

J. Stafford and L. Burns

AUSTRALIAN DRUG TRENDS 2010
Findings from the
Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 55



**AUSTRALIAN
DRUG TRENDS
2010**



**FINDINGS FROM THE
ILLICIT DRUG REPORTING SYSTEM
(IDRS)**

Jennifer Stafford and Lucy Burns

**AUSTRALIAN DRUG TRENDS SERIES
NO. 55**

ISBN 978-0-7334-3018-3

©NDARC 2011

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. All other rights are reserved. Requests and enquiries concerning reproduction and rights should be addressed to the information manager, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia.

Suggested citation: Stafford, J. and Burns, L. (2011) Australian Drug Trends 2010. Findings from the Illicit Drug Reporting System (IDRS). *Australian Drug Trend Series No. 55*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

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

TABLE OF CONTENTS

LIST OF TABLES	III
LIST OF FIGURES	VI
ACKNOWLEDGEMENTS.....	IX
ABBREVIATIONS.....	XI
GLOSSARY OF TERMS	XIII
EXECUTIVE SUMMARY	XIV
1 INTRODUCTION	1
1.1 Study aims	1
2 METHOD	2
2.1 Survey of people who regularly inject drugs	2
2.2 Survey of key experts	3
2.3 Other indicators.....	4
2.4 Data analysis.....	5
3 DEMOGRAPHICS	6
3.1 Overview of the IDRS participant sample	6
4 CONSUMPTION PATTERNS.....	8
4.1 Current drug use.....	8
4.2 Heroin	17
4.3 Methamphetamine	20
4.4 Cocaine	24
4.5 Cannabis	26
4.6 Other opioids.....	28
4.7 Other drugs	43
5 DRUG MARKET: PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS.....	49
5.1 Heroin	49
5.2 Methamphetamine	59
5.3 Cocaine	69
5.4 Cannabis	74
5.5 Methadone	80
5.6 Buprenorphine.....	82
5.7 Buprenorphine-naloxone.....	84
5.8 Morphine	86
5.9 Oxycodone.....	88
6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE.....	90
6.1 Overdose and drug-related fatalities.....	91
6.2 Drug treatment	95
6.3 Hospital admissions	99
6.4 Injecting risk behaviours	103
6.5 Mental health problems and psychological distress	110
6.6 Driving risk behaviour.....	112

7	LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE.....	114
7.1	Reports of criminal activity.....	114
7.2	Arrests.....	115
7.3	Expenditure on illicit drugs	119
8	SPECIAL TOPICS OF INTEREST.....	120
8.1	Height, weight and Body Mass Index	120
8.2	Alcohol Use Disorders Identification Test-Consumption.....	122
8.3	Stimulant and opioid dependence.....	123
8.4	Personal Wellbeing Index	123
8.5	Sexual health	125
8.6	General medical practitioner service use	127
8.7	Social networks.....	128
	REFERENCES	131
	APPENDICES.....	137
	Appendix A: Demographic characteristics (2000-2010) and lifetime use	137
	Appendix B: National drug use history, 2000-2010	141
	Appendix C: Jurisdictional drug use history, 2000-2010	144
	Appendix D: Mapping the IDRS Findings.....	149
	Appendix E: Heroin price, perceived purity & availability, 2000-2010.....	150
	Appendix F: Methamphetamine price, purity & availability, 2000-2010.....	153
	Appendix G: Cocaine price, perceived purity & availability, 2000-2010.....	160
	Appendix H: Cannabis price, perceived potency & availability, 2000-2010.....	163
	Appendix I: Injecting risk behaviours, 2000-2010.....	167
	Appendix J: Arrests, 2000-2010	168

LIST OF TABLES

Table 1: Demographic characteristics of the national sample, by jurisdiction, 2010	7
Table 2: Drug first injected and age at first injection, by jurisdiction, 2010	8
Table 3: Drug of choice, last drug injected, drug injected most often last month and injection frequency last month, by jurisdiction, 2010	10
Table 4: Forms of drugs used in the preceding six months, by jurisdiction, 2010	13
Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2010	15
Table 6: Recent use and median days of heroin use by jurisdiction, 2009-2010	17
Table 7: Reports of heroin forms used in the last six months among those who had recently used heroin, 2010	18
Table 8: Use of heat and acid in the preparation of last heroin injection among recent heroin users who commented, 2010	19
Table 9: Median number of days of methamphetamine use by those who had used methamphetamine in the past six months, by jurisdiction, 2010	22
Table 10: Methadone (any form) recent use and median days, by jurisdiction, 2010	30
Table 11: Methadone (any form) recent injection and median days, by jurisdiction, 2010	31
Table 12: Buprenorphine use patterns, by jurisdiction, 2010	33
Table 13: Buprenorphine-naloxone use patterns, by jurisdiction, 2010	35
Table 14: Morphine use patterns, by jurisdiction, 2010	38
Table 15: Oxycodone use patterns, by jurisdiction, 2009-2010	41
Table 16: Benzodiazepine use patterns, by jurisdiction, 2009-2010	44
Table 17: Main benzodiazepine type used in the six months preceding interview, 2010	46
Table 18: Pharmaceutical stimulant use patterns in the past six months, by jurisdiction, 2010	47
Table 19: Patterns of alcohol and tobacco use in the preceding six months, 2010	48
Table 20: Price of heroin, by jurisdiction, 2010	50
Table 21: Perceived purity of heroin, by jurisdiction, 2010	51
Table 22: Availability of heroin, by jurisdiction, 2010	57
Table 23: Purchasing patterns of heroin, by jurisdiction, 2010	57
Table 24: Price of methamphetamine, by jurisdiction, 2010	60
Table 25: Perceived purity of methamphetamine powder, by jurisdiction, 2009	62
Table 26: Perceived purity of methamphetamine base, by jurisdiction, 2010	62
Table 27: Perceived purity of crystalline methamphetamine, by jurisdiction, 2010	63
Table 28: Availability of methamphetamine powder, by jurisdiction, 2010	65
Table 29: Availability of methamphetamine base, by jurisdiction, 2010	65
Table 30: Availability of crystalline methamphetamine, by jurisdiction, 2010	66
Table 31: Methamphetamine powder purchasing patterns, by jurisdiction, 2010	67
Table 32: Methamphetamine base purchasing patterns, by jurisdiction, 2010	67
Table 33: Crystalline methamphetamine purchasing patterns, by jurisdiction, 2010	68
Table 34: Price of cocaine, by jurisdiction, 2010	70
Table 35: Perceived purity of cocaine, by jurisdiction, 2010	71
Table 36: Median purity of cocaine seizures, by jurisdiction, 2003/04-2008/09	71
Table 37: Availability of cocaine, by jurisdiction, 2010	72
Table 38: Purchasing patterns of cocaine, by jurisdiction, 2010	73
Table 39: Median price of cannabis and price changes, by jurisdiction, 2010	75
Table 40: Perceived potency of hydroponic cannabis, by jurisdiction, 2010	76
Table 41: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2010	76
Table 42: Availability of hydroponic cannabis, by jurisdiction, 2010	77
Table 43: Availability of outdoor-grown 'bush' cannabis, by jurisdiction, 2010	77
Table 44: Hydroponic cannabis purchasing patterns, by jurisdiction, 2010	78

Table 45: Outdoor-grown ‘bush’ cannabis purchasing patterns, by jurisdiction, 2010.....	78
Table 46: Median price of illicit methadone and price changes, by jurisdiction, 2010.....	80
Table 47: Availability of illicit methadone, by jurisdiction, 2010.....	81
Table 48: Purchasing patterns of illicit methadone by jurisdiction, 2010.....	81
Table 49: Median price of illicit buprenorphine and price changes, by jurisdiction, 2010	82
Table 50: Availability of illicit buprenorphine, by jurisdiction, 2010	83
Table 51: Purchasing patterns of illicit buprenorphine by jurisdiction, 2010.....	83
Table 52: Median price of illicit buprenorphine-naloxone and price changes, by jurisdiction, 2010.....	84
Table 53: Availability of buprenorphine-naloxone, by jurisdiction, 2010	85
Table 54: Buprenorphine-naloxone purchasing patterns, by jurisdiction, 2010.....	85
Table 55: Median price of illicit morphine and price changes, by jurisdiction, 2010	86
Table 56: Availability of illicit morphine, by jurisdiction, 2010	87
Table 57: Purchasing patterns of illicit morphine by jurisdiction, 2010	87
Table 58: Median price of illicit oxycodone and price changes, by jurisdiction, 2010	88
Table 59: Availability of illicit oxycodone, by jurisdiction, 2010	89
Table 60: Purchasing patterns of illicit oxycodone by jurisdiction, 2010	89
Table 61: Heroin overdose in the year preceding interview among those who had ever overdosed on heroin, by jurisdiction, 2000-2010.....	92
Table 62: Number of accidental deaths due to opioids by jurisdiction among those aged 15-54 years, 2008 preliminary data	93
Table 63: Number of accidental opioid deaths due to opioids among those aged 15-54 years by gender and jurisdiction, 2008 preliminary data.....	93
Table 64: Overdose on other drugs (not including heroin) in the last 12mths and in the last month among those who had ever overdosed on other drugs, by jurisdiction, 2010	94
Table 65: Current involvement in opioid substitution treatment (OST), by jurisdiction, 2010.....	97
Table 66: Main sources of needles and syringes in the preceding six months, 2010.....	103
Table 67: Sharing needles and injecting equipment in last month, by jurisdiction, 2010	105
Table 68: Location of last injection, by jurisdiction, 2010.....	107
Table 69: Proportion of injection-related issues in last month, 2010	108
Table 70: Self-reported mental health problems experienced in the preceding six months, by jurisdiction, 2010.....	110
Table 71: K10 scores by jurisdiction (method used in AIHW National Drug Strategy Household Survey), 2010	111
Table 72: Driving behaviour by jurisdiction, 2010	113
Table 73: Self-reported criminal activity in the month preceding the interview, by jurisdiction, 2010	114
Table 74: Main reasons for arrest in the last 12 months, by jurisdiction, 2010.....	115
Table 75: Expenditure on illicit drugs on the day preceding interview among those who commented, by jurisdiction, 2010	119
Table 76: Self-reported height, weight and Body Mass Index by jurisdiction, 2010	121
Table 77: AUDIT-C among people who inject drugs, by jurisdiction, 2010.....	122
Table 78: Personal Wellbeing Index mean scores by jurisdiction, 2010.....	124
Table 79: Sexual Health by jurisdiction, 2010	126
Table 80: General medical practitioner visits among participants by jurisdiction, 2010.....	128
Table 81: Social networks among participants by jurisdiction, 2010	129
Table A1: Demographic characteristics of the national sample, 2000-2010.....	137
Table A2: Demographic characteristics of the national sample, by jurisdiction, 2009	138
Table A3: Drug use history of the national sample, 2010	139
Table C1: Heroin use patterns, by jurisdiction, 2000-2010	144
Table C2: Recent use of speed powder, by jurisdiction, 2000-2010	144
Table C3: Recent use of base methamphetamine, by jurisdiction, 2001-2010	145
Table C4: Recent use of ice/crystal methamphetamine, by jurisdiction, 2000-2010	145

Table C5: Recent use of cocaine, by jurisdiction, 2000-2010	145
Table C6: Recent use of cannabis (any form), by jurisdiction, 2000-2010.....	146
Table C7: Recent use of methadone (any form), by jurisdiction, 2000-2010	146
Table C8: Recent use of buprenorphine (any form), by jurisdiction, 2002-2010.....	147
Table C9: Recent use of buprenorphine-naloxone (any form), by jurisdiction, 2006-2010.....	147
Table C10: Recent use of morphine (any form), by jurisdiction, 2001-2010.....	147
Table C11: Recent use of oxycodone (any form), by jurisdiction, 2005-2010	148
Table C12: Recent use of benzodiazepines (any form), by jurisdiction, 2000-2010.....	148
Table D1: Mapping IDRS findings onto the work of Larance et al.	149
Table E1: Median price of heroin, by jurisdiction, 2000-2010	150
Table F1: Median price of speed, by jurisdiction, 2002-2010	153
Table F2: Median price of base, by jurisdiction, 2002-2010	153
Table F3: Median price of ice/crystal, by jurisdiction, 2002-2010.....	154
Table G1: Median price of cocaine, by jurisdiction, 2000-2010	160
Table H1: Median price of hydroponic cannabis, by jurisdiction, 2000-2010.....	163
Table H2: Median price of bush cannabis, by jurisdiction, 2003-2010	163

LIST OF FIGURES

Figure 1: Drug use among the national sample in the six months preceding interview, 2010.....	12
Figure 2: Recent use of methamphetamine (speed, base, ice/crystal and any form), 2009-2010.....	21
Figure 3: Median days of methamphetamine (any form) use among participants who had used methamphetamine in the past six months, by jurisdiction, 2009-2010	22
Figure 4: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000-2009.....	23
Figure 5: Proportion of participants in the national sample who reported recent cocaine use and median days of use, 2000-2010.....	24
Figure 6: Proportion of participants who reported recent cocaine use and median days of use by jurisdiction, 2010.....	25
Figure 7: Proportion of participants who reported recent cannabis use and median days of use by jurisdiction, 2010.....	26
Figure 8: Recent injection of methadone (any form), by jurisdiction, 2009-2010	31
Figure 9: Proportion of NSP clients reporting methadone as last injection, Australia, 1995-2009	32
Figure 10: Most used form of buprenorphine among those who reported recent buprenorphine use, by jurisdiction, 2010	34
Figure 11: Most used form of buprenorphine-naloxone among those who reported recent buprenorphine use, by jurisdiction, 2010	36
Figure 12: Recent use of morphine (any form), by jurisdiction, 2009-2010	37
Figure 13: Proportion of NSP clients in the NT, TAS and the national sample who reported heroin and pharmaceutical opioids as the last drug injected, 2000-2009	39
Figure 14: Recent use of oxycodone (any form), by jurisdiction, 2009-2010	40
Figure 15: Recent use and median days of over the counter codeine use, by jurisdiction, 2010.....	42
Figure 16: Recent use and injection of other opioids (not elsewhere specified), by jurisdiction, 2010	42
Figure 17: Patterns of benzodiazepine use and injection among the national sample, 2010	45
Figure 18: Recent injection of benzodiazepines (licit and illicit) in the preceding six months among those who reported recent use, by jurisdiction, 2010.....	45
Figure 19: Median price per gram of heroin, by jurisdiction, 2009-2010.....	50
Figure 20: Participant reports of current heroin purity among those able to comment, 2000-2010	51
Figure 21: Median purity of heroin seizures analysed by state/territory police, by jurisdiction, 2003/04-2008/09	53
Figure 22: Number of state/territory police heroin seizures analysed, by jurisdiction, 2003/04-2008/09 ..	54
Figure 23: Median purity of heroin seizures analysed by AFP in NSW 2003/04-2008/09	55
Figure 24: Number of AFP heroin seizures analysed in NSW, 2003/04-2008/09	56
Figure 25: Weight and number of detections of heroin made at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2009/10	58
Figure 26: Participant reports of current purity of speed, base and ice/crystal among those able to comment, 2010.....	61
Figure 27: Participant reports of changes in purity of speed, base and ice/crystal among those able to comment, 2010.....	62
Figure 28: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2003/04-2008/09.....	64
Figure 29: Total weight and number of amphetamine-type stimulants detected by the Australian Customs and Border Protection Service, financial years 1997/98-2009/10	68
Figure 30: Number and weight of detections of cocaine detected at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2009/10	73
Figure 31: Weight and number of detections of cannabis made at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2009/10	79
Figure 32: The prevalence of heroin overdose among participants, 2000-2010	91

Figure 33: Number of accidental opioid deaths per million persons by ten year age group, 2008 preliminary data.....	93
Figure 34: National opioid stimulation treatment client numbers by financial year, 1986-2009	96
Figure 35: Total opioid stimulation treatment client numbers by financial year 1997-2009, by jurisdiction	96
Figure 36: Proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2008/09	98
Figure 37: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2008/09	98
Figure 38: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy) by jurisdiction, 2008/09	99
Figure 39: Number of principal opioid-related hospital admissions per million persons aged 15-54 years, by jurisdiction, 1999/00-2007/08	100
Figure 40: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08	101
Figure 41: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08	102
Figure 42: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08	102
Figure 43: Borrowing and lending of needles and sharing of injecting equipment in the month prior to interview, 2000-2010	104
Figure 44: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2009-2010.....	106
Figure 45: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2009-2010.....	106
Figure 46: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 2009-2010	106
Figure 47: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2010.....	109
Figure 48: HIV and HCV seroprevalence among participants recruited for the Australian NSP Survey, 1995-2009.....	109
Figure 49: Arrested in the preceding 12 months, by jurisdiction, 2009-2010.....	115
Figure 50: Total number of heroin and other opioids consumer and provider arrests, 1995/96-2008/09	116
Figure 51: Total number of heroin and other opioids consumer and provider arrests for NSW and VIC versus all other jurisdictions, 1995/96-2008/09	117
Figure 52: Total number of amphetamine-type stimulants: consumer and provider arrests, 1999/00-2008/09	118
Figure 53: Total number of cocaine consumer and provider arrests, 1996/97-2008/09	118
Figure 54: Total number of cannabis and all drug consumer and provider arrests, 1998/99-2008/09	119
Figure 55: Personal Wellbeing Index - National IDRS and Australian general population mean scores, 2010	124
Figure 56: Number of calls made to the Family Drug Support Helpline, June/July 2003-2010.....	130
Figure 57: Drugs of concern, Family Drug Support Helpline, June/July, 2003-2010	130
Figure B1: Drug of Choice, nationally, 2000-2010.....	141
Figure B2: Drug injected most often in the last month, nationally, 2000-2010	141
Figure B3: Recent use of heroin, any methamphetamine, cocaine and cannabis, nationally, 2000-2010....	142
Figure B4: Recent use of speed, base and crystal/ice, nationally, 2000-2010.....	142
Figure B5: Recent use of other drugs, nationally, 2000-2010	143
Figure B6: Median days of heroin, methamphetamine (any form), cocaine and cannabis use among participants who had recently used, nationally, 2000-2010	143

Figure E1: Median price of heroin per cap and gram, nationally 2000-2010	151
Figure E2: Current purity of heroin, nationally, 2000-2010.....	151
Figure E3: Current availability of heroin, nationally, 2000-2010.....	152
Figure F1: Median price of speed per point and gram, nationally 2002-2010.....	155
Figure F2: Median price of base per point and gram, nationally 2002-2010.....	155
Figure F3: Median price of ice/crystal per point and gram, nationally 2002-2010.....	156
Figure F4: Current purity of speed, nationally, 2002-2010.....	156
Figure F5: Current purity of base, nationally, 2002-2010.....	157
Figure F6: Current purity of ice/crystal nationally, 2002-2010	157
Figure F7: Current availability of speed nationally, 2002-2010.....	158
Figure F8: Current availability of base nationally, 2002-2010.....	158
Figure F9: Current availability of ice/crystal nationally, 2002-2010	159
Figure G1: Median price of cocaine per cap and gram, nationally, 2000-2010	161
Figure G2: Current purity of cocaine, nationally, 2000-2010	161
Figure G3: Current availability of cocaine, nationally, 2000-2010	162
Figure H1: Median price of hydroponic cannabis per ounce and gram, nationally 2000-2010	164
Figure H2: Median price of bush cannabis per ounce and gram, nationally 2003-2010.....	164
Figure H3: Current potency of hydroponic cannabis, nationally, 2000-2010	165
Figure H4: Current potency of bush cannabis, nationally, 2004-2010	165
Figure H5: Current availability of hydroponic cannabis, nationally, 2004-2010	166
Figure H6: Current availability of bush cannabis, nationally, 2004-2010.....	166
Figure I1: Injecting risk behaviours in the last month, nationally, 2000-2010	167
Figure J1: Self-reported criminal activity, nationally, 2000-2010.....	168
Figure J2: Arrested in the last 12 months, nationally, 2000-2010.....	168

ACKNOWLEDGEMENTS

In 2010, the Illicit Drug Reporting System (IDRS) was funded by the Australian Government Department of Health and Ageing (AGDH&A). The National Drug and Alcohol Research Centre (NDARC) coordinated the IDRS. The IDRS team would like to thank Mr Chris Milton, Dr Robyn Davies and Mr Joe Upston and colleagues of the AGDH&A for their assistance throughout the year.

The authors of *Australian Drug Trends 2010* would like to thank the researchers and research institutions, past and present, who contributed to the information presented in this report. In 2010, the IDRS team throughout Australia included:

- Dr Lucy Burns, Ms Natasha Sindicich, Ms Jennifer Stafford, Mr Benjamin Phillips, Ms Joanne Cassar, Ms Bridget Spicer, Ms Sheena Arora and Ms Karla Heese, National Drug and Alcohol Research Centre, University of New South Wales;
- Dr Siobhan Reddel and A/Professor Paul Dietze, Burnet Institute Victoria;
- Ms Barbara de Graaff and Dr Raimondo Bruno, School of Psychology, University of Tasmania;
- Ms Candice Rainsford and Professor Simon Lenton, National Drug Research Institute, Curtin University of Technology, Western Australia;
- Mr Chris Moon and Mr Paul Rysavy, Department of Health and Families, Northern Territory; and
- Dr Fairlie McIlwraith, Ms Sophie Hickey and A/Professor Rosa Alati, Queensland Alcohol and Drug Research and Education Centre, University of Queensland.

In addition to the research personnel listed above, a wide range of other individuals and organisations, past and present, have also contributed to the IDRS. We would like to extend our sincerest thanks to each of these, including:

- all participants who were interviewed for the IDRS participant survey component of the present and previous years of the IDRS. We could not provide the information in this report without their assistance and willingness to share their experiences;
- all key experts, past and present, who were willing to participate in interviews and who received no compensation for their time and effort. The importance of their information in informing the research process, from highlighting issues that require further investigation through to interpretation of results both at a national and a jurisdictional level, cannot be underestimated;
- Amanda Roxburgh for her help with accessing and analyses of indicator data;
- the organisations and individuals who co-ordinated the provision of indicator data to the IDRS and confirmed its interpretation. In 2010, this included Michael Outram and Amber Migus of the Australian Crime Commission (ACC, formerly the Australian Bureau of Criminal Intelligence); the organisations who provided their purity data to the ACC (South Australia Forensic Science Centre, NSW Department of Health, Victoria Forensic Science Centre, Forensic Science Service Tasmania, Australian Federal Police/Australian Forensic Drug Laboratory, ACT Government Analytical Laboratory, the Queensland Health Scientific Services and Western Australian Forensic Science Laboratory); Lipan Rahman, Brooke Black, David Biddle and Matthew Montgomery of the Australian Bureau of Statistics; Craig Lindsay and Chris Gardiner of the Australian Customs and Border Protection Service (previously Australian Customs Service); the state and territory health departments, George Bodilsen, Amber Jefferson and Tony Mole of the Australian Institute of Health and Welfare; the Australian Government Department of Health and Ageing; and the

National Centre in HIV Epidemiology and Clinical Research, University of New South Wales; and Tony Trimmingham, Evan Thomas and Jenny Chapman of Family Drug Support;

- the IDRS and EDRS Advisory Committee members: Professor Steve Allsop, Ms Nicky Bath, Ms Robyn Davies, Ms Laura Liebelt, A/Professor Alison Ritter, Professor Ann Roche, Ms Mary Sharpe, Mr Gino Vumbuca, Ms Pat Ward and Dr Don Weatherburn for their advice;
- the agencies that assisted with recruitment and interviewing of participants, steering committees operating at the jurisdictional level, and other individuals across the country whose involvement assisted with each aspect of the research process, from input into questionnaires through to the interpretation and dissemination of results;
- Mr Paul McElwee of Turning Point Drug and Alcohol Centre Inc. for his tireless work, enthusiasm and patience in constructing the survey database and providing ongoing support;
- finally, we would also like to thank all those who have been involved in the IDRS in previous years, including the previous chief investigators Professor Wayne Hall, Professor Shane Darke and Professor Louisa Degenhardt, the previous national co-ordinators Dr Libby Topp, Dr Courtney Breen, Ms Jennifer Stafford, Ms Susannah O'Brien and Ms Emma Black; and the many other research personnel around the country who also contributed greatly to the IDRS in previous years.

ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AGDH&A	Australian Government Department of Health and Ageing
ADIS	Alcohol and Drug Information Service
ATS	Amphetamine-type stimulants
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Dataset
AUDIT-C	Alcohol Use Disorders Identification Test - Consumption
BBVI	Blood-borne viral infections
BMI	Body Mass Index
Bup.	Buprenorphine
CI	Confidence Intervals
CPR	Cardiopulmonary resuscitation
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders IV
ED	Emergency Department
EDRS	Ecstasy and Related Drugs Reporting System
FDS	Family Drug Support
GP	General Medical Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
Hydro	Hydroponically grown cannabis
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	Key expert(s); see Method section for further details
MDMA	3,4-methylenedioxymethamphetamine
MH	Mental Health
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of participants
NCHECR	National Centre in HIV and Epidemiology Clinical Research
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NHMD	National Hospital Morbidity Database
NIDIP	National Illicit Drug Indicators Project
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and syringe program(s)
NSW	New South Wales
NT	Northern Territory
OP	Outpatient
OST	Opioid substitution treatment
OTC	Over the counter codeine
PBS	Pharmaceutical Benefits Scheme
Pharm. Stim.	Pharmaceutical stimulants
Prescr.	Prescribed
PWI	Personal Wellbeing Index

PWID	Person/people who inject(s) drugs
QLD	Queensland
RBT	Random Breath Testing
SA	South Australia
SCID	Structured Clinical Interview for DSM
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infection
TAS	Tasmania
TGA	Therapeutic Goods Administration
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

GLOSSARY OF TERMS

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

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 2010 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 2010* draws largely on the PWID participant survey and indicator data components of the IDRS, while KE are relied upon to provide contextual information within jurisdictions. As such, this information is reported more fully in the individual state/territory reports, to which the reader is also referred.

Demographics of the participant sample

Nine hundred and two participants were recruited to the 2010 IDRS participant survey component. The mean age of the national sample was 38 years (range 18-64) and 65% were male. The vast majority of the sample spoke English as their main language at home (98%), and 14% identified as being of Aboriginal and/or Torres Strait Islander descent. More than three-quarters (81%) of the sample were currently unemployed, over half (52%) 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, 49% reported that an amphetamine (including methamphetamine) was the first drug injected, followed by heroin (41%).

Heroin was nominated by approximately half (54%) of the national sample as their drug of choice, followed by methamphetamine, morphine and cannabis.

The drug injected most often in the last month broadly followed the same pattern. Forty-three percent of the national sample reported injecting heroin most often in the last month, followed by methamphetamine. Over half (54%) 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 (64%) of the sample reported using heroin in the last six months on a median of 72 days. Seventeen percent of recent heroin users reported daily heroin use. Nearly all of the recent heroin

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).

users injected. Small numbers reported using homebake heroin recently. The majority of 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').

Nearly two-thirds (60%) of the national sample reported using one or more forms of methamphetamine recently on a median of 14 days. Recent ice/crystal use remained fairly stable, while recent speed or base use was significantly lower than the previous year. Speed was the form mainly used by the sample. Small numbers reported using any form of methamphetamine daily.

Cocaine

The recent use of cocaine remained most common among participants in NSW (57%), 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. In NSW, the frequency of cocaine use was a median of 12 days.

Cannabis

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

Other opioids

Half of the national sample reported recent use of methadone (any form) and one-quarter reported recently injecting. Twenty percent of the national sample reported the use of illicitly obtained methadone liquid in the six months preceding interview, and 10% the recent use of illicitly obtained methadone tablets (Physeptone).

Nine percent of the national sample reported use of licitly obtained buprenorphine in the six months preceding interview and 16% the use of illicitly obtained buprenorphine. Four percent of the national sample reported the recent injection of licitly obtained buprenorphine on a median of 69 days and 14% the injection of illicitly obtained buprenorphine on a median of 14 days.

Nationally, 12% of the national sample reported using licitly obtained buprenorphine-naloxone, while 13% reported illicitly obtained buprenorphine-naloxone in the preceding six months. Small numbers (4% and 3% of the national sample respectively) reported the recent injection of licitly and illicitly obtained buprenorphine-naloxone on a median of 30 and 11 days respectively.

Recent morphine use was reported by nearly half (46%) of the national sample and remained the most commonly injected pharmaceutical opioid in the national sample (40%). Jurisdictional variations were observed. The use of morphine remained highest in TAS and the NT, jurisdictions where heroin has traditionally not been freely available. Seven percent of the national sample had injected licit morphine and 40% injected illicit morphine in the last six months.

Recent oxycodone use (licit or illicit) was reported by around one-third of the national sample, on a median of 10 days. Four percent of the national sample reported the recent injection of licitly obtained oxycodone and 26% the recent injection of illicitly obtained oxycodone.

Thirty-five percent of the national sample reported using over the counter codeine on a median of 8 days (just over once a month) in the last six months. Eleven percent of the national sample reported recent 'other' opioid use on a median of nine days in the last six months.

Other drugs

Around two-thirds (62%) of the national sample reported using ecstasy in their lifetime with around fourteen percent reporting use in the last six months.

While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (62%), recent use remained fairly low, with six percent reporting use in the six months preceding interview.

Consistent with previous years, two-thirds (65%) of the national sample had recently used benzodiazepines on a median of 60 days in the six months preceding interview. Benzodiazepines were typically used orally, with recent benzodiazepine injection comparatively uncommon (8%). Injection of benzodiazepines was higher in TAS (16%) and the NT (23%). The median frequency of injection was six days. Diazepam was the main type of benzodiazepine used in the last six months.

Fourteen percent of the national sample reported recently using pharmaceutical stimulants on a median of five days in the last six months.

Lifetime use of inhalants was reported by 21% of the national sample, however, only small numbers reported using inhalants in the last six months (3%).

Two-thirds of the national sample reported having drunk alcohol in the preceding six months, with those who had consumed alcohol having done so on an average of one day per week. Eleven percent of the national sample reported daily use of alcohol.

As in previous years, tobacco was widely used among the 2010 sample, with 93% having used it in the preceding six months. The vast majority of participants (85%) were daily smokers.

Drug Market: price, purity, availability and purchasing patterns

Heroin

Heroin was typically \$50 per cap across the jurisdictions and remained stable compared to 2009. The median price for a gram varied. The majority of the participants reported heroin purity as 'low'. Heroin was considered either 'easy' or 'very easy' to obtain in the last six months and this was stable. The most common source when purchasing heroin was through a known dealer or friend. The most common place of purchase was at an agreed public location.

Methamphetamine

Methamphetamines were reported to be around \$50 per point regardless of form used, except in the NT where it was more expensive. Price was considered as 'stable' over the last six months by the majority of participants. The purity of speed was considered 'low, base 'medium' and ice/crystal 'high'. All forms for methamphetamine were generally considered 'easy' or 'very easy' to obtain. Participants purchased all forms of methamphetamine from a variety of sources, most commonly friends and known dealers. An agreed public location was the most common place of purchase.

Cocaine

Small numbers except in NSW were able to comment on the price, purity, availability and purchasing of cocaine. The price of a gram and a cap of cocaine in NSW were \$300 and \$50

respectively. The purity of cocaine was considered ‘medium’ or ‘high’ which has remained stable over the last six months. The availability of cocaine was reported as either ‘easy’ or ‘very easy’ nationally. Purchasing from a friend, known dealer or street dealer was most common nationally and in NSW.

Cannabis

The median cost of a gram of hydroponic cannabis was around \$20-\$30. While the median cost of an ounce of hydroponic cannabis was between \$220 and \$450. Price for both forms of cannabis (bush and hydroponic) was reported as ‘stable’ over the last six months. Nationally participants reported the potency of hydro as ‘high’ and bush ‘medium’. This remained stable over the last six months. The availability of both forms of cannabis were considered ‘very easy’ or ‘easy’ to obtain. Either form of cannabis was typically purchased through a friend or known dealer from either a friend or dealer’s home.

Methadone

The majority of those who commented reported the price of ‘illicit’ methadone syrup to be a median of \$0.50 per millilitre and physeptone at \$10 per 10mg tablet. Around two-thirds reported the availability of ‘illicit’ methadone as ‘very easy’ or ‘easy’ to obtain. Price and availability remained stable over the last six months. The majority of participants reported purchasing methadone through a friend, usually from a friend’s home or at an agreed public location.

Buprenorphine

The median price for buprenorphine varied among the jurisdictions. Around two-thirds reported the availability of ‘illicit’ buprenorphine as ‘very easy’ or ‘easy’ to obtain. Both price and availability were reported as stable over the last six months. The most common source was through a friend or known dealer, purchasing from the friend’s home or at an agreed public location.

Buprenorphine-naloxone

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

Morphine

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

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. Around one-third reported the availability of ‘illicit’ oxycodone as ‘easy’, while one-third reported availability as ‘difficult’. The majority reported purchasing ‘illicit’ oxycodone through a friend or known dealer usually from either a friend’s home or an agreed public location.

Health-related trends associated with drug use

Overdose and drug related fatalities

Nineteen 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 VIC and QLD (24% each respectively). Two percent of those who reported ever overdosing on heroin, overdosed in the last month. Of those who reported ever overdosing on another drug (not including heroin), 29% had done so in the past 12 months and 3% in the last month preceding interview.

Indicator data from the Australian Bureau of Statistics reported 337 accidental deaths due to opioids in 2008. The majority occurred in NSW and VIC. Males comprised the majority of accidental opioid deaths among 15-54year olds. Methamphetamine was determined to be the underlying cause of death in 24% (n=13) of all methamphetamine related deaths and cocaine was determined to be the underlying cause of death in 18% (n=2) of all cocaine-related deaths in 2008.

Drug treatment

Nearly half (47%) of the IDRS sample reported current treatment, mainly methadone with a median of 36 months in treatment.

In Australia, indicator data from the Australian Institute of Health and Welfare on the total number of clients registered in opioid substitution treatment remained relatively stable over the last six years, with a slight increase in numbers in 2009. The majority of clients were being prescribed methadone, followed by buprenorphine-naloxone and buprenorphine. This pattern was also reflected among IDRS participants who reported current treatment.

Data from the Alcohol and Other Drug Treatment Services-National Minimum Data Set indicated that 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). While WA reported the highest proportion of closed treatment episodes for clients who identified amphetamines as their principle drug of concern, for NSW it was cocaine and TAS cannabis.

Hospital separations

The number of opioid-related hospital separations nationally remained stable between 2006/07 and 2007/08, the most recent data available at the time of publication. As with most indicator data reflecting harms related to opioids, figures remained substantially lower than those reported prior to the 2001 heroin shortage. The number of amphetamine hospital admission per million persons decreased slightly between 2006/07 and 2007/08. Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Cannabis-related separations have steadily increased over time, but remained relatively stable between 2006/07 and 2007/08.

Injecting risk behaviours

Needle and syringe programs were by far the most common source of needles and syringes in the preceding six months (94%), followed by chemists (18%). Receptive sharing ('borrowing') of needles/syringes was reported by ten percent of participants in the month preceding interview, usually after a partner or close friend. While 16% reported that somebody had used a needle after them (lent) in the month preceding interview.

Nationally, over half (52%) reported re-using their own needle ranging from 42% in WA to 63% in VIC. Sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons)

was more common (39%; stable from 37% in 2009) but remained lower than previously (e.g. 51% in 2000). The majority of participants reported last injecting in the arm.

In Australia, hepatitis C virus (HCV) continued to be more commonly notified than hepatitis B virus (HBV). The prevalence of human immunodeficiency virus (HIV) among those people who inject drugs in Australia has also remained stable at relatively low rates over the past decade, with HCV more commonly reported.

The majority of IDRS participants reported last injecting in a private location (78%), with smaller proportions last injecting in a public location such as on the street, in a car or in a public toilet. Over half (55%) of the IDRS sample experienced an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. in finding a vein).

Mental health problems and psychological distress

Forty-nine percent of the IDRS sample self-reported a mental health problem in the preceding six months, most commonly depression (65% of respondents) and/or anxiety (40%). The majority (77%) of those who experienced a problem saw a mental health professional during this period. Around one-third (34%) of the participants who reported experiencing a mental health problem had been prescribed medication for this problem during the past six months, most commonly antipsychotics (39%) and/or antidepressants (21%).

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 30% reporting 'high' distress (8% in the general population) and 26% reporting 'very high' distress (2% in the general population). Those reporting a 'very high' level of distress have been identified as possibly requiring clinical assistance.

Driving risk behaviour

Driving under the influence of alcohol was reported by twenty percent of participants who had driven in the preceding six months. Eighty-two percent reported driving under the influence of an illicit drug during that time, 62% of whom believed that it had had no impact on their driving. One-quarter (25%) felt that their driving had been 'slightly impaired', 5% 'quite impaired', 6% 'slightly improved' and 3% 'quite improved'. Nearly one-quarter reported being saliva drug tested (21% of those who had driven soon after taking an illicit drug), of whom twenty participants reported a positive result.

Law enforcement-related trends associated with drug use

Reports of criminal activity

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

Arrests

Thirty-nine percent of the national sample reported having been arrested in the preceding 12 months. The most recent indicator data available on consumer and provider arrests were for the financial year 2008/09. These data indicated that there had been an increase in those reported for heroin and other opioids between 2007/08 and 2008/09 (mainly in NSW and VIC). The number of arrests for amphetamine-type stimulants (including phenethylamines such as 3,4-methylenedioxymethamphetamine [MDMA]), cocaine and cannabis also increased. The majority

of cocaine arrests were in NSW and remained lower elsewhere. Cannabis arrests continue to account for the majority of all drug-related arrests in Australia.

Expenditure on illicit drugs

Among the national sample who commented, 64% reported spending money on illicit drugs the day before interview. The median amount spent by those who had purchase drugs was \$100.

Special topics of interest

Height, weight and Body Mass Index

The mean height of the national sample was 1.74metres, weight 72.5kilograms and Body Mass Index 24.1. The IDRS sample reported a higher BMI percentage as 'underweight' compared to the general population aged 18-64 years.

Alcohol Use Disorders Identification Test-Consumption

Among the national sample, the overall mean score on the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) was 3.8. Males scored significantly higher than females on the AUDIT-C. A cut-off score of 5 or more indicates that further assessment is required. Over one-third of the national sample scored 5 or over on the AUDIT-C, ranging from 31% in NSW to 44% in TAS. Forty-one percent of males and 32% females scored 5 or more indicating the need for further assessment.

Stimulant and Opioid Dependence

Of those who had recently used a stimulant, the median Severity of Dependence Scale (SDS) score was 3 (range=0-15), with 44% scoring four or above. Seventy-eight percent reported attributing responses to methamphetamines and 16% to cocaine. Of those who had recently used an opioid, the median SDS score was 8 (range=0-15), with 77% scoring five or above. Over half (59%) reported attributing responses to heroin, while 25% reported morphine and 17% methadone.

Personal Wellbeing Index

The Personal Wellbeing Index asked participants questions about how satisfied they were with various aspects of their life. Nationally, participants scored lower than the general population on each domain of the personal wellbeing index which monitors the wellbeing of participants. Participants also scored lower than the expected range of the wellbeing scores except for safety.

Sexual Health

Over half (58%) of the national sample reported being tested in the last two years for a sexually transmitted infection. The main reason for the test was a suggestion from their health provider. Among females in the sample, fifty-nine percent reported a pap smear test in the last two years. The main reason for 'no' pap smear was 'didn't think of it' and the main reason for a pap smear test was 'due for a test'.

General Medical Practitioners

Eighty percent of the sample reported visiting a General Medical Practitioner (GP) in the last 12mths for a physical or mental health problem on a median of six occasions. Nearly half (44%) of these visited were for a mental health problem.

Social Networks

Around one-third (31%) of the national sample reported contact with a family member nearly every day. While fifty-one percent reported contact with a friend(s) nearly every day. The majority reported that they could rely on one or two family members or friends.

1 INTRODUCTION

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

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

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

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

Ecstasy and related drug use. Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among people who regularly inject drugs, it cannot provide information on drug use and harms among all groups of drug users. The Ecstasy and related Drugs Reporting System (EDRS), which has been funded in every jurisdiction in Australia since 2003, has documented patterns and trends in use among regular ecstasy users. The EDRS adopts the same methodology as the IDRS, and results are reported elsewhere (Sindicich and Burns, 2011) or www.ndarc.med.unsw.edu.au for further details).

1.1 Study aims

The primary aims of the 2010 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 2010 IDRS monitored trends in illicit drug markets using the methodology trialled by Hando and colleagues in NSW, VIC and SA (Hando et al., 1997, Hando et al., 1998). In 2010, in all Australian jurisdictions, drug trends were monitored through a triangulation of three data sources. In each jurisdiction, data collection consisted of:

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

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

2.1 Survey of people who regularly inject drugs

A total of 902 people who inject drugs were interviewed in 2010. The 902 PWID who participated in the 2010 IDRS were interviewed between June and August, 2010. The sample sizes in each jurisdiction were: NSW n=154; VIC n=151; ACT n=101; TAS n=100; SA n=97; WA n=100; NT n=99; and QLD n=100. The sample sizes reflect predetermined quotas. To be eligible to participate in the survey, PWID participants needed to be at least 16 years of age (due to ethical requirements), to have injected at least monthly during the six months preceding interview, and to have been a resident for at least 12 months in the capital city in which they were interviewed. Participants were recruited using multiple methods, including advertisements in street press, newspapers, treatment agencies, needle and syringe programs (NSP) and peer referral. Participants were interviewed in locations convenient to them, such as NSP, treatment agencies, public parks, coffee shops and hotels. The recruitment remained consistent with the methodology used in previous years.

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

The structured interview schedule administered to participants was similar to that administered in the 2009 IDRS, which was originally based on previous NDARC studies of heroin and amphetamine users (Darke 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 2010, amendments were made to the questionnaire in an attempt to collect more detailed information on mental and physical functioning using the Personal Wellbeing Index as well the inclusion of extra questions relating to physical and sexual health. Other inclusions included questions relating to alcohol (AUDIT-C), stimulant and opioid dependence, accessing general medical practitioners and social networks.

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 151 KE were interviewed, either by telephone or in person, between June and early October 2010. 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=20; QLD n=27; TAS n=28; VIC n=24; SA n=15; ACT n=15; NT n=12; and WA n=10. KE included nurses, drug dealers, staff of drug treatment agencies, residential rehabs 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.

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 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 National Centre for HIV Epidemiology and Clinical Research (NCHECR);
- pharmacotherapy statistics provided by the AIHW;
- national notifiable diseases surveillance data provided by the AGDH&A National Notifiable Disease Surveillance System (NNDSS);
- opioid, cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS);
- data on the number and weight of seizures of illicit drugs made at the border provided by the Australian Customs and Border protection Service;
- data from the National Household Survey 2007 and National Survey of Mental Health and Wellbeing 2007 provided by the Australian Bureau of Statistics; and
- data from telephone helpline provided by Family Drug Support.

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 Statistical Package for the Social Sciences (SPSS) for Windows, Version 18.0 (PASW, 2009). Further analysis was conducted on the main drugs of focus in the IDRS to test for significant differences between 2009 and 2010 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 2009 and 2010 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 902 participants were interviewed for the IDRS survey in 2010.
- Mean age was 38 years (range 18-64years).
- Nearly two-thirds were male.
- Majority of the participants were unemployed, with a mean income of \$366 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 902 IDRS participants were interviewed for the 2010 IDRS. The mean age of participants was 38 years (range 18-64years) with the majority of the sample being male (65%). The majority of the national sample spoke English as their main language at home (98%) and 14% identified as being of Aboriginal and/or Torres Strait Islander descent. More than three-quarters (81%) of the sample were unemployed. The mean weekly income was \$366 nationally.

Nearly half (47%) of the participants were currently in some form of drug treatment, with 29% reporting the main treatment as methadone (includes Biodone® and Physeptone®), 8% buprenorphine-naloxone (Suboxone®) and 6% buprenorphine (Subutex®) maintenance treatment. Over the last six months, 43% of the sample had been in some form of drug treatment.

Fifty-two percent of the sample had previously been imprisoned; as in previous years, males were more likely to report previous imprisonment (60% of males versus 39% of females).

Demographic information by jurisdiction in the 2010 sample is shown in Table 1. Notable differences included the proportions identifying as Aboriginal and/or Torres Strait Islanders, ranging from 4% in SA to 21% in NSW and the NT and completion of a university or college qualification (from 6% in TAS to 13% in WA and the NT). Proportions reporting having no fixed address also varied and were highest in VIC and TAS (14% respectively), while unemployed status ranged from 63% in SA to 89% in VIC. There was substantial variation in those reporting a prison history, from 43% in TAS and SA to 69% in NSW, and proportions reporting current drug treatment ranged from 12% in the NT to 67% in NSW.

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

Appendix A, Table A1 provides a demographic overview of the national sample from 2000 to 2010 and Table A2 the jurisdictional demographics for 2009.

Table 1: Demographic characteristics of the national sample, by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Mean age (years)	37	38	39	39	35	35	38	37	41	40
Male (%)	64	65	61	67	70	61	56	65	72	70
English speaking background (%)	96	98	98	100	95	100	97	100	99	98
Aboriginal and/or Torres Strait Islander (%)	11	14	22	11	9	11	4	9	21	20
Sexual identity (%)										
Heterosexual	88	88	84	90	91	83	88	88	91	87
Gay male	3	2	3	1	0	8	3	0	0	3
Lesbian	2	2	3	0	1	3	1	5	3	1
Bisexual	7	7	7	9	8	6	7	7	4	7
Other	1	1	3	0	0	0	1	0	2	2
Relationship status (%)										
Married/de facto	19	19	26	10	20	17	17	14	19	25
Partner	22	22	16	22	15	39	27	27	16	19
Single	52	54	53	63	62	44	53	53	58	49
Separated	4	2	3	2	1	0	2	2	4	5
Divorced	2	1	1	2	3	0	1	1	2	1
Widow/er	1	1	2	0	0	0	1	1	1	1
Other	<1	<1	0	1	0	0	0	0	0	0
Mean grade at school completed	10	10	10	10	10	10	10	10	10	10
Completed trade/tech qualification (%)	43	37	36	33	37	40	40	34	36	38
Completed university/college (%)	8	9	9	7	9	6	8	13	13	9
Accommodation (%)										
Own home (<i>inc. renting</i>)	70	61	69	57	52	69	71	61	84	53
Parents'/family home	8	8	8	3	7	9	19	10	2	5
Boarding house/hostel	10	9	8	3	20	7	7	11	2	11
Shelter/refuge	2	2	1	5	3	0	1	0	1	4
No fixed address	8	10	11	5	14	14	2	10	9	12
Other	2	10	1	27	4	1	0	8	2	15
Unemployed (%)	78	81	88	78	89	82	63	77	78	83
Full-time students (%)	1	1	1	2	1	0	1	1	0	1
Gov't pension, allowance or benefit main income source (%)	79	84	84	82	89	89	74	82	79	86
Mean income/ week (\$)	N=838 \$364	N=804 \$366	n=144 \$330	n=101 \$411	n=123 \$329	n=99 \$332	n=92 \$426	n=55 \$348	n=92 \$424	n=98 \$354
Prison history (%)	52	52	69	46	57	43	43	47	44	56
Currently in drug treatment (%)	45	47	67	54	58	40	37	47	12	41

Source: IDRS participant interviews

4 CONSUMPTION PATTERNS

Key points

- The mean age of first injection for the national sample was 19 years. Nationally amphetamines were reported as the drug first injected by the majority of the sample.
- Over half of the national sample reported heroin as the drug of choice followed by methamphetamines.
- In 2010, a significantly lower proportion of the sample reported ice/crystal as their drug of choice compared to 2009.
- The drug injected most often in the last month was heroin followed by methamphetamines.
- In 2010, oxycodone reported as the last drug injected was significantly higher, whereas speed was significantly lower compared to 2009.
- Polydrug use over the last six months was common among the national sample.

4.1 Current drug use

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

The mean age of first injection of the overall sample was 20 years (SD 6.3; range 10-48). Overall, amphetamines followed by heroin were most commonly reported as the drug first injected, with smaller proportions nominating other drugs (Table 2).

Table 2: Drug first injected and age at first injection, by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Mean age first injected	19	20	19	19	18	20	20	19	22	20
Drug first injected (%)										
Heroin	42	41	61	49	58	11	32	39	32	25
Amphetamines*	48	49	33	41	39	62	62	53	51	67
Morphine	4	4	1	0	1	17	0	3	12	4
Cocaine	2	1	3	3	0	0	2	0	0	2
Methadone	<1	1	0	2	0	4	0	0	0	0
Buprenorphine**	<1	<1	0	0	1	0	0	1	1	0
Other drugs	2	3	2	5	1	6	4	4	4	2

Source: IDRS participant interviews

* Refers to 'amphetamines' rather than 'methamphetamine' as a proportion of participants may have first injected prior to methamphetamine dominating the market

** Excludes buprenorphine-naloxone (Suboxone)

4.1.1 *Drug of choice*

Heroin was nominated by just over half (54%) of the national sample as the 'drug of choice', followed by methamphetamine, morphine and cannabis. Differences were noted at the jurisdictional level (**Table 3**).

A significantly lower proportion of participants reported ice/crystal as their drug of in 2010 compared to 2009 (4% in 2010 versus 12% in 2009; 95%CI 0.001, 0.06). No other significant differences were found for drug of choice between 2009 and 2010 for heroin, speed, base, cocaine, morphine, oxycodone or cannabis ($p>0.05$).

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

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

In 2010, the proportion of participants reporting oxycodone as the 'last drug injected' was significantly higher compared to 2009 (3% in 2010 versus 1% in 2009; 95%CI -0.007, -0.036; note: small numbers). Whereas the proportion of participants reporting speed as the 'last drug injected' was significantly lower in 2010 compared to 2009 (10% in 2010 versus 14% in 2009; 95%CI 0.01, 0.07). No other significant differences were found between 2009 and 2010 for 'last drug injected' (for heroin, base, ice/crystal, cocaine, morphine, oxycodone, methadone, buprenorphine or buprenorphine-naloxone).

Forty-three percent of the national sample reported injecting heroin 'most often in the last month', followed by methamphetamine and morphine (**Table 3**). The proportion of participants reporting speed as the 'drug injected most often in the last month' was significantly lower compared to 2009 (10% in 2010 versus 14% in 2009; 95%CI 0.001, 0.07). No other significant differences were found between 2009 and 2010 for 'drug injected most often in the last month' (for heroin, base, ice/crystal, cocaine, morphine, oxycodone, methadone, buprenorphine or buprenorphine-naloxone).

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

Around two-thirds of the 2010 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 2010. 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, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
Drug of choice (%)	2009	2010								
Heroin	52	54	71	57	68	29	49	60	26	59
Methamphetamine*	21	16	10	22	15	18	26	17	8	14
<i>Speed</i>	12	10	3	16	15	12	9	11	6	8
<i>Base</i>	2	2	0	0	0	5	13	0	0	3
<i>Ice/crystal</i>	7	4	7	6	0	1	4	6	2	3
Morphine	8	10	1	0	3	25	4	4	44	7
Cocaine	5	3	11	1	1	1	2	0	4	1
Methadone	2	2	0	2	0	7	1	0	5	2
Buprenorphine**	<1	1	0	2	2	0	1	0	1	0
Oxycodone	1	2	1	1	0	5	2	1	3	1
Cannabis	7	8	3	11	9	5	10	11	4	11
Other drugs	3	4	3	4	2	10	5	7	5	5
Last drug injected (%)										
Heroin	40	41	62	51	67	0	36	38	1	47
Methamphetamine*	24	19	11	17	13	23	39	25	7	21
<i>Speed</i>	14	10	3	7	10	18	11	18	6	12
<i>Base</i>	4	4	3	1	1	5	16	0	0	6
<i>Ice/crystal</i>	6	5	5	9	2	0	12	7	1	3
Morphine	17	19	5	5	5	42	11	5	79	16
Cocaine	3	2	11	1	0	1	0	1	0	1
Methadone	6	5	4	10	1	20	4	1	2	3
Buprenorphine**	6	4	2	13	7	0	5	1	1	3
Oxycodone	1	3	2	0	2	9	2	7	4	2
Other drugs	3	7	3	3	5	5	3	22	6	7
Drug injected most often last month (%)										
Heroin	43	43	65	50	68	0	42	47	0	51
Methamphetamine*	24	19	11	22	12	20	42	25	6	22
<i>Speed</i>	14	11	3	11	11	16	13	17	5	12
<i>Base</i>	4	3	1	1	0	4	17	0	0	5
<i>Ice/crystal</i>	6	5	7	10	1	0	12	8	1	5
Morphine	16	19	5	4	7	38	8	5	83	13
Cocaine	2	2	12	0	0	0	0	0	0	0
Methadone	6	7	3	10	3	26	3	3	4	4
Buprenorphine**	5	3	0	10	8	0	2	0	1	3
Oxycodone	1	3	1	0	1	12	2	1	3	2
Other drugs	3	4	3	4	1	4	0	19	3	5
Injection frequency last month (%)										
Not in last month	<1	1	1	1	1	0	1	0	1	3
Weekly or less	19	15	15	20	25	6	31	21	17	19
More than weekly (but less than daily)	36	30	30	36	35	50	39	35	18	27
Once daily	20	18	18	20	13	23	14	10	28	20
2-3 times daily	20	26	26	18	22	15	12	27	35	22
> 3 times a day	5	10	10	6	5	5	2	7	0	9

Source: IDRS participant interviews

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

** Excludes buprenorphine-naloxone (Suboxone)

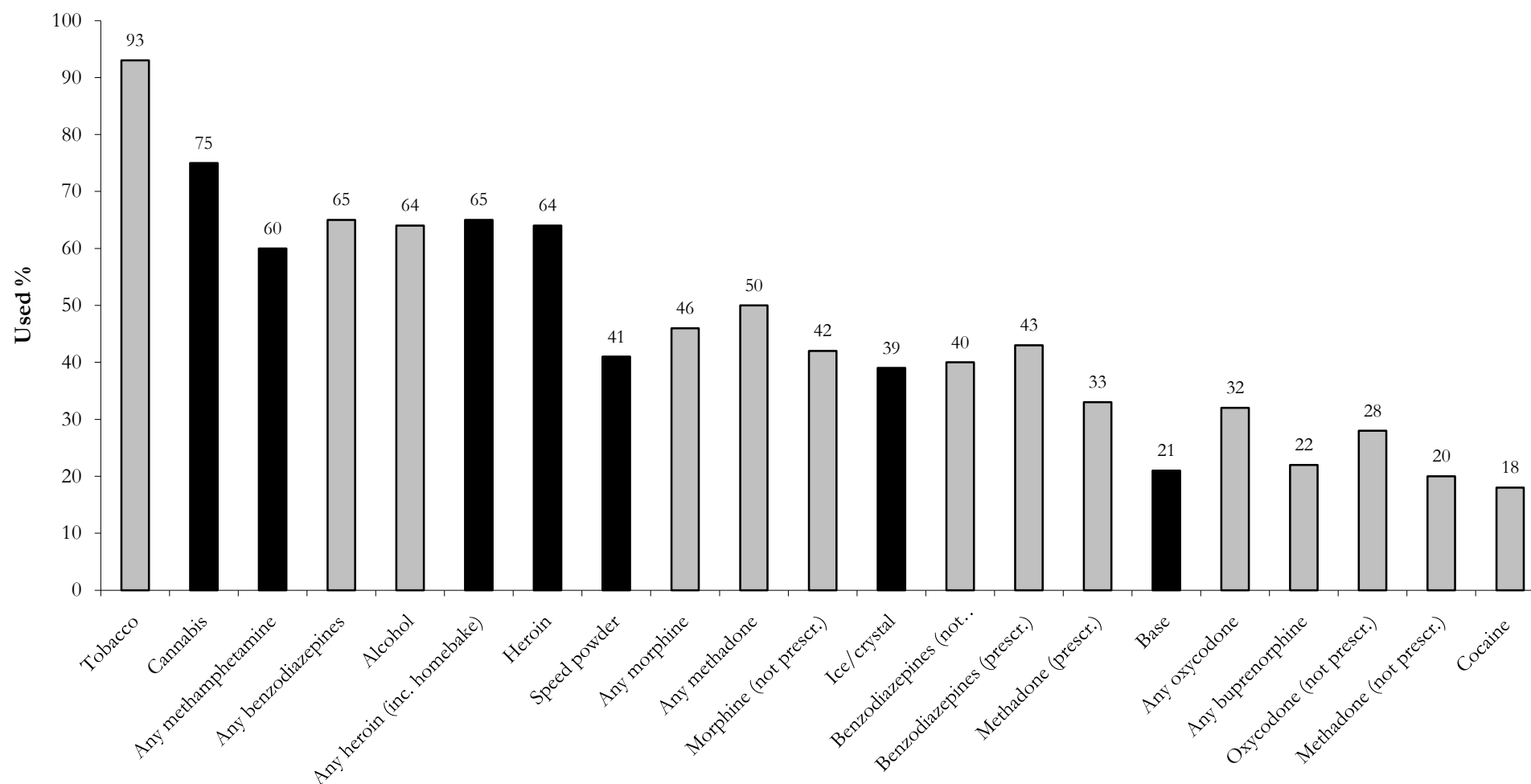
4.1.3 *Polydrug use*

As in previous years, IDRS participants sampled were polydrug users. Figure 1 shows the prevalence of drug use by the national sample in the past six months for the most commonly used drugs investigated by the IDRS (15% or greater prevalence in the preceding six months). Use of tobacco, benzodiazepines and alcohol were common, with over or around three-fifths of the sample using each of these drugs in the last six months. Substantial proportions of the sample reported recent use of three of the four main drugs monitored by the IDRS: heroin (64%); cannabis (75%); and methamphetamine (any form; 60%).

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, 2010

**Source: IDRS participant interviews**

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

4.1.4 Forms of drugs used in preceding six months

Participants were asked what forms of the main drug types they had used in the six months preceding interview and which form they had used most during that time. Table 4 depicts the proportion of participants in each jurisdiction who reported having used different forms of the drug in the preceding six months. Table 5 refers to the specific form of the drug type participants reported having used 'the most' in the preceding six months. For example, 78% of participants in the ACT sample (n=100) reported use of hydroponic cannabis in the preceding six months, 61% reported use of outdoor-grown 'bush' cannabis, 7% reported use of hashish and 1% the use of hash oil (Table 4). Among those who had used cannabis in the ACT, the majority (80%) stated that hydroponic cannabis was the form they had used most often during that time; about one-fifth stated bush (19%) was the form most used (Table 5). Only one participant reported using hashish most often while no participants reported using hash oil most often in the last six months.

