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AUSTRALIAN DRUG TRENDS 2006
Findings from the Illicit Drug Reporting System (IDRS)

NDARC Monograph No. 60

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- Australian Crime Commission (ACC, formerly the Australian Bureau of Criminal Intelligence);

- Australian Bureau of Statistics;

[1] Please note that in 2005, the Drug and Alcohol Services Council of South Australia underwent a name change to become Drug and Alcohol Services of South Australia (DASSA) and will be referred to as such in future IDRS publications.

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACS	Australian Customs Service
ACT	Australian Capital Territory
ADHD	Attention Deficit Hyperactivity Disorder
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Dataset
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood-borne viral infections
DASSA	Drug and Alcohol Service South Australia
EDRS	Ecstasy and Related Drugs Reporting System (formerly the Party Drug Initiative, or PDI)
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user(s)
KE	Key expert(s)
MDMA	3,4-methylenedioxymethamphetamine
N	(or n) Number of participants
NCHECR	National Centre in HIV and Epidemiology Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NHMD	National Hospital Morbidity Database
NIDIP	National Illicit Drug Indicators Project
NSP	Needle and syringe program
NSW	New South Wales
NT	Northern Territory
PBAC	Pharmaceutical Benefits Advisory Committee
QLD	Queensland
SA	South Australia
SPSS	Statistical Package for the Social Sciences
TAS	Tasmania
TGA	Therapeutic Goods Administration
VIC	Victoria
WA	Western Australia

GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection
Diverted	See 'Illicit' (below)
Eightball	3.5 grams
Halfweight	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. The definition does not distinguish between the inappropriate use of licitly obtained pharmaceuticals, such as the injection of methadone syrup or benzodiazepines, and appropriate use.
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
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 last six months
Recent use	Use in the last six months 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

EXECUTIVE SUMMARY

The Illicit Drug Reporting System (IDRS) is intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS consists of three components: interviews with injecting drug users (IDU); 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.

The IDRS monitors the price, purity, availability and patterns of use of heroin, methamphetamine, cocaine and cannabis. It is designed to be sensitive to trends, providing data in a timely manner, rather than describing issues in detail. It is important to note that the information from the IDU survey is not representative of illicit drug use in the general population nor is the information representative of all illicit drug users, but is indicative of emerging trends that warrant further monitoring. Drug trends in this publication are cited by jurisdiction, although they primarily represent trends in the capital city of each jurisdiction, in which new drug trends are likely to emerge.

Key findings from the 2006 IDRS

1. In 2006 there appeared to be a general scaling down of the heroin market in most jurisdictions, with both the prevalence and frequency of heroin use decreasing in most states and territories. Heroin remained 'easy' or 'very easy' to obtain, but more participants stated it was 'difficult' to access compared to 2005. The price per cap of heroin remained mostly stable, but increases were noted in the price of a gram in VIC and the ACT, two jurisdictions with established heroin markets. Heroin purity was reported to be 'low' by the majority of participants, with substantially more IDU reporting the purity as 'low' this year as compared to 2005.

2. Substantial proportions of IDU continued to use all forms of methamphetamine. Prevalence of recent use of ice/crystal increased to varying extents in all jurisdictions. Use of speed powder tended to have remained stable or had decreased, while patterns of recent base use remained generally stable, with the exception of substantial decreases noted in TAS and WA. Although the prevalence of speed powder and ice/crystal use among the national sample was as high as heroin use, frequency of use was substantially lower at 12 days or less in the past six months. Prices for all forms of methamphetamine remained fairly stable, with some variations within and across jurisdictions. Overall, all three forms of methamphetamine were generally considered 'easy' or 'very easy' to obtain, and availability of all forms was generally reported to be stable. Of the three forms, ice/crystal was the most often reported to be of 'high' purity, and speed powder was commonly reported to be 'low' or 'medium'. Base reports were more mixed, ranging from 'high' to 'low'.

   In 2006 the use of the speed form of methamphetamine was just as common and just as frequent as ice/crystal use, despite IDU reporting that ice/crystal was equally as accessible as the powder form and of higher purity. Even among this relatively heavy drug using group, ice/crystal use was sporadic, on average around 10 days out of the past 180. The proportion of IDU who nominated methamphetamine as their drug of choice did not increase in 2006 and has remained stable over the past several years of monitoring, with most IDU stating heroin was their preferred drug even though they were using it less frequently. The increase in use of methamphetamine among this group,

therefore, may be linked to the continued lack of high quality heroin rather than their preference for methamphetamine.

3. Similar to previous years (2003-2005), the prevalence of recent cocaine use was substantially higher in NSW than in all other jurisdictions. Subsequently, only small numbers were able to comment on the price of cocaine outside of NSW. The price of a cap of cocaine has remained stable in NSW since 2004. Cocaine was considered 'easy' or 'very easy' to obtain in NSW, and the majority reported availability as stable in the preceding six months. The frequency of cocaine use among IDU continued to increase in NSW, while remaining low and sporadic in all other jurisdictions.

4. The cannabis market continues to be distinguished by its relative stability over time, and the use of cannabis was common in all jurisdictions. Hydroponically grown cannabis continued to dominate the market, although recent use of outdoor cultivated (bush) cannabis was also common. Hydroponic and bush cannabis were considered to be 'very easy' or 'easy' to obtain and prices for both forms remained generally stable. The use of hashish (hash) and hash oil was noted in all jurisdictions, with substantial increases in their use observed in 2006 in the ACT, WA and QLD (for hashish) and WA and QLD (for hash oil) respectively. The potency of hydroponic cannabis was generally perceived as 'high' and bush cannabis to be 'medium'.

5. In the context of reduced heroin availability and low heroin purity, many IDU seem to be using a broad range of drugs, including diverted pharmaceuticals such as morphine, buprenorphine, methadone, oxycodone and benzodiazepines, either instead of, or as well as heroin. In 2006 morphine remained the most commonly injected pharmaceutical, and increases in prevalence of use of illicit morphine were observed in a number of jurisdictions. In 2006, IDU also reported experiencing injection-related harms specific to these drug types.

Demographic characteristics of the national IDU sample

Nine hundred and fourteen IDU participated in the 2006 IDRS, with a minimum of 100 in each jurisdiction. The mean age of the national sample was 34.5 years (SD 8.9; range 16-63) and 64% were male. The vast majority of the sample spoke English as their main language at home (97%), and 13% identified as being of Aboriginal and/or Torres Strait Islander (A&TSI) descent. About two-thirds of the sample currently resided in their own house or flat (including renting). The sample had completed a mean of 9.9 years (SD 1.4; range 3-12) of schooling and about half (49%) had completed courses after school. About three-quarters of the sample were unemployed. Two percent of the sample reported that their main source of income was from sex work.

Close to half (44%) of the participants were currently in some form of drug treatment, predominantly methadone, followed by buprenorphine maintenance treatment. Half (51%) of the national sample reported that they had previously been imprisoned.

Patterns of drug use among IDU

The mean age of first injection was 19.1 years. Of the national sample, 49% reported that amphetamine was the first drug injected, whereas 41% had first injected heroin and 4% morphine.

Heroin was nominated by approximately half (48%) of the national sample as their drug of choice, followed by methamphetamine (23%), morphine (8%) and cannabis (7%).

Methamphetamine (30%), however, was the last drug injected by the largest proportion of the national sample, followed by heroin (26%), morphine (20%), and then methadone (8%). Methamphetamine was the drug last injected by the largest proportion of IDU within the ACT, SA, WA and QLD samples (44%, 30%, 29% and 38% respectively). Heroin remained the drug most likely to have last been injected in VIC and NSW (45% and 42% respectively), and was also last injected by substantial proportions of IDU in the ACT, SA, WA and QLD (range 18% to 32%). In the NT, the drug most likely to have last been injected was morphine (72%), followed by methamphetamine (18%). Substantial minorities of IDU in TAS, SA and WA also reported last injecting morphine (23%, 21% and 23% respectively). TAS remained the only jurisdiction where substantial proportions of IDU had last injected methadone (39%); it being the drug most likely to have been injected last, followed by methamphetamine (30%).

The drug injected most often in the last month followed the same pattern. Thirty-three percent of the national sample reported injecting methamphetamine most often in the last month, followed by heroin (27%). Similar to the last drug injected findings, methamphetamine was reported by the largest proportion of IDU as the drug injected most often in the ACT, SA, WA and QLD samples (47%, 31%, 33% and 40% respectively). Heroin was injected most often by the majority of IDU in VIC and NSW (48% and 38% respectively), and by substantial proportions in all jurisdictions, except TAS and the NT. In the NT, morphine was injected most often in the preceding month by the majority of IDU (68%), and by about one-fifth of IDU in TAS (20%), SA (21%) and WA (21%). TAS reported the highest proportion of IDU who injected methadone (43%) most often in the preceding month. NSW recorded the highest proportion of IDU as injecting cocaine most often in the preceding month (21%).

Almost half (46%) of the 2006 national sample reported injecting daily in the month preceding interview, with frequency of injection highest in the NT, followed by NSW and VIC. As in previous years of the IDRS, the IDU were polydrug users. There was little difference in the extent of polydrug use across jurisdictions, that is, the overall number of different drugs used, however, there were some distinct jurisdictional differences in the types of drugs used.

Heroin

In 2006, decreases in availability and perceived purity of heroin were observed across a number of jurisdictions, with prices remaining stable or increasing slightly. Other indicators of heroin-related harm such as opioid-related inpatient hospital admissions and figures seeking treatment for heroin remained stable.

Price: The median price per gram of heroin remained fairly stable in each jurisdiction in 2006 except in VIC where it increased. Small numbers in the ACT and the NT also reported that price had increased. Heroin was cheapest per gram in NSW ($300) and most expensive in the NT ($600) and WA ($550 per gram). The median price per cap remained stable at $50 in the majority of jurisdictions (Table 1).

Purity: The majority of participants commenting reported that heroin was of low purity except in VIC where it was most commonly perceived to be of medium purity.

Availability: As in previous years, the majority of IDU reported that heroin was 'easy' to 'very easy' to obtain. However, availability appeared to have decreased to some extent, with a larger proportion of participants reporting that it was difficult to obtain as compared with 2005.

Use: Prevalence and frequency of heroin use decreased in all jurisdictions, with the exception of QLD and SA (frequency only) where it remained stable. Prevalence of use remained lowest in TAS and the NT. The highest proportions of daily users were reported in NSW and VIC.

Table 1: Estimated availability and median price of heroin, by jurisdiction, 2000-2006

	Availability# 2006	Price $ per gram*							Price $ per cap*						
		2000	2001	2002	2003	2004	2005	2006	2000	2001	2002	2003	2004	2005	2006
NSW	Easy to very easy, Stable to more difficult	220	320	300	300	300	300	**300**	25	50	50	50	50	50	**50**
ACT	Easy to very easy, Stable	300	485	350	350	300	300	**340^**	50	50	50	50	50	50	**50**
VIC	Very easy, Stable	300	450	400	380	300	310	**350**	50	50	50	50	40	45	**40**
TAS	Very difficult, Stable to more difficult^	375	325	350^	350^	350^	360^	**-**	50	50	82.50^	50	50^	90^	**-**
SA	Easy to very easy, Stable	320	350^	450^	425^	320^	400^	**400^**	50	50	50	50	50	50	**50**
WA	Easy to difficult, Stable to more difficult	450	750	550	550	500	550^	**550**	50	50	50	50	50*	50	**50^**
NT	Easy, Stable^	600	550	500^	-	400^	500^	**600^**	50	100	85^	50	53	80^	**50^**
QLD	Easy, Stable	350	450	350	400	380	400	**400**	50	50	50	50	50	50	**50**

Source: IDRS IDU interviews

Participants were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?'

^ Reports based on small numbers (n<10), interpret with caution

***** Reported price is median price of last purchase

Note: Dashes represent no purchases

Methamphetamine

Since 2002, the IDRS has distinguished between methamphetamine powder ('speed'), methamphetamine base, and crystal methamphetamine ('ice' or 'crystal').

Price: Methamphetamine prices varied among the jurisdictions (Table 2). The majority reported the price of all forms of methamphetamine as stable.

Purity: Indicator data suggest no clear trend in the purity of methamphetamine at a national level, with variations in purity across jurisdictions; however, among IDU who commented ice/crystal was most often reported to be of 'high' purity and speed powder was commonly reported to be of 'low' or 'medium' purity. Base reports were more mixed, ranging from 'high' to 'low'.

Availability: Overall, the three main forms of methamphetamine (speed powder, base and ice/crystal) were generally considered 'easy' or 'very easy' to obtain by the majority of respondents who commented. Some jurisdictional variations, however, were noted: in the NT over one-quarter of participants considered speed as 'difficult' to obtain; substantial proportions in VIC, WA and NT reported base as 'difficult' to obtain; and approximately one-third in the NT and QLD considered ice/crystal as 'difficult' to obtain. Availability of all forms of methamphetamine was generally reported to be stable over the last six months, with some variation noted between jurisdictions.

Use: In 2006, 23% of IDU nominated methamphetamine as their drug of choice, a figure which has remained stable over the past several years. The proportion of IDU reporting recent use of speed remained stable or decreased in all jurisdictions, except in NSW and WA where it increased (by 11% and 5% respectively). Recent base use decreased in TAS, WA and SA; however, it increased in the NT, QLD and NSW and remained stable in the ACT and VIC. In 2006, recent ice/crystal use increased to varying extents in all jurisdictions. Large increases of approximately 20% and more were recorded in the ACT, VIC, NSW and QLD.

Table 2: Estimated availability and median price of methamphetamine, by jurisdiction, 2000-2006

	Availability# 2006	Price ($) per gram of powder							Price ($) per point of base and ice*											
		2000	2001	2002	2003 (point)	2004 (point)	2005 (point)	2006 (point)	2000	2001	2002		2003		2004		2005		2006	
											Base	Ice	Base	Ice	Base	Ice	Base	Ice	Base	Ice
NSW	**Powder & Base:** Easy to very easy; Stable **Ice/crystal:** Very easy; Stable	90	100	100	50^ (50)	100 (50)	90 (50)	**100 (50)**	50	50	50	50	50	50	50	50	50	50	**50**	**50**
ACT	**Powder:** Easy; Stable **Base:** Easy to very easy; Stable **Ice/crystal:** Easy to very easy; Stable to easier	180	250	300	175^ (50)	200 (50)	125 (50)	**175^ (50)**	-	50	50	50	50^	50	50	50	50	50	**50**	**50**
VIC	**Powder:** Very easy; Stable **Base^:** Mixed reports (easy/difficult); Stable to more difficult **Ice/crystal:** Easy to very easy; Stable	50	200	200	200 (40)	180 (40)	200 (40)	**200 (35)**	50	50	35^	50	40^	50	35^	50	45^	50^	**50^**	**50**
TAS	**Powder & Base:** Easy to very easy; Stable **Ice/crystal:** Easy; Stable	80	70	80	215^ (50)	290 (50)	300 (50)	**300^ (50)**	50	50	50	50^	50	50	50	50	50	50	**50**	**50**
SA	**Powder:** Very easy; Stable **Base & Ice/crystal:** Easy to very easy; Stable	50	50	50	100 (25)	50 (27.50)	200 (41.50)	**150^ (50)**	30	30	25	25	30	50	25	30	50	50	**50**	**50**
WA	**Powder & Ice/crystal:** Easy to very easy; Stable **Base**: Mixed reports (difficult to very easy); Stable	200	250	250	260 (50)	260 (50)	300 (50)	**300 (50)**	50	50	50	50	50	50	50	50	50	50	**50**	**50**

Source: IDRS IDU interviews

Participants were asked 'How easy is it to get at the moment?' and 'Has this changed in the last six months?'

^ Reports based on small numbers (n≤10), interpret with caution

***** In 2000 and 2001 base and ice/crystal were combined under 'potent forms' of methamphetamine, and therefore the price reflects both forms. From 2002 to 2006 base and ice/crystal were separated to provide more detailed information on the price and availability of the different forms of methamphetamine

Note: Dashes represent no purchases

Table 2: Estimated availability and median price of methamphetamine, by jurisdiction, 2000-2006 (continued)

	Availability# 2006	Price ($) per gram of powder							Price ($) per point of base and ice*											
		2000	2001	2002	2003 (point)	2004 (point)	2005 (point)	2006 (point)	2000	2001	2002		2003		2004		2005		2006	
											Base	Ice	Base	Ice	Base	Ice	Base	Ice	Base	Ice
NT	**Powder:** Easy; Stable **Base:** Mixed reports (easy/difficult); Stable **Ice/crystal:** Mixed reports (easy/difficult); Stable	80	80	80	100 (50)	200 (50)	280 (50)	**250 (60)**	50	50	50^	80^	50	50^	50	50	50^	65	**60**	**90**
QLD	**Powder:** Easy to very easy; Stable **Base:** Easy; Stable **Ice/crystal:** Mixed reports (difficult to very easy); Stable to more difficult	80	180	200	200 (50)	200 (50)	200 (50)	**200 (50)**	50	50	30	50	50	35	50	50	50^	50^	**50**	**50**

Source: IDRS IDU interviews

Participants were asked 'How easy is it to get at the moment?' and 'Has this changed in the last six months?'

^ Reports based on small numbers (n≤10), interpret with caution

***** In 2000 and 2001 base and ice/crystal were combined under 'potent forms' of methamphetamine, and therefore the price reflects both forms. From 2002 to 2006 base and ice/crystal were separated to provide more detailed information on the price and availability of the different forms of methamphetamine

Note: Dashes represent no purchases

Cocaine

Reports of cocaine price, purity and availability were provided by very small numbers of respondents in all jurisdictions except NSW, where substantially larger numbers were able to comment. This in itself is an indication of limited cocaine use in the sample surveyed by the IDRS and may reflect smaller or more hidden markets. Only in NSW have there been a sufficient number of purchases of cocaine to allow price comparisons across the years to be considered without caution, and only NSW data have been presented here (Table 3). In 2006, the proportion of IDU in NSW who could comment on cocaine was greater than in previous years, suggesting a slight increase in cocaine availability and use.

Price: With the exception of NSW, only small numbers (n<10) of IDU in all jurisdictions reported purchasing cocaine. Cocaine was cheapest in the NT at $250 a gram and most expensive in VIC and SA at $400. The price of a gram of cocaine in NSW, where larger numbers commented, was $300 compared to $280 in 2005. A cap of cocaine remained stable at a median price of $50 in NSW.

Purity: Of those IDU able to comment, there were mixed perceptions of purity, nearly one-third (31%) reported the purity as medium, 24% as high and 21% as low.

Availability: Cocaine was considered 'easy' or 'very easy' to obtain in NSW, and the majority (61%) reported that availability had been stable in the preceding six months. Substantial proportions of the few IDU able to comment in other jurisdictions, with the exception of VIC and QLD, reported it was 'difficult' or 'very difficult' to obtain cocaine.

Use: The proportion of IDU reporting recent cocaine use remained fairly stable in most jurisdictions. Most notable changes were decreases in recent use in the ACT (20% in 2005 to 8% in 2006), WA (19% in 2005 to 10% in 2006), and SA (16% in 2005 to 8% in 2006). NSW recorded the largest increase in recent use, from 60% in 2005 to 67% in 2006. The frequency of cocaine use remained low and sporadic (on average 1.5 to 3 days in the last six months) in all jurisdictions except NSW. In NSW the frequency of cocaine use continued to increase; rising from 12 days (approximately fortnightly) in 2005 to 20 days in 2006.

Table 3: Estimated availability and median price of cocaine, by jurisdiction, 2000-2006

	Availability# 2006	**Price gram $**						
		2000	**2001**	**2002**	**2003**	**2004**	**2005**	**2005**
NSW	Easy to very easy, Stable	200	200	200	200	290^	280	**300**
		Price cap $						
		2000	**2001**	**2002**	**2003**	**2004**	**2005**	**2005**
		50	50	50	50	50	50	**50**

Source: IDRS IDU interviews

Participants were asked 'How easy is it to get cocaine at the moment?' and 'Has this changed in the last six months?'

^ Reports based on small numbers (n<10), interpret with caution

Cannabis

Price: Hydroponic cannabis was cheapest in SA and VIC per ounce and bush cannabis in SA and TAS. The hydroponic form was generally more expensive per ounce and the same price or more expensive per gram (or 2.5g in SA). Prices for both forms were generally reported to have remained stable in the six months preceding interview (Table 4).

Potency: Participants in all jurisdictions generally perceived the potency of hydroponic cannabis to be 'high' and bush cannabis to be 'medium'. The potency for both forms was generally reported to have remained stable over the last six months with the exception of mixed reports of hydro potency in TAS.

Availability: Hydroponic and bush cannabis was generally considered to be 'very easy' or 'easy' to obtain by the majority of participants (particularly the hydroponic form). Availability was reported to have remained stable over the preceding six months.

Use: As in all previous years of the IDRS, cannabis use was common, and hydroponic cannabis continued to dominate the market with the majority in all jurisdictions reporting it as the form most used. The use of outdoor crop or bush cannabis in the six months preceding interview was also common (from 37% in VIC to 70% in the ACT) while the use of hashish (9% in VIC to 31% in WA) and hash oil (6% in the ACT to 27% in WA) in the preceding six months was also reported in all jurisdictions. Increases in hashish use were noted in the ACT (7% in 2005 to 21% in 2006), WA (19% in 2005 to 31% in 2006) and QLD (12% in 2005 to 30% in 2006), with both WA and QLD also recording increases in hash oil use (of more than 10% respectively).

Table 4: Estimated availability and median price of cannabis, by jurisdiction, 2000-2006

	Availability# 2006		Price $ per gram											Median price $ per ounce										
			2000	2001	2002	2003**		2004**		2005**		2006		2000	2001	2002	2003**		2004**		2005**		2006	
	Hydro	Bush				Hydro	Bush	Hydro	Bush	Hydro	Bush	Hydro	Bush				Hydro	Bush	Hydro	Bush	Hydro	Bush	Hydro	Bush
NSW	Very easy; Stable	Mixed reports; Stable	20	20	20	20	20	20	20	20	20	**20**	**20+**	300	320	300	310	225	300	175	300	200	**285**	**200+**
ACT	Easy to very easy; Stable	Easy; Stable/ fluctuates	25	20	20	20	20	20	20	20	20	**20**	**15**	300	280	250	322.5	200	280	200	290	250	**300**	**190**
VIC	Very easy; Stable	Difficult/ mixed reports; Stable	20	20	20	20	20	20	20	20	20	**20**	**10+**	280	250	250	280	250	240	180	250	200+	**200**	**-**
TAS	Very easy; Stable	Easy to very easy; Stable	25	25#	25	25	25	25	25	25	22.5+	**25**	**15+**	300	280	250	300	150	280	180	290	200	**250**	**170**
SA	Easy; Stable	Easy/ mixed reports; Stable/ more difficult	25*	25*	25*	20*	25*	25*	25*	25*+	25*	**25***+	**25***+	220	200	180	200	180	200	180	200	200	**200**	**160+**
WA	Easy to very easy; Stable	Easy; Stable	25^	25^	25	25	20	25	25	25	25	**25**	**25+**	300	250	250	270	200	250	200	300	232.5	**280**	**200**
NT	Easy; Stable	Easy; Stable	25	25	25	25	25	25	23	25	25	**30**	**25+**	300	300	300	305	200	300	200	300	200	**300**	**200+**
QLD	Easy to very easy; Stable	Easy; Stable	25	25	25	25	15	25	20	25	25+	**25**	**20+**	300	320	300	310	240	300	200	300	230+	**290**	**250+**

Source: IDRS IDU interviews

* Approximately 2.5 grams, # approximately 1.5 grams, ^ approximately 2 grams

+ Reports based on small numbers (n<10), interpret with caution (noted from 2005 onwards only)

Participants were asked 'How easy is it to get at the moment?' and 'Has this changed in the last six months?'

****** In 2003, 2004 and 2005 IDU were asked about the price of hydroponic cannabis and bush cannabis separately

Other opioids/drugs

Twenty-three percent of the national sample reported the use of illicit (diverted) methadone syrup and 15% reported the use of illicit Physeptone tablets in the six months preceding interview. Of those who reported recent methadone use, 23% stated that illicit methadone was the form of methadone used most often. The injection of illicit methadone syrup (44%) and illicit Physeptone (45%) was highest in TAS.

Of the national sample, 20% had recently used licit buprenorphine and 23% had used illicit buprenorphine. Thirty-one percent of IDU in WA reported the recent injection of illicit buprenorphine, followed by 29% in VIC, 27% in the ACT, 25% in QLD, 15% in NSW, 11% in the NT and 10% or less in the remaining jurisdictions. QLD reported the highest level of injecting licit buprenorphine (20%).

Five percent of the national sample reported recent use of licit buprenorphine-naloxone and 3% recent use of illicit buprenorphine-naloxone. The use of illicit buprenorphine-naloxone was highest in WA (9%), followed by QLD (7%), and 5% or less in the other jurisdictions. QLD (12%), followed by VIC (11%) reported the highest levels of recent licit buprenorphine-naloxone use, compared to the ACT and TAS where there were no reports of licit use.

Substantial proportions of IDU reported recent injection of morphine. Morphine injection remained highest in the NT and TAS. The majority of participants who reported they had used morphine stated they mainly used 'illicit' morphine, i.e. morphine that was not from a prescription in their own name.

Nationally, 6% of the sample had recently used licit oxycodone and 23% had recently used illicit oxycodone. WA (42%) followed by TAS (29%) reported the highest level of recent illicit oxycodone use.

Consistent with previous years, approximately two-thirds (67%) of the national sample had recently used benzodiazepines on a median of 48 days in the preceding six months. Twelve percent of the national sample reported recently injecting benzodiazepines, with the highest proportion of IDU reporting that they had done so recorded in TAS (34%).

Nineteen percent of the national sample reported using pharmaceutical stimulants in the six months preceding interview, with the highest proportions recorded in WA (45%), TAS (40%) and the ACT (38%). Fourteen percent of the national sample reported injecting pharmaceutical stimulants during this period, and again, prevalence was highest in TAS (36%), the ACT (32%) and WA (29%).

Associated harms

The proportions of IDU who reported lending or borrowing needles, and sharing other injecting equipment declined slightly from 2005 figures. Sharing of injecting equipment remained the most prevalent (at one-third of the national sample), which raises concerns about the transmission of BBVI, in particular HCV, which is prevalent among IDU in Australia.

Consistent with previous years, the majority of IDU (70%) in the national sample reported that they had last injected at home. However, substantial minorities in various jurisdictions reported injecting in public locations such as on the street, in a park, a public toilet or a car.

Approximately two-thirds (65%, as in 2005) of the national sample reported experiencing injection-related problems in the month preceding interview, with significant scarring/bruising (45%) and difficulty injecting (43% - indicating poor vascular health) being most commonly reported. Injection-related problems that IDU attributed to the injection of oral preparations (such as buprenorphine, morphine and benzodiazepines) were also reported.

Approximately one-third (38%) of the national sample reported experiencing a mental health problem other than drug dependence in the preceding six months and among this group 70% reported attending a mental health professional. These figures have remained relatively stable since 2005. As in previous years, depression (27%) and anxiety (14%) were the most commonly reported problems.

One-third (33%) of the national sample reported being verbally aggressive following the use of drugs, while a smaller proportion (13%) reported physical aggression, and the most common drugs reported for both types of aggression were alcohol, ice/crystal and benzodiazepines.

Just under two-thirds (60%) of the national sample had driven a car in the preceding six months, and among this group, over three-quarters (78%) had driven while under the influence of an illicit drug, most commonly cannabis (49%) and heroin (37%). These trends, however, differed at the jurisdictional level. A relatively smaller proportion of participants (16%) reported having driven while under the influence of alcohol.

Consistent with previous years, just under half (45%) of the national sample reported having engaged in at least one criminal activity in the preceding month, most often drug dealing (32%) and property crime (20%). Just under half (43%) of the national sample also reported being arrested in the preceding twelve months, most often for property crime (16%).

Implications

Australian Drug Trends 2006 presents the findings of the seventh year in which the complete IDRS was conducted in all jurisdictions. This allows the opportunity to present trends over time of standardised, directly comparable data relating to illicit drug use and markets collected in every jurisdiction in Australia. Data from recent years have highlighted the dynamic nature of drug markets and the need to monitor fluctuations to provide information on the way they impact other drug markets. The IDRS provides an opportunity to examine trends between and within jurisdictions with the aim of informing further research and policy decisions. The continued monitoring of illicit drug markets across Australia for changes in the price, purity, availability, use patterns and the associated harms of different drugs will add to our understanding of the markets and our ability to inform strategic policies to limit harms.

As in previous years of the IDRS, the 2006 findings indicate that, although there are some commonalities in drug trends across the country, there is also substantial variation. For example, the diversion and misuse of specific pharmaceutical drugs raise issues to consider in different

jurisdictions. Harm reduction strategies need to be individually tailored to the particular types of substances used and the problems associated with them within each state and territory.

The 2006 IDRS data suggests that there have been changes to the heroin market throughout Australia in the past year. Although heroin remained the drug of choice for the largest proportion of participants sampled in the 2006 IDRS, decreases in both the prevalence and frequency of use were observed in most jurisdictions (to some of the lowest levels reported since the heroin drought of 2001). Availability also appeared to have decreased to some extent, with a larger proportion of participants reporting that it was currently difficult to obtain heroin, and that it had become more difficult to obtain in the last six month as compared with 2005. Heroin purity levels remained low, with the largest ever proportion of IDU reporting current purity to be 'low' since 2000, and the price was stable to increasing. These trends in heroin use and associated outcomes in the context of continued low heroin purity and decreasing availability require ongoing monitoring.

As there have been substantial changes in the methamphetamine market in recent years, continued monitoring of market fluctuation and patterns of use is required. A National Drug Law Enforcement Research Fund (NDLERF) funded project, conducted by NDARC, the Australian Customs Service and the NSW police, focused on developing our understanding of these markets (McKetin and McLaren, 2004).

In 2006, 23% of IDU nominated methamphetamine as their drug of choice, a figure which has remained stable over the past several years, despite the increased prevalence of ice/crystal use observed in all states and territories. The use of speed powder tended to have remained stable or decreased, and patterns of recent base use remained generally stable, with the exception of large decreases noted in TAS, and to a lesser extent WA. Importantly, in 2006, prevalence and frequency of use of the three forms of methamphetamine was fairly similar, despite ice/crystal being just as accessible as the other forms of methamphetamine and of higher perceived purity. Further, although the prevalence of speed powder and ice/crystal use among the sample was similar to the prevalence of heroin use, frequency of use was substantially lower than for heroin and other drug types (12 or less days in the past six months). Eight percent only of those who used methamphetamine in the past six months reported daily use. The finding of sporadic methamphetamine use, and that heroin is still the preferred drug of choice among the majority of IDU, suggest that the increase in use of ice/crystal among this group may be related to the continued lack of high quality heroin rather than a preference for methamphetamine per se.

The use of methamphetamine, however, does raise issues for health and law enforcement professionals. Reports by KE suggest that there are concerns among health and law enforcement professionals as to how to deal with an increase in demand for assistance with problems associated with methamphetamine use. The problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia and cardiac difficulties) may develop more quickly with sustained use of the potent crystal form (Degenhardt and Topp, 2003), and health and law enforcement professionals who work with drug using populations may need to develop strategies for managing these negative effects. As availability of the higher potency forms of methamphetamine appears to be relatively stable, clear and practical harm reduction information on the use of ice/crystal should be developed and distributed to users and health workers, in addition to the development and implementation of practical strategies and training for dealing with affected individuals. Similarly, investigation into the requirement for specialist treatment programs and/or services for primary consumers of these drugs is warranted.

Customs continue to seize cocaine at the Australian border, indicating that there is an ongoing cocaine market in Australia. The 2006 IDRS suggested that the frequency of cocaine use among NSW IDU continued to increase, while remaining low and sporadic in all other jurisdictions. IDU in NSW considered cocaine as 'easy' or 'very easy' to obtain, and the majority reported availability as stable in the preceding six months. The price of a cap of cocaine remained stable at $50 in NSW, which was the only jurisdiction where sufficient numbers of participants were able to comment. Many of the small number of participants able to comment in other jurisdictions reported cocaine to be mainly 'difficult' or 'very difficult' to obtain. As cocaine use is sporadic in jurisdictions other than NSW, there is a need to further investigate the cocaine markets in Australia. The Ecstasy and Related Drugs Reporting System (EDRS, formerly the Party Drugs Initiative or PDI) provides information on cocaine use among regular ecstasy user populations across the country (Stafford et al., 2006b). The EDRS continued to be funded in 2006 by the Australian Government Department of Health and Ageing. There has also been a study investigating cocaine markets in Australia examining the characteristics and dynamics of cocaine supply and demand in Sydney and Melbourne among high socio-economic status users, recreational polydrug users and IDU in an attempt to provide more detailed information (Shearer et al., 2005).

Cannabis remained one of the most commonly used illicit drugs among Australian IDU, and one of the most frequently used. The cannabis market and patterns of use continued to be relatively stable. Cannabis remained readily available in all jurisdictions, with hydroponically grown cannabis continuing to dominate the market, and bush also readily available and commonly used. The potency of hydroponic cannabis continued to be rated by IDU as 'high' and bush cannabis as 'medium'. Although IDU interviewed for the IDRS often report very frequent cannabis use, it is not the case that these groups form the majority of the cannabis using population in Australia. General population rates in Australia suggest that lifetime use is reported by at least one in three people aged 14 years and over (Australian Institute of Health and Welfare, 2005a), and cannabis use remains common among the broader community in this country. Given that many IDU reported cannabis potency as high, and that much of the cannabis used was apparently hydroponically grown, future work may further examine the characteristics and potency of street samples of cannabis to validate these reports.

Data from recent years of the IDRS have pointed to the misuse of a growing number of pharmaceutical preparations. In the context of reduced heroin availability and low heroin purity, many IDU may be turning to other opioids either instead of, or as well as heroin. In 2006 morphine remained the most commonly injected pharmaceutical, and increases in prevalence of use of illicit morphine were observed in a number of jurisdictions. Use of illicit morphine was highest in the NT and TAS where heroin has traditionally not been freely available and where methadone and morphine have dominated the markets. The majority of participants who reported they had used morphine stated they mainly used 'illicit' morphine, i.e. morphine not from a prescription in their own name. Further investigation into where IDU are accessing or obtaining the morphine they are using would be worthwhile.

Half of the national sample reported recent use of methadone and, of those, about two-thirds (62%) reported injecting it (compared to half in 2005). A high rate of methadone injection 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 monitoring began. This is a cause for concern, given that the injection of

methadone in either syrup or tablet form is associated with vascular damage and increased risk of overdose (Darke et al., 1996).

Diverted use (both oral and injecting) of buprenorphine (Subutex) was reported by notable proportions of IDRS IDU. A number of key experts expressed concern regarding the diversion and injection of buprenorphine, with some reporting increasingly restrictive dosing protocols in an attempt to reduce the incidence of diversion. Although not widespread, the diversion and injection of buprenorphine-naloxone (Suboxone), a recently introduced treatment for opioid dependence, was somewhat surprising given both its recent introduction and the inclusion of naloxone in this preparation. In light of the harms associated with injecting these drugs (vascular damage, infections and overdose), continued monitoring is recommended as these treatments are expanded across Australia.

Again consistent with KE reports, there was evidence of a small increase in use and injection of illicit oxycodone. However, frequency of use remained sporadic. Intravenous administration of benzodiazepines has proved resilient among IDU despite the removal of temazepam gel capsules from the market due to the harms associated with their use. Approximately one-third to one-half of IDU in all jurisdictions reported the use of benzodiazepines obtained illicitly in the preceding six months (from 31% in VIC to 46% in TAS), and 12% overall had injected benzodiazepines (both licit and illicit). In 2006, IDU also reported experiencing injection-related harms specific to these drug types.

Rates of sharing of injecting equipment (not including needles) decreased slightly in 2006; however, the rates remain relatively high (33% of the national sample, compared to 37% in 2005). Consequently, continued emphasis on, and support for, targeted strategies to further reduce the rates of sharing of needles/syringes and other injection equipment by IDU is required. In addition, as injection-related problems continue to be reported, information on procedures for cleaning injection equipment, and the harms associated with use of non-sterile equipment, should be actively provided to consumers. Continued emphasis on targeted strategies to reduce the rates of sharing of needles/syringes and other injection equipment (such as tourniquets, filters and mixing containers), and to improve awareness and adoption of safe injection practices and vein care among IDU is clearly warranted. The sharing of injecting equipment also raises concerns about the transmission of BBVI, in particular HCV, which is prevalent among IDU in Australia.

Reports of users driving under the influence of illicit drugs were once again a finding in this year's IDRS. Further investigation - for example, the frequency and circumstances under which it occurs - is already an area of considerable research effort (Kelly et al., 2002). It is important to disseminate information to users about the effects of different drug types upon driving ability, and, indeed, of the negative effects of polydrug use on such abilities. Many jurisdictions have, or are considering introducing random roadside drug testing, and the IDRS data will allow evaluation of the effectiveness of these strategies and inform policy decisions. For instance, following implementation of roadside drug-testing by Tasmania Police and associated driver education campaigns, reports of driving while affected by most drug types remained unchanged in 2006; however, there were declines in reports of driving under the influence of cannabis, the drug most focused on in media reports of this issue. This suggests that drug-driving interventions may indeed have an impact in this demographic and further monitoring and evaluation of these strategies among this group is

recommended, particularly where this could be used to tailor campaigns to this particularly risky demographic.

Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among regular IDU, it cannot provide information on drug use and harms among all groups of drug users. The EDRS, which has been funded in every jurisdiction in Australia from 2003-2006, has documented patterns and trends in use among regular ecstasy users (Stafford et al., 2006b). The information provided by the EDRS is an important addition to Australia's monitoring of drug use and harms. Given that the use of new drugs and diversion of pharmaceutical drugs appears to be increasing, future research might include examination of groups who report using these drug types to investigate the patterns and circumstances of the use of newer drug types. Examination of trends in rural areas in Australia may also provide information about the patterns of use and harm among groups outside the major metropolitan centres of the country.

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug monitoring system funded by the Australian Government Department of Health and Ageing. The IDRS has been conducted in all jurisdictions 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 intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS 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 IDRS methodology consists of three components: interviews with injecting drug users (IDU); interviews with key experts (KE) who, through the nature of their work, have regular contact with illicit drug users; and an examination of existing indicator data sources related to illicit drug use, such as National Household Survey data on drug use, opioid overdose data, and purity of seizures of illicit drugs made by law enforcement agencies. These three data sources are triangulated against each other in order to minimise the biases and weaknesses inherent in each one, and to ensure valid emerging trends are documented.

The complete IDRS was trialled in NSW in 1996, and was expanded to include SA and VIC in 1997. In 1999, the complete IDRS was conducted in the same three jurisdictions, while a 'core' IDRS, consisting of KE interviews and examination of existing indicator data sources, was conducted in all other jurisdictions. From 2000, the complete IDRS was conducted in all jurisdictions. This advance has provided seven years in which standardised, directly comparable data relating to illicit drug use and markets were collected in all jurisdictions. The *Australian Drug Trends 2006* report presents these findings.

To provide an understanding of some of the reasons for differences between jurisdictions, detailed reports describing drug trends in each jurisdiction can be obtained from the National Drug and Alcohol Research Centre (NDARC) via the NDARC website: national http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/IDRSNational, and jurisdictional http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/IDRSJurisdictional TAS: (de Graaff and Bruno, 2007); NSW: (Black et al., 2007); VIC: (Jenkinson and Quinn, 2007); WA: (Fetherston and Lenton, 2007); SA: (White et al., 2007); QLD: (Kinner and Lloyd, 2007); NT: (Moon, 2007); ACT: (Campbell and Degenhardt, 2007).

Since 2000, trends in the use of ecstasy and related drugs have formed a separate, specialised project called the EDRS (formerly known as the PDI). The EDRS adopts the same methodology as the IDRS, and results are reported elsewhere (White et al., 2004, White et al., 2003, Breen et al., 2002, Stafford et al., 2005a, Stafford et al., 2006b, Dunn et al., 2007). Copies of these reports are available from the above website addresses.

1.1 Study aims

The primary aims of the 2006 national IDRS were:

1. to document the price, purity, availability and patterns of use of the four main illicit drug classes in this country: namely heroin, methamphetamine, cocaine and cannabis; and

2. to detect and document emerging drug trends of national significance that require further and more detailed investigation.

2.0 METHOD

The 2006 IDRS monitored trends in illicit drug markets using the methodology trialled by Hando and colleagues in NSW, VIC and SA (Hando et al., 1997b, Hando et al., 1998). In 2006, 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 IDU;

2. a semi-structured interview with 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 IDU survey and/or trends suggested by indicator data.

Comparable methodology was followed in each site for individual components of the IDRS. Any differences in methodology have been highlighted. Further information on methodology in each jurisdiction in 2006 can be found in the jurisdictional Drug Trends 2006 reports, available from the NDARC website.

2.1 Survey of injecting drug users

A total of 914 IDU were interviewed in 2006. Research has continually demonstrated that patterns of extensive polydrug use are the norm among Australian IDU (McKetin et al., 2000). As such, they can be considered an appropriate 'sentinel' population of drug users who provide information on drug use patterns and trends. The information from the IDU survey is not representative of illicit drug use in the general population, nor is the information representative of all illicit drug users, but is indicative of emerging trends that warrant further monitoring.

The 914 IDU who participated in the 2006 IDRS were interviewed between June and August, 2006. The sample sizes in each jurisdiction were: NSW, n=152; VIC, n=150; NT, n=100; QLD, n=112; ACT, n=100; SA, n=100; TAS, n=100; and WA, n=100. The sample sizes reflect predetermined quotas. To be eligible to participate in the survey, IDU needed to be at least 16 years of age (due to ethical constraints), to have a history of injecting at least monthly during the six months preceding the interview, and to have been a resident for at least twelve 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 $30 for their time and expenses incurred. Informed consent to participate was obtained prior to the 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 2005 IDRS (Stafford et al., 2006a), which was based on previous NDARC studies of heroin and amphetamine users (Darke et al., 1992, Darke et al., 1994). In 2006, amendments were made to the questionnaire in an attempt to collect more detailed information on blood-borne viral infection testing and status, use of the newly-listed pharmacotherapy buprenorphine-naloxone (Suboxone), and driving under the influence of drugs/alcohol.

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 278 KE were interviewed, either by telephone or in person, between June and early November 2006. All KE in TAS and the NT were interviewed in person, while the majority of KE in VIC, QLD and SA were interviewed in person. All KE in the ACT and WA and all but one in NSW were interviewed over the phone. Criteria for entry to the KE component of the IDRS were at least weekly contact with illicit drug users in the six months preceding the interview, or contact with at least ten 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 the interview. The purpose and methodology of the IDRS were described to KE prior to the interview, and they were given the opportunity to obtain more information about the study before deciding whether to participate.

The numbers of KE recruited in each jurisdiction were: NSW, n=57; QLD, n=40; TAS, n=31; SA, n=29; VIC, n=58; WA, n=21; ACT, n=20; and NT, n=22. KE included GPs, nurses, pharmacists, drug dealers, staff of drug treatment agencies, NSP, research organisations, user groups, law enforcement agencies, legal agencies, youth services, mental health/counselling services, ambulance services and general/community health agencies.

In 2006, heroin and other opioids (such as morphine) were the most discussed drug classes by KE. As in previous years, a greater proportion of KE discussed heroin and other opioids in VIC (47%), the NT (41%; predominantly pharmaceutical opioids), NSW (40%) and the ACT (35%). Smaller proportions discussed heroin and other opioids in SA (17%), TAS (16%; pharmaceutical opioids only) and WA (10%; pharmaceutical opioids only). Three-quarters (76%) of the KE sampled in WA, two-thirds in SA (66%), half in the ACT (50%) and half in TAS (52%) discussed methamphetamine. Smaller proportions discussed methamphetamine in NSW (30%), the NT (23%) and VIC (14%). Cannabis was also discussed in TAS (42%) and the NT (32%); and to a lesser extent by KE in the

other jurisdictions (NSW 25%, VIC 19%, SA 17%, WA 14% and the ACT 10%). The remaining KE commented on drug trends generally, or focused on steroids or benzodiazepines. As in previous years, there was an absence of KE comments on cocaine; six (11%) discussed cocaine in NSW, while there were no KE in other jurisdictions commenting on cocaine. In QLD, KE did not predominantly focus on one drug, instead focusing on multiple drugs, dependent on their expertise.

KE interviews took approximately 45 minutes to administer. The 2006 KE interview schedule was very similar to KE interviews administered in previous years, which were based on previous NDARC research for the World Health Organization (Hando et al., 1997a). 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 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. Once the interviews were transcribed, basic content analysis (Kelleher, 1993) was used to identify recurring themes within drug classes.

KE reports are particularly useful in providing a context within which IDU data may be understood, for example, in providing an indication of the extent to which trends in key drug markets may be extending to groups of users in other areas. Detailed reports of KE interviews may be found in each jurisdictional report: TAS: (de Graaff and Bruno, 2007); NSW: (Black et al., 2007); VIC: (Jenkinson and Quinn, 2007); WA: (Fetherston and Lenton, 2007); SA: (White et al., 2007); QLD: (Kinner and Lloyd, 2007); NT: (Moon, 2007); ACT: (Campbell and Degenhardt, 2007).

2.3 Other indicators

A number of secondary data sources were examined to supplement and validate data collected from the IDU and KE surveys. These included data from survey, health, research and law enforcement sources. The pilot study for the IDRS (Hando et al., 1997b) recommended that such data should:

- be available at least annually;
- include 50 or more cases;
- provide brief details relating to illicit drug use;
- be collected in the main study site (i.e. in the city or jurisdiction of the study); and
- include details on the four main illicit drugs under investigation.

Data sources that are included in the national IDRS report 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 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 AIHW.

- Drug injection prevalence data and HIV/HCV seroprevalence data from the annual Australian needle and syringe program survey, conducted by the National Centre for HIV Epidemiology and Clinical Research (NCHECR).

- Pharmacotherapy statistics provided by the Australian Institute of Health and Welfare.

- National notifiable diseases surveillance data provided by the Australian Government Department of Health and Ageing.

- 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 Service (ACS) for the financial year 2004/05.

Indicator data reported in the individual state 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

Since 2000, the complete IDRS has been conducted in all jurisdictions, providing comparable data across Australia. The year 2006 is the seventh year that directly comparable data drawn from standardised, quantitative IDU interviews conducted in all jurisdictions have been available, allowing data to be presented not only across jurisdictions but also over time.

The IDU survey results are used as the primary basis on which to estimate drug trends. IDU surveys 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 is also presented in this report.

For continuous, normally distributed variables, *t*-tests were employed and means reported. Categorical variables were analysed using χ^2. To investigate differences between jurisdictions, dummy variables were created and an individual state was compared against all the other jurisdictions combined. All analyses were conducted using SPSS for Windows, Version 14.0.2 (SPSS inc, 2006).

3.0 RESULTS

3.1 Overview of the IDU sample

A total of 914 IDU were interviewed for the 2006 IDRS. The national sample comprised of 152 IDU from Sydney (NSW), 150 from Melbourne (VIC), 112 from Brisbane (QLD) and 100 each from Canberra (ACT), Hobart (TAS), Adelaide (SA), Perth (WA) and Darwin (NT). The mean age of the overall sample was 34.5 years (SD 8.9; range 16-63), and 64% were male (Table 5). Female participants were, on average, significantly younger than males (32.7 versus 35.5 years, t_{904}=-4.5, $p<$ 0.001). The majority (97%) of the sample spoke English as their main language at home, and 13% identified as being of Aboriginal and/or Torres Strait Islander (A&TSI) descent (NSW did not collect this information in 2004). Sixty-nine percent of the sample currently resided in their own house or flat (including renting), and 9% lived in their parents' or family home. Eleven percent described their current accommodation as a boarding house or hostel, 6% were homeless and a further 4% resided in temporary accommodation.

The mean number of school years completed by the overall sample was 9.9 (SD 1.5; range 3-12), and 49% had completed courses after school; 39% possessing a trade or technical qualification, and 9% having completed a university degree or college course. About three-quarters (77%) of the sample were unemployed, 11% were employed on a part-time or casual basis, 5% were employed full-time, 5% were engaged in home duties and 2% were students. Two percent of the sample reported that their main source of income was from sex work.

Just under half (44%) of the participants were currently in some form of drug treatment, with 27% in methadone, 10% in buprenorphine (Subutex), and 3% in buprenorphine-naloxone (Suboxone) maintenance treatment respectively. Over the last six months, again 44% of the sample had been in some form of drug treatment; 32% having been in methadone maintenance, 18% in buprenorphine maintenance, 9% in drug counselling, 4% in detoxification, 2% in a therapeutic community and 1% each in naltrexone treatment and narcotics anonymous.

Fifty-one percent of the sample had previously been imprisoned; males were significantly more likely to report previous imprisonment (58% of males versus 37% of females; OR=2.3; 95% CI 1.80, 3.15). The demographic characteristics of the 2006 sample are similar to those of the national sample of IDU recruited for the IDRS in previous years (Stafford et al., 2006a, Stafford et al., 2005b, Breen et al., 2004b, Breen et al., 2003a, Topp et al., 2002, Topp et al., 2001, McKetin et al., 2000). The trend of increasing average age of IDU in the IDRS continued in 2006, consistent with other monitoring systems such as the Australian Needle and Syringe Program (NSP) survey (National Centre in HIV Epidemiology and Clinical Research, 2005b).

Table 5: Demographic characteristics of the national sample, 2000-2006

	2000 N=910	2001 N=951	2002 N=929	2003 N=970	2004 N=948	2005 N=943	2006 N=914
Mean age in years (SD; range)	28.8 (8.0; 14-64)	30.1 (8.4; 14-58)	30.1 (8.2; 15-57)	32.9 (8.6; 16-62)	33.1 (8.6; 16-56)	34.1 (8.9; 16-63)	**34.5 (8.9; 16-63)**
% male	68	67	64	64	66	64	**64**
% English speaking background	94	95	96	97	95	97	**97**
% A&TSI	11	14	14	14	10^	12	**13**
Mean years school education (SD; range)	10.4 (1.7; 0-16)	10.3 (1.8; 0-14)	10.3 (1.7; 0-13)	10.1 (1.6; 1-13)	10.1 (1.7; 2-13)	9.9 (1.8, 0-12)	**9.9 (1.5; 3-12)**
% completed trade/technical qualification	31	37	37	49	37	36	**39**
% completed university/college	12	9	10	10	10	11	**9**
% unemployed	68	73	73	76	77	73	**77**
% students	5	4	3	2	2	3	**2**
% prison history	43	44	45	43	46	50	**51**
% currently in drug treatment	34	36	37	40	46	48	**44**

Source: IDRS IDU interviews
^ Information not obtained in NSW for 2004

As in previous years, the majority of participants in all jurisdictions were male (Table 6). Consistent with the IDU interviewed in 2005, the TAS and VIC samples contained the youngest participants and the NT sample the oldest. Sample characteristics within jurisdictions were broadly consistent with previous years.

Similar to 2005, the NSW sample contained the largest proportion of IDU who identified themselves as Aboriginal and/or Torres Strait Islander (22%) and VIC the least (7%). The WA sample contained a slighter higher proportion of students than the other samples. As in previous years, IDU recruited in NSW were significantly more likely to have a history of imprisonment than IDU recruited in other jurisdictions (63% vs. 48%; OR=1.8, 95% CI 1.3, 2.6), while TAS IDU were less likely to have a prison history (31% vs. 53%; OR=0.39, 95% CI 0.3, 0.6). In 2006, IDU in VIC were also more likely to have ever been incarcerated than IDU recruited from other jurisdictions (59% vs. 49%; OR=1.5; 95% CI 1.0, 2.1).

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 IDU who are current and active participants in illicit drug markets; as a result, those IDU who reported being in treatment may be unrepresentative of treatment populations more generally.

Table 6: Demographic characteristics of IDU, by jurisdiction, 2006*

	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Mean age in years	35 (34)	36 (35)	31 (31)	30 (31)	37 (36)	37 (35)	38 (38)	34 (34)
% male	61 (62)	74 (68)	61 (60)	65 (62)	53 (64)	66 (66)	70 (71)	68 (62)
% English speaking background	92 (94)	100 (98)	93 (94)	99 (100)	98 (96)	99 (99)	99 (98)	96 (100)
% Aboriginal and/or Torres Strait Islander	22 (23)	10 (9)	7 (6)	14 (11)	8 (8)	15 (6)	16 (15)	13 (16)
% heterosexual	84 (83)	91 (89)	85 (87)	91 (87)	78 (82)	85 (88)	87 (89)	88 (82)
Mean years of school education	9 (9)	10 (10)	10 (10)	10 (10)	10 (10)	10 (11)	10 (10)	10 (10)
% completed trade/tech qualification	39 (23)	23 (39)	41 (47)	35 (24)	43 (44)	44 (42)	30 (36)	58 (31)
% completed university/college	3 (7)	12 (13)	7 (7)	10 (7)	17 (12)	10 (16)	12 (18)	9 (13)
% unemployed	82 (85)	84 (69)	89 (81)	71 (64)	71 (62)	72 (66)	76 (81)	66 (64)
% students	3 (1)	1 (3)	0 (1)	1 (8)	2 (5)	6 (2)	0 (1)	<1 (2)
% prison history	63 (79)	48 (38)	59 (53)	31 (34)	52 (46)	48 (33)	52 (56)	45 (44)
% currently in drug treatment	56 (67)	50 (57)	40 (40)	57 (54)	52 (48)	45 (50)	13 (24)	37 (32)

Source: IDRS IDU interviews
***** Comparable data from 2005 presented in brackets

3.2 Drug use history and current drug use

3.2.1 First drug injected

The mean age of first injection of the overall sample was 19.1 years (SD 5.9; range 9-54). IDRS results from previous years (Stafford et al., 2006a, Stafford et al., 2005b, Breen et al., 2004b, Breen et al., 2003a, Topp et al., 2002, Topp et al., 2001, McKetin et al., 2000) and other studies (Lynskey and Hall, 1998) have identified a decrease in the age of initiation among new recruits to injecting. To investigate this trend, the overall sample of 914 IDU was divided into two groups: those aged ≤ 25 years at the time of interview (n=166), and those aged > 25 years (n=747). The younger group was significantly, on average four years younger at the time of first injection than the older group (15.6 versus 19.9 years; t_{909}=-8.8; p< 0.001). Overall, there was a significant correlation between age at the time of interview and age of initial injecting (Pearson's r=0.39; p< 0.001), indicating that more recent cohorts of IDU in Australia are initiating injecting at an earlier age (consistent with previous research by Lynskey and Hall, 1998). This correlation was significant in all jurisdictions, with the correlation coefficients ranging from Pearson's r=0.27 (WA) to r=0.48 (VIC).

Overall, amphetamine was reported by half (49%) of the national sample as the drug first injected, followed by heroin (41%), morphine (4%) and cocaine (2%). In NSW (62%) and VIC (51%), the majority of participants reported heroin as the first drug injected (Table 7). In the remaining jurisdictions, the majority of IDU first injected amphetamine (from 48% in WA to 61% in TAS). Nearly one-fifth (18%) of participants in TAS reported first injecting morphine; making it the second most common drug to be first injected in this jurisdiction.

Table 7: Drug use patterns among IDU, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Mean age first injected	19.1	18.7	18.4	18.3	18.1	20.1	19.4	21.3	19.3
First drug injected (%)									
Heroin	41	62	46	51	12	39	39	29	33
Amphetamine	49	33	49	46	61	49	48	57	55
Morphine	4	0	0	<1	18	2	7	8	3
Cocaine	2	3	3	<1	0	2	1	2	4
Methadone	<1	<1	1	0	3	0	2	0	<1
Other drugs	3	<1	1	2	6	8	3	3	5
Drug of choice (%)									
Heroin	48	49	46	59	36	63	46	31	49
Methamphetamine*	23	23	34	17	28	13	23	19	28
Morphine	8	2	2	<1	13	9	8	30	10
Cocaine	4	18	0	1	0	6	0	3	<1
Methadone	3	1	4	0	15	1	1	3	3
Buprenorphine	<1	0	1	2	1	0	2	0	<1
Cannabis	7	3	9	11	0	5	7	9	7
Other drugs	6	3	4	9	7	3	13	4	2
Last drug injected (%)									
Heroin	26	42	30	45	1	24	18	0	32
Methamphetamine*	30	27	44	27	30	30	29	18	38
Morphine	20	6	5	6	23	21	23	72	15
Cocaine	4	20	0	<1	0	1	0	0	2
Methadone	8	1	8	1	39	11	4	3	5
Buprenorphine	7	0	9	19	2	10	11	1	4
Other drugs#	5	4	4	1	5	3	15	6	5
Drug injected most often last month (%)									
Heroin	27	38	33	48	1	28	20	1	32
Methamphetamine*	33	28	47	30	30	31	33	24	40
Morphine	18	5	5	5	20	21	21	68	16
Cocaine	4	21	0	1	0	1	0	0	<1
Methadone	8	1	8	1	43	5	5	5	3
Buprenorphine	6	0	5	14	1	10	6	1	5
Other drugs	5	7	2	0	5	4	15	1	3
Injection frequency last month (%)									
Not in last month	<1	<1	0	<1	0	1	0	1	0
Weekly or less	19	21	33	11	7	26	11	20	28
More than weekly (but not daily)	35	26	35	35	56	41	41	17	30
Once daily	17	15	15	21	20	14	14	21	16
2-3 times a day	20	21	12	21	12	13	27	38	15
> 3 times a day	9	17	5	11	5	5	7	2	11

Source: IDRS IDU interviews # Includes pharmaceutical stimulants

* Includes speed powder, base and ice/crystal (there were no reports of liquid methamphetamine use for these variables)

Note: prior to 2006, any reports of pharmaceutical stimulant use were included under methamphetamine in this table

3.2.2 Drug of choice

Heroin was nominated by approximately half (48%) of the national sample as the drug of choice, followed by methamphetamine (23%), morphine (8%) and cannabis (7%). Although heroin was nominated by the largest percentage of IDU in each jurisdiction, differences in the drug of choice between jurisdictions were noted, as has been the case in previous years (Table 7). In VIC and SA more than half of the IDU nominated heroin as their drug of choice and less than 18% methamphetamine. The ACT (34%) had the highest proportion of IDU who nominated methamphetamine as their drug of choice, followed by TAS and QLD (28%). Approximately one-third of IDU in the NT reported morphine as their drug of choice (30%), making it the most preferred drug after heroin in this jurisdiction. A substantial minority of IDU in TAS reported methadone (15%) as their drug of choice. Heroin is not as widely available in the NT and TAS and this may influence the reports of drug of choice; however, the data suggests that the majority of IDU in most jurisdictions prefer opioids. Cocaine was nominated as the drug of choice by 18% in NSW in 2006, making it the third most preferred drug in this jurisdiction following heroin and methamphetamine. This is an increase from previous years (4% in 2003, 8% in 2004 and 15% in 2005); however, it has not returned to those levels reported in 2002 (30%). As in 2005, VIC (11%) had the highest percentage of IDU reporting cannabis as their drug of choice, followed by the ACT and the NT (9%).

3.2.3 Last drug injected

Thirty percent of the national IDU sample reported that methamphetamine was the last drug injected, followed by heroin (26%), morphine (20%), and methadone (8%). Compared to 2005, this represents a substantial decrease in the proportion reporting heroin as the drug last injected (41% in 2005), and an increase in the proportion reporting morphine as the drug last injected (12% in 2005). Methamphetamine was the drug last injected by the largest proportion of IDU within the ACT, SA, WA and QLD samples (44%, 30%, 29% and 38% respectively; Table 7). Heroin remained the drug most likely to have last been injected in VIC and NSW (45% and 42% respectively), and was also last injected by substantial proportions of IDU in the ACT, SA, WA and QLD (18% to 32%). The NT recorded the lowest proportion of IDU reporting methamphetamine (18%) as the drug last injected but the highest reporting morphine (72%). Close to one quarter of IDU in TAS, SA and WA also reported last injecting morphine (23%, 21% and 23% respectively). TAS remained the only jurisdiction where over one-third of IDU had last injected methadone (39% in 2006; 34% in 2005); methadone being the drug most likely to have been last injected by IDU in this jurisdiction. As in previous years, NSW recorded the highest proportion of IDU as last injecting cocaine (20% in 2006; 17% in 2005).

3.2.4 Drug injected most often

There were similar patterns between the last drug injected and the drug injected most often in the last month. Thirty-three percent of the national sample reported injecting methamphetamine most often in the last month, followed by heroin (27%), morphine (18%), and methadone (8%). In comparison, in 2005, heroin was the drug injected most often (43%), followed by methamphetamine (29%) and morphine (12%). Similar to the last drug injected findings, methamphetamine was reported by the largest proportion of IDU as the drug injected most often in the ACT, SA, WA and QLD samples (47%, 31%, 33% and 40% respectively; Table 7). Heroin was injected most often by the majority of IDU in VIC and NSW (48% and 38% respectively), and by substantial proportions in all jurisdictions except TAS and the NT. In the NT, morphine was injected most often in the

preceding month by the majority of IDU (68%), and by about one-fifth of IDU in TAS (20%), SA (21%) and WA (21%). Similar to 2005, TAS (43%) reported the highest proportion of IDU who injected methadone most often in the preceding month of all the jurisdictions (43% in 2006; 34% in 2005); methadone being the drug most often injected in this jurisdiction. As in previous years, NSW recorded the highest proportion of IDU as injecting cocaine most often in the preceding month (21% in 2006; 15% in 2005).

3.2.5 Frequency of injection

Close to half (46%) of the 2006 national sample reported injecting daily in the month preceding interview: 17% injected once per day, 20% injected two to three times a day and 9% reported injecting more than three times a day. Thirty-five percent reported they had injected more than weekly but not daily and 19% reported injecting weekly or less. Frequency of injection was highest in the NT (Table 7), where 61% of participants had injected at least daily in the preceding month; 2% injecting more than three times a day. Approximately half of the IDU from NSW, VIC and WA also reported injecting at least daily, with 7% to 17% of these IDU injecting more than three times a day. The majority of participants in all other jurisdictions reported less than daily injection. The ACT and SA reported the lowest frequency of injection in 2006, with 68% reporting less than daily injection.

3.2.6 Trends over time

Whereas similar proportions of the 2002 (56%), 2003 (57%), 2004 (58%) and 2005 (57%) national samples nominated heroin as their drug of choice, in 2006 this figure decreased (48%). The proportion nominating heroin as their drug of choice has now decreased to the level reported in 2001, when, in response to the shortage of heroin availability throughout 2001, it appeared some IDU switched their drug of choice to stimulant drugs - methamphetamine in most jurisdictions and cocaine in NSW (Topp et al., 2002). In 2006, although the data suggests that the majority of IDU in most jurisdictions prefer heroin, it does appear that from 2005 to 2006 a small proportion of IDU switched their drug of choice to other opioids such as morphine.

The decrease in heroin as the drug of choice is reflected in the behaviour of the IDU: in 2006 heroin was the last drug injected by only 26% of the national sample compared to 41% in 2005. This represents a substantial decrease in the number of IDU reporting heroin as the drug last injected, and is the lowest recorded since national monitoring began. In contrast, there was an increase in the proportion reporting morphine as the drug last injected from 12% in 2005 to 20% in 2006. Interestingly, the proportion reporting methamphetamine as the last drug injected has remained stable at 30% (30% in 2005, 26% in 2004, 32% in 2003).

As in previous years, the IDU 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 (20% or greater prevalence in the preceding six months; for details of other drugs see Table 8). Use of tobacco, cannabis, alcohol, and benzodiazepines was common, with over two-thirds 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 (56%), cannabis (83%) and methamphetamine (any form; 79%). The majority of participants in all jurisdictions had used a minimum of three of the following five drugs, heroin, cocaine, methamphetamine (any form), cannabis and any other opioid (i.e. licit and illicit, including all pharmaceutical opioids and homebake) in the last six months. As such, the IDRS participants are well placed to provide information on drug use patterns and trends.

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 (67%) compared to all other jurisdictions (20% or less), while the use of licitly obtained morphine was considerably higher among IDU in the NT 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.

Table 8: Drug use history of the national sample, 2006

Drug Class	Ever used %	Ever Injected %	Injected last 6 mths %	Median days injected in last 6 mths*	Ever Smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever Swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Median days in treatment* last 6 mths	Median days used^ in last 6 mths*
Heroin	90	89	56	40	47	6	20	2	18	3	56		40
Homebake heroin	34	33	12	12	3	<1	1	<1	2	<1	12		12
Any heroin (inc. homebake)	*91*	*90*	*59*		*47*	*6*	*20*	*2*	*19*	*3*	*60*		
Methadone (prescribed)	58	33	13	38					57	31	32	180	180
Methadone (not prescribed)	51	39	19	6.5					32	10	23		6
Physeptone (prescribed)	11	8	<1	20	<1	<1	0	0	9	<1	1	15	20
Physeptone (not prescribed)	34	28	12	6	0	0	<1	<1	16	5	15		6
Any methadone (inc. Physeptone)	*79*	*57*	*30*	*20*					*71*	*39*	*49*		*150*
Buprenorphine (prescribed)	39	23	11	40	2	<1	<1	<1	38	18	20	150	90
Buprenorphine (not prescribed)	38	31	20	10	3	<1	<1	0	15	7	23		6
Any buprenorphine (exc. buprenorphine-naloxone)	*59*	*43*	*26*	*20*	*3*	*1*	*<1*	*<1*	*44*	*22*	*35*		*51*
Buprenorphine-naloxone (prescribed)	5	2	2	9	<1	<1			5	5	5	20	14.5
Buprenorphine-naloxone (not prescribed)	3	3	3	5	0	0			1	1	3		5
Any buprenorphine-naloxone	*8*	*4*	*4*	*5*	*<1*	*<1*			*6*	*6*	*8*		*14*
Morphine (prescribed)	26	21	9	64	<1	<1	<1	<1	15	5	11		90
Morphine (not prescribed)	72	69	45	12	<1	0	1	0	28	9	47		12
Any morphine	*80*	*75*	*49*	*20*	*1*	*<1*	*1*	*<1*	*36*	*13*	*52*		*20*
Oxycodone (prescribed)	12	7	4	30	<1	<1	<1	<1	9	3	6		21
Oxycodone (not prescribed)	40	36	20	5	<1	<1	<1	0	12	5	23		5
Any oxycodone	*45*	*38*	*22*	*5*	*<1*	*<1*	*<1*	*<1*	*18*	*7*	*26*		*6*
Other opioids (not elsewhere classified)	22	8	2	6	4	<1	<1	0	16	7	9		6

Source: IDRS IDU interviews **^** Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting. **+** Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone). Buprenorphine-naloxone was first listed on the Pharmaceutical Benefits Scheme (PBS) in April 2006, two months prior to participant interviewing. ***** Among those who had used/injected

Table 8: Drug use history of the national sample, 2006 (continued)

Drug Class	Ever used %	Ever Injected %	Injected last 6 mths %	Median days injected in last 6 mths*	Ever Smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever Swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Median days in treatment* last 6 mths	Median days used^ in last 6 mths*
Speed powder	90	86	55	12	16	4	47	7	38	6	56		12
Base/point/wax	62	60	37	7	5	2	3	<1	12	4	38		6.5
Ice/shabu/crystal	78	75	55	10	32	18	6	2	8	4	57		10
Amphetamine liquid	32	29	7	3					7	<1	7		3
Any form methamphetamine#	*96*	*94*	*78*	*24*	*40*	*21*	*50*	*8*	*45*	*11*	*79*		*24*
Pharmaceutical stimulants (prescribed)	6	3	<1		<1	0	<1	0	6	1	2		27
Pharmaceutical stimulants (not prescribed)	38	25	13		1	<1	2	<1	26	9	18		3
Any form pharmaceutical stimulants	*41*	*26*	*14*	*2.5*	*1*	*<1*	*2*	*<1*	*29*	*10*	*19*		*3*
Cocaine	67	51	17	6	12	2	38	7	7	1	20		5.5
Hallucinogens	72	15	1	2	3	<1	2	<1	70	9	9		3
Ecstasy	68	36	11	2	1	<1	8	2	62	22	26		3
Benzodiazepines	84	27	12	10	3	1	1	<1	82	66	67		48
Alcohol	96	7	<1	4					95	68	68		24
Cannabis	97										83		170
Antidepressants	53	2	<1	2.5					53	27	27		180
Inhalants	27										3		3.5
Tobacco	98										95		180

Source: IDRS IDU interviews

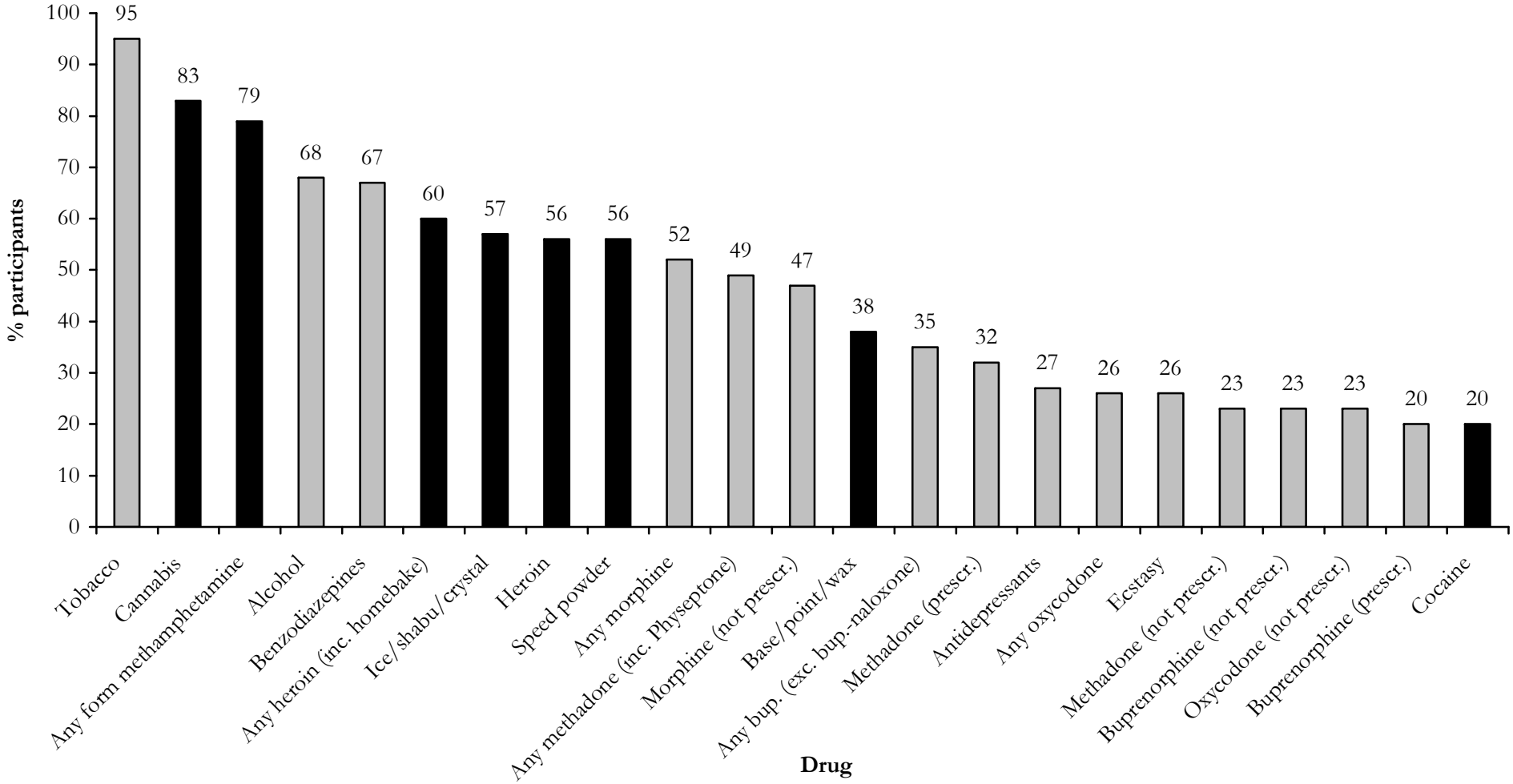
^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

+ Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone). Buprenorphine-naloxone was first listed on the Pharmaceutical Benefits Scheme (PBS) in April 2006, two months prior to participant interviewing

***** Among those who had used/injected

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 been excluded in 2006, and now comprise their own category

Figure 1: Prevalence of drug use among the national sample in the six months preceding interview, 2006*



Source: IDRS IDU interviews

***** Key drugs investigated in the IDRS (i.e. heroin, methamphetamine, cocaine and cannabis) shown in black

Note: 'Any heroin' includes heroin and homebake heroin. 'Any form methamphetamine' includes speed powder, base, ice/crystal and liquid amphetamine. 'Any methadone' includes licit (prescr.) and illicit (not prescr.) methadone syrup 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 Table 8. Buprenorphine-naloxone was first listed on the Pharmaceutical Benefits Scheme (PBS) in April 2006, two months prior to participant interviewing

The proportion of IDU who reported lifetime (i.e. having ever used) and recent (i.e. in the preceding six months) use of most drugs remained stable in 2006. Notable exceptions were: the proportions reporting lifetime and recent use of homebake, with an increase in the proportion reporting ever using (from 25% in 2005 to 34% in 2006) and recent use (from 7% in 2005 to 12% in 2006); the proportion reporting lifetime use of illicit buprenorphine, increasing from 28% in 2005 to 38% in 2006; an increase in the proportion reporting recent use of morphine from 44% in 2005 to 52% in 2006; an increase in the proportion reporting recent use of ice/crystal, from 43% in 2005 to 57% in 2006, and a decrease in the proportion of IDU reporting lifetime and recent use of 'other opioids' (e.g. codeine, pethidine, opium), with lifetime use decreasing from 35% in 2005 to 22% and recent use from 14% in 2005 to 9% in 2006 (Table 8).

