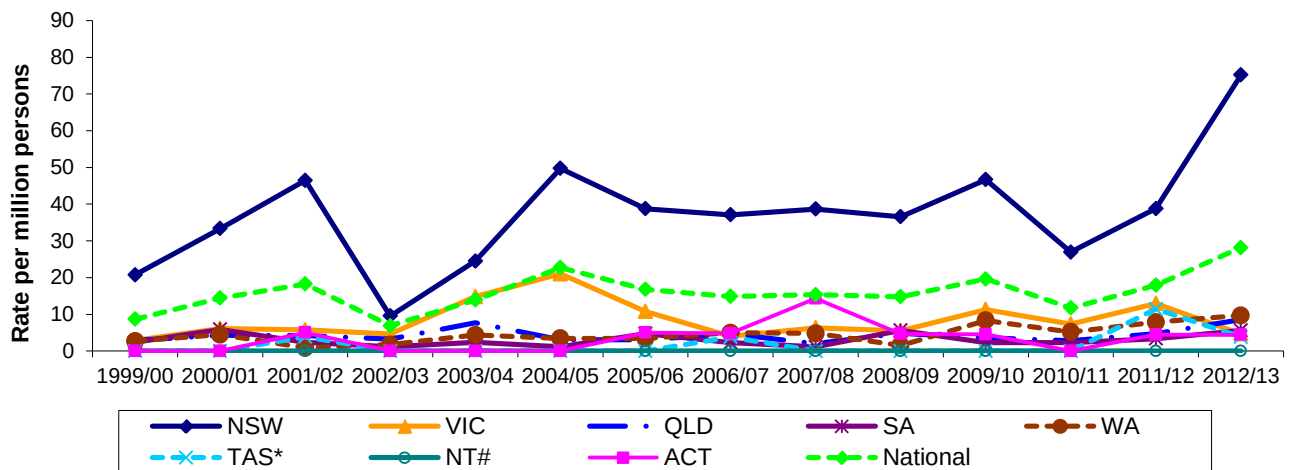
[^] Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations

[#] Rates for the NT for 2011/12 are not presented due to small numbers

6.3.3 Cocaine

Figure 37 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine (Roxburgh and Burns, in press). In 2012/13, the number of cocaine-related hospital admissions was 28 admissions per million persons (an increase from 18 in 2011/12). 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 75 admissions per million persons in 2012/13 (Figure 37). Figures were relatively lower in all other jurisdictions. Data for 2013/14 was unavailable at time of printing.

Figure 37: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2012/13



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

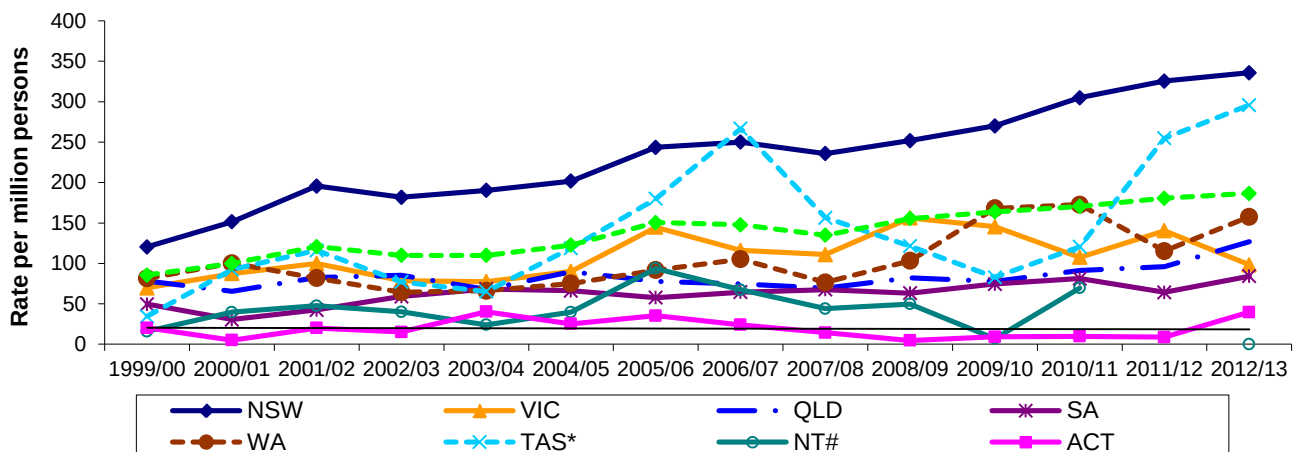
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit

^ Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations

6.3.4 Cannabis

Figure 38 shows the number of inpatient hospital admissions per million persons (among those aged 15-54 years) with a principal diagnosis related to cannabis (Roxburgh and Burns, in press). At a national level, these figures have steadily increased over time from 85 admissions per million persons in 1999/00 to 186 per million persons in 2012/13. NSW recorded the highest number of cannabis-related admissions per million persons among people aged 15-54 years in 2011/12 (335 admissions per million persons; Figure 38). Data for 2013/14 was unavailable at time of printing.

Figure 38: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2012/13



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

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

^ Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations

Rates for the NT for 2011/12 are not presented due to small numbers

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 2013, 1.5% of the population had injected a drug in their lifetime, with 0.3% having injected a drug in the past year. Males were more likely to have recently injected drugs in the past year than females (0.4% versus 0.2%) (Australian Institute of Health and Welfare, 2014b)

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

In 2014, 869 participants commented on accessing needles (source). Needle and syringe programs (NSP) were by far the most common source of needles and syringes in the preceding six months (95%), followed by chemists (18%). NSP vending machines were used by 16% of participants nationally (46% of participants in TAS and 43% in NSW). The proportion of participants reporting a friend, partner and/or dealer as the main source to access needles and syringes varied by jurisdiction. Hospitals and outreach/peer workers were also accessed (Table 81). Of the national sample, 86% reported no trouble accessing needles and syringes in the last month.

Table 81: Main sources of needles and syringes in the preceding six months, by jurisdiction, 2014

Accessing from:	National N=860 N=869		NSW n=148	ACT n=95	VIC n=146	TAS n=92	SA n=106	WA n=94	NT n=93	QLD N=95
	2013	2014								
% NSP	93	95	92	92	99	97	100	89	97	98
% NSP Vending machine*	10	16	43	19	1	46	6	0	0	5
% Chemist	15	18	32	21	21	12	7	18	1	18
% Partner	3	2	7	2	1	1	2	1	0	1
% Friend	9	10	20	8	14	8	8	7	0	4
% Dealer	3	4	5	3	6	1	3	6	0	5
% Hospital	4	3	12	0	2	0	0	1	1	2
% Outreach/peer worker	3	5	4	1	20	0	2	1	1	0

Source: IDRS participant interviews

* Vending machines not available in all jurisdictions

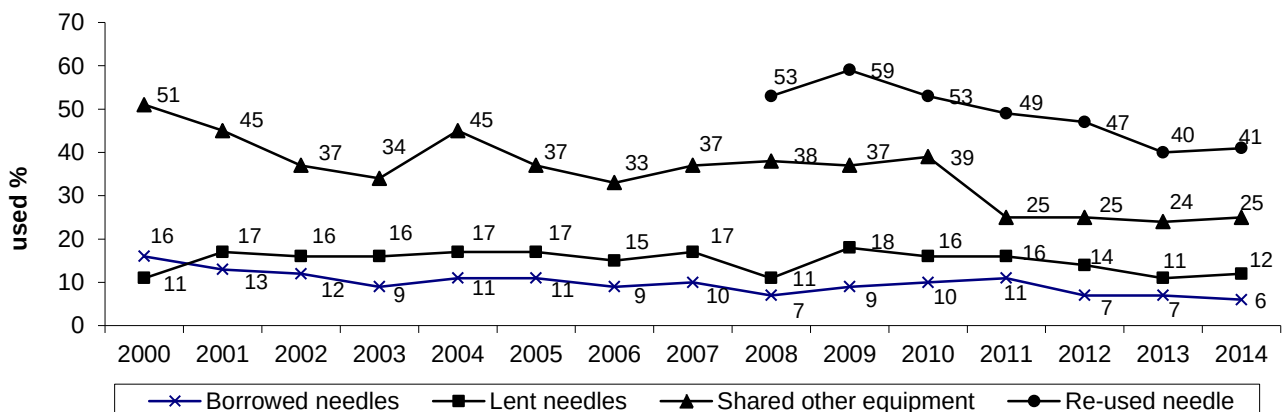
Note: Multiple responses allowed

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 someone had used a needle after them ('lent') and those reporting that they had used a needle after someone else ('borrowed') in the last month remained relatively stable in 2014.

In comparison, higher proportions of participants reported re-using their needle and sharing other injecting equipment such as spoons/mixing containers, filters, tourniquets and water in the month prior to interview. The re-using of their needle and sharing of injecting equipment remained stable between 2013 and 2014, $p>0.05$) (Figure 39, Table 82).

Figure 39: Borrowing and lending of needles and sharing of injecting equipment in the month prior to interview, 2000-2014



Source: IDRS participant interviews

Note: Data collection for 're-used own needle' started in 2008

Proportions reporting borrowing needles varied by jurisdiction, from 2% in the NT, TAS and SA to 11% in VIC (Table 82 and Figure 40), while lending needles ranged from 3% in the NT to 17% in VIC (Table 82 and Figure 41). The borrowing of needles in the past month remained relatively stable in most jurisdictions, except in TAS (lower), QLD (lower) and WA (higher) (Figure 40).

Self-reported lending of used needles and/or syringe was stable in all jurisdictions (Figure 41). The self-reported sharing of used injecting equipment not including needles and/or syringes varied among the jurisdictions (Figure 42).

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-one percent reported re-using their own needle ranging from 22% in the NT to 49% in VIC (40% nationally in 2013) (Table 82).

Participants were also asked about the re-use of injecting equipment (not including needles). Fifty-six percent of the national sample reported re-using their own injecting equipment in the last six months, mainly spoons/mixing containers (81%) and tourniquets (40%) (Table 82).

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 13% reported the hand and 4% the leg (Table 82).

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

Participants who had used a needle after someone else in the last month (n=50) had typically used after a close friend (54%), regular partner (30%), acquaintance (8%) or casual partner (6%). These participants had usually borrowed a needle on one or two occasions during that time (66%). Twenty-four percent reported 'borrowing' a needle on three to five occasions in the last month.

Table 82: Sharing needles and injecting equipment in last month, by jurisdiction, 2014

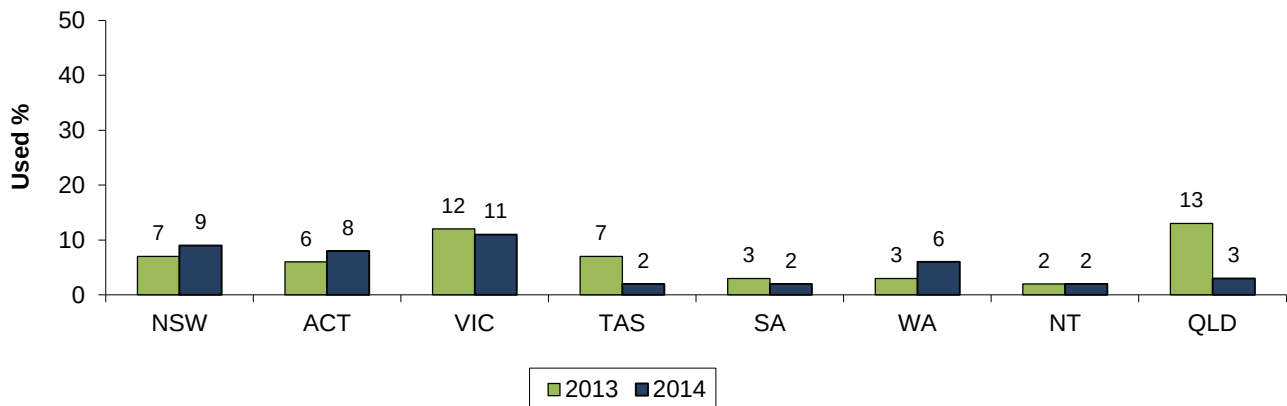
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	N=100
	2013	2014								
% Borrowed a needle	7	6	9	8	11	2	2	6	2	4
% Lent a needle	11	12	15	11	17	6	7	18	3	15
% Shared any injecting equipment* (n)	24 (N=214)	25 (N=227)	34 (n=51)	18 (n=18)	27 (n=41)	31 (n=31)	18 (n=19)	18 (n=18)	29 (n=27)	22 (n=22)
Shared spoon/mixing container	75	76	82	100	95	39	53	78	78	77
Shared filter	21	13	16	6	15	16	11	22	7	9
Shared tourniquet	31	23	22	17	7	16	42	44	44	14
Shared water	26	26	37	17	15	45	26	28	11	14
Shared swabs	4	3	6	11	0	3	0	0	4	0
Shared wheel filter	n.a	5	10	6	5	3	0	0	7	0
% Reused own needle	40	41	44	42	49	38	43	43	22	40
% Reused own injecting equipment (n)	52 (N=465)	56 (N=507)	61 (n=91)	35 (n=35)	55 (n=82)	50 (n=50)	63 (n=67)	56 (n=55)	77 (n=72)	55 (n=55)
Reused own spoon/missing container	81	81	85	77	93	60	63	80	93	82
Reused own filters	11	9	17	0	16	8	3	7	3	7
Reused own tourniquets	40	40	45	20	16	48	46	46	61	35
Reuse own water	15	15	31	23	13	14	12	13	1	13
Reused own swabs	2	3	3	0	4	0	3	6	3	0
Reused own wheel filter	1	4	2	6	1	10	0	4	8	6
% Last site of injection (n)	(N=859)	(N=868)	(n=146)	(n=95)	(n=148)	(n=91)	(n=106)	(n=94)	(n=93)	(n=95)
Arm	74	76	74	91	75	70	76	76	71	72
Leg	6	4	5	3	4	4	2	1	11	4
Hand/wrist	13	13	13	5	7	13	17	16	14	16
Foot	2	2	1	1	3	7	0	3	1	1
Groin	2	2	3	0	5	2	0	2	1	2
Neck	3	3	1	0	5	3	5	2	1	3
Other	1	1	1	0	1	0	0	0	1	2
Median no. of times injected in the last month	20	25	40	20	16	20	15	30	30	16
Median no. of times obtained needles/syringes in the last month	2	3	4	4	4	3	1	2	1.5	3
Median no. of needles/syringes obtained in the last month	50	60	80	50	48	40	80	100	100	50
Median no. of needles/syringes sold/given away in the last month	5	5	2	8	3	3.5	5	15	5	6
Median no. of needles/syringes stored away in the last month	n.a.	10	5	10	5	7	12	30	35	10

Source: IDRS participant interviews

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

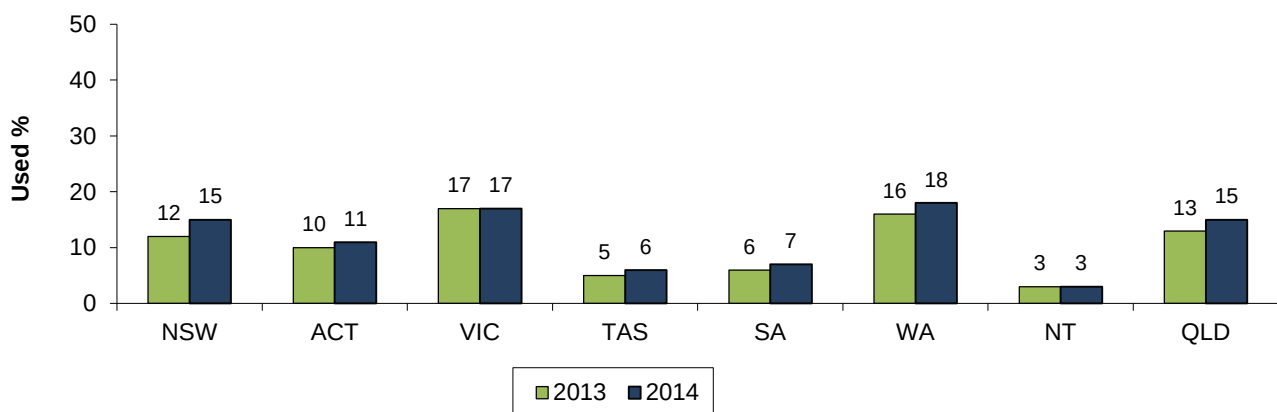
Note: 'Borrowed' – used a needle after somebody else and 'Lent' – used a needle before somebody else

Figure 40: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2013-2014



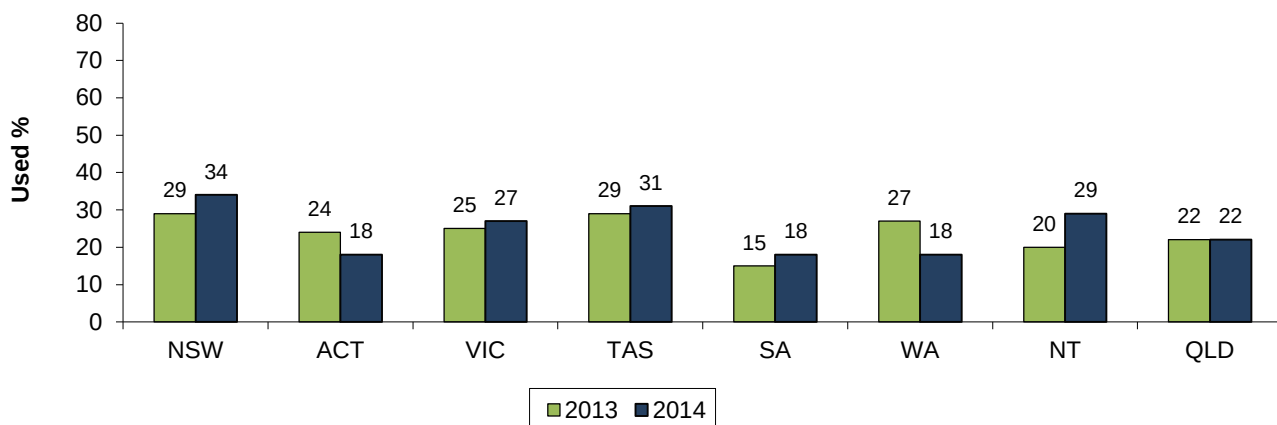
Source: IDRS participant interviews

Figure 41: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2013-2014



Source: IDRS participant interviews

Figure 42: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 2013-2014



Source: IDRS participant interviews

In 2014, participants were asked extra questions about the use of needles and syringes in the last month. Nationally, the median number of times participants had injected in the last month was 25 times. Needles/syringes were obtained on a median of three occasions in the last month. Participants reported a median of 60 needles/syringes obtained and a median of five needle/syringes were sold/given away in the last month. Participants reported storing away a median of 10 needle/syringes in the last month (Table 82). Of those who commented (N=882), 14% reported that they had trouble getting needles/syringes in the last month.

6.4.4 Injecting equipment use in the last month

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

Outlined in Table 83 and Table 84, 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 83 around three-quarters (77%; 76% in the ANSPS survey) of the national 2014 sample who commented reported the use of 1ml needle and syringes in the last month followed by a 3ml syringe barrel (23%; 22% in the ANSPS survey) and detached needle (20%; 19% in the ANSPS survey) (Table 83). The re-use of 1ml needle and syringe was reported by 32% of the IDRS sample who commented (32% in the ANSPS survey) and 5% reported the re-use of 3ml syringes (7% in the ANSPS survey) (Table 84). Results from 2013 and 2014 IDRS were similar.

Of those who commented (N=762), 55% reported that they were able to access cotton filters, 50% wheel filters and 28% cigarette filters.

Table 83: Use of injecting equipment in the last month among those who commented, by jurisdiction, 2014

	Australian NSP Survey	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD	
	2008	2013	2014								
% Injecting equipment used in the last month* (n)	(N=2270)	(N=858)	(N=866)	(n=148)	(n=94)	(n=147)	(n=90)	(n=105)	(n=94)	(n=93)	(n=95)
0.5ml needle/syringe	n.a.	5	6	18	7	4	1	5	3	0	0
1ml needle/syringe	76	74	77	90	82	93	44	85	94	27	85
3ml syringe (barrel)	22	22	23	18	6	17	41	9	16	58	28
5ml syringe (barrel)	17	16	17	8	4	5	38	9	11	67	6
10ml syringe (barrel)	9	11	10	4	14	5	41	4	11	5	7
20ml syringe (barrel)	6	8	8	5	14	0	36	0	9	1	7
50ml syringe (barrel)	n.a.	1	1	0	1	0	2	1	0	0	0
Detached needle (tip)	19	21	20	12	6	16	30	6	10	73	18
Winged view infusion set (butterfly)	12	18	17	10	26	3	70	8	16	7	12
Wheel filter	11	16	19	12	36	8	37	11	16	21	13
Other commercial cotton filter	n.a.	n.a.	20	24	12	12	0	10	17	24	43

Source: IDRS participant interviews and Australian NSP survey

* More than one item could be selected

n.a. Not applicable

Table 84: Re-use of injecting equipment in the last month among those who commented, by jurisdiction, 2014

	Australian NSP Survey	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	2013	2014							
% Injecting equipment reused in the last month* (n)	(N=2270)	(N=858)	(N=861)	(n=143)	(n=95)	(n=148)	(n=92)	(n=105)	(n=92)	(n=94)
0.5ml needle/syringe	n.a.	2	2	6	1	1	1	1	1	1
1ml needle/syringe	32	29	32	39	36	44	13	34	37	36
3ml syringe (barrel)	7	5	5	1	2	5	8	4	3	9
5ml syringe (barrel)	6	3	4	3	1	0	7	4	2	19
10ml syringe (barrel)	4	2	2	1	4	3	3	1	1	0
20ml syringe (barrel)	3	3	2	3	3	0	9	0	2	0
50ml syringe (barrel)	n.a.	<1	0	0	0	0	0	0	0	0
Detached needle (tip)	4	3	2	1	0	3	2	0	1	4
Winged view infusion set (butterfly)	5	4	4	4	2	3	19	2	4	1

Source: IDRS participant interviews and Australian NSP survey

* More than one item could be selected

6.4.5 Location of injections

Consistent with previous years, the majority of participants (77%) 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 67% in NSW to 89% 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 (Table 85). Eight percent of participants in NSW reported last injecting at the Sydney Medically Supervised Injecting Centre (MSIC).

Table 85: Location of last injection, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	N=100
	2013	2014								
% Private home	78	77	67	80	71	77	88	77	89	76
% Car	4	6	4	1	7	7	9	9	4	11
% Street/car park/beach	5	5	6	2	12	0	2	5	2	3
% Public toilet	5	4	3	8	6	6	2	2	1	4
% Other	8	8	20	9	4	10	0	7	4	6

Source: IDRS participant interviews

Note: MSIC is included under 'other' in NSW

6.4.6 Self-reported injection-related health problems

Fifty-seven 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=509), the most prominent problems were scarring/bruising (67%) and difficulty injecting (66%), most likely indicating poor vascular health among a proportion of this group. Fifteen 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 86).

Table 86: Proportion of injection-related issues in last month, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Any injection related problem	54	57	55	56	64	50	50	68	57	51
% Problem (n)	(N=476)	(N=509)	(n=82)	(n=56)	(n=96)	(n=50)	(n=53)	(n=68)	(n=53)	(n=51)
Scarring/bruising	70	67	72	70	67	74	75	53	68	60
Difficulty injecting	62	66	63	68	62	72	62	71	72	63
Dirty hit	20	15	9	14	17	30	11	13	9	24
Infection/abscess	9	8	9	9	12	8	6	6	9	2
Thrombosis	7	8	9	9	6	18	6	7	8	8
Overdose	4	5	15	5	3	2	0	6	0	8

Source: IDRS participant interviews

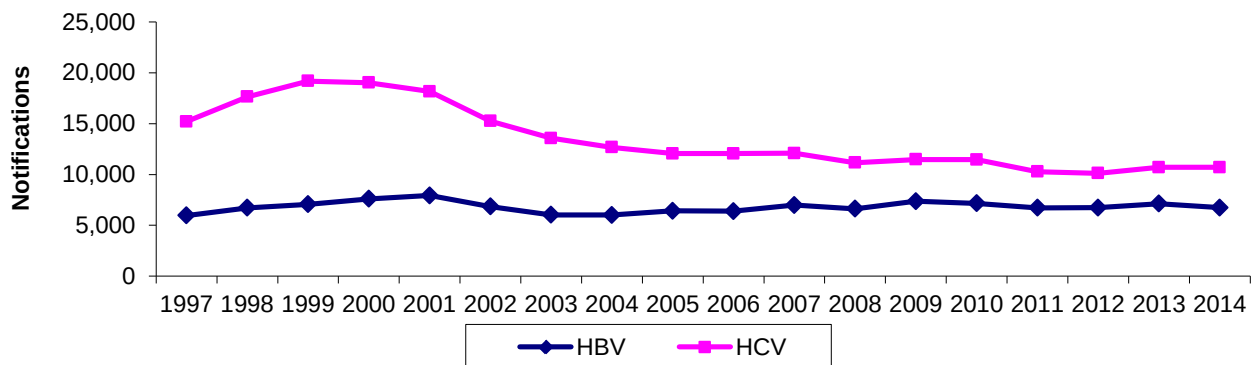
6.5 Blood-borne viral infections

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 43 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 2014, the number of HBV and HCV notifications recorded were similar to 2013 (HBV: 6,737 in 2014 and 7,126 in 2013 and HCV 10,708 in 2014 and 10,707 in 2013). HCV continued to be more commonly notified than HBV.

