

AUSTRALIAN DRUG TRENDS 2000



FINDINGS OF THE ILLICIT DRUG REPORTING SYSTEM (IDRS)

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LIST OF ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and/or Torres Strait Islander
CDHAC	Commonwealth Department of Health and Aged Care
IDRS	Illicit Drug Reporting System
IDU	Injecting drug users
KI(S)	Key informant(s)
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDS	National Drug Strategy
NESB	Non-English speaking background
NSP	Needle and syringe program
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
SA	South Australia
SNRI	Selective noradrenaline reuptake inhibitor (a type of anti-depressant)
SSRI	Selective serotonin reuptake inhibitor (a type of anti-depressant)
TAS	Tasmania
VIC	Victoria
WA	Western Australia

EXECUTIVE SUMMARY

The complete Illicit Drug Reporting System (IDRS) consists of three components: (1) interviews with injecting drug users (IDU); (2) interviews with key informants who, through the nature of their work, have regular contact with illicit drug users; and (3) an examination of extant data sources related to illicit drug use, such as National Household Survey data on drug use, opioid overdose data, purity of seizures of illicit drugs made by law enforcement agencies, and so on. The *Australian Drug Trends 2000* report presents a summary of the findings of the first year in which the complete IDRS has been conducted in every jurisdiction in Australia. Detailed reports on drug trends within each jurisdiction can be obtained from the National Drug and Alcohol Research Centre (NDARC).

The IDRS monitors the price, purity, availability and patterns of use of the four main illicit drug classes: heroin, amphetamine, cocaine and cannabis. Drug trends in this publication are cited by jurisdiction, although they primarily represent trends in the capital city of each jurisdiction.

Key findings from the 2000 IDRS

1. Heroin use continued to increase in most Australian jurisdictions, as did fatal opioid overdoses. The price of a gram of heroin decreased in NSW for the third successive year, and also decreased markedly in SA. The price of a gram of heroin ranged from \$220 in NSW to \$600 in the NT. The average purity of heroin seizures decreased from 65% in 1999 to 53% in 2000, and the highest purity seizures of heroin were in NSW. Heroin remained readily available in all Australian jurisdictions except for TAS and the NT.
2. Amphetamine use increased in most jurisdictions. The availability and use of more potent forms of methamphetamine, known by various street names including 'ice', 'shabu', 'crystal meth' and 'base', increased in all jurisdictions. These forms of methamphetamine were sold in 'points' (0.1 gram) for \$30 in SA and \$50 elsewhere. The price of a gram of amphetamine powder ranged from \$50 in SA and VIC to \$200 in WA. The average purity of amphetamine/methamphetamine seizures increased from 16% in 1999 to 22% in 2000, and marked increases in purity were recorded in NSW, WA, SA and VIC. Amphetamine remained readily available in all jurisdictions except VIC, where reports of availability were mixed.
3. Cocaine use remained uncommon in all jurisdictions except NSW, where the use of cocaine increased between 1997 and 1998, peaked in late 1998, and has since stabilised and become entrenched into the polydrug use patterns of IDU. The average purity of cocaine seizures in Australia remained stable at 48%, and the price in NSW remained stable at \$200 per gram.
4. Cannabis remained by far the most widely used illicit drug in Australia, readily available in all jurisdictions. Both IDU and key informants in all jurisdictions consistently described the potency of cannabis as high or medium to high. An ounce of cannabis cost \$300 in most jurisdictions, but, as in previous years, was cheaper in SA (\$220). Decreases in price were recorded in NSW and VIC.

Heroin

Price: Heroin remained cheapest in NSW, where the median price of a gram of heroin was \$220 (Table 1). 2000 was the third consecutive year in which the price of heroin decreased in NSW. The price of heroin declined markedly in SA, from \$400 per gram in 1999 to \$310 per gram in 2000. Heroin was most expensive in the NT (\$600 per gram).

Purity: The average purity of heroin seizures across Australia in 1999/2000 was 53%, a decrease from the 1998/99 financial year, when the average purity was 65%. Particularly marked decreases in purity were recorded in the ACT (71% to 54%) and VIC (69% to 54%). The figure in Table 1 for TAS represents a single seizure and therefore should be considered cautiously. Excluding this, consistent with previous years, NSW had the highest purity seizures. No seizures of heroin were made in the NT.

Availability: As in 1999, heroin was considered easy to very easy to obtain in all jurisdictions except TAS and the NT, where the use of other opioid preparations, such as morphine and methadone, continued to predominate.

Use: There were consistent reports from both IDU and key informants of increased heroin use, and among younger people in particular, in NSW, SA, VIC, WA and the ACT. Increases in the frequency and quantity of use among existing heroin users were reported in NSW, SA, VIC and the ACT.

Table 1: Estimated price, purity and availability of heroin by jurisdiction, 2000

	Availability	Price (\$)		Purity (%)
		Gram	Cap	
NSW	Very easy	220	25	62
SA	Easy to very easy	310	50	48
VIC	Very easy	300	50	54
ACT	Very easy	300	50	54
WA	Very easy	450	50	53
QLD	Very easy	350	50	51
TAS	Variable	300	50	75
NT	Variable	600	50	-

Note: no seizures of heroin were made in the NT in 1999/2000.

Amphetamine

Price: The price of a gram of amphetamine ranged from \$50 in SA and VIC to \$200 in WA (Table 2). In all jurisdictions, the market explicitly differentiated between amphetamine powder and purer and more potent forms of methamphetamine known by a variety of street names such as 'ice', 'shabu', 'crystal meth' and 'base'. In all jurisdictions except the ACT, recent purchases of 'points' (0.1 gram) of these forms of methamphetamine were reported, for \$50 in most jurisdictions but \$30 in SA.

Purity: The average purity of seizures of amphetamine across Australia in 1999/2000 was 22%, an increase compared to 1998/99 (16%). Purity varied markedly across jurisdictions; it was lowest in TAS (7%) and the NT (5%), and, as in 1999, was highest in QLD (28%). In comparison to 1998/99, there were marked increases in purity in WA (23% versus 12%), SA (17% versus 7%) and VIC (16% versus 11%). There was also a significant increase in the purity of seizures of amphetamine made in NSW by the AFP, from 14% in 1998/99 to 36% in 1999/2000.

Availability: As in 1999, amphetamine was considered easy or very easy to obtain in all jurisdictions except for VIC, where perceptions of its availability were mixed. Almost all (95%) of the illicit amphetamine seized in 1999/2000 was methamphetamine powder. There were reports in all jurisdictions of increases in the availability and use of purer and more potent forms of methamphetamine.

Use: The trend towards increased use in all jurisdictions of purer and more potent forms of methamphetamine, particularly crystalline methamphetamine ('ice', 'shabu'), represents the emergence in this country of a powerful form of the drug. International research indicates that the widespread use of crystalline methamphetamine is likely to be strongly associated with adverse psychological, physical and social consequences.

Table 2: Estimated price, purity and availability of amphetamine, 2000

	Availability	Price (\$)		Purity (%)
		Gram	Point	
NSW	Easy to very easy	90	50	15
SA	Easy to very easy	50	30	17
VIC	Variable	50	50	16
ACT	Very easy	180	-	10
WA	Very easy	200	50	23
QLD	Easy to very easy	80	50	28
TAS	Very easy	80	50	7
NT	Easy to very easy	80	50	5

Cocaine

Price: The price of a gram of cocaine in Australia varied between \$200 and \$300 (Table 3). The price in Table 3 for the ACT is estimated from only three purchases and should be considered cautiously. Excluding this, cocaine remained cheapest in NSW (\$200). Compared to 1999, increases in price were recorded in SA (\$250 to \$300), WA (\$180 to \$250) and QLD (\$220 to \$250). NSW remained the sole jurisdiction in which IDU reported the purchase of 'caps' of cocaine (a small amount typically used for a single injection). As in 1999, caps were available in NSW for \$50.

Purity: The average purity of seizures of cocaine across Australia in 1999/2000 was 48%, no different to 1998/99 (50%). No seizures were made in SA, TAS or the NT. Compared to 1998/99, a marked decrease in the purity of seizures was documented in WA (from 58% to 34%), and a sizeable increase was recorded in QLD (from 42% to 51%). However, in both jurisdictions in both years, small numbers of seizures of cocaine were made, and the figures must be interpreted cautiously. Only in NSW were appreciable numbers of seizures of cocaine (155) made in 1999/2000.

Availability: As in 1999, cocaine was considered easy or very easy to obtain in NSW, and difficult or very difficult to obtain in all other jurisdictions.

Use: As in 1998 and 1999, cocaine use was relatively rare in all jurisdictions except NSW. In Sydney, the use of cocaine peaked in late 1998 and has since become entrenched into the polydrug use patterns of IDU. In Sydney, cocaine use is particularly associated with intravenous heroin use, with the two drugs commonly injected together, in a combination referred to as a 'speedball' or a 'CC' (cocaine cocktail), or injected in rapid succession.

Table 3: Estimated price, purity and availability of cocaine by jurisdiction, 2000

	Availability	Price (\$ per gram)	Purity (%)
NSW	Very easy	200	47
SA	Difficult	300	-
VIC	Difficult	250	47
ACT	Difficult	170	26
WA	Difficult	250	34
QLD	Difficult	250	51
TAS	Difficult	300	-
NT	Difficult	250	-

Note: no seizures of cocaine were made in SA, TAS or the NT in 1999/2000.

Cannabis

Price: Across Australia in 2000, an ounce of cannabis cost between \$200 and \$300, and a gram cost \$20 to \$25 (Table 4). As in 1998 and 1999, cannabis was cheapest in SA, where an ounce was available for \$220, and where two grams cost the same as one gram cost in other jurisdictions. Compared to 1999, the price of cannabis decreased in NSW (\$350 to \$300) and VIC (\$300 to \$280).

Potency: The THC content of cannabis is not routinely tested in Australia; thus, the estimates of the potency of cannabis in Table 4 represent ratings made by IDU and key informants. As in previous years, the potency of cannabis was considered high or medium to high in all jurisdictions.

Availability: Cannabis was considered very easy to obtain in all jurisdictions, and availability was perceived to have remained stable.

Use: There were reports of an increase in younger cannabis users in NSW, the ACT and the NT. In all jurisdictions, hydroponically grown cannabis heads remained the most commonly used form of cannabis, and waterpipes ('bongs') remained the preferred means of administration.

Table 4: Estimated price, potency and availability of cannabis by jurisdiction, 2000

	Availability	Price (\$)		Potency
		Gram	Ounce	
NSW	Very easy	20	300	High
SA	Very easy	25 *	220	High
VIC	Very easy	20	280	Med-High
ACT	Very easy	25	300	Med-High
WA	Very easy	25	300	High
QLD	Very easy	25	300	High
TAS	Very easy	25	300	Med-High
NT	Very easy	25	300	High

** approximately two grams*

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing project funded by the Commonwealth Department of Health and Aged Care (CDHAC) that has been conducted on an annual basis in NSW since 1996, and in all states and territories of Australia since 1999. The purpose of the IDRS is to provide a coordinated approach to the monitoring of the use of illicit drugs, in particular, heroin, amphetamine, cocaine and cannabis. It is intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in various illicit drug markets. The study is designed to be sensitive to such trends, providing data in a timely fashion, rather than to describe the phenomena in detail, such that it will provide direction for more detailed data collection on specific issues.

The complete IDRS consists of three components: (1) interviews with injecting drug users (IDU); (2) interviews with key informants (KIS) who, through the nature of their work, have regular contact with illicit drug users; and (3) an examination of extant data sources related to illicit drug use, such as National Household Survey data on drug use, opioid overdose data, purity of seizures of illicit drugs made by law enforcement agencies, and so on. These three data sources are triangulated against each other in order to minimise the biases and weaknesses inherent in each one, to ensure that only 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 key informant interviews and examination of extant indicator data sources, was conducted in all other jurisdictions. In 2000, with additional funding provided by the National Drug Law Enforcement Research Fund (NDLERF), the complete IDRS was conducted in every jurisdiction. This is a significant advance on the results of previous years of the operation of the IDRS, as 2000 represents the first year in which standardised, directly comparable data relating to illicit drug use and markets have been collected in every Australian jurisdiction. The *Australian Drug Trends 2000* report presents a summary of these findings.

Detailed reports describing drug trends in each jurisdiction can be obtained from the National Drug and Alcohol Research Centre (NDARC) (TAS: Bruno & McLean, 2001; NSW: Darke, Topp & Kaye, 2001; VIC: Fry & Miller, 2001; WA: Hargreaves & Lenton, 2001; SA: Humeniuk, Ali, Machin & Shimamoto, 2001; QLD: McAllister, 2001; NT: O'Reilly & Rysavy, 2001; ACT: Williams, Bryant & Hennessy, 2001).

Also available are reports presenting the results of the first year of a trial of the feasibility of adding ecstasy and other party drugs to the list of drug classes monitored by the IDRS (McAllister, Topp, Dawes, Watt & Shuttlewood, 2001; Topp & Darke, 2001). Results pertaining to ecstasy are not presented or discussed in the present report.

1.1 Study aims

The primary aims of the 2000 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, amphetamine, 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 2000 IDRS monitored trends in illicit drug markets using the methodology successfully trialled by Hando and her colleagues in NSW, VIC and SA (Hando *et al.*, 1997b; 1998). In 2000, 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 qualitative survey of KIS who worked with illicit drug users; and
3. analyses of extant 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 qualitative KIS' 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 2000 can be found in the jurisdictional *Drug Trends 2000* reports, available from NDARC.

2.1 Survey of Injecting Drug Users (IDU)

IDU were interviewed in all jurisdictions as they are considered a sentinel group for detecting illicit drug trends. Research has continually demonstrated that patterns of extensive polydrug use are the norm among Australian IDU (e.g., McKetin *et al.*, 2000). As such, they provide an excellent window into drug use patterns and trends.

The 910 IDU were interviewed between June and September, 2000. The sample sizes in each jurisdiction were: VIC, $n=152$; NSW, $n=150$; SA, $n=107$; QLD, $n=101$; ACT, $n=100$; NT, $n=100$; TAS, $n=100$; and WA, $n=100$. Entry criteria for the IDU interview component were having injected at least monthly during the six months

preceding the interview, and residence for at least 12 months in the particular capital city in which interviews were conducted. Subjects were recruited using multiple methods, including advertisements in street press, newspapers, treatment agencies, needle and syringe programs (NSPs) and peer referral. Subjects were interviewed in locations convenient to them, such as NSPs, treatment agencies, public parks, coffee shops and hotels.

The interview schedule was administered to subjects by research staff (NSW, TAS, NT, ACT, VIC, WA, QLD), by trained peer interviewers (SA, ACT), or by staff of agencies who assisted with subject recruitment (ACT). Interviews took approximately 30 to 50 minutes to complete. Subjects in all jurisdictions except the ACT were reimbursed up to \$30 for their time and expenses incurred. In the ACT, the fee was provided instead to the agencies that assisted with subject recruitment; agency management subsequently redistributed some proportion of the fee to subjects, either in cash or in kind. Subjects were assured that all information they provided would remain confidential and anonymous. Informed consent to participate was obtained prior to the interview being conducted.

The structured interview schedule administered to subjects was very similar to that administered in the 1999 IDRS (McKetin *et al.*, 2000), which was itself based on previous NDARC studies of heroin and amphetamine users (Darke *et al.*, 1992; 1994). In 2000, minor amendments were made to the sections on the price of the main drug classes, in an attempt to collect more reliable and valid data than was the case in 1999. The interview schedule contained both open- and close-ended questions and consisted of seven main sections: demographics; drug use history; the price, purity and availability of drugs; criminal activity; risk-taking behaviour; general health status; and general trends. Data analyses were conducted using SPSS for Windows, Version 9.0 (SPSS Inc., 1999).

2.2 Survey of Key Informants (KIS)

KIS were interviewed, mostly by telephone, between June and October 2000. Criteria for entry to the KI 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 10 illicit drug users during the same timeframe. Some law enforcement personnel were interviewed who did not have regular contact with illicit drug users, but they were able to supply information about drug importation, manufacture and/or dealing. Participants in the KI component were generally referred by colleagues, supervisors or former KIS, and were screened for eligibility prior to the interview. The purpose and methodology of the IDRS were described to KIS prior to the interview, and they were given the opportunity to obtain more information about the study before deciding whether to participate.

The number of KIS recruited in each jurisdiction were: NSW, $n=60$; QLD, $n=51$; VIC, $n=29$; ACT, $n=31$; NT, $n=31$; SA, $n=30$; WA, $n=30$; and TAS, $n=35$. KIS included staff of drug treatment agencies, NSPs, research organisations, user groups, law enforcement agencies, youth services, counselling services, ambulance services and general health agencies.

As in 1999 (McKetin *et al.*, 2000), heroin was the drug most frequently discussed by KIS in most jurisdictions, including 79% of KIS in the ACT; 55% of KIS in VIC; 41% of KIS in QLD; 40% of KIS in SA; 40% of KIS in WA; and 38% of KIS in NSW. In the NT the drug most frequently discussed was morphine (39%); and in TAS, the drug most frequently discussed was amphetamine (40%). Substantial minorities of KIS in all jurisdictions discussed cannabis (14%-36%) and amphetamine (7%-40%), and small numbers of KIS in some jurisdictions discussed steroids ($n=10$), cocaine ($n=7$) and ecstasy ($n=1$).

KI interviews took an average of 45 minutes to administer (range 25-180 minutes). The KI interview schedule was very similar to the KI interview administered in the 1999 IDRS (McKetin *et al.*, 2000), which was itself based on previous NDARC research for the World Health Organization (Hando & Flaherty, 1993; 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 majority of questions in the interview schedule were open-ended, and the interviewers took notes during the interview that were later transcribed fully into a variety of data analysis formats that differed across jurisdictions. In an attempt to standardise data collection across jurisdictions and across time, while still retaining the primarily qualitative format, check boxes were added to the end of many questions to ensure that the necessary basic information was obtained. Once the interviews had been fully transcribed, content analysis (Kellehear, 1993) was used to identify recurring themes across drug classes.

2.3 Other indicators

A number of secondary data sources were examined to supplement and validate data collected from the IDU and KI surveys. These included data from survey, health, research and law enforcement sources. The pilot study for the IDRS (Hando *et al.*, 1997a) 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 which fulfilled at least four of these criteria and were available for most or all jurisdictions, included:

- drug purity data provided by the Australian Bureau of Criminal Intelligence (ABCI). This included the average purity of seizures of illicit drugs made by state and federal law enforcement agencies that were analysed in Australia during the 1999/2000 financial year. Data relating to the purity of seizures made in the April-June 2000 quarter in NSW by either state or federal law enforcement agencies was not available from ABCI;
- data from the 1998 National Drug Strategy (NDS) Household Survey (Australian Institute of Health and Welfare [AIHW], 1999; Darke *et al.*, 2000);
- drug injection prevalence data and HIV/HCV seroprevalence data from the 1999 Australian NSP Survey, provided by the National Centre for HIV Epidemiology and Clinical Research (NCHECR); and
- opioid-related overdose fatalities from the Australian Bureau of Statistics (ABS).

2.4 Data analysis

Given that, in the past, the complete IDRS has not been conducted in all jurisdictions, data has not been directly comparable across all of Australia. The year 2000 is the first time that such directly comparable data, drawn from standardised, quantitative IDU interviews conducted in all jurisdictions, has been available. Further, the IDU survey data represents in some jurisdictions, notably the NT and TAS, the first systematic collection of data among this population. Therefore, in the present report, the IDU survey results are used as the primary basis on which to estimate drug trends. IDU surveys provided the most comparable information on drug price, availability and use patterns in all jurisdictions. However, the purity of drug seizures data provided by ABCI is the most accurate and objective indicator of drug purity, and is presented in this report. Gender differences among IDU are noted where significant.

3.0 RESULTS

3.1 An Overview of the IDU Survey

3.1.1 Demographic characteristics of the IDU sample

A total of 910 IDU were interviewed for the 2000 IDRS, a minimum of 100 in every Australian jurisdiction. The mean age of the overall sample of 910 IDU was 28.8 years (SD 8.0; range 14-64), and 68% were male (Table 5). Female subjects were, on average, significantly younger than males (26.4 versus 30.0 years, $t_{906} = -6.45$, $p < .01$). The majority (94%) of the sample spoke English as their main language at home, and 11% identified as being of indigenous Australian descent.

The mean number of school years completed by the overall sample was 10.4 (SD 1.7; range 0-16), and 43% had completed courses after school, with 31% possessing a trade or technical qualification, and 12% having completed a university degree or college course. Two-thirds (68%) of the sample were unemployed, 11% were employed on a part-time or casual basis, 9% were employed full-time, 5% were students, 4% were engaged in home duties, and 4% were currently active in the sex industry.

Sixty six percent of the sample were not currently in any form of drug treatment, whereas 24% were in methadone maintenance treatment, 4% were undergoing drug counselling, 2% were in naltrexone treatment, and 1% were undergoing detoxification. Forty three percent of the sample had previously been imprisoned; males were significantly more likely to report previous imprisonment (50% of males versus 31% of females; $\chi^2_1 = 27.7$; $p < .001$). The demographic characteristics of this sample are strikingly similar to those of the 410 IDU recruited in NSW, SA and VIC for the 1999 IDRS (McKetin *et al.*, 2000).

Table 5 suggests that the sample recruited in NSW had the lowest rates of social functioning. Consistent with the findings of the 1999 IDRS (McKetin *et al.*, 2000), they were less well educated, less likely to have tertiary qualifications, and more likely to have a history of imprisonment, than IDU recruited in other jurisdictions. The NSW sample also contained the highest proportions of subjects from a non-English speaking background and who identified as being of indigenous Australian descent. The NT sample contained the oldest subjects and the highest proportion of males (along with the ACT). The QLD sample contained the youngest subjects (along with TAS), and the lowest proportions of subjects who were currently unemployed and who had a previous prison history. The TAS sample contained the highest proportion of subjects who were currently in drug treatment (36% in methadone maintenance and 7% in counselling), as well as the highest proportion of subjects who were currently students.