Table 4: Forms of drugs used in the preceding six months, by jurisdiction, 2010

Form of drug	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Heroin (%)										
Powder – white/off-white	36	43	69	75	42	1	36	51	0	53
Rock – white/off-white	39	33	44	24	69	3	32	24	1	47
<i>Any white/off-white heroin</i>	56	54	80	76	75	4	49	53	1	68
Powder – brown	23	28	59	23	23	2	16	52	1	32
Rock – brown	20	24	32	8	46	1	23	19	0	50
<i>Any brown heroin</i>	31	39	66	27	50	3	32	56	1	57
Methadone (%)										
Liquid, licit	30	34	61	42	40	33	23	27	6	18
Liquid, illicit	22	20	27	24	16	42	12	13	11	13
Physeptone, licit	2	2	0	4	2	3	0	1	8	0
Physeptone, illicit	12	10	1	4	3	41	7	5	26	3
Buprenorphine (%)										
Licit	8	9	11	13	9	4	14	5	4	8
Illicit	17	16	13	27	20	5	9	18	8	27
Buprenorphine-naloxone (%)										
Licit	12	12	5	8	21	6	14	20	8	16
Illicit	12	13	3	12	24	5	8	17	15	21
Morphine (%)										
Licit	8	8	8	9	6	2	5	4	24	10
Illicit	40	42	31	36	30	73	24	28	89	38
Oxycodone (%)										
Licit	5	7	10	1	3	8	6	9	12	6
Illicit	30	28	33	13	28	60	17	20	22	26
Other opiates (%)										
Licit	4	5	1	1	5	7	1	5	13	12
Illicit	4	4	1	4	3	10	1	6	6	1

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, 2010 (continued)

Form of drug	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Methamphetamine (%)										
Methamphetamine powder (speed)	48	41	29	48	53	56	29	51	25	41
Amphetamine liquid (oxblood)	5	3	3	4	3	2	6	1	2	6
Base methamphetamine (base/point/wax)	28	21	29	18	3	40	43	8	6	30
Crystalline methamphetamine (ice/crystal)	37	39	48	48	36	20	60	40	18	37
Prescription stimulants (%)										
Licit	2	2	0	8	0	0	2	1	2	1
Illicit	12	13	1	30	13	35	4	17	4	2
Cocaine (%)										
Powder	18	15	52	3	9	2	6	14	3	10
Crack	1	1	2	1	<1	0	0	2	0	3
Rock	7	6	23	2	3	3	6	0	1	3
Hallucinogens (%)										
LSD	7	3	2	1	1	6	2	10	3	4
Mushrooms	2	2	0	3	5	5	4	0	0	2
Ecstasy (%)										
Pills	21	12	6	7	5	21	17	21	10	18
Powder	<1	<1	<1	0	<1	0	1	1	0	0
Benzodiazepines (%)										
Licit	44	43	43	47	49	39	39	44	34	43
Illicit	44	40	49	42	56	55	17	26	28	33
Cannabis (%)										
Hydro	70	68	68	78	65	75	56	67	68	73
Bush	45	44	40	61	32	67	40	39	37	47
Hashish (hash)	6	6	2	7	3	10	6	5	11	5
Hash oil	3	3	<1	1	3	4	7	11	6	1

Source: IDRS participant interviews

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

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2010

Form of drug	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Heroin (%)										
Powder – white/off-white	35	37	35	88	11	14	35	42	0	34
Rock – white/off-white	35	30	24	5	70	43	33	7	13	21
Powder – brown	10	16	28	4	1	29	11	35	13	13
Rock – brown	14	15	12	0	18	14	18	10	0	33
Other	6	2	1	3	0	0	3	6	74	0
Methadone (%)										
Liquid, licit	64	67	86	72	80	47	62	66	17	67
Liquid, illicit	28	21	14	23	16	31	27	26	3	33
Physeptone, licit	2	3	0	0	1	4	0	3	23	0
Physeptone, illicit	7	9	0	5	3	18	12	5	57	0
Buprenorphine (%)										
Licit	33	36	48	33	29	44	65	18	33	28
Illicit	67	64	52	67	71	56	35	82	68	72
Buprenorphine-naloxone (%)										
Licit	55	50	67	39	46	56	65	59	38	46
Illicit	45	50	33	61	54	44	35	41	62	54
Morphine (%)										
Licit	15	15	21	21	15	3	13	13	18	19
Illicit	85	85	79	79	85	97	88	87	82	81
<i>Main brand</i>	<i>Ms Contin</i>	<i>Ms Contin</i>	<i>Ms Contin</i>	<i>Ms Contin</i>	<i>Ms Contin</i>	<i>Ms Contin</i>	<i>Kapanol</i>	<i>Ms Contin</i>	<i>Ms Contin</i>	<i>Ms Contin</i>
Oxycodone (%)										
Licit	12	17	18	7	10	8	18	28	38	16
Illicit	88	83	82	93	90	92	82	72	63	84
<i>Main brand</i>	<i>OxyContin</i>	<i>OxyContin</i>	<i>OxyContin</i>	<i>OxyContin</i>	<i>OxyContin</i>	<i>OxyContin</i>	<i>OxyContin</i>	<i>OxyContin</i>	<i>OxyContin</i>	<i>OxyContin</i>
Other opiates (%)										
Licit	45	58	67	20	58	41	50	25	68	100
Illicit	55	42	33	80	42	59	50	75	32	0

Source: IDRS participant interviews

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

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2010 (continued)

Form of drug	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Methamphetamine (%)										
Methamphetamine powder (speed)	50	46	21	43	76	58	18	56	57	42
Amphetamine liquid (oxblood)	1	1	0	0	0	1	0	0	0	4
Base methamphetamine (base/point/wax)	20	16	12	7	0	32	41	2	11	25
Crystalline methamphetamine (ice/crystal)	29	38	67	50	24	9	41	42	31	30
Prescription stimulants (%)										
Licit	12	10	0	21	0	0	20	7	33	33
Illicit	88	90	100	79	100	100	80	93	67	67
<i>Main brand</i>	<i>Dexamphetamine</i>	<i>Dexamphetamine</i>	<i>Dexamphetamine</i>	<i>Dexamphetamine</i>	<i>Dexamphetamine</i>	<i>Dexamphetamine</i>	<i>Dexamphetamine</i>	<i>Dexamphetamine</i>	<i>Dexamphetamine</i>	<i>Dexamphetamine</i>
Cocaine (%)										
Powder	81	79	86	50	71	25	55	100	75	77
Crack	2	1	0	17	0	0	0	0	0	8
Rock	17	20	14	33	29	75	45	0	25	15
Hallucinogens (%)										
LSD	73	59	100	25	22	50	29	100	100	80
Mushrooms	23	39	0	75	78	50	57	0	0	20
Ecstasy (%)										
Pills	93	95	100	88	88	83	100	100	100	100
Powder	2	1	0	0	12	0	0	0	0	0
Benzodiazepines (%)										
Licit	60	58	48	66	55	41	76	73	55	71
Illicit	40	42	52	34	45	60	24	27	45	29
<i>Main brand</i>	<i>Diazepam</i>	<i>Diazepam</i>	<i>Diazepam</i>	<i>Diazepam</i>	<i>Diazepam</i>	<i>Diazepam</i>	<i>Diazepam</i>	<i>Diazepam</i>	<i>Xanax</i>	<i>Diazepam</i>
Cannabis (%)										
Hydro	85	85	93	80	89	69	69	91	89	89
Bush	15	15	7	19	11	31	31	9	11	11

Source: IDRS participant interviews

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

4.2 Heroin

Key points

- Heroin remained the most commonly reported drug of choice among participants.
- Nationally around two-thirds of the sample reported recent heroin use.
- Frequency of use was stable nationally compared to 2009.
- 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 uncommon.
- The use of homebake heroin in the sample remained largely uncommon.

4.2.1 Use of heroin

In 2010, heroin was the drug of choice for half of the sample (54%, 52% in 2009), and nominated as the last drug injected and drug injected most often in the last month (41% and 43% respectively, Table 3)

For data between 2000 and 2010 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 (64%) 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 2009 and 2010 for recent heroin use or frequency of heroin use in the last six months ($p>0.05$). Prevalence of use was relatively stable in most jurisdictions, while the frequency of use decreased in most jurisdictions with exception of VIC and QLD where frequency of use increased. Twenty-seven percent of recent heroin users reported daily use of heroin in the last six months. The highest proportions of daily users were in NSW, VIC and QLD (Table 6). Among those who recently used heroin all reported injecting on a median of 72 days in the last six months.

For national data please refer to Appendix B, Figure B3 for recent heroin use and Figure B6 for median days of recent heroin use between 2000 and 2010. For a jurisdictional breakdown of heroin use patterns including daily use between 2000 and 2010 refer to Appendix C, Tables C1.

Table 6: Recent use and median days of heroin use by jurisdiction, 2009-2010

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Recent use (%)									
2009	64	94	78	79	12	72	71	13	75
2010	64	92	78	85	8	64	69	5	81
Median days of use*									
2009	72	96	48	51	6	30	96	17	72
2010	72	96	60	74	3	24	55	4	90
Daily use* (%)									
2009	23	36	17	16	0	10	36	8	25
2010	27	35	17	33	0	10	23	0	33

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

4.2.2 Homebake

Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. Homebake use remains uncommon among the national IDRS sample. Homebake use remained stable compared to 2009 (11%, n=93), with 9% (n=77) of the national sample reporting use on a median of six days over the past six months. Nine percent reported injection on a median of six days in the preceding six months (Appendix A, Table A3). As the use of homebake has remained uncommon since the commencement of the IDRS, information on market characteristics such as price, perceived purity and availability were not obtained.

4.2.3 Heroin forms used

Eighty-five percent of recent heroin users reported use of 'white/off-white' heroin in the preceding six months, while 62% reported use of 'brown' heroin, a significant increase from 49% in 2009 (95%CI -0.07, -0.19). The vast majority of heroin users reported that they had used 'white/off-white' heroin most often in the preceding six months. Less than one percent of heroin users in the national sample reported that homebake heroin was the form of heroin that they had most used in the preceding six months (Table 7).

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

Table 7: Reports of heroin forms used in the last six months among those who had recently used heroin, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Used last 6 months (%)	N=566	N=573	n=141	n=79	n=128	n=8	n=62	n=69	n=5	n=81
White/off-white powder or rock	87	85	87	96	88	50	77	75	20	84
Brown powder or rock	49	62	72	34	59	38	50	81	20	70
Form most used last 6 months (%)	N=544	N=544	n=136	n=76	n=121	n=7	n=55	n=68	n=4	n=77
White powder or rock	71	68	59	95	81	57	67	52	25	55
Brown powder or rock	25	31	40	4	19	43	29	47	25	45
Homebake	2	<1	1	0	0	0	0	0	25	0
Other colour	3	1	1	1	0	0	4	2	25	0

Source: IDRS participant interviews

IDRS participants who recently injected heroin were also asked ‘Did you heat the last time you injected?’, ‘Did you use acid?’ and ‘What colour was the heroin?’ Of those who commented, 42% reported heating the heroin before injecting last and 6% reported using acid. Similar proportions reported the colour of heroin as either white (47%) or brown (50%) when used with acid or when heating (Table 8).

Table 8: Use of heat and acid in the preparation of last heroin injection among recent heroin users who commented, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Heated in the last injection (%)	N=495 37	N=511 42	n=130 56	n=72 40	n=101 19	n=7 57	n=56 48	n=66 49	n=4 100	n=75 37
Acid in the last injection (%)	N=482 6	N=508 6	n=130 6	n=72 3	n=101 3	n=6 0	n=54 9	n=66 11	n=4 0	n=75 4
Main Colour*	N=173	N=189	n=65	n=22	n=16	n=2	n=24	n=32	n=1	n=27
White	46	47	28	86	81	0	50	41	100	48
Brown	36	50	69	14	19	100	46	56	0	48
Other	18	3	3	0	0	0	4	3	0	4

Source: IDRS participant interviews

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

4.3 *Methamphetamine*

Key points

- Nearly two-thirds of the national sample reported using one or more forms of methamphetamine in the last six months on a median of 14 days in the last six months.
- The recent use of speed and base was significantly lower compared to 2009. While the recent use of ice/crystal remained stable.
- Minimal use of liquid amphetamine (or 'oxblood') was noted in all jurisdictions.
- The form mainly used in the past six months was 'speed' followed by 'ice/crystal' and 'base'.
- Frequency of use in the last six months was 10 days for 'speed', 10 days for 'base' and 7 days for 'ice/crystal'.

4.3.1 *Use of methamphetamines*

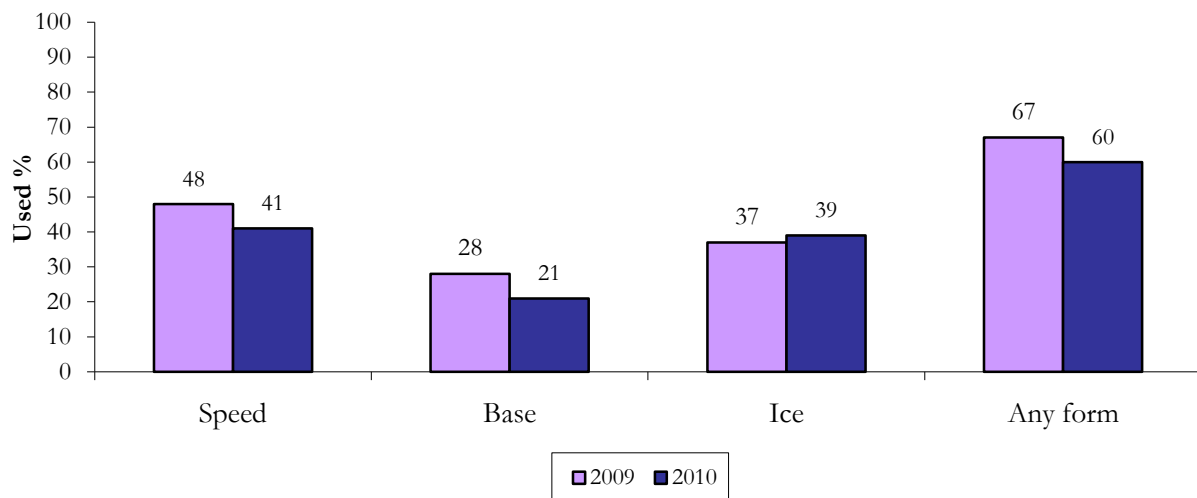
In 2010, sixty percent of the national sample reported using one or more forms of methamphetamine (speed, base, ice/crystal or liquid amphetamine) in the six months preceding interview. The proportion of participants reporting recent use and frequency of methamphetamine nationally over time is presented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

Figure 2 shows the proportion of participants who reported using the three different forms of methamphetamine nationally in 2009 and 2010. The recent use of 'speed' was significantly lower in 2010 compared to 2009 (41% in 2010 versus 48% in 2009; 95%CI 0.019, 0.11), ranging from 29% in NSW and SA to 56% in TAS. Nearly all (98%) of the recent 'speed' users reported injecting 'speed' in the last six months.

The recent use of 'base' was also significantly lower in 2010 compared to 2009 (21% in 2010 versus 28% in 2009; 95%CI 0.022, 0.10). Recent 'base' use ranged from 3% in VIC to 43% in SA. Nearly all (97%) recent 'base' users reported injecting base recently.

Nationally, the recent use of 'ice/crystal' remained stable (ranging from 18% in the NT to 60% in SA) and no significant difference was found between 2009 and 2010 ($p>0.05$). The majority (95%) of recent 'ice/crystal' users reported injecting 'ice/crystal' in the last six months.

Figure 2: Recent use of methamphetamine (speed, base, ice/crystal and any form), 2009-2010



Source: IDRS participant interviews

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 'speed' (46%), followed by 'ice/crystal' (38%) and 'base' (16%) (Table 5). For comparison, in 2009, these figures were: 'speed' (50%), 'ice/crystal' (29%) and 'base' (20%). There are some jurisdictional variations in these findings. 'Ice/crystal' was the form reported as mainly used in NSW and the ACT, while speed was the form mainly used in the other jurisdictions except in SA. (Table 5).

4.3.3 Methamphetamine frequency of use

In 2010, the median number of days any form of methamphetamine was used by the national sample was 14 days (20 days in 2009), around fortnightly use (Table 9). The median frequency of use among those who reported recent methamphetamine use was 10 days for 'speed' (ranging from five days in the NT to 16.5 days in TAS; 12 days nationally in 2009), 10 days for 'base' (ranging from five days in NSW, the ACT and VIC to 35 days in SA; 10 days nationally in 2009) and 7 days for 'ice/crystal' (ranging from three days in QLD to 24 days in WA; 7 days nationally in 2009). Among those who recently used 'speed', the median days of use significantly decreased between 2009 and 2010 (speed: 12 days versus 10 days; $p=0.04$). Nationally, no other significant differences for median days of use were found for base or ice/crystal ($p>0.05$).

Figure 3 shows the median number of days of methamphetamine use (any form) among those who recently used any form of methamphetamine for 2009 and 2010. Median days were lower in all jurisdictions, except in TAS and WA (both increased from 15 days in 2009 to 24 days in 2010). Daily use of any form of methamphetamine was reported by 3% of the national sample (5% of recent methamphetamine users).

Table 9: Median number of days of methamphetamine use by those who had used methamphetamine in the past six months, by jurisdiction, 2010

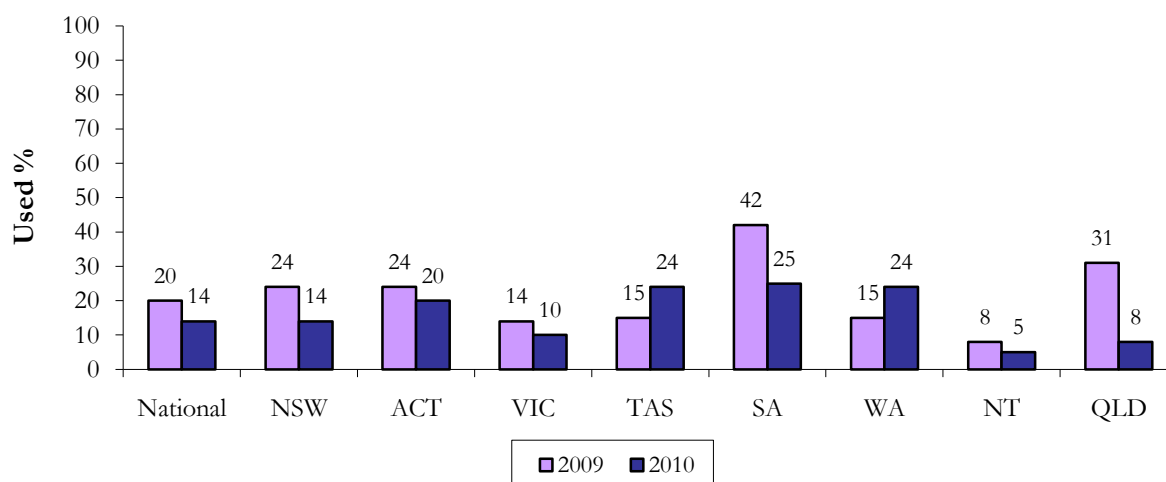
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Speed	12	10	6	11	8.5	16.5	7	14	5	6
Base	10	10	5	5	5^	12	35	7	9.5^	13
Ice/crystal	7	7	11	6.5	5	5.5	9	24	4	3
Liquid	6	6	6^	41^	3.5^	48.5^	6^	2	45^	6^
Any form**	20	14	14	20	10	24	24.5	24	4.5	8

Source: IDRS participant interviews

^ Very small numbers reporting (n<10)

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

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

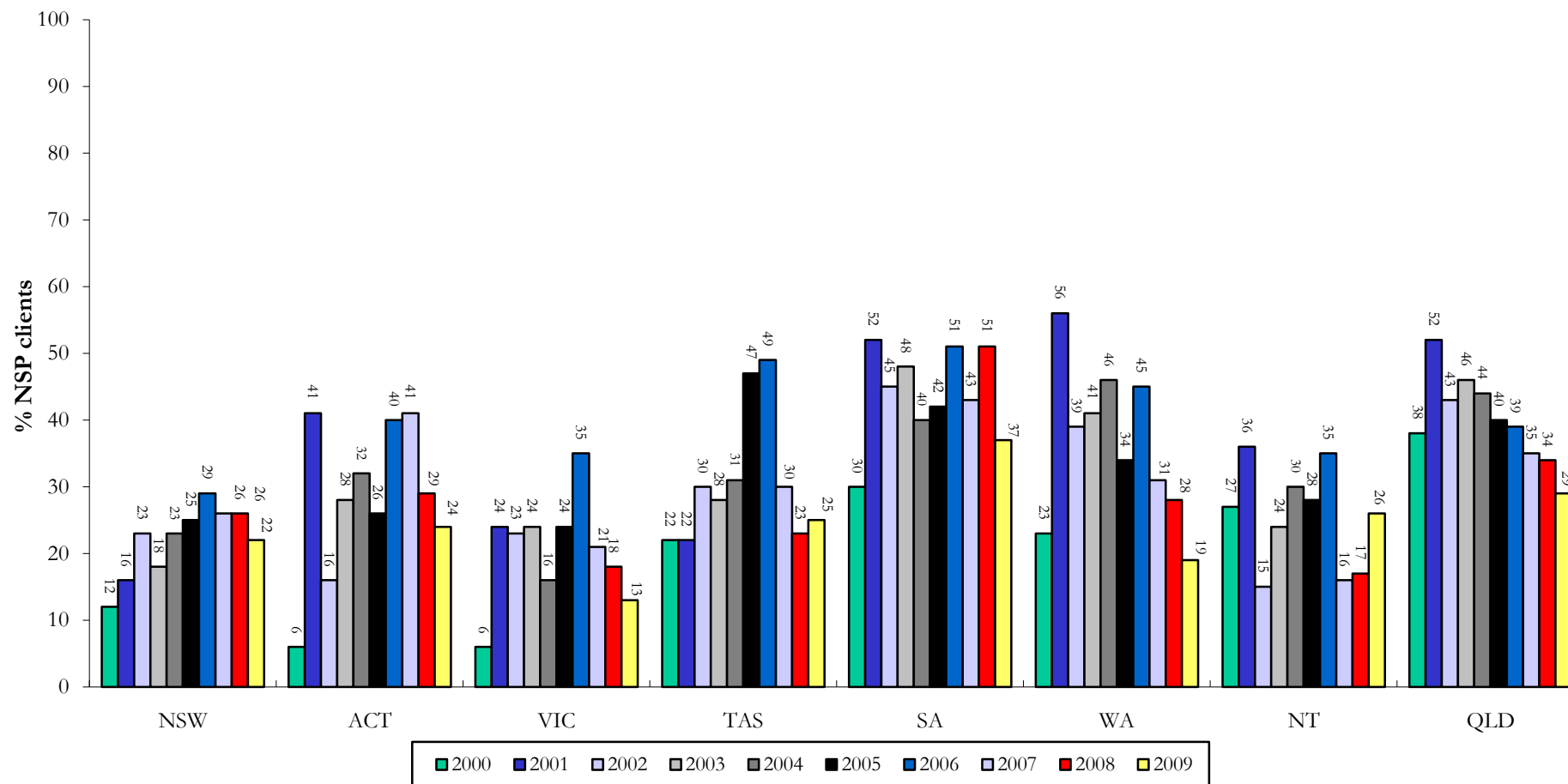
Figure 3: Median days of methamphetamine (any form) use among participants who had used methamphetamine in the past six months, by jurisdiction, 2009-2010

Source: IDRS participant interviews

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

The jurisdictional differences in methamphetamine use are reflected in data sources other than the IDRS. The most recent Needle and Syringe Program (NSP) survey available (provided by NCHECR) provides data from 2000 to 2009 (Figure 4)(National Centre in HIV Epidemiology and Clinical Research, 2010)². The graph depicts the proportion of NSP clients who report amphetamine as the drug they had last injected, by jurisdiction. SA had the largest proportion of NSP clients reporting amphetamine as the last drug injected, however this figure was lower than previous years (Figure 4).

² For a comparison of key findings from the IDRS and the NSP Survey, a surveillance system which monitors HIV and hepatitis C among people who inject drugs, including behavioural indices of risk, see Fetherston et al. FETHERSTON, J., TOPP, L., BLACK, E., IVERSEN, J. & MAHER, L. (2007) Blood borne virus surveillance among sentinel samples of injecting drug users. *Drug Trends Bulletin*, December..

Figure 4: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000-2009

Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research 2002, 2005, 2009, 2010)

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.

4.4 Cocaine

Key points

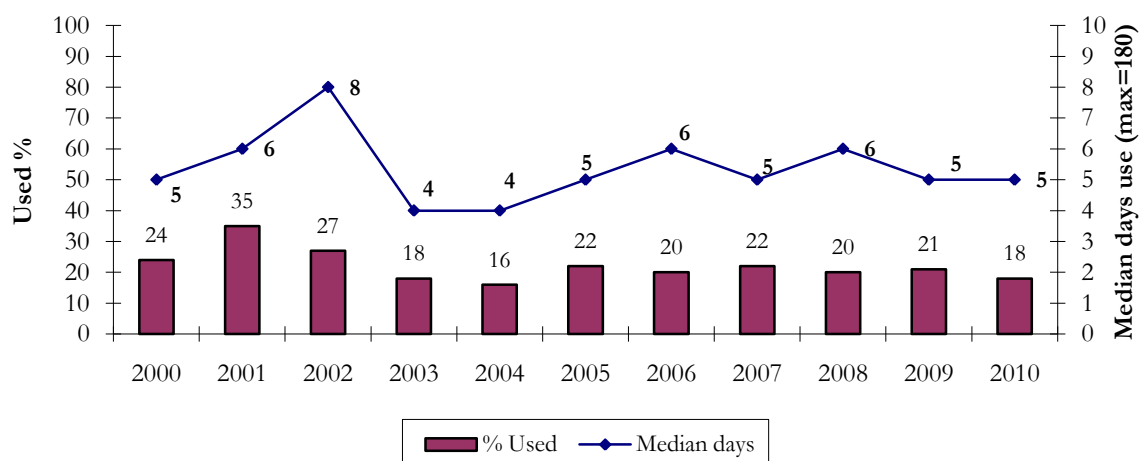
- The recent use of cocaine remained most common among participants in NSW (57%), with proportions elsewhere reporting use in the preceding six months remaining at less than 15%.
- The frequency of cocaine use remained low and sporadic (on average less than bi-monthly use in the last six months) in all jurisdictions except NSW. In NSW, the frequency of cocaine was 12 days compared to 20 days in 2009.
- Cocaine powder remained the most common form of the drug used by participants, with small reports of crack cocaine use.

4.4.1 Use of cocaine

Eighteen percent of the national sample reported recent use of cocaine (Figure 5), the majority (83%) of whom also reported injecting it in the last six months. The recent use of cocaine remained most common among participants in NSW (57%), ranging in the other states from 15% in WA to 4% in the NT (Figure 6). No significant difference was found between 2009 and 2010 for recent cocaine use nationally or in NSW ($p>0.05$). The vast majority of cocaine used was cocaine powder (see Tables 4 and 5).

The median frequency of use was five days, ranging from 12 days in NSW to one day in SA. Among those who recently used cocaine, no significant difference was found between 2009 and 2010 for median days of use (both five days; $p>0.05$). The frequency of cocaine use remained low and sporadic (on average less than bi-monthly use in the last six months) in all jurisdictions except NSW (Figure 6). In NSW, the frequency of cocaine use was 12 days compared to 20 days in 2009, however this was not significant ($p>0.05$). Please refer to Appendix B, Figure B3 and Figure B6 for national data between 2000 and 2010 and Appendix C, Table C5 for jurisdictional differences over time.

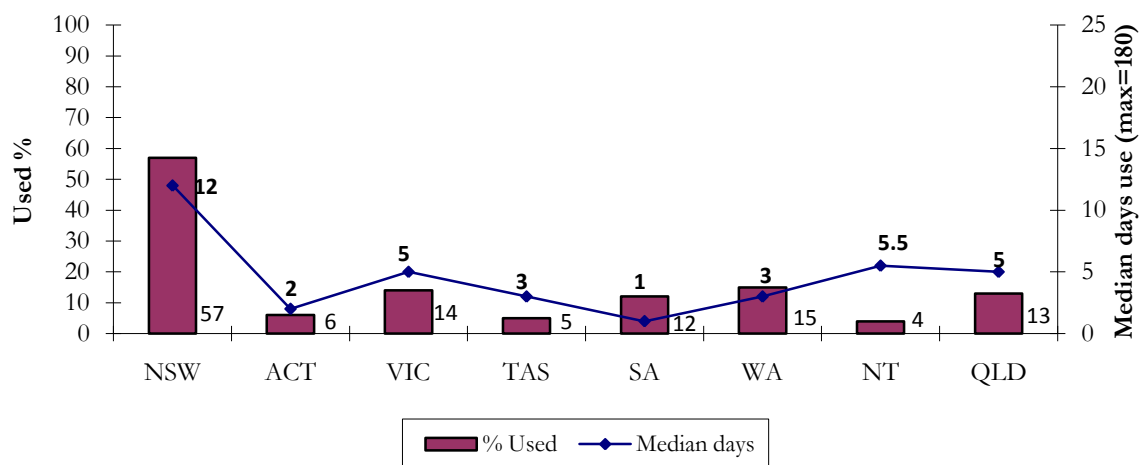
Figure 5: Proportion of participants in the national sample who reported recent cocaine use and median days of use, 2000-2010



Source: IDRS participant interviews

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

Figure 6: Proportion of participants who reported recent cocaine use and median days of use by jurisdiction, 2010



Source: IDRS participant interviews

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

4.5 Cannabis

Key points

- The majority of participants reported recent cannabis use. The frequency of cannabis use was high with daily use commonly reported.
- Smoking of cannabis in cones was more common than in joints, with daily users reporting having smoked a median of 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.

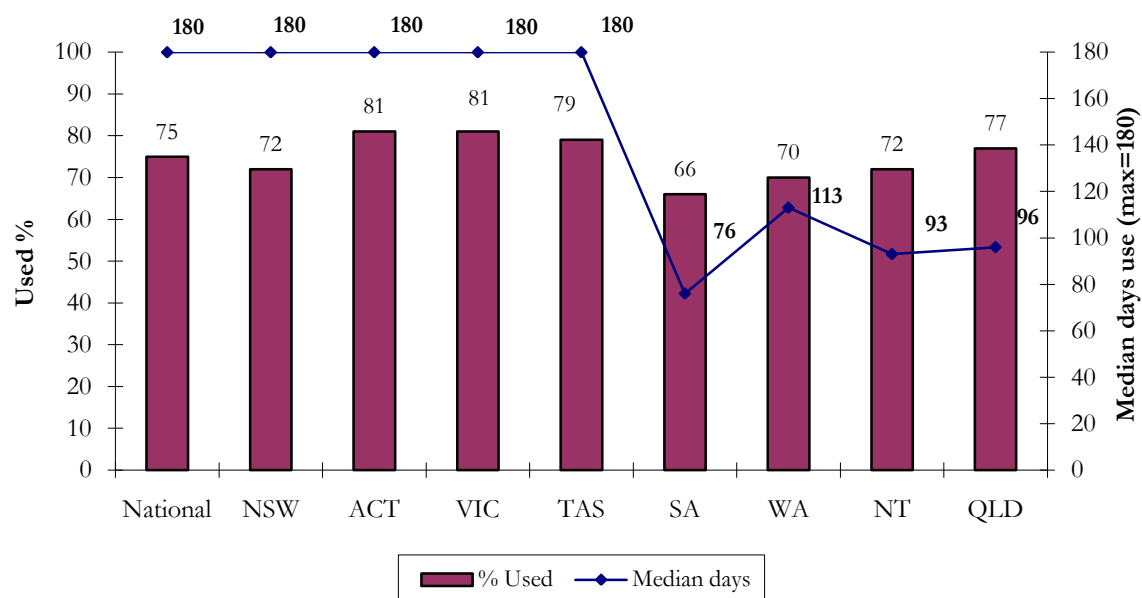
4.5.1 Use of cannabis

Seventy-five percent of the national sample reported they had used cannabis in the six months prior to interview, ranging from 66% in SA to 81% in the ACT and VIC (Figure 7). No significant difference was found between 2009 and 2010 for recent cannabis use nationally (76% in 2009; $p>0.05$).

Nationally the median number of days used among those who use recently used cannabis was 180 days (daily use) (Figure 7). No significant difference in median days use for cannabis was found between 2009 and 2010 ($p>0.05$). Nationally, 51% of recent cannabis users reported daily use ranging between 33% in SA to 61% in the ACT.

For national data between 2000 and 2010 please refer to Appendix B, Figure B3 and Figure B6. Recent cannabis use and median days of use among users nationally between 2000 and 2010 is presented in Appendix B, Figures B3 and Figure B6. For recent cannabis use jurisdictionally over time refer to Appendix C, Table C6.

Figure 7: Proportion of participants who reported recent cannabis use and median days of use by jurisdiction, 2010



Source: IDRS participant interviews

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

Recent cannabis users were asked how much cannabis they had smoked on the last day of use, as measured by the number of cones or joints used on that occasion, either by themselves or shared with others. Among those who responded nationally, cannabis had typically been smoked in cones (83%; range 76% in the NT to 88% in WA) rather than joints (10%; range 5% in WA to 18% in QLD). Among those who had smoked cones, the median number used on the last day was four (range: less than one cone to 180 cones), while the number of joints smoked was one (range: less than one joint to 12 joints). Daily users of cannabis had smoked a median of six cones (range: 0.5-180) or two joints (range: 1-12) on the last day of use.

4.5.2 *Cannabis forms used*

Sixty-eight percent of the national sample reported use of hydroponic cannabis (hydro) in the preceding six months, ranging from 56% in SA to 78% in the ACT. Nearly half (44%) reported use of outdoor-grown 'bush' cannabis, ranging from 32% in VIC to 67% in TAS. Six percent had used hashish and minimal proportions (3%) reported use of hash oil (see Table 4). Among users, hydro remained the form most commonly used in the preceding six months, followed by bush (see Table 5).

4.6 *Other opioids*

Key points

- Half of the national sample reported recent use of methadone (any form, i.e. 'licitly' and/or 'illicitly' obtained methadone or Physeptone) and, around one-quarter reported recent (last six months) injection.
- Twenty percent of the national sample reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview, while 10% of the national sample reported recent use of 'illicitly' obtained methadone tablets (Physeptone).
- Nine percent of the national sample reported use of 'licitly' obtained buprenorphine in the six months preceding interview and 16% reported use of 'illicit' buprenorphine.
- Twelve percent of the national sample reported using 'licitly' and 13% 'illicitly' obtained buprenorphine-naloxone in the preceding six months.
- The recent use of 'licit' morphine was reported by 8% of the sample compared to 42% for 'illicit' morphine.
- Morphine remained the most commonly injected pharmaceutical in the national sample (46% in 2010).
- Jurisdictional variations and changes were observed. The use of morphine remained highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available.
- Four percent of the national sample reported the recent injection of 'licitly' obtained oxycodone and around one-quarter reported the recent injection of 'illicitly' obtained oxycodone. Overall, frequency of injection (any form) among those who had recently injected was low at approximately monthly.
- Thirty-five percent of the national sample reported using over the counter codeine on a median of eight days in the last six months.
- Eleven percent of the national sample reported recent use of 'other' opioids (i.e. those not elsewhere classified) on a median of nine days. Recent injection of these preparations was low at one percent.

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

Use

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

Injection

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

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

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

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

4.6.1 Use of methadone

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

In 2010, half of the national sample reported recent use of ‘licitly’ and/or ‘illicitly’ obtained methadone (including Physeptone tablets), on median of 180 days in the last six months. Among the national sample, twenty percent (22% in 2009) reported the use of ‘illicitly’ obtained methadone liquid in the six months preceding interview (Table 10). No significant difference was found nationally between 2009 and 2010 for recent ‘illicit’ methadone use ($p>0.05$). ‘Illicitly’ obtained methadone liquid was the form of methadone reported as the form used most by 21% of those who reported methadone use, ranging from 3% in the NT to 33% in QLD (see Table 5).

Ten percent (11% in 2009) of the 2010 national sample reported recent use of ‘illicit’ Physeptone (Table 10). ‘Illicitly’ obtained Physeptone tablets were reported as the form of methadone ‘most used’ by 9% of the national sample who used methadone recently (7% in 2009) (see Table 5). There were substantial jurisdictional differences among those who reported ‘illicitly’ obtained Physeptone tablets as the form ‘most used’, ranging from zero percent in NSW and 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 2010 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C7.

Participants who recently used methadone were asked about their reasons for using ‘illicit’ methadone. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to self-treat dependence (45%), to substitute for heroin/opiates (32%), to seek an opiate effect (intoxication; 31%), because they were away from home (2%) and/or another reason (15%).

Table 10: Methadone (any form) recent use and median days, by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
Recent use (%)	2009	2010								
Licit										
Methadone syrup	30	34	61	42	41	33	23	27	6	18
Physeptone	2	2	0	4	2	3	0	1	8	0
Illicit										
Methadone syrup	22	20	27	24	17	42	12	13	11	13
Physeptone	11	10	1	4	3	41	7	5	26	3
Any form (licit and/or illicit)	46	50	70	57	51	69	37	38	35	27
Median days used *										
Licit										
Methadone syrup	180	180	180	180	180	180	180	180	60^	180
Physeptone	16.5	42	0	18^	16^	120^	0	14^	140^	0
Illicit										
Methadone syrup	6	6	6	11	3	9.5	6	4	2^	5
Physeptone	3.5	4	6.5^	2.5^	1^	6	2^	5.5^	5	1^
Any form (licit and/or illicit)	179	180	180	180	179.5	72	129	129	8	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 of days use/injection

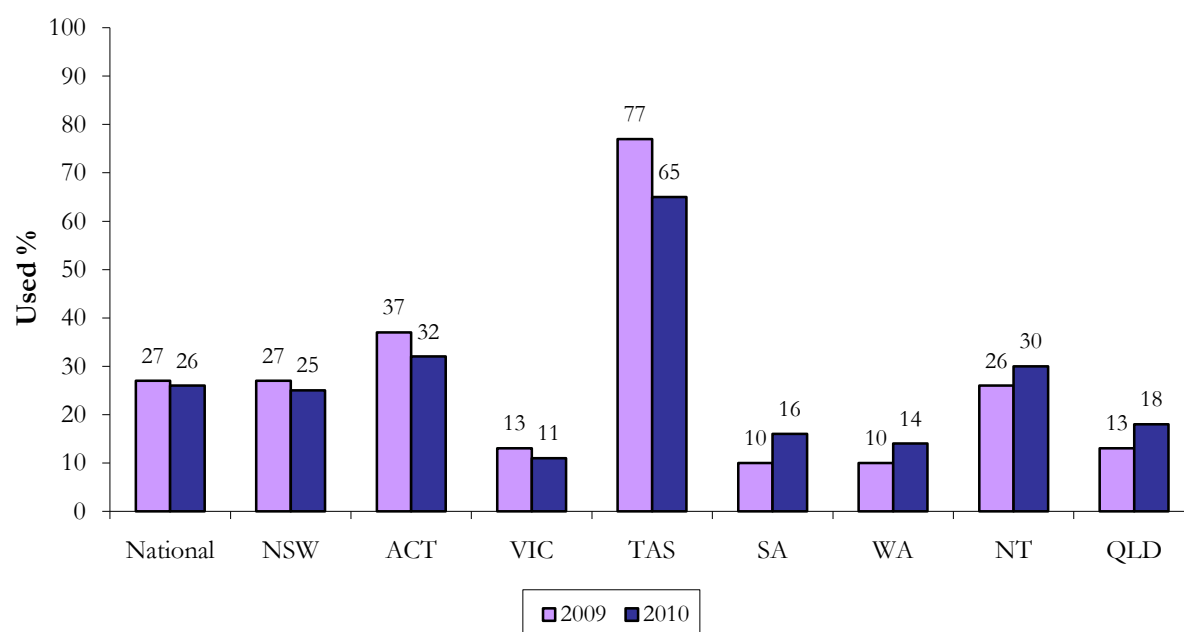
4.6.1.1 Methadone injection

Twenty-six percent of the national sample reported recently injecting 'licitly' and/or 'illicitly' obtained methadone (including Physeptone) compared to 27% in 2009 (Figure 8, Table 11).

The proportions of participants from the entire sample in each jurisdiction who reported having injected methadone in the preceding six months was lowest in VIC (11%) and highest in TAS (65%) (Figure 8, Table 11). 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 2% for 'licitly' obtained, i.e. prescribed, tablets (range zero in NSW, SA and QLD to 6% in the NT), and 9% for 'illicitly' obtained tablets, respectively (1% in NSW and VIC to 38% in TAS) (Table 11).

Nationally, those who reported injecting 'licitly' obtained methadone recently had done so on a median of 48 days 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 11). Frequency of injection of methadone liquid and Physeptone varied by jurisdiction. No significant difference was observed nationally between 2009 and 2010 for median days injected 'licit' or 'illicitly' obtained methadone syrup ($p>0.05$).

Figure 8: Recent injection of methadone (any form), by jurisdiction, 2009-2010

Source: IDRS participant interviews

Note: figures include licitly and illicitly obtained methadone and Physeptone

Table 11: Methadone (any form) recent injection and median days, by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
Recent injection (%)	2009	2010								
Licit										
Methadone syrup	11	11	12	19	5	30	5	6	3	12
Physeptone	1	2	0	2	1	2	0	1	6	0
Illicit										
Methadone syrup	17	15	20	18	4	41	10	8	9	10
Physeptone	10	9	1	2	1	38	4	3	24	3
Any form (licit and/or illicit)	27	26	25	34	11	65	16	14	30	18
Median days injected *										
Licit										
Methadone syrup	48	48	48	48	36^	54	72^	5^	6^	18
Physeptone	5	21	0	2^	3.5^	103.5^	0	1^	46.5^	0
Illicit										
Methadone syrup	10	6	7	22	2^	7	5^	4^	2^	3
Physeptone	3	4	6.5^	25.5^	2^	6	1^	3^	5	1^
Any form (licit and/or illicit)	22.5	12	15	24	5	36	5	5	6	10

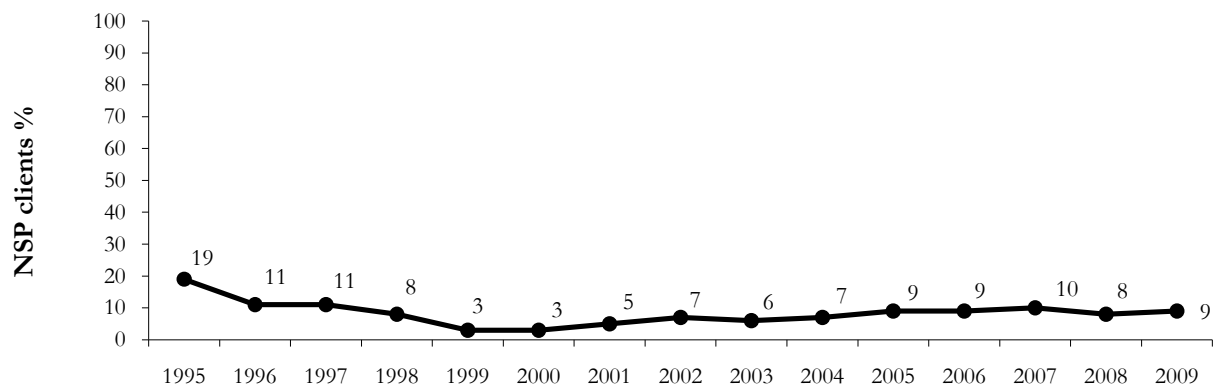
Source: IDRS participant interviews

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

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

The proportion of NSP clients in Australia reporting methadone as the last drug injected was 9% in 2009 (Figure 9). Consistent with IDRS participant reports, the NSP Survey results show that TAS recorded the highest proportion (33%) of NSP clients reporting methadone as the last drug injected, followed by NSW (14%)³.

Figure 9: Proportion of NSP clients reporting methadone as last injection, Australia, 1995-2009



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research 2002, 2005, 2009, 2010)

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.

4.6.2 Use of buprenorphine

Nine percent of the national sample reported recently using 'licit' buprenorphine compared to 16% for 'illicitly' obtained buprenorphine in the six months preceding interview (Table 12). No significant difference was found nationally between 2009 and 2010 for recent 'licit' or 'illicit' buprenorphine use ($p > 0.05$).

Use of 'licitly' obtained buprenorphine ranged between 4% in TAS and the NT to 14% in SA, while, for 'illicitly' obtained buprenorphine, this figure ranged from 5% in TAS to 27% in the ACT and QLD (Table 12).

For national differences between 2002 and 2010 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C8.

Participants who recently used buprenorphine were asked about their reasons for using 'illicit' buprenorphine. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to substitute for heroin/opiates (55%), to self-treat dependence (40%), to seek an opiate effect (intoxication; 17%), because they were away from home (3%), and/or another reason (13%).

³ For a comparison of key findings from the IDRS and the NSP Survey, a surveillance system which monitors HIV and hepatitis C among people who inject drugs, including behavioural indices of risk, see Fetherston et al. (2007).

4.6.2.1 Buprenorphine injection

Four percent of the national sample reported injection of 'licit' buprenorphine and 14% reported injection of 'illicit' buprenorphine in the six months preceding interview (Table 12). Injection of 'licitly' obtained buprenorphine ranged from no reports in WA and the NT to 8% in SA, while injection of 'illicitly' obtained buprenorphine ranged from 5% in TAS to 26% in the ACT (Table 12). Overall, 17% of the national sample had injected any form of buprenorphine (i.e. 'licitly' or 'illicitly' obtained).

Among recent buprenorphine injectors (regardless of 'licit' or 'illicit' obtainment) the median frequency of injection was 24 days (12 days in 2009). For 'licit' buprenorphine, this figure increased to 69 days (from 24 days in 2009) and for 'illicitly' obtained buprenorphine 14 days (10 days in 2009) (Table 12). No significant difference was observed between 2009 and 2010 for median days injected 'licit' or 'illicit' buprenorphine ($p>0.05$). However, twenty-three participants, or 3% of the national sample, injected daily (any form).

Table 12: Buprenorphine use patterns, by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=	NT n=99	QLD n=100
Recent Use (%)	2009	2010								
Licit	8	9	11	13	9	4	14	5	4	8
Illicit	18	16	13	27	21	5	9	18	8	27
Any form (licit and/or illicit)	24	22	18	35	28	9	23	22	12	30
Median days used*										
Licit	90	150	96	180	123	110	180	180	19	165
Illicit	10	13	5	72	30	6	15	6	7	9.5
Any form (licit and/or illicit)	20	38	31.5	178	60	12	73	6.5	9.5	35
Recent injection (%)										
Licit	4	4	5	6	7	1	8	0	0	5
Illicit	14	14	10	26	20	5	9	13	6	22
Any form (licit and/or illicit)	17	17	14	29	25	6	15	13	6	24
Median days injected*										
Licit	24	69	90 [^]	108 [^]	84	4 [^]	50 [^]	0	0	48 [^]
Illicit	10	14	5	60	24	2 [^]	19 [^]	7	6.5 [^]	17.5
Any form (licit and/or illicit)	12	24	7	72	72	3 [^]	36	7	6.5 [^]	24

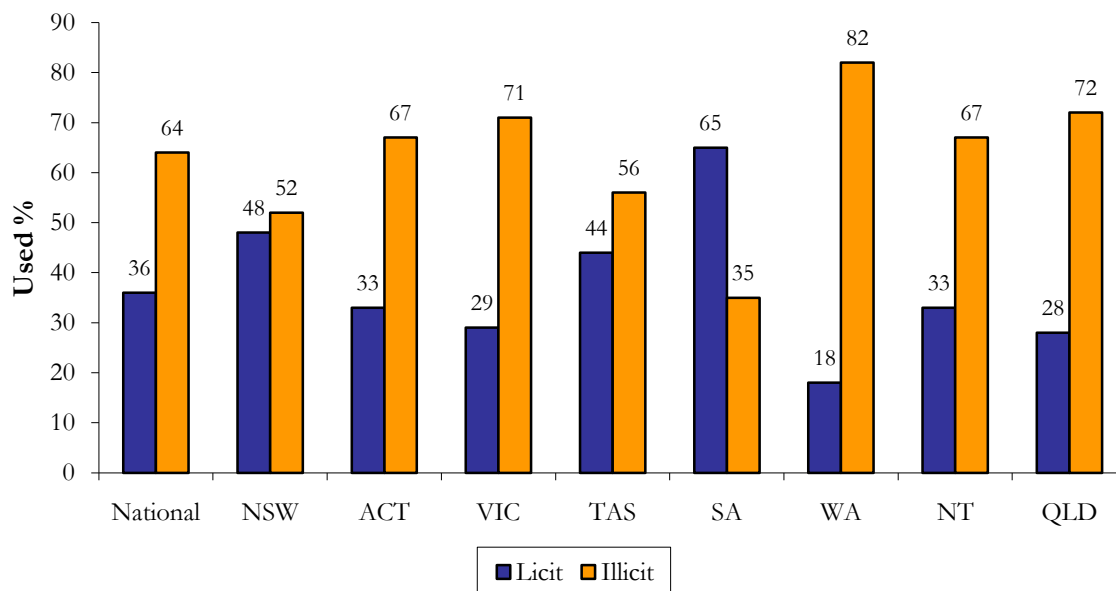
Source: IDRS participant interviews

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

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

Of those who had recently used buprenorphine, 64% reported 'illicit' buprenorphine as the form used most recently compared to 36% for 'licit' buprenorphine. At a jurisdictional level the form used most varied. SA reported the use of 'licit' buprenorphine as the form used most, whereas the other jurisdictions reported 'illicit' as the form mainly used (Figure 10).

Figure 10: Most used form of buprenorphine among those who reported recent buprenorphine use, by jurisdiction, 2010



Source: IDRS participant interviews

4.6.3 Use of buprenorphine-naloxone

In 2010, twelve percent of the national sample reported recently using 'licitly' obtained buprenorphine-naloxone on a median of 90 days (every second day). Thirteen percent also reported the recent use of 'illicitly' obtained buprenorphine-naloxone on a median of six days (around once a month) in the last six months. No significant difference was found nationally between 2009 and 2010 for recent 'licit' or 'illicit' buprenorphine-naloxone use ($p>0.05$).

VIC and WA reported the highest levels of recent 'licit' buprenorphine-naloxone use. The use of 'illicitly' obtained buprenorphine-naloxone was highest in VIC, followed by QLD (Table 13). The form of buprenorphine-naloxone most used (i.e. whether 'licitly' or 'illicitly' obtained) among those who had used, varied by jurisdiction (see Table 5).

For national differences between 2006 and 2010 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C9.

Participants who recently used buprenorphine-naloxone were asked about their reasons for using 'illicit' buprenorphine-naloxone. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to substitute for heroin/opiates (49%), to self-treat dependence (38%), to seek an opiate effect (intoxication; 35%), and/or another reason (17%).

Table 13: Buprenorphine-naloxone use patterns, by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=	NT n=99	QLD n=100
Recent Use (%)	2009	2010								
Licit	12	12	5	8	20	6	14	20	8	16
Illicit	12	13	3	12	24	5	8	17	15	21
Any form (licit and/or illicit)	22	23	8	19	39	9	20	34	21	33
Median days used*										
Licit	90	90	64	180	67.5	11	180	130	14	35
Illicit	8	6	1	8	6	2	6	30	3	17
Any form (licit and/or illicit)	48	30	14	48	39	6	114	110	7	24
Recent injection (%)										
Licit	3	4	1	0	7	2	5	13	0	6
Illicit	8	10	3	9	17	4	7	15	7	18
Any form (licit and/or illicit)	10	13	3	9	21	5	11	25	7	21
Median days injected*										
Licit	60	30	1^	0	10	25^	24^	90	0	18^
Illicit	10	11	1.5^	10	12	3.5^	6^	90	1^	21
Any form (licit and/or illicit)	24	14	2^	10^	10	2^	18	90	1^	24

Source: IDRS participant interviews

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

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

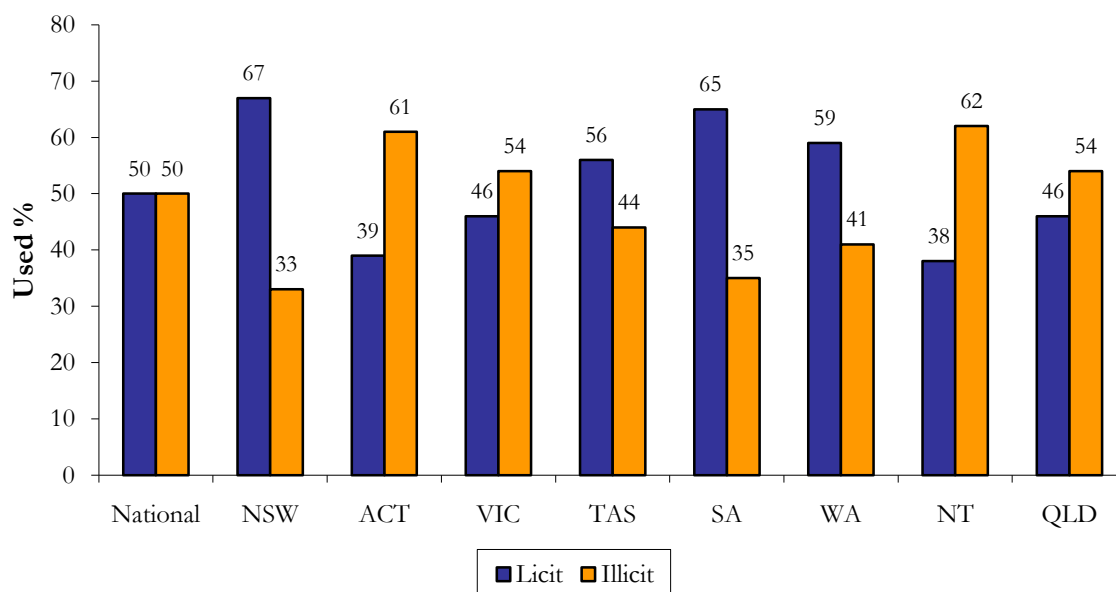
4.6.3.1 Buprenorphine-naloxone injection

Small proportions of participants had injected 'licitly' obtained (i.e. their own) buprenorphine-naloxone in the preceding six months ($n=38$; 4% of the national sample), while a slightly larger number of participants had injected 'illicitly' obtained buprenorphine-naloxone during this time ($n=89$; 10% of the national sample). Overall, 13% ($n=113$) of the national sample had injected any form of buprenorphine-naloxone (i.e. 'licitly' or 'illicitly' obtained) (Table 13).

Among recent buprenorphine-naloxone injectors (regardless of 'licit' or 'illicit' obtainment) the median frequency of injection was 14 days (24 days in 2009). For 'licit' buprenorphine-naloxone, this figure decreased to 30 days (from 60 days in 2009) and for 'illicitly' obtained buprenorphine-naloxone 11 days (10 days in 2009) (Table 13). The median days of 'licit' buprenorphine-naloxone injection significantly decreased between 2009 and 2010 ($p=0.03$). No other significant differences were found. Fourteen participants, or 2% of the national sample, injected daily (any form).

Among those who had used any form of buprenorphine-naloxone (i.e. whether 'licitly' and/or 'illicitly' obtained), equal proportions (50%) reported that 'licitly' or 'illicitly' obtained buprenorphine-naloxone as the form most used, however, there was some jurisdictional variation (see Figure 11 and Table 5).

Figure 11: Most used form of buprenorphine-naloxone among those who reported recent buprenorphine use, by jurisdiction, 2010



Source: IDRS participant interviews

4.6.4 Use of morphine

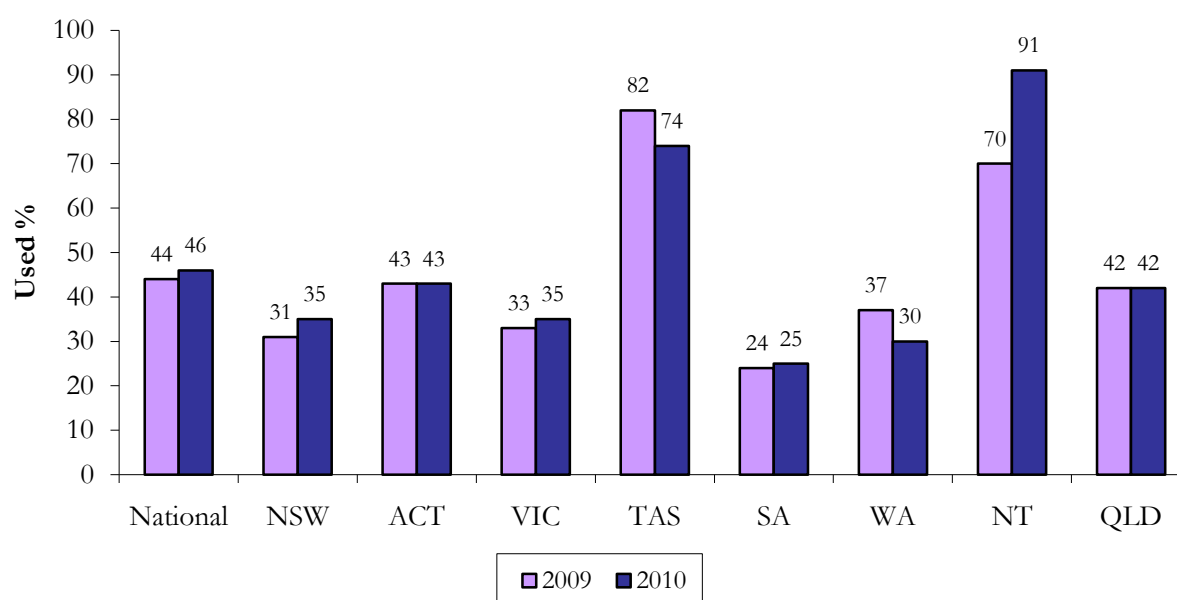
Forty-six percent of the national sample had used morphine (includes both 'licitly' and 'illicitly' obtained morphine) in the last six months, ranging from 25% in SA to 91% in the NT (Figure 12). The use of morphine was highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available, and where methadone and morphine have dominated the markets (Figure 12).

The recent use of 'licit' morphine was reported by 8% of the sample (range 2% in TAS to 24% in the NT) compared to 42% for 'illicit' morphine (range 24% in SA to 89% in the NT) (Table 14). No significant difference was found nationally between 2009 and 2010 for recent 'licit' or 'illicit' morphine use ($p>0.05$). The most commonly used brand of morphine used in the preceding six months was MS Contin® followed by Kapanol®.

For national differences between 2001 and 2010 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C10.

Participants who recently used morphine were asked about their reasons for using 'illicit' morphine. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to self-treat dependence (47%), to seek an opiate effect (intoxication; 35%), to substitute for heroin/opiates (34%), because they were away from home (1%) and/or another reason (17%).

Figure 12: Recent use of morphine (any form), by jurisdiction, 2009-2010



Source: IDRS participant interviews

Note: Includes licitly and illicitly obtained morphine

4.6.4.1 Morphine injection

Proportions reporting use and injection of 'licitly' obtained morphine in the preceding six months were lower than for 'illicitly' obtained morphine. By jurisdiction, 'licit' morphine use and injection were reported by less than 10% in all jurisdictions except the NT. 'Illicit' morphine use and injection were least common in SA with 24% of participants reporting recent use, and was most common in the NT and TAS (Table 14).

Median days of use and injection of 'licitly' obtained morphine 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 2009 and 2010 (12.5 days and 15 days respectively; $p>0.05$). By jurisdiction, the median frequency of 'illicitly' obtained morphine use and injection among users varied (Table 14).

Table 14: Morphine use patterns, by jurisdiction, 2010

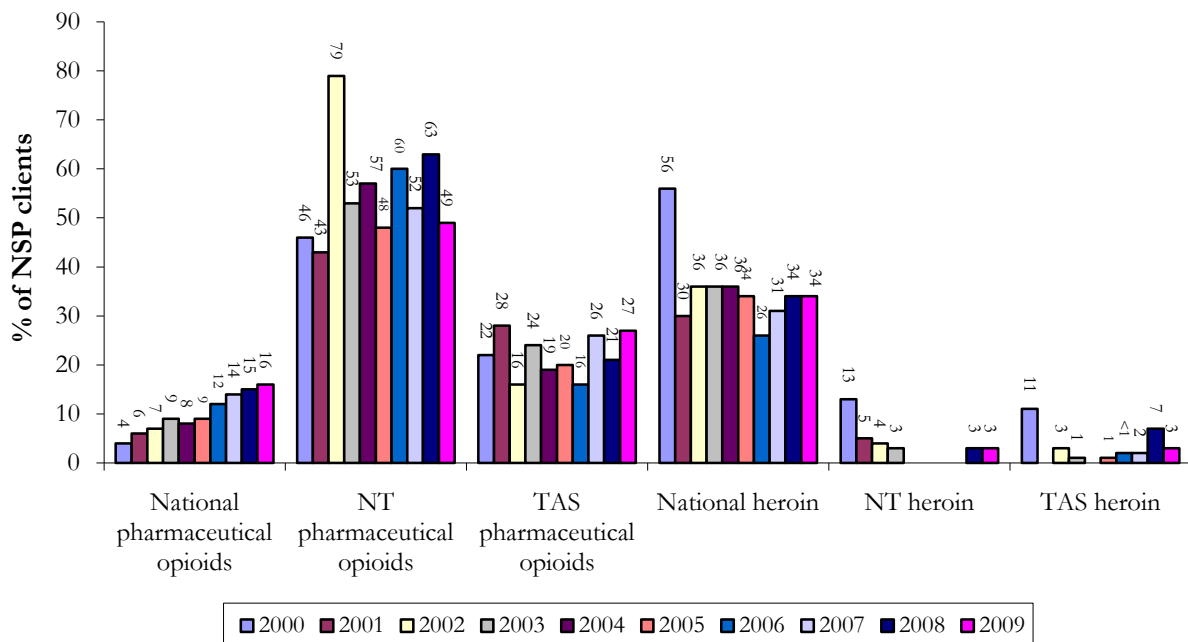
	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=	NT n=99	QLD n=100
Recent Use (%)	2009	2010								
Licit	8	8	8	9	6	2	5	4	24	10
Illicit	40	42	31	36	30	73	24	28	89	38
Any form (licit and/or illicit)	44	46	35	43	35	74	25	30	91	42
Median days used*										
Licit	90	144	9	12 [^]	166 [^]	93.5 [^]	20 [^]	12 [^]	180	68.5
Illicit	12.5	15	4	3.5	6	43	8	10	90	7.5
Any form (licit and/or illicit)	20	20	4.5	4	6	45.5	6	8.5	180	12
Recent injection (%)										
Licit	7	7	6	9	3	1	6	4	24	8
Illicit	40	40	28	32	27	73	24	27	89	36
Any form (licit and/or illicit)	42	43	31	39	29	74	24	29	91	38
Median days injected*										
Licit	66	60	4 [^]	3 [^]	5 [^]	180 [^]	20 [^]	6 [^]	180	13.5 [^]
Illicit	14	19	4	3	5.5	42	8	10	90	7.5
Any form (licit and/or illicit)	18	20	4	3	5.5	45	6	10	155	13

Source: IDRS participant interviews[^] Medians based on small numbers (n<10); interpret with caution

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

A higher prevalence of morphine injection among people who inject drugs in the NT and TAS compared to those in other jurisdictions has also been documented by the Australian NSP Survey. The proportion of NSP clients surveyed who reported pharmaceutical opioids and heroin as the last drug injected in 2000 to 2009 (the most recent NSP Survey results available) are depicted in Figure 13. The figure shows that while, at a national level, proportions of clients reporting pharmaceutical opioids are relatively low (between 4% and 16%), they are much higher in the NT (between 43% and 79%) and TAS (between 16% and 28%). The reverse trend is evident for heroin as the last drug injected, which is relatively prevalent at a national level (between 26% and 36% since 2001; 56% in 2000), and almost non-existent in the NT and TAS (each less than 7% from 2001 onwards, (National Centre in HIV Epidemiology and Clinical Research, 2010).

