

Victorian Drug Trends 2018

**Patterns of drug use in
the Victorian Illicit Drug
Reporting System (IDRS)
Interviews**





VICTORIAN DRUG TRENDS 2018: Patterns of drug use in the Victorian Illicit Drug Reporting System (IDRS) Interviews

Campbell Aitken & Paul Dietze
Burnet Institute
Melbourne, Australia



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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at [Drug Trends](#).

Please contact the Victorian Drug Trends team (paul.dietze@burnet.edu.au or cristal.hall@burnet.edu.au) or the research team at NDARC (drugtrends@unsw.edu.au) with any queries regarding this publication.

Table of Contents

EXECUTIVE SUMMARY	2
INTRODUCTION AND METHODS	3
METHODS	3
INTERPRETATION	3
SAMPLE CHARACTERISTICS	3
ADDITIONAL OUTPUTS	4
PATTERNS OF DRUG USE AND DRUG MARKET ACCESS	5
HEROIN	5
RECENT USE	5
FORM	5
PRICE	6
METHAMPHETAMINE	7
RECENT USE	7
PRICE	8
OPIOID AGONIST TREATMENT MEDICATIONS	9
RECENT USE	9
BUPRENORPHINE AND BUPRENORPHINE-NALOXONE	9
PRICE	10
OTHER OPIOIDS	11
RECENT USE	11
CANNABIS	13
RECENT USE	13
PRICE	13
COCAINE	13
RECENT USE	13
PRICE	13
ACKNOWLEDGEMENTS	14
ABBREVIATIONS	15

Executive summary

Sample characteristics

The Victorian IDRS sample in 2018 was predominantly male (69%) with a mean age of 42, consistent with the Victorian profile in previous years. Over half of Victorian participants reported that their drug of choice was heroin (55%).

Heroin

Recent (i.e. past six month) use of heroin has been stable in the Victorian IDRS sample since monitoring began – 80% in 2000 and 83% in 2018. Twenty-six per cent of participants reported daily use of heroin in 2018. The main route of heroin administration for those who recently consumed heroin was injecting (100%), with only 2% reporting smoking it.

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years, showing a general increase relative to when monitoring first began, with three in four participants (77%) reporting recent use in 2018. This was driven by a significant increase in use of crystal

methamphetamine (77%) – the most commonly used form since 2011.

Cocaine

Twenty-two Victorian IDRS participants (15%) reported recent use of cocaine in 2018. Fourteen participants reported recently injecting cocaine. Median frequency of recent cocaine use was three days in the preceding six months.

Cannabis

Recent use of cannabis remained largely stable in 2018, with 70% of participants reporting use. Over one-third of those who recently consumed cannabis (35%) reported daily use, down from 41% in 2017.

Pharmaceutical opioids

In 2018, small proportions of participants reported recent use of non-prescribed pharmaceutical opioids: 13% oxycodone, 12% morphine, 10% methadone and 9% fentanyl.

Introduction and methods

The [Illicit Drug Reporting System \(IDRS\)](#) is an ongoing illicit drug monitoring system which has been conducted in all states and territories of Australia since 2000, and forms part of [Drug Trends](#). The purpose of the IDRS is to provide a coordinated approach to monitoring the use, market features, and harms of illicit drugs.

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs. This report focuses on some of the key findings related to the drugs most commonly used by participants in the annual interview component of the IDRS conducted in Melbourne, as an indication of trends in Victoria.

Methods

Full details of the [methods for the annual interviews](#) are available for download. In brief, participants were recruited through a range of sources including needle and syringe programs and snowballing. Participants needed to: i) be at least 18 years of age, ii) have injected drugs on at least six occasions during the preceding six months; and iii) have been a resident of Melbourne in the preceding 12 months. Interviews took place in convenient locations or at the Burnet Institute. Participants provide informed consent and are then administered a structured questionnaire by trained interviewers. Participants are then reimbursed \$40 for their time and expenses incurred. A total of 150 participants were interviewed between April and July 2018.

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ± 1 or kurtosis > ± 3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2017 and 2018. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported).

Interpretation

Data are collected from participants recruited in Melbourne, and thus do not reflect trends in Victoria more broadly. Further, the results are not representative of all people who consume illicit drugs, or of illicit drug use in the general population, but rather intended to provide evidence indicative of emerging issues that warrant further monitoring.