Table 5: Demographic characteristics of IDU by Australian jurisdiction

Variable	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Mean age (years)	29.6	29.2	28.3	26.3	30.5	28.3	31.5	26.4
% male	64	78	65	73	58	71	78	61
% English speaking	79	96	93	100	96	99	99	100
% ATSI	25	8	6	10	8	5	11	8
School education (yrs)	9.3	10.7	10.9	10.2	10.6	10.5	10.3	10.6
% trade/technical qualification	26	47	43	28	27	21	25	28
% university/college	2	20	7	6	22	9	12	19
% unemployed	77	78	73	65	47	65	81	55
% students	2	4	2	16	4	6	0	5
% prison history	61	48	43	34	44	34	46	31
% currently in drug treatment	37	36	36	43	35	20	34	27

3.1.2 Drug use history and current drug use

Table 6 presents key drug use data by jurisdiction. The mean age of first injection of the overall sample was 18.7 years (SD 5.0; range 8-62). The 1999 IDRS (McKetin *et al.*, 2000) and other recent studies (Lynskey & Hall, 1998) have identified a decrease in the age of initial injecting among new recruits to injecting. To investigate this trend further, the overall sample of 910 IDU was divided into two groups: those aged 25 years or younger at the time of interview, and those aged older than 25 years. The younger group were, on average, 3.4 years younger at initial injection than the older group (16.6 versus 20.0 years; $t_{903} = -10.7$; $p < .001$). Overall, there was a significant correlation between age at the time of interview and age of initial injecting ($r = .42$; $p < .001$), indicating that successive cohorts of IDU in Australia are initiating injecting at an earlier age. This correlation was significant in all jurisdictions except the ACT ($r = .15$).

Table 6: Drug use history of IDU by Australian jurisdiction, 2000

Variable	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Mean age first injection (yrs)	18.9	18.4	18.4	17.8	19.4	18.8	19.0	19.0
First drug injected (%)								
Heroin	60	43	38	17	40	33	33	27
Amphetamine	37	50	60	61	56	58	59	68
Other opiates	1	4	1	18	2	4	6	1
Cocaine	1	2	1	0	1	2	0	1
Methadone	1	0	0	0	1	0	1	0
Drug of choice (%)								
Heroin	81	76	78	36	56	57	44	62
Amphetamine	5	8	5	20	30	23	21	24
Other opiates	0	0	0	23	3	2	19	2
Cocaine	10	0	1	1	4	3	2	2
Methadone	1	1	1	11	1	0	1	0
Last drug injected (%)								
Heroin	78	81	92	4	56	54	9	62
Amphetamine	5	16	6	31	34	41	30	34
Other opiates	1	1	1	35	3	3	56	0
Cocaine	8	1	0	1	0	0	0	0
Methadone	4	1	0	24	8	0	4	3
Injected most often last month								
Heroin	79	79	93	2	59	54	14	65
Amphetamine	5	12	6	29	34	44	28	31
Other opiates	1	2	0	39	3	1	53	0
Cocaine	9	1	0	0	0	0	1	0
Methadone	4	0	0	29	5	0	3	2
Injection frequency last month								
Not in last month	0	6	3	1	0	1	4	2
Weekly or less often	6	24	6	8	25	16	14	24
Between weekly and daily	19	16	22	60	42	41	14	30
Daily	14	11	22	20	14	25	23	13
Two-three times daily	29	30	33	11	13	15	31	21
More than three times a day	32	12	14	0	6	2	14	11

Table 6: Drug use history of IDU by Australian jurisdiction, 2000 (continued)

Variable	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Mean no. drugs ever used	9.3	9.4	9.3	10.2	9.0	9.9	7.1	9.5
Mean no. drugs used last 6 mos	5.9	-	6.6	7.1	5.8	7.0	5.1	6.2
Mean no. drugs ever injected	3.7	4.0	3.7	5.1	3.8	4.4	3.0	3.9
Mean no drugs injected last 6 mos	2.4	-	2.3	3.3	2.0	2.8	2.4	2.2

Of the overall sample, 55% reported that amphetamine was the first drug injected, whereas 38% had first injected heroin and 4% other opiates. NSW was the only jurisdiction in which a majority of subjects (60%) reported heroin as the first drug they had injected; in all other jurisdictions, at least half of the samples had first injected amphetamine (Table 6). Although younger IDU in NSW and VIC were significantly more likely to have commenced injecting with heroin, this pattern was not observed in the other jurisdictions, nor in the overall sample. Indeed, in TAS, younger users were significantly *less* likely than older users to commence injecting with heroin (9% of those aged 25 years or younger versus 26% of those aged older than 25; $\chi^2_1=5.0$; $p<.05$), and, in QLD, younger users were significantly more likely than older users to commence injecting with amphetamine (77% of those aged 25 years or younger versus 58% of those aged older than 25; $\chi^2_1=4.2$; $p<.05$).

Heroin was overwhelmingly the drug of choice of the overall sample, nominated by 63%, followed by amphetamine (16%), cannabis (7%), other opiates (3%), cocaine (3%) and methadone (2%). There were differences in the drug of choice among IDU in different jurisdictions (Table 6). More than three-quarters of IDU in NSW, ACT and VIC nominated heroin as their drug of choice and few in these jurisdictions nominated amphetamine. SA had the highest proportion of IDU who nominated amphetamine as their drug of choice (30%), followed by QLD (24%) and WA (23%). TAS was the only jurisdiction in which a significant minority of the sample (11%) nominated methadone as their drug of choice. Other opiates (predominantly morphine) were the preferred drug of substantial minorities of IDU in TAS (23%) as well as the NT (19%), but not elsewhere. NSW was the only jurisdiction where cocaine was the drug of choice of a significant minority (10%) of the sample.

Heroin was the last drug injected by 58% of the overall IDU sample, followed by amphetamine (23%), methadone (5%), other opiates (5%) and cocaine (2%). Heroin was the drug last injected by the great majority of subjects in NSW, VIC and the ACT, and by more than half of subjects in QLD, SA and WA (Table 6). In contrast, in TAS and the NT, the drug class most likely to have last been injected was other opiates (predominantly morphine). About one-third of those in TAS, SA, WA, the NT and QLD had last injected amphetamine. A significant minority of the TAS sample (24%) had last injected methadone, a far greater proportion than in any other jurisdiction.

The drug injected most often in the preceding month by the overall sample was heroin (60%), followed by amphetamine (22%), other opiates (5%), methadone (5%) and cocaine (2%). Similar patterns were found in terms of the drug injected most often in the preceding month as for last drug injected: heroin clearly dominated in NSW, VIC and the ACT, and had been injected most often by one-half to two-thirds of those in SA, WA and QLD (Table 6). NSW was the only jurisdiction in which a significant minority (8%) had injected cocaine most often in the last month, and a far higher proportion of the TAS sample (29%) than those in other jurisdictions had injected methadone most often in the preceding month. Other opiates (predominantly morphine) were most likely to have been injected most often in the preceding month in TAS and the NT. In TAS, SA, WA, the NT and QLD, approximately one-third of subjects had injected amphetamine most often in the preceding month.

Overall, 16% of the sample had injected less than weekly in the month preceding the interview, and 30% had injected between weekly and daily. More than half the sample (54%) had injected at least once per day in the preceding month: 18% percent had injected once per day, and 24% two to three times per day. Thirteen percent of the overall sample reported injecting more than three times per day. Frequency of injection was clearly highest in NSW (Table 6), where 75% of subjects had injected at least daily in the preceding month, and one-third had injected more than three times per day. This is likely to reflect, in part, the higher incidence of cocaine use in this jurisdiction. Apart from NSW, the ACT, the NT and VIC also contained substantial proportions of subjects who reported injecting two or more times per day. The lowest injection frequency was reported in TAS and SA, in which two-thirds of subjects had injected less than daily in the preceding month. There was no difference in frequency of injection based on age or gender in the overall sample.

The overall sample of 910 IDU engaged in patterns of extensive polydrug use (Table 6). Subjects had used an average of 9.2 (SD 2.5; range 1-13) drugs in their lives, and 6.2 (SD 2.0; range 1-13) in the preceding six months. An average of 3.9 (SD 1.9; range 1-9) drugs had been injected by the sample over their lives, and 2.4 (SD 1.4; range 1-8) in the preceding six months. Among the sample, recent use of three of the four main drugs monitored by the IDRS was widespread (Table 7): heroin (79%), amphetamine (64%), and cannabis (83%). The use of cocaine in the preceding six months was less common (24%), but this is not surprising given that cocaine is widely available only in NSW.

Six percent of the overall sample had used naltrexone in the preceding six months, with subjects recruited in WA (18%), VIC (9%) and SA (7%) more likely to have recently used naltrexone than those in the NT (5%), NSW (3%), the ACT (3%), QLD (2%) and TAS (1%). In most cases the source of supply of naltrexone was legitimate, i.e., a doctor's prescription.

Table 7: Drug use history of the overall IDU sample (n=910)

Drug Class	Ever used	Ever Injected	Injected last 6 mths	Ever smoked	Smoked last 6 mths	Ever snorted	Snorted last 6 mths	Ever Swallow	Swall. last 6 mths	Used last 6 mths	No. days used last 6 mths*
1. Heroin	90	89	77	48	14	20	3	18	8	79	120
2. Methadone	66	40	22					58	37	44	90
3. Other opiates	58	44	28	12	3	2	1	43	25	37	12
4. Amphetamines	91	89	60	19	6	60	16	48	16	64	15
5. Cocaine	60	50	19	11	3	37	9	8	2	24	5
6. Hallucinogens	75	20	4	3	<1	1	<1	73	18	20	2
7. Ecstasy	55	27	11	2	1	7	3	53	21	23	3
8. Benzodiazepines	77	34	21	8	2	2	1	75	61	63	20
9. Alcohol	97	7	1					95	70	70	24
10. Cannabis	96									83	120
11. Anti-depressants	39									21	135
12. Inhalants	29									5	4
13. Tobacco	95									93	180

* median number of days used in last six months among those who had used the drug in this time.

There were differences across jurisdictions in the different forms of the main drug classes that had been used (Table 8). Generally, IDU in all jurisdictions were more likely to report that they had used heroin rock rather than powder, although rates of use of both were high in all jurisdictions except TAS and the NT. Moreover, it is unclear whether heroin 'rock' is anything other than compressed powder. The use of both methadone syrup and physeptone tablets was highest in TAS, and the use of physeptone tablets was lower in NSW, VIC and WA than in other jurisdictions. Hallucinogen use was highest in TAS and the NT. Hash use was lowest in TAS, and hash oil use was lowest in NSW, whereas the use of cannabis heads was uniformly high in all jurisdictions. Except for prescription amphetamine, which was most widely used in TAS (38%), all forms of amphetamine were most widely used in WA, including a strikingly high rate of use of crystalline forms of methamphetamine (51%). Cocaine powder was most widely used in NSW, whereas the reported use of crack cocaine was low across all jurisdictions.

Table 8: Forms of drugs used by IDU in preceding six months by jurisdiction, 2000

Form of drug	Total sample N=910	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Heroin									
Powder	65	74	88	68	23	70	76	45	66
Rock	72	91	90	95	30	63	67	46	76
Methadone									
Syrup	43	54	47	40	79	37	27	24	33
Physeptone	11	1	16	3	30	15	5	15	12
Amphetamine									
Powder	58	32	63	49	77	51	81	70	58
Liquid	13	1	16	5	8	8	17	15	42
Prescription	15	1	25	5	38	7	35	11	9
Crystal	15	14	17	9	6	11	51	6	13
Cocaine									
Powder	24	63	15	14	5	20	22	21	15
Crack	3	3	6	2	1	1	6	2	3
Hallucinogens									
LSD/trips	19	2	18	18	28	18	22	33	23
Mushrooms	8	1	14	5	8	13	7	20	6
Cannabis									
Heads	83	70	84	85	90	89	90	82	83
Hash	30	31	37	29	14	29	26	38	38
Hash oil	13	3	22	9	11	8	21	20	13

There were marked differences between jurisdictions in the drugs that had been used by IDU on the day preceding the interview (Table 9). Small minorities of IDU (ranging from 2% in NSW to 13% in QLD) had not used any drugs on the day preceding the interview. Rates of heroin use on the day preceding the interview were highest in NSW and VIC, followed by the ACT and QLD, and were lowest in TAS and the NT. Rates of amphetamine use were equivalent at approximately 20% in QLD, the NT, SA and WA, and were lowest in NSW and VIC (3-4%). Methadone use was highest on the day preceding the interview in TAS, followed by NSW and SA, and was lowest in the NT and WA. Approximately one quarter of IDU in WA, VIC and TAS had used benzodiazepines on the day preceding their interviews, whereas benzodiazepines were least likely to have been used in the NT and QLD. The use of other opiates (virtually all morphine) was extremely high in the NT (62%), and was also high relative to other jurisdictions in TAS (22%). Cannabis use was least likely in NSW and most likely in TAS and SA. Only NSW recorded appreciable rates of cocaine use on the day preceding the interview.

Table 9: Drugs used the day before the interview, by jurisdiction, 2000

Drug (%)	Total sample N=910	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
No drugs	7	2	8	7	10	5	8	6	13
Heroin	49	78	54	78	4	45	40	11	51
Amphetamine	13	3	10	4	12	21	20	22	22
Cocaine	3	18	1	0	1	0	0	1	0
Cannabis	50	39	52	50	62	58	54	50	38
Benzodiazepines	18	17	15	25	23	19	26	5	9
Other opiates	5	0	0	5	22	5	7	62	1
Methadone	19	26	22	13	35	24	9	9	13
Alcohol	23	15	19	21	17	37	31	22	23

3.2 Heroin

Table 10 displays the price, purity and availability of heroin in 2000 by jurisdiction. The majority of IDU in all jurisdictions except TAS and the NT, where heroin is not widely available, were able to comment on the price, purity and availability of heroin.

Table 10: Price, purity and availability of heroin by jurisdiction, 2000

	Total sample N=910	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Price (\$)									
per gram	-	220	300	300	300	310	450	600	350
per cap	-	25	50	50	50	50	50	50	50
Price changes (% sample)									
Don't know	30	7	21	3	72	32	25	74	25
Decreased	20	41	45	18	4	8	14	0	18
Stable	40	47	20	61	16	46	58	10	52
Increased	5	2	7	10	4	0	1	8	4
Fluctuated	6	4	7	8	4	15	2	8	2
Average purity (%)	53	62	54	54	75	48	53	-	51
Availability (% sample)									
Don't know	26	7	12	3	68	30	20	67	18
Very easy	53	85	78	86	6	25	62	5	51
Easy	16	7	9	10	10	42	17	10	24
Difficult	4	1	1	1	15	3	0	9	6
Very difficult	2	0	0	1	1	0	1	9	2
Availability changes (% sample)									
Don't know	29	7	17	5	69	32	23	75	22
Easier	10	12	11	5	4	10	16	3	21
Stable	50	73	52	75	21	41	55	11	49
More difficult	7	7	12	11	6	1	1	8	9
Fluctuates	4	1	8	5	0	16	2	3	0
Place usually score									
Street dealer	21	27	37	45	4	8	8	6	21
Dealer's home	15	29	10	18	12	12	15	10	9
Mobile dealer	25	35	16	23	1	37	38	8	38
Friend	9	1	13	7	14	9	10	12	9

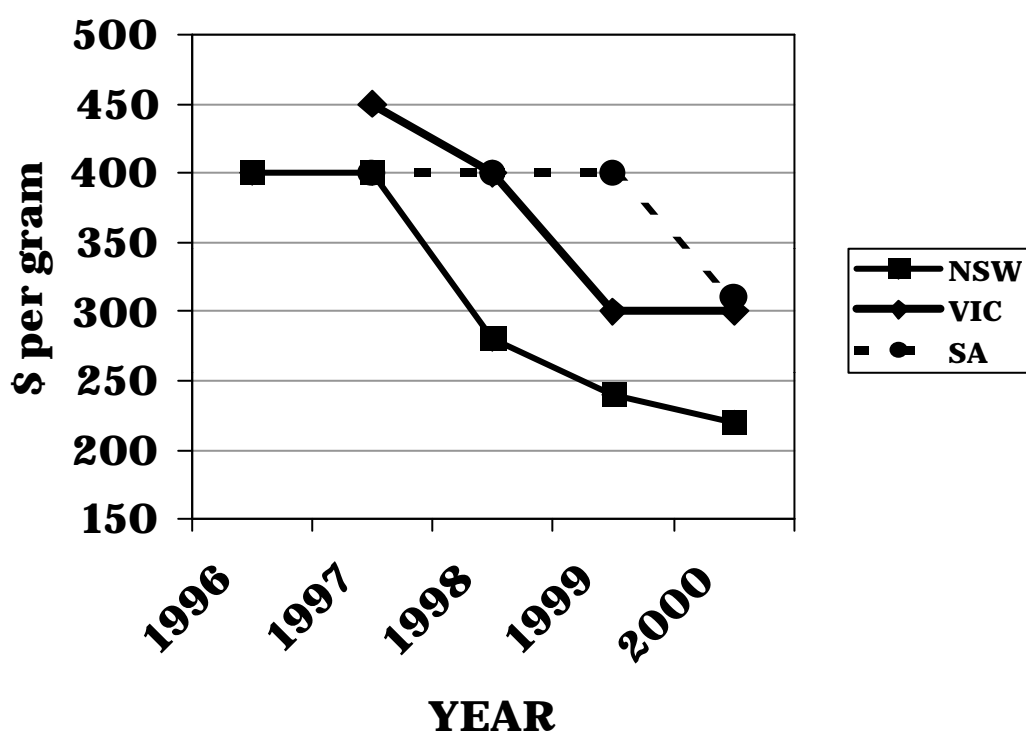
Note: no seizures of heroin were made in the NT in 1999/2000

3.2.1 Price

Prices in Table 10 represent the median prices of purchases made by IDU in the preceding six months. A gram of heroin was cheapest in NSW (\$220), followed by VIC, the ACT and TAS, where a gram of heroin could be purchased for \$300 (Table 10). 'Caps' (a small amount typically used for a single injection) were also cheaper in NSW (\$25) than in other jurisdictions (\$50). However, it is likely that there is wide variation in the quantity of heroin sold in 'caps', both within and between jurisdictions, and that the price of 'caps' cannot be meaningfully compared across jurisdictions.

Figure 1 shows IDU estimates of the price of a gram of heroin in NSW, SA and VIC over the five years of operation of the IDRS. The year 2000 represents the third consecutive year in which the price of heroin has fallen in NSW, from \$240 per gram in 1999 to \$220 in 2000. The price of heroin in VIC declined in 1997, 1998 and 1999 but remained stable at \$300 per gram from 1999 to 2000. In SA, the price of heroin remained stable between 1997 and 1999 at \$400 per gram, but there was a large decline detected in 2000, when the price fell to \$310 per gram. In 2000, of those IDU who could comment on recent changes in price, across all jurisdictions, most tended to report that the price had either remained stable or decreased.

Figure 1: IDU estimates of heroin price by jurisdiction, 1996-2000

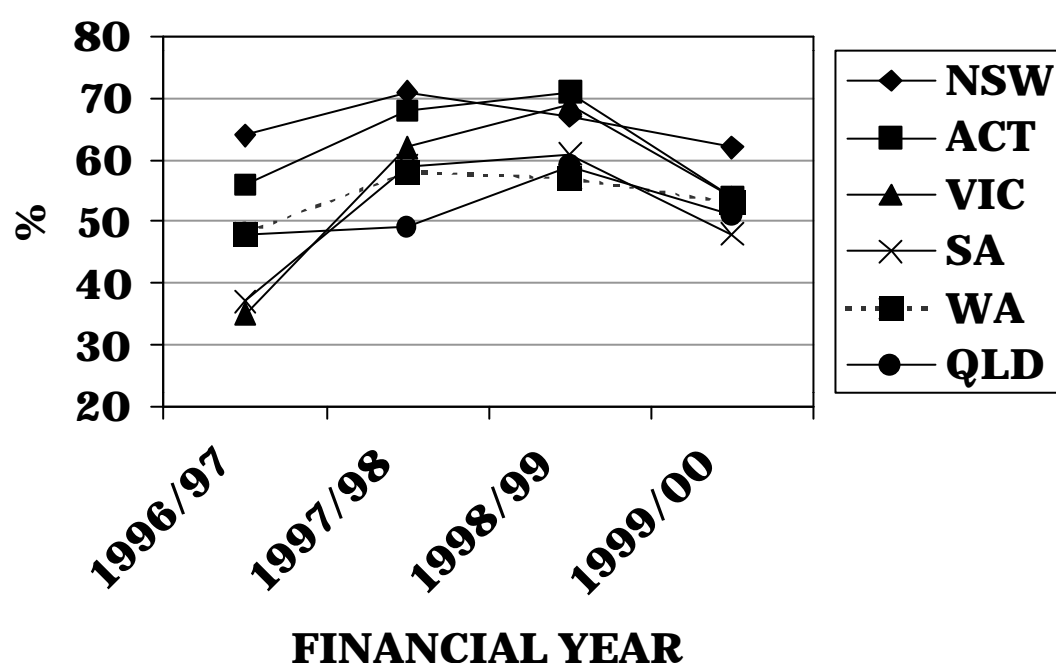


3.2.2 Purity

The average purity of seizures of heroin made by local law enforcement agencies in the 1999/2000 financial year across jurisdictions is displayed in Table 10 (no seizures were made in the NT, and only one in TAS, such that the TAS figure is unreliable). The average purity of heroin seizures made in Australia over the 1999/2000 financial year was 53%. Comparable figures for previous years were: 1996/97 44%, 1997/98 58%, and 1998/99 65%. Thus, although there has been a fall in average purity since 1998/99, the average purity of heroin in Australia in 1999/00 is still higher than it was at the time the IDRS started in 1996/97.

The increase in the average purity over the past five years of Australian heroin seizures stems primarily from the convergence of purity in other jurisdictions on that of NSW (Figure 2). In 1996/97 average purity levels of over 50% were found only in NSW and the ACT. By 1998/99, all jurisdictions reported average purity levels of over 50%, suggesting a diffusion of heroin distribution across Australia.

Figure 2: Mean purity of heroin seizures analysed in Australia by jurisdiction, 1996/97 - 1999/2000



3.2.3 Availability

Key informant reports indicated that the heroin available in Australia was soluble white powder originating mainly from South-East Asia. Consistent with this, the Australian Bureau of Criminal Intelligence reported that in 1999/2000, the majority of heroin in Australia was imported from the Golden Triangle (Thailand, Myanmar

and Laos); and a smaller proportion from the Golden Crescent (Afghanistan and Pakistan). As in the preceding year, most heroin was imported as a soluble white powder, and entered Australia through Sydney, and, to a far lesser extent, through Melbourne (ABCI, 2000). By weight, 98% of the heroin importations detected by Customs officials in 1999/2000 were seized in NSW.

Table 10 displays IDU reports of the availability of heroin in Australian jurisdictions,. As in 1999 (McKetin *et al.*, 2000), in all jurisdictions except TAS and the NT, the majority of IDU considered that heroin was easy or very easy to obtain. In TAS and the NT, most IDU did not know about the availability of heroin, which in itself is an indication that the drug was not freely available in those jurisdictions. In these jurisdictions, it was more common for opiate users to use opioid preparations other than heroin, particularly morphine and methadone (see Table 6). In all jurisdictions, the majority of IDU who commented on changes in the availability of heroin reported that availability had either remained stable or increased over the six months preceding the interview.