Figure 13: Proportion of NSP clients in the NT, TAS and the national sample who reported heroin and pharmaceutical opioids as the last drug injected, 2000-2009



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

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.

4.6.5 Use of oxycodone

Around one-third of the national sample reported the use of oxycodone in the last six months (32% in 2009 and 2010), ranging from 14% in ACT to 61% in TAS (Figure 14).

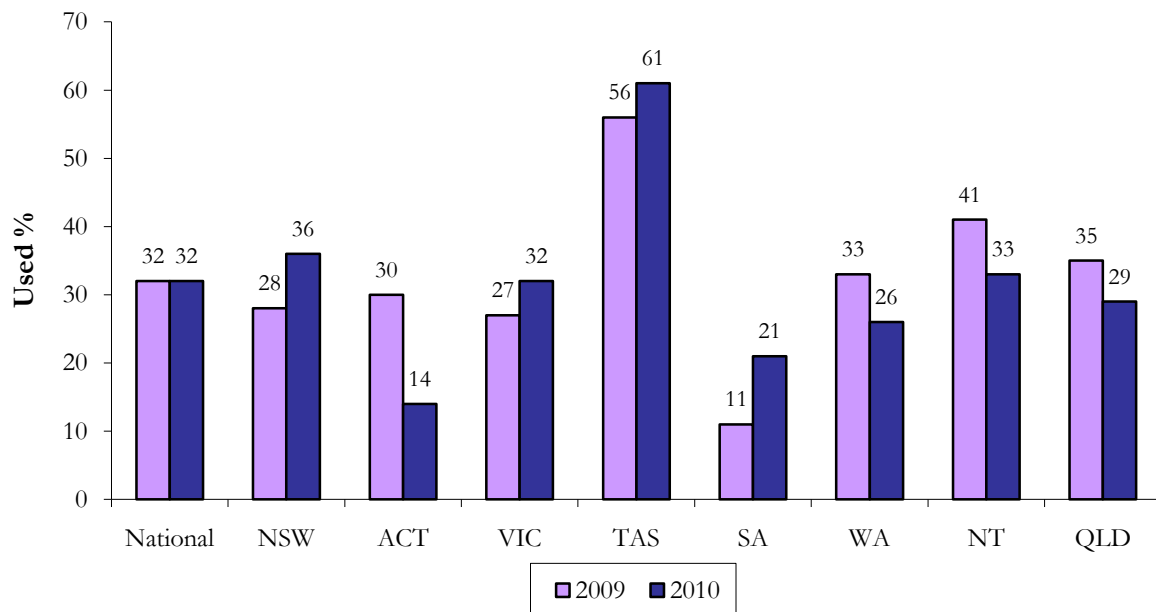
In 2010, seven percent of the national sample reported recent (last six months) use of 'licitly' obtained oxycodone. This contrasted with 28% of the sample who reported recent use of 'illicitly' obtained oxycodone. Nationally, no significant difference was found between 2009 and 2010 for recent 'licit' or 'illicit' oxycodone use ($p > 0.05$). Similar to previous years, TAS reported the highest levels of recent 'illicit' oxycodone use (Table 15).

Median days of use of 'illicitly' obtained oxycodone were relatively low at approximately monthly use in all jurisdictions, with the exception of WA where the median days of use was 35, i.e. approximately weekly (Table 15). Among those who recently used 'illicit' oxycodone no significant difference was found for the median number of days used between 2009 and 2010 (both six days each; $p > 0.05$).

For national differences between 2005 and 2010 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C11.

Participants who recently used oxycodone were asked about their reasons for using 'illicit' oxycodone. Motivations varied considerably, with the most commonly reported (among those who commented) reasons being to substitute for heroin/opiates (38%), to seek an opiate effect (intoxication; 39%), to self-treat dependence (36%), and/or another reason (22%).

Figure 14: Recent use of oxycodone (any form), by jurisdiction, 2009-2010



Source: IDRS participant interviews

4.6.5.1 Oxycodone injection

Injection of 'licitly' obtained oxycodone was also rare, while for 'illicitly' obtained oxycodone injection figures ranged from 11% in the ACT to 56% in TAS. The median number of days on which 'licitly' obtained oxycodone was injected ranged from two days in the ACT to 35 days in WA, but were based on small numbers of participants and so should be interpreted with caution (Table 15).

Of those who reported recent oxycodone use, the majority (83%) reported 'illicit' oxycodone as the form most used, ranging from 63% in the NT to 93% in the ACT (see Table 5). The most commonly used brand of oxycodone used in the preceding six months was OxyContin®.

Table 15: Oxycodone use patterns, by jurisdiction, 2009-2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
Recent use (%)	2009	2010								
Licit	5	7	10	1	3	8	6	8	11	5
Illicit	30	28	33	13	28	60	17	20	22	26
Any form (licit and/or illicit)	32	32	36	14	31	61	21	26	33	29
Median days used *										
Licit	14	48	21	14 [^]	30 [^]	175 [^]	2.5 [^]	180 [^]	180	18 [^]
Illicit	6	6	6	2	4.5	16.5	5.5	35	4.5	5
Any form (licit and/or illicit)	10	10	6	2.5	5.5	20	5	60	7	8
Recent injection (%)										
Licit	4	4	4	0	3	7	3	6	8	5
Illicit	28	26	29	11	27	56	16	20	20	24
Any form (licit and/or illicit)	29	28	31	11	29	57	18	24	28	27
Median days injected *										
Licit	17.5	48	54 [^]	0	22 [^]	160 [^]	3 [^]	69 [^]	180 [^]	18 [^]
Illicit	6	6.5	6	2	3	19	6	35	4.5	5
Any form (licit and/or illicit)	10	10	10	2	4	20	6	48	7	6

Source: IDRS participant interviews[^] Medians based on small numbers (n<10); interpret with caution

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

4.6.6 *Pharmaceutical Opioids*

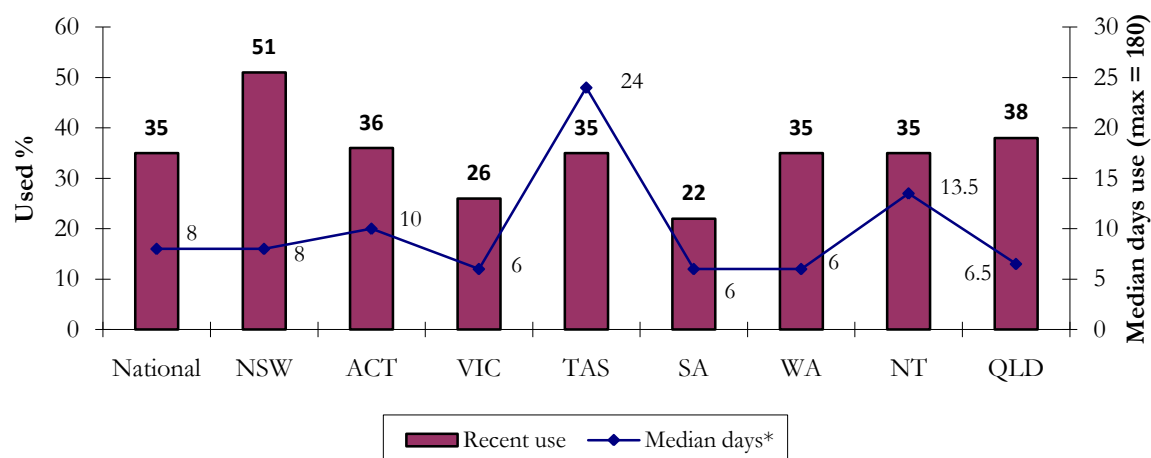
In 2010, the IDRS included questions enquiring about pharmaceutical opioids use (excluding over the counter codeine). Around one-third reported recently using either prescribed or illicit pharmaceutical opioids for any type of pain in the last six months prior to interview. Nearly half of these participants (47%) had used the pharmaceutical opioids for ‘chronic non-malignant pain’ (e.g. arthritis) and a further 38% for ‘acute/short term pain’ (e.g. cuts, strains).

Among participants who had taken illicit pharmaceutical opioids for pain in the last the last six months, the most common brands used were MS Contin® (41%), methadone (9%) and Kapanol® (9%). When asked whether there were other reasons for having used pharmaceutical opioids in the last six month; 46% reported ‘to treat self-dependence’, 36% reported ‘seeking an opiate effect’, 12% reported ‘cheaper than heroin’, and 8% reported ‘couldn’t score heroin’.

4.6.7 *Use of over the counter codeine*

Since 2009, participants have been asked about the use of over the counter codeine (OTC) separately. In previous years OTC have been included under ‘other opioids’. Over half (52%) of the national sample reported using OTC in their lifetime. Thirty-five percent reported using OTC on a median of eight days (or around twice a month) in the last six months (Figure 15). No significant difference was found between 2009 and 2010 for recent OTC use nationally (p>0.05). Only six participants reported injecting OTC recently. The main brands used were Nurofen Plus® (48%) and Panadeine® (18%).

Figure 15: Recent use and median days of over the counter codeine use, by jurisdiction, 2010



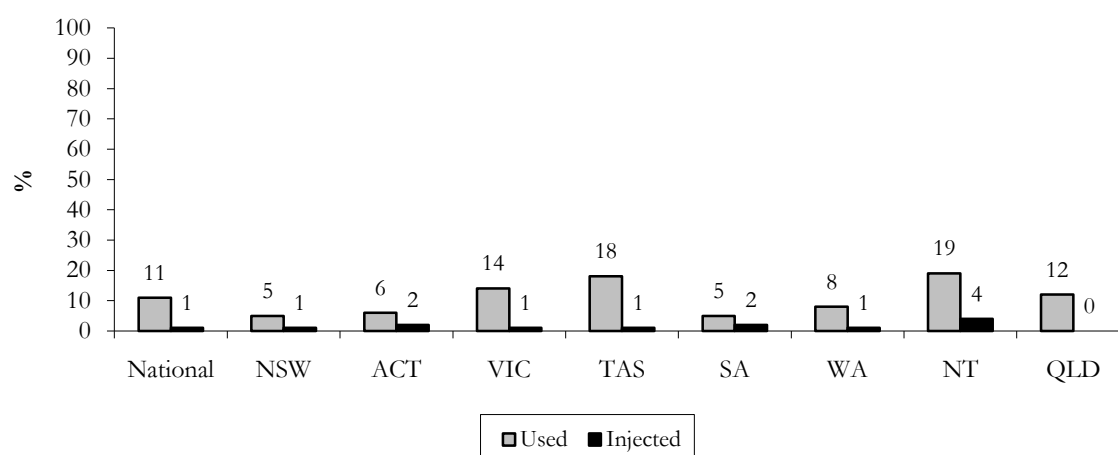
Source: IDRS participant interviews

* Among those who recently used OTC

4.6.7 Use of other opioids (not elsewhere specified)

Other opioids include (but are not limited to) opium and pethidine (not including OTC). Eleven percent (8% in 2009) of the national sample reported the recent use of other opioids on a median of nine days in the preceding six months. The NT followed by TAS reported the highest recent use of other opioids. No significant difference was found between 2009 and 2010 for recent other opioid use nationally ($p > 0.05$). Proportions reporting recent injection were low, ranging from no reports in QLD (12% in 2009) to four percent in the NT (Figure 16). Frequency of injection was reported on a median of four days during this time.

Figure 16: Recent use and injection of other opioids (not elsewhere specified), by jurisdiction, 2010



Source: IDRS participant interviews

Among those who reported recent other opioid use and commented ($n=78$), 58% reported mainly using 'licit' other opiates while 42% reported 'illicit' use. It should be noted that, due to the introduction of questions relating to oxycodone and OTC, the figures for other opioids will not be directly comparable to figures prior to 2005. The most commonly used 'other' opioid reported in 2010 was Tramadol® (10% of users).

4.7 *Other drugs*

Key points

- Around two-thirds of participants (62%) had used ecstasy in the past, and 14% had used ecstasy in the preceding six months, frequency of use by users was sporadic (median two days).
- While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (62%), recent use remained fairly low, with less than six percent reporting use in the six months preceding interview.
- Consistent with previous years, two-thirds (65%) of the national sample had recently used benzodiazepines on a median of 60 days in the six months preceding interview.
- Benzodiazepines were typically used orally, with recent benzodiazepine injection comparatively uncommon (8% of the national sample), although this figure was higher in TAS (16%) and the NT (23%). The median frequency of injection was six days. Diazepam was reported by the largest proportion of the national sample as the main type of benzodiazepine used in the preceding six months, followed by alprazolam.
- The recent (six months) use of pharmaceutical stimulants was reported by 14% of the national sample on a median of five days.
- Twenty-two percent of participants had used inhalants in the past but a very low proportion (3%) had used them in the last six months.
- Two-thirds of the national sample reported having drunk alcohol in the preceding six months, with those who had consumed alcohol having done so on an average of one day per week. Eleven percent of the national sample reported daily use of alcohol.
- As in previous years, tobacco was widely used among the 2010 sample, with 93% having used in the preceding six months.

4.7.1 *Ecstasy and related drugs*

A fairly large proportion of participants (62%) had ever used ecstasy in the past. Fourteen percent of the national sample had used ecstasy in the six months preceding interview on a median of two days, while four percent injected it on a median of two occasions (see Appendix A, Table A3). The recent use of ecstasy was significantly lower in 2010 compared to 2009 (14% in 2010 versus 23% in 2009; 95%CI 0.05, 0.13)

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 (www.ndarc.med.unsw.edu.au).

4.7.2 *Hallucinogens*

While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (62%), 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 2009 and 2010 for the recent use of hallucinogens nationally (9% in 2009; $p > 0.05$).

Frequency of use was also low, with those who had used reporting doing so on a median frequency of two days during the last six months. Nationally, the main type of hallucinogen used in the last six months was lysergic acid diethylamide (LSD), followed by magic mushrooms,

although there was some jurisdictional variation (see Table 4 and Table 5). Eight percent of the sample reported injecting hallucinogens at some point in their lifetime, while less than 1% had injected them in the last six months (see Appendix A, Table A3).

4.7.3 Benzodiazepines

Consistent with previous years, two-thirds (65%) of the national sample had recently used any form benzodiazepines (licit/illicit) on a median of 60 days (approximately two and half times per week) in the six months preceding interview (Table 16). No significant difference was observed between 2009 and 2010 for median days of use of any form of benzodiazepine ($p>0.05$).

Forty-three percent of the national sample reported having used 'licitly' obtained benzodiazepines and forty percent 'illicitly' obtained benzodiazepines in the six months preceding interview. Reports of recent use of 'licitly' and 'illicitly' obtained benzodiazepines varied across jurisdictions (Table 16). No significant difference was found between 2009 and 2010 for the recent use of 'licit' or 'illicit' benzodiazepines use nationally ($p>0.05$).

For national differences between 2000 and 2010 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C12.

Table 16: Benzodiazepine use patterns, by jurisdiction, 2009-2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
Recent use (%)	2009	2010								
Licit	44	43	43	47	49	39	39	44	34	43
Illicit	44	40	49	42	56	55	17	26	28	33
Any form (licit and/or illicit)	66	65	70	68	74	74	49	61	52	62
Median days used *										
Licit	133	100	90	180	90	140	150	131	72	90
Illicit	12	12	15	6	12	25	10	13.5	10	5
Any form (licit and/or illicit)	58	60	42.5	166	60	66	61	90	33	27
Recent injection (%)										
Licit	3	3	1	1	1	6	2	3	11	3
Illicit	7	5	5	0	3	15	2	0	15	3
Any form (licit and/or illicit)	9	8	6	1	4	16	3	3	23	5
Median days injected *										
Licit	12	6.5	1 [^]	6 [^]	5 [^]	17 [^]	1 [^]	90 [^]	7	5 [^]
Illicit	4.5	6.5	16.5 [^]	0	10 [^]	6	40 [^]	0	5	3 [^]
Any form (licit and/or illicit)	5	6	3 [^]	6 [^]	8 [^]	6	8 [^]	90 [^]	7	5 [^]

Source: IDRS participant interviews

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

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

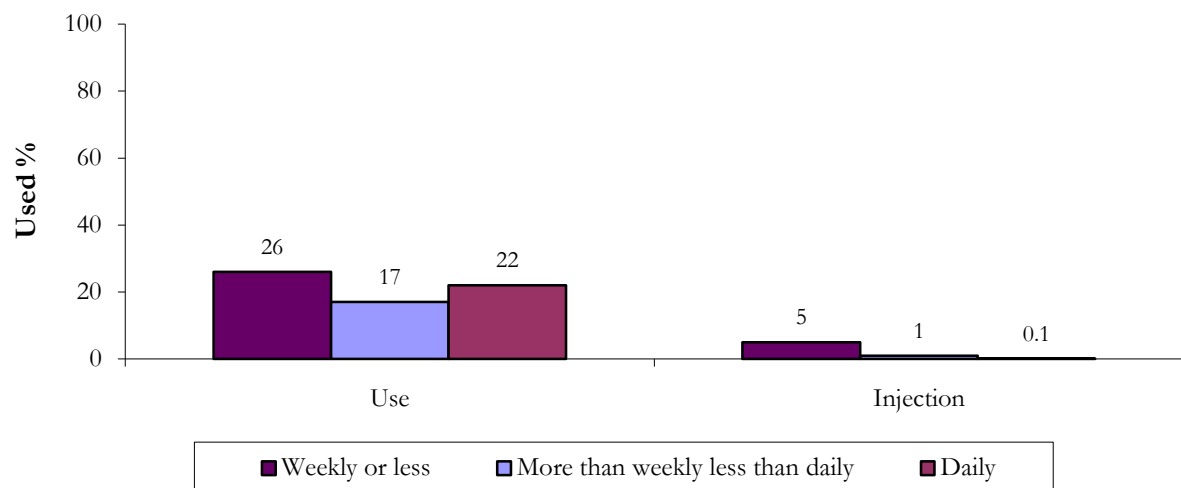
4.7.3.1 Injection of benzodiazepines

Proportions of respondents reporting the recent injection of benzodiazepine (any form) in the last six months were relatively low at 8% or less, with the exceptions of TAS (16%) and the NT (23%) (Table 16).

The median frequency of injection was six days, i.e. approximately once a month. Six percent of recent benzodiazepine injectors (n=4; representing less than one percent of the entire sample) reported having engaged in this behaviour daily over the preceding six months. Patterns of use and injection during the last six months among the entire national sample are shown in Figure 17.

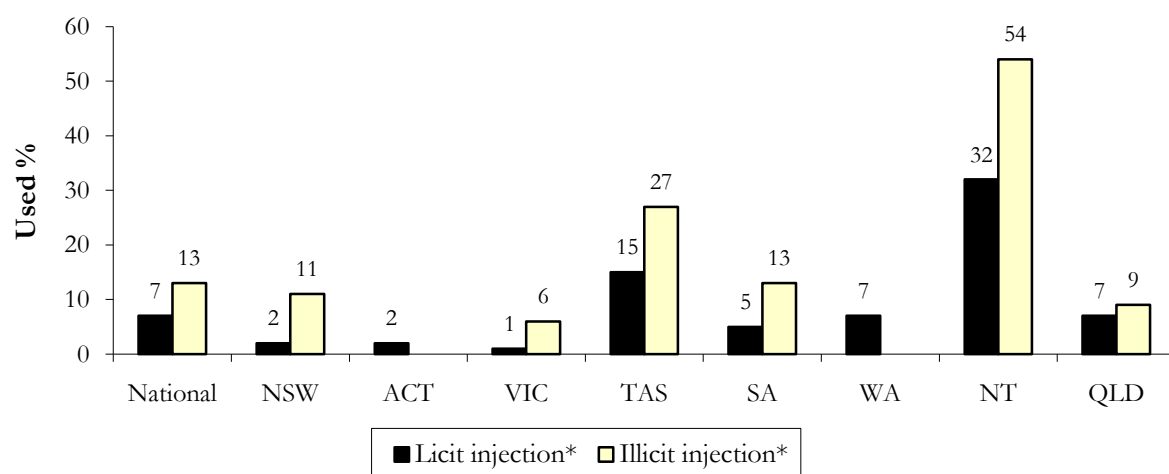
Appendix B, Figure B5 shows recent injection of benzodiazepines (any form) over time nationally.

Figure 17: Patterns of benzodiazepine use and injection among the national sample, 2010



Source: IDRS participant interviews

Figure 18: Recent injection of benzodiazepines (licit and illicit) in the preceding six months among those who reported recent use, by jurisdiction, 2010



Source: IDRS participant interviews

* Among those who reported recent use only (licit N=382, illicit N=358)

In Figure 18, the injection of 'illicit' benzodiazepines among those who reported recent 'illicit' benzodiazepine use remains an issue of concern, particularly in TAS (27%) and the NT (54%). 'Licit' benzodiazepine injection was also high in TAS (15%) and the NT (32%).

At a national level, over half (58%) of those who reported recent benzodiazepine use stated that 'licit' benzodiazepines were the form they had most used in the preceding six months. By jurisdiction, among those who reported using benzodiazepines in the preceding six months, the majority in the ACT, VIC, SA, WA, the NT and QLD reported 'licit' benzodiazepines as the main form used in that time (see Table 5). The majority in NSW and TAS reported 'illicit' benzodiazepines as the main form.

Diazepam (e.g. Valium®, Antenex®) was reported by the largest proportion of the national sample (66% of recent users) as the main type of benzodiazepine used in the preceding six months, followed by alprazolam (e.g. Xanax®, Kalma®, 21% of recent users) and oxazepam (e.g. Serapax®, Murelax®, 6% of recent users). Table 17 shows the main type of benzodiazepine reported by recent users, as well as those who had recently injected. As in previous years, diazepam was by far the most commonly nominated main type of benzodiazepine used orally. However, alprazolam was the most commonly reported main type among those who had recently injected benzodiazepines. While it is possible that this group is injecting their preferred brand of benzodiazepines (e.g. alprazolam), it is not possible to determine using these data alone because the majority of them (71%) 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 17: Main benzodiazepine type used in the six months preceding interview, 2010

	Recent oral use among those who had recently used N=532	Recent injectors* N=58
Diazepam (%) <i>e.g. Antenex, Ducene, Valium, Valmpam</i>	66	36
Alprazolam (%) <i>e.g. Alprax, Kalma, Xanax</i>	21	52
Oxazepam (%) <i>e.g. Serepax</i>	6	0
Nitrazepam (%) <i>e.g. Alodorm, Mogadon</i>	>1	0
Clonazepam (%) <i>e.g. Rivotril</i>	2	2
Temazepam (%) <i>e.g. Normison, Temaze</i>	4	0
Flunitrazepam (%) <i>e.g. Hypnodorm</i>	>1	3

Source: IDRS participant interviews

* 71% of recent 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 2010, 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 and the ACT (Table 18). No significant difference was found between 2009 and 2010 for the recent use of licit or illicit pharmaceutical stimulants nationally ($p>0.05$).

Table 18: Pharmaceutical stimulant use patterns in the past six months, by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
Recent use (%)	2009	2010								
Illicit	12	13	1	30	13	35	4	17	4	2
Any form (licit and/or illicit)	14	14	1	35	13	35	6	17	6	3
Median days used *										
Illicit	5	4	3.5^	4	4	6	26^	4	2^	7^
Any form (licit and/or illicit)	6	5	3.5^	5	4	6	48	4	2^	8^
Recent injection (%)										
Illicit	9	9	0	24	9	28	1	9	3	1
Any form (licit and/or illicit)	9	9	0	26	9	28	2	9	5	1
Median days injected*										
Illicit	5	4	0	4	2	7	1^	3^	1^	7^
Any form (licit and/or illicit)	5	6	0	10	2	7	90.5^	3^	1.5^	7^

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 Inhalants

Twenty-one percent reported ever having inhaled volatile substances such as amyl nitrate, petrol, glue and/or lighter fluid. Three percent of participants reported use in the six months preceding interview on a median of two days (see Appendix A, Table A3). No significant difference was found between 2009 and 2010 for recent inhalant use nationally (4% in 2009; $p>0.05$).

4.7.6 Alcohol and tobacco

Sixty-four percent of the national sample reported recently using alcohol (64% in 2009), on a median of 24 days, indicating that frequency of use was approximately weekly among two-thirds of the sample (Table 19). Eleven percent of the national sample (18% of recent alcohol consumers) reported daily use in the preceding six months.

The vast majority of the national sample (93%; 93% in 2009) reported recent tobacco use (Table 19), with 85% of the sample (94% of recent tobacco users) reporting having smoked daily over the preceding six months.

No significant difference was found between 2009 and 2010 for recent alcohol or tobacco use nationally ($p>0.05$).

Table 19: Patterns of alcohol and tobacco use in the preceding six months, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=	NT n=99	QLD n=100
Recent use (%)	2009	2010								
Alcohol	64	64	58	66	69	64	62	63	57	70
Tobacco	93	93	96	94	93	96	94	85	90	95
Median days used*										
Alcohol	24	24	24	30	24	24	12	24	22.5	12
Tobacco	180	180	180	180	180	180	180	180	180	180

Source: IDRS participant interviews

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

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

5.1 *Heroin*

Key points

- Heroin was typically \$50 per cap across the jurisdictions and remained relatively stable compared to 2009. The median prices per gram varied, ranging from \$100 in the NT to \$600 in WA.
- The majority of participants commenting reported that heroin was of 'low' purity.
- As in previous years, the majority of participants reported that heroin was 'easy' or 'very easy' to obtain. The exceptions were the NT and TAS where few participants were able to comment.
- Of those who had bought heroin, the most common source was a known dealer or a friend. The most common place of purchase was at an agreed public location.

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

5.1.1 *Price of heroin*

The median price of a gram of heroin was cheapest in the NT (\$100, note: small numbers reporting; interpret with caution), followed by the ACT (\$300). Heroin was most expensive per gram in WA (\$600, note: small numbers reporting; interpret with caution) (Table 20 and Figure 19).

The median price of a 'cap' of heroin (a small amount typically used for a single injection) was \$50 in all jurisdictions except TAS and the NT (no purchases), and SA (\$100). Small numbers reported purchasing caps in the ACT and WA, indicating low availability (Table 20). The majority (76%) of those who commented reported that price had remained stable in the last six months. Small numbers (16%) reported that the price of heroin has increased recently.

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

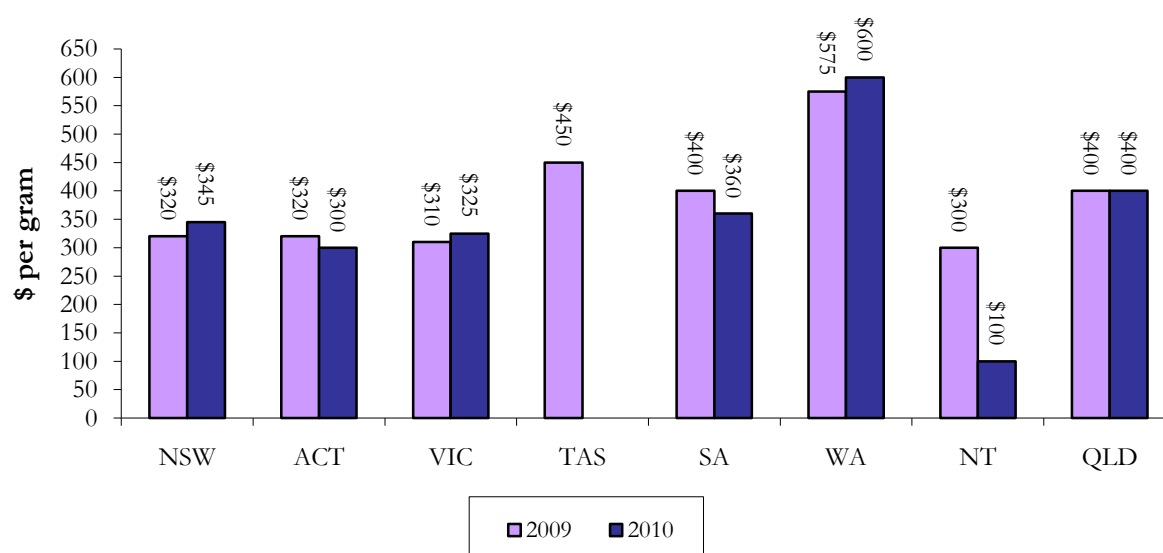
Table 20: Price of heroin, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Median Price (\$)	2009	2010								
Per gram	-	-	345	300	325^	-	360^	600	100^	400
Per cap	-	-	50	50^	50	-	100	50^	-	50
Price changes (%)	N=499	N=517	n= 139	n=76	n=121	n=0	n=52	n=54	n=1	n=74
Increased	11	16	20	11	14	0	12	19	100	16
Stable	78	76	76	82	74	0	87	66	0	73
Decreased	4	4	1	1	8	0	2	6	0	5
Fluctuated	6	4	3	7	3	0	0	9	0	5

Source: IDRS participant interviews

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

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

Figure 19: Median price per gram of heroin, by jurisdiction, 2009-2010

Source: IDRS participant interviews

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=520) reported that heroin was of 'low' purity. This pattern of results was broadly seen across all jurisdictions except TAS and the NT where few participants were able to comment. Purity was most commonly reported to have remained stable across the majority of jurisdictions (Table 21 and Figure 20).

Significance testing was carried out on the current purity for 'low', 'medium', 'high' and 'fluctuates' between 2009 and 2010. No significant differences were found between 2009 and 2010 for current heroin purity ($p>0.05$).

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

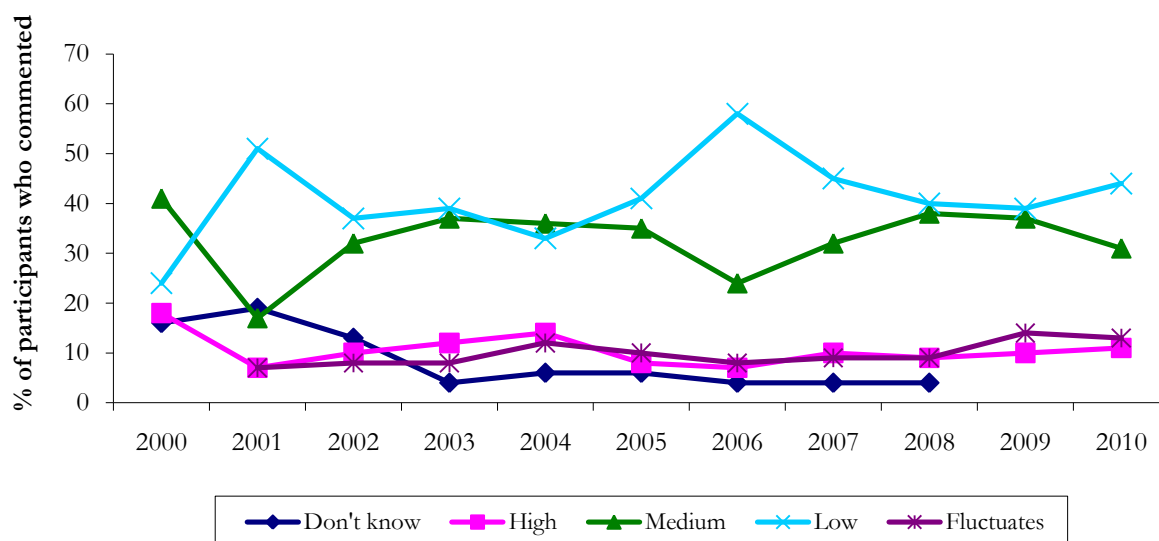
Table 21: Perceived purity of heroin, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Current Purity (%)	N=501	N=520	n=137	n=72	n=122	n=2^	n=52	n=60	n=2^	n=73
High	10	11	9	4	13	50	10	20	50	14
Medium	37	31	31	28	28	0	37	40	50	30
Low	39	44	43	57	47	50	42	30	0	45
Fluctuates	14	13	18	11	12	0	11	10	0	11
Purity changes (%)	N=488	N=502	n=134	n=72	n=120	n=0	n=50	n=56	n=0	n=70
Increasing	18	13	7	14	16	0	6	27	0	11
Stable	36	39	41	42	38	0	38	29	0	46
Decreasing	24	29	36	31	27	0	30	18	0	29
Fluctuating	22	18	16	14	19	0	26	25	0	14

Source: IDRS participant interviews

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

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

Figure 20: Participant reports of current heroin purity among those able to comment, 2000-2010

Source: IDRS participant interviews

Note: The response option 'Don't know' was excluded from analysis in 2009 and 2010

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, formerly the Australian Bureau of Criminal Intelligence or ABCI). However, there are some important issues to consider when examining purity measures. These data do not reflect the total weight of a particular drug seized in each year, but only those samples and seizures submitted for analysis. There is typically a lag of several months between the

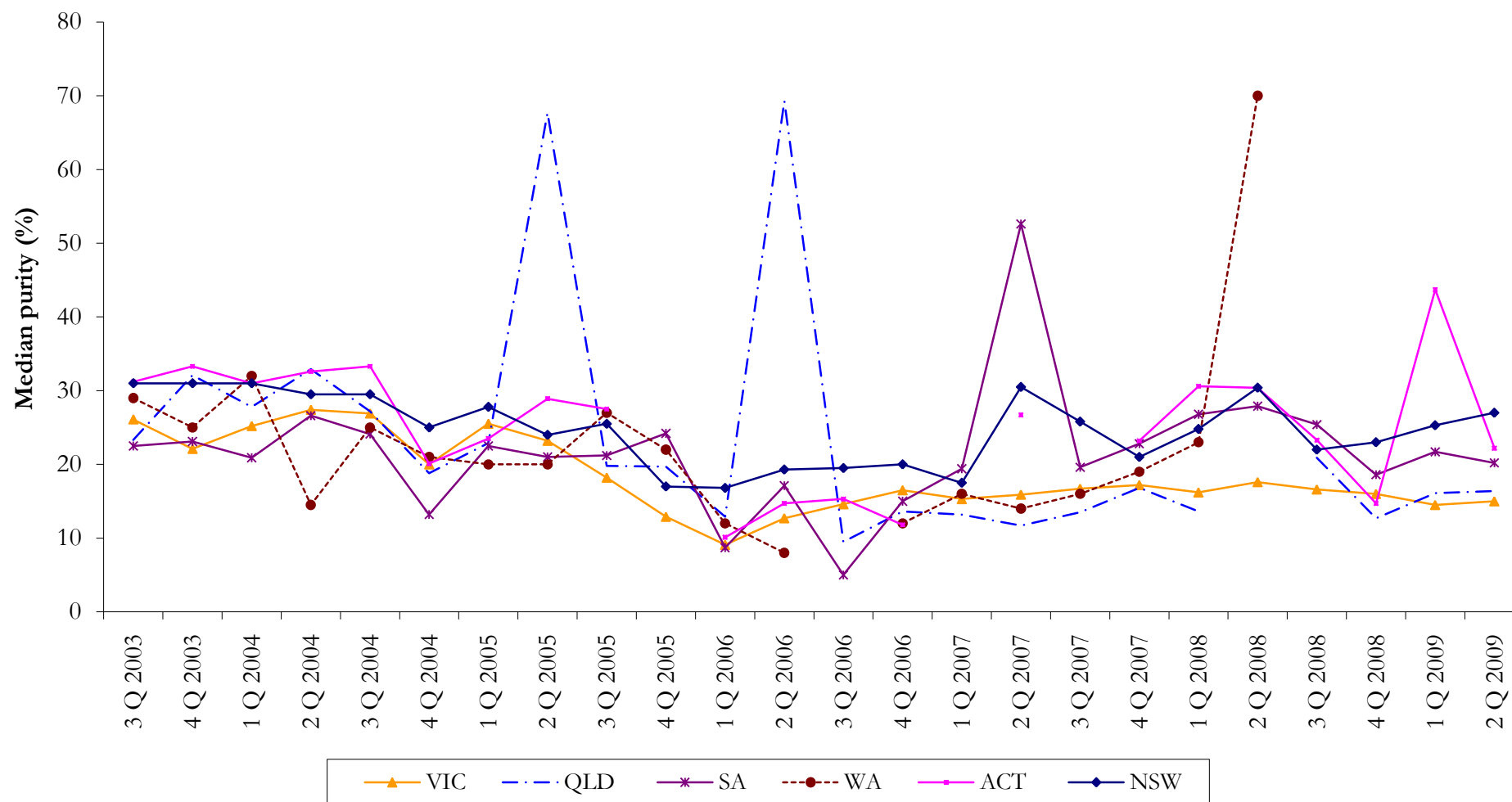
seizure and receipt of profiling results. Additionally, the absence of similar data for street level seizures in Australia makes it difficult to extrapolate the impact of any observed trends on drugs reaching consumers (Australian Crime Commission, 2010).

Figures reported include seizures ≤ 2 grams and > 2 grams, reflecting both street and larger seizures. The following caveat applies to Figure 21 through to Figure 24: figures do not represent the purity levels of all heroin seizures – only those that have been analysed at a forensic laboratory. Figures for WA and TAS and those supplied by the Australian Forensic Drug Laboratory 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 (AFP) and state/territory police. No heroin seizures were analysed for purity in the NT or TAS in 2008/09.

The median purity of analysed state/territory police heroin seizures in 2003/04 to 2008/09 financial years (displayed quarterly) by jurisdictions is displayed in Figure 21. No reports were made in TAS or the NT in 2008/09. The ‘overall total’ median purity of seizures analysed by state/territory police in 2008/09 was highest in NSW, the ACT and SA (23.5%, 23.3% and 21.8% respectively) and lowest in QLD (15.7%) (Australian Crime Commission, 2010). The 2009/10 ACC seizure data were unavailable at the time of publication.

The number of state/territory police heroin seizures analysed for purity are presented in Figure 22. No reports were made in TAS or the NT in 2008/09. 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 21.

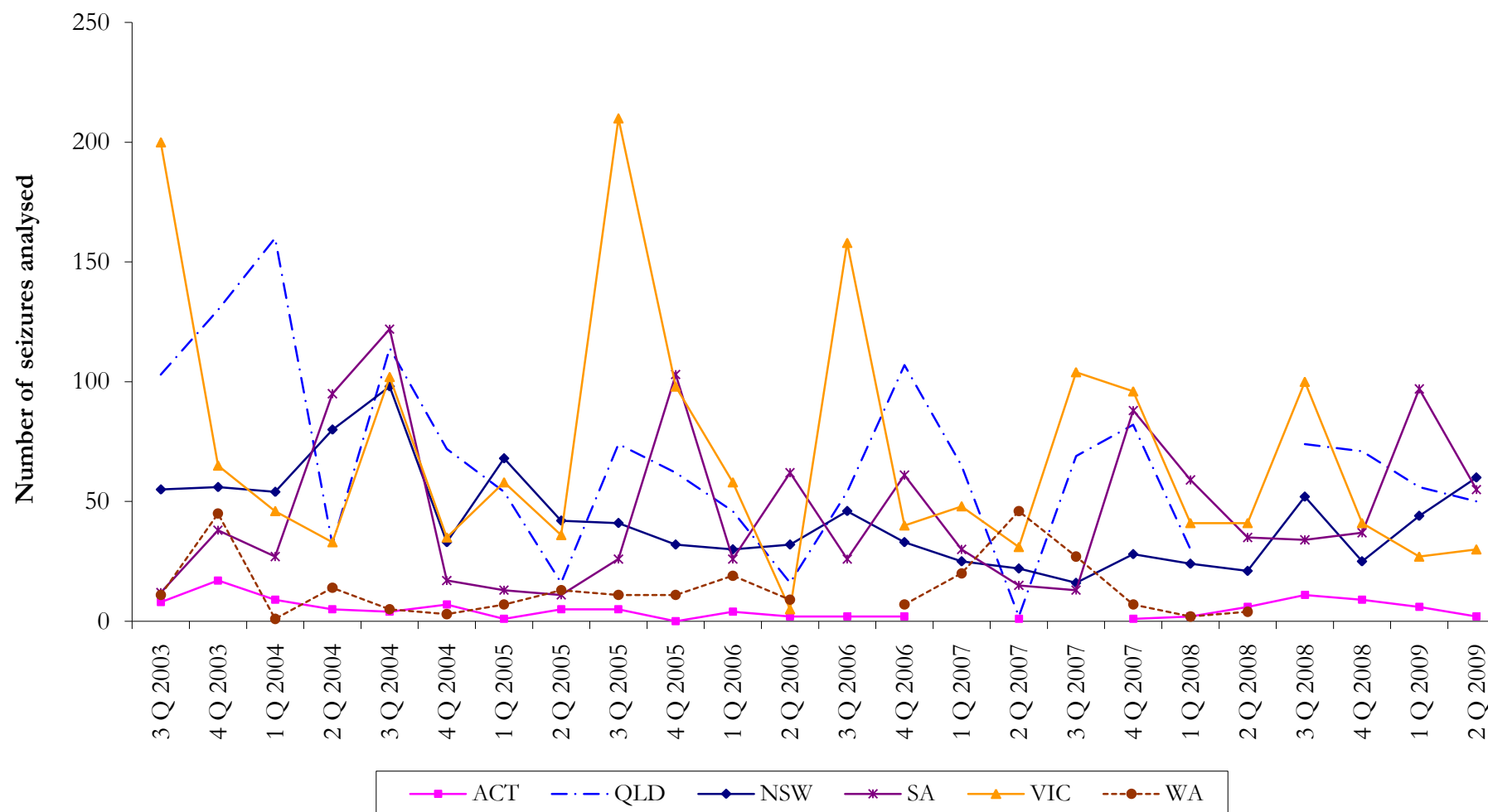
Figure 21: Median purity of heroin seizures analysed by state/territory police, by jurisdiction, 2003/04-2008/09



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

Note: Seizures $\leq 2\text{g}$ and $>2\text{g}$ combined; data for 2009/10 were not available at the time of publication

Figure 22: Number of state/territory police heroin seizures analysed, by jurisdiction, 2003/04-2008/09

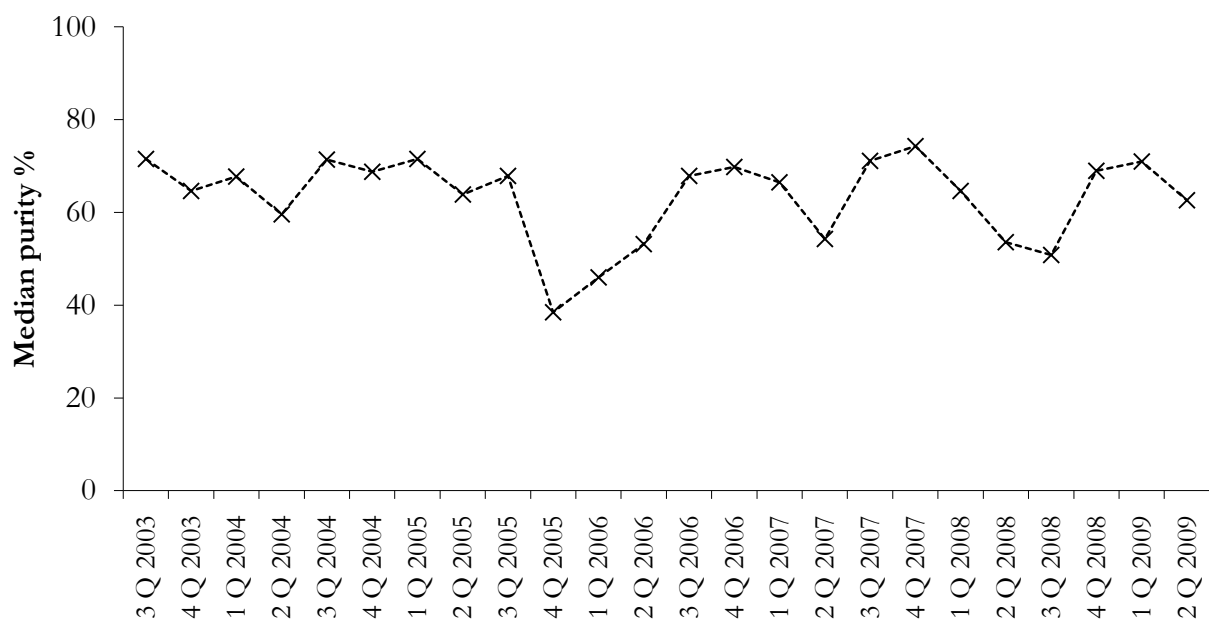


Source: (Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010)

Note: Data for 2009/10 were not available at the time of publication

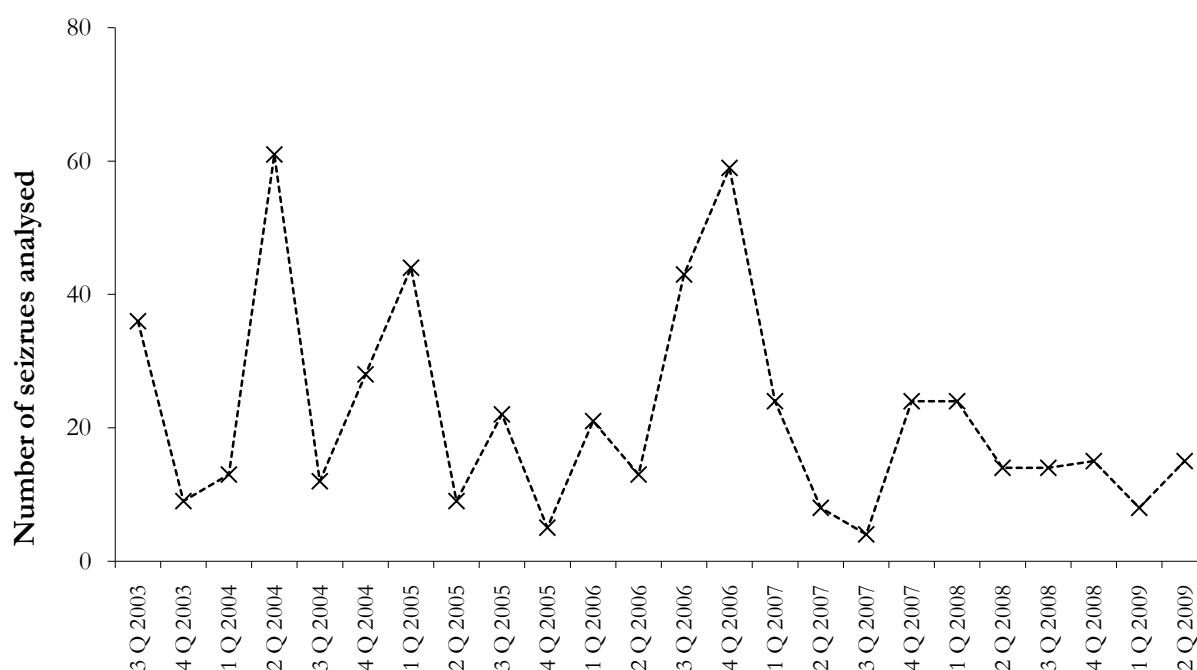
The median purity and number of AFP seizures for NSW are presented in Figure 23 and Figure 24. Only NSW data are presented as there were fewer seizures analysed in all other jurisdictions, some with no seizures analysed for many quarters. The median purity of these seizures is relatively higher than those seized by jurisdictional police, which is not surprising given that AFP seizures are likely to result from targeted, higher level operations than those of state/territory police agencies. There was a decrease during 2005/06, with median purity declining to 38.5% in the last quarter of 2005, the lowest it has been in the past eight years (Figure 23). It should be noted, however, that this purity figure was only based on five seizures (Figure 24). In 2008/09, the median purity increased in the first quarter and then decreased in the last quarter (Australian Crime Commission, 2010). Data for 2009/10 were not available at the time of publication.

Figure 23: Median purity of heroin seizures analysed by AFP in NSW 2003/04-2008/09



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

Note: Data for 2009/10 were not available at the time of publication

Figure 24: Number of AFP heroin seizures analysed in NSW, 2003/04-2008/09

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

Note: Data for 2009/10 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-nine percent of the national sample commented on the availability of heroin. Of those who commented, 52% reported the availability of heroin as 'very easy' and 34% as 'easy' (Table 22).

Significance testing was carried out on current heroin availability between 2009 and 2010. No significant differences were found between 2009 and 2010 for current heroin availability ($p > 0.05$).

In 2010, 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 22).

The majority of those commenting on heroin availability reported that availability had remained stable (72%) in the last six months, a finding recorded in all jurisdictions. Thirteen percent of the national sample reported the availability of heroin as 'more difficult' (ranging from no reports in TAS and the NT to 21% in SA (Table 22).

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

Table 22: Availability of heroin, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Availability (%)	N=512	N=532	n=141	n=75	n=123	n=4	n=53	n=59	n=2	n=75
Very easy	53	52	57	51	58	0	30	54	0	53
Easy	37	34	26	45	32	0	47	39	50	32
Difficult	9	11	14	4	8	25	21	7	0	15
Very difficult	2	3	4	0	2	75	2	2	50	0
Availability changes (%)	N=508	N=526	n=141	n=75	n=122	n=4	n=52	n=57	n=2	n=73
More difficult	12	13	20	4	12	0	21	12	0	8
Stable	72	72	70	76	70	100	69	68	100	78
Easier	13	11	9	13	15	0	10	16	0	10
Fluctuates	3	3	1	7	3	0	0	5	0	4

Source: IDRS participant interviews

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

5.1.4 Purchasing patterns of heroin

Participants were also asked 'Who have you bought heroin from in the last six months?' and 'What venues (locations) do you normally score (buy) heroin at?'. Only one response was allowed. Of those who had bought heroin, the most common source was a known dealer (45%) or a friend (26%). The most common place of purchase was at an agreed public location (41%). Sixteen percent reported obtaining heroin from a dealer's home, while 15% reported obtaining heroin from a street market (Table 23).

Table 23: Purchasing patterns of heroin, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Purchased from[#] (%)	N=508	N=522	n=137	n=75	n=122	n=2 [^]	n=52	n=57	n=3 [^]	n=74
Street dealer	14	18	24	15	25	0	14	2	33	16
Friends	23	26	25	28	18	100	23	42	0	31
Known dealer	48	45	43	48	52	0	46	33	0	43
Acquaintance	6	5	2	7	2	0	4	18	0	4
Unknown dealer	3	2	2	3	1	0	4	2	33	3
Mobile dealer	5	2	3	0	2	0	10	0	0	0
Other	1	0	2	0	0	0	0	2	33	3
Places of usual purchase[#] (%)	N=508	N=519	n=137	n=75	n=122	n=2 [^]	n=52	n=56	n=3 [^]	n=72
Home delivery	17	12	16	20	8	0	15	5	0	8
Dealer's home	16	16	14	23	18	0	15	18	0	7
Friend's home	10	12	7	11	7	50	6	27	0	21
Acquaintance's house	2	2	0	4	2	0	6	7	0	0
Street market	15	15	21	3	27	0	4	4	33	15
Agreed public location	38	41	40	39	38	50	52	34	67	46
Other	2	2	2	1	0	0	2	5	0	3

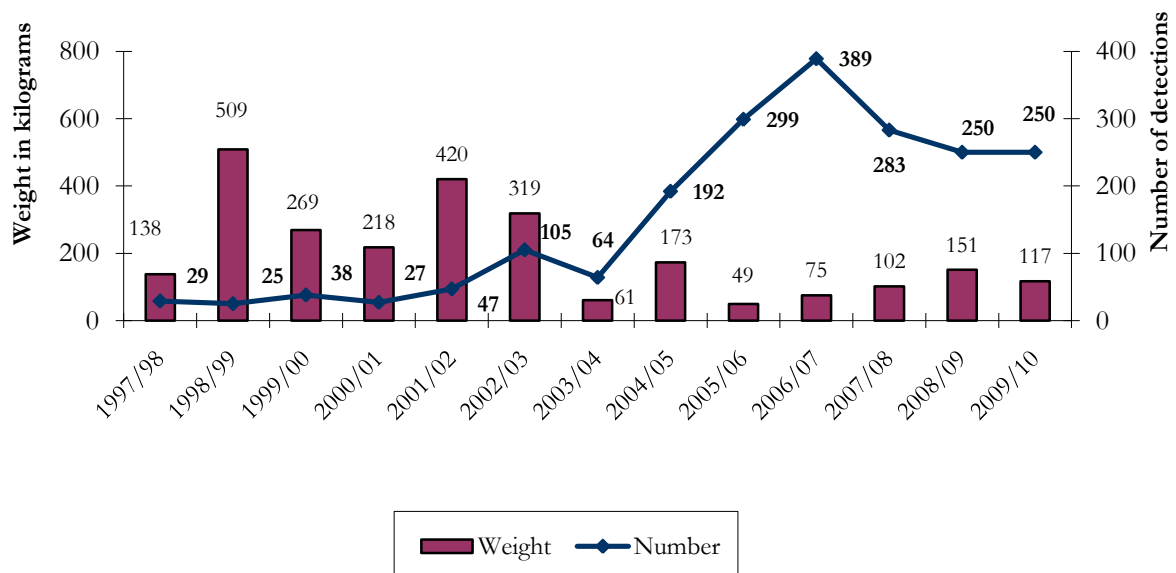
Source: IDRS participant interviews[#] Only one response allowed[^] Small numbers reporting (n<10); interpret with caution

5.1.5 Heroin detected at the Australian border

Figure 25 presents the weight and number of heroin detections by the Australian Customs and Border Protection Service at the Australian border over the past 13 years.

In the financial year 2009/10 there were 250 heroin detections at the Australian border, representing a decrease from a record high of 389 detections in 2006/07. Numbers of detections have been steadily increasing since 2003/04, while weights remain much lower. The total weight of detections in 2009/10 was 117.52 kilograms (a slight decrease from 151 kilograms in 2008/09), with weights of heroin seizures being equally distributed across importation modes (air passengers and crew, and cargo and international mail) (Australian Customs Border and Protection Service, 2010)(Figure 25).

Figure 25: Weight and number of detections of heroin made at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2009/10



Source: Australian Customs and Border Protection Service

5.2 *Methamphetamine*

Key points

- Methamphetamine was reported to cost \$50 per point, regardless of type (speed, base or ice) across all jurisdictions except in the NT where a point of speed was \$100, base \$100 and ice/crystal was \$200.
- Grams of speed powder and base were typically cheaper than grams of ice/crystal. Few participants reported having purchased a gram of base.
- Price was considered to have been 'stable' over the last six months by the majority of participants.
- The majority of participants reported the purity of speed as 'low', base as 'medium' and ice/crystal as 'high'.
- All forms of methamphetamines were generally considered 'easy' or 'very easy' to obtain in all jurisdictions, and this was reported to have remained stable, although some jurisdictional variations were noted.
- Participants purchased all forms of methamphetamine from a variety of sources, most commonly through friends and known dealers. The most common purchase locations for all forms were at an agreed public location, a dealer's home and/or a friend's home.

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

5.2.1 *Price of methamphetamines*

The median price of the last purchase of speed, base and ice/crystal are presented in Table 24.

5.2.1.1 *Methamphetamine powder (speed)*

Participants had typically bought speed as points, then half-grams. A 'point' (0.1 gram) of speed cost \$50 nationally and in most jurisdictions. Fewer participants had bought grams, the price ranging from \$175 in NSW to \$450 in the NT. Half-grams of speed were cheapest in NSW and most expensive in the NT (small numbers commenting). Sixty-seven percent of those participants who commented reported that the price of speed had remained stable over the last six months (Table 24).

5.2.1.2 *Base*

Purchase of a 'point' (0.1 gram) of base was most commonly reported in TAS (n=21), NSW (n=19) and SA (n=16), with small numbers reported in the other states (n<10). There were no reports of purchase in VIC. As in previous years, overall, a point was the most popular purchase amount and was a median of \$50 nationally and in most jurisdictions. Small numbers in most jurisdictions commented on the price of half-gram and a gram of base so results should be interrupted with caution. The median price for a half gram of base ranged from \$100 in QLD to \$425 in SA. A gram of base ranged from \$100 in NSW to \$400 in WA. Sixty-eight percent of those who commented reported that the price of base had remained stable over the last six months (Table 24).

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, the ACT and TAS to \$200 per point in the NT (\$50 nationally). Purchase of a half-gram or gram was uncommon. The median price of purchase among these small numbers of participants varied quite widely across the jurisdictions. Fifty-two percent of participants reported that the price of ice/crystal had remained 'stable' over the last six months (65% in 2009), with the exception of the NT where a larger proportion stated that it had increased. Over one-third (38%) reported that the price of ice/crystal has increased recently (Table 24).