² HCV antibody testing has only been available since 1990.

Figure 43: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2014



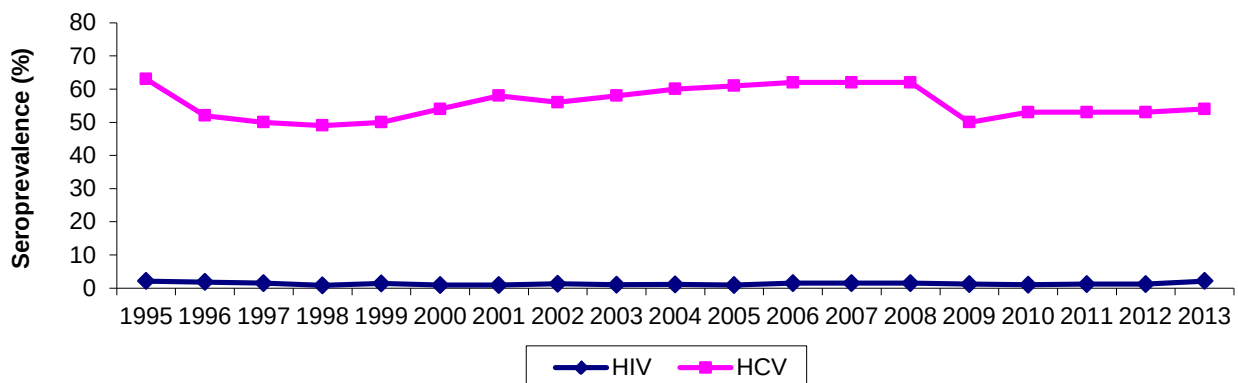
Source: Communicable Diseases Network – Australia – NNDSS <http://www9.health.gov.au/cda/source/cda-index.cfm>

Note: Data accessed on 26 March 2015. Figures are updated on an ongoing basis

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

The prevalence of HIV among people who inject drugs in Australia has remained low at 2.1% or less since 1995. The prevalence of HIV in 2013 was 2.1% (Figure 44). HCV prevalence among this group was much higher at 61% to 62% from 2005 to 2008, however, this figure was lower at 54% 2013 (Figure 44) (Iversen, Chow and Maher, 2014) .

Figure 44: HIV and HCV prevalence among participants recruited for the Australian NSP Survey, 1995-2013



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2005; National Centre in HIV Epidemiology and Clinical Research, 2010b; Iversen, Chow and Maher, 2014)

Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395; 2012: 2,391; 2013: 2,407

6.6 Alcohol Use Disorders Identification Test-Consumption

People who regularly inject drugs are particularly at risk for alcohol related harms due to a high prevalence of the hepatitis C virus (HCV). Over half (54%) of the participants interviewed in the Australian NSP Survey 2013 (N=2,407) were found to have HCV antibodies (Iversen, Chow and Maher, 2014) . 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, 2000; Schiff and Ozden, 2004; Coffin, Tracy, Bucciarelli et al., 2007; Darke, Duflou and Kaye, 2007) it is important to monitor risky drinking among PWID.

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

Among IDRS participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 5.9 (median=6, range 1-12). Males scored significantly higher than females on the AUDIT-C (6.1 versus 5.4; $p<0.05$). According to Dawson and colleagues (Dawson, Grant, Stinson et al., 2005) and Haber and colleagues (Haber, Lintzeris, Proude et al., 2009) '*Guidelines for the Treatment of Alcohol Problems*' a cut-off score of five or more indicated that further assessment was required.

Nearly two-thirds (59%) of the participants who drank in the past year scored 5 or more on the AUDIT-C, ranging from 51% in NSW and SA to 73% in TAS. Sixty-one percent of males and 53% females scored 5 or more indicating the need for further assessment (Table 87).

Table 87: AUDIT-C among people who injected drugs and drank alcohol in the past year, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013	2014								
Mean AUDIT-C score	5.5	5.9	5.2	5.6	6.6	6.7	5.2	5.6	6.1	5.8
SD	3.6	3.4	3.4	3.6	3.5	3.1	3.4	3.5	3.4	3.4
(range)	(1-12)	(1-12)	(1-12)	(1-12)	(1-12)	(1-12)	(1-12)	(1-12)	(1-12)	(1-12)
% Score of 5 or more* (n)	(N=582)	(N=560)	(n=92)	(n=57)	(n=101)	(n=59)	(n=75)	(n=60)	(n=51)	(n=65)
All participants	54	59	51	53	67	73	51	57	61	57
Males (N=385)	58	61	51	53	73	83	51	54	62	61
Females (N=171)	47	53	54	52	50	53	52	63	58	42

Source: IDRS participant interviews

*Among those who drank alcohol in the past year

6.7 Opioid and stimulant dependence

Understanding whether participants are dependent is an important predictor of harm, and typically demonstrates stronger relationships than simple frequency of use measures.

In 2014, the participants in the IDRS were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids.

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

Previous research has suggested that a cut-off of four is indicative of dependence for methamphetamine users (Topp and Mattick, 1997) and a cut-off value of three for cocaine (Kaye and Darke, 2002). No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of 5 for the presence of dependence.

Of those who had recently used a stimulant and commented (N=614), the median SDS score was two (mean 3.7; range 0-14), with 41% scoring four or above. Females reported a significantly higher mean stimulant SDS score than males (4.3 versus 3.4; $p<0.05$). The majority of participants who scored four or more (N=253) were male (66%). Of those who scored four or above and commented (N=211), 92% reported specifically attributing responses to methamphetamines, 4% cocaine, 4% pharmaceutical stimulants and 3% other.

Of those who had recently used an opioid and commented (N=796), the median SDS score was seven (mean 6.9, range 0-15), with 69% scoring five or above. There were no significant differences between males and females. The majority of participants who scored five or more (N=550) were male (66%). Of those who scored five or above and commented (N=470), 59% reported specifically attributing responses to heroin, 20% methadone, 19% morphine, 5% buprenorphine-naloxone, 4% buprenorphine and 4% oxycodone.

6.8 Mental health problems and psychological distress

6.8.1 Self-reported mental health problems

Among the general population surveyed (around 16 million) 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, 39% percent of participants self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence). Among these who had experienced a problem (N=347), the number who reported seeing a mental health professional during the last six months remained stable between 2013 and 2014. See Table 88 for breakdown of these results by jurisdiction.

Of those who reported attending a mental health professional (N=248), 63% reported visiting a General Medical Practitioner (GP), 29% visited a psychiatrist, 24% a psychologist, 16% a counsellor, 6% a mental health nurse, 3% a psychiatric ward, 2% a community nurse and 2% a hospital emergency department.

The most commonly reported mental health problem was depression (68%), followed by anxiety (48%). Mania, bipolar disorder, phobia, panic, obsessive-compulsive disorder, paranoia, personality disorder, schizophrenia, drug-induced psychosis and psychosis (not drug induced) were each reported by 15% or less of the national sample.

The main reasons for not attending a health professional for the self-reported mental health problems in the last six month were 'didn't think it was serious enough' (9%) and couldn't be bothered (8%).

Table 88: Self-reported mental health problems experienced in the preceding six months, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Self-reported mental health problem in the last six months	44	39	30	34	51	35	30	48	28	52
% Problem* (n)	(N=388)	(N=347)	(n=44)	(n=34)	(n=77)	(n=35)	(n=32)	(n=47)	(n=26)	(n=52)
Depression	66	68	64	64	73	69	75	79	42	64
Anxiety	46	48	27	52	48	60	44	49	31	65
Manic-depression/Bipolar	10	13	16	12	9	6	16	23	12	12
Schizophrenia	15	15	25	24	14	9	13	9	12	12
Panic	8	11	9	9	10	20	19	11	0	8
Paranoia	4	7	11	12	9	3	3	6	8	4
Drug-induced psychosis	4	7	14	9	3	6	6	9	4	6
Phobias	2	3	2	3	3	9	3	2	0	0
% Attended health professional for mental health problem*	74	72	75	74	71	77	63	83	62	64
% Reasons for not attending a health professional in the last six months (n)	(N=102)	(N=98)	(n=11)	(n=8)	(n=22)	(n=8)	(n=12)	(n=8)	(n=10)	(n=19)
Too expensive	0	6	0	25	5	0	0	0	0	16
Self-treated	18	7	0	0	5	13	8	0	30	5
Service too busy/waiting list too long	8	6	0	13	14	0	17	0	0	0
Didn't know who to visit	6	4	9	0	5	0	8	0	10	0
Couldn't be bothered	11	8	18	0	0	13	8	13	10	11
Felt fine/OK	4	3	9	0	5	0	0	13	0	0
Missed appointment	1	1	9	0	0	0	0	0	0	0
Stigma	n.a.	5	0	13	0	25	0	13	0	5
Bad experiences	7	6	0	0	5	0	8	13	10	11
Didn't think it was serious enough	8	9	9	0	14	13	8	0	0	16
Don't know/Other	36	44	46	49	47	36	42	48	40	36

Source: IDRS participant interviews

* Among those who reported a mental health issue

n.a. Not available

Among those who reported a recent mental health problem and commented (N=343), 71% reported having been prescribed medication for this problem during this time period. Of those who were prescribed medication (N=242), 55% were prescribed antidepressants, most commonly mirtazepine N=26 (e.g. Avanza®), escitalopram N=8 (e.g. Lexapro®), venlafaxine N=9 (e.g. Efexor®), sertraline N=9 (e.g. Zoloft®), amitriptyline N=9 (e.g. Endep®), fluoxetine N=8 (e.g. Prozac®) and citalopram N=6 (e.g. Cipramil®). Forty-four percent of those with a mental health problem had been prescribed an antipsychotic, most commonly quetiapine N=44 (e.g. Seroquel®), olanzapine N=28 (e.g. Zyprexa®), and risperidone N=3 (e.g. Risperdal®). Eight percent of those with a self-reported mental health problem were prescribed a mood stabilizer, most commonly sodium valproate N=9 (e.g. Epilim®). Benzodiazepines had been prescribed (as participants understood it) specifically for a mental health problem (rather than for any other problem, e.g. sleeping difficulties or during detoxification) among 54% of those who had been prescribed medication for a mental health problem in the preceding six months. Diazepam N=87 (e.g. Valium®) and alprazolam N=13 (e.g. Xanax®) were most commonly prescribed.

6.8.2 The K10 psychological distress scale

The Kessler Psychological Distress Scale 10 (K10) was also administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5)/the Structured Clinical Interview for DSM (SCID) disorders (Kessler and Mroczek, 1994; Kessler, Andrews, Colpe et al., 2002; American Psychiatric Association, 2013) The K10 relates 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, 2014b) .

The minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress) (Andrews and Slade, 2001) . Among participants who completed the full scale (N=820), the mean score was 23.3 (median 22; SD 9.2; range 10-50). The 2013 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2014b) 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, 2014b) (Table 89).

Table 89: K10 scores, by jurisdiction (method used in AIHW National Drug Strategy Household Survey), 2014

K10 category	National Drug Strategy Household Survey 2013	IDRS									
		National N=842	N=820	NSW n=142	ACT n=95	VIC n=142	TAS n=62	SA n=106	WA n=91	NT n=86	QLD n=96
		2013	2014								
No or low distress (score 10-15)	69.3	20	24	30	28	11	15	26	19	41	25
Moderate distress (score 16-21)	20.6	25	23	21	20	20	27	26	29	20	25
High distress (score 22-29)	7.2	31	27	26	25	31	39	24	25	23	25
Very high distress (score 30-50)	2.8	24	26	23	26	37	19	24	28	16	25

Source: IDRS participant interviews; (Australian Institute of Health and Welfare, 2014b, Table 8.6)

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

Participants were also asked 'In general, would you say your health is 'excellent', 'very good', 'good', 'fair' or 'poor'? Of those who commented (N=839), 4% reported their health as 'excellent', 15% 'very good', 37% 'good', 31% 'fair' and 13% 'poor'. This compares to 17.2% of the general population reporting their health as 'excellent', 38.2% reporting it as 'very good', 32.1% as 'good', 10.6% as 'fair' and 2% as 'poor' (Australian Institute of Health and Welfare, 2014b) .

6.9 Naloxone program and distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. It is the frontline medication for the reversal of heroin and other opioid overdose in particular. In Australia, naloxone has largely only been available for use by medical doctors (or those auspiced by medical doctors such as nurses and paramedics) for the reversal of opioid effects. In 2012 a take-home naloxone program commenced in the ACT through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose as part of a comprehensive overdose response package. Shortly after, a similar program started in NSW and some other states have followed suit (for more information refer to <http://www.cahma.org.au/Naloxone.html> and/or <http://www.naloxoneinfo.org/>).

Since 2013, the IDRS included a series of questions about take-home naloxone and naloxone more broadly. Of the national sample who commented (N=856), 85% had heard of naloxone (ranging from 63% in SA to 97% in the ACT). Two-thirds (68%) of those who had heard of naloxone (N=690) reported that naloxone was used to 'reverse heroin', while 31% reported the use of naloxone to 're-establish consciousness'. Nine per cent said naloxone was used to 'help start breathing' and 16% gave 'other' reasons (Table 90).

Participants were then asked if they had heard about take-home naloxone programs. Of those who commented nationally (N=854), Forty-three percent reported that they had heard of the take-home naloxone program (ranging from 21% in SA to 85% in the ACT), while 56% had not (Table 90). Nationally, nine percent reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program (ranging from 2% in QLD to 25% in the ACT).

Of those who commented (N=811), twelve percent nationally reported that they had completed training in naloxone administration along with a prescription for naloxone (7% in 2013). When broken down into the jurisdictions there were no reports in TAS, 1% in SA, QLD, 3% in NSW and the NT, 15% in WA, 21% in VIC and 45% in the ACT. Of those who had completed the course (N=98), 35% (n=34) had used the naloxone to resuscitate someone who had overdosed on an average of two people (range 1-15 people).

Participants who had not completed training in naloxone administration were asked what they would do if they witnessed someone having an overdose or found someone they had suspected had overdosed. The majority (94%) of those who commented nationally (N=704) reported that they would call 000, while 37% reported that they would perform mouth-to-mouth cardiopulmonary resuscitation (CPR) (Table 90). Of those who would not call an ambulance (N=42), 21% this was due to fear of police involvement, 21% thought it was not necessary, 17% due to fear of loss of anonymity and 41% for another reason.

Participants who had not completed training in naloxone administration and commented were also asked if naloxone was available would participate in a naloxone program. Of those who commented (N=695), 69% reported that they would participate. Those participants who reported that they would participate in a naloxone program (N=475) were asked if they would (a) carry naloxone if trained in its use? (b) administer naloxone after witnessing someone overdose?, (c) want peers to give them naloxone if they overdosed?, and (d) stay with someone after giving them naloxone?. Ninety-nine per cent reported that they would stay with someone after giving them naloxone, 99% would administer naloxone after witnessing someone overdose, 96% would want their peers to give them naloxone if they overdosed and 85% reported that they would carry naloxone on them (Table 90).

Table 90: Take-home naloxone program and distribution, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=857	N=856	n=147	n=96	n=147	n=94	n=105	n=94	n=90	n=83
	2013	2014								
% Heard of naloxone	86	85	92	97	94	73	63	88	86	82
% Naloxone description (n)	(N=729)	(N=690)	(n=125)	(n=91)	(n=132)	(n=65)	(n=60)	(n=79)	(n=77)	(n=61)
Reverses heroin	62	68	47	86	77	49	67	73	74	72
Help start breathing	10	9	6	12	18	5	2	8	4	10
Re-establish consciousness	33	31	28	24	40	43	35	27	14	33
Other	19	16	32	3	8	29	13	13	12	13
% Heard of the take-home naloxone program (n)	(N=857)	(N=854)	(n=147)	(n=95)	(n=147)	(n=94)	(n=105)	(n=94)	(n=89)	(n=83)
Yes	35	43	40	85	52	23	21	62	24	35
No	65	56	59	14	46	77	77	38	76	63
% Witness overdose (n)	(N=790)	(N=704)	(n=139)	(n=53)	(n=113)	(n=52)	(n=104)	(n=77)	(n=85)	(n=81)
Turn victim on side	37	29	22	32	39	19	31	29	22	37
Mouth-to-mouth CPR	46	37	35	38	43	19	34	52	27	47
Call 000	94	94	96	87	95	96	94	88	95	95
Stay with victim	39	28	26	43	38	8	35	3	8	59
Other remedies	18	17	14	11	16	19	16	20	18	20
% If naloxone was available would you: (n)	(N=779)	(N=475)	(n=102)	(n=32)	(n=79)	(n=41)	(n=70)	(n=55)	(n=42)	(n=54)
Carry naloxone if trained	74	85	77	82	94	95	83	83	91	81
Administer naloxone after overdose	90	99	97	100	100	100	100	100	100	98
Want peers give you naloxone	88	96	95	94	98	100	97	94	91	96
Stay after giving naloxone	92	99	97	97	99	100	99	100	100	100

Source: IDRS Injecting drug user interviews

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Thirty-eight percent of the national sample reported engagement in criminal behaviour in the preceding month. The most common types of crime committed were drug dealing and property crime.
- Thirty-three percent of the sample reported having been arrested in the preceding 12 months, mainly for property crime.
- In 2012/13, numbers of consumer and provider arrests for amphetamine-type stimulants (including phenethylamines such as MDMA), cocaine and cannabis were higher than 2011/12 numbers.
- The numbers of consumer and provider arrests for heroin and other opioids slightly decreased in 2012/13.
- 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 (57%), the median expenditure was \$100.

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 91 shows self-reported criminal activity in the month preceding interview by jurisdiction. Over one-third (38%) 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 (18%). No significant differences were found between 2013 and 2014 ($p>0.05$). Proportions reporting engaging in drug dealing ranged from 13% in the NT to 36% in WA, while proportions reporting engaging in property crime ranged from 9% in SA to 26% in TAS. Violence and fraud were less commonly reported among the jurisdictional samples. Refer to Appendix J, Figure J1 for comparable data over time nationally.

Table 91: Self-reported criminal activity in the month preceding the interview, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Crime in the last month:										
Drug dealing	23	25	25	14	28	32	25	36	13	23
Property	18	18	24	10	23	26	9	18	10	20
Fraud	2	4	6	3	7	1	2	5	0	6
Violence	3	5	7	3	7	5	2	7	1	4
Any crime	36	38	43	22	47	50	31	48	19	40

Source: IDRS participant interviews

7.2 Arrests

Thirty-three percent of the 2014 national sample reported having been arrested in the 12 months preceding interview (32% in 2013), ranging from 14% in the NT to 46% in NSW. Some fluctuations at the jurisdictional level have been noted (Table 92 and Figure 45). 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 (39%) and 25% for use/possession of drugs (Table 92).

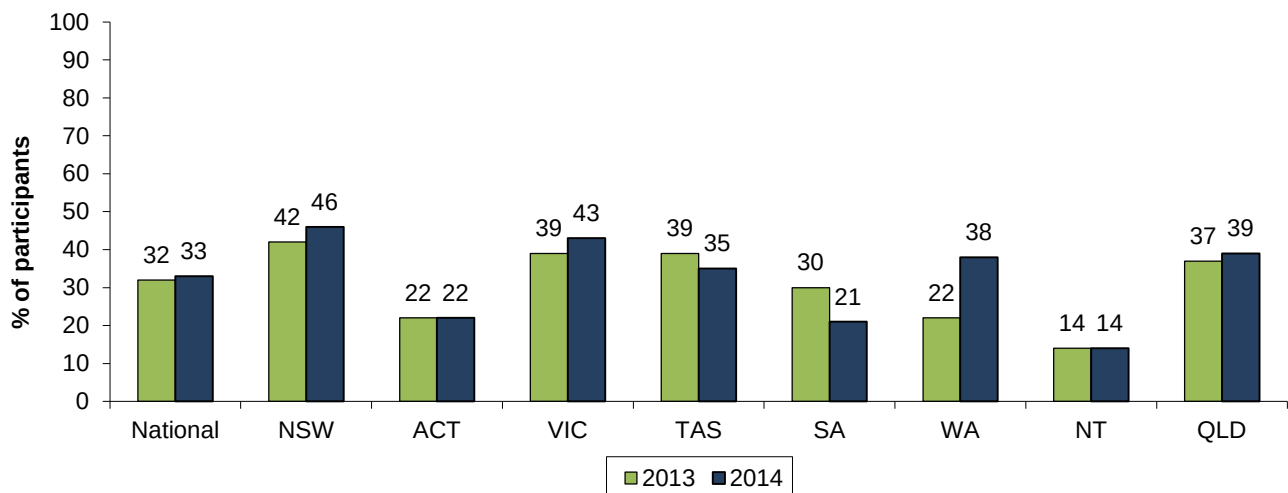
Table 92: Main reasons for arrest in the last 12 months, by jurisdiction, 2014

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887	N=898	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
	2013	2014								
% Arrested last 12 months	32	33	46	22	43	35	21	38	14	39
% Reason for arrest* (n)	(N=285)	(N=292)	(n=66)	(n=20)	(n=64)	(n=34)	(n=21)	(n=35)	(n=13)	(n=39)
Use/Possession drugs	19	25	30	15	25	18	14	23	31	33
Property crime	34	39	35	25	44	47	57	40	23	31
Violent crime	15	16	14	45	23	3	10	20	0	8
Driving offence	14	9	12	0	8	12	14	9	8	8
Use/possession of weapons	3	8	2	15	8	6	10	14	0	10
Other offence	22	16	15	10	9	18	10	26	31	23

Source: IDRS participant interviews

*Among those arrested in the last 12 months. Multiple responses allowed

Figure 45: Arrested in the preceding 12 months, by jurisdiction, 2013-2014



Source: IDRS participant interviews

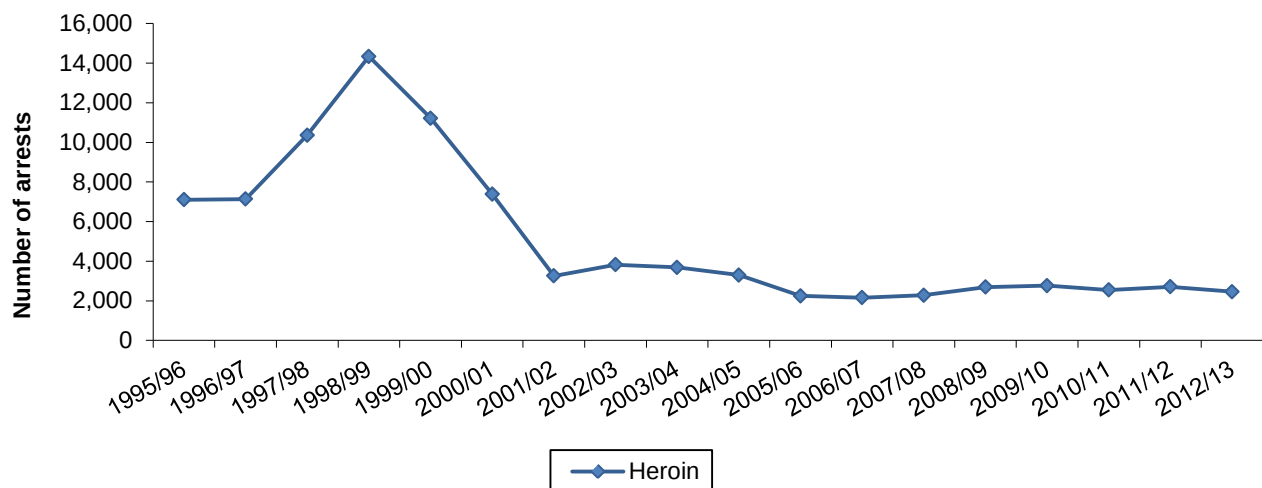
In addition to IDRS participant data on arrest over the past year, population level statistics related to drug use are also available from the Australian Crime Commission (latest available year 2012/13).