3.2.8 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 in that time. Table 9 depicts the proportion of IDU in each jurisdiction who reported having used different forms of the drug in the preceding six months, in the columns headed 'used'. The columns headed 'used most' in Table 9 refer to the specific form of the drug class participants reported having used the most in the preceding six months. For example, 62% of IDU in the ACT sample (n=100) reported use of heroin powder in the preceding six months, 46% reported use of heroin rock, and 13% homebake heroin. Among those who had used heroin in the ACT, the majority stated (67%) that heroin powder was the form they had used most often during that time, about one-third stated heroin rock (29%) as the form most used, and a small proportion nominated homebake (4%).

Heroin

Use of both 'rock' and 'powder' forms of heroin were commonly reported, although IDU in the majority of jurisdictions reported they had used heroin rock more so than heroin powder. It still remains unclear whether heroin rock is anything other than compressed powder. Proportions reporting use of rock and powder were relatively high in all jurisdictions except TAS and the NT. Recent use of heroin powder was highest in NSW, followed by the ACT and QLD. Recent use of heroin rock was highest in NSW and VIC, followed by QLD. In 2006, participants were also asked about their use of 'homebake' heroin: over half of the participants in WA reported using homebake in the preceding six months (54%), and it was the form of heroin used most often in this jurisdiction.

Methamphetamine

Overall, the use of each of the three main forms of methamphetamine (speed, base and ice/crystal) was commonly reported, with variation in use noted between jurisdictions. A general pattern of greater ice/crystal usage was observed relative to 2005. The largest proportions of IDU reporting use of speed powder was observed in VIC, with 71% using recently, followed by WA where 66% recently used. Speed was the form most used in the preceding six months in VIC, the NT and QLD. The ACT had the largest proportion of participants reporting recent use of ice/crystal (increasing substantially from 62% in 2005 to 88% in 2006), followed by WA (76% in 2006 compared to 68% in 2005). Similar to 2005, ice/crystal was the form most used in the last six months in the ACT and WA, as well as being the form most used in NSW, representing a change from 2005 (50% in 2006 compared to 35% in 2005). Over 50% of participants in TAS, SA and QLD reported the recent use of base, and it was also the form of methamphetamine used most in TAS and SA. The proportion of IDU reporting recent use of liquid methamphetamine was less than 10% in all jurisdictions except the NT (14%) and QLD (15%).

Cocaine

Similar to previous years (2003-2005), the prevalence of recent cocaine use remained at 20% or less in all jurisdictions except NSW where it was substantially higher at 67% (increasing slightly from 60% in 2005 and 47% in 2004) (Figure 41). The recent use of cocaine powder also remained most common in NSW. Among those for whom data was available in NSW all stated they had used cocaine powder in the past six months. Much smaller proportions in all other jurisdictions reported cocaine powder use, with VIC recording the second highest prevalence with 18% using cocaine powder recently. Among those who used cocaine, the majority of participants in all jurisdictions reported that cocaine powder was the form used most often.

As in previous years, small proportions of IDU in some jurisdictions reported the recent use of crack cocaine.

Cannabis

As in all previous years of the IDRS, cannabis smoking among IDU was common, and hydroponic cannabis continued to dominate the market. However, recent use of outdoor crop cannabis was also high, ranging from 37% in VIC to 70% and over in the ACT and TAS. Between 5% (VIC) and 36% (TAS) reported that outdoor crop cannabis was the form of cannabis they had used most in the preceding six months.

Hash had been used in the preceding six months by small proportions of IDU in most jurisdictions, with the notable exception of the ACT, WA and QLD, where 21% to 31% reported using it in the preceding six months (representing a substantial increase in hash use in these jurisdictions from 2005). However, only 1% (in WA and QLD respectively) reported that hash was the form of cannabis they had used most in that time. Rates of recent use of hash oil ranged from 4% in the NT to 27% in WA (8% in 2005). Unlike 2005, when no participant reported hash oil as the form of cannabis used most, 1% in SA and WA respectively, selected hash oil as the form most used in the preceding six months.

3.2.9 Pharmaceuticals obtained licitly and illicitly

Table 9 draws a distinction between pharmaceuticals (such as methadone, buprenorphine, morphine and antidepressants) that were obtained *licitly* versus those that were obtained *illicitly*. *Licit* obtainment of pharmaceuticals was defined as pharmaceuticals 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 - methods such as these were defined as *illicit* obtainment. The definition does not include the inappropriate use of *licitly* obtained pharmaceuticals, such as the injection of methadone syrup or benzodiazepines.

Methadone

Approximately half of the national sample had used methadone in the six months preceding interview (49%), with the frequency of use decreasing slightly compared to 2005 (150 days in 2006 compared to 174 days in 2005). In all jurisdictions, more IDU had recently used methadone syrup obtained licitly than illicitly with the exception of the NT (6% licit vs. 16% illicit). The proportion of IDU reporting recent use of illicitly obtained methadone syrup ranged from 10% (VIC) to 46% (TAS). Use of methadone obtained licitly was lowest in the NT (6%) and highest in TAS (49%).

Generally low rates of recent use of licitly obtained Physeptone tablets were recorded, ranging from no use in VIC, WA and QLD to 4% in TAS. There were substantial jurisdictional differences in the proportion who reported using illicitly obtained Physeptone tablets, with nearly half of the participants in TAS (48% in 2006, 41% in 2005), one-quarter in the NT (26%) and about one-fifth respectively in SA (20%) and WA (18%) reporting recent use of illicitly obtained Physeptone compared to minor proportion in all other jurisdictions. Of those who had used methadone syrup or Physeptone tablets recently, the majority of the national sample reported licit methadone syrup (64%) as the form used most in the last six months.

Buprenorphine

Overall, slightly more participants in the national sample had used illicit buprenorphine (23%) than licit buprenorphine (20%) in the six months preceding interview (Table 8 - Drug use history), which is a reversal of the pattern observed in 2005 (23% licit vs. 18% illicit). The proportion of IDU who reported recent use of buprenorphine varied substantially between jurisdictions, as did the form most used.

The proportion of IDU who used licitly obtained buprenorphine ranged from 4% in TAS to a high of 32% in VIC. The proportion of IDU who used illicitly obtained buprenorphine ranged from 6% in TAS to 34% in the ACT (Table 9).

Over half (52%) reported licit buprenorphine as the form of buprenorphine they had used most, leaving just under half who mostly used illicit buprenorphine. In the ACT, TAS and WA, illicit buprenorphine was more commonly used than licitly obtained buprenorphine. The ACT (67%) reported the greatest use of illicit buprenorphine and SA (72%) reported the greatest use of licit buprenorphine as the form used most in the last six months (Table 9 and Figure 55).

Morphine

As in previous years, substantial proportions of IDU in the NT reported recent use of morphine obtained licitly (31%), while it remained substantial lower in the other jurisdictions (12% or less). The proportions of IDU reporting recent use of morphine obtained illicitly increased to varying extents in many jurisdictions in 2006, ranging from 31% in NSW and VIC to 70% in the NT. The majority of IDU in all jurisdictions who reported recent use of morphine stated that they had mainly used illicit morphine in the preceding six months, ranging from 70% in the NT to 95% in TAS.

Oxycodone

Similar to 2005, the proportion of IDU reporting recent use of oxycodone obtained illicitly was highest in WA (42%), followed by TAS (29%). Compared to 2005, recent use of illicit oxycodone in 2006 remained stable in some jurisdictions, increasing less than 5% (NSW, TAS, WA and the NT), and increased slightly in others by 5% to 9% (the ACT, VIC, SA and QLD). The recent use of licit oxycodone was no higher than 8% in all jurisdictions, compared to 7% in 2005. Of those who reported recent oxycodone use, the majority (80%) reported illicit oxycodone as the form most used, ranging from 64% in the NT to 93% in TAS (Table 9).

Other opioids

The proportions reporting recent use of 'other opioids' obtained licitly, such as pethidine and codeine, were relatively low ranging from no use in the NT to 7% in the ACT and QLD. Rates of recent use of 'other opioids' obtained illicitly were lowest in NT (0%) and highest in TAS (15%). At

the jurisdictional level, among those who used, most reported that licit other opioids were the main form used, with the clear exception of TAS where the form most used was illicit (Table 9).

Benzodiazepines

Rates of recent use of both licit and illicit benzodiazepines were relatively high in all jurisdictions, ranging from 21% in the NT to 55% in SA for licit benzodiazepines, and from 31% in VIC to 46% in TAS for illicit benzodiazepines. Licit benzodiazepines were the form used most in VIC, TAS, SA, WA and QLD, while illicit benzodiazepines were the form used most in NSW, the ACT and the NT (Table 9).

Antidepressants

The proportions reporting recent use of licitly obtained antidepressants ranged from 16% in SA to 36% in WA. As in previous years, rates of recent illicitly obtained antidepressant use were very low (less than 8% in all jurisdictions), suggesting that these pharmaceuticals are not as likely to be diverted. Antidepressants obtained licitly were the form of antidepressants used most in the preceding six months in all jurisdictions.

Pharmaceutical stimulants

IDU were asked about their use of pharmaceutical stimulants or prescription amphetamines (including dexamphetamine). In previous years (see Table 9), 'methamphetamines' included pharmaceutical stimulants. In 2006, pharmaceutical stimulants have been considered separately from methamphetamine. The number of participants who reported recent use of pharmaceutical stimulants varied considerably across jurisdictions. Recent licit prescription stimulant use was low in all jurisdictions, with the highest proportion of use recorded in WA (4%) and the ACT (3%). Use of illicit prescription stimulants, however, was particularly high in a number of jurisdictions, reported by over one-third of IDU in the ACT (35%), TAS (40%) and WA (44%), as well as being the form most used in all jurisdictions.

Table 9: Forms of drugs used by IDU in the preceding six months, by jurisdiction, 2006

	NSW n=152		ACT n=100		VIC n=150		TAS n=100		SA n=100		WA n=100		NT n=100		QLD n=112	
Form of drug	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*
Heroin (%)																
Powder	78#	49	62	67	35	6	2	25	37	35	41	30	5	19	52	35
Rock	72#	49	46	29	73	94	5	63	50	62	30	16	9	50	58	63
Homebake	13	1	13	4	3	0	1	13	4	3	54	54	5	31	5	1
Methadone (%)																
Syrup, licit	47	76	40	64	31	85	49	64	33	67	23	50	6	16	20	58
Syrup, illicit	26	22	38	34	10	15	46	16	21	16	21	30	16	22	15	31
Physeptone, licit	2	0	1	0	0	0	4	4	1	0	0	0	3	6	0	0
Physeptone, illicit	5	2	6	2	2	0	48	16	20	18	18	20	26	56	6	11
Buprenorphine (%)																
Licit	20	59	16	33	32	60	4	44	21	72	16	36	16	50	24	51
Illicit	19	41	34	67	29	40	6	56	14	28	32	64	14	50	30	49
Buprenorphine-naloxone (%)																
Licit	<1	100	0	0	11	67	0	0	8	100	9	53	1	100	12	65
Illicit	0	0	1	100	5	33	0	0	1	0	9	47	0	0	7	35
Morphine (%)																
Licit	7	14	8	9	7	16	4	5	10	18	12	15	31	30	11	12
Illicit	31	86	52	91	31	84	58	95	48	82	51	85	70	70	51	88
Oxycodone (%)																
Licit	5	23	6	19	5	18	2	7	5	19	8	16	5	36	8	30
Illicit	18	77	22	81	24	82	29	93	20	81	42	84	7	64	21	70
Other opiates (%)																
Licit	4	55	7	88	6	73	3	12	5	71	3	50	0	0	7	67
Illicit	3	46	2	13	3	27	15	88	2	29	3	50	0	0	5	33

Source: IDRS IDU interviews

Due to coding error relating to heroin, cocaine and cannabis in the IDRS IDU questionnaire in 2006, missing data occurred on these items. Figures marked '#' represent proportions among those who responded

***** Among those who reported use only

Table 9: Forms of drugs used by IDU in the preceding six months, by jurisdiction, 2006 (continued)

	NSW n=152		ACT n=100		VIC n=150		TAS n=100		SA n=100		WA n=100		NT n=100		QLD n=112	
Form of drug	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***
Methamphetamines (%)																
Powder	49	34	58	29	71	76	54	31	39	17	66	36	57	75	54	40
Liquid	5	0	4	0	3	<1	4	0	7	1	4	0	14	5	15	4
Ice/Crystal	57	50	88	66	53	23	56	27	49	37	76	58	29	11	55	22
Base	43	16	32	4	15	0	55	42	52	45	37	6	25	10	53	34
Pharmaceutical stimulants (%)																
Licit	<1	13	3	8	1	17	0	0	2	18	4	5	1	9	2	20
Illicit	5	88	35	92	8	83	40	100	10	82	44	95	10	91	7	80
Cocaine (%)																
Powder	100#	100	8	100	18	89	8	67	7	100	10	100	4	57	8	80
Crack	4#	0	0	0	3	11	4	33	1	0	1	0	3	43	3	20
Cannabis (%)																
Hydroponic	74	88	84	83	81	95	87#	64	70	83	71	79	96#	89	81	87
Naturally grown	53#	12	70	17	37	5	73#	36	57	16	55	18	48#	11	68	12
Hashish	9#	0	21	0	9	0	13#	0	13	0	31	1	11#	0	30	1
Hash oil	5#	0	6	0	7	0	6#	0	13	1	27	1	4#	0	23	0
Benzodiazepines (%)																
Licit	26	42	31	47	53	71	48	54	55	69	54	73	21	38	44	57
Illicit	37	58	36	53	31	30	46	46	32	31	32	27	34	62	41	43
Antidepressants (%)																
Licit	22	89	18	86	22	87	28	93	16	94	36	90	24	92	21	85
Illicit	3	11	3	14	5	13	3	7	1	6	7	10	2	8	4	15

Source: IDRS IDU interviews

Due to coding error relating to heroin, cocaine and cannabis in the IDRS IDU questionnaire in 2006, missing data occurred on these items. Figures marked '#" represent proportions among those who responded

***** Among those who reported use only

3.2.10 Drugs used the day before the interview

Table 10 presents the drugs used by IDU on the day preceding the interview for each jurisdiction. Small proportions of IDU in all jurisdictions (ranging from 4% in WA and the NT to 10% in QLD) had not used any drugs on the day preceding the interview.

Nationally, the percentage reporting heroin use on the day prior to interview dropped from 29% in 2005 to 20% in 2006, with all jurisdictions recording decreases since 2005. As in previous years, rates of heroin use on the day preceding the interview were highest in NSW at 38%; a figure which has reduced substantially over the last two years of monitoring (from 48% in 2005 and 61% in 2004). VIC recorded the second highest rate of heroin use on the day before interview at 37%, followed by QLD at 27%. As in previous years, TAS (0%) and the NT (1%) reported no, or low rates, of heroin use on the day prior to interview.

Nationally, the proportion using methamphetamine the day before interview remained stable at 18%. The highest proportion of IDU reporting methamphetamine use on the day prior to interview was in the ACT and QLD (21%), with the lowest in the NT (12%). Methadone use was much higher on the day preceding the interview in TAS (47%) than in all other jurisdictions. The use of benzodiazepines on the day preceding interview was also high in TAS (39%) relative to other jurisdictions; TAS being the only jurisdiction not to record a decrease in benzodiazepine use in 2006. The use of morphine on the day preceding interview increased to varying extents in 2006 in all jurisdictions except VIC, and was particularly high in the NT at 61% (54% in 2005). Cannabis use on the day preceding interview decreased in varying amounts in all jurisdictions except TAS, ranging from a low of 25% in WA (43% in 2005) to a high of 61% in TAS (57% in 2005). Cocaine use on the day preceding the interview was reported by 1% or less in all jurisdictions except NSW (20%, which remained stable compared to 2005 after increasing from 6% in 2004). The use of other opioids was low.

Table 10: Drugs used the day before interview, by jurisdiction, 2006

Drug (%)	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
No drugs	7	8	8	9	7	7	4	4	10
Heroin	20	38	19	37	0	10	12	1	27
Methamphetamine*	18	20	21	15	14	20	18	12	21
Cocaine	4	20	0	<1	0	1	0	0	0
Cannabis	41	38	47	44	61	42	25	39	37
Benzodiazepines	19	15	14	18	39	21	24	11	12
Other opioids	2	1	1	<1	3	3	3	0	<1
Methadone	20	21	22	11	47	29	20	6	7
Alcohol	24	19	30	23	16	23	27	32	29
Morphine	18	7	7	6	22	15	22	61	14
Antidepressants	3	2	1	<1	11	1	4	2	<1
Buprenorphine	10	6	13	17	1	17	15	4	8
Suboxone	2	<1	1	3	0	6	5	0	5

Source: IDRS IDU interviews
***** Includes powder, base and ice/crystal

4.0 HEROIN

The price, purity and availability of heroin in 2006 are reported in Tables 11 to 13 by jurisdiction. At least half of the participants in all jurisdictions except TAS and the NT provided comment on some aspect of heroin price, purity and availability (NSW 90%; VIC 65%; ACT 80%; WA 54%; SA, 53%; QLD, 65%; NT 5%; TAS 6%). Comparable figures from 2005 are presented in Appendix A, Table A1.

4.1 Price

As in previous years, the median price of a gram of heroin remained cheapest in NSW ($300), although this price remained $80 higher than the median price reported by IDU in 2000 ($220). Heroin was most expensive per gram in WA ($550) and the NT ($600; note this is based on a small number of purchases).

The median price of a 'cap' of heroin (a small amount typically used for a single injection) remained at $50 in all jurisdictions except VIC ($40). Small numbers reported purchasing caps in WA (n=5) and the NT (n=3), and there were no purchases of heroin reported in TAS. In NSW, the price of a cap of heroin doubled between 2000 ($25) and 2001 ($50) and has remained stable since.

Figure 2 shows IDU estimates of the median price of a gram of heroin over the several years of data collection of the IDRS in NSW, VIC and SA and since 2000 in all other jurisdictions. Since 1996, heroin prices have remained stable or decreased every year until 2001, when the cost increased in jurisdictions with established heroin markets (i.e. excludes TAS and the NT). In subsequent years, prices returned to those reported before the heroin shortage of 2001, however, they have tended to remain somewhat higher in 2006 compared to 1999/2000 prices. The median gram price reported in 2006 for the ACT was based on seven purchases, SA on seven purchases and the NT on one purchase so these median prices should be considered with caution. There were no gram purchases in TAS in 2006.

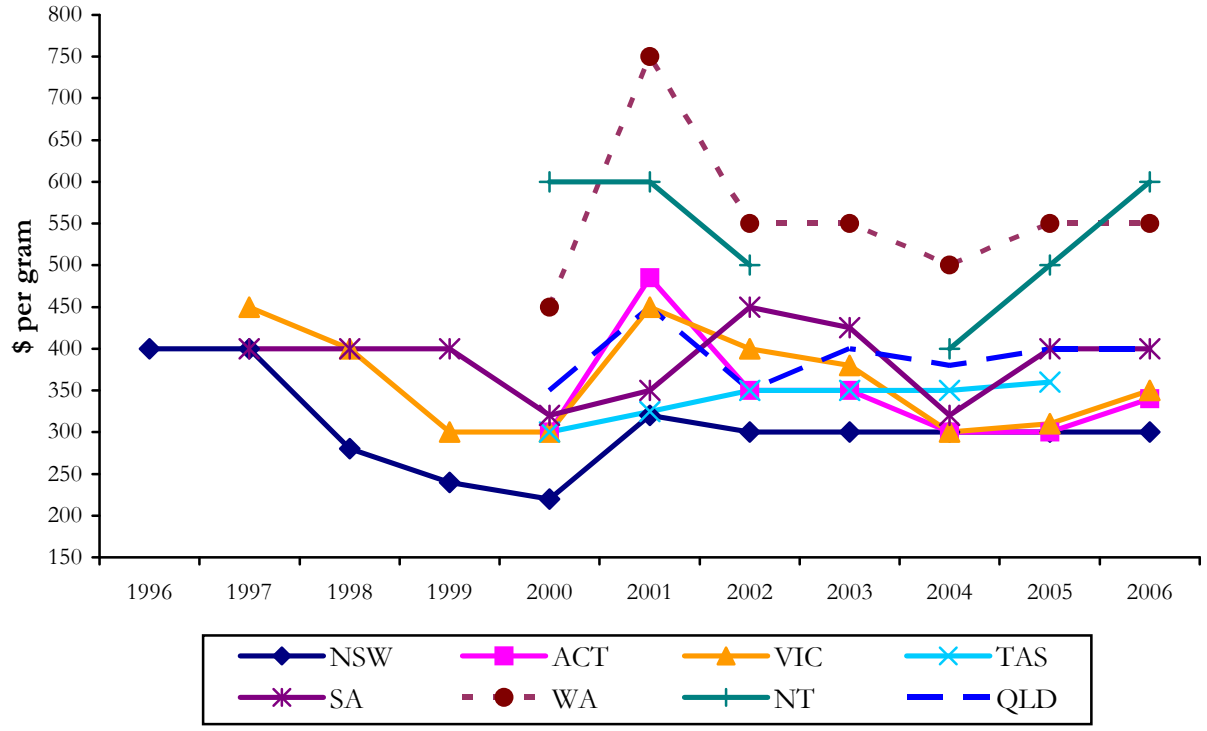
Table 11: Price of heroin, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Median Price ($)									
Per gram	-	300	340*	350	-	400*	550	600*	400
Per cap	-	50	50	40	-	50	50*	50*	50
Price changes									
% Did not respond	45	11	20	35	94	47	46	95	35
Of those who responded (n)	(n=504)	(n=136)	(n=80)	(n=97)	(n=6)*	(n=53)	(n=54)	(n=5)*	(n=73)
(% of the entire sample)									
% Don't know	7 (4)	7 (7)	9 (7)	1 (1)	83 (5)	8 (4)	4 (2)	0 (0)	6 (4)
% Increased	21 (12)	26 (23)	8 (6)	30 (19)	0 (0)	15 (8)	30 (16)	20 (1)	18 (12)
% Stable	58 (32)	57 (51)	65 (52)	40 (26)	0 (0)	68 (36)	57 (31)	80 (4)	70 (46)
% Decreased	7 (4)	4 (4)	13 (10)	12 (8)	0 (0)	2 (1)	2 (1)	0 (0)	4 (3)
% Fluctuated	8 (4)	5 (5)	6 (5)	17 (11)	17 (1)	8 (4)	7 (4)	0 (0)	3 (2)

Source: IDRS IDU interviews

* Small numbers reported (n<10), interpret with caution

Figure 2: Median price of a gram of heroin, by jurisdiction, 1996-2006



Source: IDRS IDU interviews

4.2 Availability

To collect information on the availability of heroin, IDU were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?' Fifty-five percent of the sample commented on the availability and the majority reported that heroin was 'easy' (38%; representing 21% of the entire sample) or 'very easy' (33%; 18% of the entire sample) to obtain (Table 12).

In late 2000/early 2001 there was an unexpected and dramatic reduction in the availability of heroin in all Australian jurisdictions where heroin had previously been freely available. IDRS data indicate that there was an increase in the availability of heroin in most jurisdictions in 2002. While a large proportion of the 2006 national sample reported that it was 'easy' or 'very easy' to obtain heroin (71% of those commenting, representing 39% of the entire sample), this was a decrease from 2005, when 83% (55% of the national sample) reported it as 'easy' and 'very easy' to obtain. A concurrent increase was observed in those who reported it as 'difficult' or 'very difficult' (14% of those commenting or 9% of the entire sample in 2005; 25% of those commenting or 14% of the entire sample in 2006). At a jurisdictional level, the largest proportions reporting heroin as 'difficult' and 'very difficult' to obtain were recorded in WA and NSW (Table12).

Almost half of those commenting on heroin availability (48%; representing 27% of the entire sample) reported that the availability of heroin was stable in the last six months. This represented a decrease from the previous three years (63% in 2005, 62% in 2004 and 65% in 2003) and was similar to proportions reporting stability in 2002 (44%) and 2001 (50%). An increase was observed in the proportion reporting that it was more difficult to obtain heroin compared to 2005 (29% of those commenting in 2006 vs. 17% in 2005), while similar proportions reported that it was easier to obtain (7% of the entire sample in 2005 and 2006) (Table 12).

In 2006 questions on purchasing heroin changed slightly from previous years. Participants were asked 'Who have you bought heroin from in the last six months?' and 'What venues (locations) do you normally score (buy) heroin at?' Multiple responses to a range of categories were allowed. Of those who had bought heroin, the most common source was a known dealer (57%; representing 28% of the entire sample) or a friend (33%; 16% of the entire sample). The most common place of purchase was at an agreed public location (47%; 23% of the entire sample). One-fifth of participants nationally reported obtaining heroin from a street market, most commonly in NSW (30%) and VIC (29%), in contrast to low rates in WA (7%) and SA (9%). As in previous years, purchase of heroin was uncommon among participants in the NT and TAS, with less than ten percent in these jurisdictions reporting they bought heroin recently (Table 12).

Table 12: Availability and purchasing patterns of heroin, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Availability									
% Did not respond	45	11	20	35	94	47	46	95	35
Of those who responded (n)	(n=504)	(n=136)	(n=80)	(n=97)	(n=6)*	(n=53)	(n=54)	(n=5)*	(n=73)
(% of the entire sample)									
% Don't know	5 (3)	3 (3)	10 (8)	0 (0)	50 (3)	2 (1)	11 (6)	0 (0)	1 (1)
% Very easy	33 (18)	31 (28)	30 (24)	57 (37)	0 (0)	36 (19)	17 (9)	0 (0)	25 (16)
% Easy	38 (21)	38 (34)	36 (29)	30 (19)	17 (1)	40 (21)	37 (20)	60 (3)	52 (34)
% Difficult	20 (11)	24 (22)	20 (16)	12 (8)	0 (0)	15 (8)	28 (15)	20 (1)	19 (13)
% Very difficult	5 (3)	4 (4)	4 (3)	1 (1)	33 (2)	8 (4)	7 (4)	20 (1)	3 (2)
Availability changes									
% Did not respond	45	11	20	35	94	47	46	95	35
Of those who responded (n)	(n=504)	(n=136)	(n=80)	(n=97)	(n=6)*	(n=53)	(n=54)	(n=5)*	(n=73)
(% of the entire sample)									
% Don't know	6 (3)	4 (4)	13 (10)	1 (<1)	67 (4)	2 (1)	11 (6)	0 (0)	4 (3)
% More difficult	29 (16)	35 (31)	23 (18)	22 (14)	17 (1)	23 (12)	39 (21)	0 (0)	33 (21)
% Stable	48 (27)	47 (42)	45 (36)	52 (33)	17 (1)	59 (31)	37 (20)	80 (4)	51 (33)
% Easier	12 (7)	7 (7)	9 (7)	23 (15)	0 (0)	13 (7)	6 (3)	20 (1)	12 (8)
% Fluctuates	5 (3)	7 (6)	11 (9)	3 (2)	0 (0)	4 (2)	7 (4)	0 (0)	0 (0)
Purchased from#									
% Had not bought	51	20	33	39	94	54	56	95	43
Of those who had bought (n)	(n=445)	(n=121)	(n=67)	(n=92)	(n=6)*	(n=46)	(n=44)	(n=5)*	(n=64)
(% of the entire sample)									
% Street dealer	26 (13)	36 (28)	24 (16)	28 (17)	0 (0)	15 (7)	9 (4)	20 (1)	28 (16)
% Friend	33 (16)	34 (27)	42 (28)	27 (17)	33 (2)	11 (5)	46 (20)	40 (2)	39 (22)
% Gift from friend	4 (2)	3 (3)	5 (3)	5 (3)	0 (0)	2 (1)	2 (1)	0 (0)	6 (4)
% Known dealer	57 (28)	50 (40)	60 (40)	65 (40)	33 (2)	80 (37)	43 (19)	0 (0)	56 (49)
% Workmate	1 (<1)	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)	2 (1)	0 (0)	2 (1)
% Acquaintance	14 (7)	8 (7)	12 (8)	20 (12)	0 (0)	7 (3)	21 (9)	0 (0)	20 (12)
% Unknown dealer	9 (5)	8 (7)	5 (3)	12 (7)	0 (0)	9 (4)	14 (6)	20 (1)	11 (6)
Places of usual purchase#									
% Had not bought	51	20	33	39	94	54	56	95	43
Of those who had bought (n)	(n=445)	(n=121)	(n=67)	(n=92)	(n=6)*	(n=46)	(n=44)	(n=5)*	(n=64)
(% of the entire sample)									
% Home delivery	20 (10)	23 (18)	8 (5)	14 (9)	0 (0)	35 (16)	25 (11)	20 (1)	20 (12)
% Dealer's home	27 (13)	25 (20)	21 (14)	30 (19)	17 (2)	26 (12)	32 (14)	20 (1)	31 (18)
% Friend's home	20 (10)	16 (13)	27 (18)	16 (10)	33 (3)	4 (2)	41 (18)	40 (2)	19 (11)
% Acquaintance's house	4 (2)	2 (1)	6 (4)	4 (3)	0 (0)	4 (2)	2 (1)	0 (0)	5 (3)
% Mobile dealer	16 (8)	23 (18)	19 (13)	14 (9)	0 (0)	7 (3)	9 (4)	0 (0)	14 (8)
% Street market	22 (11)	30 (24)	19 (13)	29 (18)	0 (0)	9 (4)	7 (3)	0 (0)	20 (12)
% Agreed public location	47 (23)	34 (27)	63 (42)	54 (33)	17(1)	57 (26)	30 (13)	40 (2)	56 (32)
% Work	<1 (<1)	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (1)	2 (1)

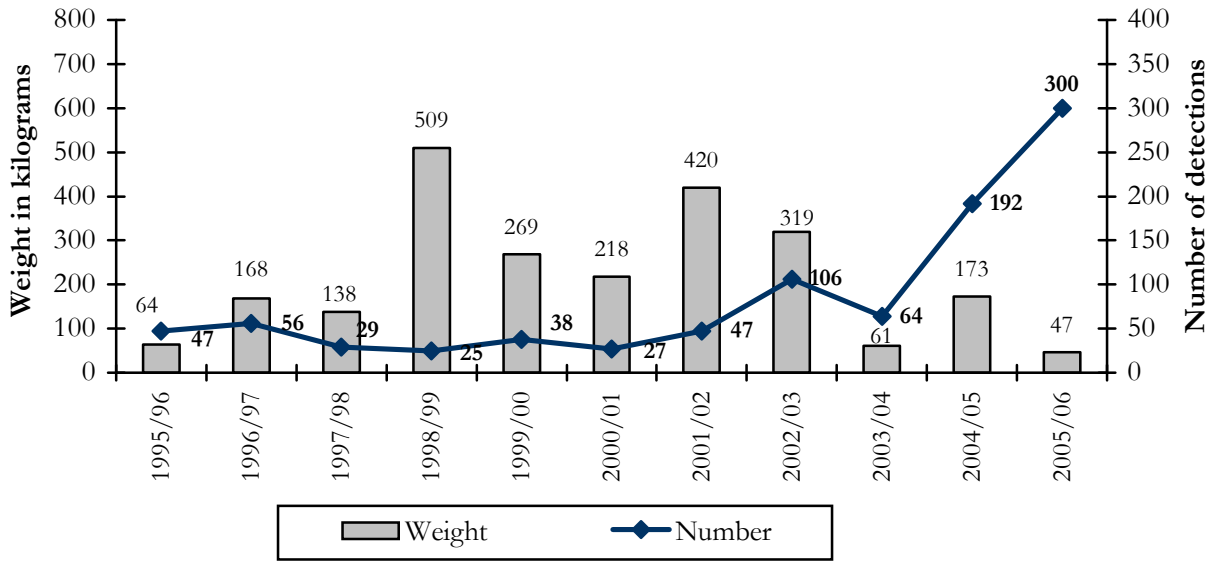
Source: IDRS IDU interviews
Multiple responses allowed
* Small numbers reported (n<10)

4.2.1 Heroin detected at the Australian border

Figure 3 presents the weight and number of heroin detections by Customs at the Australian border over the past ten years.

In the financial year 2005/06 there were a record number (300) of heroin detections at, or near, the Australian border, representing an increase from 192 detections in 2004/05, and the highest number recorded for the ten-year period. Conversely, the weight of detections in 2005/06 (47 kg) was the lowest in the period. This trend represents a dramatic shift away from smaller numbers of detections of larger quantities of heroin recorded earlier in the ten-year period, which most likely reflects a shift in importation methods, from shipping and aircraft (in which larger quantities may be detected) to cargo, postal and air passengers/crew (where smaller quantities are most likely to be detected) (Australian Customs Service, 2006).

Figure 3: Weight and number of detections of heroin made at the border by the Australian Customs Service, 1996-2006



Source: Australian Customs Service, 2006

4.3 Purity

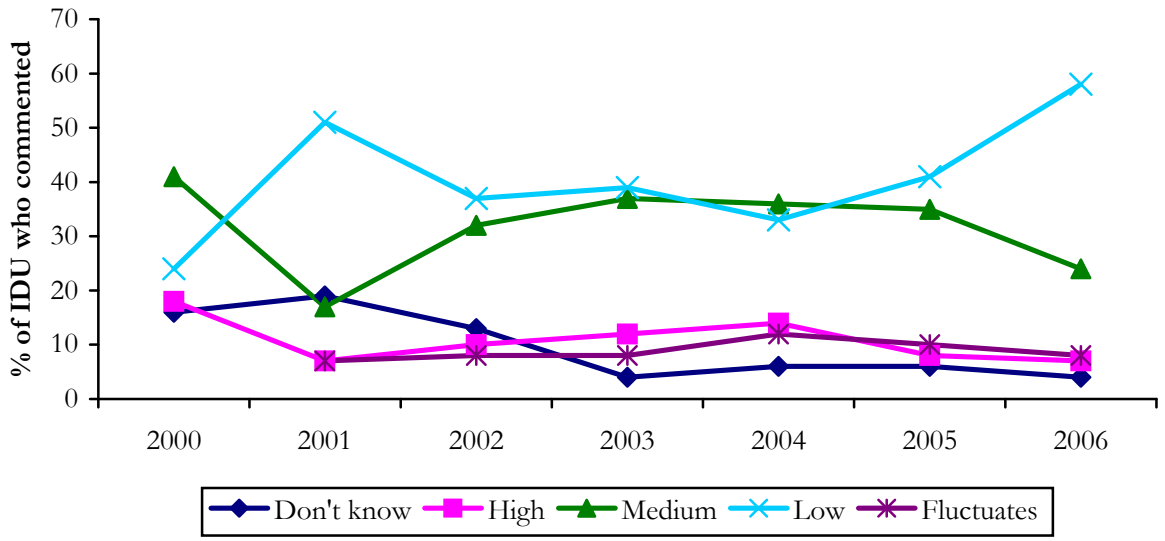
Participants were asked about their perception of current heroin purity or strength and if there had been any change in purity in the six months preceding interview. Of those able to comment (n=504), the majority reported heroin purity as 'low' (58% or 32% of the entire sample; Table 13). This represents an increase compared to 2005 (41% of those commenting, or 27% of the entire sample). A concurrent decrease was observed in those regarding it as of 'medium' purity (from 35% of those commenting or 23% of the entire sample in 2005 to 24% of those commenting or 13% of the entire sample in 2006). As in previous years, only small proportions reported purity as 'high' (7% of those commenting or 4% of the entire sample) or 'fluctuating' (8% of those commenting or 4% of the entire sample). Four percent reported that, while they were able to respond to survey items on price and/or availability, they did not know about current purity (this represents 2% of all participants; Figure 4). Overall, this represents the highest proportion of participants reporting heroin purity as 'low' since 2000. There has also been a decrease in the proportions reporting heroin purity as 'high' over the past two years (Figure 4).

Table 13: Perceived purity of heroin, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Current Purity									
% Did not respond	45	11	20	35	94	47	46	95	35
Of those who responded (n)	(n=504)	(n=136)	(n=80)	(n=97)	(n=6)*	(n=53)	(n=54)	(n=5)*	(n=73)
(% of the entire sample)									
% Don't know	4 (2)	2 (2)	8 (6)	1 (1)	0 (0)	2 (1)	11 (6)	20 (1)	0 (0)
% High	7 (4)	9 (8)	3 (2)	8 (5)	17 (1)	11 (6)	7 (4)	0 (0)	4 (3)
% Medium	24 (13)	21 (18)	25 (20)	43 (28)	50 (3)	11 (6)	15 (8)	20 (1)	18 (12)
% Low	58 (32)	64 (57)	60 (48)	34 (22)	17 (1)	64 (34)	57 (31)	60 (3)	73 (47)
% Fluctuates	8 (4)	4 (4)	5 (4)	13 (9)	17 (1)	11 (6)	9 (5)	0 (0)	6 (4)
Purity changes									
% Did not respond	45	11	20	35	94	47	46	95	35
Of those who responded (n)	(n=504)	(n=136)	(n=80)	(n=97)	(n=6)*	(n=53)	(n=54)	(n=5)*	(n=73)
(% of the entire sample)									
% Don't know	6 (3)	4 (4)	9 (7)	1 (1)	67 (4)	2 (1)	13 (7)	20 (1)	1 (1)
% Increasing	14 (8)	9 (8)	9 (7)	39 (25)	0 (0)	15 (8)	7 (4)	0 (0)	4 (3)
% Stable	26 (14)	32 (28)	21 (17)	20 (13)	0 (0)	32 (17)	26 (14)	0 (0)	29 (19)
% Decreasing	43 (24)	48 (43)	48 (38)	29 (19)	17 (1)	36 (19)	43 (23)	60 (3)	56 (37)
% Fluctuates	11 (6)	7 (7)	14 (11)	11 (7)	17 (1)	15 (8)	11 (6)	20 (1)	10 (6)

Source: IDRS IDU interviews
* Small numbers reported (n<10)

Figure 4: IDU reports of current heroin purity among those able to comment*, 2000-2006

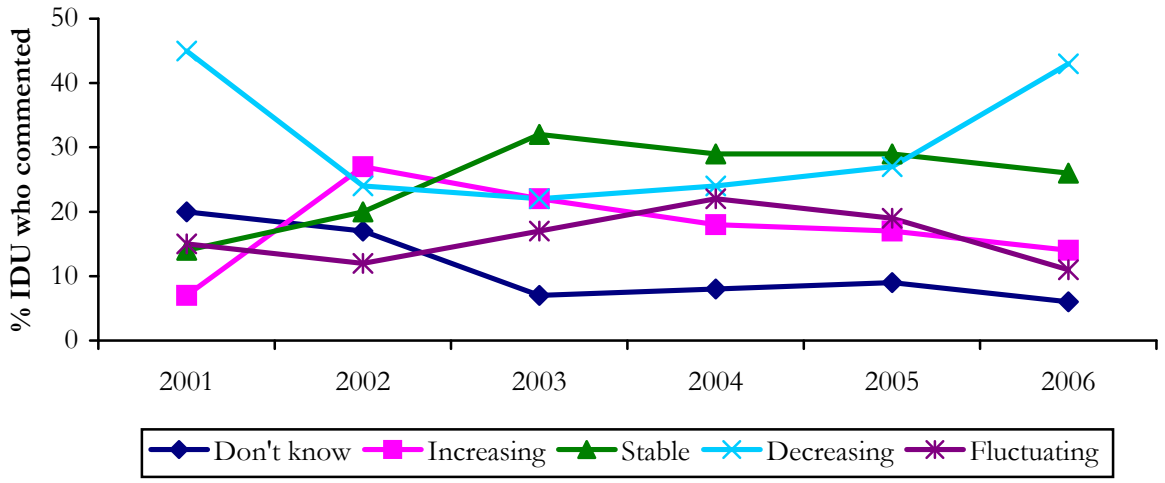


Source: IDRS IDU interviews
* Among those who commented (n=504 in 2006)

In most jurisdictions, those able to comment typically reported that heroin purity was 'low' (NSW: 64%; ACT: 60%; SA: 64%; WA: 57%; NT: 60% and QLD: 73%). By contrast, in VIC and TAS heroin was most commonly reported to be of 'medium' purity (43% and 50%, respectively). Approximately ten percent and less in all jurisdictions reported purity to be 'high', with the exception of TAS where 17% perceived it to be of 'high' purity. However, only small numbers commented, therefore results should be interpreted with caution.

As seen in Figure 5, the proportion of IDU reporting that the purity of heroin was decreasing in the six months preceding interview has increased since 2005. The proportion reporting it as stable, while higher than in 2001 and 2002, decreased slightly between 2005 and 2006 (these figures were 29% and 25% among those able to comment, respectively). The largest proportions reporting the purity of heroin to be decreasing were observed in the NT (60% of those commenting; however, only small numbers commented, therefore, results should be interpreted with caution), QLD (56%), the ACT (48%) and NSW (48%).

Figure 5: IDU reports of changes in heroin purity among those able to comment*, 2001-2006



Source: IDRS IDU interviews
***** Among those who commented (n=504 in 2006)
Note: IDU were not asked if the purity had changed in the six months preceding interview in 2000

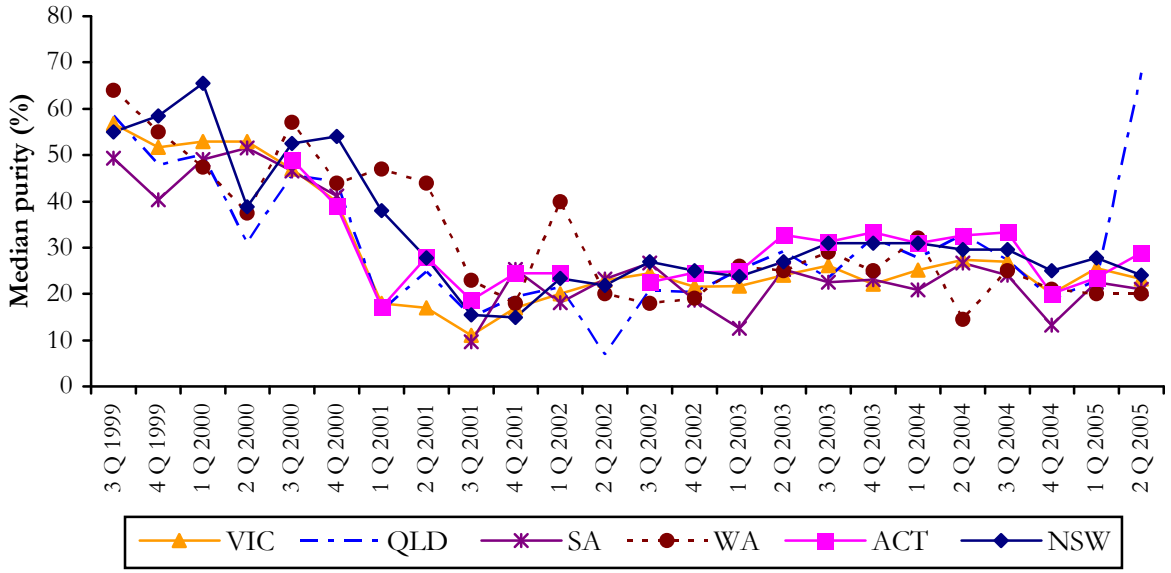
Participant reports of purity are subjective and depend on a number of factors including the health and tolerance of the individual. A more objective measure of purity is derived from the analysis of drug seizures. However, there are some important issues to consider when examining purity measures. Not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter. The purity figures reported, 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 (formerly the Australian Bureau of Criminal Intelligence).

Figures reported include seizures ≤ 2 grams and > 2 grams, reflecting both street and larger seizures. For Figures 6 to 9 the following caveat applies: figures do not represent the purity levels of all heroin seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia (and Tasmania) 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 state police in the relevant quarter. The period between the date of seizure by state police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting of joint operations between the AFP and state/territory police. No heroin seizures were analysed for purity in the NT or TAS in 2004/05.

The median purity of analysed Australian Federal Police (AFP) and state police heroin seizures from the 1999/00 to 2004/05 financial year (displayed quarterly) by jurisdictions is displayed in Figure 6 and Figure 7. The overall total median purity for 2004/05 was highest in NSW (27.5%) and lowest in QLD (23.4%) and WA (20.5%). There has been a steady decline in the median

purity of state police heroin seizures analysed from mid-1999 in all jurisdictions (Figure 6). In 2004/2005 the purity of heroin seizures analysed remained fairly stable, except in QLD were the purity of heroin seizures analysed increased in the second quarter of 2005 to 67.7% (n=16). The 2005/06 ACC seizure data were unavailable at the time of publication.

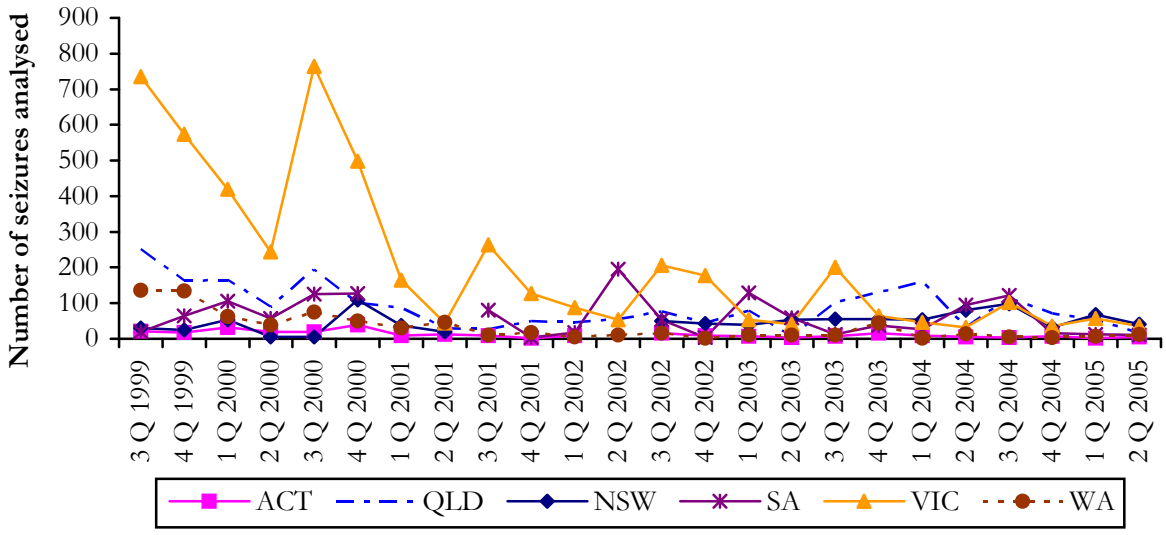
Figure 6: Median purity of heroin seizures* analysed by state police, by jurisdiction 1999-2005



Source: ABCI 2000, 2001 and 2002; ACC 2003, 2004 and 2005
***** Seizures ≤2g and >2g combined
Note: Data for 2005/06 were not available at the time of publication

The numbers of state police heroin seizures analysed for purity are presented in Figure 7. 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 6.

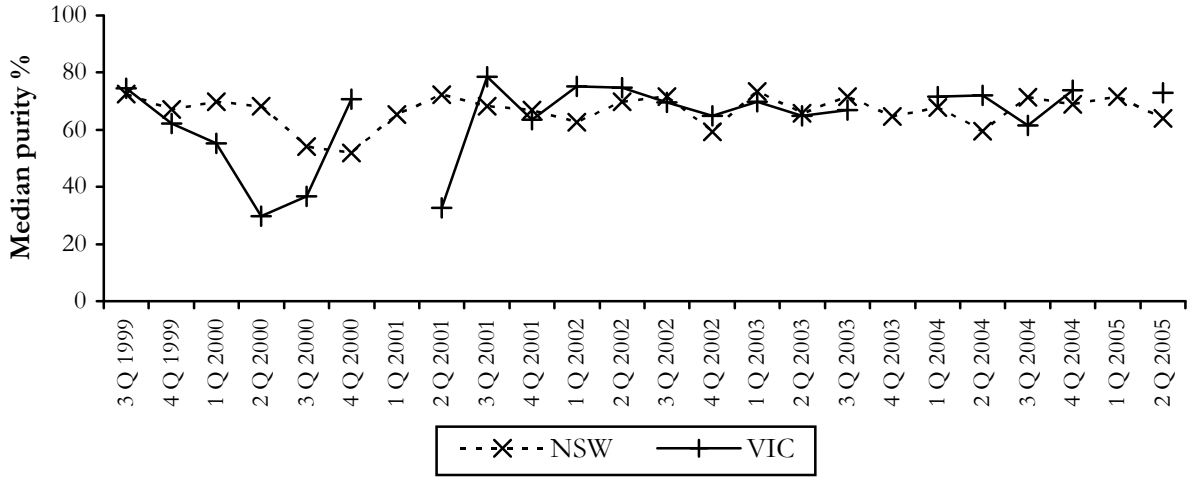
Figure 7: Number of state police heroin seizures analysed, by jurisdiction, 1999-2005



Source: ABCI 2000, 2001 and 2002; ACC 2003, 2004 and 2005
Note: Data for 2005/06 were not available at the time of publication

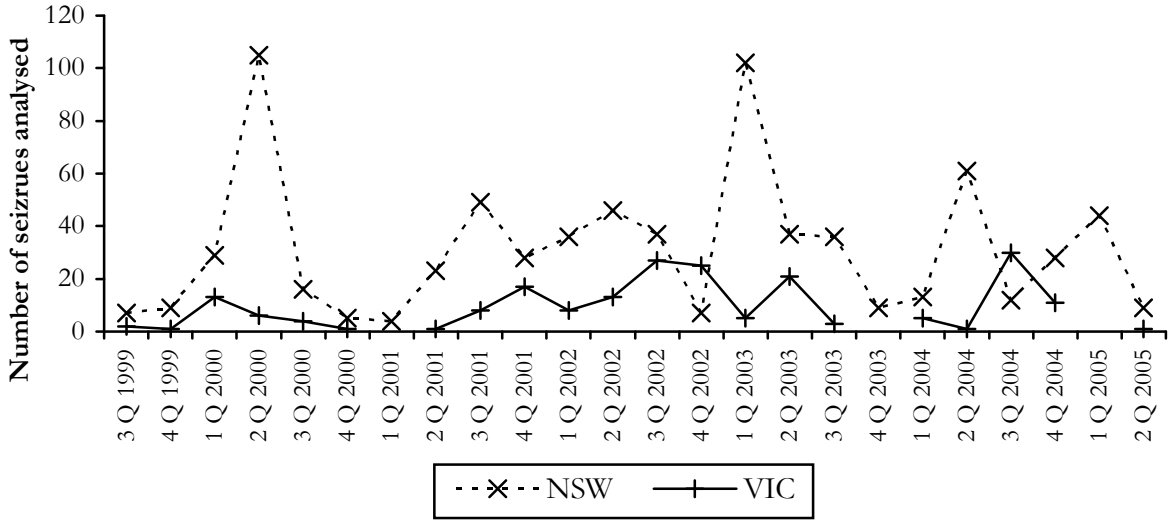
The median purity and number of AFP seizures for NSW and VIC are presented in Figures 8 and 9 respectively. There were fewer seizures analysed for other jurisdictions, with no seizures analysed for many quarters (for information on other jurisdictions see Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003). The purity of the AFP seizures analysed has remained more stable over time (Figure 8), and these seizures are generally of higher median purity than jurisdictional police seizures, which is not surprising given that AFP seizures are likely to result from targeted, higher level operations than those of state police agencies. Data for 2005/06 were not available at the time of publication.

Figure 8: Median purity of heroin seizures analysed by AFP in NSW and VIC, 1999-2005



Source: ABCI 2000, 2001 and 2002; ACC 2003, 2004 and 2005
Note: Data for 2005/06 were not available at the time of publication

Figure 9: Number of AFP heroin seizures analysed in NSW and VIC, 1999-2005



Source: ABCI 2000, 2001 and 2002; ACC 2003, 2004 and 2005
Note: Data for 2005/06 were not available at the time of publication

4.4 Use

4.4.1 Current patterns of heroin use

In 2006, heroin was the drug of choice for almost half of the sample (48%) and the last drug injected by one-quarter (26%). These figures represent sizeable decreases from 2005 when they were 57% and 41% respectively. The largest decreases in heroin being nominated as the drug of choice were observed in NSW (49%; 72% in 2005), the ACT (46%; 67% in 2005) and WA (46%; 63% in 2005). The largest proportions of participants reporting heroin as their drug of choice were observed in SA (63%; 57% in 2005) and VIC (59%; 68% in 2005). VIC also had the highest number reporting heroin as the last drug injected (45%; 68% in 2005), followed by NSW (42%; 64% in 2005). One percent in TAS and no participants in the NT reported last injecting heroin (Table 7 and 14).

From 2000 to 2001, there was a decrease in the proportion of the national IDU sample who reported heroin use in the preceding six months (79% to 66%). Following this, the proportion reporting recent use remained relatively stable from 2002 to 2005 at 65% to 69%. In 2006, recent use decreased to 56%, the lowest proportion recorded since national monitoring began (Table 14).

Consistent with previous years, a high proportion of IDU in NSW, VIC and the ACT reported recent heroin use while TAS and the NT reported lower proportions (Table 14).

The proportion of IDU reporting recent heroin use is not a highly sensitive indicator of changes in availability, as a single occasion of use in the preceding six months will be counted. A more sensitive indicator of availability is the frequency of use. Between 2000 and 2001, there was a considerable reduction in the frequency of heroin use in all jurisdictions, most notably in VIC and the ACT (Table 14). The median number of days on which participants reported using heroin has decreased since 2005 to the lowest level reported since commencement of the national IDRS (40 days, i.e. less than twice per week). This decrease was reported across the majority of jurisdictions, and was particularly evident in WA and the ACT. Figures remained stable in QLD and TAS and increased in the NT (however, this reflected only a small proportion of the sample).

In 2006, 17% of heroin users in the national IDU sample reported daily heroin use, representing 9% of all participants. There remains wide variation across jurisdictions in the proportion of daily heroin users, ranging from one-third of heroin users in the NSW sample (31%, representing 25% of all participants in NSW) to none in TAS and the NT. In 2000 the proportion of daily heroin users was similar across the three major heroin markets (NSW, VIC and the ACT); however, in the last six years the proportion of IDU who reported daily heroin use in NSW has been consistently higher (Table 14).

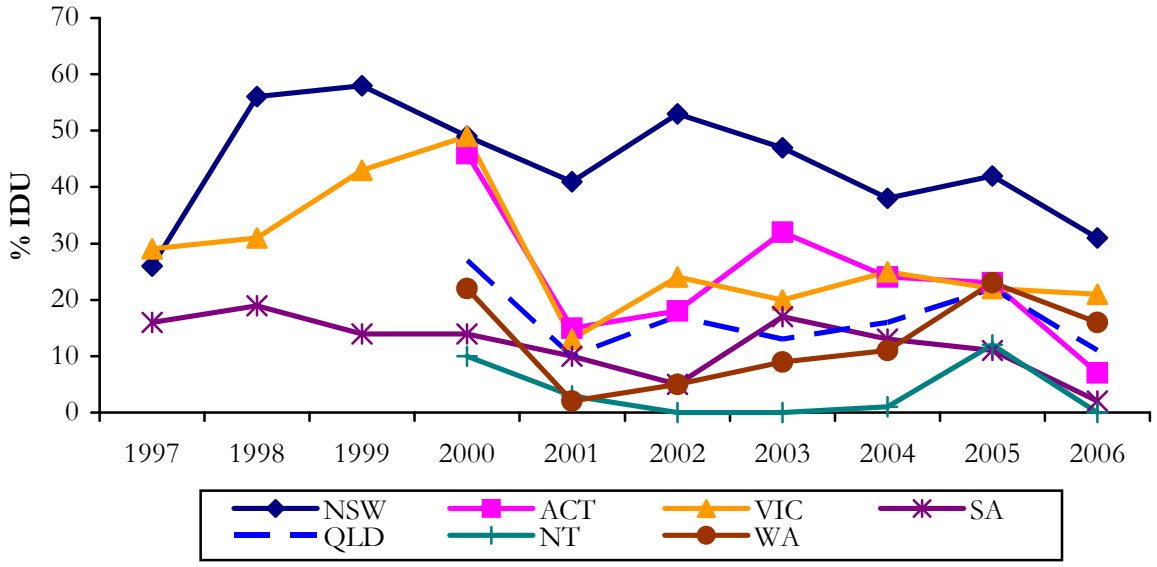
Table 14: Heroin use patterns of IDU, by jurisdiction, 2000-2006

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Drug of choice - heroin (%)									
2000	63	81	78	78	36	56	57	44	62
2001	48	62	61	61	33	43	34	39	42
2002	56	72	69	64	40	30	48	46	63
2003	57	84	73	69	40	48	40	43	47
2004	58	78	68	63	38	48	47	44	61
2005	57	72	67	68	32	57	63	34	45
2006	48	49	46	59	36	63	46	31	49
Last injection - heroin (%)									
2000	58	78	81	92	4	56	54	9	62
2001	35	57	49	62	0	32	20	7	34
2002	42	74	74	63	2	25	25	2	45
2003	41	77	67	65	4	35	28	1	32
2004	44	80	71	63	0	36	36	3	39
2005	41	64	61	68	0	31	38	3	39
2006	26	42	30	45	1	24	18	0	32
Used last 6 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
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	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
Daily 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

Source: IDRS IDU interviews
***** Among those who had used

Figure 10 shows the proportion of heroin users reporting daily use in the six months preceding interview. Daily use decreased in every jurisdiction between 2000 and 2001 (except TAS, where there were no reports of daily heroin use). Following this decrease, in 2002 figures increased once more in many jurisdictions, although often remaining lower than previously. Decreases in the proportion reporting daily use were seen in all jurisdictions between 2005 and 2006 except VIC (where it remained stable) and TAS (where there were no reports of daily heroin use).

Figure 10: Proportion of heroin users who reported daily use, by jurisdiction, 1997-2006



Source: IDRS IDU interviews
Note: TAS not presented in graph as there were no daily heroin users

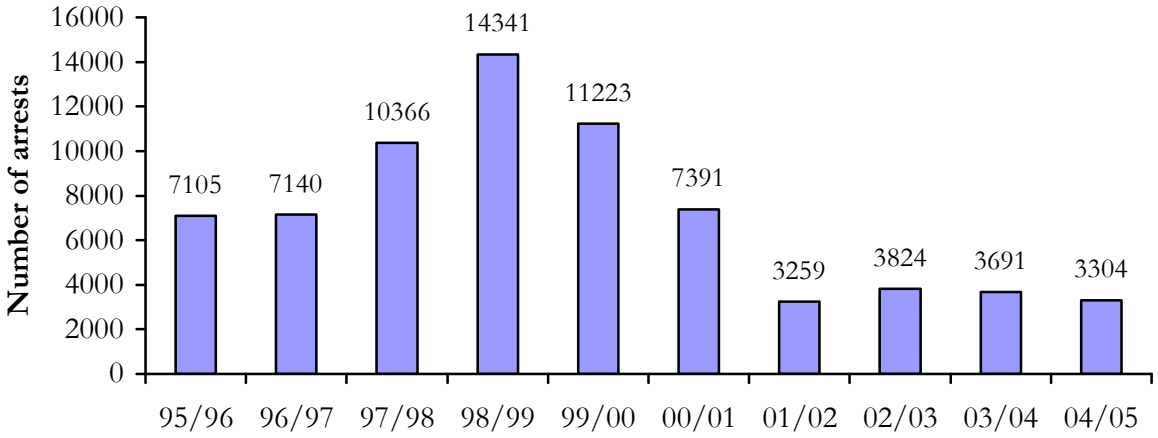
4.5 Heroin-related harms

Law Enforcement

Arrests
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, 2006).

In 2004/05 there was a slight decrease in the number of heroin and other opioids consumer and provider arrests Australia-wide from 3,691 in 2003/04 to 3,304. As can be seen from Figure 11, there was a peak in the number of consumer and provider arrests in 1998/99, with a steady decline since that time. Data for 2005/06 were not available at the time of publication of this report.

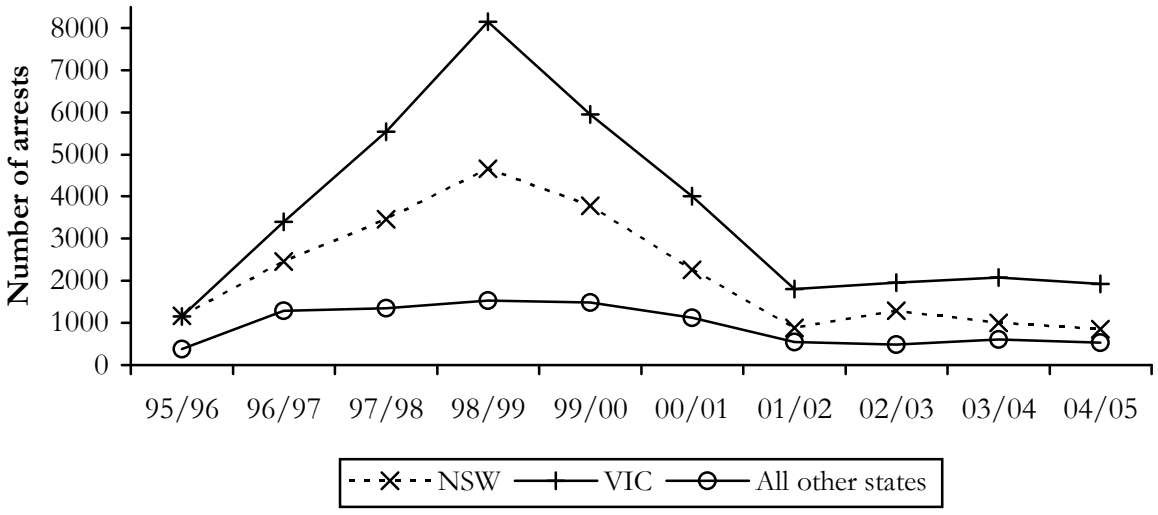
Figure 11: Total number of heroin and other opioids consumer and provider arrests, 1995/96- 2004/05



Source: ABCI 1995-2001; ACC 2001-2006
Note: The arrest data for each state and territory include Australian Federal Police data. Data for 2005/06 were not available at the time of publication

As can be seen from Figure 12, there was a peak in the number of heroin and other opioids consumer and provider arrests in 1998/99. Since 2001/02, arrests have remained relatively stable and continued to remain stable in 2004/05. VIC consistently had the highest number of consumer and provider arrests from 1995-2005. Data for 2005/06 were not available at the time of publication of this report.

Figure 12: Total number of heroin and other opioids consumer and provider arrests for NSW and VIC versus all other jurisdictions, 1995/96- 2004/05



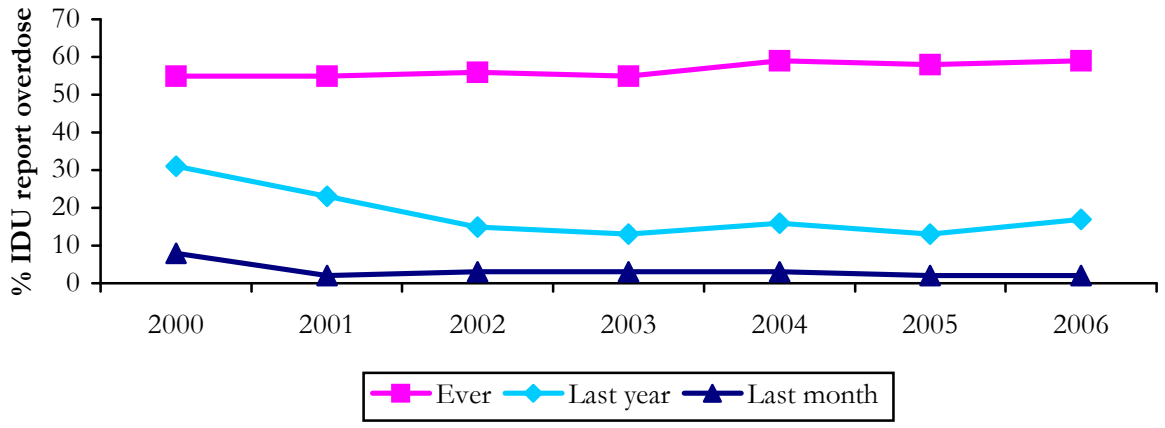
Source: ABCI 1995-2001; ACC 2001-2006
Note: The arrest data for each state and territory include Australian Federal Police data. Data for 2005/06 were not available at the time of publication

Health

Overdose

The IDRS participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. Of those who reported heroin use in the six months preceding interview, over half (59%) had overdosed in their lifetime. Seventeen percent of this group reported that they had overdosed in the last year, and two percent reported overdosing in the last month (Figure 13).