In both TAS and the NT, there were small groups of well-connected users who had reasonably stable access to heroin. This access clearly depended on the user's contacts and social networks, however, as indicated by the fact that in these jurisdictions, most IDU who had purchased heroin in the preceding six months had done so at either a dealer's home or through a friend (see Table 10).

In NSW, the ACT, VIC and QLD, substantial minorities of IDU had purchased heroin from a street dealer in the preceding six months, indicating that in these jurisdictions, heroin is freely enough available that purchases can be made in the absence of personal contacts with a dealer. Such 'open-air' heroin markets appear to be less well developed in TAS, the NT, SA and WA, jurisdictions in which only small minorities of the IDU samples had purchased heroin from a street dealer in the six months preceding the interview (see Table 10).

In all jurisdictions except TAS and the NT, substantial minorities of IDU had purchased heroin from a 'mobile dealer', or a dealer who is contacted on a mobile telephone so that a mutually convenient meeting place (often a pub or street location) in which to exchange drugs and money can be arranged (see Table 10). The increase in the number of mobile dealers of a range of drugs in recent years in Australia reflects the attempts by dealers to avoid a suspicious number of customers coming and going from their premises.

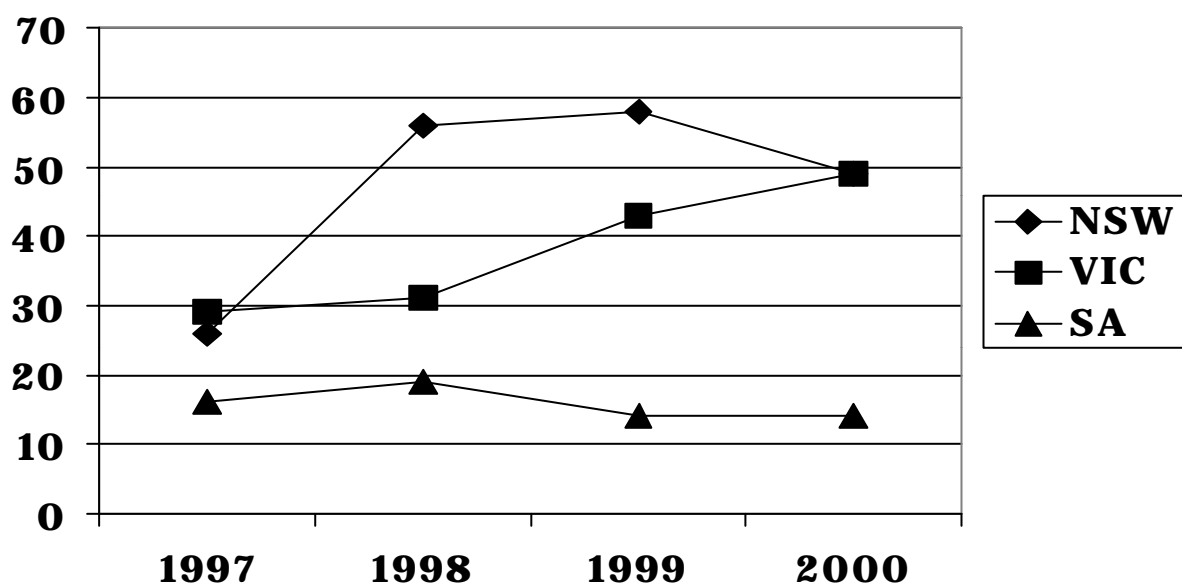
3.2.4 Use

There were jurisdictional differences in the proportions of IDU samples that reported daily heroin use in the preceding six months, varying from 0% in TAS to 49% in NSW and VIC (Table 11). These differences in proportions of daily heroin users have been tracked over time in those states where IDU data has been collected for four or more years. Figure 3 displays the proportion of IDU samples in NSW, VIC and SA who reported daily heroin use in the six months preceding the interviews from 1997 to 2000. In all years, the proportion of daily heroin users has been significantly higher in NSW and VIC than in SA, where the figure has remained low and stable over the years of operation of the IDRS.

Table 11: Proportion of IDU samples across all jurisdictions who reported daily heroin use, 2000.

Jurisdiction	2000
NSW	49%
VIC	49%
SA	14%
QLD	27%
WA	22%
TAS	0%
NT	10%
ACT	46%

Figure 3: Proportion of IDU samples that reported daily heroin use by jurisdiction, 1997-2000

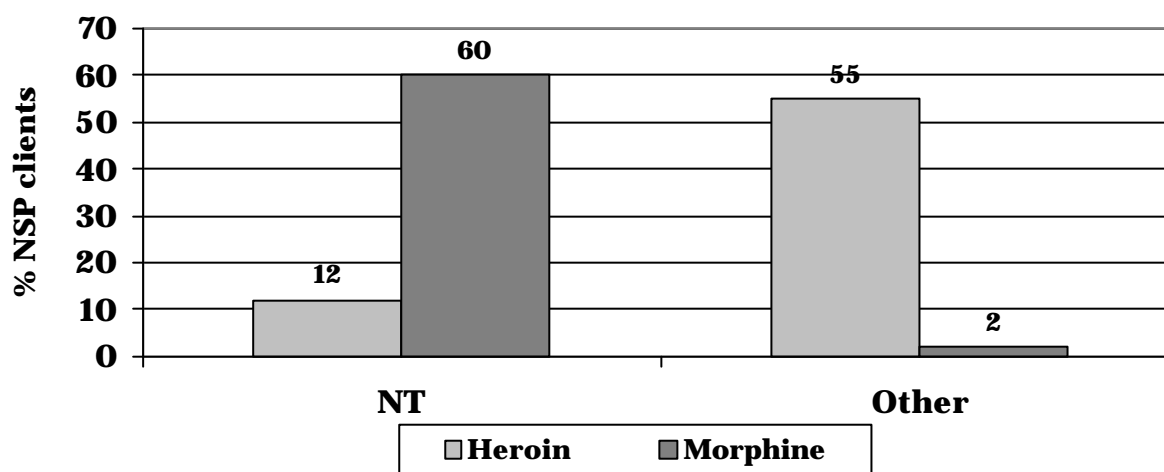


Although some of the jurisdictional differences in proportions of daily heroin users (Table 11) must inevitably reflect the inherent limitations of convenience sampling (in which it is uncertain to what extent the IDU recruited in each jurisdiction are representative of the entire population of IDU), the relatively low proportions of daily heroin users in the NT (10%) and in TAS (0%) reflect to a great extent the

limited availability of the drug in these jurisdictions. As noted above, the use of other opioid preparations predominated in these jurisdictions, notably morphine and methadone, respectively. Section 3.6.2 considers the rates of methadone injection in TAS, which are high relative to other jurisdictions.

In the NT, rates of morphine injection far outweighed those of the injection of other opiates including heroin. Figure 4 represents data taken from the Annual Needle and Syringe Program (NSP) Survey (NCHECR, 2000). This survey asks clients of NSPs to identify the last drug they injected, and, as such, is a point prevalence estimate of the levels of injection of different drugs among clients of NSPs. Figure 4 compares the levels of morphine injection in the NT with those in other jurisdictions. It shows that in 1999 (the most recent data available), the most frequently injected drug among IDU in the NT was morphine (60%), whereas only 12% of IDU in the NT reported that heroin was the drug they had most recently injected. In all other jurisdictions, the prevalence of morphine injection was very low (0-6%).

Figure 4: Prevalence of heroin and morphine injection in the NT and other jurisdictions, 1999 (data from the Annual NSP Survey; NCHECR, 2000)



3.2.5 Summary of heroin trends

- The price of a gram of heroin in 2000 varied across jurisdictions from \$220 in NSW to \$600 in the NT. There was a marked decrease between 1999 and 2000 in SA in the price of a gram of heroin, from \$400 to \$310. In NSW the price of heroin decreased for the third successive year, from \$240 to \$220
- The average purity of analysed heroin seizures in Australia decreased from 65% in 1999 to 53% in 2000. Purity decreased most in the ACT (71% to 54%), VIC (69% to 54%) and SA (61% to 48%)
- As in 1999, heroin was considered easy to obtain in all jurisdictions except for the NT and TAS, where the use of other opioid preparations predominated
- Heroin continued to dominate illicit drug markets in the south-eastern corner of Australia (NSW, VIC and the ACT)

3.3 Amphetamine

The term 'amphetamine' is used in this report to refer to illicit street amphetamine (commonly called 'speed', 'whiz' or 'goey'), which comprises either amphetamine or methamphetamine, in a variety of forms including powder, oily powder or paste, and crystal or rock. In all jurisdictions except NSW, SA and VIC, the majority of IDU were able to comment on the price, purity and availability of amphetamine.

3.3.1 Price

Prices in Table 12 represent the median prices of purchases made by IDU in the preceding six months. The price of a gram of amphetamine powder ranged from \$50 in SA and VIC to \$200 in WA (Table 12). The price recorded for WA, however, must be treated cautiously as it is likely that many users in WA inadvertently reported the price of crystalline methamphetamine rather than the price of standard low quality amphetamine powder. Purchases of 'points' (0.1 gram) of amphetamine were reported in all jurisdictions except the ACT, and the price was consistently reported to be \$50, except in SA, where the price of a 'point' of amphetamine was \$30. It was the more potent and higher purity forms of methamphetamine that were sold in points. These forms of methamphetamine were invariably more expensive than standard amphetamine powder. Some users and key informants reported that the subjective effects of a 'point' of crystalline methamphetamine are equivalent to a gram of standard powder.

Unlike the price of heroin, the cost of amphetamine has remained relatively stable over the years in which the IDRS has operated; there has been a slight decrease only in NSW (Figure 5). In VIC and SA, the price of amphetamine has consistently been \$50 per gram. In all jurisdictions in 2000, the majority of IDU who commented on recent changes in the price of amphetamine reported that the price had remained stable (see Table 12).

Figure 5: IDU estimates of amphetamine price by jurisdiction, 1996-2000

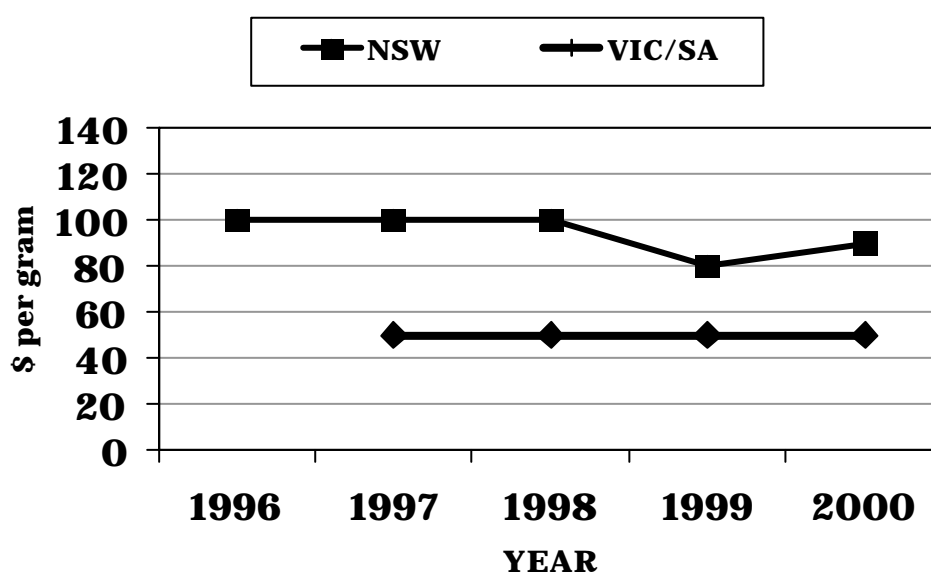


Table 12: Price, purity and availability of amphetamine/methamphetamine by jurisdiction, 2000

	Total sample N=910	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Price (\$)									
per gram	-	90	180	50	80	50	200	80	80
per 'point'	-	50	-	50	50	30	50	-	50
Price changes (% sample)									
Don't know	50	76	41	55	30	61	31	52	38
Decreased	6	2	10	2	7	0	7	1	22
Stable	31	17	30	38	43	26	39	31	32
Increased	8	3	10	5	14	5	14	10	3
Fluctuated	6	3	9	1	6	8	9	6	6
Average purity (%)	22	15	10	16	7	17	23	5	28
Availability (% sample)									
Don't know	45	75	37	51	25	59	22	38	33
Very easy	27	13	32	9	51	15	53	26	39
Easy	20	10	23	20	18	22	24	26	23
Difficult	7	3	7	20	6	4	1	8	5
Very difficult	1	0	1	1	0	0	0	2	1
Availability changes (% sample)									
Don't know	49	75	39	53	28	60	30	55	35
Easier	12	5	15	6	33	5	19	9	13
Stable	31	17	39	32	35	25	42	22	45
More difficult	4	3	2	9	2	0	3	5	8
Fluctuates	4	0	5	1	2	10	6	9	0
Place usually score									
Street dealer	5	0	10	2	8	3	2	15	8
Dealer's home	17	6	18	16	36	13	22	20	14
Mobile dealer	11	7	8	9	11	8	21	8	18
Friend	17	7	20	16	20	15	23	15	20

3.3.2 Purity

The average purity of amphetamine/methamphetamine seizures in Australia in 1999/2000 was 22%, an increase from 1998/99 (16%). Table 12 indicates that, as in 1998/99, purity was highest in 2000 in QLD (28%). Purity was lowest in the NT (5%) and in TAS (7%). In comparison to 1999, Figure 6 shows that there were increases in purity in WA, SA, QLD and VIC. Although not reflected in Figure 6, Australian Federal Police (AFP) figures also indicate a substantial increase from 1998/99 to 1999/2000 in the purity of amphetamine seized by the AFP in NSW (36% versus 14%). This increase in purity is not reflected in Figure 6 because in 1998/99, only AFP seizure data was available for NSW, whereas the average purity in 2000 is based on the purity of seizures made by both local law enforcement agencies and the AFP.

Figure 6: Purity of amphetamine/methamphetamine seizures by jurisdiction, 1998/99 - 1999/2000

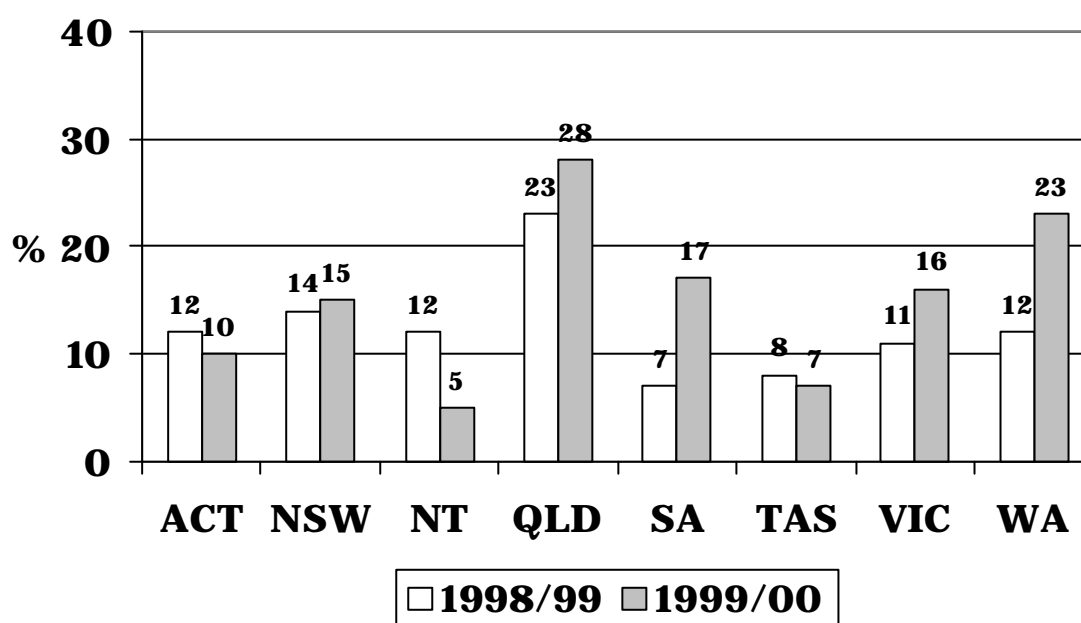


Figure 6 includes the purity of seizures of both amphetamine and methamphetamine. However, the trend for the majority of seizures to be methamphetamine rather than amphetamine continued throughout 2000 (Table 13). Also consistent with previous years, the average purity of methamphetamine seizures was significantly higher than that of amphetamine seizures (Table 13).

Table 13: Proportion and purity of amphetamine and methamphetamine seizures analysed in Australia, 1997/97 - 1999/2000.

	1997/98	1998/99	1999/2000
Proportion of seizures analysed			
Amphetamine	17	11	5
Methamphetamine	83	89	95
Purity of seizures (%)			
Amphetamine	7	7	11
Methamphetamine	11	17	23

3.3.3 Availability

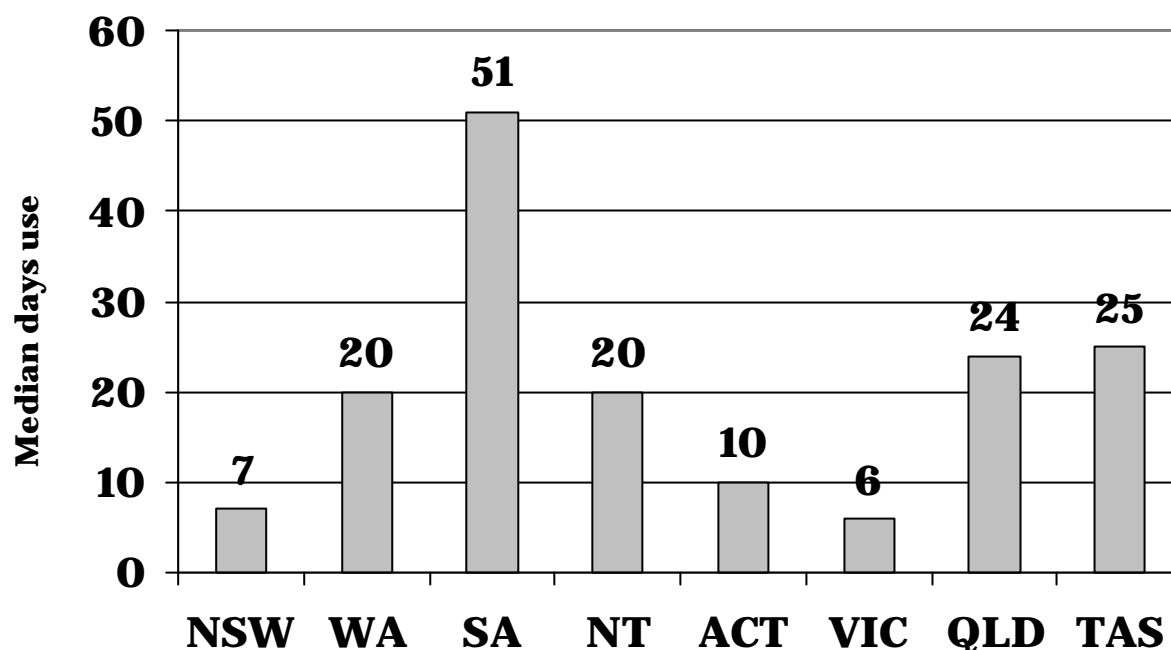
Among those IDU who commented, amphetamine was considered easy or very easy to obtain in all jurisdictions except for VIC (Table 12). In VIC, reports of the availability of amphetamine were mixed; approximately half of those who commented described amphetamine as easy to obtain, and half described it as difficult. This pattern of availability was also documented in 1999, when VIC was the only jurisdiction where reports of availability were mixed. Across all jurisdictions, the majority of IDU who commented considered that the availability of amphetamine had either remained stable or that the drug had become easier to get (Table 12).

In contrast to heroin, which had been purchased in an open-air drug market from a street dealer by many IDU in NSW, the ACT, VIC and QLD, amphetamine was not commonly purchased on the street in any jurisdiction. This was even the case in SA, which has the highest frequency of amphetamine use among users (see below). Reports of street-based amphetamine purchases were most frequent in the NT (15%) and the ACT (10%), but it appears that a significant street-based amphetamine market is yet to develop in most jurisdictions in Australia. As in 1999, friends and dealer's homes were common sources of amphetamine, suggesting that personal contact with a dealer was necessary in 2000 for the purchase of amphetamine to occur.

3.3.4 Use

There were large jurisdictional differences among current amphetamine users in the frequency of recent amphetamine use. In 2000, amphetamine users in SA had used on a significantly higher number of days in the preceding six months than amphetamine users in other jurisdictions (Figure 7). Amphetamine users in VIC, NSW and ACT were the least frequent users of the drug.

Figure 7: Median number of days of amphetamine use in preceding six months among current amphetamine users, by jurisdiction, 2000.



The high frequency of use of amphetamine in SA continued an increasing trend in frequency of use in that jurisdiction which has been tracked throughout the years of operation of the IDRS. Figure 8 indicates that frequency of amphetamine use in the preceding six months has risen markedly in SA from a median of 17 days in 1997 to 51 in 2000. In contrast, the frequency of amphetamine use in NSW and VIC has remained low and stable.

The figures relating to frequency of amphetamine use in Figures 7 and 8 are consistent with those of the last drug injected from the Annual NSP Survey (NCHECR, 2000) (Figure 9). In 1999 (the most recent data available), amphetamine injection among NSP clients was most common in QLD and SA, and was least common in NSW and VIC. Together, Figures 7, 8 and 9 confirm that, in those jurisdictions in which a higher proportion of IDU injected amphetamine, they also injected it more often than in those jurisdictions where a lower proportion of IDU injected amphetamine. As in 1999, there appeared to be an inverse relationship between heroin and amphetamine; particularly high rates of amphetamine activity appeared to be manifest in QLD and SA, whereas NSW, VIC and the ACT were dominated by heroin and recorded relatively low rates of amphetamine injection and correspondingly low frequencies of use.

Figure 8: Median number of days of amphetamine use in preceding six months by jurisdiction, 1996-2000.