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, 2014)

7.2.1 Heroin

In 2012/13, numbers of consumer and provider arrests for heroin and other opioids slightly decreased from 2,714 in 2011/12 to 2,463. Arrests have steadily declined since 1998/99 and have remained fairly stable since 2005/06 (Figure 46). Data for 2013/14 were not available at the time of publication of this report.

Figure 46: Total number of heroin and other opioid consumer and provider arrests, 1995/96-2012/13

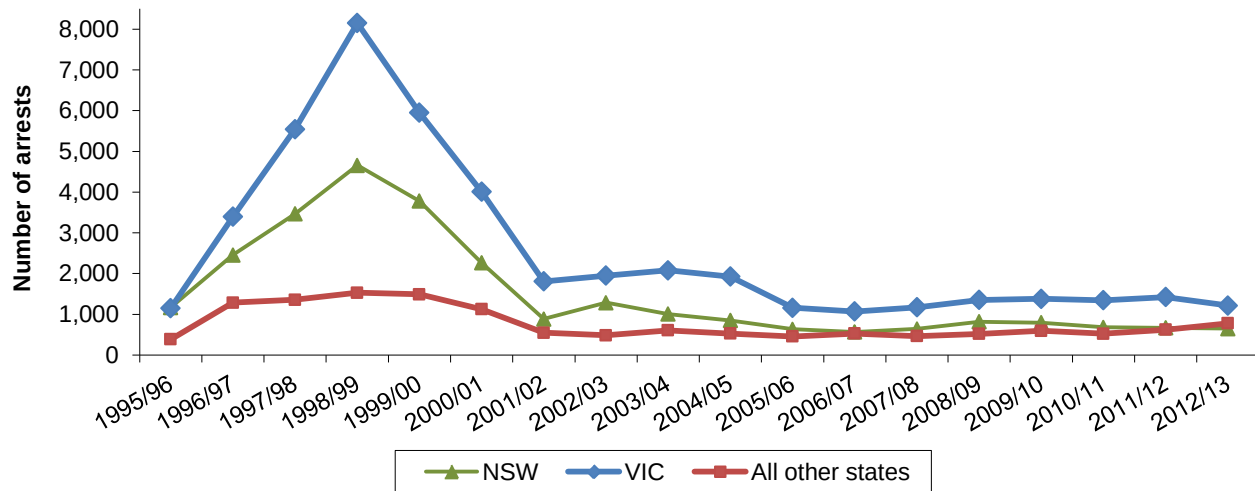


Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013; Australian Crime Commission, 2014)

Note: The arrest data for each state and territory include AFP data. Data for 2013/14 were not available at the time of publication

Figure 47 shows the total number of arrests for heroin and other opioids in NSW and VIC compared to all other jurisdictions. Arrests have been highest in VIC for the entire period. The number of arrests in NSW, VIC and the other states remained fairly stable in 2012/13. Data for 2013/14 were not available at the time of publication of this report.

Figure 47: Total number of heroin and other opioids consumer and provider arrests for NSW and VIC versus all other jurisdictions, 1995/96-2012/13



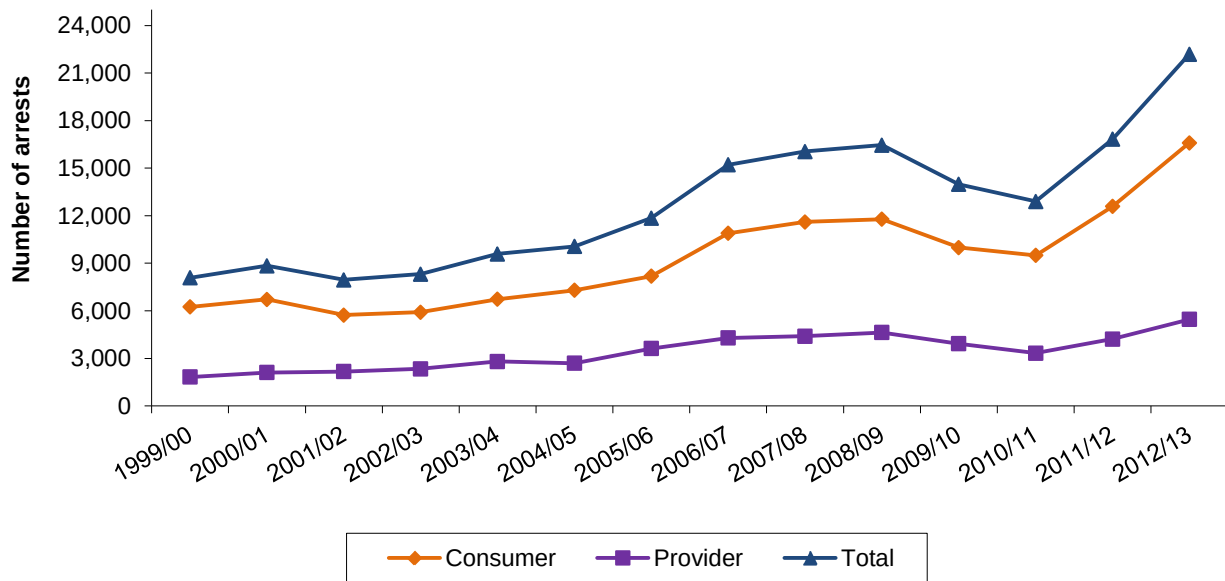
Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013; Australian Crime Commission, 2014)

Note: The arrest data for each state and territory include AFP data. Data for 2013/14 were not available at the time of publication

7.2.2 Methamphetamine

It should be noted that a number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants (ATS) and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Crime Commission, 2014). In 2012/13, the total number of consumer and provider arrests increased from 16,828 in 2011/12 to 22,189 (Figure 48). Data for 2013/14 were not available at the time of publication of this report.

Figure 48: Total number of amphetamine-type stimulants: consumer and provider arrests, 1999/00-2012/13



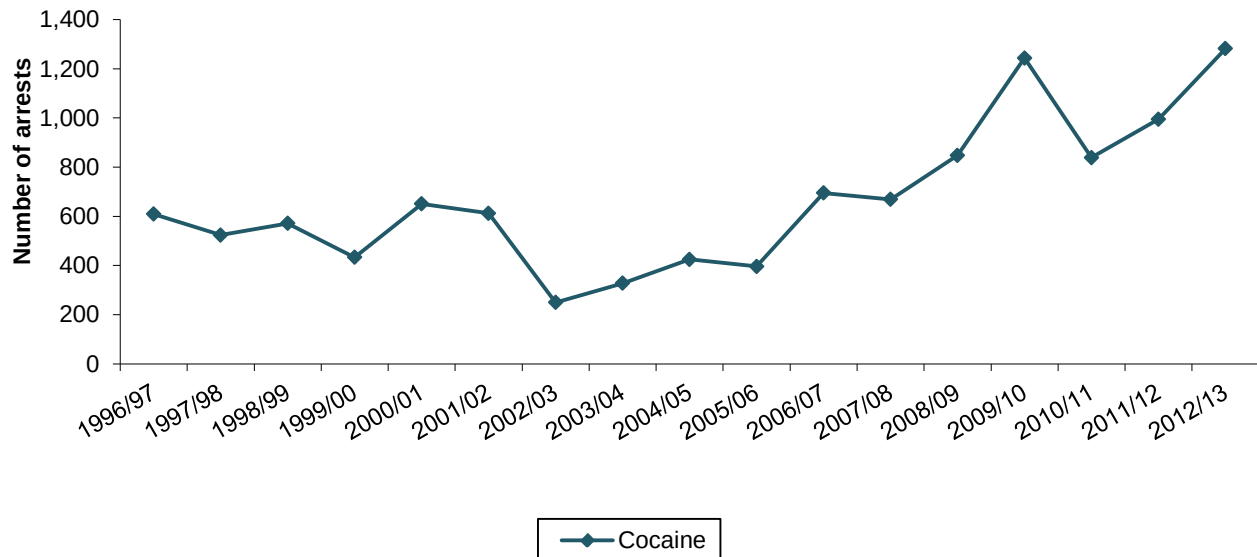
Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013; Australian Crime Commission, 2014)

Note: Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated. Data for 2013/14 were not available at the time of publication

7.2.3 Cocaine

In 2012/13, the number of cocaine arrests Australia wide increased from 995 in 2011/12 to 1,282 in 2012/13 (Figure 49). The majority of these arrests (54%) were in NSW, which is consistent with IDRS reports of the predominance of cocaine use in NSW relative to other jurisdictions. In NSW, the number of arrests increased from 554 in 2011/12 to 694 in 2012/13. Data for 2013/14 were not available at the time of publication of this report.

Figure 49: Total number of cocaine consumer and provider arrests, 1996/97-2012/13



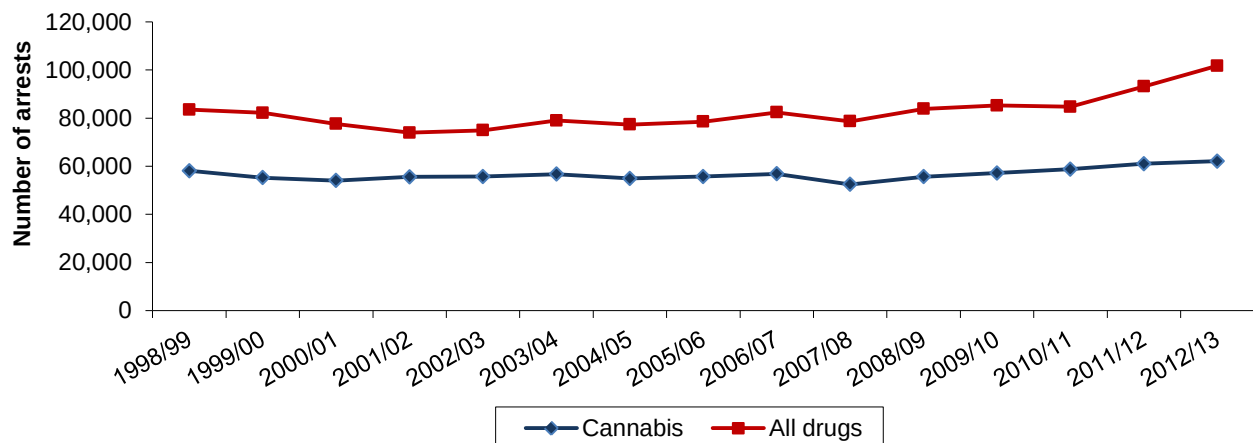
Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013; Australian Crime Commission, 2014)

Note: The arrest data for each state and territory include AFP data. Data for 2013/14 were not available at the time of publication

7.2.4 Cannabis

Cannabis arrests continue to account for the majority (61%) of all drug-related arrests in Australia (Figure 50). Numbers increased from 61,011 in 2011/12 to 62,120 in 2012/13. As in previous years, the number of cannabis arrests in QLD (18,365) accounted for nearly one-third (30%) of the national total. Numbers slightly increased in NSW from 14,004 in 2011/12 to 14,796 in 2012/13. Data for 2013/14 were not available at the time of publication of this report.

Figure 50: Total number of cannabis and all drug consumer and provider arrests, 1998/99-2012/13



Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013; Australian Crime Commission, 2014)

Note: The arrest data for each state and territory include AFP data. Data for 2013/14 were not available at the time of publication

7.3 Expenditure on illicit drugs

Among the national sample who commented, 44% reported not spending money on illicit drugs the day prior to interview, ranging from 33% in NSW to 57% in QLD. The median amount spent by those who had purchased drugs was \$100 nationally, ranging from \$80 in the ACT and TAS to \$140 in WA (Table 93).

Table 93: Expenditure on illicit drugs on the day preceding interview among those who commented, by jurisdiction, 2014

Expenditure	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=887 2013	N=898 2014	n=150	n=100	n=150	n=101	n=106	n=98	n=93	n=100
% Nothing	43	44	33	45	49	37	44	51	40	57
% Less than \$20	3	3	4	7	1	5	0	2	1	1
% \$20 to \$49	12	9	6	11	10	12	8	3	17	4
% \$50 to \$99	14	13	16	16	12	19	12	6	15	7
% \$100 to \$199	17	20	25	13	19	16	25	25	14	18
% \$200 to \$399	9	9	12	6	6	10	8	10	8	7
% \$400 or more	3	3	4	1	3	1	4	3	4	5
Median expenditure (\$)*	80	100	100	80	100	80	100	140	85	127.50

Source: IDRS participant interviews

*Among those who spent money on illicit drugs

8 SPECIAL TOPICS OF INTEREST

Key points

Homelessness

- The lifetime prevalence of homelessness among the PWID sample was 74%
- Among those with a homelessness history, 21% were homeless at the time of interview
- The main factor contributing to their first episode of homelessness was relationship breakdown with family (41%), followed by drug use/dependence (37%)
- Among the participants with a homelessness history two-fifths (42%) reported being homeless for more than three years of their lives
- One-quarter reported being physically attacked (26%), stood over (24%) or robbed (24%) during the last six months of their most recent episode of homelessness

Oxycodone use

- Of the national sample who commented, 57% reported ever using any form of oxycodone (either licit or illicit).
- Of those who reported ever using oxycodone, one-third reported recently using the original OxyContin® 'OC' tablets (either licit or illicit) followed by the Reformulated Oxycodone 'OP' tablets (either licit or illicit).

Ageing

- Of those who commented, 34% reported a lifetime diagnosis of asthma, 17% cancer, 16% a stroke, 12% a heart/circulatory condition, 11% gout/rheumatism/arthritis, 7% diabetes/high sugar levels, 5% respiratory disease or skin problems.
- Among those who had visited a health service in the last 12 months, the median number of visits to a General Medical Practitioner was eight. Participants reported a median of six visits to Opioids Substitution Treatment doctor or drug and alcohol counsellor, five visits to a social/welfare worker, four visits to a psychiatrist or psychologist and two visits to a dentist.

8.1 Homelessness

A notable proportion of people who are homeless experience higher rates of mental health disorders compared to the general population. Specifically, substance use disorders have been repeatedly recorded as the most common mental health diagnosis amongst homeless populations throughout Western countries (Fazel, Khosla, Doll et al., 2008). Whilst research examining substance use among homeless populations has been undertaken, very few studies have looked at the relationship of homelessness amongst heavy substance users, including PWID. The aim of this module was to obtain information on the lifetime and recent homelessness experiences amongst PWID.

The lifetime prevalence of homelessness among the 2014 PWID sample was 74% (Table 94). Of those PWID with a homelessness history, 21% were currently homeless at the time of interview. It is clear that the rate of homelessness among PWID is notably higher than the general Australian population estimate of 0.5% (Australian Bureau of Statistics, 2012). For those PWID who were currently homeless, the mean duration of their current episode of homelessness was reported to be just under four years (range: <1-44 years). One-third of these participants were identified to be chronic, long-term rough sleepers, as they reported that they had slept rough or stayed in emergency accommodation every day for at least six months because they had nowhere else to live.

Participants reported the main factor that contributed to their first episode of homelessness was relationship breakdown with family (41%), followed by drug use/dependence (37%), financial difficulties (18%), unemployment (11%) and domestic violence (11%). Among the participants with a homelessness history two-fifths (42%) reported being homeless for more than three years of their

lives. Participants also reported heightened exposure to various forms of violence during the last six months of their most recent episode of homelessness, with one-quarter reporting being physically attacked (26%), stood over (24%) or robbed (24%), and about one-fifth reporting being mugged (18%) during this time.

Table 94: Homelessness history among people who inject drugs, by jurisdiction, 2014

	National N=898	NSW n=150	ACT n=100	VIC n=150	TAS n=101	SA n=106	WA n=98	NT n=93	QLD n=100
% lifetime homelessness history	74	85	81	91	41	79	66	62	75
% factors to contributing to first episode of homelessness*[#]	(n=627)	(n=124)	(n=77)	(n=124)	(n=34)	(n=82)	(n=61)	(n=52)	(n=73)
Relationship breakdown (family)	41	33	43	50	44	40	39	27	45
Drug use/dependence	37	49	22	38	62	28	31	23	43
Financial difficulties	18	12	17	23	9	16	16	31	16
Unemployment	11	9	13	12	18	11	7	15	7
Domestic violence	11	14	7	11	9	18	0	4	15
Mental health problems	9	9	10	15	6	5	10	8	6
Relationship breakdown (friends)	9	6	12	13	15	5	10	14	6
Alcohol use/dependence	7	8	9	6	12	9	3	10	3
Physical or sexual abuse	6	9	8	7	3	10	2	2	4
Released from prison	4	6	3	5	3	2	5	8	3
Gambling	2	2	0	2	3	1	0	2	3
Physical health problems	2	6	1	1	3	2	2	0	1
Disability	1	2	1	2	0	0	3	0	0
% length of time since last homeless episode*	(n=631)	(n=124)	(n=78)	(n=125)	(n=32)	(n=83)	(n=62)	(n=54)	(n=73)
Currently homeless	21	29	6	30	6	5	24	17	30
In the past six months	11	13	6	8	19	6	13	11	14
7-12 months	7	10	5	6	6	6	10	4	6
1-2 years	10	13	12	17	6	6	3	7	3
2-5 years	13	12	18	16	16	13	15	6	10
More than 5 years	39	23	53	23	47	64	36	56	38
% total duration of homelessness over lifetime*	(n=624)	(n=122)	(n=76)	(n=125)	(n=34)	(n=83)	(n=61)	(n=51)	(n=72)
Less than six months	22	16	20	17	12	34	20	33	26
6-11 months	11	7	13	8	15	19	13	14	10
1-2 years	24	26	28	22	32	18	38	14	22
3-5 years	19	17	30	22	24	16	12	12	18
6-10 years	10	14	4	11	0	6	10	14	15
More than 10 years	13	20	5	20	18	7	8	14	8
% exposed to violence during last 6mths of homelessness	(n=455)	(n=94)	(n=64)	(n=90)	(n=21)	(n=56)	(n=41)	(n=35)	(n=54)
Physically attacked	26	27	23	34	14	25	29	23	17
Stood over	24	21	23	35	10	27	27	11	19
Robbed	24	28	19	33	15	25	17	23	19
Mugged	18	20	16	21	5	20	12	17	13

Source: IDRS participant interviews

* Among those with a homelessness history

[#] Multiple responses allowed

Table 95 shows within the subsample of PWID with a homeless history, the proportion that have experienced various states of homelessness in their lifetimes and in the past six months, and the age at which they first experienced each state. The most commonly experienced forms of homelessness during both lifetime and the past six months were sleeping rough (81%; 24%), couch surfing (77%; 22%), boarding rooms/hostels (55%; 12%) and crisis accommodation (56%; 8%). In terms of the first age participants experienced each state of homelessness, on average participants experienced rough sleeping, couch surfing and living in caravan parks at younger ages (22 years; 24 years; 24 years) compared to the ages which they first used homelessness services in the forms of crisis accommodation, medium/long-term accommodation and boarding houses/hostels (25 years; 28 years; 26 years).

Table 95: Proportion who experienced different forms of homelessness, by jurisdiction, 2014

	National N=668	NSW n=128	ACT n=81	VIC n=136	TAS n=41	SA n=84	WA n=65	NT n=58	QLD n=75
Slept rough									
Lifetime (%)	81	89	88	82	63	71	77	78	85
Last 6 months (%)	24	40	12	26	12	6	26	28	32
Mean age of first episode (range)	22 years (5-55)	22 (5-53)	23 (6-52)	21 (8-55)	22 (11-50)	21 (11-50)	27 (12-49)	24 (11-49)	22 (8-51)
Crisis or emergency accommodation									
Lifetime (%)	56	61	58	65	42	49	46	55	49
Last 6 months (%)	8	16	10	7	2	2	5	10	8
Mean age of first episode (range)	25 years (0-59)	26 (8-53)	26 (13-52)	24 (0-59)	22 (11-48)	24 (10-48)	26 (4-49)	26 (12-54)	26 (9-51)
Medium or long term accommodation									
Lifetime (%)	27	29	31	33	22	26	22	16	27
Last 6 months (%)	5	8	1	5	10	6	6	3	4
Mean age of first episode (range)	28 years (2-60)	27 (2-42)	28 (14-48)	26 (2-60)	25 (12-39)	31 (13-50)	29 (13-49)	34 (17-53)	28 (11-51)
Lived with relatives, friends or acquaintances (couch surfing)									
Lifetime (%)	77	73	68	85	85	75	77	71	85
Last 6 months (%)	22	28	9	26	22	10	28	17	29
Mean age of first episode (range)	24 years (0-61)	22 (2-47)	24 (12-48)	22 (1-49)	24 (12-49)	23 (11-50)	31 (12-56)	27 (13-52)	22 (0-61)
Boarding or rooming houses or hostels (other than on holiday)									
Lifetime (%)	55	63	47	74	29	45	48	55	52
Last 6 months (%)	12	16	2	18	7	5	6	16	21
Mean age of first episode (range)	26 years (7-51)	27 (5-50)	25 (13-43)	25 (8-49)	23 (7-44)	26 (13-45)	29 (15-49)	27 (16-45)	27 (10-51)
Caravan park (other than on holiday)									
Lifetime (%)	41	41	30	50	27	45	39	41	46
Last 6 months (%)	3	3	1	4	0	1	5	2	5
Mean age of first episode (range)	24 years (0-52)	23 (9-52)	22 (7-52)	22 (4-48)	21 (13-40)	27 (12-50)	29 (20-48)	23 (1-40)	22 (0-51)

Source: IDRS participant interviews

* Among those with a homelessness history

8.2 Oxycodone use

Over the past decade there has been a considerable rise in the prescribing of pharmaceutical opioids in Australia: between 1992 and 2012, the number of pharmaceutical opioid dispensing episodes in Australia increased 15-fold (Blanch, Perarson and Haber, 2014) . The rise in opioid prescriptions – including oxycodone - has seen a concurrent increase in extra-medical use of these medications among samples of people who inject drugs. This includes tampering with opioid medications (e.g. crushing, chewing, snorting, smoking, injecting or dissolving/drinking opioid medications intended for oral administration; (Katz, Dart, Bailey et al., 2011) to allow a larger quantity of the active ingredient to become available and resulting in increased euphoric effects.

In response, pharmaceutical companies have begun developing formulations that are less prone to tampering. Oxycodone is a semi-synthetic opioid agonist prescribed for the treatment of moderate to severe chronic pain. It is available in eight different products in Australia, with OxyContin® being the most frequently prescribed controlled release formulation. A new tamper resistant formulation of controlled release oxycodone hydrochloride tablets (Reformulated OxyContin®) were released onto the Australian market in April 2014. The tablets are designed to be bioequivalent to the original formulation, but employ a controlled release technology (that makes them difficult to crush) with a hydro-gelling matrix (so the tablet develops into a viscous gel when dissolved in water) (Sellers, Perrino, Colucci et al., 2013). Early U.S. surveillance of the reformulation suggests that there have been reductions in misuse ((Butler, Cassidy, Chilcoat et al., 2013; Havens, Leukefeld, Deveaugh-Geiss et al., 2014) , street price (Sellers, Perrino, Colucci et al., 2013) and OxyContin® poisonings (Severtson, Bartelson, Davis et al., 2013) .

Post-marketing surveillance of the new formulation is currently underway in Australia (Degenhardt, Larance, Bruno et al., 2015) , and early findings have indicated that there has been a decline in national pharmacy sales of 80mg OxyContin® (the dose most commonly used and injected among people who inject drugs), as well as a reduction in prevalence of overall use and injection, street price and attractiveness for misuse via tampering among a prospective cohort of people who tamper with pharmaceutical opioids (Degenhardt, Bruno, Ali et al., Submitted; Larance, Lintzeris, Bruno et al., Submitted) .

Given the concerns regarding oxycodone and the changes in the types of oxycodone available, the aim of the oxycodone module was to examine the use and misuse of oxycodone products. Participants were asked about their use of the original OxyContin®, in addition to the reformulated OxyContin®. Of the national sample who commented (N=858), over half (57%) reported ever using oxycodone (either licit or illicit). Of those who reported ever using oxycodone (N=489), the majority reported recently using the original OxyContin® 'OC' tablets (either licit or illicit) followed by the Reformulated Oxycodone 'OP' tablets (either licit or illicit) (Table 96).

