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AUSTRALIAN DRUG TRENDS 2003
Findings from the Illicit Drug Reporting System (IDRS)

NDARC Monograph No. 51

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Courtney Breen, Louisa Degenhardt, Amanda Roxburgh, Raimondo Bruno, James Fetherston, Rebecca Jenkinson, Stuart Kinner, Chris Moon, Phoebe Proudfoot, Jeff Ward and Josephine Weekley

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
ACTGAL	Australian Capital Territory Government Analytical Laboratory
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Dataset
ATSI	Aboriginal and/or Torres Strait Islander
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user/s
KI(s)	Key informant(s)
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NESB	Non-English speaking background
NHMD	National Hospital Morbidity Database
NSP	Needle and syringe program
NSW	New South Wales
NT	Northern Territory
PBAC	Pharmaceutical Benefits Advisory Committee
PDI	Party Drug Initiative
QLD	Queensland
SA	South Australia
TAS	Tasmania
TGA	Therapeutic Goods Administration
VIC	Victoria
WA	Western Australia

EXECUTIVE SUMMARY

The Illicit Drug Reporting System (IDRS) is a national illicit drug monitoring system intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS consists of three components: interviews with injecting drug users (IDU); interviews with key informants (KIs), professionals who have regular contact with illicit drug users through their work; and analysis and examination of indicator data sources related to illicit drugs.

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

Key findings from the 2003 IDRS

1. In 2003 the availability of heroin was reported to be stable in those jurisdictions in which heroin has traditionally predominated, although the prevalence and frequency of use has not returned to the levels seen in 2000. The price of a gram of heroin remained stable in most jurisdictions with heroin remaining cheapest in NSW.

2. Methamphetamine prices remained stable in 2003. Methamphetamine powder and base were considered to be 'easy' to obtain, and availability stable. Compared to 2002, more respondents reported that crystal methamphetamine was 'easy' to 'very easy' to obtain and the availability as stable or easier to obtain in the preceding six months. Substantial proportions of IDU continue to use all forms of methamphetamine. In 2003, the proportion of IDU that reported recent use of crystal methamphetamine increased in all jurisdictions but SA. Substantial proportions of IDU in TAS and WA reported use of pharmaceutical stimulants.

3. The price of a gram of cocaine remained stable in NSW, the only state where sufficient numbers were able to comment. The proportions of IDU reporting recent cocaine use decreased in all jurisdictions. The frequency of cocaine use among IDU in NSW decreased substantially, and remained relatively uncommon and infrequent in other jurisdictions.

4. Cannabis remained easy to obtain in all jurisdictions. Hydroponically grown cannabis continued to dominate the market, and was considered 'easy' or 'very easy' to obtain in all jurisdictions. The use of bush, hash and hash oil was noted in all jurisdictions. The price and availability was considered to be stable, and the potency 'high'.

Demographic characteristics of the national IDU sample

Nine hundred and seventy IDU participated in the 2003 IDRS, a minimum of 100 in each jurisdiction. The mean age of the national sample was 32.9 years and 64% were male. The vast majority of the sample spoke English as their main language at home, and 14% identified as being of Aboriginal or Torres Strait Islander descent. About two thirds of the sample currently resided in their own house or flat (including renting). The sample had completed a mean of 10 years of schooling and about half had completed courses after school. About three quarters of the sample were unemployed. Seven percent of the sample reported that they were currently involved in sex work.

The majority of participants were not currently in any form of drug treatment, while those in treatment were predominantly in methadone or buprenorphine maintenance. Almost half of the national sample reported that they had previously been imprisoned.

Patterns of drug use among IDU

The mean age of first injection was 19.1 years. Of the national sample, 49% reported that amphetamine was the first drug injected, whereas 41% had first injected heroin and 6% morphine.

Heroin was nominated by over half of the national sample as the drug of choice, followed by methamphetamine, cannabis and morphine. Heroin was the last drug injected by the largest proportion of IDU, followed by methamphetamine, morphine, and then methadone. Half of participants in NSW, VIC and the ACT reported heroin as the last drug they had injected. Over half of IDU in QLD and substantial proportions of IDU in SA and WA had last injected methamphetamine. In the NT, the drug most likely to have last been injected was morphine, followed by methamphetamine. TAS remained the only jurisdiction where substantial proportions of IDU had last injected methadone.

The drug injected most often in the last month followed the same pattern. Substantial proportions in all jurisdictions, except NSW, reported having injected methamphetamine most often in the preceding month. TAS reported the highest proportion that injected methadone most often in the preceding month. In the NT, morphine was injected most often in the preceding month by two thirds of IDU, and had also been injected most often by significant minorities of IDU in TAS, SA and QLD.

Almost half of the 2003 national sample reported injecting daily in the month preceding interview, with frequency of injection highest in NSW. As in previous years of the IDRS, the IDU were polydrug users. There was little difference in the extent of polydrug use across jurisdictions.

Heroin

In 2003, it appears there has been a continued trend towards the stabilisation of the heroin market, however price, purity, availability and levels of use have not returned to the levels reported prior to the heroin shortage. Indicator data reflect the IDU data indicating some stabilisation of the heroin market. Purity of analysed heroin seizures decreased markedly from 1999 and appears to have stabilised in the last financial year.

Overdose deaths have shown a similar pattern, stabilising in 2002 after declining from 1999. The available data on heroin or other opioid arrests indicated that arrests stabilised in 2002/03, and have not returned to the higher levels experienced prior to the shortage.

Price: The price of heroin has stabilised in 2003. Heroin remained cheapest in NSW ($300 per gram) and most expensive in WA ($550 per gram).

Purity: IDU reported heroin purity as low to medium. Purity analyses of police seizures from 2002/03 suggest there has been a stabilisation of purity in the last financial year, with a decrease in purity from 1999.

Table 1: Median purity of total heroin seizures[1] for financial year, 1999/00-2002/03

	Median Purity							
	State Police				AFP			
	99/00	**00/01**	**01/02**	**02/03**	**99/00**	**00/01**	**01/02**	**02/03**
NSW	59.3	49.0	n.a	**26.0**	**69.2**	71.0	64.6	**71.1**
ACT			21.1	**23.9**	**52.5**	38.8	-	**19.6**
VIC	53.1	43.0	15.0	**22.6**	**58.8**	36.8	75.1	**68.8**
TAS	-	-	-	**70.4**	**74.6^**	-	-	**-**
SA	48.3	43.2	22.4	**18.9**	**69.0**	-	54.3	**-**
WA	55.5	48.5	19.5	**24.0**	**71.8**	68.3^	36.3	**-**
NT	-	31.0	**-**	**n.a**	**-**	75.3^	-	**-**
QLD	50.2	42.3	18.5	**22.5**	**-**	51.3^	57.5	**69.9**

Source: ABCI, 2001, 2002. ACC 2003

1. Seizures ≤2g and >2g combined Dashes represent no seizures analysed, ^ median purity based on one seizure. Due to industrial action no state police seizures were analysed in SA Jan –June 2001.

2001/02 state police data are not yet available for NSW. 2002/03 data not available for the NT

Figures do not represent the purity levels of all WA seizures. The Western Australian Forensic Science Lab does not analyse all seizures less than 2 grams. This table underestimates the numbers of samples that are tested.

Availability: The majority of IDU reported that heroin was 'easy' to 'very easy' to obtain. Larger proportions in 2003 reported that the availability had remained stable in the six months preceding interview.

Use: Heroin use has stabilised in most states, however the frequency of use increased in SA and the ACT and decreased in QLD. The median days of heroin use has not returned to the levels reported prior to the shortage in supply of heroin in 2001, except in NSW and SA.

Table 2: Estimated availability and median price of heroin by jurisdiction, 2000-2003

	Availability# 2003	Price $ per gram				Price $ per cap			
		2000	2001	2002	2003	2000	2001	2002	2003
NSW	Very easy – easy Stable	220	320	300	**300**	25	50	50	**50**
ACT	Easy – very easy Stable	300	485	350	**350**	50	50	50	**50**
VIC	Easy Stable	300	450	400	**380**	50	50	50	**50**
TAS	Over ½ difficult – very difficult Stable	375	325	350*	**350***	50	50	82.50*	**50**
SA	Easy – very easy Stable	320	350	450	**425**	50	50	50	**50**
WA	Very easy – easy Stable to more difficult	450	750	550	**550**	50	50	50	**50**
NT	Difficult-very difficult, Stable or don't know	600	550	500*	**-**	50	100	85*	**50**
QLD	Easy -very easy Stable	350	450	350	**400**	50	50	50	**50**

Participants were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?' Reported price is median price of last purchase.
* Reports based on small numbers, Dashes represent no purchases

Methamphetamine

As in 2002, the 2003 IDRS distinguished between methamphetamine powder (speed), methamphetamine base and crystal methamphetamine (ice).

Price: All forms of methamphetamine remained the cheapest in SA (Table 2). Larger numbers than in previous years reported buying points of speed. The majority reported the price of all forms of methamphetamine as stable, except in TAS, where the majority did not know if the price of ice had changed, as the ready availability of this form was new to TAS.

Purity: There is no clear trend in purity of methamphetamine, with variation in purity across jurisdictions, although median purity of state police seizures remains below 30% (Table 3). IDU reports of the purity of speed were mixed with similar proportions of IDU reporting low, medium and high purity. Larger proportions of IDU reported the purity of base and ice as medium to high.

Table 3: Median purity of total[1] methamphetamine seizures analysed by State Police and the AFP, 1999/00 - 2002/03

	Median Purity							
	State Police				AFP			
	99/00	00/01	01/02	02/03	99/00	00/01	01/02	02/03
NSW	6.0	4.5	n.a.	**8.6**	14.4	5.3	10.5	**47.1**
ACT	-	-	7.1	**11.5**	4.6	2.6	80.3	**7.0**
VIC	6.4	6.0	15.0	**22.7**	5.4	9.9	19.4	**3.1**
TAS	5.5	3.5	24.8	**12.2**	-	-	-	**-**
SA	8.3	n.a	14.6	**21.5**	-	-	2.0^	**-**
WA	15.0	19.0	23.0	**18.0**	77.1	12.6	80.0^	**-**
NT	4.0	6.0	5.5	**n.a**	-	-	80.3	**77.3**
QLD	26.3	28.6	19.7	**19.4**	6.0	-	2.3	**-**

Source: ABCI, 2001, 2002. ACC 2003

1. Seizures ≤2g and >2g combined

Dashes represent no seizures analysed, ^ median purity based on one seizure.

Due to industrial action no state police seizures were analysed in SA Jan –June 2001. 2001/02 state police data are not yet available for NSW. 2002/2003 data not available for the NT. Figures do not represent the purity levels of all WA seizures. The Western Australian Forensic Science Lab does not analyse all seizure less than 2 grams. This table underestimates the numbers of samples that are tested.

Availability: The majority of respondents in all jurisdictions reported that speed was 'easy' or 'very easy' to obtain and that availability was stable (Table 4). Among those who could comment, base was also considered to be 'easy' to obtain, and availability stable. Larger numbers were able to comment on ice in 2003 and the majority of those in all jurisdictions reported it was 'easy' or 'very easy' to obtain and that it had remained stable or become easier recently.

Use: The proportion of IDU reporting use of speed in the six months preceding interview has stabilised in all jurisdictions, remaining highest in WA and lowest in NSW. The proportion of IDU reporting recent use of base decreased in SA, WA, TAS and the ACT and increased slightly in the NT and NSW. The use of ice increased in all jurisdictions except SA. KI reports supported the IDU data regarding an increase in the use and availability of ice. KI expressed concerns regarding the health impact of the use

of this more potent form of methamphetamine, specifically with respect to the psychological well-being of clients.

Table 4: Estimated availability and median price of methamphetamine by jurisdiction, 2000-2003

	Availability* 2003	Price ($) gram of powder				Price point ($) base and ice*			
		2000	2001	2002	2003	2000	2001	2002	2003
NSW	**Powder:** Easy/very easy, Stable **Base:** Easy, Stable **Ice:** Easy/very easy, Easier	90	100	100	50^ (50 point)	50	50	**Base:** 50 **Ice:** 50	**Base:** 50 **Ice:** 50
ACT	**Powder:** Easy/ very easy, Stable **Base:** Mixed reports, small numbers **Ice:** Easy/very easy Easier	180	250	300	175^ (50 point)	-	50	**Base:** 50 **Ice:** 50	**Base:** 50^ **Ice:** 50
VIC	**Powder:** Easy/very easy, Stable **Base^ & Ice:** Easy/very easy, Stable	50	200	200	200 (40 point)	50	50	**Base:** 35^ **Ice:** 50	**Base:** 40^ **Ice:** 50
TAS	**Powder:** Easy/very easy, Stable **Base:** Very easy, Stable **Ice:** Very easy, Easier	80	70	80	215^ (50 point)	50	50	**Base:** 50 **Ice:** 50^	**Base:** 50 **Ice:** 50
SA	**Powder, Base & Ice:** Easy/very easy, Stable	50	50	50	100 (25 point)	30	30	**Base:** 25 **Ice:** 25	**Base:** 30 **Ice:** 50
WA	**Powder, Base & Ice:** Easy/very easy, Stable	200	250	250	260 (50 point)	50	50	**Base:** 50 **Ice:** 50	**Base:** 50 **Ice:** 50
NT	**Powder, Base & Ice:** Easy/very easy, Stable	80	80	80	100 (50 point)	50	50	**Base**: 50^ **Ice:** 80^	**Base**: 50 **Ice:** 50^
QLD	**Powder, Base & Ice:** Easy/very easy, Stable	80	180	200	200 (50 point)	50	50	**Base:** 30 **Ice:** 50	**Base:** 50 **Ice:** 35

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

* In 2000 and 2001 base and ice were combined under 'potent forms' of methamphetamine and therefore the price reflects both forms. In 2002 and 2003 they were separated in an attempt to provide more information on the price and availability of the different forms of methamphetamine.

^ Small numbers (n≤10) reported and therefore should be interpreted with caution.

Cocaine

Cocaine price, purity and availability were reported by small numbers of respondents in all jurisdictions except NSW. This in itself is an indication of limited cocaine use in the samples surveyed by the IDRS and may reflect smaller or more hidden markets.

Price: With the exception of NSW, small numbers (n<10) of IDU in all jurisdictions reported purchasing cocaine. Cocaine remained cheapest in NSW at $200 a gram, and a cap of cocaine remained stable at $50.

Purity: The purity of seizures analysed has remained relatively stable from 2001/02 at approximately 20-40%. More cocaine seizures were analysed in 2002/03 (Table 5). IDU reports of the purity of cocaine were variable. Of those able to comment, a third (34%) reported the purity as low and 27% as medium.

Table 5: Median purity of cocaine seizures by jurisdiction 1999/00 – 2002/03

	Median Purity %							
	State police				AFP			
	99/00	00/01	01/02	02/03	99/00	00/01	01/02	02/03
NSW	34.0 n=36	52.0 n=101	n.a	**27.0 n=52**	53.3 n=119	44.9 n=57	73.0 n=233	**72.3 n=271**
ACT	-	-	35.9 n=5	**-**	25.9 n=2	35.9 n=2	-	**-**
VIC	40.1 n=72	47.0 n=101	37.0 n=47	**31.0 n=39**	80.7 n=21	65.7 n=21	72.4 n=24	**61.6 n=36**
TAS	-	44.6^ n=1	44.0^ n=1	-	-	-	-	-
SA	-	68.6 n=21	-	**20.6 n=24**	-	66.9 n=94	-	-
WA	30.5 n=10	35.0 n=25	30.5 n=16	**59.0 n=6**	35.8^ n=1	33.8 n=3	72.4 n=4	**-**
NT	-	-	24.0^ n=1	**-**	-	-	-	**-**
QLD	38.4 n=45	68.8 n=31	-	**41.1 n=46**	76.3 n=33	72.7 n=11	63.1 n=15	**-**

Source: ABCI 2001, 2002; ACC, 2003

Seizures ≤2g and >2g combined Dashes represent no seizures analysed, ^ median purity based on one seizure. Due to industrial action no state police seizures were analysed in SA Jan –June 2001. 2001/02 state police data are not available for NSW. Figures do not represent the purity levels of all WA seizures. The Western Australian Forensic Science Lab does not analyse all seizure less than 2 grams. This table underestimates the numbers of samples that are tested.

Availability: Cocaine was considered 'easy' or 'very easy' to obtain in NSW although 28% reported it had become more difficult in the preceding six months. Substantial proportions in other jurisdictions reported it was 'difficult' or 'very difficult'.

Use: The proportion of IDU reporting recent cocaine use decreased in NSW (from 79% to 50%), the ACT (18% to 13%), SA (26% to 13%), WA (17% to 10%) and VIC (17% to 13%). The frequency of use decreased substantially in NSW, from 24 days in 2002 to five days in 2003, and remained sporadic in all other jurisdictions.

Cannabis

Price: The price of an ounce of cannabis remained cheapest in SA (Table 6). Gram prices varied from $20-$25, consistent with previous years. In SA, bags of approximately 2.5 grams were sold for $25. The majority of IDU in all jurisdictions reported that the price had remained stable in the preceding six months.

Potency: As in previous years, the IDU in all jurisdictions perceived potency of cannabis as 'high' and stable.

Availability: Cannabis was considered 'very easy' or 'easy' to obtain by the majority of IDU in all jurisdictions, and availability was described as stable.

Use: As in all previous years of the IDRS, cannabis use was common, and hydroponic cannabis continued to dominate the market with the majority in all jurisdictions reporting it as the form most used. The use of outdoor crop or bush cannabis in the six months preceding interview was reported in all jurisdictions by over half of respondents (53% in NSW to 80% in TAS). The use of hash (4% in NSW to 38% in SA) and hash oil (2% in NSW to 23% in SA) in the preceding six months was also reported in all jurisdictions.

Table 6: Estimated median price, potency and availability of cannabis by jurisdiction, 2000-2003

	Availability 2003	Price $ per gram				Price ($) per ounce			
		2000	2001	2002	2003[1]	2000	2001	2002	2003[1]
NSW	Very easy	20	20	20	**Hydro: 20 Bush: 20**	300	320	300	**Hydro: 310 Bush: 225**
ACT	Very easy	25	20	20	**Hydro: 20 Bush: 20**	300	280	250	**Hydro:322.50 Bush: 200**
VIC	Very easy	20	20	20	**Hydro: 20 Bush: 20**	280	250	250	**Hydro: 280 Bush: 250**
TAS	Very easy	25	25#	25	**Hydro: 25 Bush: 25**	300	280	250	**Hydro: 300 Bush: 150**
SA	Very easy	25*	25*	25*	**Hydro:25* Bush: 25***	220	200	180	**Hydro: 200 Bush: 180**
WA	Very easy	25^	25^	25	**Hydro: 25 Bush: 20**	300	250	250	**Hydro: 270 Bush: 200**
NT	Very easy	25	25	25	**Hydro: 25 Bush: 25**	300	300	300	**Hydro: 305 Bush: 200**
QLD	Very easy	25	25	25	**Hydro: 25 Bush: 15**	300	320	300	**Hydro: 310 Bush: 240**

1. in 2003 IDU were asked about the price or hydroponic cannabis and bush cannabis separately
* approximately 2.5 grams # approximately 1.5 grams ^ approximately 2 grams

Use of diverted pharmaceuticals

Substantial proportions of IDU reported recent injection of morphine. Morphine injection remained highest in the NT and TAS with increasing proportions reporting injection in the ACT. The majority of participants that reported they had used morphine, reported they mainly used 'illicit' morphine, i.e. morphine that was not from a prescription in their own name. Further detailed research into where IDU access or source the morphine they are using would be worthwhile.

Almost half (45%) of the TAS sample and 24% of IDU in WA reported injection of pharmaceutical stimulants in the six months preceding interview. Benzodiazepine injection continued to occur among significant minorities in TAS (31%), the NT (30%) and NSW (20%). The injection of illicit methadone syrup (46%) and illicit physeptone (56%) was highest in TAS. Thirty percent of IDU in VIC reported the injection of illicit buprenorphine, followed by 15% in WA and less that 10% in the other jurisdictions.

Associated harms

There have been decreases in the proportion of IDRS IDU samples that report lending or borrowing needles, however a third of the 2003 national sample reported sharing some form of injecting equipment. This is of concern due to the risk of blood borne virus transmission, in particular Hepatis C, which is prevalent among IDU.

Consistent with previous years, the majority of IDU (73%) in the national sample reported that they had last injected at home. Substantial proportions in all jurisdictions reported public injecting, including injecting in locations such as on the street, a park, a public toilet or a car. Public injecting raises concerns over injecting practice (users injecting in a hasty manner to avoid being 'caught'), as well as the safe disposal of injecting equipment.

The majority (68%) of IDU in the national sample had experienced injection-related health problems in the month preceding the interview, with significant scarring/bruising and difficulty injecting (indicating poor vascular health) commonly reported.

As in previous years, about half (49%) of the national sample had engaged in at least one type of criminal activity in the preceding month, most often drug dealing (34%) and property crime (22%). Recent self reported crime rates were lowest in the NT (28%) and SA (38%), and were comparable elsewhere.

Thirty nine percent of the national IDU sample had been arrested in the preceding twelve months, most often for property crime and drug offences reflecting the crimes most commonly reported in the past month.

Twenty eight percent of the national sample reported attending a health professional for a mental health problem other than drug use in the preceding six months. Depression was the most commonly reported mental health problem, followed by anxiety.

Implications

Australian Drug Trends 2003 presents the findings of the fourth year in which the complete IDRS was conducted in all jurisdictions. This allows the opportunity to present trends over time of standardised, directly comparable data relating to illicit drug use and markets collected in every jurisdiction in Australia. Data from recent years have highlighted the dynamic nature of drug markets and the need to monitor fluctuations to provide information on the way they impact other drug markets. The IDRS provides an opportunity to examine trends between and within jurisdictions with the aim to inform further research and policy decisions. The continued monitoring of illicit drug markets across Australia for changes in the price, purity, availability, use patterns and the associated harms of different drugs will add to our understanding of the markets and our ability to inform strategic policies to limit harms.

As in previous years of the IDRS, the 2003 findings indicate that although there are some commonalities in drug trends across the country, there is also substantial variation. For example, there has been an increase in the use and availability of crystalline methamphetamine across the country, while the diversion and misuse of specific pharmaceuticals raise issues to consider in different states. Harm reduction strategies

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

The 2003 IDRS data suggest some stabilisation of the heroin market with heroin becoming easier to obtain and use more frequent. Use has not returned to the levels prior to the heroin shortage, however this trend needs to be monitored to see if it is indicative of a sustained change in availability and use. If heroin becomes increasingly available then it would be expected that there may be a concomitant increase in the harms associated with heroin use as well as the demand for treatment.

As there have been substantial changes in the methamphetamine market in recent years, continued monitoring of market fluctuation and patterns of use is required. More focussed research, funded by NDLERF, is currently being conducted to develop our understanding of these markets through a collaborative project between NDARC, the Australian Customs Service and the NSW Police (McKetin and McLaren, 2004).

The reported increase in the use and availability of ice raises issues for health and law enforcement professionals. Reports by KI suggest that there is concern among health and law enforcement professionals on how to deal with an increase in demand for assistance with problems associated with methamphetamine use. It is anticipated that the usual problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia, cardiac difficulties) develop more quickly in response to the use of the potent crystal form (Degenhardt and Topp, 2003), and health and law enforcement professionals who work with drug using populations may need to develop strategies for managing these negative effects. Clear and practical harm reduction information on the use of ice should be developed and distributed to users and health workers, in addition to the development and implementation of practical strategies and training for dealing with affected individuals.

Customs continue to seize large amounts of cocaine at the Australian border, indicating that there is a substantial cocaine market in Australia. The 2003 IDRS suggests there has been a decrease in the availability and frequency of cocaine use among regular IDU in NSW, while use remains sporadic in other jurisdictions. As cocaine use is sporadic among the IDRS samples interviewed, more detailed research is needed to further investigate the cocaine markets in Australia. Recently NDLERF funded a collaborative project between NDARC and Turning Point Alcohol and Drug Centre to examine the characteristics and dynamics of cocaine supply and demand. This project will investigate use among professional users, recreational poly drug users and IDU in an attempt to provide more detailed information. In addition, another national project funded by NDLERF, the Party Drugs Initiative provides information on cocaine use in party drug user populations ((Breen et al., 2003c).

There is some indication of an increase in the frequency of cannabis use among IDU samples in some jurisdictions. Although IDU who are interviewed in the IDRS often report very frequent cannabis use, it is not the case that these groups form the majority of the cannabis using population in Australia. General population rates in Australia of over one third reporting cannabis use in their lifetime, and cannabis use remains an entrenched behaviour among the broader community in this country. Given that many IDU reported cannabis potency as high, and that much of the cannabis used was hydroponically grown, future work could be conducted to examine the characteristics and potency of street samples of cannabis to validate these reports.

Data from recent years of the IDRS have pointed to the misuse of a growing number of pharmaceutical preparations. Research into factors that would reduce the harms associated with the injection of morphine, methadone, buprenorphine, benzodiazepines and pharmaceutical stimulants is needed. The dissemination of this information needs to occur through health professionals and peer groups. Continued education in this area is required.

As the IDU mainly reported using 'illicitly' sourced pharmaceuticals, further investigation into the sources is required. Closer examination of the diversion of established medications such as methadone, morphine and benzodiazepines as well as more recently introduced preparations such as buprenorphine, is currently being conducted by Turning Point. The injection of buprenorphine has been identified as an issue that requires attention, and careful monitoring is warranted as the buprenorphine program continues to expand across Australia.

Rates of sharing of equipment remain relatively high (34% of the national sample), and continued emphasis on, and support for, targeted strategies to further reduce the rates of sharing of needles/syringes and other injection equipment by IDU is required. In addition, as injection related problems continue to be reported, attempts should be made to minimise the harms associated with poor injecting practice through improving awareness and adoption of safe injection techniques and vein care by IDU.

Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among regular IDU, it cannot provide information on drug use and harms among all groups. The Party Drugs Initiative (PDI), which has been funded in every jurisdiction in Australia from 2003-2005, will be able to document patterns and trends in use among party drug users (Breen et al., 2004). The information provided by the PDI will be an important addition to Australia's monitoring of drug use and harms. Given that the use of new drugs and diversion of pharmaceutical drugs appears to be increasing, future research might include examination of groups who report using these drug types to investigate the patterns and circumstances of the use of newer drug types. Examination of trends in rural areas in Australia may also provide information about the patterns of use and harm among groups outside the major metropolitan centres of the country.

1. INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug monitoring system funded by the Australian Government Department of Health and Ageing and the National Drug Law Enforcement Research Fund (NDLERF). The IDRS has been conducted in all states and territories of Australia since 1999. The purpose of the IDRS is to provide a coordinated approach to monitoring the use of illicit drugs, in particular, heroin, methamphetamine, cocaine and cannabis. It is intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS is designed to be sensitive to trends, providing data in a timely manner, rather than to describe issues in detail. Therefore the IDRS can provide direction for more detailed data collection on specific issues.

The complete IDRS methodology consists of three components: interviews with injecting drug users (IDU); interviews with key informants (KIS) who, through the nature of their work, have regular contact with illicit drug users; and an examination of existing indicator data sources related to illicit drug use, such as National Household Survey data on drug use, opioid overdose data, and purity of seizures of illicit drugs made by law enforcement agencies. These three data sources are triangulated against each other in order to minimise the biases and weaknesses inherent in each one, and to ensure valid emerging trends are documented.

The complete IDRS was trialled in NSW in 1996, and was expanded to include SA and VIC in 1997. In 1999, the complete IDRS was conducted in the same three jurisdictions, while a 'core' IDRS, consisting of key informant interviews and examination of extant indicator data sources, was conducted in all other jurisdictions. From 2000, with additional funding provided by NDLERF, the complete IDRS was conducted in all jurisdictions. This advance provides four years in which standardised, directly comparable data relating to illicit drug use and markets have been collected in all jurisdictions. The *Australian Drug Trends 2003* report presents these findings.

To provide an understanding of some of the reasons for differences between jurisdictions, detailed reports describing drug trends in each jurisdiction can be obtained from the National Drug and Alcohol Research Centre (NDARC) (TAS: (Bruno and Maclean, 2004); NSW: (Roxburgh et al., 2004); VIC: (Jenkinson et al., 2004); WA: (Fetherston and Lenton, 2004); SA: (Weekley et al., 2004); QLD: (Kinner and Fischer, 2004); NT: (Moon, 2004); ACT: (Ward and Proudfoot, 2004).

Study Aims

The primary aims of the 2003 national IDRS were:

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

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

2. METHOD

The 2003 IDRS monitored trends in illicit drug markets using the methodology trialled by Hando and colleagues in NSW, VIC and SA ((Hando et al., 1997b, Hando et al., 1998). In 2003, in all Australian jurisdictions, drug trends were monitored through a triangulation of three data sources. In each jurisdiction, data collection consisted of:

1. a quantitative survey of IDU;

2. a semi structured interview with KIs who worked with illicit drug users; and

3. analyses of indicator data sources related to illicit drug use.

These data were used to provide an indication of emerging trends in drug use and illicit drug markets. Comparisons of data sources were used to determine convergent validity of illicit drug trends. The data sources were also used in a supplementary fashion, in which 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 2003 can be found in the jurisdictional *Drug Trends 2003* reports, available from NDARC.

2.1 Survey of injecting drug users (IDU)

A total of 970 IDU were interviewed in 2003. 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 can be considered an appropriate 'sentinel' population of drug users who provide information on drug use patterns and trends. The information from the IDU survey is not representative of illicit drug use in the general population nor is the information representative of all illicit drug users, but is indicative of emerging trends that warrant further monitoring.

The 970 IDU who participated in the 2003 IDRS were interviewed between June and August, 2003. The sample sizes in each jurisdiction were: NSW, n=154; VIC, n=152; NT, n=109; QLD, n=135; ACT, n=100; SA, n=120; TAS, n=100; and WA, n=100. The sample sizes reflect predetermined quotas. To be eligible to participate in the survey, IDU needed to have been injecting at least monthly during the six months preceding the interview, and to have been a resident for at least 12 months in the capital city in which they were interviewed. Participants were recruited using multiple methods, including advertisements in street press, newspapers, treatment agencies, needle and syringe programs (NSPs) and peer referral. Participants were interviewed in locations convenient to them, such as NSPs, treatment agencies, public parks, coffee shops and hotels. The recruitment remained consistent with the methodology used in previous years.

The interview schedule was administered to participants by research staff in all jurisdictions. Interviews took approximately 30 to 50 minutes to complete. Participants in all jurisdictions except the ACT were reimbursed up to $30 for their time and expenses incurred. In the ACT, money was provided to agencies that assisted with participant recruitment, and agency management redistributed a proportion of the fee to participants, either in cash or in kind. Informed consent to participate was obtained prior to the interview. All participants were assured that all information they provided would remain confidential and anonymous.

The structured interview schedule administered to participants was similar to that administered in the 2002 IDRS (Breen et al., 2003a), which was based on previous NDARC studies of heroin and amphetamine users (Darke et al., 1992, Darke et al., 1994). In 2003, amendments were made to the questionnaire in an attempt to collect more detailed information on the illicit and licit use of pharmaceuticals and the associated injection related harms. Information on the price and availability of morphine and methadone was also collected in 2003 and the distinction was made between outdoor cultivated/bush cannabis and indoor cultivated/hydroponic cannabis.

Each jurisdiction obtained ethics approval to conduct the study from the appropriate Ethics Committees in their state.

2.2 Survey of key informants (KIS)

A total of 301 key informants (KIS) were interviewed, mostly by telephone, between June and September 2003. All KIS in TAS and the NT, the majority of KIS in SA and the ACT, and some of the KIS in QLD were interviewed in person. 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 had either participated in the IDRS in previous years, or were referred by colleagues, supervisors or former KIS. They 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=50; QLD, n=43; TAS, n=31; SA, n=33; VIC, n=59; WA, n=29; ACT, n=27; and NT, n=31. KIS included GPs, pharmacists, drug dealers, staff of drug treatment agencies, NSPs workers, staff of research organisations, user groups, law enforcement agencies, youth services, counselling services, ambulance services and general health agencies.

There was a shift in many jurisdictions from heroin and other opioids (such as morphine) being the most discussed drug classes by key informants in 2002, to methamphetamine being the most discussed in 2003. Nearly three quarters (72%) of the KIs sampled in WA discussed methamphetamine, 68% in VIC, and just under half in SA (49%), QLD (47%), and TAS (42%) discussed methamphetamine. Smaller proportions discussed methamphetamine in the ACT and NSW (30% in both), and NT (26%). As in previous years, a greater proportion of KI discussed heroin and other opioids in NSW (40%), the ACT (55%) and NT (35%). Large proportions in VIC (70%) also discussed heroin,

indicating substantial crossover between the heroin and methamphetamine markets. Smaller proportions discussed heroin and other opioids in QLD (29%), SA (28%), TAS (22%) and WA (7%). Cannabis was the most frequently discussed drug class in the NT (39%), the second most frequent in TAS (35%) and WA (20%), and smaller proportions discussed cannabis in the other jurisdictions (VIC – 28%; NSW – 24%; SA – 20%; ACT and QLD – 15%). The most notable trend this year was the absence of KI comments on cocaine; three discussed cocaine in NSW and one in SA, while there were no KI in other jurisdictions commenting on cocaine.

KI interviews took approximately 45 minutes to administer. The 2003 KI interview schedule was very similar to KI interviews administered in previous years, which was based on previous NDARC research for the World Health Organization (Hando et al., 1997a). The interview schedule was a semi-structured instrument that included sections on demographic characteristics of illicit drug users; drug use patterns; the price, purity and availability of drugs; criminal activity; and health issues.

The interview schedule consisted of open and closed ended questions, and the interviewers took notes during the interview that were later transcribed into a variety of data analysis formats that differed across jurisdictions. 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 were transcribed, basic content analysis (Kelleher, 1993) was used to identify recurring themes within 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., 1997b) recommended that such data should:

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

Data sources which fulfilled at least four of these criteria and were available for most or all jurisdictions, included:

- drug purity data provided by the Australian Crime Commission (ACC). This included the number and median purity of seizures of illicit drugs made by state and federal law enforcement agencies that were analysed in Australia during the 2002/03 financial year. Police seizure data from the NT were not available.

- data on consumer and provider arrests by drug type provided by the ACC. Data for all states was not available at time of report finalisation. Data for WA, QLD, TAS and NT is presented

- data from the 2001 National Drug Strategy (NDS) Household Survey (Australian Institute of Health and Welfare, 2002)

- data from the National Hospital Morbidity Database (NHMD) (Australian Institute of Health and Welfare, 2002)

- data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS- NMDS) (Australian Institute of Health and Welfare, 2002)

- drug injection prevalence data and HIV/HCV seroprevalence data from the 2002 Australian needle and syringe program (NSP) Survey, provided by the National Centre for HIV Epidemiology and Clinical Research (National Centre in HIV Epidemiology and Clinical Research, 2003)

- pharmacotherapy statistics from the Australian Government Department of Health and Ageing;

- opioid, cocaine and amphetamine-related overdose fatalities from the Australian Bureau of Statistics (ABS); and

- data on the number and weight of seizures of illicit drugs made at the border by the Australian Customs Service for the financial year 2002/03.

Indicator data reported in the individual state reports may contain data from different sources than reported in this national overview.

2.4 Data Analysis

Since 2000, the complete IDRS has been conducted in all jurisdictions, providing comparable data across Australia. The year 2003 is the fourth year that directly comparable data drawn from standardised, quantitative IDU interviews conducted in all jurisdictions has been available, and therefore data can be presented not only across jurisdictions but also over time.

Therefore, 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 and over time. However, purity of drug seizures data provided by the ACC is an objective indicator of drug purity, and is also presented in this report. Gender differences among IDU are noted where significant.

3. RESULTS

3.1 Overview of the IDU sample

A total of 970 IDU were interviewed for the 2003 IDRS, a minimum of 100 in each jurisdiction. The mean age of the overall sample was 32.9 years (SD 8.6; range 16-62), and 64% were male (Table 7). Female participants were, on average, significantly younger than males (31.5 versus 33.7 years, t_{967}=-3.7, p<.001). The majority (97%) of the sample spoke English as their main language at home, and 14% identified as being of Aboriginal or Torres Strait Islander descent. Sixty eight percent of the sample currently resided in their own house or flat (including renting), and 11% lived in their parents' or family home. Ten percent described their current accommodation as a boarding house or hostel, 7% were homeless and a further 4% resided in temporary accommodation.

The mean number of school years completed by the overall sample was 10.1 (SD 1.6; range 1-13), and 49% had completed courses after school, with 39% possessing a trade or technical qualification, and 10% having completed a university degree or college course. About three quarters (76%) of the sample were unemployed, 11% were employed on a part-time or casual basis, 6% were employed full-time, 5% were engaged in home duties and 2% were students. Seven percent of the sample reported that they were currently involved in sex work.

Sixty percent of participants were not currently in any form of drug treatment, while 27% were in methadone maintenance treatment and 9% in buprenorphine treatment. In the preceding six months, 54% of the sample had been in some form of drug treatment; with 31% having been in methadone maintenance, 16% in buprenorphine maintenance or detoxification, 12% in drug counselling, 6% in detoxification, and 1% in naltrexone treatment.

Forty three percent of the sample had previously been imprisoned; males were significantly more likely to report previous imprisonment (52% of males versus 27% of females; χ^2_1=53.3; p<.001). The demographic characteristics of the 2003 sample are similar to those of the national sample of IDU recruited for the IDRS in previous years (Breen et al., 2003a, Topp et al., 2002b, Topp et al., 2001, McKetin et al., 2000).

Table 7: Demographic characteristics of the national sample, 2000-2003

Variable	2000 N=910	2001 N=951	2002 N=929	2003 N=970
Mean age in years (SD; range)	28.8 (8.0; 14-64)	30.1 (8.4; 14-58)	30.1 (8.2; 15-57)	32.9 (8.6; 16-62)
% male	68	67	64	**64**
% English speaking background	94	95	96	**97**
% ATSI	11	14	14	**14**
Mean years school education (SD; range)	10.4 (1.7; 0-16)	10.3 (1.8; 0-14)	10.3 (1.7; 0-13)	**10.1 (1.6; 1-13)**
% completed trade/technical qualification	31	37	37	**49**
% completed university/college	12	9	10	**10**
% unemployed	68	73	73	**76**
% students	5	4	3	**2**
% prison history	43	44	45	**43**
% currently in drug treatment	34	36	37	**40**

Source: IDRS IDU interviews

As in previous years the majority of participants in all jurisdictions were male (Table 8). Consistent with the IDU interviewed in 2002, the TAS sample contained the youngest participants and the NT sample, the oldest.

The TAS sample contained a higher proportion of students than the other samples. As in 2003, the sample recruited in NSW were significantly more likely to have a history of imprisonment (68%) than IDU recruited in other jurisdictions (38%) (χ^2_1=45.8; p<.01), while the TAS sample were less likely to have a prison history (25% in TAS compared to 45% in other jurisdictions χ^2_1=13.7; p<.01).

Substantial proportions of all samples were currently in treatment. However, it should be noted that the IDRS deliberately recruits a 'sentinel' population of IDU who are current and active participants in illicit drug markets; as a result, those in the IDU samples who report being in treatment may be *unrepresentative* of treatment populations more generally.

Sample characteristics within jurisdictions were broadly consistent with previous years.

Table 8: Demographic characteristics of IDU by jurisdiction, 2003*

	NSW N=154	ACT N=100	VIC N=152	TAS N=100	SA N=120	WA N=100	NT N=109	QLD N=135
Mean age (years)	33 (31.4)	34 (32.4)	30 (30.0)	29 (28.3)	35 (32.0)	34 (29.7)	37 (34.4)	33 (29.9)
% male	68 (65)	64 (66)	60 (60)	70 (71)	53 (66)	69 (58)	69 (64)	62 (63)
% English speaking background	88 (85)	100 (99)	95 (97)	100 (100)	97 (94)	100 (99)	100 (99)	100 (97)
% ATSI	33 (28)	14 (13)	5 (6)	14 (11)	11 (18)	8 (4)	13 (20)	14 (13)
School education (yrs)	10 (10.6)	11 (10.7)	10 (10.7)	10 (10.0)	10 (10.0)	10 (10.7)	10 (9.7)	10 (9.9)
% trade/tech qualification	47 (43)	37 (25)	45 (45)	21 (20)	32 (38)	51 (42)	39 (31)	35 (42)
% university/college	6 (10)	7 (5)	7 (5)	4 (6)	16 (11)	16 (11)	17 (22)	12 (12)
% unemployed	87 (73)	83 (77)	83 (83)	69 (66)	68 (74)	66 (47)	75 (78)	70 (76)
% students	1 (0)	0 (7)	1 (1)	7 (11)	3 (5)	3 (4)	0 (0)	4 (2)
% prison history	68 (58)	38 (45)	41 (49)	25 (33)	33 (55)	30 (18)	48 (45)	47 (50)
% currently in drug tmt	47 (37)	42 (45)	37 (38)	65 (56)	33 (24)	41 (35)	24 (14)	39 (50)
% currently engaged in sex work	14	1	10	2	7	3	2	9

Source: IDRS IDU interviews
*Comparable data from 2002 presented in brackets

3.2 Drug use history and current drug use

3.2.1 First drug injected

The mean age of first injection of the overall sample was 19.1 years (SD 5.6; range 8-50). IDRS results from previous years (McKetin et al., 2000, Topp et al., 2001, Topp et al., 2002b, Breen et al., 2003a) and other recent studies (Lynskey and Hall, 1998) have identified a decrease in the age of initiation among new recruits to injecting. To investigate this trend, the overall sample of 970 IDU was divided into two groups: those aged ≤ 25 years at the time of interview (n=230), and those aged > 25 years (n=740). The younger group was, on average, 3.7 years younger at the time of first injection than

the older group (16.3 versus 20.0 years; t_{967}=9.14; p<.001). Overall, there was a significant correlation between age at the time of interview and age of initial injecting (r=.35; p<.001), indicating that more recent cohorts of IDU in Australia are initiating injecting at an earlier age. This correlation was significant in all jurisdictions but WA and the NT, with the correlation coefficients ranging from r=.28 (QLD) to r=.45 (SA).

Of the overall sample, 49% reported that amphetamine was the first drug injected, whereas 41% had first injected heroin, and 6% morphine. In NSW (62%) and the ACT (51%), the majority of participants reported heroin as the first drug injected. In all other jurisdictions, between 46% (TAS) and 57% (NT) of participants had first injected amphetamine (Table 9).

Table 9: Drug use patterns among IDU by jurisdiction, 2003

	NSW N=154	ACT N=100	VIC N=152	TAS N=100	SA N=120	WA N=100	NT N=109	QLD N=135
Mean age first injection (yrs)	20	18	18	18	20	19	21	18
First drug injected (%)								
Heroin	62	51	45	18	30	37	34	44
Methamphetamine	34	43	50	46	61	56	57	52
Morphine	1	2	1	29	4	7	5	2
Cocaine	2	0	0	0	0	0	0	2
Methadone	0	0	0	3	0	0	1	1
Drug of choice (%)								
Heroin	84	73	69	40	48	40	43	47
Methamphetamine	6	14	15	25	33	38	23	36
Morphine	0	0	2	11	8	7	19	1
Cocaine	4	3	2	1	3	1	3	5
Methadone	0	0	0	13	2	0	2	1
Last drug injected (%)								
Heroin	77	67	65	4	35	28	1	32
Methamphetamine	13	27	22	26	44	47	29	55
Morphine	1	0	3	18	14	13	61	8
Cocaine	4	0	0	0	0	0	0	1
Methadone	1	4	0	49	4	2	6	4
Injected most often last month (%)								
Heroin	83	63	65	2	33	25	1	30
Methamphetamine	8	30	26	29	43	57	28	57
Morphine	0	1	2	19	14	10	64	4
Cocaine	2	0	0	0	0	0	0	2
Methadone	0	2	0	49	6	1	5	6
Injection frequency last month (%)								
Not in last month	1	0	0	0	2	2	1	0
Weekly or less often	8	12	18	15	11	17	7	40
Between weekly and daily	24	35	34	68	41	40	33	26
Daily	11	23	27	8	15	23	21	16
Two-three times daily	34	26	18	6	23	14	33	12
More than three times a day	22	4	4	3	8	4	5	7

Source: IDRS IDU interviews

3.2.2 Drug of choice

Heroin was nominated by over half (57%) of the national sample as the drug of choice, followed by methamphetamine (23%), cannabis (6%) and morphine (5%). As in previous years, there were jurisdictional differences in the drug of choice among IDU (Table 9). In NSW, ACT and VIC more than half of the IDU nominated heroin as their drug of choice and 15% or less in these jurisdictions nominated methamphetamine. WA had the highest proportion of IDU who nominated methamphetamine as their drug of choice, followed by QLD and SA. Significant minorities in TAS nominated methadone or morphine as their drug of choice. Substantial minorities of IDU in the NT reported morphine as their drug of choice. Heroin is not as widely available in the NT and TAS and this may influence the reports of drug of choice, however the data suggests that the majority of IDU in most states prefer opioids. Previously, NSW was the only jurisdiction where cocaine was nominated as a drug of choice by significant proportions. In 2003 however, there was a decrease in the proportion in NSW that nominated cocaine as the drug of choice (30% in 2002 to 4% in 2003) and again, this may reflect the availability of the drug.

3.2.3 Last drug injected

Forty one percent of the national IDU sample reported that heroin was the last drug injected, followed by methamphetamine (32%), morphine (13%), and methadone (8%). Heroin was the drug last injected by more than half of participants in NSW, VIC and the ACT. Over half of IDU in QLD and substantial proportions of IDU in SA and WA had last injected methamphetamine (Table 9). As in previous years NSW recorded the lowest proportion of IDU reporting methamphetamine as the drug last injected and the highest reporting heroin and cocaine. In the NT, the drug most likely to have last been injected was morphine, followed by methamphetamine. TAS remained the only jurisdiction where substantial proportions of IDU had last injected methadone.

3.2.4 Drug injected most often

There were similar patterns between the last drug injected and the drug injected most often in the last month. Forty percent of the national sample reported injecting heroin most often in the last month, followed by 34% injecting methamphetamine, 13% morphine and 7% injecting methadone most often in the last month. Heroin was reported by over half of IDU in NSW, VIC and the ACT, and had been injected most often by substantial minorities in SA, WA and QLD (Table 9). Methamphetamine was injected most often by over half of participants in QLD and WA. Substantial proportions in all other jurisdictions, except NSW, reported having injected methamphetamine most often in the preceding month. TAS reported the highest proportion that injected methadone most often in the preceding month. In the NT, morphine was injected most often in the preceding month by two thirds of IDU, and had also been injected most often by significant minorities of IDU in TAS, SA and QLD. Cocaine was reported by very small proportions of IDU as the drug injected most frequently in NSW and QLD. There were no other reports of cocaine in any of the other jurisdictions (Table 9).

3.2.5 Frequency of injection

Almost half (47%) of the 2003 national sample reported injecting daily in the month preceding interview; 18% injected once per day, 21% two to three times a day and 8% reported injecting more than three times a day. Thirty six percent reported they had injected more than weekly but not daily and 16% reported injecting weekly or less. As in previous years, frequency of injection was highest in NSW (Table 9), where 67% of participants had injected at least daily in the preceding month, and 22% had injected more than three times per day. The NT (59%) and ACT (53%) also contained substantial proportions of participants who reported injecting daily. The majority of participants in all other jurisdictions reported less than daily injection. TAS reported the lowest frequency of injection in 2003, with 17% reporting at least daily injection.

3.2.6 Trends over time

Similar proportions of the 2002 (56%) and 2003 (57%) national samples nominated heroin as their drug of choice. This figure increased from 2001 (48%), when in response to the shortage of heroin availability throughout 2001, it appeared some IDU switched their drug of choice to stimulant drugs, methamphetamine in most jurisdictions and cocaine in NSW (Topp et al., 2002b).

Those reporting heroin as the drug of choice is reflected in the behaviour of IDU: in 2003 heroin was the last drug injected by 41% of the national sample, followed by methamphetamine (32%), morphine (13%) and methadone (8%).

As in previous years of the IDRS the IDU were polydrug users. Of the 17 drug classes asked about in 2003*, the national sample had used an average of 11.5 (SD 2.9; range 2-17) drugs in their lives, and 7.0 (SD 2.3; range 2-15) in the preceding six months. An average of 5.6 (SD 2.5; range 1-13) drugs had been injected by the sample over their lives, and 2.9 (SD 1.6; range 1-10) in the six months preceding interview. There was little difference in the extent of polydrug use across jurisdictions (Table 10).

Table 10: Polydrug use history of IDU by Australian jurisdiction, 2003

	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Mean no. drugs ever used*	10.2	11.4	12.4	12.4	11.5	13.1	11.0	10.5
Mean no. drugs used last 6 mos	6.7	7.1	7.5	8.0	6.4	7.7	6.4	6.4
Mean no. drugs ever injected	4.6	6.0	5.9	6.5	5.2	6.7	5.6	5.1
Mean no drugs injected last 6 mos	2.7	3.1	2.9	3.7	2.4	3.3	2.9	2.8

Source: IDRS IDU interviews

* All forms of methamphetamine and methadone were each considered to be a single drug class.

Table 11: Drug use history of the overall IDU sample (N=970), 2003

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*
Heroin	90	90	65	46	6	21	2	18	4	65	72
Methadone - licit	58	30	14					56	32	33	180
Methadone - illicit	43	31	14					28	11	20	6
Physeptone - licit	12	7	2	<1	0	<1	0	9	2	3	30
Physeptone - illicit	33	26	13	<1	<1	<1	0	17	7	16	6
Other opiates	47	22	5	10	1	<1	<1	36	18	21	7
Morphine	76	72	45	3	<1	1	<1	38	16	47	14
Homebake	29	28	6	2	<1	<1	0	2	<1	7	6
Speed powder	89	87	54	12	2	49	6	39	7	55	10
Base/point/wax	57	55	34	2	<1	4	<1	10	4	35	10
Ice/shabu/crystal	72	68	52	16	9	6	2	9	4	54	10
Amphetamine liquid	29	26	8					7	1	8	4
Pharmaceutical stimulants	40	24	11	2	<1	2	<1	30	10	17	4
Cocaine	68	55	15	11	1	39	6	10	1	18	4
Hallucinogens	75	22	2	4	<1	1	<1	71	9	10	2
Ecstasy	66	36	12	2	<1	7	3	58	21	27	2
Benzodiazepines	83	44	17	6	<1	1	<1	80	61	64	24
Buprenorphine - licit	26	9	6					25	17	18	60
Buprenorphine - illicit	17	13	9					7	5	12	3
Alcohol	97	9	<1					96	71	71	20
Cannabis	97									83	180
Anti-depressants	46									23	180
Inhalants	32									5	3
Tobacco	97									94	180

The proportion of IDU that reported lifetime and recent (i.e. in the preceding six months) use of most drugs remained stable from 2002. The notable exception is the proportions reporting recent use of ice; with an increase in the proportion of IDU reporting recent use from 35% in 2002 to 54% of the national sample in 2003.

3.2.8 Forms of drugs used in preceding six months

Participants were asked what forms of the main drug classes they had used in the six months preceding interview and which form they had used most in that time. Table 12 depicts proportions of IDU samples in all jurisdictions that reported having used different forms of the drug in the preceding six months in the columns headed 'used'. The columns headed 'used most' in Table 12 refer to the specific form of the drug class that IDU reported having used the most in the preceding six months. For example, 90% of IDU in NSW reported using heroin powder in the preceding six months, and 41% said that this was the form of heroin that they had used the most in the preceding six months. Ninety three percent of IDU in NSW had used heroin 'rock' with 59% reporting 'rock' as the form most used.

Heroin

Generally, IDU in most jurisdictions were as likely to report that they had used heroin 'rock' and heroin powder. Proportions reporting use of rock and powder were relatively high in all jurisdictions except TAS and the NT. It still remains unclear whether heroin rock is anything other than compressed powder. As in previous years, proportions of IDU that reported recent heroin use were highest in NSW, VIC and the ACT. The proportion of IDU reporting recent use in QLD decreased; from 72% reporting heroin powder and 79% rock in 2002 to 54% reporting powder and 55% reporting rock in 2003.