Figure 13: Proportion of recent heroin users that reported heroin overdose, 2000-2006



Source: IDRS IDU interviews

There was some jurisdictional variation in the proportion reporting overdose in the last year. With the exception of TAS and NT (which were based less than five participants' reports), NSW had the highest proportion of recent heroin users reporting heroin overdose in the last year (14%). Since 2000, proportions reporting overdose in the last year have remained lower in all jurisdictions (Table 15).

Table 15: Proportion of recent heroin users reporting heroin overdose in the year preceding interview, by jurisdiction, 2000-2006

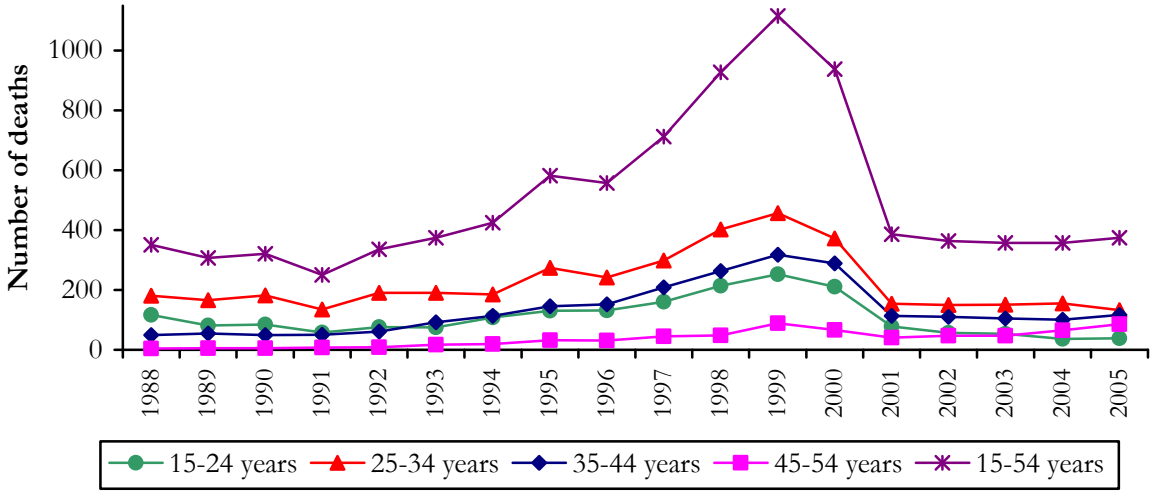
	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	**31**	20	35	43	21*	22	41	28	27
2001	**23**	24	16	30	17	23	22	12	24
2002	**15**	17	13	19	10	8	16	0	13
2003	**13**	14	19	14	8	6	21	8	7
2004	**16**	16	26	21	26	3	19	8	11
2005	**13**	13	12	19	5	8	10	4	12
2006	**17**	14	10	10	22**	7	8	17**	7

Source: IDRS IDU survey
* In 2000, TAS participants were asked about *opiate* overdoses
** TAS and NT based on small number (n<10), interpret with caution

According to the 2005 Australian Bureau of Statistics (ABS) data on opioid overdose deaths (Degenhardt and Roxburgh, 2007a), there has been a stabilisation in the number of opioid-related deaths (Figure 14). In 2005 there were 374 deaths in which opioids were determined to be the

underlying cause of death (i.e. the primary factor responsible for the person's death) among those aged 15-54 years (Degenhardt and Roxburgh, 2007a). This is a significant reduction from the 938 reported in 2000 and the 1,116 of 1999. The reason for this dramatic decrease and subsequent stabilisation is likely to be attributable to the reduction in heroin supply experienced across Australia in 2001. 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.

Figure 14: Number of accidental deaths due to opioids among those aged 15-54 years, Australia, 1988-2005



Source: Australian Bureau of Statistics, (Degenhardt and Roxburgh, 2007a)

Approximately one-third of deaths (36%) in 2005 occurred in NSW, with just under two-thirds (63%) of all opioid-related deaths occurring in NSW and VIC (Table 16). Examination of jurisdictional trends revealed that the number of opioid induced deaths decreased slightly in NSW and VIC compared to 2004. These states have traditionally had the largest heroin markets. There were slight increases in other jurisdictions, with WA and SA recording the largest increases (from 19 in 2004 to 36 in 2005 for WA and from 25 in 2004 to 37 in 2005 for SA).

.

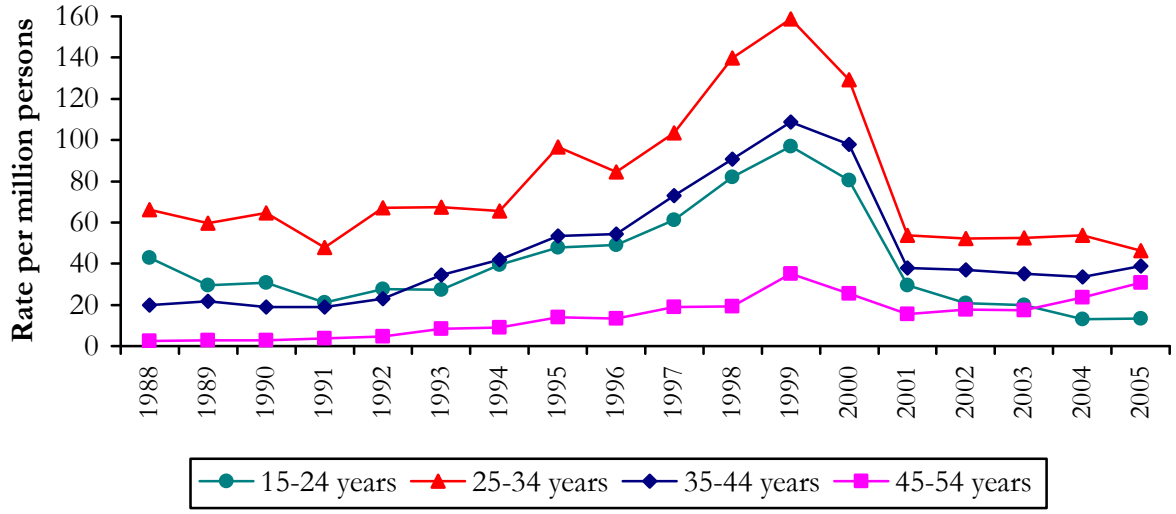
Table 16: Number of opioid deaths among those aged 15-54, by jurisdiction, 1988-2005

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUST
1988	204	99	16	12	18	0	0	2	**351**
1989	158	99	19	8	18	1	2	2	**307**
1990	196	79	8	19	14	5	0	0	**321**
1991	146	64	9	13	13	3	0	2	**250**
1992	182	79	18	30	22	0	1	4	**336**
1993	188	86	23	41	24	5	2	5	**374**
1994	209	97	37	32	38	4	5	3	**425**
1995	273	140	42	38	70	6	0	13	**582**
1996	260	145	32	32	64	5	2	17	**557**
1997	333	203	36	52	76	2	2	9	**713**
1998	452	243	64	53	78	10	13	14	**927**
1999	481	376	79	64	92	5	8	11	**1116**
2000	349	323	124	50	72	8	2	10	**938**
2001	177	73	58	18	35	8	5	12	**386**
2002	158	93	40	21	28	9	6	8	**364***
2003	143	129	32	14	16	4	2	17	**357**
2004	144	126	34	25	19	6	1	2	357
2005	**133**	**104**	**42**	**37**	**36**	**14**	**np****	**np****	**374**

Source: Australian Bureau of Statistics, (Degenhardt and Roxburgh, 2007a)
***** One death in 2002 had a missing state
****** Data for these jurisdictions were not published in order to protect confidentiality

The rate of accidental deaths due to opioids in Australia was 32.5 per million persons aged 15 to 54 years, similar to 2004 (where the rate was 31.3 per million persons). The largest proportions of deaths continue to be among the 25-34 year age group, followed by the 35-44 year age group (Degenhardt and Roxburgh, 2007a).

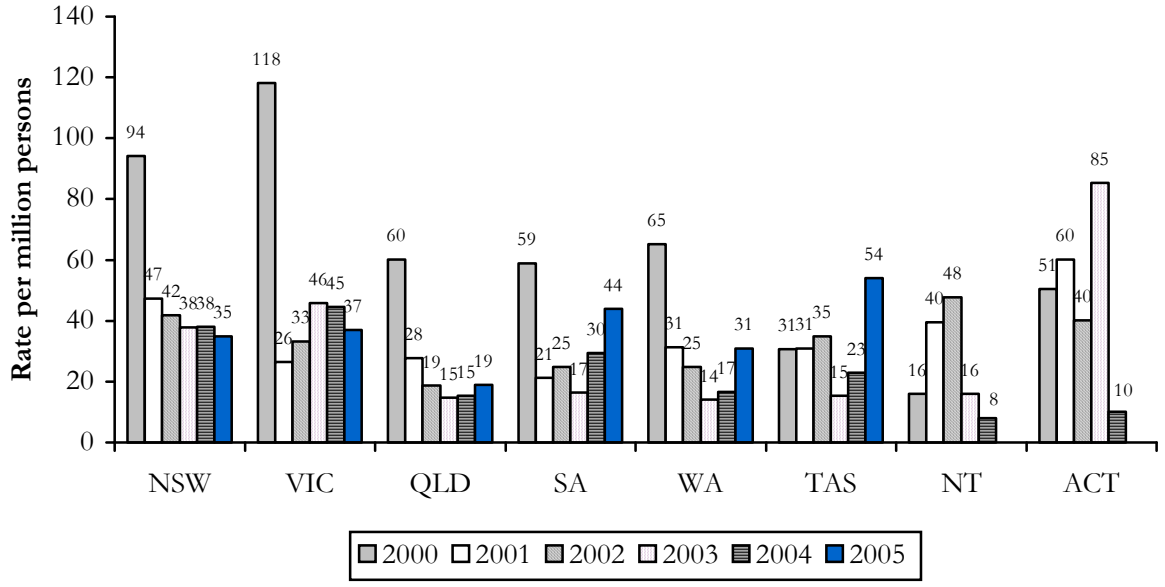
Figure 15: Rate of accidental deaths due to opioids per million persons aged 15-54 years, Australia, 1988-2005



Source: Australian Bureau of Statistics (Degenhardt and Roxburgh, 2007a)

In 2005, overdose rates remained fairly stable in most jurisdictions with the exception of TAS where the rate per million persons increased from 23 in 2004 to 53.7 in 2005 (Figure 16). TAS had the highest overdose rate in Australia in 2005 (53.7 per million persons, n=14 overdoses) compared to VIC in 2004 (44.6 per million persons, n=126 overdoses) (Degenhardt and Roxburgh, 2007a).

Figure 16: Rates of opioid overdose per million persons aged 15-54, by jurisdiction, 1999-2005



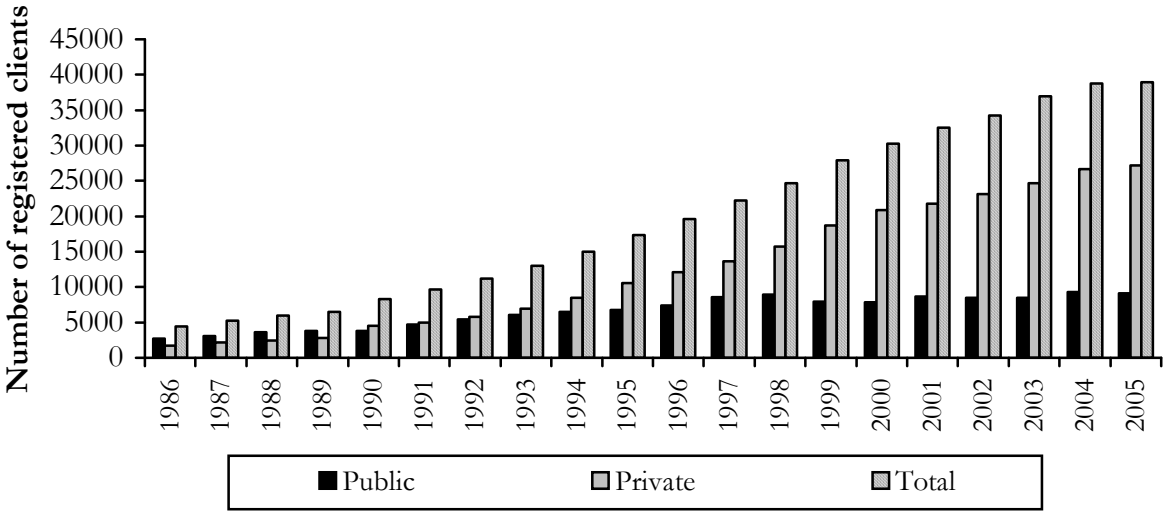
Source: Australian Bureau of Statistics, (Degenhardt and Roxburgh, 2007a)
Note: Data for the NT and the ACT were not published in order to protect confidentiality

Earlier research has shown that the 'typical' fatal heroin overdose case is an opiate-dependent male in his early 30s, not in drug treatment, who has consumed other drugs in combination with heroin, primarily alcohol and/or benzodiazepines (Darke et al., 2000). The 2005 accidental opioid deaths accord well with these observations (Degenhardt and Roxburgh, 2007a): males comprised 78% of deaths among the 15 to 54 year age group, and deaths in the 25 to 34 year age group made up 35% of deaths attributed to opioids in Australia. It should be noted, however, that the mortality rate among the 25 to 34 year age group decreased in 2005, while it has increased among the oldest age group (45-54 years) since 2001, consistent with the ageing of a cohort of IDU in Australia who have continued to obtain and use heroin.

4.6 Treatment for opioid dependence

The two major pharmacotherapies for the treatment of opioid dependence available in Australia are methadone and buprenorphine maintenance treatments. As can been seen in Figure 17, there has been an increase in the total number of clients registered in pharmacotherapy treatment from 1986. A higher proportion of clients are in private pharmacotherapy treatment. In total, almost 39,000 persons were in pharmacotherapy for opioid dependence as at June 30th, 2005.

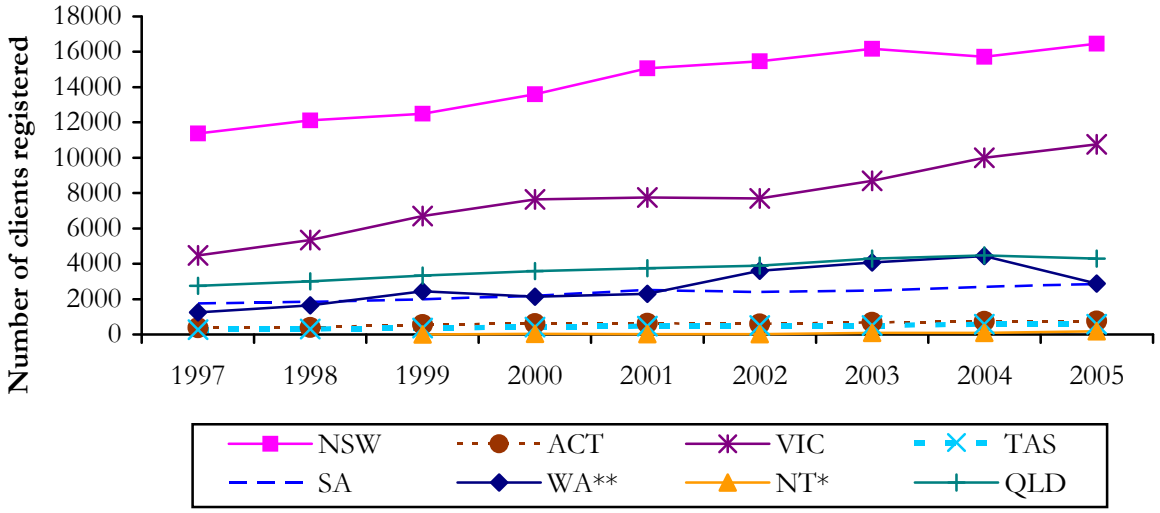
Figure 17: National pharmacotherapy client numbers by financial year, 1986-2005



Source: Australian Institute of Health and Welfare
Note: Data from 2001 includes buprenorphine

With the exception of WA and QLD (where decreases were recorded), slight increases in clients enrolled in pharmacotherapy were recorded in all jurisdictions in 2005 (Figure 18), which may be an indication of increasing demand for pharmacotherapy treatment and/or greater funding for treatment places. Numbers reported in the NT more than doubled, which is most likely due to the recent inclusion in the data of clients receiving treatment at the public clinic in Alice Springs rather than an increase per se. As in previous years, both NSW and VIC recorded the highest number of clients registered in pharmacotherapy, most likely reflecting population size.

Figure 18: Pharmacotherapy client numbers by financial year 1997-2005, by jurisdiction



Source: Australian Institute of Health and Welfare
* Up until 2004 Northern Territory 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
** Figures for 2005 for WA represent the number of clients enrolled throughout the month of June. Prior to this, figures were for clients enrolled throughout the year, which may account for the reduction observed
Notes: Data from 2001 includes buprenorphine. With the exception of WA, figures represent numbers of clients enrolled as at 30 June of each year

Methadone maintenance treatment is an established form of treatment in all jurisdictions in Australia. In October 2000, Subutex (buprenorphine hydrochloride) was registered in Australia by the Therapeutic Goods Administration (TGA) for the treatment of opioid dependence (for both maintenance treatment and detoxification). In March 2001, the Pharmaceutical Benefits Advisory Committee (PBAC) recommended that buprenorphine be listed as a treatment for opioid dependence and is available in all jurisdictions, for this purpose.

The IDRS accesses IDU that are not all engaged in treatment, because it aims to interview active participants in the illicit drug market, and those in treatment are typically less active in illicit drug markets than their non-treatment counterparts. However, as in previous years, substantial proportions of IDU in all jurisdictions reported involvement in pharmacotherapy treatment for opiate dependence. In 2006, 27% reported current enrolment in methadone and 10% in buprenorphine treatment. Current enrolment in either methadone or buprenorphine treatment in the IDRS has remained relatively stable at a national level since 2005 (30% and 14% respectively). There were jurisdictional differences in those reporting current involvement in methadone treatment, ranging from 6% in the NT to 51% in TAS (Table 17).

Table 17: Proportion of IDU who reported current involvement in pharmacotherapy treatment, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Methadone	27	41	36	19	51	29	21	6	14
Buprenorphine	10	13	11	15	2	14	10	4	11

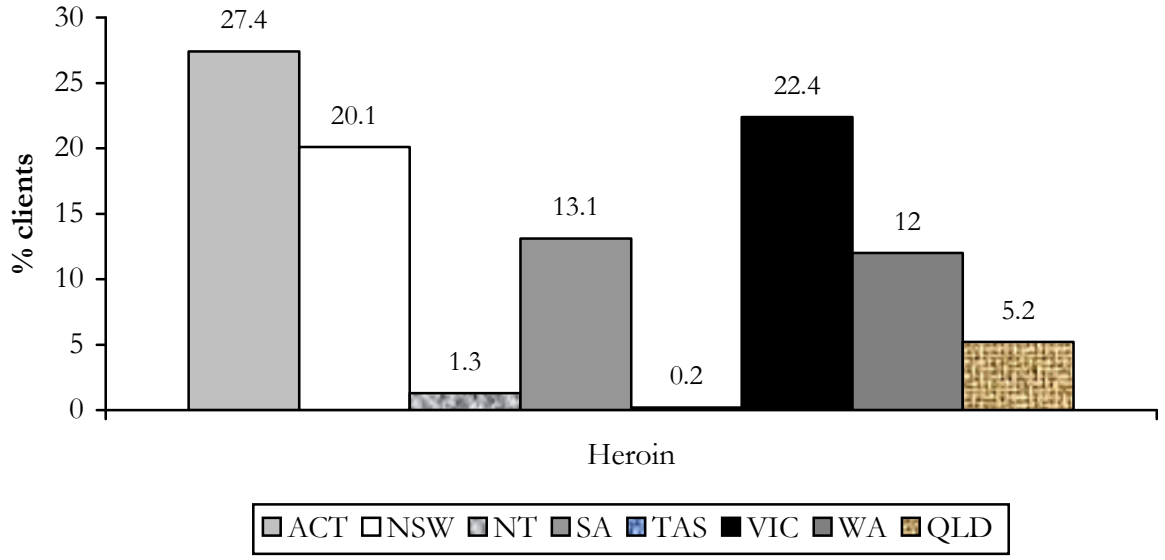
Source: IDRS IDU interviews

Smaller proportions of IDU in all jurisdictions reported involvement in buprenorphine treatment compared to methadone treatment (Table 17). This is possibly because buprenorphine has been registered as a treatment for opioid dependence for a shorter period of time compared to methadone, which has been available for a few decades.

The diversion of methadone and buprenorphine are issues that need to be considered (see Section 8.1 and 8.2); however, it should be noted that the majority of IDU who reported recent use of methadone and buprenorphine reported that they had used *licit* methadone and buprenorphine most in the preceding six months (i.e. they had used methadone or buprenorphine that was prescribed to them).

Treatment statistics are also collected by the Alcohol and Other Drug Treatment Services-National Minimum Data Set (AODTS-NMDS). The AODTS-NMDS aims to provide measures of service utilisation for clients of alcohol and other drug treatment services. It provides ongoing information on the demographics of clients who use these services, the treatment they receive and administrative information about the agencies that provide the treatment (Australian Institute of Health and Welfare, 2005b).

Figure 19: Proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2004/05*



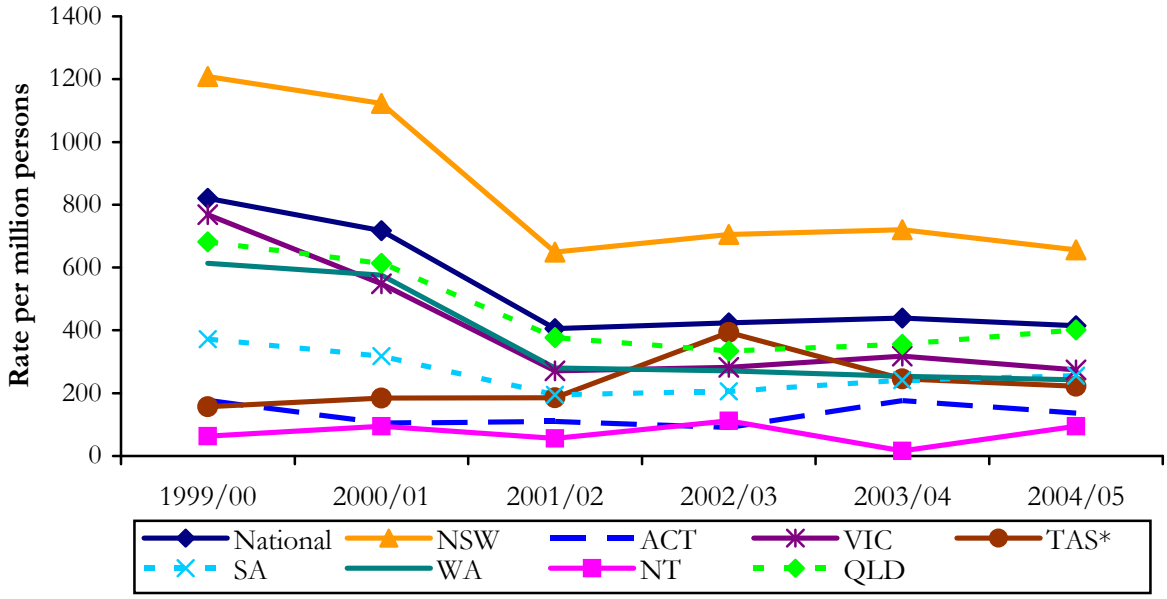
Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2006)
***** Excludes closed treatment episodes for clients seeking treatment for the drug use of others.
Note: Treatment utilisation depends on demand and jurisdictional funding; data do not include clients from methadone maintenance treatments, needle and syringe programs, correctional institutions, halfway houses and sobering up shelters

Figure 19 indicates that the ACT, VIC and NSW had the highest proportions of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy) in 2004/05. This is consistent with IDU data that showed higher proportions of users reporting recent heroin use, as well as generally greater frequency of heroin use in these jurisdictions.

Hospital admissions

The number per million persons of inpatient hospital admissions among persons aged 15-54 years, with a principal diagnosis relating to opioids, are shown in Figure 20. 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 2004/05 the number of opioid-related hospital admissions per million persons at a national level was 415 among persons aged 15-54 years, down from 820 per million in 1999/00. NSW has consistently had the highest number of opioid-related hospital admissions per million persons, which dropped to a low of 649 in 2001/02, and has remained relatively stable since. QLD had the next highest (401) in 2004/05. These data are consistent with IDU survey data, with an overall decrease in the prevalence of heroin use recorded since 2001/02.

Figure 20: Number of principal opioid-related hospital admissions per million persons aged 15-54 years, by jurisdiction, 1999/00-2004/05



Source: Australian Institute of Health and Welfare: ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments

* From 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit.

4.7 Jurisdictional trends for heroin

Below follow summaries of trends for heroin provided by each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – TAS: (de Graaff and Bruno, 2007); NSW: (Black et al., 2007); VIC: (Jenkinson and Quinn, 2007); WA: (Fetherston and Lenton, 2007); SA: (White et al., 2007); QLD: (Kinner and Lloyd, 2007); NT: (Moon, 2007); ACT: (Campbell and Degenhardt, 2007).

4.7.1 NSW

As in 2005, the majority of IDU (69% of those commenting) reported that it was 'easy' or 'very easy' to obtain heroin. Just under half of the IDU (47%) who commented thought that heroin availability had remained stable (59% of those commenting thought so in 2005), while one-third (35%) thought it had become 'more difficult' (21% in 2005). Purity was commonly reported to be low and decreasing.

Prevalence of heroin use among IDU in NSW has continued to decrease, with 81% of participants reporting use in the last six months as compared with 88% in 2005. Frequency of use has also decreased to 72 days (96 days in 2005), although this decrease was not uniform across drug market areas. The median number of days used in South Western areas of Sydney remained stable (67 days in 2005; 65 in 2006) while the median days of use in central Sydney areas halved (180 days in 2005; 90 days in 2006). While heroin remained the drug of choice, a decrease was also observed in the proportion nominating it (49%; 72% in 2005), a pattern that was also observed in reports of the drug injected most often in the month preceding interview (64% in 2005; 42% in 2006) and the drug most recently injected (again, 64% in 2005 and 42% in 2006). Key expert (KE) comments were generally consistent with that of IDU, with more mixed reports of availability compared to 2005, and that availability had remained stable or had become more difficult over the last six months. Reports on price were also consistent with those reported by IDU at $50 per cap.

KE also noted the use of brown alkaline heroin in some areas of Sydney in 2006, and described various harm reduction activities that had been undertaken in response. There was also a slight increase in reports of homebake use although it should be stressed that these remained uncommon.

4.7.2 The ACT

In 2006, there was a decrease in the proportion of IDU reporting use of heroin in the six months preceding interview, from 86% in 2005 to 71% in 2006. Additionally, there was a decrease in the frequency of heroin use from a median of 60 days (approximately 2.5 days a week) in 2005 to 24 (approximately once a week) in 2006. Furthermore, there was also a decrease in the proportion of IDU reporting daily use of heroin, from 20% in 2005 to 5% in 2006.

The price per cap for heroin remained stable at $50 from 2005 to 2006. Price per gram increased from $300 in 2005 to $340 in 2006. IDU reports indicated that the price of heroin remained stable in the ACT in 2006.

Although 66% of IDU (who were able to comment) indicated that heroin was 'easy' to 'very easy' to obtain in the ACT in 2006, this was down from the previous year, where 88% indicated heroin was 'easy' to 'very easy' to obtain. Furthermore, although the majority of IDU (who were able to comment) reported that availability of heroin remained stable in 2006, there were greater proportions of IDU who reported that the availability of heroin had fluctuated (11%) or were unable to comment (13%) on heroin availability change in the ACT in 2006, compared to 2005 (2% for both in 2005).

IDU reported that the current purity of heroin in the ACT in 2006 was low (60%), which was up from the previous year (39%). Additionally, a greater proportion of IDU reported that the heroin quality was decreasing, in the six months preceding interview, when compared to 2005 (48%, compared to 33% in 2005). KE reports were consistent with IDU reports. Of the KE who were able to comment on heroin, many said that there had been a decrease in the use and purity of heroin.

4.7.3 VIC

Over half (59%, n=88) of the IDU survey respondents reported that heroin was their main drug of choice, and 76% (n=114) reported having used and injected heroin during the preceding six months. Prevalence of recent heroin use by Melbourne IDU respondents decreased in 2006 (76% compared to 89% in 2005, 86% in 2004 and 90% in 2003).

Respondents reported using heroin on a median of 56 days during the past six months, with one-fifth (21%, n=24) reporting using heroin on a daily basis during that time. As with prevalence of recent heroin use, frequency of use also decreased in 2006, reaching the lowest level reported since the IDRS study commenced in Melbourne in 1997.

In 2006, respondents reported paying (median price): $40 for a cap; $110 for a quarter gram; $200 for a half gram; and $350 for a gram (on the last occasion of purchase). The reported price of heroin remained relatively stable in 2006, although the median price for a gram increased slightly. The most popular purchase amount of heroin was a half-gram (n=43), followed by a cap (n=33).

Current heroin purity was reported as 'medium' (44%, n=42) to 'low' (34%, n=33) by the majority of IDU respondents who commented (n=96). The majority of KE commenting on heroin purity also reported that it was 'low' (n=10) or 'medium' (n=8). As in previous years, a higher proportion of the Melbourne IDU sample reported that they had most commonly used heroin rock (94%), compared to powder (6%) during the previous six months (Table 9).

The majority of IDU respondents who commented on the availability of heroin (n=97), reported it as either 'very easy' (57%, n=55) or 'easy' (30%, n=29) to obtain at the time of interview, and that availability had been stable over the past six months (52%, n=50). Most participants who commented on where they usually source their heroin (n=93) reported that they usually purchased from known dealers (65%), street dealers (28%), or friends (27%). Participants were also asked what venues (locations) they normally scored at, with most reporting an agreed public location (54%), dealer's home (30%), or street market (29%). KE confirmed that heroin availability was 'easy' to 'very easy', and that mobile dealing had become entrenched and is far more common than street dealing in many areas.

Two percent of IDU (n=3) reported having experienced a heroin overdose within the previous six months, and 1% (n=2) had received Narcan during that time, a reduction since 2005. Most KE noted that overall the level of non-fatal heroin overdose was low, and five indicated that overdose rates had recently decreased.

4.7.4 TAS

Very few of the IDU consumers interviewed in the 2006 Tasmanian IDRS could report on local trends in price, purity or availability of heroin. Consistent with patterns seen in previous studies, only a small proportion of the cohort (9%) reported using the drug in the preceding six months, with this use being very infrequent (6 of the previous 180 days), despite a high preference for heroin as a drug of choice.

Only one participant was able to provide information regarding price paid for recent heroin purchases. This purchase was between 2-3 'caps', at a cost of $200. In previous years, when greater proportions of local IDRS IDU cohorts reported recent heroin use, information regarding price was more common. In 2005, four participants commented on buying a cap of heroin, reporting a modal price of $100. Three participants commented on purchasing a gram of heroin, reporting a median price of $360. Consistent with trends noted in previous years, the majority of IDU considered heroin as 'difficult' or 'very difficult' to access, and that this situation had not changed in recent months. In further support of this, almost half of those reporting on availability (43%, n=3) had only used heroin sent directly to them from another jurisdiction (mainland Australia), rather than being able to access the drug locally. Consumers predominantly used rock-form heroin and considered the drug as 'medium' in subjective purity in the preceding six months.

The majority of indicators - such as a steadily declining proportion of use of heroin among clients of the state's Needle Availability Program, findings such as the low median rate of use of heroin (six days in last six months amongst those who had used the drug) and that, of the 36% of the IDU sample that reported heroin as their drug of choice, only around two-fifths (22%) had recently used heroin - indicate that the low availability of heroin in the state, identified in earlier IDRS studies, has continued in 2006.

4.7.5 SA

The price of heroin remained stable from 2005 to 2006, and it was still considered 'easy' or 'very easy' to obtain by most IDU, with availability reported as stable in the preceding six months. According to the majority of IDU who commented, current purity of heroin was 'low' in 2006 and perceived as 'decreasing' or 'stable' in the six months preceding interview.

The proportion of IDU who reported recent use of heroin remained stable in 2006 compared to 2005. There was, however, a decrease in the frequency of use of heroin for the third year running, following the peak frequency of use observed in 2003 (i.e. 72 median days). This was indicated in 2006 by both a drop in median number of days used (from 28 days in 2005 to 19 in 2006), as well as a drop in the percentage of daily users. Analysis of IDU who nominated heroin

as their drug of choice indicated users continue to supplement or substitute their heroin use with other opioid substances such as morphine, buprenorphine and methadone.

SA Police data revealed that total heroin-related possession offences remained relatively stable, with a slight increase in the number of provision offences (from 34 to 41) for heroin from 2004/2005 to 2005/2006, while possession/use offence numbers remained the same (at 11). With regard to the trend over a longer period, however, total heroin-related possession and provision offences have remained relatively stable across the years from 2001/2002 to 2005/2006.

Experience of recent heroin overdose among IDU remained low, and information from KE as well as the Royal Adelaide Hospital supports this finding.

The proportion of opioid-related calls to ADIS remained stable, whereas the total number of clients attending Drug and Alcohol Services SA (DASSA, all services), including inpatient (detox) treatment, with heroin as the primary drug of concern, decreased. A small decrease was also apparent in the number of clients attending DASSA inpatient (detox) services nominating opioid analgesics as the primary drug of concern. Similarly, SA hospital emergency department data shows that heroin related attendances have remained stable while attendances for other opioids also remained stable in 2006. Both state (SA) and national hospital admissions data showed the number of opioid-related admissions were stable (as at 2004/05) and still below pre-heroin shortage levels, though these data lag other indicators by a year.

4.7.6 WA

In 2006, the number of users reporting that heroin was either 'easy' or 'very easy' to obtain was 54% of those responding, this being a substantial decrease from the 79% who reported it as 'easy' or 'very easy' to obtain in the previous two years, suggesting that users perceived the drug as having become harder to obtain.

Based on user reports, the perceived purity of heroin in WA appears to have declined, with just seven percent of those responding describing it as 'high' compared with 14% in the previous year's survey. The 2006 figure represents the lowest number of users reporting heroin purity as 'high' in WA since 2003.

The number of IDU reporting use of heroin fell from 69% in 2005 to 53% in 2006, the lowest number reported since IDU interviews commenced in WA in 2000. Mean days of use fell to 47 down from the 81 reported the previous year (*median* days use was 20 in 2006 compared to 60 in 2005). Heroin remained the most commonly reported drug of choice with 46% reporting it in this role, however, this was substantially less than the 63% who nominated heroin as their drug of choice in 2005.

4.7.7 The NT

The number of IDU able to report on the price, purity and availability of heroin in the NT decreased this year compared to recent IDU samples.

A small number of IDU reported paying $50 for a cap of heroin and $600 for a gram and that prices had been stable over the six months before interview. Heroin was rated as having 'low' purity but 'easy' to obtain, with 'friends' reported as the usual source by those IDU able to comment.

A smaller proportion of IDU reported recently using heroin than has been the case in recent years, declining from 34% in 2004 to 12% this year. At the same time the median days of use, at 13, is higher this year than has been observed in recent years.

4.7.8 QLD

The price of heroin is stable in QLD. As in 2005, in 2006 the median price of a cap was $50, the median price of a gram was $400, a half gram $200 and a quarter gram $100. KE reported a perception among IDU that the price of heroin was high, however, this perception is likely to reflect not only the price of a given weight, but also the perceived purity of the heroin that consumers are getting for that price.

The reported availability of heroin decreased in 2006, with 25% of those responding reporting the availability as 'very easy' (vs. 34% in 2005), 52% 'easy' (vs. 54% in 2005) and 22% 'difficult' or 'very difficult' (vs. 7% in 2005). In 2006, 33% of those responding reported that heroin had become harder to get recently (vs. 13% in 2005). IDU most commonly reported obtaining heroin from a known dealer (49%), in an agreed public location (49%).

IDU also reported that the purity of heroin was poorer in 2006, with only 4% describing the current purity as 'high' (vs. 13% in 2005) and 18% describing it as 'medium' (vs. 39% in 2005). The majority of those reporting in 2006 (73% vs. 23% in 2005) reported current heroin purity as 'low', and 56% (vs. 33% in 2005) reported that it had been decreasing recently.

Consistent with reports of falling availability and purity, and with KE reports, there was evidence of reduced heroin use among IDU in 2006. The proportion nominating heroin as the drug most often injected in the last month fell from 42% in 2005 to 32% in 2006; the proportion reporting heroin as the last drug injected fell from 39% in 2005 to 32% in 2006; the proportion reporting daily heroin use in the six months preceding interview fell from 14% in 2005 to 10% in 2006 – the lowest it has been since the heroin shortage in 2001 (9%).

Consistent with evidence of a fall in heroin use, there was also a continued decline in the number of arrests for use/possession of heroin in Queensland, with only 94 such arrests by Queensland Police Service (QPS) in 2005/06, compared with 123 arrests in 2004/05.

4.8 Summary of heroin trends

- The median price per gram of heroin remained fairly stable in each jurisdiction in 2006 except in VIC where it increased. Small numbers in the ACT and the NT also reported that it had increased. Heroin was cheapest per gram in NSW ($300 per gram) and most expensive in the NT ($600) and WA ($550 per gram). The median price per cap remained stable at $50 in the majority of jurisdictions.
- As in previous years, the majority of IDU reported that heroin was 'easy' to 'very easy' to obtain. However, availability appeared to have decreased to some extent, with a larger proportion of participants reporting that it was difficult to obtain as compared with 2005.
- The majority of participants commenting reported that heroin was of 'low' purity except in VIC where it was most commonly perceived to be of 'medium' purity. In 2006, the proportion of participants reporting heroin purity as 'low' was the highest recorded since national monitoring began.
- Heroin remained the most commonly reported drug of choice among participants. However, decreases in prevalence and frequency of use were seen in all jurisdictions, with the exception of QLD and SA (frequency only) where it remained stable. Prevalence of use remained lowest in TAS and the NT. The highest proportions of daily users were reported in NSW and VIC.
- Numbers in treatment for opioid dependence in Australia increased slightly in 2006.
- Harms related to heroin/opioids remained relatively stable compared to 2005.

5.0 METHAMPHETAMINE

Prior to 2001, IDRS reports used the overarching term 'amphetamines' to refer to both amphetamine and methamphetamine. 'Amphetamine' is used to denote the sulphate of amphetamine which, throughout the 1980s, was the form of illicit amphetamine most available in Australia (Chesher, 1993). As a result of the legislative controls introduced in the early 1990s on the distribution of the main precursor chemicals (Wardlaw, 1993), illicit manufacturers were forced to rely on different recipes for 'cooking' amphetamine. Throughout the 1990s, the proportion of amphetamine-type substance seizures that were methamphetamine (rather than amphetamine sulphate) steadily increased, until methamphetamine dominated the market such that in the financial year 2000/01, the vast majority (91%) of all seizures of amphetamine were methamphetamine (Australian Bureau of Criminal Intelligence, 2002).

In Australia, the powder traditionally known as 'speed' is almost exclusively methamphetamine rather than amphetamine. The more potent forms of this family of drugs, known by terms such as ice/crystal, shabu, crystal meth, base and paste, identified by the 2000 IDRS as becoming more widely available and used in all jurisdictions, are also methamphetamine. Therefore, the term methamphetamine was used from 2001 to refer to the drugs available that were previously termed 'amphetamines'.

The 2001 IDRS distinguished between the powder form of methamphetamine that has traditionally been available in Australia ('speed'), and the more potent forms (shabu, ice/crystal, crystal meth, base and paste). From 2002 a further distinction was made between methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('ice') in an attempt to collect more comprehensive information on the use, price, purity and availability of each of the different forms. 'Speed' is typically manufactured in Australia and ranges in colour from white to yellow, orange, brown or pink, due to differences in the chemicals used to produce it. It is usually of relatively low purity. 'Base' (also called paste, wax, point or pure), is thought to be an oily or gluggy, damp, sticky, powder that often has a brownish tinge. Base is reported to be difficult to dissolve for injection without heating. Base is also thought to be manufactured in Australia. 'Ice' (also called shabu, crystal or crystal meth) is a crystal or coarse powder that ranges from translucent to white but may also have a green, blue or pink tinge. Ice/crystal is thought to be manufactured in Asia and imported (Topp and Churchill, 2002). Reports suggest that ice/crystal may also be produced within Australia, although the extent to which this occurs is unclear (McKetin et al., 2005). A fourth form, liquid methamphetamine (also known as 'oxblood') is also available; however, as prevalence and frequency of use remain infrequent (Table 8 - Drug use history), further detail on price, purity and availability is not sought.

As it became apparent that these methamphetamine forms were marketed differently and sold at differing price scales, the IDRS commenced collecting data to provide information on the different forms accordingly. As there is still some uncertainty among both users and researchers as to the characteristics of the different forms of methamphetamines that are marketed as 'speed', 'base', and 'crystal' (ice), the 2002 and 2003 IDRS interviews incorporated the use of flashcards with colour photographs (Topp and Churchill, 2002). The results of this approach are discussed in the National IDRS 2002 and 2003 reports.

Detailed research has been conducted on methamphetamine markets in an attempt to gain a better understanding (McKetin and McLaren, 2004, McKetin et al., 2005). Table 18 displays the price of methamphetamine powder ('speed'), base and ice/crystal in 2006 by jurisdiction, while Tables 19 to 21 show availability, purchasing patterns and perceived purity of these three forms by jurisdiction in 2006. Data from 2005 are presented in Appendix B, Table B1, B2 and B3.

5.1 Price

The median price of the last purchase of speed, base and ice/crystal are presented in Table 18.

5.1.1 Powder (speed)

IDU typically bought speed as points, then half grams. A smaller number purchased grams. A 'point' (0.1 gram) of speed cost $50 in all jurisdictions except VIC where it was cheaper at $35, and the NT were it was more expensive at $60. The price of a gram ranged from $100 in NSW to $300 in TAS and WA, and half grams of speed ranged from $100 in VIC and QLD to $200 in the NT. Approximately two-thirds (65%) of those who commented (n=477) reported that the price of speed remained stable over the last six months (Table 18).

Past IDRS national reports (Stafford et al., 2006a) have noted that previously, grams of speed were commonly purchased. The smaller quantities purchased in more recent years may reflect local manufacturers trying to compete with imported methamphetamine by selling in the same quantities as the more potent forms of methamphetamine (base and ice).

5.1.2 Base

In 2006, participants in all jurisdictions reported buying a 'point' (0.1 gram) of base in the six months preceding interview, with only one person reporting a purchase in VIC. As in previous years, overall, a point was the most popular purchase amount. The price for a point of base was $50 in all jurisdictions, with the exception of the NT, where it was $60 (Table 18).

The median price for half a gram of base varied from $100 in VIC and QLD to $200 in WA and the NT. Ten or less participants purchased half grams in all jurisdictions except TAS (n=25) and QLD (n=20). A gram of base varied from $180 in VIC to $325 in WA, keeping in mind the small numbers reporting purchasing grams. Sixty-three percent of those who commented (or 21% of the entire sample) reported that the price of base remained stable over the last six months (Table 18).

5.1.3 Crystal methamphetamine (ice)

As in previous years, a 'point' (0.1 gram) was the most popular purchase amount. The price for a point of ice/crystal was $50 in all jurisdictions except the NT where it was $90. A half gram of ice/crystal ranged from $150 in SA to $220 in VIC. The price for a gram of ice/crystal varied greatly, being substantially higher in the NT at $800 compared to other jurisdictions, and lowest in VIC at $200. The very small numbers commenting on gram purchases should be borne in mind. Two-thirds of those who commented (66% or 31% of the entire sample) reported that the price remained 'stable' over the last six months (Table 18).

Table 18: Price of methamphetamine, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Price ($) *SPEED*									
Per point	-	50	50	35	50	50	50	60	50
Per ½ gram	-	120	150	100	150	125*	165	200	100
Per gram	-	100	175*	200	300*	150*	300	250	200
Price ($) *BASE*									
Per point	-	50	50	50*	50	50	50	60	50
Per ½ gram	-	180*	150*	100*	150	120	200	200*	100
Per gram	-	200	250*	180*	300	200	325*	250*	200
Price ($) *ICE/CRYSTAL*									
Per point	-	50	50	50	50	50	50	90	50
Per ½ gram	-	200	200	220*	170	150*	200	200*	200
Per gram	-	325	410	200*	300*	215*	400	800*	275
Price changes									
Methamphetamine powder (speed)									
Did not respond %	48	38	38	57	49	75	41	45	41
Of those who responded (n)	(n=477)	(n=94)	(n=62)	(n=65)	(n=51)	(n=25)	(n=59)	(n=55)	(n=66)
(% of the entire sample)									
% Don't know	10 (5)	25 (15)	8 (5)	3 (1)	14 (7)	4 (1)	3 (2)	7 (4)	3 (2)
% Increased	15 (8)	10 (6)	11 (7)	8 (3)	8 (4)	16 (4)	20 (12)	27 (15)	23 (13)
% Stable	65 (34)	59 (36)	63 (39)	80 (35)	67 (34)	72 (18)	68 (40)	55 (30)	65 (38)
% Decreased	5 (2)	2 (1)	13 (8)	2 (<1)	10 (5)	4 (1)	5 (3)	2 (1)	2 (<1)
% Fluctuated	6 (3)	5 (3)	5 (3)	8 (3)	2 (1)	4 (1)	3 (2)	9 (5)	8 (4)
Methamphetamine base									
Did not respond %	67	47	79	99	50	55	68	82	51
Of those who responded (n)	(n=304)	(n=81)	(n=21)	(n=2)*	(n=50)	(n=45)	(n=32)	(n=18)	(n=55)
(% of the entire sample)									
% Don't know	14 (5)	21 (11)	14 (3)	0 (0)	22 (11)	2 (1)	9 (3)	11 (2)	11 (5)
% Increased	15 (5)	11 (6)	5 (1)	50 (<1)	8 (4)	16 (7)	22 (7)	17 (3)	26 (13)
% Stable	63 (21)	63 (34)	57 (12)	50 (<1)	64 (32)	71 (32)	59 (19)	72 (13)	58 (29)
% Decreased	3 (<1)	0 (0)	10 (2)	0 (0)	2 (1)	4 (2)	6 (2)	0 (0)	2 (<1)
% Fluctuated	5 (2)	5 (3)	14 (3)	0 (0)	4 (2)	7 (3)	3 (1)	0 (0)	4 (2)
Ice/crystal									
Did not respond %	54	33	16	82	51	71	32	85	55
Of those who responded (n)	(n=424)	(n=102)	(n=84)	(n=27)	(n=49)	(n=29)	(n=68)	(n=15)	(n=50)
(% of the entire sample)									
% Don't know	11 (5)	20 (13)	2 (2)	7 (1)	14 (7)	7 (2)	9 (6)	0 (0)	14 (6)
% Increased	14 (7)	14 (9)	16 (13)	19 (3)	12 (6)	14 (4)	10 (7)	20 (3)	16 (7)
% Stable	66 (31)	61 (41)	63 (53)	70 (13)	65 (32)	76 (22)	74 (50)	80 (12)	62 (28)
% Decreased	3 (2)	0 (0)	10 (8)	0 (0)	4 (2)	0 (0)	3 (2)	0 (0)	4 (2)
% Fluctuated	5 (3)	6 (4)	10 (8)	4 (<1)	4 (2)	3 (1)	4 (3)	0 (0)	4 (2)

Source: IDRS IDU interviews

* Small numbers reported (n<10), interpret with caution

5.2 Availability

5.2.1 Methamphetamine powder (speed)

As in previous years, among those IDU who commented (n=477), speed was considered 'easy' or 'very easy' to obtain in all jurisdictions, except the NT where over one-quarter (26%) considered it 'difficult' (51% reported 'easy'). The majority of IDU who commented considered that the availability of speed had remained 'stable' in the six months preceding interview (Table 19).

As noted earlier, for the first time in 2006, the IDRS made the distinction between from whom drugs were purchased and from where. Participants purchased speed from a variety of sources, most commonly from friends (45%) and known dealers (44%) (Table 20). The presence of a street market was noted in the majority of jurisdictions, with one-fifth to one-quarter of participants in the ACT, VIC, SA, the NT and QLD, and almost one-third in NSW, reporting purchasing from a street dealer in the preceding six months.

Speed powder was purchased from a range of locations. Nationally, the most common responses were at an agreed public location (37%), a friend's home (32%) and/or a dealer's home (31%). However, there were some jurisdictional variations, for example in NSW purchase at a street market was commonly reported (39%), and proportions reporting 'home delivery' ranged from 12% in NSW to 32% in QLD (Table 20).

5.2.2 Base

Among those IDU who commented, the majority of respondents in the national sample considered base to be 'easy' (47% or 16% of the entire sample) or 'very easy' (32% or 11% of the entire sample) to obtain, and availability was considered stable by the majority (Table 19). There was some variation between the jurisdictions regarding the availability of base, with substantial proportions in VIC (50%), WA (25%) and the NT (33%) considering it 'difficult' to obtain. The numbers commenting on availability in VIC (n=2), however, were small, providing further indication of limited availability.

As with speed, participants had most commonly obtained base from a known dealer (50%) and/or a friend (45%). Again, locations of purchase were varied, with the most commonly reported being an agreed public location (37%), a dealer's home (33%) or at a friend's home (28%) (Table 20).

5.2.3 Crystal (ice)

In 2006 in the national sample, among those IDU who could comment (n=421), over one-third (40%, 37% in 2005) considered ice/crystal to be 'easy' to obtain (Table 19). A further 38% considered it to be 'very easy' to obtain, which is an increase of over 10% from 2005 (26% in 2005). There was some variability in reports of availability among the jurisdictions, with half in NSW and the ACT (50%) reporting availability as 'very easy' and substantial proportions in the NT (33%) and QLD (28%) reporting availability as 'difficult'.

Over half (57%) of the national sample considered the availability of ice/crystal to be stable, with just under one-fifth (18%) considering it easier to obtain in the last six months.

Ice/crystal was also obtained from a variety of sources, in a similar pattern to speed and base. Friends (45%) and known dealers (44%) were the most typical people from whom it had been purchased, with an agreed public location (38%), friend's home (32%) and/or dealer's home (29%) reported as the most common locations of purchase (Table 20).

Table 19: Availability of methamphetamine, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Availability									
Methamphetamine powder (speed)									
Did not respond %	48	38	38	57	49	75	41	45	41
Of those who responded (n)	(n=477)	(n=94)	(n=62)	(n=65)	(n=51)	(n=25)	(n=59)	(n=55)	(n=66)
(% of the entire sample)									
% Don't know	6 (3)	17 (11)	5 (3)	0 (0)	0 (0)	8 (2)	5 (3)	4 (2)	2 (<1)
% Very easy	39 (21)	37 (23)	32 (20)	59 (25)	43 (22)	60 (15)	34 (20)	16 (9)	44 (26)
% Easy	40 (21)	31 (19)	53 (33)	29 (13)	49 (25)	24 (6)	42 (25)	51 (28)	41 (24)
% Difficult	11 (6)	11 (7)	7 (4)	5 (2)	8 (4)	8 (2)	15 (9)	26 (14)	12 (7)
% Very difficult	3 (2)	4 (3)	3 (2)	8 (3)	0 (0)	0 (0)	3 (2)	4 (2)	2 (<1)
Methamphetamine base									
Did not respond %	66	47	78	99	48	55	68	82	51
Of those who responded (n)	(n=307)	(n=81)	(n=22)	(n=2)*	(n=52)	(n=45)	(n=32)	(n=18)	(n=55)
(% of the entire sample)									
% Don't know	6 (2)	12 (7)	14 (3)	0 (0)	2 (1)	0 (0)	13 (4)	0 (0)	2 (<1)
% Very easy	32 (11)	36 (19)	27 (6)	0 (0)	31 (16)	44 (20)	31 (10)	17 (3)	26 (13)
% Easy	47 (16)	42 (22)	41 (9)	50 (<1)	60 (31)	47 (21)	28 (9)	50 (9)	56 (28)
% Difficult	13 (4)	7 (4)	18 (4)	50 (<1)	6 (3)	4 (2)	25 (8)	33 (6)	16 (8)
% Very difficult	2 (<1)	3 (1)	0 (0)	0 (0)	2 (1)	4 (2)	3 (1)	0 (0)	0 (0)
Ice/crystal									
Did not respond %	54	35	16	82	51	71	32	85	55
Of those who responded (n)	(n=421)	(n=99)	(n=84)	(n=27)	(n=49)	(n=29)	(n=68)	(n=15)	(n=50)
(% of the entire sample)									
% Don't know	5 (2)	13 (9)	1 (1)	0 (0)	2 (1)	7 (2)	4 (3)	0 (0)	2 (<1)
% Very easy	38 (17)	50 (32)	50 (42)	37 (7)	22 (11)	35 (10)	35 (24)	7 (1)	22 (10)
% Easy	40 (19)	27 (18)	42 (35)	44 (8)	51 (25)	41 (12)	46 (31)	47 (7)	42 (19)
% Difficult	14 (7)	7 (5)	7 (6)	19 (3)	20 (10)	14 (4)	13 (9)	33 (5)	28 (13)
% Very difficult	3 (1)	3 (2)	0 (0)	0 (0)	4 (2)	3 (1)	2 (1)	13 (2)	6 (3)
Availability changes									
Methamphetamine powder (speed)									
Did not respond %	48	38	38	57	49	75	41	45	41
Of those who responded (n)	(n=477)	(n=94)	(n=62)	(n=65)	(n=51)	(n=25)	(n=59)	(n=55)	(n=66)
(% of the entire sample)									
% Don't know	9 (4)	23 (15)	11 (7)	3 (1)	2 (1)	8 (2)	5 (3)	6 (3)	2 (<1)
% More difficult	12 (6)	14 (9)	7 (4)	12 (5)	4 (2)	8 (2)	14 (8)	18 (10)	14 (8)
% Stable	61 (32)	47 (29)	58 (36)	69 (30)	71 (36)	64 (16)	58 (34)	67 (37)	65 (38)
% Easier	13 (7)	15 (9)	16 (10)	11 (5)	14 (7)	16 (4)	14 (8)	6 (3)	17 (10)
% Fluctuates	5 (3)	1 (<1)	8 (5)	5 (2)	10 (5)	4 (1)	10 (6)	4 (2)	3 (2)
Methamphetamine base									
Did not respond %	66	47	78	99	48	55	68	82	51
Of those who responded (n)	(n=307)	(n=81)	(n=22)	(n=2)	(n=52)	(n=45)	(n=32)	(n=18)	(n=55)
(% of the entire sample)									
% Don't know	10 (3)	19 (10)	18 (4)	0 (0)	10 (5)	0 (0)	13 (4)	6 (1)	4 (2)
% More difficult	12 (4)	11 (6)	14 (3)	50 (<1)	4 (2)	20 (9)	13 (4)	0 (0)	16 (8)
% Stable	64 (21)	64 (34)	55 (12)	50 (<1)	67 (35)	58 (26)	53 (17)	94 (17)	64 (31)
% Easier	10 (3)	6 (3)	9 (2)	0 (0)	12 (6)	11 (5)	19 (6)	0 (0)	11 (5)
% Fluctuates	5 (2)	0 (0)	5 (1)	0 (0)	8 (4)	11 (5)	3 (1)	0 (0)	6 (3)
Ice/crystal									
Did not respond %	54	33	16	82	51	71	32	85	55
Of those who responded (n)	(n=424)	(n=102)	(n=84)	(n=27)	(n=49)	(n=29)	(n=68)	(n=15)	(n=50)
(% of the entire sample)									
% Don't know	7 (3)	15 (10)	2 (2)	0 (0)	6 (3)	10 (3)	4 (3)	0 (0)	4 (2)
% More difficult	12 (6)	10 (7)	6 (5)	22 (4)	10 (5)	7 (2)	9 (6)	27 (4)	28 (13)
% Stable	57 (27)	57 (38)	51 (43)	70 (13)	63 (31)	62 (18)	59 (40)	67 (10)	48 (21)
% Easier	18 (9)	17 (11)	31 (26)	4 (<1)	14 (7)	14 (4)	22 (15)	7 (1)	14 (6)
% Fluctuates	5 (3)	2 (1)	10 (8)	4 (<1)	6 (3)	7 (2)	6 (4)	0 (0)	6 (3)

Source: IDRS IDU interviews

* Small numbers reported (n<10), interpret with caution

Table 20: Methamphetamine purchasing patterns, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Purchased from#									
Methamphetamine powder (speed)#									
% Had not bought	55	56	48	57	53	80	47	49	46
Of those who had bought (n) (% of the entire sample)	(n=416)	(n=67)	(n=52)	(n=65)	(n=47)	(n=20)	(n=53)	(n=51)	(n=61)
% Street dealer	20 (9)	31 (14)	21 (11)	20 (9)	0 (0)	25 (5)	13 (7)	24 (12)	26 (14)
% Friend	45 (21)	42 (18)	42 (22)	46 (20)	26 (12)	50 (10)	62 (33)	53 (27)	41 (22)
% Gift from friend	7 (3)	5 (2)	0 (0)	8 (3)	0 (0)	5 (1)	9 (5)	12 (6)	13 (7)
% Known dealer	44 (20)	39 (17)	44 (23)	49 (21)	70 (33)	45 (9)	34 (18)	33 (17)	41 (22)
% Workmate	2 (1)	0 (0)	0 (0)	2 (<1)	0 (0)	5 (1)	4 (2)	0 (0)	8 (4)
% Acquaintance	20 (9)	3 (1)	12 (6)	25 (11)	15 (7)	40(8)	30 (16)	24 (12)	30 (16)
% Unknown dealer	6 (3)	3 (1)	4 (2)	5 (2)	0 (0)	10 (2)	9 (5)	8 (4)	8 (4)
Methamphetamine base#									
% Had not bought	70	59	82	99	50	58	72	82	55
Of those who had bought (n) (% of the entire sample)	(n=271)	(n=62)	(n=18)	(n=2)*	(n=50)	(n=42)	(n=28)	(n=18)	(n=51)
% Street dealer	17 (5)	23 (9)	17 (3)	0 (0)	4 (2)	19 (8)	7 (2)	22 (4)	24 (11)
% Friend	45 (13)	39 (16)	22 (4)	0 (0)	28 (14)	50 (21)	75 (21)	67 (12)	49 (22)
% Gift from friend	6 (2)	2 (1)	0 (0)	0 (0)	4 (2)	10 (4)	4 (1)	0 (0)	14 (6)
% Known dealer	50 (15)	45 (18)	72 (13)	50 (1)	66 (33)	52 (22)	29 (8)	44 (8)	43 (20)
% Workmate	1 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	7 (2)	0 (0)	0 (0)
% Acquaintance	13 (4)	7 (3)	0 (0)	0 (0)	16 (8)	19 (8)	14 (4)	0 (0)	20 (9)
% Unknown dealer	4 (1)	5 (2)	6 (1)	50 (1)	0 (0)	5 (2)	4 (1)	6 (1)	4 (2)
Ice/crystal#									
% Had not bought	58	47	19	83	54	74	39	85	59
Of those who had bought (n) (% of the entire sample)	(n=382)	(n=81)	(n=81)	(n=26)	(n=46)	(n=26)	(n=61)	(n=15)	(n=46)
% Street dealer	18 (8)	31 (16)	21 (17)	15 (3)	0 (0)	8 (2)	13 (8)	13 (2)	24 (10)
% Friend	45 (19)	37 (20)	48 (39)	19 (3)	37 (17)	46 (12)	62 (38)	73 (11)	46 (19)
% Gift from friend	5 (2)	4 (2)	3 (2)	4 (1)	2 (1)	15 (4)	3 (2)	16 (2)	11 (5)
% Known dealer	44 (19)	35 (18)	47 (38)	54 (9)	59 (27)	54 (14)	41 (25)	27 (4)	41 (17)
% Workmate	1 (<1)	0 (0)	0 (0)	0 (0)	2 (1)	0 (0)	2 (1)	0 (0)	0 (0)
% Acquaintance	15 (6)	10 (5)	10 (8)	12 (2)	11 (5)	31 (8)	26 (16)	0 (0)	22 (9)
% Unknown dealer	7 (3)	7 (4)	3 (2)	15 (3)	0 (0)	12 (2)	7 (4)	7 (1)	11 (5)
Places of usual purchase#									
Methamphetamine powder (speed)#									
% Had not bought	55	56	48	57	51	80	47	49	46
Of those who had bought (n) (% of the entire sample)	(n=416)	(n=67)	(n=52)	(n=64)	(n=49)	(n=20)	(n=53)	(n=51)	(n=60)
% Home delivery	20 (9)	12 (5)	13 (7)	17 (7)	22 (11)	15 (3)	30 (16)	16 (8)	32 (17)
% Dealer's home	31 (14)	25 (11)	31 (16)	31 (13)	37 (18)	40 (8)	26 (14)	35 (18)	30 (16)
% Friend's home	32 (14)	30 (13)	39 (20)	23 (10)	20 (10)	40 (8)	45 (24)	35 (18)	27 (14)
% Acquaintance's house	11 (5)	0 (0)	6 (3)	11 (5)	2 (1)	25 (5)	19 (10)	10 (5)	22 (12)
% Mobile dealer	6 (3)	6 (3)	2 (1)	9 (4)	2 (1)	10 (2)	9 (5)	0 (0)	8 (4)
% Street market	17 (8)	39 (17)	17 (9)	16 (7)	4 (2)	5 (1)	9 (5)	20 (10)	13 (7)
% Agreed public location	37 (17)	19 (9)	35 (18)	52 (22)	47 (23)	50 (10)	32 (17)	22 (11)	48 (26)
% Work	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	6 (3)	0 (0)	3 (2)

Table 20: Methamphetamine purchasing patterns, by jurisdiction, 2006 (continued)

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Places of usual purchase#									
Methamphetamine base#									
% Had not bought	70	59	82	99	50	58	72	82	55
Of those who had bought (n)	(n=271)	(n=62)	(n=18)	(n=2)*	(n=50)	(n=42)	(n=28)	(n=18)	(n=51)
(% of the entire sample)									
% Home delivery	22 (7)	18 (7)	6 (1)	0 (0)	18 (9)	21 (9)	39 (11)	17 (3)	31 (14)
% Dealer's home	33 (10)	29 (12)	39 (7)	50 (1)	38 (20)	45 (19)	21 (6)	33 (6)	26 (12)
% Friend's home	28 (8)	29 (12)	22 (4)	0 (0)	22 (11)	29 (12)	36 (10)	56 (10)	24 (11)
% Acquaintance's house	6 (2)	2 (<1)	0 (0)	0 (0)	8 (4)	10 (4)	7 (2)	6 (1)	10 (5)
% Mobile dealer	7 (2)	11 (5)	0 (0)	50 (1)	0 (0)	7 (3)	7 (2)	0 (0)	10 (5)
% Street market	13 (4)	32 (13)	6 (1)	0 (0)	8 (4)	5 (2)	4 (1)	17 (3)	8 (4)
% Agreed public location	37 (11)	23 (9)	50 (9)	50 (1)	44 (23)	43 (18)	32 (9)	17 (3)	47 (21)
% Work	<1 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	4 (1)	0 (0)	0 (0)
Ice/crystal#									
% Had not bought	58	47	19	83	54	74	39	85	59
Of those who had bought (n)	(n=382)	(n=81)	(n=81)	(n=26)	(n=46)	(n=26)	(n=61)	(n=15)	(n=41)
(% of the entire sample)									
% Home delivery	16 (7)	12 (7)	14 (11)	8 (1)	15 (7)	19 (5)	26 (16)	20 (3)	13 (5)
% Dealer's home	29 (12)	21 (11)	37 (30)	19 (3)	28 (13)	42 (11)	34 (21)	33 (5)	22 (9)
% Friend's home	32 (13)	28 (15)	33 (27)	15 (3)	24 (11)	35 (9)	44 (27)	60 (9)	26 (11)
% Acquaintance's house	9 (4)	4 (2)	5 (4)	8 (1)	2 (1)	15 (4)	16 (10)	0 (0)	20 (8)
% Mobile dealer	6 (2)	10 (5)	7 (6)	8 (1)	0 (0)	8 (2)	3 (2)	0 (0)	4 (2)
% Street market	15 (7)	32 (17)	16 (13)	15 (3)	4 (2)	4 (1)	7 (4)	7 (1)	17 (7)
% Agreed public location	38 (16)	28 (15)	48 (39)	58 (10)	44 (20)	42 (11)	34 (21)	7 (1)	35 (14)
% Work	1 (1)	1 (1)	0 (0)	4 (1)	0 (0)	0 (0)	3 (2)	0 (0)	2 (1)

Source: IDRS IDU interviews

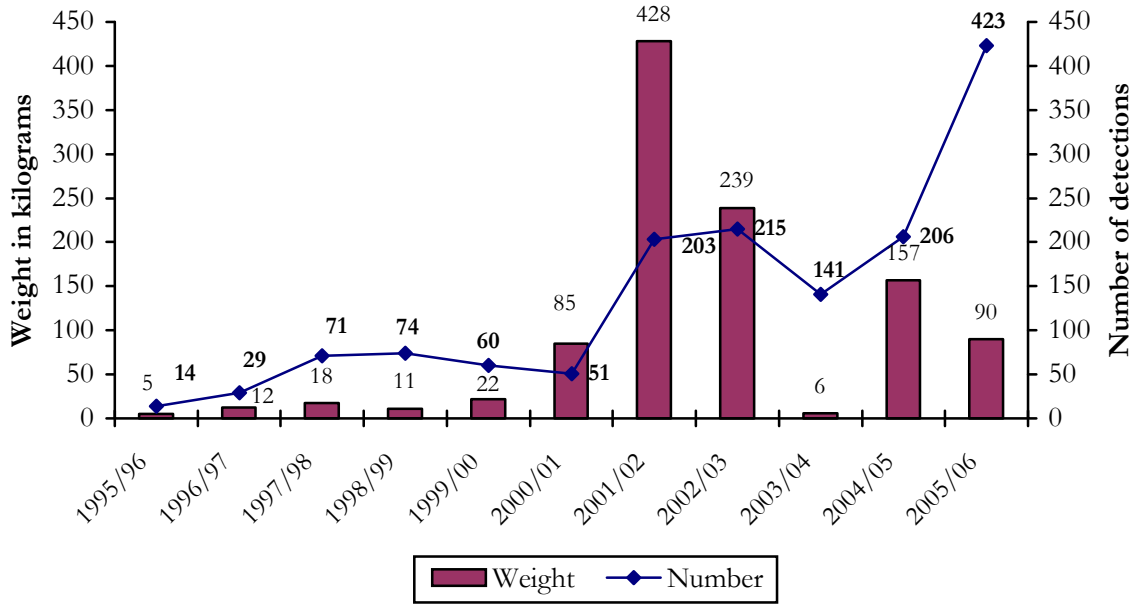
Multiple responses allowed

* Small numbers reported (n<10)

5.2.4 Amphetamine-type stimulant detections at the Australian border

Figure 21 shows the weight and number of amphetamine-type stimulants detected at the Australian border by the Australian Customs Service. In 2005/06 the number (423) of detections increased, while the weight (90kgs) decreased since 2004/05, most likely reflecting higher numbers of smaller quantities being detected through cargo, postal or air passengers/crew (Australian Customs Service, 2006).

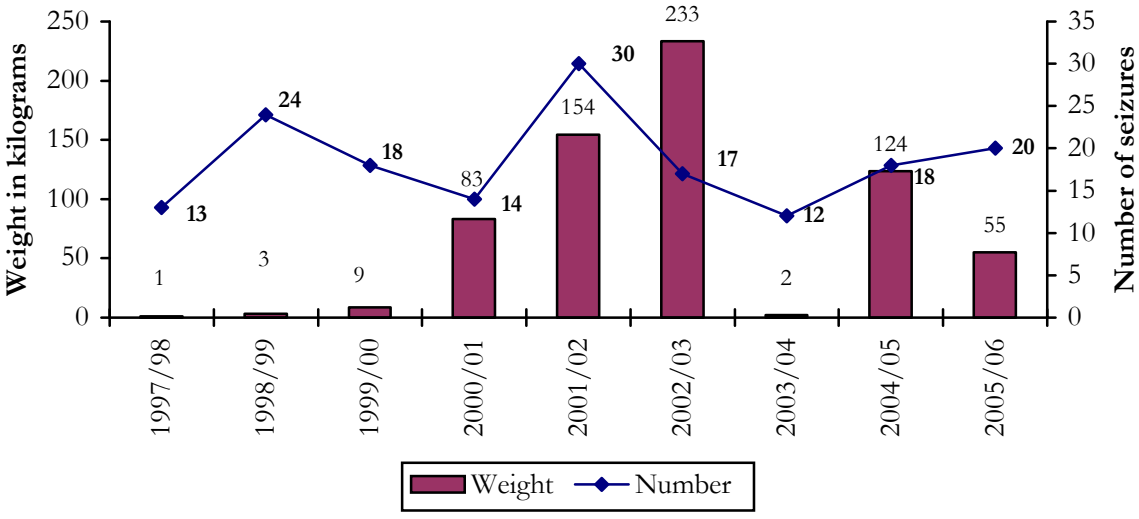
Figure 21: Total weight and number of amphetamine-type stimulants* detected by the Australian Customs Service, 1995/96-2005/06



Source: Australian Customs Service 2006
***** Includes amphetamine detections, methamphetamine and methamphetamine (ice) detections, excluding MDMA

The number of crystal methamphetamine seizures detected at the Australian border remained relatively stable in 2005/06 (Figure 22), while the weight decreased from 124 kilograms in 2004/05 to 55 kilograms in 2005/06.

