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Key Points

- The prevalence of heroin injection remained stable nationally at 36% between 2002 and 2004 and in most jurisdictions since 2002.
- Levels of amphetamine injection remained stable between 2002 and 2004 nationally and in most jurisdictions except for an increase in the Australian Capital Territory and the Northern Territory, and a decrease in Victoria.
- Cocaine injection remained low at two percent or less nationally over the period except 2001 (7%). Of all the jurisdictions, New South Wales has reported the highest rate of cocaine injection over the period.
- Morphine injection remained stable at less than 10% nationally. The Northern Territory continues to report the highest rate of morphine injection followed by Tasmania.
- Similarly, methadone injection remained stable at less than 10% nationally and in most jurisdictions.

Drug Use Trends Among Injecting Drug Users (IDU) Findings from the Australian Needle and Syringe Program (NSP) Survey, 2000-2004

Introduction

Since 1995, the collaboration of Australian Needle and Syringe Programs (NSPs) has conducted sentinel surveillance of drug injecting and related risk behaviour and human immunodeficiency virus (HIV) and hepatitis C virus (HCV) antibody prevalence among injecting drug users (IDU). The surveys are carried out annually over one week in October. All clients attending selected NSPs were asked to complete a brief self-administered anonymous questionnaire and provide a capillary blood sample for HIV and HCV antibody testing. This issue of the *Drug Trends Bulletin* reports National, and State and Territory drug trends in the Australian NSP Survey from 2000 to 2004. The number of participating NSPs increased annually from 2000 (35) to 2003 (48), then decreased to 42 in 2004, with non-participation of low-volume sites. The number of respondents decreased from around 2,500 (2000-2003) to 2,035 in 2004. Over the period, the survey response rate ranged between 42% and 50% (see sample distribution by jurisdiction on page 4).

National Trends

Demographic characteristics

In each year, the majority of the respondents were male (approximately two-thirds). The median age at the time of the survey and duration of drug injection respectively increased annually from 2000 (28 and 8 years) to 2004 (32 and 11 years). This trend, coupled with a decline in the proportion of young survey respondents (aged less than 25 years) from 2000 (32%) to 2004 (19%), suggests that the survey may be accessing an aging cohort of IDU. The median age of first drug injection (18 years) and the proportion of respondents reporting incarceration in the previous year (18%) remained stable.

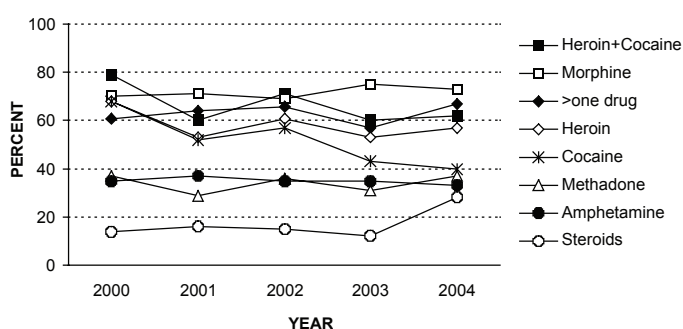
Frequency of injection

The proportion of respondents reporting daily or more frequent drug injection in the previous month decreased from 2000 to 2004 nationally (58% to 48%), and in most jurisdictions (Australian Capital Territory: 62% to 43%; NSW: 64% to 48%; South Australia: 59% to 50%; Tasmania: 56% to 42%; Victoria: 64% to 52%). Over the period, the prevalence of daily or more frequent injection increased in the

Northern Territory (58% to 78%), but remained stable in Queensland (46% to 45%) and Western Australia (55% to 52%).

The prevalence of daily or more frequent drug injection was higher among respondents reporting morphine (70% to 73%), poly drug (61% to 67%), heroin with cocaine (79% to 62%) or heroin alone (68% to 57%) as the type of drug last injected than other drugs (less than 50%) (Figure 1). The prevalence of daily or more frequent drug injection decreased from 2000 (68%) to 2004 (40%) among cocaine injectors, but increased among anabolic steroid injectors (14% to 28%).