Sample characteristics

The demographic characteristics of IDRS participants recruited in 2018 in Victoria were comparable to those of previous years (Table 1). The sample was predominantly heterosexual (90%) and reported low levels of education (6% with tertiary qualifications, 14% completed year 12; 43% with trade/technical qualifications). More males (69%) were recruited than females (31%); 1% gave their sexual identity as 'other'. The mean age was 42 years, none reported being employed full-time and the sample's median reported weekly income was \$427 (IQR: \$275-\$450).

Table 1: Demographic characteristics of the IDRS interview sample, Melbourne, 2013–18

	2013	2014	2015	2016	2017	2018
	N=100	N=100	N=100	N=100	N=100	N=100
Mean age (years)	40	40	42	42	42	42
Male gender (%)	71	75	71	71	74	69
Heterosexual (%)	91	89	91	89	91	90
Tertiary qualifications (%)	5	3	8	6	7	6
Employed full-time (%)	2	1	3	3	3	0
Unemployed (%)	90	89	85	90	89	94
Current drug treatment (%)	52	66	60	45	50	47
Frequency of injecting in last month (%)						
Weekly or less	23	28	19	23	27	23
More than weekly, less than daily	32	35	40	31	30	29
Once a day	21	12	11	13	15	13
Two to three times per day	17	17	20	27	15	21
More than three times per day	6	7	9	7	9	14

Additional outputs

Other outputs from the IDRS triangulate key results from the annual interviews and other data sources and consider the implications of these findings, including [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This includes results from the [Ecstasy and Related Drugs Reporting System \(EDRS\)](#), which focuses on the use of ecstasy and other stimulants.

Please contact the Victorian-based research team with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews: paul.dietze@burnet.edu.au or cristal.hall@burnet.edu.au.

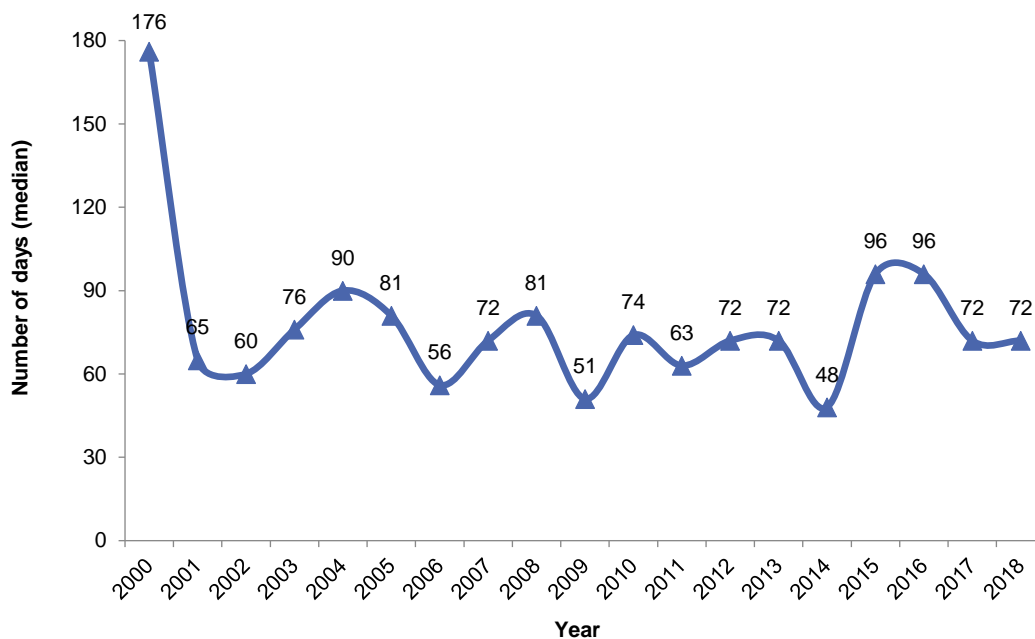
Patterns of drug use and drug market access

Heroin

Recent use

- Recent heroin use and injection has been stable in IDRS consumer samples since 2006, with around 80% of the sample reporting recent use and injection (83% in 2018).
- Over half the participants in the IDRS consumer survey reported heroin as their drug of choice in 2018 (55%; 65% in 2017).
- One-third (35%) of participants who reported heroin use reported daily use (42% in 2017; $p=0.386$).
- All participants who reported recent use of heroin reported injecting the drug, two per cent reported recently smoking heroin (i.e. heating the drug and inhaling the vapours).
- In 2018, heroin was reportedly used on a median of 72 days (IQR 12–180 days) in the six months before interview, and 26% of those who reported recent heroin use reported using it daily (Figure 1).