Methamphetamine

As in previous years, the largest proportions of IDU reporting recent use of speed and ice were in WA. Again, as in 2002, the recent use of base, was common in TAS, SA and WA. Over half of the sample in QLD also reported recent use of base. In SA substantial proportions of IDU reported that base was the form of methamphetamine they had used most in the preceding six months. Proportions of IDU reporting recent use of liquid methamphetamine were low in NSW, VIC, TAS, WA and the ACT, but were higher in QLD, SA, and the NT. As in 2002, recent licit prescription amphetamine use was generally low, with the highest proportion in WA (14%). Use of illicit prescription stimulants was reported by half of TAS IDU and by substantial proportions of the WA sample; however this form was generally not reported as the form most used.

NSW continued to record the lowest proportion of IDU reporting recent speed use and low proportions reporting base and ice relative to other Australian jurisdictions. Previously it was suggested that this may be because cocaine is the stimulant of choice and more available to many IDU in Sydney. However the use and frequency of cocaine use was lower in NSW in 2003. Methamphetamine has not traditionally been the drug of choice among IDU sampled in NSW.

In 2003 the median number of days any form of methamphetamine was used among the national sample was 24 days, reflecting weekly use. There was a wide range in patterns of use reported, from once in the six months to daily use.

Cocaine

Although in 2003 there was a reported decrease in recent cocaine use in NSW (from 79% in 2002 to 53% in 2003), as in previous years, recent cocaine use remained most common in NSW. Small proportions in the other jurisdictions reported recent cocaine use.

As in previous years only small numbers of IDU in some jurisdictions reported the recent use of crack cocaine, although for the majority of them it was probably not real crack. Real crack cocaine is only bioavailable when smoked, and of the 11 participants in the national sample that reported using crack in the preceding six months only two of them (18%) reported smoking as a route of recent administration. Ongoing investigation is required to be able to confidently comment on the availability and use of crack in Australia.

Cannabis

As in all previous years of the IDRS, cannabis smoking among IDU was common, and hydroponic cannabis continued to dominate the market. However, recent use of outdoor crop cannabis was also high, ranging from 53% in NSW to 80% in TAS, and between 10% (NSW) to 30% (WA) reported that outdoor crop cannabis was the form of cannabis they had used most in the preceding six months.

Hashish had been used in the preceding six months by substantial proportions of IDU in most jurisdictions, ranging from 4% in NSW to 38% in SA, although in SA and QLD, very few reported that hashish was the form of cannabis they had used most in that time. Rates of recent use of hash oil ranged from 2% in NSW to 23% in SA. Only one participant in the national sample (from SA) reported that hash oil was the form of cannabis they had used the most in the preceding six months.

3.2.9 Pharmaceuticals obtained licitly and illicitly

Table 12 draws a distinction between pharmaceuticals (such as methadone, buprenorphine, morphine and anti-depressants) that were obtained *licitly* versus those that were obtained *illicitly*. *Licit* obtainment of pharmaceuticals was defined as pharmaceuticals obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices, however it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner. Methods such as these were defined as *illicit* obtainment. The definition does not distinguish between the inappropriate use of *licitly* obtained pharmaceuticals, such as the injection of methadone syrup or benzodiazepines, and appropriate use.

Methadone

Half (49%) of the IDU sample used methadone in the six months preceding interview on a median of 120 days, similar to the 2002 sample (44% on a median of 120 days).

In all jurisdictions, more IDU had recently used methadone syrup obtained licitly than illicitly. The proportion of IDU reporting use of illicitly obtained methadone syrup ranged from 12% (NT) to 48% (TAS), and reflected the proportions reporting use of methadone obtained licitly, which were also lowest in the NT and highest in TAS.

In the national sample, almost all (94%) of those who had obtained methadone licitly in the preceding six months reported that this was the main form of methadone they had used. Generally low rates of recent use of licitly obtained physeptone tablets were recorded, ranging from<1 in VIC to 14% in the NT. Almost two thirds of the IDU in TAS (65%) and substantial minorities in the NT (35%) and SA (23%) reported the recent use of *illicitly* obtained physeptone.

Buprenorphine

In all jurisdictions except WA and the NT, more IDU had used buprenorphine licitly than illicitly.

The proportion that used licilty obtained burpenorphine ranged from 3% in TAS to 38% in VIC. The proportion that used illicitly obtained buprenorphine ranged from 0% in the ACT to 32% in VIC.

Frequency of buprenorphine use remained similar to 2002 (27 days in 2003 compared to 21 in 2002). IDU that reported recent use of licit buprenorphine had used on 60 days in the preceding six months, while illicit buprenorphine use was less frequent (median three days).

Morphine

As in previous years substantial proportions of IDU in the NT reported recent use of morphine obtained licitly (35%), and remained low in the other jurisdictions. The proportions of IDU reporting recent use of morphine obtained *illicitly* were higher in every jurisdiction, ranging from 15% in NSW to 71% in TAS and 73% in the NT. The majority of IDU in all jurisdictions who reported recent use of illicit morphine reported that this was the form of morphine they had used most in the preceding six months.

Other opioids

The proportions reporting recent use of 'other opioids' obtained licitly, such as pethidine and codeine, ranged from 4% in QLD to 26% in VIC, and most of those that obtained 'other opioids' licitly reported them as the main form of 'other opioids' they had used.

Rates of recent use of 'other opioids' obtained illicitly were highest in TAS (30%) and lowest in QLD (2%). Again, most of those who had used 'other opioids' from illicit sources reported that these were the main form they had used. This suggests that there may be small numbers of IDU who obtain 'other opioids' illicitly as their main source of opioids, rather than large numbers of IDU illicitly obtaining opioids.

Benzodiazepines

Between a quarter and two thirds of IDU in all jurisdictions reported the use of benzodiazepines obtained illicitly in the preceding six months (from 26% in QLD to 66% in TAS). In all jurisdictions except TAS, the minority of IDU reporting illicit benzodiazepine use stated this was the main form they had used in the preceding six months. Many of those who obtain benzodiazepines illicitly, however, also obtain them licitly. Rates of recent use of licit benzodiazepines were high in all jurisdictions, ranging from 33% in QLD to 66% in VIC.

Antidepressants

The proportions reporting recent use of licitly obtained antidepressants ranged from 14% in the ACT to 27% in WA, and all but one of those who had obtained licit

antidepressants reported that this was the main form they had used. As in previous years, rates of recent use of illicitly obtained antidepressants were very low (less than 10% in all jurisdictions), suggesting that these pharmaceuticals are not as likely to be diverted.

Pharmaceutical stimulants

IDU were asked about their use of pharmaceutical stimulants or prescription amphetamines (including dexamphetamine). The proportions that reported recent use varied across jurisdictions; recent use was particularly high in TAS (50%) and in WA (46%).

The majority (78%) of those that reported recent use of prescription amphetamines had sourced them illicitly. Eighteen percent reported they had used licit amphetamines.

Table 12: Forms of drugs used by IDU in the preceding six months by jurisdiction, 2003

Form of drug	NSW N=154		ACT N=100		VIC N=152		TAS N=100		SA N=120		WA N=100		NT N=109		QLD N=135	
	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*	Used	Used most*
Heroin (%)																
Powder	90	41	85	54	71	18	13	48	51	46	59	55	12	55	54	41
Rock	93	59	82	44	88	82	14	52	43	53	45	25	11	40	55	59
Methadone (%)																
Syrup, licit	45	83	45	66	23	78	59	67	26	48	22	65	16	23	29	68
Syrup, illicit	19	15	31	31	11	18	48	19	18	21	14	24	12	2	22	30
Physeptone, licit	1	0	3	3	<1	0	2	0	3	5	2	3	14	27	2	2
Physeptone, illicit	5	3	8	0	1	4	65	14	23	26	8	9	35	48	4	0
Buprenorphine (%)																
Licit	25	91	10	100	38	68	4	33	15	67	13	44	7	38	17	71
Illicit	5	9	0	0	32	32	3	67	10	33	17	56	15	62	10	29
Morphine (%)																
Licit	3	18	11	20	6	12	2	3	12	22	5	5	35	33	12	20
Illicit	15	82	38	80	40	88	71	97	34	78	40	95	73	67	36	80
Other opiates (%)																
Licit	7	56	8	38	26	61	12	24	9	69	11	29	9	37	4	63
Illicit	5	44	15	62	21	39	30	76	8	31	20	71	12	63	2	38

Source: IDRS IDU interviews *among those that reported use

Table 12: Forms of drugs used by IDU in the preceding six months by jurisdiction, 2003 (continued)

	NSW N=154		ACT N=100		VIC N=152		TAS N=100		SA N=120		WA N=100		NT N=109		QLD N=135	
Form of drug	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***	**Used**	**Used most***
Amphetamines (%)																
Powder	33	31	49	21	70	68	51	14	53	17	71	20	59	63	65	35
Liquid	5	0	10	0	5	0	1	0	13	1	7	1	17	3	24	4
Crystalline	38	51	65	71	50	29	69	45	48	37	80	58	33	18	65	40
Base	32	18	14	1	19	2	46	24	51	41	40	1	29	13	52	22
Prescription, licit	<1	0	6	4	1	0	4	0	2	0	14	11	2	1	2	0
Prescription, illicit	1	0	17	3	5	1	47	17	8	3	37	9	10	1	3	0
Cocaine (%)																
Powder	53	100	13	92	13	95	8	100	12	93	10	90	4	100	15	95
Crack	0	0	1	8	2	5	1	0	1	7	2	10	0	0	2	5
Cannabis (%)																
Hydroponic	75	90	84	81	85	90	85	81	80	84	73	69	83	93	75	75
Naturally grown	53	10	68	19	61	10	80	19	73	14	72	30	63	7	68	24
Hashish	4	<1	20	0	9	0	13	0	38	1	20	1	17	0	17	1
Hash oil	2	0	12	0	3	0	10	0	23	1	13	0	5	0	13	0
Benzodiazepines (%)																
Licit	41	59	45	66	66	73	46	47	36	63	53	73	36	56	33	68
Illicit	40	41	35	34	45	27	66	53	30	37	34	27	33	44	26	32
Anti-depressants (%)																
Licit	16	100	14	82	26	91	16	75	18	84	27	93	15	94	25	87
Illicit	0	0	3	18	4	9	5	25	3	16	2	7	2	6	5	13

Source: IDRS IDU interviews *among those that reported use

3.2.10 Drugs used the day before the interview

Table 13 presents the drugs that had been used by IDU on the day preceding the interview, by jurisdiction. Small proportions of IDU in all jurisdictions (ranging from 3% in NSW and the ACT to 9% in VIC) had not used any drugs on the day preceding the interview.

As in previous years, rates of heroin use on the day preceding the interview were highest in NSW (67%), with over half in the ACT reporting heroin use the day prior to interview. As in previous years, TAS and NT reported low rates of heroin use on the previous day.

The highest proportion of IDU reporting methamphetamine use on the day prior to interview was in QLD, SA and WA and the lowest, in NSW. As in previous years, methadone use was much higher on the day preceding the interview in TAS than in all other jurisdictions; TAS and WA recorded higher rates of benzodiazepine use on the day before the interview. The use of morphine on the day preceding interview was high in the NT (55%) relative to other jurisdictions and increased in SA and WA in 2003. The use of other opioids was generally low. Cannabis use on the day preceding interview was reported by over half of respondents in all jurisdictions but NSW, SA and the NT, with the highest in TAS (72%). Cocaine use on the day preceding the interview was reported by 2% or less in all jurisdictions but NSW.

Table 13: Drugs used the day before the interview, by jurisdiction, 2003

Drug (%)	National N=970	NSW N=154	ACT N=100	VIC N=152	TAS N=100	SA N=120	WA N=100	NT N=109	QLD N=135
No drugs	6	3	3	9	5	4	7	7	8
Heroin	32	67	57	42	1	27	24	0	29
Methamphetamine*	19	10	20	16	13	28	21	14	33
Cocaine	2	7	1	<1	1	0	2	2	2
Cannabis	52	43	60	56	72	48	45	44	53
Benzodiazepines	22	17	18	28	43	20	32	14	13
Other opiates	1	0	1	3	2	2	3	<1	0
Methadone	21	23	22	12	50	21	14	9	22
Alcohol	22	18	28	19	17	18	34	17	28
Morphine	14	0	6	4	11	20	13	55	10
Buprenorphine	7	5	1	18	3	5	6	4	8

* Includes powder, base and ice

4. HEROIN

The price, purity and availability of heroin in 2003 by jurisdiction is reported in Table 14. At least half of IDU in all jurisdictions except TAS and the NT provided comment on some aspect of heroin (NSW 95%; ACT 90%; VIC 88%; QLD, 64%; SA, 57%; WA 54%; TAS 17%; NT 8%). Comparable figures from 2002 are presented Appendix A.

Table 14: Price, purity and availability of heroin by jurisdiction, 2003

	National N=970	NSW N=154	ACT N=100	VIC N=152	TAS N=100	SA N=120	WA N=100	NT N=109	QLD N=135
Median Price ($)*									
per gram	-	300	350	380	350*	425	550	-	400
per cap	-	50	50	50	50*	50	50	50*	50
Price changes									
(% who commented)	n=596	n=147	n=90	n=133	n=15	n=68	n= 54	n=9	n=86
Don't know	5	0	4	2	20	6	7	44	12
Decreased	9	3	54	13	0	3	17	0	5
Stable	65	71	21	66	73	71	52	56	69
Increased	14	22	11	14	0	15	13	0	7
Fluctuated	6	4	9	5	7	6	11	0	8
Median purity (%)^	-	26.0	23.9	22.6	70.4	18.9	24.0	^	22.5
Availability									
(% who commented)	n=596	n=150	n=90	n=133	n=17	n=68	n=54	n=9	n=77
Don't know	2	0	0	1	7	2	2	44	3
Very easy	44	54	44	46	33	34	43	0	42
Easy	42	37	47	40	33	53	43	0	43
Difficult	11	7	9	12	20	12	13	22	12
Very difficult	2	1	0	2	13	0	0	33	1
Availability changes									
(% who commented)	n=595	n=150	n=90	n=133	n=15	n=68	n=54	n=9	n=76
Don't know	4	1	1	2	13	4	6	56	7
Easier	14	20	14	16	7	7	4	0	18
Stable	65	70	57	71	67	65	56	33	63
More difficult	15	8	27	11	0	19	26	0	8
Fluctuates	3	1	1	2	13	4	9	11	4
Place usually score									
(% use & commented	n=590	n=150	n=89	n=132	n=15	n=68	n=54	n=6	n=76
Don't use	4	1	3	2	0	10	9	0	4
Street dealer	15	31	12	15	13	4	4	17	8
Dealer's home	19	9	27	24	20	22	22	17	17
Mobile dealer	40	45	46	39	13	37	32	0	46
Friend#	7	3	8	8	40	6	30	67	16

*Small numbers reported TAS n=4 gram, n=2 cap; NT n=0 gram, n=5 cap

^Purity data is provided by the ACC and reflects analysed seizures by state police in each jurisdiction, AFP purity seizures by jurisdiction are reported in Table 1. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2002/03. No seizures of heroin were analysed for purity in the NT in 2001/02. # includes gift from friend

4.1 Price

The prices in Figure 1 represent the median price of the last purchases of a gram of heroin made by IDU. In 2001, the cost of heroin increased across all Australian jurisdictions with established heroin markets (i.e., excluding TAS and the NT). In 2002, the prices of a gram of heroin decreased and remained stable in 2003, but have not returned to the levels reported in 2000. There were no gram purchases in the NT in 2003 and the gram price reported in TAS is based on four purchases and should be considered with caution.

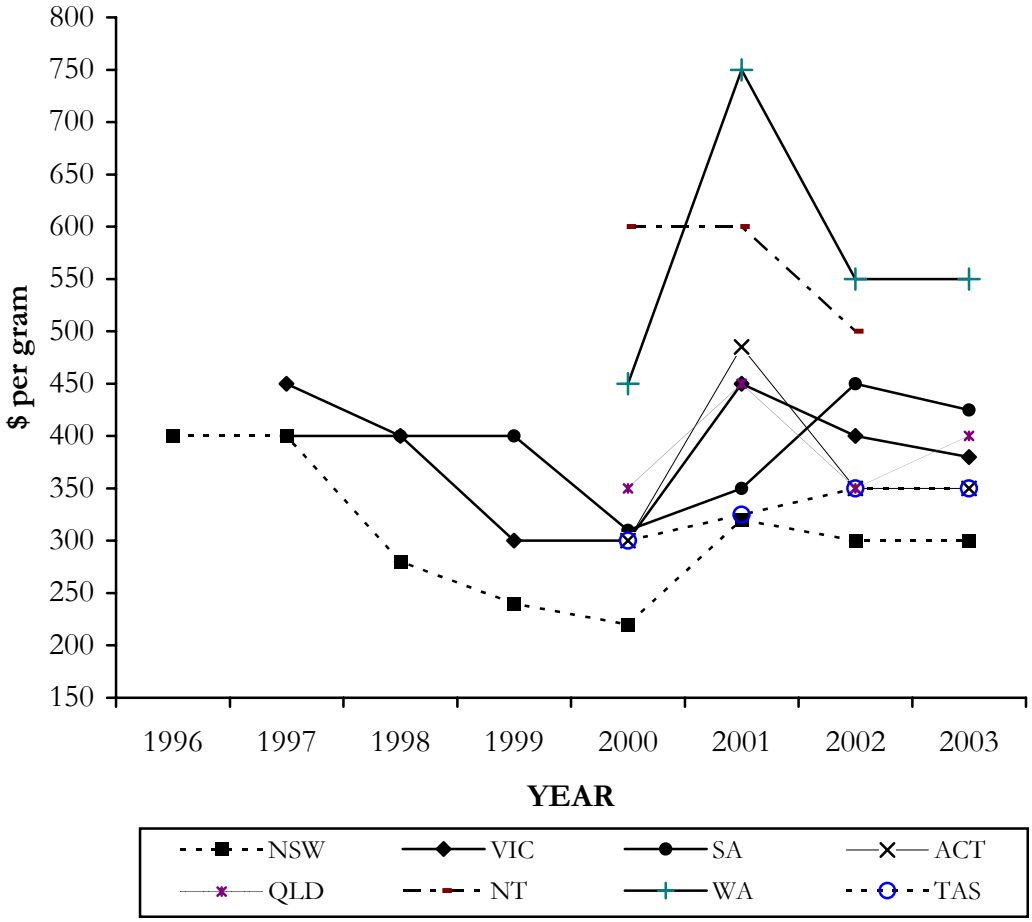
As in 2002, a gram of heroin remained cheapest in NSW ($300), although this price remained $80 higher than the median price reported by IDU in 2000 ($220). Heroin remained most expensive in WA ($550).

The price of a 'cap' of heroin (a small amount typically used for a single injection) remained at $50 in all jurisdictions but TAS (n<10). Small numbers reported purchasing caps in the NT (n<10). In NSW, the price doubled between 2000 ($25) and 2001 ($50) and has remained stable since then.

In 2003 IDU were asked whether they knew how much was in a cap of heroin. One hundred and thirty four participants (14% of national sample) were able to comment on the weight of a cap. The proportion able to comment varied across jurisdiction with the highest proportion in VIC (40%) followed by NSW (25%), SA (16%), WA (9%) and 4% in QLD. Just over half (54%) of those able to comment reported that there was one point (i.e 0.1 gram) in a cap. There was great variability in the remainder of responses with the next most common response being a quarter of a gram (n=12). Other responses included anything from a quarter of a point to two points, a sixteenth of a gram to a half a gram or a 'rock'. This suggests that many IDU do not know how much they are obtaining when they buy a cap and that there is great variability in the amount perceived to be in a cap among those able to comment.

Figure 1 shows IDU estimates of the price of a gram of heroin over the six years of data collection of the IDRS in NSW, VIC and SA and since 2000 in all other states. Since 1996, heroin prices had remained stable or decreased every year until 2001, when the IDRS detected increases in the cost of heroin for the first time. The prices have decreased in the last two years, but have not returned to 2000 levels.

Figure 1: Median price of a gram of heroin by jurisdiction, 1996-2003



Source: IDRS IDU interviews

4.2 Availability

In late 2000/early 2001 there was an unexpected and dramatic reduction in the availability of heroin all Australian jurisdictions in which heroin had previously been freely available. IDRS data indicate there was an increase in the availability of heroin in most jurisdictions in 2002 and this has been sustained in 2003, however the availability has not returned to pre 2000 levels.

To collect information on the availability of heroin IDU were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?'. Sixty one percent commented on the availability and the majority reported that heroin was 'easy' (42%) or 'very easy' (44%) to obtain.

There was an increase in the proportion of the national 2003 sample that commented that the availability of heroin was stable (65%) in the last six months than reported in 2002 (44%) and 2001 (50%). Smaller proportions reported that it was more difficult to obtain. Similar proportions reported it was easier to obtain.

IDU were asked where they usually score their heroin. Most commonly (40%) IDU reported usually scoring from a mobile dealer, where they would call the dealer and arrange to meet to obtain the drug. Nineteen percent usually scored their heroin from the dealer's home. In 2003 there was a slight decrease in reports of street scoring from 21% in 2002 to 15% in 2003, which remained most common in NSW (31%) and lowest in WA (4%). The street dealing decreased most markedly in VIC from 32% in 2002 to 15% in 2003 when more IDU reported usually scoring from a mobile dealer.

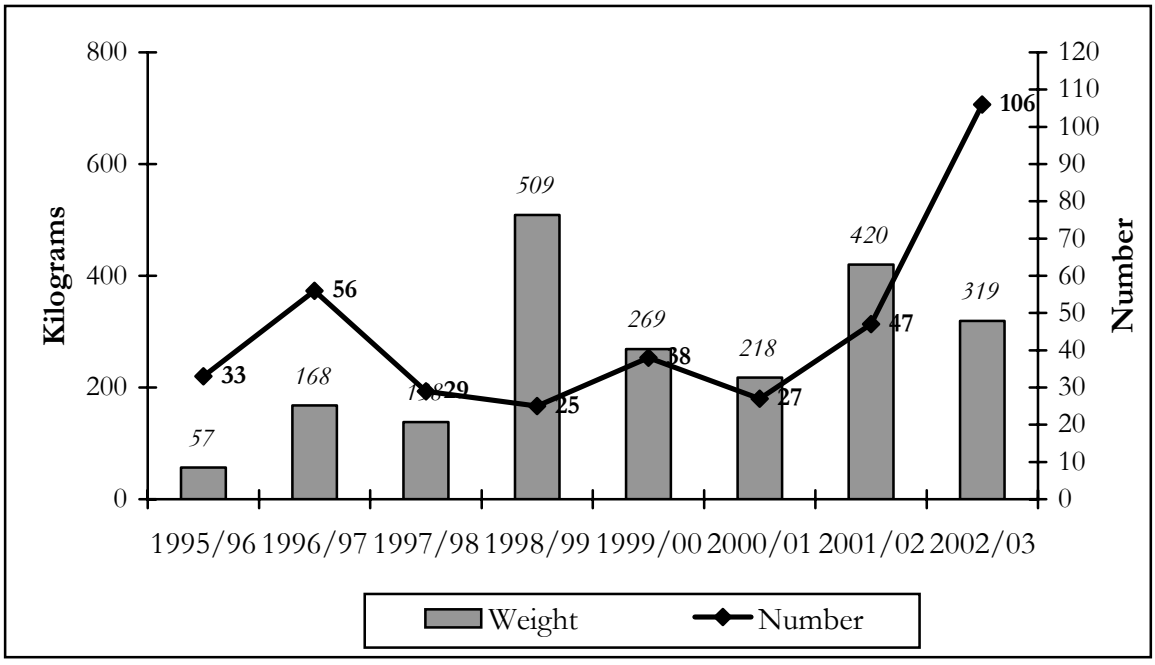
These changes may be due to recent fluctuations in heroin availability, as a result of which IDU are more likely to rely on prearranged or known sources. It may also reflect changes in legislation and policing practices.

Heroin seized at the Australian border

Figure 2 presents the weight and number of heroin seizures by Customs at the Australian border since 1995/96. There were increases in the number of detections in the late 90's, which could be partly attributed to the allocation of resources and increased surveillance due to concerns regarding foot and mouth control and the Sydney Olympics in 2000.

In the financial year 2002/03 there were 106 heroin seizures at or near the Australian Customs border, increasing from 47 seizures in 2001/02. The amount seized in 2002/03 (319 kg) was less than the previous financial year. The greater number of detections in 2003 supports intelligence that indicates there has been a shift in importation strategies and methods of concealment in recent years. Namely, there has been a trend in importations towards smaller quantities, usually imported via the mail or by passengers on planes, rather than the larger quantities normally found in sea cargo.

Figure 2: Weight and number of detections of heroin made at the border by the Australian Customs Service, 1995/96 - 2002/03



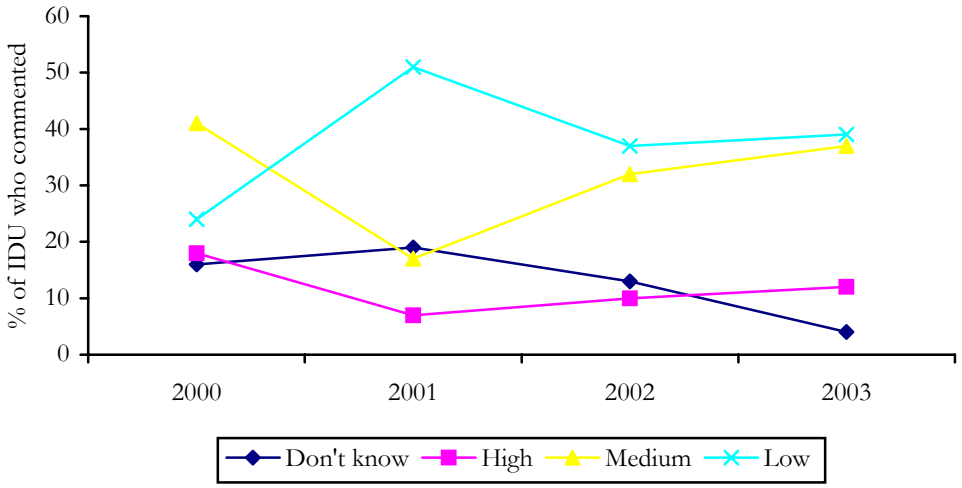
Source: Australian Customs Service

4.3 Purity

IDU were asked what the purity or strength of heroin was currently and if there had been any change in purity in the six months preceding interview. IDU reports of the purity of heroin were variable. Of those able to comment, most reported heroin purity as low (39%) to medium (37%) in 2003. Twelve percent thought the purity was high and 4% did not know (Figure 3).