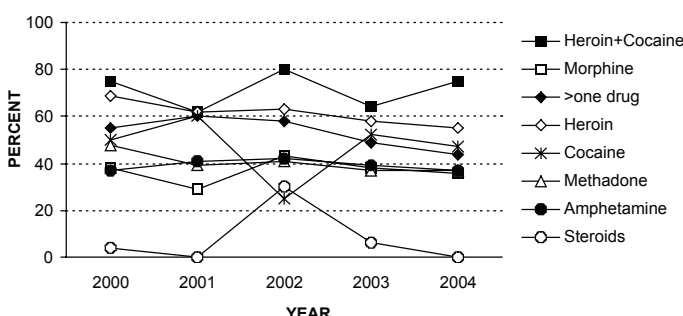
Figure 1: Prevalence of daily or more frequent drug injection last month by type of drug last injected and year of survey



Public injection

The prevalence of at least one public injection in the last month decreased from 2000 to 2004 nationally (58% to 44%), and in New South Wales (62% to 37%), the Northern Territory (39% to 22%), and Western Australia (63% to 47%). More specifically, the prevalence of public injection decreased among heroin injectors (69% to 55%), poly drug injectors (55% to 44%), and methadone injectors (48% to 37%), but remained stable among amphetamine injectors, reported by 37% of respondents in both 2000 and 2004 (Figure 2).

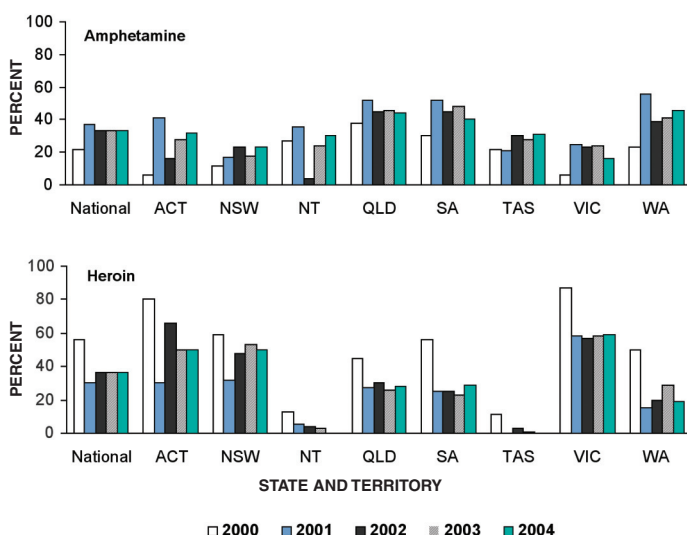
Figure 2: Prevalence of at least one public injection in the last month by type of drug last injected and year of survey



Amphetamine injection

Following a national reduction in the availability of heroin in 2001, the prevalence of amphetamine injection was comparable to the prevalence of heroin injection (33% vs. 36% between 2002 and 2004). Levels of amphetamine injection remained stable between 2002 and 2004 nationally and in most jurisdictions except for an increase in the Australian Capital Territory (16% to 32%) and the Northern Territory (4% to 30%), and a decrease in Victoria (23% to 16%) (Figure 3).

Figure 3: Prevalence of amphetamine and heroin injection by jurisdiction, 2000-2004



Cocaine injection

The prevalence of cocaine injection remained low at two percent or less nationally over the period except for 2001 (7%). In New South Wales, cocaine injection increased from three percent in 2000 to 21% in 2001, then decreased to six percent in 2004 (Figure 4). There were no reports of cocaine injection in Tasmania and the Northern Territory over the period. Nationally, cocaine injection in combination with another drug, usually heroin, increased from 2000 (5%) to 2001 (11%), then decreased in 2004 (1%). A similar pattern was seen in New South Wales (9% to 33% to 7%). There were no reports of injecting cocaine in combination with another drug in either the Australian Capital Territory or the Northern Territory.

Figure 4: Prevalence of cocaine injection in NSW and other jurisdictions, 2000-2004

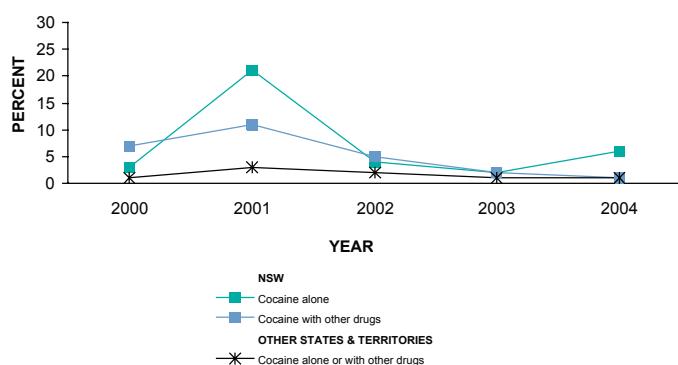
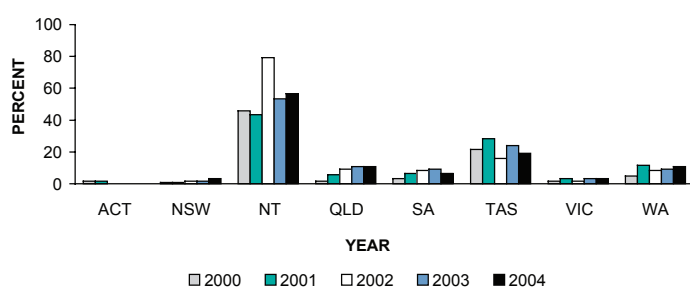