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 24: Price of methamphetamine, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Price (\$) SPEED										
Per point	50	50	50	50	50	50	50	50	100 [^]	50
Per ½ gram	150	150	50 [^]	150 [^]	100	150	-	200	275 [^]	100 [^]
Per gram	250	300	175 [^]	250	200 [^]	300	400 [^]	400	450 [^]	250 [^]
Price (\$) BASE										
Per point	50	50	50	50 [^]	-	50	100	50 [^]	100 [^]	50 [^]
Per ½ gram	150	150	175 [^]	150 [^]	110 [^]	150	425 [^]	-	375 [^]	100 [^]
Per gram	200	250	100 [^]	250 [^]	-	300 [^]	210 [^]	400 [^]	250 [^]	200 [^]
Price (\$) ICE/CRYSTAL										
Per point	50	50	50	50	100	50 [^]	75	100	200 [^]	100 [^]
Per ½ gram	200	200	200 [^]	175 [^]	500 [^]	175 [^]	450 [^]	200 [^]	750 [^]	250 [^]
Per gram	400	400	400 [^]	275 [^]	450 [^]	400 [^]	260 [^]	500 [^]	1350 [^]	450 [^]
Price changes										
Methamphetamine powder (speed) (%)	N=356	N=288	n=41	n=33	n=59	n=61	n=19	n=34	n=16	n=25
Increased	19	23	17	18	8	10	47	50	56	28
Stable	71	67	73	67	78	87	42	41	31	64
Decreased	3	5	5	15	8	2	5	0	0	0
Fluctuated	7	5	5	0	5	2	5	9	13	8
Methamphetamine base (base) (%)	N=179	N=142	n=32	n=16	n=3 [^]	n=32	n=35	n=3 [^]	n=4 [^]	n=17
Increased	19	26	13	19	0	9	46	33	100	35
Stable	72	68	78	75	100	91	46	67	0	59
Decreased	3	1	0	6	0	0	0	0	0	0
Fluctuated	6	5	9	0	0	0	9	0	0	6
Crystalline methamphetamine (ice/crystal) (%)	N=228	N=233	n=63	n=37	n=32	n=12	n=37	n=33	n=10	n=9 [^]
Increased	24	38	35	38	47	8	32	39	70	44
Stable	65	52	52	57	50	83	57	49	10	44
Decreased	4	1	0	3	3	0	0	0	0	0
Fluctuated	7	9	13	3	0	8	11	12	20	11

Source: IDRS participant interviews

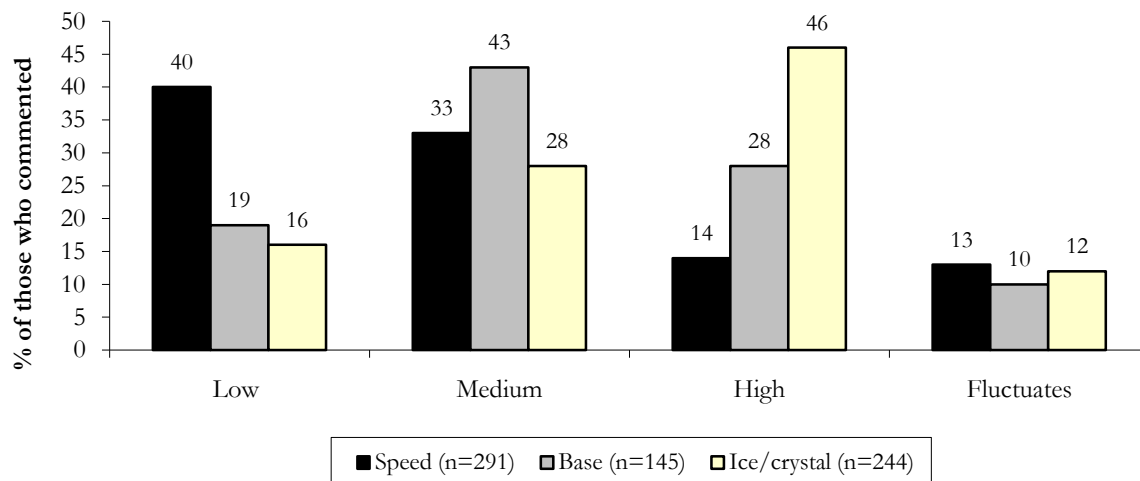
[^] Small numbers reporting (n<10); interpret with caution

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

5.2.2 Purity of methamphetamines

Participants were asked to describe the current purity of speed, base and ice/crystal. In 2010, the majority of participants reported speed purity as 'low', base as 'medium' and ice/crystal as 'high'. (Figure 26; Table 25, Table 26 and Table 27).

Figure 26: Participant reports of current purity of speed, base and ice/crystal among those able to comment, 2010



Source: IDRS participant interviews

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

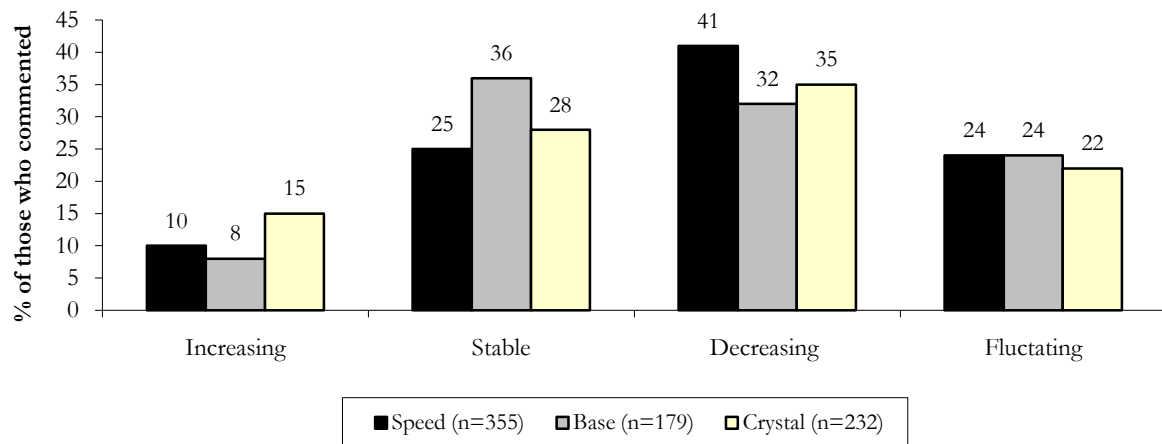
Significance testing was carried out on the current purity of speed, base and ice/crystal for 'low', 'medium', 'high' and 'fluctuates' between 2009 and 2010. The proportion of participants who reported on the current purity of speed as 'medium' was significantly higher, while those reporting the purity of speed as 'low' was significantly lower than in 2009 (low: 40% in 2010 versus 47% in 2009; 95%CI 0.002, 0.15; medium: 33% in 2010 versus 25% in 2009; 95%CI -0.01, -0.15) (Table 25).

In 2010, the purity of base reported as 'low' was significantly lower compared to 2009 (19% in 2010 versus 32% in 2009; 95%CI 0.03, 0.22). No other significant differences were found ($p > 0.05$) (Table 26).

The proportion of participants who reported the purity of ice/crystal as 'high' was significantly higher, while the purity of ice/crystal as 'low' was significantly lower compared to 2009 (high: 46% in 2010 versus 32% in 2009; 95%CI -0.05, -0.22; low: 16% in 2010 versus 28% in 2009; 95%CI 0.05, 0.19) (Table 27).

Participant reports of recent changes in purity for all forms of methamphetamine varied. The majority of participants who commented described the purity or strength for all three forms as 'stable'. Around one-third also reported the purity of speed as 'decreasing' and one-quarter of all forms also reported the purity as 'fluctuating' (Figure 27; Table 25, Table 26 and Table 27).

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

Figure 27: Participant reports of changes in purity of speed, base and ice/crystal among those able to comment, 2010

Source: IDRS participant interviews

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

Table 25: Perceived purity of methamphetamine powder, by jurisdiction, 2009

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Current purity (%)	N=363	N=291	n=40	n=36	n=59	n=60	n=19	n=36	n=16	n=25
High	13	14	15	11	7	8	37	25	6	24
Medium	25	33	50	33	41	25	26	36	25	12
Low	47	40	33	44	47	48	21	17	44	48
Fluctuates	14	13	3	11	5	18	16	22	25	16
Purity changes (%)	N=355	N=280	n=40	n=36	n=58	n=55	n=19	n=34	n=15	n=23
Increasing	10	9	10	6	7	4	16	15	7	17
Stable	25	38	48	33	41	40	42	35	40	9
Decreasing	41	31	25	44	40	20	21	29	33	35
Fluctuates	24	23	18	17	12	36	21	21	20	39

Source: IDRS participant interviews

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

Table 26: Perceived purity of methamphetamine base, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Current purity (%)	N=187	N=145	n=33	n=16	n=3^	n=33	n=35	n=3^	n=5^	n=17
High	25	28	24	19	67	9	51	67	0	24
Medium	34	43	52	44	33	70	20	33	20	35
Low	32	19	18	31	0	18	9	0	80	18
Fluctuates	10	10	6	6	0	3	20	0	0	24
Purity changes (%)	N=179	N=141	n=32	n=16	n=3^	n=32	n=34	n=3^	n=4^	n=17
Increasing	8	14	6	19	0	9	24	33	0	12
Stable	36	46	53	44	100	47	44	67	50	24
Decreasing	32	16	25	25	0	6	3	0	50	35
Fluctuates	24	24	16	13	0	38	29	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

Table 27: Perceived purity of crystalline methamphetamine, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Current purity (%)	N=241	N=244	n=65	n=36	n=33	n=17	n=39	n=33	n=11	n=10
High	32	46	49	33	55	41	46	42	36	60
Medium	26	28	23	39	30	35	21	24	36	20
Low	28	16	20	22	6	18	18	15	0	0
Fluctuates	14	12	8	6	9	16	15	18	27	20
Purity changes (%)	N=232	N=232	n=63	n=35	n=31	n=13	n=39	n=32	n=9^	n=10
Increasing	15	19	14	23	32	15	10	25	11	30
Stable	28	40	41	34	42	69	44	28	33	30
Decreasing	35	18	21	23	13	0	26	16	11	10
Fluctuates	22	23	24	20	13	15	21	31	44	30

Source: IDRS participant interviews

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

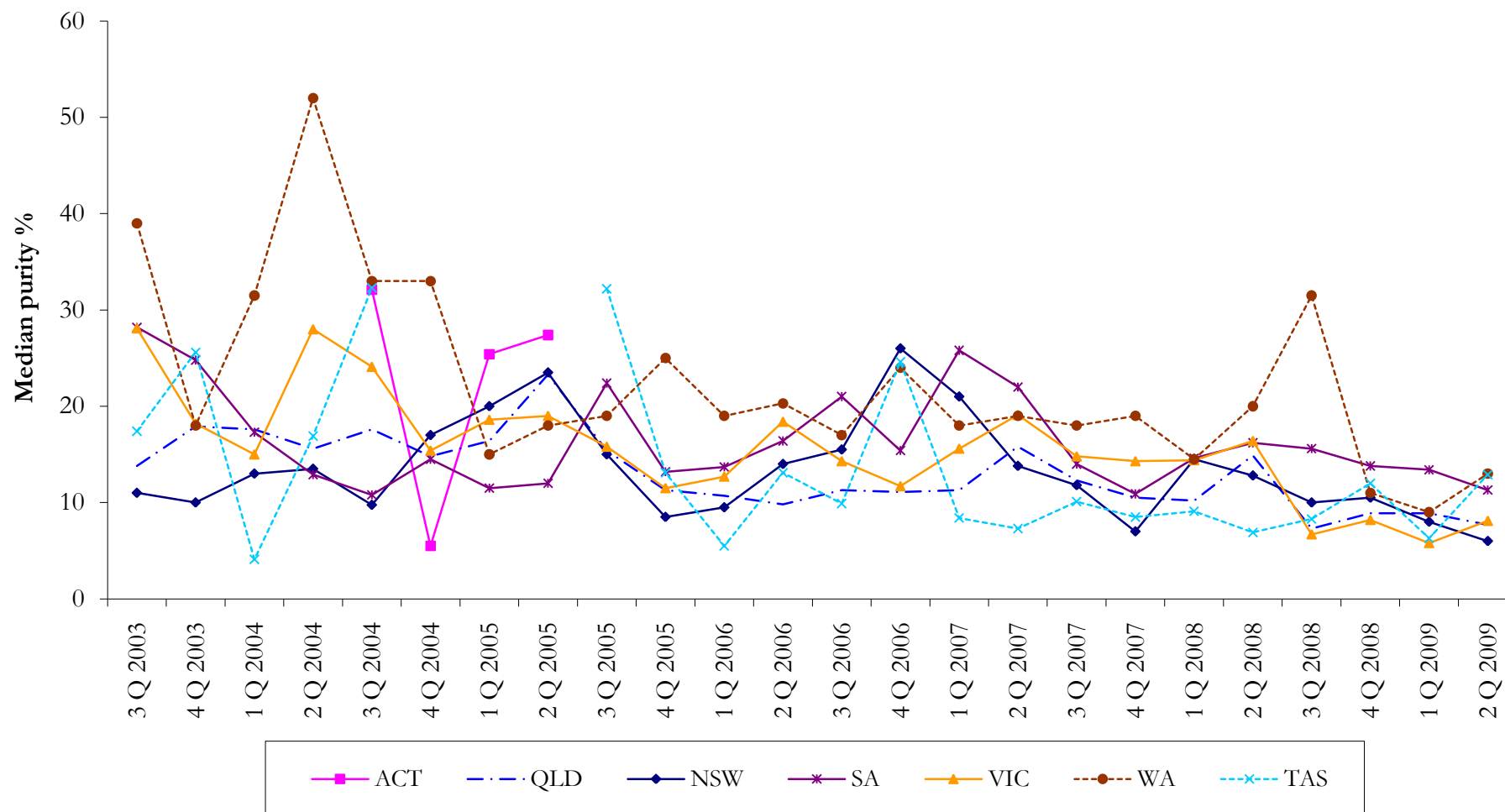
Note: The response option 'Don't know' was excluded from analysis

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 2008/09, forensic analysis of seizures of methylamphetamine in Australia revealed purity levels ranging from less than 1% to 82.5%, with higher purity often relating to one single seizure rather than being representative of a large number of seizures. This wide range in both purity and numbers of seizures analysed should be considered when looking at the median purity figures presented.

As with heroin, the figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figure 28, 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 SA, WA, TAS and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of methylamphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

Figure 28 shows the median purity across jurisdictions of methylamphetamine seizures (respectively) by quarter from 2003/04. As there were few AFP seizures analysed in most jurisdictions, only state/territory police seizures are shown. There is no clear trend in the purity of methylamphetamine or amphetamine seizures that are analysed. Only data for methylamphetamine seizures are presented here. Amphetamine purity is available from the latest Illicit Drug Data Report available online (<http://www.crimecommission.gov.au/>). In the past six years, the median purity of methylamphetamine has generally remained lower than 35%, except in WA where the purity reached a high of 52% in the second quarter of 2004. No methylamphetamine seizures were analysed for purity in the ACT or the NT in 2008/09 (Australian Crime Commission, 2010). Data for 2009/10 were not available at the time of publication of this report.

Figure 28: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2003/04-2008/09



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

Note: Data for 2009/10 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. Substantial proportions also reported ice/crystal as 'difficult' to obtain. Nationally, the availability of all forms were reported as 'stable' in the last six months (Table 28, Table 29 and Table 30).

Significance testing was carried out on the current availability of speed, base and ice/crystal for 'very easy', 'easy', 'difficult' and 'more difficult' between 2009 and 2010. Nationally, no significant differences were found ($p>0.05$).

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

Table 28: Availability of methamphetamine powder, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Availability (%)	N=368	N=296	n=42	n=35	n=58	n=64	n=21	n=36	n=15	n=25
Very easy	37	41	38	49	33	50	38	47	20	36
Easy	44	38	41	31	33	45	48	31	27	48
Difficult	16	18	19	20	26	5	14	17	40	16
Very difficult	2	3	2	0	9	0	0	6	13	0
Availability changes (%)	N=362	N=295	n=42	n=35	n=57	n=64	n=21	n=36	n=15	n=25
More difficult	18	15	14	11	28	8	5	11	40	4
Stable	67	76	83	80	65	83	81	78	40	76
Easier	10	4	2	9	2	6	5	3	7	4
Fluctuates	5	5	0	0	5	3	10	8	13	16

Source: IDRS participant interviews

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

Table 29: Availability of methamphetamine base, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Availability (%)	N=188	N=145	n=34	n=17	n=3^	n=33	n=34	n=3^	n=4^	n=17
Very easy	34	32	27	18	33	39	35	33	0	41
Easy	41	49	41	53	67	58	47	33	75	41
Difficult	20	17	29	29	0	3	12	33	0	18
Very difficult	5	3	3	0	0	0	6	0	25	0
Availability changes (%)	N=185	N=145	n=34	n=15	n=3^	n=34	n=34	n=3^	n=5	n=17
More difficult	19	21	38	13	0	3	21	33	60	24
Stable	69	70	62	76	100	85	71	67	20	65
Easier	8	6	0	13	0	6	6	0	20	6
Fluctuates	4	3	0	0	0	6	3	0	0	6

Source: IDRS participant interviews

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

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

Table 30: Availability of crystalline methamphetamine, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Availability (%)	N=242	N=247	n=66	n=37	n=34	n=17	n=38	n=33	n=10	n=12
Very easy	31	34	44	19	50	12	32	33	10	50
Easy	33	41	33	43	29	41	53	49	60	42
Difficult	26	19	15	35	21	24	13	12	30	8
Very difficult	9	5	8	3	0	24	3	6	0	0
Availability changes (%)	N=238	N=239	n=65	n=36	n=32	n=17	n=38	n=31	n=9^	n=11
More difficult	30	15	12	33	9	12	11	13	11	9
Stable	53	66	71	50	66	77	74	71	44	46
Easier	10	14	14	11	22	12	16	10	0	18
Fluctuates	7	6	3	6	3	0	0	7	44	27

Source: IDRS participant interviews

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

Note: The response option 'Don't know' was excluded from analysis in 2009

5.2.4 Purchasing patterns of methamphetamines

Participants purchased speed from a variety of sources, most commonly from friends (46%) and known dealers (31%). Speed powder was purchased from a range of locations. Nationally, the most common responses were from a friend's home (27%), at an agreed public location (24%), and/or a dealer's home (20%) (Table 31).

Base was most commonly obtained from a friend (41%) and/or a known dealer (36%). Again, locations of purchase were varied, with the most commonly reported being from a dealer's home (25%), an agreed public location (23%) and/or home delivery (21%) (Table 32).

Ice/crystal was also obtained from a variety of sources, in a similar pattern to speed and base. friends (50%) and known dealers (31%) were the most typical people from whom it had been purchased, with a friend's home (30%), an agreed public location (24%), and/or dealer's home (19%) reported as the most common locations of purchase (Table 33).

Table 31: Methamphetamine powder purchasing patterns, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Purchased from[#] (%)	N=359	N=283	n=39	n=34	n=56	n=61	n=20	n=33	n=16	n=24
Street dealer	9	12	31	24	11	2	11	3	0	13
Friend	41	46	41	41	52	36	55	52	63	42
Known dealer	36	31	18	29	34	56	15	24	19	21
Acquaintance	11	7	10	0	4	5	0	15	19	13
Unknown dealer	1	2	0	3	0	0	10	3	0	8
Other	1	2	0	3	0	2	10	3	0	4
Places of usual purchase[#] (%)	N=359	N=281	n=39	n=33	n=56	n=60	n=20	n=33	n=16	n=24
Home delivery	18	14	5	9	11	22	20	12	13	21
Dealer's home	21	20	10	27	20	27	15	15	19	17
Friend's home	21	27	26	27	29	20	30	30	38	25
Acquaintance's house	5	6	8	0	4	2	0	12	13	21
Street market	9	8	26	0	11	2	0	6	0	13
Agreed public location	25	24	26	30	25	28	30	21	19	4
Other	1	2	0	6	2	0	5	3	0	0

Source: IDRS participant interviews

[#] Only one response allowed**Table 32: Methamphetamine base purchasing patterns, by jurisdiction, 2010**

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Purchased from[#] (%)	N=191	N=139	n=30	n=15	n=3 [^]	n=33	n=34	n=3	n=5	n=16
Street dealer	6	10	33	13	33	3	0	0	0	0
Friend	38	41	33	33	33	39	50	33	20	56
Known dealer	41	36	27	40	33	52	35	33	40	19
Acquaintance	9	9	3	0	0	3	15	33	40	13
Unknown dealer	<1	1	3	7	0	0	0	0	0	0
Other	3	3	0	7	0	3	0	0	0	13
Places of usual purchase[#] (%)	N=190	N=138	n=30	n=15	n=3 [^]	n=32	n=34	n=3 [^]	n=5 [^]	n=16
Home delivery	15	21	23	0	0	25	24	0	20	31
Dealer's home	23	25	27	40	0	28	18	67	20	13
Friend's home	24	19	20	33	0	9	21	33	20	19
Acquaintance's house	3	4	0	0	0	3	6	0	40	6
Street market	4	6	20	0	33	0	0	0	0	6
Agreed public location	28	23	10	20	67	34	29	0	0	13
Other	3	3	0	7	0	0	3	0	0	13

Source: IDRS participant interviews

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

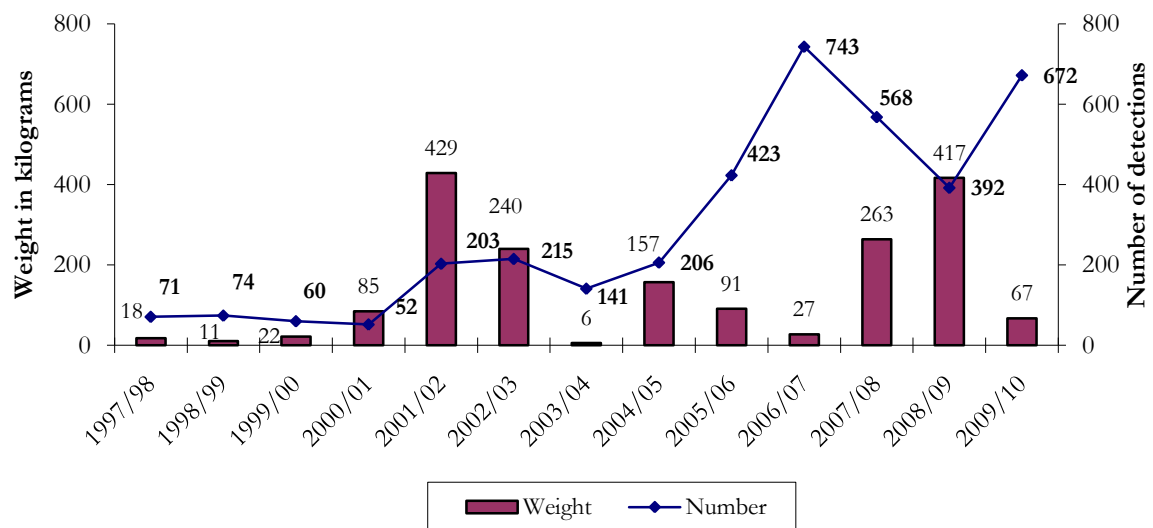
Table 33: Crystalline methamphetamine purchasing patterns, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Purchased from[#] (%)	N=241	N=238	n=64	n=35	n=30	n=16	n=39	n=33	n=10	n=11
Street dealer	12	9	17	9	10	0	5	3	10	0
Friend	43	50	44	54	63	56	41	55	50	55
Known dealer	32	31	38	26	23	31	36	27	20	36
Acquaintance	8	6	2	6	0	6	10	12	10	9
Unknown dealer	3	1	0	3	0	0	0	3	10	0
Other	1	3	0	3	3	6	8	0	0	0
Places of usual purchase[#] (%)	N=240	N=237	n=63	n=35	n=30	n=16	n=39	n=33	n=10	n=11
Home delivery	17	17	19	9	13	44	10	18	20	9
Dealer's home	18	19	18	23	10	25	28	21	10	9
Friend's home	25	30	29	37	27	19	26	30	40	55
Acquaintance's house	4	2	0	3	0	0	5	3	0	9
Street market	8	6	13	0	10	0	0	6	0	9
Agreed public location	27	24	22	26	37	13	26	21	30	9
Other	1	2	0	3	3	0	6	0	0	0

Source: IDRS participant interviews

[#] Only one response allowed**5.2.5 Amphetamine-type stimulant detections at the Australian border**

Figure 29 shows the weight and number of amphetamine-type stimulants detected at the Australian border by the Australian Customs and Border Protection Service. In 2009/10, the number of detections increased markedly from 392 in 2008/09 to 672. Conversely the weight decreased dramatically from 417 kilograms in 2008/09 to just 67 in 2009/10. The variation in weights of seizures of amphetamine type stimulants detected at the border over the years reflects changes in patterns of detections between international mail and cargo (Australian Customs Border and Protection Service, 2010).

Figure 29: Total weight and number of amphetamine-type stimulants* detected by the Australian Customs and Border Protection Service, financial years 1997/98-2009/10

Source: Australian Customs and Border Protection Service

* Includes amphetamine detections, methamphetamine and crystalline methamphetamine (ice) detections, excluding MDMA

5.3 Cocaine

Key points

- Small numbers in all jurisdictions except NSW were able to comment on the price, purity and availability of cocaine. The price of a gram and a cap of cocaine in NSW remained largely stable at \$300 and \$50 respectively. The majority of participants also described the price of cocaine as having remained 'stable' over the last six months.
- The majority of participants nationally reported purity as 'medium or high' with most reporting purity as stable over the last six months. In NSW the majority reported the purity as 'medium'.
- Cocaine was considered 'easy' or 'very easy' to obtain in NSW and nationally, and the majority reported availability as stable in the preceding six months.
- In NSW and nationally, purchasing from a friend, a known dealer or from a street dealer were most popular. An agreed public location or the street market were reported as the most common purchase location.
- The limited participant data on cocaine suggest that there remains a limited market for cocaine among IDRS participants in jurisdictions other than NSW. The market for cocaine continues to appear smaller and less visible than the methamphetamine and heroin markets.

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

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

5.3.1 Price of cocaine

Prices in Table 34 represent the median prices of the last purchase made by participants in the preceding six months. Less than 10% of participants had bought a gram of cocaine in the past six months, except in NSW (NSW n=12, VIC n=1, TAS = 2, SA n=1, WA=2, and QLD=1 with no purchases in the ACT or the NT), and, therefore, these figures should be interpreted with caution. The price of a gram and a cap of cocaine in NSW remained largely stable at \$300 and \$50 respectively (\$340 per gram and \$50 per cap nationally). The majority of participants also described the price of cocaine as having remained 'stable' over the last six months. Thirty-three participants in NSW bought a cap of cocaine in the last six months, as did four participants in VIC and one participant in WA; there were no purchases in any other jurisdiction.

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

Table 34: Price of cocaine, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Median price (\$) per gram	350	340	300	-	400 [^]	400 [^]	250 [^]	325 [^]	-	1000 [^]
Median price (\$) per cap	50	50	50	-	50 [^]	-	-	40 [^]	-	-
Price changes (%)	N=105	N=92	n=71	n=0	n=8 [^]	n=3 [^]	n=4 [^]	n=4 [^]	n=0	n=2 [^]
Increased	13	15	14	0	38	0	25	0	0	0
Stable	82	79	83	0	50	100	75	50	0	100
Decreased	3	3	0	0	12	0	0	50	0	0
Fluctuated	2	2	3	0	0	0	0	0	0	0

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

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

5.3.2 Purity of cocaine

Participants were asked to describe the current purity or strength of cocaine, and if there had been any change in perceived purity in the six months preceding interview. Participant reports of the purity of cocaine were variable. In NSW seventy-seven participants were able to comment on the purity of cocaine, while less than 10 participants were able to comment in the others states. Of those able to comment nationally, equal proportions (32%) reported the purity of cocaine as 'medium' or 'high', while one-quarter reported the purity as 'low' (Table 35). In 2010, a larger number of participants in the national sample reported the purity of cocaine as 'low' compared to 2009 (24% and 15% respectively).

Significance testing was carried out on the current purity of cocaine for 'low', 'medium', 'high' and 'fluctuates' between 2009 and 2010. Nationally, no significant differences were found ($p>0.05$).

Participant reports regarding the changes in cocaine purity varied between jurisdictions. Of those who commented in the 2010 national sample, 45% reported the purity of cocaine as 'stable' and 20% as 'decreasing' or 'fluctuating' (Table 35).

The purity of analysed state/territory police seizures varied in each state/territory in 2008/09, ranging from 28.1% in QLD to 61.4% in the ACT (Australian Crime Commission, 2010). In 2008/09 most of the cocaine seizures analysed were from QLD, NSW, and VIC (Table 36). The AFP seizures of cocaine were generally higher in purity. There were no AFP or state/territory cocaine seizures analysed in the ACT, SA, TAS and the NT in 2008/09 (Table 36). Data for 2009/10 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 35: Perceived purity of cocaine, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Current purity (%)	N=111	N=104	n=77	n=1^	n=8^	n=3^	n=5^	n=5^	n=0	n=5^
High	32	32	25	0	75	67	40	40	0	40
Medium	41	32	36	100	13	0	40	20	0	0
Low	15	24	26	0	12	0	20	20	0	40
Fluctuates	11	12	13	0	0	33	0	20	0	20
Purity changes (%)	N=101	N=98	n=73	n=1^	n=8^	n=3^	n=5^	n=5^	n=0	n=3^
Increasing	18	14	12	100	0	0	40	40	0	0
Stable	40	45	44	0	63	33	40	40	0	67
Decreasing	18	20	23	0	38	0	0	0	0	0
Fluctuating	25	20	21	0	0	67	20	20	0	33

Source: IDRS participant interviews

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

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

Table 36: Median purity of cocaine seizures, by jurisdiction, 2003/04-2008/09

	Median purity %											
	State/Territory police						AFP					
	03/04	04/05	05/06	06/07	07/08	08/09	03/04	04/05	05/06	06/07	07/08	08/09
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	72.3 n=348	69.9 n=63	74.3 n=98	76.4 n=491	71.7 n=93	70.3 n=78
ACT	48.0 n=3	47.7 n=5	30.6 n=5	-	36.6 n=7	61.4 n=2	-	-	-	-	-	-
VIC	32.6 n=27	48.8 n=33	31.7 n=43	46.0 n=60	18.3 n=50	49.9 n=54	75.3 n=34	58.9 n=9	55.3 n=7	75.5 n=25	75.6 n=16	75.9 n=37
TAS	-	-	-	-	-	-	-	-	-	-	-	-
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	-	-	-	59.9 n=2	-	-
WA	3.0 n=4	44.0 n=27	21 n=12	55.0 n=22	46.5 n=16	52.0 n=14	59.4 n=9	77.4^ n=1	53.8 n=6	52.7 n=1	68.6 n=2	67.2 n=5
NT	-	-	-	-	-	-	-	-	-	-	-	-
QLD	14.9 n=30	35.2 n=90	38 n=109	40.2 n=109	35.2 n=133	28.1 n=214	71.7 n=24	79.9 n=7	42.7 n=4	76.1 n=63	84.6 n=6	41.7 n=6

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

^ 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 were analysed at a forensic laboratory. Figures for WA, TAS and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police. Data for 2008/09 were not available at the time of publication

5.3.3 Availability of cocaine

In jurisdictions other than NSW, only small numbers of participants were able to comment on the availability of cocaine, which in itself suggests that the drug is not widely available in those jurisdictions. Of those who commented in NSW, 67% described cocaine as 'easy' or 'very easy' to obtain, while 27% considered it to be 'difficult' to obtain. Availability in the six months preceding interview was generally thought to be stable nationally and in NSW (64% and 67% respectively) (Table 37).

Significance testing was carried out on the current availability of cocaine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2009 and 2010. 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 37: Availability of cocaine, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Availability (%)	N=116	N=108	n=81	n=1 [^]	n=8 [^]	n=3 [^]	n=5 [^]	n=5 [^]	n=0	n=5 [^]
Very easy	35	28	31	0	25	0	20	40	0	0
Easy	46	35	36	100	13	33	20	60	0	40
Difficult	18	30	27	0	50	67	40	0	0	40
Very difficult	2	7	6	0	12	0	20	0	0	20
Availability changes (%)	N=110	N=105	n=79	n=1 [^]	n=8 [^]	n=3 [^]	n=5 [^]	n=5 [^]	n=0	n=4 [^]
More difficult	16	26	23	0	63	33	40	0	0	25
Stable	65	64	67	100	37	67	60	40	0	75
Easier	16	8	6	0	0	0	0	60	0	0
Fluctuates	3	3	4	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. An agreed public location or the street market were reported as the most common purchase locations (Table 38).

Table 38: Purchasing patterns of cocaine, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Purchased from [#] (%)	N=114	N=99	n=78	n=1 [^]	n=7 [^]	n=2 [^]	n=2 [^]	n=4 [^]	n=0	n=5 [^]
Street dealer	19	27	32	0	29	0	0	0	0	0
Friend	41	33	26	100	57	50	50	50	0	80
Known dealer	27	29	32	0	14	0	50	25	0	20
Acquaintance	4	7	6	0	0	50	0	25	0	0
Unknown dealer	1	2	3	0	0	0	0	0	0	0
Mobile dealer	4	1	2	0	0	0	0	0	0	0
Other	4	0	0	0	0	0	0	0	0	0
Places of usual purchase [#] (%)	N=112	N=98	n=78	n=1 [^]	n=7 [^]	n=2 [^]	n=2 [^]	n=4 [^]	n=0	n=4 [^]
Home delivery	26	12	10	0	29	50	50	0	0	0
Dealer's home	16	9	10	0	0	0	0	0	0	25
Friend's home	15	12	8	100	29	0	0	25	0	50
Street market	20	28	33	0	14	0	0	0	0	0
Agreed public location	20	38	39	0	29	50	50	75	0	0
Other	1	1	0	0	0	0	0	0	0	25

Source: IDRS participant interviews

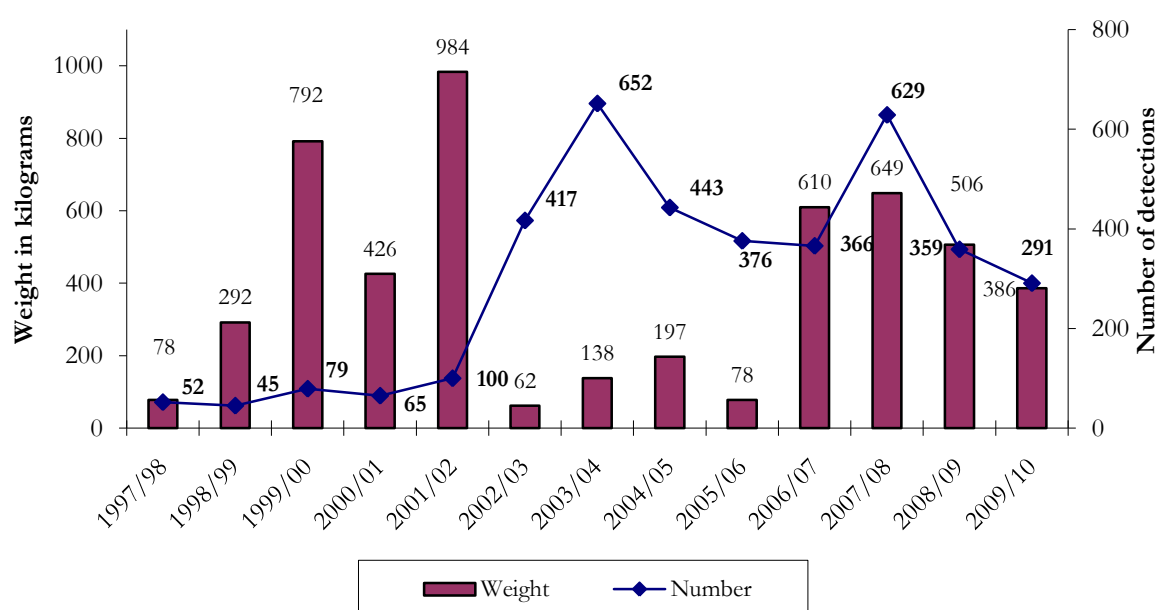
[#] Only one response allowed

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

5.3.5 Cocaine detected at the Australian border

During 2009/10, the Australian Customs and Border Protection Service made 291 detections of cocaine at the Australian border, a decrease from 359 in 2008/09 (Figure 30). The detections weighed a total of 386 kilograms a decrease from 506 kilograms in 2008/09. There was a significant increase in the weight of cocaine seized through the air passengers and crew stream, however there was one significant detection of 240kg seized through the cargo stream coming in from Mexico (Australian Customs Border and Protection Service, 2010).

Figure 30: Number and weight of detections of cocaine detected at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2009/10



Source: Australian Customs and Border Protection Service

5.4 Cannabis

Key points

- An ounce of hydroponic cannabis (hydro) cost between a median of \$220 and \$450 and a gram ranged from \$20 to \$30. Prices for both forms were generally reported to have remained stable in the six months preceding interview.
- Participants in all jurisdictions generally perceived the potency of hydro to be 'high' and bush was most commonly reported to be 'medium'. The potency for both forms was generally reported to have remained stable over the last six months.
- Hydro was considered to be 'very easy' or 'easy' to obtain by the majority of participants. The availability of both forms was perceived to have remained stable over the preceding six months.
- The most commonly reported sources of hydro and bush nationally were from a friend or known dealer. The most commonly reported locations of purchase among those who had bought cannabis were at a friend's home, a dealer's home or home delivery.

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

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

In 2010, participants completing the section (N=847) 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: 64% of participants in NSW; 73% in the ACT; 60% in VIC; 80% in TAS; 51% in SA; 65% in WA; 95% in the NT; and 87% in QLD.

5.4.1 Price of cannabis

Table 39 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 2010, an ounce of hydro cost a median of \$300 nationally, ranging from \$220 (SA) and \$450 (the NT). A gram cost \$20 nationally, ranging from \$20 (NSW, the ACT and VIC) to \$30 (NT). Nationally, the price for a 'bag' of hydro was \$25, ranging from \$20 (NSW) to \$100 (VIC – small numbers commenting).

Overall, participants reported that the price of hydro and bush remained stable over the preceding six months (69% and 80% respectively among those who commented) (Table 39).

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

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

Table 39: Median price of cannabis and price changes, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Price (\$) HYDRO										
Per gram	20	20	20	20	20	25	25^	25	30	25
Per quarter ounce	90	90	90	80^	80	90	60^	125^	100^	100
Per ounce	300	300	290	280	250	300	220	350	450	355
Per Bag	25	25	20^	-	100^	-	25	25	30	50^
Price (\$) BUSH										
Per gram	20	20	20	20	20^	20^	25^	25^	30	20
Per quarter ounce	80	75	80	80	70^	60	-	75^	90^	85
Per ounce	250	250	250^	250^	220^	200	200^	250	300	280
Per Bag	25	25	35^	250^	50^	-	25	25^	30	25^
Price changes (%)										
HYDRO (%)	N=523	N=474	n=89	n=51	n=79	n=71	n=38	n=54	n=57	n=35
Increased	23	23	14	8	22	14	37	35	46	26
Stable	68	69	80	80	72	82	58	56	46	60
Decreased	3	2	2	6	4	1	3	2	0	0
Fluctuated	7	6	5	6	3	3	3	7	9	14
BUSH (%)	N=307	N=274	n=37	n=45	n=12	n=62	n=27	n=29	n=31	n=31
Increased	11	11	11	7	33	3	15	7	19	16
Stable	74	80	81	87	67	84	82	83	65	74
Decreased	7	4	8	2	0	10	4	0	0	3
Fluctuated	9	5	0	4	0	3	0	10	16	7

Source: IDRS participant interviews

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

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

5.4.2 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. Almost three-fifths (57%) of the national sample who commented reported that hydro potency was 'high' (ranging from 41% in the QLD to 67% in TAS) and nearly one-third (32%) described it as 'medium' (ranging from 25% in the NT to 39% in NSW). By contrast, around half (52%) reported the potency of bush cannabis as 'medium' (ranging from 33% in QLD to 62% in WA). The potency of hydro and bush cannabis was generally reported to have remained stable over the preceding six months (66% and 69% respectively) (Table 40 and Table 41).

Significance testing was carried out on the current purity of hydroponic and 'bush' cannabis for 'low', 'medium', 'high' and 'fluctuates' between 2009 and 2010. 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 40: Perceived potency of hydroponic cannabis, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Current Potency (%)	N=526	N=485	n=90	n=52	n=80	n=73	n=41	n=56	n=56	n=37
High	58	57	54	52	58	67	63	63	54	41
Medium	31	32	39	31	34	26	34	30	25	32
Low	4	4	6	14	3	0	2	0	5	3
Fluctuates	7	7	1	4	6	7	0	7	16	24
Potency changes (%)	N=548	N=477	n=89	n=51	n=79	n=72	n=40	n=55	n=55	n=36
Increasing	9	13	12	22	11	14	5	13	6	22
Stable	63	66	65	59	67	69	65	69	76	53
Decreasing	9	7	10	8	13	3	10	4	0	6
Fluctuating	20	14	12	12	9	14	20	15	18	19

Source: IDRS participant interviews

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

Table 41: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Current Potency (%)	N=328	N=279	n=41	n=43	n=12	n=61	n=28	n=29	n=32	n=33
High	23	25	22	14	17	25	39	21	9	55
Medium	54	52	61	56	50	49	46	62	59	33
Low	18	16	15	21	33	23	11	7	9	12
Fluctuates	5	7	2	9	0	3	4	10	22	0
Potency changes (%)	N=312	N=270	n=42	n=42	n=12	n=57	n=27	n=28	n=30	n=32
Increasing	12	9	10	12	0	7	7	11	0	16
Stable	65	69	71	67	75	83	67	57	57	69
Decreasing	9	9	10	12	17	0	19	7	7	9
Fluctuating	14	14	9	10	8	10	7	25	37	6

Source: IDRS participant interviews

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

5.4.3 Availability of cannabis

Ninety-two percent of participants commenting on hydro in all jurisdictions described it as 'very easy' or 'easy' to obtain, and although reports on bush were more mixed, it was most commonly reported as 'very easy' or 'easy' to obtain. Smaller numbers of participants were able to comment on bush cannabis (from n=13 in VIC to n=65 in TAS) suggesting that it continued to be less available than hydro in many jurisdictions (ranging from n=36 in QLD to n=90 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 (77% and 74% respectively) (Table 42 and Table 43).

Significance testing was carried out on the current availability of hydro and bush cannabis for 'very easy', 'easy', 'difficult' and 'more difficult' between 2009 and 2010. Nationally, in 2010 the current availability of bush hydro as 'very easy' was significantly higher compared to 2009 (very easy: 54% in 2010 versus 48% in 2009; 95%CI -0.001, -0.12). No other 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 42: Availability of hydroponic cannabis, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Availability (%)	N=529	N=484	n=90	n=51	n=80	n=73	n=40	n=57	n=57	n=36
Very easy	48	54	66	53	56	74	30	51	25	58
Easy	42	38	26	43	31	26	60	37	58	39
Difficult	9	8	8	4	13	0	10	11	16	3
Very difficult	1	1	1	0	0	0	0	2	2	0
Availability changes (%)	N=526	N=482	n=90	n=52	n=79	n=74	n=40	n=56	n=55	n=36
More difficult	13	8	8	2	11	1	18	7	15	3
Stable	73	77	79	85	72	89	70	80	58	75
Easier	7	9	9	10	11	7	8	9	6	14
Fluctuates	8	6	4	4	5	3	5	4	22	8

Source: IDRS participant interviews

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

Table 43: Availability of outdoor-grown 'bush' cannabis, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Availability (%)	N=318	N=288	n=44	n=46	n=13	n=65	n=26	n=30	n=32	n=32
Very easy	38	41	39	35	38	75	19	27	19	38
Easy	36	38	32	37	46	17	58	60	56	31
Difficult	23	19	27	26	15	8	19	10	25	25
Very difficult	3	2	2	2	0	0	4	3	0	6
Availability changes (%)	N=318	N=281	n=43	n=45	n=12	n=64	n=26	n=29	n=30	n=32
More difficult	15	13	14	9	0	8	12	17	20	19
Stable	64	74	74	82	75	77	73	76	67	59
Easier	14	9	7	9	17	16	0	7	3	13
Fluctuates	7	5	5	0	8	0	15	0	10	9

Source: IDRS participant interviews

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

5.4.4 Purchasing patterns of cannabis

Like previous years, the most commonly reported sources of hydro nationally were from a friend (56%) or known dealer (31%). Sources were similar for bush cannabis, with friends (62%) and known dealers (23%) 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 37%; bush 41%), a dealer's home (hydro 25%; bush 18%), home delivery (hydro 13%; bush 19%) and/or an agreed public location (hydro 16%; bush 13%) (Table 44 and Table 45).

Table 44: Hydroponic cannabis purchasing patterns, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Purchased from[#] (%)	N=522	N=481	n=89	n=52	n=78	n=73	n=40	n=56	n=56	n=37
Street dealer	10	5	9	8	5	3	0	2	9	5
Friend	48	56	62	48	53	40	78	73	52	46
Known dealer	32	31	25	40	37	49	15	16	25	35
Acquaintance	5	5	3	2	4	4	3	7	9	5
Unknown dealer	1	1	0	0	0	1	3	2	4	3
Mobile dealer	1	<1	1	0	0	0	0	0	0	0
Other	3	2	0	2	1	3	2	0	2	5
Places of usual purchase[#] (%)	N=521	N=481	n=89	n=52	n=79	n=73	n=40	n=55	n=56	n=37
Home delivery	18	13	15	6	4	21	25	4	16	16
Dealer's home	24	25	20	35	34	32	8	15	25	22
Friend's home	31	37	38	37	37	26	50	53	30	27
Acquaintance's house	3	3	2	2	0	6	3	4	4	3
Street market	9	5	12	0	8	0	0	2	4	14
Agreed public location	13	16	12	17	18	15	13	22	20	16
Other	2	1	0	4	0	1	2	2	2	3

Source: IDRS participant interviews

Only one response allowed

Table 45: Outdoor-grown 'bush' cannabis purchasing patterns, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Purchased from[#] (%)	N=317	N=282	n=43	n=44	n=14	n=62	n=27	n=29	n=32	n=31
Street dealer	7	6	14	7	29	2	0	0	9	3
Friend	57	62	51	64	57	58	70	66	72	61
Known dealer	21	23	28	25	14	36	15	24	9	16
Acquaintance	7	<1	0	0	0	0	4	0	0	0
Unknown dealer	2	5	7	2	0	5	7	7	0	7
Mobile dealer	1	2	0	2	0	0	4	3	3	7
Other	5	1	0	0	0	0	0	0	6	7
Places of usual purchase[#] (%)	N=317	N=281	n=43	n=44	n=14	n=62	n=27	n=28	n=32	n=31
Home delivery	21	19	23	23	29	19	15	11	13	19
Dealer's home	16	18	21	18	7	29	11	14	13	13
Friend's home	37	41	28	46	29	34	56	54	47	45
Acquaintance's house	3	3	2	2	0	3	7	4	0	0
Street market	7	5	9	0	36	0	0	0	6	7
Agreed public location	12	13	14	9	0	15	7	18	19	10
Other	4	2	2	2	0	0	4	0	3	7

Source: IDRS participant interviews

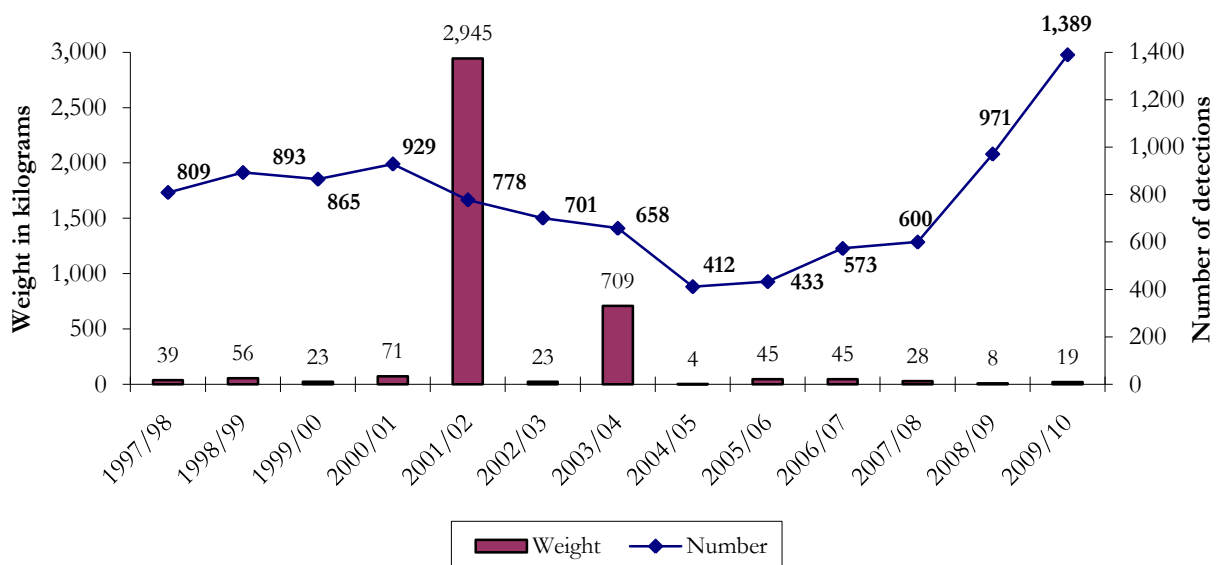
Only one response allowed

5.4.5 Cannabis detected at the Australian border

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

The number of cannabis detections continued to increase in 2009/10 to 1,389 (up from 971 in 2008/09), while weights of seizures continues to fluctuate (Figure 31) (Australian Customs Border and Protection Service, 2010).

Figure 31: Weight and number of detections of cannabis made at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2009/10



Source: Australian Customs and Border Protection Service

5.5 Methadone

Key points

- Of those who commented, the majority reported the price of 'illicit' methadone syrup to be a median of \$0.50 per millilitre and physeptone at \$10 per 10mg tablet (small numbers commenting). The price of 'illicit' methadone was reported mainly as stable over the last six months.
- Around two-thirds reported the availability of 'illicit' methadone as 'very easy' or 'easy'. The majority reported the availability of 'illicit' methadone as stable over the last six months.
- The most common source among those who had bought 'illicit' methadone was through a friend. The most common place of purchase was an agreed public location followed by friend's home.

5.5.1 Price of illicit methadone

Around eighteen percent of the national sample commented on the price or availability of 'illicitly' obtained methadone liquid. Twenty-two participants in the national sample commented on the price range of one-millilitre (1ml) of methadone. Of those who commented, 55% reported that it cost a median of \$0.50 per ml of liquid and 32% reported \$1.00 (range \$0.30 to \$140 per ml).

Ten participants (1% of the national sample) reported having purchased 5mg Physeptone tablets, having paid between \$5 and \$12.50 per tablet. The 47 participants (5% of the national sample) who bought 10mg tablets paid between \$10 to \$25 per tablet. Thirty eight percent reported paying \$10; 38% paying \$20; and 17% paying \$15 per tablet. Median prices per tablet are recorded in Table 46.

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

Table 46: Median price of illicit methadone and price changes, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Median Price (\$)										
Syrup per 1ml	-	-	0.50	0.50 [^]	1 [^]	-	1 [^]	-	-	0.62 [^]
Physeptone 10mg	-	-	-	10 [^]	-	13.5	10 [^]	10 [^]	20	-
Price changes (%)	N=179	N=124	n=45	n=16	n=6 [^]	n=28	n=8 [^]	n=2 [^]	n=14	n=5 [^]
Increased	17	14	18	6	0	11	0	0	36	0
Stable	78	77	71	69	100	89	88	100	57	100
Decreased	1	1	0	6	0	0	0	0	0	0
Fluctuated	4	8	11	19	0	0	12	0	7	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, 38% reported that it was 'easy' to obtain 'illicit' methadone and 25% reported availability as 'very easy'. Thirty-one percent reported it as 'difficult', and a small proportion as 'very difficult' (6%). Seventy-four percent reported that

availability had remained 'stable' in the six months preceding interview, although 21% reported that it had become 'more difficult' (Table 47).

Significance testing was carried out on the current availability of 'illicit' methadone (any form) for 'very easy', 'easy', 'difficult' and 'more difficult' between 2009 and 2010. Nationally, no significant differences were found ($p>0.05$).

Table 47: Availability of illicit methadone, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Availability (%)	N=158	N=138	n=48	n=17	n=7 [^]	n=31	n=10	n=3 [^]	n=16	n=6 [^]
Very easy	18	25	42	29	43	16	0	0	0	17
Easy	46	38	44	47	29	36	50	67	13	33
Difficult	27	31	13	24	29	42	30	0	75	50
Very difficult	9	6	2	0	0	7	20	33	12	0
Availability changes (%)	N=159	N=130	n=46	n=16	n=7 [^]	n=30	n=9 [^]	n=2 [^]	n=14	n=6 [^]
More difficult	23	21	11	13	0	33	22	0	50	17
Stable	72	74	83	75	86	63	78	100	50	83
Easier	3	2	2	6	14	0	0	0	0	0
Fluctuates	3	3	4	6	0	3	0	0	0	0

Source: IDRS participant interviews

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

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

5.5.3 Purchasing patterns of illicit methadone

Of those who had bought 'illicit' methadone, the most common source was a friend (67%) or an acquaintance (12%). The most common place of purchase was an agreed public location (31%), followed by a friend's home (30%) (Table 48).

Table 48: Purchasing patterns of illicit methadone by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Purchased from[#]	N=137	N=113	35	n=13	n=3 [^]	n=30	n=10	n=3 [^]	n=15	n=4 [^]
Street dealer	10	7	23	0	0	0	0	0	0	0
Friend	69	67	60	85	67	70	60	33	73	75
Known dealer	5	11	6	0	0	17	20	0	20	0
Acquaintance	15	12	9	15	33	13	20	33	0	0
Unknown dealer	1	2	0	0	0	0	0	33	7	0
Other	0	2	3	0	0	0	0	0	0	25
Places of usual purchase[#]	N=137	N=112	n=34	n=13	n=3 [^]	n=30	n=10	n=3 [^]	n=15	n=4 [^]
Home delivery	12	13	12	15	0	10	40	0	13	0
Dealer's home	4	9	3	0	0	10	20	0	27	0
Friend's home	37	30	24	23	67	30	30	0	40	50
Acquaintance's house	2	5	6	0	0	13	0	0	0	0
Street market	12	8	21	15	0	0	0	0	0	0
Agreed public location	31	31	35	31	33	37	10	67	13	50
Other	2	4	0	15	0	0	0	33	7	0

Source: IDRS participant interviews

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

[#] Only one response allowed

5.6 Buprenorphine

Key points

- The median price of 'illicit' buprenorphine varied among the jurisdictions. The majority reported the price of 'illicit' buprenorphine as stable over the last six months.
- Around two-thirds reported the availability of 'illicit' buprenorphine as 'very easy' or 'easy' to obtain. The majority reported the availability of 'illicit' buprenorphine as stable over the last six months.
- The most common source among those who had bought 'illicit' buprenorphine was through a friend or known dealer. The most common place of purchase was an agreed public location followed by 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 NSW, TAS, SA, WA to \$15 in the ACT, whereas the median price for Subutex® 8mgs ranged from no reports in TAS to \$40 (WA and QLD). In 2010, participants were asked if the price of buprenorphine had changed in the last six months. Of those who commented, the majority (71%) reported the price of 'illicit' buprenorphine as stable over the last six months (Table 49).

Table 49: Median price of illicit buprenorphine and price changes, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Median Price (\$)										
Subutex® 2mgs	-	-	-	15 [^]	5 [^]	-	-	-	10 [^]	10 [^]
Subutex® 8mgs	-	-	20	20	20	-	35 [^]	40 [^]	20 [^]	40
Price changes (%)	N=95	N=84	n=17	n=21	n=19	n=1 [^]	n=3 [^]	n=5 [^]	n=3 [^]	n=15
Increased	26	16	6	5	21	0	33	20	33	27
Stable	68	71	88	67	79	100	33	80	33	60
Decreased	1	6	0	24	0	0	0	0	0	0
Fluctuated	4	7	6	5	0	0	33	0	33	13

Source: IDRS participant interviews

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

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

5.6.2 Availability of illicit buprenorphine

Of those participants in the IDRS sample who were able to comment, 28% reported the availability of 'illicit' buprenorphine as 'very easy' and 31% reported availability as 'easy'. Sixty-three percent of the national sample reported availability as stable in the last six months (Table 50).

Significance testing was carried out on the current availability of 'illicit' buprenorphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2009 and 2010. Nationally, no significant differences were found ($p>0.05$).

Table 50: Availability of illicit buprenorphine, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Availability (%)	N=105	N=91	n=19	n=21	n=19	n=2^	n=3^	n=5^	n=5^	n=17
Very easy	34	28	32	29	26	0	0	20	0	41
Easy	35	31	26	43	26	50	33	60	40	12
Difficult	23	32	42	29	26	0	67	0	0	47
Very difficult	8	10	0	0	21	50	0	20	60	0
Availability changes (%)	N=100	N=89	n=18	n=21	n=19	n=2^	n=4^	n=5^	n=4^	n=16
More difficult	20	27	28	14	53	50	25	20	0	19
Stable	69	63	67	76	42	50	25	80	75	69
Easier	11	3	6	0	0	0	0	0	25	6
Fluctuates	0	7	0	10	5	0	50	0	0	6

Source: IDRS participant interviews

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

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

5.6.3 Purchasing patterns of illicit buprenorphine

Of those who had bought 'illicit' buprenorphine, the most common source was a friend (57%) or a known dealer (17%). The most common place of purchase was an agreed public location (33%) followed by friend's home (21%) (Table 51).

Table 51: Purchasing patterns of illicit buprenorphine by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Purchased from[#]	N=92	N=77	n=15	n=19	n=15	n=2^	n=2^	n=4^	n=4^	n=16
Street dealer	10	13	20	5	20	0	0	0	25	13
Friend	76	57	60	58	53	50	50	50	25	69
Known dealer	3	17	0	32	27	50	50	25	0	0
Acquaintance	9	10	13	5	0	0	0	25	50	13
Unknown dealer	1	1	0	0	0	0	0	0	0	6
Other	1	1	7	0	0	0	0	0	0	0
Places of usual purchase[#]	N=92	N=77	n=15	n=19	n=15	n=2^	n=2^	n=4^	n=4^	n=16
Home delivery	16	10	7	16	0	50	0	0	25	13
Dealer's home	1	9	0	16	7	50	50	25	0	0
Friend's home	30	21	20	42	7	0	0	25	25	13
Acquaintance's house	1	1	0	0	0	0	0	0	0	6
Street market	19	22	40	0	47	0	0	0	25	19
Agreed public location	29	33	33	26	40	0	50	25	25	38
Other	4	4	0	0	0	0	0	25	0	11

Source: IDRS participant interviews

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

[#] Only one response allowed

5.7 Buprenorphine-naloxone

Key points

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

5.7.1 Price of illicit buprenorphine-naloxone

Very small numbers were able to comment on the price of 'illicit' buprenorphine-naloxone (Suboxone®). The median price for Suboxone® 2mgs ranged from no reporting in TAS and SA to \$22.50 in WA, whereas the median price for Suboxone® 8mgs ranged from no reports in TAS to \$45 in WA. In 2010, participants were asked if the price of buprenorphine-naloxone had changed in the last six months. Of those who commented, the majority (70%) reported the price of 'illicit' buprenorphine-naloxone as stable over the last six months (Table 52).

Table 52: Median price of illicit buprenorphine-naloxone and price changes, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Median Price (\$)										
Suboxone® 2mgs	-	-	-	10^	7.5^	-	-	22.5^	10^	10^
Suboxone® 8mgs	-	-	14.25^	20^	20^	-	25^	45	20^	40^
Price changes (%)	N=54	N=67	n=6	n=6	n=17	n=0	n=5	n=14	n=8	n=11
Increased	15	24	17	0	18	0	80	21	25	27
Stable	80	70	83	100	77	0	20	71	75	55
Decreased	4	3	0	0	6	0	0	0	0	9
Fluctuated	2	3	0	0	0	0	0	7	0	9

Source: IDRS participant interviews

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

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

5.7.2 Availability of illicit buprenorphine-naloxone

Of those participants in the IDRS sample who were able to comment, 44% reported the availability of 'illicit' buprenorphine-naloxone as 'easy' and 35% reported availability as 'very easy'. Of those who commented, 70% reported availability as stable in the last six months (Table 53).

Significance testing was carried out on the current availability of 'illicit' buprenorphine-naloxone for 'very easy', 'easy', 'difficult' and 'more difficult' between 2009 and 2010. Nationally, the availability of 'illicit' buprenorphine-naloxone as 'very easy' was significantly lower in 2010 compared to 2009 (very easy: 35% in 2010 versus 58% in 2009; 95%CI 0.06, 0.39).

Table 53: Availability of buprenorphine-naloxone, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Availability (%)	N=62	N=72	n=7^	n=7^	n=18	n=1^	n=6^	n=14	n=8^	n=11
Very easy	58	35	43	29	50	0	33	29	0	46
Easy	27	44	29	57	39	100	67	57	25	36
Difficult	13	18	14	14	11	0	0	14	63	18
Very difficult	2	3	14	0	0	0	0	0	12	0
Availability changes (%)	N=60	N=71	n=6^	n=7^	n=18	n=1^	n=6^	n=14	n=8^	n=11
More difficult	7	9	0	0	6	0	0	7	38	9
Stable	75	70	83	86	72	0	50	64	50	91
Easier	15	20	17	14	22	100	50	21	13	0
Fluctuates	3	1	0	0	0	0	0	7	0	0

Source: IDRS participant interviews

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

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

5.7.3 Purchasing patterns of illicit buprenorphine-naloxone

Of those who had bought 'illicit' buprenorphine-naloxone, the most common source was through a friend (65%) or an acquaintance (11%). The most common place of purchase was a friend's home (36%) followed by an agreed public location (23%) (Table 54).