Table 96: Lifetime and recent use of oxycodone (any form), by jurisdiction, 2014

	National N=858	NSW n=149	ACT n=99	VIC n=149	TAS n=91	SA n=105	WA n=90	NT n=92	QLD n=83
% Ever used oxycodone	57	68	49	69	75	52	31	41	58
Recent use of oxycodone (licit or illicit)*	N=489	n=101	n=48	n=103	n=68	n=55	n=28	n=41	n=58
% Endone	11	5	19	11	16	18	18	2	7
% Original Oxycodone 'OC'	44	53	21	31	43	38	64	41	45
% Reformulation Oxycodone 'OP'	15	12	6	12	13	15	36	20	20
% OxyNormtabs	4	5	2	3	2	2	7	5	4
% OxyNormliquid	<1	0	0	1	0	0	0	0	0
% OxyNorm Solution	<1	0	0	0	2	0	0	0	0
% Targin	2	0	2	3	0	6	0	0	4
% Proladone	<1	0	0	1	0	0	4	0	0

Source: IDRS participant interviews

*Among those who reported ever using oxycodone.

Please refer to Degenhardt, Larance and colleagues for further information on oxycodone use (Degenhardt, Larance, Bruno et al., 2015; Degenhardt, Bruno, Ali et al., Submitted; Larance, Lintzeris, Bruno et al., Submitted) .

8.3 Ageing

People who inject drugs are an ageing cohort so to develop a better understanding of the health issues they now face questions were included in the 2014 IDRS on the lifetime diagnosis of chronic conditions and how often they are using the various health services.

Table 97 presents lifetime and recent diagnosis of a chronic condition and if treatment was received in the last 12 months. Of those who commented (N=845), one-third (34%) reported a lifetime diagnosis of Asthma with two-thirds reporting they either still had the condition or received treatment for the condition in the last 12 months (Table 97). Nearly one in five reported a lifetime diagnosis of cancer (17%) or stroke (16%) (Table 97).

Table 97: Lifetime and recent diagnosis of chronic conditions and treatment received in the last 12 months among PWID, by jurisdiction, 2014

	National N=845	NSW n=149	ACT n=99	VIC n=149	TAS n=68	SA n=106	WA n=91	NT n=91	QLD n=92
2014									
Asthma									
Lifetime diagnosis	34	38	29	40	34	37	31	23	34
Had condition or received treatment last 12 months*	(n=288) 63	(n=57) 57	(n=29) 59	(n=60) 68	(n=23) 74	(n=39) 69	(n=28) 61	(n=21) 48	(n=31) 65
Cancer									
Lifetime diagnosis	7	8	3	3	7	9	8	12	11
Had condition or received treatment last 12 months*	(n=62) 42	(n=12) 33	(n=3^) 33	(n=5^) 40	(n=5^) 100	(n=9^) 44	(n=7^) 14	(n=11) 46	(n=10) 40
Stroke									
Lifetime diagnosis	5	7	3	5	0	7	4	4	3
Had condition or received treatment last 12 months*	(n=39) 28	(n=11) 27	(n=3^) 0	(n=7^) 43	-	(n=7^) 29	(n=4^) 25	(n=4^) 25	(n=3^) 33
Heart/circulatory condition									
Lifetime diagnosis	12	13	7	14	9	12	15	15	12
Had condition or received treatment last 12 months*	(n=105) 51	(n=19) 53	(n=7^) 71	(n=21) 57	(n=6^) 17	(n=13) 54	(n=14) 57	(n=14) 57	(n=11) 36
Gout, rheumatism, arthritis									
Lifetime diagnosis	17	15	14	16	19	23	14	21	15
Had condition or received treatment last 12 months*	(n=142) 58	(n=22) 73	(n=14) 50	(n=23) 65	(n=13) 31	(n=24) 79	(n=13) 39	(n=19) 37	(n=14) 71
Diabetes/high blood sugar levels									
Lifetime diagnosis	5	7	3	3	10	3	6	6	5
Had condition or received treatment last 12 months*	(n=43) 74	(n=10) 60	(n=3^) 100	(n=5^) 60	(n=7^) 86	(n=3^) 67	(n=5^) 80	(n=5^) 80	(n=5^) 80
Respiratory disease									
Lifetime diagnosis	15	15	13	18	12	17	20	14	16
Had condition or received treatment last 12 months*	(n=134) 45	(n=22) 23	(n=13) 46	(n=26) 54	(n=8^) 63	(n=18) 50	(n=18) 61	(n=12) 31	(n=15) 33
Skin problems									
Lifetime diagnosis	11	8	8	16	6	7	17	8	20
Had condition or received treatment last 12 months*	(n=95) 56	(n=12) 67	(n=8^) 63	(n=24) 50	(n=4^) 50	(n=7^) 86	(n=15) 40	(n=7^) 57	(n=18) 56

Source: IDRS PWID interviews

*Among those with a lifetime diagnosis of the chronic condition

^ Small numbers commenting; interpret with caution

Participants were also asked how often they had visited a health service in the past 12 months. This information is presented in Table 98. Of those who had visited a General Medical Practitioner (GP) in the last 12 months (N=668 nationally), the median number of visit was eight. Participants reported a median of six visits to an Opioid Substitution Treatment doctor (OST) in the last 12 months (Table 98).

Table 98: Median number of days visited a health service in the past 12 months among PWID who visited the health service, by jurisdiction, 2014

Median days	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
General Practitioner (n)	(N=668) 8	(n=115) 10	(n=81) 5	(n=108) 12	(n=52) 12	(n=92) 6	(n=76) 6	(n=74) 10	(n=70) 10
OST doctor (n)	(N=374) 6	(n=82) 6	(n=50) 4	(n=98) 11.5	(n=24) 9	(n=27) 4	(n=37) 5	(n=17) 6	(n=39) 12
Drug and alcohol counsellor (n)	(N=208) 6	(n=50) 6	(n=21) 4	(n=47) 12	(n=13) 4	(n=20) 4	(n=11) 7	(n=17) 4	(n=29) 6
Psychiatrist (n)	(N=129) 4	(n=30) 4.5	(n=16) 3	(n=30) 4	(n=9^) 6	(n=13) 3	(n=9^) 3	(n=7^) 2	(n=15) 6
Specialist doctor (n)	(N=102) 3	(n=20) 4	(n=5^) 3	(n=18) 2.5	(n=^7) 2	(n=4^) 3	(n=16) 2	(n=17) 4	(n=15) 3
Psychologist (n)	(N=136) 4	(n=20) 4.5	(n=15) 4	(n=36) 5.5	(n=11) 8	(n=11) 3	(n=16) 9	(n=7^) 2	(n=20) 3.5
Social or welfare worker (n)	(N=179) 5	(n=47) 4	(n=11) 3	(n=51) 10	(n=8^) 5.5	(n=20) 3.5	(n=15) 3	(n=10) 5.5	(n=17) 12
Dentist (n)	(N=237) 2	(n=35) 2	(n=26) 3	(n=42) 2	(n=24) 1	(n=30) 2	(n=39) 2	(n=17) 2	(n=24) 2
Other health professional (n)	(N=85) 4	(n=15) 4	(n=9^) 4	(n=16) 4	(n=7^) 6	(n=6^) 8	(n=13) 4	(n=11) 5	(n=8^) 3.5
Attended by an ambulance (n)	(N=200) 1	(n=47) 1	(n=21) 2	(n=36) 1	(n=15) 1	(n=20) 1	(n=15) 1	(n=21) 1	(n=25) 1
Admitted to hospital (n)	(N=213) 2	(n=44) 1	(n=21) 2	(n=37) 2	(n=20) 2	(n=24) 1	(n=22) 2	(n=17) 1	(n=28) 1.5
Outpatient clinic (n)	(N=155) 2	(n=26) 1.5	(n=15) 2	(n=22) 2.5	(n=14) 3	(n=14) 2	(n=25) 1	(n=25) 1	(n=14) 3

Source: IDRS PWID interviews

^ Small numbers commenting; interpret with caution

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APPENDICES

Appendix A: Demographic characteristics and lifetime use, 2000-2014

Table A1: Demographic characteristics of the national sample, 2000-2014

	2000 N=910	2001 N=951	2002 N=929	2003 N=970	2004 N=948	2005 N=943	2006 N=914	2007 N=909	2008 N=909	2009 N=881	2010 N=902	2011 N=868	2012 N=924	2013 N=887	2014 N=898
Mean age in years (range)	28.8 (14-64)	30.1 (14-58)	30.1 (15-57)	32.9 (16-62)	33.1 (16-56)	34.1 (16-63)	34.5 (16-63)	35.8 (16-60)	36.7 (17-62)	36.7 (18-63)	37.6 (18-64)	38.38 (17-65)	39.27 (17-71)	40.28 (18-66)	40.94 (18-67)
% Male	68	67	64	64	66	64	64	66	66	64	65	66	66	64	69
% English speaking background	94	95	96	97	95	97	97	95	94	96	98	96	97	96	96
% Aboriginal and/or Torres Strait Islanders	11	14	14	14	10 [^]	12	13	15	11	11	14	14	16	17	16
% Sexual identity															
Heterosexual	n.a.	n.a.	n.a.	n.a.	n.a.	86	86	87	89	88	88	87	90	89	90
Gay male	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	2	1	3	2	2	1	2	1
Lesbian	n.a.	n.a.	n.a.	n.a.	n.a.	2	1	2	1	2	2	2	1	1	1
Bisexual	n.a.	n.a.	n.a.	n.a.	n.a.	9	9	7	8	7	7	8	7	7	7
Other	n.a.	n.a.	n.a.	n.a.	n.a.	1	2	2	1	1	1	1	1	2	1
% Relationship status (%)															
Married/de facto	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	25	19	19	21	17	18	17
Partner	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	18	22	22	20	19	22	18
Single	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	49	51	54	54	58	53	56
Separated	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4	4	2	2	3	3	4
Divorced	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	1	2	3	3	4
Widow/er	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1	1	1	1	1	1	1
Other	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1	1	<1	<1	0	1	0
Mean years school education (range)	10.4 (0-16)	10.3 (0-14)	10.3 (0-13)	10.1 (1-13)	10.1 (2-13)	9.9 (0-12)	9.9 (3-12)	10.0 (0-12)	10.1 (0-12)	10.1 (3-13)	10.0 (3-12)	10 (4-12)	10 (0-12)	10 (0-12)	10 (2-12)
% Completed trade/technical qualification	31	37	37	49	37	36	39	36	40	43	37	40	43	40	46
% Completed university/college	12	9	10	10	10	11	9	11	12	9	9	12	10	9	9
% Accommodation															
Own home (<i>inc. renting</i>)	n.a.	56	63	67	62	69	69	65	67	70	61	65	69	68	72
Parents'/family home	n.a.	15	14	11	11	11	9	10	10	8	8	9	8	8	8
Boarding house/hostel	n.a.	8	8	10	14	11	11	11	11	10	9	11	12	9	7
Shelter/refuge	n.a.	-	-	-	-	-	-	-	-	2	2	1	2	1	1
No fixed address	n.a.	9	7	6	8	6	6	11	9	8	10	10	8	12	11
Other	n.a.	12	8	6	5	3	5	4	3	2	10	4	2	4	1
% Unemployed/on a pension	68	73	73	76	77	73	77	79	77	78	81	79	84	89	83
% F/T student	5	4	3	2	2	3	2	<1	1	1	1	1	1	<1	1
% Prison history	43	44	45	43	46	50	51	51	52	53	52	55	54	56	55
% Currently in drug treatment	34	36	37	40	46	48	44	43	47	45	47	49	44	47	47

Source: IDRS participant interviews (see also McKetin, Darke, Humeniuk et al., 2000; Topp, Darke, Bruno et al., 2001; Topp, Kaye, Bruno et al., 2002; Breen, Degenhardt, Roxburgh et al., 2003; Breen, Degenhardt, Roxburgh et al., 2004; Stafford, Degenhardt, Black et al., 2005; Stafford, Degenhardt, Black et al., 2006; O'Brien, Black, Roxburgh et al., 2007; Black, Roxburgh, Degenhardt et al., 2008; Stafford, Sindich, Burns et al., 2009; Stafford and Burns, 2010; Stafford and Burns, 2011; Stafford and Burns, 2012; Stafford and Burns, 2013; Stafford and Burns, 2014)

[^] Information not obtained in NSW for 2004

n.a. Data not available

Table A2: Drug use history of the national sample, 2014

	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	88	87	59	72	33	4	12	1	9	1	60		72
Homebake heroin	39	37	7	10	1	<1	<1	0	1	<1	7		8
Any heroin (inc. homebake)	89	87	60	72	33	4	12	1	10	1	60		72
Methadone (licit/prescribed)	57	25	8	48					55	32	33	180	180
Methadone (illicit/not prescribed)	46	31	13	6					27	7	18		6
Physeptone (licit/prescribed)	11	6	1	48	0	0	0	0	8	2	2	33	28
Physeptone (illicit/not prescribed)	29	23	9	4	<1	0	<1	0	9	1	9		4
Any methadone (inc. Physeptone)	75	48	21	14	<1	0	<1	0	63	36	46		180
Buprenorphine (licit/prescribed)	33	15	2	96	2	<1	<1	0	30	4	4	180	179
Buprenorphine (illicit/not prescribed)	37	28	10	12	4	1	1	0	15	5	14		10
Any buprenorphine	54	33	12	12	6	1	1	0	38	8	18		16
Bup-naloxone TABLET (licit/prescribed)	22	7	0	0	<1	0	0	0	21	2	2	30	27
Bup-naloxone TABLET (illicit/not prescribed)	22	15	4	12	2	<1	<1	0	10	2	6		7
Any bup-naloxone TABLET	35	18	4	12	2	<1	<1	0	26	3	7		12
Bup-naloxone FILM (licit/prescribed)	21	5	2	88	<1	0	0	0	21	12	12	91	93
Bup-naloxone FILM (illicit/not prescribed)	23	13	7	17.5	1	<1	0	0	13	7	13		10
Any bup-naloxone FILM	37	15	8	38	1	<1	0	0	28	17	22		48
Morphine (licit/prescribed)	26	20	5	126	<1	<1	<1	<1	13	3	7	25	175
Morphine (illicit/not prescribed)	68	65	34	30	1	<1	<1	0	14	5	35		26
Any morphine	74	69	35	40	1	<1	<1	<1	23	7	37		36
Oxycodone (licit/prescribed)	20	12	3	48	<1	<1	<1	<1	15	5	7	60	36
Oxycodone (illicit/not prescribed)	63	57	27	10	1	<1	<1	<1	17	6	29		10
Any oxycodone	68	59	28	10	1	<1	<1	<1	26	11	33		11
Fentanyl	19	15	8	3	<1	0	<1	<1	1	<1	9		3
Over the counter codeine	37	2	1	3	<1	0	0	0	36	18	19		12
Other opioids (not elsewhere classified)	47	4	1	5	1	<1	<1	<1	44	21	22		8

Source: IDRS participant interviews

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

^a Among those who had used/injected (as applicable)

^b Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone)

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

^d Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week

Table A2: Drug use history of the national sample, 2014 (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	84	80	29	6	16	4	32	1	24	2	30		6
Base/point/wax	40	39	12	6	3	1	2	<1	4	<1	12		6.5
Ice/shabu/crystal	81	77	58	20	36	19	4	2	6	2	61		6
Methamphetamine liquid	26	24	2	6					3	<1	2		20
Any methamphetamine ^e	93	90	67	24	41	21	34	3	28	4	70		24
Pharmaceutical stimulants (licit/prescribed)	10	3	1	96	<1	<1	1	<1	9	1	2	180	100
Pharmaceutical stimulants (illicit/not prescribed)	36	21	9	5.5	<1	<1	1	<1	21	6	13		4
Any pharmaceutical stimulants	41	23	10	6	<1	<1	2	<1	26	7	14		6
Cocaine	63	43	9	3	6	1	37	5	5	1	12		2
Hallucinogens	61	7	1	2	2	1	1	<1	59	6	6		2
Ecstasy	60	21	3	2	1	<1	5	1	54	8	10		2
Alprazolam (licit/prescribed)	24	4	1	18	0	0	<1	0	23	7	7		74
Alprazolam (illicit/not prescribed)	56	9	3	4	<1	0	<1	<1	53	26	27		6
Other benzodiazepines (licit/prescribed)	58	4	<1	4	<1	<1	<1	0	57	37	37		166
Other benzodiazepines (illicit/not prescribed)	53	4	<1	2	0	0	0	0	51	34	35		10
Any benzodiazepines	82	15	4	3	<1	<1	1	<1	81	62	63		60
Seroquel (Licit/prescribed)	22	<1	<1	11	<1	<1	0	0	22	9	9		180
Seroquel (illicit/not prescribed)	32	<1	<1	2	<1	<1	<1	0	32	12	12		5
Any Seroquel	48	1	<1	11	<1	<1	<1	0	47	19	20		17
Alcohol	94	4	<1	4					90	57	57		24
Cannabis	95				94	72			34	5	73		96
Inhalants	20										3		6
Steroids	6	5	1	1.5	0	0	<1	<1	2	1	1		40
New Psychoactive Substances	10	6	3	2	1	<1	2	1	3	1	4		2
Synthetic cannabis	18	<1	<1	25	18	7	0	0	1	<1	8		2
Tobacco	97										92		180
E-cigarette	25										17		3

Source: IDRS participant interviews

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

^a Among those who had used/injected (as applicable).

^b Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone)

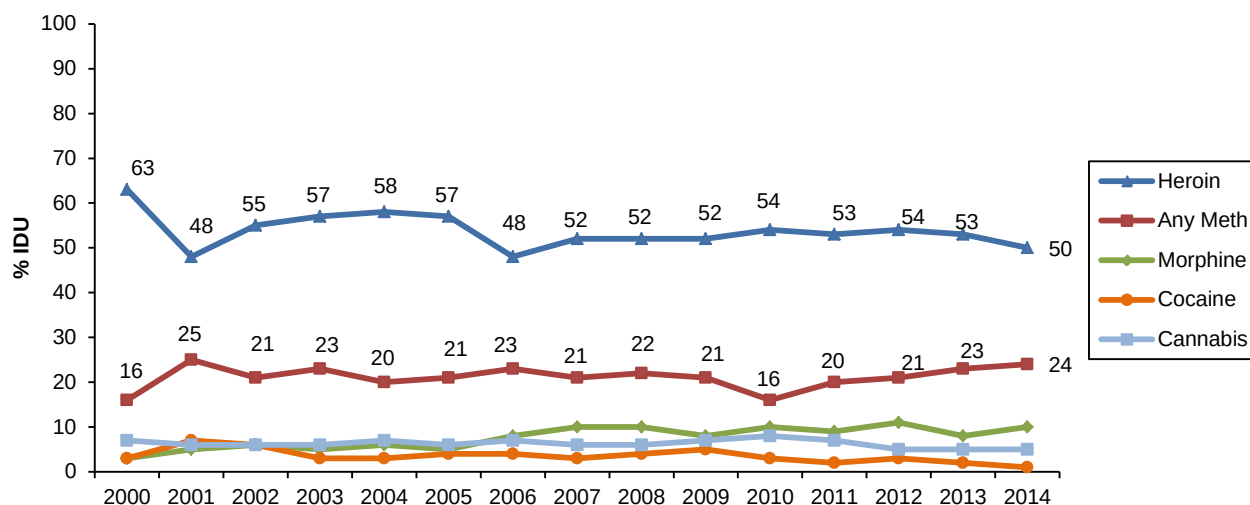
^c Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

^d Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week

^e Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Prior to 2006, the 'methamphetamine' category also included pharmaceutical stimulants in this table. Pharmaceutical stimulants have comprised their own category since 2006

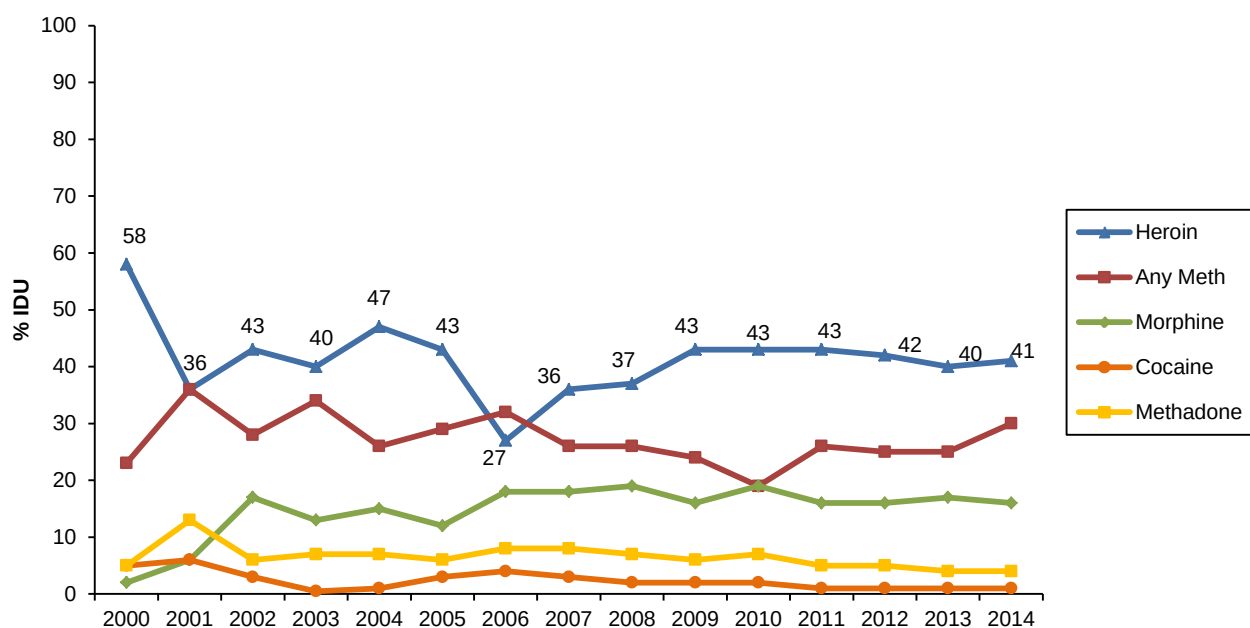
Appendix B: National drug use history, 2000-2014