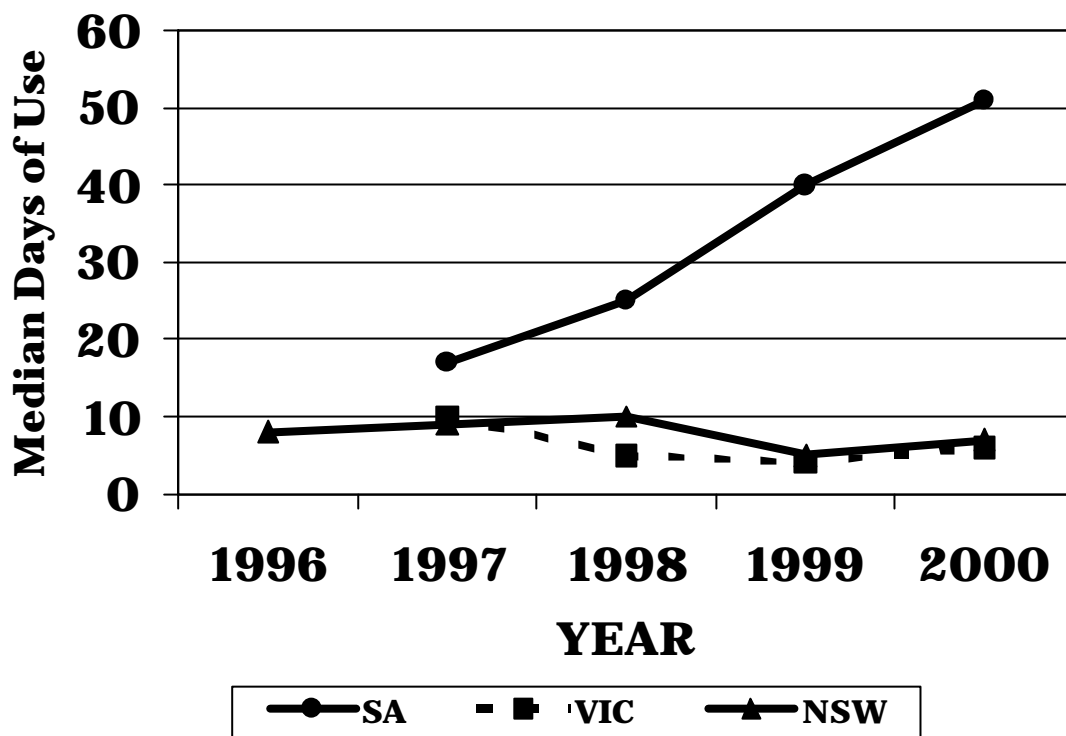
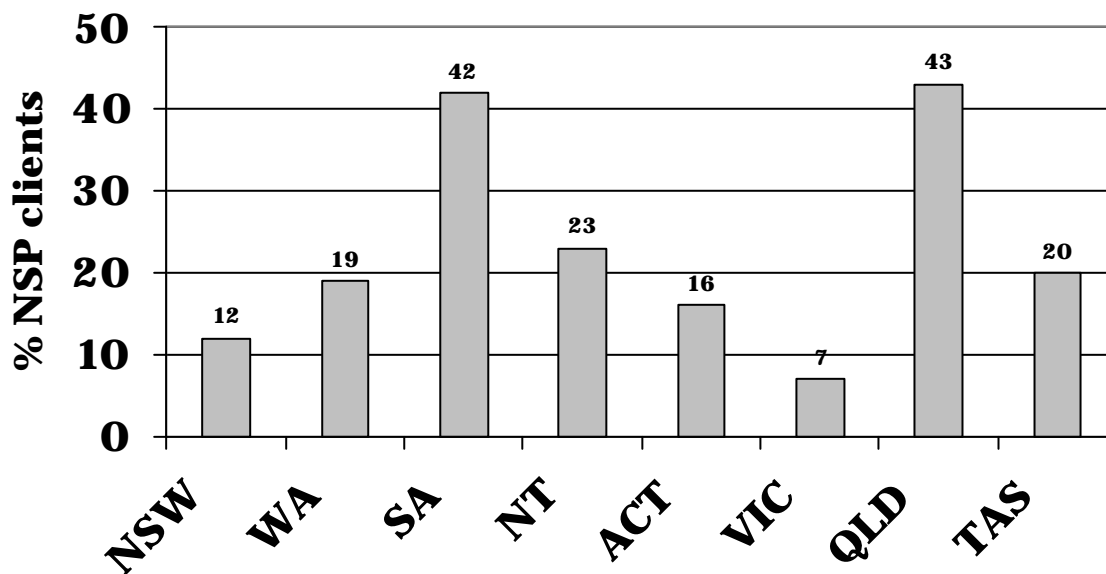


Figure 9: Prevalence of amphetamine injection by jurisdiction, 1999 (Data from the Australian NSP Survey)



There were reports of increased availability and use of more potent and higher purity forms of methamphetamine in all jurisdictions from 1999 to 2000. These include the crystalline forms of methamphetamine known as 'crystal meth', 'ice' and/or 'shabu', and the waxy or oily form of methamphetamine that is often beige, tan or brownish in colour and is known, particularly in QLD, as 'base' or 'pure', or as 'point' in SA. There was disagreement among both users and experts alike as to how the different forms of methamphetamine relate to each other and to the forms of amphetamine traditionally available in Australia, an issue considered more fully in Section 4.0. Table 14 displays the proportion of current amphetamine users (defined by any amphetamine use in the preceding six months) who reported having used ice and/or shabu in the preceding six months in 1999 and 2000, and clearly shows that there were increases in all jurisdictions, even those in which data across time are not directly comparable due to the fact that the IDU data was not collected in 1999.

Table 14: Proportion of current amphetamine users who reported recent use of ice and/or shabu in 1999 and in 2000, by jurisdiction.

Jurisdiction	1999	2000
NSW	7%	35%
VIC	8%	18%
SA	12%	21%
QLD	Noted as trend	18%
WA	Not mentioned	60%
TAS	Noted as minor	7%
NT	Not mentioned	8%
ACT	Not mentioned	23%

Concomitant with the reported increases across all jurisdictions in the availability and use of more potent and higher purity forms of methamphetamine known by terms such as ice, shabu, crystal meth and base, key informants in five of the eight jurisdictions (NSW, SA, WA, QLD and TAS) reported recent increases in the number of amphetamine users suffering adverse psychological and physical side-effects related to their drug use. In particular, there were reports of increased numbers of amphetamine users experiencing anxiety, depression, aggression/hostility and psychotic symptoms such as paranoia, delusions and hallucinations. Physical problems such as poor nutrition, weight loss, sleep problems, skin lesions and reduced immunity to opportunistic infections were also reported across a number of jurisdictions. Some key informants directly attributed these increases to the increased purity of amphetamine and the increased availability of more potent forms of methamphetamine.

3.3.5 Summary of amphetamine trends

- The price of a gram of amphetamine/methamphetamine varied across jurisdictions in 2000 from \$50 in SA and VIC to \$200 in WA. The price remained relatively stable between 1999 and 2000
- The average purity of analysed seizures of amphetamine/methamphetamine in Australia increased from 16% in 1999 to 22% in 2000, with the most marked increases in purity observed in WA and SA. Purity of amphetamine remains highest in QLD (28%)
- The proportion of seizures that were of methamphetamine continued to increase (95% in 2000). As in 1999, methamphetamine seizures were of significantly higher purity than amphetamine seizures (23% versus 11%)
- Amphetamine was considered easy to obtain in all jurisdictions except for VIC, where reports of its availability are mixed
- Amphetamine use was higher in SA and QLD than in NSW and VIC
- There were reports in all jurisdictions of the increased availability and use of more potent and higher purity forms of methamphetamine, known by various street names including 'crystal meth', 'ice', 'shabu' and 'base', which can be purchased in 'points' (0.1 gram) for \$30 in SA and \$50 elsewhere

3.4 Cocaine

Table 15 displays the price, purity and availability of cocaine in 2000 by jurisdiction. The great majority of IDU in jurisdictions other than NSW did not feel qualified to comment on the price, purity and availability of cocaine, indicating that, as in previous years, significant cocaine-related activity existed in 2000 only in NSW.

3.4.1 Price

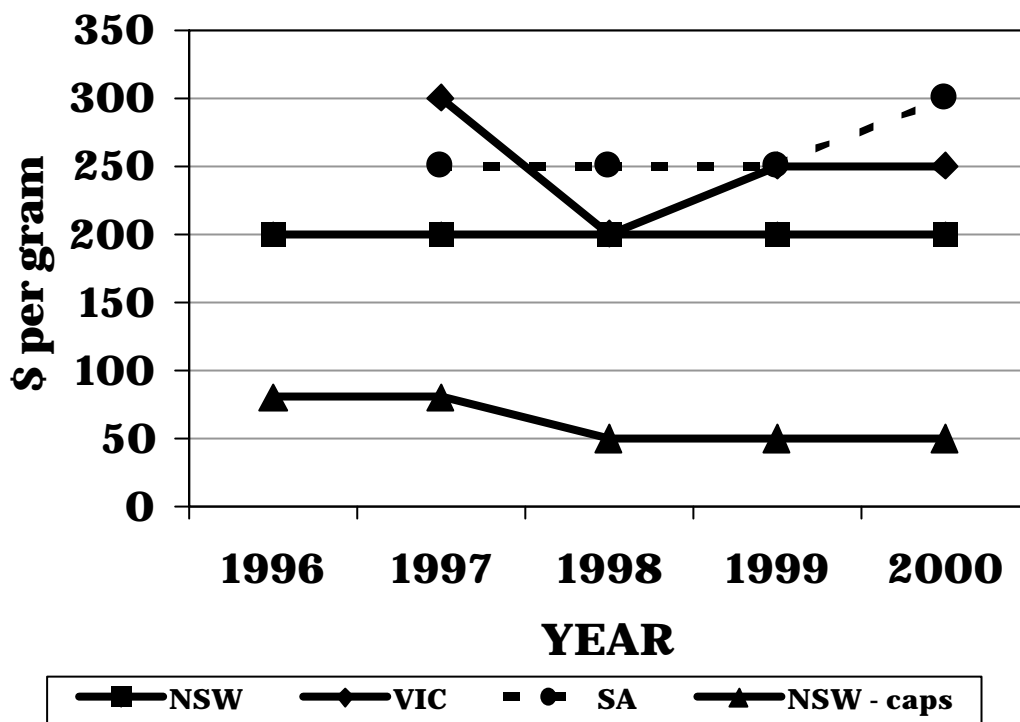
Prices in Table 15 represent the median prices of purchases made by IDU in the preceding six months. The figure for the ACT is estimated from only three purchases and should be interpreted with caution. Excluding this, the price of cocaine varied between \$200 and \$300 per gram, and, as in all previous years, was cheapest in NSW at \$200 per gram. An increase in price of \$50 per gram was recorded in SA from 1999 to 2000, whereas the price remained stable in NSW and VIC (see Figure 10). A price increase was also recorded in WA, but this was based on data that is not directly comparable due to the absence of an IDU survey in that state in 1999. Although very few IDU in 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 (see Table 15).

Table 15: Price, purity and availability of cocaine by jurisdiction, 2000

	Total sample N=910	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Price (\$) per gram	-	200	170	250	300	300	250	250	250
Price changes (% sample)									
Don't know	61	45	90	92	99	95	92	95	92
Decreased	5	7	1	1	0	0	1	0	2
Stable	29	44	7	7	1	4	5	3	4
Increased	4	3	2	1	0	0	2	1	2
Fluctuated	1	1	0	0	0	1	0	1	0
Average purity (%)	48	47	26	47	-	-	34	-	51
Availability (% sample)									
Don't know	83	44	87	91	99	95	84	88	88
Very easy	6	33	0	1	0	0	0	1	0
Easy	5	17	4	3	1	2	4	3	2
Difficult	5	5	6	5	0	4	10	3	7
Very difficult	2	1	3	1	0	0	2	5	3
Availability changes (% sample)									
Don't know	56	45	88	91	99	95	86	89	89
Easier	6	4	3	0	0	1	7	1	1
Stable	28	39	8	7	1	1	4	4	8
More difficult	7	9	1	2	0	1	1	2	2
Fluctuates	4	3	0	0	0	2	2	4	0
Place usually score									
Street dealer	11	23	1	0	0	0	1	2	1
Dealer's home	9	12	1	2	0	2	4	0	3
Mobile dealer	9	17	1	3	0	0	0	0	1
Friend	11	1	7	3	1	4	3	9	9

Note: no seizures of cocaine were made in SA, TAS or the NT in 1999/2000

Figure 10: IDU estimates of cocaine price by jurisdiction, 1996-2000



3.4.2 Purity

The average purity of the 339 seizures of cocaine analysed in Australia in 1999/2000 was 48%, no different to that of the 269 seizures analysed in 1998/1999 (50%), although the average purity of cocaine seizures has increased over the years of the IDRS, from 37% in 1996/97 (Figure 11). Table 15 indicates that in 2000, no seizures of cocaine were made in SA, the NT or TAS. Figure 12 depicts the average purity of cocaine seizures in 1998/99 and 1999/2000 in the jurisdictions in which such seizures were made. Figure 12 suggests a marked decrease in purity between 1998/99 and 1999/2000 in WA, from 58% to 34%, and an increase in QLD from 42% to 51%. However, only in NSW were appreciable numbers of seizures of cocaine made in 1998/99 and 1999/2000, so apparent changes in purity in other jurisdictions should be interpreted cautiously.

Figure 11: Average purity of cocaine seizures in Australia, 1996/97 - 1999/2000

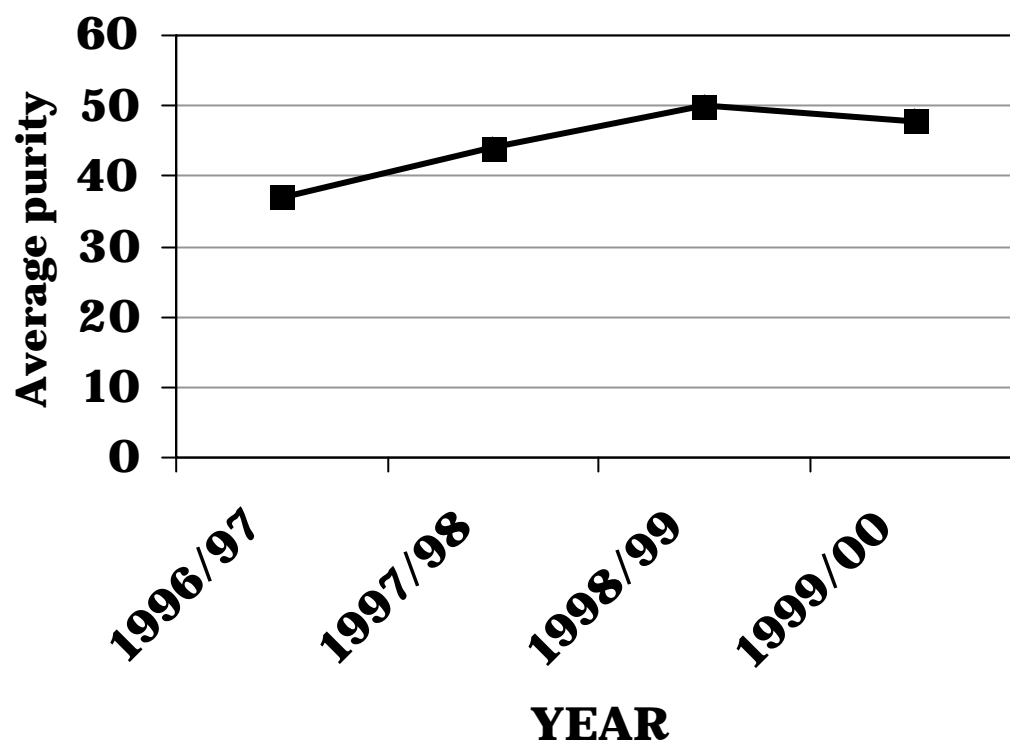
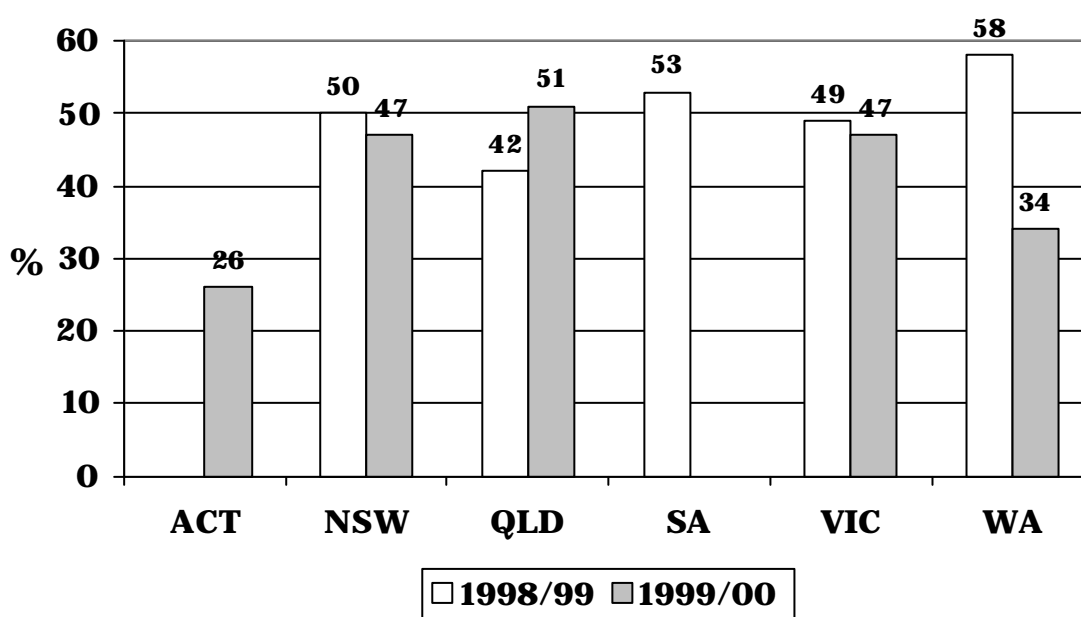


Figure 12: Purity of cocaine seizures by jurisdiction, 1998/99 - 1999/2000



3.4.3 Availability

Cocaine was not widely available in any jurisdiction except NSW (Table 15), in which 50% of IDU described the drug as 'easy' or 'very easy' to obtain, versus only 6% who described it as 'difficult' or 'very difficult' (44% did not comment). In all other jurisdictions, the great majority of IDU did not feel confident enough of their knowledge to comment. In NSW, most of those who commented on recent changes in the availability of cocaine reported that the availability had remained stable. Most IDU in NSW who purchased cocaine did so from a street dealer or a mobile dealer, indicating that the drug is widely enough available that personal contacts are not required to ensure access to it.

3.4.4 Use

Given the limited availability of cocaine in jurisdictions other than NSW, it is not surprising that the drug had only been used in the preceding six months by minorities of IDU in other jurisdictions (Figure 13), as well as on substantially fewer days than by IDU in NSW (Figure 14). These findings across all jurisdictions in 2000 are consistent with those found over time by the IDRS. The proportion of IDU in NSW who had used cocaine in the preceding six months increased markedly in 1998 and has stabilised at the higher levels of use. In contrast, in VIC, the proportion of IDU who had used cocaine in the preceding six months has remained relatively stable, and in SA it has decreased (Figure 15). A similar pattern is reflected in frequency of use data: frequency of cocaine use among IDU in NSW increased dramatically in 1998 and has since stabilised at a higher frequency of use than observed in SA or VIC (Figure 16), where frequency of use has remained stable since 1997.

Figure 13: Proportion of IDU samples that reported using cocaine in preceding six months, by jurisdiction, 2000.

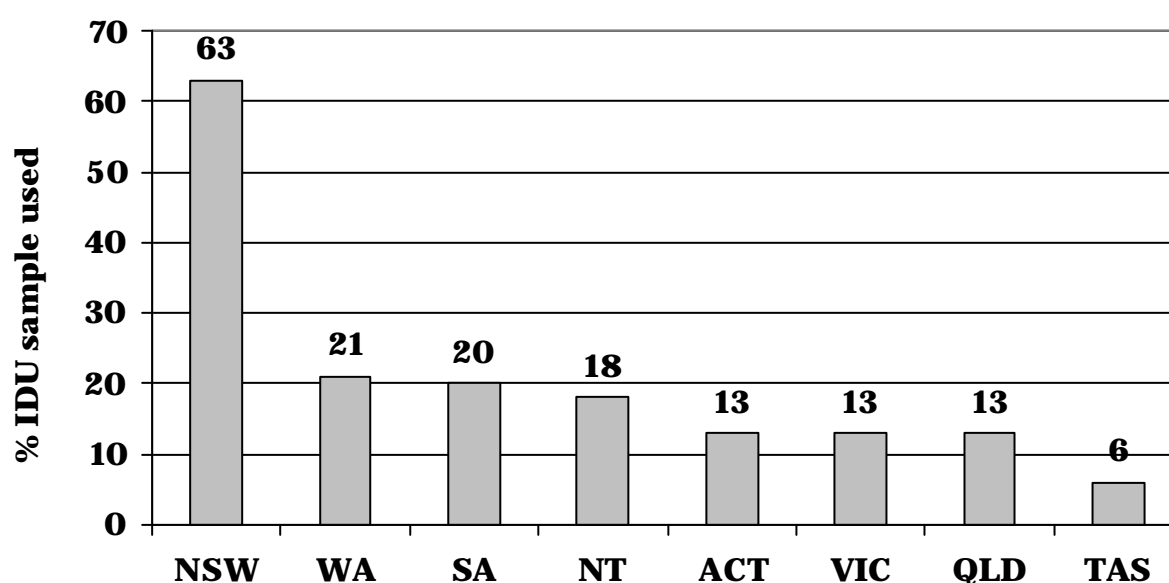


Figure 14: Average frequency of cocaine use among those IDU that reported using cocaine in preceding six months, by jurisdiction, 2000.