Figure 5: Prevalence of morphine injection by jurisdiction, 2000-2004



Heroin injection

Reports of heroin injection remained stable nationally and in most jurisdictions since 2002, reported by 36% of all respondents between 2002 and 2004 (Table 1). Heroin injection was more prevalent in the Australian Capital Territory, New South Wales, and Victoria (50% to 66%) than other jurisdictions (20% to 30%) in recent years. There was zero to less than five percent prevalence of heroin injection in the Northern Territory and Tasmania during this period (Figure 3).

Methadone injection

Over the period, the prevalence of methadone injection remained stable nationally and in most jurisdictions at less than 10% (Table 1). Methadone injection was most commonly reported in Tasmania in all years where the prevalence increased from 2000 (15%) to 2004 (38%). Higher but variable levels of methadone injection were also reported in the Australian Capital Territory (2% in 2000, 20% in 2001, 8% each in 2002 and 2003, and 14% in 2004). There were almost no reports of methadone injection in Victoria during this period.

Morphine injection

The prevalence of morphine injection also remained stable at less than 10% nationally and in New South Wales, Victoria, and South Australia (Table 1 and Figure 5). Morphine injection was higher in the Northern Territory (more than 50%) and Tasmania (approximately 20%) than in other jurisdictions. Although reports of morphine injection increased from 2000 to 2004 in Queensland (2% to 11%) and Western Australia (5% to 11%), there were no reports of morphine injection in the Australian Capital Territory between 2002 and 2004.

Anabolic steroid injection

The prevalence of anabolic steroid injection was infrequent and remained stable between one and two percent nationally and in most jurisdictions (Table 1). There were no reports of steroid injection in the Australian Capital Territory and the Northern Territory between 2002 and 2004.

Table 1: Type of drug last injected, 2000-2004

	2000 n=2694	2001 n=2454	2002 n=2445	2003 n=2495	2004 n=2035
Amphetamine (%)	22	37	33	33	33
Anabolic Steroids (%)	2	1	2	2	1
Cocaine (%)	2	7	1	1	2
Heroin (%)	56	30	36	36	36
Methadone (%)	3	5	7	6	7
Morphine (%)	4	6	7	9	8
More than one drug (%)	10	11	10	8	8
Other drugs (%)	1	1	3	3	3
Not reported (%)	1	2	1	2	2

“Other” drugs

Reports of benzodiazepine and buprenorphine injection have remained low at less than two percent nationally and in most jurisdictions over the period. There were no reports of benzodiazepines in all states and territories in 2004, however, the prevalence of buprenorphine injection increased from 2000 (zero) to 2004 (8%) in Victoria.

Summary

An overall decrease in the prevalence of heroin injection and more specifically a decrease in public injection among heroin injectors in conjunction with a high but stable prevalence of amphetamine injection since the national reduction in the availability of heroin in 2001, indicates a possible shift in patterns of drug injection from heroin to amphetamine among NSP attendees. Although the prevalence of daily or more frequent drug injection decreased over the period, the differential pattern of frequency of drug injection between jurisdictions may reflect the relative availability of different types of drugs in each jurisdiction.

Sample size distribution

The number of IDU surveyed varied between jurisdictions and across years. Some jurisdictions have been omitted from comparisons due to small sample size. Please refer to the table below for sample sizes by jurisdiction, 2000-2004.

Jurisdiction	2000	2001	2002	2003	2004
ACT	163	44	62	60	28
NSW	911	691	760	785	646
NT	95	94	47	62	23
QLD	750	817	715	745	587
SA	312	276	318	355	255
TAS	27	28	151	118	107
VIC	293	340	265	237	228
WA	143	164	127	133	161
Total	2694	2454	2445	2495	2035
Response	50%	46%	42%	45%	50%
No of sites	35	38	46	48	42

Reference

National Centre in HIV Epidemiology and Clinical Research (2005). Australian NSP Survey National Data Report 2000-2004. National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney, NSW. 2005.