Figure 1: Past six month frequency of use of heroin, Melbourne, 2000–2018



Form

Survey respondents were asked to nominate the types of heroin used in the six months preceding interview. White/off-white heroin (diamorphine hydrochloride) dissolves easily in water and is prepared for injection without heat or acid, while brown/beige heroin (diamorphine base) typically requires heating with citric acid so that the preparation is soluble for injection.

- In 2018, 59% reported using white/off-white rock in the preceding six months (Table 2).
- 'Most often' use of white/off-white powder was essentially stable between 2017 and 2018. 'Most often' use of brown/beige rock increased between 2017 and 2018 (from 17% to 26%), but use of white/off-white rock fell (67% vs. 60%).

Table 2: Forms of heroin used in the preceding six months, Melbourne, 2014–2018

	Forms used*					Form used most				
	2014 (n=125)	2015 (n=111)	2016 (n=118)	2017 (n=122)	2018 (n=125)	2014* (n=122)	2015 (n=111)	2016 (n=118)	2017 (n=122)	2018 (n=123)
White/off-white heroin (%)										
Powder	37	41	39	12	42	9	19	15	12	11
Rock	72	78	67	67	84	76	68	75	67	60
Brown/beige heroin (%)										
Powder	11	20	17	3	30	1	5	1	4	3
Rock	33	31	30	17	58	10	6	9	17	26
Other colour heroin (%)										
Powder	3	1	1	-	3	2	0	-	-	-
Rock	2	2	4	1	2	2	2	1	1	-
Homebake heroin (%)										
	3	5	1	5	3	1	0	1	4	0

Price

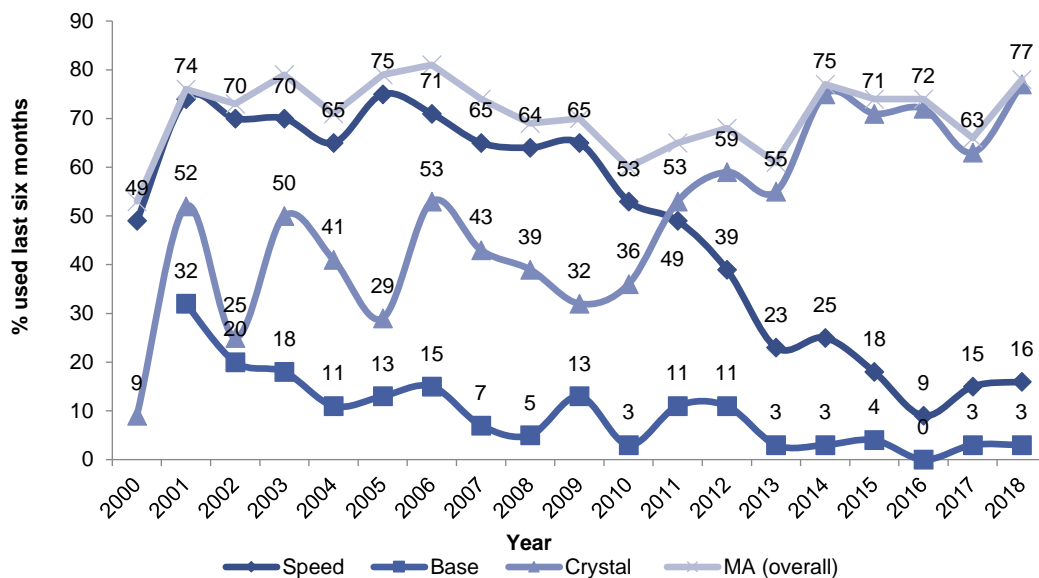
In 2018, IDRS participants' median reported price for a cap of heroin was \$40 (IQR \$30–\$50), \$70 per ¼ gram (IQR \$55–\$100), \$120 per ½ gram (IQR \$100–\$150), \$200 per gram (IQR \$175–\$206), and \$250 per 1.7 grams (1/16 ounce) (IQR \$220–\$250).