There has been a decrease in the proportion reporting low purity since 2001 and a corresponding increase in the proportion reporting the purity as medium. Those reporting that the purity fluctuates has remained between 7-8% since 2001 when 'fluctuates' was first coded as an option.

Figure 3: IDU reports of current heroin purity among those able to comment, 2000-2003

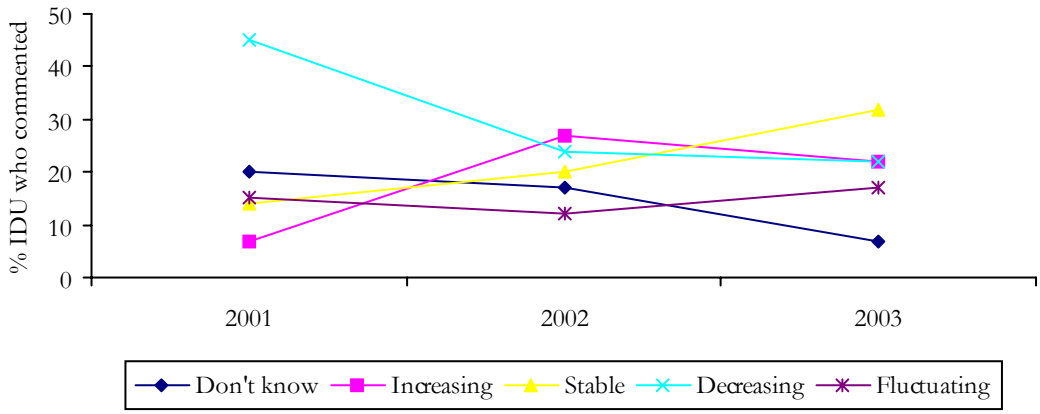


Source: IDRS IDU surveys

The majority of those able to comment in all states (except the NT) reported heroin purity as medium to low. Only small numbers in the NT (n<10) were able to comment on the current purity of heroin. Over half of IDU who commented in QLD reported the current purity as low, followed by 48% in WA. The largest percent in QLD also reported the purity to be decreasing (36%)

As can be seen from Figure 4, the proportion of IDU reporting that the purity of heroin was stable in the six months preceding interview has increased since 2001.

Figure 4: IDU reports of changes in heroin purity among those able to comment, 2001[1]-2003



Source: IDRS IDU surveys
[1]In 2000 IDU were not asked if the purity had changed in the six months preceding interview.

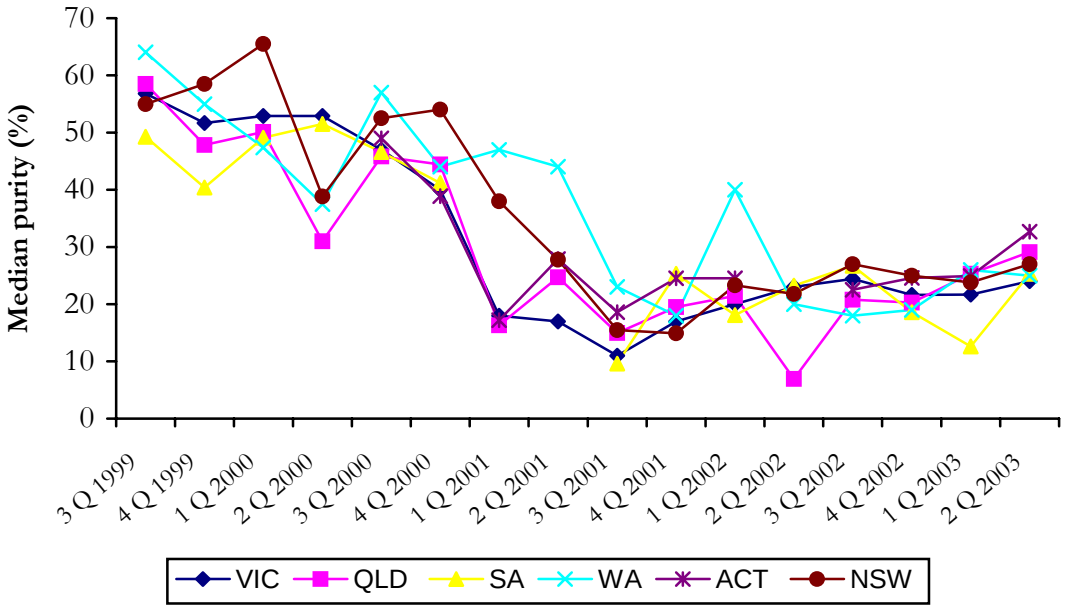
IDU reports of purity are subjective and depend on a number of factors including the health and tolerance of the individual. A more objective measure of purity is derived from the analysis of drug seizures. However, there are some important issues to consider when examining purity measures. Not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter. The purity figures reported therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and this should be considered when drawing conclusions from the purity data presented. The purity figures for 2002/03 have been provided by the Australian Crime Commission and previous data has been taken from the Australian Illicit Drug Reports (Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003).

Figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. Figures reported for VIC and the ACT represent the purity levels of drugs seized during the relevant quarter. Figures for SA and TAS and those supplied by the Australian Forensic Laboratory in Sydney represent the purity level of drugs received at the laboratory during the quarter. The time between date of police seizure and date of laboratory receipt can vary from days to months. No seizures were analysed for purity in the NT in 2002/03 due to allocation of resources.

The median purity of analysed seizures of heroin made by the AFP and state law enforcement agencies in the 1999/00 to 2002/03 financial year by jurisdictions is displayed in Figure 5. No seizures of heroin were analysed for purity in TAS or the NT in 2001/02 or 2002/03. There were eight seizures analysed in TAS in 2002/03 with a median purity of 70%. This reflects much higher purity than other state police seizures that have been analysed; the overall total median purity for 2002/03 was highest in NSW (26%) and lowest in SA (19%).

There has been a steady decline in the median purity of heroin seizures analysed by State police from mid 1999 in all jurisdictions (Figure 5). In 2002/2003 there appears to be a stabilisation of the purity of the seizures analysed.

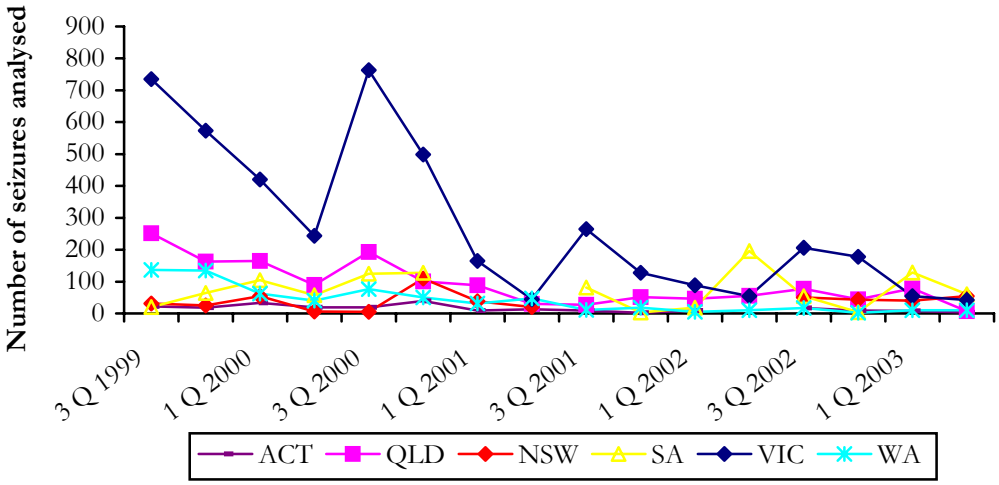
Figure 5: Median purity of heroin seizures[1] analysed by State police by jurisdiction 1999-2003



Source: ABCI 2000, 2001, 2002. ACC 2003
1. Seizures ≤2g and >2g combined 2002/2003 data not available for NT and WA.
Figures do not represent the purity levels of all WA seizures. The Western Australian Forensic Science Lab does not analyse all seizure less than 2 grams. This figure underestimates the numbers of samples that are tested.

The numbers of State Police heroin seizures analysed for purity are presented in Figure 6.

Figure 6: Number of State Police heroin seizures analysed by jurisdiction, 1999-2003

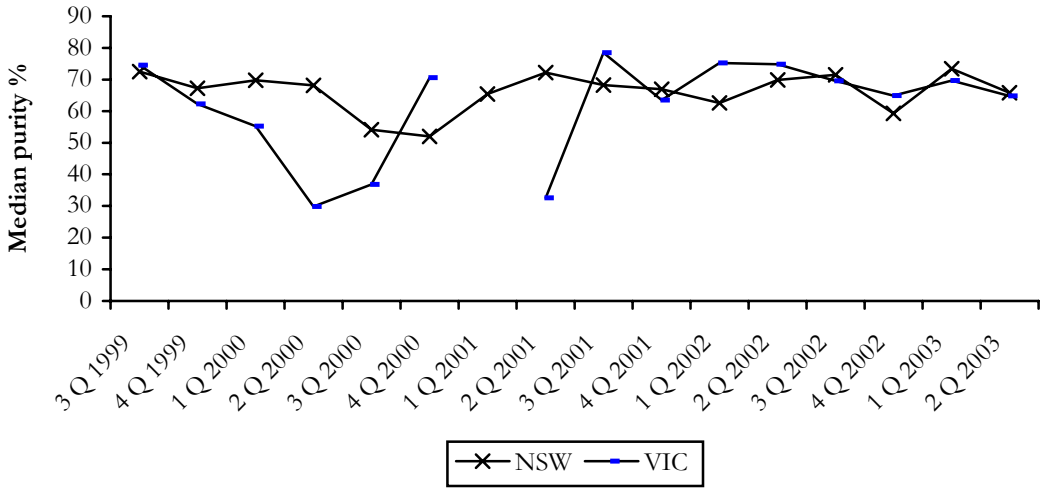


Source: ABCI 2000, 2001, 2002. ACC 2003
This figure underestimates the numbers of samples that are tested. The Western Australian Forensic Science Lab does not analyse all seizure less than 2 grams.

AFP seizures for NSW and VIC are also presented. There were fewer seizures analysed for other jurisdictions, with no seizures analysed for many quarters (for information on

other jurisdictions see (Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003). The purity of the AFP seizures analysed has remained more stable over time than State Police seizures. As can be seen in Figure 7, the AFP seizures are generally of higher median purity than those of jurisdictional Police seizures, which is not surprising given that AFP seizures are likely to result from targeted, higher level operations than those of State Police agencies.

Figure 7: Median purity of heroin seizures analysed by AFP police in NSW and VIC 1999-2003



Source: ABCI 2000, 2001, 2002. ACC 2003

Figure 8: Number of AFP heroin seizures analysed in NSW and VIC, 1999-2003

Source: ABCI 2000, 2001, 2002. ACC 2003

4.4 Use

4.4.1 Current patterns of heroin use

From 2000 to 2001, there was a decrease in the proportion of the national IDU sample that reported heroin use in the preceding six months (78% to 66%). The proportion reporting recent use has remained at similar levels in 2002 (68%) and 2003 (65%).

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

Table 15: Proportion of IDU samples across jurisdictions who reported use of heroin in preceding six months, 2000-2003

	2000	2001	2002	2003
NSW	95	96	96	97
ACT	92	83	89	88
VIC	97	90	94	90
TAS	38	24	21	26
SA	73	65	48	55
WA	80	55	64	63
NT	56	36	22	16
QLD	82	63	81	64

Source: IDRS IDU interviews

The proportion of IDU reporting recent heroin use is not a highly sensitive indicator of changes in availability, as a single occasion of use in the preceding six months will be counted. A more sensitive indicator of availability is the frequency of use. Between 2000 and 2001, there was a considerable reduction in the frequency of heroin use in all jurisdictions, most notably VIC and the ACT (Table 16), the median number of days IDU reported using heroin remained stable or decreased slightly in most jurisdictions in 2002. However, increases in frequency of use were reported in NSW and QLD. In 2003 the median days of heroin use increased in the ACT, SA and VIC. The median number of days used heroin in QLD decreased.

Since the reduction in heroin availability in 2001, there has been some increase in the frequency of heroin use but it has not returned to the levels reported in 2000 except in SA.

Table 16: Median days of heroin use among IDU who had used heroin in the preceding six months, by jurisdiction, 2000-2003.

	2000	2001	2002	2003
NSW	180	158	180	170
ACT	160	50	48	93
VIC	176	65	60	76
TAS	5	3.5	6	5
SA	60	30	24	72
WA	90	30	24	20
NT	28	6	0	5
QLD	100	70	80	49

Source: IDRS IDU interviews

In 2003 19% of the national sample were daily heroin users. There remains wide variation across jurisdictions in the proportion of daily heroin users, ranging from half the NSW sample (47%) to none of the IDU in NT. For the first time since the commencement of the IDRS in all jurisdictions, one participant in TAS reported daily heroin use. In 2000 the proportion of daily heroin users was similar across the three major heroin markets (NSW, VIC and the ACT), however in the last three years the proportion of IDU that report daily heroin use in NSW has been higher.

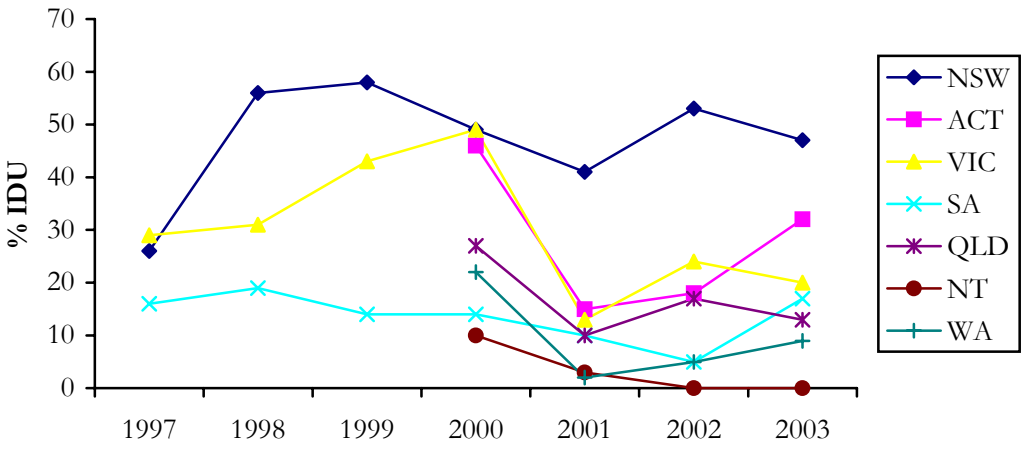
Table 17 and Figure 9 present the same data. They show the reduction in the proportion of heroin users reporting daily heroin use in the six months preceding interview in every jurisdiction between 2000 and 2001, except TAS where there were no reports of daily heroin use. The drops were most dramatic in VIC and the ACT, while NSW recorded only a moderate decline. In 2002, the proportion reporting daily heroin use increased in NSW and VIC, and to a lesser extent in QLD. In 2003 there was a stabilisation in the proportion of heroin users reporting daily heroin use in NSW and VIC, increases in the ACT and SA, and a decrease in QLD.

Table 17: Proportion of IDU samples across all jurisdictions who reported daily heroin use, 2000-2003

	2000	2001	2002	2003
NSW	49	41	53	47
ACT	46	15	18	32
VIC	49	13	24	20
TAS	0	0	0	1
SA	14	10	5	17
WA	22	2	5	9
NT	10	3	0	0
QLD	27	10	17	13

Source: IDRS IDU interviews

Figure 9: Proportion of IDU samples that reported daily heroin use by jurisdiction, 1997-2003



Source: IDRS IDU interviews

Behavioural indicators of heroin use are consistent with the reports of IDU and KIS, that there has been some stabilisation of heroin markets in 2003 and a return to the use of heroin in some jurisdictions (NSW, VIC, ACT and SA). Nevertheless, the 2003 data suggests that the heroin market has not returned to levels reported in 2000.

Table 18: Heroin use patterns of IDU by jurisdiction, 2000-2003

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Drug of choice - heroin (%)									
2000	63	81	78	78	36	56	57	44	62
2001	48	62	61	61	33	43	34	39	42
2002	56	72	69	64	40	30	48	46	63
2003	57	84	73	69	40	48	40	43	47
Last injection - heroin (%)									
2000	58	78	81	92	4	56	54	9	62
2001	35	57	49	62	0	32	20	7	34
2002	42	74	74	63	2	25	25	2	45
2003	41	77	67	65	4	35	28	1	32
Used last 6 mths (%)									
2000	78	96	92	97	43	73	80	56	85
2001	66	95	83	90	24	65	55	36	62
2002	68	96	89	94	21	48	64	22	81
2003	65	97	88	90	26	55	63	16	64
Days used (median)									
2000	120	180	160	176	5	60	90	28	100
2001	60	158	50	65	3.5	30	30	6	70
2002	60	180	48	60	6	24	24	2	80
2003	72	170	93	76	5	72	20	5	49
Daily users (%)									
2000	29	49	46	49	0	14	22	10	27
2001	13	41	15	13	0	10	2	3	10
2002	18	53	18	24	0	5	5	0	17
2003	19	47	32	20	1	17	9	0	13

Source: IDRS IDU interviews

4.5 Heroin related harms

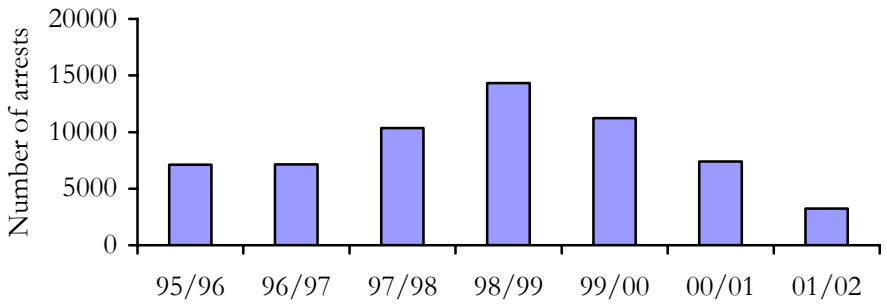
Law Enforcement

Arrests

Arrest data can indicate changes in activity of users, the people involved in supplying illicit drugs, and/or changes in the focus of police activity. Arrests are divided into consumer and provider offences to differentiate between people arrested for trading in (providers) as opposed to using (consumers) illicit drugs (ACC, 2003).

In 2001/02 there was a further reduction in the number of heroin and other opioids consumer and provider arrests Australia-wide from 7396 in 2000/01 to 3239. This is consistent with the reduction in heroin availability and the behavioural indicators of decreased heroin use in this period. As can be seen from Figure 10, there was a peak in the number of consumer and provider arrests in 1998/99, with a steady decline since that time.

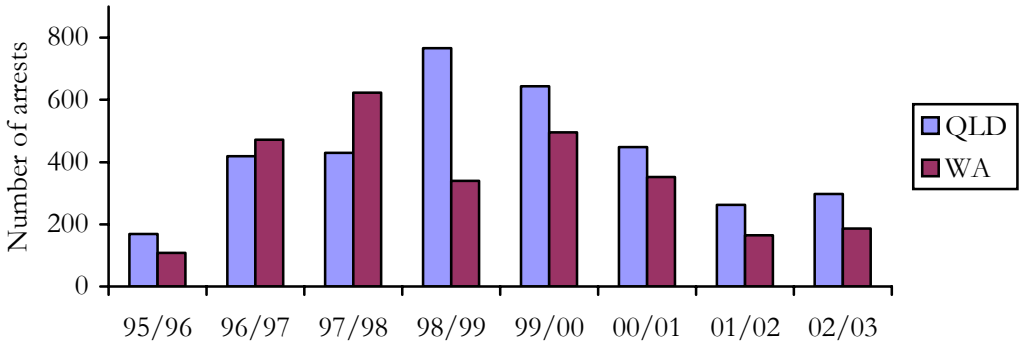
Figure 10: Total number of heroin and other opioids consumer and provider arrests, 1995/96 – 2001/02



Source: ABCI, 95-01; ACC 01-02
* 2002/03 not available at the time of printing.

Unfortunately, 2002/03 data were not yet available for all states. However, in QLD and WA, states in which data were available, the number of consumer and provider arrests remained at a similar level to 2001/2002, and the numbers were smaller than prior to the heroin shortage. There were nine heroin or other opioids consumer and provider arrests in TAS and one in the NT in 2002/03. The arrest data for each state and territory include AFP data.

Figure 11: Total number of heroin and other opioids consumer and provider arrests, 1995/96 – 2002/03 in WA and QLD



Source: ABCI, 95-01; ACC 2001-03
Data for NSW, the ACT, VIC, and SA were not yet available.

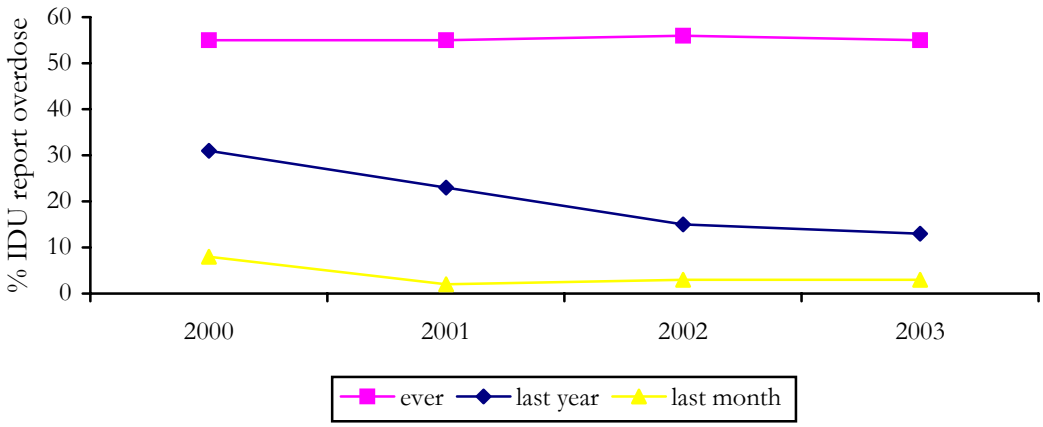
Health

Overdose

The IDRS participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. As in previous years, among those that reported recent heroin use, over half (55%) reported a heroin overdose in their

lifetime, 13% reported overdosing in the last year and 3% had overdosed within the last month (Figure 12).

Figure 12: Proportion of recent heroin users that report heroin overdose, 2000-2003



Source: IDRS IDU interviews

There was jurisdictional variation in the proportion reporting overdose in the last year, with the highest proportions of recent heroin users reporting heroin overdose in WA and the ACT. There has been a decrease in the proportion of IDU reporting recent overdose since 2000 in all states.

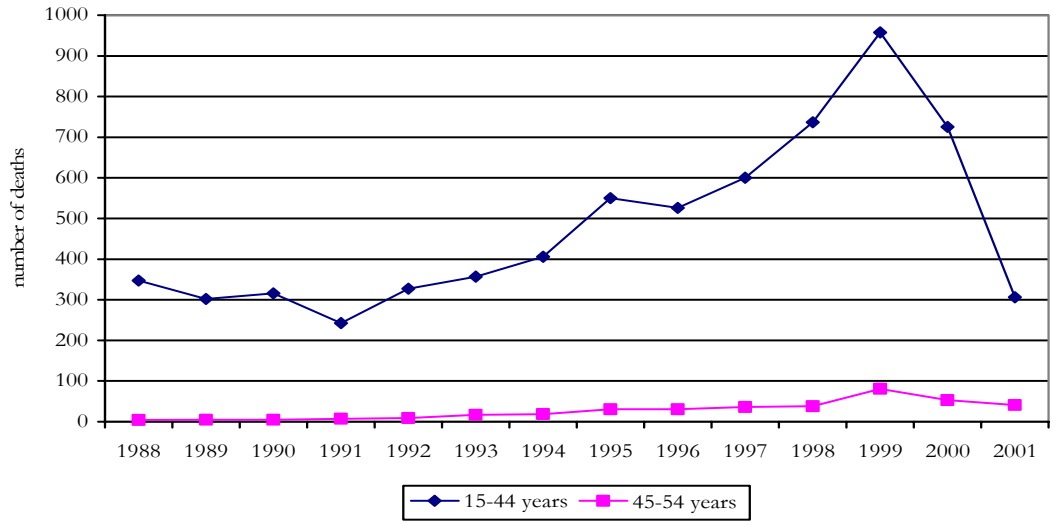
Table 19: Proportion of recent heroin users reporting heroin overdose in the year preceding interview, by jurisdiction 2000-2003

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	**31**	20	36	43	21	23	37	29	29
2001	**23**	22	17	30	20	22	24	14	24
2002	**15**	17	12	19	10	8	16	0	12
2003	**13**	14	18	14	8	6	21	6	7

Source: IDRS IDU survey

According to the 2002 Australian Bureau of Statistics (ABS) data on opioid overdose deaths (Degenhardt and Barker, 2003a), there has been a stabilisation in the number of opioid-related deaths (Figure 13). In 2002 there were 364 deaths in which opioids were determined to be the underlying cause of death (i.e. the primary factor responsible for the person's death) among those aged 15-54 years (Degenhardt and Barker, 2003a). The previous year there were 386 deaths, a significant reduction from the 938 reported in 2000 and the 1116 of 1999. The reason for this dramatic decrease and subsequent stabilisation is likely to be attributable to the reduction in heroin supply experienced across Australia in 2001. It should be noted that the deaths reported are opioid related and not necessarily heroin overdose deaths. In states such as TAS and the NT where heroin is less available, deaths are more likely to be related to pharmaceutical opioids.

Figure 13: Number of accidental deaths due to opioids among those aged 15-54 years, Australia 1988-2002.