Figure 22: Total number and weight of crystalline methamphetamine detected by the Australian Customs Service, 1997/98-2005/06

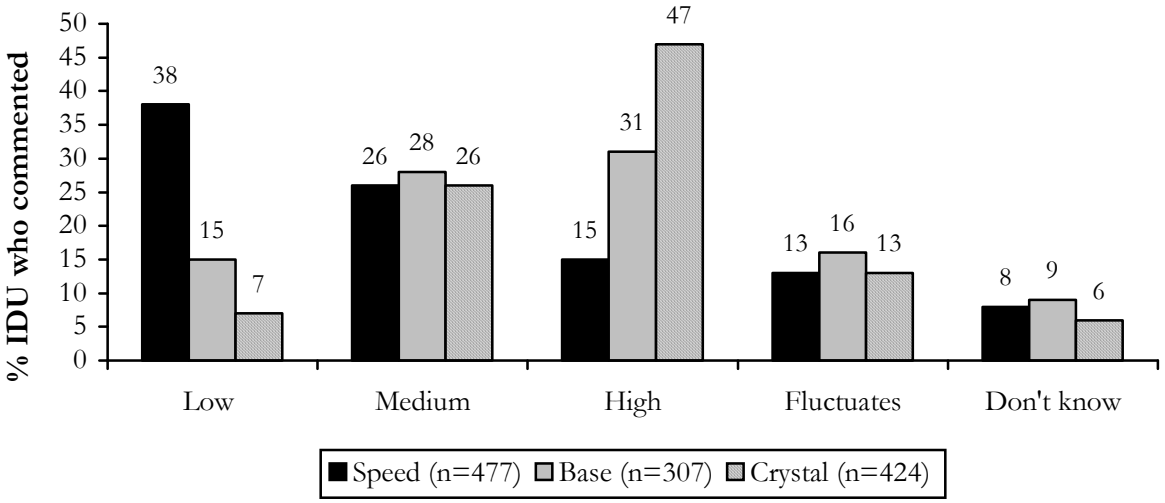


Source: Australian Customs Service 2006

5.3 Purity

IDU were asked to describe the current purity of speed, base and ice/crystal. Following a similar pattern to 2005, speed had the highest proportion report the purity as 'low', base as 'medium' and ice/crystal as 'high' (Figure 23; Table 21).

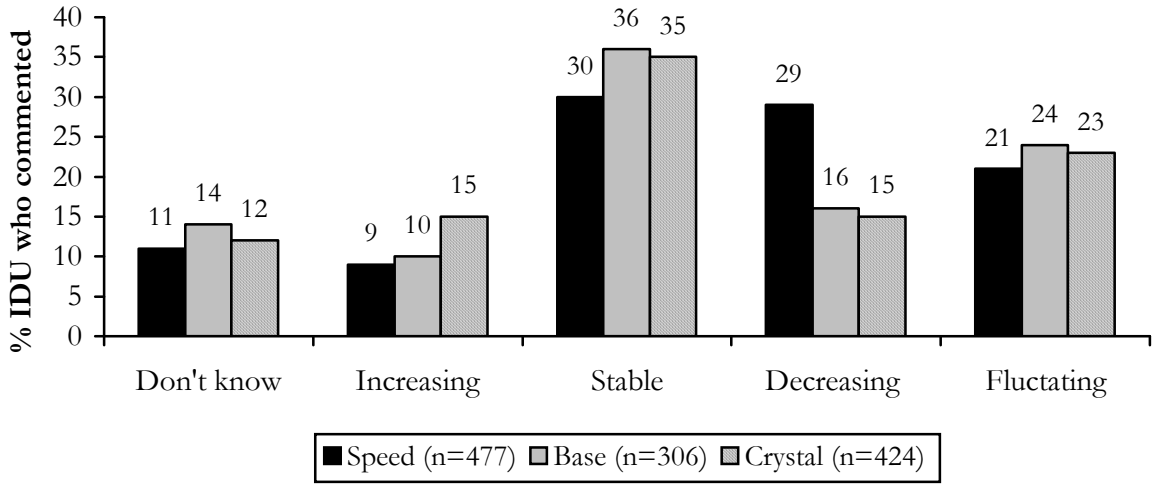
Figure 23: IDU reports of current purity of speed, base and ice/crystal among those able to comment, 2006



Source: IDRS IDU interviews

The largest proportion of IDU who commented described the purity or strength of all three forms of methamphetamine as stable in the six months preceding interview (Figure 24).

Figure 24: IDU reports of changes in purity of speed, base and ice/crystal among those able to comment, 2006



Source: IDRS IDU interviews

Table 21: Perceived purity of methamphetamine, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Current Purity									
Methamphetamine powder (speed)									
% Did not respond	48	38	38	57	49	75	41	45	41
Of those who responded (n)	(n=477)	(n=94)	(n=62)	(n=65)	(n=51)	(n=25)	(n=59)	(n=55)	(n=66)
(% of the entire sample)									
% Don't know	8 (4)	25 (15)	8 (5)	0 (0)	2 (1)	4 (1)	10 (6)	2 (1)	2 (1)
% High	15 (8)	17 (11)	19 (12)	25 (11)	6 (3)	24 (6)	17 (10)	2 (1)	14 (8)
% Medium	26 (14)	21 (13)	27 (17)	34 (15)	28 (14)	28 (7)	29 (17)	20 (11)	26 (15)
% Low	38 (20)	32 (20)	37 (23)	23 (10)	33 (17)	24 (6)	39 (23)	67 (37)	42 (25)
% Fluctuates	13 (7)	5 (3)	8 (5)	19 (8)	31 (16)	20 (5)	5 (3)	9 (5)	17 (10)
Methamphetamine base									
% Did not respond	66	47	78	99	48	55	68	82	51
Of those who responded (n)	(n=307)	(n=81)	(n=22)	(n=2)*	(n=52)	(n=45)	(n=32)	(n=18)	(n=55)
(% of the entire sample)									
% Don't know	9 (3)	19 (10)	9 (2)	0 (0)	4 (2)	4 (2)	13 (4)	0 (0)	6 (3)
% High	31 (11)	26 (14)	23 (5)	50 (1)	25 (13)	49 (22)	31 (10)	17 (3)	38 (19)
% Medium	28 (10)	37 (20)	23 (5)	0 (0)	29 (15)	16 (7)	22 (7)	39 (7)	29 (14)
% Low	15 (5)	11 (6)	36 (8)	50 (1)	12 (6)	4 (2)	19 (6)	39 (7)	15 (7)
% Fluctuates	16 (5)	7 (4)	9 (2)	0 (0)	31 (16)	27 (12)	16 (5)	6 (1)	13 (6)
Ice/crystal									
% Did not respond	54	33	16	82	51	71	32	85	55
Of those who responded (n)	(n=424)	(n=102)	(n=84)	(n=27)	(n=49)	(n=29)	(n=68)	(n=15)	(n=50)
(% of the entire sample)									
% Don't know	6 (3)	19 (13)	0 (0)	0 (0)	2 (1)	3 (1)	6 (4)	0 (0)	4 (2)
% High	47 (22)	37 (25)	43 (36)	30 (5)	51 (25)	45 (13)	59 (40)	47 (7)	68 (30)
% Medium	26 (12)	26 (17)	27 (23)	44 (8)	20 (10)	31 (9)	24 (16)	33 (5)	22 (10)
% Low	7 (3)	7 (5)	14 (12)	7 (1)	2 (1)	0 (0)	7 (5)	13 (2)	2 (1)
% Fluctuates	13 (6)	12 (8)	16 (13)	19 (3)	25 (12)	21 (6)	4 (3)	7 (1)	4 (2)
Purity changes									
Methamphetamine powder (speed)									
% Did not respond	48	38	38	57	49	75	41	45	41
Of those who responded (n)	(n=477)	(n=94)	(n=62)	(n=65)	(n=51)	(n=25)	(n=59)	(n=55)	(n=66)
(% of the entire sample)									
% Don't know	11 (6)	29 (18)	8 (5)	3 (1)	8 (4)	8 (2)	12 (7)	6 (3)	3 (2)
% Increasing	9 (5)	6 (4)	13 (8)	6 (3)	8 (4)	24 (6)	10 (6)	6 (3)	11 (6)
% Stable	30 (15)	30 (18)	31 (19)	35 (15)	8 (4)	24 (6)	24 (14)	56 (31)	24 (14)
% Decreasing	29 (15)	25 (15)	26 (16)	34 (15)	16 (8)	20 (5)	31 (18)	29 (16)	47 (28)
% Fluctuates	21 (11)	11 (7)	23 (14)	22 (9)	61 (31)	24 (6)	24 (14)	4 (2)	15 (9)
Methamphetamine base									
% Did not respond	67	47	78	99	49	55	68	82	51
Of those who responded (n)	(n=306)	(n=81)	(n=22)	(n=2)*	(n=51)	(n=45)	(n=32)	(n=18)	(n=55)
(% of the entire sample)									
% Don't know	14 (5)	22 (12)	9 (2)	0 (0)	14 (7)	7 (3)	22 (7)	6 (1)	9 (5)
% Increasing	10 (3)	5 (3)	9 (2)	50 (1)	6 (3)	20 (9)	9 (3)	0 (0)	15 (7)
% Stable	36 (12)	43 (23)	18 (4)	0 (0)	20 (10)	22 (10)	41 (13)	78 (14)	46 (22)
% Decreasing	16 (6)	20 (11)	41 (9)	50 (1)	8 (4)	9 (4)	19 (6)	11 (2)	15 (7)
% Fluctuates	24 (8)	10 (5)	23 (5)	0 (0)	53 (27)	42 (19)	9 (3)	6 (1)	16 (8)

* Small numbers reported (n<10)

Table 21: Perceived purity of methamphetamine, by jurisdiction, 2006 (continued)

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Purity changes (continued)									
Ice/crystal									
% Did not respond	54	33	16	82	51	71	32	85	55
Of those who responded (n)	(n=424)	(n=102)	(n=84)	(n=27)	(n=49)	(n=29)	(n=68)	(n=15)	(n=50)
(% of the entire sample)									
% Don't know	12 (6)	25 (16)	0 (0)	4 (1)	10 (5)	10 (3)	16 (11)	0 (0)	12 (5)
% Increasing	15 (7)	7 (5)	14 (12)	7 (1)	25 (12)	17 (5)	25 (17)	20 (3)	12 (5)
% Stable	35 (16)	41 (28)	31 (26)	33 (6)	18 (9)	31 (9)	24 (16)	53 (8)	60 (27)
% Decreasing	15 (7)	16 (11)	26 (22)	33 (6)	4 (2)	3 (1)	10 (7)	13 (2)	8 (4)
% Fluctuates	23 (11)	12 (8)	29 (24)	22 (4)	43 (21)	38 (11)	25 (17)	13 (2)	8 (4)

Source: IDRS IDU interviews

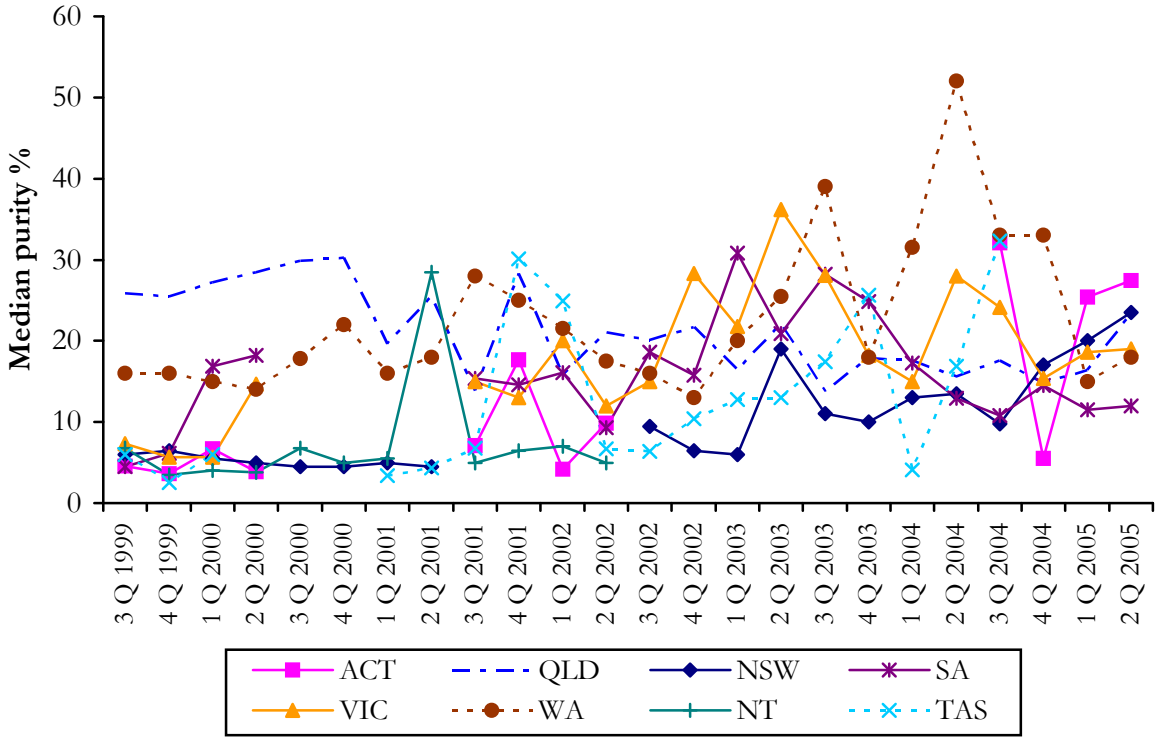
The Australian Crime Commission (ACC) provides purity data for state police and AFP seizures that have been analysed. There are important caveats (in addition to those already discussed within the heroin section) to consider when interpreting this data. At present, it is not feasible to distinguish the average purity of speed from the more potent forms, base and ice/crystal. Therefore, median methylamphetamine purity figures presented reflect the purity of all methylamphetamine forms (i.e. speed, base and ice/crystal) combined. In addition, 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 2004/05, forensic analysis of seizures of methylamphetamine in Australia revealed purity levels ranging from less than 1% to 86%. This wide range in purity 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 Figures 25 and 26 the following caveat applies: figures do not represent the purity levels of all methylamphetamine seizures – only those that have been analysed at a forensic laboratory. Figures for 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 25 shows the median purity across jurisdictions of methylamphetamine seizures by quarter from July 1999. As there were few AFP seizures analysed in most jurisdictions, only state police seizures are shown. There is no clear trend in the purity of methylamphetamine at a national level, although overall the median purity generally remains low at less than 35%, except in WA where the purity reached a high of 52% in the second quarter of 2004. Data for 2005/06 were not available at the time of publication of this report.

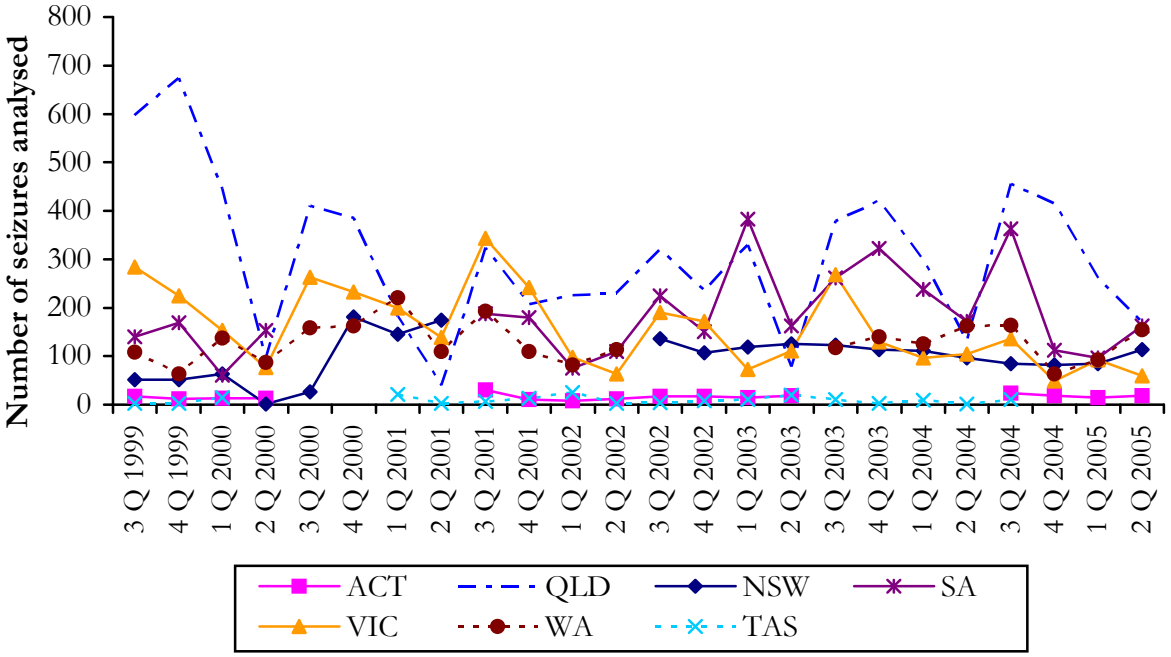
The number of seizures analysed show no clear trend (Figure 26). Given that not all seizures are analysed, these data do not provide an indication as to whether there have been changes in the number of seizures made, rather, they provide an indication of how many seizures contribute to the median purity presented in Figure 25.

Figure 25: Median purity of methylamphetamine seizures* analysed by state police, by jurisdiction, 1999-2005



Source: ABCI 2000, 2001 and 2002; ACC 2003, 2004 and 2005
***** Seizures ≤2g and >2g combined
Notes: Data for 2001/02 were not available for NSW. Data for 2002/03 were not available for the NT and in 2003/04 and 2004/05 no methamphetamine seizures were analysed for the NT. Data for 2005/06 were not available at the time of publication

Figure 26: Number of methylamphetamine seizures* analysed by state police, by jurisdiction, 1999-2005



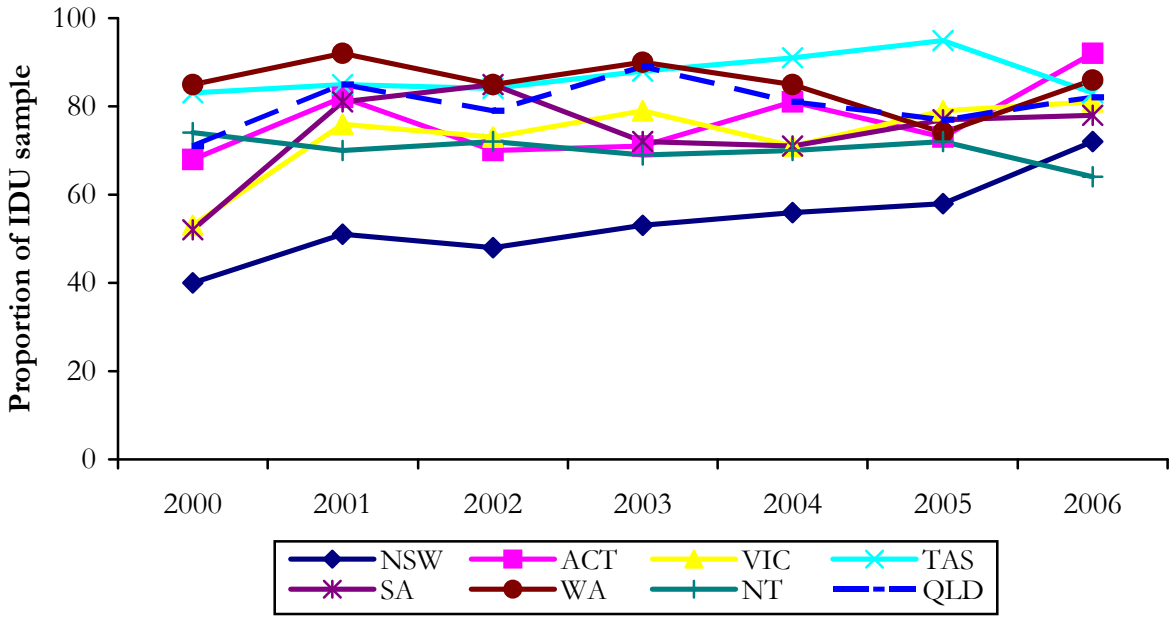
Source: ABCI 2000, 2001 and 2002; ACC 2003, 2004 and 2005
***** Seizures ≤2g and >2g combined
Notes: Data for 2001/02 were not available for NSW. Data for 2002/03 were not available for the NT and in 2003/04 and 2004/05 no methamphetamine seizures were analysed for the NT. Data for 2005/06 were not available at the time of publication

5.4 Use

5.4.1 Recent use among IDU

In 2006, 79% of the national IDU sample reported using a form of methamphetamine (speed, base or ice/crystal) in the six months preceding interview. This is similar to figures reported in previous years (75% in 2005, 74% in 2004, 75% in 2003, 73% in 2002 and 76% in 2001). Figure 27 indicates that the proportion of IDU reporting recent use of methamphetamine varies across the jurisdictions.

Figure 27: Proportion of recent methamphetamine* use among IDU, by jurisdiction, 2000-2006



Source: IDRS IDU interviews
***** Speed, base and ice/crystal only

Table 22 shows that the proportion of IDU who reported using the three predominant, different forms of methamphetamine varied across jurisdictions. Nationally, 56% of the sample had recently used speed, 38% base and 57% ice/crystal (compared to 60% speed, 39% base and 43% ice/crystal in 2005).

The proportion of IDU reporting recent use of speed remained stable or decreased in most jurisdictions except NSW, where it increased from 38% in 2005 to 49% in 2006. TAS recorded the largest drop in speed use from 76% in 2005 to 54% in 2006. The proportion of IDU who reported recent use of base decreased in TAS, WA and SA, increased in the NT and QLD and remained stable in NSW, the ACT and VIC. TAS reported the largest drop again, with recent base use reducing from 79% in 2005 to 55% in 2006.

In 2006, the recent use of ice/crystal increased to varying extents in all jurisdictions. Large increases of approximately 20% and more were recorded in the ACT (from 62% in 2005 to 88% in 2006), VIC (from 29% in 2005 to 53% in 2006), NSW (38% in 2005 to 57% in 2006) and QLD (from 36% in 2005 to 55% in 2006).

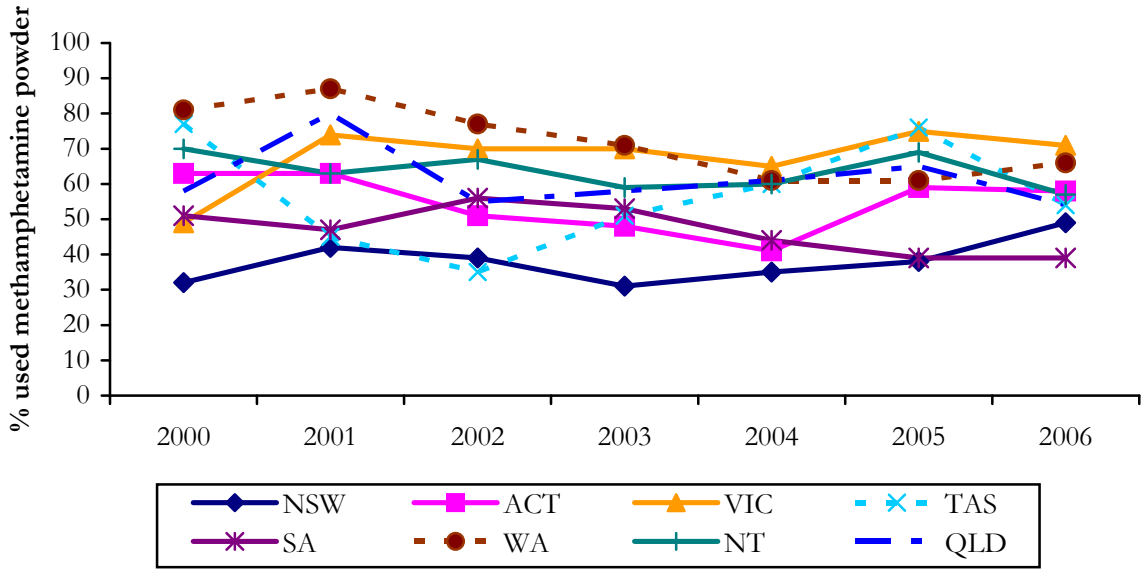
Table 22: Proportion of IDU reporting recent use of different forms of methamphetamine, by jurisdiction, 2000-2006

	SPEED							BASE*						ICE						
	2000	2001	2002	2003	2004	2005	2006	2001	2002	2003	2004	2005	2006	2000	2001	2002	2003	2004	2005	2006
National	58	62	56	55	53	60	56	40	39	35	38	39	38	15	53	35	54	52	43	57
NSW	32	42	39	31	35	38	49	23	23	32	31	38	43	14	29	25	38	45	38	57
ACT	63	63	51	48	41	59	58	36	30	13	25	28	32	17	72	34	65	73	62	88
VIC	49	74	70	70	65	75	71	32	20	18	11	13	15	9	52	26	50	41	29	53
TAS	77	45	35	51	60	76	54	52	74	46	72	79	55	6	56	20	69	52	50	56
SA	51	47	56	53	44	39	39	59	65	51	46	61	52	11	58	56	48	48	46	49
WA	81	87	77	71	61	61	66	56	56	40	45	54	37	51	85	74	80	83	68	76
NT	70	63	67	60	60	69	57	18	21	30	26	16	25	6	24	20	34	32	21	29
QLD	58	80	55	58	61	65	54	75	42	50	60	40	53	13	75	39	60	51	36	55

Source: IDRS IDU interviews
***** Did not ask about base in 2000

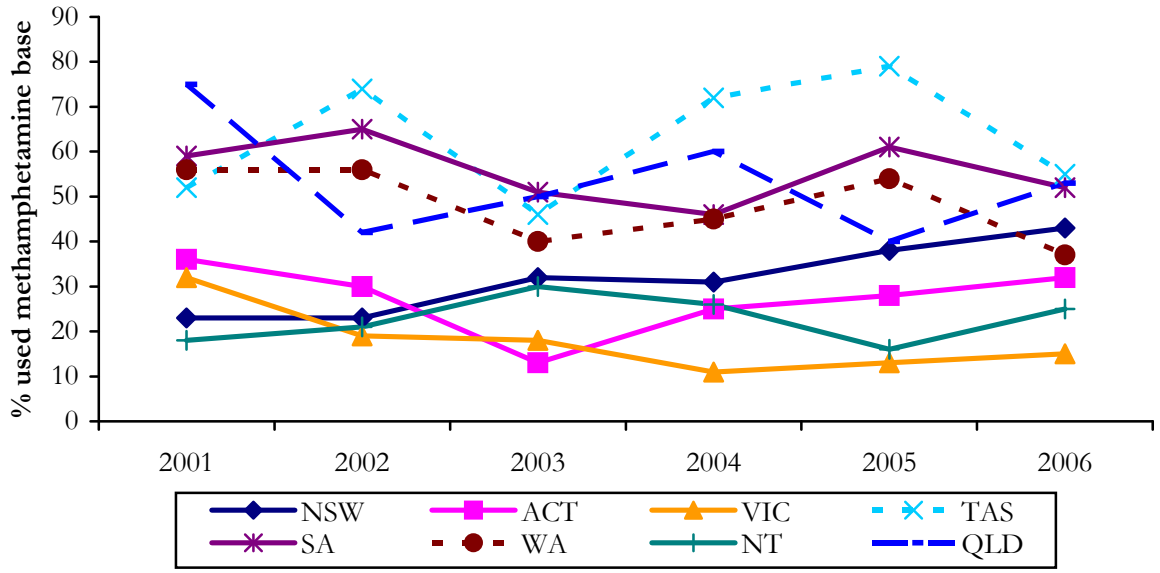
Figures 28 to 30 graphically present the proportion of IDU who reported recent use of the three forms of methamphetamine over time in each jurisdiction. As can be seen, with the exception of TAS and the ACT, most jurisdictions have generally shown stable or decreasing rates of recent use of the less potent form of the drug (speed) since 2001. In 2006, recent speed use remained stable or decreased in all jurisdictions except NSW, where it increased by about 10%. Reports of base use have varied over time and among the jurisdictions, with a substantial drop in recent use noted in TAS, and to a lesser extent WA in 2006. Ice/crystal use over the years has increased except in 2002, and again in 2005, where recent use decreased in all jurisdictions except TAS and SA. In 2006, recent ice/crystal use increased in all jurisdictions, with large increases of 20% and more recorded in the ACT, VIC, NSW and QLD.

Figure 28: Proportion of IDU who reported recent use of methamphetamine powder, by jurisdiction, 2000-2006



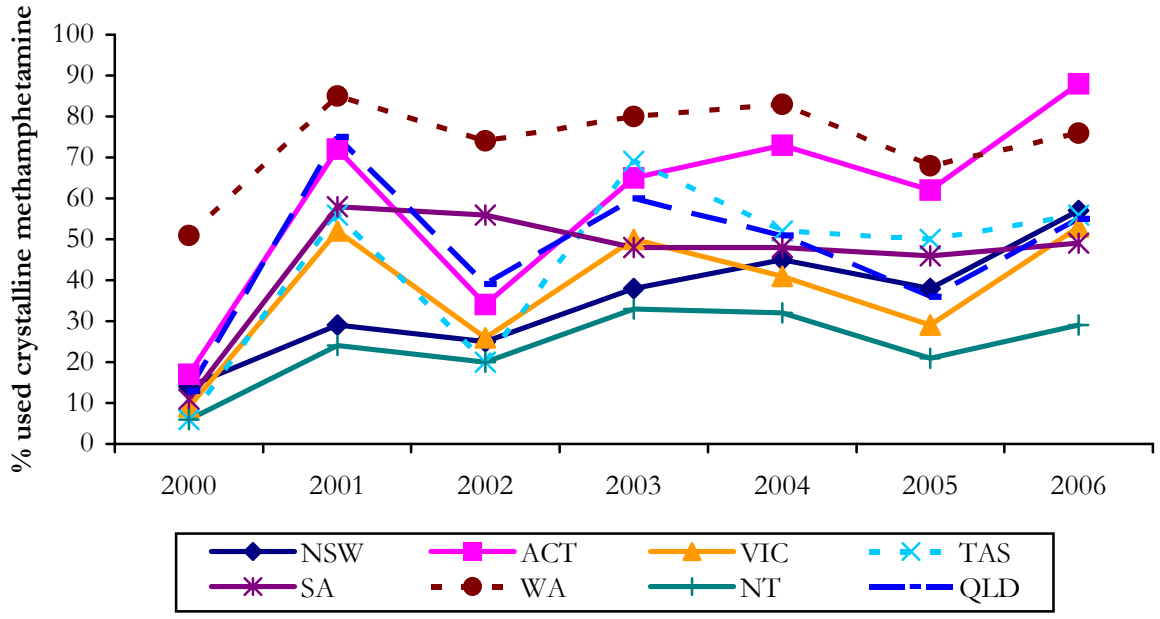
Source: IDRS IDU interviews

Figure 29: Proportion of IDU who reported recent use of methamphetamine base, by jurisdiction, 2001-2006



Source: IDRS IDU interviews

Figure 30: Proportion of IDU who reported recent use of crystalline methamphetamine, by jurisdiction, 2000-2006



Source: IDRS IDU interviews

Recent use of liquid amphetamine was not commonly reported, with 7% of the national sample reporting having used it in the six months preceding interview. The proportions varied across jurisdictions, ranging from 3% in VIC to 15% in QLD (Table 23).

Table 23: Proportion of IDU reporting recent use of amphetamine liquid, 2006

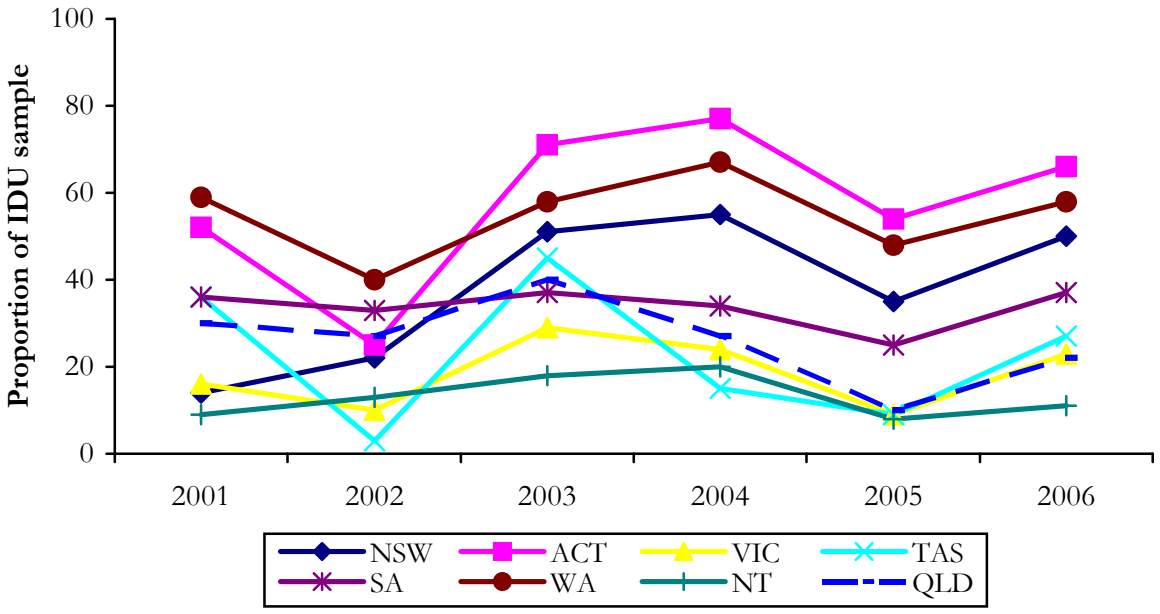
	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Liquid amphetamine	7	5	4	3	4	7	4	14	15

Source: IDRS IDU interviews

Participants were asked what form of methamphetamine they had used most in the six months preceding interview. Similar to 2005, the form of methamphetamine reported as the form used most in the past six months was speed (42%), followed by ice/crystal (37%) and base (19%). For comparison, in 2005, it was speed (46%), ice/crystal (24%) and base (24%).

However, as can be seen from Figure 31, in 2005 the use of ice/crystal as the form of methamphetamine used most recently decreased in all jurisdictions, but it increased in 2006 in all jurisdictions, returning to be closer to levels generally observed in 2004. Similar to 2005, the ACT reported the highest proportion using ice/crystal in 2006; increasing from 54% in 2005 to 66% in 2006.

Figure 31: Proportion of IDU who used methamphetamine and reported ice/crystal as the form most used in the past six months, by jurisdiction, 2001-2006



Source: IDRS IDU interviews

5.4.2 Frequency of use

In 2006, the median number of days any form of methamphetamine was used by the national sample was 24 days, which reflects approximately weekly use (Table 24).

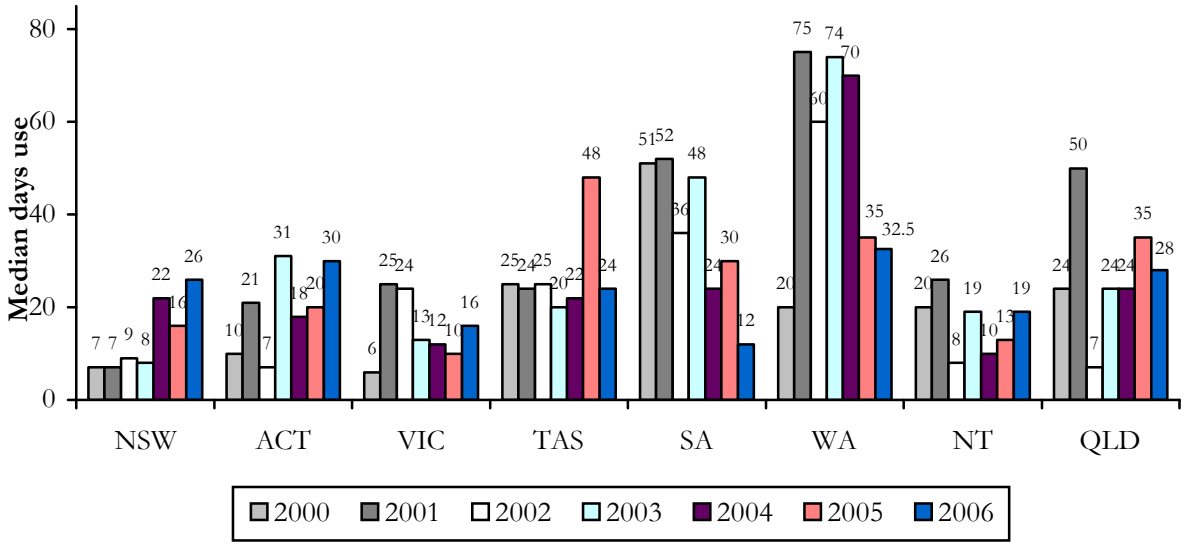
Table 24: Median number of days* of methamphetamine use among IDU who had used methamphetamine in the past six months, by jurisdiction, 2006

	Speed	Base	Ice	Liquid	Any form**
National	12	6.5	10	3	24
NSW	20	5	12	2^	26
ACT	10	4.5	15.5	29^	30
VIC	13	3	5	3^	16
TAS	6	12	9	3^	24
SA	5	10	6	3^	12
WA	6	6	20	2.5^	32.5
NT	12	5	4	5	19
QLD	20.5	13	6	5	28

Source: IDRS IDU interviews
***** Maximum number of days = 180
****** Includes speed powder, base, ice/crystal and liquid amphetamine
^ Small numbers reported (n<10)

Figure 32 shows the median number of days of methamphetamine use (any form) among those who used it in the six months preceding interview over the past seven years. There has been variation in the frequency of methamphetamine use across time and between jurisdictions, with higher rates observed in previous years in WA and SA. In 2006 there was less variation between jurisdictions, with frequency of use highest in WA (32.5 days), the ACT (30 days) and QLD (28 days; representing approximately 1-2 days per week). Compared to 2005, there was an increase in the median number of use days in NSW, the ACT and VIC, while decreases were observed in TAS, SA and QLD. Figures remained relatively stable in WA and the NT.

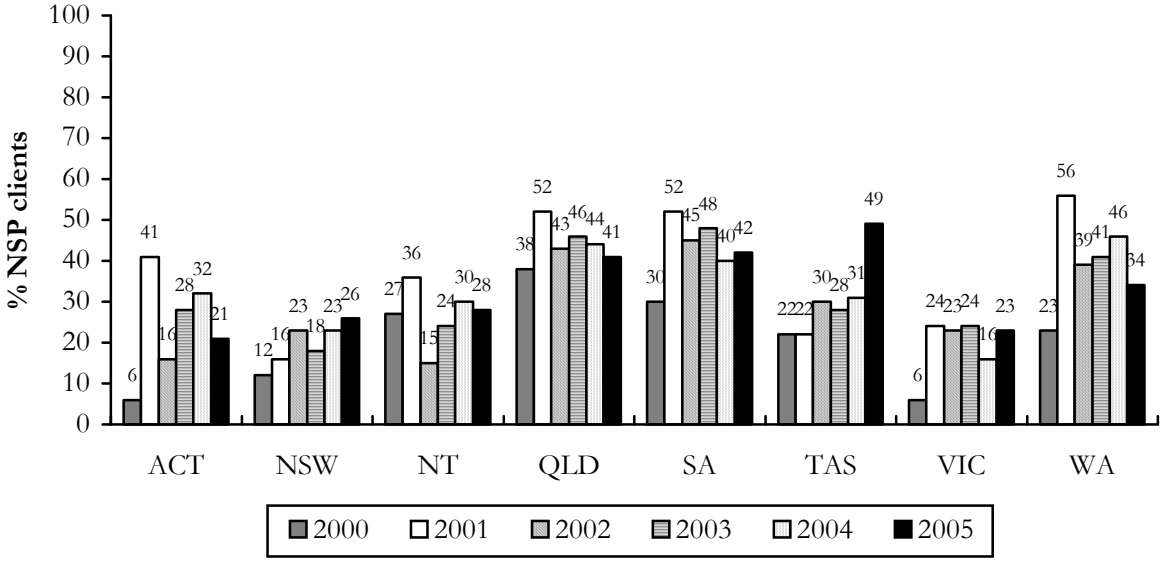
Figure 32: Median days of methamphetamine use among IDU who had used methamphetamine in the past six months, by jurisdiction, 2000-2006



Source: IDRS IDU interviews
Note: 2003, 2004 and 2005 data – 'any form' includes pharmaceutical stimulants and liquid amphetamine. 2006 data include liquid amphetamine and excludes pharmaceutical stimulants

The jurisdictional differences in methamphetamine use are reflected in data sources other than the IDRS. The most recent NSP survey available (provided by the National Centre in HIV Epidemology and Clinical Research, NCHECR) provides data from 2000 to 2005 (Figure 33). The graph depicts the proportion of NSP clients who report amphetamine as the drug they had last injected, by jurisdiction, and the differences are clearly evident. As anticipated in last years IDRS report, findings from the 2005 NSP survey show stabilisation across most jurisdictions. TAS and VIC were the only jurisdictions to record increases (31% to 49% in TAS and 16% to 23% in VIC), while WA and the ACT recorded decreases (46% to 34% in WA and 32% to 21% in the ACT).

Figure 33: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000-2005



Source: Australian NSP Survey (NCHECR, 2005a, 2006)

5.5 Methamphetamine-related harms

5.5.1 Law enforcement

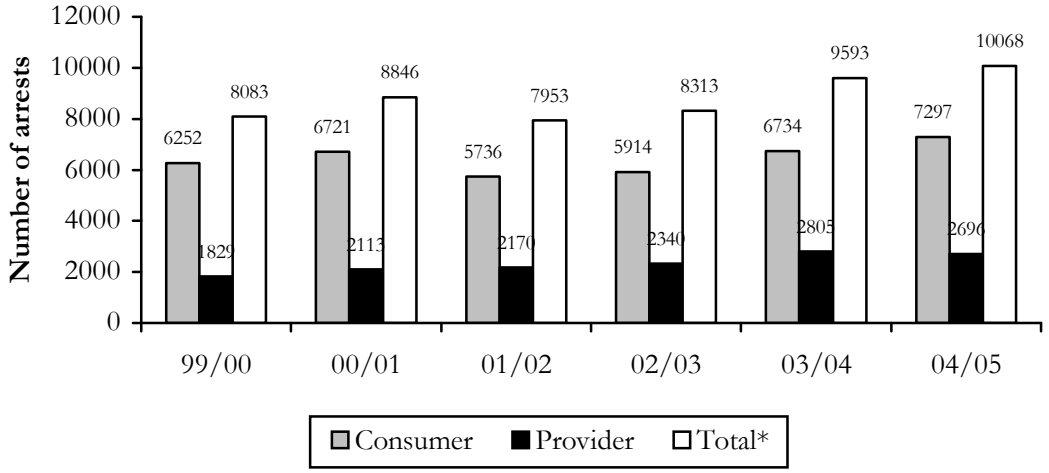
Arrests

As mentioned previously, it should be noted that changes in patterns of arrest can reflect changes in the activity of police, as well as of the users or suppliers of illicit drugs. A number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Crime Commission, 2006).

Consumer and provider arrests Australia-wide increased from 9,593 in 2003/04 to 10,068 in 2004/05, reaching levels higher than those reported prior to the heroin shortage (which were 8,083 in 1999/2000) (Australian Crime Commission, 2006). The slight decrease in the number of consumer and provider arrests in 2001/02 (7,953) was consistent with the 2002 IDRS IDU data, which suggested that, although substantial proportions of IDU continued to use methamphetamines, frequency of use stabilised or decreased (Figure 34).

The number of amphetamine-type stimulant arrests increased in the majority of jurisdictions in 2003/04. In WA the number of arrests increased from 1,711 in 2003/04 to 2,045 in 2004/05. QLD also had an increase from 3,000 in 2003/04 to 3,337 in 2004/05. The arrest data for each state and territory include AFP data. Data for 2005/06 were not available at the time of publication of this report.

Figure 34: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2004/05



Source: ABCI 2001 and 2002; ACC 2003, 2004 and 2005
* Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated
Note: Data for 2005/06 were not available at the time of publication

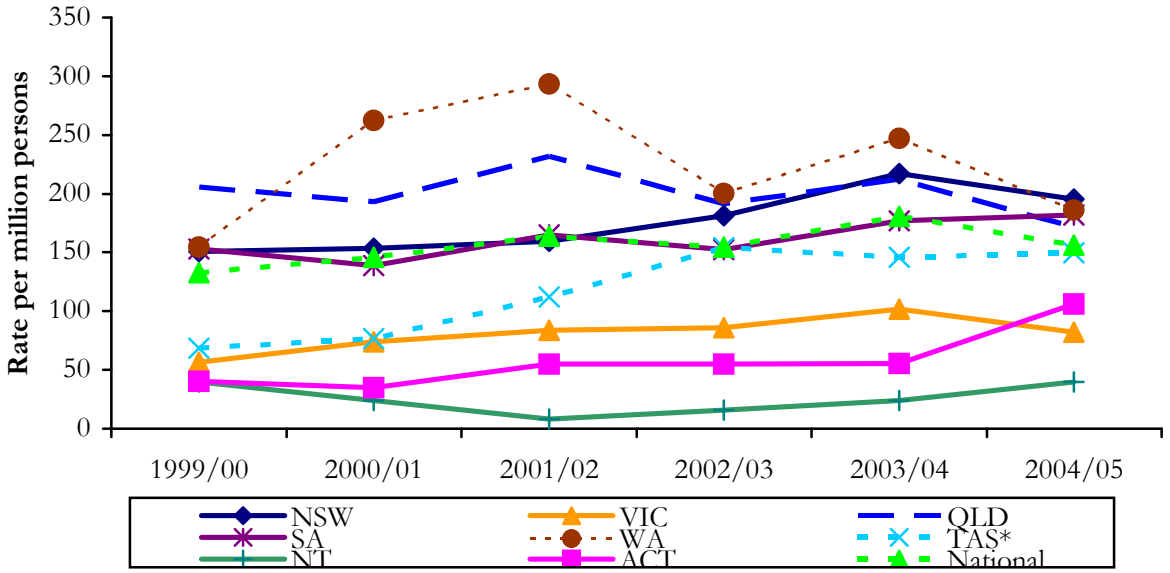
5.5.2 Health

Overdose
There are fewer deaths attributable to methamphetamine than are attributable to opioids. There is a limited understanding of the role of methamphetamine in causing death, and, therefore, mortality data may under-represent cases where methamphetamine contributes 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 (Degenhardt et al., 2006c). In 2005, there was a total of 68 'drug induced' deaths in which methamphetamine was mentioned among those aged 15 to 54 years. Methamphetamine was determined to be the underlying cause of death in 38% (n=26) of all methamphetamine related deaths in 2005. The rate of methamphetamine related deaths among those aged 15 to 54 years decreased to 5.9 per million persons in 2005, from 6.6 in 2004 (Degenhardt and Roxburgh, 2007). Numbers have remained relatively stable over the past two years.

Hospital admissions
Figure 35 shows the number of inpatient hospital admissions per million persons, since 1999/2000, with a principal diagnosis relating to amphetamines among persons aged 15 to 54. The figures have fluctuated at a national level during the six-year period, with a decrease recorded from 180 per million persons in 2003/04 to 156 per million persons in 2004/05. For the majority of the period, WA recorded the highest number of amphetamine-related hospital admissions, which reached a peak of 293 per million persons aged 15-54 years in 2001-02, and have since decreased to 186 in 2004/05. QLD and NSW also had relatively high numbers of amphetamine-related hospital admissions during this period. This pattern is consistent with IDU survey data, with relatively high proportions in these jurisdictions reporting recent use of methamphetamines, as well as other indicators such as the detection of clandestine laboratories, which have been particularly prominent in QLD (Roxburgh and Degenhardt, 2006)

Figure 35: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2004/05

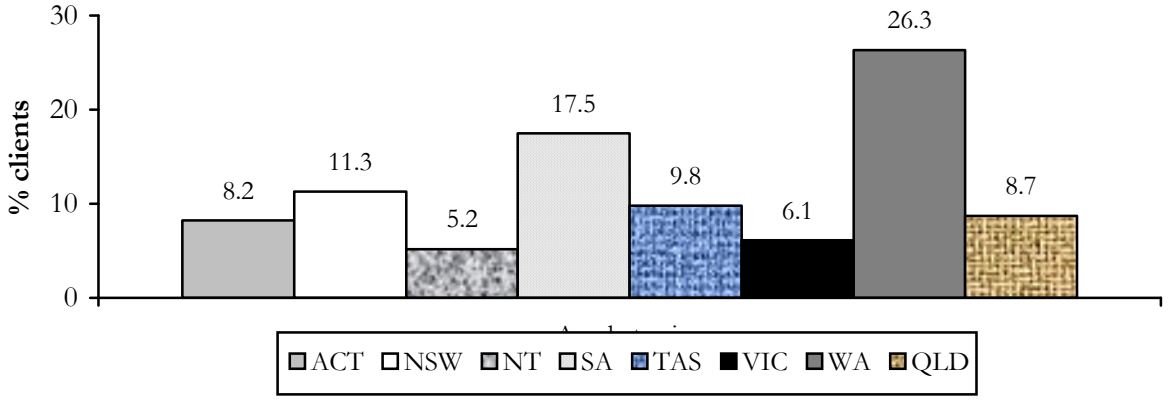


Source: Australian Institute of Health and Welfare (AIHW); ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments.
* From 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit

Treatment

Data from the AODTS-NMDS indicate that in 2004/05 WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (26%), followed by SA (17%) and NSW (11%) (Figure 36). This trend is consistent with IDU data and other indicators such as inpatient hospital admissions (refer Figure 35). With the exception of the ACT (which recorded a decrease from 17% in 2003/04 to 8% in 2004/05), these proportions remained relatively unchanged from last years figures (Australian Institute of Health and Welfare, 2006).

Figure 36: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2004/05*



Source: AODTS-NMDS Australian Institute of Health and Welfare
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others
Note: Treatment utilisation depends on demand and jurisdictional funding; data does not include clients from methadone maintenance treatments, needle and syringe programs, correctional institutions, halfway houses and sobering up shelters

5.6 Jurisdictional trends for methamphetamine

Below follow summaries of trends for methamphetamine provided by each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – TAS: (de Graaff and Bruno, 2007); NSW: (Black et al., 2007); VIC: (Jenkinson and Quinn, 2007); WA: (Fetherston and Lenton, 2007); SA: (White et al., 2007); QLD: (Kinner and Lloyd, 2007); NT: (Moon, 2007); ACT: (Campbell and Degenhardt, 2007).

5.6.1 NSW

Prices for a 'point' of all three forms of methamphetamine remained stable at $50, and this remained the most common purchase amount. Prices for larger amounts of speed powder and base increased slightly, while larger amounts of ice/crystal decreased in price compared to 2005. However, in many cases only small numbers of participants had made such purchases so results should be interpreted with a degree of caution.

The three main forms of methamphetamine (speed, base and ice/crystal) were typically reported by users as 'very easy' or 'easy' to obtain. This was particularly the case for ice/crystal, which was reported as 'very easy' to obtain by approximately one-third of the entire sample (50% of those able to comment), as compared with one-tenth of participants (28% of those commenting) in 2005. Availability was typically reported to have remained stable over the six months preceding interview. Participants commonly reported that ice/crystal was of 'high' purity, base of 'medium' purity and speed powder of 'low' purity.

Almost three-quarters (72%) of participants had used some form of methamphetamine (speed powder, base, ice/crystal or liquid[2]) in the preceding six months, representing an increase from 2005 (58%). The most common form used was ice/crystal (57%; an increase from 38% in 2005),

[2] In previous years, 'any form' of methamphetamine included pharmaceutical stimulants. In 2006, pharmaceutical stimulants were considered separately from methamphetamine. Prevalence and frequency of pharmaceutical stimulant use have remained low and stable in NSW.

followed by speed powder (49%; an increase from 38% in 2005). Prevalence of base use remained fairly stable at 43% (38% in 2005), and prevalence of liquid methamphetamine remained stable and low (5%; 6% in 2005). Frequency of methamphetamine use (any form) also increased, to a median of 26 days (i.e. approximately weekly use), compared to 2005 (16 days, i.e. just over fortnightly use). The proportion of daily methamphetamine users increased from 5% in 2005 to 10% of the entire sample in 2006. Again these increases were mainly observed in the use of speed powder and ice/crystal, with frequency of base and liquid methamphetamine use remaining stable.

5.6.2 The ACT

The use of speed in the ACT remained stable from 58% in 2005, to 59% in 2006. Median days of use remained relatively stable from 6.5 days in 2005 to 10 days in 2006. Additionally, the price per point remained stable at $50 for 2005 and 2006, however, the price per gram increased to $175 in 2006 from $125 in 2005. IDU indicated that the price of speed remained stable in the six months preceding interview. Speed was reported by IDU to be 'easy' (53%) to 'very easy' (32%) to obtain and this was consistent with the previous year (41% and 46% respectively). Furthermore, the availability of speed was reported to be 'stable' (58%) in the six months preceding interview and this was slightly down from the previous year (68%). Purity of speed was reported to be 'low' (37%) to 'medium' (27%); this was consistent with the previous year (41% and 24% respectively). There were mixed reports regarding the purity of speed over the preceding six months, 31% of IDU reported it to be stable, 26% reported it as decreasing, and 23% stated that purity of speed had fluctuated.

The use of base remained low and stable in the ACT in 2006, with 32% of IDU reporting use of base in the six months preceding interview, compared to 28% in 2005. Median days of use remained low and stable at 4.5 days, consistent with the five days that were reported in 2005. The price per point of base remained stable at $50, again, consistent with the previous year. The price per gram decreased from $280 in 2005 to $250 in 2006. IDU indicated that the price of base remained stable (57%) in the six months preceding interview. Base was reported to be 'easy' (41%) to 'very easy' (27%) to obtain in the ACT in 2006. This was consistent with the previous year (41% and 23% respectively), although the proportion of IDU reporting that it was difficult to obtain decreased in 2006, to 18% (compared to 32% in 2005). The majority of IDU reported that the availability of base in the ACT had remained stable (55%) in the six months preceding interview. There were inconsistent reports regarding the current purity of base in the ACT in 2006.

The proportion of IDU reporting the recent use of ice/crystal increased from 62% in 2005 to 88% in 2006. Furthermore, although median days of use remained low, it increased from the previous year (9 days in 2005 to 15.5 days in 2006). Twelve percent of the IDU sample reported that they had used ice/crystal daily in the six months preceding interview, compared to 3% in 2005. Consistent with the other forms of methamphetamine, the price per point of ice/crystal remained stable at $50 in 2005 and 2006. The median price per gram of ice/crystal increased from $300 in 2005, to $410 in 2006. IDU reported that the price of ice/crystal had remained stable (63%) in the six months preceding interview. IDU indicated that ice/crystal was 'easy' (42%) to 'very easy' (50%) to obtain in the ACT in 2006. This was consistent with the previous year (50% and 39% respectively). The majority indicated that this remained stable (51%) in the six months preceding interview. IDU reported that the purity of ice/crystal in the ACT was 'high' (43%) to 'medium' (27%). In 2005, fifty-three percent reported ice/crystal to be of 'high' purity and 26% reported it to be of 'medium' purity. There were mixed reports regarding the change in purity of ice/crystal in the preceding six months, 31% reported it to be stable, 26%

reported the quality to be decreasing and 29% reported that the quality of ice/crystal had fluctuated in the preceding six months.

KE reports were consistent with IDU regarding ice/crystal in the ACT in 2006. Furthermore, many of the KE who were able to comment on ice/crystal reported that many previous users of heroin had begun to use ice/crystal due to the poor quality of heroin in the ACT in the six months preceding interview.

5.6.3 VIC

As in previous years, almost the entire sample (97%) of IDU survey respondents reported having used at least one of the three main forms of methamphetamine (speed, base or ice/crystal) during their lifetime, and 81% (n=121) reported use during the previous six months (speed 71%, ice/crystal 53% and base 15%). Nine percent of the sample also reported recently using pharmaceutical stimulants (prescribed or not prescribed) and three percent amphetamine liquid. Prevalence of use of both speed and base remained relatively stable in 2006, while the use of ice/crystal increased (although frequency of use of this form remained low).

As in 2005, KE commented that methamphetamine use is still very prevalent amongst IDU in Melbourne, and the majority reported increases in methamphetamine use during the past six months.

Injecting was the most commonly used route of administration of methamphetamine by IDU during the past six months (78%, n=117). Smaller numbers reported smoking (24%, n=36), snorting (13%, n=19) and swallowing (7%, n=11) methamphetamine during that time.

Those who had used methamphetamine during the past six months reported a median of 16 days use (speed 13 days, ice/crystal 5 days, base 3 days and liquid 3 days), while fifteen respondents reported using methamphetamine between every second day and daily during that time.

All KE commenting on frequency of use reported that infrequent, recreational and/or binge use was more common amongst methamphetamine users, and that injecting and smoking were the most popular routes of methamphetamine administration.

In 2006, the reported median price for a point of each of the three forms of methamphetamine was: speed $35; base $50; and ice/crystal $50 (the purer forms were slightly more expensive). Most reported that prices had been stable over the past six months.

The majority reported that methamphetamine (particularly speed and ice/crystal) was currently 'easy' to' very easy' to access, and availability had been stable over the past six months. In terms of source of methamphetamine, most reported scoring from known dealers or friends.

Reports of methamphetamine purity were variable, particularly in the case of speed powder, where similar proportions reported that the purity was either 'low' (23%), 'medium' (34%) or 'high' (25%). Most reported that ice/crystal was of medium to high purity, while there were too few reports on the purity of base to identify trends. Participants generally reported that the purity of methamphetamine (speed and ice/crystal) had been stable to decreasing over the past six months.

A large number of KE reported an increase in mental health issues among this group, mainly associated with methamphetamine (particularly ice/crystal) and polydrug use.

5.6.4 TAS

The market prices locally for all three presentations of methamphetamine appear to have remained relatively stable since 2005, particularly in relation to 'point' (approximately 0.1g) amounts of the drug, at $50 for any form. Modal purchase prices for larger amounts of powder and 'base/paste' methamphetamine remained stable since 2004 at $300 per gram. However, there were some indications of a decrease in price for gram purchases of ice/crystal methamphetamine, falling from a median of $400 in 2004 to $340 in 2005 and to $300 in the current survey, although only small numbers of participants reported purchasing in such amounts. Consumers predominantly regarded the prices of each presentation of the drug as remaining stable in recent months.

IDU reports on subjective purity of powder methamphetamine were 'low' to 'medium' and participants reported fluctuating purity in recent months. 'Base' was considered by consumers to fluctuate between 'medium' to 'high' subjective purity, with potency fluctuating in recent months. Consumers considered crystalline methamphetamine used locally as 'high' in subjective purity, with this fluctuating in purity in the preceding six months, generally trending toward increased levels.

Consumers interviewed regarded powder form methamphetamine as 'easy' to 'very easy' to access, with availability stable in recent months. 'Base' was also considered as 'easy' to 'very easy' to access, with availability stable in the preceding six months. The majority of consumers who had recently used crystal methamphetamine reported that it was 'easy' to 'very easy' to access; however, one-quarter of participants considered it as 'very difficult' or 'difficult' to access. While consumers generally noted little recent change in availability of crystal methamphetamine in recent months, a smaller proportion of consumers regarded the drug as 'easier' to access. Consistent with this, there was an increase in the median frequency of use of this form between the 2005 and 2006 surveys (frequency of use increasing from 3 to 9 days of the preceding 180, despite an almost equal number of consumers of the sample in each survey reporting recent use).

Previous years have seen major upheavals in methamphetamine markets in Hobart. Between 2001 and 2005 there have been steady increases in the use of methamphetamine both among the IDRS IDU cohort (85% in 2001, 95% in 2005) and among clients of the state's Needle Availability Program (30% in 2004, 59% in 2005). Within these markets, shifts have also occurred: among IDRS IDU cohorts, use of the powder form has been steadily increasing (35% in 2002; 54% in 2006), and the predominantly used form, base/paste methamphetamine, was briefly overshot by a marked increase in local availability of crystal methamphetamine in 2003. In subsequent years, crystal methamphetamine availability returned to lower levels than for the other two forms of the drug. Trends in 2006 represent subtle changes both for the methamphetamine market overall (for the IDU demographic) and within it: in contrast to trends in previous years, there are possible indications of a decline in use of methamphetamine among IDU both amongst the IDRS IDU cohort (95% in 2005, 83% in 2006) and clients of the state's Needle Availability Program (59% in 2005, 56% in 2006). Amongst IDU consumers who reported recent use of methamphetamine, reductions in the proportion reporting use of the most common powder and base/paste forms, and a shift to half-gram rather than 'points' as the most common purchase amounts combined with reported increases in availability of these forms are suggestive of decreased or unreliable purity of the product available to this demographic. While, in contrast, use of crystal methamphetamine appears to have slightly increased amongst IDRS IDU cohorts (50% in 2005, 56% in 2006), this remains infrequent and not commonly the methamphetamine form most used amongst this group.

Consumers anecdotally noted a change in the local drug culture developing, with methamphetamine being used at greater frequency by existing users, and the drug increasingly used among different – not necessarily IDU - demographic groups: younger teenage groups, equally used by males and females, as well as into a wider range of socio-economic groups. Service providers also anecdotally noted the impact of increasing polydrug use and methamphetamine use on clients seeking their services, and reported concern about the multiple health and social problems experienced by this client group within Tasmania.

5.6.5 SA

There was an increase in the price of a 'point' of methamphetamine powder, but a decrease in the price of a gram of methamphetamine powder from 2005 to 2006, with the price of base methamphetamine remaining stable. Again it was noticeable in 2006 that there were wide ranges in reported prices paid, across all types of methamphetamine. IDU reported the price of all forms of methamphetamine as stable in the short term. KE reports are in agreement with IDU information on price.

In 2006, all forms of methamphetamine were reported as 'easy' or 'very easy' to obtain by the majority of IDU able to comment. The majority also reported that availability of all forms had recently been stable. The majority of KE also reported availability as 'easy' or 'very easy' and stable. The majority of methamphetamine users reported obtaining any form of methamphetamine from friends, followed by known dealers and then acquaintances. The locations where IDU obtained methamphetamine in 2006 were either from an agreed public location or a dealer's home, followed by a friend's home. There was an increase in the proportion of IDU reporting obtaining some form of methamphetamine from friends, and street dealers. However, there was a decrease in the proportion of IDU obtaining methamphetamine from a mobile dealer for all forms of methamphetamine. Data from SA Police revealed an increase in both methamphetamine related provision and possession/use offences compared to 2005. Information from SA Police regarding clandestine laboratory detections suggests that local manufacture of methamphetamine was still a contributor to the SA methamphetamine market.

Since 2005, there has been a slight increase in the perceived purity of base methamphetamine and a slight decrease in the purity of crystal methamphetamine, though perceptions of recent change in purity have been variable. However, the base and ice/crystal forms were still perceived as 'high' or 'medium' purity by the majority of those IDU able to comment.

The proportion of IDU reporting recent use of any methamphetamine remained stable, however, the frequency of use of any methamphetamine decreased in 2006. Decreased frequency of use was noted across all main forms of methamphetamine, particularly base, but this form remains the most used type of methamphetamine among IDU. KE reported no significant changes in parameters of methamphetamine use.

Calls to ADIS in SA regarding methamphetamine remained stable, whereas the number of clients (with amphetamines as the primary drug of concern) to all DASSA services decreased in 2006. The number of clients to DASSA inpatient (detox) services with amphetamine as the primary drug of concern also decreased in 2006 compared to 2005. State (SA) hospital admissions data showed the number of amphetamine-related admissions was stable (as at 2004/05). Hospital emergency department attendances with amphetamine-related diagnoses decreased in 2006.

5.6.6 WA

There was little, if any, evidence that the price of methamphetamine had changed in WA. A gram of powder continues to carry a median cost of $300 and a gram of ice/crystal continues to

cost $400. The price of a gram of methamphetamine base does appear to have increased to $325 up from $300 median price in 2005, but as this figure is derived from just eight purchases caution should be employed in accepting this as a genuine increase in cost.

The availability of powder methamphetamine had declined substantially, with 76% of IDU reporting obtaining it to be 'easy' or 'very easy' compared with 100% in 2005. User perceptions of the availability of base also appeared to have declined with 59% of those responding reporting it to be 'easy' or 'very easy' compared to 82% the previous year. Conversely, the availability of ice/crystal was perceived as having improved with 81% of those responding reporting 'easy' or 'very easy' availability compared with 67% in 2005.

Both powder and base methamphetamine exhibited little change with respects to user perceptions of purity. Purity of powder was rated as 'high' by 17% of IDU responding compared to 20% in 2005 and purity of base as 'high' by 31% of those responding compared to 32% the previous year. Purity of ice/crystal was seen to have increased slightly from 51% of those responding in 2005 to 59% in 2006.

Recent use of powder was reported by 66% of the sample in 2006 compared to 61% in 2005. Median days of use fell from 12 to six. Use of base in the six months preceding the survey was reported by 37%, compared to 54% the previous year. Median days of use remained relatively unchanged at six days compared to five in 2005. IDU who had recently used ice/crystal methamphetamine in the last six months rose from 68% to76% in 2006. The median number of days of use was 20 compared to 12 days of use the previous year. The recent use of any form of methamphetamine was reported by 86% of the WA IDU sample compared to 75% in 2005. The median number of use days of any form of methamphetamine was 33, similar to the 35 days reported in 2005 (note, however, that in 2006 'any form' of methamphetamine excluded pharmaceutical stimulants).

5.6.7 The NT

The point price of all forms of methamphetamine has increased this year compared to 2005: from $50 to $60 for speed powder and base, from $80 to $90 for ice/crystal. The IDU ratings of availability for speed powder are stable compared to 2005, while more IDU rated both base and ice/crystal as 'easy' or 'very easy' to obtain. These ratings are consistent with KE comment to the effect that the purer forms of methamphetamine are now more available and that people seeking treatment are more likely to be using these forms.

Again consistent with the availability ratings of IDU and KE, the proportion of IDU reporting recent use of any form of methamphetamine declined, this is accounted for by a decline in recent use of speed powder, while the use of the other forms has increased.

Available law enforcement data (to the 2004/05 financial year) shows increases over time since 2001/02 in amphetamine type stimulant seizures, both number and weight, and arrests. The rate of in-patient hospital admissions, where an amphetamine is involved in the primary diagnosis, has also increased each year in the NT between 2001/02 and 2004/05. This suggests, consistent with KE opinion and the possible increased availability and use of base and ice/crystal, that amphetamine-related harms have increased.

5.6.8 QLD

In 2006 the price of a point of powder, base and crystal methamphetamine (ice) remained stable at $50. The price of a gram of powder and base remained stable at $200, however, a gram of crystal increased from a median of $200 in 2005 to $275 in 2006.

There was some evidence of a perceived reduction in the availability of powder and base between 2005 and 2006, with the proportion reporting availability as 'very easy' falling from 57% to 44% for powder, and 43% to 26% for base. The proportion reporting ice/crystal as 'very easy' to get increased slightly from 15% in 2005 to 22% in 2006. In 2006, 48% of IDU reported the availability of ice/crystal as 'stable' (vs. 35% in 2005), compared with 65% for powder (60% in 2005) and 64% for base (71% in 2005).

As in previous years, IDU perceived ice/crystal to be of higher purity than base, which was in turn perceived to be of higher purity than powder. In 2006, 68% of IDU reported the purity of ice/crystal as 'high', compared with 38% for base and 14% for powder. The proportion reporting the purity of each form as 'high' changed little from 2005 to 2006: from 10% to 14% for powder, from 37% to 38% for base, and from 58% to 68% for ice/crystal.

The proportion of IDU reporting daily methamphetamine use increased to a peak of 18% in 2005, before falling to 5% in 2006. In 2006 the majority of recent methamphetamine users reported using either weekly or less (48%) or more than weekly but less than daily (47%). The proportion identifying powder as the form most used fell from 54% in 2005 to 40% in 2006, while the proportion nominating ice/crystal increased from 10% in 2005 to 22% in 2006. Only 5% of IDU in 2006 reported daily methamphetamine use, and fewer than one in ten (9%) reported recent use of pharmaceutical stimulants.