Table 54: Buprenorphine-naloxone purchasing patterns, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Purchased from[#]	N=56	N=63	n=6^	n=6^	n=13	n=1^	n=4^	n=14	n=9^	n=10
Street dealer	4	8	17	33	8	0	0	0	0	10
Friend	70	65	50	50	69	100	25	79	56	80
Known dealer	7	10	0	0	15	0	25	14	11	0
Acquaintance	18	11	0	17	8	0	50	7	11	10
Unknown dealer	0	3	0	0	0	0	0	0	22	0
Other	1	3	33	0	0	0	0	0	0	0
Places of usual purchase[#]	N=56	N=62	n=6^	n=6^	n=13	n=1^	n=4^	n=14	n=9^	n=9
Home delivery	18	11	17	33	0	100	0	14	0	11
Dealer's home	5	3	0	0	8	0	0	7	0	0
Friend's home	38	36	17	33	62	0	25	36	33	22
Acquaintance's house	5	7	0	0	8	0	50	7	0	0
Street market	13	13	33	0	8	0	0	0	22	33
Agreed public location	20	23	17	33	15	0	25	21	44	11
Other	1	8	17	0	0	0	0	14	0	22

Source: IDRS participant interviews

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

Only one response allowed

5.8 Morphine

Key points

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

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 55). 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 (65%) reported that the price of 'illicit' morphine had remained stable over the past six months (58% in 2009). While 26% reported that the price of 'illicit' morphine had increased recently.

Table 55: Median price of illicit morphine and price changes, by jurisdiction, 2010

		National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Median Price (\$)	2009	2010								
MS Contin® 60mgs	-	-	20^	30^	30	60	30^	35^	50	40^
MS Contin® 100mg	-	-	30	50	50	100	35^	57.5	80	70
Kapanol® 50mgs	-	-	20^	-	25^	50	22.5^	30^	40	20^
Kapanol® 100mgs	-	-	30^	50^	50	100	50^	70^	80	70^
Price changes (%)	N=307	N=298	n=37	n=17	n=30	n=72	n=13	n=16	n=82	n=31
Increased	31	26	30	12	13	29	23	38	23	32
Stable	58	65	65	88	80	69	69	56	56	58
Decreased	2	2	3	0	3	1	0	6	1	7
Fluctuated	10	7	3	0	3	0	8	0	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

5.8.2 Availability of illicit morphine

Of those participants in the IDRS sample who were able to comment, 48% reported that the availability of 'illicit' morphine was 'easy' and 25% as 'difficult'. The exceptions were in TAS and the NT where greater numbers reported the availability of morphine as 'easy' (62% and 56% respectively). Sixty-one percent of the national sample reported availability as stable in the last six months (Table 56).

Significance testing was carried out on the current availability of 'illicit' morphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2009 and 2010. Nationally, no significant differences were found (p>0.05).

Table 56: Availability of illicit morphine, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Availability (%)	N=319	N=303	n=38	n=16	n=28	n=76	n=13	n=18	n=82	n=32
Very easy	23	24	34	0	29	26	15	39	12	44
Easy	47	48	34	38	36	62	31	39	56	38
Difficult	26	25	26	63	32	9	54	22	28	19
Very difficult	4	3	5	0	4	3	0	0	4	0
Availability changes (%)	N=317	N=301	n=38	n=16	n=28	n=74	n=13	n=18	n=81	n=33
More difficult	23	24	29	44	21	16	23	17	30	18
Stable	60	61	53	50	75	74	62	61	47	64
Easier	6	5	5	6	4	5	0	22	3	3
Fluctuates	11	11	13	0	0	4	15	0	21	15

Source: IDRS participant interviews

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

5.8.3 Purchasing patterns of illicit morphine

Of those who had bought 'illicit' morphine, the most common source was through a friend (42%) or a known dealer (27%). The most common place of purchase was an agreed public location (28%) followed by a friend's home (24%) (Table 57).

Table 57: Purchasing patterns of illicit morphine by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Purchased from[#] (%)	N=308	N=296	n=36	n=14	n=29	n=73	n=13	n=18	n=82	n=31
Street dealer	19	11	25	0	10	6	0	0	12	23
Friend	43	42	36	71	62	36	46	44	39	39
Known dealer	23	27	17	14	17	53	39	17	17	19
Acquaintance	13	15	17	7	10	4	15	33	23	13
Unknown dealer	1	3	6	7	0	0	0	6	6	3
Mobile dealer	<1	<1	0	0	0	0	0	0	1	0
Other	0	1	0	0	0	1	0	0	1	3
Places of usual purchase[#] (%)	N=307	N=295	n=36	n=14	n=29	n=73	n=13	n=18	n=82	n=30
Home delivery	11	12	6	21	3	12	15	17	13	13
Dealer's home	16	16	3	14	3	30	23	11	17	3
Friend's home	23	24	22	36	31	22	23	28	21	27
Acquaintance's house	7	6	6	7	3	1	15	11	9	3
Street market	15	12	36	0	24	0	0	0	10	23
Agreed public location	28	28	28	14	31	34	23	28	28	20
Other	0	3	0	7	3	0	0	6	2	10

Source: IDRS participant interviews

[#] Only one response allowed

5.9 Oxycodone

Key points

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

5.9.1 Price of illicit oxycodone

The median price for ‘illicit’ Oxycontin® 40mgs ranged from \$20 (NSW, VIC and SA) to \$40 (TAS and the NT), where as the median price for ‘illicit’ Oxycontin® 80mgs ranged from no report in the ACT to \$80 (TAS and the NT). The majority (75%) reported the price of ‘illicit’ oxycodone as stable over the last six months (Table 58).

Table 58: Median price of illicit oxycodone and price changes, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Median Price (\$)	2009	2010								
Oxycontin® 40mgs	-	-	20	25 [^]	20 [^]	40	20 [^]	22.5 [^]	40 [^]	22.5 [^]
Oxycontin® 80mgs	-	-	30	-	40	80	30 [^]	50	80 [^]	40
Price changes (%)	N=164	N=167	n=45	n=4 [^]	n=17	n=55	n=9 [^]	n=14	n=10	n=13
Increased	21	19	27	0	12	13	11	43	20	15
Stable	71	75	64	100	76	84	67	57	80	85
Decreased	2	1	0	0	6	0	0	0	0	0
Fluctuated	6	5	9	0	6	4	22	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

5.9.2 Availability of illicit oxycodone

Of those participants in the IDRS sample who were able to comment, 41% reported the availability of ‘illicit’ oxycodone as ‘easy’ and 32% reported availability as ‘difficult’. Sixty-nine percent of those who commented reported availability as stable in the last six months (Table 59).

Significance testing was carried out on the current availability of ‘illicit’ oxycodone for ‘very easy’, ‘easy’, ‘difficult’ and ‘more difficult’ between 2009 and 2010. Nationally, no significant differences were found (p>0.05).

Table 59: Availability of illicit oxycodone, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Availability (%)	N=182	N=185	n=48	n=5^	n=17	n=61	n=13	n=15	n=12	n=14
Very easy	22	21	29	40	18	15	8	33	8	29
Easy	39	41	35	40	29	57	23	53	8	29
Difficult	35	32	27	20	41	26	62	13	67	36
Very difficult	4	6	8	0	12	2	8	0	17	7
Availability changes (%)	N=174	N=182	n=46	n=5^	n=17	n=61	n=13	n=15	n=11	n=14
More difficult	25	20	30	20	18	8	15	20	36	29
Stable	64	69	59	80	71	80	62	67	55	64
Easier	4	7	2	0	6	12	8	13	9	0
Fluctuates	8	4	9	0	6	0	15	0	0	7

Source: IDRS participant interviews

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

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

5.9.3 Purchasing patterns of illicit oxycodone

Of those who had bought 'illicit' oxycodone, the most common source was through a friend (47%) or a known dealer (25%). The most common place of purchase was a friend's home (28%) followed by an agreed public location (24%) (Table 60).

Table 60: Purchasing patterns of illicit oxycodone by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Purchased from[#]	N=178	N=173	n=43	n=2^	n=17	n=56	n=12	n=15	n=14	n=14
Street dealer	14	15	47	50	0	4	0	0	7	14
Friend	54	47	33	50	76	41	58	53	50	57
Known dealer	24	25	12	0	12	48	33	20	7	7
Acquaintance	8	7	7	0	6	2	8	20	14	7
Unknown dealer	1	2	4	0	0	0	0	0	14	7
Other	0	4	0	0	6	5	0	7	7	7
Places of usual purchase[#]	N=177	N=173	n=43	n=2^	n=17	n=56	n=12	n=15	n=14	n=14
Home delivery	11	13	5	0	12	21	25	13	0	7
Dealer's home	14	17	5	50	12	29	17	20	21	0
Friend's home	29	28	14	50	47	16	50	47	29	50
Acquaintance's house	3	4	2	0	6	2	0	13	7	0
Street market	14	14	49	0	6	0	0	0	0	14
Agreed public location	28	24	26	0	12	30	8	7	36	29
Other	1	2	0	0	6	2	0	0	7	0

Source: IDRS participant interviews

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

Only one response allowed

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

Overdose

- Nineteen 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 VIC and QLD (24% each respectively).
- Of those who had ever overdosed on another drug (not including heroin), 29% had done so in the past year, and 3% had done so in the last month preceding interview.

Treatment

- Nearly half of the IDRS sample reported current treatment, mainly methadone with a median of 36 months in treatment.
- The number of opioid-related hospital separations remained stable between 2006/07 and 2007/08, the most recent data available at the time of publication. Separations relating to opioid use were higher than for methamphetamine at the national level, and figures for the latter remained relatively stable or decreased between 2006/07 and 2007/08 in most jurisdictions.
- Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Figures were highest in NSW in 2007/08. Cannabis-related separations have steadily increased over time, but remained relatively stable between 2006/07 and 2007/08.

Injection

- Receptive sharing (borrowing) of needles/syringes was reported by 10% of participants in the month preceding interview, typically after a partner or close friend. Sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was more common.
- Over half of the participants re-used their own needle in the last month. Sterile needles and syringes were predominantly obtained from NSP, although a range of other sources were also used. The majority of IDRS participants reported injecting last in a private home.
- Over half of the national sample reported experiencing an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. in finding a vein).
- In Australia, hepatitis C (HCV) continued to be more commonly notified than hepatitis B (HBV). The prevalence of HIV among those who injected drugs in Australia remained stable at relatively low rates, with HCV more commonly reported.

Mental Health

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

Driving

- Driving a car while under the influence of alcohol was reported by 20% of participants who had driven in the preceding six months. Over 80% reported driving under the influence of an illicit drug during that time, mainly cannabis, heroin and methamphetamines.

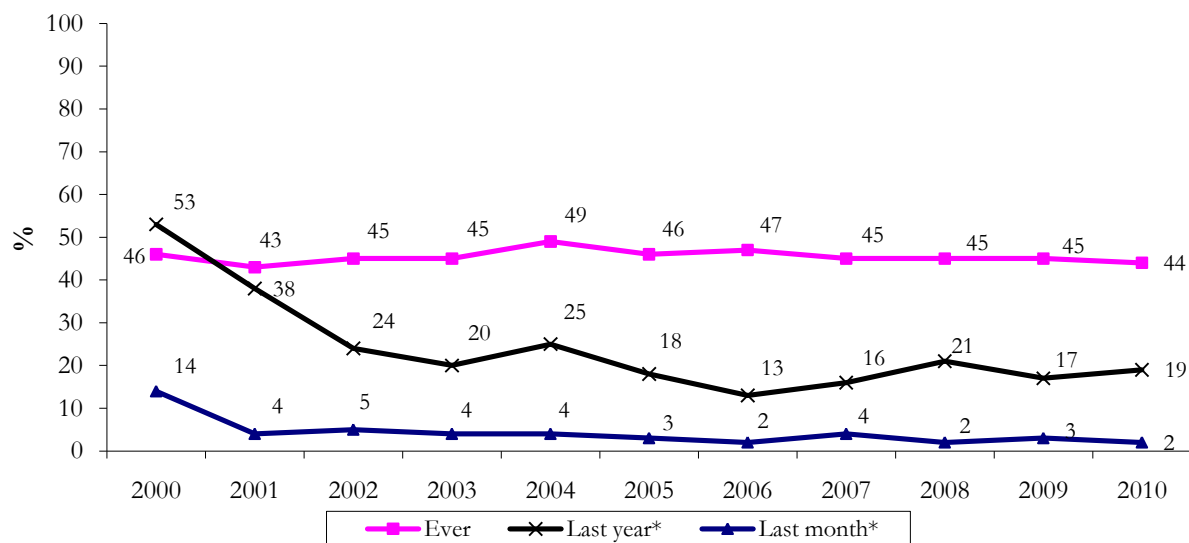
6.1 Overdose and drug-related fatalities

6.1.1 Heroin and other opioids

6.1.1.1 Non-fatal overdose

The IDRS participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. Nearly half (44%) of the national sample reported a heroin overdose in their lifetime. Of those who had ever overdosed on heroin, 19% reported overdosing in the last year and two percent in the last month (Figure 32).

Figure 32: The prevalence of heroin overdose among participants, 2000-2010



Source: IDRS participant interviews

*Among those who had 'ever' overdosed on heroin

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

Participants who had ever overdosed on heroin had done so on a median of two occasions (range 1-80), ranging from a median of three times in NSW, the ACT and WA to once in TAS.

There was some jurisdictional variation in the proportion reporting heroin overdose in the last year. Heroin overdose in the last year among those who had ever overdosed on heroin was highest in VIC and QLD (24%) followed by NSW (22%). Proportions reporting overdose in the last year have remained lower than 2000 levels in all jurisdictions (Table 61).

Table 61: Heroin overdose in the year preceding interview among those who had ever overdosed on heroin, by jurisdiction, 2000-2010

	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	8	24

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). Six percent of those who overdosed on heroin in the last year reported not receiving any treatment, while 64% reported receiving Narcan®. Fifty-three percent had an ambulance attend, 29% attended the hospital emergency department, 20% reported receiving cardiopulmonary resuscitation (CPR) from a friend/partner, 13% received CPR from a health professional and 19% received oxygen.

6.1.1.2 Fatal overdose

The Australian Bureau of Statistics (ABS) has changed the way they collate deaths data, making comparisons to earlier overdose bulletins published by the National Drug and Alcohol Research Centre (Degenhardt and Roxburgh, 2007a, Degenhardt and Roxburgh, 2007b) difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS). It was in 2006, that the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. There are large numbers of deaths in both NSW and QLD that were coded 'cause unknown', where a coroner's decision had not yet been made. This is likely to have an impact on the number of opioid-related deaths recorded at a national level in 2008, given that NSW and QLD recorded the highest number of opioid-related deaths in Australia during the period 2000 to 2005. Accordingly, only drug-related deaths for 2008 are reported here. These data should be interpreted in conjunction with the ABS Technical Note 2: Coroner Certified Deaths, 3303.0 2007 (Roxburgh and Burns, in press-a)

In 2008, there were 337 accidental deaths due to opioids. Thirty-one percent of deaths occurred in NSW, with 64% of all opioid-related deaths occurring in NSW and VIC (Table 62). 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.

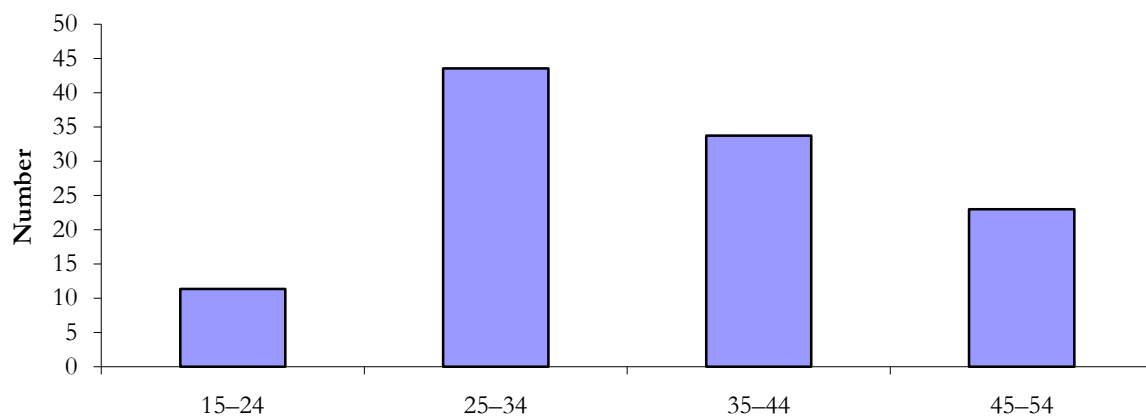
Table 62: Number of accidental deaths due to opioids by jurisdiction among those aged 15-54 years, 2008 preliminary data*

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Number of accidental deaths	337	104	111	22	34	45	np	np	11

Source: ABS; (Roxburgh and Burns, in press-a)

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

In 2008, there were approximately 47 accidental opioid deaths per million persons among those aged 25-34 years. Opioid-related deaths were lowest among the 15-24 year age group (Figure 33).

Figure 33: Number of accidental opioid deaths per million persons by ten year age group, 2008 preliminary data*

Source: ABS; (Roxburgh and Burns, in press-a)

* Data unable to be compared to previous years due to the way the ABS collate deaths data

Males comprised 77% of the 2008 accidental opioid deaths among the 15 to 54 year age group. NSW and VIC reported the largest number of accidental opioid deaths among males and females (Table 63).

Table 63: Number of accidental opioid deaths due to opioids among those aged 15-54 years by gender and jurisdiction, 2008 preliminary data*

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Males	261	83	87	18	26	34	np	np	np
Females	76	20	24	5	8	11	np	np	np

Source: ABS; (Roxburgh and Burns, in press-a)

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

6.1.2 Other drugs

6.1.2.1 Non-fatal overdose

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

Nationally, 20% of the entire IDRS sample reported an overdose on another drug (besides heroin) in their lifetime. Of those who had ever overdosed on another drug, 29% had done so in the past year, and 3% had done so in the last month preceding interview. There were no clear jurisdictional trends; small numbers were reported ($n < 10$ in all jurisdictions) (Table 64).

Among those who had overdosed on another drug (not including heroin) in the last year, 33% reported receiving no treatment at the time of overdose, while equal proportions (33%) attended a hospital emergency department or had an ambulance attend. Small numbers received Narcan (9%), oxygen (7%) or CPR from a health professional (4%).

Table 64: Overdose on other drugs (not including heroin) in the last 12mths and in the last month among those who had ever overdosed on other drugs, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Ever overdosed on other drugs (%)	21	20	16	25	21	24	17	15	20	20
	N=184	N=172	n=25	n=25	n=31	n=24	n=16	n=14	n=20	n=17
OD last 12mths (%)	29	29	24	32	23	25	31	29	35	35
OD last month (%)	7	3	0	4	0	8	6	0	0	6

Source: IDRS participant interviews

Participants were asked whether they considered themselves to have ever accidentally overdosed on other drugs. Seventeen percent (3% of national sample) believed they had overdosed on a benzodiazepine at some stage in their lifetime, while 10% believed they had overdosed on any form of methamphetamine, 6% on methadone and 5% alcohol.

6.1.3 Methamphetamine

6.1.3.1 Non-fatal overdose

Ten percent of the national sample believed that they had overdosed on amphetamines at some stage during their lifetime. By form, 6% thought that they had overdosed on speed, 3% on ice/crystal and 2% on base. No jurisdictional differences were observed due to small numbers reporting ($n < 10$).

6.1.3.2 Fatal overdose

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

ABS data on accidental deaths where amphetamines were mentioned have been analysed since 1997. In 2008, there was a total of 55 '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 24% (n=13) of all methamphetamine related deaths in 2008 (Roxburgh and Burns, in press-a). The 2009 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. Three participants (<1% of the national sample) believed that they had experienced a cocaine overdose at some stage during their lifetime.

6.1.4.2 Fatal overdose

Eleven drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2008 (Roxburgh and Burns, in press-a). Cocaine was determined to be the underlying cause of death in around two-thirds (18%, n=2) of all cocaine-related deaths in 2008. The 2009 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 34 years) in any current treatment. Those in current methadone treatment reported a median of 36 months (ranging from one month to 20 years). Thirty-seven percent of participants in current treatment reported that they had been in treatment for 12 months or less.

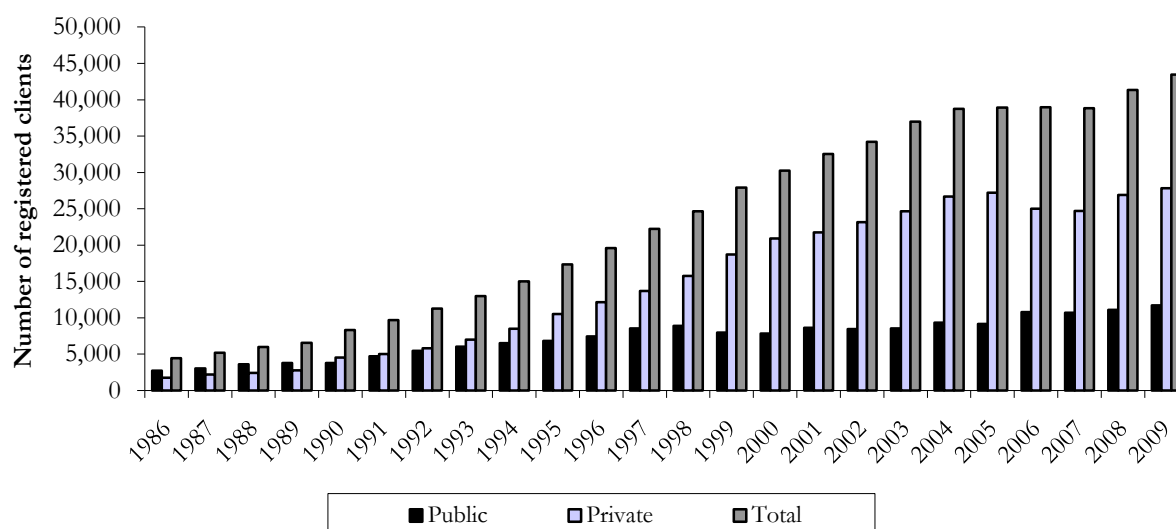
Participants in current treatment were asked 'What forms of treatment have you been in over the last six months?' Of those participants currently in treatment, 62% reported methadone syrup, 18% buprenorphine-naloxone, 15% buprenorphine and 14% drug counselling.

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 opioid substitution treatment has remained relatively stable over the past six years, with a slight increase seen in 2009. A higher proportion of clients are registered in private pharmacotherapy treatment compared to public pharmacotherapy treatment (Australian Institute of Health and Welfare, 2009). In total, just over 43,000 persons were registered in pharmacotherapy treatment for opioid dependence as at 30th June, 2009 (Figure 34). The majority of clients (70%) were being prescribed methadone, with smaller numbers being prescribed buprenorphine-naloxone (16%) and buprenorphine (14%).

Figure 34: National opioid stimulation treatment client numbers by financial year, 1986-2009

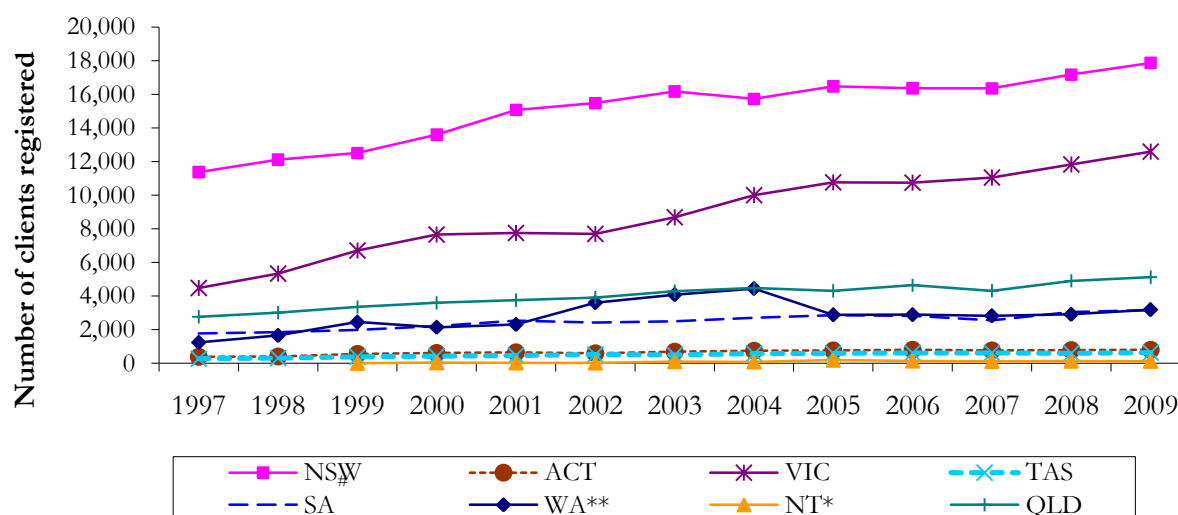


Source: (Australian Institute of Health and Welfare, 2009)

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 2009 (Figure 35). As in previous years, both NSW and VIC recorded the highest number of clients registered in OST, most likely reflecting population size.

Figure 35: Total opioid stimulation treatment client numbers by financial year 1997-2009, by jurisdiction



Source: (Australian Institute of Health and Welfare, 2009)

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

** In Western Australia the numbers of clients receiving pharmacotherapy treatment are reported through the month of June 2009. The 2005, 2006, 2007, 2008 and 2009 figures reported for Western Australia are substantially lower than previous years, which included data for the whole year

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

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

The IDRS recruits participants who regularly inject drugs; it does not specifically target those who are engaged in treatment programs because it aims to interview active participants in the illicit drug market. Those in treatment tend to be less active in illicit drug markets. However, as in previous years, substantial proportions of participants in all jurisdictions reported involvement in opioid substitution treatment, although jurisdictional variations were observed. In the 2010, national IDRS sample nearly one-third were currently involved in methadone maintenance, 8% in buprenorphine-naloxone and 6% buprenorphine (Table 65).

Table 65: Current involvement in opioid substitution treatment (OST), by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Methadone (%)	27	29	57	37	31	31	19	21	2	16
Buprenorphine (%)	5	6	6	10	5	3	9	2	2	8
Buprenorphine-naloxone (%)	9	8	2	6	14	4	7	19	2	9
Any OST (%)	41	47	67	54	58	40	37	47	12	41

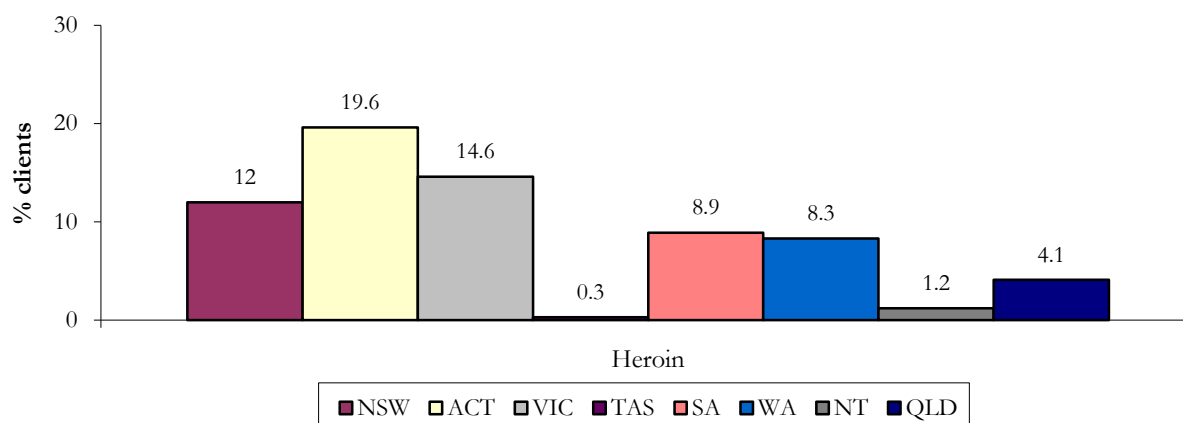
Source: IDRS participant interviews

6.2.2.2 Other treatment for opioid dependence

Treatment statistics collected by the Alcohol and Other Drug Treatment Services-National Minimum Data Set (AODTS-NMDS) provide measures of service utilisation for clients of alcohol and other drug treatment services. This collection provides ongoing information on the demographics of clients who use these services, the treatment they receive, and the drug of concern for which they are seeking treatment. In 2010, 138,027 episodes were reported of clients seeking treatment for their own drug use. The principle drug of concern refers to the main substance that the client stated led them to seek treatment from the alcohol and other drug treatment agency. Only clients seeking treatment for their own substance use are included in analyses involving principle drug of concern (Australian Institute of Health and Welfare, 2010).

Figure 36 indicates that the ACT (19.6%), VIC (14.6%) and NSW (12%) had the highest proportions of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy) in 2008/09 (Australian Institute of Health and Welfare, 2010). 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 36: Proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2008/09*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2010)

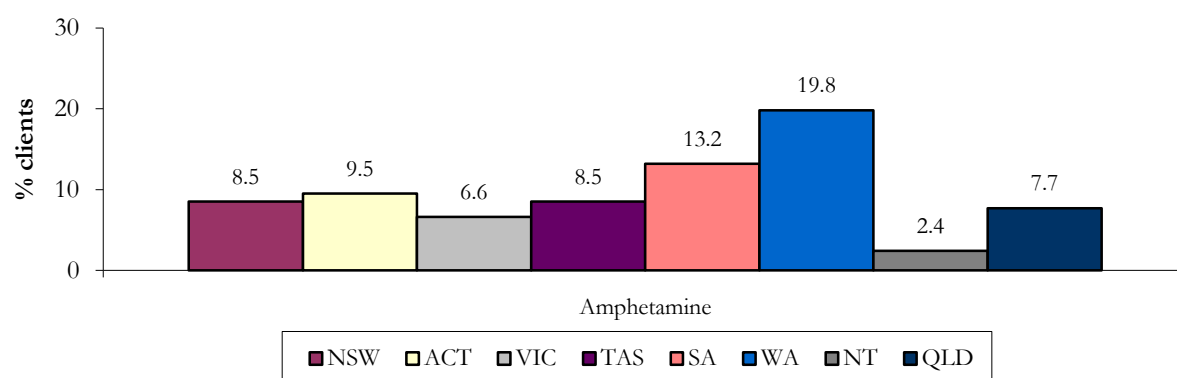
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others. The total number of episodes for NSW has been under-reported because of system issues for the reporting period of 2008-09. The total number of closed treatment episodes for QLD may be under-counted due to the exclusion of a number of non-government agencies. The total number of closed treatment episodes for TAS may be under-counted because two agencies supplied drug diversion data only

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

6.2.3 Methamphetamine

WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (19.8%), followed by SA (13.2%), and the ACT (9.5%) (Figure 37(Australian Institute of Health and Welfare, 2010))

Figure 37: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2008/09*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2010)

* Excludes closed treatment episodes for clients seeking treatment for the drug use of others. The total number of episodes for NSW has been under-reported because of system issues for the reporting period of 2008-09. The total number of closed treatment episodes for QLD may be under-counted due to the exclusion of a number of non-government agencies. The total number of closed treatment episodes for TAS may be under-counted because two agencies supplied drug diversion data only. Amphetamines proportion in New South Wales will be under-reported because other sources indicate a relatively high incidence of methamphetamine clients in the agencies affected by under-reporting because of system issues

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

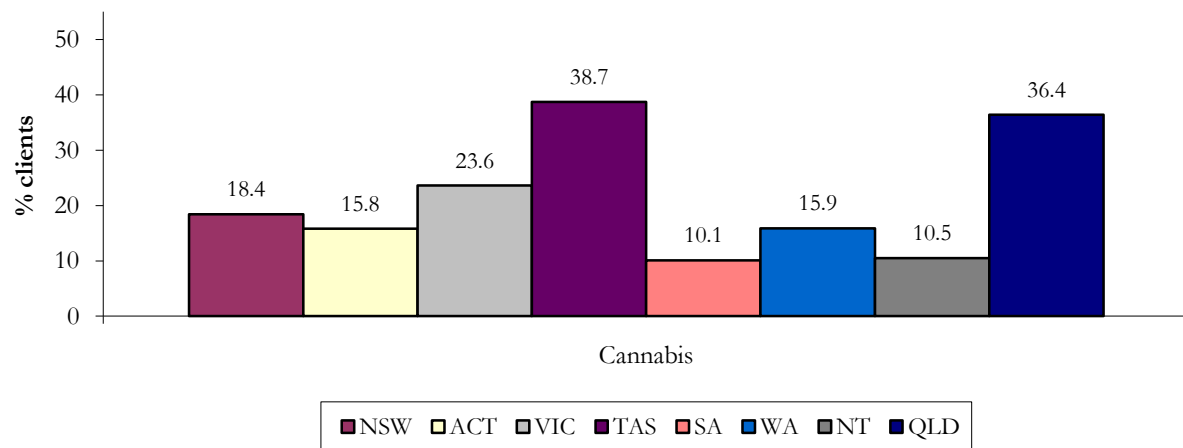
6.2.4 Cocaine

A small proportion (0.3%) of closed treatment episodes were recorded in Australia in 2008/09 with cocaine as the principal drug of concern, with NSW recording the highest proportion (0.6%) across jurisdictions (Australian Institute of Health and Welfare, 2010). These figures remain unchanged from 2007/08.

6.2.5 Cannabis

Data from the AODTS-NMDS indicate that in 2008/09, TAS had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (38.7%), followed by QLD (36.4%) and VIC (23.6%) (Figure 38, (Australian Institute of Health and Welfare, 2010)).

Figure 38: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy) by jurisdiction, 2008/09*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2010)

* Excludes closed treatment episodes for clients seeking treatment for the drug use of others. The total number of episodes for NSW has been under-reported because of system issues for the reporting period of 2008-09. The total number of closed treatment episodes for QLD may be under-counted due to the exclusion of a number of non-government agencies. The total number of closed treatment episodes for TAS may be under-counted because two agencies supplied drug diversion data only

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

6.2.6 Other drugs

For information on closed treatment episodes relating to other drugs, see reports produced by the AIHW e.g. (Australian Institute of Health and Welfare, 2010).

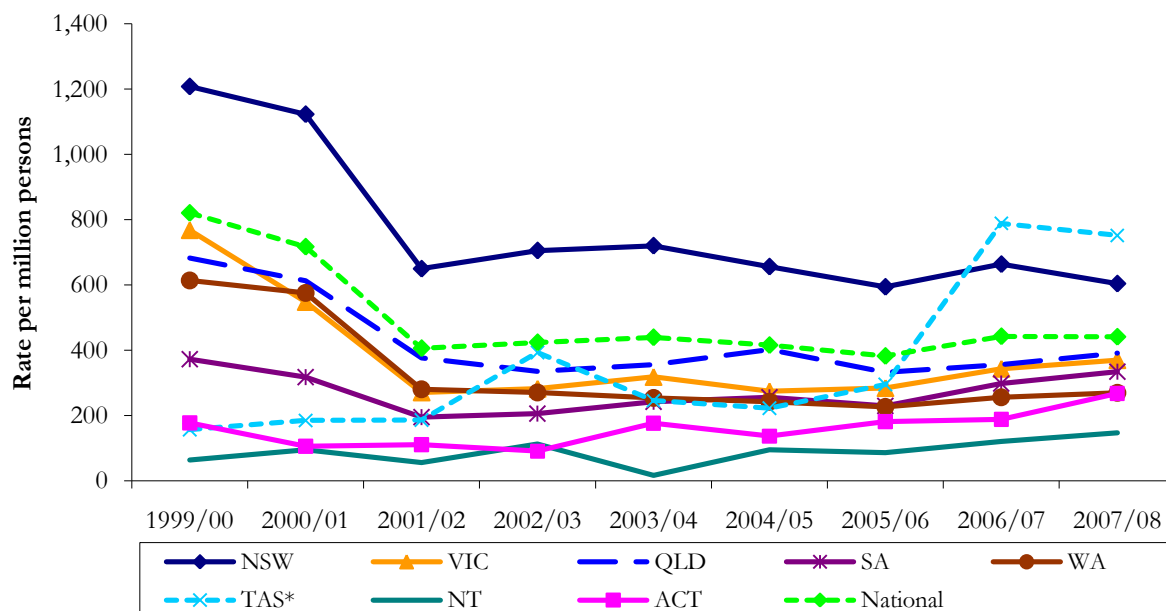
6.3 Hospital admissions

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 39. 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 et al., 2005), following the heroin shortage of 2001. In 2007/08, the number of opioid-related hospital admissions per million persons at a national level was 441 admissions among persons aged 15-54 years. In 2007/08, TAS recorded the highest number (752) of opioid-

related hospital admissions per million persons aged 15-54yrs, followed by NSW (604 admissions per million persons). Data for 2008/09 was unavailable at time of printing.

Figure 39: Number of principal opioid-related hospital admissions per million persons aged 15-54 years, by jurisdiction, 1999/00-2007/08



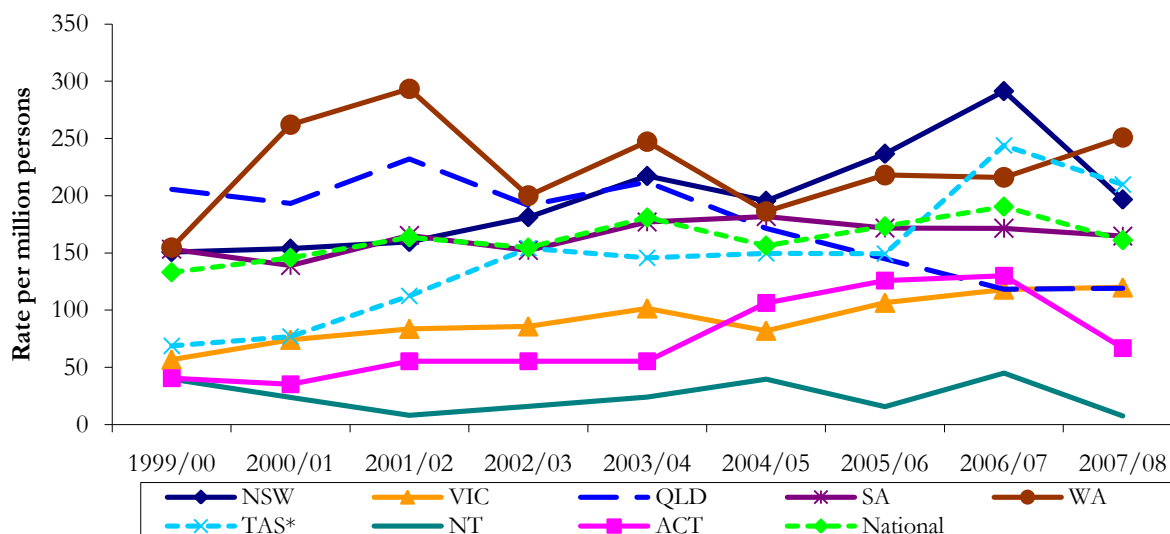
Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press-b)

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

6.3.2 Methamphetamine

Figure 40 shows the number of inpatient hospital admissions per million persons, since 1999/2000, with a principal diagnosis relating to amphetamines among persons aged 15-54 years. Figures steadily increased at a national level between 1999/00 and 2006/07 (from 133 admissions per million persons to 191 admissions per million persons) and reduced to 161 admissions per million persons in 2007/08. WA recorded the highest number of amphetamine-related hospital admissions in 2007/08 at 251 admissions per million persons, representing an increase from 216 admissions per million persons in 2006/07. NSW, the ACT and the NT reported a decrease in amphetamine-related hospital admissions in 2007/08. The other states remained relatively stable. Data for 2008/09 was unavailable at time of printing.

Figure 40: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08



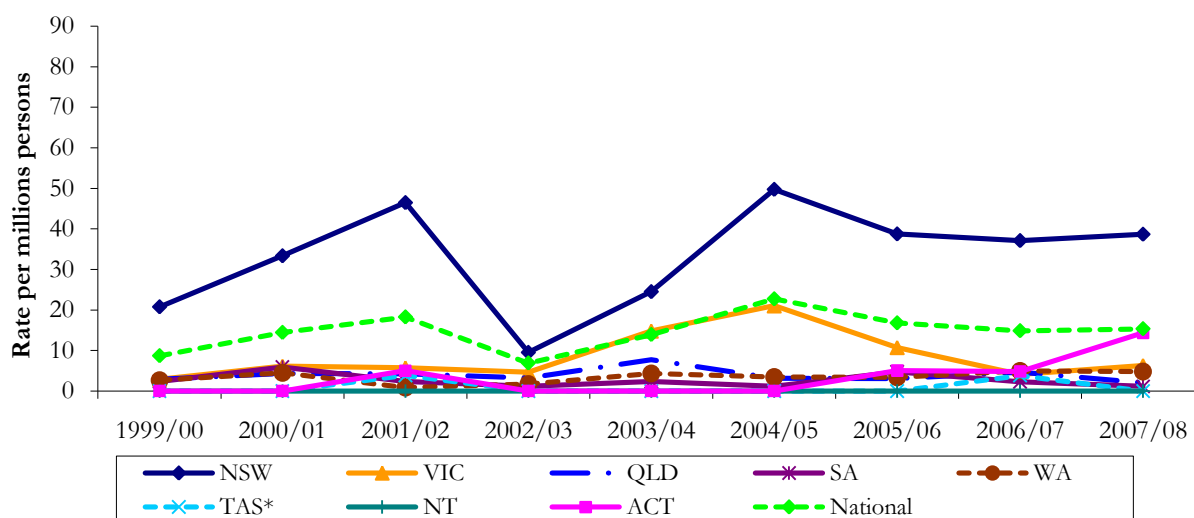
Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press-b)

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

6.3.3 Cocaine

Figure 41 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine. These figures have fluctuated at a national level over the nine-year period, ranging from seven admissions per million persons in 2002/03 to 23 admissions per million persons in 2004/05. In 2007/08, the number of inpatient hospital admissions was 15 admissions per million persons. It should be noted, however, that relative to opioids and amphetamines, these figures are small. NSW has consistently had the highest number of cocaine-related hospital admissions, which reached a peak of 49 admissions per million persons in 2004/05. In 2007/08, NSW recorded 39 admissions per million persons. Figures were relatively lower in all other jurisdictions. Data for 2008/09 was unavailable at time of printing.

Figure 41: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08



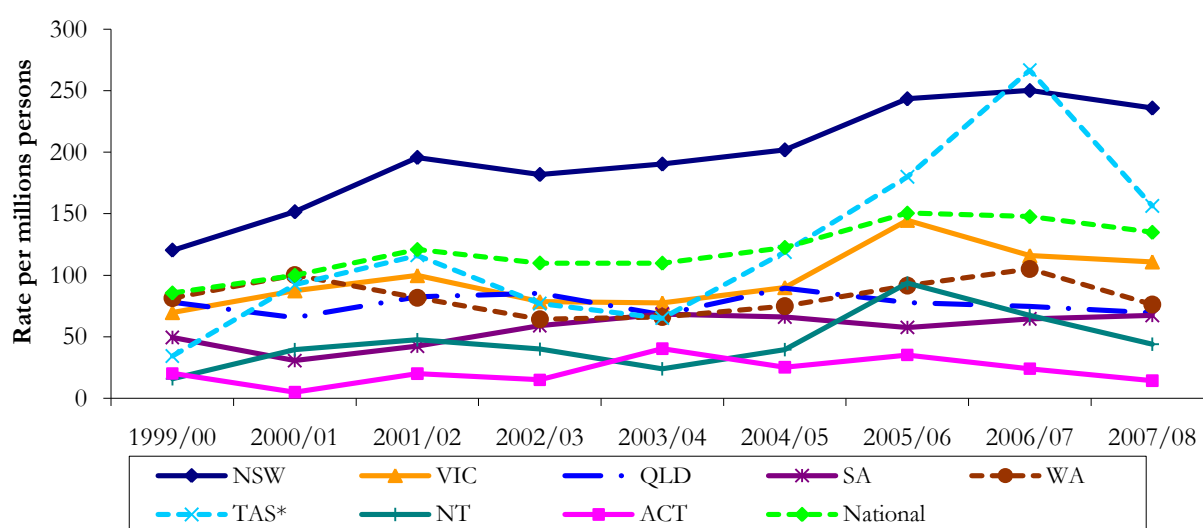
Source: AIHW; ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press-b)

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

6.3.4 Cannabis

Figure 42 shows the number of inpatient hospital admissions per million persons (among those aged 15-54 years) with a principal diagnosis related to cannabis. At a national level, these figures have steadily increased over the nine-year period from 85 admissions per million persons in 1999/00 to 135 per million persons in 2007/08. NSW recorded the highest number of admissions per million persons among people aged 15-54 years in 2007/08 (236 admissions per million persons). A number of the jurisdictions recorded decreases in cannabis-related hospital admissions in 2007/08. Data for 2008/09 was unavailable at time of printing.

Figure 42: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08



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

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

6.4 Injecting risk behaviours

6.4.1 Injecting drug use in the general population

It has been estimated that a very low proportion of the Australian general population aged 14 years and over have ever injected or recently injected drugs. In 2007, 1.9% of the population had ever injected a drug with 0.5% having injected a drug in the past year. Those in the 30-39 year age group had a higher proportion of both lifetime and past-year injecting drug use (Australian Institute of Health and Welfare, 2008).

Methamphetamine (any form) was the most common first drug injected (50.4%), followed by heroin (30.0%), then steroids (7.2%). The most common drugs injected among recent injecting drug users was methamphetamine (67.2%), followed by heroin (39.7%), then other opiates (14.6%) (Australian Institute of Health and Welfare, 2008).

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 et al., 2008).

6.4.2 Access to needles and syringes

Needle and syringe programs (NSP) were by far the most common source of needles and syringes in the preceding six months (94%), followed by chemists (18%). NSP vending machines were used by 27% of participants in the ACT and 23% in NSW. Proportions reporting friends, partners and/or dealers varied by jurisdiction. Hospitals and outreach/peer workers were also accessed (Table 66).

Table 66: Main sources of needles and syringes in the preceding six months, 2010

Accessing from (%)	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=100	WA n=97	NT n=99	QLD n=100
	2009	2010								
NSP	96	94	91	96	96	98	91	91	98	88
NSP Vending machine*	8	10	23	27	1	0	7	2	0	8
Chemist	24	18	28	30	7	26	4	19	0	34
Partner	2	4	7	7	1	7	2	0	0	6
Friend	11	12	11	20	2	15	15	11	4	21
Dealer	5	4	4	6	1	1	9	8	0	11
Hospital	2	2	9	1	0	1	2	0	0	0
Outreach/peer worker	3	2	5	1	4	0	1	3	0	2

Source: IDRS participant interviews

* Vending machines not available in all jurisdictions

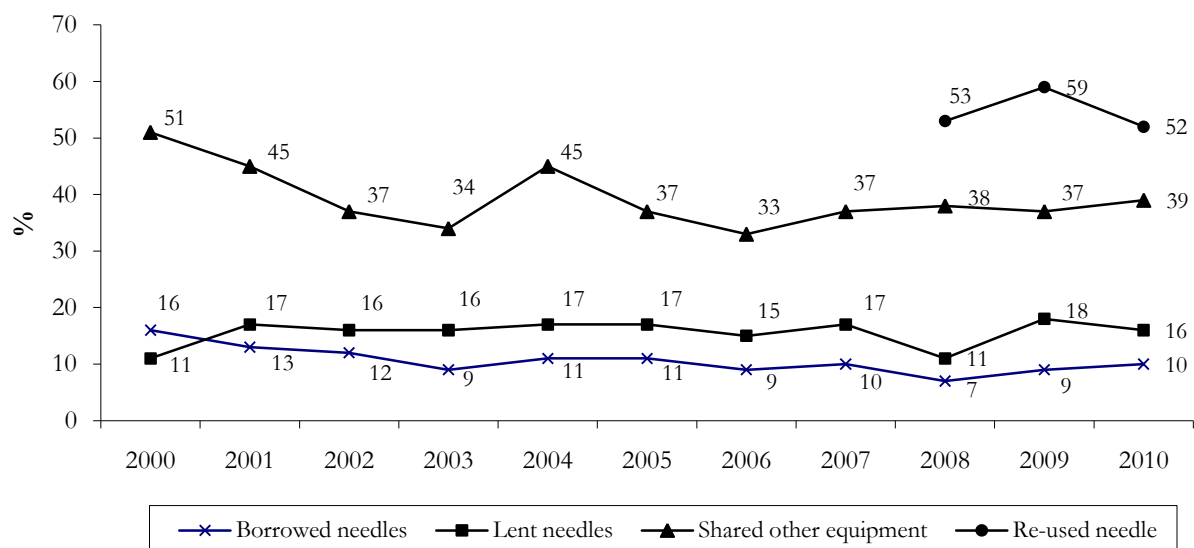
Note: Multiple responses allowed

6.4.3 Sharing of injecting equipment

The sharing of injecting equipment remains an issue of concern due to the risk of transmission of blood-borne viral infections (BBVI) such as human immunodeficiency virus (HIV) and hepatitis C virus (HCV). Proportions reporting that they had used a needle after someone else ('borrowed') or had used a needle after them ('lent') in the month remained relatively stable in 2010. The proportion that 'lent' is higher than the proportion that 'borrowed' a needle, and this may indicate that social desirability biases may impact the ability to assess data relating to sharing of injecting equipment (Figure 43).

In comparison, higher proportions of participants reported sharing other injecting equipment such as spoons/mixing containers, filters, tourniquets and water in the month prior to interview. This was stable between 2009 (37%) and 2010 (39%, Figure 43). It should be noted that data on equipment sharing include the sharing of both new and/or re-used equipment.

Figure 43: Borrowing and lending of needles and sharing of injecting equipment in the month prior to interview, 2000-2010



Source: IDRS participant interviews

Proportions reporting borrowing needles varied by jurisdiction, from 3% (TAS and the NT) to 16% (QLD) (Table 67 and Figure 44), while lending needles ranged from 4% (NT) to 25% (QLD) (Table 67 and Figure 45). The borrowing of needles in the past month was higher in most jurisdictions from 2009 to 2010 except in WA and the NT where it was lower and NSW where it remained stable (Figure 44). Self-reported lending of used needles and/or syringe was lower in 2010 (in comparison to 2009), except in the NT where it was higher and VIC where it remained stable (Figure 45). The self-reported sharing of used injecting equipment not including needles and/or syringes was higher in VIC, SA, WA and QLD in comparison to 2009, while it was lower in the other jurisdictions (Figure 46).

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, fifty-three percent reported re-using their own needle ranging from 43% in WA to 63% in VIC (Table 67).

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 67).

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

Participants who had used a needle after someone else in the last month had typically used after a regular partner (60%) or close friend (31%). These participants had usually borrowed a needle on one or two occasions during that time (68%). Thirty-two percent reported 'borrowing' a needle on three to five occasions in the last month.

Table 67: Sharing needles and injecting equipment in last month, by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Borrowed a needle (%)	9	10	13	11	15	3	7	7	3	16
Lent a needle (%)	18	16	18	16	21	12	7	15	4	25
Shared any injecting equipment* (%)	37	39	41	32	48	29	36	36	14	66
Shared spoon/mixing container**	80	76	81	91	94	62	51	66	93	62
Shared filter**	38	35	42	44	42	38	26	37	7	24
Shared tourniquet**	32	33	39	22	19	38	60	57	43	15
Shared water**	42	40	56	54	42	21	57	29	7	29
Re-used own needle (%)	59	53	58	52	63	44	53	43	44	56
Re-used own injecting equipment#		N=613	n=114	n=61	n=110	n=53	n=67	n=66	n=69	n=73
Spoons		80	84	75	94	49	76	85	86	74
Filters		22	17	23	30	13	25	36	10	18
Tourniquets	n.a.	52	47	56	42	57	52	64	77	32
Water		18	25	20	28	8	19	15	1	18
Swabs		6	8	5	14	0	0	3	1	7
Other		3	2	7	0	0	5	3	3	4
Last site of injection										
Arm	79	76	74	80	75	78	74	72	70	84
Leg	4	4	4	3	5	3	5	4	8	1
Hand	9	13	12	10	10	14	10	20	15	11
Foot	2	2	2	3	3	2	2	3	2	1
Groin	2	2	2	1	3	2	2	0	1	2
Neck	3	3	6	3	4	1	5	0	2	0
Other	2	1	0	0	0	0	2	1	1	1

Source: IDRS participant interviews

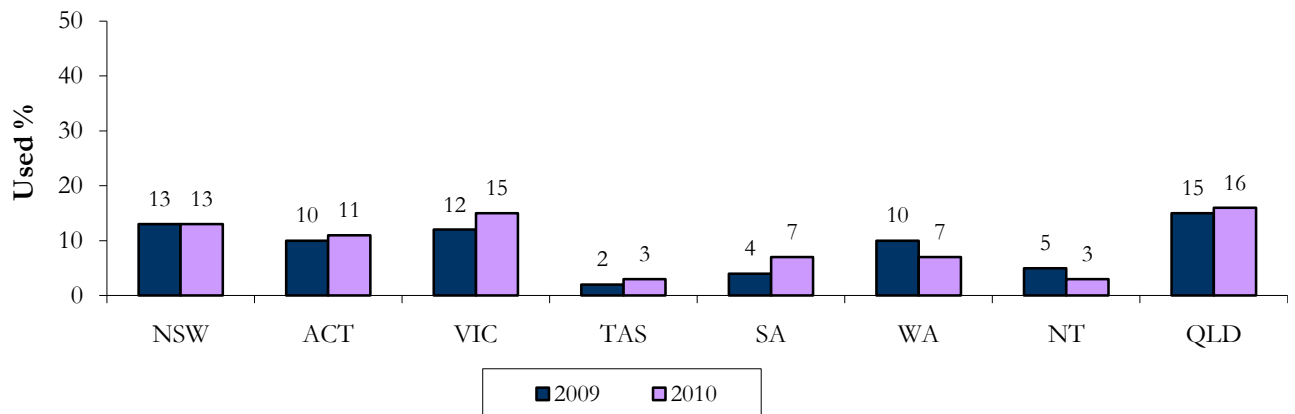
* Includes spoons, water, tourniquets and filters; excludes needles/syringes

** Among those who reported sharing any injecting equipment

Among those who re-used own injecting equipment

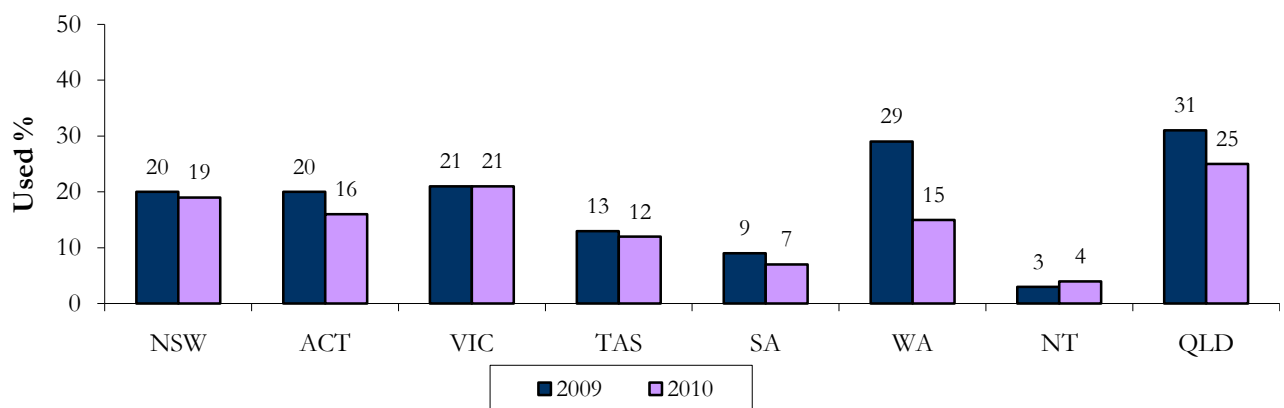
n.a. is not applicable

Figure 44: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2009-2010



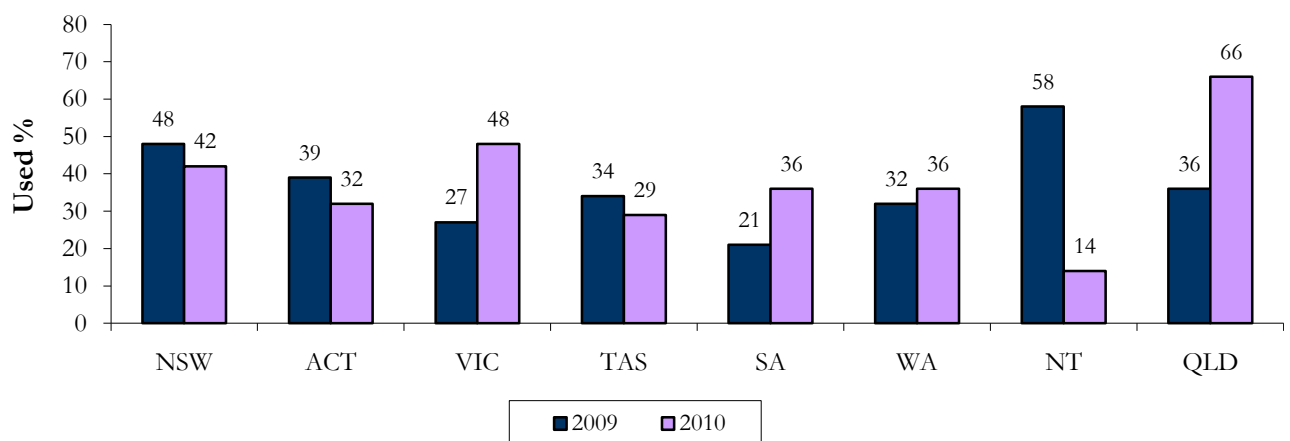
Source: IDRS participant interviews

Figure 45: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2009-2010



Source: IDRS participant interviews

Figure 46: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 2009-2010



Source: IDRS participant interviews

6.4.4 Location of injections

Consistent with previous years, the majority of participants (78%) 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 63% in VIC to 92% in the NT. There were also jurisdictional variations in other locations of last injection, including public areas such as the street, a car park or a beach, inside a car, or in a public toilet. Fourteen percent of participants in NSW reported last injecting at the Sydney Medically Supervised Injecting Centre (MSIC) (Table 68).

Table 68: Location of last injection, by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Private home (%)	78	78	70	86	63	86	83	80	92	74
Car (%)	8	6	2	6	5	4	10	11	2	13
Street/car park/beach (%)	5	7	9	3	21	2	2	6	2	5
Public toilet (%)	5	5	5	1	11	7	4	3	2	5
Sydney MSIC (%)	1	2	14	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Other (%)	3	2	0	4	0	1	0	0	2	3

Source: IDRS participant interviews

n.a. is not applicable

6.4.5 Self-reported injection-related health problems

Fifty-five percent of participants in the national sample had experienced an injection-related health problem in the month preceding interview. As in previous years, the most prominent injection-related problems among the national sample were significant scarring/bruising (36%, comparable to 51% in 2009) and difficulty injecting (31%, comparable to 42% in 2009), most likely indicating poor vascular health among a proportion of this group. Eighteen percent reported they had a 'dirty hit' (i.e. a hit that made them feel sick) in the month preceding interview, and thrombosis and non-fatal overdose remained rare during this period (Table 69).

Table 69: Proportion of injection-related issues in last month, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Any injection related problem (%)	71	55	50	57	38	63	69	61	55	52
Scarring/bruising (%)	51	36	31	38	19	51	49	43	30	41
Difficulty injecting (%)	42	31	27	21	25	42	43	39	27	30
Dirty hit (%)	18	18	16	17	12	12	35	19	22	11
Infection/abscess (%)	8	9	11	10	6	10	12	7	11	8
Thrombosis (%)	5	5	3	5	5	9	4	2	4	4
Overdose (%)	4	3	4	5	2	2	1	2	5	2
Total median score*	2	2	1.5	1	1	2	2	2	2	2

Source: IDRS participant interviews

* Among those who reported an injection related problem

Among those who had overdosed in the last month (n=26), heroin was most commonly reported as the main drug (38%), followed by methamphetamine (15%) and morphine (12%). Those experiencing a dirty hit (n=155), most commonly attributed it to the injection of heroin (35%), followed by morphine (20%) and methamphetamine (14%).