Source: Australian Bureau of Statistics, Degenhardt and Barker 2003

As in 2001 just less than half of the deaths occurred in NSW, and over two thirds (69%) of all opioid-related deaths occurred in NSW and VIC (Table 20).

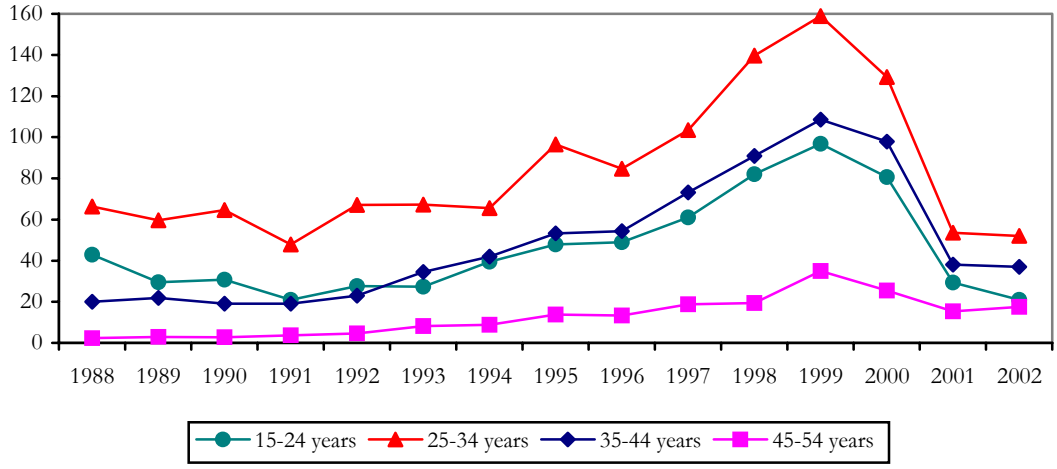
Table 20: Number of opioid deaths among those aged 15-54 by jurisdiction, 1998-2002

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

Source: Australian Bureau of Statistics, Degenhardt and Barker 2003
* one death in 2002 had a missing state

The rate of accidental deaths attributable to opioids was also relatively stable from 2001 at 32.3 per million persons aged 15 to 54 years, representing a 69% decrease from 1999. The largest proportions of deaths continue to be among the 25-34 year age group, followed by the 35-44 year age group (Figure 14) (Degenhardt and Barker, 2003a).

Figure 14: Rate of accidental deaths due to opioids per million population among those aged 15-54 years, Australia 1988-2002



Source: ABS, Degenhardt and Barker 2003

In 2002, overdose rates decreased in NSW, QLD, WA and the ACT (Figure 15). In 2002, the NT had the highest overdose rate in Australia, with a rate of 40.1 per million persons (n = 6 overdoses). The lowest rate was reported in SA (24.7 per million persons, n=21) (Degenhardt and Barker, 2003a).

Figure 15: Rates per million of population of opioid overdose among those aged 15-54 by jurisdiction, 2000-2002

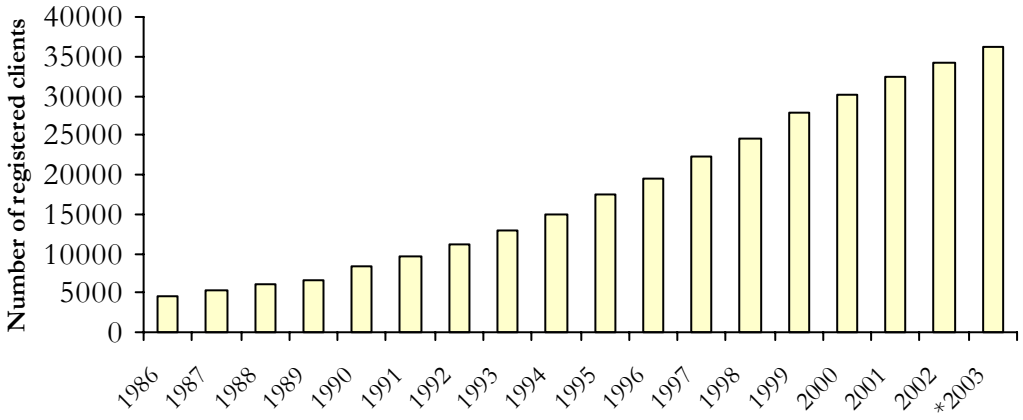
Source: ABS, Degenhardt and Barker, 2003

Earlier research has shown that the 'typical' fatal heroin overdose case is an opiate-dependent male in his early 30s, not in drug treatment, who has consumed other drugs in combination with heroin, primarily alcohol and/or benzodiazepines (Darke et al., 2000). Once again, the 2002 accidental opioid deaths accord well with these observations (Degenhardt and Barker, 2003a): deaths in the 15 to 54 year age group made up 90% of all opioid overdose deaths in Australia; males formed 77% of the group and the average age at death was 30.4 years.

4.6 Treatment for opioid dependence

The two major pharmacotherapies for the treatment of opioid dependence available in Australia are methadone and buprenorphine maintenance treatments. There has been an increase in the total number of clients registered in pharmacotherapy treatment from 1986 (Figure 16). A higher proportion of clients are in private pharmacotherapy treatment.

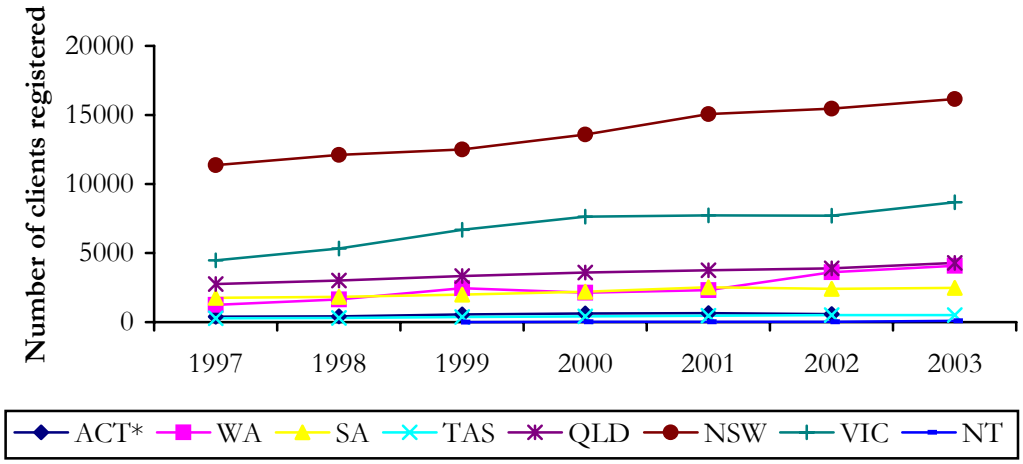
Figure 16: National pharmacotherapy client numbers by financial year 1986/87-2002/03



Source: Australian Government Department of Health and Ageing
Data from 2001 includes buprenorphine. Data for the ACT not included in 2002 figures.

There have slight increases in all states over time (Figure 17), which may be an indication of increasing demand for pharmacotherapy treatment and/or greater funding for treatment places. The highest number of clients are registered in NSW followed by VIC, reflecting population size.

Figure 17: Pharmacotherapy client numbers by financial year 1986/87-2002/03, by jurisdiction



Source: Australian Government Department of Health and Ageing
Data from 2001 includes buprenorphine. Data for the ACT not included in 2002 figures.

Methadone maintenance treatment is an established form of treatment in all jurisdictions in Australia, except the NT. In February 2000, NT Territory Health Services (now the Department of Health and Community Services) introduced a three month methadone withdrawal program (Opiate Withdrawal and Management Program, OWMP) and in September 2002 this was replaced by a methadone maintenance program (Opioid Pharmacotherapy Program, OPP) utilising methadone and buprenorphine.

In October 2000, Subutex® (buprenorphine hydrochloride) was registered in Australia by the Therapeutic Goods Administration (TGA) for the treatment of opiate maintenance and detoxification. In March 2001, the Pharmaceutical Benefits Advisory Committee (PBAC) recommended that buprenorphine be listed as a treatment for opiate dependence and it has been made available in all jurisdictions, except the NT, for this purpose. In the NT buprenorphine was initially endorsed for prescription by accredited prescribers for withdrawal but not maintenance until September 2002, when ministerial guidelines were approved for the prescription of buprenorphine for maintenance treatment in the NT.

The IDRS accesses a majority of IDU that are not involved in treatment, because it aims to interview active participants in the illicit drug market, and those in treatment are typically less active in illicit drug markets than their non treatment counterparts. However, as in previous years, substantial proportions of IDU in all jurisdictions reported involvement in pharmacotherapy treatment for opiate dependence. In 2003 27% reported current enrolled in methadone and 9% in buprenorphine treatment. There were jurisdictional differences in those reporting current involvement in methadone treatment, ranging from 14% in the NT to 58% in TAS (Table 21).

Table 21: Proportion of IDU that report current involvement in pharmacotherapy treatment, by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Methadone	27	35	32	15	58	23	19	14	23
Buprenorphine	9	9	2	22	3	8	10	5	9

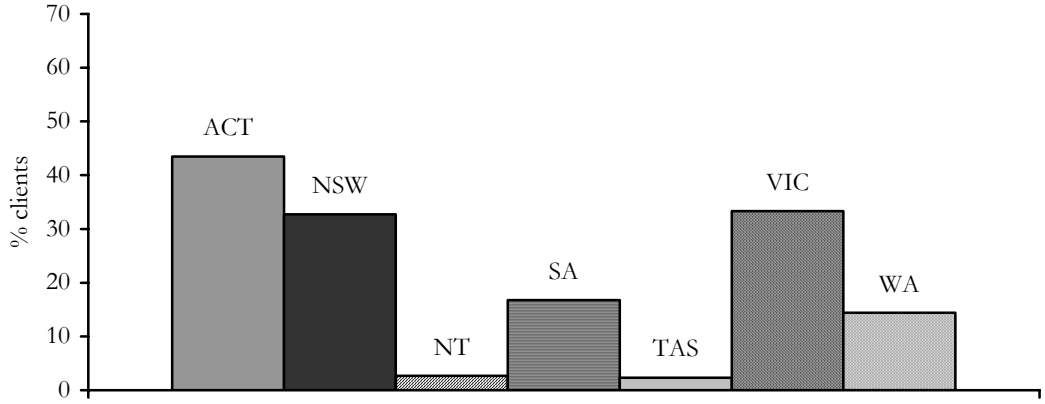
Source: IDRS IDU interviews

Smaller proportions of IDU in all jurisdictions, except VIC, reported involvement in buprenorphine compared to methadone treatment (Table 21), possibly because buprenorphine has only recently been registered as a treatment for opioid dependence in Australia and methadone has been available for a few decades. There is variation in the uptake of buprenorphine as a treatment option by jurisdiction, which may in part relate to the numbers of doctors that have been trained to prescribe buprenorphine. The majority of patients that were registered on buprenorphine treatment as at June 30 2002, and, therefore, the largest distribution of buprenorphine, was in VIC (Breen et al., 2003a). Data for 2003 with the breakdown of numbers in methadone and buprenorphine were not available at the time of report finalisation.

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

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

Figure 18: Proportion of clients seeking drug treatment (excluding pharmacotherapy) for heroin as principle drug of concern by jurisdiction, 2000-01



Source: AIHW (2002), Barker et al 2003
Treatment utilisation depends on demand and jurisdictional funding; data for QLD were not included in 2000-01; data does not include clients from methadone maintenance treatments, needle and syringe programs, correctional institutions, halfway houses and sobering up shelters.

Figure 18 indicates that NSW, the ACT and VIC had the highest proportions seeking treatment (excluding pharmacotherapy) for heroin in 2000-01. This is consistent with IDU data that shows higher proportions of users reporting recent heroin use, greater frequency of heroin use and heroin as their drug of choice in these states (Table 18).

4.7 Jurisdictional trends in heroin use

4.7.1 NSW

The median price remained $200 a gram and $50 a cap. The price for a gram remains substantially higher than prices reported in 2000 ($220). Caps remained the most popular purchase amount.

As in 2002, the vast majority of IDU reported that it was 'easy' to 'very easy' to obtain. The majority of IDU (70%) that commented thought that heroin availability had remained stable (54% thought so in 2002), while 20% thought it had become 'more difficult' (the same as for 2002).

The median purity of NSW Police heroin seizures analysed remained relatively stable over the past eighteen months, although purity remained much lower (approximately 30%) than levels reported in early 2001. The purity of AFP heroin seizures analysed also remained stable and higher at approximately 70%.

Patterns of heroin use among IDU in NSW have remained relatively stable since 2002, while larger proportions reported heroin as their drug of choice (84% compared to 72% in 2002), and the drug injected most often in the month preceding interview (82% compared to 73% in 2002). Key informant comments on the availability and use of heroin were consistent with those of IDU, with the majority reporting that heroin was easy to very easy to obtain and that both availability and use was stable.

4.7.2 The ACT

The heroin market in the ACT appears to be stabilising in 2003. The price of heroin is stable, it is 'easy' to 'very easy' to obtain, and the frequency of use appears to be increasing

The price of heroin remained stable in 2003 in the ACT at $50 a cap and $350 for a gram. Heroin remains more expensive than in 2000 when it was reported to be $300 a gram. As in 2002, heroin was reported to be 'easy' to 'very easy' to obtain and the availability remained stable according to both IDU and KIS reports.

When asked about the purity of heroin, the majority of IDU believed it to be medium to low, and that the purity was stable to increasing. According to the ACTGAL analyses, the mean purity of heroin in 2002-2003 (26%) had increased slightly since 2001-2002 (24%).

The majority (88%) of participants reported recent heroin use. The frequency of heroin use increased in 2003, with a notable increase in the proportion of users that reported daily use, from 18% in 2002 to 32% in 2003. Although the proportion of daily users is increasing in the ACT it has yet to approach the level reported prior to the heroin shortage in 2000 (47%).

4.7.3 VIC

The reported modal prices of gram and 'cap' amounts of heroin in 2003 were stable at $400 and $50 respectively.

Heroin was reported as 'easy' to obtain and availability has been stable over the past six months.

Purity of heroin is reported as medium (45%) to low (38%), and most believed it had been stable (32%) or increased (30%) recently. There was an increase in the average heroin purity based on the purity of drug seizures made by Victoria Police in 2002/03, however purity still remains lower than that reported during the height of the heroin supply in Melbourne.

The rock form of heroin was used by the majority (82%) of IDU, with the proportions reporting recent use similar to 2002. The frequency of heroin use was stable to increasing.

Key informants reported on a number of heroin-related issues. Key informants reported that whilst rates of fatal and non-fatal heroin overdose had remained at a low level since the changing heroin supply, overdose rates have recently begun to increase. The first major trend identified by key informants in relation to heroin users has been the move to polydrug use (particularly benzodiazepines and methamphetamines) and this pattern of use is becoming entrenched. The second major trend identified, as previously mentioned, has been the major continued uptake of buprenorphine in the Melbourne IDU population and the increase in the IV use of this drug contrary to recommendations and legislation.

4.7.4 TAS

The price of a packet/taste or point was $50, and the price was generally reported as stable although there is some indication of it possibly decreasing. A gram of heroin remained stable at $350.

Availability of heroin was considered to be variable among IDU: 'difficult' to 'very difficult' (57%); 'easy' to 'very easy' (43%), and availability stable (77%). IDU and other data indicate a reasonably stable, low, level of availability of heroin over the past 6-12 months.

Both 'rock' and powder heroin were used, but few had used both forms. There were very mixed opinions regarding the purity of heroin, with many IDU wary of purity of the drug purchased locally. The estimates of purity levels suggest generally stable (44%) or fluctuating (44%) purity.

About a quarter (26%) of the IDU sample reported heroin use in past six months, but frequency of use was low (median of five days) despite high preference as drug of choice. Heroin use was most common amongst regular users of other opioids.

4.7.5 SA

The median price *most recently paid* for a gram of heroin was $425, a decrease from 2002 when the median last purchase price was $450/gram. Of those IDU who were confident to report on the current price of heroin (n=68), over two-thirds (71%) reported the price as stable. Overall, there was a trend toward a decrease in the median price for a gram of heroin from 2002 to 2003, but not as great as to reach the pre-shortage price reported in 2000.

The majority of the IDU reported it was either 'easy' or 'very easy' to obtain heroin and that availability was stable or had become easier in the last six months, these results are slightly lower than those reported in 2002. KIS comments on price and availability of heroin were consistent with IDU.

In 2003, the purity of heroin was largely reported as low to medium and that this had remained stable or was increasing over the last six months. There appeared to be a trend toward an increase in purity of heroin reported by IDU in 2003, and some support for this belief was obtained from recent key indicator data provided by SAPOL.

An increase in the proportion of IDU that had recently used heroin was noted, with a significant rise in the median number of days used from pre-shortage levels. This increase in median days used was primarily due to an increase in the proportion of IDU reporting daily use in 2003.

An increase was apparent in the proportion of clients presenting to Drug and Alcohol Services Council treatment services nominating any type of opioid substance (including heroin) as their primary drug of concern, representing a higher proportion than those nominating amphetamines as their primary drug of concern.

4.7.6 WA

There appears to have been little change to the price of heroin in WA. The median price for a gram was found to be $550, an amount that had remained consistently stable since 2002.

The drug was reported to be easy to obtain, a situation which also had remained unchanged from the previous year. Despite this, use of the drug remains far lower than was seen in 2000.

Purity was reported as being consistently low by users, a perception supported both by median purity levels of 24% found in heroin seizures analysed by police and by the continuing low rates of opiate overdose.

Use of heroin amongst IDU remained relatively unchanged with recent use reported by 63% of the sample and use on a daily basis by nine. The move towards substitute drugs such as homebake heroin, buprenorphine and morphine was noted by several IDU in situations where heroin was not readily available. Use of homebake heroin in particular remained common amongst Perth IDU, a situation that had not changed significantly in the last year.

4.7.7 The NT

The number of IDU able to report on price, purity and availability of heroin remains small and results must be interpreted with caution.

At a median of $50 per cap, the price of heroin in the NT was stable or declining and the majority of IDU reported the purity as low.

Availability was restricted and sporadic. No users reported heroin as 'easy' to obtain in 2003, compared to substantial proportions reporting it as 'easy' to 'very easy' to obtain in previous years.

The proportion of the IDU sample who had used heroin in the six months prior to interview has declined steadily over the years in which the IDRS has been conducted in the NT, although it remains popular as a drug of choice

4.7.8 QLD

The price of heroin remained stable in QLD although higher than prior to the shortage. It appears that larger quantities of heroin may fluctuate more than smaller quantities in price, with the price of a 'cap' stable at $50.

Availability also remained stable but more reported heroin as 'difficult' or 'very difficult', and fewer reported heroin as 'easy' or 'very easy', compared to prior to the heroin shortage. Nevertheless, most IDU in 2003 considered heroin 'easy' or 'very easy' to obtain. There was some evidence of reduced street dealing; IDU in 2003 typically scored from a mobile dealer.

The purity of heroin was considered low and decreasing according to IDU; low and stable to increasing according to the seizure data.

Use of heroin among IDU decreased since 2002, possibly in response to sustained reduction in purity and availability. There was little change in patterns of use with continued high levels of polydrug use, with most users purchasing and injecting rock heroin.

There may have been some reduction in heroin overdose and in smoking heroin ('chasing the dragon') from 2002.

Pharmacotherapy is still the treatment of choice among heroin-dependent IDU, with an increase in the proportion of the IDU sample receiving buprenorphine and a decrease in the proportion receiving methadone.

4.8 Summary of heroin trends

- The price of heroin has stabilised in 2003. Heroin remained cheapest in NSW and most expensive in WA.
- The majority of IDU reported that heroin was 'easy' to 'very easy' to obtain. Larger proportions in 2003 reported that the availability had remained stable in the six months preceding interview.
- IDU reported the purity of heroin as low to medium. Purity analyses of seizures from 2002/03 suggest there has been a stabilisation of purity in the last financial year, with a decrease in purity from 1999.
- Heroin use has stabilised in most states, however the frequency of use increased in SA and the ACT and decreased in QLD. The median days of heroin use has not returned to the levels reported prior to the shortage in supply of heroin in 2001, except in NSW and SA.
- Overall in 2003, it appears there has been a continued trend towards the stabilisation of the heroin market, however price, purity, availability and levels of use have not returned to the levels reported prior to the heroin shortage.

5. METHAMPHETAMINE

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

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

The 2001 IDRS distinguished between the powder form of methamphetamine that has traditionally been available in Australia ('speed'), and the more potent forms (shabu, ice, crystal meth, base and paste). From 2002 a further distinction was made between methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('ice') in an attempt to collect more comprehensive information on the use, price, purity and availability of each of the different forms. 'Speed' is typically manufactured in Australia and ranges in colour from white to yellow, orange, brown or pink, due to differences in the chemicals used to produce it. It is usually of relatively low purity. 'Base' (also called paste, wax, point or pure), is thought to be an oily or gluggy, damp, sticky, powder that often has a brownish tinge. Base is reported to be difficult to dissolve for injection without heating. Base is also thought to be manufactured in Australia. 'Ice' (also called shabu, crystal or crystal meth), is a crystal or course powder that ranges from translucent to white but may also have a green, blue or pink tinge. Ice is thought to be manufactured in Asia and imported (Topp and Churchill, 2002).

It became apparent that these methamphetamine forms were marketed differently and sold at differing price scales, and accordingly the IDRS commenced collecting data to provide information on the different forms. As there is still some uncertainty among both users and researchers as to the characteristics of the different forms of methamphetamines that are marketed as 'speed', 'base', and 'crystal' (ice), the 2002 and 2003 IDRS interviews incorporated the use of flashcards with colour photographs (Churchill and Topp, 2002). The results are discussed below in the section 'flashcard analysis'. A copy of the flashcard, with discussion of the groupings, is located on the NDARC website at http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.bulletins.

Detailed research is currently being conducted on methamphetamine markets in an attempt to gain a better understanding of the market (McKetin and McLaren, 2004).

Table 22 displays the price, purity and availability of methamphetamine powder ('speed') in 2003 by jurisdiction. Table 23 displays the price and availability of methamphetamine base in 2003 and Table 24 displays the price and availability of crystalline methamphetamine ('ice') in 2003 by jurisdiction. Data from 2002 is presented in Appendix B.

5.1 Price

The median price of the last purchase of speed, base and ice are presented in Table 22, 23 and 24.

5.1.1 Powder (speed)

IDU typically bought speed as points or half weights. Smaller number purchased grams. A point of speed was cheapest in SA ($25), $40 in VIC and $50 in all other states.

Previously grams or half weights of speed were commonly purchased. The smaller quantities may reflect local manufacturers trying to compete with imported methamphetamine by selling in the same quantities as the more potent forms of methamphetamine (base and ice).

Table 22: Price, purity and availability of methamphetamine powder by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Price ($)		n=8	n=8	n=24	n=8	n=19	n=22	n=18	n=28
per gram	-	50	175	200	215	100	260	100	200
Price per point	-	n=11	n=31	n=55	n=27	n=25	n=37	n=18	n=36
		50	50	40	50	25	50	50	50
Price per ½ weight	-	n=13	n=7	n=41	n=4	n=12	n=25	n=8	n=22
		50	130	100	70	100	150	150	100
Price changes									
(% who commented)	n=477	n=55	n=46	n=84	n=50	n=50	n=57	n=47	n=88
Don't know	11	15	15	8	8	16	9	13	7
Decreased	9	9	4	5	8	12	2	0	8
Stable	70	71	65	77	74	60	56	77	74
Increased	6	4	13	8	4	8	23	4	8
Fluctuated	4	2	2	1	6	4	11	6	3
Median purity*	-	8.5	11.5	22.7	12.2	21.5	18.0	n.a	19.4
Availability									
(% who commented)	n=477	n=55	n=46	n=84	n=50	n=50	n=57	n=47	n=88
Don't know	6	7	7	1	2	14	5	11	5
Very easy	45	35	49	42	40	50	49	43	51
Easy	33	40	33	40	38	28	32	23	30
Difficult	13	13	13	16	18	6	12	15	14
Very difficult	3	6	0	2	2	2	2	9	1
Availability changes									
(% who commented)	n=477	n=55	n=46	n=84	n=50	n=50	n=57	n=47	n=88
Don't know	10	11	17	7	6	16	9	13	7
Easier	14	18	11	16	16	8	9	11	19
Stable	59	53	59	63	58	64	67	53	57
More difficult	13	11	13	12	20	8	16	13	14
Fluctuates	3	7	0	2	0	4	0	11	3
Place usually score	n=470	n=54	n=44	n=84	n=50	n=48	n=55	n=47	n=88
Don't use	7	19	9	2	2	6	6	2	10
Street dealer	14	22	16	16	12	8	7	23	10
Dealer's home	20	9	30	17	38	15	20	11	21
Mobile dealer	21	28	16	25	22	27	18	6	19
Friend*	34	22	21	36	26	35	48	52	35

Source of purity data: ABCI, 2001, 2002. ACC, 2003. Purity data reflects analysed seizures by state police in each jurisdiction, AFP purity figures by jurisdiction are reported in Table 3. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2001/02. The purity figures do not differentiate between different forms of methamphetamine and therefore may incorporate powder, base and ice. 2002/2003 data not available for the NT. *includes gift from friend

5.1.2 Base

In 2003, participants in all jurisdictions reported buying a 'point' (0.1 gram) of base in the six months preceding interview, with only small numbers reporting purchase in VIC (n=4) and the ACT (n=5). As in previous years, a point was the most popular purchase

amount. The price for a point of base was cheapest in SA ($30); followed by VIC ($40), and $50 in the other jurisdictions.

This year was the second year the distinction was made between base and ice, and comparisons with previous years are difficult. However, in 2002 $50 was the median price of a point of base in most jurisdictions (except SA ($25), QLD ($30), and VIC($35) and in 2001 when base and ice were combined into 'potent forms' of methamphetamine they were also reported to be cheapest in SA.

The median price for half a gram of base was $100 in SA and QLD, small numbers purchased half grams in other jurisdictions.