While the number of heroin-related use/possession arrests in Queensland continues to fall, the number of amphetamine-type stimulant arrests continues to increase: in 2006 there were 1,192 such arrests (vs. 1,167 in 2005).

KE continued to express concern over the incidence of amphetamine-related aggression and mental health problems (depression, anxiety, psychotic symptoms).

5.7 Summary of methamphetamine trends

- Methamphetamine prices varied among the jurisdictions, with the price of points being the most uniform between jurisdictions compared to grams and half grams which were more varied. All forms of methamphetamine were commonly purchased in points, generally for $50. Price was considered to have been 'stable' over the last six months by the majority of participants.
- All forms of methamphetamine were considered to be 'very easy' or 'easy' to obtain, although some jurisdictional variations were noted (e.g. substantial proportions of the NT sample reported it 'difficult' to obtain any form). A larger proportion of participants considered ice/crystal as 'very easy' to obtain in 2006 compared to 2005. Participants reported the availability of all forms of methamphetamine as stable in the six months preceding interview.
- The majority of IDU reported the purity of speed as 'low', base as 'medium' to 'high', and the purity of ice/crystal as 'high'. Objective seizure purity data were not available at the time of printing this report.
- Recent use of speed remained stable or decreased in all jurisdictions except NSW, where it increased by 11%. TAS recorded the largest change in recent speed use, with approximately 20% fewer participants reporting use in 2006 compared to 2005. VIC had the highest level of recent speed use and SA the lowest.
- Patterns of recent base use remained generally stable, with the exception of a substantial decrease of over 20% in TAS, and 17% in WA. The most notable increases in base use, of approximately 10% and 13% respectively, occurred in the NT and QLD. TAS recorded the highest level of recent base use in 2006 and VIC the lowest.
- In 2006, recent ice/crystal use increased in all jurisdictions, with large increases of approximately 20% and more recorded in the ACT, VIC, NSW and QLD. Recent use of ice/crystal was highest in ACT at 88% and lowest in the NT at 29%.
- Amphetamine-related inpatient hospital admissions have remained relatively stable in 2004/05, as have closed treatment episodes where amphetamines were the principal drug of concern.

6.0 COCAINE

The price, purity, availability and purchasing patterns of cocaine in 2006 by jurisdiction are presented in Tables 25 to 27. As in previous years, a higher proportion of IDU in NSW (72-73% in 2006) than in other jurisdictions commented on aspects of the price, purity and availability of cocaine (QLD and the NT 7%, ACT and TAS 6%, WA 5%, VIC 4% and SA 3%). The fact that only very small numbers were able to report on cocaine is an indication of the limited use and availability of cocaine among IDU outside of NSW. In 2006, the proportion of IDU in NSW who could comment on cocaine was greater than in previous years, suggesting a slight increase in cocaine availability and use. As very small numbers were able to comment in jurisdictions other than NSW, these results should be interpreted with caution. Appendix C, Table C1 displays comparable figures from the 2005 IDRS.

Detailed research has been conducted on the cocaine markets in Sydney and Melbourne in an attempt to gain a better understanding of the market (Shearer et al., 2005). Interested readers are encouraged to examine this work.

6.1 Price

Prices in Table 25 represent the median prices of the last purchases made by participants in the preceding six months.

Very few participants had bought a gram of cocaine in the past six months with the exception of NSW (NSW n=22, VIC n=1, SA n=2, WA n=1, NT n=3 and no purchases in the ACT, TAS and QLD), and, therefore, these figures should be interpreted with caution. The median price of a gram of cocaine ranged from $250 in the NT to $400 in VIC and SA; the price in NSW was $300. Although few IDU in all jurisdictions other than NSW commented on changes in the price of cocaine, the majority of IDU who commented reported that the price had remained stable.

Forty-seven participants in NSW bought a cap of cocaine in the last six months, as did two participants in the NT and one in QLD; there were no purchases in any other jurisdiction. Similar to 2005, the median price for a cap was $50 in NSW. The median price of a cap of cocaine has remained relatively stable in NSW since 1996.

Sixteen participants in NSW purchased a half gram of cocaine at the median price of $150, which was identical to the 2005 price ($140 in 2004 and $100 in 2003).

Table 25: Price of cocaine, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
% used last 6 months	20	67	8	19	12	8	10	8	9
Median price ($) per gram	-	300	-	400*	-	400*	350*	250*	-
Median price ($) per cap	-	50	-	-	-	-	-	125*	50*
Price changes (%)									
Did not respond	83	27	94	96	94	97	95	93	93
Of those who responded (n)	(n=152)	(n=111)	(n=6)*	(n=6)*	(n=6)*	(n=3)*	(n=5)*	(n=7)*	(n=8)*
(% of the entire sample)									
Don't know	19 (3)	17 (13)	17 (1)	33 (1)	67 (4)	0 (0)	40 (2)	0 (0)	13 (<1)
Increased	13 (2)	14 (11)	33 (2)	0 (0)	0 (0)	33 (1)	0 (0)	14 (1)	0 (0)
Stable	62 (10)	64 (47)	33 (2)	50 (2)	33 (2)	67 (2)	40 (2)	86 (6)	75 (5)
Decreased	4 (<1)	3 (2)	17 (1)	0 (0)	0 (0)	0 (0)	20 (1)	0 (0)	13 (<1)
Fluctuated	2 (<1)	2 (1)	0 (0)	17 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

Source: IDRS IDU interviews
* Small numbers reported (n<10), interpret with caution

6.2 Availability

In jurisdictions other than NSW, only small numbers of IDU were able to comment on the availability of cocaine, which in itself suggests that the drug is not widely available in those jurisdictions. In 2006, larger proportions in NSW commented on availability (72-73% in 2006 compared to 66% in 2005 and 48% in 2004). Of those who commented in NSW, 71% described cocaine as 'easy' or 'very easy' to obtain, while 19% considered it to be 'difficult' to obtain. Substantial proportions in other jurisdictions, with the exception of VIC, reported cocaine as 'difficult' or 'very difficult' to obtain, however, the numbers commenting were small so caution is advised. Availability in the six months preceding interview was generally thought to be stable (63%, Table 26).

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. A significant street-based cocaine market exists in NSW, with nearly one-third of those who commented in NSW reporting that they usually scored cocaine from a street dealer (30%), with a street market (38%) being most commonly reported as a location of purchase. Purchasing from a known dealer (41%) and/or a friend (29%) was also commonly reported and, as with other drugs, it was obtained in a variety of locations (Table 26).

Table 26: Availability and purchasing patterns of cocaine, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Availability (%)									
Did not respond	83	28	94	96	94	97	95	93	93
Of those who responded (n)	(n=151)	(n=110)	(n=6)	(n=6)	(n=6)	(n=3)	(n=5)	(n=7)	(n=8)
(% of the entire sample)									
Don't know	11 (2)	10 (7)	0 (0)	0 (0)	50 (3)	0 (0)	40 (2)	0 (0)	13 (<1)
Very easy	25 (4)	30 (22)	0 (0)	33 (1)	0 (0)	0 (0)	20 (1)	0 (0)	25 (2)
Easy	36 (6)	41 (30)	0 (0)	67 (3)	17 (1)	33 (1)	0 (0)	14 (1)	25 (2)
Difficult	22 (4)	19 (14)	67 (4)	0 (0)	0 (0)	67 (2)	20 (1)	57 (4)	13 (<1)
Very difficult	6 (1)	0 (0)	33 (2)	0 (0)	33 (2)	0 (0)	20 (1)	29 (2)	25 (2)
Availability changes (%)									
Did not respond	83	27	94	96	94	97	95	93	93
Of those who responded (n)	(n=152)	(n=111)	(n=6)	(n=6)	(n=6)	(n=3)	(n=5)	(n=7)	(n=8)
(% of the entire sample)									
Don't know	12 (2)	11 (8)	0 (0)	0 (0)	50 (3)	0 (0)	40 (2)	0 (0)	13 (<1)
More difficult	13 (2)	15 (11)	33 (2)	0 (0)	0 (0)	0 (0)	0 (0)	14 (1)	0 (0)
Stable	63 (11)	61 (45)	67 (4)	100 (4)	33 (2)	100 (3)	40 (2)	86 (6)	63 (4)
Easier	11 (2)	11 (8)	0 (0)	0 (0)	17 (1)	0 (0)	20 (1)	0 (0)	25 (2)
Fluctuates	1 (<1)	2 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Purchased from#									
% Had not bought	87	40	97	97	94	98	98	95	94
Of those who had bought (n)	(n=122)	(n=92)	(n=3)	(n=5)	(n=6)	(n=2)	(n=2)	(n=5)	(n=7)
(% of the entire sample)									
% Street dealer	25 (3)	30 (18)	33 (1)	0 (0)	0 (0)	0 (0)	0 (0)	20 (1)	0 (0)
% Friend	31 (4)	29 (18)	33 (1)	40 (1)	17 (1)	50 (1)	50 (1)	60 (3)	29 (2)
% Gift from friend	31 (1)	2 (1)	0 (0)	20 (1)	33 (2)	0 (0)	0 (0)	20 (1)	29 (2)
% Known dealer	39 (5)	41 (25)	33 (1)	40 (1)	17 (1)	50 (1)	0 (0)	20 (1)	43 (3)
% Workmate	1 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	14 (1)
% Acquaintance	8 (1)	4 (3)	0 (0)	20 (1)	17 (1)	0 (0)	50 (1)	20 (1)	29 (2)
% Unknown dealer	5 (1)	5 (3)	0 (0)	20 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Places of usual purchase#									
% Had not bought	87	40	97	97	94	98	98	95	94
Of those who had bought (n)	(n=122)	(n=92)	(n=3)	(n=5)	(n=6)	(n=2)	(n=2)	(n=5)	(n=7)
(% of the entire sample)									
% Home delivery	16 (2)	20 (12)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	29 (2)
% Dealer's home	23 (3)	23 (14)	33 (1)	40 (1)	0 (0)	0 (0)	0 (0)	40 (2)	29 (2)
% Friend's home	22 (3)	19 (11)	33 (1)	20 (1)	33 (2)	50 (1)	50 (1)	60 (3)	14 (1)
% Acquaintance's house	2 (<1)	1 (1)	0 (0)	20 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
% Mobile dealer	11 (2)	15 (9)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
% Street market	30 (4)	38 (23)	33 (1)	20 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
% Agreed public location	25 (3)	25 (15)	33 (1)	40 (1)	33 (2)	50 (1)	50 (1)	20 (1)	0 (0)
% Work	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

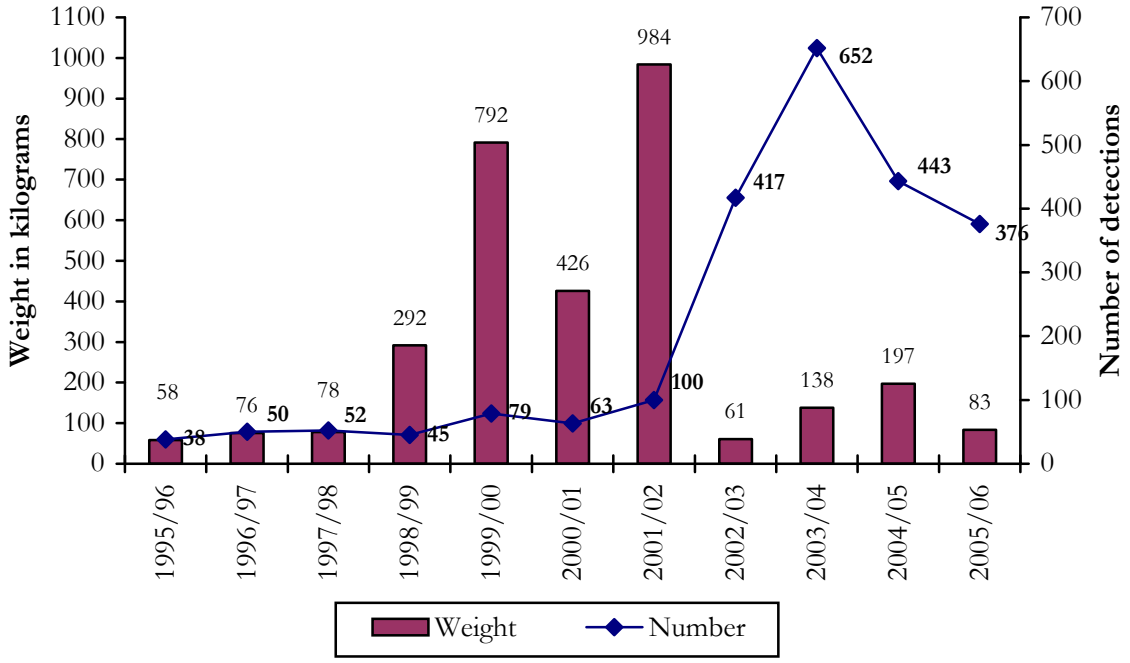
Source: IDRS IDU interviews

Multiple responses allowed

6.2.1 Cocaine detected at the Australian border

During 2005/06, the Australian Customs Service made 376 detections of cocaine at the Australian border. The detections weighed a total of 83 kilograms. The larger number of detections, and smaller total weight recorded over the past four years most likely reflects a shift in importation methods from shipping to cargo and postal, and air passengers and crew (Figure 37). The large weight detected in the 2001/02 financial year was mainly due to a single detection in WA in July 2001, which accounted for 938kg of the total 984kg in 2001/02.

Figure 37: Number and weight of detections of cocaine detected at the border by the Australian Customs Service, 1995/96-2005/06

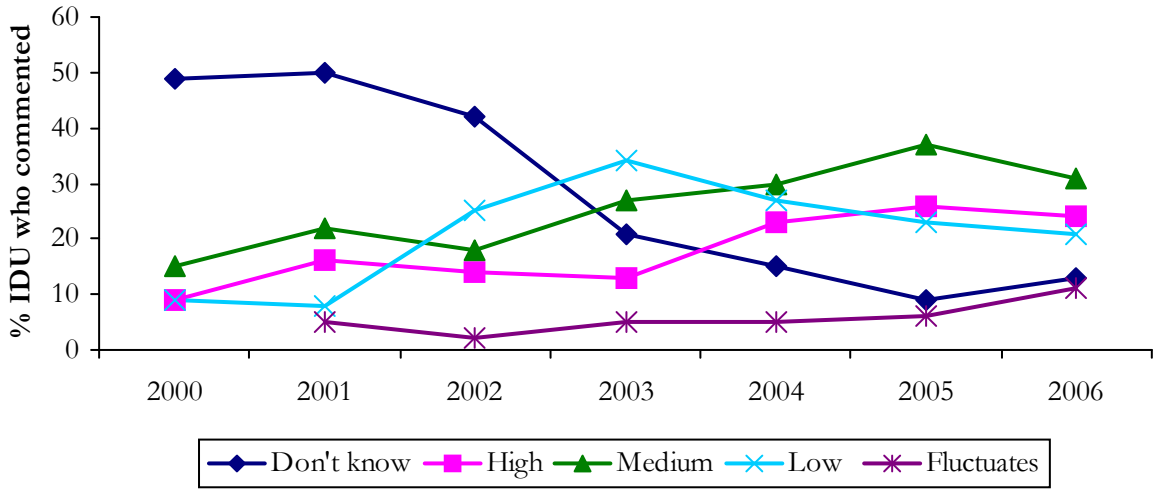


Source: Australian Customs Service, 2006

6.3 Purity

IDU 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. Of those able to comment (n=152), about one-third (31% or 5% of the entire sample) reported the purity as 'medium', 24% (4% of the entire sample) 'high' and 21% (4% of the entire sample) as 'low' (Table 27). From 2003 to 2005 an increasing number of participants reported the purity as 'medium' or 'high' and less reported it as 'low' or 'don't know' (Figure 38). In 2006, more IDU reported purity as 'fluctuating'.

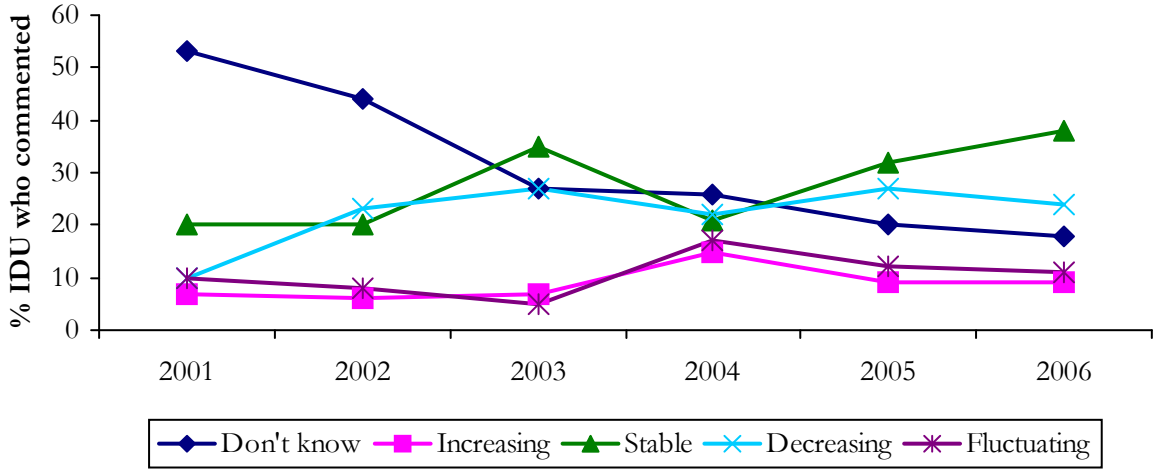
Figure 38: IDU reports of current purity of cocaine among those who commented*, 2000-2006



Source: IDRS IDU interviews
***** Among those who commented (n=152 in 2006)

IDU reports regarding the changes in cocaine purity were also variable (Figure 39 and Table 27). Of those who commented in 2006 (n=152), over one-third reported the purity of cocaine as stable (38% or 6% of the entire sample), 24% (4% of the entire sample) as decreasing, 11% (2% of the entire sample) as fluctuating and a further 9% reported the purity as increasing. In 2006 the trend of increasing numbers reporting the purity as stable in the six months preceding interview continued (38% in 2006), and now surpasses the level reported in 2003 (35%). A slight drop in the number reporting the purity change as decreasing was reported in 2006 compared to 2005 (Figure 39).

Figure 39: IDU reports of changes in purity of cocaine among those who commented*, 2001-2006



Source: IDRS IDU interviews
***** Among those who commented (n=152 in 2006)
Note: Participants in 2000 were not asked about changes in purity

Table 27: Perceived purity of cocaine, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Current Purity									
% Did not respond	83	27	94	96	94	97	95	93	93
Of those who responded (n)	(n=152)	(n=111)	(n=6)	(n=6)	(n=6)	(n=3)	(n=5)	(n=7)	(n=8)
(% of the entire sample)									
% Don't know	13 (2)	13 (9)	33 (2)	17 (1)	17 (1)	0 (0)	20 (1)	0 (0)	13 (1)
% High	24 (4)	22 (16)	33 (2)	50 (2)	17 (1)	0 (0)	60 (3)	14 (1)	25 (2)
% Medium	31 (5)	33 (24)	17 (1)	17 (1)	50 (3)	67 (2)	0 (0)	14 (1)	25 (2)
% Low	21 (4)	23 (16)	17 (1)	0 (0)	17 (1)	33 (1)	0 (0)	29 (2)	25 (2)
% Fluctuates	11 (2)	10 (7)	0 (0)	17 (1)	0 (0)	0 (0)	20 (1)	43 (3)	13 (1)
Purity changes									
% Did not respond	83	27	94	96	94	97	95	93	93
Of those who responded (n)	(n=152)	(n=111)	(n=6)	(n=6)	(n=6)	(n=3)	(n=5)	(n=7)	(n=8)
(% of the entire sample)									
% Don't know	18 (3)	16 (12)	33 (2)	17 (1)	67 (4)	0 (0)	40 (2)	0 (0)	13 (1)
% Increasing	9 (2)	9 (7)	17 (1)	0 (0)	0 (0)	0 (0)	40 (2)	0 (0)	13 (1)
% Stable	38 (6)	36 (26)	50 (3)	50 (2)	17 (1)	33 (1)	0 (0)	71 (5)	50 (4)
% Decreasing	24 (4)	25 (18)	0 (0)	17 (1)	17 (1)	67 (2)	20 (1)	29 (2)	13 (1)
% Fluctuates	11 (2)	14 (10)	0 (0)	17 (1)	0 (0)	0 (0)	0 (0)	0 (0)	13 (1)

Source: IDRS IDU interviews

There were no AFP cocaine seizures analysed in the ACT, TAS, SA and the NT, and no TAS or NT state police cocaine seizures analysed in 2004/05. Data for 2005/06 were unavailable at the time of publication.

The purity of analysed state police seizures varied in each state in 2004/05, ranging from 30.7% in SA (n=64) to 64.3% in NSW, and many jurisdictions had few or no state police seizures analysed. In 2004/05 most of the cocaine seizures analysed were from NSW, VIC, QLD and SA. Generally the cocaine seized at the border by the AFP is of higher purity (Table 28).

Table 28: Median purity of cocaine seizures*, by jurisdiction, 1999/00-2004/05

	Median purity %											
	State police						AFP					
	99/00	00/01	01/02	02/03	03/04	04/05	99/00	00/01	01/02	02/03	03/04	04/05
NSW	34.0 n=36	52.0 n=101	n.a	27.0 n=52	32.0 n=97	**64.3 n=92**	53.3 n=119	44.9 n=57	73.0 n=233	72.3 n=271	72.3 n=348	**69.9 n=63**
ACT	-	-	35.9 n=5	-	48.0 n=3	**47.7 n=5**	25.9 n=2	35.9 n=2	-	-	-	**-**
VIC	40.1 n=72	47.0 n=101	37.0 n=47	31.0 n=39	32.6 n=27	**48.8 n=33**	80.7 n=21	65.7 n=21	72.4 n=24	61.6 n=36	75.3 n=34	**58.9 n=9**
TAS	-	44.6^ n=1	44.0^ n=1	-	-	**-**	-	-	-	-	-	**-**
SA	-	68.6 n=21	-	20.6 n=24	38.5 n=10	**30.7 n=64**	-	66.9 n=94	-	-	-	**-**
WA	30.5 n=10	35.0 n=25	30.5 n=16	59.0 n=6	3.0 n=4	**44.0 n=27**	35.8^ n=1	33.8 n=3	72.4 n=4	-	59.4 n=9	**77.4 n=1**
NT	-	-	24.0^ n=1	-	-	**-**	-	-	-	-	-	**-**
QLD	38.4 n=45	68.8 n=31	-	41.1 n=46	14.9 n=30	**35.2 n=90**	76.3 n=33	72.7 n=11	63.1 n=15	-	71.7 n=24	**79.9 n=7**

Source: ABCI 2001 and 2002; ACC 2003, 2004 and 2005

***** Seizures ≤2g and >2g combined

^ Median purity based on one seizure

Notes: Dashes represent no seizures analysed

Due to industrial action no state police seizures were analysed in SA January-June 2001. 2001/02 state police data were not available for NSW. In 2003/04 and 2004/05 no cocaine seizures were analysed for the NT or TAS. 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 state police in the relevant quarter. The period between the date of seizure by state 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 2005/06 were not available at the time of publication

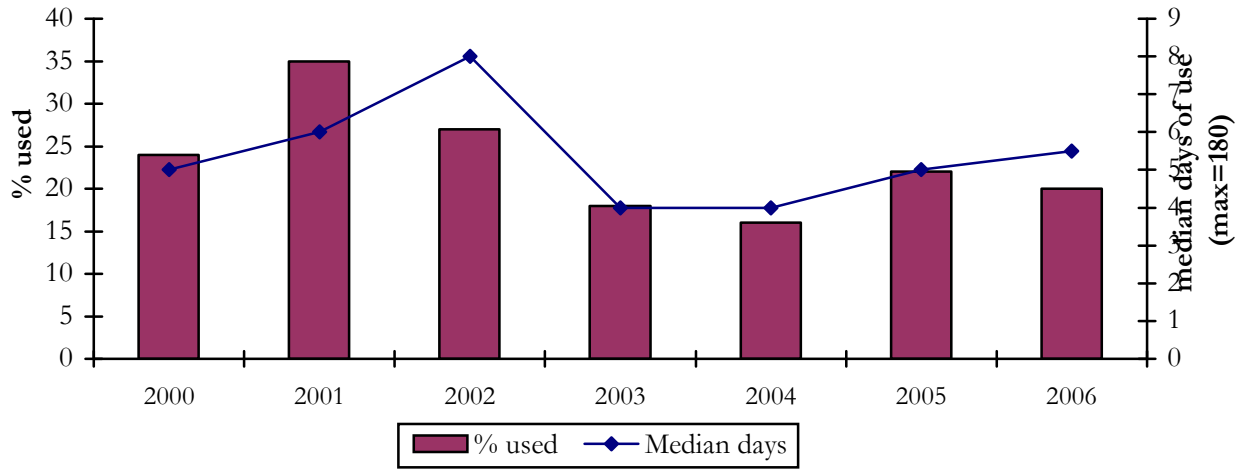
6.4 Use

6.4.1 Powder cocaine

Twenty percent of the national sample reported recent use of cocaine, the majority (83%) of whom also reported injecting it in the last six months. In the overall national sample the proportion of IDU who reported recent cocaine use steadily decreased from 35% in 2001 to 16% in 2004; however, in 2005 recent use increased slightly to 22%, and remained at 20% in 2006. The median frequency of use remained stable at 5.5 days (Figure 40). Recent use of cocaine remained fairly stable in most jurisdictions in 2006. The most notable changes were decreases in recent use in the ACT (20% in 2005 to 8% in 2006), WA (19% in 2005 to 10% in 2006), and SA

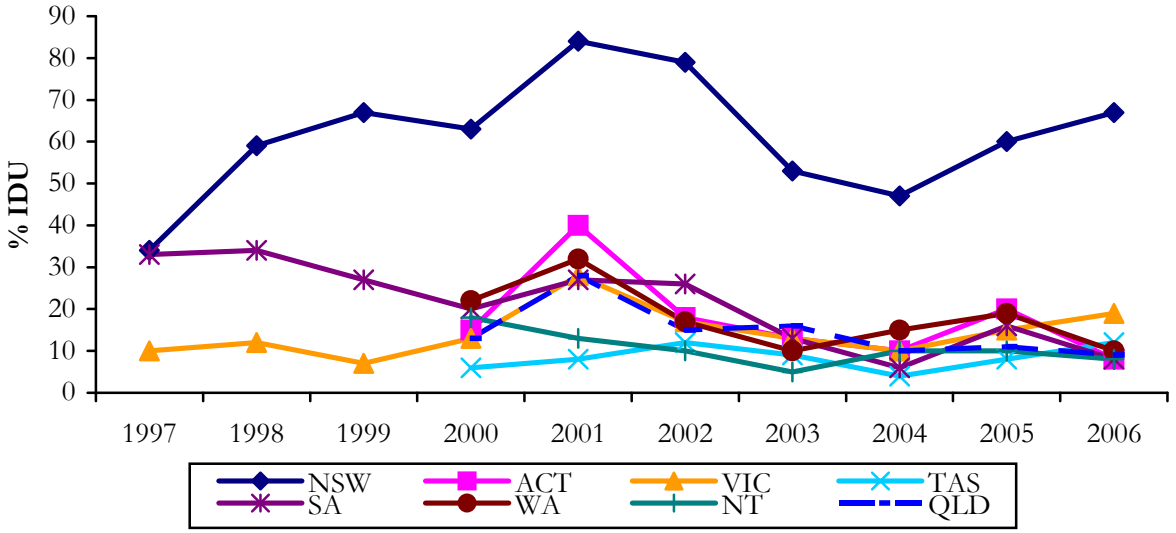
(16% in 2005 to 8% in 2006; Figure 41). NSW recorded the largest increase in recent use, from 60% in 2005 to 67% in 2006. For proportions of recent cocaine use by jurisdiction across time, see Appendix C, Table C2.

Figure 40: Proportion of IDU in the national sample who reported recent cocaine use and median days of use, 2000-2006



Source: IDRS IDU interviews

Figure 41: Proportion of IDU who reported recent cocaine use in the past six months, by jurisdiction, 1997-2006

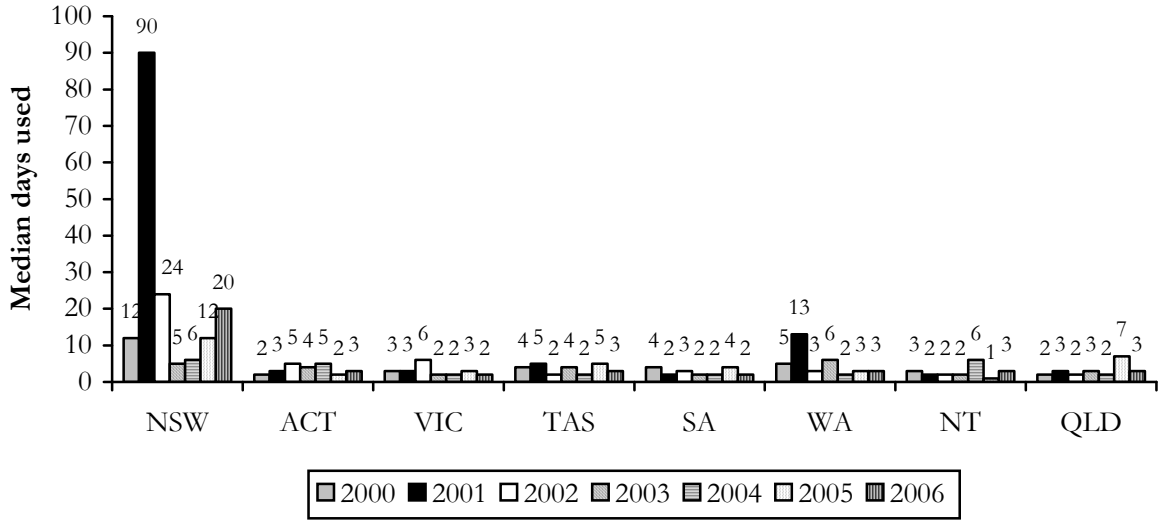


Source: IDRS IDU interviews
Note: See Appendix C, Table C2 for proportions

When examining patterns of cocaine use among IDU since 1997 in NSW, it is clear that the proportion of IDU in NSW who reported cocaine use in the preceding six months increased markedly in 1998, stabilised between 1999 and 2000, increased again in 2001 and then decreased until 2004. Reports of both IDU and KE in NSW strongly indicated that the increase in use in 2001 was associated with a change in drug use patterns in response to the reduced availability of heroin (Degenhardt et al., 2006a). Both 2005 and 2006 have seen increases in recent cocaine use among IDU in NSW (Figure 41).

In 2006, the frequency of recent cocaine use remained sporadic in all jurisdictions except NSW. In NSW the median frequency of use decreased from every second day in 2001 and once a week in 2002 to less than once a month in 2003. Since 2004, frequency of cocaine use in NSW has steadily increased, doubling in 2005 from six days (approximately once a month) to 12 days (approximately fortnightly), and in 2006 increasing again to 20 days (Figure 42). Frequency of use, however, has not returned to those levels reported in NSW in 2001 (every second day).

Figure 42: Median days of cocaine use among IDU who had used cocaine in the past six months, by jurisdiction, 2000-2006



Source: IDRS IDU interviews

6.4.2 Crack cocaine

As in previous years, small proportions of IDU in some jurisdictions reported the recent use of crack cocaine, although for the majority of them it was probably not real 'crack' (a form of freebase cocaine). Crack cocaine is a rocky crystalline substance created by heating cocaine hydrochloride to remove its hydrochloride base (Platt, 1997). Of the 20 participants in the national sample who reported using crack cocaine in the preceding six months, only seven of them (35%) reported smoking as a route of recent cocaine administration.

Given that the chemical process of deriving crack cocaine is relatively simple when there is a ready supply of quality cocaine hydrochloride (Platt, 1997), it is possible that it could be available in Australia. Ongoing monitoring and investigation is required to be able to confidently comment on the availability and use of crack cocaine in Australia.

6.5 Cocaine-related harms

6.5.1 Law enforcement

The number of cocaine arrests are low compared to heroin and amphetamine type stimulant arrests. In 2004/05 the number of cocaine arrests increased from 328 in 2003/04 to 425 in 2004/05. The majority of these arrests (54%) were in NSW, which is consistent with IDRS reports of the predominance of cocaine use in NSW relative to other jurisdictions. In NSW the number of arrests in 2004/05 was 229 (compared to 185 in 2003/04). In 2004/05 VIC reported 91 cocaine arrests (increased from 85 in 2003/04) while in QLD there were 65 reported arrests (35 in 2003/04). Data for 2005/06 were not available at the time of publication of this report.

6.5.2 Health

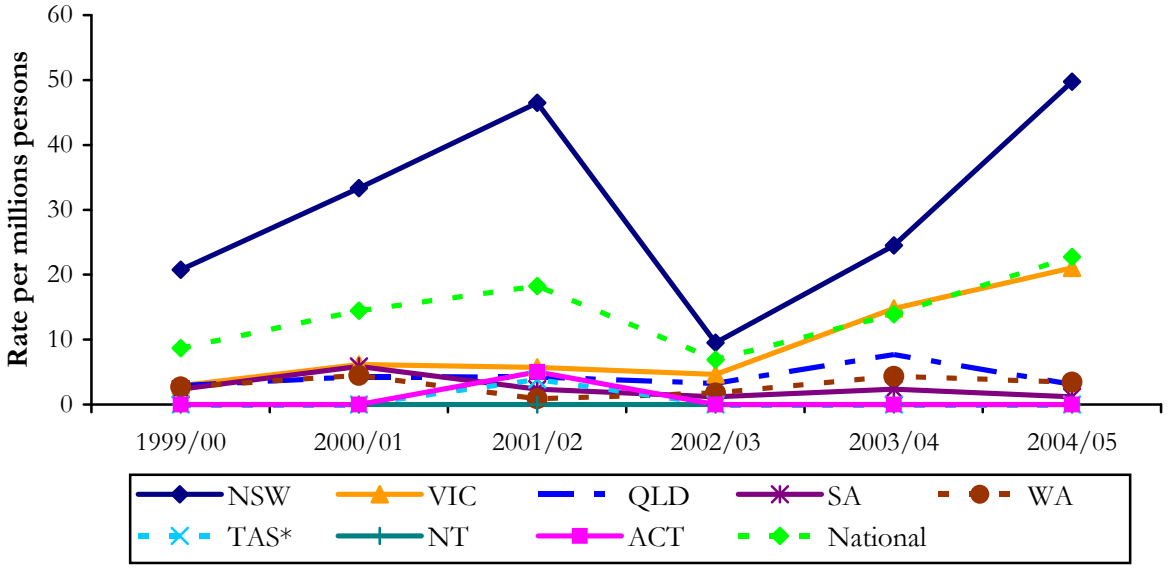
Overdose

Fifteen drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2005 (Degenhardt and Roxburgh, 2007). Cocaine was determined to be the underlying cause of death in two-thirds (66%) of all cocaine related deaths in 2005 (n=10). The rate of death per million persons aged 15-54 years in Australia where cocaine was mentioned (1.3 per million persons) remained relatively stable in 2005 compared to 2004 (where it was 1.7 per million persons).

Hospital admissions

Figure 43 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 six year period, and have steadily increased over the past three from seven per million persons to 23 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 per million persons in 2004/05. Figures were relatively lower in all other jurisdictions, and these data are consistent with IDU survey data (there was a slight increase in the proportions of NSW participants reporting recent cocaine use and an increase in frequency of use), and research recently conducted on cocaine markets in Australia, which reported that Sydney, in particular, has a relatively larger group of cocaine using IDU who tend to use more cocaine, and to report more problems associated with their cocaine use (Shearer et al., 2005).

Figure 43: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2004/05



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

Treatment

A small proportion (0.3%) of closed treatment episodes were recorded in Australia in 2004/05 with cocaine as the principal drug of concern, with NSW recording the highest proportion (0.6%) across jurisdictions (Australian Institute of Health and Welfare, 2006).

6.6 Jurisdictional trends for cocaine

Below follow summaries of trends for cocaine provided by each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – TAS: (de Graaff and Bruno, 2007); NSW: (Black et al., 2007); VIC: (Jenkinson and Quinn, 2007); WA: (Fetherston and Lenton, 2007); SA: (White et al., 2007); QLD: (Kinner and Lloyd, 2007); NT: (Moon, 2007); ACT: (Campbell and Degenhardt, 2007).

6.6.1 NSW

A moderate increase in prevalence and frequency of cocaine use was observed in 2006, although this did not approach the high levels reported in 2001 during the peak of the heroin shortage. Two-thirds of participants (67%; 60% in 2005) reported use in the preceding six months on a median of 20 days (i.e. just under weekly use; 12 days in 2005). Fifteen percent of participants reported daily cocaine use as compared with 11% in 2005. Prices for cocaine remained stable. Caps remained the most common purchase amount ($50; n=47), although there was a decrease in the number of participants reporting purchase (n=61 in 2005).

Reports of cocaine availability remained relatively stable, with 71% of those who were able to comment reporting it to be either 'easy' or 'very easy' to obtain as compared with 69% in 2005. However, a decrease was observed among those reporting cocaine as 'very easy' to obtain, from approximately one-third of participants in 2005 to approximately one-fifth in 2006. Overall, while cocaine remained readily available to a large proportion of the sample, this may be

indicative of a slight decrease in availability compared with 2005. Availability was commonly perceived to have remained stable over the preceding six months. As in 2005, participant reports of purity were mixed, although as in previous years it was most commonly reported as being of 'medium' purity.

Similar to previous years, only a small number of KE commented on cocaine, as many reported that they had not had contact with cocaine users. KE suggested that cocaine use had either remained stable or increased slightly, depending on the geographic area and group of people to whom the KE was referring. There was a strong indication from some law enforcement KE that there had been an increase in cocaine availability across NSW, although this had not been observed across all local area commands.

6.6.2 The ACT

Consistent with previous years, the recent use of cocaine in the ACT remained low in 2006; however, there was a decrease from 20% in 2005 to 8% in 2005. Median days of use remained low at three (approximately once every two months). Only a small proportion (n=5) were able to comment on the median price of a point of cocaine, reporting that it was $50. No IDU were able to comment on the price per gram of cocaine. IDU who were able to comment (n=6) on the current availability of cocaine indicated that it was 'difficult' (67%) to 'very difficult' (33%) to obtain. Due to the low numbers of IDU who were able to comment on the purity of cocaine, reports were inconsistent.

6.6.3 VIC

Although over half (59%, n=88) of the respondents to the 2006 IDU survey reported lifetime use of cocaine, only two participants (1%) identified cocaine as their main drug of choice.

Nineteen percent (n=28) of the IDU surveyed reported having used cocaine during the previous six months, with the reported principal routes of administration being injecting (13%, n=20), and snorting (11%, n=16). Among those who reported using cocaine during the past six months, frequency of use was very low (median two days), suggesting irregular, opportunistic use patterns.

In 2006, four participants commented on the current price of a gram of cocaine, reporting that this quantity currently costs $350 (range $300-500), and two participants reported that a half-gram of cocaine currently costs $150-200. No participants could comment on current cap prices, but one participant reported that a point of cocaine currently costs $50. For the median prices of the last purchases of cocaine by VIC participants refer to Table 25.

Three of the five respondents (60%) who commented on current cocaine purity reported that it was 'high' at present. Another respondent reported that the purity of cocaine was 'medium' (20%, n=1), and the other that it 'fluctuated' (20%, n=1). Most reported that cocaine purity had been stable (60%, n=3) during the previous six months.

Four of the six participants (67%) who commented on cocaine availability reported that it was currently 'easy' to access, while the other two participants (33%) noted it was 'very easy'. All six respondents reported that availability had been stable during the previous six months. Respondents most commonly reported buying cocaine from friends (33%, n=2) or known dealers (33%, n=2).

Whilst the prevalence of recent cocaine use by the IDU surveyed increased slightly in 2006 (19% compared to 15% in 2005 and 10% in 2004), and 21 KE reported occasional use of cocaine by 'a

few' of their client base, the use of cocaine amongst the IDU sample in Melbourne still remains low and infrequent and appears to be fairly opportunistic.

6.6.4 TAS

It appears that the availability and use of cocaine in Hobart continues to be very low, at least within the populations surveyed in the current study or accessing government services, with use of the drug amongst clients of the state's Needle Availability Program virtually non-existent (less than 0.1% of non-pharmacy equipment transactions). Only a very small proportion of the IDRS IDU participants reported recent use of the drug (12%), which was predominately in powder form. By the very few consumers that could comment on trends in availability, cocaine was considered 'very difficult' to access, a situation that was considered stable in the preceding six month period. The cocaine that is used by Tasmanian IDU appears generally to be purchased locally, however, one-quarter of participants who were able to comment reported that they purchased cocaine from other Australian jurisdictions. There were no seizures of cocaine made by Tasmania Police between 2001 and 2005. These patterns of low levels of availability and use in these cohorts appear to have remained reasonably stable over the past few years. However, it is noteworthy that around two-thirds of the Tasmanian IDRS IDU sample has reported lifetime use of cocaine, an increase from patterns seen in earlier studies. Similarly, there has been an increase in the level of use of the drug in different local consumer populations (Matthews and Bruno, 2007) which may provide early indications of emerging changes in local markets for the drug.

6.6.5 SA

Similar to 2005, only a very small number of IDU in 2006 were able to supply information regarding the price, purity or availability of cocaine, which was reflective of the relatively low numbers of IDU who had used cocaine in the last six months (a total of eight). In addition, although several KE were able to provide some information on cocaine, this was limited and none could nominate cocaine as their main area of expertise. Consequently, the data for price, purity and availability of cocaine in 2006 is again of limited value.

The small number of KE and IDU either using cocaine or able to provide information in itself indicates the lack of a sizeable and visible cocaine market in Adelaide, particularly amongst the IDU sampled by the IDRS. Indicator data, such as the number of cocaine possession and provision offences, calls to ADIS, DASSA treatment services data for cocaine and SA hospital admissions data also support this presumption. However, this does not exclude the possibility that a cocaine market exists beyond the scope of this survey, and readers are directed to the EDRS report (Dunn et al., 2007), which shows a higher level of use and availability of cocaine among a sample of regular ecstasy users in Adelaide.

6.6.6 WA

In 2006, there was only one reported purchase of a gram of cocaine amongst the WA sample for $350. One participant reported availability of cocaine as 'very easy', one as 'difficult' and one as 'very difficult'. In 2005, four reported access as 'easy' and one as 'very difficult'. Similar to previous years, the very small number of IDU who responded makes meaningful interpretation difficult.

Three of the four IDU in the 2006 sample able to comment described purity of cocaine as 'high' while the remaining individual thought it to 'fluctuate'. In 2005 three users described purity as 'high', one as 'medium' and one as 'low'. Once again, the small numbers involved necessitate caution in the interpretation of these data.

Recent use (i.e. within the last six months) of cocaine was reported by 10 IDU compared with 19 in 2005. Median days of use were unchanged, remaining at three days in the last six months.

6.6.7 The NT

As with heroin, the number of IDU able to report on cocaine market characteristics or use patterns is small and no KE were able to provide detailed comment.

The available information suggests, however, that the cocaine market in the NT remains small. The cap price of cocaine may have increased, but availability continues to be rated as difficult. There is no indication that cocaine-related harms have increased with a decline in the number of completed episodes in AOD treatment agencies.

6.6.8 QLD

Cocaine use among IDU in QLD remains minimal, with only 9% of IDU reporting recent cocaine use in 2006 (11% in 2005), typically on only three days in the last six months. In 2006, 7% of IDU reported recent cocaine injection and only one IDU nominated cocaine as their drug of choice.

Due to the small number of IDU reporting, estimates of the price of cocaine in Queensland can be considered suggestive only. In 2006, one IDU reported the price of a cap of cocaine at $50, and one IDU reported the price of a half gram at $180.

In 2006, only 7% of IDU were able to report on the current purity or availability of cocaine, and there was little agreement with regard to either purity or availability. It appears that in QLD, relatively few IDU have access to cocaine, and only a subset of these are able to provide information on price, purity or availability. Consistent with this, KE reported that although cocaine use was more common among other groups of drug users, relatively few IDU in QLD access or use cocaine.

6.7 Summary of cocaine trends

- Small numbers in all jurisdictions except NSW were able to comment on the price, purity and availability of cocaine.
- Cocaine was cheapest in the NT ($250 per gram) and highest in VIC and SA ($400 per gram) based on the very small number of participants in these jurisdictions able to comment. The price of a gram and a cap of cocaine in NSW remained largely stable at $300 and $50 respectively; the only jurisdiction where sufficient numbers of participants were able to comment. The majority of IDU also described the price of cocaine as 'stable' over the last six months.
- Cocaine was considered 'easy' or 'very easy' to obtain in NSW, and the majority reported availability as stable in the preceding six months. Substantial proportions of the small numbers able to comment in most other jurisdictions reported cocaine to be mainly 'difficult' or 'very difficult' to obtain.
- The recent use of cocaine remained fairly stable in 2006; the most notable changes being decreases in the ACT, WA and SA of 8 to 12%. However, similar to previous years (2003-2005) recent use remained at 20% or less in all jurisdictions except NSW where it was substantially higher at 67%.

- The frequency of cocaine use remained low and sporadic (on average 1.5 to 3 days in the last six months) in all jurisdictions except NSW. In NSW, the frequency of cocaine use continued to increase.
- The limited IDU and KE data on cocaine suggest that there remains a limited market for cocaine among the IDU accessed by the IDRS in jurisdictions other than NSW. The market for cocaine appears to be smaller and less visible than the methamphetamine and heroin markets.

7.0 CANNABIS

Since 2003, the IDU survey has distinguished between indoor-cultivated 'hydroponic' cannabis and outdoor cultivated 'bush' cannabis. Over 60% of participants in each jurisdiction were confident enough of their knowledge to comment on the price, potency and availability of hydroponic cannabis, while smaller proportions were able to comment on bush cannabis, ranging from 10% in VIC to 53% in TAS. Comparable figures from 2005 are presented in Appendix D, Tables D1 and D2.

7.1 Price

Table 29 contains the median price of the last purchase made by IDU participants in the preceding six months. Gram prices for bush tended to be equal to or lower than prices for hydroponic cannabis, while prices per ounce of bush were cheaper across all jurisdictions. In 2006, an ounce of hydroponic cannabis cost between a median of $200 (VIC, SA) and $300 (the ACT, the NT), and a gram cost $20 to $30, except in SA, where $25 buys two and a half grams.

The median price per ounce of hydroponic cannabis was lowest in SA, consistent with previous years at $200, while the price in VIC decreased to this price in 2006 (Figure 44). An ounce of bush cannabis was cheapest in SA ($160, Table 29). The price of an ounce of hydroponic cannabis has remained relatively stable (ranging from $200-$320) over the past four years. The majority of the national sample reported that the price of hydroponic and bush cannabis had remained stable over the preceding six months (74% and 54%, respectively).

Table 29: Price of cannabis, by jurisdiction, 2006

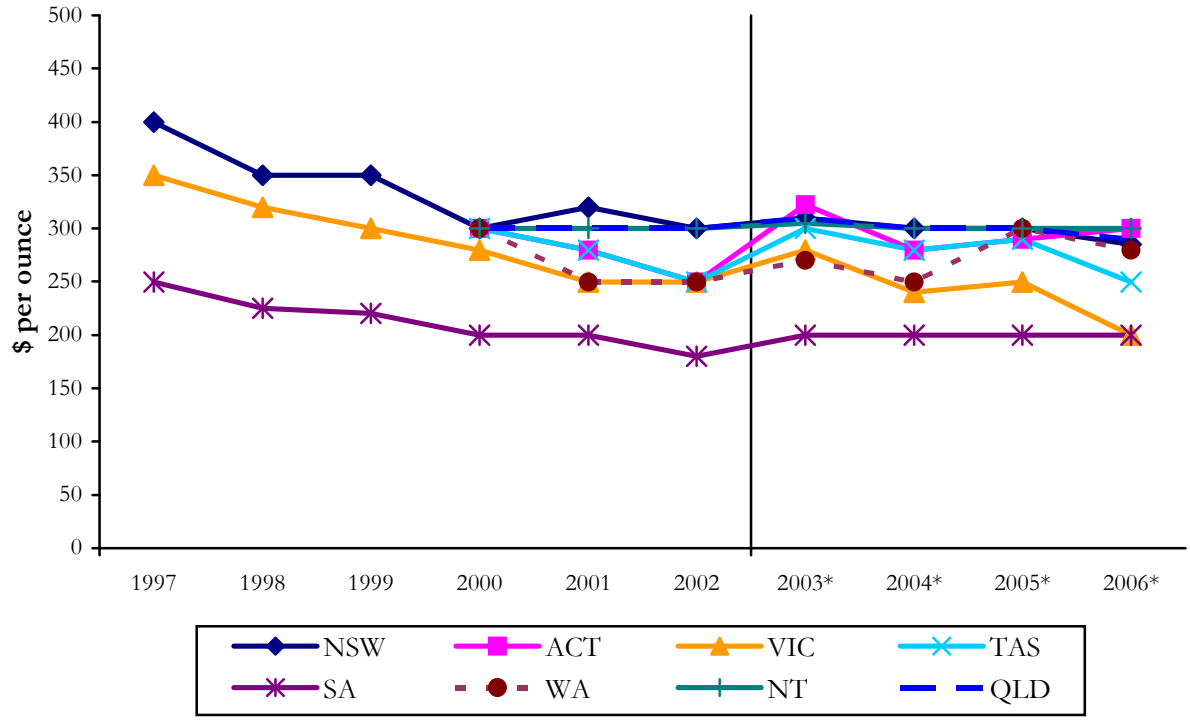
	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Price ($) HYDRO									
Per ounce	-	285	300	200	250	200	280	300	290
Per gram	-	20	20	20	25	25^*	25	30	25
Price ($) BUSH									
Per ounce	-	200*	190	-	170	160*	200	200*	250*
Per gram	-	20*	15	10*	15*	25^*	25*	25*	20*
Price changes									
HYDRO									
% Did not respond	28	22	15	38	31	38	23	28	23
Of those who responded (n)	(n=662)	(n=118)	(n=85)	(n=93)	(n=69)	(n=62)	(n=77)	(n=72)	(n=86)
(% of the entire sample)									
% Don't know	5 (3)	8 (6)	4 (3)	0 (0)	9 (6)	2 (1)	9 (7)	1 (2)	4 (3)
% Increased	10 (8)	6 (5)	5 (4)	5 (3)	15 (10)	8 (5)	13 (10)	22 (16)	14 (11)
% Stable	74 (54)	80 (62)	81 (69)	79 (49)	54 (37)	77 (48)	73 (56)	72 (52)	71 (55)
% Decreased	5 (4)	5 (4)	6 (5)	7 (4)	10 (7)	2 (1)	4 (3)	1 (1)	6 (5)
% Fluctuated	6 (4)	2 (1)	5 (4)	10 (6)	13 (9)	11 (7)	1 (1)	3 (2)	6 (5)
BUSH									
% Did not respond	31	17	22	59	12	48	30	23	30
Of those who responded (n)	(n=652)	(n=128)	(n=97)	(n=61)	(n=88)	(n=52)	(n=70)	(n=82)	(n=74)
(% of the entire sample)									
% Don't know	32 (22)	41 (34)	27 (21)	30 (12)	26 (23)	6 (3)	16 (11)	44 (34)	50 (35)
% Increased	4 (3)	2 (2)	6 (5)	0 (0)	7 (6)	8 (4)	1 (1)	6 (5)	3 (2)
% Stable	54 (37)	52 (43)	56 (43)	59 (24)	46 (40)	73 (38)	73 (51)	44 (34)	39 (27)
% Decreased	6 (4)	4 (3)	6 (5)	8 (3)	13 (11)	4 (2)	7 (5)	5 (4)	5 (4)
% Fluctuated	4 (3)	1 (1)	5 (4)	3 (1)	9 (8)	10 (5)	3 (2)	1 (1)	3 (2)

Source: IDRS IDU interviews

^ A 'bag' of approximately 2.5 grams of cannabis

* Small numbers reported (n<10)

Figure 44: Price of an ounce of cannabis (hydroponic from 2003-2006), by jurisdiction, 1997-2006



Source: IDRS IDU interviews

* From 2003, prices reflect prices for an ounce of hydroponic cannabis. Prior to this, no distinction was made between forms of cannabis. Any increase may be due to this distinction

7.2 Potency

Participants were asked 'How strong would you say cannabis is at the moment?' and whether the strength of cannabis had changed in the last six months. Almost two-thirds (63%) of the national sample (among those who commented) responded that hydroponic cannabis potency was 'high' (ranging from 44% in the NT to 73% in NSW and the ACT) and one-quarter (25%) described it as 'medium' (ranging from 16% in SA to 34% in the NT). By contrast, over half (57%) reported the potency of bush cannabis as 'medium' (ranging from 43% in VIC to 70% in TAS). The potency of hydroponic and bush cannabis was generally reported to have remained stable over the preceding six months, with the exception of mixed reports of hydro potency in TAS (Table 30).

Table 30: Perceived potency of cannabis, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Current potency									
HYDRO									
% Did not respond	28	22	15	38	31	38	23	27	23
Of those who responded (n)	(n=663)	(n=118)	(n=85)	(n=93)	(n=69)	(n=62)	(n=77)	(n=73)	(n=86)
(% of the entire sample)									
% Don't know	3 (2)	4 (3)	0 (0)	1 (1)	3 (2)	3 (2)	4 (3)	4 (3)	1 (1)
% High	63 (45)	73 (57)	73 (62)	59 (37)	57 (39)	65 (40)	66 (51)	44 (32)	58 (45)
% Medium	25 (18)	20 (15)	20 (17)	33 (21)	30 (21)	16 (10)	25 (19)	34 (25)	26 (20)
% Low	4 (3)	2 (1)	5 (4)	1 (1)	1 (1)	2 (1)	0 (0)	12 (9)	6 (5)
% Fluctuates	6 (4)	2 (1)	2 (2)	5 (3)	9 (6)	15 (9)	5 (4)	6 (4)	9 (7)
BUSH									
% Did not respond	65	69	54	91	47	61	62	69	56
Of those who responded (n)	(n=317)	(n=47)	(n=46)	(n=14)	(n=53)	(n=39)	(n=38)	(n=31)	(n=49)
(% of the entire sample)									
% Don't know	5 (2)	17 (5)	4 (2)	0 (0)	2 (1)	0 (0)	8 (3)	0 (0)	2 (1)
% High	20 (7)	17 (5)	26 (12)	29 (3)	6 (3)	39 (15)	18 (7)	16 (5)	18 (8)
% Medium	57 (20)	49 (15)	57 (26)	43 (4)	70 (37)	46 (18)	61 (23)	58 (18)	57 (25)
% Low	12 (4)	13 (4)	7 (3)	21 (2)	15 (8)	10 (4)	8 (3)	19 (6)	10 (5)
% Fluctuates	7 (2)	4 (1)	7 (3)	7 (1)	8 (4)	5 (2)	5 (2)	7 (2)	12 (5)
Potency changes									
HYDRO									
% Did not respond	28	22	15	38	31	38	23	27	23
Of those who responded (n)	(n=663)	(n=118)	(n=85)	(n=93)	(n=69)	(n=62)	(n=77)	(n=73)	(n=86)
(% of the entire sample)									
% Don't know	5 (4)	8 (6)	5 (4)	1 (1)	3 (2)	7 (4)	9 (7)	1 (1)	5 (4)
% Increased	14 (10)	9 (7)	12 (10)	16 (10)	25 (17)	11 (7)	13 (10)	14 (10)	17 (13)
% Stable	61 (44)	69 (53)	71(60)	63 (39)	38 (26)	57 (35)	60 (46)	67 (49)	54 (41)
% Decreased	8 (6)	9 (7)	5 (4)	5 (3)	6 (4)	3 (2)	9 (7)	12 (9)	13 (10)
% Fluctuated	13 (9)	7 (5)	8 (7)	14 (9)	29 (20)	23 (14)	9 (7)	6 (4)	12 (9)
BUSH									
% Did not respond	65	69	54	91	47	61	62	70	56
Of those who responded (n)	(n=316)	(n=47)	(n=46)	(n=14)	(n=53)	(n=39)	(n=38)	(n=30)	(n=49)
(% of the entire sample)									
% Don't know	6 (2)	21 (7)	7 (3)	7 (1)	4 (2)	0 (0)	8 (3)	3 (1)	0 (0)
% Increased	14 (5)	6 (2)	20 (9)	7 (1)	13 (7)	5 (2)	18 (7)	13 (4)	20 (9)
% Stable	61 (21)	60 (18)	52 (24)	71 (7)	51 (27)	72 (28)	58 (22)	80 (24)	63 (28)
% Decreased	5 (2)	6 (2)	4 (2)	7 (1)	8 (4)	8 (3)	5 (2)	0 (0)	4 (2)
% Fluctuated	13 (5)	6 (2)	17 (8)	7 (1)	25 (13)	15 (6)	11 (4)	3 (1)	12 (5)

Source: IDRS IDU interviews

7.3 Availability

Over 80% 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, again it was most commonly reported as 'easy' or 'very easy' to obtain. That smaller numbers of participants were able to comment on bush cannabis (from n=14 in VIC to n=53 in TAS) also suggests that it was less available than the hydroponic form in many jurisdictions. The majority of participants who commented perceived that the availability of hydroponic and bush cannabis had remained stable over the six months preceding interview (Table 31).

The most commonly reported sources of hydroponic cannabis were from a friend (54%) and/or or from a known dealer (36%). Approximately one-fifth to one-quarter of participants in NSW, the ACT, the NT and QLD reported buying from a street dealer in the preceding six months, indicating the presence of street markets. Sources were similar for bush cannabis, with friends and known dealers the most commonly reported in the national sample and similar patterns across most jurisdictions. The most commonly reported locations of purchase among the national sample (among those who had bought cannabis) were at a friend's home (hydro 42%; bush 42%), a dealer's home (hydro 28%; bush 22%), an agreed public location (hydro 21%; bush 19%) and/or home delivery (hydro 19%; bush 20%) (Table 31).

Table 31: Availability of cannabis, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Availability									
HYDRO									
Did not respond	28	22	15	38	31	38	23	27	23
Of those who responded (n)	(n=663)	(n=118)	(n=85)	(n=93)	(n=69)	(n=62)	(n=77)	(n=73)	(n=86)
(% of the entire sample)									
% Don't know	3 (2)	6 (5)	0 (0)	0 (0)	6 (4)	2 (1)	5 (4)	3 (2)	2 (2)
% Very easy	50 (36)	64 (49)	42 (36)	71 (44)	68 (47)	37 (23)	34 (26)	29 (21)	42 (32)
% Easy	41 (29)	30 (23)	52 (44)	25 (15)	25 (17)	50 (31)	48 (37)	60 (44)	44 (34)
% Difficult	6 (5)	0 (0)	6 (5)	4 (3)	1 (1)	11 (7)	13 (10)	8 (6)	11 (8)
% Very difficult	<1 (<1)	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)
BUSH									
Did not respond	65	69	54	91	47	61	62	69	56
Of those who responded (n)	(n=317)	(n=47)	(n=46)	(n=14)	(n=53)	(n=39)	(n=38)	(n=31)	(n=49)
(% of the entire sample)									
% Don't know	4 (2)	15 (5)	4 (2)	0 (0)	2 (1)	3 (1)	8 (3)	0 (0	0 (0)
% Very easy	27 (9)	23 (7)	22 (10)	29 (3)	55 (29)	26 (10)	18 (7)	13 (4)	22 (10)
% Easy	45 (16)	26 (8)	54 (25)	29 (3)	42 (22)	41 (16)	50 (19)	68 (21)	51(22)
% Difficult	21 (7)	30 (9)	20 (9)	43 (4)	2 (1)	26 (10)	21 (8)	19 (6)	25 (11)
% Very difficult	2 (1)	6 (2)	0 (0)	0 (0)	0 (0)	5 (2)	3 (1)	0 (0)	2 (1)
Availability changes									
HYDRO									
Did not respond	28	22	15	38	31	38	23	27	23
Of those who responded (n)	(n=663)	(n=118)	(n=85)	(n=93)	(n=69)	(n=62)	(n=77)	(n=73)	(n=86)
(% of the entire sample)									
Don't know	4 (3)	7 (5)	1 (1)	1 (1)	7 (5)	0 (0)	5 (4)	4 (3)	5 (4)
More difficult	7 (5)	1 (1)	5 (4)	4 (3)	10 (7)	10 (6)	13 (10)	10 (7)	12 (9)
Stable	77 (56)	83 (65)	79 (67)	85 (53)	67 (46)	77 (48)	69 (53)	81 (59)	72 (55)
Easier	7 (5)	7 (5)	9 (8)	4 (3)	7 (5)	8 (5)	7 (5)	3 (2)	8 (6)
Fluctuates	5 (4)	3 (2)	6 (5)	5 (3)	9 (6)	5 (3)	7 (5)	3 (2)	4 (3)
BUSH									
Did not respond	65	69	54	91	48	61	62	69	56
Of those who responded (n)	(n=316)	(n=47)	(n=46)	(n=14)	(n=52)	(n=39)	(n=38)	(n=31)	(n=49)
(% of the entire sample)									
Don't know	6 (2)	17 (5)	4 (2)	0 (0)	6 (3)	3 (1)	8 (3)	3 (1)	0 (0)
More difficult	15 (5)	13 (4)	9 (4)	21 (2)	12 (6)	26 (10)	13 (5)	7 (2)	20 (9)
Stable	64 (22)	64 (20)	54 (25)	71 (6)	65 (34)	54 (21)	61 (23)	81 (25)	69 (30)
Easier	7 (3)	4 (1)	13 (6)	0 (0)	12 (6)	5 (2)	5 (2)	7 (2)	6 (3)
Fluctuates	9 (3)	2 (1)	20 (9)	7 (1)	6 (3)	13 (5)	13 (5)	3 (1)	4 (2)

Source: IDRS IDU interviews

Table 32: Cannabis purchasing patterns, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Purchased from#									
HYDRO									
% Had not bought	28	22	15	40	31	38	23	27	23
Of those who had bought (n)	(n=660)	(n=118)	(n=85)	(n=90)	(n=69)	(n=62)	(n=77)	(n=73)	(n=86)
(% of the entire sample)									
% Street dealer	15 (11)	23 (18)	18 (15)	14 (9)	3 (2)	10 (6)	9 (7)	18 (13)	19 (14)
% Friend	54 (39)	51 (40)	54 (46)	61 (37)	51 (35)	61 (38)	51 (39)	45 (33)	59 (46)
% Gift from friend	7 (5)	3 (3)	4 (3)	8 (5)	1 (1)	7 (4)	5 (4)	11 (8)	16 (13)
% Known dealer	36 (26)	33 (26)	37 (31)	46 (27)	46 (32)	36 (22)	25 (19)	32 (23)	37 (29)
% Workmate	1 (1)	0 (0)	0 (0)	2 (1)	1 (1)	0 (0)	1 (1)	0 (0)	6 (5)
% Acquaintance	15 (11)	3 (2)	9 (8)	22 (13)	12 (8)	21 (13)	18 (14)	16 (12)	22 (17)
% Unknown dealer	6 (5)	3 (2)	4 (3)	11 (7)	0 (0)	16 (10)	4 (3)	10 (7)	5 (4)
BUSH									
% Had not bought	65	69	54	91	47	61	32	69	56
Of those who had bought (n)	(n=316)	(n=47)	(n=46)	(n=13)	(n=53)	(n=39)	(n=12)	(n=31)	(n=49)
(% of the entire sample)									
% Street dealer	12 (4)	23 (7)	11 (5)	15 (1)	2 (1)	10 (4)	13 (5)	10 (3)	12 (5)
% Friend	55 (19)	38 (12)	65 (30)	46 (4)	53 (28)	67 (26)	55 (21)	52 (16)	59 (26)
% Gift from friend	7 (2)	2 (1)	2 (1)	15 (1)	0 (0)	10 (4)	8 (3)	13 (4)	12 (5)
% Known dealer	25 (9)	15 (5)	26 (12)	8 (1)	49 (26)	23 (9)	16 (6)	23 (7)	25 (11)
% Workmate	1 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (1)	2 (1)
% Acquaintance	12 (4)	2 (1)	7 (3)	31 (3)	13 (7)	15 (6)	13 (5)	7 (2)	18 (8)
% Unknown dealer	4 (1)	0 (0)	0 (0)	23 (2)	0 (0)	8 (3)	8 (3)	7 (2)	0 (0)
Places of usual purchase#									
HYDRO									
% Had not bought	28	22	16	40	31	38	23	27	23
Of those who had bought (n)	(n=659)	(n=118)	(n=84)	(n=90)	(n=69)	(n=62)	(n=77)	(n=73)	(n=86)
(% of the entire sample)									
% Home delivery	19 (14)	15 (12)	12 (10)	28 (17)	15 (10)	24 (15)	17 (13)	16 (12)	24 (19)
% Dealer's home	28 (20)	21 (16)	31 (26)	30 (18)	39 (27)	24 (15)	21 (16)	29 (21)	31 (24)
% Friend's home	42 (30)	34 (26)	45 (38)	42 (25)	38 (26)	50 (31)	49 (38)	38 (28)	41 (31)
% Acquaintance's house	10 (7)	1 (1)	4 (3)	14 (9)	12 (8)	23 (14)	9 (7)	10 (7)	14 (11)
% Mobile dealer	5 (4)	6 (5)	4 (3)	4 (3)	0 (0)	7 (4)	3 (2)	4 (3)	11 (8)
% Street market	15 (11)	28 (22)	14 (12)	18 (11)	7 (5)	7 (4)	10 (8)	15 (11)	11 (8)
% Agreed public location	21 (15)	15 (12)	26 (22)	29 (17)	20 (14)	18 (11)	22 (17)	11 (8)	26 (20)
% Work	1 (1)	0 (0)	0 (0)	2 (1)	0 (0)	2 (1)	1 (1)	0 (0)	2 (2)
BUSH									
% Had not bought	66	70	54	91	47	61	62	69	56
Of those who had bought (n)	(n=315)	(n=46)	(n=46)	(n=13)	(n=53)	(n=39)	(n=38)	(n=31)	(n=49)
(% of the entire sample)									
% Home delivery	20 (7)	11 (3)	20 (9)	31 (3)	19 (10)	33 (13)	32 (12)	10 (3)	14 (6)
% Dealer's home	22 (8)	7 (2)	26 (12)	15 (1)	40 (21)	15 (6)	18 (7)	23 (7)	22 (10)
% Friend's home	42 (14)	26 (8)	52 (24)	31 (3)	40 (21)	54 (21)	42 (16)	48 (15)	37 (16)
% Acquaintance's house	9 (3)	0 (0)	7 (3)	15 (1)	11 (6)	10 (4)	8 (3)	3 (1)	16 (7)
% Mobile dealer	3 (1)	4 (1)	0 (0)	8 (1)	0 (0)	5 (2)	5 (2)	3 (1)	4 (2)
% Street market	11 (4)	26 (8)	9 (4)	8 (1)	8 (4)	10 (4)	11 (4)	13 (4)	6 (3)
% Agreed public location	19 (7)	7 (2)	24 (11)	31 (3)	25 (13)	15 (6)	13 (5)	10 (3)	31 (13)
% Work	<1 (<1)	2 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (1)

Source: IDRS IDU interviews

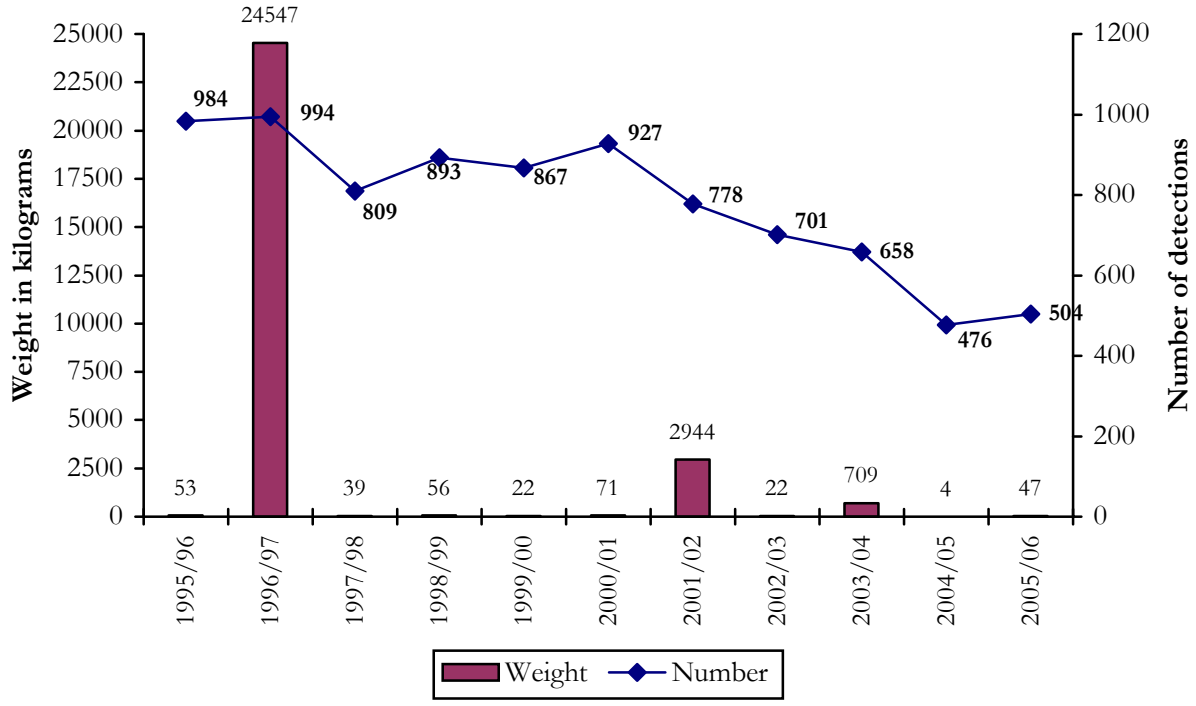
Multiple responses allowed

7.3.1 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is probably locally produced. However, there are also numerous cannabis detections made by the Australian Customs Service each year. Detections at the border are typically small amounts in parcels arriving by mail or found on passengers; the majority of detections on cannabis are for personal use rather than sophisticated smuggling attempts.