Methamphetamine

Recent use

- Figure 2 shows that since 2011 there has been a shift from powder methamphetamine (speed) to crystal methamphetamine (Ice) use among Victorian IDRS participants. In 2018, participants most commonly reported recently using crystal methamphetamine (77%), significantly higher than in 2017 (63%, $p = 0.008$) and underpinning the prevalence of methamphetamine use overall (78%).
- The prevalence of recent use of powder methamphetamine remained stable from 2017 to 2018 (15% vs. 16%), and the prevalence of recent use of base methamphetamine continued to be steady at 3%.

Figure 2: Percentage of participants reporting methamphetamine use in the past six months by methamphetamine type, Melbourne, 2000–2018



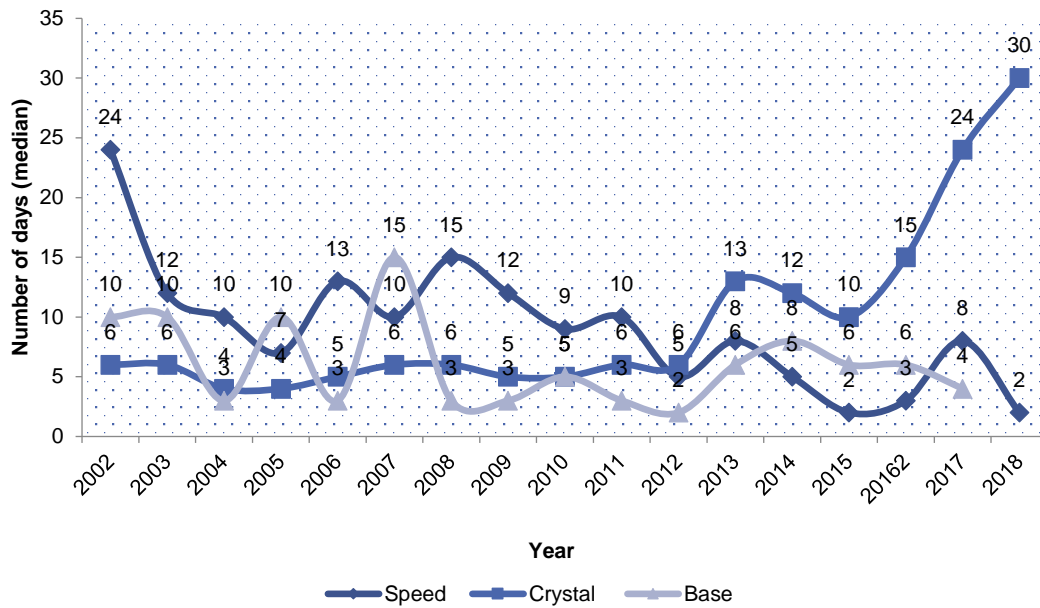
Consistent with previous years, in 2018 the most common recent methamphetamine ROA among Victorian IDRS participants was injection; 73% reported recent crystal methamphetamine injection (71% in 2017). The prevalence of recent powder methamphetamine injection was stable at 15%. Prevalence of recent injection of base methamphetamine was 3%.

Reports of recent crystal methamphetamine smoking were stable, with 24% of participants in 2018 indicating they had smoked the drug in the preceding six months, compared with 25% in 2017.

- Overall, in 2018 the Victorian IDRS participants who reported recent use of any methamphetamine reported use on a median of 40 days (IQR 6-120) in the preceding six months (about six days per month), the highest frequency recorded amongst IDRS participants (Figure 3).

- This was largely driven by an increase in respondents who reported recent crystal methamphetamine use who reported using it on a median of 30 days (IQR 6-100) in the preceding six months, about five times per month.
- Recent powder methamphetamine use was relatively infrequent, with participants reporting use on a median of two days (IQR 1-7), compared with eight days in 2017.

Figure 3: Median days of methamphetamine use in the past six months, Melbourne, 2000–2018



Note: 2018 data for base not shown due to small participant numbers.