Table 23: Price and availability of methamphetamine base by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Price ($)		n=23	n=5	n=4	n=24	n=30	n=17	n=14	n=63
per 'point'	-	50	50	40	50	30	50	50	50
Price		n=2	n=1	n=4	n=8	n=22	n=14	n=7	n=27
½ gram	-	150	150	100	200	100	150	150	100
Price		n=5	n=4	n=2	n=6	n=16	n=10	n=5	n=18
Gram	-	200	210	200	300	200	275	250	200
Price changes (% who commented)	N=278	n=48	n=10	n=9	n=44	n=58	n=27	n=19	n=63
Don't know	13	23	30	0	14	14	7	11	5
Decreased	5	4	10	11	5	3	4	0	6
Stable	73	65	60	67	80	69	70	84	81
Increased	5	4	0	22	0	9	11	0	5
Fluctuated	4	4	0	0	2	5	7	5	3
Availability (% who commented)	N=277	n=48	n=10	n=9	n=44	n=58	n=27	n=18	n=63
Don't know	5	4	10	0	0	5	15	6	3
Very easy	37	33	20	22	52	31	23	17	48
Easy	39	42	30	33	30	50	36	50	35
Difficult	17	19	40	33	14	9	23	22	14
Very difficult	3	2	0	11	5	5	0	6	0
Availability changes (% who commented)	N=278	n=48	n=10	n=9	n=44	n=58	n=27	n=19	n=63
Don't know	8	8	10	0	5	9	15	11	6
Easier	13	15	30	11	23	12	0	16	10
Stable	60	60	50	56	52	67	52	53	68
More difficult	16	15	10	22	21	9	22	16	13
Fluctuates	4	2	0	11	0	3	11	5	3
Place usually score	N=275	n=48	n=9	n=9	n=44	n=57	n=27	n=19	n=62
Don't use	6	13	11	0	0	11	4	0	5
Street dealer	10	25	11	0	7	7	0	11	10
Dealer's home	20	17	33	22	48	14	11	11	15
Mobile dealer	26	21	22	44	18	28	26	11	36
Friend*	30	21	22	11	25	35	48	47	29

Source: IDRS IDU interviews *includes gift from friend

5.1.3 Crystal methamphetamine (ice)

In 2003 more participants in all jurisdictions were able to comment on the price of ice. Forty four percent of the national sample commented compared to 29% in 2002. As in previous years a 'point' (0.1 gram) was the most popular purchase amount, with only small numbers in the NT (n=8) purchasing ice. The price for a point of ice was cheapest in QLD ($35) and $50 in all other jurisdictions.

Table 24: Price and availability of crystal methamphetamine by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Price ($) per 'point'	-	n=32	n=47	n=24	n=35	n=30	n=45	n=8	n=27
		50	50	50	50	50	50	50	35
Price ($) per gram		n=7	n=10	n=16	n=8	n=21	n=23	n=6	n=25
		250	300	250	350	200	300	300	200
Price changes									
(% who commented)	N=428	n=58	n=47	n=42	n=65	n=50	n=67	n=22	n=67
Don't know	29	29	18	29	85	22	9	18	13
Decreased	6	7	12	5	0	6	8	0	9
Stable	52	53	58	57	15	64	52	59	67
Increased	10	10	11	10	0	4	24	14	8
Fluctuated	3	0	2	5	0	4	8	9	3
Availability									
(% who commented)	N=429	n=58	n=57	n=42	n=65	n=51	n=67	n=22	n=67
Don't know	4	7	2	5	3	8	0	9	6
Very easy	46	45	67	21	51	31	52	14	54
Easy	34	35	25	45	35	47	28	41	24
Difficult	13	9	7	24	9	10	15	27	15
Very difficult	3	5	0	5	2	4	6	9	2
Availability changes									
(% who commented)	N=428	n=58	n=57	n=42	n=65	n=51	n=67	n=22	n=67
Don't know	12	12	7	12	25	12	6	18	9
Easier	28	41	35	12	60	18	15	0	21
Stable	48	38	44	60	14	61	59	59	61
More difficult	10	7	12	17	2	8	15	18	9
Fluctuates	2	2	2	0	0	2	5	5	0
Place usually score									
	N=427	n=58	n=56	n=42	n=65	n=51	n=67	n=22	n=66
Don't use	5	14	5	5	0	2	6	9	0
Street dealer	16	40	20	17	9	4	3	14	18
Dealer's home	22	7	39	17	29	22	22	14	17
Mobile dealer	19	21	16	33	37	22	13	27	29
Friend*	33	17	18	36	38	39	48	32	32

Source: IDRS IDU interviews
*includes gift from friend

5.2 Availability

5.3.1 Methamphetamine powder (speed)

As in previous years, among those IDU who commented, speed was considered 'easy' or 'very easy' to obtain in all jurisdictions. The majority of IDU who commented considered that the availability of speed had remained stable in the six months preceding interview (Table 22).

IDU obtained speed from a variety of sources, most commonly from friends (34%), mobile dealers (21%) or dealers homes (20%). This pattern was typical in most states except in the ACT and TAS where the dealers home was reported more often. Obtaining speed from a street dealer was reported by 14% of the national sample that commented. It is likely that the majority of speed available in Australia is locally manufactured in clandestine laboratories. The number of clandestine laboratory detections has steadily increased in recent years with 240 laboratories detected nationally in 2001/02. QLD reports the highest number of clandestine laboratory detections with small 'box labs' common in that state (Australian Crime Commission, 2003). There have been reports of continuing increases in the numbers of clandestine laboratories detected in NSW, QLD, SA and VIC. KI in TAS also report increases in local production.

5.3.2 Base

Among those IDU who commented, the majority of respondents nationally, considered base to be 'easy' or 'very easy' to obtain and availability was considered stable. There is however, some variability across jurisdiction among IDU reports regarding the availability of base. About half of the IDU in TAS (52%) and QLD (48%) that commented on the availability of base reported that it was 'very easy' to obtain. Substantial proportions in the ACT and VIC considered it 'difficult' to obtain. The numbers commenting on availability in the ACT (n=10) and VIC (n=9) were small, providing further indication of limited availability.

As with speed, IDU obtained base from a variety of sources, most commonly friends (30%), mobile dealers (26%) or dealers homes (20%). Street deals were less common (10%).

5.3.3 Crystal (Ice)

Larger numbers than in previous years commented on the availability of ice suggesting possible increases in the availability. Among those IDU who could comment, almost half (46%) of respondents nationally considered ice to be 'very easy' to obtain. A further 34% considered it to be 'easy' to obtain. Although the majority in all jurisdictions considered ice to be 'easy' or 'very easy' to obtain, there is some variability in the level of ease across jurisdictions; from 14% in the NT to 67% in the ACT considering ice 'very easy' to obtain.

Substantial proportions in VIC (24%) and the NT (27%) considered it 'difficult' to obtain ice.

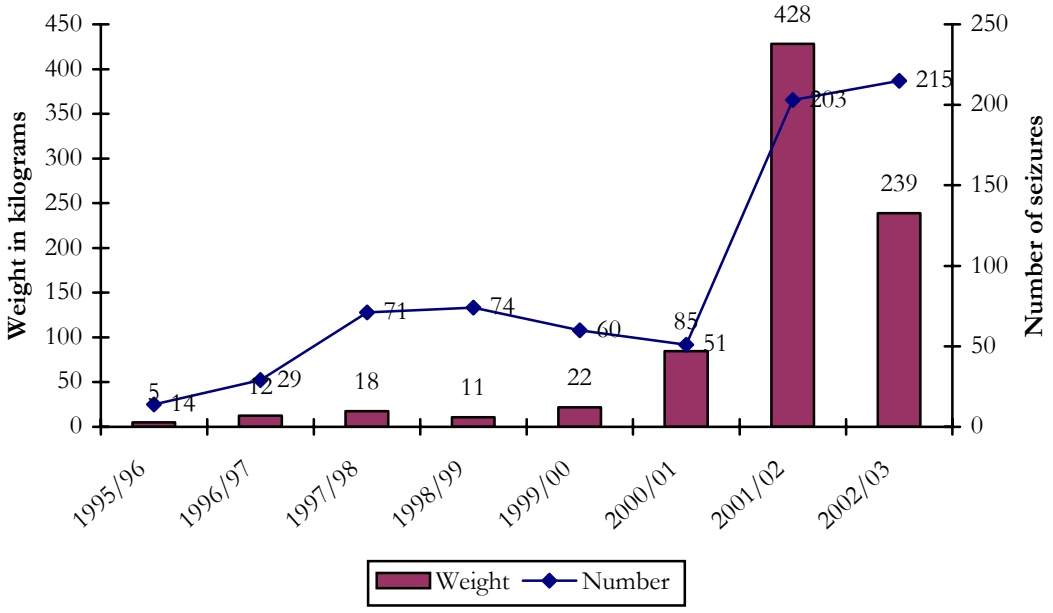
About half (48%) of the national sample considered the availability of ice to be stable, with over a quarter (28%)reporting it had become easier to obtain in the last six months. Substantial proportions in TAS (60%) and NSW (41%) reported that ice had become easier to obtain.

Ice was also obtained from a variety of sources, in a similar pattern to speed and base. Friends were the most typical source (33%), followed by dealers home and then mobile dealers (19%) and street dealers (16%).

Amphetamine type stimulant seizures at the Australian border

Data provided by the Australian Customs Service show increases in the number of detections of amphetamine type stimulants at the Australian border. The weight of the seizures has increased substantially in the last few years, although the total weight in 2002/03 was lower than the total weight for 2001/02. The number of detections has continued to increase, from 51 in 2000/01 to 215 in 2002/03.

Figure 19: Total weight and number of amphetamine type stimulant* seizures detected by the Australian Customs Service, 1996-2003

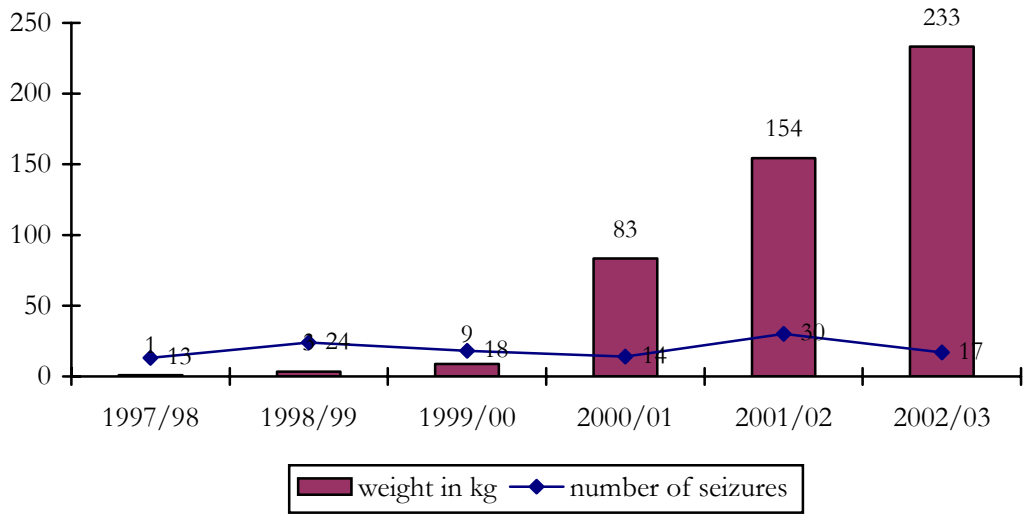


Source: Australian Customs Service
* Includes amphetamine detections, methamphetamine and methamphetamine (ice) detections

In particular, there has been an increase in the weight of ice detected at the Australian border (Figure 20). In 2002/03 the largest quantity of ice (233 kg) was detected at the border to date. There were 17 detections of ice in 2002/03, a decrease from 30 detections in 2001/02, however the weight of the seizures increased from 154 kilograms in 2001/02.

The increase in weight of detections supports the IDU survey data that there has been an increase in use and availability of ice in recent years.

Figure 20: Total number and weight of crystalline methamphetamine detected by the Australian Customs Service, 1997/98 – 2002/03

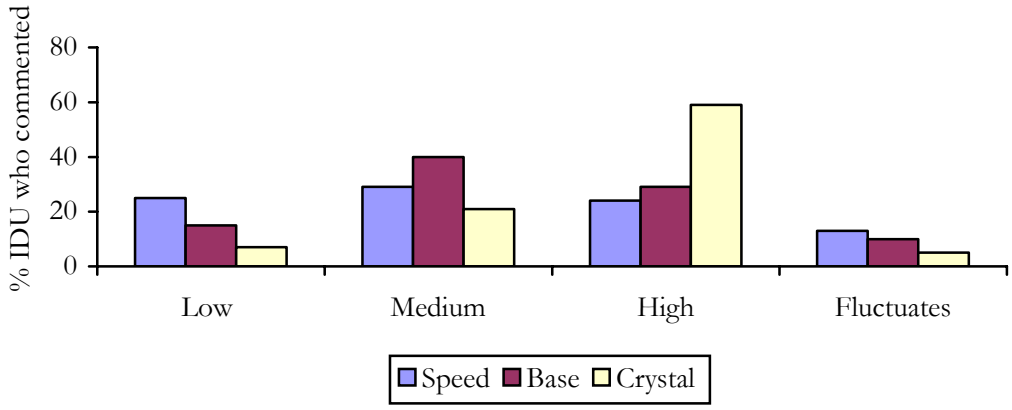


Source: Australian Customs Service

5.3 Purity

IDU were asked to describe the current purity of speed, base and ice. As was to be expected speed had the highest proportion report the purity as low, base as medium and ice as high. However there was variability in user reports of purity with similar proportions also describing speed as medium or high.

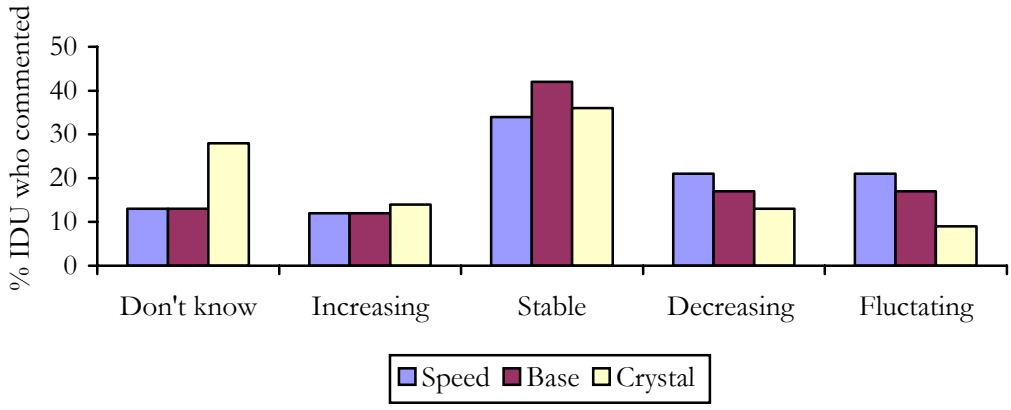
Figure 21: IDU reports of current purity of speed, base and ice, 2003



Source: IDRS IDU interviews

The largest proportion of IDU who commented described the purity or strength of all three forms of methamphetamine as stable in the six months preceding interview. A substantial proportion of IDU responded they did not know whether ice had changed in strength, which could be an indication of recent initiation to the drug.

Figure 22: IDU reports of current purity of speed, base and ice, 2003



Source: IDRS IDU interviews

There are important caveats to consider when interpreting the methamphetamine purity data. The Australian Crime Commission (ACC), the agency that provides the purity figures for State Police and AFP seizures that have been analysed, combines the purity of all seizures of methamphetamine, regardless of form. Thus, it is not possible to distinguish the average purity of speed from the more potent forms, base and ice. Therefore, median methamphetamine purity figures for 2002/03 displayed in Figure 23 reflect purity of seizures of all methamphetamine forms (i.e. speed, base and ice) combined.

Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter, except in Victoria where all seizures are analysed. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from this purity data remains difficult (Australian Crime Commission, 2003).

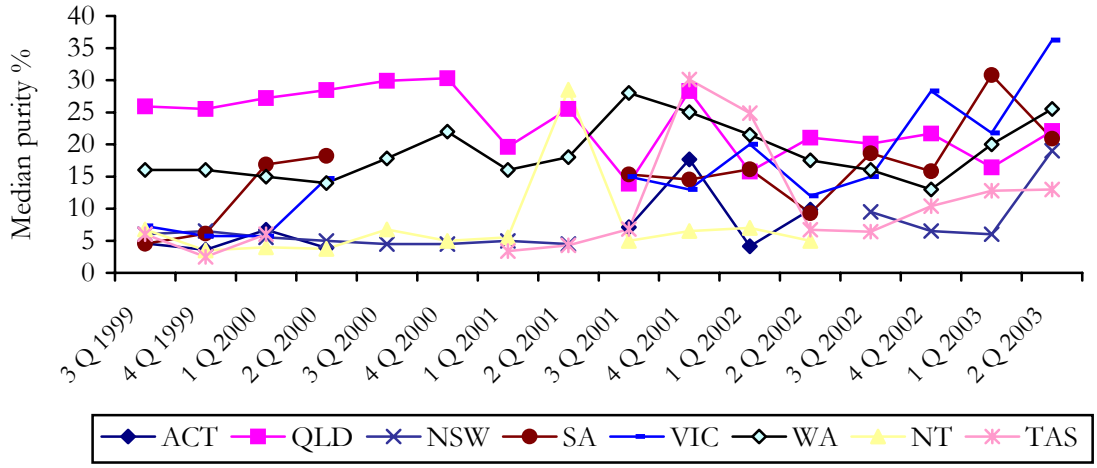
Finally, the purity of methamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process and the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported. During 2002/03, forensic analysis of seizures of methamphetamine in Australia revealed purity levels ranging from less than 1% to over 90%. This wide range in purity should be considered when looking at the median purity figures presented.

As with the heroin purity, the figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. The figures reported for VIC and the ACT represent the purity levels of drugs seized during the relevant quarter. Figures for SA, WA, TAS and those supplied by the Australian Forensic Laboratory in Sydney represent the purity level of drugs received at the laboratory during the quarter. The time between date of police seizure and date of laboratory receipt may vary from days to months. No seizures were analysed for purity in the NT in 2002/03 due to limited resources.

Figure 23 shows the median purity across jurisdictions of methamphetamine seizures by quarter from 1999/00. As there were few AFP seizures analysed in most jurisdictions, they were not included on the graph. As can be seen from the graph, there is no clear

trend in the purity of methamphetamine at a national level although overall, the median purity generally remains low at less than 35%. The average purity of methamphetamine seizures in VIC shows a steady increase over time. All seizures are analysed in VIC and this may provide a better indication of the trend in purity for methamphetamine.

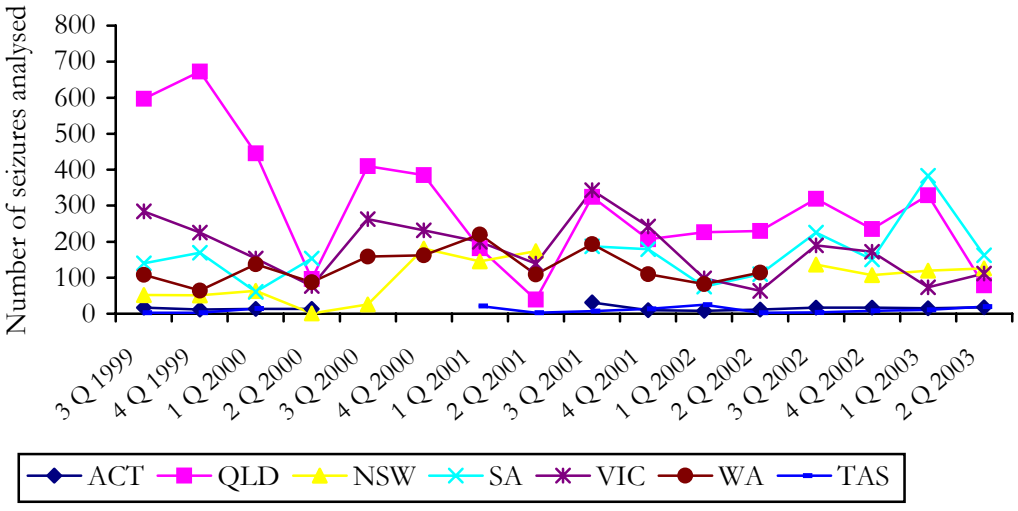
Figure 23: Median purity of methamphetamine seizures analysed by State police by jurisdiction, 1999-2003



Source: ABCI 2000, 2001, 2002. ACC 2003 1. Seizures ≤2g and >2g combined. 2001/2002 not available for NSW. 2002/2003 data not available for NT. Figures do not represent the purity levels of all WA seizures. The Western Australian Forensic Science Lab does not analyse all seizure less than 2 grams. This figure underestimates the numbers of samples that are tested.

The number of seizures analysed shows no clear trend (Figure 24). As mentioned previously not all seizures are analysed, so this data does not provide an indication whether there have been changes in the number of seizures made. Instead it provides an indication of how many seizures contribute to the median purity presented in Figure 23.

Figure 24: Number of methamphetamine seizures analysed by State police by jurisdiction, 1999-2003



Source: ABCI 2000, 2001, 2002. ACC 2003. 2001/2002 not available for NSW. 2002/2003 data not available for the NT.

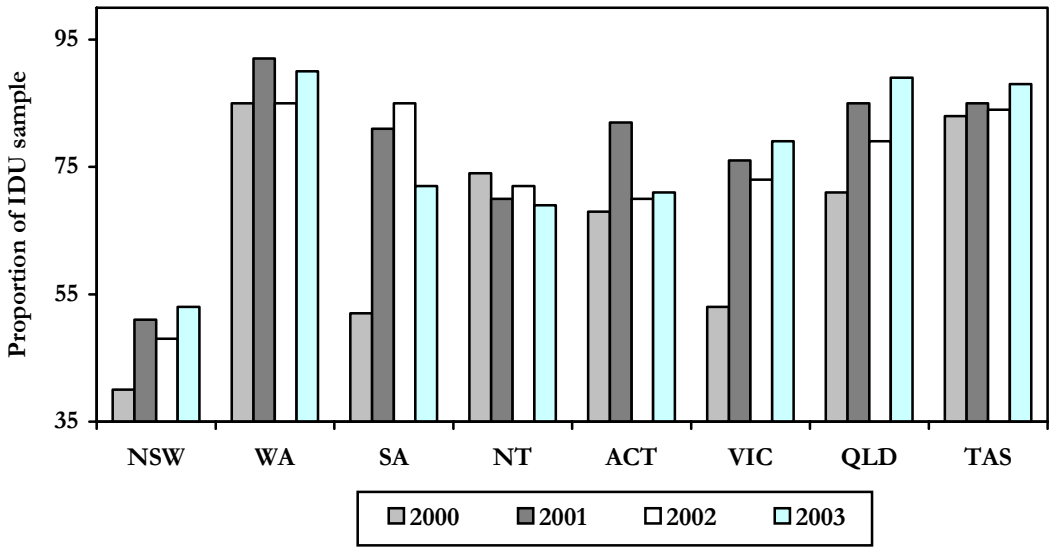
There were only limited AFP seizures analysed. In the 2001/02 financial year, there were 19 AFP seizures analysed in NSW with a median purity of 47.1% and 62 AFP seizures analysed in the ACT with a median purity of 7%. Four AFP seizures were analysed in the NT (77.3%) and one AFP seizure analysed in VIC with a purity of 3.1%. There were no methamphetamine AFP seizures analysed in QLD, SA, WA or TAS in 2002/03.

5.4 Use

5.4.1 Recent use among IDU

In 2003 three quarters of the national IDU sample reported using a form of methamphetamine (speed, base or ice) in the six months preceding interview. This is similar to the figure reported in previous years (73% in 2002 and 76% in 2001). Figure 25 indicates that the proportion of IDU reporting recent use of methamphetamine has generally stabilised across all jurisdictions.

Figure 25: Proportion of recent methamphetamine use among IDU by jurisdiction, 2000-2003



Source: IDRS IDU interviews
* speed base and ice ONLY

Table 25 shows that the proportion of IDU that reported using the different forms of methamphetamine varied across jurisdictions.

The proportion of IDU reporting recent use of speed has stabilised in all jurisdictions except TAS, in which use increased from 35% in 2002 to 51% in 2003. However speed remains uncommon as the form of methamphetamine predominantly used in TAS.

In 2003 the recent use of ice increased in all jurisdictions except SA. The proportion of IDU that reported recent use of base decreased in TAS and the ACT, and remained stable elsewhere.