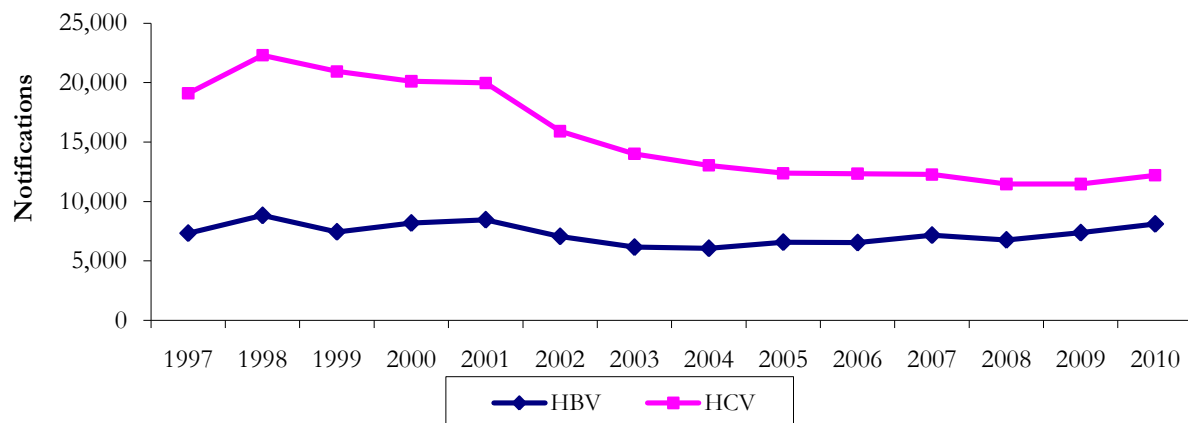
6.4.6 Blood-borne viral infections

People who inject drugs are at significantly greater risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV)⁴ and human immunodeficiency virus (HIV), as BBVI can be transmitted via the sharing of needles, syringes and equipment.

Figure 47 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 2010, the number of HBV and HCV notifications recorded was higher than previous years (HBV: 7,374 in 2009 and 7,853 in 2010 and HCV 11,471 in 2009 and 12,209 in 2010). HCV continued to be more commonly notified than HBV.

⁴ HCV antibody testing has only been available since 1990.

Figure 47: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2010



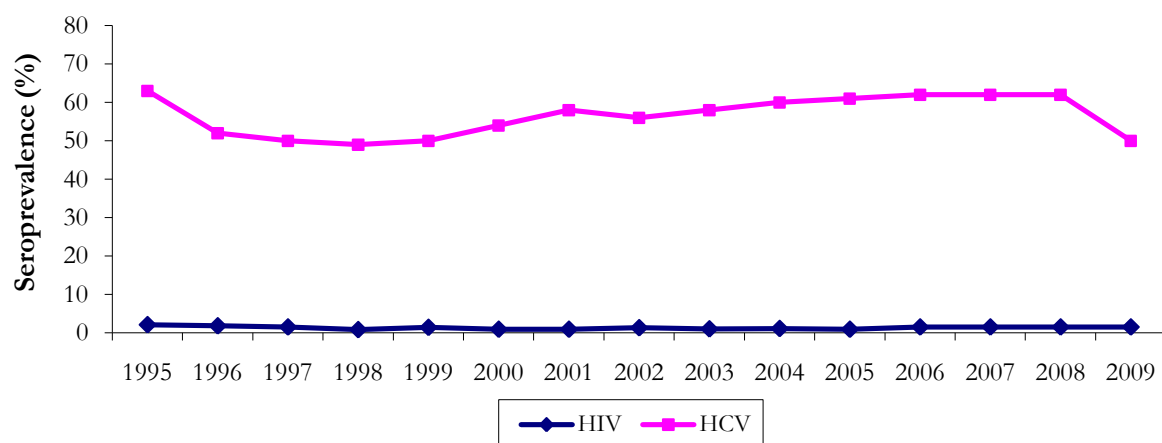
Source: Communicable Diseases Network – Australia – NNDSS

Note: Data accessed on 3 March 2011. Figures are updated on an ongoing basis

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

The prevalence of HIV among people who inject drugs in Australia also remained stable at relatively low rates, between 0.9% in 2001 and 1.5% in 2009 (Figure 48). HCV prevalence among this group was much higher at 61% to 62% from 2005 to 2008, however this figure dropped to 50% in 2009 (Figure 48) (National Centre in HIV Epidemiology and Clinical Research, 2010).

Figure 48: HIV and HCV seroprevalence among participants recruited for the Australian NSP Survey, 1995-2009



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

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

6.5 Mental health problems and psychological distress

6.5.1 Self-reported mental health problems

Among the general population surveyed (around 16million) for the National Survey of Mental Health and Wellbeing 2007, 45% 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, 49% percent of participants self-reported that they had experienced a mental health problem in the preceding six months. Among these who had experienced a problem (N=439), 77% reported seeing a mental health professional during this period. See Table 70 for breakdown of these results by jurisdiction, problems experienced among those reporting a problem, and contact with mental health professionals.

The most commonly reported mental health problems were depression (65%), followed by anxiety (40%). Mania, bipolar disorder, phobia, panic, obsessive-compulsive disorder, paranoia, personality disorder, schizophrenia, drug-induced psychosis and psychosis (not drug induced) were each reported by 14% or less of the national sample.

Table 70: Self-reported mental health problems experienced in the preceding six months, by jurisdiction, 2010

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Self-reported mental health problem (%)	44	49	44	43	63	52	60	50	35	43
Problem* (%)	N=386	N=439	n=68	n=43	n=94	n=52	n=56	n=50	n=34	n=42
Depression	71	65	65	56	66	77	64	66	67	50
Anxiety	39	40	25	44	43	52	41	34	47	41
Manic-depression/Bipolar	12	13	28	14	4	14	13	10	9	10
Schizophrenia	10	14	15	12	20	14	11	6	12	19
Panic	8	11	6	9	9	19	5	10	6	24
Paranoia	7	7	9	9	4	12	4	6	6	5
Drug-induced psychosis	5	3	6	5	3	2	0	4	0	2
Attended health professional for mental health problem* (%)	70	77	72	77	90	73	71	76	74	71

Source: IDRS participant interviews

* Among those who reported a mental health issue

Thirty-four percent of participants who had experienced a mental health problem in the last six months reported having been prescribed medication for this problem during this time period. Nearly one-quarter (21%) of those who had experienced a mental health problem had been

prescribed antidepressants, most commonly mirtazepine (e.g. Avanza®, n=31), venlafaxine (e.g. Efexor®, n=14), escitalopram (e.g. Lexapro®, n=14), citalopram (e.g. Cipramil®, n=11), fluoxetine (e.g. Prozac®, n=7), amitriptyline (e.g. Endep®, n=6) and sertraline (e.g. Zoloft®, n=5). Thirty-nine percent of those with a mental health problem had been prescribed an antipsychotic, most commonly quetiapine (e.g. Seroquel®, n= 26), olanzapine (e.g. Zyprexa®, n=25), and risperidone (e.g. Risperdal®, n=12). 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 27% of those who had experienced a mental health problem in the preceding six months. Diazepam (e.g. Valium®, n=51) and alprazolam (e.g. Xanax®, n=27) were most commonly prescribed.

6.5.2 The K10 psychological distress scale

The Kessler 10 (K10) was also administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)/the Structured Clinical Interview for DSM disorders (SCID) (Kessler et al., 2002, Andrews and Slade, 2001).

The minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). Among participants who completed the full scale (N=875), the mean score was 24.06 (median 23; SD 9.2; range 10-50). The 2007 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2008) 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 National Drug Strategy Household Survey (Table 71).

Table 71: K10 scores by jurisdiction (method used in AIHW National Drug Strategy Household Survey), 2010

	National Drug Strategy Household Survey	IDRS								
K10 category	National	National N=869	NSW n=154	ACT n=100	VIC n=143	TAS n=100	SA n=89	WA n=95	NT n=91	QLD n=97
No or low distress (%) (score 10-15)	69	20	15	18	11	22	23	26	35	16
Moderate distress (%) (score 16-21)	21	24	24	25	22	24	28	27	23	21
High distress (%) (score 22-29)	8	30	29	34	34	27	36	32	21	30
Very high distress (%) (score 30-50)	2	26	32	23	33	27	14	15	21	34

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

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

6.6 *Driving risk behaviour*

Of the national sample, 47% had driven a car in the last six months. Of those who had driven recently (n=422), twenty percent reported driving while under the influence of alcohol on a median of two occasions during that time (range 1-180 days). Of those who had driven while under the influence of alcohol (n=84), 57% reported driving while over the limit of alcohol (range 36% in SA to 80% in TAS). A large proportion (82%) reported driving shortly after using an 'illicit' or 'illicitly' obtained drug on a median of 24 occasions (range 1-180 days). Participants reported driving a median of 15 minutes after taking an illicit drug. The drugs most commonly reported, unsurprisingly, typically reflected the most commonly used drugs in each jurisdiction, i.e. cannabis, heroin/opioids and methamphetamine were typically the most commonly reported across the jurisdictions (Table 72).

Participants who had driven under the influence of an 'illicit' drug(s) in the preceding six months were asked whether they felt their driving had been impaired the last time they had engaged in this behaviour. Response options were 'quite impaired', 'slightly impaired', 'no impact', 'slightly improved' and 'quite improved'. Nearly two-thirds (62%) felt that it had had 'no impact' on their driving, while 25% felt that it had been 'slightly impaired' and 5% felt that it had been 'quite impaired'. Six percent felt that their driving had 'slightly improved' and 3% thought it had 'quite improved'.

Random breath testing assesses blood alcohol content, while drug testing tests saliva for the presence of cannabis, methamphetamine and MDMA. If then found to be positive, drivers undergo confirmatory blood testing. Experiences of random breath and saliva drug driving testing among participants in the preceding six months were also recorded. Random breath testing (RBT) for alcohol has been widely implemented in Australia for some time, while saliva drug driving testing was comparatively less common. Twenty-one percent (n=73) of those who had driven soon after using an illicit drug in the past six months reported ever having been saliva drug tested at the roadside⁵. Twenty participants reported a positive result, as follows: cannabis only n=4; amphetamine only n=5; opiates only n=3; cannabis and amphetamine n=3; amphetamines and opiates n=2; and other n=3.

⁵ Participants may not necessarily have been under the influence of drugs when they were drug tested.

Table 72: Driving behaviour by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Driven in the last six months (n)	53 (N=459)	47 (N=422)	20 (n=30)	43 (n=43)	37 (n=55)	59 (n=59)	76 (n=74)	54 (n=54)	52 (n=51)	57 (n=56)
Driven under the influence of alcohol last six months* (%)	24	20	10	20	22	25	15	19	33	13
Driven while over the limit of alcohol# (%)	57	57	67	67	42	80	36	60	59	43
Driven soon after using an illicit drug(s) last six months* (%)	86	82	63	79	80	90	82	83	82	88
Drug(s) taken** (%)	N=393	N=347	n=19	n=34	n=44	n=53	n=61	n=45	n=42	n=49
Heroin	48	43	84	56	82	0	43	51	0	61
Methadone	15	14	21	27	3	40	7	9	10	4
Buprenorphine	4	4	0	3	0	0	7	4	2	10
Bup-naloxone	3	5	0	0	2	4	5	13	2	8
Morphine	24	25	0	6	2	60	13	7	81	14
Oxycodone	7	9	5	0	2	23	10	13	2	10
Speed	25	20	5	15	16	36	15	18	24	22
Base	14	10	0	6	0	15	23	0	2	18
Ice/crystal	13	13	21	18	7	4	26	20	0	12
<i>Any methamphetamine</i>	<i>38</i>	<i>36</i>	<i>26</i>	<i>32</i>	<i>21</i>	<i>47</i>	<i>49</i>	<i>38</i>	<i>24</i>	<i>37</i>
Cocaine	4	2	11	3	0	2	2	0	0	4
Benzodiazepines	16	14	16	12	18	28	10	16	10	6
Cannabis	50	48	53	56	48	59	41	44	33	51

Source: IDRS participant interviews

*Among those who had driven a car in the last six months

#Among those who had driven while under the influence of alcohol

**Among those who had driven soon after taking a drug. Refers to the last occasion of driving under the influence of an illicit drug

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Thirty-nine percent of the national sample reported engagement in criminal behaviour in the preceding month. The most common types of crime committed were drug dealing and property crime.
- Thirty-nine percent of the sample reported having been arrested in the preceding 12 months, mainly for property crime.
- In 2008/09, numbers of consumer and provider arrests for heroin and other opioids were higher than 2007/08 number. The number of arrests for amphetamine-type stimulants (including phenethylamines such as MDMA), cocaine and cannabis also increased. 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 (64%), 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 73 shows self-reported criminal activity in the month preceding interview by jurisdiction. Over one-third (39%) of the national sample had engaged in at least one of the listed criminal activities in the preceding month, with the most commonly reported activities being drug dealing (25%) and property crime (21%). Proportions reporting engaging in drug dealing ranged from 13% in the ACT to 37% in WA, while proportions reporting engaging in property crime ranged from 14% in SA to 29% in TAS. Violent crime and fraud were less commonly reported among the jurisdictional samples. Refer to Appendix J, Figure J1 for comparable data over time nationally.

Table 73: Self-reported criminal activity in the month preceding the interview, by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Crime in the last month (%)										
Drug dealing	29	25	24	13	23	35	18	37	18	31
Property	24	21	24	15	19	29	14	25	16	25
Fraud	4	4	6	3	1	3	7	3	2	3
Violence	6	6	5	5	8	13	4	3	2	5
Any crime (%)	45	39	42	26	40	51	29	51	32	42

Source: IDRS participant interviews

7.2 Arrests

Thirty-nine percent of the 2010 national sample reported having been arrested in the 12 months preceding interview (36% in 2009), ranging from 22% in the ACT to 55% in VIC. Some fluctuations at the jurisdictional level have been noted (Table 75 and Figure 49). For national trends over time please refer to Appendix J, Figure J2.

Among those participants who reported being arrested in the last year, over one-third reported being arrested for property crime (37%) and one-quarter for use/possession of drugs (24%) (Table 74).

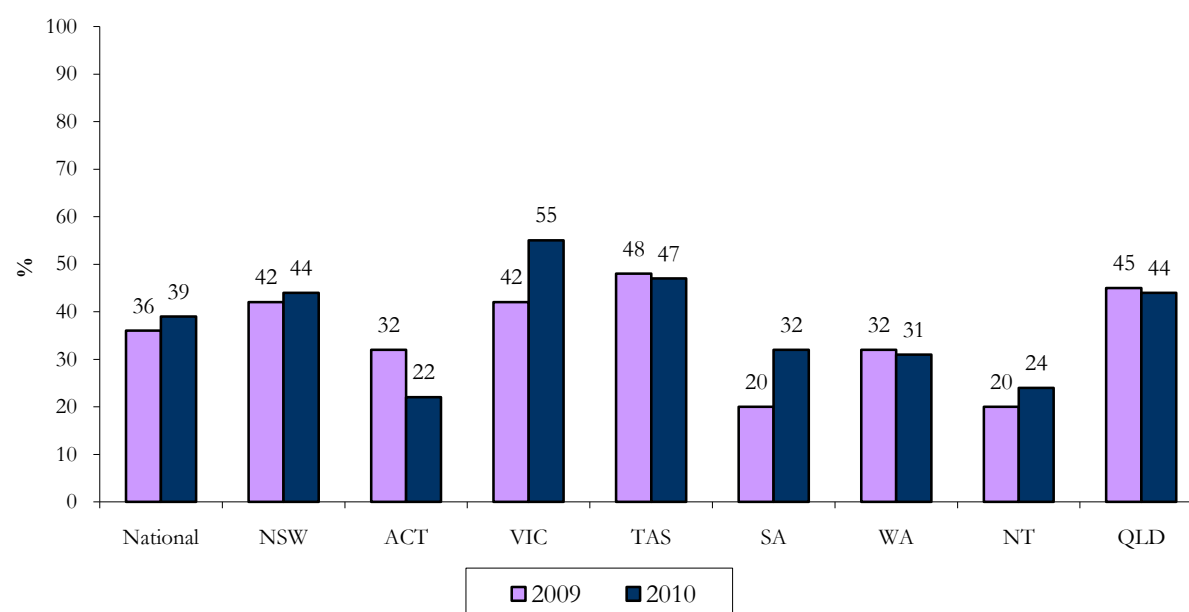
Table 74: Main reasons for arrest in the last 12 months, by jurisdiction, 2010

	National N=902		NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
	2009	2010								
Arrested last 12 months (%)	36 (N=315)	39 (N=349)	44 (n=67)	22 (n=22)	55 (n=82)	47 (n=47)	32 (n=31)	31 (n=32)	24 (n=24)	44 (n=44)
Use/Possession drugs*	23	24	37	14	22	19	7	19	29	30
Property crime*	43	37	30	50	49	40	16	44	33	30
Violent crime*	16	19	15	18	23	38	32	6	4	2
Driving offence*	14	9	3	5	5	13	10	13	17	14
Other offence*	20	20	10	9	18	23	29	16	21	36

Source: IDRS participant interviews

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

Figure 49: Arrested in the preceding 12 months, by jurisdiction, 2009-2010



Source: IDRS participant interviews

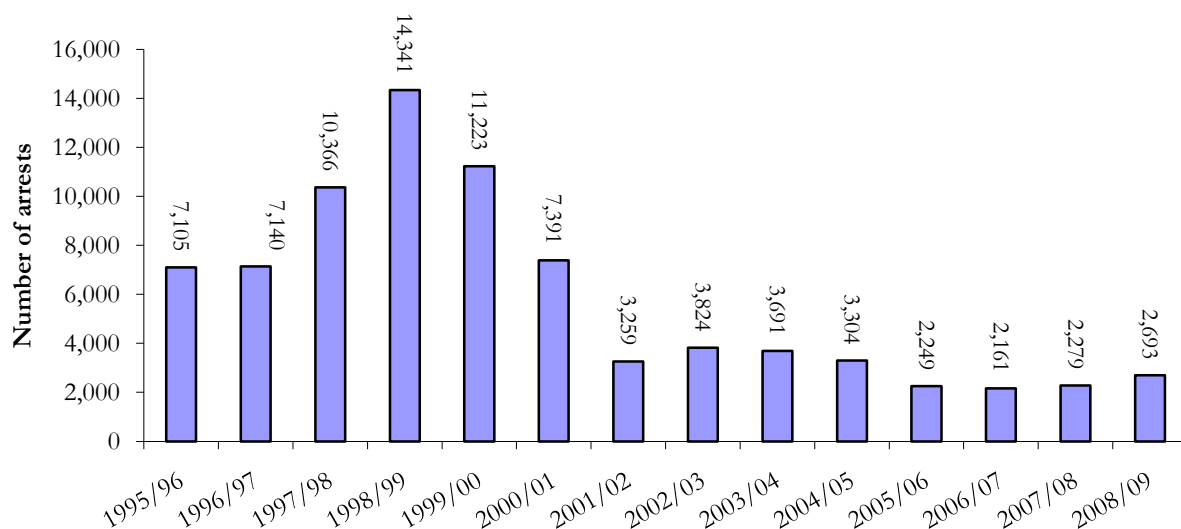
In addition to IDRS participant data on arrest over the past year, population level statistics related to drug use are also available from the Australian Crime Commission (latest available year 2008/09). These are reported in the following sub-sections by drug type.

7.2.1 Heroin

Arrest data can indicate changes in activity of users, the people involved in supplying illicit drugs, and/or changes in the focus of police activity. Arrests are divided into consumer and provider offences to differentiate between people arrested for trading in (providers) as opposed to using (consumers) illicit drugs (Australian Crime Commission, 2010).

In 2008/09, numbers of consumer and provider arrests for heroin and other opioids increased to 2,693 from 2,279 in 2007/08. Arrests have steadily declined since 1998/99 (Figure 50). Data for 2009/10 were not available at the time of publication of this report.

Figure 50: Total number of heroin and other opioids consumer and provider arrests, 1995/96-2008/09

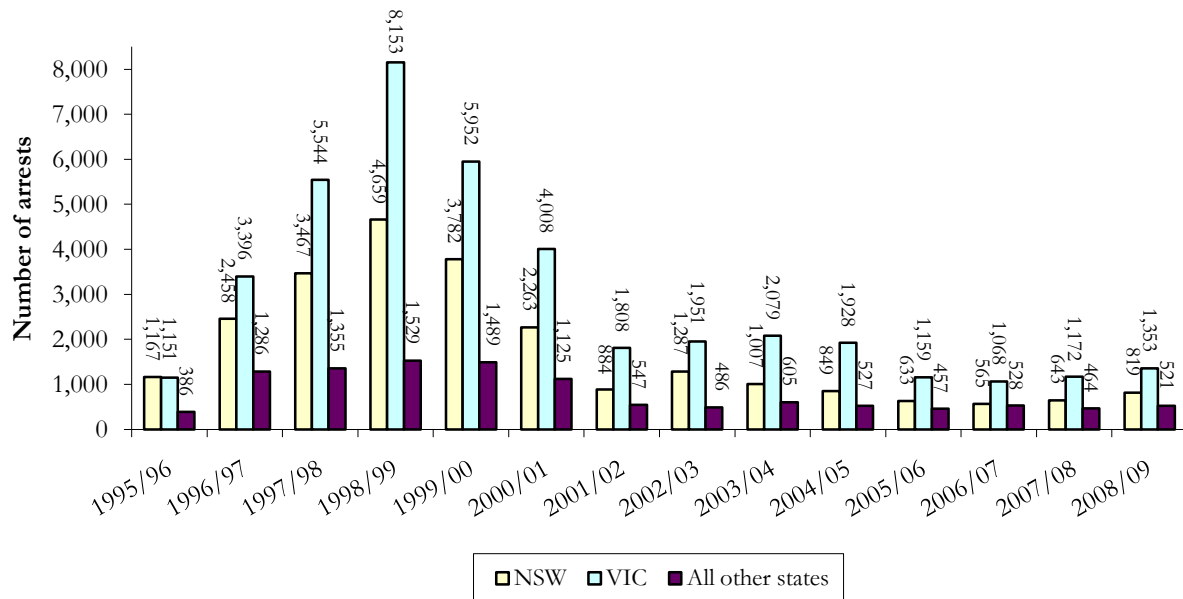


Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010)

Note: The arrest data for each state and territory include AFP data. Data for 2009/10 were not available at the time of publication

Figure 51 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, and there was a slight increase in numbers in 2008/09 in both NSW and VIC. Data for 2009/10 were not available at the time of publication of this report.

Figure 51: Total number of heroin and other opioids consumer and provider arrests for NSW and VIC versus all other jurisdictions, 1995/96-2008/09



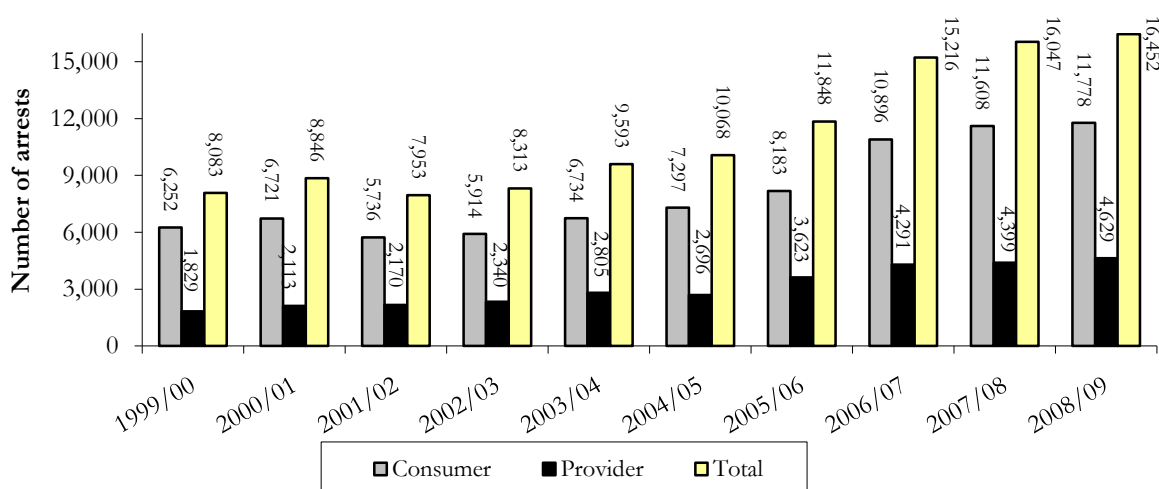
Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010)

Note: The arrest data for each state and territory include AFP data. Data for 2009/10 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, 2010). Consumer and provider arrests for ATS have continued to increase Australia-wide over the past seven years. In 2008/09, the total number of consumer and provider arrests increased from 16,047 in 2006/07 to 16,452 (Figure 52). Data for 2009/10 were not available at the time of publication of this report.

Figure 52: Total number of amphetamine-type stimulants: consumer and provider arrests, 1999/00-2008/09



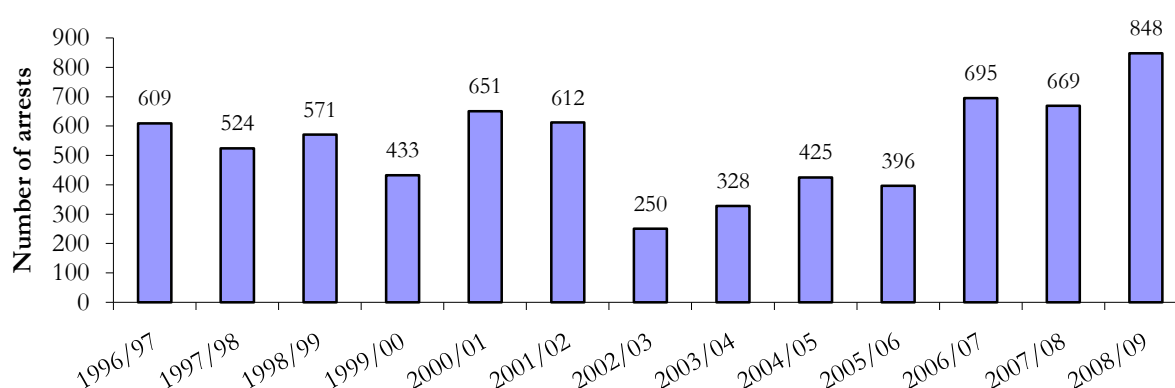
Source: (Australian Bureau of Criminal Intelligence, 2000, 2001, 2002, Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010)

Note: Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated. Data for 2009/10 were not available at the time of publication

7.2.3 Cocaine

In 2008/09, the number of cocaine arrests Australia wide increased to 848 from 669 in 2007/08 (Figure 53). The majority of these arrests (56%) 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 385 in 2007/08 to 474 in 2008/09. Data for 2009/10 were not available at the time of publication of this report.

Figure 53: Total number of cocaine consumer and provider arrests, 1996/97-2008/09



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

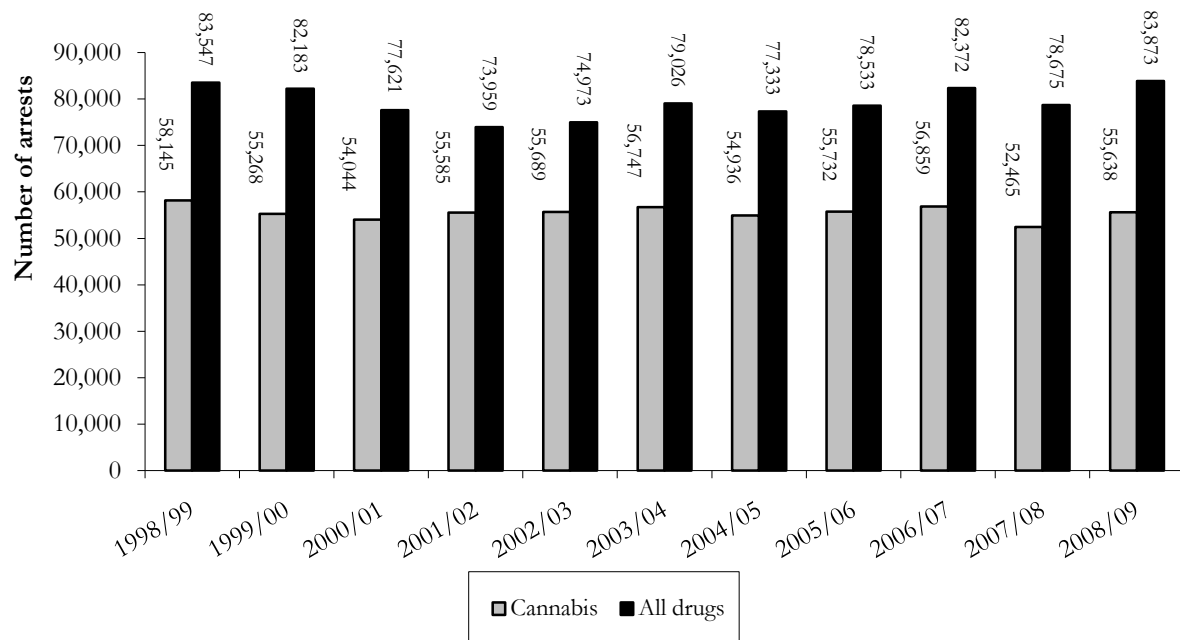
Note: The arrest data for each state and territory include AFP data. Data for 2009/10 were not available at the time of publication

7.2.4 Cannabis

Cannabis arrests continue to account for the majority (66%) of all drug-related arrests in Australia (Figure 54). Numbers have remained relatively stable in the past eleven years. As in previous years, the number of cannabis arrests in QLD (16,588) accounted for nearly one-third (30%) of

the national total. Numbers increased in NSW from 10,699 in 2007/08 to 12,201 in 2008/09. Data for 2009/10 were not available at the time of publication of this report.

Figure 54: Total number of cannabis and all drug consumer and provider arrests, 1998/99-2008/09



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

Note: Data for 2009/10 were not available at the time of publication

7.3 *Expenditure on illicit drugs*

Among the national sample who commented, 64% reported spending money on illicit drugs the day prior to interview, ranging from 77% in NSW to 52% in SA. The median amount spent by those who had purchased drugs ranged from \$65 in VIC to \$100 in SA, WA, the NT and QLD (median of \$100 nationally) (Table 75).

Table 75: Expenditure on illicit drugs on the day preceding interview among those who commented, by jurisdiction, 2010

Expenditure (%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2009	2010								
Nothing	36	36	23	40	29	30	48	47	33	44
Less than \$20	4	3	4	3	6	5	6	0	2	0
\$20 to \$49	12	12	13	16	20	15	7	7	6	8
\$50 to \$99	19	17	17	21	12	21	10	18	23	14
\$100 to \$199	19	19	27	11	19	21	22	14	21	16
\$200 to \$399	8	10	13	8	9	6	7	13	12	10
\$400 or more	2	3	3	0	5	2	1	1	3	7
Median expenditure (\$)*	80	100	100	70	65	80	100	100	100	100

Source: IDRS participant interviews

*Among those who spent money on illicit drugs

8 SPECIAL TOPICS OF INTEREST

Key points

BMI

- The mean height of the national sample was 1.74metres, weight 72.5kilograms and BMI 24.1.
- Both genders reported a higher BMI percentage as ‘underweight’ and a smaller BMI percentage as ‘obese’ compared to the general population aged 18-64 years.

Alcohol use

- Forty-one percent of males and 32% females scored 5 or more indicating the need for further assessment.

Dependence

- Of those who had recently used a stimulant, the median SDS score was 3.5 (range=0-15), with 44% scoring four or above.
- Of those who had recently used an opioid, the median SDS score was 8 (mean=8.6, range=0-15), with 77% scoring five or above.

Personal Wellbeing

- Nationally, participants scored lower than the general population on each domain of the PWI. The PWI is an index which asks participants how satisfied they were with various aspects of their life. A similar pattern was observed in each jurisdiction.

Sexual health

- Over half (58%) of the national sample reported been tested in the last two years for a sexually transmitted infection. The main reason for test was that their health provider suggested the test.
- Over half (59%) of the female sample reported a pap smear test in the last two years. The main reason for ‘no’ pap smear was ‘didn’t think of it’. The main reason for a pap smear test was ‘due for a test’.

Service use – GPs

- The majority (80%) of the sample reported visiting a GP in the last 12mths for a physical or mental health problem on a median of six occasions. Nearly half (44%) of these visited were for a mental health problem.

Social networks

- Around one-third (31%) reported contact with a family member nearly every day. While over half (51%) reported contact with a friend nearly every day. The majority reported that they could rely on one or two family members or friends.

8.1 Height, weight and Body Mass Index

Eating disorders and drug use disorders are significant public health problems. However, epidemiologic research examining their associations yields ambiguous results. Evidence on a relationship between obesity and alcohol use is found in some studies (Wannamethee et al., 2005). As to the relationships between overweight/obesity and nicotine dependence, some studies have found overweight and obese men, but not women, were more likely to be former daily smokers than non-smokers (John et al., 2006, Zimlichman et al., 2005). In a nationally representative sample, overweight, obesity and extreme obesity were associated with lower risk for past-year nicotine dependence in men but not in women (Pickering et al., 2007).

Relationships between body mass index (BMI) and illicit drug use disorders is unclear. For instance, marijuana can stimulate appetite whereas cocaine is a stimulant and appetite suppressant, but one study found similar prevalence of overweight in individuals with illicit drug use disorders as that found in the general population (Rajs et al., 2004) and another study found

both positive and negative associations of BMI with various substance use disorders, and significant gender differences in those relationships (Barry and Petry, 2009). Finally, BMI and drug use are both associated with mental health problems (Kemp et al., 2009).

For the first time in 2010 participants were asked their height and weight. With this information BMI was calculated among the national sample to determine the relationship between BMI, drug use and the risk of disease. BMI is calculated from height and weight information, using the formula weight (kg) divided by the square of height (m). BMI is divided into 4 groups (1) 'underweight' – less than 18.5, (2) 'normal weight' – 18.5 to less than 25.0, (3) 'overweight' – 25.0 to less than 30.0 or (4) 'obesity' – 30.0 and greater, in adults to measure prevalence. BMI values are grouped according to the groups reported by the World Health Organization (WHO, http://apps.who.int/bmi/index.jsp?introPage=intro_3.html).

Among the national IDRS sample the mean height was 1.74 metres and weight 72.6 kilograms. The mean BMI for the national sample was 24.1. Of those who commented nationally, 8.8% had a BMI which was considered 'underweight' (BMI<18.5), this compares to 2.6% of the general population aged 18-64 years (Australian Bureau of Statistics, 2009). Females in the national sample were more likely to be 'underweight' compared to males (16.8% versus 5%). Both genders reported a higher percentage as 'underweight' and a smaller percentage as 'obese' compared to the general population (Table 76). Jurisdictional differences were noted.

Table 76: Self-reported height, weight and Body Mass Index by jurisdiction, 2010

	National Health Survey 2007-2008	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Mean Height (metres)	-	N=846 1.74	n=144 1.72	n=97 1.74	n=142 1.73	n=93 1.73	n=91 1.73	n=94 1.76	n=87 1.76	n=98 1.74
Mean Weight (Kilograms)	-	N=826 72.6	n=140 73.4	n=89 69.6	n=144 71.4	n=94 71.2	n=86 74.5	n=87 75.9	n=92 71.3	n=94 73.6
Mean Body Mass Index (BMI)	-	N=796 24.1	n=132 25.1	n=85 23.1	n=137 23.8	n=92 23.8	n=86 25.0	n=84 24.4	n=86 23.0	n=94 24.3
BMI - Males (%)		N=536	n=83	n=60	n=98	n=57	n=50	n=58	n=65	n=65
Underweight	1.4	5.0	6.0	3.3	6.1	1.8	4.0	3.4	10.8	3.1
Normal range	35.8	59.3	56.6	75.0	56.1	63.2	64.0	56.9	53.8	53.8
Overweight	40.2	27.2	24.1	18.3	31.6	28.1	16.0	31.0	29.2	35.4
Obese	22.6	8.4	13.3	3.3	6.1	7.0	16.0	8.6	6.2	7.7
BMI - Females (%)		N=256	n=47	n=24	n=39	n=34	n=36	n=26	n=21	n=29
Underweight	3.7	16.8	12.8	20.8	23.1	20.6	8.3	15.4	28.6	10.3
Normal range	49.1	46.5	40.4	41.7	41.0	55.9	50.0	42.3	42.9	58.6
Overweight	27.2	20.7	25.5	16.7	23.1	8.8	16.7	26.9	28.6	20.7
Obese	20.0	16.0	21.3	20.8	12.8	14.7	25.0	15.4	0	10.3
BMI - All (%)		N=796	n=132	n=85	n=137	n=92	n=86	n=84	n=86	n=94
Underweight	2.6	8.8	8.3	8.2	10.9	8.7	5.8	7.1	15.1	5.3
Normal range	42.2	55.3	50.8	65.9	51.8	60.9	58.1	52.4	51.2	55.3
Overweight	33.9	25.1	25.0	17.6	29.2	20.7	16.3	29.8	29.1	30.9
Obese	21.3	10.8	15.9	8.2	8.0	9.8	19.8	10.7	4.7	8.5

Source: IDRS participant interviews, (Australian Bureau of Statistics, 2009)

8.2 Alcohol Use Disorders Identification Test-Consumption

Recently a lot of media attention has focused on young people and alcohol. However, there has been less focus on alcohol use amongst people who regularly inject drugs. People who regularly inject drugs are particularly at risk for alcohol related harms due to a high prevalence of the hepatitis C virus (HCV). Half of the participants interviewed in the Australian NSP Survey 2009 (n=2,697) were found to have HCV antibodies (National Centre in HIV Epidemiology and Clinical Research, 2010). 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 (Coffin et al., 2007, Schiff and Ozden, 2004, Darke et al., 1996, Darke et al., 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. In 2010, participants in the IDRS were asked the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) as a valid measure of identifying heavy drinking (Bush et al., 1998). The AUDIT-C is a three item measure, derived from the first three consumption questions in the AUDIT. Dawson et al (Dawson et al., 2005) reported on the validity of the AUDIT-C finding that it was a good indicator of alcohol dependence, alcohol use disorder and risk drinking.

Among the national sample, the overall mean score on the AUDIT-C was 3.8 (median=3, range 0-12). Males scored significantly higher than females on the AUDIT-C (4.14 versus 3.19; $T_{897}=-3.6$, $p=0.002$). According to Dawson et al (Dawson et al., 2005) and Haber et al (Haber et al., 2009) *Guidelines for the Treatment of Alcohol Problems* a cut-off score of five or more indicated that further assessment was required.

Over one-third of the national sample scored 5 or over on the AUDIT-C, ranging from 31% in NSW to 44% in TAS. Forty-one percent of males and 32% females scored 5 or more indicating the need for further assessment (Table 77).

Table 77: AUDIT-C among people who inject drugs, by jurisdiction, 2010

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Mean AUDIT-C score, SD (range)	3.8, 3.7 (0-12)	3.2, 3.5 (0-12)	4.3, 3.9 (0-12)	4.2, 3.6 (0-12)	4.3, 4.2 (0-12)	3.4, 3.5 (0-12)	3.5, 3.8 (0-12)	3.9, 3.9 (0-12)	3.8, 3.5 (0-12)
Score of 5 or more (%)	38	31	41	42	44	35	34	35	38
Males (% _{n=588})	41	31	46	45	51	36	39	37	44
Females (% _{n=307})	32	33	32	33	34	35	26	32	23

Source: IDRS participant interviews

8.3 *Stimulant and opioid dependence*

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

In 2010, 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, and preoccupation with and anxiety about use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Dawe et al., 2002).

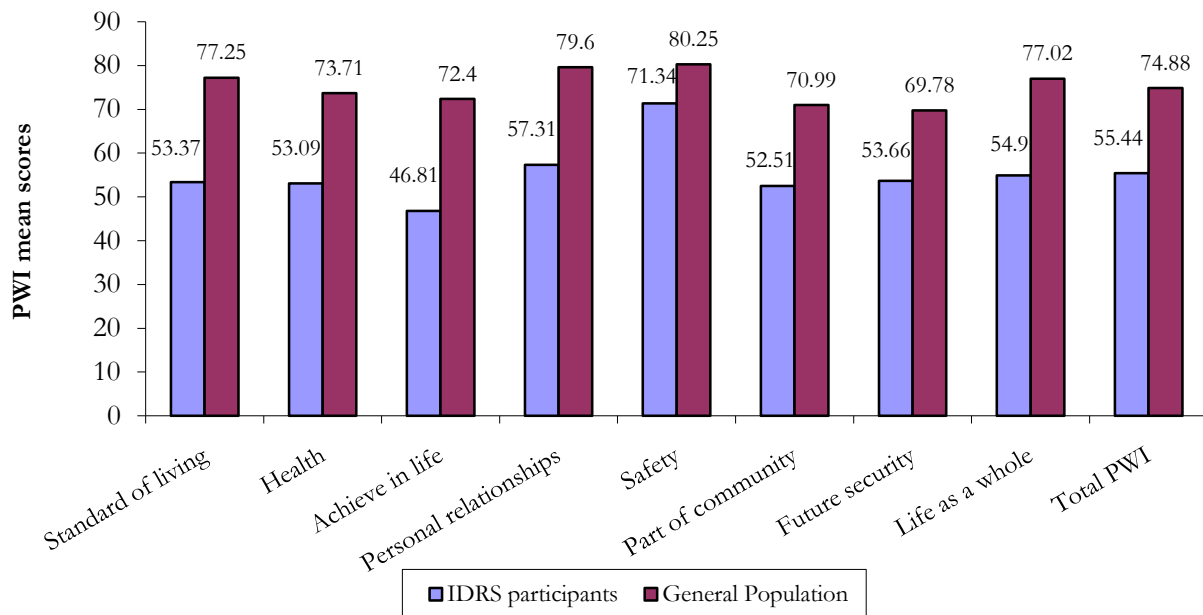
Previous research has suggested that a cut-off of four is indicative of dependence for methamphetamine users (Topp and Mattick, 1997) and a cut-off value of three for cocaine (Kaye and Darke, 2002). No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value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

Of those who had recently used a stimulant, the median SDS score was 3.5 (range=0-15), with 44% scoring four or above. There were no significant differences regarding gender and mean stimulant SDS score, or regarding gender and those who scored four or above. Of those who scored four or above, 78% reported specifically attributing responses to methamphetamines, 16% cocaine, 8% pharmaceutical stimulants and 1% other.

Of those who had recently used an opioid, the median SDS score was 8 (mean=8.6, range=0-15), with 77% scoring five or above. There were no significant differences regarding gender and mean opioid SDS score, however, males were significantly more likely to score five or more compared to females (65% versus 35%; 95%OR 0.45, 0.94). Of those who scored five or above, 61% reported specifically attributing responses to heroin, 25% morphine, 19% methadone, 10% buprenorphine, 8% oxycodone and 1% other.

8.4 *Personal Wellbeing Index*

The Personal Wellbeing Index (PWI) was included in the IDRS survey to monitor the personal wellbeing of participants in the IDRS. Questions asked participants how satisfied they were with various aspects of their life, including standard of living, health, personal achievement, personal relationships, personal safety, feeling a part of the community, future security and life as a whole. Participants were asked to answer on a 0-10 scale of satisfaction (0 = very unsatisfied and 10= very satisfied). Scores were then combined across the seven domains to produce an overall index score and adjusted to have a range between 0-100 points (Cummins et al., 2007). Figure 55 shows the mean national IDRS scores compared to the Australian general population. Nationally, participants scored lower than the general population on each domain of personal wellbeing index. Participants were also below the expected range (between 60 and 90 percentage points) of wellbeing scores for each domain except safety.

Figure 55: Personal Wellbeing Index - National IDRS and Australian general population mean scores, 2010

Source: IDRS participant interviews; (Cummins et al., 2007)

Table 78 provides a breakdown by jurisdiction for PWI mean scores. A similar pattern was observed in each jurisdiction with participant's scores lower than the general population on each domain. At normal levels of wellbeing (average scores lies between 70-80 points) people often feel good about themselves, are motivated to conduct their lives and have a strong sense of optimism. In comparison individuals with scores below 50 points are at a higher risk of depression (Cummins et al., 2007).

Table 78: Personal Wellbeing Index mean scores by jurisdiction, 2010

PWI factors	General Population mean scores*	IDRS								
		National N=822	NSW n=150	ACT n=93	VIC n=142	TAS n=91	SA n=86	WA n=87	NT n=83	QLD n=90
Standard of living	77.25	53.37	54.60	54.73	49.05	52.97	59.88	57.01	60.60	50.89
Health	73.71	53.09	53.73	51.51	53.78	51.65	56.16	53.45	53.74	54.22
Achieve in life	72.4	46.81	42.73	47.42	41.76	44.95	49.77	47.82	53.98	41.44
Personal relationships	79.6	57.31	54.93	56.02	48.45	51.87	57.56	57.13	63.98	55.00
Safety	80.25	71.34	68.93	63.55	62.36	68.46	70.81	69.89	74.34	72.56
Part of community	70.99	52.51	53.40	46.13	47.58	48.02	49.65	44.25	57.83	47.78
Future security	69.78	53.66	50.47	51.72	45.09	49.67	51.16	48.16	59.12	48.67
Life as a whole	77.02	54.90	55.33	56.45	49.46	50.66	56.51	52.41	60.60	54.22
Total PWI	74.88	55.44	54.11	53.01	50.07	52.51	56.43	53.96	60.52	52.94

Source: IDRS participant interviews

* Cummins et al., (2007)

8.5 *Sexual health*

Population studies have shown that younger age groups had engaged in sexual relationships with more partners in their lifetime than older age groups (Johnson et al., 2001). Amongst the regular ecstasy user sample participants of a younger age have been found to be more likely to engage in risky behaviours (Cogger and Kinner, 2008). Furthermore, studies have shown that younger individuals who frequent night clubs are likely to report multiple sexual partners and incidence of Sexually Transmitted Infections (STI) (Wells et al., 2010).

In Australia, approximately ten percent of young women and three percent of young men (aged under 30 years) report having been tested for Chlamydia (Kong et al., in press). The issues surrounding sexual health prompted questions to be developed for the IDRS survey to investigate reasons why or why not participants choose to have STI screening. The responses to these questions were formulated by considering results of previous research (Dixon-Woods et al., 2001, Tilson et al., 2004, Balfe and Brugha, 2009).

Participants in the IDRS were firstly asked if they had been tested for a sexually transmitted infection (STI) in the last two years. Among the national sample who commented, over half (58%) reported that they had been tested in the last two years for a STI by means of a blood test, urine sample or swab, while one-quarter reported that 'no' they didn't think about being tested (Table 79).

Among those who were tested, the main reasons given for testing were; health provider suggested it, due to unprotected sex and part of a 'general check-up'. The majority of participants (51%) were tested by a General Practitioner (GP) (Table 79).

Over half (59%) of the female sample reported a pap smear test in the last two years. The main reasons given for 'no' pap smear test were 'didn't think of it', 'don't like them' and 'wasn't sexually active', 'pregnant' and 'hysterectomy'. The main reasons for having a pap smear test were; 'due for a test', 'general check-up' and 'health provided suggested'. The majority of participants (62%) were tested by a GP (Table 79).

Table 79: Sexual Health by jurisdiction, 2010

	National N=902	NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
Tested for a sexually transmitted infection (STI) last two years? (%)									
No, don't think about it	26	18	29	34	23	14	30	28	33
No, I didn't want to be tested	2	3	0	1	2	3	4	2	3
No, another reason	14	11	18	12	26	21	10	4	12
Yes, I was tested by means of a blood test, urine sample or swab	58	69	53	53	50	61	55	66	52
Reason for test* (%)	N=510	n=105	n=53	n=80	n=48	n=55	n=54	n=65	n=50
Clear of infection after relationship	11	13	6	6	4	11	15	15	14
Clear of infection before starting relationship	6	10	0	6	4	2	15	2	8
Unprotected sex	13	11	11	15	17	11	17	3	16
Symptoms of infection	6	7	6	3	10	4	6	5	8
Health provider suggested	19	14	6	21	33	9	17	40	14
Friend suggested	1	1	2	1	0	2	2	0	0
Partner suggested	2	5	2	0	0	0	4	0	4
Partner had symptoms	1	3	0	1	0	4	2	0	0
Ex-partner told me to get tested	1	0	2	0	0	0	2	0	2
Clinic access was easy	8	14	6	5	0	7	7	8	6
Other@	46	51	64	49	29	62	39	29	38
Place last tested for STI* (%)	N=506	n=104	n=53	n=80	n=48	n=55	n=52	n=65	n=49
Sexual Health Clinic	21	20	13	13	15	29	8	48	22
GP	51	39	60	60	54	64	56	25	65
Hospital	9	12	13	8	10	2	4	12	6
Other	19	29	13	20	21	6	33	15	6
Had a pap smear test last two years** (%)	N=295	n=57	n=30	n=44	n=39	n=36	n=31	n=28	n=30
	59	72	67	57	54	64	53	54	43
Reasons for no pap smear test# (%)	N=119	n=16	n=10	n=19	n=17	n=13	n=14	n=13	n=17
Wasn't sexually active	11	19	20	6	0	8	13	23	6
No symptoms	6	6	10	0	0	0	14	8	12
Don't like them	17	19	10	11	35	8	21	0	24
Didn't think of it	25	6	0	68	29	0	43	8	24
Embarrassed/uncomfortable	10	13	10	0	12	15	14	8	12
Financial cost	1	0	10	0	0	0	0	0	0
Other†	44	50	50	11	41	77	36	62	41
Reasons for having a pap smear test## (%)	N=176	n=41	n=20	n=25	n=22	n=23	n=17	n=15	n=13
Symptoms	4	5	5	8	5	0	0	0	8
Reminder letters	17	17	35	4	18	30	0	13	8
Health provider suggested	19	12	20	28	46	4	35	7	0
Friend suggested	2	0	0	8	0	0	0	0	0
Due for a test	43	42	35	44	18	35	65	67	62
Family history of cervical cancer	2	2	0	4	0	0	6	0	8
Other@	21	29	20	12	18	35	0	13	23
Place last tested for pap smear## (%)	N=176	n=41	n=20	n=25	n=22	n=23	n=17	n=15	n=13
Sexual Health Clinic	20	22	15	12	27	13	18	40	23
GP	62	44	65	68	64	83	82	33	69
Hospital	7	2	10	20	9	4	0	0	8
Other	11	32	10	0	0	0	0	27	0

Source: IDRS participant interviews

*Among those who were tested for a sexually transmitted infections in the last 2 years

**Among females only

#Among those who had not had a pap smear test in the last 2 years

##Among those who had a pap smear test in the last 2 years

@ 'Other' – most reported for a 'general check-up'

† 'Other' – most reported for 'did not want to have the procedure', 'forgot', 'hysterectomy' and 'pregnant'

8.6 *General medical practitioner service use*

Literature has shown that the regular PWID population is a group that experience a variety of physical and mental health problems. However, due to the marginalised status and concealed nature of this group, it can be difficult to ensure that this group obtain the public health care access they require and that targeted health care strategies reach them. This group also experience barriers to treatment due to a lack of knowledge regarding available services, long wait times and limited operating hours (Neale et al., 2007). Also due to the nature of the addiction, the time spent obtaining and consuming drugs may cause delays in seeking treatment (McCoy et al., 2001) (Drumm et al., 2005) which often leads to over dependence on acute crisis and emergency interventions (Kerr et al., 2004).

The IDRS sought to investigate this issue of access to services further and identify the services which PWID have utilised most often offering a resource for treatment providers and policy initiatives. This section focused on general medical practitioner (GP or doctor) and not their opiate prescriber.

Among the national sample, 85% reported visiting a GP in the last 12 months for a physical or mental health problem, on a median of eight occasions in the last 12 months. Among those who reported visiting a GP in the last 12 months, nearly one-third (29%) of participants reported visiting a GP in a hospital outpatient (OP) or emergency department (ED) while only 4% reported a home visit from the GP (Table 80).

Forty-four percent of those who reported a GP visit in the past year, reported visiting for problems with their mental health (MH) on an average of four occasions. This compares to 25% of the general population who visited a GP for a lifetime mental disorder with 12-month symptoms (Australian Bureau of Statistics, 2007). Of those who commented, the majority (80%) reported visiting the 'same' GP for a problem with their MH. Of those who saw a 'different' GP (n=61), over half (56%) reported seeing a 'different' GP at a 'different' practice, with a median of two 'different' practices (range 1-9) visited in the past 12 months. Of those who visited a GP for a problem with their MH, one-quarter were referred to a GP from another GP. The mean age first visited a GP for a problem with their MH was 23 years (range 3-52 years) (Table 80).

Table 80: General medical practitioner visits among participants by jurisdiction, 2010

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Visited a GP last 12 months (%)	85	86	83	85	83	92	84	78	91
Median no. of GP's visits last 12 months*	N=760 8	n=133 6	n=83 8	n=124 12	n=83 8	n=87 4	n=84 8.5	n=77 12	n=89 10
Home visit from GP* (%)	4	5	4	6	1	10	2	1	2
GP visits in hospital OP or ED* (%)	29	31	21	30	32	23	21	35	36
GP visit for MH problem* (%)	44	32	40	63	46	40	52	33	40
Visited the same GP for mental health** (%)	N=327 80	n=42 74	n=33 70	n=78 79	n=38 84	n=34 77	n=43 84	n=25 84	n=34 88
Referred to GP from another GP for MH problem** (%)	25	28	25	27	16	9	33	40	17
Mean age first visited GP for MH problem** (%)	N=318 23	n=40 23	n=31 26	n=77 23	n=36 20	n=34 24	n=43 23	n=25 21	n=33 23

Source: IDRS participant interviews

*Among those who had visited a GP in the last 12 months

**Among those who visited a GP for mental health

8.7 Social networks

Interaction with other people is vital to human development. Social relationships and networks can act as protective factors against the onset or reoccurrence of mental illness and enhance recovery of mental disorders (World Health Organization, 2003, World Health Organisation, 2005). For example marital status has been shown to be related to a person's physical and mental health, with results indicating married people experience less negative effects associated with these areas. Regular drug users, particularly regular injectors, are a group that tend to be marginalised by society and experience many hardships including homelessness, social and financial disadvantage and physical health problems all of which may contribute to a mental health condition therefore implying social networks would be a vital area of support for this group.

Results from the 2007 National Survey of Mental Health and Well-being demonstrated that the prevalence of a 12-month mental health disorder was very similar for people who did and did not have contact with family members, however, results differed for those who had contact and who did not have contact with friends. Of the 15.9 million people who had contact with their family and/or friends one in five (20%) had a 12-month mental disorder. However, of those who had no contact with family or no family, 23% had a 12months mental disorder compared to 38% of those who had no contact with friends or no friends (Australian Bureau of Statistics, 2007).

In 2010, the IDRS asked participants questions in relation to social networks. Of the national sample around one-third (31%) reported contact with a family member nearly every day, while 15% reported no contact or family. Sixty-one percent were able to rely on one or two family members (Table 81).

Over half (51%) reported contact with friends nearly every day. The majority (61%) were able to rely on one or two friends. Around one-third (32%) reported that they could rely on their partner/spouse 'a lot'. Over half of the sample were single (Table 81).

Table 81: Social networks among participants by jurisdiction, 2010

	National N=902	NSW n=154	ACT n=101	VIC n=151	TAS n=100	SA n=97	WA n=100	NT n=99	QLD n=100
How often are you in contact with any family member?									
Nearly every day (%)	31	35	28	27	29	41	30	16	40
3-4 days a week (%)	7	7	6	7	9	4	12	9	3
1-2 days a week (%)	19	14	18	19	19	21	18	28	16
1-3 days a month (%)	13	12	13	13	13	12	12	18	10
< once a month (%)	15	12	19	16	18	16	11	10	20
Never (%)	13	19	13	15	11	5	11	14	9
No family (%)	2	1	2	3	0	1	4	4	2
How many family members can you rely on*?	N=562	n=93	n=68	n=79	n=66	n=70	n=64	n=59	n=62
1-2 family members (%)	61	46	62	65	76	70	56	73	50
3-4 family members (%)	23	26	18	24	14	19	36	17	29
5 or more family members (%)	16	28	21	11	11	11	8	10	19
How often are you in contact with any of your friends?									
Nearly every day (%)	51	58	52	54	43	46	51	53	49
3-4 days a week (%)	11	12	13	10	7	15	9	11	12
1-2 days a week (%)	15	9	10	15	26	15	17	15	17
1-3 days a month (%)	5	5	3	5	4	8	6	4	4
< once a month (%)	4	2	6	4	5	7	4	5	3
Never (%)	3	3	4	3	8	2	3	2	2
No friends (%)	9	10	10	9	5	6	8	10	13
How many friends can you rely on**?	N=588	n=99	n=66	n=101	n=63	n=66	n=70	n=58	n=65
1-2 friends (%)	61	71	52	67	64	56	51	59	55
3-4 friends (%)	23	20	26	21	27	30	26	21	23
5 or more friends (%)	15	9	23	10	10	12	23	21	22
How much can you rely of your spouse/partner for help (for a serious problem)?									
A lot (%)	32	34	26	28	40	30	33	30	33
Some (%)	6	9	6	2	10	3	6	2	8
A little (%)	3	2	1	5	5	7	2	1	2
Not at all (%)	2	3	1	1	2	5	1	1	5
Don't know (%)	1	0	0	0	0	2	0	1	1
Currently single (%)	56	53	66	63	42	52	57	65	50

Source: IDRS participant interviews

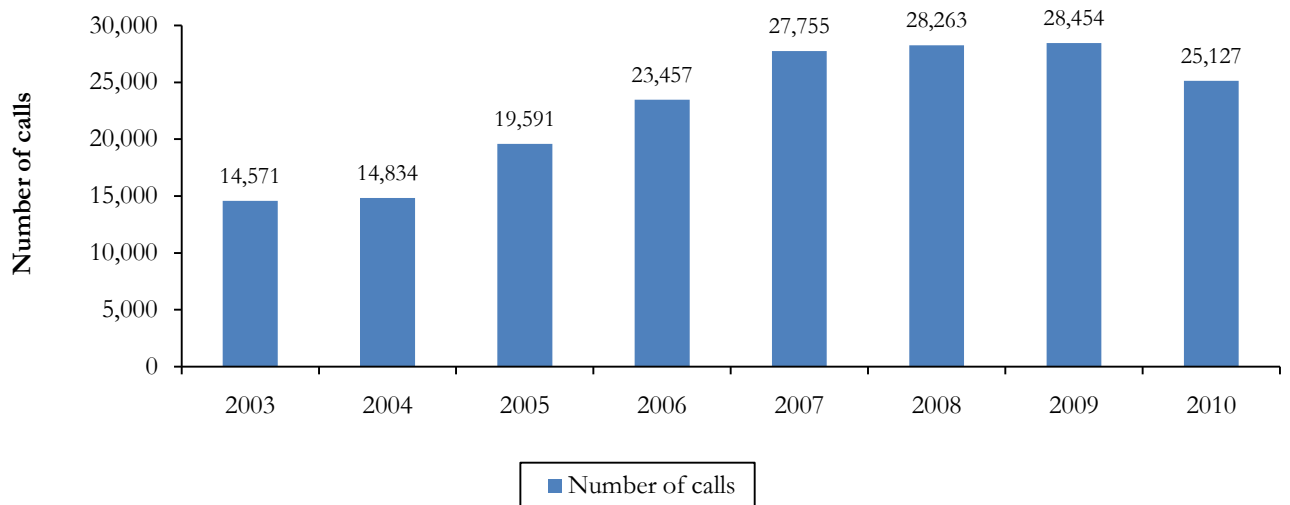
*Among those in contact with a family member

*Among those in contact with friends

In 2010 data was available from the Family Drug Support telephone helpline which receives phone calls from concerned family or friends of people affected by drugs (licit and illicit). Figure 56 shows the number of calls made in June/July to the Family Drug Support telephone helpline over the last eight years. The numbers of calls has increased over the years ranging from 14,571 calls in 2003 to 28,454 in 2009 (Figure 56).