In 2005/06, 504 detections of cannabis were made, with a total weight of 47 kilograms. Over the eleven-year period the total yearly weight of detections has been less than 75kg, with the exception of 1996/97, 2001/02 and 2003/04 when 24,547kg, 2,944kg and 709kg were detected, respectively. The majority of the weight in 2001/02 (2,932kg) came from a single large detection from Afghanistan (Figure 45).

Figure 45: Weight and number of detections of cannabis made at the border by the Australian Customs Service, 1995/96-2005/06



Source: Australian Customs Service, 2006

7.4 Use

7.4.1 Cannabis use among IDU

The majority of cannabis smoked among IDU is hydroponically grown 'head' (the flowering tops of *cannabis sativa*); cannabis leaf is available but it is not as sought after. In all jursidictions, hydroponic cannabis was reported by the majority of respondents as the form they had used most in the preceding six months (see Table 9 - Forms of drugs used).

High rates of the use of outdoor crop cannabis (bush) were reported in all jurisdictions, with between 37% (VIC) and 70% (the ACT) of participants reporting the use of outdoor cannabis in the six months preceding the interview (see Table 9 - Forms of drugs used).

Use of hashish and hash oil during the six months preceding interview was less common but nevertheless noted in all jurisdictions. The prevalence of recent hash use was highest in WA (31%) and QLD (30%), with increases from 2005 to 2006 noted in WA (19% to 31%) and QLD (12% to 30%), as well as the ACT (7% to 21%). The proportion of participants reporting recent use of hash oil was also highest in WA (27%) and QLD (23%), representing an increase of more than 10% in prevalence of use from 2005 to 2006.

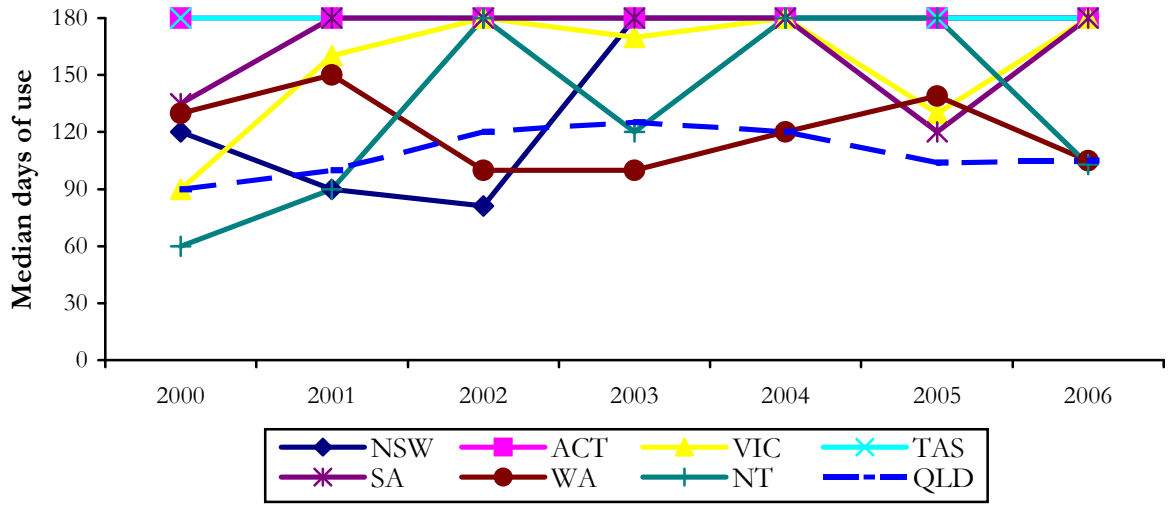
7.4.2 Current patterns of cannabis use

Eighty-three percent of the national sample reported they had used cannabis in the six months prior to interview (see Table 8 – Drug use history). The vast majority of participants in all jurisdictions reported recent cannabis use, ranging from 77% in SA to 90% in the ACT.

The median number of days that IDU reported using cannabis varied across jurisdictions and, in some cases, within jurisdictions, over time (Figure 46). The median frequency of cannabis use was daily in all jurisdictions except WA (105 days), the NT (103 days) and QLD (105 days). Compared to 2005, an increase was observed in the median days of cannabis use in VIC and SA, representing a return to daily use. Daily use was also reported in NSW, the ACT and TAS, while a decrease occurred in the median days of use in WA and the NT compared to 2005. The median days of use remained relatively stable in QLD and lower or equal to other jurisdictions.

Nationally, 40% of participants reported daily use of cannabis (representing 49% of recent cannabis users), ranging between 28% (33% of recent cannabis users) in QLD to 54% in TAS (61% of recent cannabis users). Figures for other jurisdictions were as follows: NSW: 44% (55% of recent cannabis users); the ACT: 49% (54%); VIC: 42% (51%); SA: 39% (51%); WA: 29% (36%); and the NT: 37% (44%).

Figure 46: Median days of cannabis use among IDU who had used cannabis in the past six months, by jurisdiction, 2000-2006



Source: IDRS IDU interviews

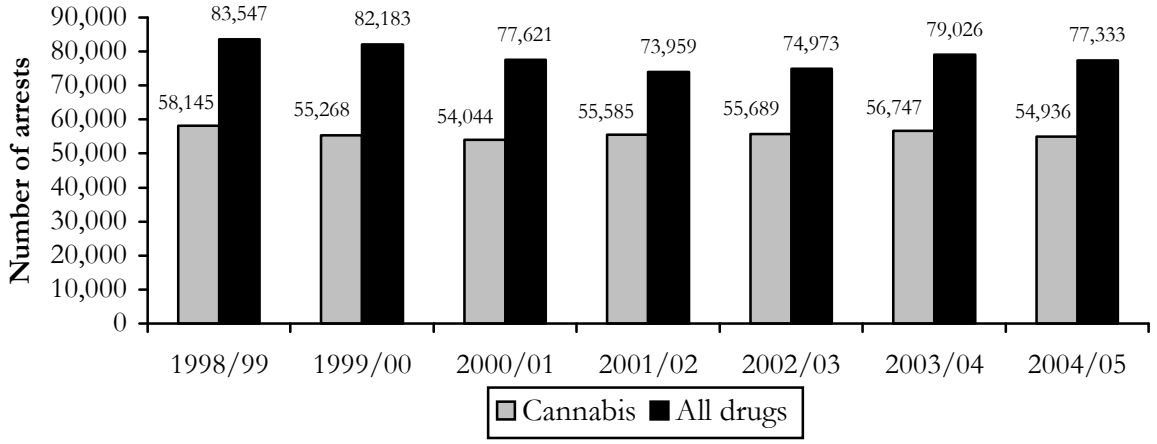
Frequency of cannabis use among a population such as IDU, of whom few nominate cannabis as their drug of choice, may be related to the availability and cost of their drug(s) of choice, as much as the availability and cost of cannabis itself. Extrapolating from the patterns of use of cannabis among IDU to the entire population of cannabis smokers is problematic, and should not be considered a valid basis for policy decisions.

7.5 Cannabis-related harms

7.5.1 Law enforcement

Cannabis arrests make up the majority of consumer and provider arrests (Figure 47). In 2004/05, cannabis consumer and provider arrests accounted for 71% of all drug arrests (Australian Crime Commission, 2006). QLD reported the largest number of cannabis arrests increasing from 22,065 in 2003/04 to 23,355 arrests in 2004/05. The figure decreased in NSW from 11,054 in 2003/04 to 6,583 and in VIC from 7,620 in 2003/04 to 7,221 in 2004/05. Data for 2005/06 were not available at the time of publication of this report.

Figure 47: Number of cannabis and all drug consumer and provider arrests, 1998/99-2004/05



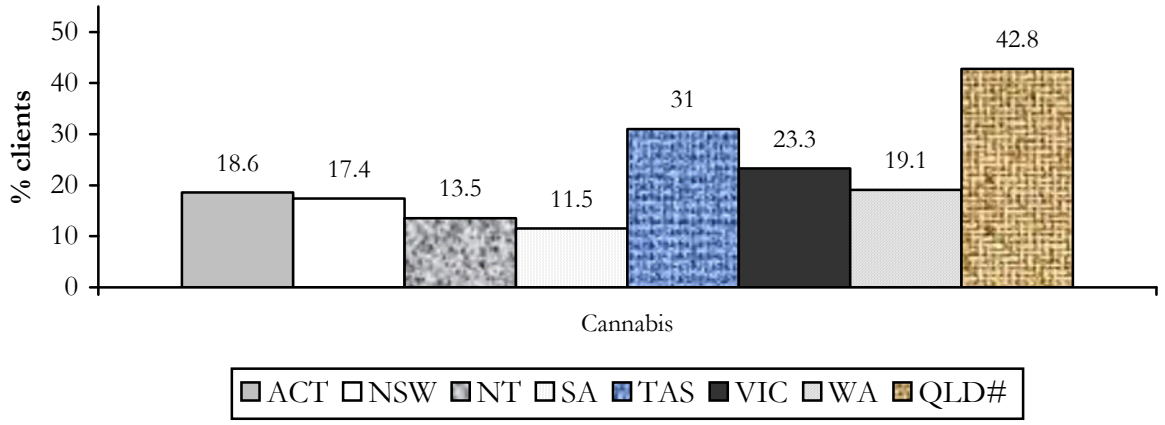
Source: ACC, 2003, 2004 and 2005
Note: Data for 2005/06 were not available at the time of publication

7.5.2 Health

Treatment

Data from the AODTS-NMDS indicate that in 2004/05 (excluding QLD), TAS had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (31%) followed by VIC (23%) (Figure 48) (Australian Institute of Health and Welfare, 2006).

Figure 48: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy) by jurisdiction, 2004/05*

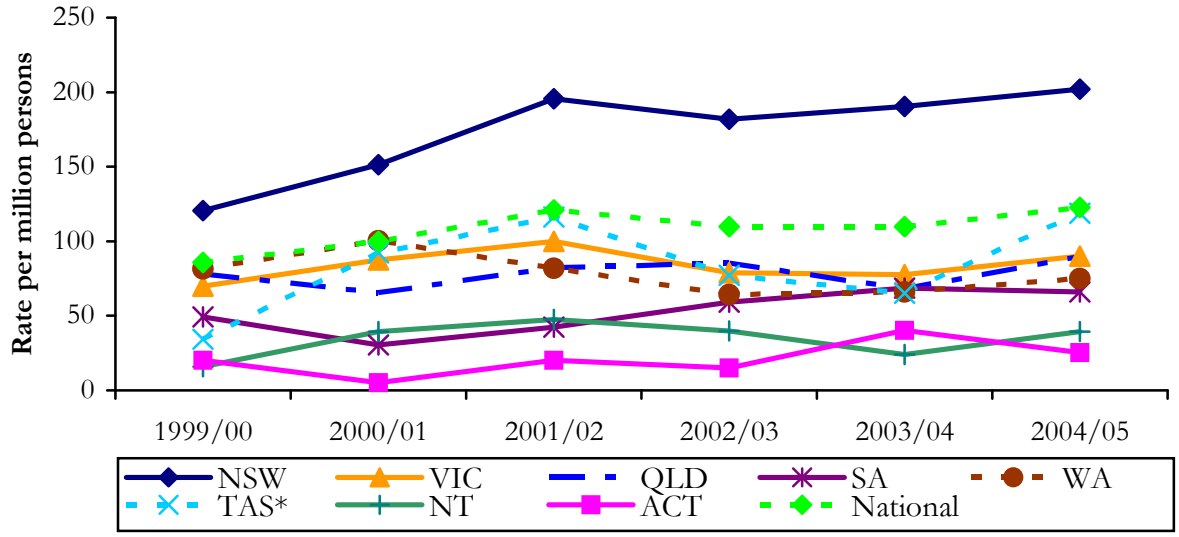


Source: AODTS-NMDS Australian Institute of Health and Welfare
***** Excludes closed treatment episodes for clients seeking treatment for the drug use of others
# In QLD a client undergoing Police Diversion automatically has the principal drug of concern recorded as 'cannabis', the main treatment type as 'information and education only' and reason for cessation as 'ceased at expiation'. It is possible that the principal drug is not actually cannabis and it is expected that future modifications to data collection processes will enable this possibility to be reflected

Hospital admissions

Figure 49 shows the number of inpatient hospital admissions per million persons (among those aged 15-54) with a principal diagnosis related to cannabis. At a national level these figures have steadily increased over the six year period from 85 admissions per million persons in 1999/00 to 122 per million persons in 2004/05. NSW recorded the highest figures across the period, and these have also steadily increased from 120 admissions per million persons in 1999/00 to 202 in 2004/05.

Figure 49: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2004/05



Source: Australian Institute of Health and Welfare (AIHW); ACT, NSW, NT, QLD, SA, NSW, VIC and WA Health Departments

* From 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit

7.6 Jurisdictional trends for cannabis

Below follow summaries of trends for cannabis provided by each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – TAS: (de Graaff and Bruno, 2007); NSW: (Black et al., 2007); VIC: (Jenkinson and Quinn, 2007); WA: (Fetherston and Lenton, 2007); SA: (White et al., 2007); QLD: (Kinner and Lloyd, 2007); NT: (Moon, 2007); ACT: (Campbell and Degenhardt, 2007).

7.6.1 NSW

Little change was observed in the cannabis market in 2006. Prices for grams of cannabis have remained stable at $20, and lower than prices reported between 1996 and 1999. Bush cannabis remained slightly cheaper than hydroponic cannabis for larger amounts, and a greater number of participants reported recent purchase of hydro compared to bush.

Hydroponic remained readily available, with the overwhelming majority (94% of those commenting) reporting that it was 'easy' or 'very easy' to obtain, and 83% reporting that availability was stable. In contrast to hydro, views on bush availability were more mixed, with approximately one-quarter (23%) reporting it to be 'very easy' to obtain, 26% perceiving it to be

'easy' to obtain and approximately one-third (30%) reporting it to be 'difficult' to obtain. Availability was generally reported to have remained stable.

As in 2005, potency of hydroponic cannabis was generally reported to be 'high' and bush was most commonly reported to be 'medium'. Consistent with previous years, the majority (80%) of participants reported cannabis use over the preceding six months, with 44% of the IDU sample reporting daily use.

KE reports suggested that frequency and use patterns had generally remained stable, with either no change or an increase in people seeking treatment, including medication for withdrawal. In agreement with IDU survey data, the predominance of the hydroponic form appeared to extend among other groups of users. There was some indication of a decrease in the availability of hydro produced by some organised groups.

7.6.2 The ACT

The use of cannabis remained widespread and frequent among IDU in the ACT in 2006. Ninety percent of IDU reported that they had used cannabis in the six months preceding interview, which was consistent with the previous year. Median days of use were consistent with the previous year at 180 days (daily usage). Of those who had used cannabis in the preceding six months, the majority (83%) indicated that hydroponic cannabis was the most common form that they had used.

The median price per gram of hydroponic cannabis remained stable at $20, while the median price per gram of bush cannabis (outdoor cultivated) decreased from $20 in 2005 to $15 in 2006. The price per ounce of hydroponic cannabis remained relatively stable at $300 (compared to $290 in 2005), while the median price per ounce of bush cannabis decreased from $250 in 2005 to $190 in 2006.

Among those IDU who commented, hydroponic cannabis was reported to be 'easy' (52%) to 'very easy' (42%) to obtain, whilst the majority of IDU reported that bush cannabis was 'easy' (54%) to obtain, although it must be noted that approximately one-fifth reported bush to be 'very easy' (22%) or 'difficult' (20%) to obtain. The majority reported that the availability of both hydroponic and bush cannabis remained stable in the six months preceding interview (79% and 54% respectively). The majority (73%) of IDU reported that the current purity of hydroponic cannabis was 'high' (compared to 59% in 2005), while the majority of IDU reported that the current purity of bush was 'medium' (57%, compared to 41% in 2005). IDU who were able to comment indicated that the purity of both forms had remained stable over the preceding six months (71% and 52% respectively).

7.6.3 VIC

Almost all of the 2006 Melbourne IDRS participants (97%, n=145) reported having used cannabis in their lifetime. In terms of prevalence of use during the previous six months, cannabis was the most widely used illicit drug by IDU respondents (83% in 2006, 86% in 2005, 80% in 2004, 88% in 2003), and the most frequently used illicit drug in terms of number of days (median 180 days, i.e. daily use).

Participants had used a variety of different forms of cannabis during the six months prior to interview, including: hydroponically grown cannabis (81%), bush/naturally grown cannabis (37%), hash (9%) and hash oil (7%). As in previous years, the type most commonly used was hydroponic cannabis (95%). In 2006, median prices reported for hydroponic cannabis (on the most recent occasion of purchase) were: a gram $20; three grams $50; a quarter ounce $70; a half

ounce $140; and an ounce $200. Prices reported for these quantities remained relatively stable in 2006, although the median price of an ounce decreased slightly.

Hydroponic cannabis reportedly remained readily available, with 96% of the respondents who commented (n=93) reporting availability as 'easy' or 'very easy', and 85% that availability had been stable. Smaller numbers were able to comment on the availability of bush cannabis (n=14), but similar trends were seen. Cannabis was commonly accessed through social networks, with 61% (hydro) and 46% (bush) reporting that they usually sourced cannabis through a friend. The potency of hydroponic cannabis was described as 'high' (60%) to 'medium' (34%), while the potency of bush cannabis was generally rated at 'medium' (43%).

Eleven KE reported that cannabis was the primary drug of choice amongst the drug users with whom they had the most contact. In addition, in 2006 many KE (n=22) reported that cannabis was commonly used as a secondary drug in combination with heroin and/or methamphetamine.

7.6.4 TAS

Consumers reported purchasing a median of 1.7 grams of outdoor-cultivated cannabis (bush) or a median amount of 1 gram of indoor-cultivated cannabis (hydroponic) in a traditional $25 'deal' of the drug. When accessing outdoor-cultivated cannabis, consumers typically purchased in quarter-ounce (median $60) or ounce (median $170) amounts. While the price of a quarter-ounce purchase had remained stable between 2005 and 2006, the median price for an ounce of outdoor-cultivated cannabis decreased from $200 in 2005 to $170 in 2006. The majority of consumers reported no change in price, whilst a minority reported prices decreasing in the preceding six months.

Prices for indoor-cultivated cannabis (hydroponic) were higher, at a median of $90 per quarter-ounce and $250 per ounce, with the most common purchase prices reflecting a $50 decrease in the cost for one ounce purchases of indoor-cultivated cannabis and stable prices for quarter-ounce purchases, in comparison with 2005. Consumer reports reflect general stability in prices paid for the most commonly purchased amount: quarter ounces.

Consumers overwhelmingly reported that both indoor- and outdoor-cultivated cannabis was 'easy' or 'very easy' to obtain recently, with this situation remaining stable for both forms. However, there were indications of somewhat increased availability (a greater proportion of consumers reporting both forms as 'very easy' to access) in comparison to the trends identified in the 2005 IDRS survey.

Similar to previous years, consumers described the subjective potency of outdoor-cultivated cannabis (bush) as 'medium', with this level generally considered stable to fluctuating in the preceding six months. Indoor-cultivated cannabis (hydroponic) was regarded as 'high' to 'medium' in subjective potency by consumers, with this level regarded as stable or fluctuating to increased potency in recent months. Those IDU who used cannabis generally reported using both indoor- and outdoor-cultivated cannabis in the preceding six months, although indoor-cultivated cannabis was the form most commonly smoked. While cannabis remains the most commonly used illicit drug, both in the IDU sample and in the state, there are indications of decreasing levels of use, both from the National Drug Strategy Household Survey (suggesting that use of cannabis in the previous year in local samples has declined from 15.8% in 1998, and 11.9% in 2001 to 10.9% of those aged 14 and over), and from a slowly decreasing rate of use in Hobart IDRS IDU samples, particularly in regard to the proportion of daily cannabis smokers.

7.6.5 SA

There had been little change in cannabis market indicators or parameters of use since 2005.

In 2006, the median price paid at *last purchase* for hydro cannabis remained stable, whereas the median price paid at *last purchase* for bush cannabis decreased. The majority of IDU reported that the price of cannabis had remained stable in the past six months. Among the IDU able to comment, the majority perceived both hydro and bush cannabis as 'very easy' or 'easy' to obtain, and around three-quarters reported that availability had been stable in the previous six months. The majority reported scoring the cannabis they had used last from a friend and that the source had been a small-time 'backyard' user/grower. Eighty-four percent or more also perceived the potency of either hydro or bush as 'high' or 'medium', and over half reported that the potency had been stable recently.

The number of cannabis possession offences recorded by SA Police in 2006 increased slightly but the number of provision offences for cannabis remained stable compared to previous years.

Cannabis, though generally not the drug of choice among the IDU sample, was used commonly, with all but two IDU reporting use of cannabis in their lifetime. The proportion of IDU who had recently used cannabis has been stable across all the years the IDRS has been conducted, although in 2006 the lowest proportion of IDU reported recent use since the IDRS has been conducted. However, frequency of use of cannabis increased in 2006, following a decrease in 2005, after four years of stability (at a median 180 days). Almost all cannabis users reported they had used hydroponically grown cannabis in the last six months, with a large majority reporting they mostly used hydro. In 2006, KE generally reported no change in any parameter of the cannabis market or use of cannabis among IDU, when compared to 2005.

The number of calls to ADIS concerning cannabis remained stable, as did the total number of clients to DASSA treatment services; however, the number of clients attending inpatient detox services of DASSA continues to increase gradually. Cannabis-related hospital admissions in SA remained stable in 2006 compared to 2005.

7.6.6 WA

Prices paid for an ounce of cannabis were not found to have significantly shifted from prices reported the previous year. An ounce of hydroponic cannabis carried a mean price of $276 compared with the 2005 mean of $287 and an ounce of bush cost $205 compared with the 2005 mean of $224.

There was no significant change in the availability of hydroponic cannabis with 82% of those responding indicating it was 'easy' or 'very easy' to obtain compared with 85% stating this in 2005. Bush was reported as being 'easy' or 'very easy' to obtain by 68% of those responding up from 67% in 2005.

Strength of hydro was reported as 'high' by 66% of those responding thereby representing little change from the 69% who provided this response in 2005. The strength of bush was reported as 'high' by 18% of those who responded in 2006 compared to 16% the previous year.

There was little change in the numbers reporting the use of cannabis in the six months prior to the survey with 80% reporting recent use in 2006 compared with 76% in 2005. Median days of use were 105 compared with 139 the previous year.

7.6.7 The NT

The prices of both hydroponic and bush cannabis have remained stable at $30/$25 per gram and $300/$200 per ounce. Both IDU and KE report that cannabis is 'easy' or 'very easy' to obtain.

Cannabis remains the illicit drug used by the greatest proportion of IDU, 84% reporting recent use this year, with daily use being the most common use pattern. The rate of cannabis related hospital in-patient admissions shows a fluctuating increase over time, with some indication from KE that cannabis-related health and social problems have increased. KE also reported an increase in the use of 'bucket bongs' - specifically, that while the use of 'bucket bongs' has been common in remote Indigenous communities for some time, their use is growing among urban Indigenous and non-Indigenous users.

7.6.8 QLD

The cannabis market in QLD continues to be distinguished by its relative stability over time, with cannabis used by the vast majority of IDU. The proportion of IDU reporting recent cannabis use fell from 84% in 2000 to 75% in 2004, but in 2006 increased to 85%. Among those who reported recent cannabis use, the median frequency of use continues to be below the national average at about four days a week on average, although 28% reported daily use in the last six months. Among those reporting recent cannabis use, 87% reported mainly using hydroponic cannabis, although the majority (68%) reported also using bush occasionally.

The price of all forms of cannabis was reported as stable, with the median price higher for hydroponic cannabis ($290/ounce) than for bush cannabis ($250/ounce). Hydroponic cannabis was reported to be 'easy' (44%) or 'very easy' (42%) to obtain and the majority (72%) reported the availability as stable in the last six months. By contrast, in 2006 22% of IDU able to comment reported the availability of bush as 'very easy', and 51% reported availability as 'easy'.

Cannabis was typically sourced from a friend or a known dealer, and obtained either in a friend's home, a dealer's home or an agreed public location. IDU distinguished between hydro and bush in terms of production source: in 2006 43% of IDU were unsure of the production source of their hydro cannabis, while 30% believed that it had been produced by a large-scale cultivator, and 25% believed that it had been produced by a small-scale producer. By contrast, 27% were unsure of the source of their bush cannabis while 44% believed that it had been produced by a small-scale producer, and 25% believed that it had been produced by a large-scale cultivator. Consistent with KE reports, and with previous years, in 2006 the majority of IDU who could comment described the potency of hydro as 'high' (58%), and the majority described the potency of bush as 'medium' (57%). The majority of IDU reported that the potency of both forms of cannabis was stable.

KE continued to report significant mental health problems among regular cannabis users, particularly younger users, with many attributing this increase to heavier (i.e. more frequent) use, more so than to the availability of more potent cannabis.

7.7 Summary of cannabis trends

- Hydroponic cannabis was cheapest in SA and VIC per ounce and bush cannabis in SA and TAS. Prices for both forms were generally reported to have remained stable in the six months preceding interview.
- Hydroponic cannabis was generally more expensive than bush or outdoor cannabis.
- Hydroponic and bush cannabis was generally considered to be 'very easy' or 'easy' to obtain by the majority of participants (particularly the hydroponic form) and the availability was perceived to have remained stable over the preceding six months.
- As in 2005, participants in all jurisdictions generally perceived the potency of hydroponic cannabis to be 'high' and bush cannabis to be 'medium'. The potency for both forms was generally reported to have remained stable over the last six months with the exception of mixed reports of hydro potency in TAS.
- The majority of IDU reported recent cannabis use. The frequency of cannabis use was high with daily use commonly reported.
- Hydroponic cannabis continued to dominate the market although the use of bush cannabis was also common. Use of hashish and hash oil remained less common, although increases were observed in the ACT (hashish) and QLD and WA (hashish and hash oil).
- In 2004/05, closed treatment episodes where cannabis was the principal drug of concern remained relatively stable, an increase, however, was observed at a national level in cannabis-related inpatient hospital admissions compared to 2003/04.

8.0 OTHER OPIOIDS

8.1 Use of illicit methadone

Methadone is prescribed for the treatment of opioid dependence. Methadone is usually prescribed as a syrup preparation and is often dosed under supervised conditions. Take away doses are available for some patients depending on various state regulations. Physeptone tablets are less commonly prescribed in Australia, usually for people in methadone treatment who are travelling, or in a minority of cases, where the methadone syrup is not tolerated. As mentioned previously, illicit use of methadone and Physeptone was defined as the use of medication not obtained with a prescription in the participant's name. The participant may have bought the medication on the street or obtained it from a friend or acquaintance.

Twenty-three percent (24% in 2005) of the national sample reported the use of illicit methadone syrup in the six months preceding interview (see Table 8 – Drug use history). Illicit methadone syrup was the form of methadone most used by 23% of those who reported methadone use (26% in 2005), ranging from 15% in VIC to 34% in the ACT (see Table 9 – Forms of drugs used).

Fifteen percent (12% in 2005) of the national sample reported recent use of illicit Physeptone (see Table 8 – Drug use history). Illicitly obtained Physeptone tablets were reported as the form of methadone most used by 12% of the national sample who used methadone recently (6% in 2005). There were substantial jurisdictional differences among those who reported illicitly obtained Physeptone tablets as the form used most, ranging from no reports in VIC up to 56% in the NT (increasing substantially from 32% in 2005; see Table 9 – Forms used).

Thirty percent of the national sample were able to answer about the price or availability of illicit methadone syrup. Among those who commented on availability (n=260), 38% reported that it was 'easy' to obtain illicit methadone and 20% reported that it was 'very easy'. About one-fifth reported it as 'difficult' (22%), and a small number as 'very difficult' (2%). More than half (59%) reported that availability had remained stable in the six months preceding interview, although 15% reported that it had become more difficult and 20% did not know.

Of those who bought illicit methadone syrup, the majority (91%) reported that the source was a take away dose (compared with 83% in 2005 and 89% in 2004). Four percent reported that it was a daily dose intended to be swallowed. Although only small numbers reported this source, additional harms accompany this practice due to the methadone dose having been in someone's mouth, including the introduction of bacteria and the increased potential for infection.

One hundred and fifty-nine (17% of the national sample) commented on the price of a millilitre (1ml) of methadone. Of those who commented, 47% reported that it cost $1 per ml of syrup, 26% reported $0.50 and 15% $0.75 (range $0.35 to $5 per ml).

Smaller proportions of participants were able to answer items about the price of Physeptone tablets. The five participants (<1% of the national sample) who bought 5mg Physeptone tablets paid between $3 and $15 per tablet. The seventy-one participants (8% of the national sample) who bought 10mg tablets paid $5 to $150 per tablet, with 35% paying $10, 31% $15 and 9% paying $5 per tablet.

8.1.1 Methadone injection

Approximately half (49%) of the national sample reported recent use of licit and illicit methadone (including Physeptone), and, of those who reported recent use, about two-thirds (62%) reported recent injection (compared to 51% in 2005). The proportions of IDU in each jurisdiction who reported having injected methadone in the preceding six months continued to be lowest in VIC (7% in 2006, 3% in 2005, 5% in 2004 and 2% in 2003) and highest in TAS (73% in 2006, 69% in 2005, 81% in 2004 and 81% in 2003) (Figure 50). 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 monitoring began. This is a cause for concern, given that the injection of methadone in either syrup or tablet form is associated with vascular damage and increased risk of overdose (Darke et al., 1996). The misuse of methadone is risky due to its unique pharmacological characteristics. It builds slowly to peak blood levels and has a long half-life, which leads to accumulation in the body that can result in toxic levels if not used and monitored appropriately.

IDU survey data suggests that there was significantly more recent methadone use in TAS (75% vs. 46%; OR=3.6; 95% CI 2.2, 5.7), the ACT (61% vs. 47%; OR=1.7, 95% CI 1.1, 2.6) and NSW (61% vs. 46; OR=1.7, 95% CI 1.2, 2.5) samples than in other jurisdictions. Significantly fewer participants reported recent use of methadone in VIC (37% vs. 51%; OR=0.5, 95% CI 0.38, 0.79), the NT (34% vs. 51%; OR=0.5, 95% CI 0.32, 0.78) and QLD (32% vs. 51%; OR=0.4, 95% CI 0.29, 0.69) than in other jurisdictions.

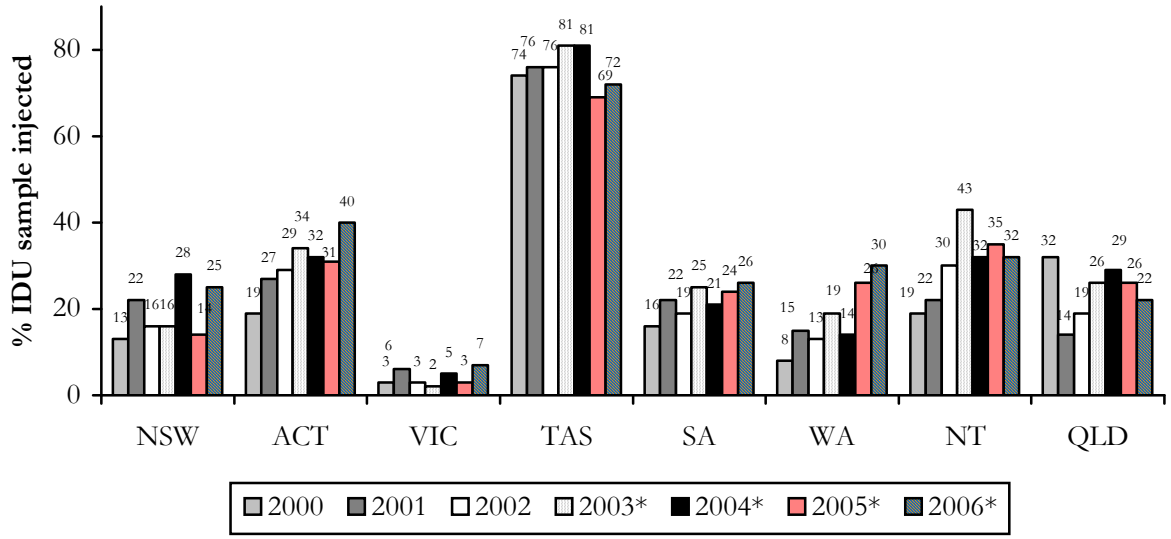
TAS (51% vs. 24%; OR=3.2; 95% CI 2.1, 4.9), the ACT (36% vs. 26%; OR=1.5; 95% CI 1.0, 2.4) and NSW (41% vs. 25%; OR=2.1; 95% CI 1.4, 3.0) had significantly more IDU participants who were currently in methadone treatment compared to the other jurisdictions. VIC (19% vs. 29%), the NT (6% vs. 30%) and QLD (14% vs. 29%) had significantly fewer participants in methadone treatment compared to the other jurisdictions.

Significantly higher proportions of IDU in TAS than in all other jurisdictions had injected methadone (syrup or tablets) in the preceding six months (73% vs. 25%; OR=8.2; 95% CI 5.1, 13.1) and more IDU in TAS nominated methadone as their drug of choice (15% in TAS compared to 4% or less in other jurisdictions). Higher proportions of participants in TAS reported methadone as the drug they had last injected (39% in TAS compared to 11% or less in other jurisdictions), and as the drug they had injected most often in the preceding month (43% in TAS compared to 8% or less in other jurisdictions, see Table 7 - Drug use patterns).

In the NT, the other jurisdiction in which heroin is not widely used, the proportion of IDU who reported the recent injection of methadone gradually increased from 19% in 2000 to 43% in 2003, decreased to 32% in 2004 and has remained fairly stable since (35% in 2005 and 32% in 2006).

In 2006, the ACT reported the highest proportion of IDU who injected methadone in the preceding six months following TAS; increasing from 31% in 2005 to 40% in 2006.

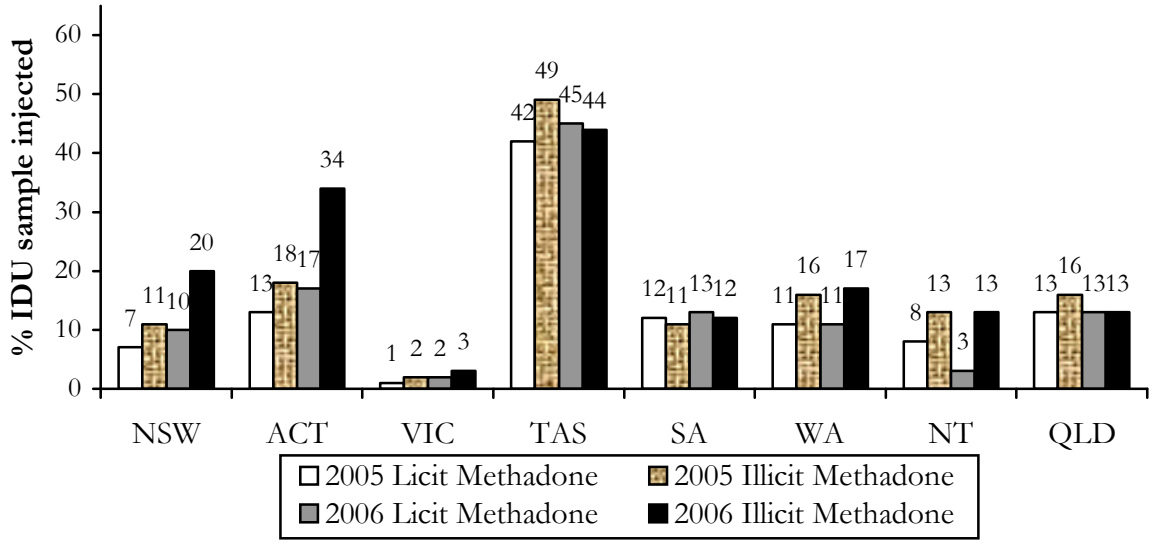
Figure 50: Proportion of IDU who reported injecting methadone in the past six months, by jurisdiction, 2000-2006



Source: IDRS IDU interviews
* From 2003 these figures include licit and illicit methadone and Physeptone

Data were collected on methods of administration and days used for both licit and illicit methadone syrup and licit and illicit Physeptone tablets. In 2006, TAS and SA were the only jurisdictions in which higher proportions of IDU reported the injection of licit methadone syrup, rather than illicitly obtained methadone; however, the difference was only 1% (Figure 51). The proportion of IDU reporting recent injection of licit methadone syrup remained stable or increased slightly in all jurisdictions, except the NT where it dropped by 5%. The recent injection of illicit methadone syrup also remained fairly stable in 2006, with the exception of increases in the ACT (up 16%) and NSW (up 9%).

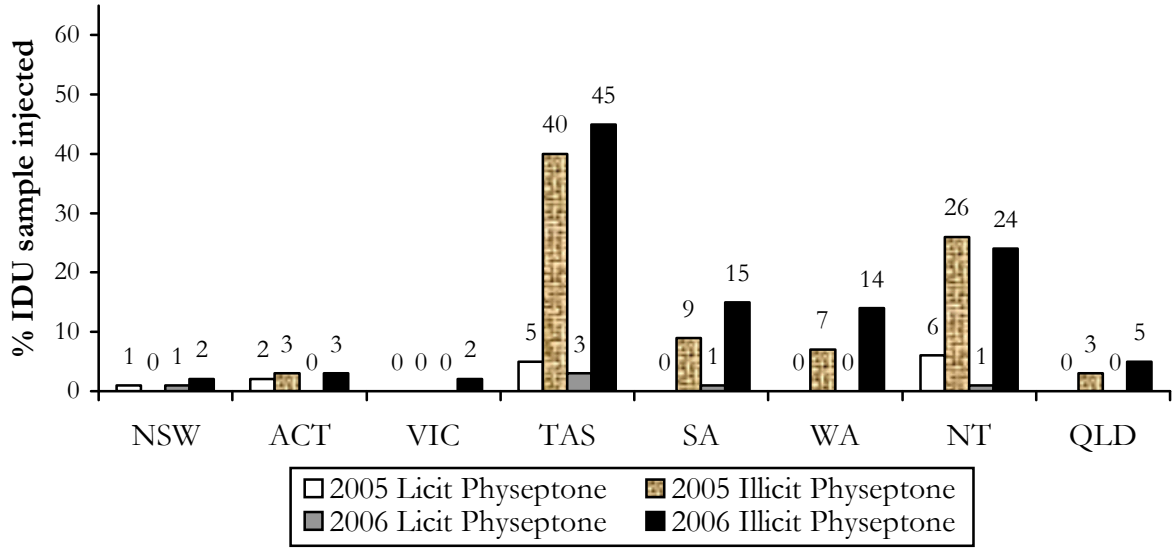
Figure 51: Proportion of IDU who reported injecting licit and illicit methadone syrup in the past six months, by jurisdiction, 2005-2006



Source: IDRS IDU interviews

In 2006, greater proportions in all jurisdictions reported injection of illicit Physeptone (range 2% in NSW and VIC to 45% in TAS) than licit, while 3% or less had injected licitly obtained Physeptone tablets (Figure 52). The proportion of IDU reporting injection of illicit Physeptone remained stable or increased slightly in all jurisdictions, the largest increase being observed in WA (doubling from 7% in 2005 to 14% in 2006).

Figure 52: Proportion of IDU who reported injecting licit and illicit Physeptone tablets, by jurisdiction, 2005-2006



Source: IDRS IDU interviews

Nationally, among those who reported injecting recently, licit methadone was reported to be injected on a median of 38 days (26 days in 2005) and illicit methadone on a median of 6.5 days (9 days in 2005) (Table 33). NSW and SA both reported notable decreases in the median number of days injected licit methadone syrup; from 56 days in 2005 to five days in 2006 in NSW, and from 81 days in 2005 to 36 days in 2006 in SA. WA reported the greatest increase in injecting licit methadone from 24 days in 2005 to 60 days in 2006 (Table 33). The injection of illicit methadone decreased in NSW from 20 days in 2005 to 5.5 days in 2006. The greatest increase in frequency of injecting illicit methadone syrup was reported in TAS; from 12 days in 2005 to 24 days in 2006.

Only seven participants reported injecting licit Physeptone, injecting on a median of 20 days (a decrease from 30 days in 2005), ranging from once to daily injection by two participants. Illicit Physeptone was injected on a median of six days (Table 33), ranging from once to near-daily injection by one participant VIC reported the greatest increase in injecting illicit Physeptone from no days in 2005 to 10 days in 2006 (however, this is based on only three participants who reported injecting).

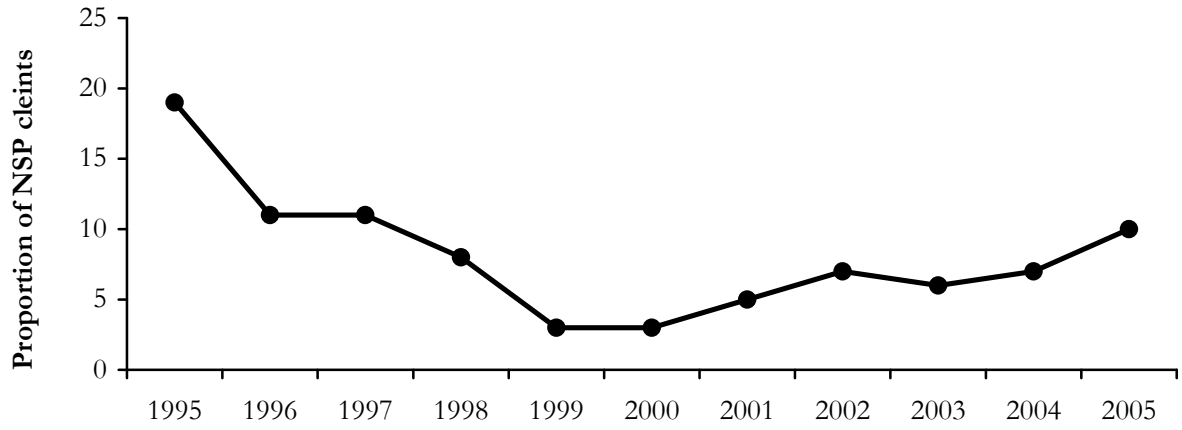
Table 33: Median days injected licit and illicit methadone and Physeptone among those who injected, by jurisdiction, 2006

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Licit methadone	38	5	24	26*	60	36	60	10*	24
Illicit methadone	6.5	5.5	4	1*	24	5.5	10	4	3
Licit Physeptone	20*	10*	-	-	180*	20*	-	150*	-
Illicit Physeptone	6	5*	2*	10*	6	6	5	5.5	2.5*

Source: IDRS IDU interviews
* Small numbers reported injecting (n<10)

Nationally, the proportion of NSP clients in Australia reporting methadone as the last drug injected has gradually increased since 1999, from 3% to 10% in 2005. (Figure 53; National Centre in HIV Epidemiology and Clinical Research, 2006). Consistent with IDRS IDU reports, the NSP Survey results show that TAS recorded the highest proportion (23%) of NSP clients reporting methadone as the last drug injected, followed by the NT (17%).

Figure 53: Methadone as last injection among NSP clients, Australia, 1995-2005

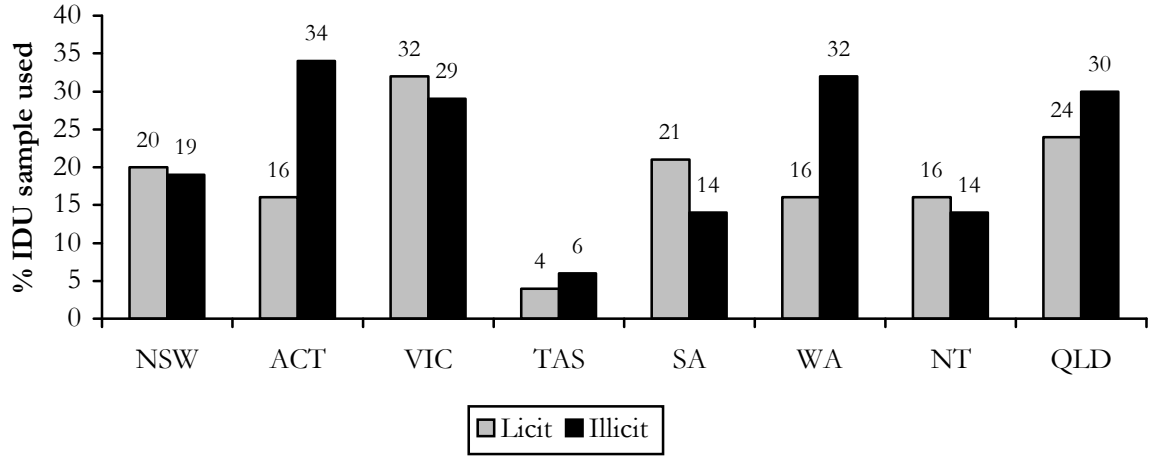


Source: Australian NSP Survey (NCHECR, 2006)

8.2 Use of illicit buprenorphine

Twenty-three percent of the national sample reported use of illicit buprenorphine in the six months preceding interview (see Table 8 – Drug use history). Twenty percent reported use of licit buprenorphine. There were jurisdictional variations in the proportion of IDU who reported recent use of buprenorphine, with the largest use of illicit buprenorphine in the ACT and licit buprenorphine in VIC (Figure 54).

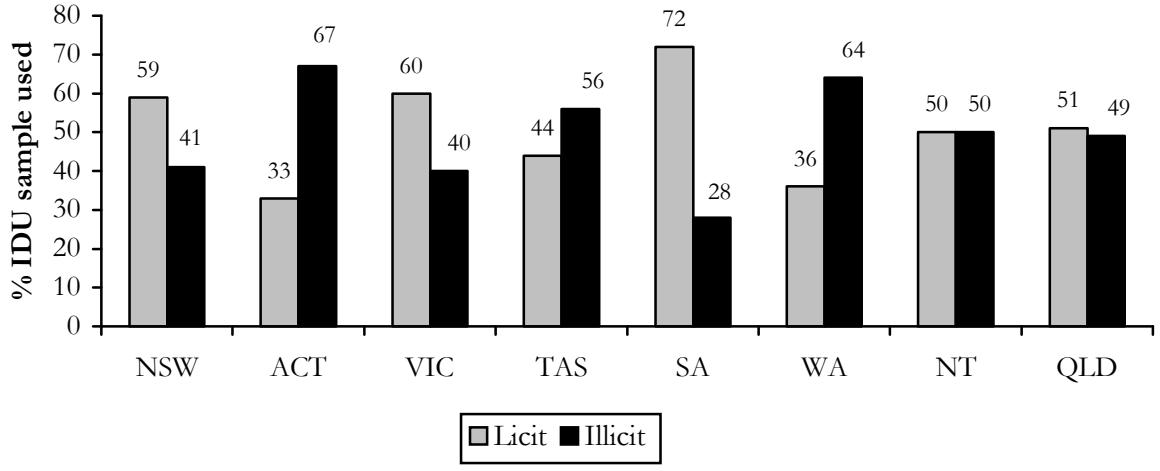
Figure 54: Proportion of IDU who reported recent use of licit and illicit buprenorphine in the past six months, by jurisdiction, 2006



Source: IDRS IDU interviews

Over half (52%) reported licit buprenorphine as the form of buprenorphine they had used most recently, leaving just under half who mostly used illicit buprenorphine. In the ACT, TAS and WA illicit buprenorphine was more commonly used than licitly obtained buprenorphine. The ACT (67%) reported the greatest use of illicit buprenorphine, and SA (72%) the greatest use of licit buprenorphine, as the form used most in the last six months (Figure 55).

Figure 55: Most used form of buprenorphine among those who reported recent buprenorphine use, by jurisdiction, 2006



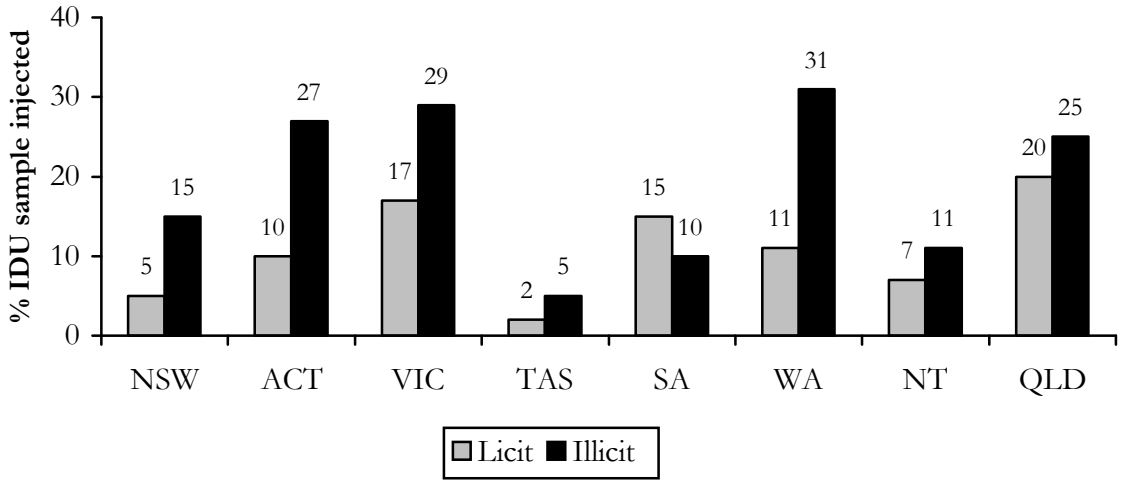
Source: IDRS IDU interviews

8.2.1 Buprenorphine injection

Eleven percent of the national sample reported recent injection of licit buprenorphine and 20% reported injection of illicit buprenorphine (see Table 8 – Drug use history). Again, there were jurisdictional variations in the proportion of IDU reporting injection of licit and illicit buprenorphine, with substantial proportions in QLD and VIC injecting buprenorphine prescribed to themselves (20% and 17% respectively) and others (25% and 29% respectively).

WA reported the highest level of injecting illicit buprenorphine with 31% injecting in the last six months (Figure 56).

Figure 56: Proportion of IDU who reported recent injection of licit and illicit buprenorphine, by jurisdiction, 2006



Source: IDRS IDU interviews

As buprenorphine is designed to be administered sublingually (beneath the tongue), the injection of such a preparation is an issue of concern due to the potential for vascular damage and the increased risk of infection. If IDU divert buprenorphine for injection that has been in their mouth, there is an increased risk of infection due to bacteria from saliva.

Of those in the national sample who reported injecting licit buprenorphine recently (11% of the entire sample), the median number of days on which they had injected was 40, representing a substantial increase from the 25 days reported in 2005. Frequency of injection of licit buprenorphine in the past six months was highest in VIC (74 days) and lowest in NSW and the NT (3 days) (Table 34). One-third (33%) of those who reported injecting licit buprenorphine in the last six months reported injecting every second day to daily, and just over a half (56%) had injected two days per week or less.

Among those who reported injecting illicit buprenorphine recently (20% of the entire sample), the median days injected was 10, ranging from three days in NSW to a high of 24 days in VIC (i.e. weekly) in the last six months. About two-thirds (69%) of those who had injected illicit buprenorphine in the last six months reported injecting weekly or less. Under one-fifth (17%) injected every second day to daily. Therefore, although larger proportions reported injection of illicit buprenorphine, they were injecting less frequently than the smaller numbers who reported injection of licitly obtained buprenorphine (Table 34).

Table 34: Median days injected licit and illicit buprenorphine among those who injected, by jurisdiction, 2006

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Licit buprenorphine	40	3*	6.5	74	46*	60	60	3*	60
Illicit buprenorphine	10	3	6	24	5*	9.5	20	4	7

Source: IDRS IDU interviews
* Small numbers reported injecting (n<10)

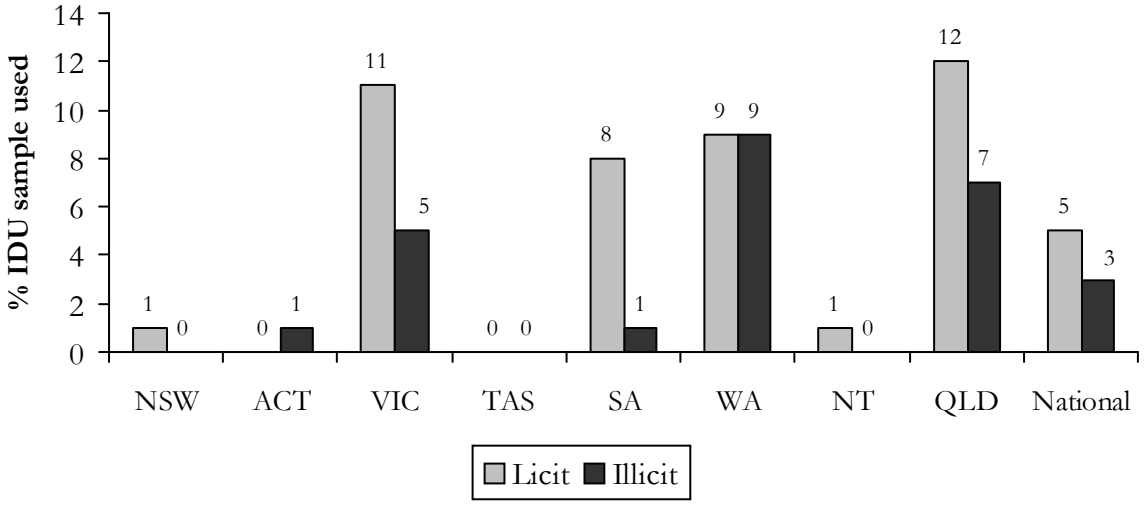
8.3 Use of buprenorphine-naloxone

Following the listing of buprenorphine-naloxone (trade name Suboxone) on the Pharmaceutical Benefits Scheme in April 2006 (i.e. two months prior to participant interviews), the 2006 IDRS included items assessing this drug. As with methadone and buprenorphine, a distinction was made between the use of prescribed and non-prescribed buprenorphine-naloxone.

Buprenorphine-naloxone is prescribed for the treatment of opioid dependence, and is usually prescribed as a tablet preparation designed to be taken sublingually. The drug has been developed to have a lower abuse potential (i.e. injection) than buprenorphine alone due to the inclusion of naloxone, which may cause withdrawal when injected by a heroin dependent person.

Five percent of the national sample reported recent use of licit buprenorphine-naloxone and 3% recent use of illicit buprenorphine-naloxone. QLD (12%), followed by VIC (11%) reported the highest levels of recent licit buprenorphine-naloxone use, compared to the ACT and TAS where there were no reports of licit use. The use of illicit buprenorphine-naloxone was highest in WA (9%), followed by QLD (7%) (Figure 57).

Figure 57: Proportion of IDU who reported recent use of licit and illicit buprenorphine-naloxone, by jurisdiction, 2006



Source: IDRS IDU interviews

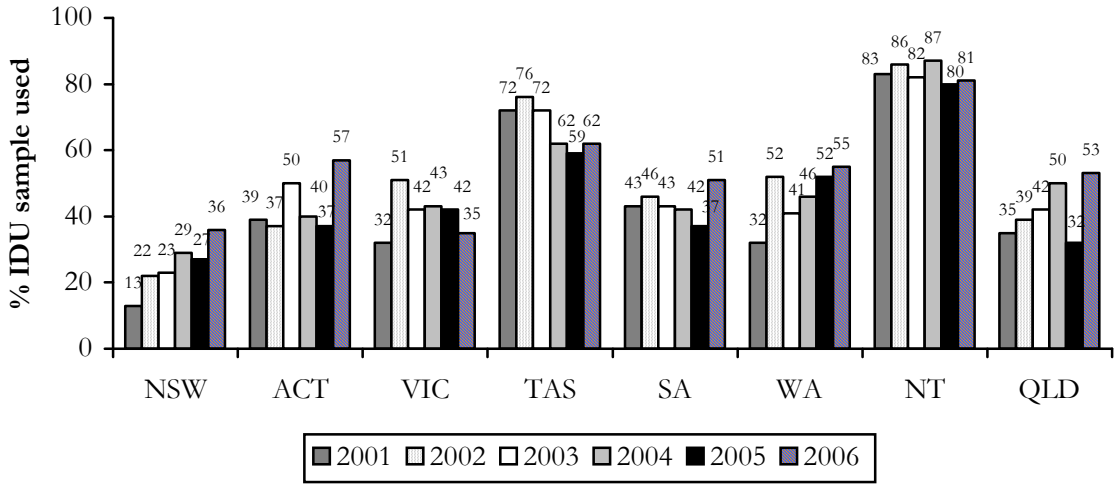
A number of participants reported injecting buprenorphine-naloxone. Of those who used licit buprenorphine-naloxone (n=48), one-third (33%) had injected it in the last six months. Of those who used illicit buprenorphine-naloxone (n=27), 89% had injected. The median frequency of injection among those who had used licit buprenorphine-naloxone was nine days (one participant injected daily) and for illicit buprenorphine-naloxone the median frequency of injection was five days (one participant reported near-daily injecting).

Although not widespread, the diversion and injecting of buprenorphine-naloxone observed in 2006 is somewhat surprising given both its recent introduction and the inclusion of naloxone in this preparation. Clearly, this is an area requiring monitoring. As the drug is designed to be administered sublingually (beneath the tongue), the injection of such a preparation is an issue of concern due to the potential for vascular damage and the increased risk of infection. If IDU divert buprenorphine-naloxone for injection that has been in their mouth there is an increased risk of infection due to bacteria from saliva. Further in-depth research into the use and diversion of maintenance opioid pharmacotherapies is currently underway.

8.4 Use of morphine

Fifty-two percent of the national sample had used morphine (includes both licitly and illicitly obtained morphine) in the last six months, ranging from 35% in VIC to 81% in the NT (Figure 58). Consistent with reports in previous years of the IDRS, the use of morphine was highest in the NT (81%) and TAS (62%), jurisdictions where heroin has traditionally not been freely available and where methadone and morphine have dominated the markets. In 2006, the prevalence of recent morphine use increased to 52% nationally from 44% in 2005, with all jurisdictions reporting increases except VIC where a decrease was noted (from 42% in 2005 to 35% in 2006). The most marked increases in recent morphine use were recorded in QLD and the ACT; both increasing by approximately 20%.

Figure 58: Proportion of IDU who reported recent use of morphine, by jurisdiction, 2001-2006



Source: IDRS IDU interviews

As in previous years of the IDRS, in the NT the largest proportion of IDU reported that heroin was the preferred drug of choice (31%), however, morphine was reported to be the last drug injected by 72% of IDU and the drug most often injected in the last month by 68% (Table 7 - Drug use patterns).

Relative to other jurisdictions, there was a significantly higher proportion reporting recent morphine use in the NT (81% vs. 48%; OR=4.6; 95% CI 2.7, 7.7) and TAS (62% vs. 50%; OR=1.6; 95% CI 1.0, 2.4). NSW (36% vs. 55%) and VIC (35% vs. 55%) reported significantly less recent morphine use than the other jurisdictions. Morphine remains the most commonly injected pharmaceutical with 49% of the national sample reporting injecting morphine recently (compared to 41% in 2005), ranging from 32% in NSW and VIC to 81% in the NT (Table 35). Similar to the pattern for recent morphine use, from 2005 to 2006, the largest increases in recent morphine injection were recorded in QLD and the ACT.

The frequency of morphine use and injecting among the national sample also increased, going from 12 days in 2005 to 20 days in 2006. The frequency of recent morphine use and injection among IDU in the NT was substantially higher than in other jurisdictions; most participants who used morphine in the NT reported daily use/injection (Table 36). In 2006, TAS and SA also recorded notable increases in the frequency of morphine use and injecting, TAS increasing from 12 days to 21 days and from 12 days to 24 days respectively, and SA increasing from 8 days to 20 days and from six days to 20 days respectively.

Table 35: Proportion of IDU who reported recent injection of morphine, by jurisdiction, 2001-2006

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	40	12	33	31	72	34	32	84	31
2002	46	18	34	47	73	44	49	85	32
2003	40	20	49	39	69	42	40	80	40
2004	46	24	40	41	60	40	43	86	45
2005	41	24	30	39	55	34	48	79	28
2006	49	32	51	32	61	49	53	81	52

Source: IDRS IDU interviews

Table 36: Median days used and injected morphine among those who used and injected, by jurisdiction, 2006

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Used	20	7	5	7	21	20	26	180	12
Injected	20	7	5	6	24	20	26	180	12

Source: IDRS IDU interviews

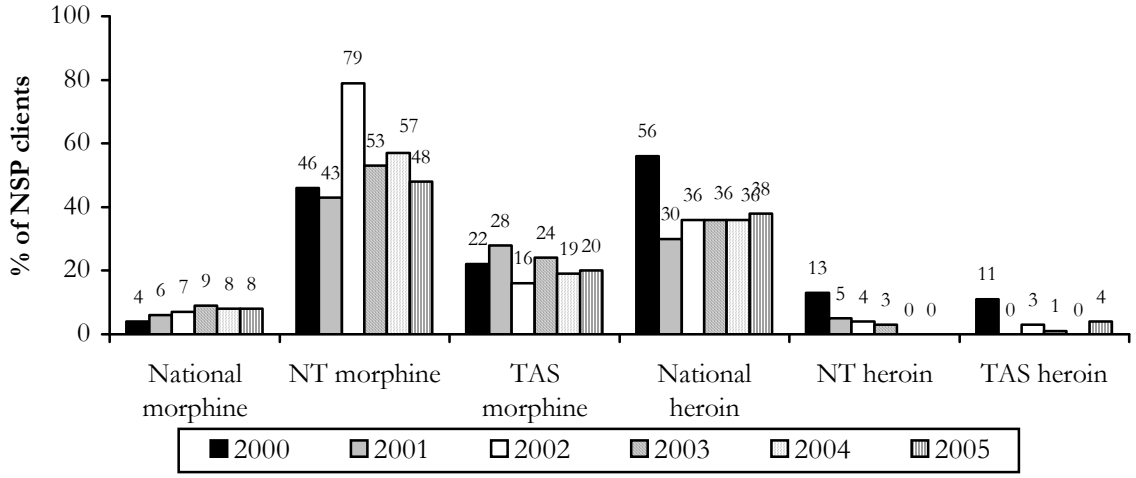
The data presented above combines both licit and illicit morphine, and are, therefore, directly comparable to previous IDRS reports. In 2006, the IDRS made a distinction between licit and illicit morphine, and recent use for each jurisdiction can be found in Table 9 - Forms of drugs

used. As shown in Table 9, the recent use of illicit morphine was generally far more prevalent than the use of licit morphine in all jurisdictions. The NT had the highest level of recent licit use, with 31% using in the past six months, compared to 12% or less in all other jurisdictions.

The majority of participants who reported that they had used morphine stated that they had mainly used illicit morphine, ranging from 70% in the NT to 95% in TAS. Therefore, the majority of the morphine being used by this population appears to have been diverted rather than licitly obtained. Further detailed research into where IDU access or source the morphine they are using would be worthwhile.

A higher prevalence of morphine injection among IDU in the NT and TAS compared to those in other jurisdictions has also been documented by the Annual NSP Survey. The proportion of NSP clients surveyed who report morphine and heroin as the last drug injected in 2000 to 2005 (the most recent NSP Survey results available) are depicted in Figure 59. The figure shows that while at a national level, proportions of clients reporting morphine are relatively low (between 4% and 9%), 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 30% and 56%), and almost non-existent in the NT (between 0% and 13%) and TAS (between 0% and 11%) (National Centre in HIV Epidemiology and Clinical Research, 2006).

Figure 59: Proportion of NSP clients in the NT, TAS and the national sample who reported heroin and morphine as the last drug injected, 2000-2005



Source: Australian NSP survey (NCHECR, 2006)

8.5 Use of oxycodone and other opioids

For the first time in 2005 the IDRS made a distinction between licit and illicit oxycodone (e.g. OxyContin, Endone) and other opioids, due to concerns that illicit use of, and problems associated with, diversion of oxycodone may be increasing. Prior to 2005, oxycodone was included under the category 'other opioids'. Any discrepancies between data from previous years, therefore, may be due to this reason.

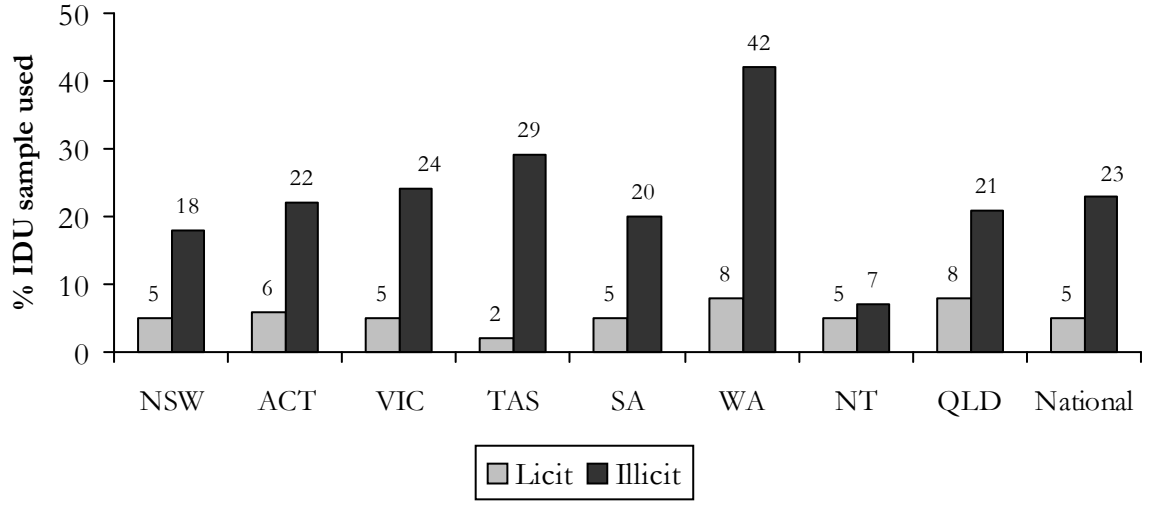
8.5.1 Oxycodone

In 2006, 12% of the national sample had ever used licit oxycodone, with 6% reporting recent licit oxycodone use. Forty percent of the national sample had ever used illicit oxycodone; 23%

reporting such use in the last six months. Similar to 2005, WA (42%) followed by TAS (29%) reported the highest levels of recent illicit oxycodone use (Figure 60). Compared to 2005, recent use of illicit oxycodone in 2006 remained stable in some jurisdictions, increasing less than 5% (NSW, TAS, WA and the NT), and increased slightly in others by 5% to 9% (the ACT, VIC, SA and QLD). The recent use of licit oxycodone was no higher than 8% in all jurisdictions (Figure 60), compared to 7% in 2005.

Of those who reported recent oxycodone use (n=234; 26% of the national sample), the majority (80%) reported illicit oxycodone as the form most used, ranging from 64% in the NT to 93% in TAS (Table 9 - Forms used). The median frequency of use among those that had used illicit oxycodone was five days and for licit oxycodone 23 days. The NT reported the highest number of median days used for licit oxycodone (180 days) and NSW the highest number of use days for illicit oxycodone (12 days).