Price

In 2018, the median price IDRS participants reported paying for methamphetamine powder was \$50 per point (0.1 gram, IQR \$35–\$125); one participant reported paying \$150 per ½ gram, and one participant reported paying \$200 per gram in the six months prior to the survey.

The medians of the reported prices paid for methamphetamine base were \$50 per point, \$100 per 1/8 gram, \$200 per ¼ gram and \$200 per gram (only one participant reporting per quantity).

The medians of the reported prices paid for crystal methamphetamine were \$50 per point (IQR \$30–\$50), \$50 per 1/8 gram, \$80 per ¼ gram, \$150 per ½ gram (IQR \$150–\$200), \$300 per gram (IQR \$250–\$300), \$675 per ‘eightball’ (IQR \$463–\$763), and \$3500 per ounce (IQR \$375–\$4350).

Opioid Agonist Treatment medications

Recent use

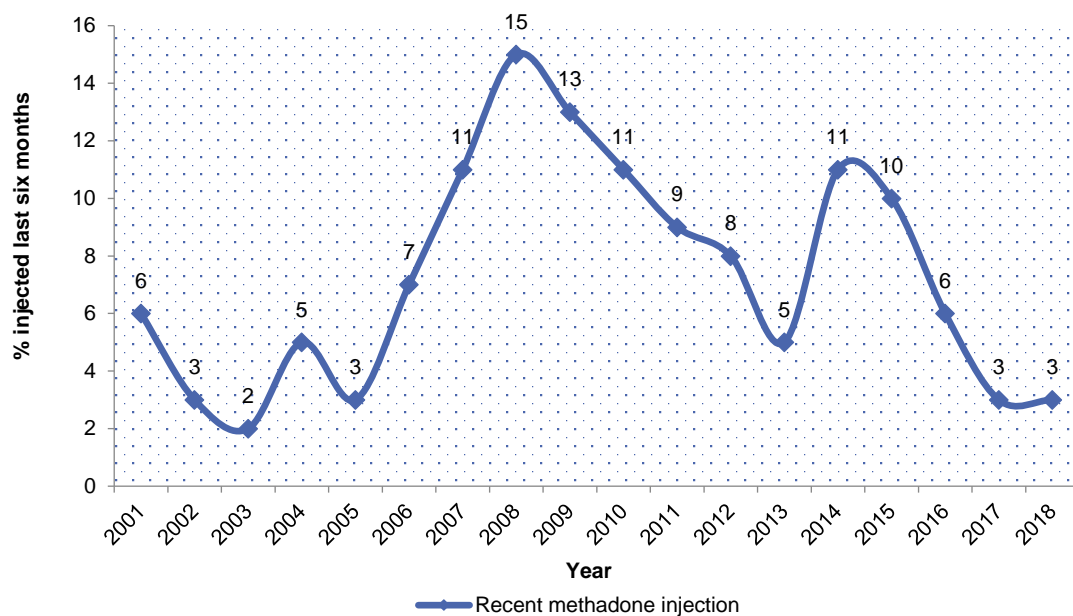
For the purposes of the IDRS, the classification ‘any methadone’ includes the oral liquid preparations Methadone Syrup® and Biodone Forte® and the tablet preparation Physeptone®, as well as prescription and non-prescription use. As in previous years, IDRS participants in 2018 were asked to respond to separate questions regarding prescribed and non-prescribed use of both the oral liquid preparations and the tablets.

In 2018, 44% (n = 66) reported recent use of prescribed methadone, on a median of 173 days (IQR 90-180) in the preceding six months. As in previous years, reports of recent use of non-prescribed methadone (i.e. methadone not prescribed to the participant) were less frequent. In 2018, reports of recent non-prescribed use were largely stable; 7% in 2017, 10% in 2018. The median number of days of non-prescribed methadone use was two (IQR 1-3) (three days in 2017).

Use of both prescription and non-prescription Physeptone® remained uncommon among Melbourne IDRS participants.

Figure 4 shows the prevalence of recent methadone injection from 2001 to 2018, with a declining trend evident from 2008. Among the 3% of participants who reported recent injection of prescribed methadone in 2018, the median frequency was eight days (IQR 1-95).