Figure B1: Drug of choice, nationally, 2000-2014



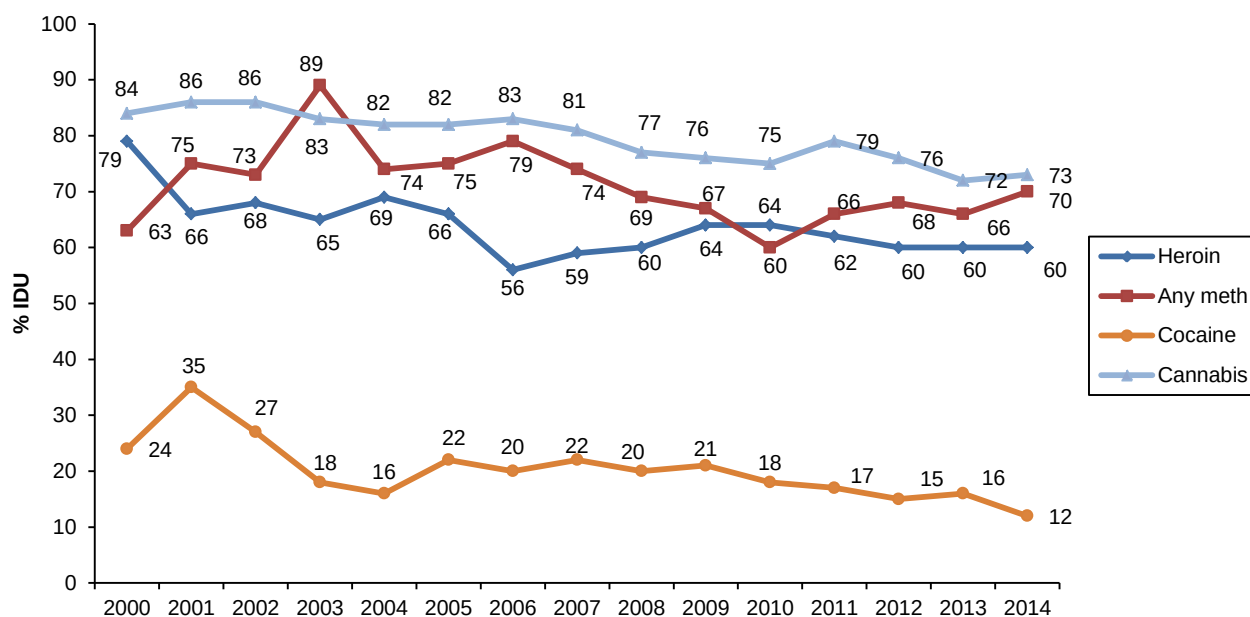
Source: IDRS participant interviews

Figure B2: Drug injected most often in the last month, nationally, 2000-2014



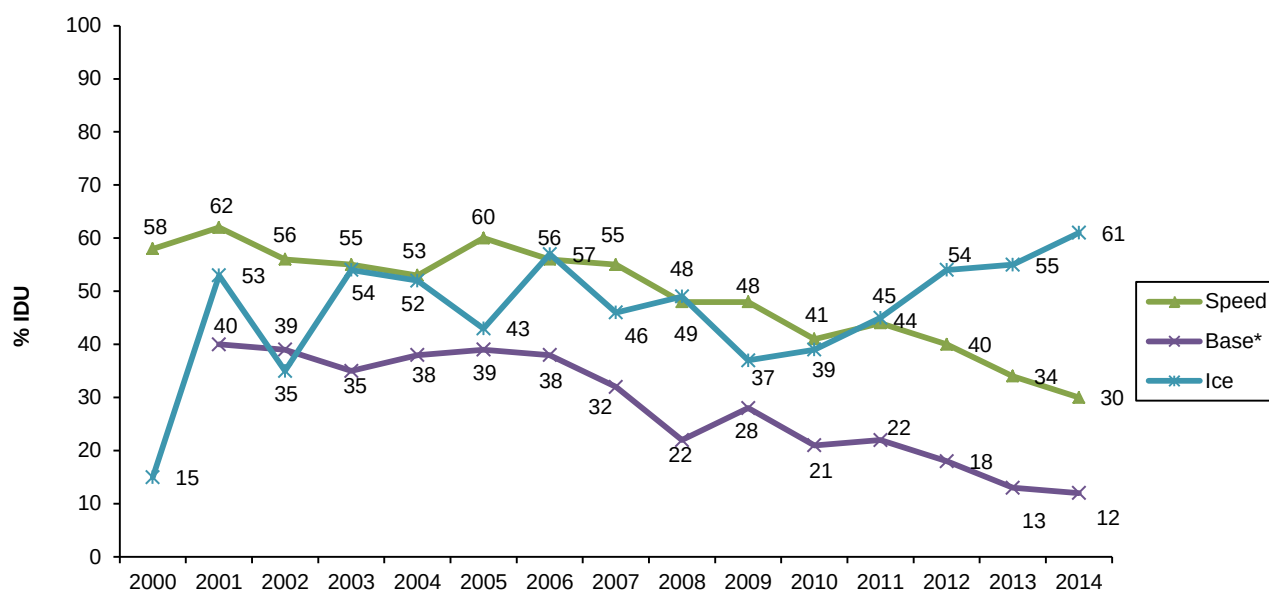
Source: IDRS participant interviews

Figure B3: Recent use of heroin, any methamphetamine, cocaine and cannabis, nationally, 2000-2014



Source: IDRS participant interviews

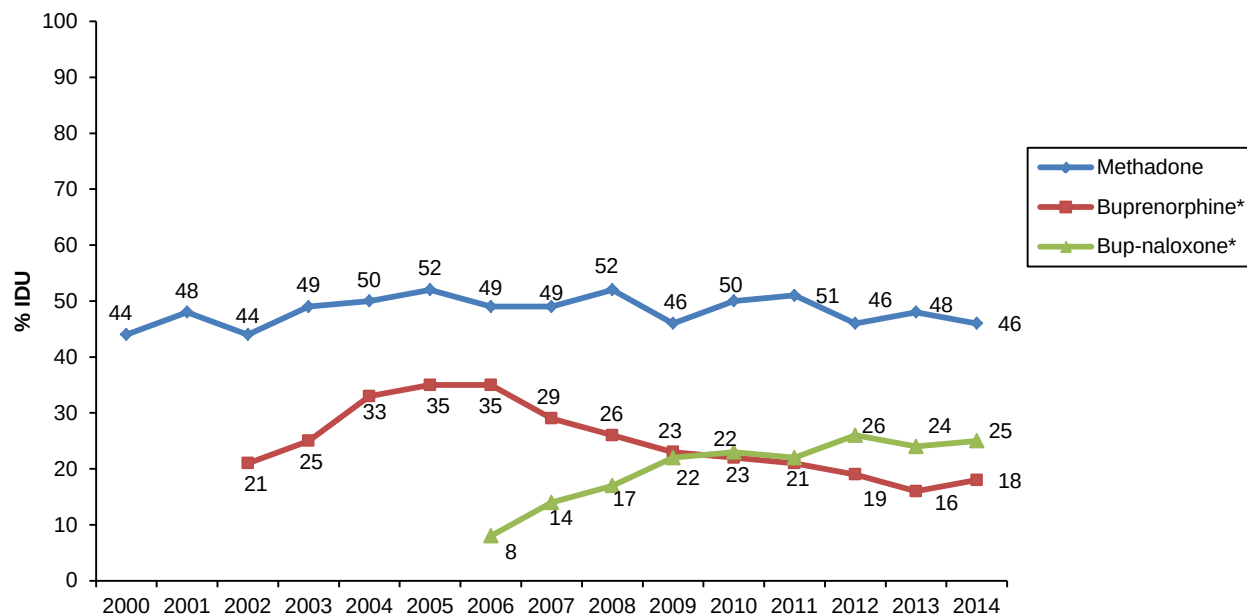
Figure B4: Recent use of speed, base and crystal/ice, nationally, 2000-2014



Source: IDRS participant interviews

* Base asked separately from 2001 onwards

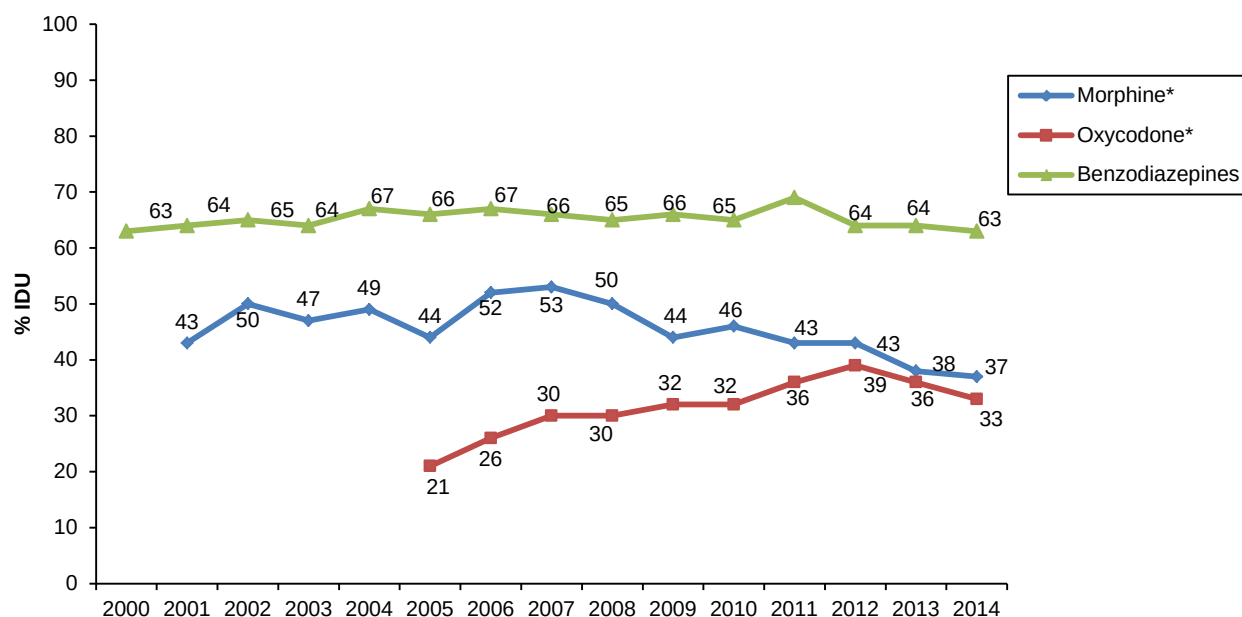
Figure B5: Recent use of methadone, buprenorphine and buprenorphine-naloxone, nationally, 2000-2014



Source: IDRS participant interviews

* Data collection started in 2002 for buprenorphine and 2006 for buprenorphine-naloxone

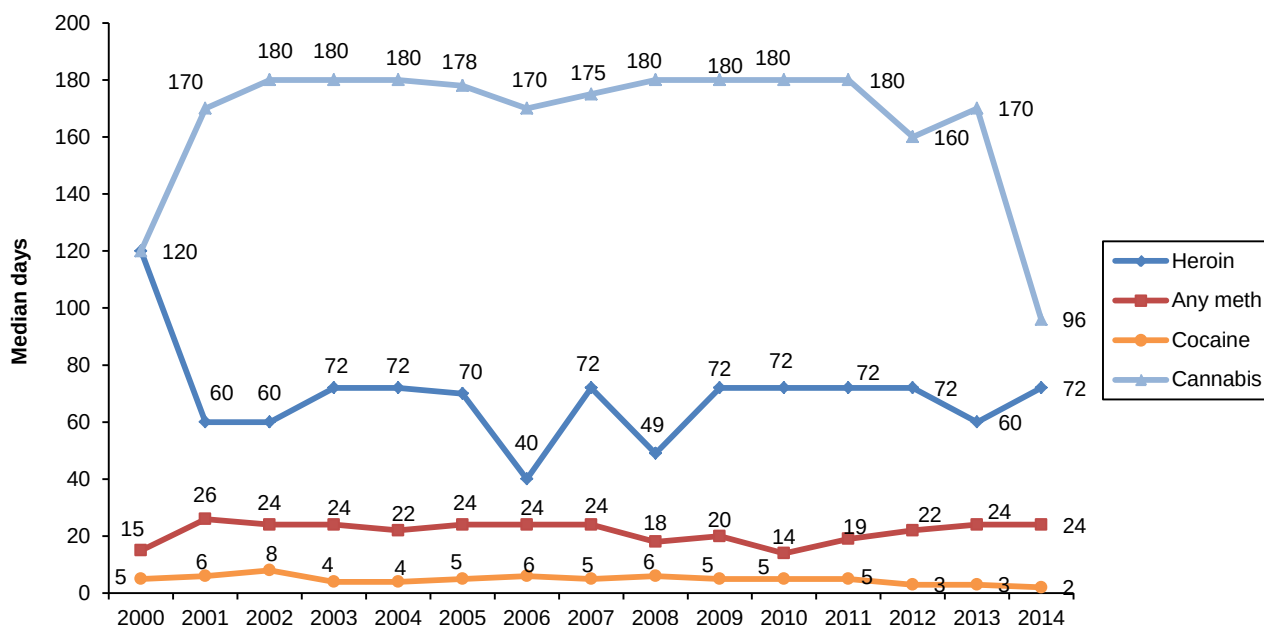
Figure B6: Recent use of morphine, oxycodone and benzodiazepines, nationally, 2000-2014



Source: IDRS participant interviews

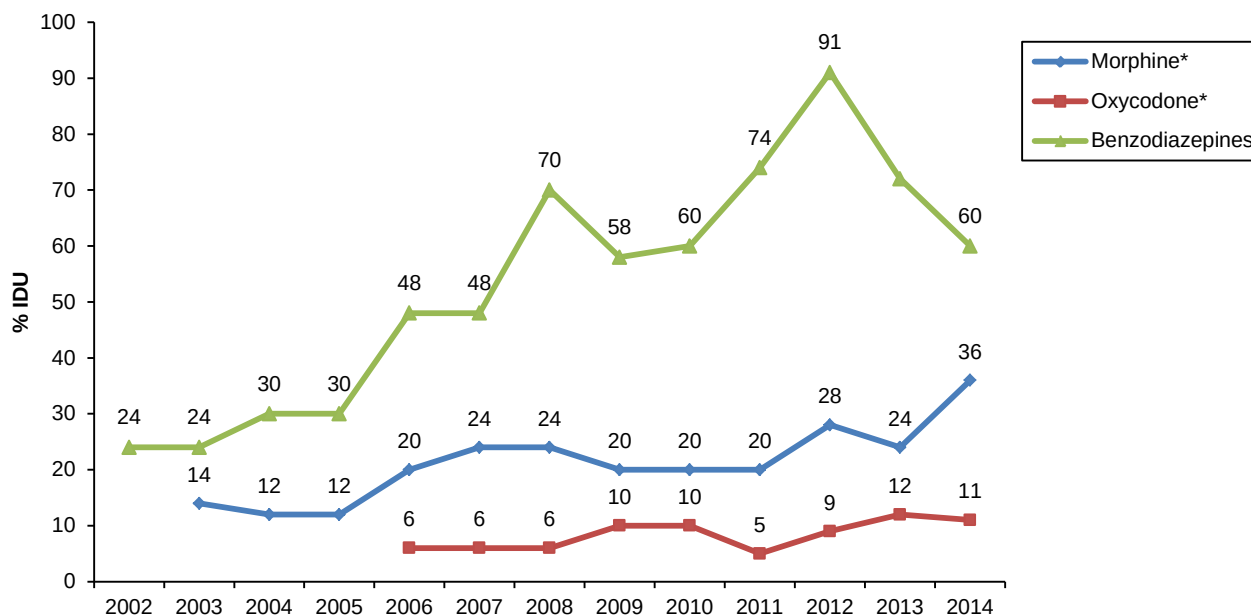
* Data collection started in 2001 for morphine and 2005 for oxycodone

Figure B7: Median days of heroin, methamphetamine (any form), cocaine and cannabis use among participants who had recently used, nationally, 2000-2014



Source: IDRS participant interviews

Figure B8: Median days of morphine, oxycodone and benzodiazepines use among participants who had recently used, nationally, 2002-2014



Source: IDRS participant interviews

* Data available from 2003 for morphine and 2006 for oxycodone

Appendix C: Jurisdictional drug use history, 2000-2014

Table C1: Heroin use patterns, by jurisdiction, 2000-2014

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Used last six months									
2000	79	95	92	97	38	73	80	56	86
2001	66	96	83	90	24	65	55	36	62
2002	68	96	89	94	21	48	64	22	81
2003	65	97	88	90	26	55	63	16	64
2004	69	95	91	86	19	60	69	34	79
2005	66	88	86	89	19	61	69	24	64
2006	56	81	71	76	9	60	53	12	63
2007	59	88	72	85	5	67	57	7	65
2008	60	83	86	85	5	51	59	14	74
2009	64	94	78	79	12	72	71	13	75
2010	64	92	78	85	8	64	69	5	81
2011	62	87	79	81	19	57	79	9	65
2012	60	89	74	84	9	52	80	11	65
2013	60	83	75	83	10	41	75	17	72
2014	60	85	75	83	13	43	79	7	66
Median days used*									
2000	120	180	160	176	5	60	90	28	100
2001	60	158	50	65	3.5	30	30	6	70
2002	60	180	48	60	6	24	24	2	80
2003	72	170	93	76	4.5	72	20	5	49
2004	72	120	72	90	4	48	48	5	26
2005	70	96	60	81	6	28	60	4	52
2006	40	72	24	56	6^	19	20	13	52
2007	72	96	48	90	4^	48	72	30^	28
2008	49	72	60	81	2	48	48	6	48
2009	72	96	48	51	6	30	96	17	72
2010	72	96	60	74	3	24	55	4^	90
2011	72	90	66	63	4	72	68	21^	66
2012	72	96	72	72	6^	48	90	4.5	72
2013	60	90	50	72	3	72	54	3	30
2014	72	120	60	48	3	108	72	11^	48
% Daily users among recent users*									
2000	29	49	47	47	0	14	22	10	27
2001	13	41	15	13	0	10	2	3	10
2002	18	53	18	24	0	5	5	0	17
2003	19	47	32	20	1	17	9	0	13
2004	25	38	24	25	0	13	16	1	16
2005	24	42	23	22	0	11	23	12	22
2006	17	31	7	21	0	2	11	0	16
2007	23	27	6	31	0	18	29	14	24
2008	18	24	18	25	0	16	15	7	5
2009	23	36	17	16	0	10	36	8	25
2010	27	36	17	33	0	10	23	0	33
2011	24	32	26	21	0	25	16	22	21
2012	28	39	26	25	0	29	26	14	19
2013	22	26	23	30	0	20	15	7	18
2014	25	41	20	18	8	33	25	17	11

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, 2000-2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	58	32	63	49	77	51	81	70	58
2001	62	42	63	74	45	47	87	63	80
2002	56	39	51	70	35	56	77	67	55
2003	55	31	48	70	51	53	71	60	58
2004	53	35	41	65	60	44	61	60	61
2005	60	38	59	75	76	39	61	69	65
2006	56	49	58	71	54	39	66	57	54
2007	55	35	55	65	63	42	61	58	62
2008	48	38	37	64	61	34	61	50	35
2009	48	33	46	65	56	33	54	50	46
2010	41	29	48	53	56	29	51	25	41
2011	44	30	46	49	67	36	43	43	40
2012	40	17	42	39	70	34	45	46	30
2013	34	14	29	23	61	40	48	31	37
2014	30	17	36	25	50	34	39	16	31

Source: IDRS participant interviews

Table C3: Recent use of base methamphetamine, by jurisdiction, 2001-2014*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	40	23	36	32	52	59	56	18	75
2002	39	23	30	20	74	65	56	21	42
2003	35	32	13	18	46	51	40	30	50
2004	38	31	25	11	72	46	45	26	60
2005	39	38	28	13	79	61	54	16	40
2006	38	43	32	15	55	52	37	25	53
2007	32	41	32	8	48	42	22	20	48
2008	22	33	18	5	25	37	13	10	34
2009	28	36	21	13	55	31	12	16	41
2010	21	29	18	3	40	43	8	6	30
2011	22	17	17	11	39	35	6	12	37
2012	18	15	15	11	43	32	6	7	21
2013	13	12	6	3	17	31	11	7	22
2014	12	12	4	3	19	30	8	4	22

Source: IDRS participant interviews

* Base asked separately from 2001 onwards.

Table C4: Recent use of ice/crystal methamphetamine, by jurisdiction, 2000-2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	15	14	17	9	6	11	51	6	13
2001	53	29	72	52	56	58	85	24	75
2002	35	25	34	26	20	56	74	20	39
2003	54	38	65	50	69	48	80	34	60
2004	52	45	73	41	52	48	83	32	51
2005	43	38	62	29	50	46	68	21	36
2006	57	57	88	53	56	49	76	29	55
2007	46	50	80	43	38	41	56	29	39
2008	49	69	68	39	32	49	61	28	40
2009	37	46	57	32	26	30	43	15	46
2010	39	48	48	36	20	60	40	18	37
2011	45	53	57	53	26	44	46	28	50
2012	54	68	66	59	43	56	64	26	44
2013	55	74	61	55	45	57	59	30	50
2014	61	74	72	75	54	60	53	26	58

Source: IDRS participant interviews

Table C5: Recent use of cocaine, by jurisdiction, 2000-2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	24	63	15	13	6	20	22	18	13
2001	35	84	40	28	8	27	32	13	28
2002	27	79	18	17	12	26	17	10	15
2003	18	53	13	13	9	13	10	5	16
2004	16	47	10	10	4	6	15	10	10
2005	22	60	20	15	8	16	19	10	11
2006	20	67	8	19	12	8	10	8	9
2007	22	63	18	22	5	7	16	9	15
2008	20	58	18	24	4	4	15	3	13
2009	21	61	22	15	2	10	12	12	15
2010	18	57	6	14	5	12	15	4	13
2011	17	47	8	17	7	12	10	1	13
2012	15	44	16	9	11	7	15	4	4
2013	16	41	16	11	5	9	15	7	11
2014	12	32	15	10	8	7	7	2	9

Source: IDRS participant interviews

Table C6: Recent use of cannabis (any form), by jurisdiction, 2000-2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	84	72	84	85	90	88	90	84	84
2001	86	83	85	88	94	85	91	81	82
2002	86	80	89	87	91	85	98	83	82
2003	83	79	86	88	88	80	81	83	76
2004	82	80	85	81	87	83	84	75	75
2005	82	80	89	86	87	80	76	79	76
2006	83	80	90	83	88	77	80	84	85
2007	81	79	83	83	87	81	69	83	84
2008	77	80	80	74	86	75	64	78	82
2009	76	79	81	79	89	61	72	79	69
2010	75	72	81	81	79	66	70	72	77
2011	79	81	87	85	78	69	71	71	79
2012	76	72	81	85	81	61	79	71	70
2013	72	80	75	80	71	61	61	67	67
2014	73	77	74	75	82	75	69	62	70

Source: IDRS participant interviews

Table C7: Recent use of methadone (any form), by jurisdiction, 2000-2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	45	54	51	41	80	39	28	31	35
2001	48	52	61	44	83	43	29	36	38
2002	44	43	64	27	80	36	29	37	51
2003	49	53	62	31	85	48	34	51	37
2004	50	69	51	29	84	38	44	42	42
2005	52	64	66	34	71	47	40	50	43
2006	49	61	61	37	75	47	45	34	32
2007	49	54	57	47	75	40	50	44	28
2008	52	57	62	52	84	36	32	52	39
2009	46	59	59	47	78	32	25	35	22
2010	50	70	57	51	69	37	38	35	27
2011	51	69	56	52	65	39	51	34	33
2012	46	62	56	55	58	27	45	29	27
2013	48	68	55	47	60	36	53	19	33
2014	46	57	65	59	54	22	43	24	35

Source: IDRS participant interviews

Table C8: Recent use of buprenorphine (any form), by jurisdiction, 2002-2014*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2002	21	13	10	53	7	10	28	14	16
2003	25	26	10	53	7	23	28	20	19
2004	33	24	28	59	8	35	38	25	36
2005	35	29	33	63	11	36	49	27	27
2006	35	33	44	50	9	32	41	26	47
2007	29	34	40	40	14	27	23	10	36
2008	26	21	37	30	13	28	20	23	33
2009	23	25	30	33	19	15	17	8	38
2010	22	18	35	28	9	23	22	12	30
2011	21	23	28	25	7	11	16	13	38
2012	19	20	28	22	13	11	16	12	29
2013	16	15	19	12	18	8	14	21	25
2014	18	24	17	14	15	6	22	17	27

Source: IDRS participant interviews

* Data collected from 2002 onwards

Table C9: Recent use of buprenorphine-naloxone (tablet form), by jurisdiction, 2006-2014*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2006	8	1	1	16	0	8	17	1	18
2007	14	1	12	25	1	14	19	7	30
2008	17	6	16	35	8	7	21	10	25
2009	22	12	19	29	11	21	37	14	35
2010	23	8	19	39	9	20	34	21	33
2011	22	18	20	43	8	11	29	19	22
2012	18	13	10	31	16	15	22	12	25
2013	11	7	10	19	7	2	15	13	16
2014	7	7	10	5	9	5	5	9	6

Source: IDRS participant interviews

* Data collected from 2006 onwards

Table C10: Recent use of buprenorphine-naloxone (any form), by jurisdiction, 2006-2014*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2006	8	1	1	16	0	8	17	1	18
2007	14	1	12	25	1	14	19	7	30
2008	17	6	16	35	8	7	21	10	25
2009	22	12	19	29	11	21	37	14	35
2010	23	8	19	39	9	20	34	21	33
2011	22	18	20	43	8	11	29	19	22
2012 [#]	26	22	17	37	19	32	35	13	33
2013 [#]	24	18	21	31	18	15	33	22	34
2014[#]	25	23	23	25	21	20	31	31	28

Source: IDRS participant interviews

* Data collected from 2006 onwards.

[#] Includes 'tablet' and 'film' forms

Table C11: Recent use of morphine (any form), by jurisdiction, 2001-2014*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	42	13	39	32	72	43	32	83	35
2002	50	22	37	51	76	46	52	86	39
2003	47	23	50	42	72	43	41	82	42
2004	49	29	40	43	62	42	46	87	50
2005	44	28	37	42	59	37	52	80	32
2006	52	36	57	35	62	51	55	81	53
2007	53	38	56	41	68	44	50	82	59
2008	50	37	40	41	81	35	34	89	54
2009	44	31	43	33	82	24	37	70	42
2010	46	35	43	35	74	25	30	91	42
2011	43	28	34	34	75	23	36	81	41
2012	43	23	36	29	66	28	49	77	39
2013	38	21	29	21	66	27	39	80	40
2014	37	29	17	25	71	22	29	85	34

Source: IDRS participant interviews

* Data collected from 2001 onwards

Table C12: Recent use of oxycodone (any form), by jurisdiction, 2005-2014*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2005	21	16	17	19	31	17	41	11	19
2006	26	20	26	27	30	22	44	11	27
2007	30	28	26	29	42	20	46	12	39
2008	30	31	31	27	54	15	27	31	29
2009	32	28	30	27	56	11	33	41	35
2010	32	36	14	32	61	21	26	33	29
2011	36	38	25	41	47	26	33	32	39
2012	39	50	35	29	59	30	53	22	35
2013	36	43	20	25	62	27	39	28	44
2014	33	44	21	25	49	26	30	24	40

Source: IDRS participant interviews

* Data collection commenced in 2005.