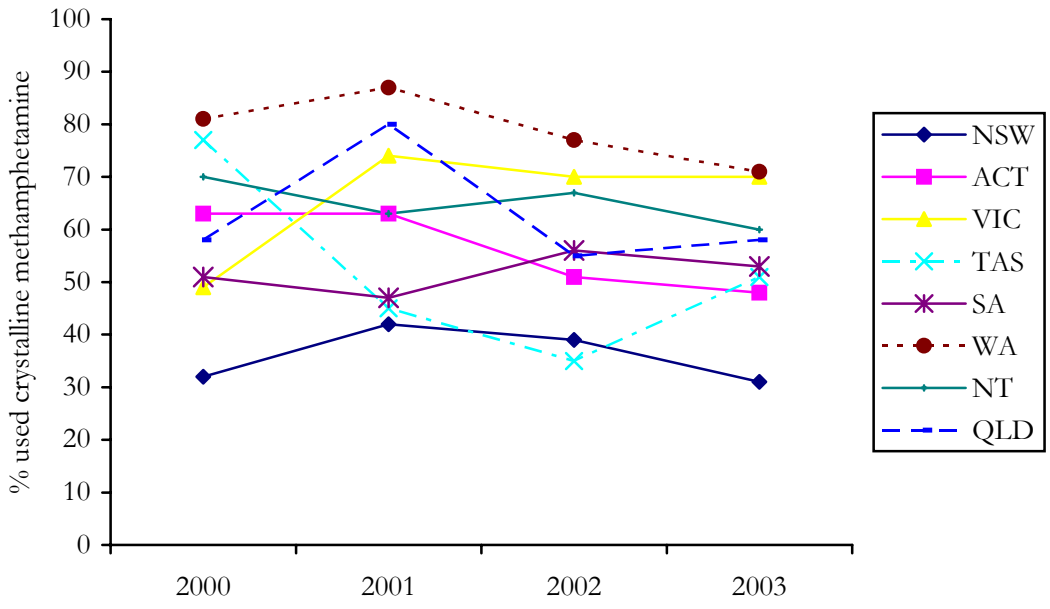
Table 25: Proportion of IDU reporting recent use of different forms of methamphetamine by jurisdiction, 2000-2003

	POWDER				CRYSTAL				BASE		
	2000	2001	2002	2003	2000	2001	2002	2003	2001	2002	2003
NSW	32	42	39	31	14	29	25	38	23	23	32
ACT	63	63	51	48	17	72	34	65	36	30	13
VIC	49	74	70	70	9	52	26	50	32	20	18
TAS	77	45	35	51	6	56	20	69	52	74	46
SA	51	47	56	53	11	58	56	48	59	65	51
WA	81	87	77	71	51	85	74	80	56	56	40
NT	70	63	67	60	6	24	20	34	18	21	30
QLD	58	80	55	58	13	75	39	60	75	42	50

*did not ask about base in 2000

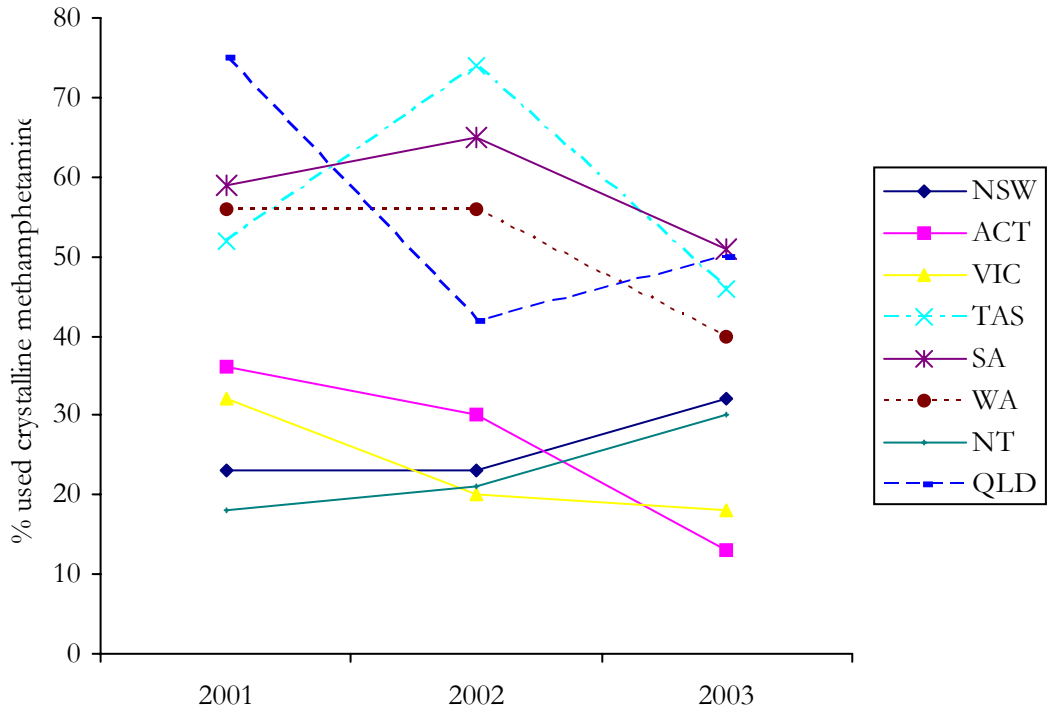
Figures 26, 27 and 28 graphically present the proportion of samples that reported recent use of the three forms of methamphetamine over time.

Figure 26: Proportion of IDU that reported recent use of methamphetamine powder by jurisdiction 2000-2003



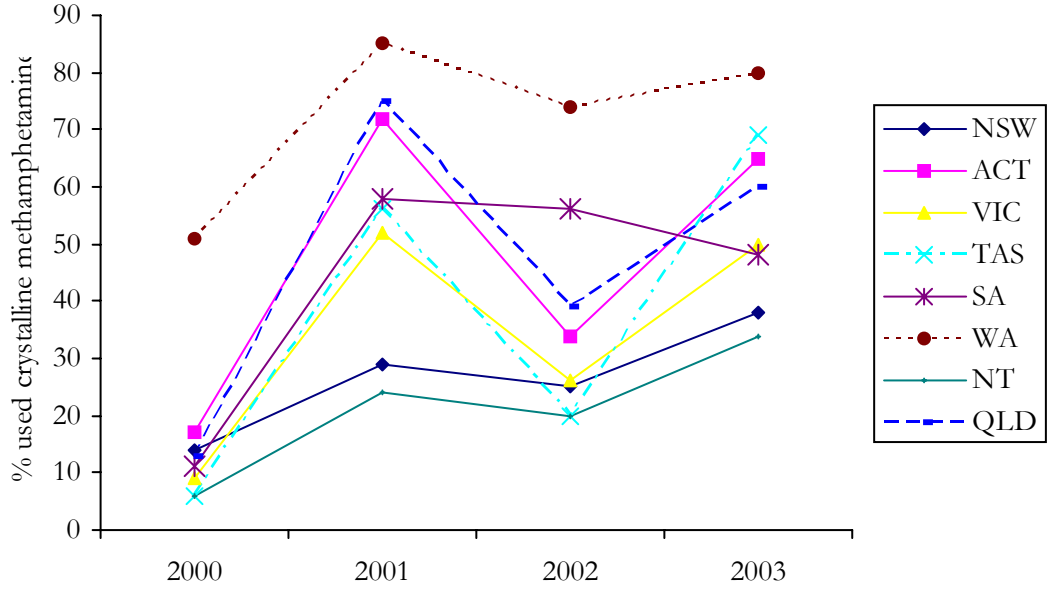
Source: IDRS IDU interviews

Figure 27: Proportion of IDU that reported recent use of methamphetamine base by jurisdiction 2001-2003



Source: IDRS IDU interviews

Figure 28: Proportion of IDU that reported recent use of crystalline methamphetamine by jurisdiction 2000-2003



Source: IDRS IDU interviews

Recent use of liquid amphetamine was not commonly reported, with 8% of the national sample reporting having used it in the six months preceding interview. The proportions varied across jurisdictions, ranging from 1% in TAS to 16% in QLD and 17% in the NT (Table 26).

Table 26: Proportion of IDU reporting recent use of amphetamine liquid in 2003

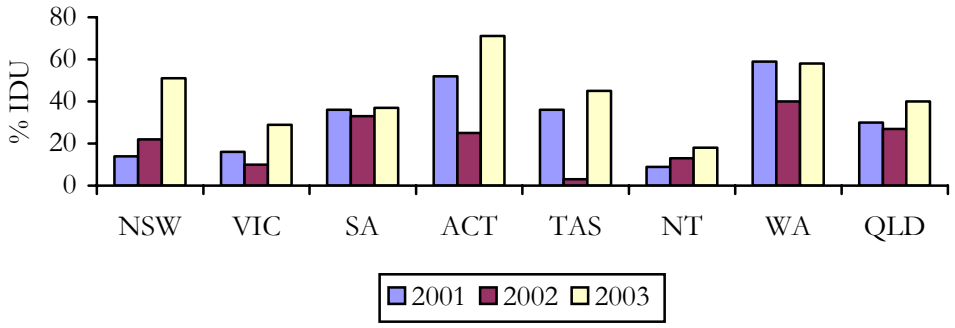
	National sample N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Liquid amphetamine	8	4	6	5	1	12	7	17	16

Source: IDRS IDU interviews

Participants were asked what form of methamphetamine they had used most in the six months preceding interview. In 2003, the largest proportion (44%) reported ice as the form they had used most. Thiry five percent had used speed most and 16% had used base.

As can be seen from Figure 29, increasing proportions of IDU in all states have nominated ice as the form they had used most in 2003.

Figure 29: Proportion of IDU that used methamphetamines and reported crystal methamphetamine as the form they had used most in the six months preceding interview, 2000-2003



Source: IDRS IDU interviews

5.4.2 Frequency of use

The median days used any form of methamphetamine in the national sample was 24 days in 2003, reflecting weekly use (Table 27).

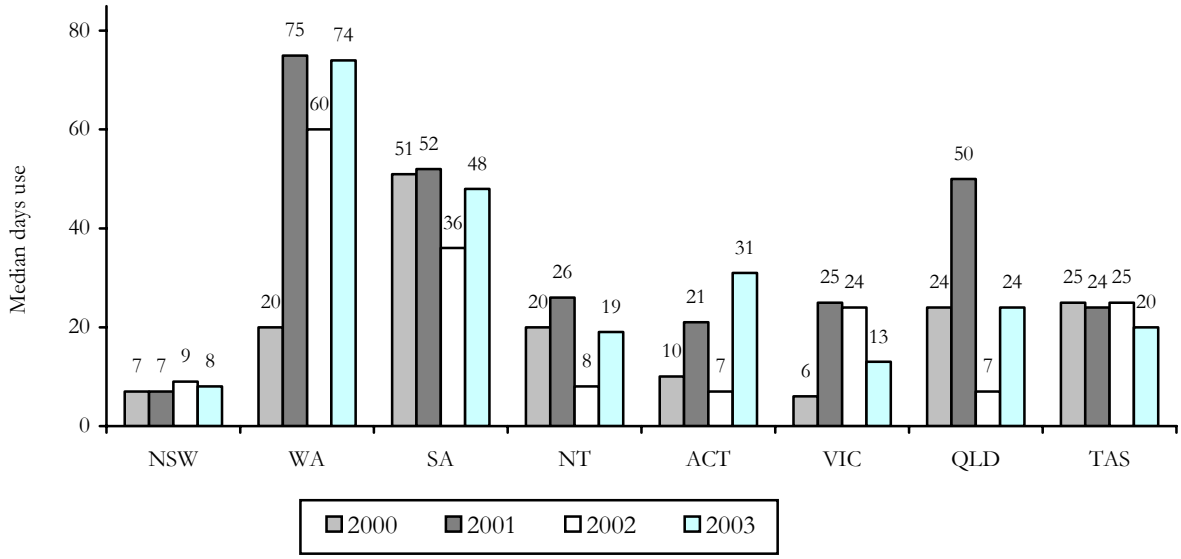
Table 27: Median days used methamphetamine in past six months among those that used

	Speed	Base	Ice	Liquid	Pharm. stim	Any form*
National	10	10	10	4	4	24
NSW	3	2	5	2	11	8
ACT	12	10	15	10	2	31
VIC	12	10	6	2	5	13
TAS	8	10	8	1	5	20
SA	8	24	14	10	3	48
WA	12	6	35	6	5	74
NT	14	26	6	4	2	19
QLD	10	6	12	5	2	24

*includes speed, base, ice, liquid amphetamine and pharmaceutical amphetamine

Figure 30 shows the median number of days of methamphetamine use among those who used it in the six months preceding interview. It should be noted that in 2000 and 2001, IDU were asked how many days they had used speed in the last six months. From 2002, they were asked how many days they had used speed, base and ice separately, as well as overall number of days used any methamphetamine. The 2002 and 2003 figures represents *any* methamphetamine and may be an overestimate. However, as can be seen in the graph, there was a stabilisation or decrease in the median number of days used in 2002 followed by increases in all states but NSW, VIC and TAS where frequency of use remained stable. The 2003 IDU data suggests there were increases between 2002 and 2003 across the country in the frequency of use of methamphetamine.

Figure 30: Median number of days of methamphetamine use among IDU who had used methamphetamine in the preceding six months, by jurisdiction, 2000-2003

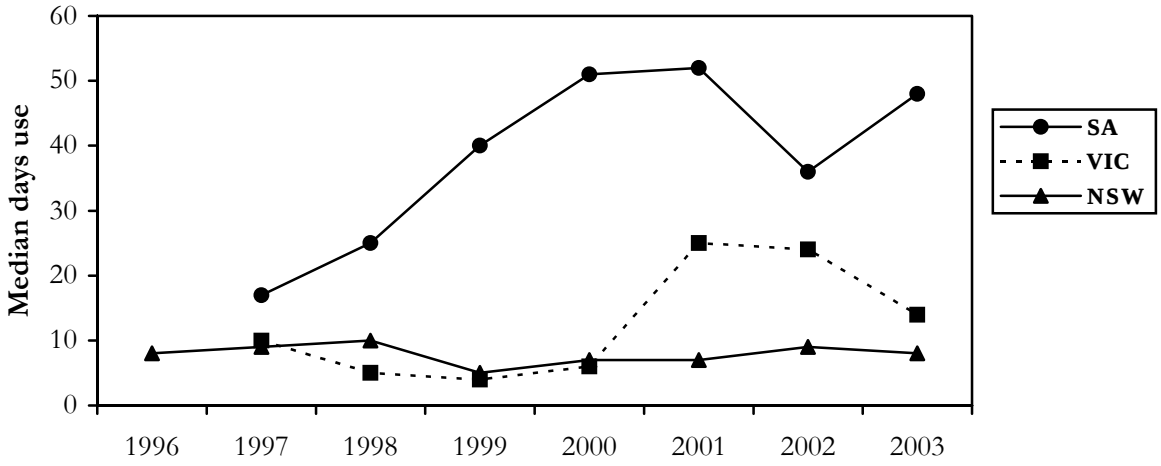


Source: IDRS IDU interviews
2003 data – any form includes pharmaceutical stimulants and liquid amphetamines

There was wide variation in the frequency of methamphetamine use across Australia. As in previous years, IDU in WA reported the most frequent use of methamphetamine. IDU in QLD, WA, SA, the NT and the ACT reported using on more days in 2003 compared to 2002. The increase in frequency of methamphetamine use may in part be due to the increased availability and use of ice.

An examination of frequency of methamphetamine use data over a longer time period in NSW, SA and VIC, indicates that there has been a relatively low and stable frequency of use in NSW since 1996. SA recorded steady increases in frequency of methamphetamine use between 1998 and 2000, which appeared to stabilise between 2000 and 2001, declined in 2002 and increased again in 2003. On the other hand, VIC had recorded low and stable frequencies of methamphetamine use until 2001, when frequency of use jumped from an average of once per month to once per week, stabilised in 2002 and then decreased again in 2003 (Figure 31).

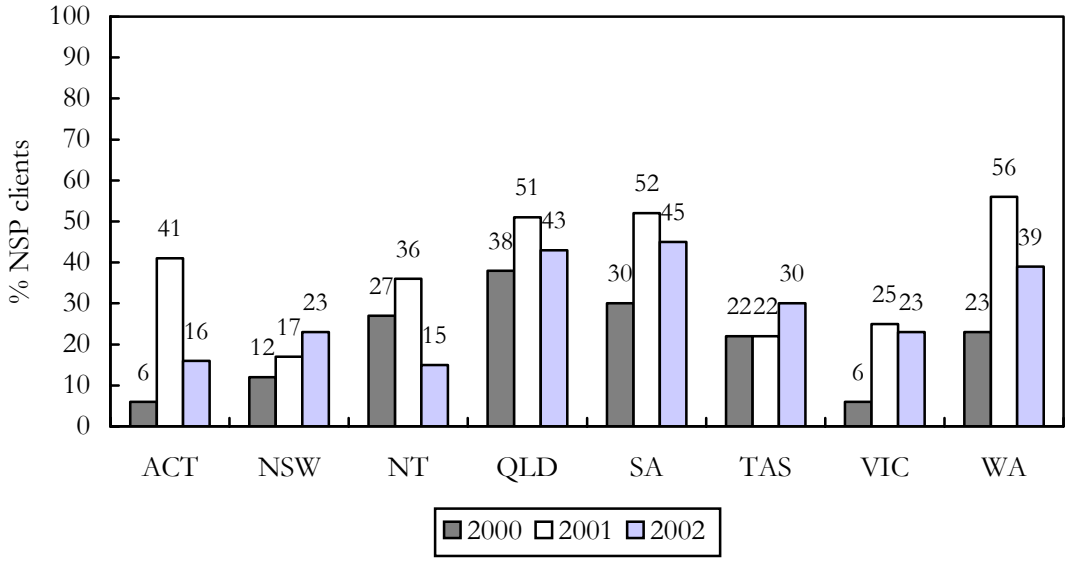
Figure 31: Median number of days of methamphetamine use in preceding six months among methamphetamine users, in NSW, VIC and SA, 1996-2002



Source: IDRS IDU interviews

The jurisdictional differences in methamphetamine use are reflected in data sources other than the IDRS. The most recent NSP survey available (provided by NCHECR) shows data from the 2002 Australian Needle and Syringe Program (NSP) Survey (Figure 32). The graph depicts the proportion of NSP clients that report amphetamine as the drug they had last injected by jurisdiction. The 2002 data reflect findings from last year's IDRS, in which there was a decrease or stabilisation in methamphetamine injection. As in the past, IDRS and NSP Survey results have complimented each other and the two surveys thus serve to validate the findings of the other. The 2003 NSP survey results should continue to show jurisdictional differences in levels of amphetamine injection, and potentially show increases in the proportion reporting amphetamine as the last drug injected.

Figure 32: Proportion of NSP clients reporting methamphetamine as drug last injected by jurisdiction, 2000 - 2002



Source: Australian NSP Survey, NCHECR

5.5 Methamphetamine related harms

Law enforcement

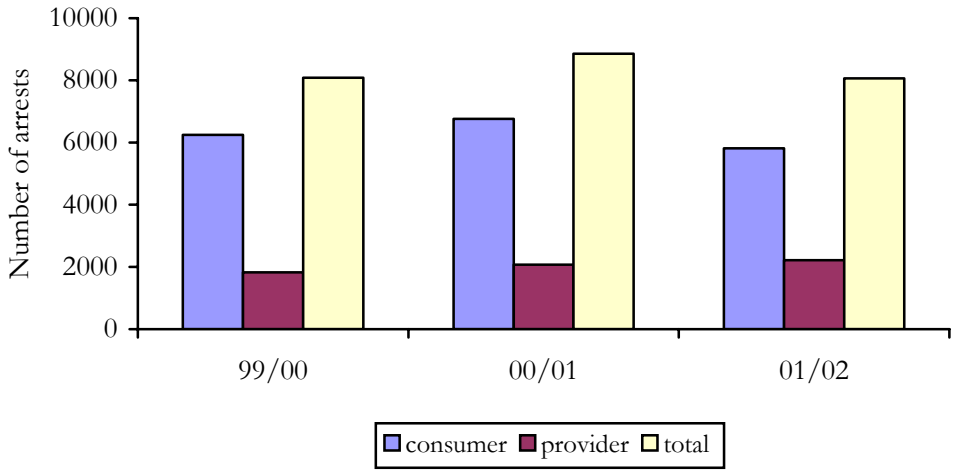
Arrests

Data on 2002/03 consumer and provider arrests for amphetamine type stimulants were not available for all states. As mentioned previously, it should be noted that changes in patterns of arrest can reflect changes in the activity of police, as well as of the users or suppliers of illicit drugs. A number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Crime Commission, 2003).

Consumer and provider arrests Australia-wide decreased slightly to 8063 in 2001/2002, returning to levels similar to those prior to the heroin shortage (which were 8083 in 1999/2000) (Australian Crime Commission, 2003). The slight decrease in the number of consumer and provider arrests in 2001/02 was consistent with the 2002 IDRS IDU data, which suggested that although substantial proportions of IDU continued to use methamphetamines, frequency of use stabilised or decreased.

In the states where 2002/2003 data were available (QLD, WA, NT and TAS), there were varied trends. There were slight decreases in WA (1725 arrests in 2001/02 to 1300 in 2002/03) and TAS (89 in 2001/02 to 66 in 2002/03). In QLD, there was an increase in the number of consumer and provider amphetamine type stimulant arrests, from 2007 in 2001/02 to 2533 in 2002/03. Arrests in the NT remained stable (56 in 2001/02 and 50 in 2002/03. The arrest data for each state and territory include AFP data.

Figure 33: Amphetamine-type stimulants: consumer and provider arrests, 1999/00- 2001/02



Source: ABCI, 2001, 2002; ACC 2003 Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated.

Health

Overdose

There are fewer deaths attributable to methamphetamine than are attributable to opioids. There is a limited understanding of the role of methamphetamine in death and therefore mortality data may under represent cases where methamphetamine contributes to the death, such as premature death related to cerebral vascular pathology.

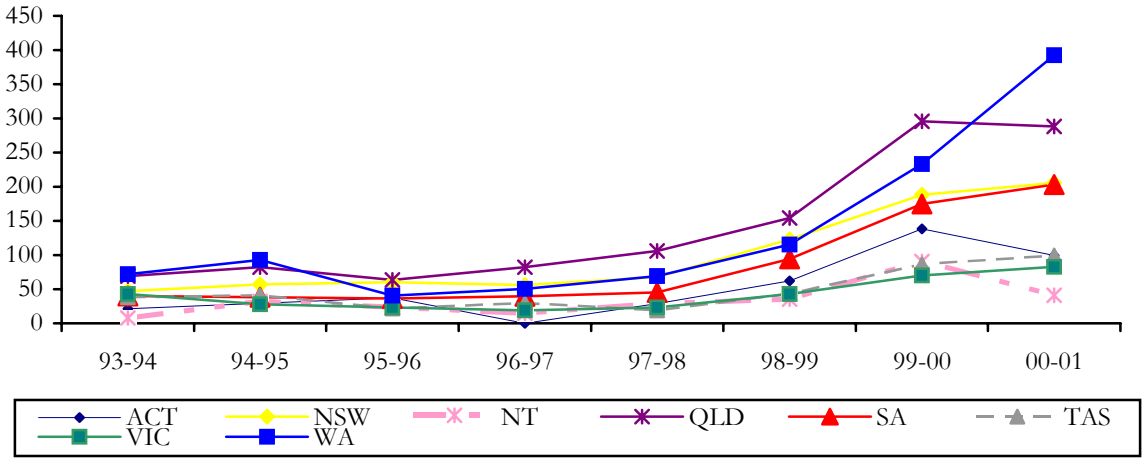
Australian Bureau of Statistics data on accidental deaths due to poisoning by methamphetamine, due to methamphetamine use (usually dependence) or drug induced deaths where methamphetamine was mentioned has been analysed recently (Degenhardt and Barker, 2003b). Since 1997 there has been an increase in the number of deaths among 15-54 year olds in Australia in which methamphetamine was noted, from 25 in 1997 to 99 in 2000. In 2001 there was a decrease to 51 deaths, with 55 deaths in 2002 that mentioned methamphetamine (Degenhardt and Barker, 2003b). There was only one death in 2002 in which methamphetamine was the underlying cause of death (i.e. the primary cause of the person's death), a decrease from 13 in 2001 and 15 the year before.

Between 1997 and 2002 there were 362 deaths in which methamphetamine was mentioned, over two thirds (68.2%) also had toxic levels of opioids on board and 30.4% had benzodiazepines (Degenhardt and Barker, 2003b). It would appear that for persons who die after consuming methamphetamine, polydrug use is common; and that opioids may often be implicated in these deaths.

Hospital admissions

Data from the National Hospital Morbidity Database (NHMD), managed by the Australian Institute of Health and Welfare shows a consistent gradual increase in inpatient hospital admissions for amphetamines over the last five years (Figure 34). The highest rates of inpatient hospital admissions in 2000-2001 were in WA (392) (Barker et al., 2003). QLD, NSW and SA (288, 205 and 203 respectively) were the jurisdictions with the next highest rates of inpatient hospital admissions for amphetamines (Barker et al., 2003). This is consistent with IDU survey data with proportions in WA, QLD and SA reporting recent methamphetamine use.

Figure 34: Rate of inpatient hospital admissions where amphetamines were the principal diagnosis per million people aged 15 years and over by jurisdiction, 1993-94 to 2000-01

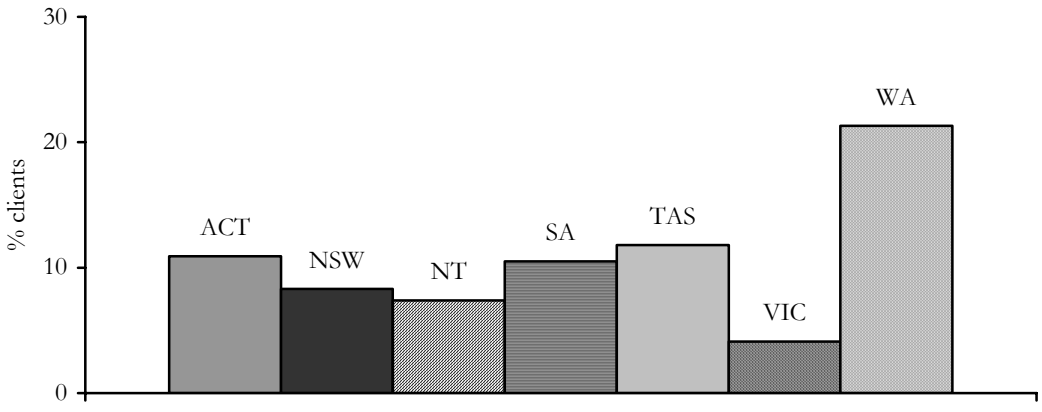


Source: ACT, TAS, NT, QLD, SA, TAS, VIC and WA Health Departments and AIHW (2002), Barker et al 2003.

Treatment

Data from the AODTS-NMDS indicate that in 2000-01 WA had the highest proportion of people seeking treatment for amphetamine (21%) with ACT, TAS and SA all approximately 10% (Barker et al., 2003).

Figure 35: Proportion of clients seeking drug treatment (excluding pharmacotherapy) for amphetamine as principle drug of concern by jurisdiction, 2000-01



Source: AIHW (2002), Barker et al 2003
Treatment utilisation depends on demand and jurisdictional funding; data for QLD were not included in 2000-01; data does not include clients from methadone maintenance treatments, needle and syringe programs, correctional institutions, halfway houses and sobering up shelters.