Figure 4: Percentage of participants reporting any methadone injection in the past six months, Melbourne, 2001–2018



Buprenorphine and Buprenorphine-naloxone

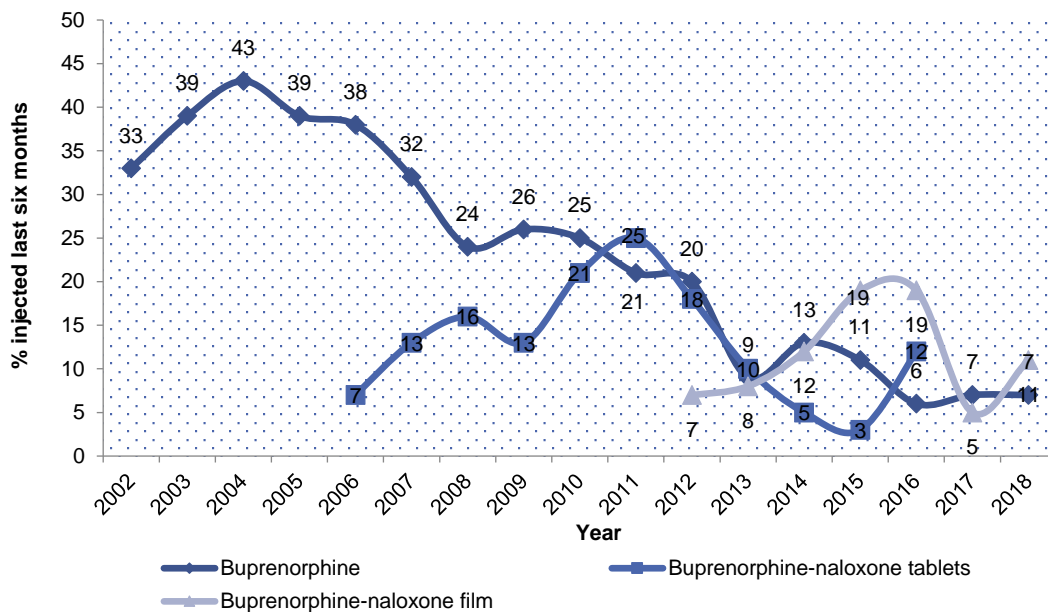
Between 2017 and 2018, prevalence of recent buprenorphine (Subutex®) use was stable (9% and 7%, respectively). Among participants who reported recent buprenorphine use, the median frequency of use was 20 days (IQR 7-180). As in previous years, the 2018 sample

was asked to provide responses to separate questions about the use of prescribed and non-prescribed buprenorphine.

There were three reports of recent prescribed buprenorphine use in 2018 (2%), and seven (5%) of recent non-prescribed buprenorphine use. Among the seven participants who reported recent non-prescribed use, only two reported days of use (both 180) in the past six months, compared with a median of 7 days in 2017.

Combination buprenorphine-naloxone was developed to limit the abuse liability of buprenorphine by reducing the potential for injection, particularly by opioid-dependent people not in treatment. Figure 5 shows the prevalence of recent buprenorphine and buprenorphine-naloxone tablet and film injection from 2002 to 2018. The prevalence of recent buprenorphine injection was stable (7%) in 2017 and 2018. The decline over time in recent prescribed and non-prescribed buprenorphine use and injection among consecutive Victorian IDRS samples is a product of the 2005 introduction of the combination product buprenorphine-naloxone (i.e. Suboxone®) and declining availability of buprenorphine to pharmacotherapy consumers (King et al., 2011; Lintzeris et al., 2006).

Figure 5: Percentage of participants reporting any buprenorphine and buprenorphine-naloxone* tablet and film injection in the past six months, Melbourne, 2002–2018



Note: Data refer to prescribed and non-prescribed injection of all preparations.

* Data were not available for buprenorphine-naloxone tablets prior to 2006 and buprenorphine-naloxone film prior to 2012

Price

In 2018, two IDRS participants reported paying \$5 per 2mg film/sheet of buprenorphine-naloxone, and 11 participants reported paying \$10 per 8mg film/sheet (IQR \$10–\$15).

Other opioids

Recent use

Morphine

Consistent with previous years, lifetime use of morphine (e.g. MS Contin® and Kapanol®) was reported by the majority of the 2018 Victorian IDRS sample (62%, vs. 63% in 2017).