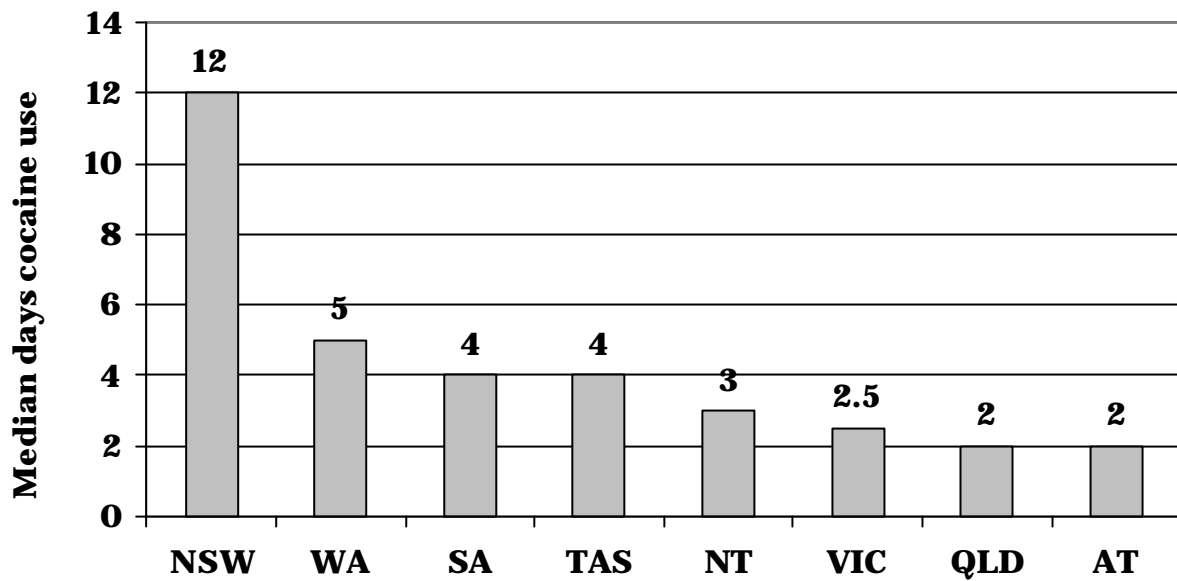


Figure 15: Proportions of IDU samples reporting cocaine use in preceding six months by jurisdiction, 1997-2000

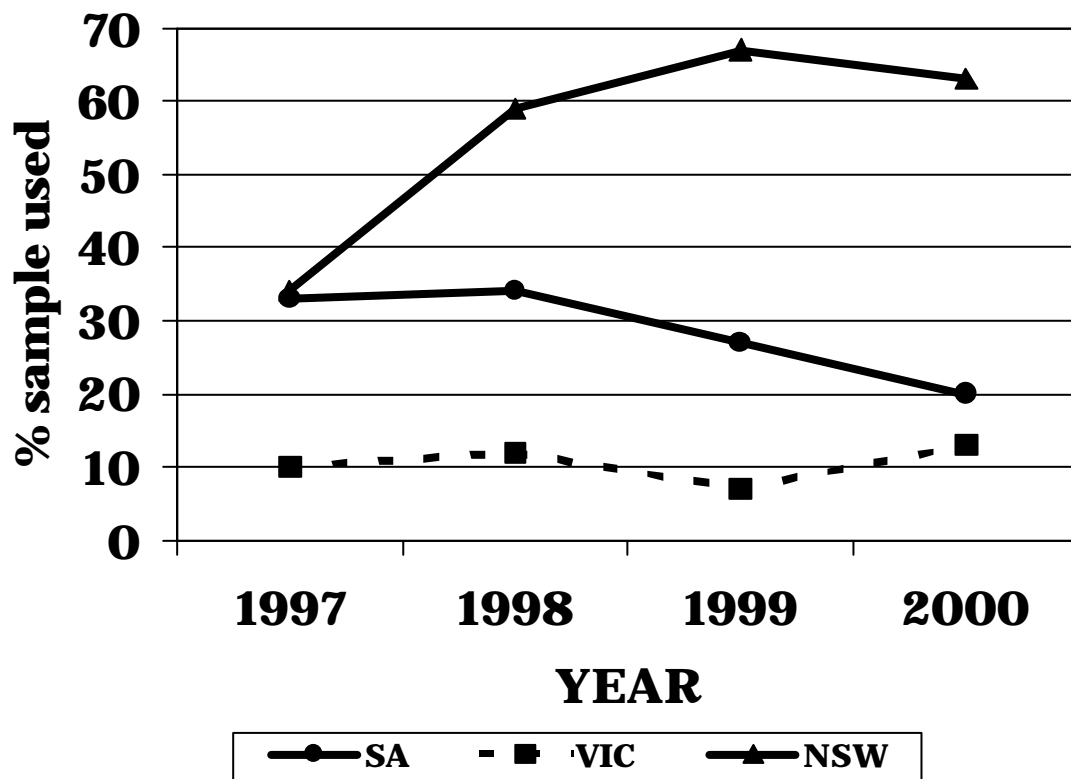
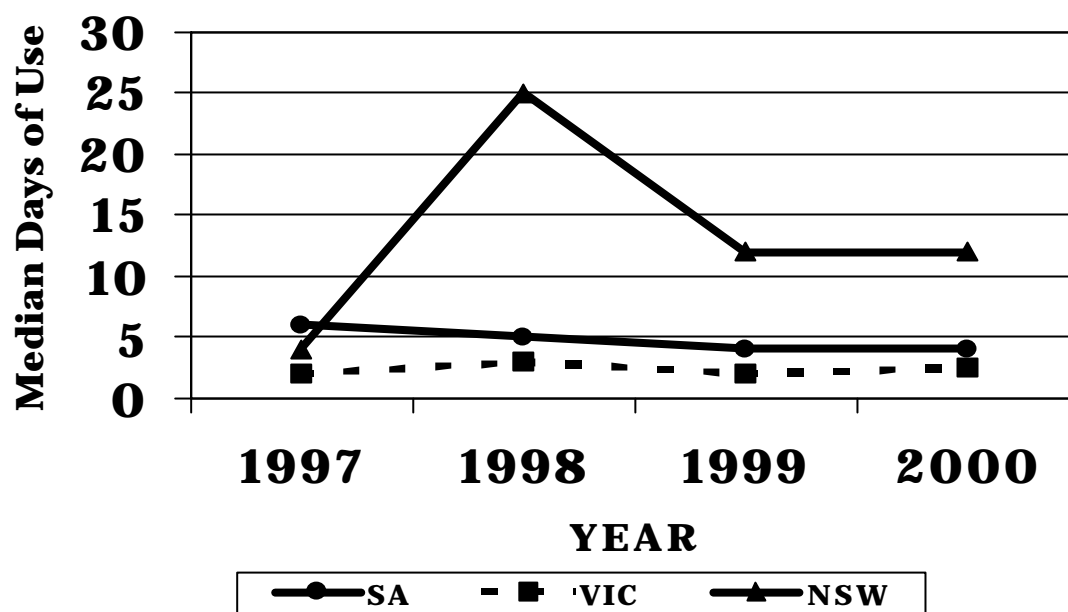


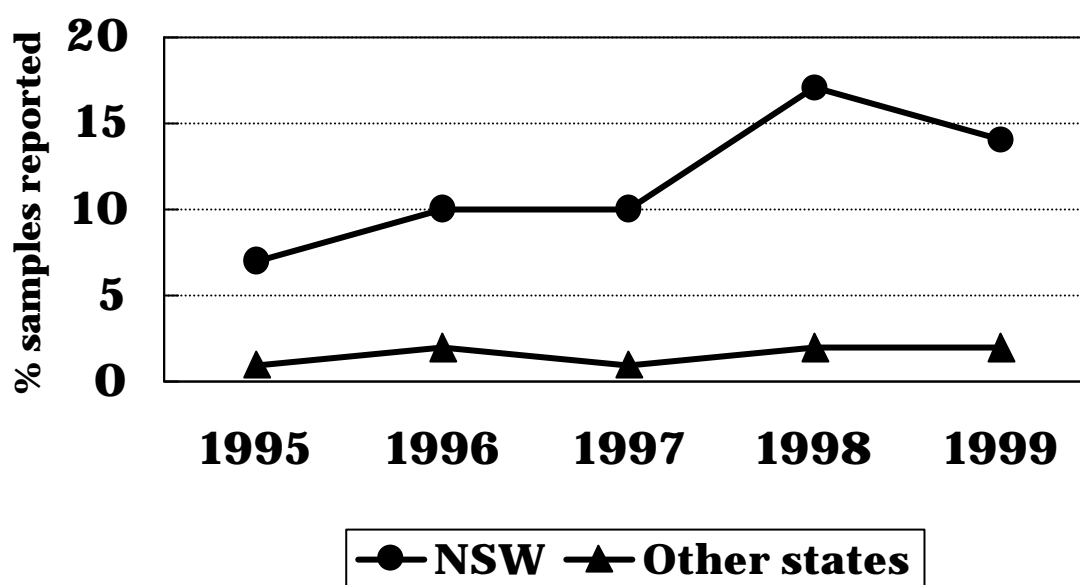
Figure 16: Median number of days of cocaine use in preceding six months by jurisdiction, 1997-2000



These findings are also consistent with those of the Annual NSP Survey, which has shown that the prevalence in Australia of cocaine as last drug injected by clients of NSPs has remained stable between 1995 and 1999 at 2%, but that cocaine is far more likely to be the last drug injected, either alone or in combination with another drug (virtually always heroin) by clients of NSPs in NSW. In other jurisdictions, the prevalence of cocaine as the last drug injected has not risen above 2% in any year in which the Survey has been conducted (Figure 17). The NSP Survey also detected the increase in cocaine use in NSW in 1998; the prevalence of cocaine as last drug injected increased from 10% in 1997 to 17% in 1998.

As documented in 1999 (McKetin *et al.*, 2000), cocaine use was associated with a higher frequency of injecting among IDU across jurisdictions. This is due to the short half-life of the drug; cocaine is rapidly excreted from the body and the length of its subjective effects are relatively short (Platt, 1997). In the overall sample, IDU were significantly more likely to have injected at least once per day in the preceding month if they had used cocaine in the preceding six months. Thus, of those who had used cocaine in the preceding six months, 67% had injected at least daily, compared to 50% of those who had not used cocaine in the preceding six months ($\chi^2_1=19.8$; $p<.001$). The difference is even more marked when proportions of cocaine users and other IDU injecting more than three times per day are considered (25% of cocaine users had injected more than three times per day in the preceding month, versus 9% of other IDU; $\chi^2_1=34.3$; $p<.001$). As noted in Section 3.1.2, the NSW IDU sample contained the highest proportion of subjects who had injected at least once per day in the month preceding the interview. This clearly reflects, at least in part, the higher incidence of cocaine use in that jurisdiction.

Figure 17: Prevalence of cocaine as last drug injected among clients of NSPs in NSW and in other jurisdictions (data from the Annual NSP Survey; NCHECR, 2000)



3.4.5 Summary of cocaine trends

- The price of cocaine varied between \$200 and \$300 per gram across jurisdictions. The price increased in VIC from \$250 to \$300 per gram. 'Caps' of cocaine were still widely available only in NSW, and their price remained stable at \$50 per cap
- The purity of analysed seizures of cocaine remained stable and relatively high at 48%, no different to the average purity in 1998/99 of 50%
- Cocaine was easy to obtain only in NSW, where availability has remained high and stable since 1998, and where a significant open-air cocaine market exists
- Consistent with the patterns of its availability, cocaine was not widely or frequently used in any jurisdiction except NSW
- Cocaine use was associated with more frequent injection among IDU

3.5 Cannabis

Three quarters of the overall IDU sample felt confident enough of their knowledge to comment on the price, purity and availability of cannabis (Table 16).

3.5.1 Price

Prices in Table 16 represent the median price of purchases made by IDU in the preceding six months. There was relatively little variation in the price of cannabis across jurisdictions in 2000, with ounces costing between \$220 and \$300, and grams costing \$20 to \$25, except in SA, where \$25 buys two grams. Ounces were also cheapest in SA. This pattern is consistent with the results of the IDRS in previous years: cannabis has always been cheapest in SA, despite there having been more marked drops in price in NSW and VIC over the period 1997-2000 (Figure 18). Between 1999 and 2000, the price of an ounce of cannabis fell from \$350 to \$300 in NSW, and from \$300 to \$280 in VIC. In all jurisdictions, the great majority of IDU who commented perceived that the price of cannabis had either remained stable or decreased.

3.5.2 Potency

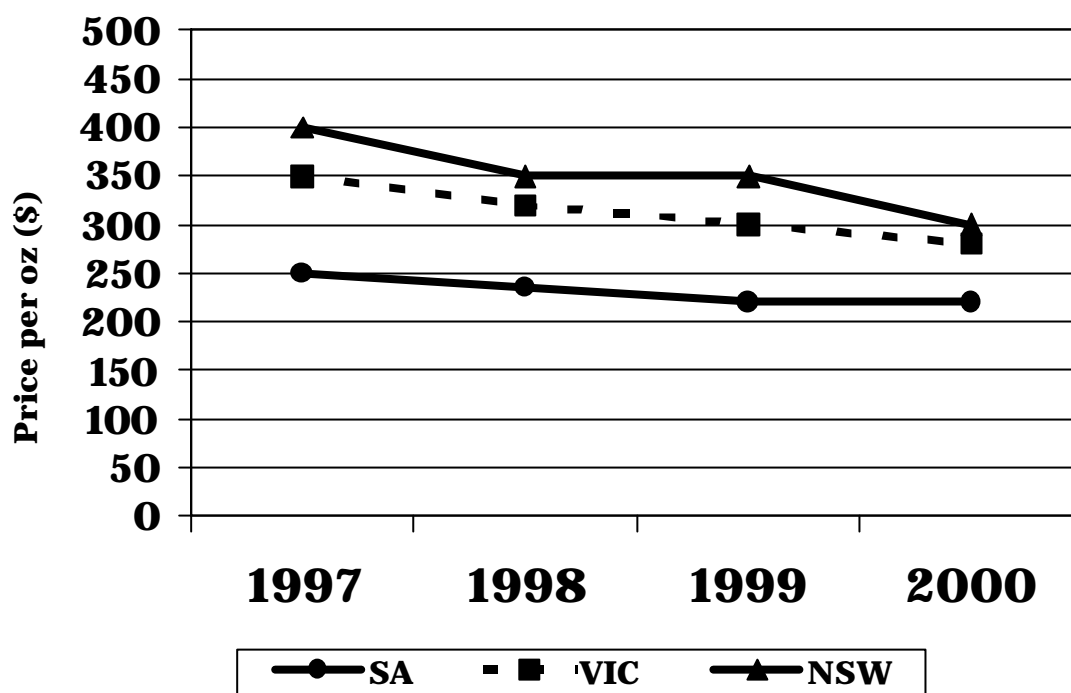
Descriptions of the potency of cannabis in Table 16 represent ratings made by IDU and key informants. As in previous years, the potency of cannabis was perceived in all jurisdictions to be high or medium to high, and to have remained stable over the preceding six months.

Reports of hydroponic cannabis having higher THC content continued, despite the lack of evidence to support an average increase in the THC content of cannabis consumed in Australia. The THC content of Australian cannabis has not been systematically tested, thus it is not possible to confirm whether the THC content has changed in recent years. Hall and Swift (1999) argue that the perception of increased cannabis potency is more likely to be due to changes in patterns of cannabis use. Specifically, there has been an increase in the use of the more potent cannabis heads in preference to cannabis leaf. Over some years, there has also been a trend toward earlier initiation into cannabis use, which is associated with higher levels of cannabis use and cannabis-related problems (Degenhardt, Lynskey & Hall, 2000). Finally, over a similar timeframe, there has been an increase in the use of 'bongs' or water-pipes, which are a more efficient way of ingesting the drug, in that they cool the smoke and therefore allow the smoker to hold the smoke in their lungs for a longer time, such that absorption is maximised.

Table 16: Price, purity and availability of cannabis by jurisdiction, 2000

	Total sample N=910	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Price (\$)									
per ounce	-	300	300	280	300	220	300	300	300
per gram	-	20	25	20	25	25	25	25	25
Price changes (% sample)									
Don't know	27	40	31	28	25	23	10	33	24
Decreased	9	7	2	18	10	4	13	1	10
Stable	53	49	53	47	58	68	71	45	56
Increased	5	2	3	1	4	7	5	15	10
Fluctuated	5	2	11	6	3	15	1	6	0
Potency	High	High	Med-High	Med-High	Med-High	High	High	High	High
Availability (% sample)									
Don't know	24	39	23	28	19	24	5	25	19
Very easy	51	54	54	39	64	47	68	51	35
Easy	20	5	20	23	14	27	23	19	29
Difficult	5	1	3	9	3	2	4	5	14
Very difficult	1	0	0	1	0	0	0	0	4
Availability changes (% sample)									
Don't know	27	40	27	28	23	23	4	37	21
Easier	7	5	2	3	12	8	10	9	6
Stable	57	53	56	58	60	60	69	42	60
More difficult	6	1	5	9	5	0	13	4	13
Fluctuates	4	1	10	3	0	8	4	8	1
Place usually score									
Street dealer	12	21	11	6	10	8	10	18	9
Dealer's home	25	19	25	25	36	27	25	30	20
Friend	25	7	31	31	26	27	29	13	43
Grow your own	4	1	5	5	3	8	3	4	1

Figure 18: Price of an ounce of cannabis by jurisdiction, 1997-2000



3.5.3 Availability

As in 1999, cannabis was very easy to obtain throughout the whole of Australia, and the majority of those IDU who commented had perceived the availability of cannabis to be stable over the six months preceding the interview (Table 16). Most IDU purchased cannabis from a friend or at a dealer's home (Table 16). Substantial minorities of IDU in all states had also purchased cannabis from a street dealer, suggesting that there are open-air cannabis markets in most capital cities. Few IDU in any jurisdiction reported growing their own cannabis (Table 16).

It should be noted that very few IDU consider cannabis their primary drug of choice, and this in itself may account for the low proportions that reported growing their own cannabis. It seems likely that among a population of primary cannabis smokers, a higher proportion would grow their own cannabis than of the IDU interviewed for the IDRS, for whom cannabis is simply one of a range of drugs they use in conjunction with their primary drug(s) of choice.

Figure 19: Prevalence of the use of hash among IDU by jurisdiction, 1997-2000

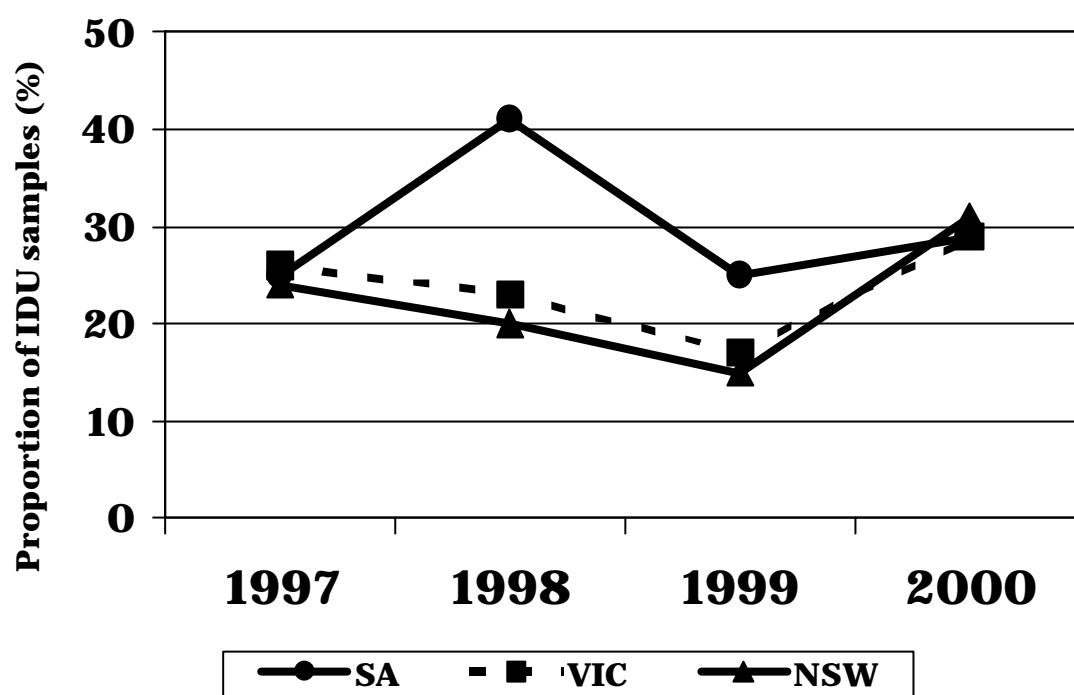
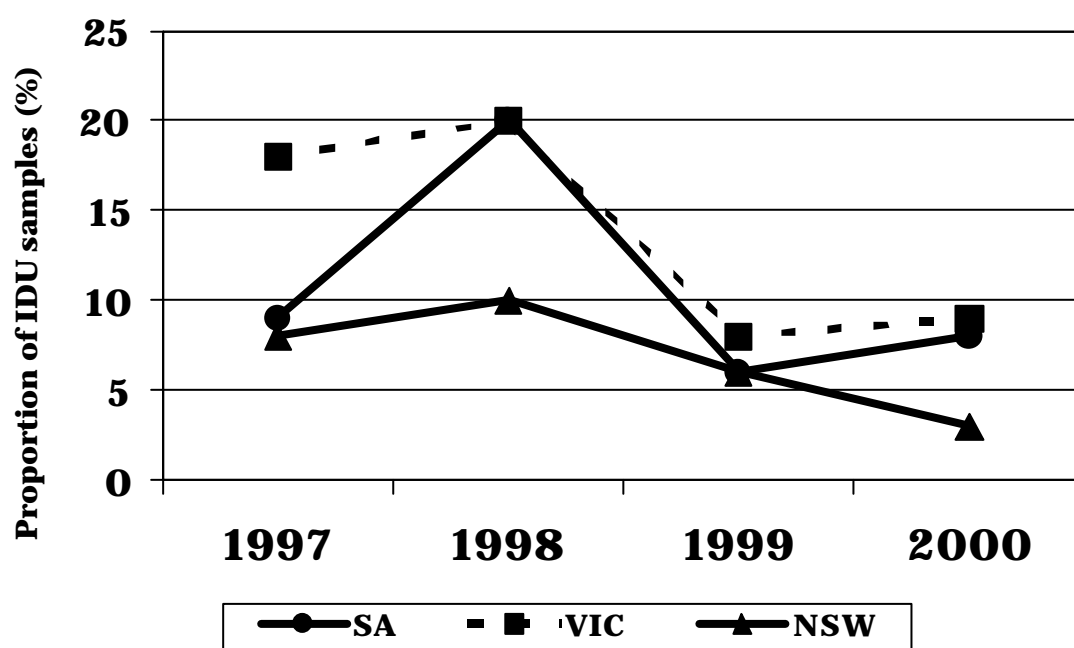


Figure 20: Prevalence of the use of hash oil among IDU by jurisdiction, 1997-2000

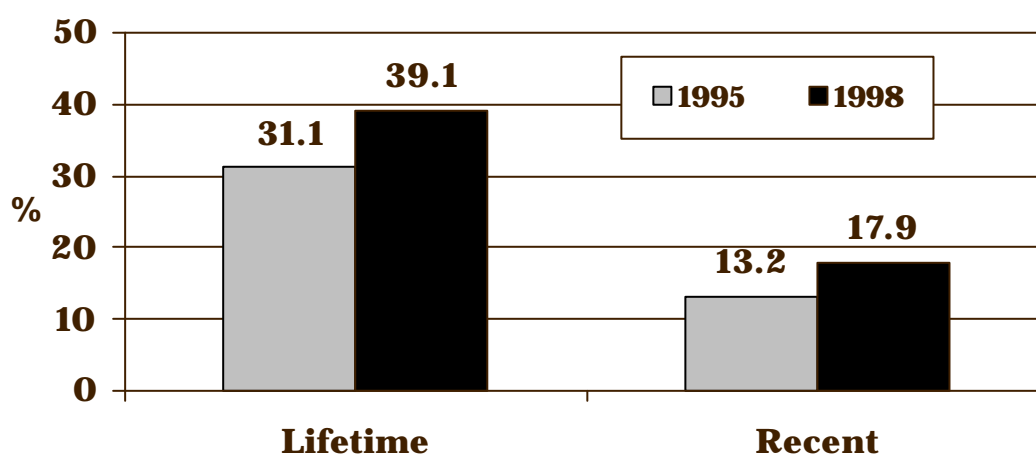


3.5.4 Use

Table 8 suggests that the great majority of cannabis smoked in Australia is 'head' (the flowering tops of *cannabis sativa*); cannabis leaf is available but it is not sought after. The prevalence of the use of hash among IDU increased in VIC and NSW between 1999 and 2000, following steady declines in those jurisdictions since 1997, but remained relatively stable in SA (increasing from 25% to 29%), which has always had a higher prevalence of hash use than in the other jurisdictions (Figure 19). The prevalence of the use of hash oil among IDU remained low in all jurisdictions in 2000 (Figure 20), following marked decreases in its use between 1998 and 1999. All these observations were confirmed by key informant reports throughout most jurisdictions. Key informants in all jurisdictions also reported that 'bongs' or water-pipes remained the most common means of administration of cannabis.