Figure 60: Proportion of IDU who reported recent use of licit and illicit oxycodone, by jurisdiction, 2006

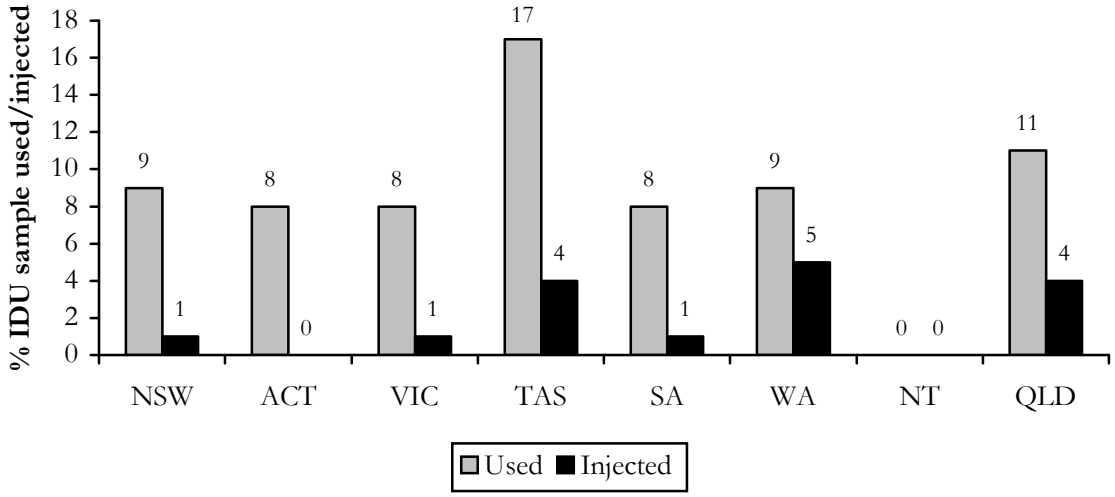


Source: IDRS IDU interviews

8.5.2 Other opioids

From 2001, IDU were asked about 'other opioids' separately from morphine, and from 2005 oxycodone was excluded from this category. Other opioids include codeine preparations, opium and pethidine. Nine percent (14% in 2005) of the national sample reported recent use of other opioids, with 7% reporting that they had swallowed them, and 2% injected them, in the last six months. Similar to 2005, TAS (17%) reported the highest recent use of other opioids. The highest level of injecting was recorded in WA (5%, Figure 61). None of the IDU interviewed in the NT in 2006 reported using other opioids.

Figure 61: Proportion of IDU who reported recent use and injection of other opioids, by jurisdiction, 2006



Source: IDRS IDU interviews

Four percent of the national sample had used other licit opioids and 4% had used other opioids that were obtained illicitly. Overall, of those who used other opioids recently and responded to this item (n=72), just over half (54%) reported they had mostly used licit, and just under half (46%) that they had mostly used illicit. Recent use of other opioids obtained illicitly was highest in TAS (15%) and lowest in the NT (0%). At the jurisdictional level, among those who used, most reported that licit other opioids were the main form used, with the clear exception of TAS where the form most used was illicit (Table 9 - Forms used).

It should be noted that, due to the introduction of questions relating to oxycodone, the figures for 'other opioids' will not be directly comparable to figures prior to 2005. The most commonly used 'other opioids' reported in 2006 were Panadeine Forte (43%), codeine (15%), Tramal (12%) and opium (8%).

8.5.3 Homebake

Homebake is a form of heroin made from pharmaceutical products. It involves the extraction of diamorphine from pharmaceutical opioids such as codeine or morphine. Homebake use remains uncommon among the national IDU sample of the IDRS, although slight increases were observed compared to 2005. In 2006, one-third of the sample reported using homebake at some stage in their lives (one-quarter in 2005), and one-third again reported ever injecting it (24% in 2005, Table 8 – Drug use history). Twelve percent of the national sample reported use in the last six months, compared with 7% in 2005. Twelve percent also reported injection in the preceding six months, again a slight increase from 2005 (7%). Frequency of homebake use doubled in 2006, with participants using the drug on a median of 12 days in the past six month (i.e. approximately fortnightly) compared to six days in 2005.

8.6 Jurisdictional trends for other opioids

Below follow summaries of trends for other opioids provided by each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – TAS: (de Graaff and Bruno, 2007); NSW: (Black et al., 2007); VIC: (Jenkinson and Quinn, 2007); WA: (Fetherston

and Lenton, 2007); SA: (White et al., 2007); QLD: (Kinner and Lloyd, 2007); NT: (Moon, 2007); ACT: (Campbell and Degenhardt, 2007).

8.6.1 NSW

One-quarter of IDU reported using illicit methadone in the six months preceding interview on a median of four days. One-fifth of IDU reported injecting illicit methadone syrup in the preceding six months on a median of 5.5 days (i.e. less than monthly). Twenty-two percent of IDU reported illicit methadone syrup as the form most often used in the preceding six months (rather than licit methadone syrup, illicit or licit Physeptone).

Reports on illicit methadone availability were somewhat mixed, although almost one-third of the sample reported that it was 'easy' or 'very easy' to obtain. There was some indication of a price increase, with the median price per ml increasing from 50c to 75c; however, the modal price remained at 50c per ml.

Use and injection of illicitly obtained Physeptone tablets remained uncommon, with 2% each reporting use and injection in the six months preceding interview.

Nineteen percent of IDU (8% in 2005) reported the use of illicit buprenorphine in the preceding six months on a median of three days (two in 2005). Fifteen percent of IDU reported injecting illicit buprenorphine on a median of three days, an increase in prevalence (but not frequency) as compared to 2005 (5%).

There were no reports of illicit buprenorphine-naloxone (Suboxone) use or injection.

Approximately one-third (31%) reported use of illicit morphine on a median of 8 days, i.e. just over once per month, in the past six months, with 29% having injected morphine on a median of seven days in this time. Use of licitly obtained morphine was noticeably less prevalent (7% had used in the last six months; 5% had injected it in this time). Frequency of use was also low, with use on a median of five days and injection on a median of four and a half days in the preceding six months. Three percent of participants reported daily morphine use in the preceding six months and MS Contin (100mg; median price $25) remained the most common type of morphine used. The prevalence of morphine use and injection (including licitly and illicitly obtained morphine) in the Sydney IDU sample has gradually increased from 2001, whereas frequency of use has remained stable with participants reporting use approximately once per month or less. However, there were geographical differences, with an increase in use observed in central areas of Sydney such as Kings Cross.

Eighteen percent of participants reported illicit oxycodone use in the preceding six months, on a median of seven days. One participant reported daily illicit oxycodone use, while the majority of users (81%) reported using weekly or less often. Injection in the last six months was reported by 16% of the sample on a median of seven days (approximately once per month). Overall, these figures suggest that illicit oxycodone use has increased slightly, although patterns of use were typically sporadic. Use of licitly obtained oxycodone was lower, with 5% of the sample reporting recent use and 3% reporting recent injection. The most common purchase amounts were 80mg tablets (OxyContin), bought for a median of $25 each.

Six percent of IDU reported using other opioids not elsewhere specified, such as Panadeine Forte, pethidine and codeine in the preceding six months on a median of 4.5 days. Injection of other opioids also remained relatively infrequent, with 1% of participants reporting injection on a

median of three days in the preceding six months (i.e. approximately bi-monthly use). Panadeine Forte continued to be the main form used.

8.6.2 The ACT

The proportion of IDU who reported use of illicitly obtained methadone increased slightly from 30% in 2005, to 38% in 2006. Median days of use remained relatively low and stable at five days (approximately, just under once a month), compared to two (approximately once every three months) in 2005. There was an increase in the proportion of IDU who reported that they had injected illicit methadone, from 18% in 2005 to 34% in 2006. The current price was reported to be $1 per ml, consistent with previous years.

There was an increase in the proportion of IDU reporting the recent use of illicit buprenorphine, from 23% in 2005, to 34% in 2006. Median days of use of illicit buprenorphine remained low, but increased to six (approximately once a month) from two (approximately once every three months) in 2005. Furthermore, there was an increase in the proportion of IDU reporting the recent injection of illicit buprenorphine from 10% in 2005 to 27% in 2006.

In 2006, there was an increase in the proportion of IDU reporting the recent use of illicit morphine, from 30% in 2005 to 52% in 2006. The use of illicit morphine remained low at a median of five days (approximately, just under once a month) in the preceding six months. The proportion of IDU who reported that they had injected any form (licit or illicit) of morphine increased from 30% in 2005 to 51% in 2006. The most common brands of morphine used were MS Contin and Kapanol.

Twenty-two percent of IDU reported that they had used illicitly obtained oxycodone in the six months preceding interview. Consistent with other opioids, median days of use remained low at two and a half (approximately once every three months). The most common brand used by IDU was OxyContin.

8.6.3 VIC

Reported methadone use and injection remained relatively stable in Melbourne in 2006. Thirty-seven percent (n=55) of the sample reported use of methadone during the six months prior to interview, with few respondents (7%, n=10) reporting injection of methadone during that time. In the six months prior to interview, licit methadone syrup was reported to have been used by 31% of the sample, and illicit methadone syrup by 10%.

Until recently the only buprenorphine preparation available in Australia for the treatment of opioid dependence was Subutex, a sublingual tablet containing only buprenorphine. However, a second sublingual preparation, Suboxone, containing a combination of buprenorphine and naloxone, became available on the Pharmaceutical Benefits Scheme on April 1st 2006. Participants in the 2006 IDRS study were asked about their use of both buprenorphine (Subutex) and buprenorphine-naloxone (Suboxone).

In 2006, most (84%, n=126) of the IDU respondents reported lifetime use of buprenorphine (prescribed or non-prescribed), and 50% (n=75) reported using this drug during the past six months. Of the sample of 150 IDU respondents, 71% reported swallowing buprenorphine ever and 36% had done so during the past six months. Sixty-one percent also reported ever injecting buprenorphine and 38% reported doing so recently (during the last six months). The median number of days of buprenorphine use during the past six months was 80 days (or close to every second day).

Sixteen percent (n=24) of the 2006 IDU sample reported both lifetime and recent use of the combination buprenorphine-naloxone drug, and 7% (n=10) reported recent (past six months) injection. The median number of days of Suboxone use during the past six months was 6.5 days, and injection was 2.5 days. Two-thirds (67%, n=16) of the respondents who reported using Suboxone during the past six months reported that they mostly obtained it licitly (i.e. with a prescription in their own name).

Over two-thirds (69%) of the IDU surveyed reported lifetime use of morphine, and 35% reported using this drug during the past six months. The preferred method of use of morphine amongst the 2006 IDRS sample was injecting, with 32% reporting injecting it during the past six months. Reported prevalence of use and injection of morphine during the past six months remained stable during 2003-2005, but decreased slightly in 2006. Frequency of morphine use during the last six months remained low and stable since 2003, with a median of seven days or around 'once a month' reported. The types of morphine most commonly used by IDU respondents who reported recent use were MS Contin and Kapanol.

Almost half (49%) of the IDU surveyed reported lifetime use of oxycodone, and 27% (n=40) reported using this drug during the past six months (compared to 17% in 2005). Frequency of oxycodone use during the past six months was low, with a median of 5.5 days (out of 180) reported. The main brand of oxycodone reportedly used by IDU respondents was OxyContin.

Eight percent of the IDU interviewed (n=12) reported the use of other opioids during the previous six months (12% in 2005, 27% in 2004), and the majority (n=8) reported obtaining these licitly. The main type of other opioid used by these respondents was Panadeine forte (n=6), and as reported in previous years, the overall frequency of use during the last six months was low, with a median of six days reported (or 'once a month').

8.6.4 TAS

Morphine was reported to cost a median of $80 per 100mg, or $50 per 60mg, an increase of $10 for 100mg tablets from prices reported in 2005, but consistent for 60mg quantities, and considered by respondents as being stable to increasing in recent months. Morphine was considered 'easy' to 'very easy' to obtain by consumers, and reported as remaining stable or increasing in availability in recent months. Two-thirds of the sample (62%) had used morphine in recent months, with all but one injecting the drug in this time. MS Contin remains the predominant preparation used by this group, used by 42% of the sample as a whole, and was the form used predominantly by more than two-thirds (69%) of those reporting recent morphine use, with Kapanol the next most commonly used preparation (used by one-third of the sample), followed by Ordine (liquid morphine: 23%). Recent IDRS studies have shown a decreasing median frequency of use and proportion of consumers reporting recent morphine use; however, in 2006, this trend has been reversed, with 62% of participants reporting recent use (59% in 2005) and a median frequency of use of 21 days (11 days in 2005) in the preceding six months. Similar trends are also apparent in data from the state's Needle Availability Program. However, the measures of morphine use in the 2006 IDRS IDU cohort remain markedly lower than those from earlier local IDRS studies (for example, in 2000: 77% had recently used the drug, with a median frequency of 52 days).

Diverted methadone syrup was reported to cost a median of approximately $1.00 per milligram in 2006, a price higher than that reported by 2005 participants ($0.80 per mg), but the same price reported during 2001 through 2004. The majority of participants who commented reported prices to be stable in recent months. Most commonly, participants reported that methadone

syrup was 'easily' accessed, with over half reporting stable availability of the drug in the preceding six months (although a minority reported decreased availability).

Methadone syrup is most frequently purchased from friends or acquaintances, and this is generally carried out in an agreed upon public location. Predominantly, those participants reporting purchasing diverted methadone syrup were themselves receiving methadone maintenance treatment. All consumers who commented on their source of illicit methadone reported this to be diverted take away doses. There have been increasing reports of consumers injecting combinations of alprazolam and methadone syrup in the past four IDRS studies, a practice that carries an increased risk of overdose, injection-related harms, and adverse social or legal consequences because of the particular disinhibitive effects of this combination, which both consumers and KE noted as concerns in regard to this trend.

Diverted Physeptone tablets of methadone were regarded as costing a mode of $10 per 10mg (as has been reported in the past six years of the IDRS), with prices regarded by consumers as stable or increasing in recent months. Physeptone was regarded as 'difficult' to access, with this level of availability remaining stable or declining somewhat in the preceding six months. The proportion of the consumer sample reporting recent Physeptone use rose slightly in 2006 to 49%, after a decline in the three preceding years (64% in 2003, to 52% in 2004 and 41% in 2005).

Oxycodone use among local IDU samples appears to have increased in recent years, with one-third of the current cohort reporting use of the drug, predominantly OxyContin tablets, in the preceding six months. Despite their higher relative potency than morphine tablets, these drugs are sold locally at lower comparative prices ($0.63 per milligram for 40mg and 80mg oxycodone tablets). According to consumer reports, median prices for both 40mg and 80mg tablets have increased since 2005 (from $20 in 2005 to $25 in 2006 for 40mg tablets; and from $40 in 2005 to $50 in 2006 for 80mg tablets). Consumers reported that prices were stable to increasing over the preceding six months. Availability reports were mixed, with two-fifths of those who commented reporting 'easy' access, and one-third reporting access as 'difficult', a situation regarded as stable by most participants. While the drug remains somewhat difficult to access illicitly, the rapidly increasing rate of prescription of oxycodone, and its perceived similarity amongst consumers to morphine render it likely that oxycodone use may expand within the local IDU market. Given the high relative potency of oxycodone and its possible synergistic effects with other opiates, this is an issue that merits continued careful monitoring.

It is important to note also that the opioids used by this group are not coming from direct doctor-shopping by IDU, as the vast majority report obtaining them 'illicitly', i.e. not on a prescription in their name.

8.6.5 SA

As in recent years, in 2006 the use of other opioid substances by IDU was common, with 87% reporting recent use of some type of opioid substance, excluding heroin. There were some changes, however, in the use of other opioids by IDU in the 2006 sample. Specifically, the proportion of IDU reporting recent use of morphine increased compared to 2005, and there was an increase in the frequency of use of morphine. The price and availability of morphine was relatively unchanged compared to 2005, with a slight increase reported in the price of 100mg MS Contin As in previous years, the majority of morphine users reported use by injecting and they mainly used illicit supplies of Kapanol and MS Contin.

In addition, in 2006 there was an increase in the proportion of IDU who reported recent use of illicit methadone syrup, while the proportion reporting use of illicit buprenorphine remained

stable. However, frequency of illicit use of both pharmacotherapy medications remained stable and low in 2006. The percentage of IDU reporting injecting of either licit or illicit methadone or buprenorphine remained stable compared to 2005, at approximately one fifth of recent users of these substances. There was a slight increase in the proportion of IDU reporting *mainly* using an illicit supply of buprenorphine (28%), and a small decrease in the proportion of IDU reporting *mainly* using an illicit supply of methadone (18%). It is worth noting however, that the majority still report *mainly* licit use of these substances.

8.6.6 WA

Numbers reporting the recent use or injection of other opiates were often seen to have risen. Homebake heroin was used by 54% of IDU in the 2006 sample up from 34% in 2005 thus displacing morphine as the most used of these other opiates. Recent illicit morphine use was reported by 51% compared with 49% the previous year, illicit oxycodone by 42% compared with 39% in 2005 and illicit Physeptone by 18%, up from eight percent in the previous year. No increase was observed with regards to recent use of illicit methadone (21% compared with 24%), miscellaneous opiates (14% to nine percent) and illicit buprenorphine (Subutex) down from 34% to 32%, this last 'shift', however, is likely the result of a move away from buprenorphine in favour of the newly available buprenorphine-naloxone (Suboxone) whose illicit use was reported by nine percent. Viewed as an umbrella group of 'non-heroin opioids', illicit use of these substances made them the most commonly injected drug class in the month before interview in 2006, overtaking both heroin and methamphetamine in this regard.

8.6.7 The NT

The price of morphine is stable at $60 for 100mg of MS Contin. However, while morphine continues to be the main injected drug in the NT (by 71% of this year's IDU sample) there are indications of change in this market. This year, less IDU rated morphine as 'easy' or 'very easy' to obtain and more rated it as 'difficult' or 'very difficult'. More IDU also reported that morphine had become more difficult to obtain over the six months prior to their interview. KE reports of availability were mixed, but at least some reported that morphine was more difficult to obtain than was the case previously. At the same time, the proportion of IDU using morphine daily has increased this year compared to 2005, as has the median days of use. KE reports of regular use patterns – injection two or more times a day of 200mg-300mg – are similar to previous years. This suggests that decreased availability has had little impact on individual use patterns. There has, however, been an increase in the number of completed episodes in AOD Treatment Services where morphine is a drug of concern.

Only a small number of IDU had used or were able to comment on oxycodone. Overall, use was stable among IDU, although there appears to be an increase in the use of licit oxycodone. Illicit oxycodone was recently purchased for a median of $60 for 80mg and was rated as easy to obtain.

The price of illicit methadone reported by the IDU sample is stable at $1 per millilitre of methadone syrup and $15 for 10mg of Physeptone. The proportion of IDU rating illicit methadone as 'easy' to obtain increased this year but so did the proportion rating it as 'difficult' to obtain, although IDU reported that illicit methadone availability had been either stable or more difficult. It is notable, however, that only a very small number of IDU were able to comment on methadone availability this year (n=6 compared to n=41 in 2005). Recent use of methadone among IDU declined from 50% to 34%, with this decline seen in all forms of methadone, although the largest proportional decline is seen in the recent use of licit methadone syrup. Illicit Physeptone continues to be the main form of methadone used, with weekly or less being the most common frequency.

Recent use of illicit buprenorphine declined among the IDU this year while licit use increased. No IDU reported the use of illicit buprenorphine-naloxone (Suboxone) or any other opioid.

8.6.8 QLD

In the context of continued poor heroin availability, low heroin purity and relatively high heroin price, many IDU seem to be turning to other opioids either instead of, or as well as heroin. In 2006, 15% of IDU reported recent illicit methadone use, 30% reported recent illicit buprenorphine use, 51% reported recent illicit morphine use, and 21% reported recent illicit oxycodone use. Use of other opioids among IDU rose significantly in the context of the heroin shortage in 2001, and has continued to be a feature of injecting drug markets in QLD since this time.

Consistent with a fall in the number of IDU reporting recent methadone maintenance treatment in 2006 (14% vs. 23% in 2005), use and injection of illicit methadone among IDU fell from 21% to 15% (recent use) and 16% to 13% (recent injection) respectively. Similarly, as the proportion of IDU reporting current buprenorphine treatment rose from 8% in 2005 to 11% in 2006, the proportion reporting recent use of illicit buprenorphine use rose from 20% in 2005 to 30% in 2006, and the proportion reporting recent injection of illicit buprenorphine rose from 17% in 2005 to 25% in 2006. A number of KE expressed concern regarding the diversion and injection of buprenorphine, with some reporting increasingly restrictive dosing protocols in an attempt to reduce the incidence of diversion.

Again consistent with KE reports, there was evidence of increased use and injection of illicit oxycodone. The proportion of IDU reporting recent use of illicit oxycodone increased from 16% in 2005 to 21% in 2006, while the proportion reporting recent injection increased from 14% in 2005 to 18% in 2006. The brand of illicit oxycodone most commonly used among IDU was OxyContin.

The proportion of IDU reporting recent use and injection of morphine increased steadily from the time of onset of the heroin shortage in 2001, through to 2004, when 50% of IDU reported recent use and 45% reported recent injection of morphine. In 2005 these proportions fell to 32% and 28% respectively, however, in 2006 51% of IDU reported recent morphine use and 50% reported recent injection. The median price of illicit morphine remained stable between 2005 and 2006 at $25 for a 60mg tablet of MS Contin or Kapanol, and $50 for a 100mg tablet of MS Contin or Kapanol. Equal proportions of IDU reported that the price of morphine had been stable (39%) or increasing (39%) recently, however, the proportion reporting the availability as easy or very easy fell from 82% in 2005 to 46% in 2006, with 45% reporting the availability as difficult. Forty-two percent reported that morphine had become more difficult to get in the last six months.

8.7 Summary of other opioids

- Twenty-three percent of the national sample reported the use of illicit methadone syrup in the six months preceding interview, and 15% of the national sample reported recent use of illicit Physeptone.
- Over one-third reported that it was 'easy' to obtain methadone and this remained stable in the six months preceding interview.
- Of those who bought illicit methadone syrup, the majority (91%) reported that the source was a take away dose. Four percent reported that it was a daily dose intended to be swallowed.
- Methadone was most commonly purchased for $1 per ml of syrup, although the price ranged from $0.35 to $5 per ml across the jurisdictions.
- Half of the national sample reported recent use of methadone (licit and illicit), and, of those, two-thirds reported recent injection. TAS reported the highest rate of recent methadone injection. Nationally, illicit methadone was injected on a median of six and a half days compared to 38 days for licit methadone.
- Among those who injected, illicit Physeptone was injected on a median of six days and licit Physeptone on a median of 20 days in the past six months.
- Twenty percent of the national sample reported use of licit buprenorphine in the six months preceding interview and 23% reported use of illicit buprenorphine.
- Eleven percent of the national sample reported recent injection of licit buprenorphine on a median of 40 days and 20% reported injection of illicit buprenorphine on a median of 10 days.
- Buprenorphine-naloxone (Suboxone), a treatment for opioid dependence, became available shortly before interviewing for the IDRS commenced. Nationally, 5% reported using licit buprenorphine-naloxone and 3% illicit buprenorphine-naloxone in the preceding six months. Small numbers (2% and 3% of the national sample respectively) reported injection of licit and illicit buprenorphine-naloxone on a median of nine and five days respectively.
- The prevalence of recent morphine use in the national sample increased from 44% in 2005 to 52% in 2006 with all jurisdictions reporting increases except VIC. The use of morphine was highest in the NT (81%) and TAS (62%), jurisdictions where heroin has traditionally not been freely available, and methadone and morphine have dominated the markets.
- Morphine remains the most commonly injected pharmaceutical, and increased in all jurisdictions in 2006 except VIC. Thirty-two percent or more IDU in all jurisdictions had recently injected morphine.
- Six percent of the national sample reported the recent use of licit oxycodone and 23% reported the recent use of illicit oxycodone.
- Nine percent of the national sample reported recent use of other opioids, with 7% reporting that they had swallowed them, and 2% injected them, in the last six months.
- The most commonly used 'other opioids' reported were Panadeine Forte, codeine, Tramal and opium (8%).
- Twelve percent of the national sample reported use of homebake in the last six months, compared with 7% in 2005. Frequency of use doubled, with participants using homebake on a median of 12 days in the past six month compared to six days in 2005.

9.0 OTHER DRUGS

9.1 Ecstasy and related drugs

Twenty-six percent of the national IDU had used ecstasy in the six months preceding interview on a median of three days (see Table 8 – Drug use history). The IDRS is not designed to monitor trends in ecstasy and related drug use as the frequency and prevalence of use among IDU is low.

The Ecstasy and related Drugs Reporting System (EDRS, formerly known as the Party Drugs Initiative or PDI), which monitors trends in these drug types, has been conducted in each jurisdiction in Australia since 2003 (Dunn et al., 2007). 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 within the Drug Trends section: http://ndarc.med.unsw.edu.au/ndarcweb.nsf/page/home.

9.2 Hallucinogens

While fairly large proportions of IDU participants reported having used hallucinogens at some stage in their lifetimes (e.g. 72% of participants in 2006) recent use remained fairly low, with only 9% of participants reporting use in the six months preceding interview (see Table 8 – Drug use history). Frequency of use was also low, with those who had used reporting doing so on a median frequency of three days during the last six months. The main type of hallucinogen used in the last six months was LSD (67% of hallucinogen users, or 6% of the entire sample), followed by magic mushrooms (16% of hallucinogen users, representing 2% of the entire sample). Fifteen percent of the sample reported injecting hallucinogens at some point in their lifetime, while 1% had injected them in the last six months.

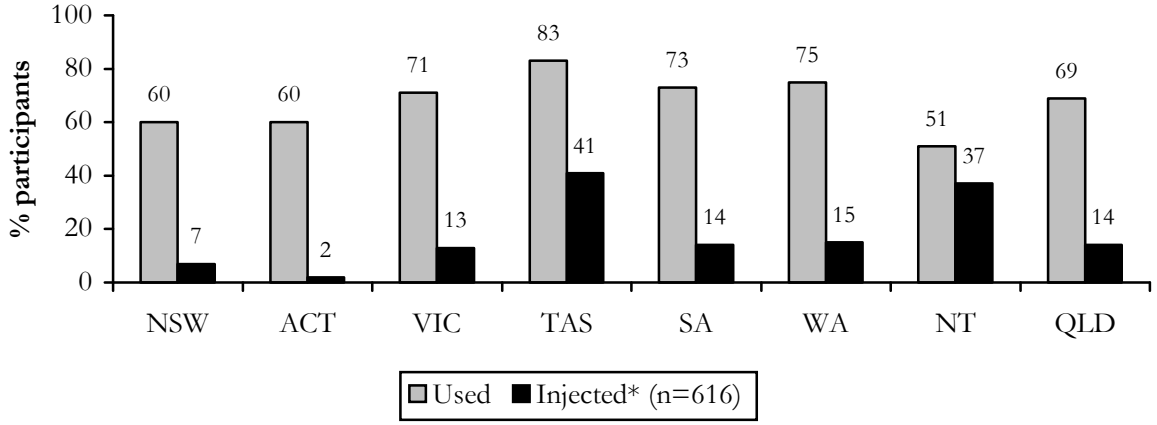
9.3 Benzodiazepines

Benzodiazepine use is common among IDU and the misuse of benzodiazepines is well documented (Darke, 1994, Breen et al., 2004a, Fry and Bruno, 2002, Strang, 1994, Dupont, 1998, Iguchi et al., 1993). Consistent with previous years, approximately two-thirds (67%) of the national sample had recently used benzodiazepines on a median of 48 days in the six months preceding interview (see Table 8 - Drug use history).

Sixty-six percent reported swallowing benzodiazepines and 12% (8% in 2005) reported injecting them in the six months preceding interview. IDU who reported injecting benzodiazepines had done so on a median of 10 days (see Table 8 – Drug use history), ranging from once to daily injection.

Consistent with 2005 findings, TAS (83%) had the highest proportion of IDU who reported benzodiazepine use in the preceding six months, with variation reported between jurisdictions, ranging from 51% in the NT to 83% in TAS. Rates of recent injection among those who had recently used benzodiazepines also varied widely, but tended to have increased in most jurisdictions compared to 2005, in TAS and SA in particular. The proportion was lowest in the ACT (2%), NSW (7%) and VIC (13%), and highest in TAS (41%) and the NT (37%) (Figure 62). The majority (86%) of those who reported injecting benzodiazepines recently had also used them orally.

Figure 62: Proportion of IDU who reported recent use and injection of benzodiazepines, by jurisdiction, 2006



Source: IDRS IDU interviews
* Among those who reported recent use (n=616)

The injection of benzodiazepines is associated with high levels of injection-related health problems including significant scarring, bruising of injection sites and difficulty injecting (indicative of vascular damage). Due to increasing concern over adverse health effects associated with the injection of temazepam capsules in particular, in May 2001, restrictions were placed on the prescribing of 10mg temazepam capsules (Breen et al., 2003b, Breen et al., 2004a). Continued concerns led to the complete withdrawal of both the 10mg and 20mg temazepam capsules from the Australian pharmaceutical market in March 2004.

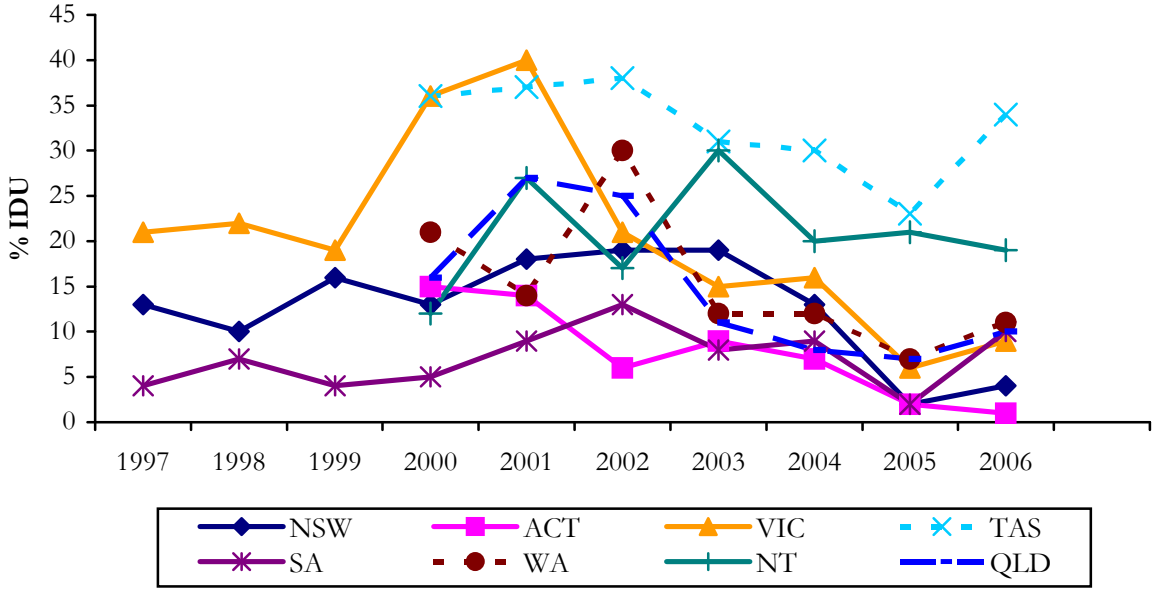
In 2006, the proportion of IDU reporting recent injection of benzodiazepines either remained fairly stable, or increased, in every jurisdiction. The largest increases were observed in TAS (from 23% in 2005 to 34% in 2006) and SA (from 2% in 2005 to 10% in 2006). The injection of benzodiazepines remains an issue of concern, particularly in TAS (34%) and the NT (19%) (Table 37).

Table 37: Proportion of IDU sample who reported recent injection of benzodiazepines, by jurisdiction, 2000-2006

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	**21**	13	15	36	36	5	21	12	16
2001	**24**	18	14	40	37	9	14	27	27
2002	**21**	19	6	21	38	13	30	17	25
2003	**17**	20	9	15	31	8	12	30	11
2004	**14**	13	7	16	30	9	12	20	8
2005	**8**	2	2	6	23	2	7	21	7
2006	**12**	4	1	9	34	10	11	19	10

Source: IDRS IDU interviews

Figure 63: Proportion of IDU who reported recent injection of benzodiazepines, by jurisdiction, 1997-2006



Source: IDRS IDU interviews

Forty-one percent of the national sample reported having used licit benzodiazepines and 36% had used illicit benzodiazepines in the six months preceding interview. Reports of recent use of licit benzodiazepines among IDU varied across jurisdictions, ranging from 21% in the NT to 55% in SA. Between one-third and a half of IDU in all jurisdictions reported the use of benzodiazepines obtained illicitly in the preceding six months, ranging from 31% in VIC to 46% in TAS. Among those who reported using benzodiazepines in the preceding six months, the majority in VIC (71%), TAS (54%), SA (69%), WA (73%) and QLD (57%) reported licit benzodiazepines as the main form used in the preceding six months. The majority in NSW (58%), the ACT (53%) and the NT (62%) reported illicit benzodiazepines as the main form (see Table 9 - Forms used).

At a national level, more than half (58% - among those who reported recent benzodiazepine use) reported that licit benzodiazepines were the form they had most used in the preceding six months.

Diazepam (Valium, Antenex etc.) was reported by the largest proportion of the national sample (38%) as the main brand of benzodiazepine used in the preceding six months, followed by alprazolam (Xanax, Kalma etc. 6%) and oxazepam (Serapax, Murelax etc. 6%). Table 38 shows the main brand reported by recent oral users only, as well as recent injectors. More than half (59%) of respondents who reported recent oral use, but no recent injection, reported diazepam as the main brand of benzodiazepine they had used, while 10% reported oxazepam and 6% alprazolam. Diazepam was also the preferred brand of benzodiazepine among respondents reporting recent benzodiazepine injection (48%), followed by alprazolam. It is not possible to determine, however, whether this group is injecting their preferred brand of benzodiazepine as the majority of them (86%) also reported oral use, and data on the route of administration of the main brand used is not collected.

Table 38: Main benzodiazepine type used by oral only users and those who injected in the six months preceding interview, 2006

	Recent oral use (not injected) n=509	Recent injectors* n=106
Diazepam	59	48 (49% in 2005)
Oxazepam	10	3 (9% in 2005)
Alprazolam	6	26 (25% in 2005)
Temazepam	2	2 (0% in 2005)
Nitrazepam	1	1 (0% in 2005)
Clonazepam	1	0 (0%in 2005)
Flunitrazepam	1	1 (5% in 2005)

Source: IDRS IDU interviews
***** 86% of injectors also reported oral use, therefore we cannot make the assumption that the main brand reported is being injected

Table 39 shows median days respondents reported the use and injection of benzodiazepines by jurisdiction. TAS not only recorded the highest proportion of IDU reporting recent benzodiazepine use (refer Figure 62) but also the greatest frequency of use (96 median days) in the preceding six months, while frequency of injecting remained stable (12 median days). WA recorded the highest frequency of benzodiazepine injecting (20 median days) and relatively high frequency of use (60 median days) in the preceding six months. In VIC and SA (jurisdictions that had relatively high proportions of IDU reporting recent use – refer Figure 62), frequency of recent benzodiazepine use was also relatively high (50 and 70 median days use) in the preceding six months, representing an increase from 2005 (Table 39). Frequency of use remained relatively stable in the other jurisdictions. Frequency of injection remained fairly stable in most jurisdictions compared to 2005, although more substantial changes were noted in the ACT (down 19 days) and WA (up 17 days). Daily use of benzodiazepines was reported in all jurisdictions, with proportions ranging from 12% in the NT to 37% in TAS (data not shown).

Table 39: Median days used and injected benzodiazepines in the last six months, among those who used/injected, by jurisdiction, 2003-2006

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Used									
2003	24	18	14	25	48	30	48	14	16
2004	30	60	13	30	50	48	40	11	25
2005	30	29	31	24	72	24	70	13	21
2006	48	25	28	50	96	70	60	15	25
Injected									
2003	6	20	3	5	5	4.5	5.5	12	15
2004	6	8.5	4	2.5	5.5	6	5.5	14	2
2005	5	2	20	7	12	7	3	4	7
2006	10	3	1	3	12	4	20	7	5

Source: IDRS IDU interviews

9.4 Antidepressants

Twenty-seven percent of the national sample reported use of antidepressants in the six months preceding interview, on a median of 180 days (53% of this group reported daily use, which is most likely indicative of therapeutic use). Very few IDU reported either ever injecting antidepressants (2%) or injecting them in the last six months (less than 1%), suggesting that this practise is most likely to be experimental among this group (See Table 8 - Drug use history).

While the proportion of IDU who reported recent antidepressant use varied across jurisdictions, figures within each jurisdiction have remained relatively stable since 2005 (with the exception of WA). WA recorded a substantial increase in the recent use of antidepressants (from 26% in 2005 to 42% in 2006) among IDU (Table 40), which is consistent with the proportion of participants in WA (44%) reporting experiencing a mental health problem other than drug use in the preceding six months.

Table 40: Proportion of IDU samples reporting antidepressant use in the past six months, by jurisdiction, 2000-2006

	2000	2001	2002	2003	2004	2005	2006
NSW	17	10	16	17	22	24	25
ACT	26	16	15	16	25	22	22
VIC	27	28	31	28	31	30	27
TAS	22	25	28	22	41	31	31
SA	11	15	20	22	21	22	17
WA	32	28	33	30	21	26	42
NT	24	27	21	21	29	23	27
QLD	51	28	28	28	27	18	24

Source: IDRS IDU interviews

9.5 Pharmaceutical stimulants

Since 2003, IDU have also been asked about their use of pharmaceutical stimulants including dexamphetamine and methylphenidate. These are drugs in medications commonly used for cold and flu symptoms and are prescribed for Attention Deficit Hyperactivity Disorder (ADHD). In 2006, a greater proportion of IDU reported using (18%) or injecting (13%) illicitly obtained pharmaceutical stimulants compared to pharmaceutical stimulants obtained licitly (2% use, <1% injecting). Therefore, the following results refer primarily to illicitly obtained pharmaceutical stimulants.

The proportions who reported recent pharmaceutical stimulant use varied across jurisdictions. Prevalence of use in the last six months was relatively high in WA (45%), TAS (40%) and the ACT (38%), as was the prevalence of recent injection (Table 41). Among recent pharmaceutical users in each of these three jurisdictions, the majority reported having injected them (WA: 64%; TAS: 90%; the ACT: 84%; data not shown). While use of pharmaceutical stimulants was relatively prevalent among WA, TAS and the ACT, frequency of use in the past six months remained low across all jurisdictions (Table 41). NSW recorded the highest median days used (13.5, i.e. approximately twice per month).

Table 41: Patterns of use of licit and/or illicit pharmaceutical stimulants in the past six months, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Used (%)	19	5	38	13	40	12	45	11	10
Injected (%)	14	0	32	5	36	4	29	9	6
Median days used*	3	13.5	3	2	3	2.5	6	5	3.5

Source: IDRS IDU interviews
***** Among those who reported recent use (n=176)

9.6 Inhalants

Just over one-quarter of participants (27%) 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 3.5 days (see Table 8 – Drug use history).

9.7 Alcohol and tobacco

Sixty-eight percent of the national sample reported recently using alcohol, on a median of 24 days (20 days in 2005), indicating that frequency of use was approximately weekly among two-thirds of the sample (see Table 8 – Drug use history). Twelve percent of those who used alcohol in the past six months reported daily use.

The vast majority of the national sample (95%) reported recent tobacco use (see Table 8 – Drug use history), and the majority of this group (95%) were daily smokers.

Eight percent of the entire sample (n=72) reported using both tobacco and alcohol on a daily basis in the past six months.

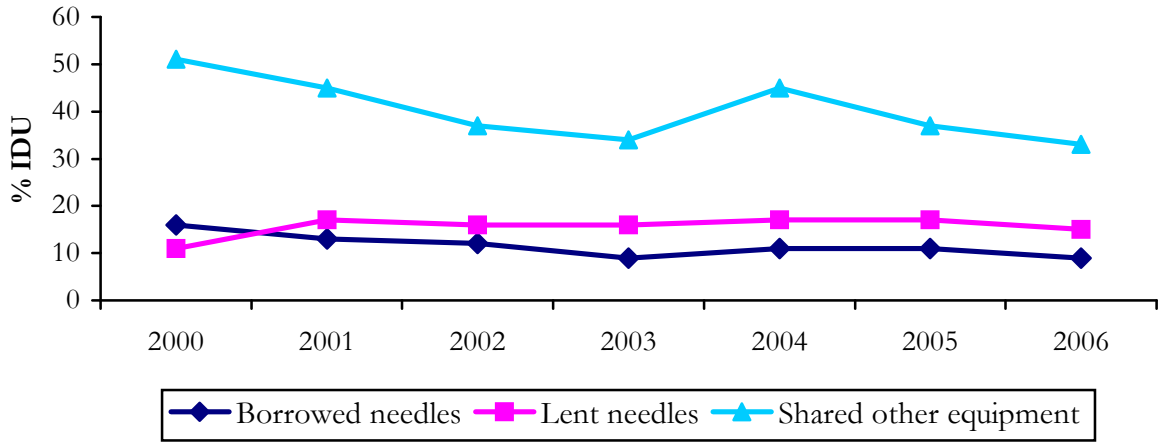
10.0 ASSOCIATED HARMS

10.1 Sharing of injecting equipment among IDU

The sharing of injecting equipment remains an issue of concern due to the risk of transmission of blood-borne viral infections (BBVI). Nine percent of the national IDU sample reported they had used a needle after someone else ('borrowed') and 15% reported someone had used a needle after them ('lent') in the month preceding interview. Proportions reporting they had 'lent' a needle have remained stable since 2000. There was slight decline in 2006 in the proportions reporting they had 'borrowed' a needle in the last month compared to 2005 from 11% to 9%. The proportion that 'lent' is slightly 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 64).

In comparison, higher proportions of IDU in the IDRS sample report sharing other injecting equipment such as spoons/mixing containers, filters, tourniquets and water, with 33% having done so in the month prior to interview in 2006. This figure, however, is the lowest recorded over the seven year period, declining from 51% in 2000, and remaining lower every year since (Figure 64).

Figure 64: Proportion of IDU who reported borrowing or lending a needle, and sharing injecting equipment in the month prior to interview, 2000-2006



Source: IDRS IDU interviews

Proportions of IDU reporting that they borrowed used needles or syringes in the month preceding interview varied across jurisdictions, and was highest in QLD (13%) and VIC (12%). TAS recorded the lowest proportion (3%) (Table 42), which represents a marked decrease from the 2005 figure (15%). There was a decrease in proportions of IDU reporting borrowing used needles or syringes in all other jurisdictions (with the exception of SA, where a slight increase occurred from 7% in 2005 to 10% in 2006, and WA where figures remained the same) (Figure 65).

Consistent with 2005 results, QLD (22%) and VIC (17%) recorded the highest proportion of IDU reporting lending used needles or syringes (Table 42). Since 2005, these proportions have either remained stable or decreased across jurisdictions (Figure 66).

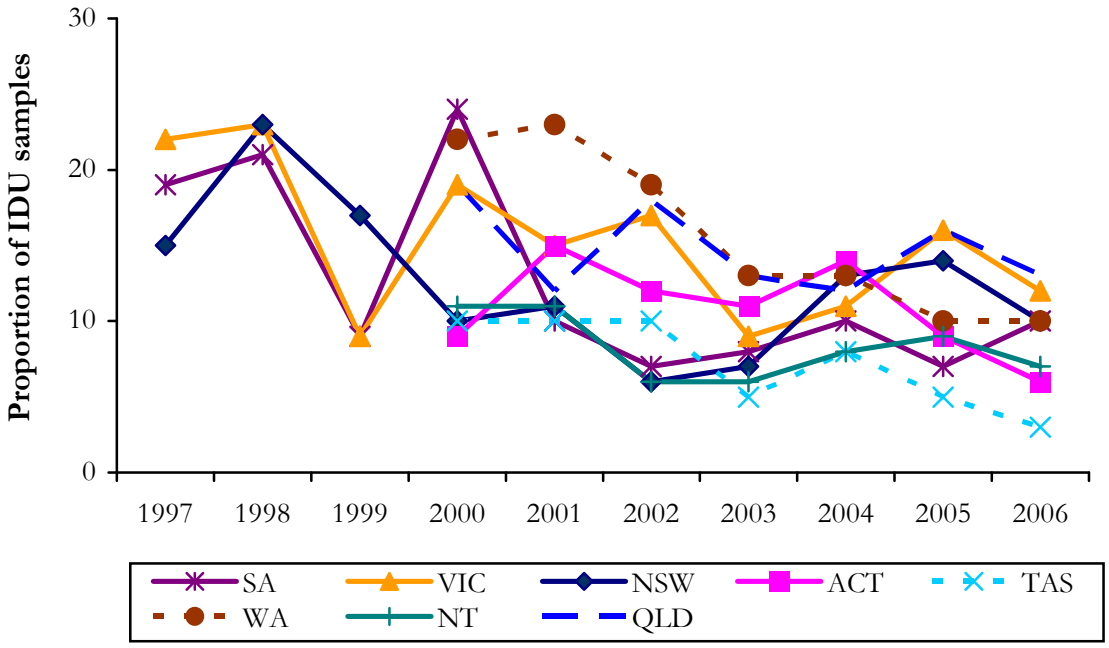
The sharing of injecting equipment other than needles and syringes also carries the risk of BBVI transmission. Approximately (67%) of the national IDU sample reported that they had not shared any injecting equipment in the last month. Jurisdictional analysis revealed that TAS (74%), SA (73%) and WA (73%) had the highest proportions reporting not sharing other injecting equipment. While there were jurisdictional differences in proportions reporting each type of equipment shared, at a national level, spoons or mixing containers (25%) followed by water (14%) were the most commonly reported (Table 42).

Table 42: Sharing needles and injecting equipment in last month among IDU, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Needle sharing (%)									
Borrowed	9	10	6	12	3	10	10	7	13
Lent	15	14	12	17	13	14	13	10	22
Other injecting equipment sharing (%)									
Shared no equipment	67	64	65	65	74	73	73	62	68
Spoon/mixing container	25	33	32	32	7	15	15	31	25
Filter	8	12	8	35	5	7	3	14	9
Tourniquet	12	9	15	6	16	14	16	16	9
Water	14	18	11	19	11	12	11	14	12

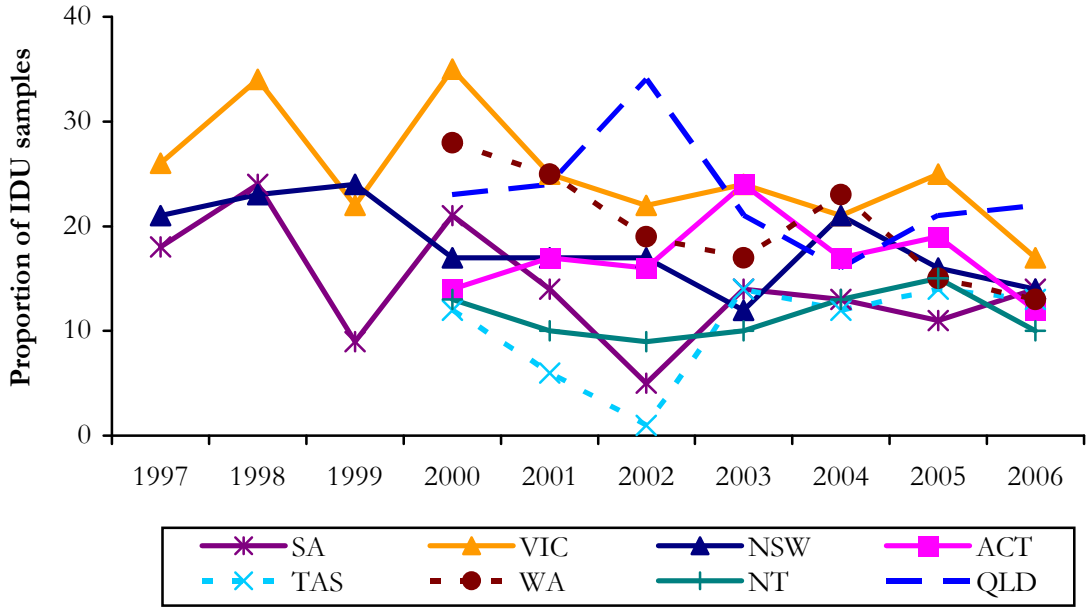
Source: IDRS IDU interviews

Figure 65: Self-reported borrowing of used needles and/or syringes in the past month by IDU, by jurisdiction, 1997-2006



Source: IDRS IDU interviews

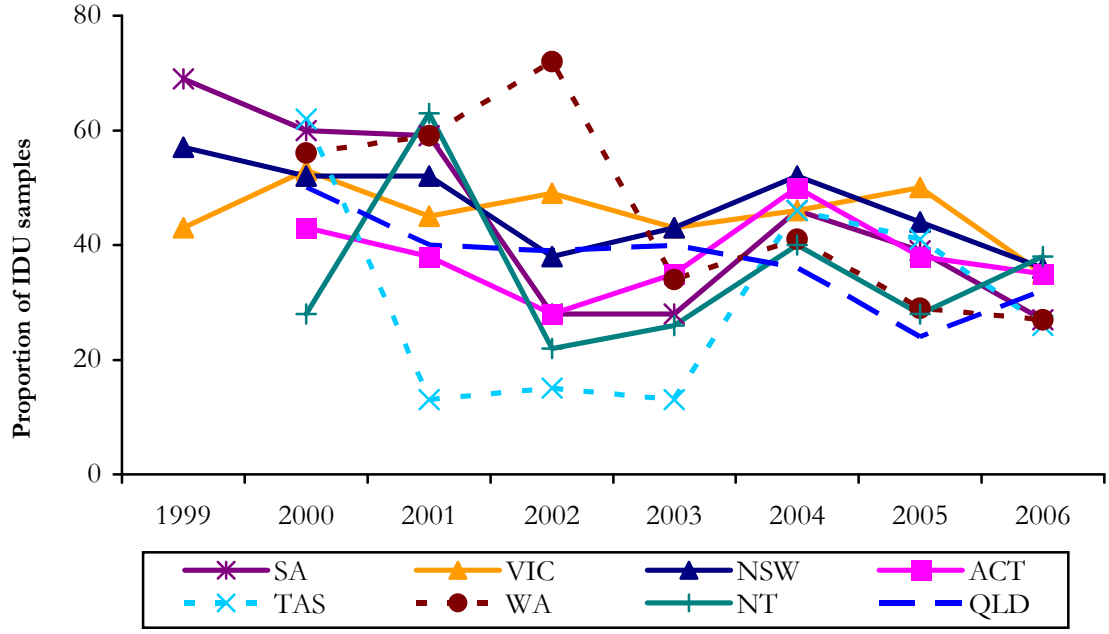
Figure 66: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 1997-2006



Source: IDRS IDU interviews

In 2006, the proportion of IDU reporting sharing of injecting equipment decreased in all jurisdictions except QLD (increasing from 24% in 2005 to 32%) and the NT (increasing from 28% in 2005 to 38%). The greatest decrease (15%) was observed in VIC and TAS (Figure 67).

Figure 67: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 1999-2006



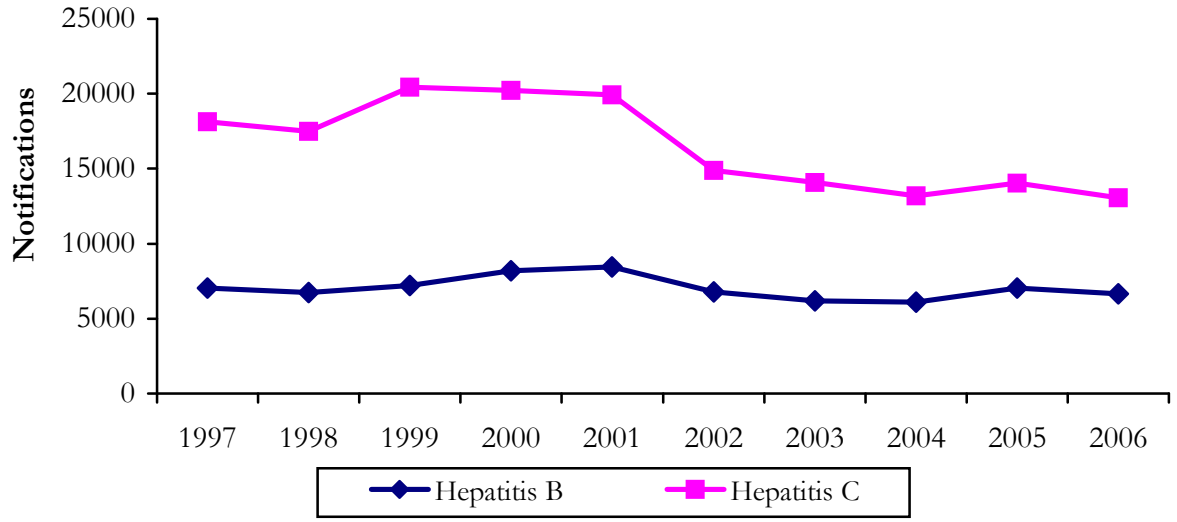
Source: IDRS IDU interviews

10.2 Blood-borne viral infections

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

Figure 68 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network – National Notifiable Diseases Surveillance System. Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV, with a gradual decreasing trend in notifications of HCV since 2001. HBV notifications have remained relatively stable over the past four years.

Figure 68: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2006



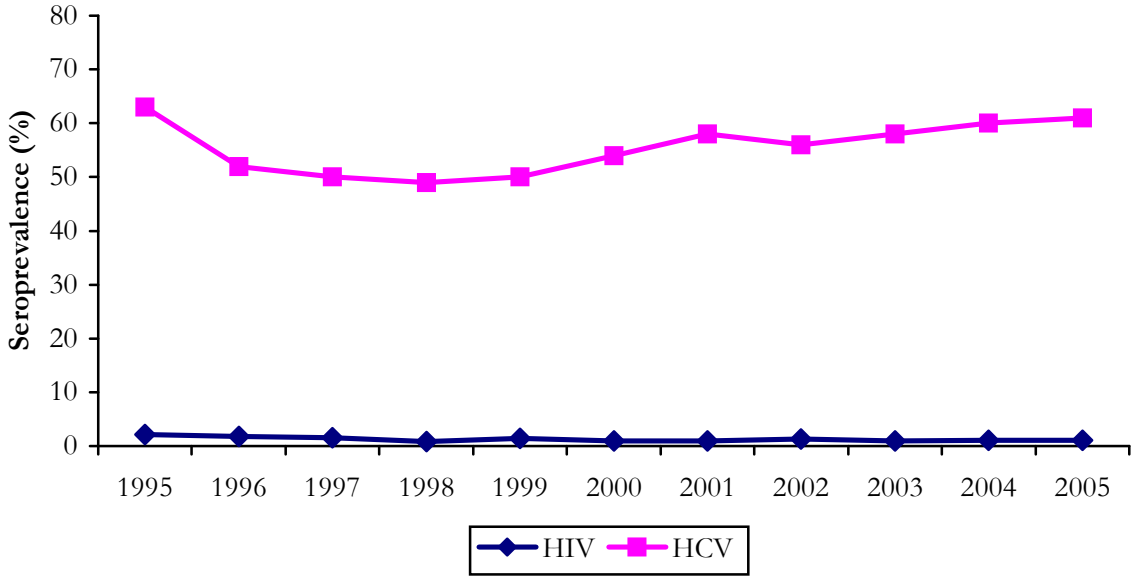
Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System[3]

Over the past five years, the Annual NSP Survey has documented stable proportions (13%-18%) of IDU reporting sharing needles and syringes. The prevalence of HIV among IDU in Australia has also remained stable at relatively low rates (between 0.9% in 2001 and 1.1% in 2005) (National Centre in HIV Epidemiology and Clinical Research, 2006)

HCV prevalence among IDU was relatively higher (61% in 2005), with a gradual increase apparent since 1998 (when it was 49%; National Centre in HIV Epidemiology and Clinical Research, 2006).

[3] *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 (NNDSS Annual Report, 2000).

Figure 69: HIV and HCV seroprevalence among IDU recruited for the Australian NSP Survey, 1995-2005



Source: Australian NSP survey (NCHECR 2004, 2006)

10.3 Location of injections

Consistent with previous years, the majority of IDU (70%) in the national sample reported that they had last injected at home. There were jurisdictional differences with regards to the location of the last injection. QLD reported the lowest proportion (55%), followed by NSW (57%) and VIC (57%) of IDU who injected at a private home (their own or someone else's), while two-thirds or more of the IDU in all other jurisdictions reported they had last injected at home. The NT had the largest proportion (91%) of IDU who injected at a private home. Only a few participants in NSW and WA reported that they had last injected in a 'shooting room' (i.e. a commercial premises rented for a short time, often for the purpose of injecting). In NSW, 15% of the IDU sample reported they had last injected at the Sydney Medically Supervised Injecting Centre (data not shown). With the exception of the NT, substantial minorities in each jurisdiction reported injecting in public places, including locations such as on the street, a park, a public toilet or a car. VIC and QLD recorded the highest proportion of IDU injecting in public locations (33%) (Table 43).

Public injecting is of concern due to the hasty manner in which IDU may do so to avoid being 'caught'. This may compromise their ability to inject safely without harm, as well as the safe disposal of injecting equipment.

Table 43: IDU reports of location of last injection, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Last injection (%)									
Home	70	57	76	57	70	87	82	91	55
Street/park	7	14	5	9	2	2	4	1	13
Car	7	6	3	9	16	7	3	1	13
Public toilet	7	2	10	15	10	4	7	2	7
Shooting room	<1	1	0	0	0	0	1	0	0

Source: IDRS IDU interviews

Participants were also asked the location of *usual* injection, which followed the same patterns as location of last injection - home (78%), car (5%), street/park (5%) and public toilet (5%).

10.4 Injection-related health problems

Approximately two-thirds (65%) of IDU in the national sample had experienced injection-related health problems in the month preceding the interview. As in previous years, the most prominent injection-related problems among the national sample were significant scarring/bruising (45%) and difficulty injecting (43%), most likely indicating the poor vascular health of this group. A small proportion reported they had a 'dirty hit' (i.e. a hit that made them feel sick; 18%) in the month preceding interview, and even fewer of the national sample reported infections/abscesses from injecting (7%) or overdose (1%) during this period. These trends were also reflected at the jurisdictional level (Table 44). Among those who had overdosed in the last month (n=21), heroin was most commonly reported as the main drug (33%, n=7).

Looking at jurisdictional variation in more detail, relatively high proportions of IDU in WA reported difficulty injecting (60%), scarring and bruising (56%) and having experienced a dirt hit (26%) in the last month compared with the other jurisdictions (Table 44). This may be due to the high prevalence in WA of IDU injecting preparations such as buprenorphine that are not intended for injection (refer to Figure 56).

Table 44: Injection-related issues in the last month among IDU, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Injection problems (%)									
Infection/abscess	7	6	6	3	7	7	12	9	8
'Dirty hit'	18	12	12	23	15	16	26	13	25
Scarring/bruising	45	51	25	49	29	43	56	42	55
Difficulty injecting	43	42	31	43	38	50	60	42	38
Thrombosis	6	7	5	8	5	3	10	4	9
Overdose	2	3	4	3	1	1	1	1	4

Source: IDRS IDU interviews

Research suggests that the injection of preparations designed for oral administration can result in injection related health problems (Ross, 2000, Klee, 1990, Ross, 1996, Fry and Bruno, 2002, Strang, 1994, Ross et al., 1997, Darke et al., 2002, Darke, 1994, Darke, 1995). IDRS participants are also asked about injection related problems specifically associated with the injection of benzodiazepines, methadone, buprenorphine and morphine.

10.4.1 Benzodiazepines

Six percent (n=57) of the 2006 national IDRS sample reported injecting benzodiazepines in the month preceding interview, and IDU in TAS accounted for the largest proportion (42%, n=24) of this group. Sixty-five percent of those who had injected benzodiazepines in the month preceding interview reported experiencing injection-related problems due to benzodiazepine injection, and not surprisingly, the most commonly reported problem was difficulty injecting (47%) (Table 45).

10.4.2 Methadone

Injection of methadone in the last month was more prevalent than benzodiazepine injection. Twenty one percent (n=192) of the 2006 sample reported injecting methadone during this period, and approximately one-third (32%, n=61) of this group were accounted for by IDU in TAS. NSW and the ACT also comprised relatively high proportions of this group (18%, n=35 and 16%, n=31 respectively).

Sixty three percent of those who had injected methadone in the past month reported experiencing injection-related problems, and difficulty injecting (43%), followed by scarring and bruising (29%), were the most commonly reported problems associated with the injection of methadone (Table 45).

10.4.3 Buprenorphine

As with methadone, buprenorphine injection was more prevalent than benzodiazepine injection. Twenty percent of the national sample injected buprenorphine in the month prior to interview, with VIC IDU accounting for one-quarter (25%, n=46) of this group. Nearly two-thirds (61%) of those who had injected buprenorphine in the past month reported injection-related problems, with difficulty injecting, scarring and bruising (33% each), and buprenorphine dependence (31%) being the most commonly reported problems (Table 45).

10.4.4 Morphine

Morphine injection in the past month was more prevalent than the other drugs reported here. Thirty-eight percent of the national sample had injected morphine in the month prior to interview, and TAS IDU comprised 21% of this group (n=75). Nearly two-thirds (62%) of this group reported experiencing injection-related problems due to morphine injection, with difficulty injecting (35%) and scarring and bruising (31%) being the most commonly reported problems (Table 45).

Table 45: Injection-related issues due to benzodiazepine, methadone, buprenorphine, and morphine among those reporting injecting these drugs in last month, 2006

Injection problems (%)	Benzodiazepines n=57	Methadone n=192	Buprenorphine n=180	Morphine n=348
Any problem	65	63	61	62
Difficulty injecting	47	43	33	35
Scarring/bruising	25	29	33	31
Dependence	23	23	31	27
Infection/abscess	9	6	8	6
'Dirty hit'	14	15	21	9
Swelling of the arm	14	16	19	18
Swelling of hand	11	9	11	12
Swelling of feet	11	3	4	4
Thrombosis	9	5	7	3
Swelling of leg	5	4	4	5

Source: IDRS IDU interviews

10.5 Expenditure on illicit drugs

Just under a half (41%) of the national sample reported they had not spent any money on illicit drugs on the day prior to interview (Table 46). Approximately half (55%) of those that had spent money on drugs the previous day spent between $50 and $199. Approximately one-quarter (27%) of those who had spent money reported spending $100 or more. Those IDU who reported involvement in criminal activity were significantly more likely to have spent money (67%) on drugs on the day prior to interview compared to those who reported no involvement in criminal activity (51%; OR=23.37, $p<0.001$).

There was jurisdictional variation in the amount spent on illicit drugs on the day preceding the interview. Consistent with previous years, approximately one-quarter (26%) of the NSW participants reported not spending any money on the day prior to interview. NSW had both the highest proportion (74%) reporting expenditure, and reporting expenditure greater than $400 (11%). NSW, the NT, VIC and QLD reported the highest median expenditure ($100) on drugs the day prior to interview, while the ACT reported the lowest median expenditure ($50).

Table 46: Expenditure on illicit drugs the day preceding the interview, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
% nothing	41	26	35	41	45	58	42	47	37
% less than $20	4	1	13	4	4	4	3	0	4
% $20 - $49	10	7	14	13	12	9	10	6	7
% $50 - $99	15	22	16	10	17	9	17	15	16
% $100 - $199	16	20	16	13	11	16	10	18	21
% $200 - $399	8	9	5	9	8	3	11	7	11
% $400 or more	4	11	1	7	3	1	2	1	4
Median expenditure* ($)	90	100	50	100	60	77.50	75	100	100

Source: IDRS IDU interviews
***** Of those who reported spending money on illicit drugs

10.6 Mental health problems

Approximately one-third (38%) of the national sample in 2006 reported experiencing a mental health problem other than drug dependence in the six months preceding interview. Among this group (n=349), 70% reported attending a mental health professional during this period. These results are consistent with previous years.

Also consistent with previous results, the most commonly reported mental health problems were depression (27% of the entire sample), followed by anxiety (14% of the entire sample). Drug-induced psychosis, schizophrenia, panic, manic depression, paranoia, obsessive compulsive disorder (OCD) and phobia were each reported by 5% or less of the national sample. Among

those who had attended a health professional, the most commonly consulted health professionals were general practitioners (62%) and psychiatrists (28%).

10.7 Substance-related aggression

Participants were asked whether they had become verbally aggressive (threatening, shouting, abusive) in the last six months following use of alcohol and/or other drugs. The same question was asked in relation to physical aggression, which included shoving, hitting and fighting.

One-third (33%) of the national sample reported that they had become verbally aggressive following the use of alcohol and/or drugs (Table 47). Of those who reported becoming verbally aggressive, the most commonly reported drugs were alcohol (32%), heroin (21%), ice/crystal (21%) and benzodiazepines (20%) (Figure 70).

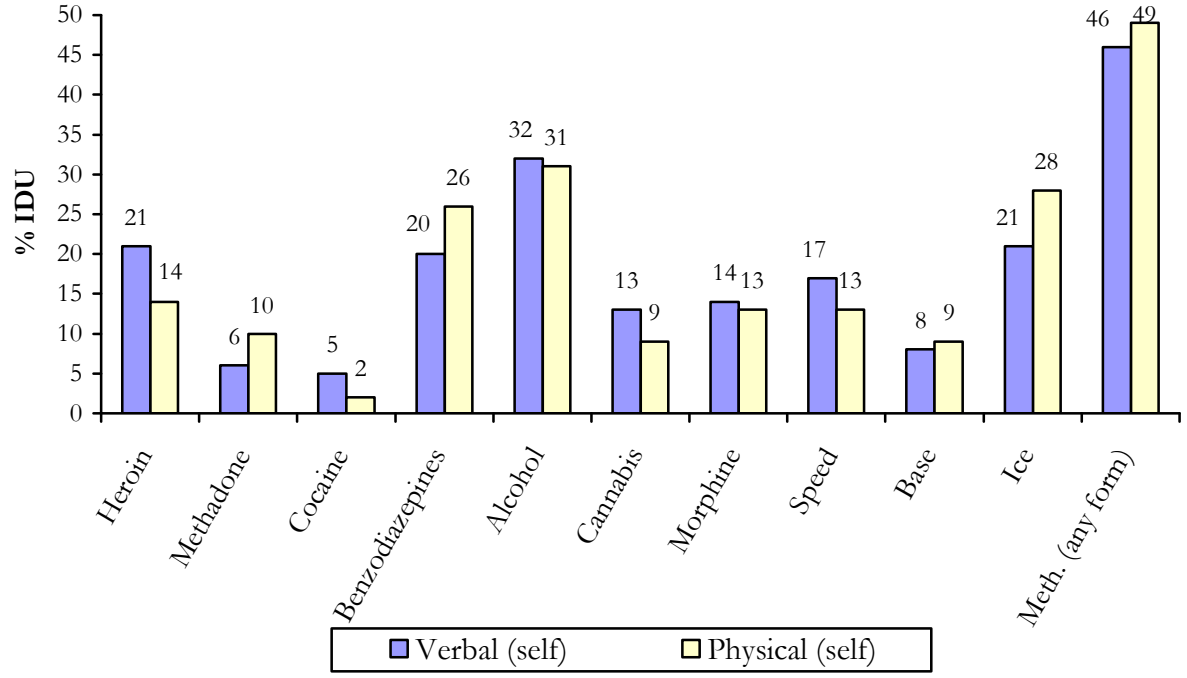
Physical aggression following drug use was reported by 13% of the national sample (Table 47), and the most commonly reported drugs were alcohol (31%), ice/crystal (28%) and benzodiazepines (26%) (Figure 70).

Table 47: Substance-related aggression among IDU in the month preceding the interview, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
(%) Verbal aggression	33	36	32	32	34	29	32	33	36
(%) Physical aggression	13	15	15	7	19	15	13	12	14

Source: IDRS IDU interviews

Figure 70: Proportions of IDU reporting aggression (verbal and physical) following use of a drug, 2006



Source: IDRS IDU interviews

10.8 Driving risk behaviour

Participants were asked: 'Have you driven soon after taking any illicit drugs in the past six months?' and 'After which illicit drug(s) have you driven soon after taking in the last six months?' They were also asked whether they had driven under the influence of alcohol in the past six months.

Of the national sample, 60% of IDU had driven a car in the last six months. Of those who had driven recently (n=547), only a small proportion (16%) reported driving while under the influence of alcohol. Figures varied across jurisdictions, with WA recording the highest proportion of participants (23%) reporting driving under the influence of alcohol (Table 48).

Larger proportions of participants reported driving after taking illicit drugs. Of those who had driven recently (n=547), 78% had driven after taking an illicit drug, and the majority (87%) of this group reported doing so within an hour of taking the drug. The majority of participants (among those who had driven) in all jurisdictions reported having driven after using illicit drugs, and proportions ranged from 73% in the NT to 88% in the ACT (Table 48). Drugs that were reported varied across jurisdictions, with heroin being the most commonly reported drug in NSW (58%) and VIC (58%), cannabis in QLD (59%), the ACT (55%), TAS (49%; as with methadone) and WA (42%; as with ice/crystal) and morphine in the NT (63%) (Table 48).