Table C13: Recent use of benzodiazepines (any form), by jurisdiction, 2000-2014

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	63	61	67	74	81	65	72	29	80
2001	64	56	66	78	85	57	51	53	64
2002	65	57	62	73	83	57	77	53	56
2003	64	62	62	80	88	53	67	54	48
2004	67	67	59	82	85	55	72	56	57
2005	66	65	62	73	86	63	73	53	51
2006	67	60	60	71	83	73	75	51	69
2007	66	65	68	67	87	67	71	52	50
2008	65	73	66	69	85	49	56	56	61
2009	66	66	70	80	79	51	64	54	59
2010	65	70	68	74	74	49	61	52	62
2011	69	63	64	85	81	50	64	61	76
2012	64	64	63	82	73	46	82	36	62
2013	64	66	50	70	76	56	82	39	72
2014	63	59	49	77	79	58	70	39	67

Source: IDRS participant interviews

Appendix D: Mapping the IDRS Findings

Table D1: Mapping IDRS findings onto the work of Larance et al.

IDRS distinctions		Interpretation following Larance et al.'s terminology
1	Use of licitly obtained opioids	Includes treatment adherence (use of prescribed opioids as directed) and non-adherence (including stockpiling, injection, etc.)
2	Use of illicitly obtained opioids	Use of diverted opioids
3	Use of any opioids	Includes all of the above behaviours (treatment adherence, non-adherence and use of diverted opioids). Provides an indication of the level of pharmaceutical opioid use, irrespective of method of obtainment or route of administration
4	Injection of licitly obtained opioids	Non-adherence
5	Injection of illicitly obtained opioids	Injection of diverted opioids
6	Injection of any opioids	Includes both of the above behaviours, i.e. does not differentiate between non-adherence and injection of diverted opioids. Provides an indication of the level of opioid injection (which is associated with injection related harms, irrespective of the method of obtainment)

Source: (Larance, Degenhardt, Lintzeris et al., 2011)

Appendix E: Heroin price, perceived purity and availability, 2000-2014

Table E1: Median price of heroin per gram, by jurisdiction, 2000-2014

	Price \$ per gram														
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
NSW	220	320	300	300	300	300	300	300	300	320	345	300	350	350	400
ACT	300	485	350	350	300	300	340^	300	300	320	300	300	300	300	300
VIC	300	450	400	380	300	310	350	350	300	310	325^	250	300	250	250
TAS	300	325	350	350	350^	360^	-	-	-	-	-	400^	-	-	450^
SA	320	350	450	425	320^	400^	400^	390^	250^	400^	360^	400^	400	420^	400
WA	450	750	550	550	500	550^	550	650^	600^	525	600	650^	600	600	600
NT	600	600	500	-	400^	500^	600^	150^	400^	300^	100^	550^	125^	275^	-
QLD	350	450	350	400	380	400	400	400	400	400	400	400^	400	380	400

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

Note: National data not shown

Table E2: Median price of heroin per cap, by jurisdiction, 2000-2014

	Price \$ per cap														
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
NSW	25	50	50	50	50	50	50	50	50	50	50	50	50	50	50
ACT	50	50	50	50	50	50	50	50	50^	50	50^	50	50	50	50
VIC	50	50	50	50	40	45	40	50	47.50	50	50	50	50	50	50
TAS	50	50	82.5^	50	50^	90^	-	50^	50^	-	-	75^	50^	50^	-
SA	50	50	50	50	50	50	50	100	100	100	100	100	100	100	50
WA	50	50	50	50	50	50	50^	50^	100^	50	50^	100^	100^	100^	75^
NT	50	100	85^	50	53	80^	50^	50^	100^	80^	-	80^	110^	100^	-
QLD	50	50	50	50	50	50	50	50	50	50	50	50	50	50^	50^

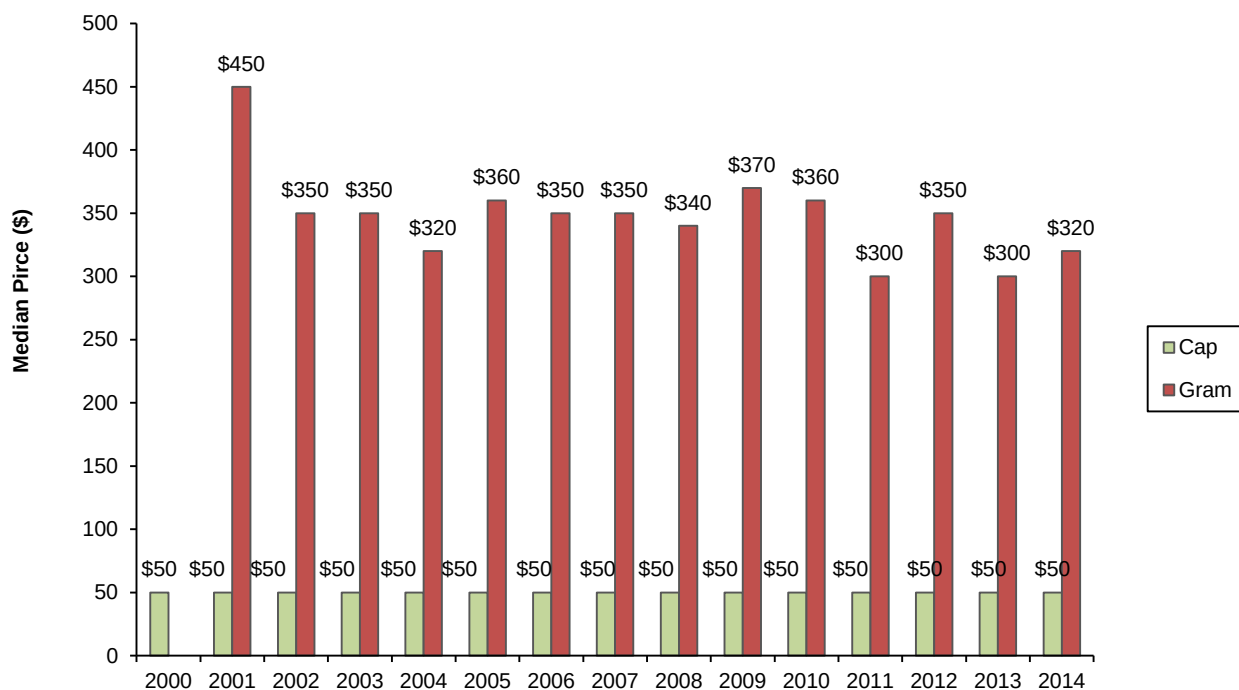
Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

Note: National data not shown

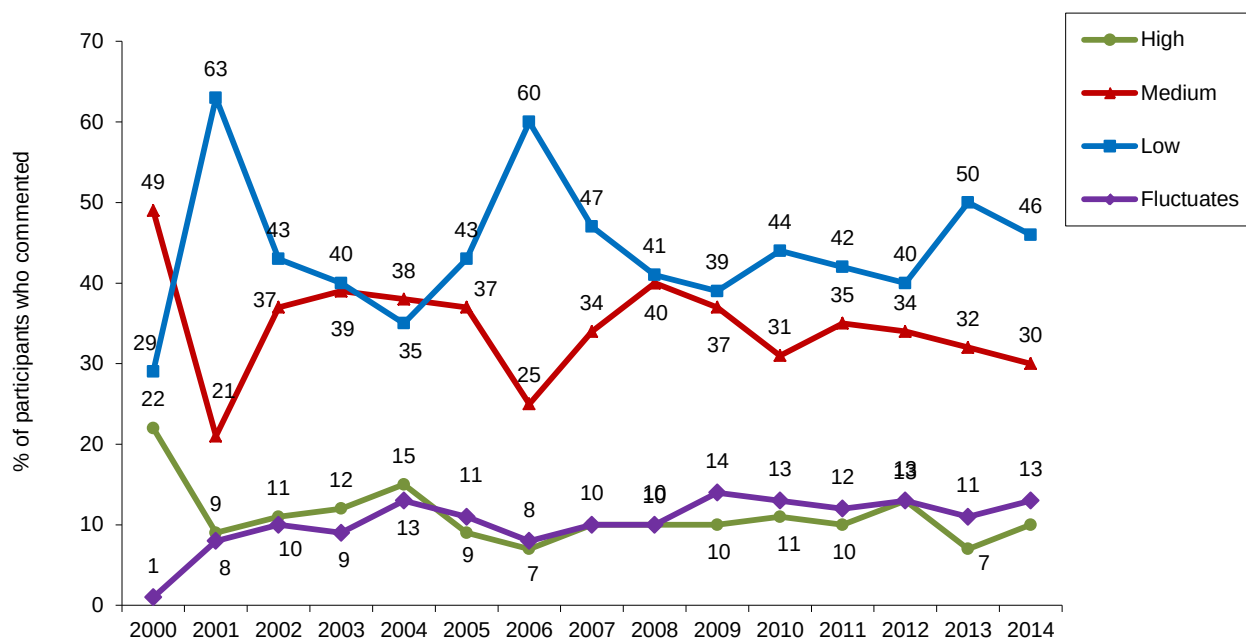
Figure E1: Median price of heroin per cap and gram, nationally, 2000-2014



Source: IDRS participant interviews

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

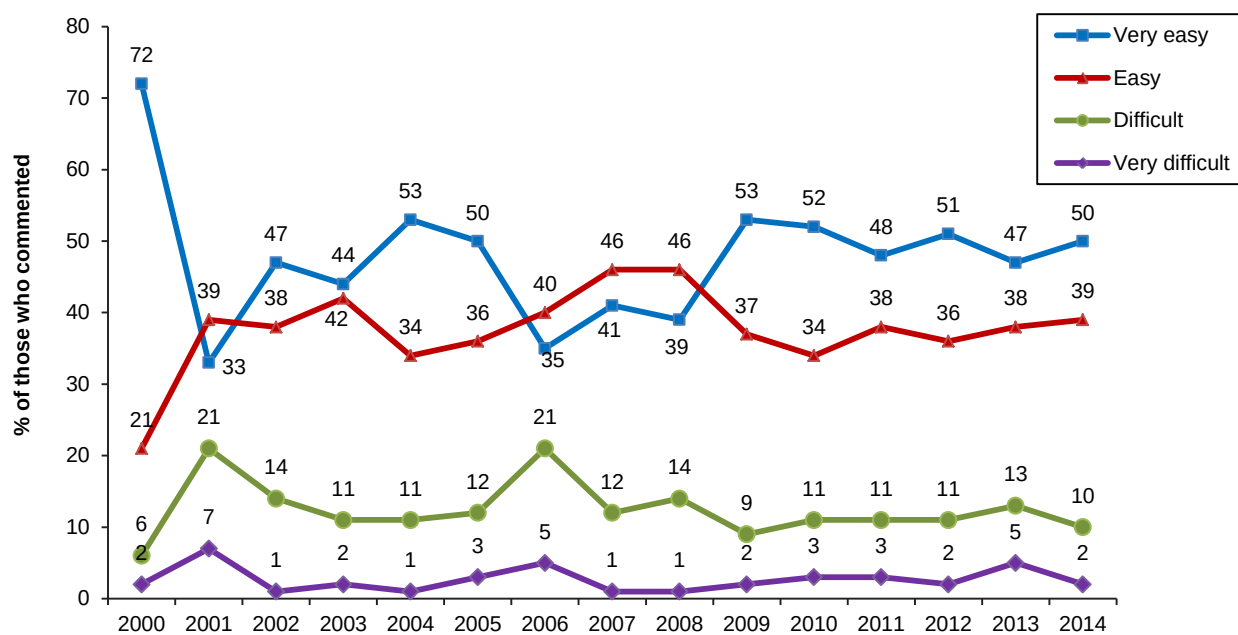
Figure E2: Current purity of heroin, nationally, 2000-2014



Source: IDRS participant interviews

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

Figure E3: Current availability of heroin, nationally, 2000-2014



Source: IDRS participant interviews

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

Appendix F: Methamphetamine price, purity and availability, 2002-2014

Table F1: Median price of speed, by jurisdiction, 2002-2014

	Price \$ per gram													Price \$ per point												
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
NSW	100	50^	100^	90	100	65^	200	120^	175^	190^	675^	300	350^	50	50	50^	50	50	50	50	50	50	50	50	50	50
ACT	300	175^	200^	125	175^	235	200^	250	250	235	250	200^	275	50	50	50	50	50	50	50	50	50	50	50	50	50
VIC	200	200	180	200	200	200	200	200	200^	200	200	160^	175	40	40	40	40	35	50	40	50	50	50	100	50^	50
TAS	75	215^	290^	300	300^	300^	300^	300^	300	300	300	300	300^	50	50	50	50	50	50	50	50	50	50	50	50	50
SA	50	100	50^	200	150^	175^	50^	425^	400^	-	350^	550	600^	20^	25	27.5^	41.5	50	50	50^	50	50	100	100	100	100
WA	250	260	260	300	300	400^	350^	400	400	550^	700^	350^	700^	50	50	50	50	50	50	50	50	50	100	100	100	100
NT	80	100	200	280	250	300	300	350	450^	400	275^	400^	420^	50	50	50	50	60	50	60	50	100^	100	150	100	100^
QLD	200	200	200	200	200	200	200	200	250^	400^	775^	500^	450^	40	50	50	50	50	50	50	50	50	100	100^	100	65^

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, 2002-2014

	Price \$ per gram													Price \$ per point												
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
NSW	200^	200^	200^	160^	200	200^	200^	150^	100^	350^	250^	100^	150^	50	50	50	50	50	50	50	50	50	50^	50	50	50
ACT	250^	210^	220^	280^	250^	100^	-	275^	250^	250^	200^	475^	-	50	50^	50^	50	50	50	40^	50	50^	50^	20^	65^	-
VIC	250^	200^	152^	150^	180^	150^	200^	200^	-	800^	450^	220^	-	35^	40^	35^	45^	50^	-	-	50^	-	90^	-	75^	100^
TAS	350	300^	300^	352	300	300^	300^	300^	300^	300^	300	300^	300^	50	50	50	50	50	50	50	50	50	50	50	50^	50^
SA	200	200	180^	200	200	200^	-	425^	210^	700^	700^	450^	550^	25	30	25	50	50	50	50	50	100	75	100	100	100
WA	275	275	250	300	325^	175^	425^	-	400^	-	-	-	-	50	50	50	50	50	50^	50^	-	50^	-	100^	100^	75^
NT	240^	250^	300	250^	250^	300^	400^	400^	250^	700^	-	700^	700^	50	50	50	50^	60	50^	100^	75^	100^	150^	100^	50^	90^
QLD	200	200	200	200^	200	200	200	200	200^	300^	550^	400^	350^	50	50	50	50^	50	50	50^	50	50^	80	75^	100	100^

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Table F3: Median price of ice/crystal, by jurisdiction, 2002-2014

	Price \$ per gram													Price \$ per point												
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
NSW	300^	250^	280^	350^	325	350^	350	350^	400^	400	400	388	475	50	50	50	50	50	50	50	50	50	50	50	50	50
ACT	335^	300	300^	300^	410	380	450^	450^	275^	600^	575	700	500	50	50	50	50	50	50	50	50	50	92.5	100	100	-
VIC	220^	250	200^	300^	200^	350^	370^	380^	450^	800	500	300^	500	50	50	50	50^	50	50	50	50^	100	100	100	100	100^
TAS	400^	350^	400^	340^	300^	340^	300^	300^	400^	-	350	-	325^	50	50	30	50	50	50	50	50	50^	50	60	100	50^
SA	190	200	190^	300^	215^	220^	350^	600^	260^	575^	500^	650^	600	25	50	30^	30^	50	50	50	50	75	75	100	100	100
WA	350	300	350	400	400	400^	400^	400	500^	600^	750^	700^	675^	50	50	50	50	50	50	50	50	100	100	100	100	75^
NT	300^	300^	300^	250^	800^	400^	1200^	800^	1350^	1000^	700^	800^	1050^	80	50	50	65^	90	100	125^	100^	200^	150	150	140	90^
QLD	235	200	250	200^	275	275	275	320	450^	400^	725^	600^	550^	50	35	50	50^	50	50	50	50	100^	100	100	100	100^

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Figure F1: Median price of speed per point and gram, nationally, 2002-2014



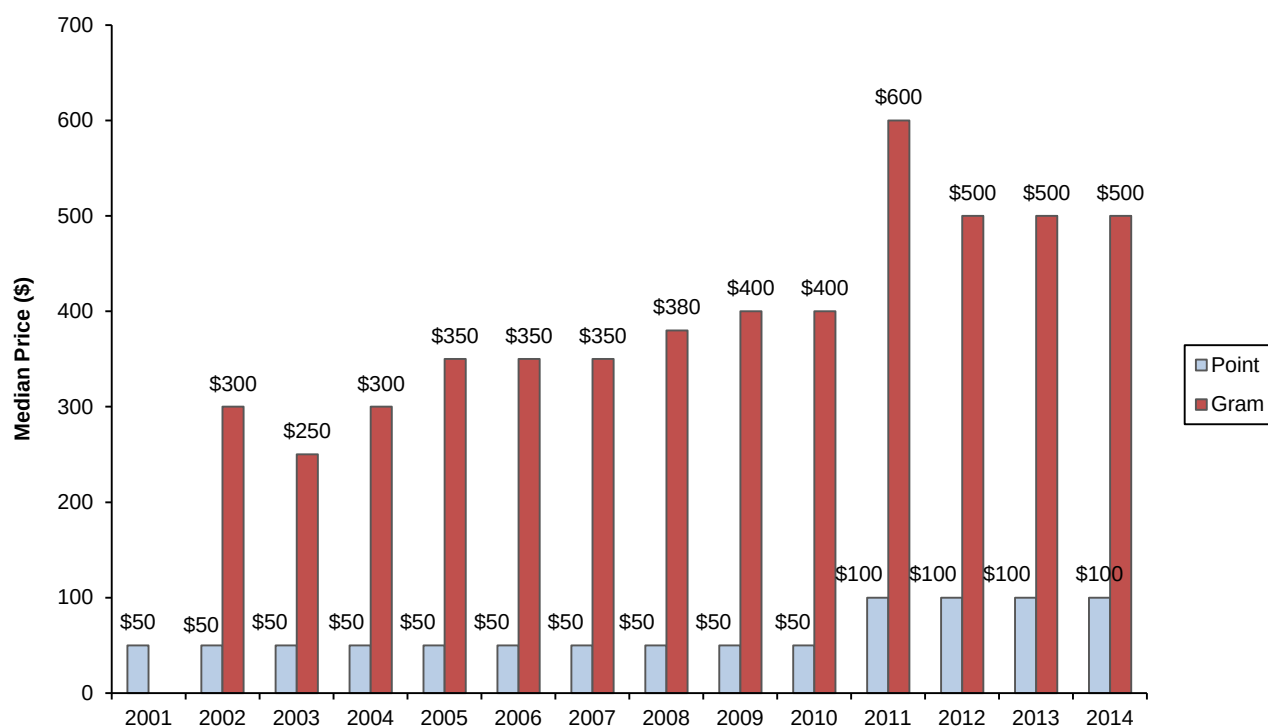
Source: IDRS participant interviews

Figure F2: Median price of base per point and gram, nationally, 2002-2014



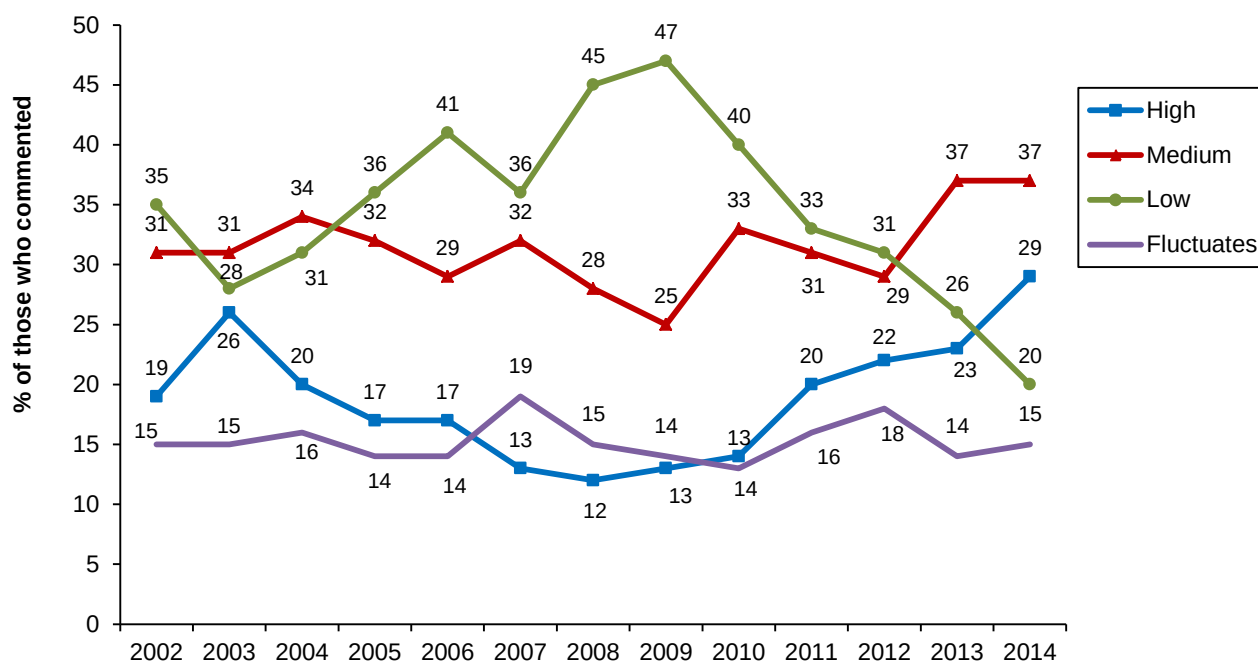
Source: IDRS participant interviews

Figure F3: Median price of ice/crystal per point and gram, nationally, 2001-2014



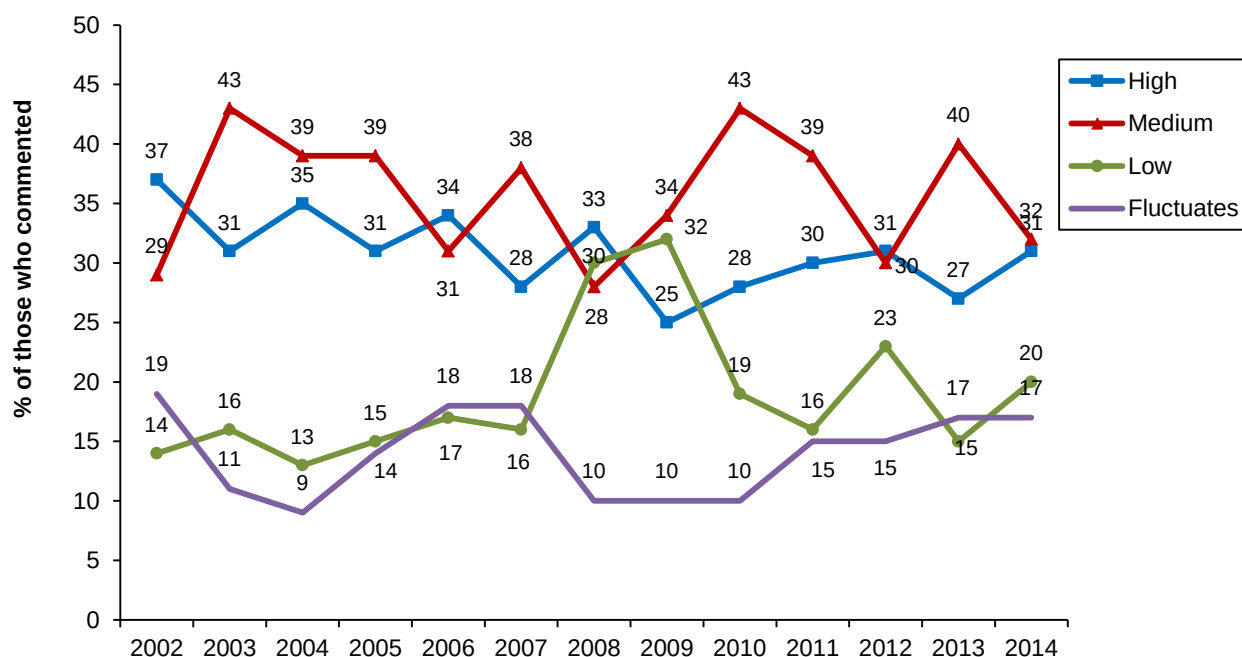
Source: IDRS participant interviews
 Note: No data available for gram in 2001