Recent analyses of data from the Australian School Students' Alcohol and Drugs Survey (Lynskey *et al.*, 2000) suggest that there has been a general increase in the prevalence of cannabis use among Australian youth since the early 1990s. This finding is consistent with the increase between 1995 and 1998 in both lifetime and recent (preceding 12 months) cannabis use among the Australian general population (Figure 21), recorded by the triennial National Drug Strategy (NDS) Household Surveys of Drug Use (AIHW, 1999). The increased prevalence of use has been most apparent among young people. In the 1985 NDS Household survey, 32% of respondents aged 14-19 years had tried by cannabis and by 1995 this proportion has increased to 41% (Makkai & McAllister, 1997). Consistent with this trend, the 1998 survey found that 45% of 14-19 year olds reported lifetime cannabis use (Table 17).

Figure 21: Prevalence of lifetime and recent cannabis use in Australia, 1995 and 1998 (AIHW, 1999)



As noted above, recent analyses of National Drug Strategy Household Survey data indicate that the age of initiation into cannabis use has consistently decreased for each successive birth cohort (Degenhardt *et al.*, 2000). For example, among the

cohort born between 1970 and 1974, the average age of initiation into cannabis use was 18 years. In contrast, the cohort born between 1975 and 1979 recorded an average age of initiation of 16 years.

The NDS Household Surveys indicate that the prevalence of having ever used cannabis is strongly related to gender as well as age (Table 17). Men are more likely to have used cannabis than women; 44% of males versus 35% of females reported lifetime use in the 1998 survey.

Table 17: Prevalence of lifetime and 12-month cannabis use by age and gender, 1998 NDS Household Survey. (Figures taken from Darke *et al.*, 2000).

	Lifetime Use	12 Month Use
Persons	39.1	17.9
14-19 years	45.2	35.1
20-29 years	63.9	36.9
30-39 years	56.7	20.3
40-49 years	41.7	11.5
50+ years	10.1	3.3
Males	43.8	21.4
14-19 years	45.3	35.6
20-29 years	68.3	44.8
30-39 years	59.9	24.1
40-49 years	53.7	16.7
50+ years	11.7	3.0
Females	34.6	14.5
14-19 years	45.1	34.6
20-29 years	59.3	28.9
30-39 years	53.6	16.4
40-49 years	30.0	6.1
50+ years	8.7	3.6

3.5.5 Summary of cannabis trends

- There was relatively little variation in the price of an ounce of cannabis in 2000, which ranged from \$220 in SA to \$300 in a number of jurisdictions. The price of grams was also cheapest in SA. Over all years of the IDRS, SA has consistently recorded lower market prices for cannabis than the other jurisdictions
- The price of cannabis decreased between 1999 and 2000 in NSW (\$350 to \$300) and VIC (from \$300 to \$280)
- As in all years of the IDRS, the potency of cannabis was estimated by IDU and key informants in all jurisdictions as high or medium to high, and the potency was perceived to have remained stable or to have increased
- Cannabis remained widely available in all jurisdictions and the availability was perceived to have remained stable
- The use of hash in the preceding six months among IDU increased between 1999 and 2000 in NSW and VIC, whereas the use of hash oil remained low and stable in all jurisdictions
- There has been an increase throughout the 1990s in the prevalence of cannabis use, particularly among young people

3.6 Other drugs

3.6.1 Ecstasy

In 2000 and 2001, the monitoring of trends in the use of ecstasy and other party drugs has formed a separate, specialised component of the IDRS that is based on previous NDARC research into ecstasy use (Topp *et al.*, 1998; 1999). These trends are reported elsewhere (McAllister *et al.*, 2001; Topp & Darke, 2001).

3.6.2 Methadone

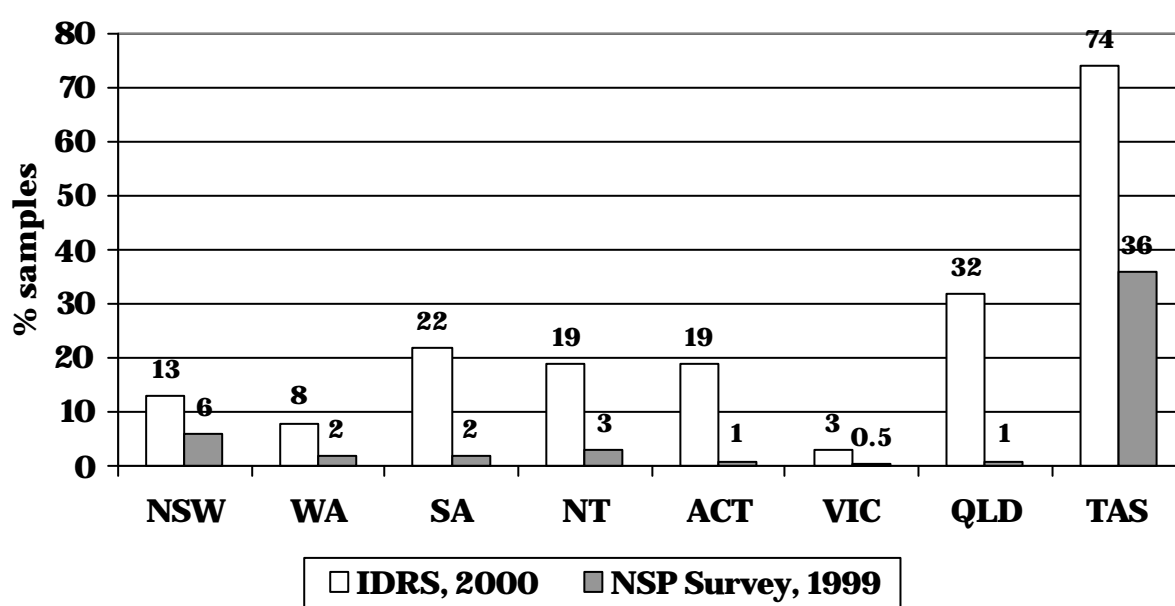
There were startling differences between jurisdictions in the proportions of IDU who reported having injected methadone in the preceding six months, ranging from 3% in VIC to 74% in TAS (Table 18). The high rate of methadone injection in TAS, partly related to the difficulty in obtaining heroin in that jurisdiction, is cause for concern, given that the injection of methadone syrup is associated with vascular damage and increased risk of overdose (Darke, Ross & Hall, 1996). Table 6 in Section 3.1.2 also presents results consistent with the notion that there is significantly more methadone activity in TAS than in other jurisdictions: more IDU in TAS than elsewhere nominated methadone as their favourite drug, as the drug they had last injected, and as the drug they had injected most often in the preceding month. However, of those IDU in TAS who had used methadone in the preceding six months and were not currently in methadone maintenance therapy (MMT), the median frequency of use was relatively low (10 days; range 1-121 days). Levels of methadone injecting were highest among those in MMT, and therefore presumably reflect to a great extent the practice of patients injecting their own prescribed 'take-away' doses.

Table 18: Proportion of IDU samples reporting methadone injection in preceding six months by jurisdiction, 2000

Jurisdiction	2000 (%)
NSW	13
VIC	3
SA	22
QLD	32
WA	8
TAS	74
NT	19
ACT	19

The Annual NSP Survey has also documented significant rates of methadone injection in TAS, although the sample sizes in this state have been too small to confidently draw any inferences from this finding. The findings from the 2000 IDRS IDU survey and from the 1999 NSP Survey therefore cross-validate each other: both sources of data indicate that significantly higher rates of methadone injection occur in TAS than in other Australian jurisdictions (Figure 22).

Figure 22: Proportions of IDRS IDU samples that reported recent methadone injection, 2000, and proportions of NSP clients that reported methadone as last drug injected, 1999 (data taken from Annual NSP Survey; NCHECR, 2000)



Despite the high rates of methadone injection in TAS, overall, methadone injection has dropped among clients of NSPs throughout Australia, from 19% in 1995 to 3% in 1999 (Figure 23). This is largely as a result of the decrease in rates of injection in NSW, depicted among IDRS IDU samples by jurisdiction in Figure 24, and mirrored among clients of NSW NSPs in Figure 25. Over the same time period in which methadone injection has decreased in NSW, the practice has increased in SA, and has remained uncommon in VIC (Figure 24). Up to 1999, NSW was the only jurisdiction that provided the necessary equipment for methadone injection through NSPs.

Figure 23: Prevalence of methadone injection in Australia among clients of NSPs, 1995-1999 (Data taken from Annual NSP Survey; NCHECR, 2000)

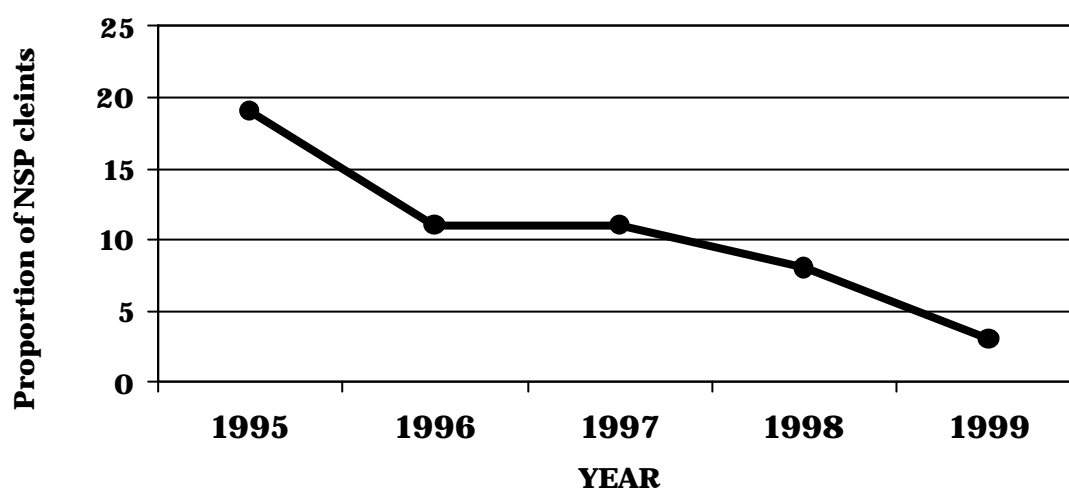


Figure 24: Methadone injection among IDRS IDU samples in preceding six months by jurisdiction, 1997-2000

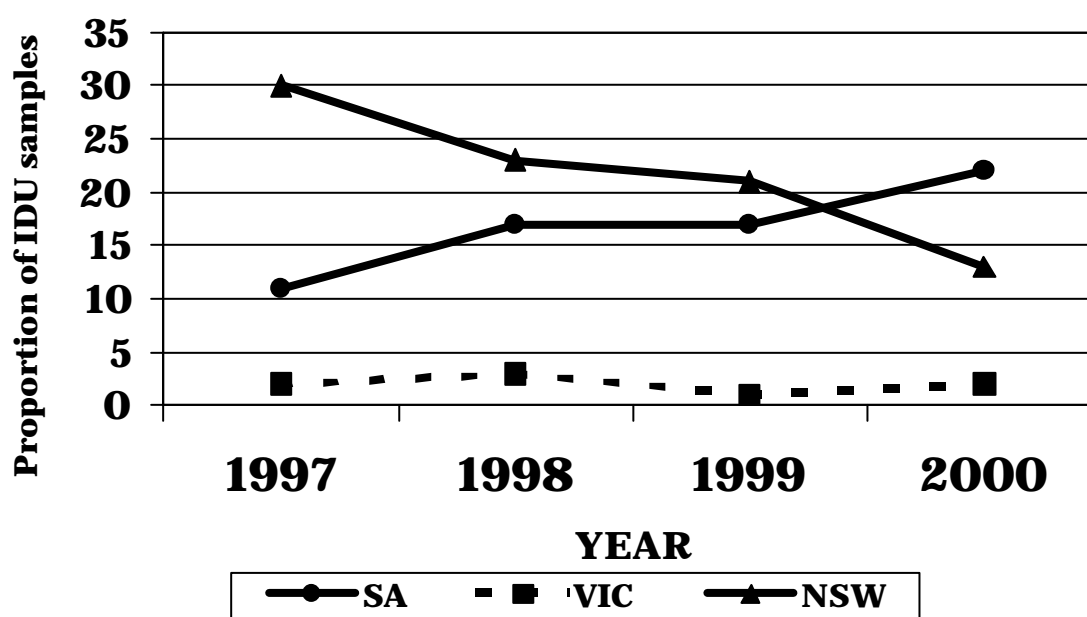
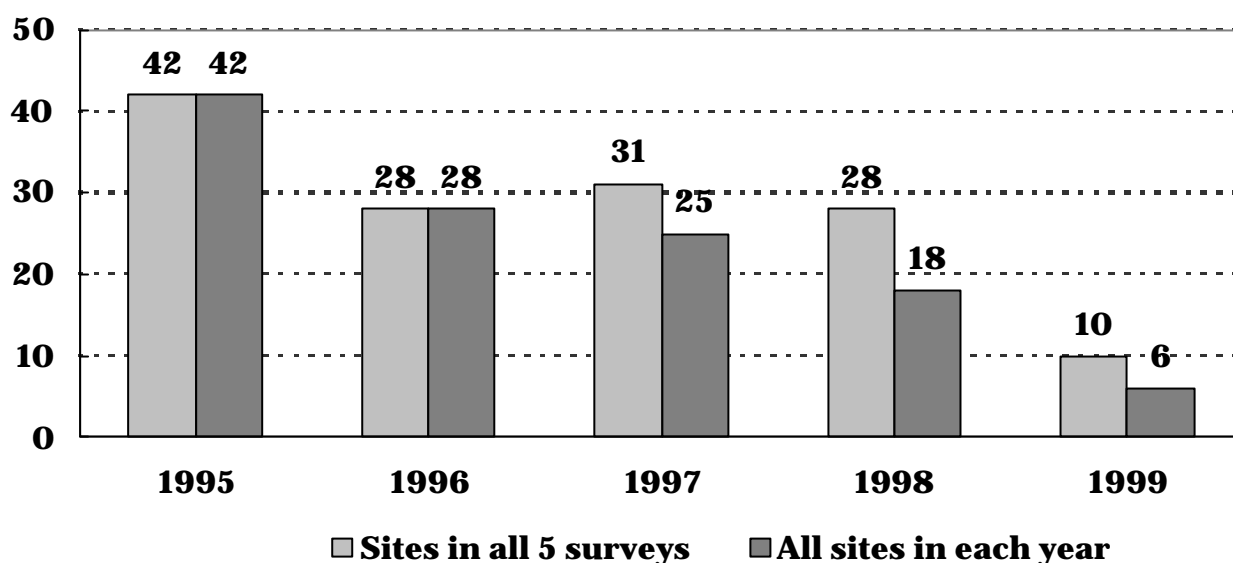


Figure 25: Reporting of methadone injection among clients of NSPs in NSW, 1995-1999 (data taken from Annual NSP Survey; NCHECR, 2000)



Note: Figure 25 depicts the decrease over time in methadone injection in NSW in two ways: among clients of NSPs who took part in all of the Annual NSP Surveys; and among clients of all sites that participated in the Survey each year.

3.6.3 Benzodiazepines

There were marked differences between jurisdictions in the proportions of IDU who reported having used and injected benzodiazepines in the preceding six months (Table 19).

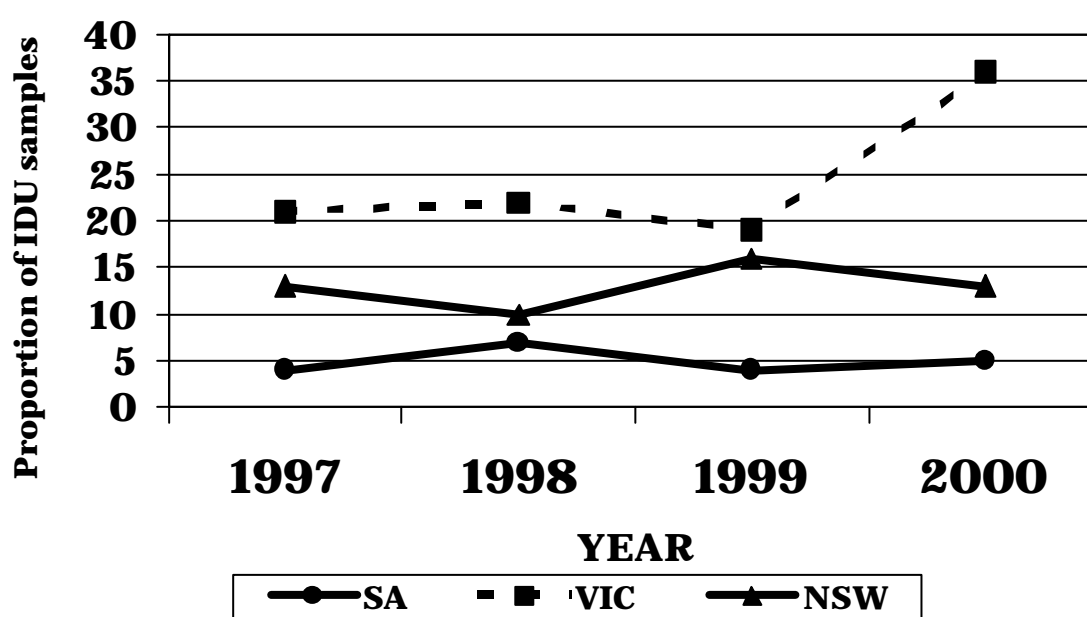
Table 19: Proportion of IDU samples reporting benzodiazepine use and injection in preceding six months by jurisdiction, 2000

	Used last 6 months (%)	Injected last 6 months (%)	Benzodiazepine most often used
NSW	61	13	Diazepam
SA	65	5	Diazepam
VIC	74	36	Temazepam
QLD	60	16	Diazepam
WA	72	21	Diazepam
TAS	78	36	Temazepam
NT	29	12	Diazepam
ACT	77	15	Diazepam

Consistent with specific studies of benzodiazepine preferences (Darke, Ross & Hall, 1995), fast-acting benzodiazepines such as diazepam (e.g., Valium®) and flunitrazepam (e.g., Rohypnol®) were the preferred types of benzodiazepines among the IDU sample. The preference for these types was also consistently noted by key informants. Although still preferred among IDU and available to those with appropriate social networks, the use of flunitrazepam declined markedly in Australia from 1998 onwards as a consequence of its rescheduling to a Schedule 8 drug of addiction as per the Drugs, Poisons and Controlled Substances Act, 1981. The use of temazepam capsules (e.g., Normison®), which contain a gel-like substance that is insoluble in blood or water but easily injected relative to other benzodiazepine preparations, was strongly associated with benzodiazepine injecting. Temazepam was the most commonly used benzodiazepine in VIC and TAS, the jurisdictions that recorded the highest rates of injecting (Table 19).

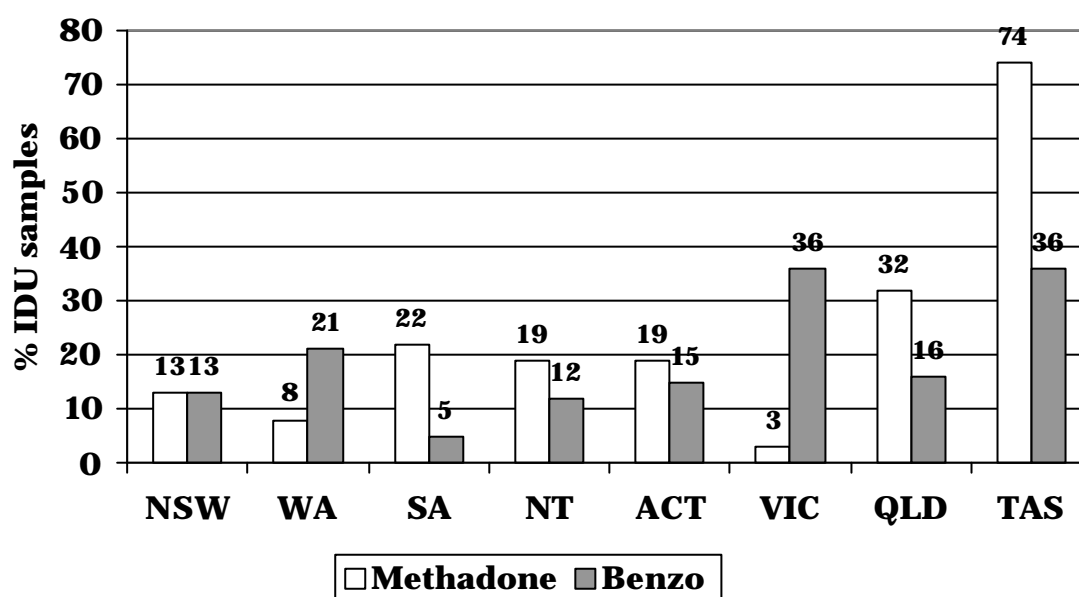
The high rates of recent benzodiazepine injection in VIC in 2000 were a result of a marked increase between 1999 and 2000 in the proportion of the IDU sample that reported having engaged in the practice in the preceding six months, from 19% to 36%. In contrast, over the years of the IDRS, the injection of benzodiazepines has remained lower and relatively stable in NSW and SA (Figure 26). The relatively high rates of benzodiazepine injection in some Australian jurisdictions, notably VIC and TAS, are cause for concern because, like the injection of methadone syrup, intravenous benzodiazepine use is associated with increased drug-related harm, including vascular damage, blood clots and increased risk of overdose (Darke, Ross & Hall, 1995; Ross, Darke & Hall, 1997).

Figure 26: Benzodiazepine injection in preceding six months by jurisdiction, 1997-2000.