Table 48: Driving after taking illicit drugs in last six months among IDU, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Driven in the last 6 months (%)	60	39	50	56	73	75	69	67	63
Driven under the influence of alcohol* (%)	N=547 16	n=59 12	n=50 12	n=84 13	n=72 12	n=75 15	n=69 23	n=67 22	n=71 17
Driven soon after taking a drug* (%)	N=547 78	n=59 76	n=50 88	n=84 74	n=72 79	n=75 83	n=69 83	n=67 73	n=71 75
Drug taken (%):**	N=429	n=45	n=44	n=62	n=57	n=62	n=57	n=49	n=53
Heroin	37	58	48	58	2	40	40	10	43
Cannabis	49	40	55	44	49	50	42	53	59
Morphine	24	2	9	0	33	24	39	63	19
Benzodiazepines	13	13	5	11	16	10	23	6	15
Speed	30	22	11	42	26	16	39	37	42
Base	14	9	7	0	23	29	7	6	26
Methadone	18	31	21	3	49	24	18	6	9
Ice/crystal	23	29	46	15	21	15	42	6	13
Buprenorphine	11	11	2	16	0	16	21	0	13
Ecstasy	6	2	2	3	0	2	12	20	6
Cocaine	4	27	2	1	0	2	2	2	0
LSD	<1	0	2	2	0	0	0	4	0

Source: IDRS IDU interviews

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

** Among those who had driven soon after taking a drug

10.9 Criminal and police activity

Table 49 shows self-reported criminal activity among IDU in the month preceding interview, by jurisdiction. Consistent with previous years, just under half (45%) of the overall national sample had engaged in at least one of the listed criminal activities in the preceding month, and the most commonly reported activities were drug dealing (32%) and property crime (20%). Proportions reporting engaging in drug dealing were lowest in the NT (16%) and highest in TAS (41%). Proportions reporting engaging in property crime were lowest in the NT (9%) and highest in TAS (32%). Violent crime and fraud were not commonly reported among the jurisdictional samples. Figure 71 shows self-reported criminal activity among IDU in the preceding month, over time. There has been a gradual decline over time in the proportion of IDU reporting engagement in any crime in the month preceding interview, which is most likely being driven by the decline over time in proportions reporting property crime in this period.

Just under half (43%) of the overall national IDU sample had been arrested in the preceding twelve months, most often for property crime (16%) (Table 49).

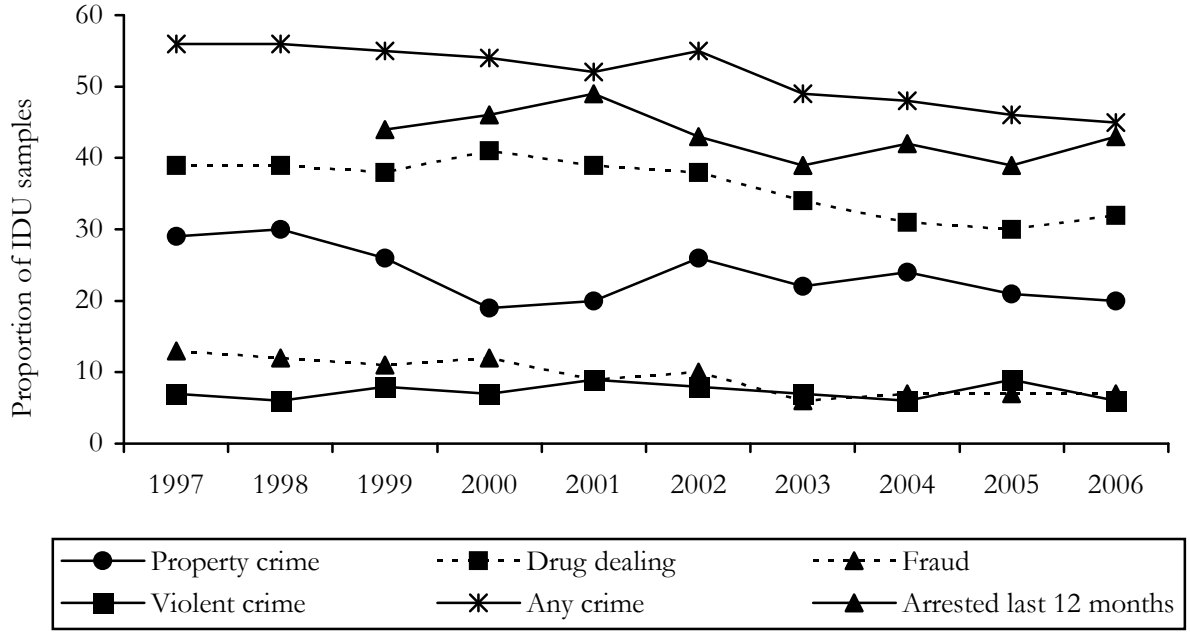
Participants reported that police activity had either remained stable (46%) or had increased (40%) in the past six months, however, approximately three-quarters (73%) of the sample reported that police activity had not impacted on their ability to obtain illicit drugs.

Table 49: Proportion of self-reported criminal activity among IDU in the month preceding the interview, by jurisdiction, 2006

	National N=914	NSW n=152	ACT n=100	VIC n=150	TAS n=100	SA n=100	WA n=100	NT n=100	QLD n=112
Property crime	20	27	18	20	32	15	11	9	20
Drug dealing	32	34	29	35	41	25	33	16	39
Fraud	7	9	3	5	19	3	8	3	4
Violent	6	9	12	2	15	3	3	4	4
Any crime	45	55	37	47	59	38	41	26	48
Arrested last 12 months (%)	43	39	46	53	55	30	32	28	55

Source: IDRS IDU interviews

Figure 71: Self-reported criminal activity among IDU in the month preceding interview, 1997-2006



Source: IDRS IDU interviews

11.0 SUMMARY

11.1 Demographic characteristics of the national IDU sample

Nine hundred and fourteen IDU participated in the 2006 IDRS, with a minimum of 100 in each jurisdiction. The mean age of the national sample was 34.5 years and 64% were male. The vast majority of the sample spoke English as their main language at home, and 13% identified as being of Aboriginal and/or Torres Strait Islander (A&TSI) descent. About two-thirds of the sample currently resided in their own house or flat (including renting). The sample had completed a mean of 9.9 years of schooling and about half had completed courses after school. About three-quarters of the sample were unemployed. Two percent of the sample reported that their main source of income was from sex work.

Close to half of the participants were currently in some form of drug treatment, predominantly methadone, followed by buprenorphine maintenance treatment. Half of the national sample reported that they had previously been imprisoned.

11.2 Patterns of drug use among IDU

The mean age of first injection was 19.1 years. Of the national sample, 49% reported that amphetamine was the first drug injected, whereas 41% had first injected heroin and 4% morphine.

Heroin was nominated by approximately half (48%) of the national sample as the drug of choice, followed by methamphetamine (23%), morphine (8%) and cannabis (7%). Methamphetamine (30%), however, was the last drug injected by the largest proportion of the national sample, followed by heroin (26%), morphine (20%), and then methadone (8%). Methamphetamine was the drug last injected by the largest proportion of IDU within the ACT, SA, WA and QLD samples (44%, 30%, 29% and 38% respectively). Heroin remained the drug most likely to have last been injected in VIC and NSW (45% and 42% respectively), and was also last injected by substantial proportions of IDU in the ACT, SA, WA and QLD (18% to 32%). In the NT, the drug most likely to have last been injected was morphine (72%), followed by methamphetamine (18%). Substantial minorities of IDU in TAS, SA and WA also reported last injecting morphine (23%, 21% and 23% respectively). TAS remained the only jurisdiction where substantial proportions of IDU had last injected methadone (39%), followed by methamphetamine (30%).

The drug injected most often in the last month followed the same pattern. Thirty-three percent of the national sample reported injecting methamphetamine most often in the last month, followed by heroin (27%). Similar to the last drug injected findings, methamphetamine was reported by the largest proportion of IDU as the drug injected most often in the ACT, SA, WA and QLD samples (47%, 31%, 33% and 40% respectively). Heroin was injected most often by the majority of IDU in VIC and NSW (48% and 38% respectively), and by substantial proportions in all jurisdictions, except TAS and the NT. In the NT, morphine was injected most often in the preceding month by the majority of IDU (68%), and by about one-fifth of IDU in TAS (20%), SA (21%) and WA (21%). TAS reported the highest proportion of IDU who injected methadone (43%) most often in the preceding month. NSW recorded the highest proportion of IDU as injecting cocaine most often in the preceding month (21%).

Almost half (46%) of the 2006 national sample reported injecting daily in the month preceding interview, with frequency of injection highest in the NT, followed by NSW and VIC. As in previous years of the IDRS, the IDU were polydrug users. There was little difference in the *extent*

of polydrug use across jurisdictions, that is, the overall number of different drugs used, however, there were distinct jurisdictional differences in the types of drugs used.

11.3 Heroin

In 2006, there appears to have been a general scaling back of the heroin market, with both prevalence and frequency of heroin use decreasing in most states and territories.

Decreases in perceived purity and availability of heroin were also observed across a number of jurisdictions, with prices remaining stable or increasing slightly. Specifically, while remaining stable in most jurisdictions, the median price per gram of heroin increased in VIC, with smaller numbers of participants in the ACT and the NT also reporting price increases. Heroin was cheapest per gram in NSW ($300) and most expensive in the NT ($600) and WA ($550 per gram). The median price per cap remained stable at $50 in the majority of jurisdictions.

Heroin purity was reported to be 'low' by the majority of participants, with considerably more IDU reporting the purity as 'low' this year as compared to 2005. As in previous years, the majority of IDU reported that heroin was 'easy' to 'very easy' to obtain. However, availability also appeared to have decreased to some extent, with a larger proportion of participants reporting that it was difficult to obtain as compared with 2005.

Prevalence and frequency of heroin use has decreased in all jurisdictions, with the exception of QLD and SA (frequency only) where it remained stable. Prevalence of use remained lowest in TAS and the NT. The highest proportions of daily users were reported in NSW and VIC. Indicator data reflected the IDU data, indicating stabilisation and/or downsizing of the heroin market.

11.4 Methamphetamine

Since 2002, the IDRS has distinguished between methamphetamine powder ('speed'), methamphetamine base, and crystal methamphetamine ('ice' or 'crystal'). In 2006, substantial proportions of IDU continued to use all forms of methamphetamine, with the prevalence of recent use of ice/crystal increasing to varying extents in all jurisdictions.

Methamphetamine prices varied among the jurisdictions. The majority reported the price of all forms of methamphetamine as stable.

Indicator data suggest no clear trend in the purity of methamphetamine at a national level, with variations in purity across jurisdictions; however, among IDU who commented, ice/crystal was most often reported to be 'high' purity and speed powder was commonly reported to be of 'low' or 'medium' purity. Base reports were more mixed, ranging from 'high' to 'low'.

Overall, the three main forms of methamphetamine (speed powder, base and ice/crystal) were generally considered 'easy' or 'very easy to obtain by the majority of respondents who commented, with some jurisdictional variations noted. Availability of all forms of methamphetamine was generally reported to be stable, again with some variation observed between jurisdictions.

The proportion of IDU reporting recent use of speed remained stable or decreased in all jurisdictions, except in NSW and WA where it increased (by 11% and 5% respectively). Recent

base use decreased in TAS, WA and SA; however, it increased in the NT, QLD and NSW and remained stable in the ACT and VIC. In 2006, recent ice/crystal use increased to varying extents in all jurisdictions. Large increases of approximately 20% and more were recorded in the ACT, VIC, NSW and QLD. However, frequency of methamphetamine use, including ice/crystal use, tended to be sporadic (ice/crystal was used on average 10 days in the past six months). Further, the proportion of IDU who nominated methamphetamine as their drug of choice remained stable, with most IDU stating heroin was still their preferred drug. The increase in use of methamphetamine among this group may be related to the continued lack of high quality heroin rather than their preference for methamphetamine.

11.5 Cocaine

Reports of cocaine price, purity and availability were provided by very small numbers of respondents in all jurisdictions except NSW. This in itself is an indication of limited cocaine use in the sample surveyed by the IDRS and may reflect smaller or more hidden markets. In 2006, the prevalence of recent cocaine use was substantially higher in NSW than in all other jurisdictions and the proportion of IDU who could comment on cocaine was greater than in previous years, suggesting a slight increase in cocaine availability and use.

With the exception of NSW, only small numbers (less than 10) of IDU in all jurisdictions reported purchasing cocaine. The price of a cap of cocaine in NSW, where larger numbers commented, has remained stable since 2004 at a median price of $50. The price of a gram of cocaine in NSW was $300 in 2006 compared to $280 in 2005.

Of those participants able to comment, there were mixed perceptions of purity, with nearly one-third (31%) reporting the purity as 'medium', 24% as 'high' and 21% as 'low'. In 2006, the trend of increasing numbers reporting the purity as stable in the six months preceding interview continued, and a slight drop was observed in the proportion reporting purity as decreasing compared to 2005.

Cocaine was considered 'easy' or 'very easy' to obtain in NSW, and the majority reported availability as stable in the preceding six months. Considerable proportions of the few participants able to comment in other jurisdictions, with the exception of VIC and QLD, reported it was 'difficult' or 'very difficult' to obtain cocaine.

The proportion of IDU reporting recent cocaine use remained fairly stable in most jurisdictions. Most notable changes were decreases in recent use in the ACT (20% in 2005 to 8% in 2006), WA (19% in 2005 to 10% in 2006), and SA (16% in 2005 to 8% in 2006). NSW recorded the largest increase in recent use, from 60% in 2005 to 67% in 2006. The frequency of cocaine use remained low and sporadic (on average 1.5 to 3 days in the last six months) in all jurisdictions except NSW. In NSW the frequency of cocaine use continued to increase; rising from 12 days (approximately fortnightly) in 2005 to 20 days in 2006.

11.6 Cannabis

The cannabis market continues to be distinguished by its relative stability over time, with the use of cannabis common in all jurisdictions. Hydroponically grown cannabis continued to dominate the market, although recent use of outdoor cultivated (bush) cannabis was also high.

Prices for both hydroponic and bush cannabis remained generally stable. An ounce of hydroponic cannabis was cheapest in SA and VIC ($200) and an ounce of bush cheapest in SA and TAS ($160 and $170 respectively). The hydroponic form of cannabis was generally more expensive per ounce and the same price or more expensive per gram (or 2.5 grams in SA).

Participants in all jurisdictions generally perceived the potency of hydroponic cannabis to be 'high' and bush cannabis to be 'medium'. The potency for both forms was generally reported to have remained stable over the last six months with the exception of mixed reports of hydroponic cannabis potency in TAS.

Hydroponic and bush cannabis were generally considered to be 'very easy' or 'easy' to obtain by the majority of participants (particularly the hydroponic form). Availability was reported to have remained stable over the preceding six months.

As in all previous years of the IDRS, cannabis use was common, with the majority in all jurisdictions reporting hydroponic cannabis as the form most used. The use of bush cannabis in the six months preceding interview was also common (from 37% in VIC to 70% in the ACT) while the use of hashish (9% in VIC to 31% in WA) and hash oil (6% in the ACT to 27% in WA) in the preceding six months was also reported in all jurisdictions. Increases in hashish use were noted in the ACT (7% in 2005 to 21% in 2006), WA (19% in 2005 to 31% in 2006) and QLD (12% in 2005 to 30% in 2006), with both WA and QLD also recording increases in hash oil use (of more than 10% respectively).

11.7 Other drugs

In the context of reduced heroin availability and low heroin purity, many IDU seem to be using a broad range of drugs, including diverted pharmaceuticals such as morphine, buprenorphine, methadone, oxycodone and benzodiazepines, either instead of, or as well as heroin. In 2006 morphine remained the most commonly injected pharmaceutical, and increases in prevalence of use of illicit morphine were observed in a number of jurisdictions.

In 2006, the prevalence of recent morphine use increased to 52% nationally from 44% in 2005, with all jurisdictions reporting increases except VIC. The most marked increases in recent morphine use were recorded in QLD and the ACT. Substantial proportions of IDU reported recent injection of morphine (49%), with the highest levels recorded in the NT and TAS. The frequency of morphine use and injecting among the national sample also increased, going from 12 days in 2005 to 20 days in 2006. The majority of participants who reported they had used morphine stated they mainly used 'illicit' morphine, i.e. morphine that was not from a prescription in their own name. Further investigation into where IDU source or access morphine is recommended.

Twenty-three percent of the national sample reported the use of illicit (diverted) methadone syrup and 15% reported illicit Physeptone tablets in the six months preceding interview. Of those who reported recent methadone use, 23% stated that illicit methadone was the form of methadone used most often. The injection of illicit methadone syrup (44%) and illicit Physeptone (45%) was highest in TAS.

Of the national sample, 20% had recently used licit buprenorphine and 23% had used illicit buprenorphine. Thirty-one percent of IDU in WA reported the recent injection of illicit buprenorphine, followed by 29% in VIC, 27% in the ACT, 25% in QLD, 15% in NSW, 11% in

the NT and 10% or less in the other jurisdictions. QLD reported the highest level of injecting licit buprenorphine (20%).

Five percent of the national sample reported recent use of licit buprenorphine-naloxone and 3% recent use of illicit buprenorphine-naloxone. The use of illicit buprenorphine-naloxone was highest in WA (9%), followed by QLD (7%), and 5% or less in the other jurisdictions. QLD (12%), followed by VIC (11%) reported the highest levels of recent licit buprenorphine-naloxone use, compared to the ACT and TAS where there were no reports of licit use.

Nationally, 6% of the sample had recently used licit oxycodone and 23% had recently used illicit oxycodone. WA (42%) followed by TAS (29%) reported the highest level of recent illicit oxycodone use.

Consistent with previous years approximately two-thirds (67%) of the national sample had recently use benzodiazepines on a median of 48 days in the preceding six months. Among those who had recently used benzodiazepines, 12% reported recently injecting them, with the highest proportion of IDU in TAS (34%) reporting that they had done so.

Nineteen percent of the national sample reported using pharmaceutical stimulants in the six months preceding interview, with the highest proportions recorded in WA (45%), TAS (40%) and the ACT (38%). Fourteen percent of the national sample reported injecting pharmaceutical stimulants during this period, and again, prevalence was highest in TAS (36%), the ACT (32%) and WA (29%).

11.8 Associated harms

The proportions of IDU who reported lending or borrowing needles, and sharing other injecting equipment declined slightly from 2005 figures. Sharing of injecting equipment remained the most prevalent (at one-third of the national sample), which raises concerns about the transmission of BBVI, in particular HCV, which is prevalent among IDU in Australia.

Consistent with previous years, the majority of IDU (70%) of the national sample reported that they had last injected at home. However, substantial minorities in various jurisdictions reported injecting in public locations such as on the street, in a park, a public toilet or a car.

Approximately two-thirds (65%, as in 2005) of the national sample reported experiencing injection-related problems in the month preceding the interview, with significant scarring/bruising (45%) and difficulty injecting (43% - indicating poor vascular health) being most commonly reported. Injection-related problems that IDU attributed to the injection of oral preparations (such as buprenorphine, morphine and benzodiazepines) were also reported.

Approximately one-third (38%) of the national sample reported experiencing a mental health problem other than drug dependence in the preceding six months and among this group 70% reported attending a mental health professional. These figures remained relatively stable since 2005. As in previous years, depression (27%) and anxiety (14%) were the most commonly reported problems.

Approximately one-third (33%) of the national sample reported being verbally aggressive following the use of drugs, while a smaller proportion (13%) reported physical aggression, and the most common drugs reported for both types of aggression were alcohol, ice/crystal and benzodiazepines.

Just under two-thirds (60%) of the national sample had driven a car in the preceding six months, and among this group, over three-quarters (78%) had driven while under the influence of an illicit drug, most commonly cannabis (49%) and heroin (37%). These trends, however, differed at the jurisdictional level. A relatively smaller proportion of participants (12%) reported having driven while under the influence of alcohol.

Consistent with previous years, just under half (45%) of the national sample reported having engaged in at least one criminal activity in the preceding month, most often drug dealing (32%) and property crime (20%). Just under half (43%) of the national sample also reported being arrested in the preceding twelve months, most often for property crime (16%).

12.0 IMPLICATIONS

Australian Drug Trends 2006 presents the findings of the seventh year in which the complete IDRS was conducted in all jurisdictions. This allows the opportunity to present trends over time of standardised, directly comparable data relating to illicit drug use and markets collected in every jurisdiction in Australia. Data from recent years have highlighted the dynamic nature of drug markets and the need to monitor fluctuations to provide information on the way they impact other drug markets. The IDRS provides an opportunity to examine trends between and within jurisdictions with the aim of informing further research and policy decisions. The continued monitoring of illicit drug markets across Australia for changes in the price, purity, availability, use patterns and the associated harms of different drugs will add to our understanding of the markets and our ability to inform strategic policies to limit harms.

As in previous years of the IDRS, the 2006 findings indicate that, although there are some commonalities in drug trends across the country, there is also substantial variation. For example, the diversion and misuse of specific pharmaceutical drugs raise issues to consider in different jurisdictions. Harm reduction strategies need to be individually tailored to the particular types of substances used and the problems associated with them within each state and territory.

The 2006 IDRS data suggests that there have been changes to the heroin market throughout Australia in the past year. Although heroin remained the drug of choice for the largest proportion of participants sampled in the 2006 IDRS, decreases in both the prevalence and frequency of use were observed in most jurisdictions (to some of the lowest levels reported since the heroin drought of 2001). Availability also appeared to have decreased to some extent, with a larger proportion of participants reporting that it was currently difficult to obtain heroin, and that it had become more difficult to obtain in the last six month as compared with 2005. Heroin purity levels remained low, with the largest ever proportion of IDU reporting current purity to be 'low' since 2000, and the price was stable to increasing. These trends in heroin use and associated outcomes in the context of continued low heroin purity and decreasing availability require ongoing monitoring.

As there have been substantial changes in the methamphetamine market in recent years, continued monitoring of market fluctuation and patterns of use is required. An NDLERF-funded project, conducted by NDARC, the Australian Customs Service and the NSW police, focused on developing our understanding of these markets (McKetin and McLaren, 2004).

In 2006, 23% of IDU nominated methamphetamine as their drug of choice, a figure which has remained stable over the past several years, despite the increased prevalence of ice/crystal use observed in all states and territories. The use of speed powder tended to have remained stable or decreased, and patterns of recent base use remained generally stable, with the exception of large decreases noted in TAS, and to a lesser extent WA. Importantly, in 2006, prevalence and frequency of use of the three forms of methamphetamine was fairly similar, despite ice/crystal being just as accessible as the other forms of methamphetamine and of higher perceived purity. Further, although the prevalence of speed powder and ice/crystal use among the sample was similar to the prevalence of heroin use, frequency of use was substantially lower than for heroin and other drug types (12 or less days in the past six months). Eight percent only of those who used methamphetamine in the past six months reported daily use. The finding of sporadic methamphetamine use, and that heroin is still the preferred drug of choice among the majority of IDU, suggests that the increase in use of ice/crystal among this group may be related to the continued lack of high quality heroin rather than a preference for methamphetamine per se.

The use of methamphetamine, however, does raise issues for health and law enforcement professionals. Reports by KE suggest that there are concerns among health and law enforcement professionals as to how to deal with an increase in demand for assistance with problems associated with methamphetamine use. The problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia and cardiac difficulties) may develop more quickly with sustained use of the potent crystal form (Degenhardt and Topp, 2003), and health and law enforcement professionals who work with drug using populations may need to develop strategies for managing these negative effects. As availability of the higher potency forms of methamphetamine appears to be relatively stable, clear and practical harm reduction information on the use of ice/crystal should be developed and distributed to users and health workers, in addition to the development and implementation of practical strategies and training for dealing with affected individuals. Similarly, investigation into the requirement for specialist treatment programs and/or services for primary consumers of these drugs is warranted.

Customs continues to seize cocaine at the Australian border, indicating that there is an ongoing cocaine market in Australia. The 2006 IDRS suggested that the frequency of cocaine use among NSW IDU continued to increase, while remaining low and sporadic in all other jurisdictions. IDU in NSW considered cocaine as 'easy' or 'very easy' to obtain, and the majority reported availability as stable in the preceding six months. The price of a cap of cocaine remained stable at $50 in NSW, which was the only jurisdiction where sufficient numbers of participants were able to comment. Many of the small number of participants able to comment in other jurisdictions reported cocaine to be mainly 'difficult' or 'very difficult' to obtain. As cocaine use is sporadic in jurisdictions other than NSW, there is a need to further investigate the cocaine markets in Australia. The Ecstasy and Related Drugs Reporting System (EDRS, formerly the Party Drugs Initiative or PDI) provides information on cocaine use among regular ecstasy user populations across the country (Stafford et al., 2006b). The EDRS continued to be funded in 2006 by the Australian Government Department of Health and Ageing. There has also been a study investigating cocaine markets in Australia examining the characteristics and dynamics of cocaine supply and demand in Sydney and Melbourne among high socio-economic status users, recreational polydrug users and IDU in an attempt to provide more detailed information (Shearer et al., 2005).

Cannabis remained one of the most commonly used illicit drugs among Australian IDU, and one of the most frequently used. The cannabis market and patterns of use continued to be relatively stable. Cannabis remained readily available in all jurisdictions, with hydroponically grown cannabis continuing to dominate the market, and bush also readily available and commonly used. The potency of hydroponic cannabis continued to be rated by IDU as high and bush cannabis as medium. Although IDU interviewed for the IDRS often report very frequent cannabis use, it is not the case that these groups form the majority of the cannabis using population in Australia. General population rates in Australia suggest that lifetime use is reported by at least one in three people aged 14 years and over (Australian Institute of Health and Welfare, 2005a), and cannabis use remains common among the broader community in this country. Given that many IDU reported cannabis potency as high, and that much of the cannabis used was apparently hydroponically grown, future work may further examine the characteristics and potency of street samples of cannabis to validate these reports.

Data from recent years of the IDRS have pointed to the misuse of a growing number of pharmaceutical preparations. In the context of reduced heroin availability and low heroin purity, many IDU may be turning to other opioids either instead of, or as well as heroin. In 2006

morphine remained the most commonly injected pharmaceutical, and increases in prevalence of use of illicit morphine were observed in a number of jurisdictions. Use of illicit morphine was highest in the NT and TAS where heroin has traditionally not been freely available and where methadone and morphine have dominated the markets. The majority of participants who reported they had used morphine stated they mainly used 'illicit' morphine, i.e. morphine that was not from a prescription in their own name. Further investigation into where IDU are accessing or obtaining the morphine they are using would be worthwhile.

Half of the national sample reported recent use of methadone, and, of those, about two-thirds (62%) reported injecting it (compared to half in 2005). A high rate of methadone injection 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 monitoring began. This is a cause for concern, given that the injection of methadone in either syrup or tablet form is associated with vascular damage and increased risk of overdose (Darke et al., 1996).

Diverted use (both oral and injecting) of buprenorphine (Subutex) was reported by notable proportions of IDRS IDU. A number of key experts (KE) expressed concern regarding the diversion and injection of buprenorphine, with some reporting increasingly restrictive dosing protocols in an attempt to reduce the incidence of diversion. Although not widespread, the diversion and injection of buprenorphine-naloxone (Suboxone), a recently introduced treatment for opioid dependence, was somewhat surprising given both its recent introduction and the inclusion of naloxone in this preparation. In light of the harms associated with injecting these drugs (vascular damage, infections and overdose), continued monitoring is recommended as these treatments are expanded across Australia.

Again consistent with KE reports, there was evidence of a small increase in use and injection of illicit oxycodone. However, frequency of use remained sporadic. Intravenous administration of benzodiazepines has proven resilient among IDU despite the removal of temazepam gel capsules from the market due to the harms associated with their use. Approximately one-third to one-half of IDU in all jurisdictions reported the use of benzodiazepines obtained illicitly in the preceding six months (from 31% in VIC to 46% in TAS), and 12% overall had injected benzodiazepines (both licit and illicit). In 2006 IDU also reported experiencing injection-related harms specific to these drug types.

Rates of sharing of injecting equipment (not including needles) decreased slightly in 2006; however, the rates remain relatively high (33% of the national sample, compared to 37% in 2005). Consequently, continued emphasis on, and support for, targeted strategies to further reduce the rates of sharing of needles/syringes and other injection equipment by IDU is required. In addition, as injection-related problems continue to be reported, information on procedures for cleaning injection equipment, and the harms associated with use of non-sterile equipment, should be actively provided to consumers. Continued emphasis on targeted strategies to reduce the rates of sharing of needles/syringes and other injection equipment (such as tourniquets, filters and mixing containers), and to improve awareness and adoption of safe injection practices and vein care among IDU, is clearly warranted. The sharing of injecting equipment also raises concerns about the transmission of BBVI, in particular HCV, which is prevalent among IDU in Australia.

Reports of users driving under the influence of illicit drugs were once again a finding in this year's IDRS. Further investigation - for example, the frequency and circumstances under which it occurs - is already an area of considerable research effort (Kelly et al., 2002). It is important to disseminate information to users about the effects of different drug types upon driving ability, and, indeed, of the negative effects of polydrug use on such abilities. Many jurisdictions have, or

are considering introducing random roadside drug testing, and the IDRS data will allow evaluation of the effectiveness of these strategies and inform policy decisions. For instance, following implementation of roadside drug-testing by Tasmania Police and associated driver education campaigns, reports of driving while affected by most drug types remained unchanged in 2006, however, there were declines in reports of driving under the influence of cannabis, the drug most focused on in media reports of this issue. This suggests that drug-driving interventions may indeed have an impact in this demographic and further monitoring and evaluation of these strategies among this group is recommended, particularly where this could be used to tailor campaigns to this particularly risky demographic.

Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among regular IDU, it cannot provide information on drug use and harms among all groups of drug users. The EDRS, which has been funded in every jurisdiction in Australia from 2003-2006, has documented patterns and trends in use among regular ecstasy users (Stafford et al., 2006b). The information provided by the EDRS is an important addition to Australia's monitoring of drug use and harms. Given that the use of new drugs and diversion of pharmaceutical drugs appears to be increasing, future research might include examination of groups who report using these drug types to investigate the patterns and circumstances of the use of newer drug types. Examination of trends in rural areas in Australia may also provide information about the patterns of use and harm among groups outside the major metropolitan centres of the country.

Methodological considerations

As previously mentioned, the IDRS is not designed to provide information regarding illicit drug use in the general population, nor does it provide information that is representative of all illicit drug users. The IDRS deliberately recruits a 'sentinel' population of IDU who are current and active participants in illicit drug markets. Consequently, those IDU in the IDRS sample who report being in treatment - of whom there were substantial proportions in the 2006 IDRS - may not be representative of treatment populations more generally, particularly those who withdraw from injecting drug use and/or illicit drug market activity once engaged in treatment. The IDRS does, however, provide directly comparable data relating to illicit drug use and markets, collected in every Australian jurisdiction from a sentinel group of IDU in an attempt to detect emerging trends in illicit drug markets. The IDU survey is a key component of the IDRS, providing the most accurate data available on drug prices and availability, data that cannot be collected as efficiently in any other way. The inclusion of the IDU survey in all Australian jurisdictions since 2000, and the examination of comparable data over time, represents continued progress in the monitoring of illicit drug trends.

The IDRS is designed to detect emerging trends and inform future research; it therefore cannot and does not intend to answer detailed research questions such as the harms associated with a particular drug or the extent of diversion of pharmaceutical supplies. However, the IDRS can provide background information on issues related to illicit drug markets, such as levels of use of a certain drug among a group of IDU and changes over time.

As there are differences between jurisdictions in the availability and patterns of use of various drugs, detailed jurisdictional findings of the IDRS and discussion of their implications are available in the jurisdictional Drug Trends 2006 reports, available via the NDARC website.

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APPENDICES

Appendix A

Table A1: Price, perceived purity and availability of heroin, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Median Price ($)									
Per gram	-	300	300	310	360*	400*	550	500*	400
Per cap	-	50	50	45	90*	50	50*	80	50
Price changes									
% Did not respond	34	5	13	9	84	37	35	74	42
Of those who responded (n)	(n=626)	(n=147)	(n=109)	(n=136)	(n=16)	(n=64)	(n=65)	(n=28)	(n=61)
(% of the entire sample)									
% Don't know	8 (5)	5 (5)	3 (2)	5 (5)	50 (8)	5 (3)	5 (3)	43 (11)	10 (6)
% Increased	13 (8)	18 (18)	6 (5)	17 (15)	6 (1)	14 (9)	9 (6)	18 (5)	5 (3)
% Stable	66 (43)	69 (66)	74 (65)	61 (55)	25 (4)	70 (45)	69 (45)	32 (8)	69 (40)
% Decreased	7 (5)	3 (3)	12 (10)	11 (10)	6 (1)	3 (2)	6 (4)	0 (0)	7 (4)
% Fluctuated	7 (5)	4 (4)	6 (5)	6 (5)	13 (2)	8 (5)	11 (7)	7 (2)	10 (9)
Current purity									
% Did not respond	34	5	13	9	84	37	35	74	43
Of those who responded (n)	(n=626)	(n=147)	(n=109)	(n=136)	(n=16)	(n=64)	(n=65)	(n=28)	(n=61)
(% of the entire sample)									
% Don't know	6 (4)	5 (5)	3 (3)	3 (3)	25 (4)	5 (3)	3 (2)	21 (6)	10 (6)
% High	8 (6)	5 (5)	11 (10)	6 (5)	0 (0)	11 (7)	14 (9)	4 (1)	13 (8)
% Medium	35 (23)	33 (32)	43 (38)	30 (27)	31 (5)	31 (20)	45 (29)	18 (5)	39 (23)
% Low	41 (27)	47 (45)	39 (34)	49 (45)	25 (4)	39 (25)	29 (19)	54 (14)	23 (13)
% Fluctuates	10 (7)	10 (10)	4 (3)	12 (11)	19 (3)	14 (9)	9 (6)	4 (1)	15 (9)
Availability									
% Did not respond	34	5	13	9	84	37	35	74	42
Of those who responded (n)	(n=626)	(n=147)	(n=109)	(n=136)	(n=16)	(n=64)	(n=65)	(n=28)	(n=61)
(% of the entire sample)									
% Very easy	48 (32)	61 (58)	40 (35)	62 (56)	13 (2)	48 (31)	43 (28)	0 (0)	34 (20)
% Easy	35 (23)	25 (23)	48 (42)	30 (27)	13 (2)	39 (25)	35 (23)	14 (4)	54 (31)
% Difficult	11 (7)	8 (8)	12 (10)	6 (5)	6 (1)	9 (6)	19 (12)	50 (13)	7 (4)
% Very difficult	3 (2)	1 (1)	0 (0)	1 (1)	38 (6)	3 (2)	0 (0)	21 (6)	0 (0)
% Don't know	4 (2)	5 (5)	0 (0)	2 (1)	31 (5)	0 (0)	3 (2)	14 (4)	5 (3)
Availability changes									
Did not respond (%)	34	5	13	9	84	37	35	74	42
Of those who responded (n)	(n=626)	(n=147)	(n=109)	(n=136)	(n=16)	(n=64)	(n=65)	(n=28)	(n=61)
(% of the entire sample)									
% Don't know	6 (4)	5 (5)	2 (2)	3 (3)	38 (6)	3 (2)	3 (2)	29 (7)	7 (4)
% More difficult	17 (12)	21 (20)	18 (16)	18 (16)	13 (2)	19 (12)	9 (6)	21 (6)	13 (8)
% Stable	63 (42)	59 (56)	70 (61)	70 (63)	38 (6)	72 (46)	60 (39)	46 (12)	57 (33)
% Easier	10 (7)	12 (12)	8 (7)	6 (5)	6 (1)	5 (3)	20 (13)	0 (0)	16 (9)
% Fluctuates	4 (2)	3 (3)	2 (2)	4 (3)	6 (1)	2 (1)	8 (5)	4 (1)	7 (4)
Place usually score**									
% Did not respond	40	12	16	15	90	44	39	85	46
Of those who responded (n)	(n=569)	(n=136)	(n=105)	(n=127)	(n=10)	(n=57)	(n=61)	(n=16)	(n=57)
(% of the entire sample)									
% Street dealer	18 (11)	32 (29)	16 (14)	12 (10)	10 (1)	11 (6)	8 (5)	19 (3)	23 (12)
% Dealer's home	20 (12)	17 (15)	23 (19)	24 (21)	10 (1)	14 (8)	20 (12)	0 (0)	23 (12)
% Mobile dealer	38 (23)	34 (30)	39 (33)	47 (37)	20 (2)	51 (29)	34 (21)	6 (1)	26 (14)
% Friend#	16 (9)	10 (8)	13 (11)	8 (7)	40 (4)	9 (5)	31 (19)	75 (11)	19 (10)
% Other source	8 (5)	7 (5)	9 (7)	9 (8)	20 (2)	15 (9)	7 (4)	0 (0)	9 (5)

Source: IDRS IDU interviews

* Small numbers reported

****** Survey item expanded in 2006 to assess from whom drugs were purchased and from where

Includes gift from friend

Appendix B

Table B1: Price, perceived purity and availability of methamphetamine powder, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA N=101	WA n=100	NT n=107	QLD n=106
Price ($) per gram	-	90	125	200	300	200	300	280	200
Price ($) per point	-	50	50	40	50	41.50	50	50	50
Price ($) per ½ gram	-	60	150	100	155	100*	200	142.5	100
Price changes									
% Did not respond	44	46	47	45	21	69	45	35	45
Of those who responded (n)	(n=524)	(n=83)	(n=66)	(n=82)	(n=79)	(n=31)	(n=55)	(n=70)	(n=58)
(% of the entire sample)									
% Don't know	11 (6)	7 (4)	11 (6)	13 (7)	15 (12)	7 (2)	6 (3)	7 (5)	19 (10)
% Increased	13 (1)	10 (5)	11 (6)	10 (5)	6 (5)	13 (4)	33 (18)	20 (13)	7 (4)
% Stable	66 (37)	77 (42)	61 (32)	67 (37)	68 (54)	65 (20)	51 (28)	63 (41)	69 (38)
% Decreased	4 (2)	5 (3)	8 (4)	6 (3)	7 (2)	7 (2)	4 (2)	1 (<1)	2 (<1)
% Fluctuated	2 (3)	1 (<1)	11 (6)	4 (2)	10 (3)	10 (3)	7 (4)	9 (6)	3 (2)
Current purity									
% Did not respond	44	46	47	45	21	63	45	35	45
Of those who responded (n)	(n=525)	(n=83)	(n=66)	(n=83)	(n=79)	(n=31)	(n=55)	(n=70)	(n=58)
(% of the entire sample)									
% Don't know	7 (4)	12 (7)	6 (3)	5 (3)	9 (7)	10 (3)	4 (2)	4 (3)	9 (5)
% High	16 (9)	10 (5)	21 (11)	21 (11)	13 (10)	19 (6)	20 (11)	16 (10)	10 (6)
% Medium	30 (17)	34 (18)	24 (13)	33 (18)	25 (20)	19 (6)	31 (17)	27 (18)	43 (24)
% Low	34 (19)	36 (20)	41 (22)	29 (16)	32 (25)	23 (7)	26 (14)	46 (30)	29 (16)
% Fluctuates	13 (7)	8 (5)	8 (4)	13 (7)	22 (17)	29 (9)	20 (11)	7 (5)	9 (5)
Availability									
% Did not respond	44	46	47	45	21	69	45	35	45
Of those who responded (n)	(n=525)	(n=83)	(n=66)	(n=83)	(n=79)	(n=31)	(n=55)	(n=70)	(n=58)
(% of the entire sample)									
% Don't know	5 (3)	6 (3)	6 (3)	1 (<1)	10 (8)	3 (1)	0 (0)	4 (3)	7 (4)
% Very easy	42 (23)	36 (19)	46 (24)	45 (25)	39 (31)	45 (14)	62 (34)	14 (9)	60 (31)
% Easy	37 (21)	33 (18)	41 (22)	35 (19)	42 (33)	36 (11)	38 (21)	51 (34)	21 (11)
% Difficult	13 (7)	18 (10)	8 (4)	17 (9)	8 (6)	16 (5)	0 (0)	24 (16)	14 (8)
% Very difficult	3 (1)	7 (4)	0 (0)	2 (1)	1 (<1)	0 (0)	0 (0)	6 (4)	2 (<1)
Availability changes									
% Did not respond	45	45	47	45	21	69	45	35	46
Of those who responded (n)	(n=523)	(n=82)	(n=66)	(n=83)	(n=79)	(n=31)	(n=55)	(n=70)	(n=57)
(% of the entire sample)									
% Don't know	8 (14)	7 (4)	8 (4)	6 (3)	15 (12)	7 (2)	0 (0)	9 (6)	5 (3)
% More difficult	12 (7)	17 (9)	11 (6)	12 (7)	6 (5)	16 (5)	4 (2)	16 (10)	16 (8)
% Stable	62 (35)	66 (35)	68 (36)	69 (36)	53 (42)	48 (15)	66 (36)	61 (40)	60 (32)
% Easier	14 (8)	9 (5)	11 (6)	11 (6)	23 (18)	19 (6)	22 (12)	10 (7)	12 (7)
% Fluctuates	5 (3)	1 (<1)	3 (2)	3 (2)	3 (2)	10 (3)	9 (5)	4 (3)	7 (4)
Place usually score**									
% Did not respond	50	60	50	49	29	71	48	38	52
Of those who responded (n)	(n=471)	(n=62)	(n=63)	(n=77)	(n=71)	(n=29)	(n=52)	(n=66)	(n=51)
(% of the entire sample)									
% Street dealer	16 (8)	29 (12)	13 (6)	10 (5)	6 (4)	3 (1)	8 (4)	26 (16)	29 (14)
% Dealer's home	28 (14)	27 (11)	38 (19)	27 (14)	30 (21)	28 (8)	21 (11)	17 (10)	33 (16)
% Mobile dealer	20 (10)	18 (7)	13 (6)	26 (13)	34 (24)	31 (9)	21 (11)	9 (6)	8 (4)
% Friend#	31 (15)	24 (10)	27 (14)	29 (15)	25 (18)	24 (7)	44 (23)	47 (29)	24 (11)
% Other source	5 (3)	2 (<1)	9 (5)	8 (4)	5 (4)	14 (4)	6 (3)	1 (1)	6 (3)

Source: IDRS IDU interviews

* Small numbers reported

****** Survey item expanded in 2006 to assess from whom drugs were purchased and from where

Includes gift from friend

Table B2: Price, perceived purity and availability of methamphetamine base, by jurisdiction, 2005

	National N=943	NSW N=154	ACT n=125	VIC n=150	TAS n=100	SA N=101	WA n=100	NT n=107	QLD n=106
Price ($)per 'point'	-	50	50	45*	50	50	50	50*	50*
Price ($) per ½ gram	-	150*	150*	150*	150	100	200	-	100
Price ($) per gram	-	160*	280*	150*	325	200	300	250*	200*
Price changes									
% Did not respond	66	56	83	93	20	47	62	85	67
Of those who responded (n)	(n=323)	(n=68)	(n=21)	(n=11)	(n=80)	(n=54)	(n=38)	(n=16)	(n=35)
(% of the entire sample)									
% Don't know	10 (3)	12 (5)	0 (0)	9 (<1)	11 (3)	9 (5)	3 (1)	6 (1)	20 (7)
% Increased	15 (5)	13 (6)	5 (<1)	46 (3)	13 (10)	24 (13)	11 (4)	19 (3)	9 (3)
% Stable	67 (23)	73 (32)	86 (14)	27 (2)	61 (49)	61 (33)	76 (29)	63 (9)	66 (22)
% Decreased	4 (1)	0 (0)	0 (0)	9 (<1)	9 (7)	2 (1)	3 (1)	6 (1)	3 (1)
% Fluctuated	5 (2)	2 (<1)	10 (2)	9 (<1)	6 (5)	4 (2)	8 (3)	6 (1)	3 (1)
Current purity									
% Did not respond	66	56	82	93	20	47	62	85	67
Of those who responded (n)	(n=324)	(n=68)	(n=22)	(n=11)	(n=80)	(n=54)	(n=38)	(n=16)	(n=35)
(% of the entire sample)									
% Don't know	5 (2)	6 (3)	0 (0)	9 (1)	6 (5)	7 (4)	3 (1)	6 (1)	3 (1)
% High	30 (10)	22 (10)	27 (5)	27 (2)	31 (25)	33 (18)	32 (12)	25 (4)	37 (12)
% Medium	37 (13)	41 (18)	27 (5)	27 (2)	36 (29)	32 (17)	45 (17)	50 (8)	37 (12)
% Low	15 (5)	19 (8)	41 (7)	18 (1)	10 (8)	13 (7)	11 (4)	13 (2)	6 (2)
% Fluctuates	13 (5)	12 (5)	5 (1)	18 (1)	16 (13)	15 (8)	11 (4)	6 (1)	17 (6)
Availability									
% Did not respond	66	56	82	93	20	47	62	85	67
Of those who responded (n)	(n=324)	(n=68)	(n=22)	(n=11)	(n=80)	(n=54)	(n=38)	(n=16)	(n=35)
(% of the entire sample)									
% Don't know	4 (1)	2 (<1)	5 (<1)	9 (<1)	6 (5)	2 (1)	3 (1)	19 (3)	0 (0)
% Very easy	40 (14)	47 (21)	23 (4)	9 (<1)	38 (30)	50 (27)	42 (16)	13 (2)	43 (14)
% Easy	37 (13)	32 (14)	41 (7)	46 (3)	41 (33)	32 (17)	40 (15)	44 (7)	34 (11)
% Difficult	19 (6)	19 (8)	32 (6)	36 (3)	15 (12)	17 (9)	13 (5)	19 (3)	23 (8)
% Very difficult	< (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (1)	6 (1)	0 (0)
Availability changes									
% Did not respond	66	56	82	93	20	47	62	85	67
Of those who responded (n)	(n=324)	(n=68)	(n=22)	(n=11)	(n=80)	(n=54)	(n=38)	(n=16)	(n=35)
(% of the entire sample)									
% Don't know	6 (2)	4 (2)	5 (1)	0 (0)	10 (8)	4 (2)	5 (2)	13 (2)	3 (1)
% More difficult	15 (5)	18 (8)	14 (3)	18 (1)	16 (13)	15 (8)	8 (3)	19 (3)	14 (5)
% Stable	63 (22)	68 (30)	68 (30)	73 (5)	56 (45)	59 (32)	68 (26)	38 (6)	71 (24)
% Easier	13 (4)	10 (5)	10 (5)	0 (0)	16 (13)	19 (10)	8 (3)	19 (3)	11 (4)
% Fluctuates	4 (1)	0 (0)	0 (0)	9 (<1)	1 (1)	4 (2)	11 (4)	13 (2)	0 (0)
Place usually score**									
% Did not respond	68	60	82	94	26	47	64	88	70
Of those who responded (n)	(n=302)	(n=61)	(n=22)	(n=9)	(n=74)	(n=54)	(n=36)	(n=13)	(n=32)
(% of the entire sample)									
% Street dealer	10 (3)	25 (10)	18 (3)	0 (0)	3 (2)	4 (2)	6 (2)	8 (1)	13 (4)
% Dealer's home	30 (9)	28 (11)	32 (6)	22 (1)	28 (21)	35 (19)	25 (9)	15 (2)	37 (11)
% Mobile dealer	25 (8)	21 (8)	5 (1)	22 (1)	35 (26)	35 (19)	11 (4)	0 (0)	28 (8)
% Friend#	29 (9)	23 (9)	41 (7)	33 (2)	28 (21)	15 (8)	50 (18)	54 (7)	22 (7)
% Other source	6 (2)	3 (1)	12 (2)	22(1)	6 (5)	11 (6)	8 (3)	23 (3)	0 (0)

Source: IDRS IDU interviews * Small numbers reported

****** Survey item expanded in 2006 to assess from whom drugs were purchased and from where # Includes gift from friend

Table B3: Price, perceived purity and availability of crystal methamphetamine, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA N=101	WA n=100	NT n=107	QLD n=106
Median price ($) per 'point'	-	50	50	50*	50	30	50	65	50*
Median price ($) per ½ gram	-	250*	200	150*	170	125	200	150*	100*
Median price ($) per gram	-	350	300*	300*	340*	300	400	250*	200*
Price changes									
% Did not respond	64	55	44	88	56	67	38	80	75
Of those who responded (n)	(n=343)	(n=69)	(n=70)	(n=18)	(n=44)	(n=33)	(n=62)	(n=21)	(n=26)
(% of the entire sample)									
% Don't know	18 (6)	20 (9)	9 (5)	11 (1)	46 (20)	9 (3)	7 (4)	24 (5)	23 (6)
% Increased	17 (6)	17 (8)	14 (8)	0 (0)	16 (7)	36(12)	16 (10)	19 (4)	12 (3)
% Stable	57 (21)	61 (27)	64(36)	78 (9)	27 (12)	49(16)	69 (43)	52 (10)	54 (13)
% Decreased	5 (2)	1 (<1)	10 (6)	11 (1)	7 (3)	0 (0)	2 (1)	0 (0)	8 (2)
% Fluctuated	4 (1)	0 (0)	3 (2)	0 (0)	5 (2)	6 (2)	7 (4)	5 (1)	4 (1)
Current purity									
% Did not respond	64	55	44	88	56	67	37	80	76
Of those who responded (n)	(n=344)	(n=69)	(n=70)	(n=18)	(n=44)	(n=33)	(n=63)	(n=21)	(n=26)
(% of the entire sample)									
% Don't know	9 (3)	13 (6)	1 (1)	0 (0)	18 (8)	6 (2)	8 (5)	10 (2)	12 (3)
% High	55 (20)	46 (21)	53 (30)	67 (8)	66 (29)	61 (20)	51 (32)	57 (11)	58 (14)
% Medium	22 (8)	20 (9)	26 (14)	17 (2)	14 (6)	21 (7)	29 (18)	29 (6)	19 (5)
% Low	8 (3)	12 (5)	13 (7)	17 (2)	0 (0)	6 (2)	6 (4)	5 (1)	8 (2)
% Fluctuates	6 (2)	9 (4)	7 (4)	0 (0)	2 (1)	6 (2)	6 (4)	0 (0)	4 (1)
Availability									
% Did not respond	64	55	44	88	56	67	37	80	75
Of those who responded (n)	(n=344)	(n=69)	(n=70)	(n=18)	(n=44)	(n=33)	(n=63)	(n=21)	(n=26)
(% of the entire sample)									
% Don't know	7 (3)	10 (5)	0 (0)	0 (0)	21 (9)	3 (1)	6 (4)	10 (2)	8 (2)
% Very easy	26 (9)	22 (10)	39(22)	28 (3)	11 (5)	18 (6)	30 (19)	14 (3)	15 (4)
% Easy	37 (13)	55 (25)	50(28)	11 (1)	32 (14)	52(17)	37 (23)	29 (6)	46 (11)
% Difficult	25 (9)	10 (5)	11 (6)	56 (7)	25 (11)	24 (8)	27 (17)	29 (6)	27 (7)
% Very difficult	5 (2)	1 (<1)	0 (0)	6 (<1)	11 (5)	3 (1)	0 (0)	19 (4)	4 (1)
Availability changes									
% Did not respond	64	55	44	88	56	67	37	80	75
Of those who responded (n)	(n=344)	(n=69)	(n=70)	(n=18)	(n=44)	(n=33)	(n=63)	(n=21)	(n=26)
(% of the entire sample)									
% Don't know	10 (3)	12 (5)	0 (0)	0 (0)	34 (15)	3 (1)	3 (2)	14 (3)	15 (4)
% More difficult	18 (7)	22 (10)	9 (5)	33 (4)	11 (5)	18 (6)	19 (12)	29 (6)	27 (7)
% Stable	50 (18)	55 (25)	59(33)	44 (5)	32 (14)	58(19)	52 (33)	52 (10)	35 (8)
% Easier	17 (6)	10 (5)	27(15)	17 (2)	18 (8)	18 (6)	18 (11)	5 (1)	19 (5)
% Fluctuates	4 (2)	1 (<1)	6 (3)	6 (<1)	5 (2)	3 (1)	8 (5)	0 (0)	4 (1)
Place usually score**									
% Did not respond	67	61	45	89	64	69	43	84	78
Of those who responded (n)	(n=309)	(n=60)	(n=69)	(n=16)	(n=36)	(n=31)	(n=57)	(n=17)	(n=23)
(% of the entire sample)									
% Street dealer	14 (4)	25 (10)	17(10)	6 (<1)	8 (3)	3 (1)	7 (4)	12 (2)	17 (4)
% Dealer's home	26 (8)	17 (6)	32(18)	19 (2)	17 (6)	36(11)	32(18)	24 (4)	22 (5)
% Mobile dealer	20 (6)	27 (10)	13 (7)	13 (1)	33 (12)	29(9)	16 (9)	12 (2)	9 (2)
% Friend#	35 (12)	27 (10)	33(18)	56 (6)	39 (14)	13 (4)	42(24)	47 (7)	48(10)
% Other source	5 (2)	4 (2)	5 (2)	6 (<1)	3 (1)	19 (6)	3 (2)	5 (1)	4 (1)

Source: IDRS IDU interviews

* Small numbers reported

****** Survey item expanded in 2006 to assess from whom drugs were purchased and from where

Includes gift from friend

Appendix C

Table C1: Price, perceived purity and availability of cocaine, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Median price ($) per gram	-	280	250*	350*	400*	315*	475*	250*	300*
Median price ($) per cap	-	50	50*	50*	60*	60*	50*	100*	-
Price changes (%)									
Did not respond	83	34	89	92	96	92	95	92	91
Of those who responded (n)	(n=164)	(n=102)	(n=14)	(n=12)	(n=4)	(n=8)	(n=5)	(n=9)	(n=10)
(% of the entire sample)									
Don't know	23 (4)	16 (10)	36 (4)	17 (1)	75 (3)	38 (3)	20 (1)	44 (4)	30 (3)
Increased	12 (2)	11 (7)	7 (1)	17 (1)	0 (0)	13 (1)	20 (1)	11 (91)	20 (2)
Stable	57 (10)	67 (44)	43 (5)	42 (3)	25 (1)	38 (3)	20 (1)	44 (4)	50 (5)
Decreased	6 (1)	6 (4)	7 (1)	17 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Fluctuated	4 (<1)	1 (<1)	7 (1)	8 (<1)	0 (0)	13 (1)	40 (2)	0 (0)	0 (0)
Current purity									
% Did not respond	83	34	88	92	96	92	95	92	91
Of those who responded (n)	(n=164)	(n=102)	(n=14)	(n=12)	(n=4)	(n=8)	(n=5)	(n=9)	(n=10)
(% of the entire sample)									
% Don't know	9 (2)	7 (5)	7 (1)	8 (1)	25 (1)	13 (1)	0 (0)	22 (2)	20 (2)
% High	26 (5)	20 (13)	36 (4)	8 (1)	25 (1)	13 (1)	60 (3)	33 (3)	80 (8)
% Medium	37 (6)	40 (27)	43 (5)	33 (3)	50 (2)	25 (2)	20 (1)	44 (4)	0 (0)
% Low	23 (4)	28 (18)	0 (0)	42 (3)	0 (0)	50 (4)	20 (1)	0 (0)	0 (0)
% Fluctuates	6 (1)	6 (4)	14 (2)	8 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Availability (%)									
Did not respond	83	34	89	92	96	92	95	92	91
Of those who responded (n)	(n=164)	(n=102)	(n=14)	(n=12)	(n=4)	(n=8)	(n=5)	(n=9)	(n=10)
(% of the entire sample)									
% Don't know	6 (1)	4 (3)	7 (1)	0 (0)	25 91)	13 (1)	0 (0)	22 (2)	10 (1)
% Very easy	34 (6)	48 (32)	14 (2)	17 (1)	0 (0)	13 (1)	0 (0)	11 (1)	10 (1)
% Easy	23 (4)	21 (14)	21 (3)	17 (1)	0 (0)	13 (1)	80 (4)	33 (3)	40 (4)
% Difficult	26 (5)	21 (14)	29 (4)	58 (5)	25 (1)	63 (5)	0 (0)	33 (3)	20 (2)
% Very difficult	10 (2)	7 (5)	29 (4)	8 (<1)	50 (2)	0 (0)	20 (1)	0 (0)	20 (2)
Availability changes (%)									
% Did not respond	83	34	89	93	96	92	95	92	91
Of those who responded (n)	(n=163)	(n=102)	(n=14)	(n=11)	(n=4)	(n=8)	(n=5)	(n=9)	(n=10)
(% of the entire sample)									
% Don't know	11 (2)	7 (15)	21 (3)	9 (<1)	25 (1)	13 (1)	0 (0)	44 (4)	10 (1)
% More difficult	17 (3)	17 (12)	7 (1)	27 (2)	0 (0)	25 (2)	40 (2)	22 (2)	0 (0)
% Stable	56 (10)	62 (41)	36 (5)	64 (5)	75 (3)	50 (4)	0 (0)	33 (3)	60 (6)
% Easier	12 (2)	13 (8)	12 (3)	0 (0)	0 (0)	0 (0)	20 (1)	0 (0)	20 (2)
% Fluctuates	4 (<1)	1 (<1)	14 (2)	0 (0)	0 (0)	13 (1)	40 (2)	0 (0)	10 (1)
Place usually score**									
% Did not respond	86	45	90	93	97	92	96	93	93
Of those who responded (n)	(N=136)	(n=85)	(n=12)	(n=10)	(n=3)	(n=8)	(n=4)	(n=7)	(n=7)
(% of the entire sample)									
% Street dealer	29 (4)	37 (20)	33 (3)	10 (<1)	0 (0)	0 (0)	0 (0)	29 (2)	17 (1)
% Dealer's home	17 (2)	14 (8)	8 (1)	40 (3)	0 (0)	13 (1)	25 (1)	29 (2)	33 (2)
% Mobile dealer	28 (4)	31 (17)	25 (2)	30 (2)	33 (1)	50 (4)	0 (0)	14 (1)	0 (0)
% Friend#	21 (3)	13 (7)	33 (3)	20 (2)	67 (2)	25 (2)	75 (3)	28 (2)	50 (3)
% Other source	5 (<1)	5 (3)	0 (0)	0 (0)	0 (0)	12 (1)	0 (0)	0 (0)	0 (0)

Source: IDRS IDU interviews

* Small numbers reported

****** Survey item expanded in 2006 to assess from whom drugs were purchased and from where

Includes gift from friend

Table C2: Proportion of IDU who reported using cocaine in the past six months, by jurisdiction, 1997-2006*

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
NSW	33	10	34	63	84	79	53	47	60	**67**
ACT	-	-	-	15	40	18	13	10	20	**8**
VIC	10	12	7	13	28	17	13	10	15	**19**
TAS	-	-	-	6	8	12	9	4	8	**12**
SA	33	34	27	20	27	26	13	6	16	**8**
WA	-	-	-	22	32	17	10	15	19	**10**
NT	-	-	-	18	13	13	5	10	10	**8**
QLD	-	-	-	13	28	15	16	10	11	**9**

Source: IDRS IDU interviews
***** Data not collected in all jurisdictions until 2000

Appendix D

Table D1: Price and perceived potency of cannabis, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Price ($) HYDRO									
Per ounce	-	300	290	250	290	200	300	300	300
Per gram	-	20	20	20	25	25+	25	25	25
Price ($) BUSH									
Per ounce	-	200	250	200	200	200	232.50	200	230
Per gram	-	20	20	20	22.50	25+	25	25	25
Price changes									
HYDRO									
% Did not respond	25	17	22	31	12	39	30	22	28
Of those who responded (n) (% of the entire sample)	(n=709)	(n=128)	(n=98)	(n=104)	(n=88)	(n=62)	(n=70)	(n=83)	(n=76)
% Don't know	9 (7)	9 (8)	4 (3)	4 (3)	14 (12)	3 (2)	6 (4)	15 (11)	16 (11)
% Increased	10 (7)	8 (6)	9 (7)	4 (3)	15 (13)	8 (5)	6 (4)	16 (12)	13 (9)
% Stable	73 (55)	73 (61)	78 (61)	77 (53)	61 (54)	77 (48)	86 (60)	68 (52)	61 (43)
% Decreased	3 (5)	6 (5)	4 (3)	4 (3)	5 (4)	3 (2)	3 (2)	1 (1)	3 (2)
% Fluctuated	3 (5)	4 (3)	5 (4)	5 (3)	6 (5)	0 (0)	0 (0)	1 (1)	8 (6)
BUSH									
% Did not respond	31	17	22	59	12	48	30	23	30
Of those who responded (n) (% of the entire sample)	(n=652)	(n=128)	(n=97)	(n=61)	(n=88)	(n=52)	(n=70)	(n=82)	(n=74)
% Don't know	32 (22)	41 (34)	27 (21)	30 (12)	26 (23)	6 (3)	16 (11)	44 (34)	50 (35)
% Increased	4 (3)	2 (2)	6 (5)	0 (0)	7 (6)	8 (4)	1 (1)	6 (5)	3 (2)
% Stable	54 (37)	52 (43)	56 (43)	59 (24)	46 (40)	73 (38)	73 (51)	44 (34)	39 (27)
% Decreased	6 (4)	4 (3)	6 (5)	8 (3)	13 (11)	4 (2)	7 (5)	5 (4)	5 (4)
% Fluctuated	4 (3)	1 (1)	5 (4)	3 (1)	9 (8)	10 (5)	3 (2)	1 (1)	3 (2)
Potency									
HYDRO									
% Did not respond	25	17	22	29	12	39	30	22	28
Of those who responded (n) (% of the entire sample)	(n=711)	(n=128)	(n=98)	(n=106)	(n=88)	(n=62)	(n=70)	(n=83)	(n=76)
% High	57 (43)	57 (47)	59 (46)	68 (48)	51 (45)	57 (35)	69 (48)	35 (27)	63 (45)
% Medium	27 (20)	29 (24)	27 (21)	25 (18)	21 (18)	29 (18)	19 (13)	43 (34)	21 (15)
% Low	3 (2)	2 (1)	5 (4)	1 (1)	2 (2)	7 (4)	1 (1)	4 (3)	1 (1)
Potency changes									
% Stable	57 (43)	58 (48)	61 (48)	66 (47)	44 (38)	50 (31)	73 (51)	58 (45)	42 (30)
BUSH									
% Did not respond	31	17	22	59	12	48	30	23	30
Of those who responded (n) (% of the entire sample)	(n=653)	(n=128)	(n=97)	(n=62)	(n=88)	(n=52)	(n=70)	(n=82)	(n=74)
% High	13 (9)	14 (12)	11 (9)	11 (5)	9 (8)	27 (14)	16 (11)	13 (10)	8 (6)
% Medium	37 (26)	29 (24)	41 (32)	42 (17)	35 (31)	54 (28)	56 (39)	28 (21)	27 (19)
% Low	12 (9)	12 (10)	17 (13)	10 (4)	17 (15)	6 (3)	4 (3)	15 (11)	15 (10)
Potency changes									
% Stable	47 (33)	42 (35)	52 (40)	53 (22)	44 (39)	58 (30)	66 (46)	42 (32)	31 (22)

Source: IDRS IDU interviews

+ A 'bag' of approximately 2.5 grams of cannabis

Table D2: Availability of cannabis, by jurisdiction, 2005

	National N=943	NSW n=154	ACT n=125	VIC n=150	TAS n=100	SA n=101	WA n=100	NT n=107	QLD n=106
Availability									
HYDRO									
% Did not respond	25	17	22	29	12	39	30	22	28
Of those who responded (n)	(n=711)	(n=128)	(n=98)	(n=106)	(n=88)	(n=62)	(n=70)	(n=83)	(n=76)
(% of the entire sample)									
% Don't know	6 (4)	6 (5)	4 (3)	0 (0)	14 (12)	5 (3)	4 (3)	8 (7)	5 (4)
% Very easy	56 (42)	70 (58)	54 (42)	71 (50)	60 (53)	45 (28)	56 (39)	25 (20)	49 (35)
% Easy	33 (25)	22 918)	38 (30)	26 (19)	23 (20)	34 (21)	29 (20)	61 (48)	40 (28)
% Difficult	6 (5)	2 92)	4 (3)	3 (2)	3 (3)	16 (10)	10 (7)	5 (4)	7 (15)
% Very difficult	<1 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)	0 (0)	0 (0)
BUSH									
%Did not respond	31	17	22	59	12	49	30	23	30
Of those who responded (n)	(n=653)	(n=128)	(n=97)	(n=62)	(n=88)	(n=52)	(n=70)	(n=82)	(n=74)
(% of the entire sample)									
% Don't know	29 (20)	38 (31)	23 (18)	29 (12)	27 (24)	2 (1)	14 (10)	40 (31)	47 (33)
% Very easy	31 (21)	26 (21)	32 (25)	34 (14)	48 (42)	40 (21)	30 (21)	18 (14)	22 (15)
% Easy	25 (17)	17 (14)	27 (21)	19 (8)	24 (21)	21 (11)	37 (26)	37 (28)	18 (12)
% Difficult	14 (9)	16 (13)	14 (11)	16 (7)	1 (1)	35 (18)	17 (12)	5 (4)	12 (8)
% Very difficult	2 (1)	4 (3)	4 (3)	2 (1)	0 (0)	2 (1)	1 (1)	0 (0)	1 (1)
Availability changes									
HYDRO									
% Did not respond	25	17	22	29	12	39	30	22	28
Of those who responded (n)	(n=711)	(n=128)	(n=98)	(n=106)	(n=88)	(n=62)	(n=70)	(n=83)	(n=76)
(% of the entire sample)									
% Don't know	7 (5)	6 (5)	5 (4)	3 (2)	16 (14)	5 (3)	4 (3)	10 (7)	8 (6)
% More difficult	7 (5)	7 (6)	3 (2)	5 (4)	5 (4)	15 (9)	6 (4)	12 (9)	8 (6)
% Stable	75 (56)	82 (68)	78 (61)	84 (59)	65 (57)	61 (38)	80 (56)	66 (51)	74 (53)
% Easier	7 (5)	4 (3)	6 (5)	7 (5)	11 (10)	11 (7)	4 (3)	7 (6)	9 (7)
% Fluctuates	4 (3)	1 (1)	8 (6)	2 (1)	3 (3)	8 (5)	6 (4)	5 (4)	1 (1)
BUSH									
% Did not respond	31	17	22	59	12	49	30	23	30
Of those who responded (n)	(n=653)	(n=128)	(n=97)	(n=62)	(n=88)	(n=52)	(n=70)	(n=82)	(n=74)
(% of the entire sample)									
% Don't know	30 (21)	38 (31)	23 (18)	34 (14)	27 (24)	2 (1)	16 (11)	40 (31)	50 (35)
% More difficult	9 (6)	15 (12)	7 (6)	3 (1)	6 (5)	25 (13)	4 (3)	6 (5)	4 (3)
% Stable	52 (36)	47 (39)	55 (42)	58 (24)	57 (50)	48 (25)	73 (51)	45 (35)	38 (26)
% Easier	5 (3)	0 (0)	5 (4)	3 (1)	8 (7)	12 (6)	4 (3)	5 (4)	5 (4)
% Fluctuates	4 (3)	1 (1)	10 (6)	2 (<1)	2 (2)	14 (7)	3 (2)	4 (3)	3 (2)
Place usually score**									
HYDRO									
% Did not respond	30	27	26	31	23	41	34	30	33
Of those who responded (n)	(n=658)	(n=113)	(n=92)	(n=104)	(n=77)	(n=60)	(n=66)	(n=75)	(n=71)
(% of the entire sample)									
% Street dealer	12 (8)	27 (20)	9 (6)	6 (4)	4 (3)	3 (2)	11 (7)	17(12)	10 (7)
% Dealer's home	29 (20)	20 (14)	39(29)	32 (22)	26(20)	32(19)	30(20)	28(20)	28(19)
% Mobile dealer	7 (5)	10 (7)	4 (3)	8 (5)	9 (7)	5 (3)	2 (1)	8 (6)	4 (3)
% Friend#	46 (32)	35 (26)	39(30)	48 (33)	55(42)	53(32)	52(34)	44(31)	51(34)
% Other source	6 (5)	8 (6)	9 (5)	6 (5)	6 (5)	7 (4)	5 (4)	3(21)	7 (5)
BUSH									
Did not respond	53	51	41	79	36	50	44	54	64
Of those who responded (n)	(n=440)	(n=76)	(n=74)	(n=32)	(n=64)	(n=51)	(n=56)	(n=49)	(n=38)
(% of the entire sample)									
Street dealer	13 (6)	33(16)	14 (8)	9 (2)	5 (3)	4 (2)	4 (2)	16 (7)	11 (4)
Dealer's home	23 (11)	12 (6)	31(18)	34 (7)	22(14)	24(12)	25(14)	16 (7)	26 (9)
Mobile dealer	4 (2)	4 (2)	4 (2)	3 (<1)	8 (5)	2 (1)	0 (0)	4 (2)	3 (1)
Friend#	51 (24)	39(20)	39(22)	47 (10)	63(40)	55(28)	66(37)	57(26)	50(18)
Other source	9 (4)	12 (5)	12 (8)	7 (1)	2 (2)	15 (8)	5 (3)	9 (3)	10 (4)

Source: IDRS IDU interviews

****** Survey item expanded in 2006 to assess from whom drugs were purchased and from where

Includes gift from friend