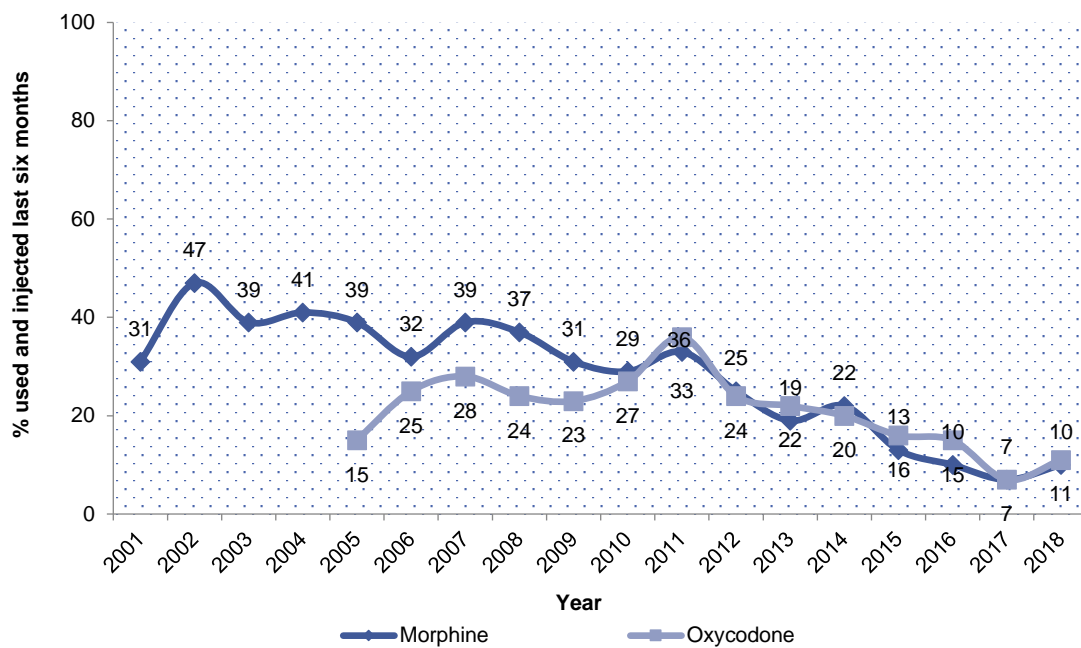
In 2018, the prevalence of recent morphine use was 12%, a small increase from 9% in 2017 but below the 13% recorded in 2016. Median frequency of use in the past six months was five days (IQR 2-21).

As with other pharmaceutical opioids, in 2018 participants were asked separate questions distinguishing between prescribed and non-prescribed morphine use. With regards to prescribed morphine, 11% reported lifetime use. Three per cent reported recent prescribed use, at a median frequency of 28 days (IQR 3-147) in the past six months. In contrast, 57% of participants reported lifetime use of non-prescribed morphine; recent non-prescribed use remained stable (10% in 2018 vs. 7% in 2017). In 2018, participants who recently consumed non-prescribed morphine reported a median frequency of two days (IQR 2-10) of use in the preceding six months.

In 2018, prevalence of reported lifetime injection of any morphine remained unchanged from 2017 at 53%. Figure 6 shows the prevalence of recent morphine injection among Melbourne IDRS participants, from 2001 to 2018. As in previous years, injection was the most commonly reported route of recent morphine administration among participants who recently used morphine in 2018. Ten per cent reported any recent morphine injection in 2018, compared with 7% in 2017 (Figure 6). Among these participants, morphine injection occurred on a median of 10 days (IQR 2-48) in the preceding six months.

As in previous years, reports of lifetime non-prescribed morphine injection were significantly more common than reports of lifetime prescribed morphine injection (57% vs. 11%, $p < 0.001$). Recent injection of non-prescribed morphine was reported by 9% of participants, and recent prescribed morphine injection by 1%. Non-prescribed morphine was reportedly injected on a median of two days (IQR 1-10) in the preceding six months.

Figure 6: Percentage of participants reporting morphine and oxycodone* injection in the past six months, Melbourne, 2001–2018



Note: Data refer to prescribed and non-prescribed injection of all preparations.