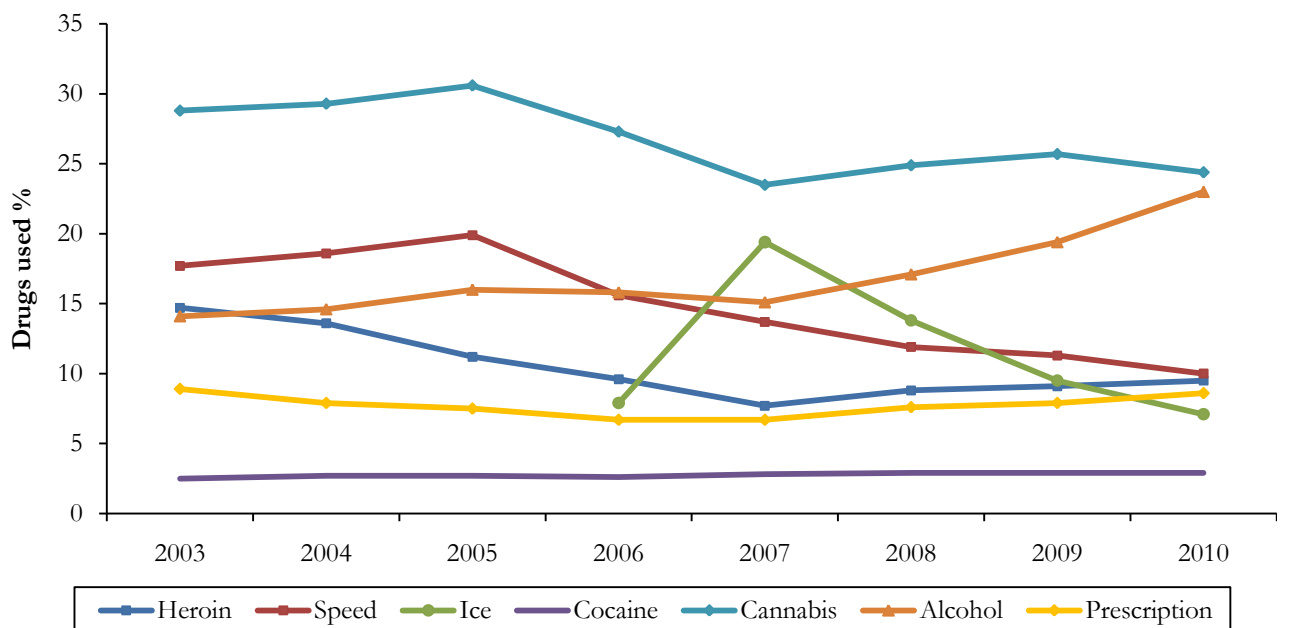
In 2010, the majority of calls were made by females (67%) mainly mothers (44%). Calls made by a family or friend were mainly about users who were male (66.7%), unemployed (25.9%) and aged between 31-40yrs (25.9%). Cannabis continued to be the main drug of concern for callers, followed by alcohol which is on the increase (Figure 57).

Figure 56: Number of calls made to the Family Drug Support Helpline, June/July 2003-2010



Source: Family Drug Support Telephone Help Line, 2010

Figure 57: Drugs of concern, Family Drug Support Helpline, June/July, 2003-2010



Source: Family Drug Support Telephone Help Line, 2010

REFERENCES

- ANDREWS, G. & SLADE, T. (2001) Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health*, 25, 494-497.
- AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2000) Australian Illicit Drug Report 1998-99. Canberra, Australian Bureau of Criminal Intelligence.
- AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2001) Australian Illicit Drug Report 1999-2000. Canberra, Australian Bureau of Criminal Intelligence.
- AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2002) Australian Illicit Drug Report 2000-2001. Canberra, Australian Bureau of Criminal Intelligence.
- AUSTRALIAN BUREAU OF STATISTICS (2007) National Survey of Mental Health and Wellbeing: Summary of Results. Canberra, Australian Bureau of Statistics.
- AUSTRALIAN BUREAU OF STATISTICS (2009) National Health Survey: Summary of Results 2007-2008. Canberra, Australian Bureau of Statistics.
- AUSTRALIAN CRIME COMMISSION (2003) Australian Illicit Drug Report 2001-02. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2004) Australian Illicit Drug Data Report 2002-03. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2005) Australian Illicit Drug Data Report 2003-04. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2006) Australian Illicit Drug Data Report 2004-05. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2007) Australian Illicit Drug Data Report 2005/06. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2008) Australian Illicit Drug Data Report 2006-07. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2009) Illicit Drug Data Report 2007-08. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2010) Illicit Drug Data Report 2008-09. Canberra, Australian Crime Commission.
- AUSTRALIAN CUSTOMS BORDER AND PROTECTION SERVICE (2010) Australian Customs and Protection Service Annual Report 2009-10. Canberra, Commonwealth of Australia.
- AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2008) 2007 National Drug Strategy Household Survey: detailed findings. *Drug statistics series no. 22. Cat. no. PHE 107*. Canberra, Australian Institute of Health and Welfare.
- AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2009) National opioid pharmacotherapy statistics annual data collection: 2009 report. *Bulletin no. 79. Cat no. AUS 125*. Canberra, Australian Institute of Health and Welfare.

- AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2010) Alcohol and other drug treatment services in Australia 2008-09: report on the National Minimum Data Set. *Drug treatment series no. 10 Cat. no. HSE 92*. Canberra, Australian Institute of Health and Welfare.
- BALFE, M. & BRUGHIA, R. (2009) What prompts young adults in Ireland to attend health services for STI testing? *BMC Public Health*, 9, 311.
- BARRY, D. & PETRY, N. M. (2009) Associations between body mass index and substance use disorders differ by gender: Results from the National Epidemiologic Survey on Alcohol and Related Conditions Addictive Behaviours. 34, 51-60.
- BLACK, E., ROXBURGH, A., DEGENHARDT, L., BRUNO, R., CAMPBELL, G., DE GRAAFF, B., FETHERSTON, J., KINNER, S., MOON, C., QUINN, B., RICHARDSON, M., SINDICICH, N. & WHITE, N. (2008) Australian Drug Trends 2007: Findings from the Illicit Drug Reporting System (IDRS). *Australian Drug Series No. 1*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- BREEN, C., DEGENHARDT, L., ROXBURGH, A., BRUNO, R., DUQUEMIN, A., FETHERSTON, J., FISCHER, J., JENKINSON, R., KINNER, S., LONGO, M. & RUSHFORTH, C. (2003) Australian Drug Trends 2002: Findings from the Illicit Drug Reporting System (IDRS). . Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- BREEN, C., DEGENHARDT, L., ROXBURGH, A., BRUNO, R., FETHERSTON, J., FISCHER, J., JENKINSON, R., KINNER, S., MOON, C., WARD, J. & WEEKLEY, J. (2004) Australian Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS). . Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- BUSH, K., KIVLAHAN, D. R., MCDONELL, M. B., FIHN, S. D. & BRADLEY, K. A. (1998) The AUDIT Alcohol Consumption Questions (AUDIT-C). *ARCH INTERN MED*, 158, 1789-1795.
- COFFIN, P. O., TRACY, M., BUCCIARELLI, A., OMPAD, D. C., VLAHOV, D. & GALEA, S. (2007) Identifying Injection Drug Users at Risk of Nonfatal Overdose. *Academic Emergency Medicine*, 14, 616-623.
- COGGER, S. & KINNER, S. A. (2008) Age related differences in patterns of drug use and risk behaviour among regular ecstasy users. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- CUMMINS, R. A., WOERNER, J., GIBSON, A., LAI, L., WEINBERG, M. & COLLARD, J. (2007) Australian Unity Wellbeing Index Survey 20 Report 20.0 October 2008. Part A: The Report. The Wellbeing of Australians –Money, debt and loneliness. Melbourne, The School of Psychology, Deakin University, Australian Centre on Quality of Life.
- DARKE, S. (1994) The use of benzodiazepines among injecting drug users. *Drug and Alcohol Review*, 13, 63-69.
- DARKE, S., DUFLOU, J. & KAYE, S. (2007) Comparative toxicology of fatal heroin overdose cases and morphine positive homicide victims. *Addiction*, 102, 1793-1797.
- DARKE, S., HALL, W., WODAK, A., HEATHER, N. & WARD, J. (1992) Development and validation of a multi-dimensional instrument for assessing outcomes of treatment among opiate users: The Opiate Treatment Index. *British Journal of Addiction*, 87, 733-742.
- DARKE, S., ROSS, J. & HALL, W. (1996) Overdose among heroin users in Sydney, Australia: I. Prevalence and correlates of non-fatal overdose. *Addiction*, 91, 405-411.

- DAWE, S., LOXTON, N. J., HIDES, L., KAVANAGH, D. J. & MATTICK, R. P. (2002) Review of diagnostic screening instruments for alcohol and other drug use and other psychiatric disorders. Canberra, Commonwealth Department of Health and Ageing.
- DAWSON, D. A., GRANT, B. F., STINSON, F. S. & ZHOU, Y. (2005) Effectiveness of the Derived Alcohol Use Disorders Identification Test (AUDIT-C) in Screening for Alcohol Use Disorders and Risk Drinking in the US General Population. *Alcoholism: Clinical and Experimental Research*, 29, 844-854.
- DEGENHARDT, L., CONROY, E., GILMOUR, S. & COLLINS, L. (2005) The effect of a reduction in heroin supply in Australia upon drug distribution and acquisitive crime. *British Journal of Criminology*, 45, 2-24.
- DEGENHARDT, L. & ROXBURGH, A. (2007a) Accidental drug-induced deaths due to opioids in Australia, 2005. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- DEGENHARDT, L. & ROXBURGH, A. (2007b) Cocaine and amphetamine related drug-induced deaths in Australia 2005. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- DIXON-WOODS, M., STOKES, T., YOUNG, B., PHELPS, K., WINDRIDGE, K. & SHUKLA, R. (2001) Choosing and using services for sexual health: a qualitative study of women's views. *Sex Transm Infect*, 77, 335-339.
- DRUMM, R. D., MCBRIDE, D. C., METSCH, L., NEUFELD, M. & SAWATSKY, A. (2005) 'I'm a health nut!': street users' accounts of self-care strategies. *Journal of Drug Issues*, 35, 607-629.
- FETHERSTON, J., TOPP, L., BLACK, E., IVERSEN, J. & MAHER, L. (2007) Blood borne virus surveillance among sentinel samples of injecting drug users. *Drug Trends Bulletin*, December.
- HABER, P., LINTZERIS, N., PROUDE, E. & LOPATKO, O. (2009) Guidelines for the Treatment of Alcohol Problems. Canberra, Australian Government Department of Health and Ageing.
- HANDO, J., DARKE, S., O'BRIEN, S., MAHER, L. & HALL, W. (1998) The development of an early warning system to detect trends in illicit drug use in Australia: the Illicit Drug Reporting System. *Addiction Research*, 6, 97-113.
- HANDO, J., O'BRIEN, S., DARKE, S., MAHER, L. & HALL, W. (1997) The Illicit Drug Reporting System Trial : Final Report. *Monograph Number 31*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- JOHN, U., MEYER, C., RUMPF, H. R., HAPKE, U. & SCHUMANN, A. (2006) Predictors of increased body mass index following cessation of smoking. *American Journal on Addictions*, 15, 192-197.
- JOHNSON, A. M., MERCER, C. H., ERENS, B., COPAS, A. J., MCMANUS, S., WELLINGS, K., FENTON, K. A., KOROVESIS, C., MACDOWALL, W., NANCHAHAL, K., PURDON, S. & FIELD, J. (2001) Sexual behaviour in Britain: partnerships, practices, and HIV risk behaviours. *The Lancet*, 358, 1835-1842.
- KAYE, S. & DARKE, S. (2002) Determining a diagnostic cut-off on the Severity of Dependence Scale (SDS) for cocaine dependence. *Addiction*, 97, 727-731.

- KEMP, D. E., GAO, K. E., GANOCY, S. J., CALDES, E., FELDMAN, K., CHAN, P. K. & AL., E. (2009) Medical and substance use co morbidity in bipolar disorder. *Journal of Affective Disorders*, 116, 64-69.
- KERR, T., WOOD, E., GRAFSTEIN, E. & AL., E. (2004) High rates of primary care and emergency department use among injection drug users in Vancouver. *Journal of Public Health*, 27, 62-66.
- KESSLER, R. C., ANDREWS, G., COLPE, L. J., HIRIPI, E., MROCZEK, D. K., NORMAND, S.-L. T., WALTERS, E. E. & ZASLAVSKY, A. M. (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-976.
- KONG, F., HOCKING, J. S., LINK, C. K., CHEN, M. Y. & HELLARD, M. E. (in press) Sex and sport: sexual risk behaviour in young people in rural and regional Victoria. *Sexual Health*.
- LARANCE, B., DEGENHARDT, L., LINTZERIS, N., WINSTOCK, A. & MATTICK, R. P. (in press) Definitions related to the use of pharmaceutical opioids: Extra-medical use, diversion, non-adherence and aberrant medication-related behaviours. *Drug and Alcohol Review*.
- MATHERS, B., DEGENHARDT, L., PHILLIPS, B., WEISSING, L., HICKMAN, M., STRATHDEE, S., WODAK, A., PANDA, S., TYNDALL, M., TOUFIK, A., MATTICK, R. & USE, and the REFERENCE GROUP TO THE UNITED NATIONS ON HIV AND INJECTING DRUG USE.(2008) Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *The Lancet*, 372.
- MCCOY, C. B., METSCH, L., CHITWOOD, D. D. & MILES, C. (2001) Drug use and barriers to use of health care services. *Subst Use Misuse*, 36.
- MCKETIN, R., DARKE, S., HUMENIUK, R., DWYER, R., BRUNO, R., FLEMING, J., KINNER, S., HARGREAVES, K. & RYSAVY, P. (2000) Australian Drug Trends 1999: Findings from the Illicit Drug Reporting System (IDRS). *NDARC Monograph Number 43*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH (2002) Australian NSP Survey National Data Report 1995 - 2001. Sydney, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales.
- NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH (2005) Australian NSP Survey: National Data Report 2000-2004. Sydney, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales.
- NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH (2009) Australian NSP Survey National Data Report 2004-2008. Sydney, National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales.
- NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH (2010) Australian NSP Survey National Data Report 2005-2009. Sydney, National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales
- NEALE, J., SHEARD, L. & TOMPKINS, C. (2007) Factors that help injecting drug users access and benefit from services: a qualitative study. . *Substance Abuse Treatment, Prevention and Policy*, 31, 2.
- NEWCOMBE, R., G (1998) Interval Estimation for the Difference Between Independent Proportions: Comparison of Eleven Methods. *Statistics in Medicine*, 17, 873-890.

O'BRIEN, S., BLACK, E., ROXBURGH, A., DEGENHARDT, L., BRUNO, R., CAMPBELL, G., FETHERSTON, F., JENKINSON, R., KINNER, S., NEWMAN, J. & WHITE, N. (2007) Australian Drug Trends 2006: Findings from the Illicit Drug Reporting System (IDRS). *NDARC Monograph 60*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

PASW (2009) PASW Statistics 18. 18 ed. Chicago, PASW inc.

PICKERING, R. P., GRANT, B. F., CHOU, S. P. & COMPTON, W. M. (2007) Are overweight, obesity, and extreme obesity associated with psychopathology? Results from the national epidemiologic survey on alcohol and related conditions. *Journal of Clinical Psychiatry* 68, 998-1009.

RAJS, J., PETERSSON, A., THIBLIN, I., OLSSON-MORTLOCK, C., FREDRIKSSON, A. & EKSBORG, S. (2004) Nutritional status of deceased illicit drug addicts in Stockholm, Sweden: A longitudinal medicolegal study. *Journal of Forensic Sciences*, 49, 320-329.

ROXBURGH, A. & BURNS, L. (2009) Drug-induced deaths in Australia, 2006. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

ROXBURGH, A. & BURNS, L. (2010) Drug-induced deaths in Australia, 2007. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

ROXBURGH, A. & BURNS, L. (in press-a) Drug-induced deaths in Australia, 2008. National Drug and Alcohol Research Centre, University of New South Wales.

ROXBURGH, A. & BURNS, L. (in press-b) Drug-related hospital stays in Australia, 1993-2008. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

SCHIFF, E. R. & OZDEN, N. (2004) Hepatitis C and Alcohol. *Publications*. Bethesda, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health.

SINDICICH, N. & BURNS, B. (2011) Australian Trends in Ecstasy and Related Drug Markets 2010: Findings from the Ecstasy and Related Drugs Reporting System. *Australian Drug Trends Series*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STAFFORD, J. & BURNS, L. (2010) Australian Drug Trends 2009: Findings from the Illicit Drug reporting System. *Australian Drug Trends Series no.37*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STAFFORD, J., DEGENHARDT, L., BLACK, E., BRUNO, R., BUCKINGHAM, K., FETHERSTON, J., JENKINSON, R., KINNER, S., MOON, C. & WEEKLEY, J. (2005) Australian Drug Trends 2004: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STAFFORD, J., DEGENHARDT, L., BLACK, E., BRUNO, R., BUCKINGHAM, K., FETHERSTON, J., JENKINSON, R., KINNER, S., NEWMAN, J. & WEEKLEY, J. (2006) Australian Drug Trends 2005: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STAFFORD, J., SINDICICH, N., BURNS, L., CASSAR, J., COGGER, S., DE GRAAFF, B., GEORGE, J., MOON, C., PHILLIPS, B., QUINN, B. & WHITE, N. (2009) Australian Drug Trends 2008: Findings from the Illicit Drug Reporting System (IDRS). *Australian Drug Trends Series*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

TANDBERG, D. Improved confidence intervals for the difference between two proportions and number needed to treat (NNT). 1.49 ed. <http://www.cebm.net/index.aspx?o=1023>

- TILSON, E. C., SANCHEZ, V., FORD, C. L., SMURZYNSKI, M., LEONE, P. A., FOX, K. K., IRWIN, K. & MILLER, W. C. (2004) Barriers to asymptomatic screening and other STD services for adolescents and young adults: focus group discussion. *BMC Public Health*, 4.
- TOPP, L., DARKE, S., BRUNO, R., FRY, C., HARGREAVES, K., HUMENIUK, R., MCALLISTER, R., O'REILLY, B. & WILLIAMS, P. (2001) Australian Drug Trends 2000: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- TOPP, L., KAYE, S., BRUNO, R., LONGO, M., WILLIAMS, P., O'REILLY, B., FRY, C., ROSE, G. & DARKE, S. (2002) Australian Drug Trends 2001. Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- TOPP, L. & MATTICK, R. (1997) Choosing a cut-off on the Severity of Dependence Scale (SDS) for amphetamine users. *Addiction*, 92, 839-845.
- WANNAMETHEE, S. G., SHAPER, A. G. & WHINCUP, P. H. (2005) Alcohol and adiposity: Effects of quantity and type of drink and time relation with meals. *International Journal of Obesity*, 29, 1436-1444.
- WELLS, B. E., KELLY, B. C., GOLUB, S. A., GROV, C. & PARSONS, J. T. (2010) Patterns of Alcohol Consumption and Sexual Behavior among Young Adults in Nightclubs. *The American Journal of Drug and Alcohol Abuse*, 36, 39-45.
- WORLD HEALTH ORGANISATION (2005) Promoting mental health; Concepts, emerging evidence, practice. . *A report of the WHO, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne by Herman, Saxena, and Moodie (eds).*
- WORLD HEALTH ORGANIZATION (2003) Investing in Mental Health. Geneva, Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health.
- ZIMLICHMAN, E., KOCHBA, I., MIMOUNI, F. B., SHOCHAT, T., GROTTI, I., KREISS, Y. & MANDEL, D. (2005) Smoking habits and obesity in young adults. *Addiction*, 100, 1021-1025.

APPENDICES

Appendix A: Demographic characteristics (2000-2010) and lifetime use

Table A1: Demographic characteristics of the national sample, 2000-2010

	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
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)
Male (%)	68	67	64	64	66	64	64	66	66	64	65
English speaking background (%)	94	95	96	97	95	97	97	95	94	96	98
Aboriginal and/or Torres Strait Islanders (%)	11	14	14	14	10 [^]	12	13	15	11	11	14
Sexual identity (%)											
Heterosexual						86	86	87	89	88	88
Gay male						2	2	2	1	3	2
Lesbian						2	1	2	1	2	2
Bisexual						9	9	7	8	7	7
Other						1	2	2	1	1	1
Relationship status (%)											
Married/de facto									25	19	19
Partner									18	22	22
Single									49	51	54
Separated									4	4	2
Divorced									2	2	1
Widow/er									1	1	1
Other									1	1	<1
Mean years school education (range)	10.4 (0-16)	10.3 (0-14)	10.3 (0-13)	10.1 (1-13)	10.1 (2-13)	9.9 (0-12)	9.9 (3-12)	10.0 (0-12)	10.1 (0-12)	10.1 (3-13)	10.0 (3-12)
Completed trade/technical qualification (%)	31	37	37	49	37	36	39	36	40	43	37
Completed university/college (%)	12	9	10	10	10	11	9	11	12	9	9
Accommodation (%)											
Own home (<i>inc. renting</i>)		56	63	67	62	69	69	65	67	70	61
Parents'/family home		15	14	11	11	11	9	10	10	8	8
Boarding house/hostel		8	8	10	14	11	11	11	11	10	9
Shelter/refuge		-	-	-	-	-	-	-	-	2	2
No fixed address		9	7	6	8	6	6	11	9	8	10
Other		12	8	6	5	3	5	4	3	2	10
Unemployed/on a pension (%)	68	73	73	76	77	73	77	79	77	78	81
Students (%)	5	4	3	2	2	3	2	<1	1	1	1
Prison history (%)	43	44	45	43	46	50	51	51	52	53	52
Currently in drug treatment (%)	34	36	37	40	46	48	44	43	47	45	47

Source: IDRS participant interviews (see also Topp et al., 2001, 2002, McKetin et al., 2000, Stafford et al., 2005, 2006, 2009, Breen et al., 2003, 2004, O'Brien et al., 2007, Black et al., 2008, Stafford and Burns, 2010)

[^] Information not obtained in NSW for 2004

Table A2: Demographic characteristics of the national sample, by jurisdiction, 2009

	National N=881		NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=99	QLD n=80
	2008	2009								
Mean age (years)	37	37	38	37	35	34	40	35	40	33
Male (%)	66	64	65	65	63	58	66	60	69	70
English speaking background (%)	94	96	90	97	93	99	99	99	97	96
Aboriginal and/or Torres Strait Islander (%)	11	11	20	8	6	17	3	4	20	9
Sexual identity (%)										
Heterosexual	89	88	88	89	88	84	89	81	90	93
Gay male	1	3	2	0	1	6	4	5	3	0
Lesbian	1	2	1	0	1	0	4	3	4	0
Bisexual	8	7	8	9	8	8	3	7	3	6
Other	1	1	1	2	1	2	0	4	0	1
Relationship status (%)										
Married/de facto	25	19	21	17	12	30	12	24	15	24
Partner	18	22	16	23	27	25	23	29	11	23
Single	49	52	52	52	51	41	60	44	65	50
Separated	4	4	7	5	6	1	2	0	5	1
Divorced	2	2	2	3	1	3	1	1	3	3
Widow/er	1	1	1	0	2	0	1	1	1	0
Other	1	<1	0	0	1	0	1	1	0	0
Mean grade at school completed	10	10	10	11	10	10	11	10	10	10
Completed trade/tech qualification (%)	40	43	36	31	47	44	49	54	42	40
Completed university/college (%)	12	8	7	10	5	4	13	9	15	8
Accommodation (%)										
Own home (<i>inc. renting</i>)	67	70	68	80	53	72	88	65	82	63
Parents'/family home	10	8	9	2	13	8	6	14	0	15
Boarding house/hostel	11	10	11	3	22	10	5	12	4	3
Shelter/refuge*	n/a	2	2	2	3	1	0	1	3	0
No fixed address	9	8	9	12	9	7	0	8	7	16
Other	3	2	3	1	0	2	1	0	4	4
Unemployed (%)	77	78	86	67	83	68	67	71	87	94
Full-time students[#] (%)	1	1	0	1	1	2	0	5	0	0
Mean income/ week (\$)*	n/a	N=838 \$364	n=139 \$349	n=97 \$417	n=149 \$307	n=100 \$323	n=100 \$504	n=78 \$304	n=98 \$354	n=77 \$385
Prison history (%)	52	52	65	46	55	47	40	49	55	56
Currently in drug treatment (%)	47	45	47	58	63	59	45	30	8	39

Source: IDRS participant interviews (Stafford and Burns, 2010)

*Introduced to questionnaire in 2009

[#]Question wording changed in 2008 to include only full-time students

Table A3: Drug use history of the national sample, 2010

	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	64	72	39	4	15	1	18	4	64		72
Homebake heroin	33	32	9	6	2	<1	1	<1	2	1	9		6
<i>Any heroin (inc. homebake)</i>	88	88	65	90.5	40	4	15	1	20	4	65		72
Methadone (licit/prescribed)	57	26	11	48					53	33	33	180	180
Methadone (illicit/not prescribed)	47	34	15	6					25	9	20		6
Physeptone (licit/prescribed)	12	6	2	21	0	0	0	1	9	2	2	37.5	42
Physeptone (illicit/not prescribed)	29	23	9	4	<1	0	<1	<1	12	3	10		4
<i>Any methadone (inc. Physeptone)</i>	77	51	26	12					65	40	50		180
Buprenorphine (licit/prescribed)	30	13	4	69	1	<1	<1	0	26	8	9	180	150
Buprenorphine (illicit/not prescribed)	33	26	14	14	2	<1	<1	<1	14	5	16		13
<i>Any buprenorphine</i>	49	32	17	24	2	<1	<1	<1	35	12	22		38
Buprenorphine-naloxone (licit/prescribed)	22	9	4	29.5	1	<1	<1	<1	21	12	12	105	90
Buprenorphine-naloxone (illicit/not prescribed)	24	17	10	11	1	<1	<1	<1	12	6	13		6
<i>Any buprenorphine-naloxone</i>	36	21	13	12	1	<1	<1	<1	27	16	23		30
Morphine (licit/prescribed)	26	20	7	60	<1	0	<1	0	14	4	8		158
Morphine (illicit/not prescribed)	69	65	40	19	1	<1	<1	<1	25	9	42		15
<i>Any morphine</i>	76	71	43	20	2	<1	<1	<1	33	12	46		20
Oxycodone (licit/prescribed)	13	8	4	48	0	0	0	0	8	4	7		48
Oxycodone (illicit/not prescribed)	53	47	26	6.5	1	<1	<1	0	14	6	28		6
<i>Any oxycodone</i>	58	50	28	7.5	1	<1	<1	0	20	9	32		10
Over the counter codeine	52	4	1	1	0	0	<1	<1	50	35	35		8
Other opioids (not elsewhere classified)	18	4	1	4	4	1	<1	<1	14	9	11		9

Source: IDRS participant interviews

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

^a Among those who had used/injected (as applicable)

^b Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone)

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

^d Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week

Table A3: Drug use history of the national sample, 2010 (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	90	86	41	8	20	4	42	3	37	4	41		10
Base/point/wax	46	43	21	10	7	3	4	1	10	3	21		10
Ice/shabu/crystal	74	69	37	6	30	12	6	1	10	3	39		7
Methamphetamine liquid	21	18	3	6					6	1	3		6
<i>Any methamphetamine ^e</i>	95	92	59	20	42	15	46	4	45	8	60		14
Pharmaceutical stimulants (licit/prescribed)	8	2	1	9	<1	0	1	0	6	1	2		96
Pharmaceutical stimulants (illicit/not prescribed)	31	19	9	4	<1	<1	2	<1	19	6	13		4
<i>Any pharmaceutical stimulants</i>	35	20	9	5	<1	<2	2	<1	23	7	14		5
Cocaine	60	44	15	6	7	1	32	5	7	2	18		5
Hallucinogens	62	8	<1	1	<1	<1	0	0	60	6	6		2
Ecstasy	62	26	4	2	1	<1	6	1	56	12	14		2
Benzodiazepines (licit/prescribed)	60	9	3	6.5	1	0	1	<1	59	42	43		100
Benzodiazepines (illicit/not prescribed)	58	13	5	6.5	1	<1	1	<1	55	38	40		12
<i>Any benzodiazepines</i>	80	18	8	6	1	<1	1	<1	78	62	65		60
Alcohol	94	5	<1	2					94	64	64		24
Cannabis	95										75		180
Inhalants	21										3	2	
Tobacco	97										93	180	

Source: IDRS participant interviews

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

^a Among those who had used/injected (as applicable).

^b Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone)

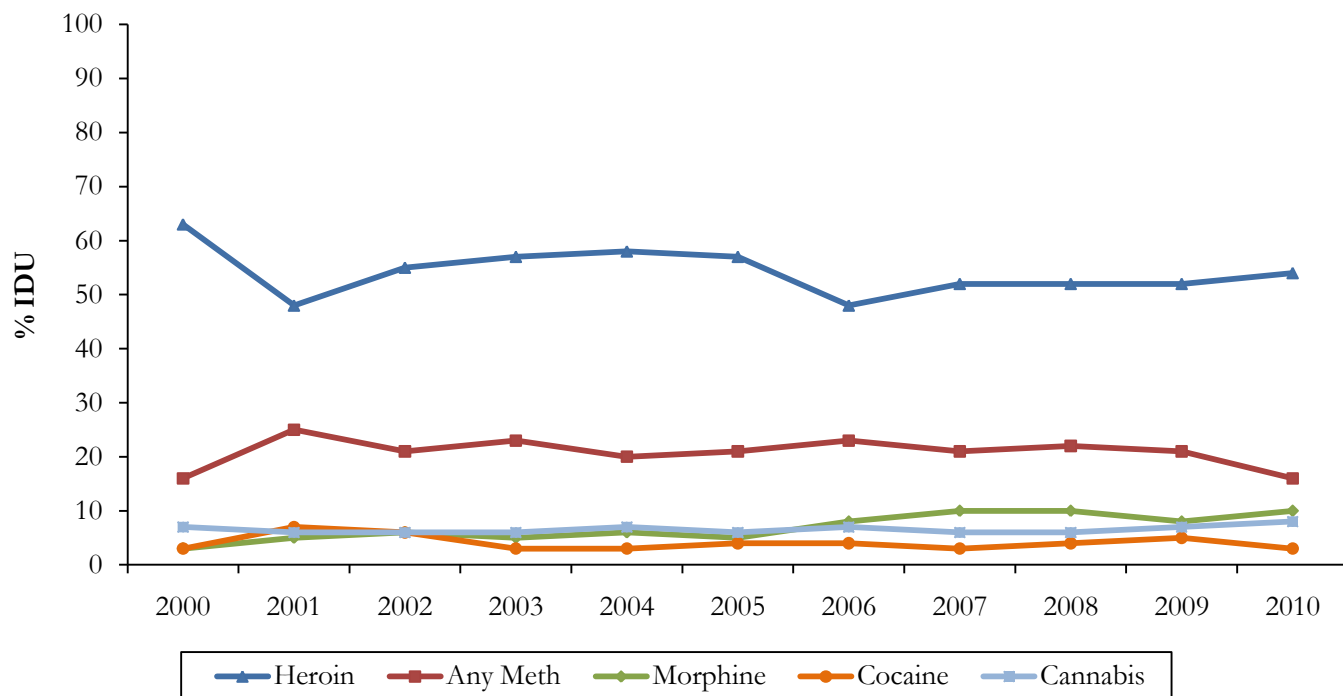
^c Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

^d Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week

^e Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Prior to 2006, the 'methamphetamine' category also included pharmaceutical stimulants in this table. Pharmaceutical stimulants have comprised their own category since 2006

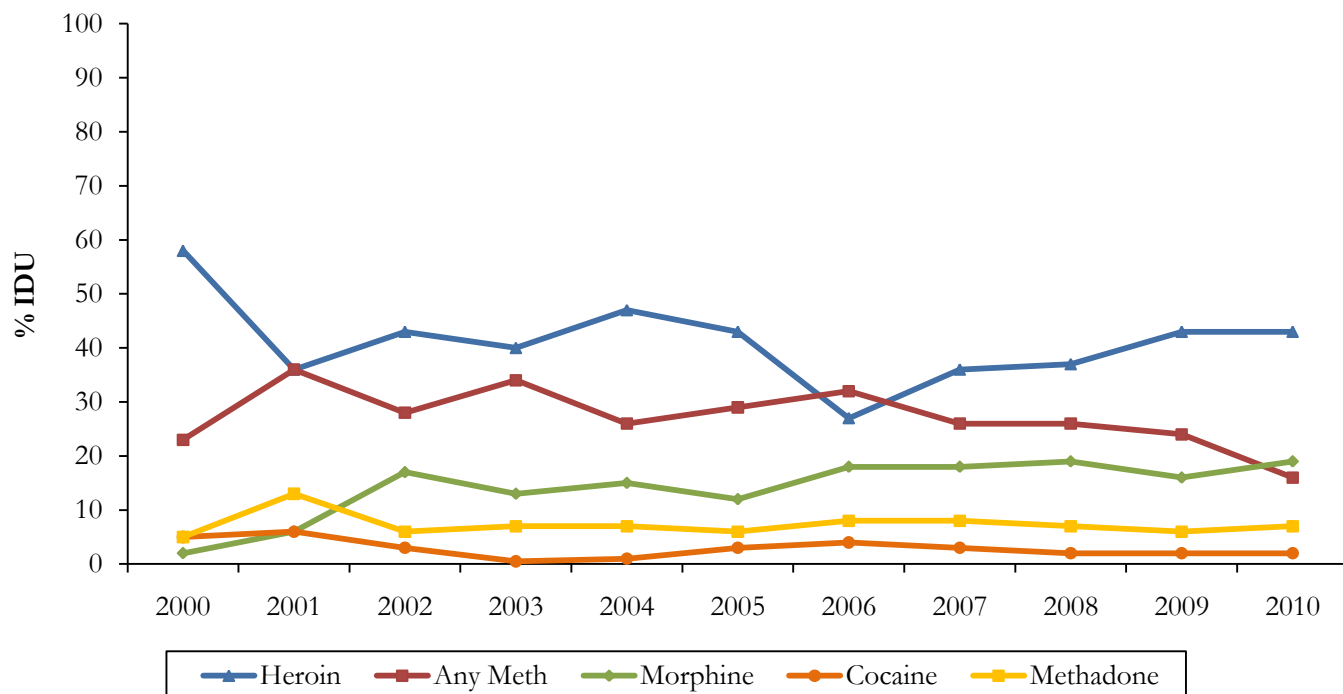
Appendix B: National drug use history, 2000-2010

Figure B1: Drug of Choice, nationally, 2000-2010



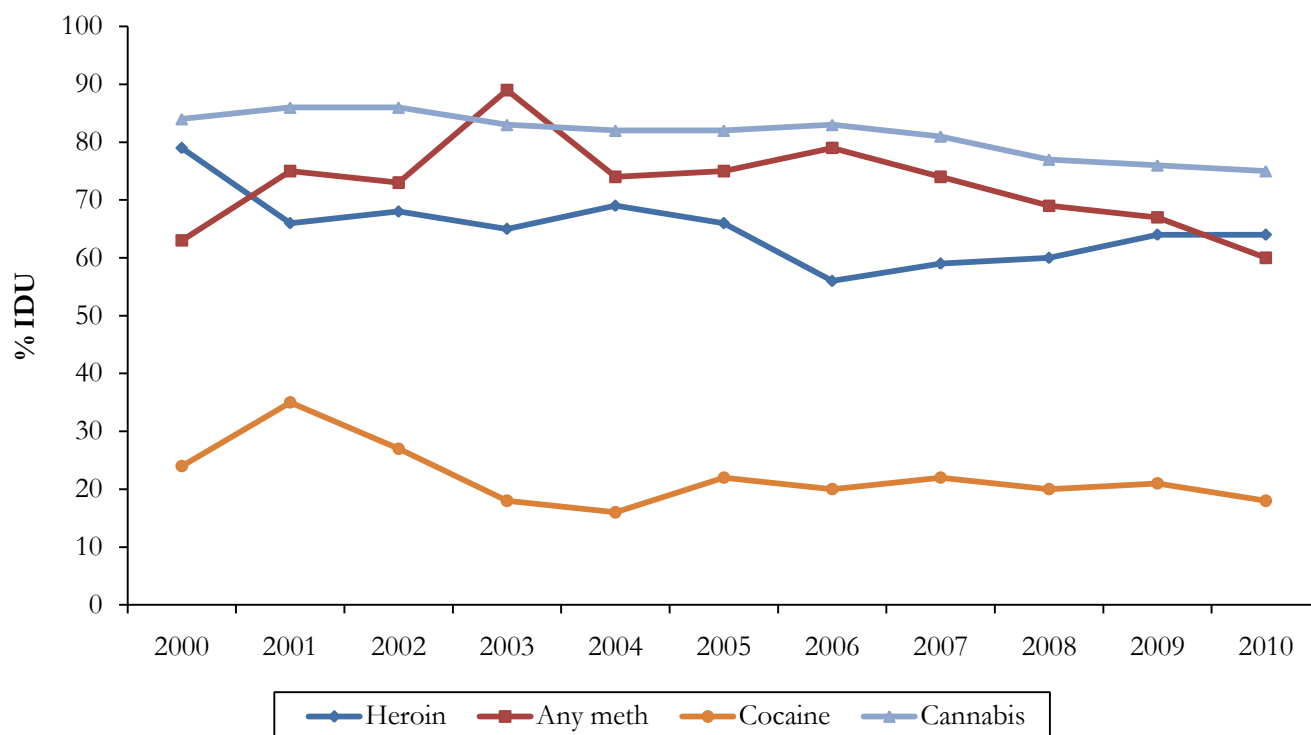
Source: IDRS participant interviews

Figure B2: Drug injected most often in the last month, nationally, 2000-2010



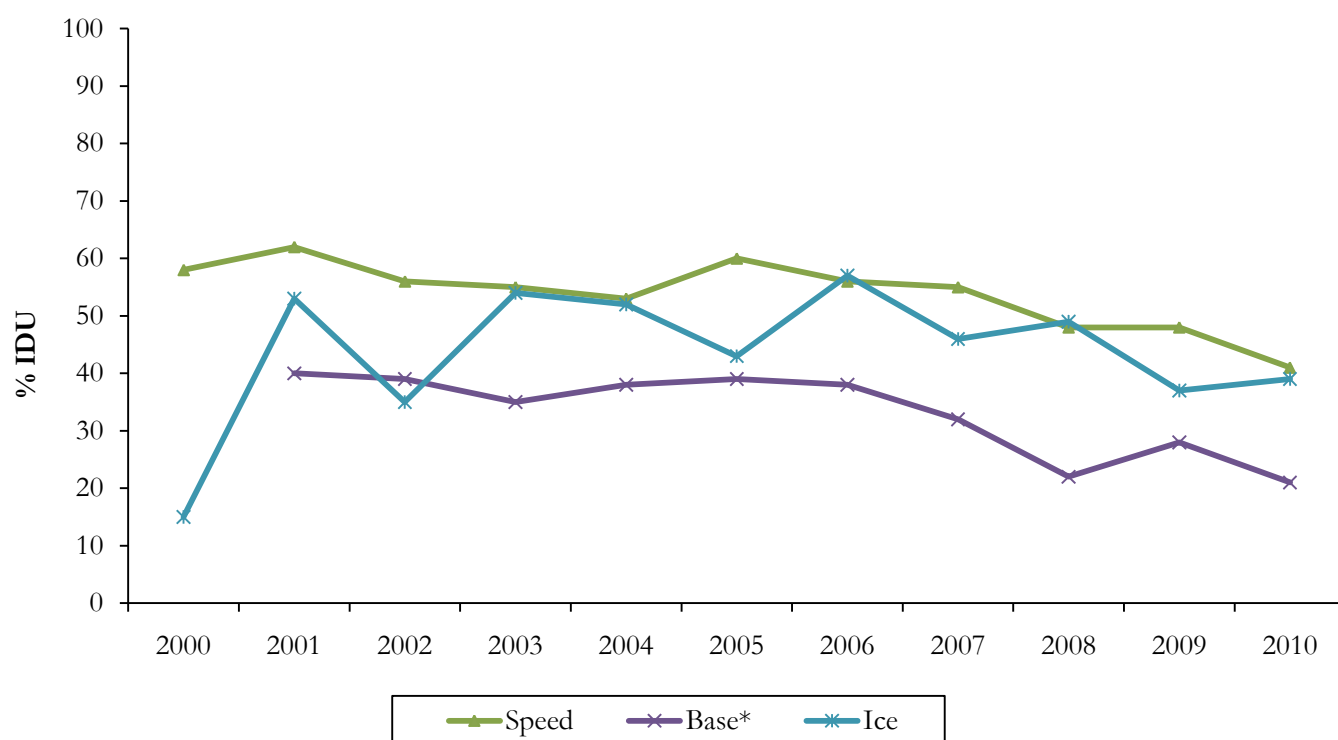
Source: IDRS participant interviews

Figure B3: Recent use of heroin, any methamphetamine, cocaine and cannabis, nationally, 2000-2010



Source: IDRS participant interviews

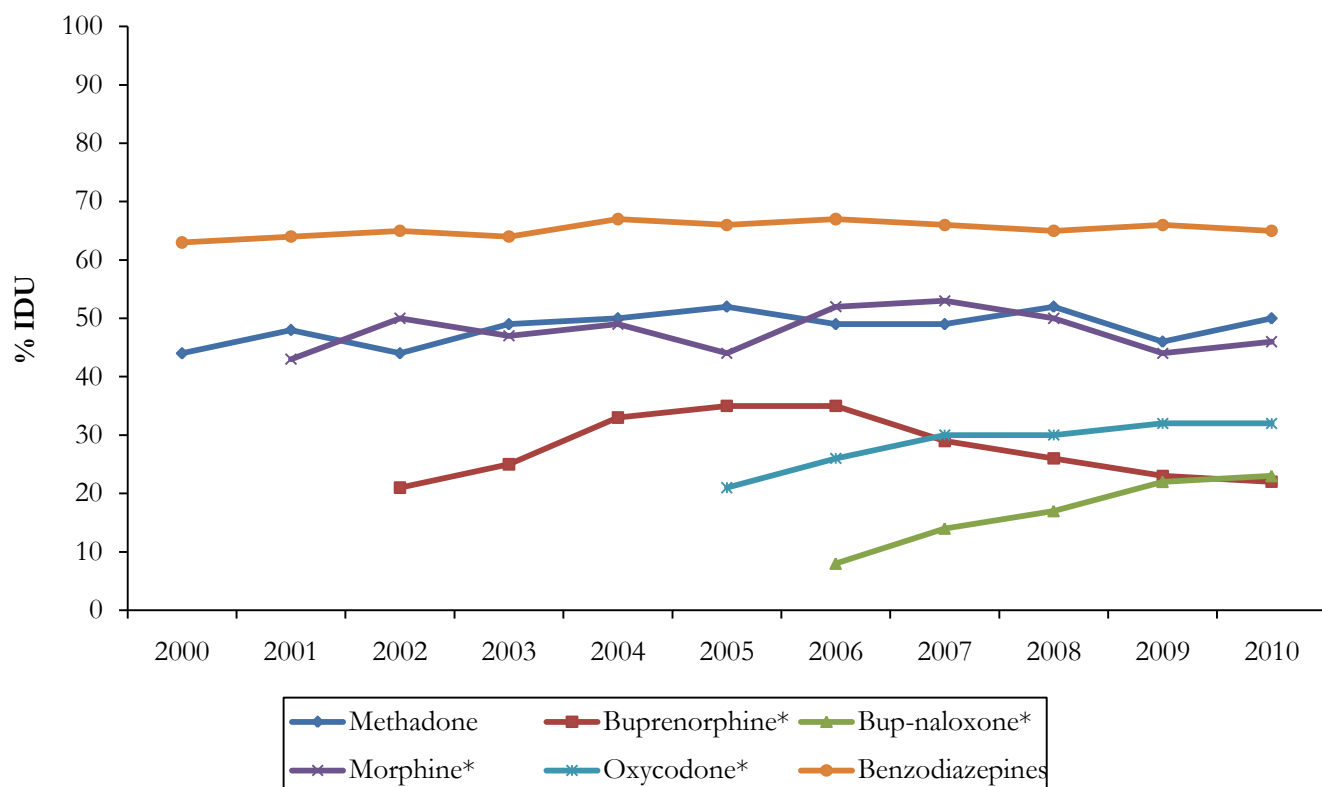
Figure B4: Recent use of speed, base and crystal/ice, nationally, 2000-2010



Source: IDRS participant interviews

* Base asked separately from 2001 onwards.

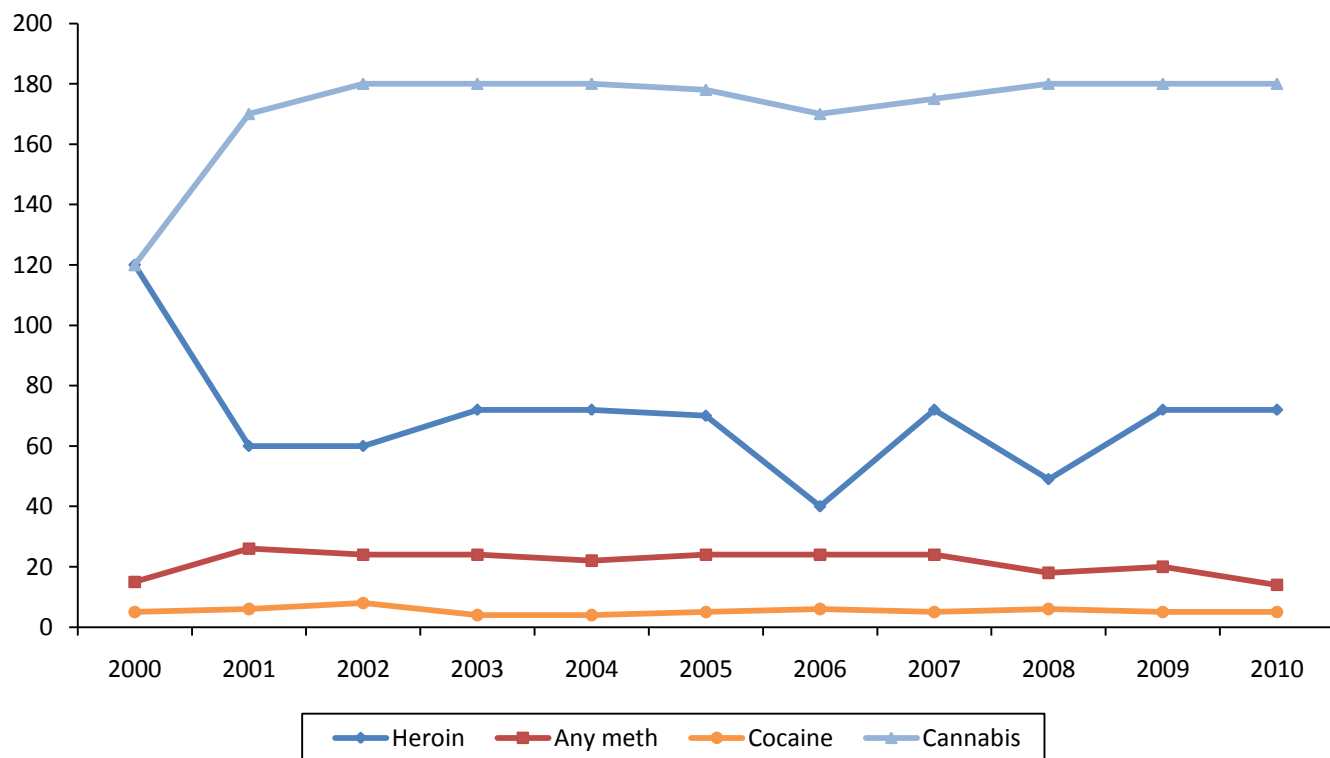
Figure B5: Recent use of other drugs, nationally, 2000-2010



Source: IDRS participant interviews

* Data collection started in 2001 for morphine, 2002 for buprenorphine, 2005 for oxycodone and 2006 for buprenorphine-naloxone

Figure B6: Median days of heroin, methamphetamine (any form), cocaine and cannabis use among participants who had recently used, nationally, 2000-2010



Source: IDRS participant interviews

Appendix C: Jurisdictional drug use history, 2000-2010

Table C1: Heroin use patterns, by jurisdiction, 2000-2010

	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
Days used* (median)									
2000	120	180	160	176	5	60	90	28	100
2001	60	158	50	65	3.5	30	30	6	70
2002	60	180	48	60	6	24	24	2	80
2003	72	170	93	76	4.5	72	20	5	49
2004	72	120	72	90	4	48	48	5	26
2005	70	96	60	81	6	28	60	4	52
2006	40	72	24	56	6^	19	20	13	52
2007	72	96	48	90	4^	48	72	30^	28
2008	49	72	60	81	2	48	48	6	48
2009	72	96	48	51	6	30	96	17	72
2010	72	96	60	74	3	24	55	4	90
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

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, 2000-2010

	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

Source: IDRS participant interviews

Table C3: Recent use of base methamphetamine, by jurisdiction, 2001-2010*

	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

Source: IDRS participant interviews

* Base asked separately from 2001 onwards.

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

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	15	14	17	9	6	11	51	6	13
2001	53	29	72	52	56	58	85	24	75
2002	35	25	34	26	20	56	74	20	39
2003	54	38	65	50	69	48	80	34	60
2004	52	45	73	41	52	48	83	32	51
2005	43	38	62	29	50	46	68	21	36
2006	57	57	88	53	56	49	76	29	55
2007	46	50	80	43	38	41	56	29	39
2008	49	69	68	39	32	49	61	28	40
2009	37	46	57	32	26	30	43	15	46
2010	39	48	48	36	20	60	40	18	37

Source: IDRS participant interviews

Table C5: Recent use of cocaine, by jurisdiction, 2000-2010

	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

Source: IDRS participant interviews

Table C6: Recent use of cannabis (any form), by jurisdiction, 2000-2010

	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

Source: IDRS participant interviews

Table C7: Recent use of methadone (any form), by jurisdiction, 2000-2010

	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

Source: IDRS participant interviews

Table C8: Recent use of buprenorphine (any form), by jurisdiction, 2002-2010*

	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

Source: IDRS participant interviews

* Data collected from 2002 onwards

Table C9: Recent use of buprenorphine-naloxone (any form), by jurisdiction, 2006-2010*

	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

Source: IDRS participant interviews

* Data collected from 2006 onwards

Table C10: Recent use of morphine (any form), by jurisdiction, 2001-2010

	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

Source: IDRS participant interviews

* Data collected from 2001 onwards

Table C11: Recent use of oxycodone (any form), by jurisdiction, 2005-2010*

	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

Source: IDRS participant interviews

* Data collection commenced in 2005.

Table C12: Recent use of benzodiazepines (any form), by jurisdiction, 2000-2010

	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

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 et al., in press)

Appendix E: Heroin price, perceived purity & availability, 2000-2010

Table E1: Median price of heroin, by jurisdiction, 2000-2010

	Price \$ per gram											Price \$ per cap										
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
NSW	220	320	300	300	300	300	300	300	300	320	345	25	50	50	50	50	50	50	50	50	50	50
ACT	300	485	350	350	300	300	340^	300	300	320	300	50	50	50	50	50	50	50	50	50^	50	50^
VIC	300	450	400	380	300	310	350	350	300	310	325^	50	50	50	50	40	45	40	50	47.50	50	50
TAS	300	325	350	350	350^	360^	-	-	-	-	-	50	50	82.5^	50	50^	90^	-	50^	50^	-	-
SA	320	350	450	425	320^	400^	400^	390^	250^	400^	360^	50	50	50	50	50	50	50	100	100	100	100
WA	450	750	550	550	500	550^	550	650^	600^	525	600	50	50	50	50	50	50	50^	50^	100^	50	50^
NT	600	600	500	-	400^	500^	600^	150^	400^	300^	100^	50	100	85^	50	53	80^	50^	50^	100^	80^	-
QLD	350	450	350	400	380	400	400	400	400	400	400	50	50	50	50	50	50	50	50	50	50	50

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

Reported price is median price of last purchase.