Figure F4: Current purity of speed, nationally, 2002-2014



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

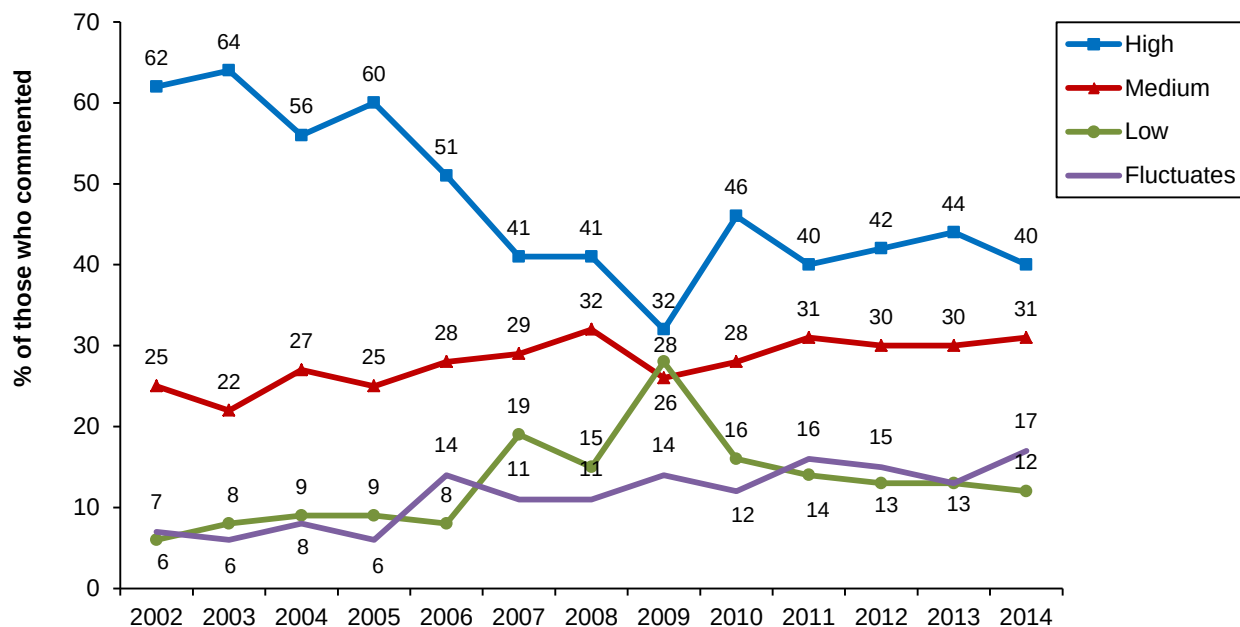
Figure F5: Current purity of base, nationally, 2002-2014



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

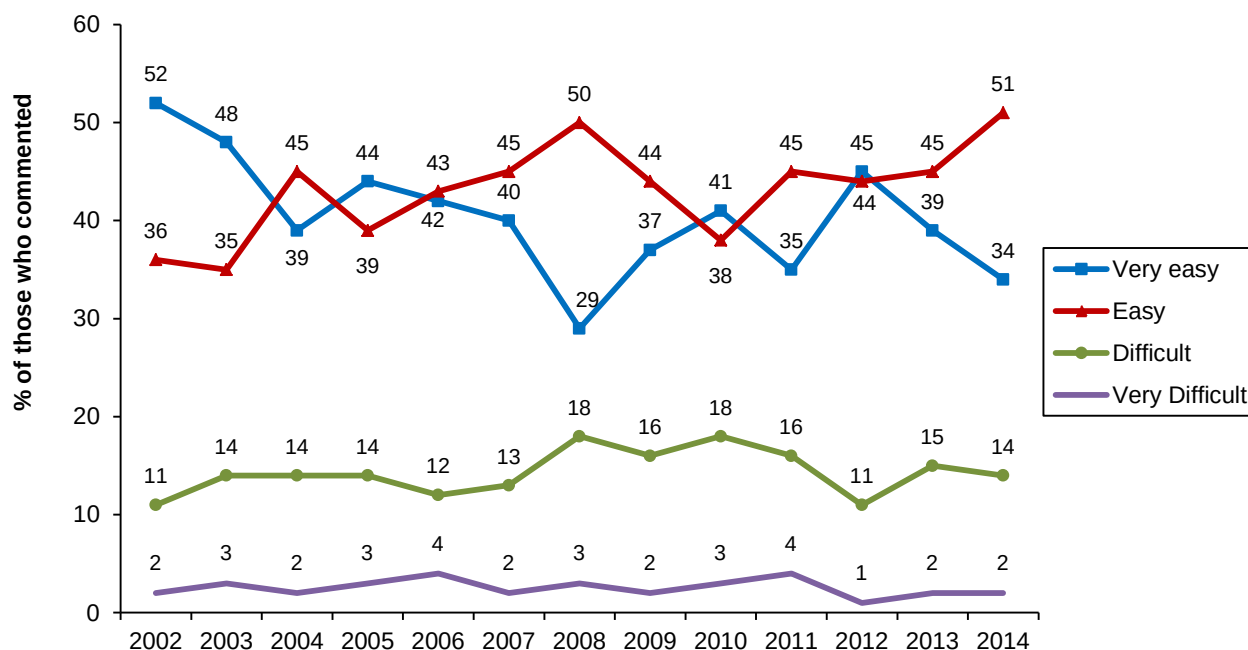
Figure F6: Current purity of ice/crystal, nationally, 2002-2014



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

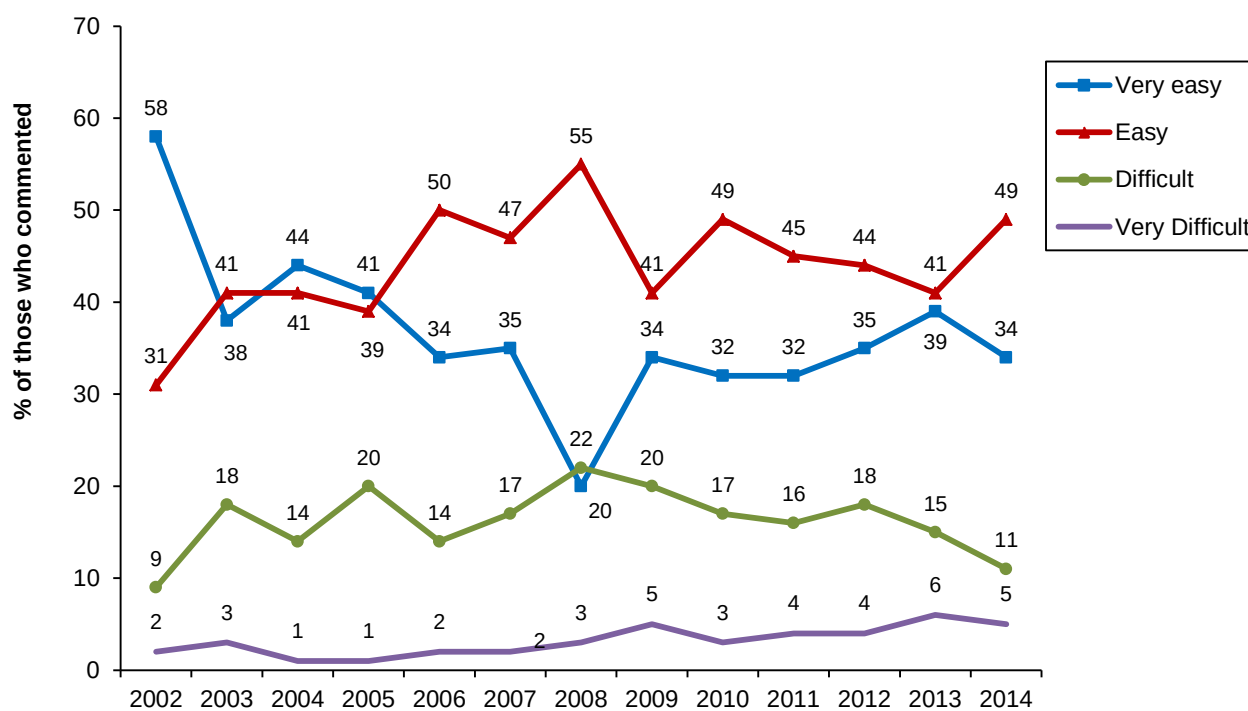
Figure F7: Current availability of speed, nationally, 2002-2014



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

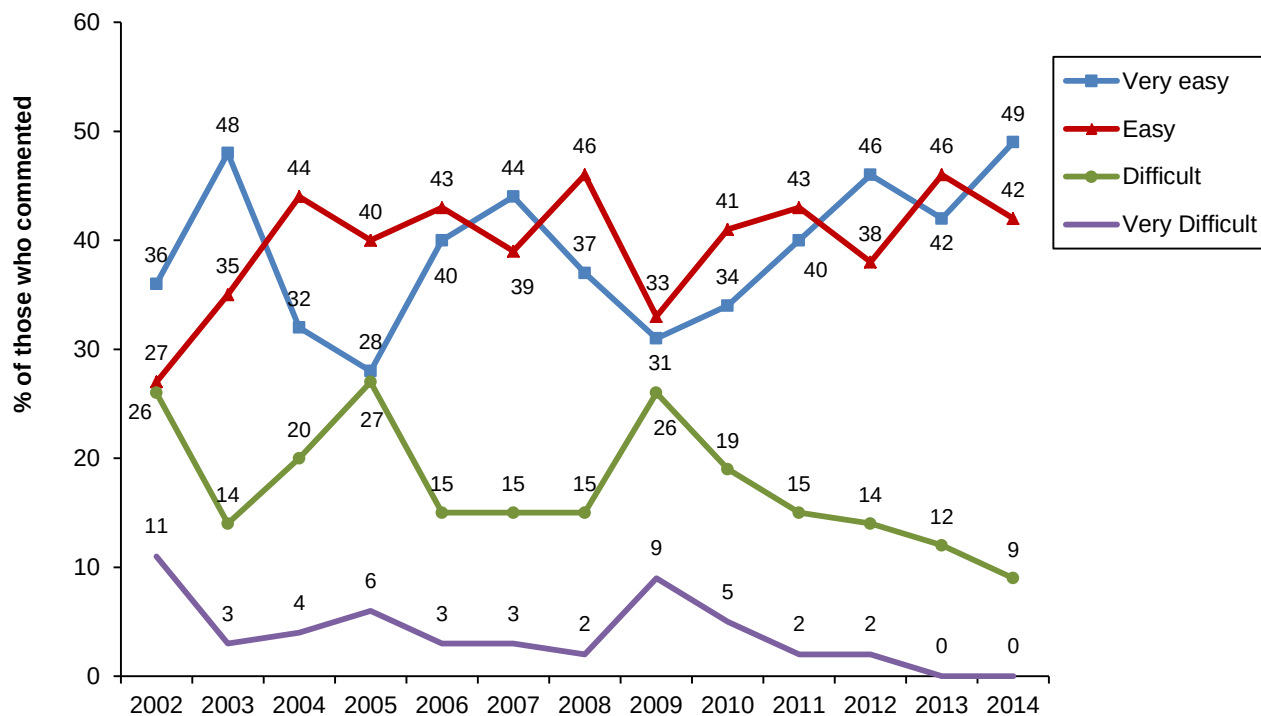
Figure F8: Current availability of base, nationally, 2002-2014



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, 2002-2014



Source: IDRS participant interviews

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

Appendix G: Cocaine price, perceived purity and availability, 2000-2014

Table G1: Median price of cocaine per gram, by jurisdiction, 2000-2014

	Price \$ per gram														
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
NSW	n.a.	n.a.	200	200	290^	280^	300	300	300	350	300	300	375^	300	400
ACT	n.a.	n.a.	250^	200^	350^	250^	-	325^	310^	250^	-	330^	350^	350^	417^
VIC	n.a.	n.a.	200^	250^	200^	350^	400^	375^	-	325^	400^	400^	500^	400^	300^
TAS	n.a.	n.a.	200^	250^	325^	400^	-	-	350^	-	400^	-	400^	-	-
SA	n.a.	n.a.	250^	250^	190^	315^	400^	340^	225^	700^	250^	300^	-	-	-
WA	n.a.	n.a.	350^	250^	-	475^	350^	400^	-	450^	325^	-	-	700^	-
NT	n.a.	n.a.	50	-	250^	250^	250^	200^	-	250^	-	-	-	-	-
QLD	n.a.	n.a.	220^	300^	200^	300^	-	350^	450^	350^	1000^	290^	-	300^	350^

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

n.a. Data not available

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

Table G2: Median price of cocaine per cap, by jurisdiction, 2000-2014

	Price \$ per cap														
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
NSW	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
ACT	-	50^	65^	50^	-	50^	-	55^	70	50^	-	50^	50^	50^	50^
VIC	80^	50^	65^	-	-	50^	-	-	100	50^	50^	-	50^	90^	75^
TAS	50^	-	-	-	-	60^	-	-	-	-	-	-	80^	140^	-
SA	87.5	50^	50^	-	50^	60^	-	-	-	250^	-	50^	-	50^	-
WA	50^	-	-	-	-	50^	-	-	-	-	40^	-	-	-	-
NT	-	110^	30	-	60^	100^	125^	-	-	80^	-	-	-	-	-
QLD	-	57.5^	-	-	150^	-	50^	75^	-	-	-	-	-	-	-

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

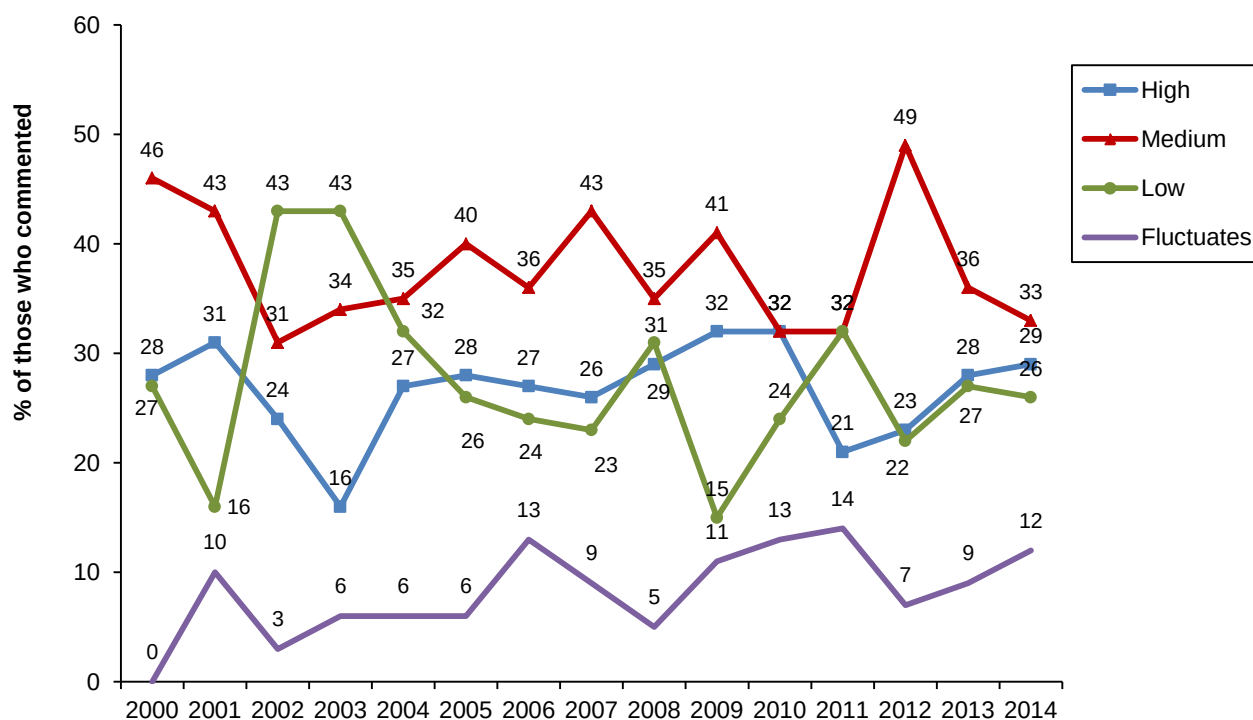
Note: The response 'Don't know' was excluded from analysis

Figure G1: Median price of cocaine per cap and gram, nationally, 2000-2014



Source: IDRS participant interviews

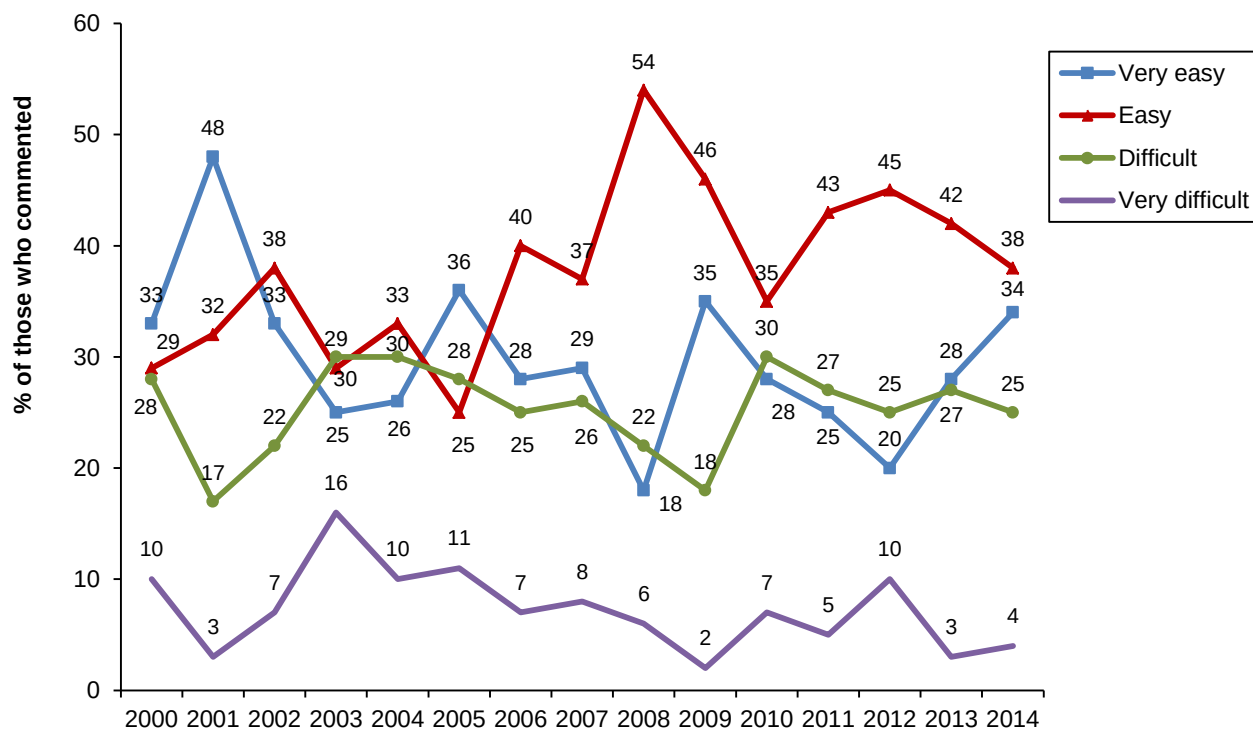
Figure G2: Current purity of cocaine, nationally, 2000-2014



Source: IDRS participant interviews

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

Figure G3: Current availability of cocaine, nationally, 2000-2014



Source: IDRS participant interviews

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

Appendix H: Cannabis price, perceived potency and availability, 2000-2014

Table H1: Median price of hydroponic cannabis per gram, by jurisdiction, 2000-2014

	Price \$ per gram														
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
NSW	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
ACT	25	25	20	20	20	20	20	20	20	20	20	20	20	20	20
VIC	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
TAS	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25
SA	-	10^	10^	10^	25^	25^	25^	25	17.5	-	25^	25^	25 [#]	25 [#]	25[#]
WA	25^	22.5^	25	25	25	25	25	22.5^	25^	25	25	25^	25	28	25
NT	-	25	25	25	25	25	30	30	30	30	30	30	30	30	30
QLD	-	25	25^	25	25	25	25	25	25	25	25	25	25	20	25

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

[#] SA purchase is per bag instead of per gram

Note: The response 'Don't know' was excluded from analysis. Data before 2002 included both hydro and bush cannabis.

Table H2: Median price of hydroponic cannabis per ounce, by jurisdiction, 2000-2014

	Price \$ per ounce														
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
NSW	n.a.	n.a.	300^	310^	300	300	285	290	300	320	290	300	320	300	300
ACT	n.a.	n.a.	250	322.5	280	290	300	300	295	300	280	300	290	300	280
VIC	n.a.	n.a.	250	280	240	250	200	240	250	250	250	250	250	250	250
TAS	n.a.	n.a.	250	300	280	290	250	250	300	300	300	300	250	280	260^
SA	n.a.	n.a.	180	200	200	200	200	200^	210	225	220	210	220	200	210
WA	n.a.	n.a.	250	270	250	300	280	300^	350^	350	350	350	350	350	350
NT	n.a.	n.a.	300	305	300	300	300	350	350	400	450	450	420	450	450
QLD	n.a.	n.a.	300	310	300	300	290	300	300	300	355	300	300^	300^	280^

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

Note: The response 'Don't know' was excluded from analysis. Data before 2002 included both hydro and bush cannabis.