Both methadone and benzodiazepines are intended for oral administration. It could reasonably be hypothesised that if an IDU is willing to inject one non-injectable substance, they might also be willing to inject another. However, comparison of figures within jurisdictions in the proportions of IDU samples that reported recent injection of methadone and benzodiazepines reveals marked differences in the rates of injection of the two drugs (Figure 27). This difference is most striking in VIC, which, in 2000, recorded the lowest rate of methadone injection, along with the highest rate of benzodiazepine injection. Conversely, in SA, relatively high rates of methadone injection were recorded simultaneously with the lowest rate of benzodiazepine injection. Only in NSW were the recorded rates of the two practices equivalent (13% each), but these proportions did not represent the same group of subjects.

Figure 27: Proportions of IDU samples that reported recent benzodiazepine or recent methadone injection by jurisdiction, 2000



3.6.4 Anti-depressants

As with methadone and benzodiazepines, there was wide jurisdictional variation in the use of anti-depressants among IDU. Rates of recent use ranged from 11% in SA to 51% in QLD (Table 20). In those jurisdictions where comparable data has been collected over time, rates of recent anti-depressant use have remained relatively stable, with VIC consistently reporting higher rates of recent anti-depressant use than NSW and SA (Figure 28).

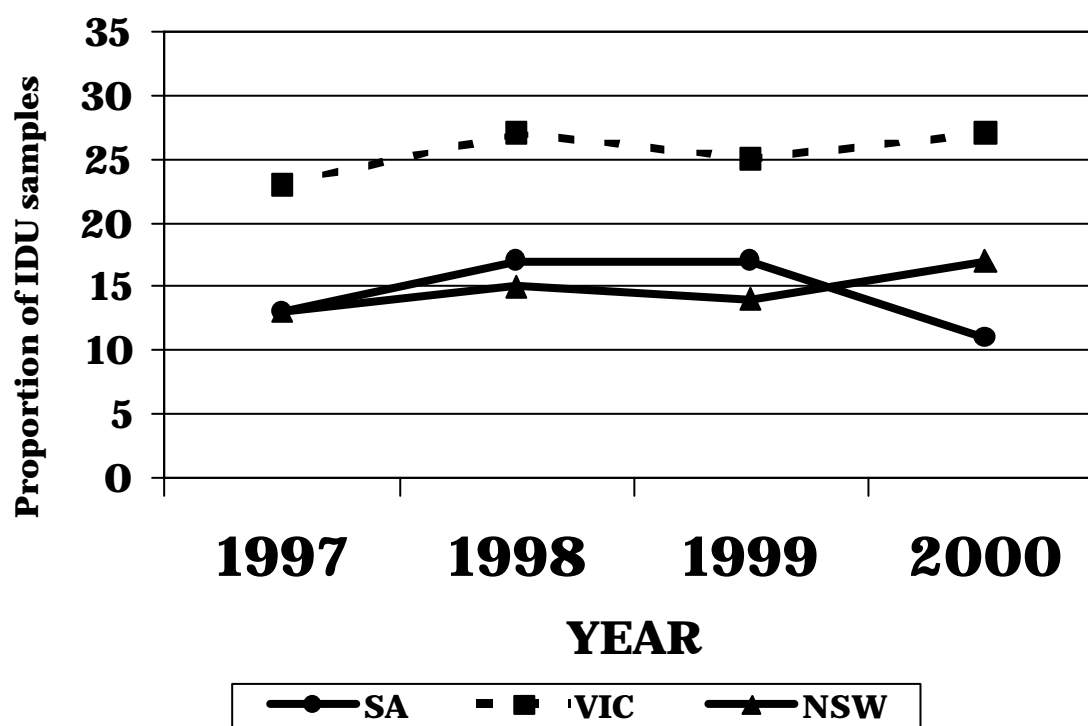
As with methadone and benzodiazepines, the use of anti-depressants among IDU is of concern because it has been associated with heroin overdose (Darke & Ross, 2000; Darke, Ross, Zador & Sunjic, 2000), along with higher levels of polydrug use and psychiatric distress, and poorer general health. The elevated risk of overdose was specifically associated with the older tricyclic anti-depressants (e.g., Tryptanol®)

rather than the more recent serotonin-specific (e.g., Prozac®) and noradrenaline-specific (e.g., Effexor®) reuptake inhibitors.

Table 20: Proportion of IDU samples reporting anti-depressant in preceding six months by jurisdiction, 2000

Jurisdiction	2000
NSW	17
VIC	27
SA	11
QLD	51
WA	32
TAS	22
NT	24
ACT	26

Figure 28: Anti-depressant use in preceding six months by jurisdiction, 1997-2000



3.6.5 Summary of other drug trends

- There were striking jurisdictional differences in the rates of recent injection of methadone, ranging from 3% in VIC to 74% in TAS
- The rate of methadone injecting in NSW decreased for the third successive year, while simultaneously increasing in SA
- Recent use of benzodiazepines was high (60% - 78%) in all jurisdictions except the NT (29%). Diazepam was the most commonly used benzodiazepine
- Rates of recent benzodiazepine injection varied from 5% in SA to 36% in TAS and VIC. VIC recorded a striking increase in recent benzodiazepine injection compared to 1999. The use of temazepam capsules was strongly associated with benzodiazepine injection
- There were marked differences within jurisdictions in the rates of injection of non-injectable substances, such as methadone versus benzodiazepines
- Rates of recent anti-depressant use varied widely across jurisdictions, ranging from 11% in SA to 51% in QLD. Rates of recent anti-depressant use have remained relatively stable since 1997 in NSW, SA and VIC

3.7 Drug-related issues

3.7.1 Fatal opiate overdose

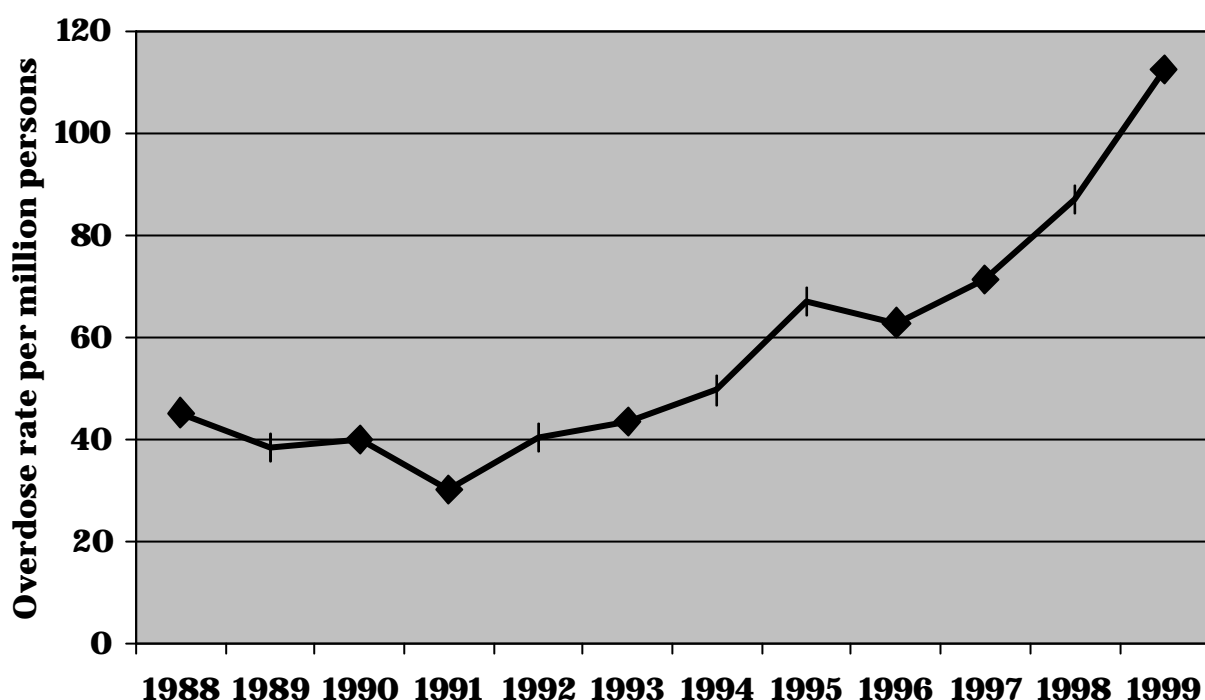
According to the 1999 Australian Bureau of Statistics (ABS) data on opioid overdose deaths (NDARC, 2000), the number of opioid-related deaths among 15-44 year olds in Australia increased from 737 in 1998 to 958 in 1999 (see Table 21). Adjusted for population, this represents a 30% increase compared to the overdose rate in 1998, from 87.1 per million persons in 1998 to 112.5 per million persons in 1999 (see Figure 29).

As in 1998, deaths in NSW and VIC contributed approximately three quarters (78%) of all opioid-related deaths. In 1999, VIC had the highest overdose rate in Australia, with a rate of 163.4 per million persons. This represents a 65% increase compared to the rate in 1998 (99.6). The 12% increase in the overdose rate in NSW was more modest, from 126.4 per million persons in 1998 to 140.6 in 1999. Western Australia (85.0) and South Australia (80.9) had the next highest rates.

Table 21: Number of opioid overdose deaths among those aged 15-44 years by jurisdiction, 1988 - 1999

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUST
1988	201	99	15	12	18	0	0	2	347
1989	154	98	19	8	18	1	2	2	302
1990	193	78	8	18	14	5	0	0	316
1991	142	63	9	12	12	3	0	2	243
1992	178	77	18	28	21	0	1	4	327
1993	177	84	22	40	23	4	2	5	357
1994	201	91	34	32	38	4	5	1	406
1995	251	136	42	34	68	6	0	13	550
1996	244	142	27	30	61	5	2	15	526
1997	292	168	26	36	70	1	1	6	600
1998	358	210	38	457	59	7	10	10	737
1999	401	347	70	52	73	3	4	8	958

Figure 29: Rates per million population of opioid overdose among those aged 15-44 years in Australia, 1998-1999



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 conjunction with heroin, primarily alcohol and/or benzodiazepines (Darke, Ross, Zador & Sunjic, 2000). The 1999 ABS figures accord well with these observations: deaths in the 15 to 44 year age group made up 90% of all opioid overdose deaths in Australia; males formed 79% of the group (Table 22); and the average age at death was 30.

Table 22: Number of deaths attributed to opioids among those aged 15-44 years by gender and jurisdiction, 1999

	AUST	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
No. of deaths									
Males	758	326	6	265	2	37	63	3	56
Females	200	75	2	82	1	15	10	1	14
% of deaths									
Males	79	81	75	76	66	71	86	75	80
Females	11	19	25	24	33	29	14	25	20

3.7.2 Non-fatal opiate overdose

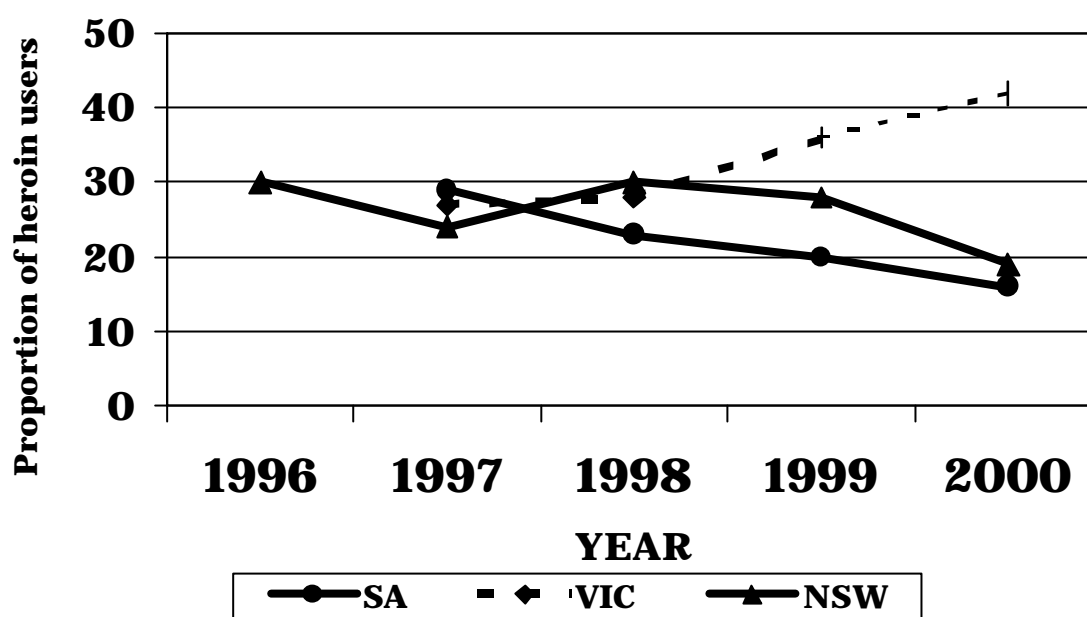
Forty seven percent of the overall IDRS sample of IDU had experienced a non-fatal opiate overdose at some time in their lives (Table 23), and 25% had experienced a non-fatal overdose in the preceding 12 months. Just over half of those who had overdosed, both ever and in the preceding 12 months, had had naloxone administered to them. More than two-thirds (70%) of the overall sample had witnessed another person overdose on opiates, and more than half (52%) had done so in the preceding 12 months. As is the case with fatal opiate overdoses, the consumption of alcohol and/or benzodiazepines in conjunction with opiates occurs in the majority of non-fatal overdoses (Darke, Ross & Hall, 1996b; McGregor, Darke, Christie & Ali, 1998).

Table 23: Non-fatal opiate overdose among IDU by jurisdiction, 2000

	Total sample N=910	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Ever OD (%)	47	51	58	55	31	44	47	35	43
OD last 12 months (%)	25	19	32	43	10	15	32	18	24
Naloxone admin'd ever (%)	32	42	43	42	14	35	31	19	22
Naloxone admin'd last 12 months (%)	17	15	26	32	7	12	19	12	12
Ever witnessed OD (%)	70	79	83	85	50	64	74	58	70
Witnessed OD last 12 months (%)	52	59	68	75	24	38	57	29	47

In those jurisdictions where comparable data has been collected over time, declines in the rate of recent non-fatal heroin overdose among heroin users have been documented in NSW and in SA. Simultaneously, an increase in rates of non-fatal heroin overdose has been recorded in VIC (Figure 30).

Figure 30: Non-fatal heroin overdose among heroin users in preceding 12 months by jurisdiction, 1996-2000



3.7.3 Injection-related issues

Substantial minorities of IDU in every jurisdiction continue to share injecting equipment (Table 24). Of the overall IDU sample, 16% reported having borrowed used needles and/or syringes from another IDU in the preceding month, with the highest rates of borrowing recorded in SA, followed by WA, VIC and QLD (Table 24). Eleven percent of the overall sample reported having lent another IDU their own used needles and/or syringes, with a strikingly high rate of lending used equipment recorded in VIC, followed by WA and QLD (Table 24).

In those jurisdictions where comparable data has been collected over time, marked variations within jurisdictions over time have been documented, with needle sharing declining in all three jurisdictions between 1998 and 1999, but increasing again between 1999 and 2000 in SA and VIC (Figures 31 and 32). The decrease in needle sharing detected by the IDRS in NSW is consistent with the findings of the Annual NSP Survey: the 1999 survey reported that 23% of IDU surveyed had borrowed a used needle/syringe in the preceding month, a decrease relative to 1995, when the corresponding figure was 31% (NCHECR, 2000).

Table 24: Injection-related issues in last month among IDU by jurisdiction, 2000

	Total sample N=910	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Needle sharing (%)									
Borrowed	16	10	9	19	10	24	22	11	19
Lent	11	17	14	35	12	21	28	13	23
Other injecting equipment sharing (%)									
Shared no equipment	49	48	57	47	38	40	44	72	50
Spoon/mixing container	44	49	37	46	53	56	45	22	42
Filter	28	32	18	18	32	54	27	9	35
Tourniquet	15	12	9	11	29	22	15	12	14
Water	32	33	16	33	35	54	34	8	43
Injection problems (%)									
Overdose	10	2	17	13	0	3	20	18	8
Infection/abscess	10	5	9	15	9	5	11	16	14
'Dirty hit'	21	17	24	16	15	15	19	39	28
Scarring/bruising	52	54	55	47	59	49	42	57	56
Difficulty injecting	45	35	40	50	50	49	53	49	36
Thrombosis	11	8	8	8	18	18	12	10	8
Location of last injection (%)									
Home	62	50	62	55	81	71	64	71	52
Street/park	14	31	12	15	5	1	11	15	11
Car	3	3	3	8	5	18	13	8	17
Public toilet	6	6	19	17	7	9	5	1	16
Shooting room	3	3	0	1	0	0	2	1	1

Figure 31: Self-reported **borrowing** of used needles and/or syringes in preceding month by jurisdiction, 1997-2000

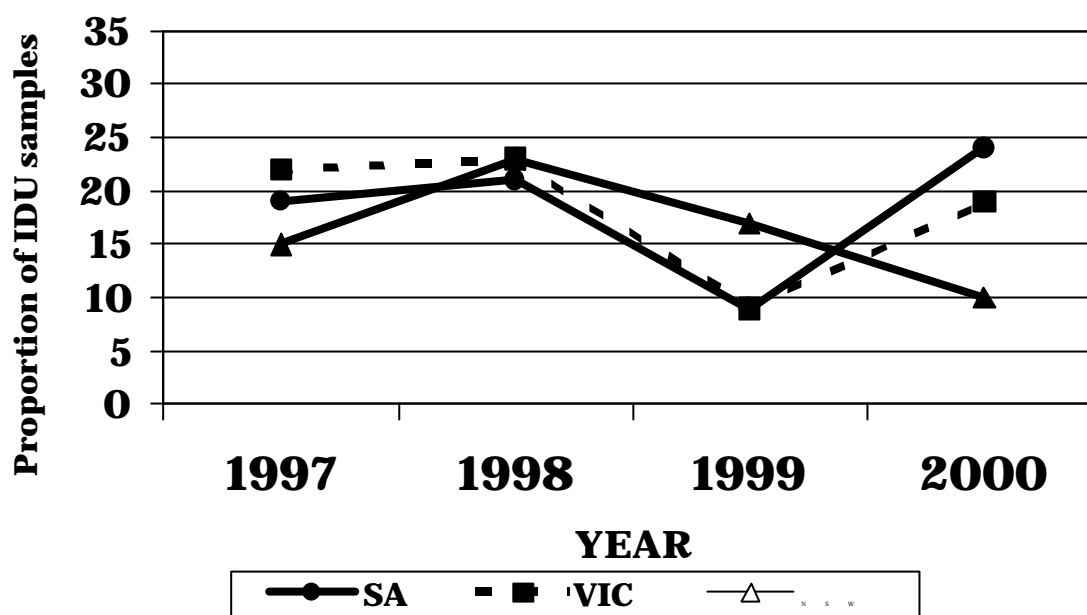
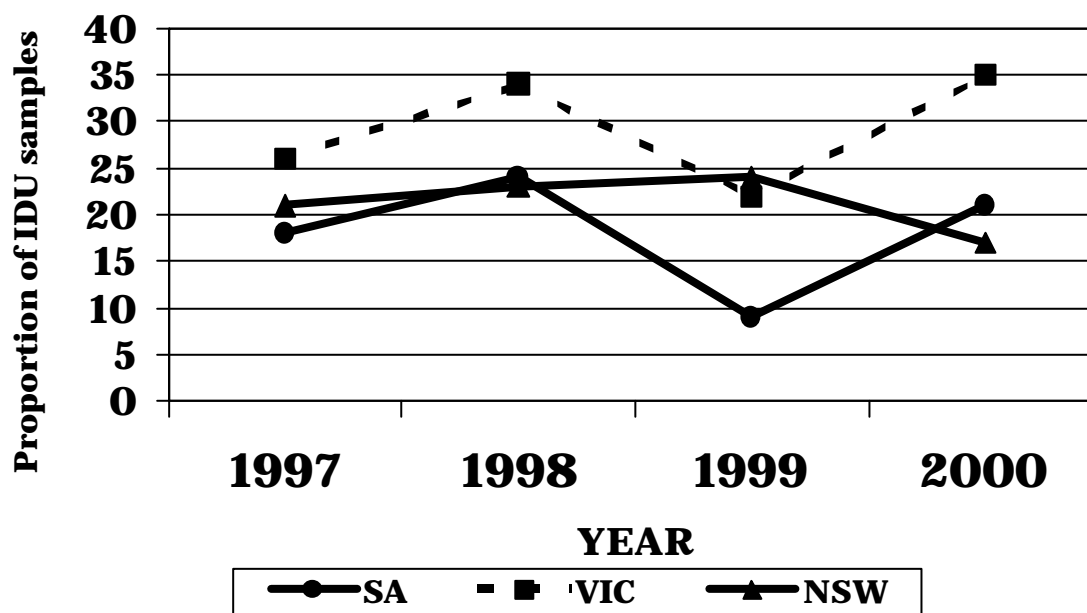


Figure 32: Self-reported **lending** of used needles and/or syringes in preceding month by jurisdiction, 1997-2000



The general decrease in the sharing of needles and syringes documented over recent years by the Annual NSP Survey has doubtless contributed to Australia's consistently low prevalence of HIV among IDU, which has never exceeded 2% among clients of NSPs (Figure 32; NCHECR, 2000). However, the high rates of sharing of other injecting equipment, such as spoons, filters, water and tourniquets (Table 24), must explain, at least in part, Australia's consistently high prevalence of Hepatitis C (HCV)

among IDU, which has never fallen below 49% (Figure 33; NCHECR, 2000). Items relating to the sharing of injecting equipment other than needles and syringes were added to the IDRS IDU survey in 1999, so that there is only two years of comparable data in three jurisdictions on the basis of which inferences about trends can be drawn (Figure 34).