Note: National data not shown

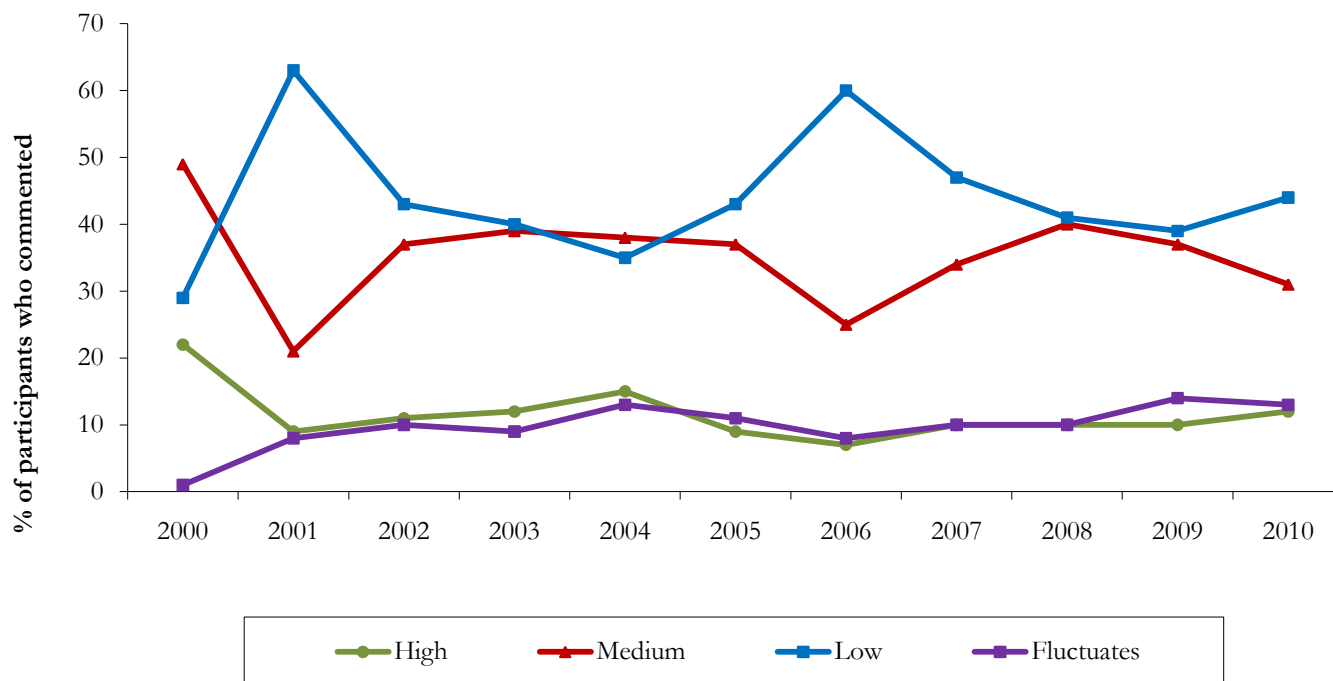
Figure E1: Median price of heroin per cap and gram, nationally 2000-2010



Source: IDRS participant interviews

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

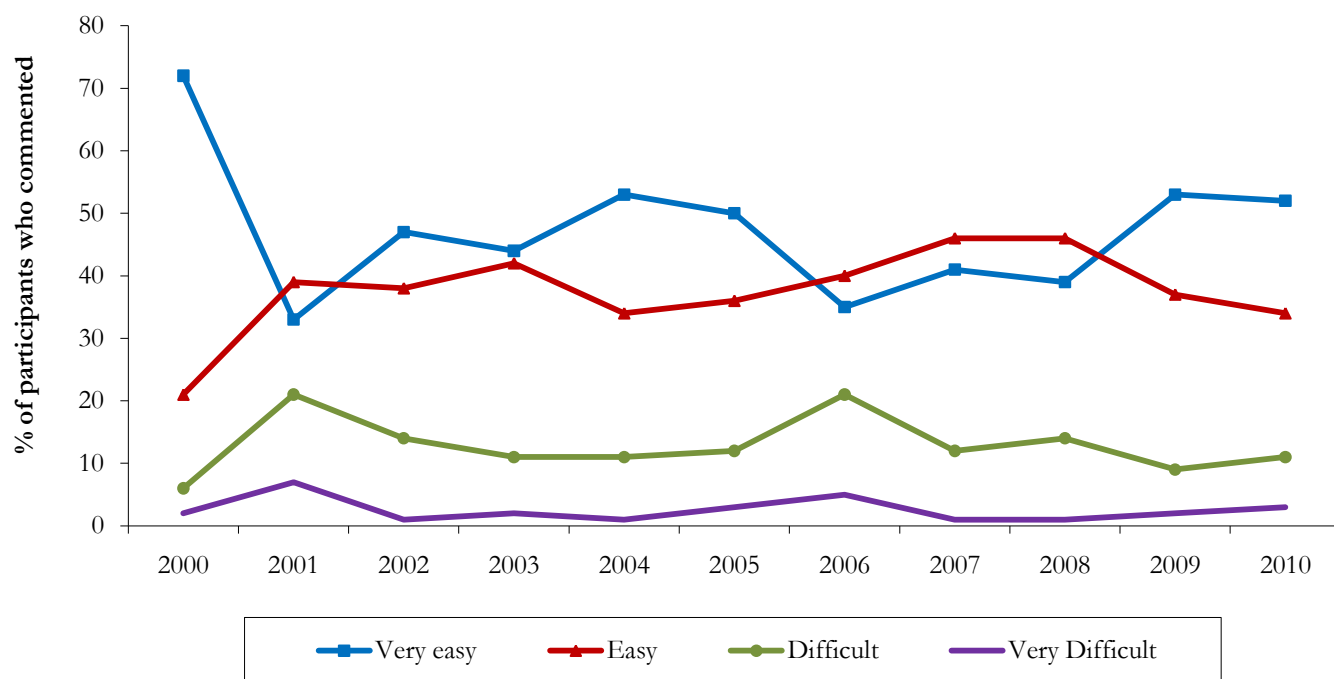
Figure E2: Current purity of heroin, nationally, 2000-2010



Source: IDRS participant interviews

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

Figure E3: Current availability of heroin, nationally, 2000-2010



Source: IDRS participant interviews

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

Appendix F: Methamphetamine price, purity & availability, 2000-2010

Table F1: Median price of speed, by jurisdiction, 2002-2010

	Price \$ per gram									Price \$ per point								
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2002	2003	2004	2005	2006	2007	2008	2009	2010
NSW	100	50^	100^	90	100	65^	200	120^	175^	50	50	50^	50	50	50	50	50	50
ACT	300	175^	200^	125	175^	235	200^	250	250	50	50	50	50	50	50	50	50	50
VIC	200	200	180	200	200	200	200	200	200^	40	40	40	40	35	50	40	50	50
TAS	75	215^	290^	300	300^	300^	300^	300^	300	50	50	50	50	50	50	50	50	50
SA	50	100	50^	200	150^	175^	50^	425^	400^	20^	25	27.5^	41.5	50	50	50^	50	50
WA	250	260	260	300	300	400^	350^	400	400	50	50	50	50	50	50	50	50	50
NT	80	100	200	280	250	300	300	350	450^	50	50	50	50	60	50	60	50	100^
QLD	200	200	200	200	200	200	200	200	250^	40	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: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Table F2: Median price of base, by jurisdiction, 2002-2010

	Price \$ per gram									Price \$ per point								
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2002	2003	2004	2005	2006	2007	2008	2009	2010
NSW	200^	200^	200^	160^	200	200^	200^	150^	100^	50	50	50	50	50	50	50	50	50
ACT	250^	210^	220^	280^	250^	100^	-	275^	250^	50	50^	50^	50	50	50	40^	50	50^
VIC	250^	200^	152^	150^	180^	150^	200^	200^	-	35^	40^	35^	45^	50^	-	-	50^	-
TAS	350	300^	300^	352	300	300^	300^	300^	300^	50	50	50	50	50	50	50	50	50
SA	200	200	180^	200	200	200^	-	425^	210^	25	30	25	50	50	50	50	50	100
WA	275	275	250	300	325^	175^	425^	-	400^	50	50	50	50	50	50^	50^	-	50^
NT	240^	250^	300	250^	250^	300^	400^	400^	250^	50	50	50	50^	60	50^	100^	75^	100^
QLD	200	200	200	200^	200	200	200	200	200^	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: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Table F3: Median price of ice/crystal, by jurisdiction, 2002-2010

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

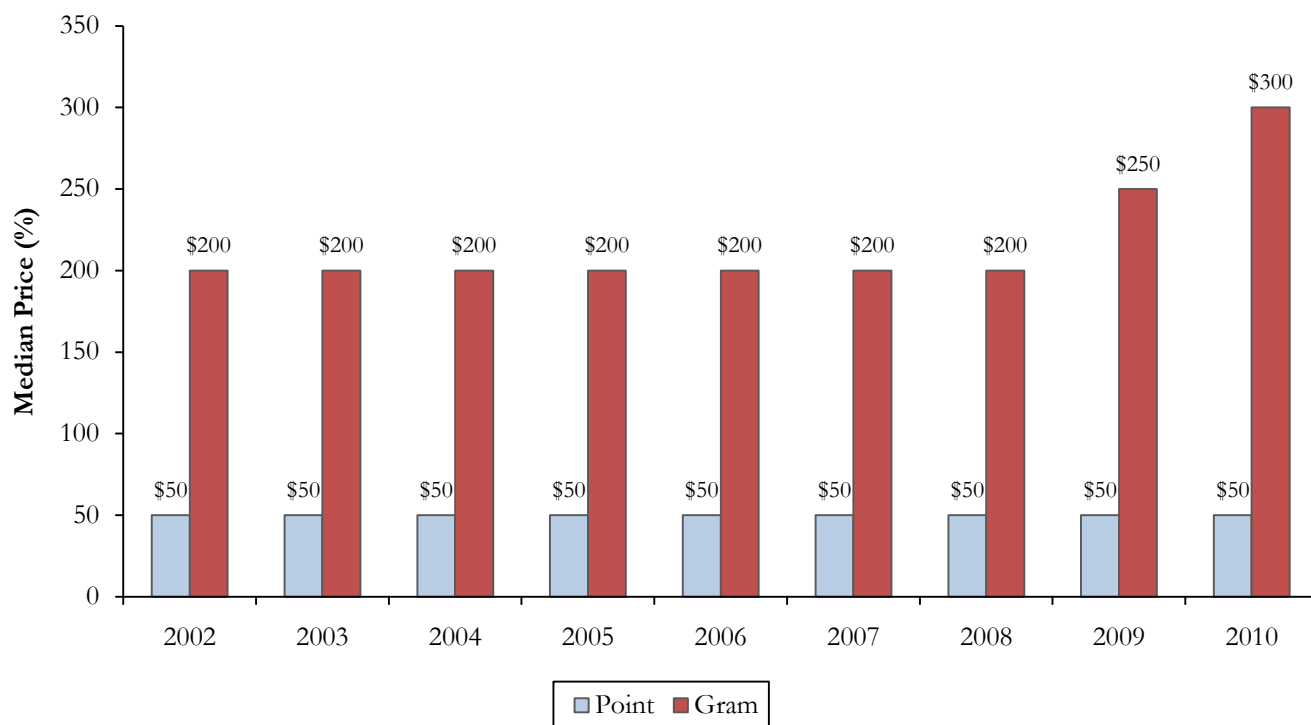
Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

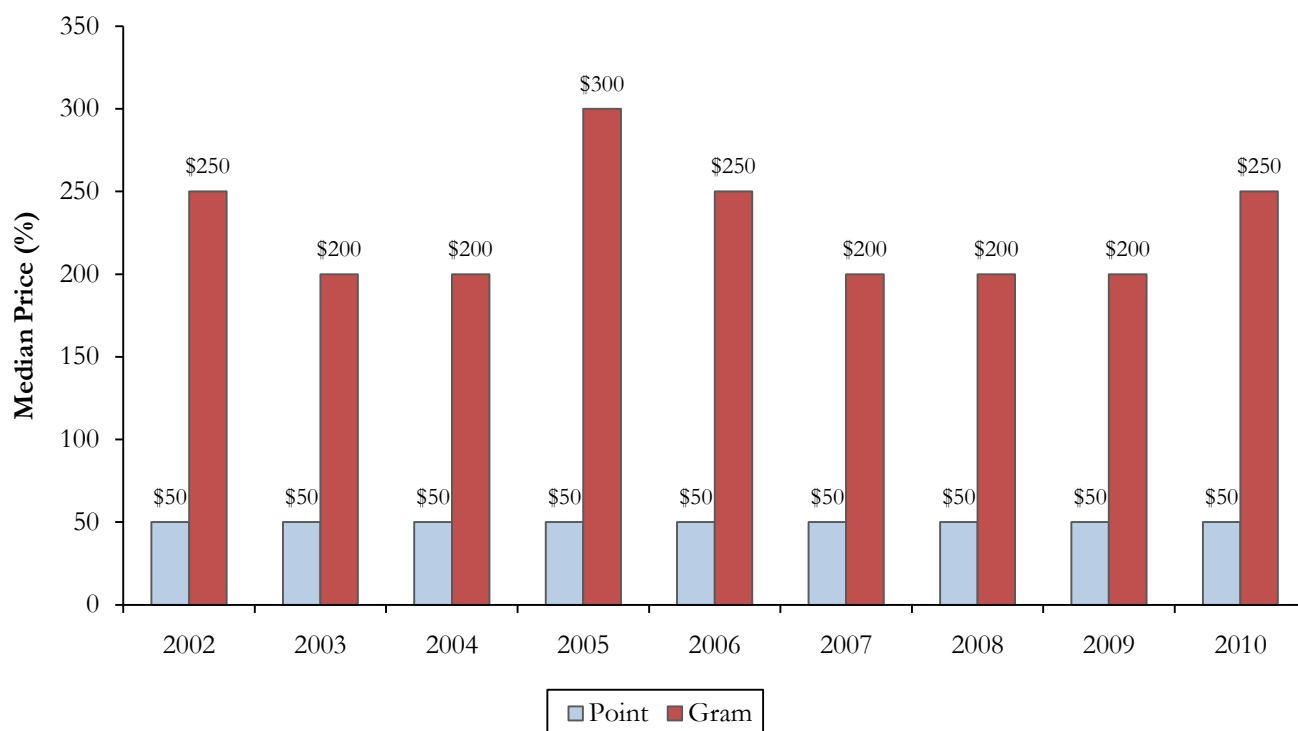
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Figure F1: Median price of speed per point and gram, nationally 2002-2010



Source: IDRS participant interviews

Figure F2: Median price of base per point and gram, nationally 2002-2010



Source: IDRS participant interviews

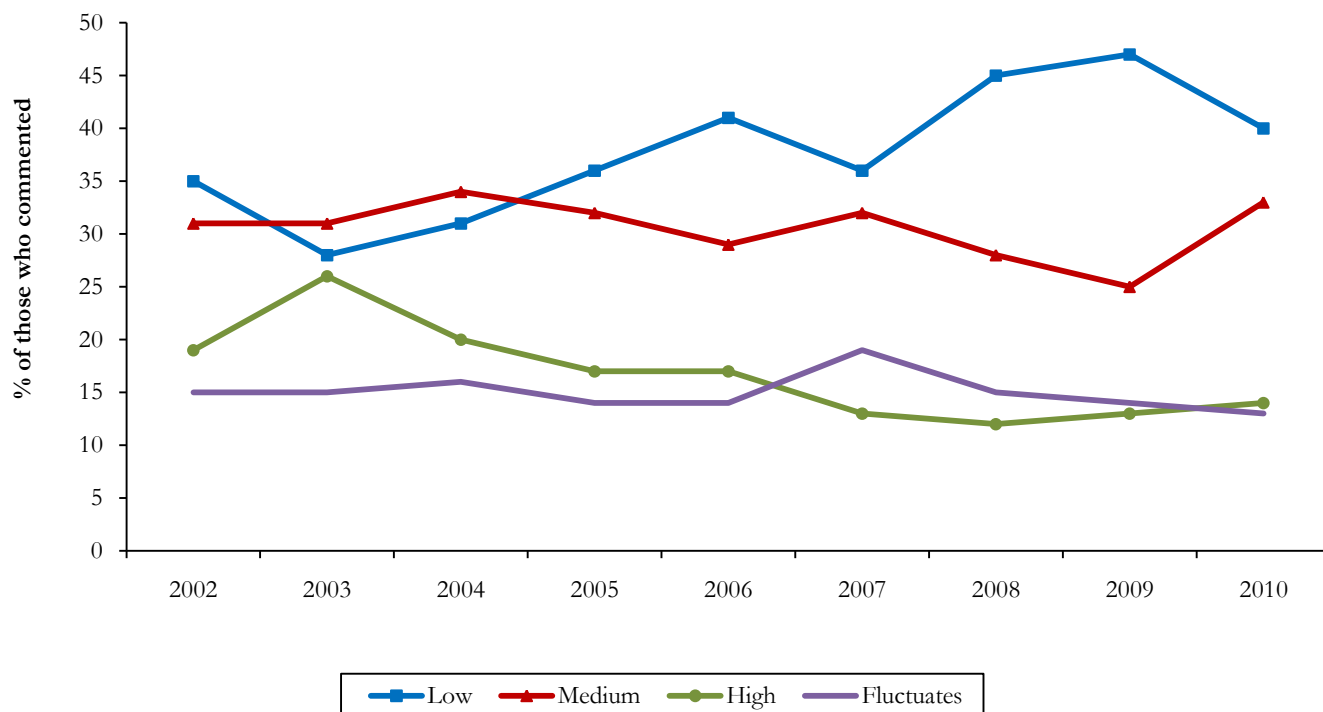
Figure F3: Median price of ice/crystal per point and gram, nationally 2002-2010



Source: IDRS participant interviews

Note: No data available for gram in 2001

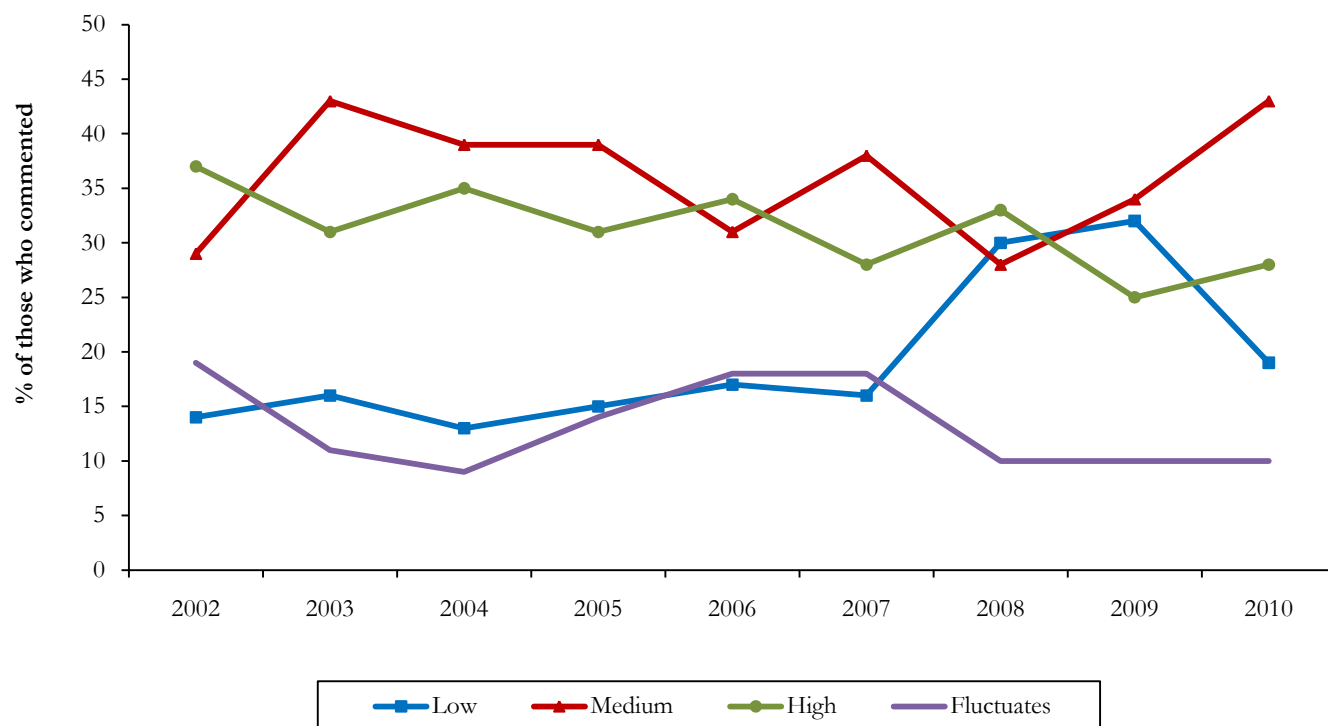
Figure F4: Current purity of speed, nationally, 2002-2010



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

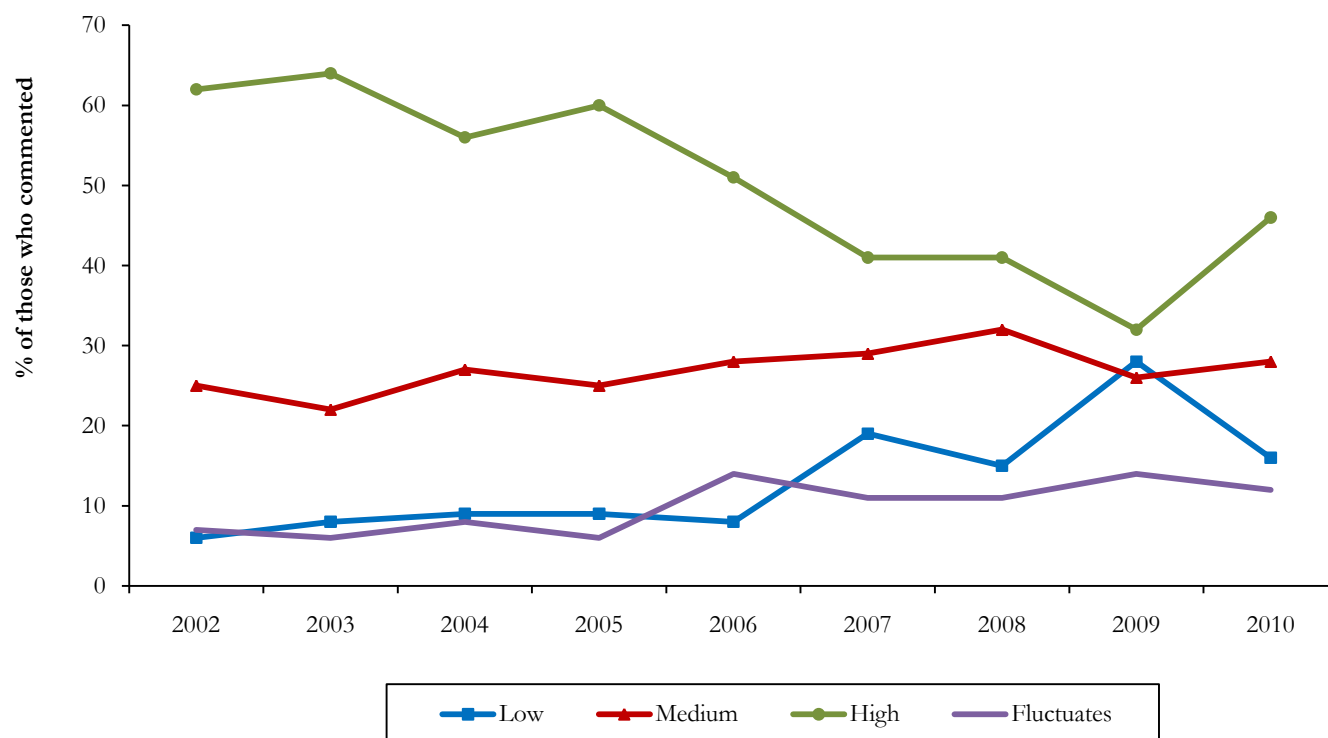
Figure F5: Current purity of base, nationally, 2002-2010



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

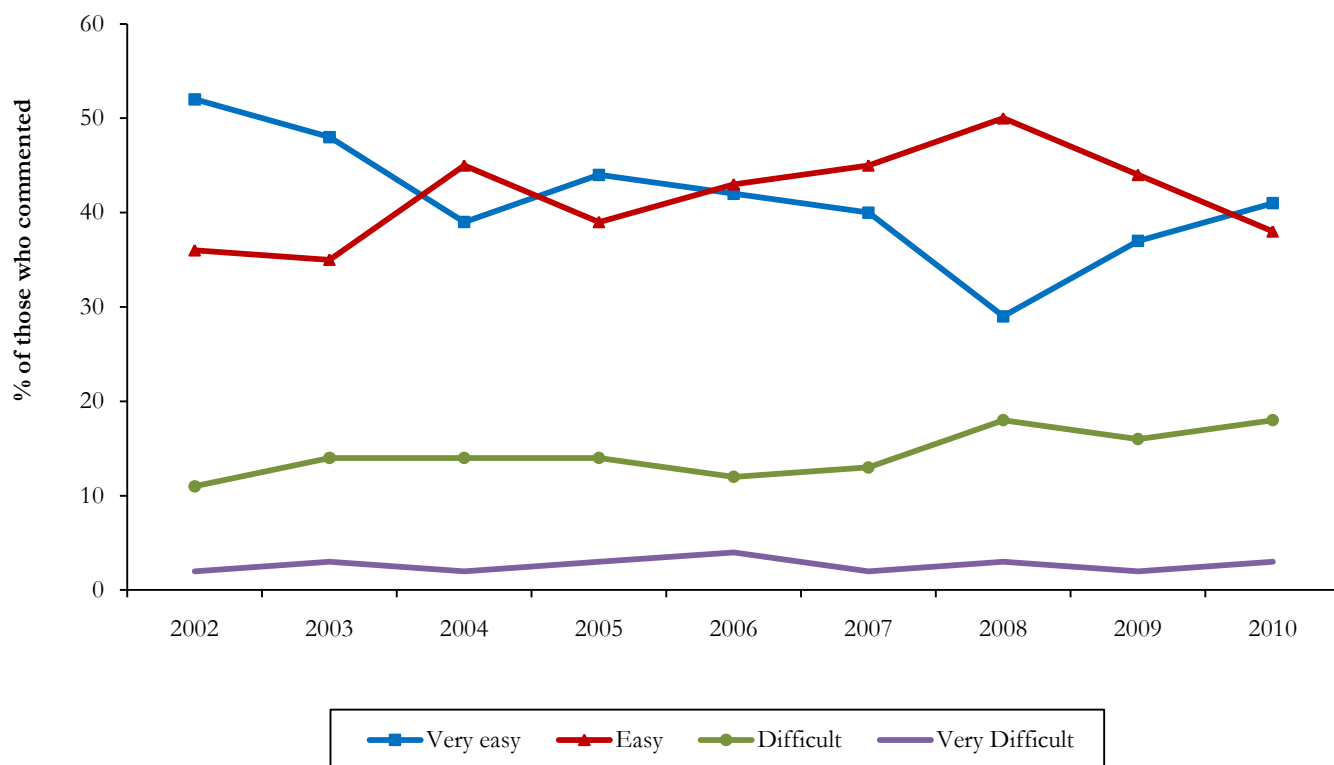
Figure F6: Current purity of ice/crystal nationally, 2002-2010



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

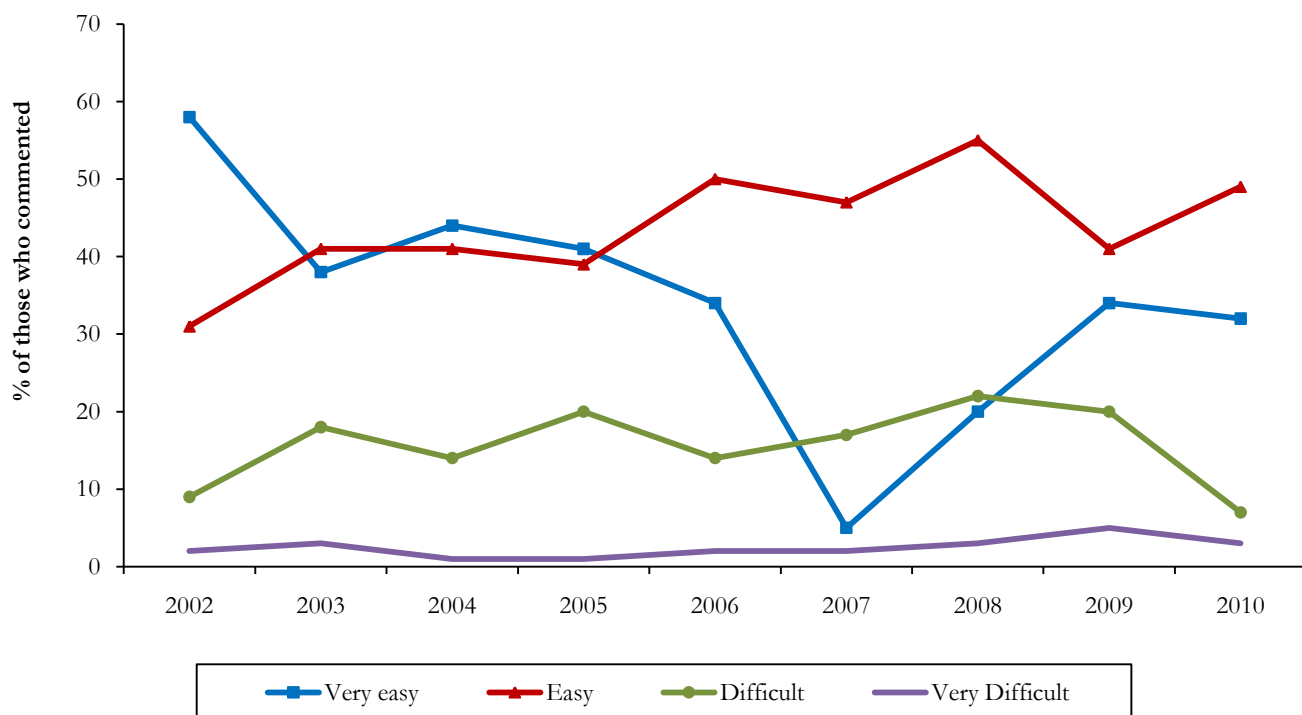
Figure F7: Current availability of speed nationally, 2002-2010



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

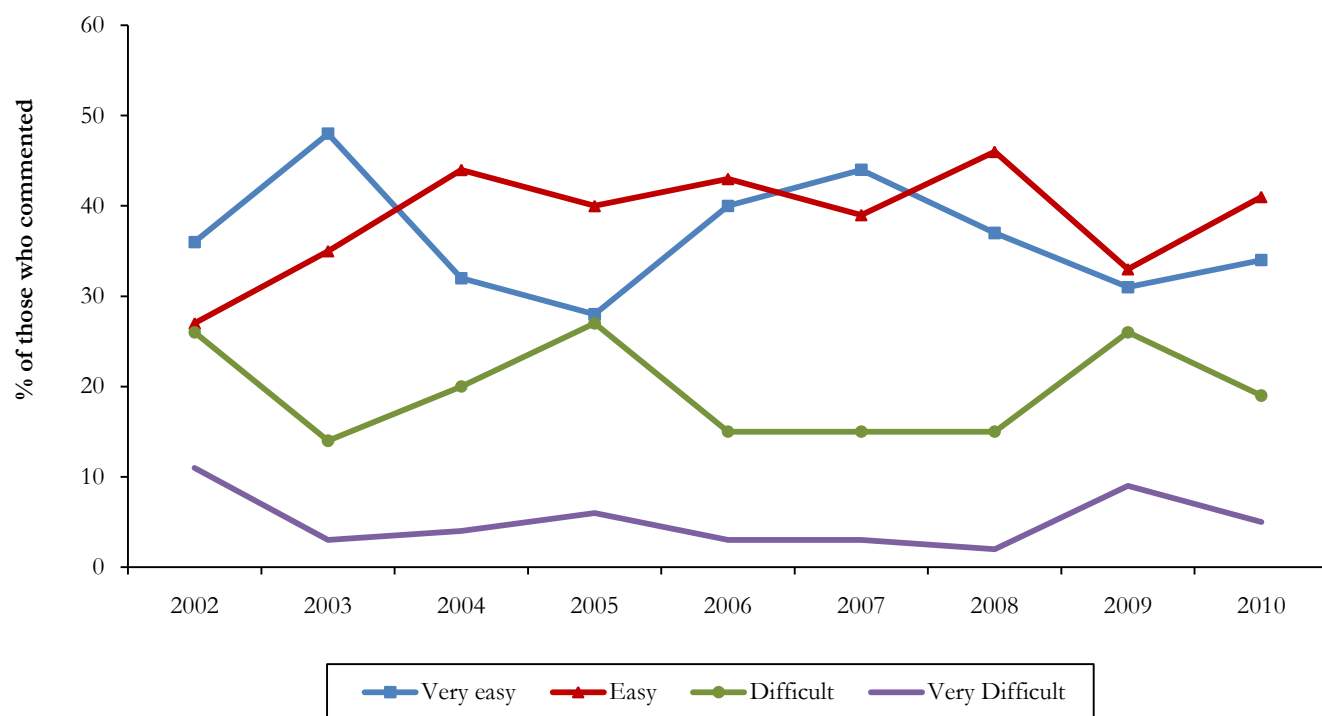
Figure F8: Current availability of base nationally, 2002-2010



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, 2002-2010



Source: IDRS participant interviews

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

Appendix G: Cocaine price, perceived purity & availability, 2000-2010

Table G1: Median price of cocaine, by jurisdiction, 2000-2010

	Price \$ per gram											Price \$ per cap										
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
NSW	n/a	n/a	200	200	290^	280^	300	300	300	350	300	50	50	50	50	50	50	50	50	50	50	50
ACT	n/a	n/a	250^	200^	350^	250^	-	325^	310^	250^	-	-	50^	65^	50^	-	50^	-	55^	70	50^	-
VIC	n/a	n/a	200^	250^	200^	350^	400^	375^	-	325^	400^	80^	50^	65^	-	-	50^	-	-	100	50^	50^
TAS	n/a	n/a	200^	250^	325^	400^	-	-	350^	-	400^	50^	-	-	-	-	60^	-	-	-	-	-
SA	n/a	n/a	250^	250^	190^	315^	400^	340^	225^	700^	250^	87.5	50^	50^	-	50^	60^	-	-	-	250^	-
WA	n/a	n/a	350^	250^	-	475^	350^	400^	-	450^	325^	50^	-	-	-	-	50^	-	-	-	-	40^
NT	n/a	n/a	50	-	250^	250^	250^	200^	-	250^	-	-	110^	30	-	60^	100^	125^	-	-	80^	-
QLD	n/a	n/a	220^	300^	200^	300^	-	350^	450^	350^	1000^	-	57.5^	-	-	150^	-	50^	75^	-	-	-

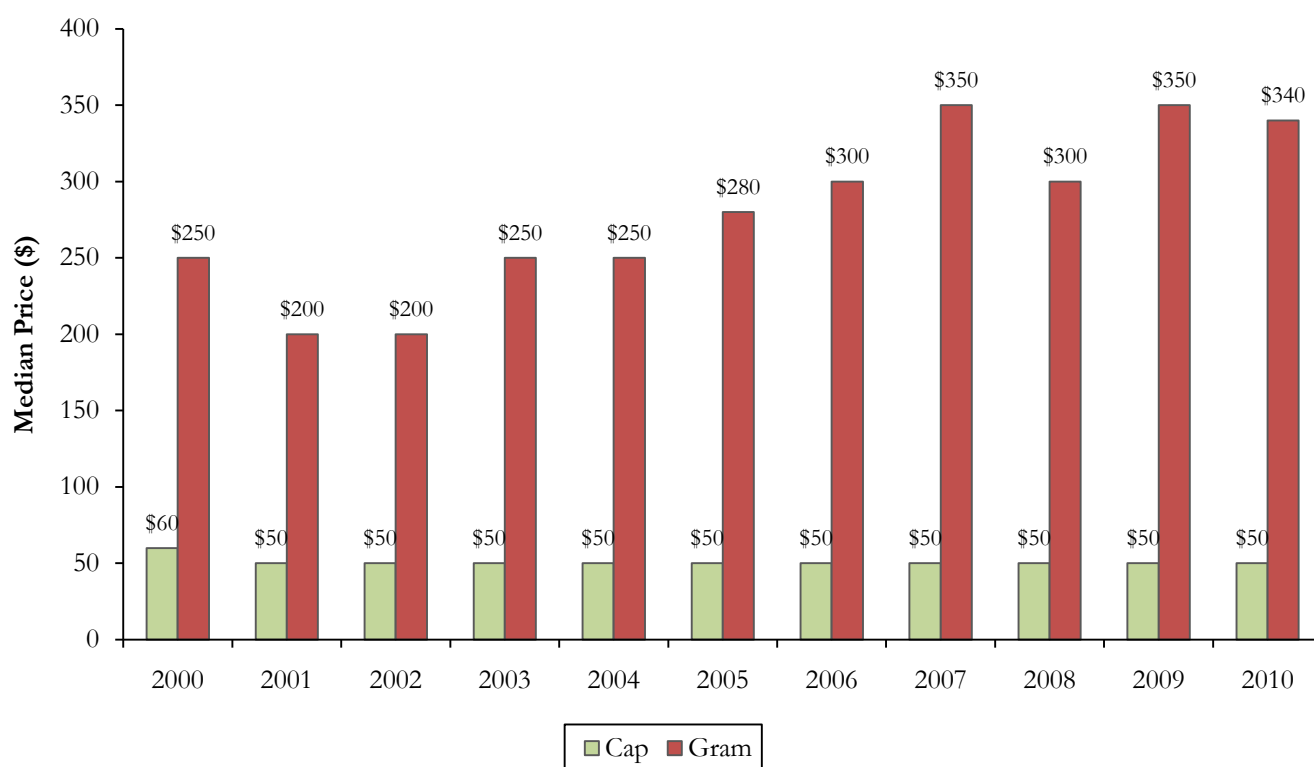
Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

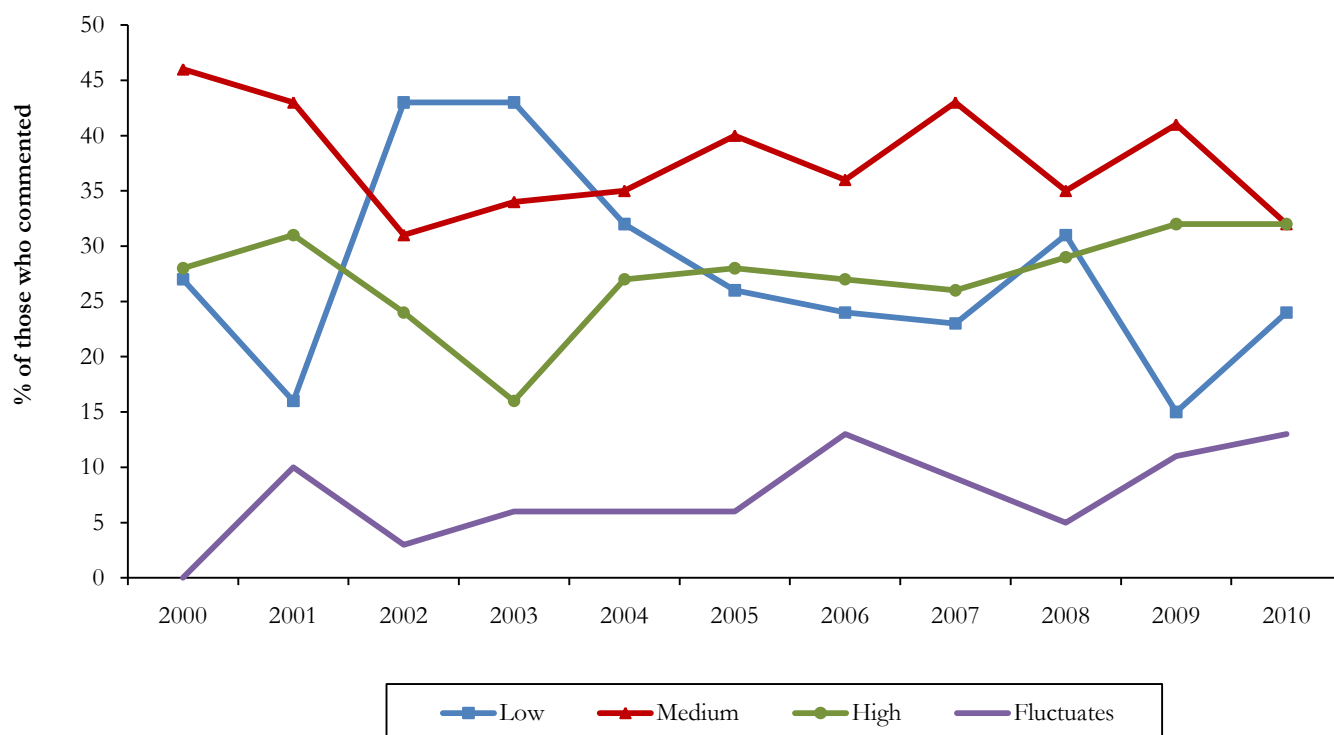
Note: The response 'Don't know' was excluded from analysis

Figure G1: Median price of cocaine per cap and gram, nationally, 2000-2010



Source: IDRS participant interviews

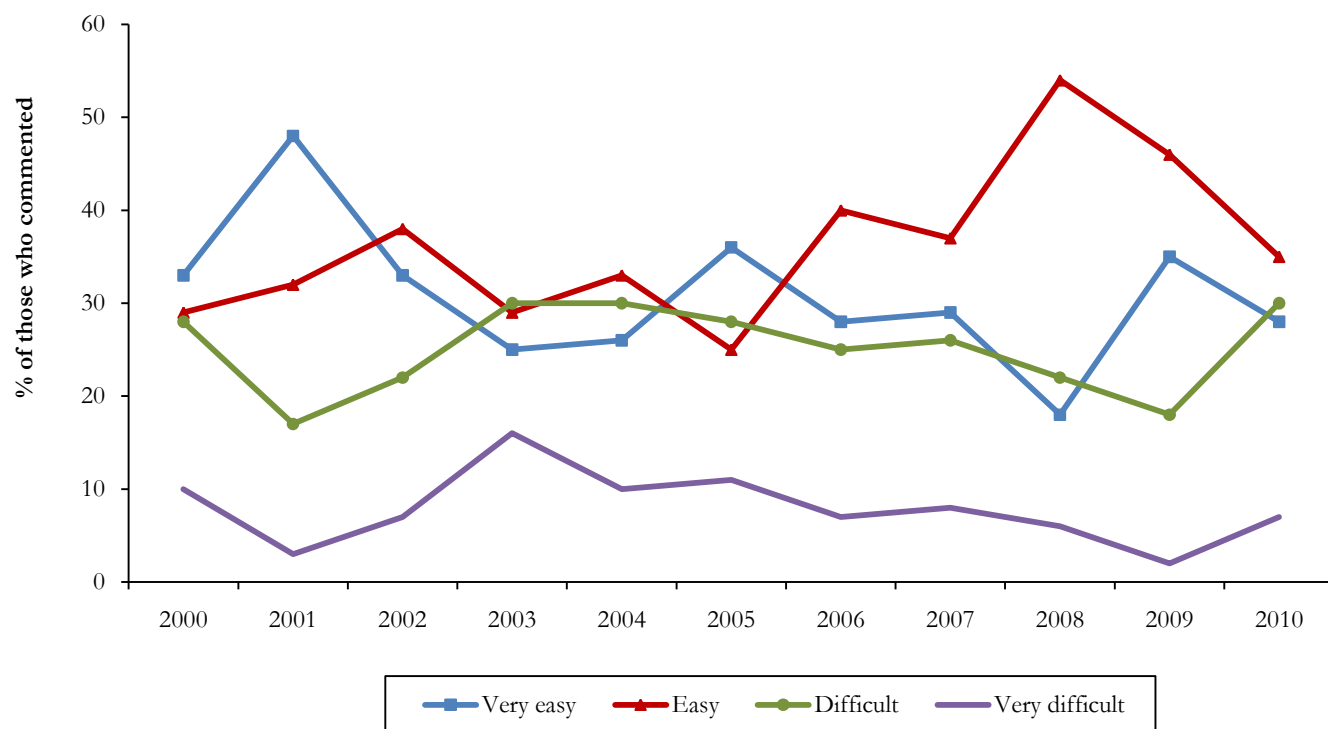
Figure G2: Current purity of cocaine, nationally, 2000-2010



Source: IDRS participant interviews

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

Figure G3: Current availability of cocaine, nationally, 2000-2010



Source: IDRS participant interviews

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

Appendix H: Cannabis price, perceived potency & availability, 2000-2010

Table H1: Median price of hydroponic cannabis, by jurisdiction, 2000-2010

	Price \$ per gram											Price \$ per ounce										
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
NSW	20	20	20	20	20	20	20	20	20	20	20	n/a	n/a	300^	310^	300	300	285	290	300	320	290
ACT	25	25	20	20	20	20	20	20	20	20	20	n/a	n/a	250	322.5	280	290	300	300	295	300	280
VIC	20	20	20	20	20	20	20	20	20	20	20	n/a	n/a	250	280	240	250	200	240	250	250	250
TAS	25	25	25	25	25	25	25	25	25	25	25	n/a	n/a	250	300	280	290	250	250	300	300	300
SA	-	10^	10^	10^	25^	25^	25^	25	17.5	-	25^	n/a	n/a	180	200	200	200	200	200^	210	225	220
WA	25^	22.5^	25	25	25	25	25	22.5^	25^	25	25	n/a	n/a	250	270	250	300	280	300^	350^	350	350
NT	-	25	25	25	25	25	30	30	30	30	30	n/a	n/a	300	305	300	300	300	350	350	400	450
QLD	-	25	25^	25	25	25	25	25	25	25	25	n/a	n/a	300	310	300	300	290	300	300	300	355

Source: IDRS participant interviews

^ Reports based on small numbers (n<15) therefore should be interpreted with caution

- Dashes represent no purchases

Note: The response 'Don't know' was excluded from analysis. Data before 2002 included both hydro and bush cannabis. The response 'Don't know' was excluded from analysis

Table H2: Median price of bush cannabis, by jurisdiction, 2003-2010

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

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 2000-2010



Source: IDRS Participant interviews

Note: From 2003 onwards hydroponic and bush cannabis data collected separately. No data available for ounce in 2000 and 2001.

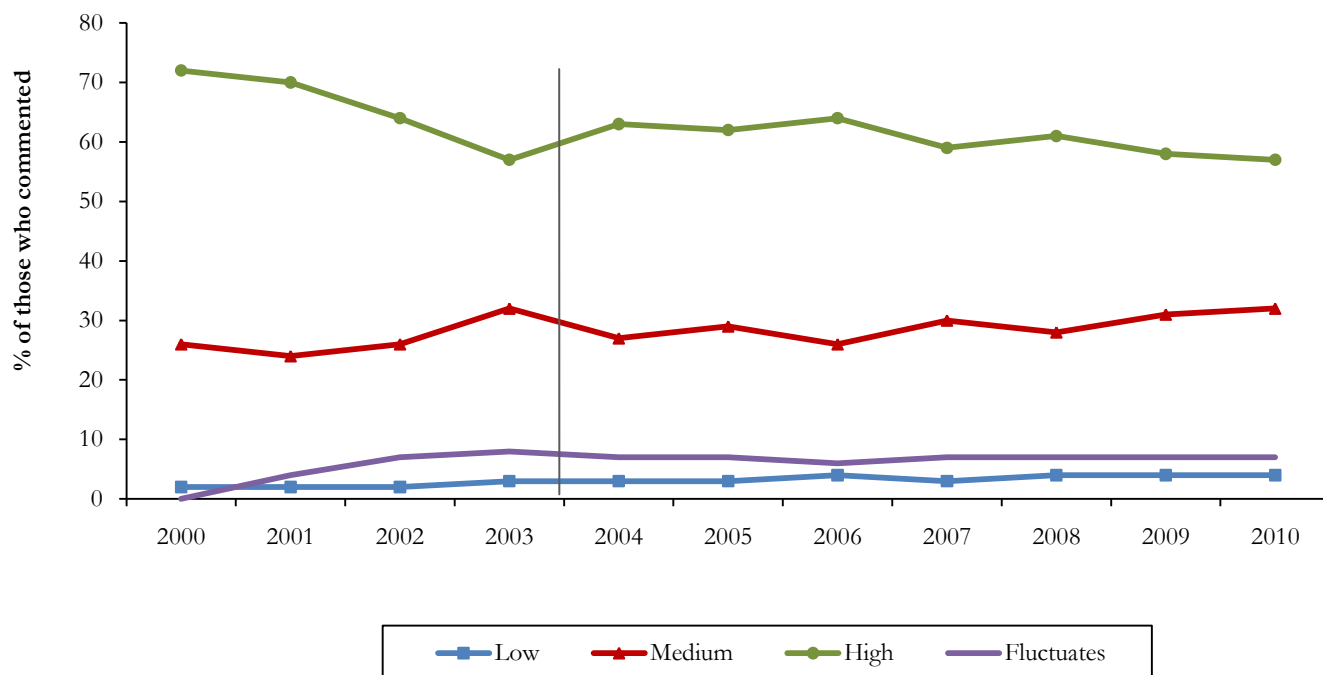
Figure H2: Median price of bush cannabis per ounce and gram, nationally 2003-2010



Source: IDRS Participant interviews

Note: Data collection from 2003 onwards

Figure H3: Current potency of hydroponic cannabis, nationally, 2000-2010*

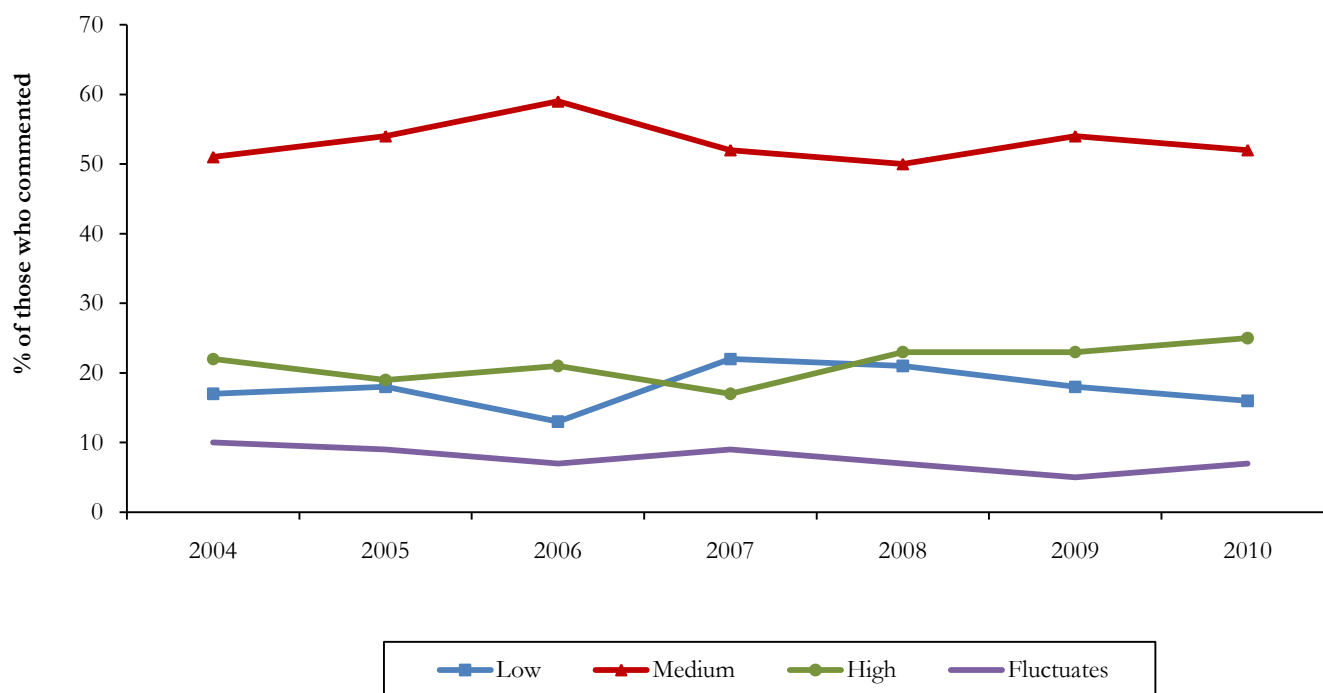


Source: IDRS participant interviews

* 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, 2004-2010*

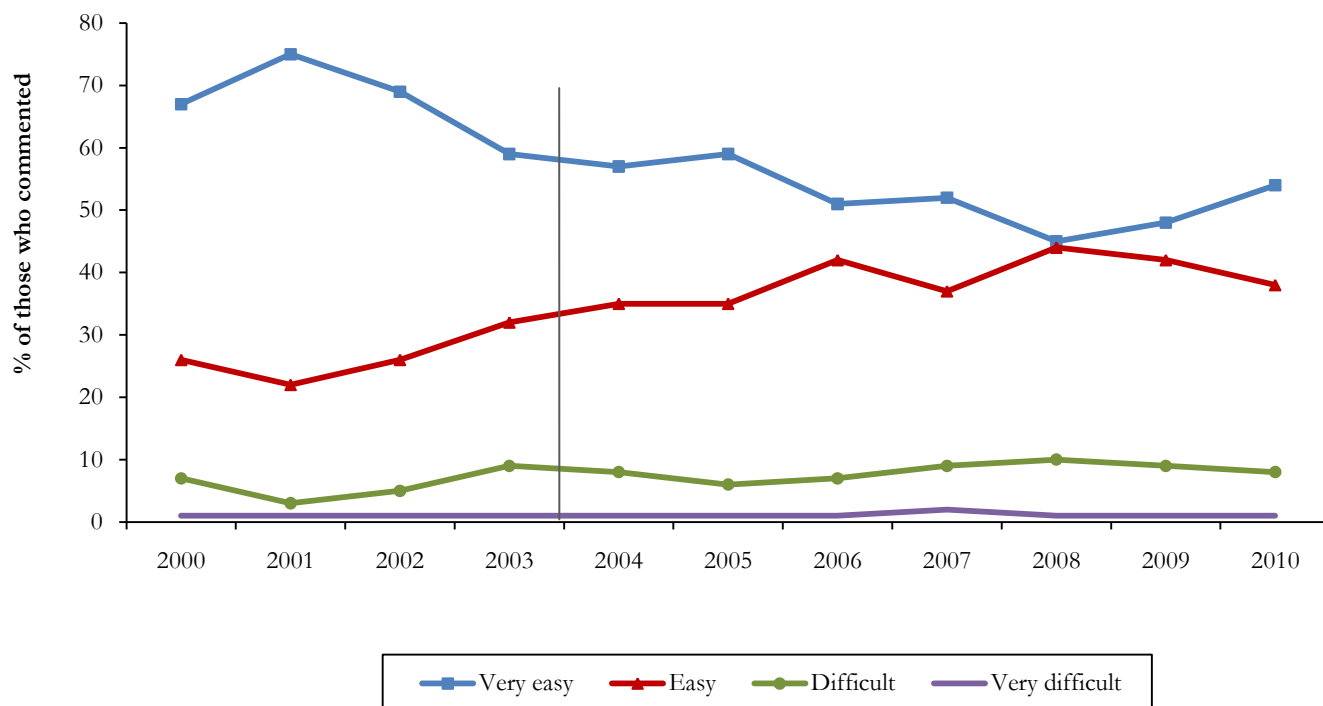


Source: IDRS participant interviews

* Hydroponic and bush cannabis data collected separately from 2004 onwards

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

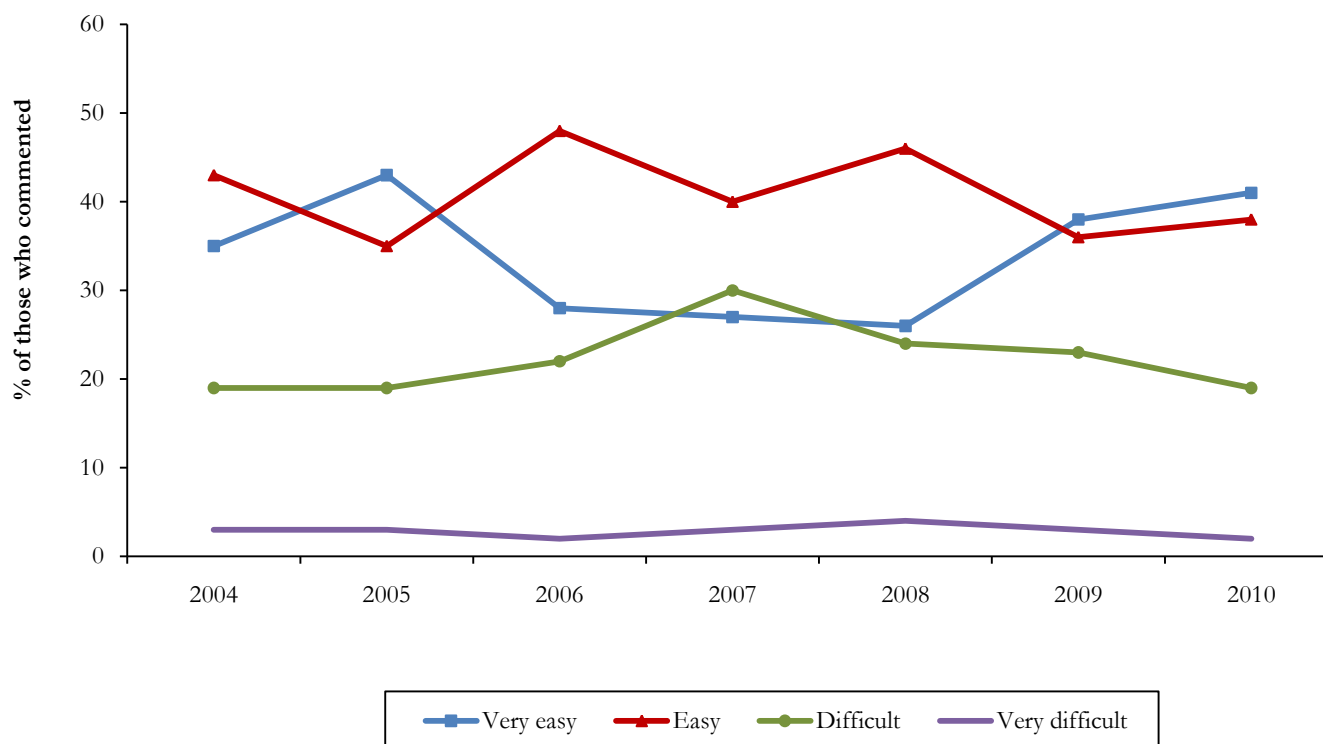
Figure H5: Current availability of hydroponic cannabis, nationally, 2004-2010*



Source: IDRS participant interviews

* Hydroponic and bush cannabis data collected separately from 2004 onwards

Figure H6: Current availability of bush cannabis, nationally, 2004-2010

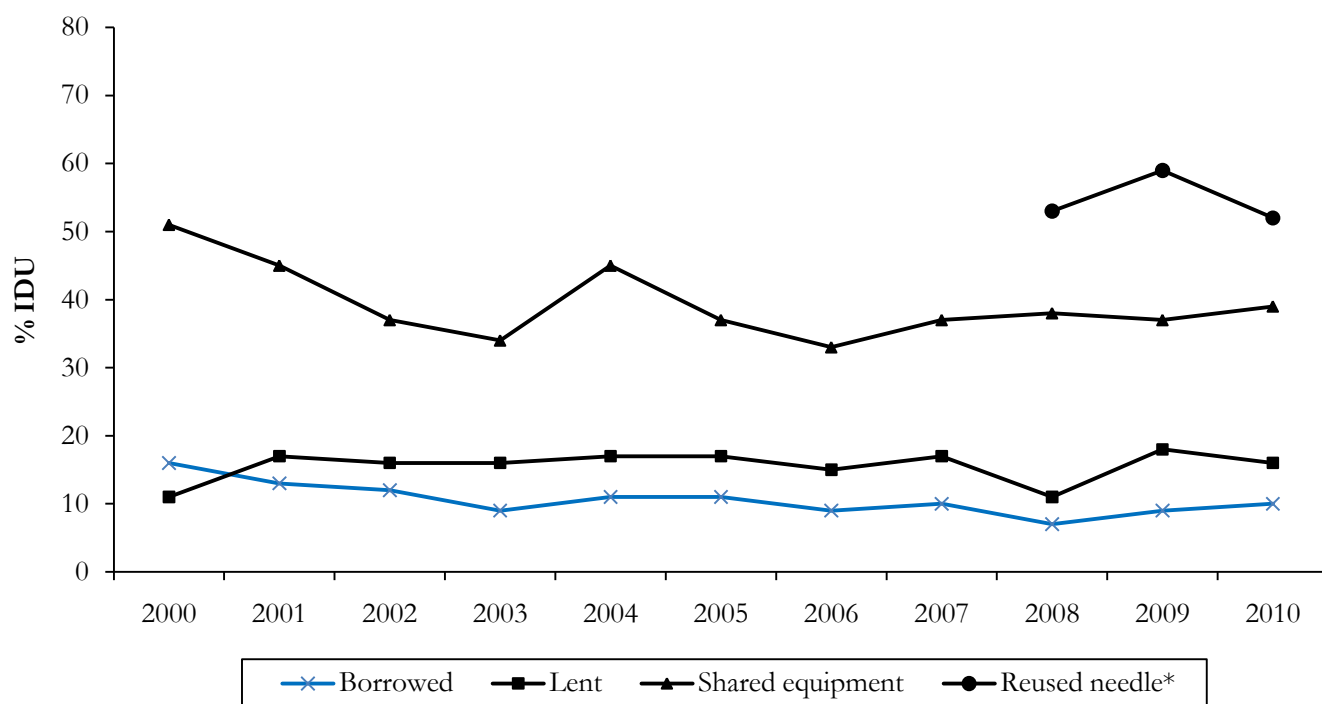


Source: IDRS participant interviews

* Hydroponic and bush cannabis data collected separately from 2004 onwards.

Appendix I: Injecting risk behaviours, 2000-2010

Figure I1: Injecting risk behaviours in the last month, nationally, 2000-2010

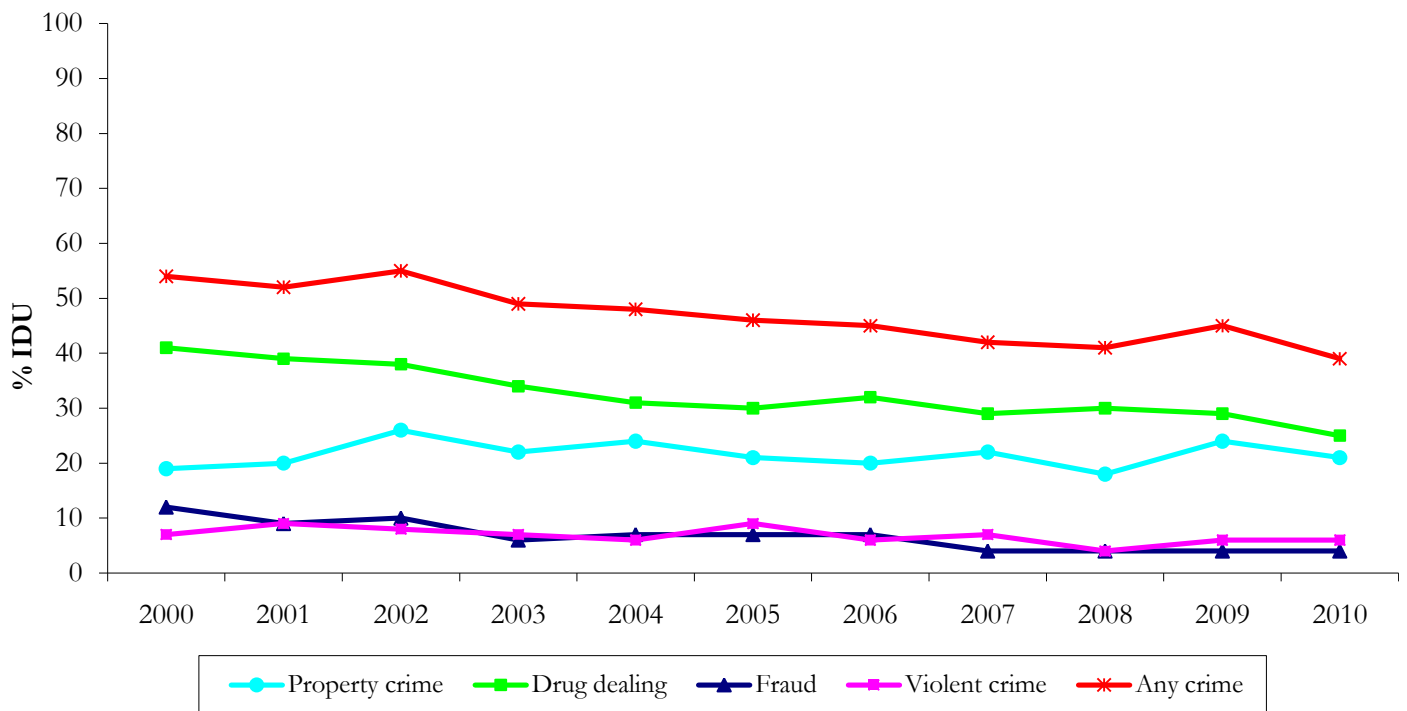


Source: IDRS participant interviews

* Data collection started in 2008

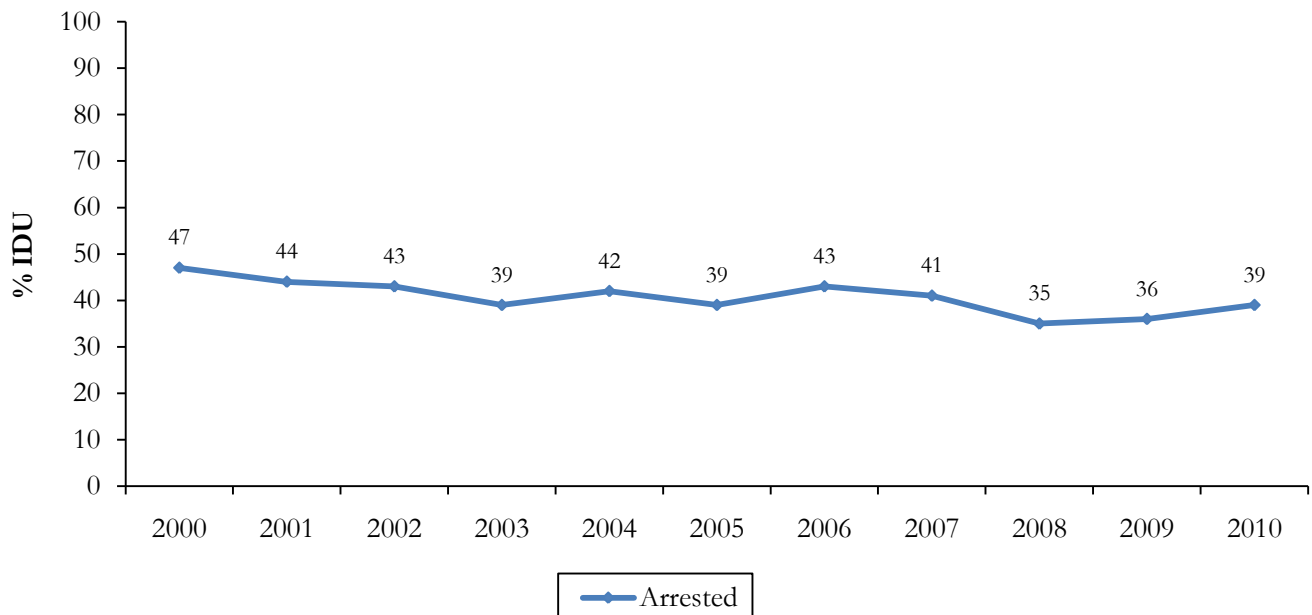
Appendix J: Arrests, 2000-2010

Figure J1: Self-reported criminal activity, nationally, 2000-2010



Source: IDRS participant interviews

Figure J2: Arrested in the last 12 months, nationally, 2000-2010



Source: IDRS participant interviews