Table H3: Median price of bush cannabis, by jurisdiction, 2003-2014

	Price \$ per gram											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
NSW	20	20	20	20^	20	20	20	20	20	20	20	20
ACT	20	20	20	15	20	20	20	20	20	20	20	12.5^
VIC	20	20	20	10^	20	20	20	20^	20^	20^	-	20
TAS	25	25	22.5	15^	25	25^	25	20^	25^	25	20	20
SA	15^	25^	25^	25^	25	-	-	25^	25^	25 [#]	25 [#]	25[#]
WA	20	25	25	25^	10^	27.5^	25^	25^	20^	25	30^	25^
NT	25	23	25	25^	30	30^	30^	30	15^	30	30^	30^
QLD	15	20	25	20^	20	20	20	20	25^	25^	20^	20^

Source: IDRS participant interviews

^ Reports based on small numbers (n<10) therefore should be interpreted with caution

- Dashes represent no purchases

[#] SA purchase is per bag instead of per gram

Note: The response 'Don't know' was excluded from analysis. Data before 2003 included both hydro and bush cannabis

Table H4: Median price of bush cannabis, by jurisdiction, 2003-2014

	Price \$ per ounce											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
NSW	225^	175	200	200^	200	200^	229	250^	260^	280^	240	220^
ACT	200	200	250	190	240	200^	250	250^	240	220^	265	210^
VIC	250	180	200	-	240^	200^	225	220^	210^	240^	150^	230^
TAS	150	180	200	170	200^	200	200	200	200	200^	245^	200^
SA	180	180	200	160^	180^	190^	200^	200^	220	180^	205^	190
WA	200	200	232.5	200	225^	200^	290	250	300^	250^	200^	250^
NT	200^	200	200	200^	200^	250	175^	300	210^	300^	300^	350^
QLD	240	200	230	250^	200	220	280	280	195^	60^	225^	250^

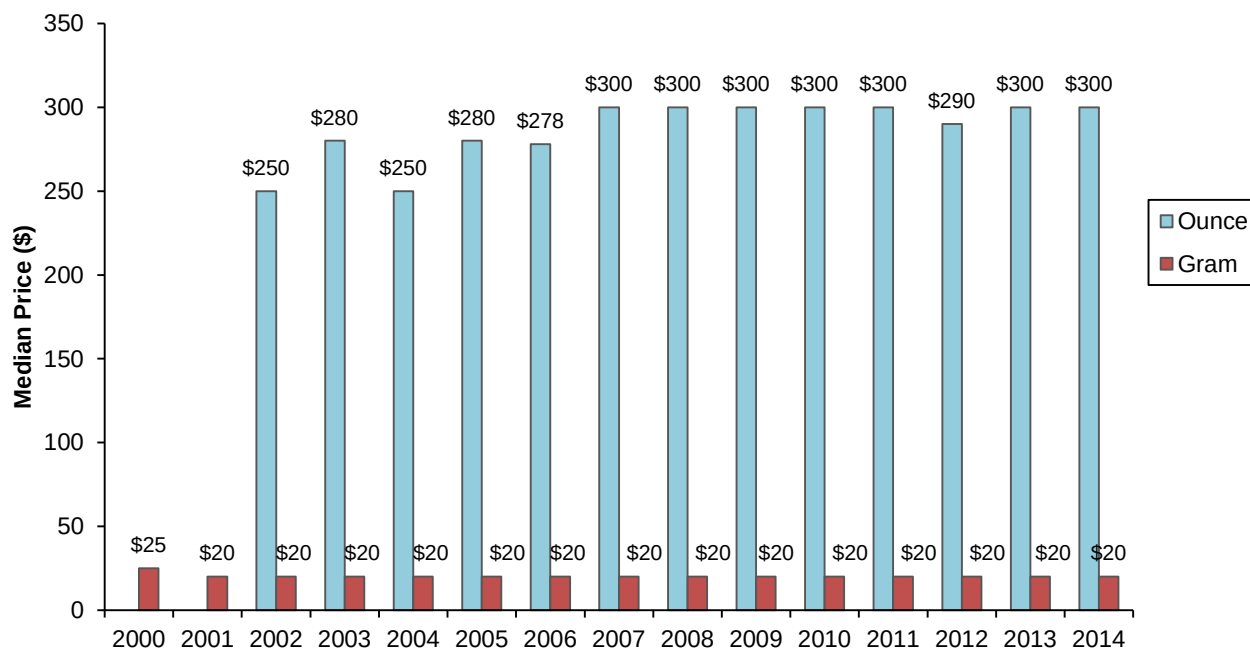
Source: IDRS participant interviews

^ 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

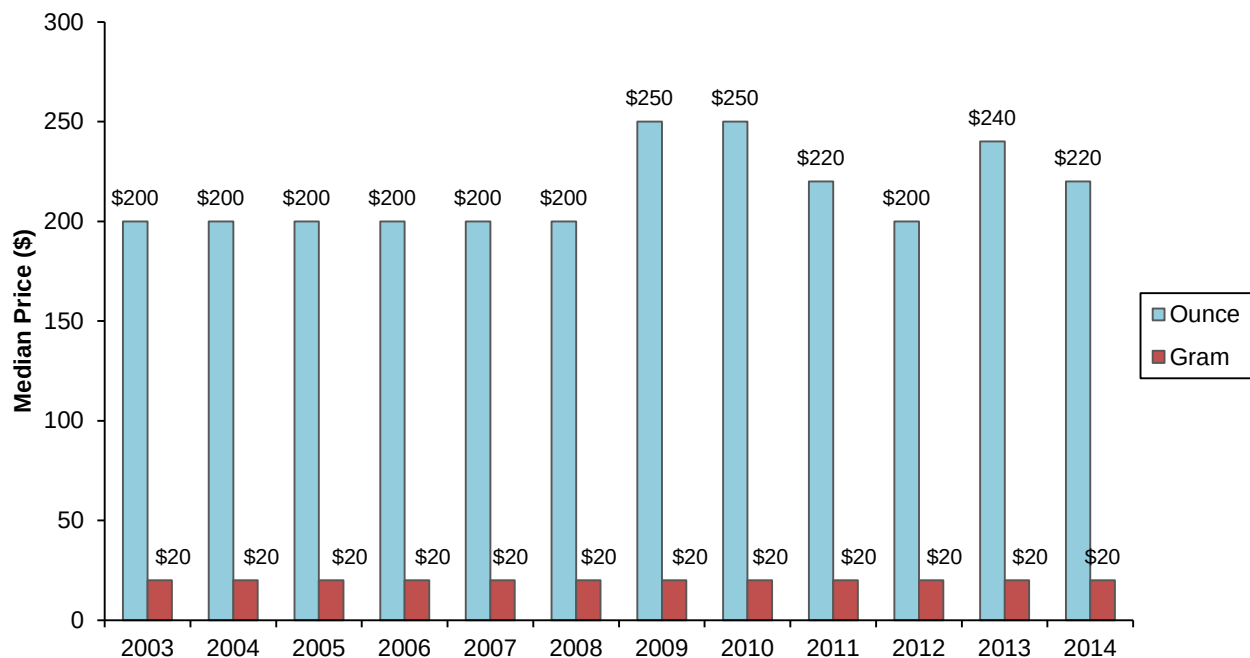
Figure H1: Median price of hydroponic cannabis per ounce and gram, nationally, 2000-2014



Source: IDRS Participant interviews

Note: From 2003 onwards hydroponic and bush cannabis data collected separately. No data available for ounce in 2000 and 2001.

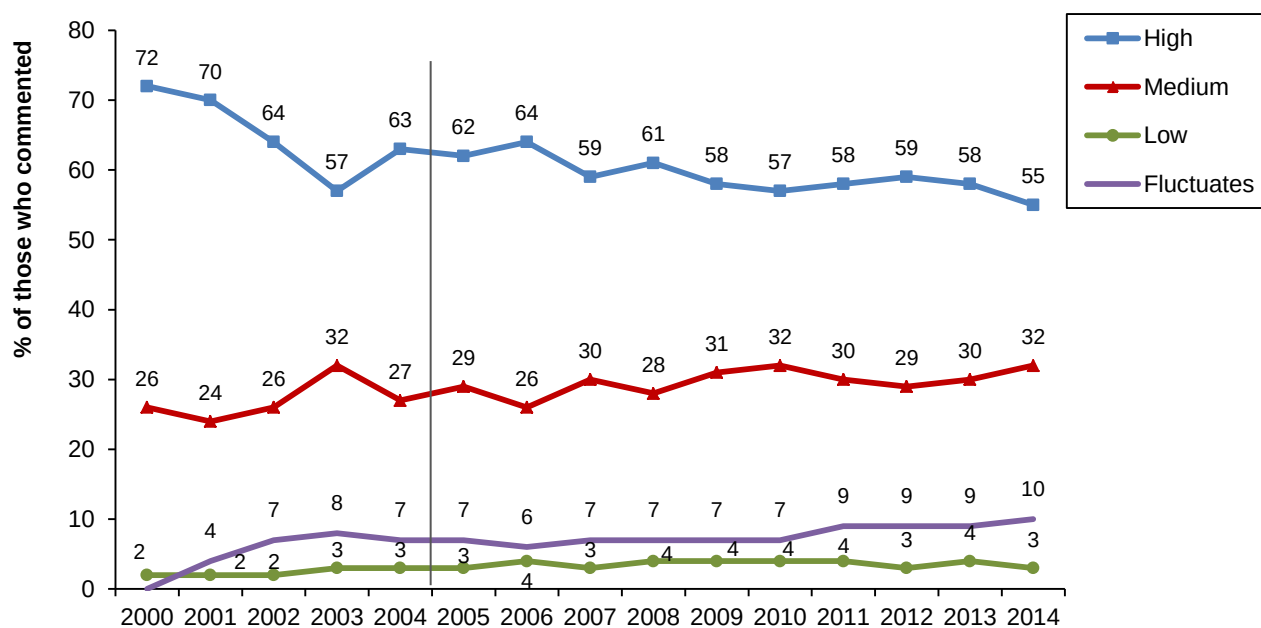
Figure H2: Median price of bush cannabis per ounce and gram, nationally, 2003-2014



Source: IDRS Participant interviews

Note: Data collection from 2003 onwards

Figure H3: Current potency of hydroponic cannabis, nationally, 2000-2014*

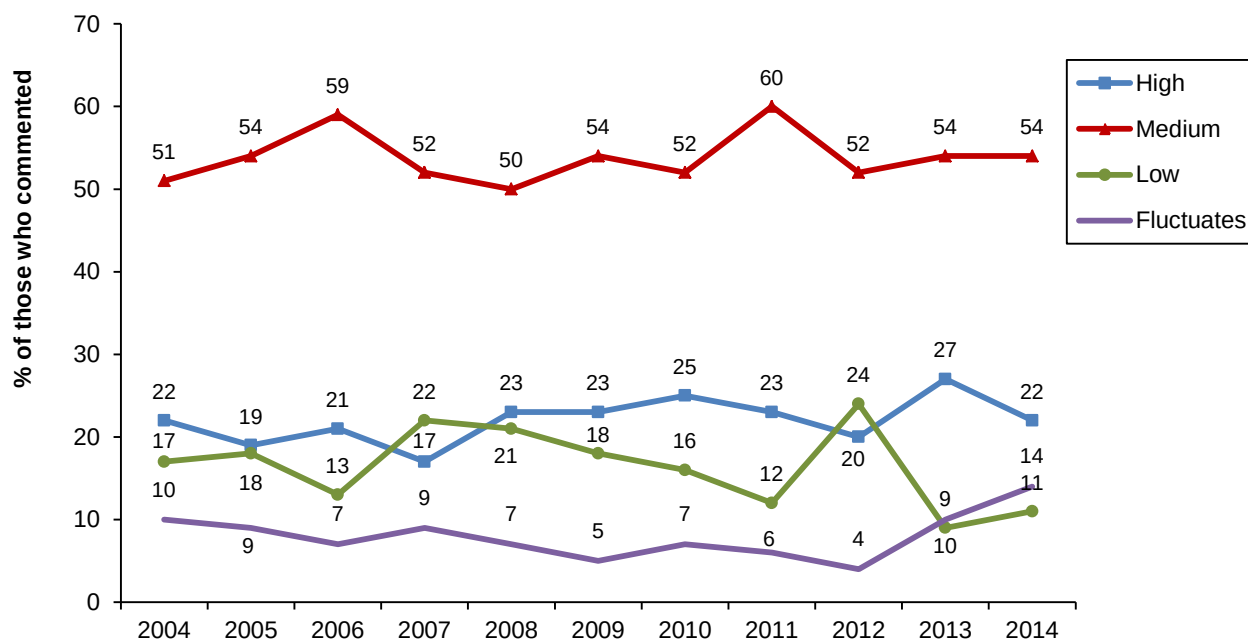


Source: IDRS participant interviews

* 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, 2004-2014*

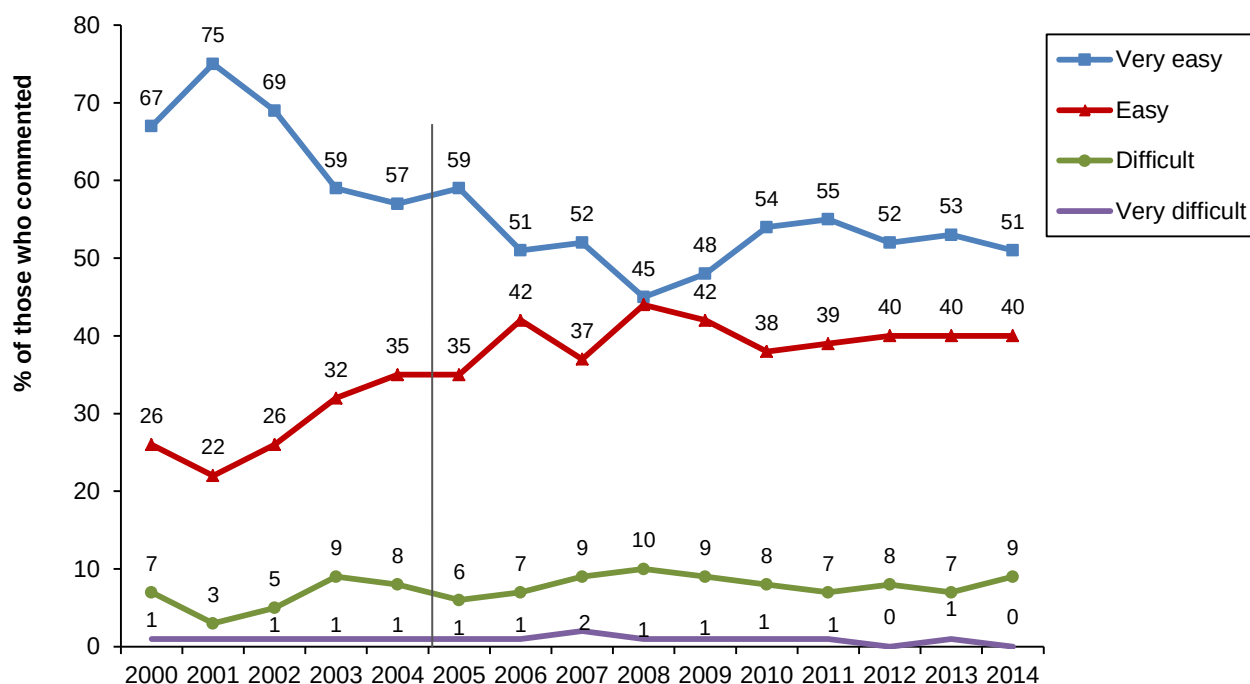


Source: IDRS participant interviews

* Hydroponic and bush cannabis data collected separately from 2004 onwards

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

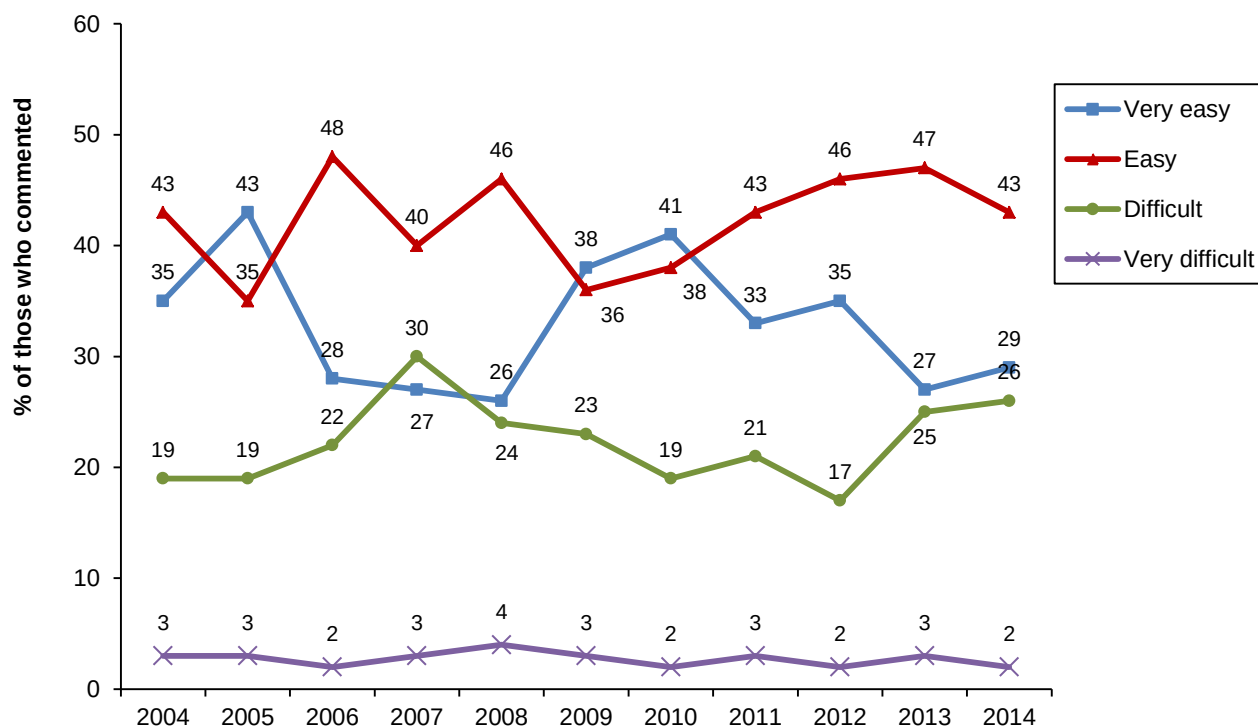
Figure H5: Current availability of hydroponic cannabis, nationally, 2000-2014*



Source: IDRS participant interviews

* Hydroponic and bush cannabis data collected separately from 2004 onwards

Figure H6: Current availability of bush cannabis, nationally, 2004-2014*

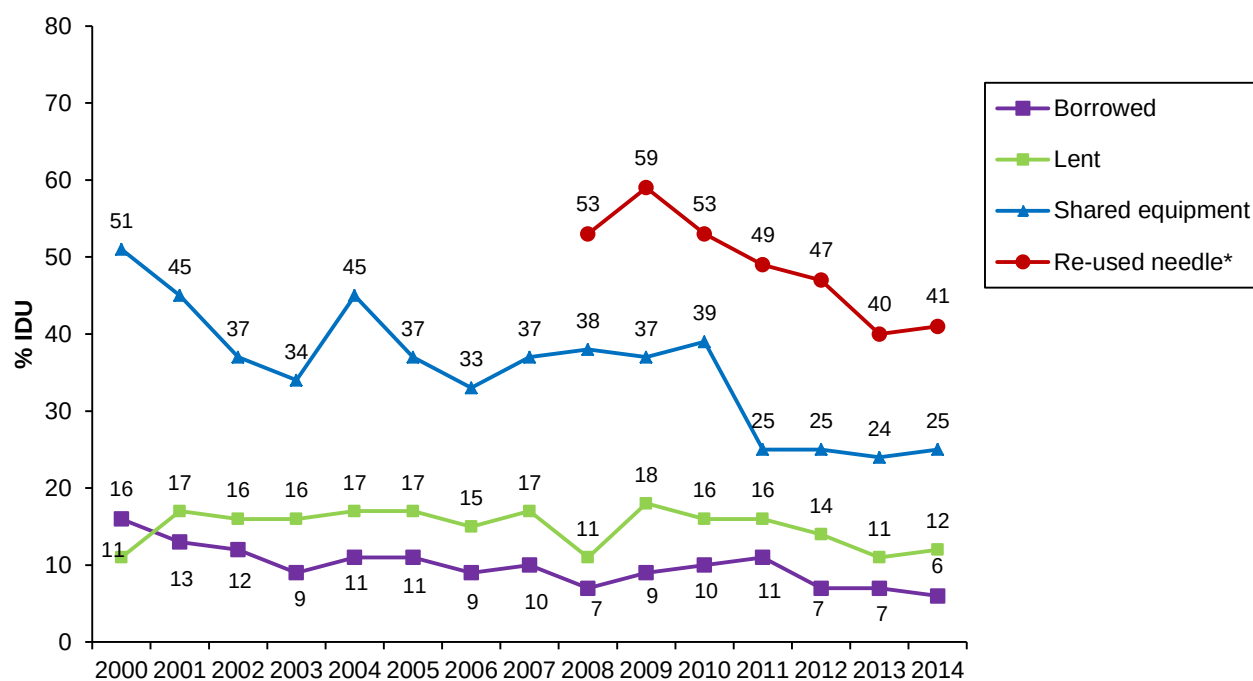


Source: IDRS participant interviews

* Hydroponic and bush cannabis data collected separately from 2004 onwards

Appendix I: Injecting risk behaviours, 2000-2014

Figure I1: Injecting risk behaviours in the last month, nationally, 2000-2014

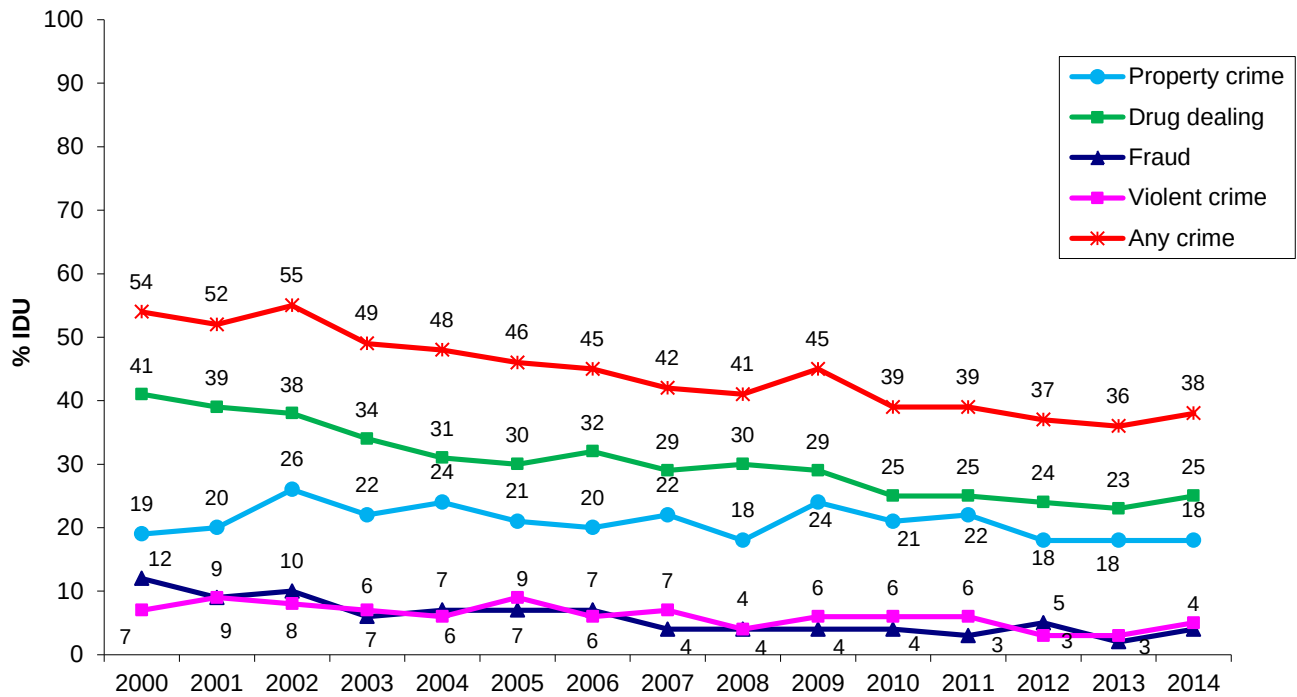


Source: IDRS participant interviews

* Data collection started in 2008

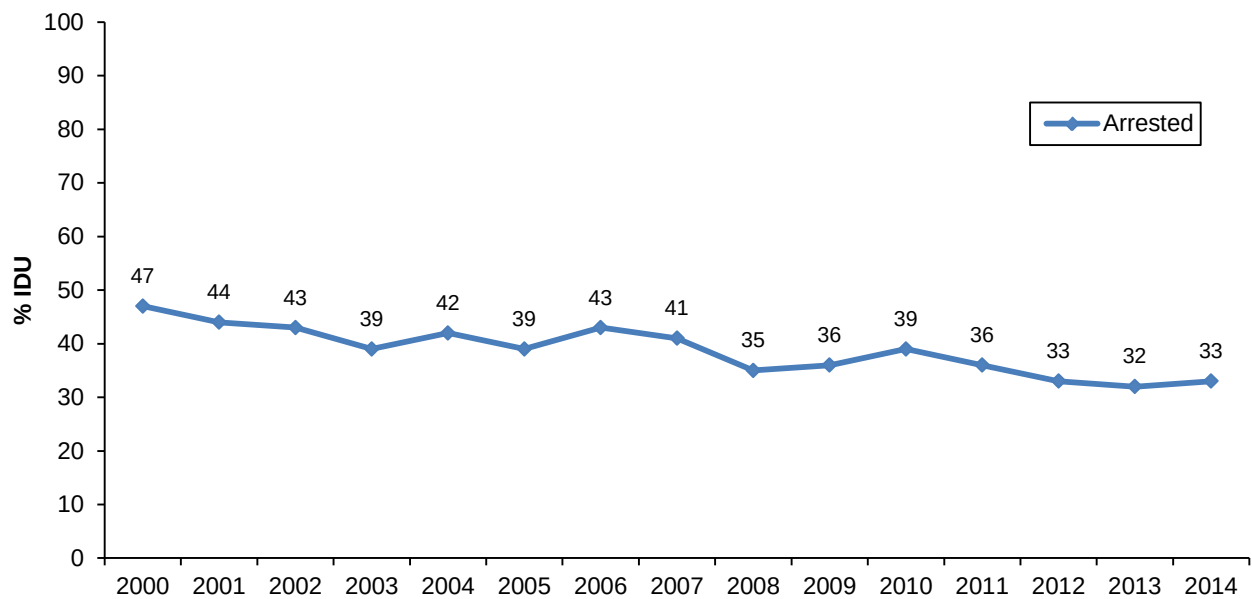
Appendix J: Arrests, 2000-2014

Figure J1: Self-reported criminal activity, nationally, 2000-2014



Source: IDRS participant interviews

Figure J2: Arrested in the last 12 months, nationally, 2000-2014



Source: IDRS participant interviews