Figure 33: HIV and HCV seroprevalence among IDU recruited for the Australian NSP Survey, 1995-1999

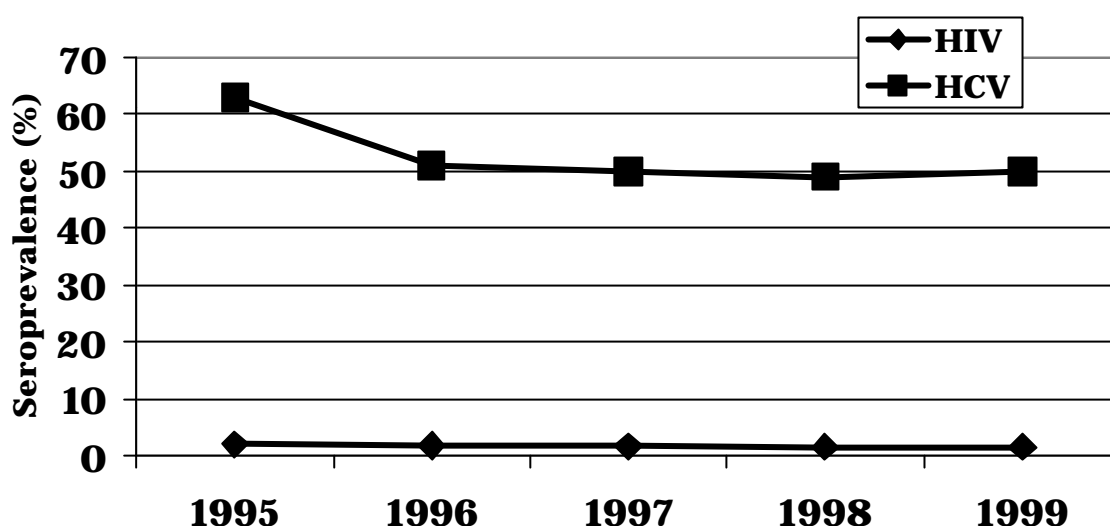
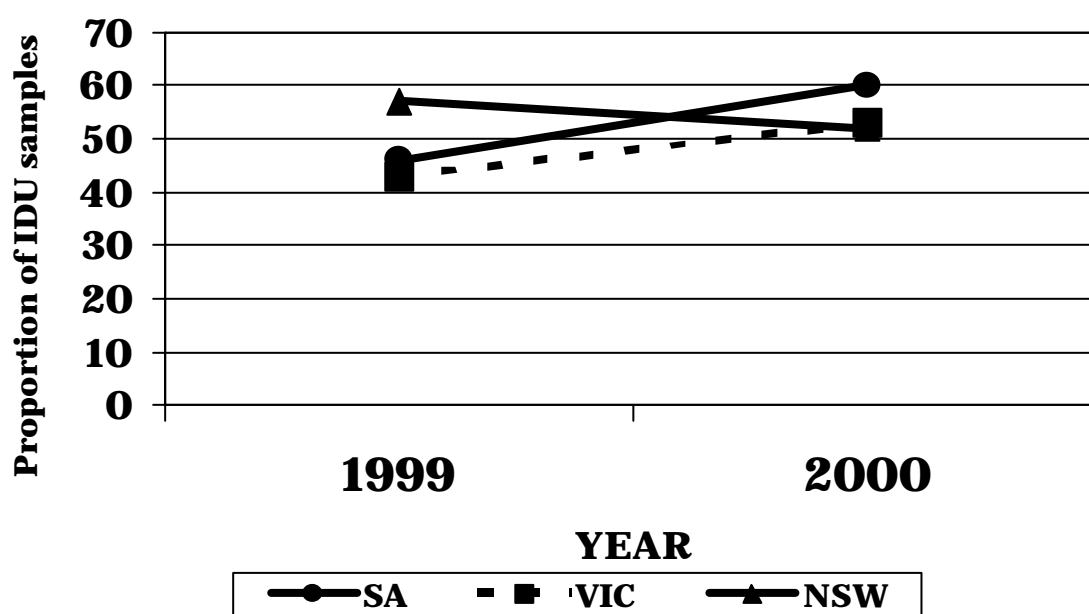


Figure 34: Self-reported borrowing of used injecting equipment other than needles/syringes in preceding month by jurisdiction, 1999-2000



The majority of IDU had experienced injection-related health problems in the month preceding the interview (Table 24). More than half of the overall sample reported significant scarring/bruising, and close to half reported difficulty injecting (indicating poor vascular health). Despite the fact that TAS recorded the lowest frequency of injecting in the month preceding the interview (see Section 3.1.2), that jurisdiction also recorded the highest rates of both scarring/bruising and thrombosis, and the second highest rate of difficulty injecting. The relatively high rates of these problems among TAS IDU may well be related to the high proportion of the TAS sample that reported having recently injected methadone and/or benzodiazepines. IDU in the NT reported the highest rates of both 'dirty hits' (injections which make the user feel sick afterwards) and of infections/abscesses at injection sites, both of which could reasonably be related to the adulterants used to dilute illicit drugs.

Table 24 suggests that, although at least half of IDU in all jurisdictions had last injected in a private home (their own or someone else's), significant rates of public injecting, including injecting in locations such as on the street, a park, a public toilet or a car, also occurred in all jurisdictions. Rates of public injecting during the last injecting occasion ranged from 24% in the NT to 44% in QLD. Few IDU in any jurisdiction reported that they had last injected in a 'shooting room' (i.e., a commercial premises rented for a short time specifically for the purpose of injecting).

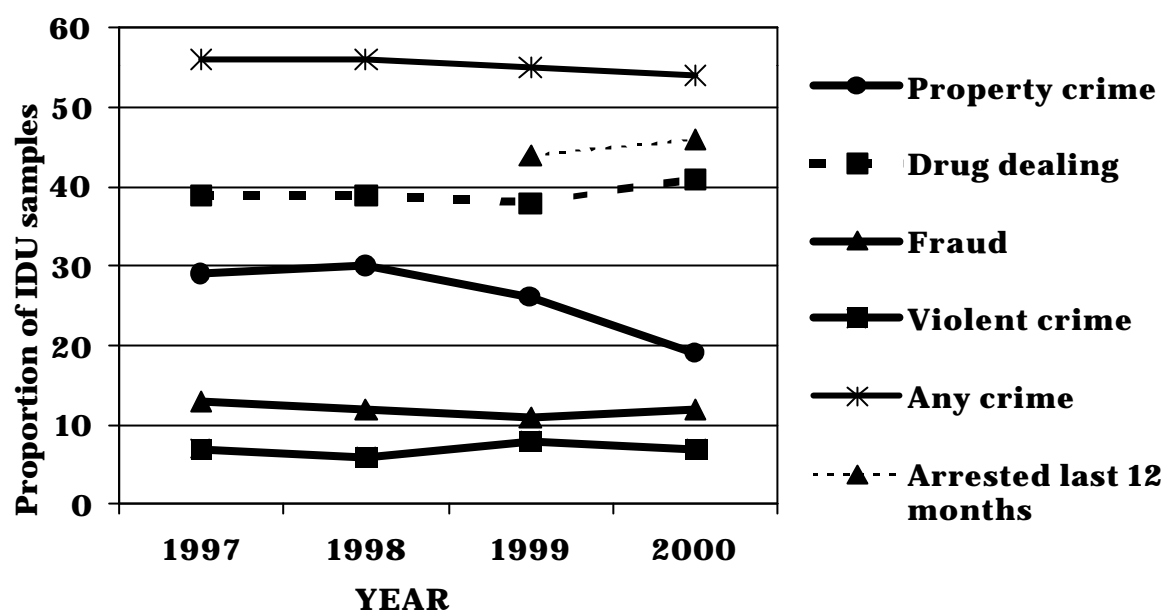
3.7.4 Criminal activity

Table 25 shows self-reported criminal activity among IDU in the month preceding the interview by jurisdiction. As in previous years, more than half (54%) of the overall sample had engaged in at least one criminal activity in the preceding month, most often drug dealing (41%) and property crime (19%). Recent crime rates were lowest in the NT (35%) and VIC (47%), but were comparable elsewhere. As in 1999, close to half (47%) of the overall IDU had been arrested in the preceding 12 months, most often for property crime and drug dealing. Figure 35 indicates that rates of self-reported recent criminal activity have remained relatively stable among IDU recruited for the IDRS since 1997. Rates of property crime have recorded the largest decline (from 29% in 1997 to 19% in 2000).

Table 25: Self-reported criminal activity among IDU in the month preceding the interview, by jurisdiction, 2000

	Total sample N=910	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Property crime (%)									
No property crime	81	74	83	80	82	79	86	92	77
Less than weekly	9	9	8	10	12	6	6	5	15
Weekly	4	4	3	3	3	3	6	3	3
More than weekly	4	7	5	5	2	9	1	0	3
Daily	2	6	0	2	1	3	1	0	2
Drug dealing (%)									
No drug dealing	59	63	48	66	51	59	48	71	57
Less than weekly	11	4	21	7	17	7	13	8	14
Weekly	7	3	9	6	9	7	13	7	5
More than weekly	15	16	17	13	17	16	20	4	15
Daily	9	15	5	8	6	12	6	10	9
Fraud (%)									
No fraud	88	91	87	88	95	85	85	89	86
Less than weekly	8	5	11	9	4	8	11	7	10
Weekly	2	3	2	1	0	4	3	2	0
More than weekly	1	1	0	1	0	3	1	2	3
Daily	1	1	0	1	1	0	0	0	1
Violent crime (%)									
No violent crime	93	91	88	95	90	94	89	98	97
Less than weekly	6	7	9	5	7	6	8	1	2
Weekly	1	0	1	1	2	0	1	1	0
More than weekly	1	1	2	0	1	0	2	0	0
Daily	0	1	0	0	0	0	0	0	1
Any crime last month (%)	54	58	60	47	62	49	61	35	60
Arrested last 12 months (%)	47	49	53	64	43	31	46	28	52
Arrested for (%):									
Property crime	-	22	18	37	16	15	6	11	17
Use/possession	-	9	12	15	9	10	9	3	9
Dealing	-	7	3	6	1	3	0	4	0

Figure 35: Self-reported criminal activity among IDU in month preceding interview, 1997-2000



The high level of criminal involvement among IDU corresponds to their high expenditure on illicit drugs. It was most common for those IDU who had spent some money on illicit drugs the day before to have spent between \$50 and \$99. Twenty nine percent of the overall IDU sample had spent \$100 or more on illicit drugs on the day preceding the interview, and 12% had spent more than \$200 (Table 26), including 20% of both the NSW and VIC samples. Substantial minorities of IDU in all jurisdictions had spent nothing on illicit drugs on the day preceding the interview.

Table 26: Expenditure on illicit drugs on the day preceding the interview, by jurisdiction, 2000

Expenditure (\$)	Total sample N=910	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Nothing	33	21	41	26	45	25	47	36	36
Less than \$20	4	1	6	1	10	5	1	4	4
\$20 - \$49	13	12	9	13	21	18	13	9	9
\$50 - \$99	22	29	22	16	19	30	12	21	22
\$100 - \$199	17	16	13	24	4	17	21	18	16
\$200 - \$399	9	15	6	15	1	3	6	9	11
\$400 Or more	3	5	2	5	0	3	0	2	3

3.7.5 Perceptions of police activity

Table 27 displays, by jurisdiction, a summary of the perceptions of IDU of recent police activity. The majority of IDU in all jurisdictions except for TAS and the NT (where high proportions of the sample reported that they did not know about police activity) had perceived that there had been a recent increase in police activity or that the extent of police activity had remained stable. Tiny minorities in all jurisdictions had perceived that there had been a recent decrease in police activity. Consistent with these perceptions, most IDU in all jurisdictions reported that the number of drug users they knew who had recently been arrested had either increased or remained stable. However, despite this apparent increase in law enforcement activity directed towards drug users in all jurisdictions, more than half of IDU in every jurisdiction except the NT reported that police activity had not affected the ease with which they were able to obtain drugs. In the NT, the sample was evenly split between those for whom police activity had made it more difficult to obtain drugs, those for whom it hadn't, and those who reported that they did not know.

Table 27: Perceptions of police activity among IDU, by jurisdiction, 2000

	Total sample N=910	NSW N=150	ACT N=100	VIC N=152	TAS N=100	SA N=107	WA N=100	NT N=100	QLD N=101
Police activity (% sample)									
Don't know	19	6	4	7	42	31	11	52	16
More activity	53	64	85	68	21	34	54	30	51
Stable	25	27	9	22	37	30	30	16	31
Less activity	3	3	2	3	1	6	5	2	3
More difficult to obtain drugs (% sample)									
Don't know	9	3	4	1	12	20	0	37	6
Yes	30	28	41	42	18	26	22	33	26
No	61	69	55	57	71	55	78	31	68
Arrests (% sample)									
More arrests	34	40	47	40	10	26	29	32	38
Stable	62	59	49	58	90	63	68	55	61
Less arrests	4	1	5	3	0	12	3	13	1

3.7.6 *Summary of drug-related issues*

- The rate of fatal opiate overdoses continued to dramatically increase throughout the 1990s. In 1999, VIC had the highest rate of heroin overdose, increasing from 1998 by 65%, followed by NSW, which increased by 12%
- Close to half of the IDU sample had experienced a non-fatal opiate overdose at some time, and 25% had done so in the preceding 12 months
- Substantial minorities of IDU in all jurisdictions reported sharing needles and/or syringes, and half had shared other injecting equipment in the preceding month
- Significant rates of injection-related health problems and public injecting were reported in all jurisdictions
- Self-reported criminal activity was high in all jurisdictions, and comparable to the rates recorded in earlier years
- Although most IDU had perceived recent increases in drug-related law enforcement, few reported that this had affected the availability of drugs

4.0 SUMMARY AND IMPLICATIONS

The *Australian Drug Trends 2000* report presents the findings of the first year in which the complete IDRS was conducted in all Australian jurisdictions. This is a significant advance on the results of previous years of the operation of the IDRS, as 2000 represents the first year in which standardised, directly comparable data relating to illicit drug use and markets have been collected in every Australian jurisdiction. The most striking feature of the findings of the 2000 IDRS was the divergence of drug trends in different Australian jurisdictions. The similarities and differences between jurisdictions, and the implications of these patterns, are discussed below.

4.1 Heroin

Heroin use continued to increase in most Australian jurisdictions, as did fatal opioid overdoses. The price of a gram of heroin decreased in NSW for the third successive year, and also decreased markedly in SA. The price of a gram of heroin ranged from \$220 in NSW to \$600 in the NT. The average purity of heroin seizures decreased from 65% in 1999 to 53% in 2000, and the highest purity seizures of heroin were in NSW. Purity decreased the most in the ACT (71% to 54%), VIC (69% to 54%) and SA (61% to 48%). Heroin remained readily available in all Australian jurisdictions except for TAS and the NT, where the use of other opioid preparations, notably methadone and morphine, predominated. Heroin continued to dominate illicit drug markets in the south-eastern corner of Australia (NSW, VIC and the ACT).

4.2 Amphetamine

Amphetamine use increased in most jurisdictions. The price of a gram of amphetamine powder ranged from \$50 in SA and VIC to \$200 in WA. The average purity of amphetamine/methamphetamine seizures increased from 16% in 1999 to 22% in 2000, and marked increases in purity were recorded in NSW, WA, SA and VIC. Amphetamine remained readily available in all jurisdictions except VIC, where reports of availability were mixed. The availability and use of more potent forms of methamphetamine, known by various street names including 'ice', 'shabu', 'crystal meth' and 'base', increased in all jurisdictions. These forms of methamphetamine were sold in 'points' (0.1 gram) for \$30 in SA and \$50 elsewhere.

The most important new finding of the 2000 IDRS was the increased availability and use in every jurisdiction of purer and more potent forms of methamphetamine. There was disagreement among both experts and users alike as to how the different forms of methamphetamine relate to each other and to the forms of amphetamine traditionally available in Australia. For example, some users reported that ice and shabu are different names for the same drug, whereas others considered that the two are different drugs; some reported that crystal meth is something different again, whereas others believe that it is not, and so on. There was also a lack of understanding among some users that the different terms all refer to forms of methamphetamine, perhaps due to clever marketing campaigns by manufacturers and/or distributors. For example, some users reported that ice is 'heroin-based cocaine' or a 'mixture of amphetamine and heroin', as this is what they had been told by those from whom it was purchased.

Although clarity on such issues is clearly desirable for authorities to plan appropriate interventions, as well as to allow consumers to make informed decisions, one thing is certain: the availability and use of more potent forms of methamphetamine in Australia are increasing, and if this continues to be the case, serious public health implications can be expected. Numerous adverse effects of amphetamine were documented throughout the 1990s. Physical health problems such as poor appetite, fatigue, tremors, trouble sleeping, cardiac arrhythmias, headaches, joint pains and weight loss are frequently reported by samples of illicit amphetamine users, as are psychological problems such as depression, anxiety, irritability, paranoia, mood swings, difficulty concentrating, aggression and hallucinations (e.g., Hall & Hando, 1994; Hall, Hando, Darke & Ross, 1996; Klee & Morris, 1994; Williamson *et al.*, 1997). Although historically the subject of much debate, the existence and destructive nature of an amphetamine dependence syndrome, comparable to that long acknowledged to exist for alcohol and heroin, was recently documented (Topp & Darke, 1997; Topp, Lovibond & Mattick, 1998; Topp & Mattick, 1997a,b).

Amphetamine-related financial, relationship and occupational problems have also been reported by substantial proportions of samples of regular users (e.g., Morgan & Beck, 1997; Hando, Topp & Hall, 1997). The popularisation and widespread use of methamphetamine in place of cannabis in Hawaii has led to devastating effects for individuals, families and local communities (Joe-Laidler & Morgan, 1997). More recently, heavy amphetamine use has been associated with neuropsychological deficits that could not be accounted for by premorbid intelligence, concurrent polydrug use or acute intoxication (McKetin & Mattick, 1997, 1998). This deficit is related specifically to the inability among heavy users to focus attention in relevant stimuli, leading to an increased load on limited attentional resources (McKetin & Solowij, 1999). It is expected that the incidence of problems previously documented to be associated with amphetamine use will increase as the use of more potent and higher purity forms of the drug continues to increase.

As pointed out in the Results, concomitant with the reported increases across all jurisdictions in the availability and use of more potent and higher purity forms of methamphetamine known by terms such as ice, shabu, crystal meth and base, key informants in five of the eight jurisdictions (NSW, SA, WA, QLD and TAS) reported recent increases in the number of amphetamine users suffering adverse psychological and physical side-effects related to their drug use. In particular, there were reports of increased numbers of amphetamine users experiencing anxiety, depression, aggression/hostility and psychotic symptoms such as paranoia, delusions and hallucinations. Physical problems such as poor nutrition, weight loss, sleep problems, skin lesions and reduced immunity to opportunistic infections were also reported across a number of jurisdictions. Some key informants directly attributed these increases to the increased purity of amphetamine and the increased availability of more potent forms of methamphetamine.

In response to the growing recognition of the dependence potential of amphetamine and the adverse physical, psychological, cognitive and social effects of chronic amphetamine use, an earlier NDARC study examined treatment seeking among amphetamine users in Sydney (Hando *et al.*, 1997). Chief among the findings of this study were the high proportion of users wishing to modify their amphetamine use, and the lack of attraction of amphetamine users to traditional treatment services,

which were perceived as inadequate and oriented towards opiate users. Subjects interested in receiving formal treatment recommended that it focus on amphetamine specific issues and be relevant to them (Hando *et al.*, 1997). These are legitimate suggestions, given that intervention services in this country have traditionally focussed on opiate and alcohol detoxification (Lintzeris, Holgate & Dunlop, 1996). Treatment services in this country are not equipped to deal with large numbers of amphetamine users presenting with amphetamine-specific problems; yet this is what may be expected if the availability and use of potent forms of methamphetamine in various illicit drug markets continues to spread. A clear implication of the findings of the 2000 IDRS is that future research should examine which treatment modalities will attract and retain amphetamine users in treatment, in order that appropriate services can be offered to this group if, as expected, the numbers seeking treatment increase.

4.3 Cocaine

Cocaine use remained uncommon in all jurisdictions except NSW, where the use of cocaine increased between 1997 and 1998, peaked in late 1998, and has since stabilised and become entrenched into the polydrug use patterns of IDU. The higher availability of cocaine in Sydney is consistent with evidence suggesting that Sydney is the main entry point for cocaine imported into Australia (ABCI, 2001). The average purity of cocaine seizures in Australia remained stable at 48%, and the price in NSW remained stable at \$200 per gram. Cocaine use was strongly associated with more frequent injection among IDU.

4.4 Cannabis

Cannabis remained by far the most widely used illicit drug in Australia, readily available in all jurisdictions. Both IDU and key informants in all jurisdictions consistently described the potency of cannabis as high or medium to high. An ounce of cannabis cost \$300 in most jurisdictions, but, as in previous years, was cheaper in SA (\$220). Compared to 1999, decreases in the price of an ounce of cannabis were recorded in NSW (from \$350 to \$300) and VIC (from \$300 to \$280). As in all years of the IDRS, the potency of cannabis was estimated by IDU and KIS in all jurisdictions to be high or medium to high, and the potency was perceived to have remained stable or increased. The use of hash in the preceding six months among IDU increased between 1999 and 2000 in NSW and VIC, whereas the use of hash oil remained low and stable in all jurisdictions. The fact that cannabis potency is not routinely tested in Australia renders the monitoring of potency, and health problems associated with potency, a necessarily subjective affair. A significant methodological advance in the monitoring of drug trends in Australia would be the regular testing of cannabis potency.

4.5 Other drugs

There were marked differences across jurisdictions in the use of pharmaceuticals including methadone, morphine, benzodiazepines and anti-depressants. Particularly striking were the differences, both within and between jurisdictions, in the rates of injection of non-injectable substances such as methadone and benzodiazepines. Previous research has indicated that the injection of these drugs is associated with increased drug-related harm, including increased risk of overdose, vascular damage

and blood clots (e.g., Darke & Ross, 2000; Darke, Ross & Hall, 1995; 1996). Reasons for the apparent subcultural differences in the injection of non-injectable substances will make an interesting area for future research. Such research could inform the development of appropriate and credible harm reduction strategies outlining the risks of the injection of non-injectables.

4.6 Methodological considerations

There is no doubt that the 2000 IDRS has provided the most directly comparable data yet relating to illicit drug use and markets, collected in every Australian jurisdiction. The IDU survey is the most important component of the IDRS, providing the most accurate data available on drug prices and availability, data that cannot be collected in any other way. The inclusion of the IDU survey in all Australian jurisdictions in 2000 represented a significant advance on the results of previous years of operation of the IDRS, as well as providing the first opportunity to collect such data in jurisdictions such as TAS and the NT. IDU remain the most appropriate sentinel population among whom to monitor emergent trends in drug use, and it is hoped that such standardised, directly comparable data will also be collected in every jurisdiction in 2001, allowing comparisons to be drawn not only between jurisdictions, but also within jurisdictions over time.

IDRS findings are intended to identify areas for further research, and have provided direction for research since 1997, with researchers taking the initiative to follow up on imperatives highlighted by the findings of the project, such as examining the use of anti-depressants among IDU (e.g., Darke & Ross, 2000), or the use of cocaine among Sydney heroin users (e.g., Kaye, Darke & Topp, 2001). There is currently no formal mechanism, however, through which the IDRS can initiate detailed research into emergent drug trends. An effective way to expedite further investigation of research issues outlined by the IDRS would be to link the study to a mechanism that could quickly commission the collection of more detailed data. This suggestion was made in the original report commissioned by the Commonwealth into the operation of an early warning system designed to detect emergent drug trends (Wardlaw, 1994).

Given the differences between jurisdictions in the availability and patterns of use of various drugs, it is worth reiterating that detailed jurisdictional findings of the IDRS and discussion of their implications are available in the jurisdictional *Drug Trends 2000* reports, available from NDARC. It is also worth reiterating the fact that without an IDU survey conducted in all jurisdictions in 2000, a far less precise picture of the similarities and differences between jurisdictions would be available than has been presented in *Australian Drug Trends 2000*.

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