* Data were not available for oxycodone injection prior to 2005

Oxycodone

Lifetime oxycodone use (prescribed and non-prescribed) was reported by 64% of 2018 Victorian IDRS participants, an increase from 49% in 2017 ($p=0.009$). Thirteen per cent reported recent use. The median frequency of use was three days (IQR 2-12) in the past six months.

As in previous years, participants were asked separate questions about the use of prescribed and non-prescribed oxycodone. In 2018, 3% reported recent prescribed use, and 10% recent non-prescribed use.

In 2018, 11% of participants reported injecting oxycodone on a median of three days (IQR 2-15) in the preceding six months. Figure 6 shows that the prevalence of recent oxycodone injection declined each year from 2011 to 2017 but rose slightly (non-significantly – $p=0.233$) in 2018.

As in previous years and similar to findings for morphine, in 2018 the prevalence of lifetime non-prescribed oxycodone injection was significantly higher than the prevalence of lifetime prescribed injection (45% vs. 11%, $p<0.001$). However, reports of recent non-prescribed oxycodone injection were as prevalent as those of recent prescribed injection.

Fentanyl

In 2018, IDRS participants were asked about their history of fentanyl use; as in 2017, prevalence of use was low in Melbourne. Nine per cent reported recent use of any form of fentanyl, and 7% reported recent injection. The median frequency of use was one day (IQR 1-8) in the preceding six months.

Cannabis

Recent use

Cannabis use was very common among Melbourne IDRS participants; in 2018, 70% reported recently using cannabis. Despite this high prevalence, only 5% nominated cannabis as their primary drug of choice.

In 2018, the median frequency of reported use among participants who recently used cannabis (n = 105) was 180 days (daily use) in the previous six months. Thirty-five per cent reported daily cannabis use (41% did so in 2017).

Price

- The median reported price per gram of hydroponic cannabis in 2018 was \$20 (n=37; IQR \$15-\$20), and \$17.50 for bush (n=14; IQR \$14-\$20).
- The median reported price per ounce of hydroponic cannabis was \$250 (n=18, IQR \$200-\$250). The median reported price per ounce of bush cannabis was \$200 (IQR \$188-\$250).

Cocaine

Recent use

In 2018, 22 Victorian IDRS participants (15%) reported using cocaine in the preceding six months, similar to the 12% found in 2017. In 2018, three participants (2%) nominated cocaine as their drug of choice. Fourteen participants (9%) reported cocaine injection in the preceding six months, vs. 3% in 2017.

In 2018, injection was the most commonly reported recent ROA for cocaine. Eleven participants reported recent use via insufflation (snorting).

As in previous years, the frequency of recent cocaine use was low. The median frequency of recent cocaine use (any ROA) was three days (IQR 1-6) in the preceding six months, the same as the median frequency of injection.

Of participants who reported recently consuming cocaine (n=22), 20 reported using powder cocaine, two reported using rock cocaine, and one reported using crack.

Price

- The median of the reported prices of a gram of cocaine was \$350 (n=6; IQR \$250-\$500) in 2018. No Victorian IDRS participants reported the price of a cap, point, 1/8 or 1/4 of a gram, or ounce of cocaine in 2018.

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Research team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2018 across all jurisdictions:

- Ms Rachel Sutherland, Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell, Professor Alison Ritter and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Ms Amy Kirwan, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute Victoria;
- Ms Ellie Bucher and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
- Ms Jodie Grigg, Mr James Fetherston and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Mr Chris Moon, Northern Territory Department of Health; and
- Dr Caroline Salom and Professor Rosa Alati, School of Public Health, The University of Queensland.

We would like to thank past and present members of the research team.

Participants

We would like to thank all the participants who were interviewed for the IDRS in the present and in previous years.

Contributors

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- InnerSpace (North Yarra Community Health), Collingwood;
- NRCH NSP (North Richmond Community Health), North Richmond;
- South East Alcohol and Drug Services (SEADS, Monash Health), Dandenong;
- Southern Hepatitis/HIV/AIDS Resource and Prevention Service (SHARPS, Peninsula Health), Frankston.

Abbreviations

EDRS	Ecstasy and Related Drugs Reporting System
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NSP	Needle and syringe program(s)
PBA	Pharmaceutical Benefits Scheme
ROA	Route of Administration
TGA	Therapeutic Goods Administration
UNSW	University of New South Wales