5.6 Flashcard Analysis

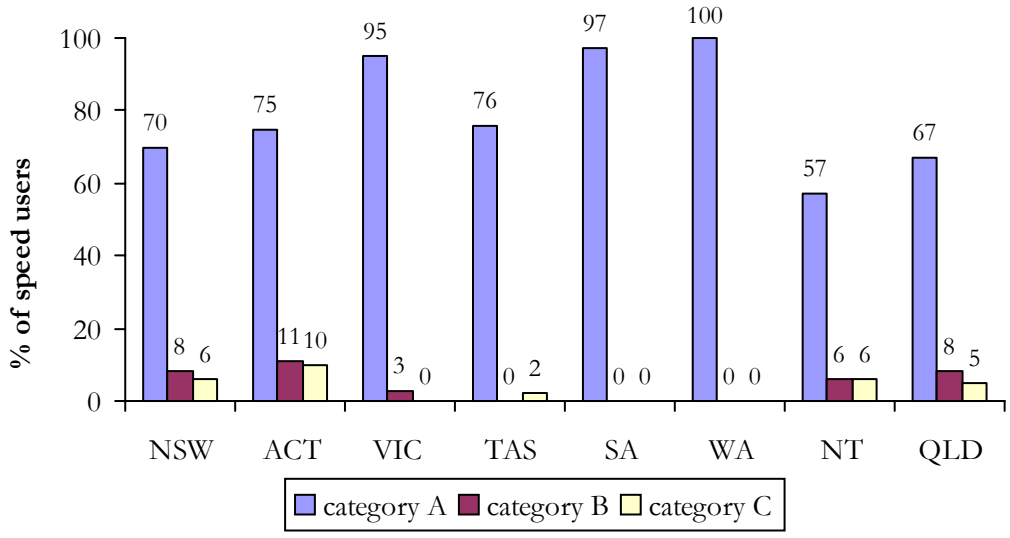
The 2003 IDRS utilised a flashcard with photographs of methamphetamine that was used in 2002 to provide further clarification of the methamphetamine forms used by IDU (Topp et al., 2001). Photographs in category A were hypothesised to represent methamphetamine powder (speed), photographs from category B, methamphetamine base, and category C photographs, crystalline methamphetamine (ice).

Those participants who reported using speed, base or ice in the preceding six months were shown the flashcard and asked to identify the picture that most resembled what they had used.

5.6.1 Methamphetamine powder (speed)

Among participants reporting speed use, the majority in most states identified photographs from category A, with fewer IDU nominating photographs from categories B and C (Figure 36). All of the speed users in WA nominated category A photographs, as did the overwhelming majority in VIC and SA. Proportions in NT and QLD identifying category A photographs are smaller due to missing data. This may indicate that users in these states were not as confident of the form they had used, or there were not pictures on the flashcard that represented the form they had used.

Figure 36: Proportion of speed users identifying speed from the flashcard by state, 2003

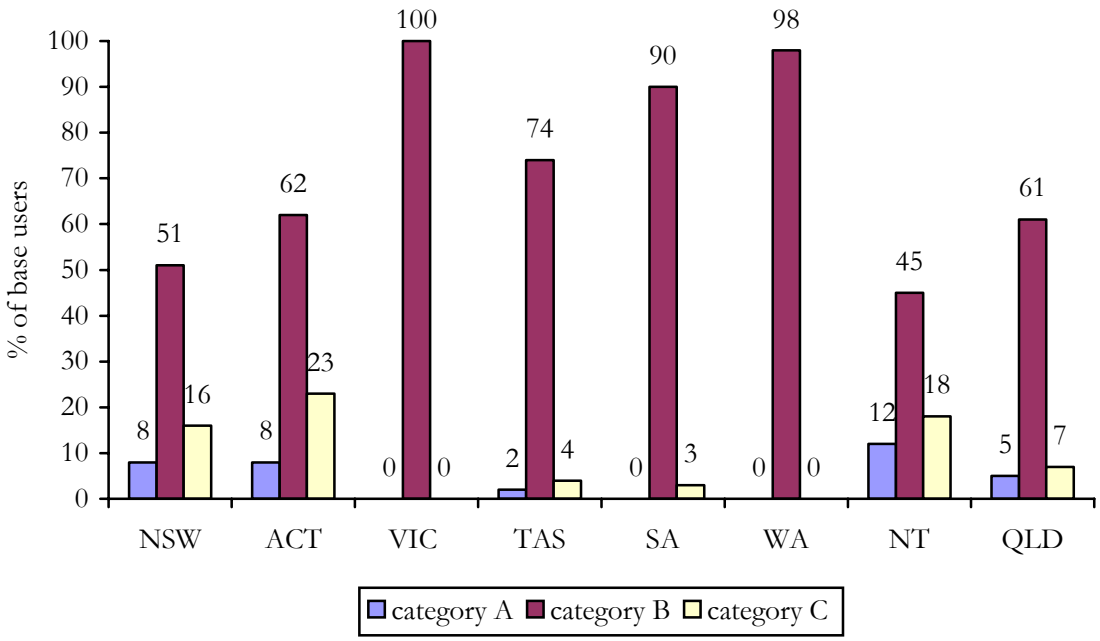


Source: IDRS IDU interviews

5.6.2 Methamphetamine base

All base users in VIC nominated photographs from category B (Figure 37), and the overwhelming majority in WA and SA also did so. Almost three quarters (74%) of base users in TAS and 61% in QLD nominated category B photographs. The pattern of identification of base was less clear among base users in NSW, ACT, and the NT, with larger proportions nominating photographs from category A and category C.

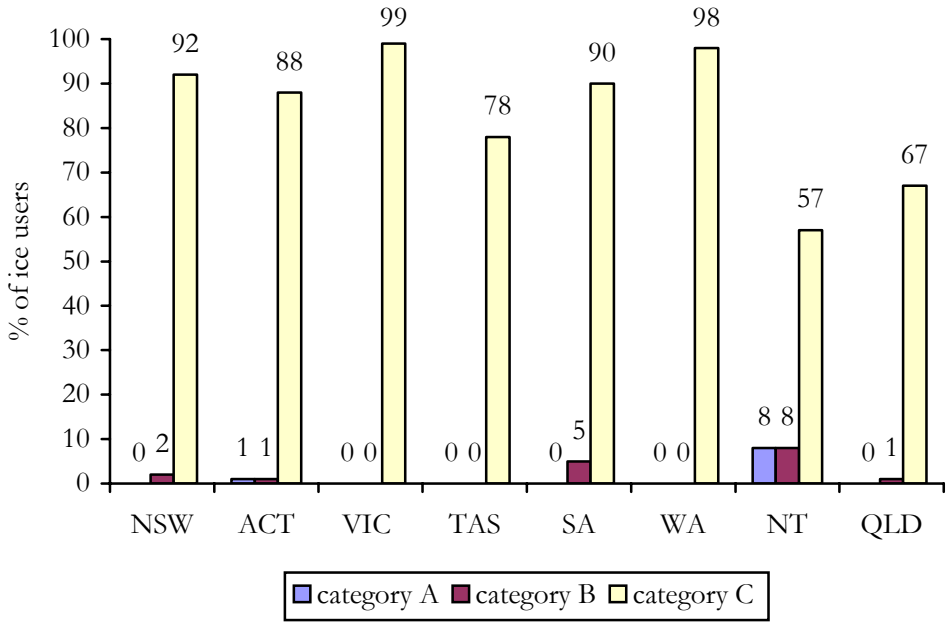
Figure 37: Proportion of base users identifying base from the flashcard by state, 2003



Source: IDRS IDU interviews

Across all jurisdictions, the majority of ice users in each state nominated photographs from category C, with very few nominating photographs from categories A and B (Figure 38).

Figure 38: Proportion of ice users identifying ice from the flashcard by state, 2003



Source: IDRS IDU interviews

5.6.4 Summary

There appears to be some consistency across jurisdiction in the physical appearance of speed and ice. However, there is greater variability in the forms of methamphetamine that represent 'base'.

5.7 Jurisdictional trends in methamphetamine use

5.7.1 NSW

The price for all three forms of methamphetamine (speed, base and ice) remained stable, with the median price paid for a point of each reported as $50. A half-gram was the most popular purchase amount for speed while for base and ice a point remained most popular.

Speed and base remained readily available while ice availability increased from 2002 findings. The majority (80%) of IDU commenting thought that ice was 'easy' to 'very easy' to obtain, with nearly half (41%) stating that availability had increased in the preceding six months. In 2002 over half (59%) of respondents commenting reported that ice was 'difficult' to 'very difficult' to obtain.

The median purity of AFP seizures analysed in NSW was relatively high (ranging between 50% and 80%) in the past twelve months however, these figures should be interpreted with caution as they are based on small numbers of seizures analysed (between 1 and 12 per quarter). In contrast, NSW Police seizures that were analysed were lower in purity (at approximately 6%), with an increase (to 19%) recorded in the second quarter of 2003. The number of NSW Police seizures analysed remained higher, above 100 seizures per quarter, for the past twelve months.

Consistent with increased availability, ice was the predominant form of methamphetamine used in the preceding six months (25% reported using ice most often, compared with 11% in 2003), and 38% reported any ice use during this period. Smaller proportions reported using speed (31% compared to 39% in 2002), with proportions reporting base use (32%) representing an increase from 2002 (23%). Patterns of methamphetamine use remained sporadic although 5% of IDU reported using ice on 60 days or more (i.e. on every third day or more) in the preceding six months.

5.7.2 The ACT

The price for a point of each form of methamphetamine remained stable at $50, however the price for larger amounts of speed, base and ice (such as a gram) all decreased. Speed and ice were reported as 'easy' to 'very easy' to obtain, and specifically in relation to ice, had become easier to obtain over the past six months. ACTGAL analyses of methamphetamine purity revealed an increase in the purity of methamphetamine seized in the ACT, attributable to the increasing availability of ice.

The most notable change in methamphetamine use in the ACT in 2003 is the increase in the use of crystal methamphetamine and the corresponding decrease in the use of methamphetamine base and powder. It is important to also note that crystal methamphetamine is not being used as a substitute for, but in addition to, heroin. What can be observed is an increase in the availability and use of crystal methamphetamine in

the context of a stable heroin market. Forty-four IDU commented that they had observed a change in the type of drugs being used over the past six months, and of these 41 specifically remarked on the increasing availability of crystal methamphetamine, with its use extending into the traditional opioid using population. The increasing trend towards the use of crystal methamphetamine is supported by the IDU survey, by the increasing purity of methamphetamine seizures and the KIS data.

5.7.3 VIC

The price of a point of all three forms of methamphetamine was $50 in VIC, although only small numbers were able to comment on base.

The majority reported that all three forms were easy to very easy to obtain and the availability as stable in the six months preceding interview. These drugs are predominantly sourced through social networks and mobile dealers. A third of those that commented reported that they purchased speed (32%) and crystal (33%) from friends, and a quarter (25%, 24% respectively) purchased from mobile dealers.

Findings from 2003 suggest that the use of speed and base has remained relatively stable, while ice use has increased. The prevalence of speed use among IDU in Melbourne is quite high, and the reported use of ice has almost doubled since 2002. There has been a slight decrease in the frequency of use.

Key informants reported that methamphetamine use had stabilised sense the previous IDRS. It was further reported that the trend of polydrug use continues to be entrenched. As noted in the 2001 IDRS study, many IDU continue to use methamphetamine on a regular basis. Key informants reported that there were significant problems associated with this move towards more regular methamphetamine use, including: clients presenting with anxiety and panic attacks, increased violence, increased suicidality, and more psychotic episodes. In particular, psychological and psychiatric well-being is significantly compromised. Overall, the key informants reports suggested that continued higher levels of methamphetamine use was a negative phenomenon.

5.7.4 TAS

The price for all three forms of methamphetamine (speed, base and ice) remained stable in 2003, with the most commonly price paid $50 for a point or packet. The gram prices were also stable but price varied on form purchased; $215 for powder, $300 for base and $350 for crystal.

The availability of powder and base remained stable, while crystal availability increased markedly in the six months preceding interview. Powder was considered 'easy' to 'very easy' to access and base and crystal were both 'very easy' to access.

IDU reports of powder were low to medium, fluctuating purity. Base was reported medium to high purity with the quality stable or fluctuating. Crystal methamphetamine was considered to be high purity and the quality stable.

Methamphetamine powder was used by half (51%) of the IDU sample, but was uncommon as the form of methamphetamine predominantly used. Base was used by almost half (44%) of the IDU sample recently, a large decline from 2002 (74%). Crystal methamphetamine was used by two-thirds of the IDU sample, despite being the drug of

choice for only a small proportion of the group. It may be that the high purity and easy availability has contributed to more use.

IDU and key informant reports of an increasing number of users, an increase in younger users (14-20 years), particularly among young females, and use in increasing frequency and amount by existing users. IDU reports of a continuation of a trend noted in 2001, with increasing numbers of IDU shifting from being predominant users of opioids to becoming predominant users of methamphetamine. These trends are associated with the crystalline form of methamphetamine.

There is concern around anecdotal reports of recent deaths due to heart failure following use of crystalline methamphetamine, and increases in the prevalence of negative effects of methamphetamine use (paranoia, agitation, psychosis) amongst current users.

5.7.5 SA

There has been a clear increase in the price of a point of either base or crystal, and grams of powder, methamphetamine since 2002. Both a point of crystal and a gram of powdered methamphetamine have doubled in price in this time. The majority of IDU able to comment reported that price was stable. KIS largely agreed with IDU regarding price and stability.

Powdered methamphetamine was reported as easier to obtain than the other two forms, although all three were still reported as easy or very easy to obtain and that availability was stable in the previous six months. With respect to the location where IDU obtain methamphetamine there has been a decrease in reports of IDU obtaining powder and base methamphetamine from dealers homes and a concomitant rise in the use of mobile dealers.

Overall the purity of all three forms was reported to be stable to decreasing by IDU. KIS recorded little agreement in the trends of methamphetamine purity in the preceding six months, but did agree with IDU reports that methamphetamine was very easy to obtain.

There has been a decrease in the proportion of IDU reporting recent use of base and crystal methamphetamine in the 2003 sample. However, there was a small rise in the median number of days IDU reported using powder and base methamphetamine since 2002 and an overall rise in the proportion of IDU that had used some form of methamphetamine daily in the previous six months.

SA police seizure data revealed a decrease in the number of methamphetamine related offences particularly in regard to possession/use offences. This corresponds to law enforcement KIS reports of an increasing focus on supply level crime and, according to at least one other law enforcement KIS, the introduction of police diversion programs.

Presentations to the Drug and Alcohol Services Council treatment services with methamphetamine as the primary drug of concern continued to increase, while inpatient admissions for methamphetamine declined during the same period. The inpatient figures for methamphetamine, however were still twice as large as those reported for heroin across the same time frame.

5.7.6 WA

The price of a gram of methamphetamine differed somewhat depending on its form with a gram of powder or base costing $300 while the price of a gram of crystal methamphetamine had fallen significantly to $350.

The availability of all forms of the drug was reported as being "easy" or "very easy", however, there was evidence to suggest that this was becoming less so for the powder and base forms while crystal was becoming easier to access.

Users impressions of methamphetamine purity, as with price differed according o the drug's form. Thus, powder was viewed as being of medium purity and falling while base was seen as medium and stable. Crystal methamphetamine was reported to be consistently high. Analysis of methamphetamine seized by police was not differentiated by form and revealed a median purity for the 2002/2003 period of 18%. While this would appear substantially less than the 30% reported the previous year, purity of seizures in the most recent two quarters show signs of rising sharply. Several key informants spoke of recent trends of cutting the drug with hard to detect adulterants.

Recent use of the drug was reported by 89% of IDU with the crystal methamphetamine replacing powder as the predominant form. Methamphetamine was the most commonly injected drug amongst the 2003 IDU sample. With regards to general trends, there appeared to be a widespread perception amongst IDU that both quantities of people using methamphetamine and the amount of the drug being used were increasing.

5.7.7 The NT

Consistent with key informant reports, the median price of a gram of speed powder has increased from $80 in 2001 and 2002 to $100 this year, and the price of 1/8 gram of base has increased from $50 in 2002 to $70 this year. A point of speed, base and crystal methamphetamine were all $50 a point.

Methamphetamine continues to be easy to obtain, with the availability of the more pure forms (base and crystal) increasing.

Methamphetamine was the most frequently injected drug in the month prior to interview for 28% of the IDU sample, increasing from 19% in 2002. Recent methamphetamine use remains high (68% of the IDU sample) and consistent with previous years. Powder continues to be the most common and most frequently used form although larger proportions report the recent use of base (30%) and crystal (33%).

The decline in treatment agency episodes involving amphetamines does not reflect the stability of use and availability.

5.7.8 QLD

The price of all three forms of methamphetamine was reported to be stable, with crystal methamphetamine ('ice') possibly less expensive ($35 a point) than either powder ($50 a point) or base ($50 a point).

The availability of methamphetamine is 'easy' to 'very easy' and stable, although since 2002 availability of ice increased, and availability of powder decreased. Ice and base were

reportedly purchased on the street more often in 2002, and powder more often purchased in a dealer's home.

The purity of powder was perceived to be medium to high and stable or fluctuating. The purity of base was considered to be medium to high and stable, while ice was reportedly of high purity and stable to increasing. The purity of methamphetamine seizures analysed was stable to decreasing, although seizure data reflect all forms of methamphetamine and therefore may not be indicative of any one form.

The use of methamphetamine, especially ice, increased among IDU in 2003, possibly in response to a diminishing heroin market. There has been little change in patterns of use among IDU, despite anecdotal evidence of an increase in smoking of ice.

There continue to be high numbers of clandestine 'box lab' seizures in QLD.

As in other states there were anecdotal reports of mental health and behavioural problems, including psychosis and violence, associated with regular methamphetamine use. More data needs to be collected to determine the nature and extent of the problem. In 2003, the Amphetamine Use Disorders Research Group was established within the Drug and Alcohol Services Council of SA, to undertake research to provide evidence based treatments for (meth)amphetamine use and dependence.

5.8 Summary of methamphetamine trends

- Methamphetamine prices remained stable in 2003. All forms of methamphetamine were commonly purchased in points.
- Powder and base were considered easy to obtain and the availability stable. More respondents reported that crystal methamphetamine was 'easy' to 'very easy' to obtain and the availability as stable or easier to obtain in the six months preceding interview. Key informant reports reflected user reports of increased availability of crystal methamphetamine (ice). There were also larger amounts of crystal methamphetamine seized at the Australian border.
- IDU reports of the purity of speed were mixed with similar proportions of IDU reporting low, medium and high purity. Larger proportions of IDU reported the purity of base and ice as medium to high. There is no clear trend in purity of analysed seizures of methamphetamine, with variation in purity across jurisdictions.
- Recent use of speed powder remained similar to 2002 in all states, highest in WA and lowest in NSW. Recent use of base decreased in SA, WA, TAS and the ACT, increased slightly in NSW, NT and QLD. In 2003 the use of crystal methamphetamine (ice) increased in all states except SA.
- There were increases in the proportions of IDU in all jurisdictions that reported that crystal methamphetamine was the form they had used most in the preceding six months.
- Inpatient hospital admissions for amphetamine related problems have gradually increased over recent years.
- In many states there were concerns raised regarding anecdotal reports of mental health and behavioural problems, including psychosis and violence, associated with regular methamphetamine use. More data needs to be collected to determine the nature and extent of the problem.

6. COCAINE

Table 28 displays the price, purity and availability of cocaine in 2003 by jurisdiction. As in previous years, a higher proportion of IDU in NSW (59%) than in other jurisdictions commented on aspects of the price, purity and availability of cocaine (SA 5%; VIC 3%; ACT 10%; QLD 7%; WA 2%; TAS 2%). The fact that only small numbers were able to report on cocaine is an indication of the limited use and availability among IDU outside of NSW. In 2003 in all jurisdictions the proportion of IDU that could comment was smaller than in previous years suggesting a decrease in cocaine availability and use. As very small numbers were able to comment in some jurisdictions, the results should be interpreted with caution. Appendix C displays comparable figures from the 2002 IDRS.

6.1 Price

Prices in Table 28 represent the median prices of purchases made by IDU in the preceding six months.

Small numbers in all jurisdictions, including NSW, had bought a gram of cocaine in the past six months. Therefore these figures should be interpreted cautiously (NSW n=11, QLD n=8, no purchase in the NT and one purchase in all other states). Although 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.

Thirty seven participants in NSW bought a cap of cocaine in the last six months and one person in the ACT. The median price for a cap was $50. The price of a cap of cocaine has remained stable in NSW since 1996.

Eleven participants in NSW purchased a half gram of cocaine at the median price of $100.

Table 28: Price, purity and availability of cocaine by jurisdiction, 2003

	National N=970	NSW N=154	ACT N=100	VIC N=152	TAS N=100	SA N=120	WA N=100	NT N=109	QLD N=135
% used cocaine in last 6 months	18	53	13	13	9	13	10	5	16
Median Price ($) per gram	-	200 n=11	200 n=1	250 n=1	250 n=1	250 n=1	250 n=1	-	300 n=8
Price changes (% who commented)	n=141	n=91	n=10	n=4	n=2	n=6	n=2	n=13	n=13
Don't know	25	8	60	75	50	0	0	100	39
Decreased	4	2	10	0	0	0	0	0	15
Stable	54	67	30	25	50	100	0	0	8
Increased	16	22	0	0	0	0	50	0	31
Fluctuated	2	1	0	0	0	0	50	0	8
Availability (% who commented)	n=141	n=91	n=10	n=4	n=2	n=6	n=2	n=13	n=13
Don't know	16	4	20	50	0	0	0	92	23
Very easy	21	31	0	0	0	17	0	0	8
Easy	24	33	10	0	0	0	50	0	15
Difficult	26	26	10	50	50	33	0	0	46
Very difficult	16	7	60	0	50	50	50	8	8
Availability changes (% who commented)	n=141	n=91	n=10	n=4	n=2	n=6	n=2	n=13	n=13
Don't know	22	6	50	50	0	17	50	92	39
Easier	9	12	10	0	0	17	0	0	0
Stable	45	54	40	25	100	67	0	0	31
More difficult	21	28	0	25	0	0	50	8	15
Fluctuates	2	1	0	0	0	0	0	0	15
Place usually score	n=140	n=90	n=10	n=4	n=2	n=6	n=2	n=13	n=13
Don't use	21	12	30	25	0	33	0	92	8
Street dealer	22	33	10	0	0	0	0	0	0
Dealer's home	5	4	0	25	0	0	0	0	15
Mobile dealer	24	33	10	0	0	0	0	0	23
Friend*	25	14	50	50	100	67	100	8	54

*includes gift from friend

6.2 Availability

In jurisdictions other than NSW, only small numbers of IDU commented on the availability of cocaine, which in itself suggests that the drug is not widely available in those jurisdictions. In 2003 smaller proportions in NSW commented on availability (59% compared to 75% in 2002). Of those that commented in NSW, 64% described it as 'easy' or 'very easy' to obtain. A larger proportion (33%) in NSW considered cocaine to be difficult or very difficult to obtain than in 2002 (23%). Substantial proportions in the other jurisdictions reported cocaine as 'difficult' to obtain. Availability in the six months preceding interview was generally thought to be stable (Table 28).

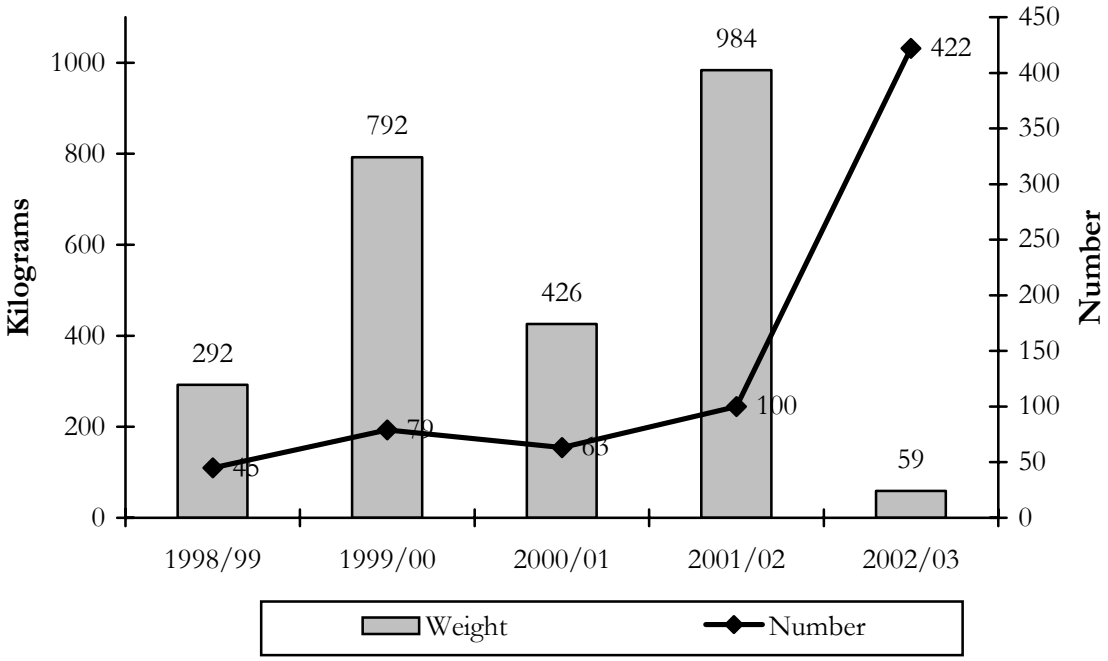
Again only small numbers reported on where they usually scored cocaine, and it appears that NSW remains the only jurisdiction in which a significant street-based cocaine market exists, with a third of those that commented in NSW reporting that they usually scored from a street dealer and a third from a mobile dealer. Cocaine use in other jurisdictions appears to be more opportunistic with most scoring from friends.

NSW has recorded the highest number and weight of domestic seizures of cocaine, which supports IDRS IDU data that cocaine is more available and used in that state than in all other jurisdictions.

Cocaine seized at the Australian border

During 2002/03, the Australian Customs Service made a record 422 detections of cocaine at the Australian border, the highest number of detections to date. The detections weighed a total 59 kilograms, a lower weight than has been reported previously (Figure 39). Therefore, as with heroin detections, there were more, smaller seizures of cocaine in 2002/03. The large weight detected in the previous financial year was mainly due to a single seizure in WA in July 2001, which accounted for 938kg of the total 984kg in 2001/02.

Figure 39: Number and weight of detections of cocaine made at the border by the Australian Customs Service, 1998/99 - 2002/03

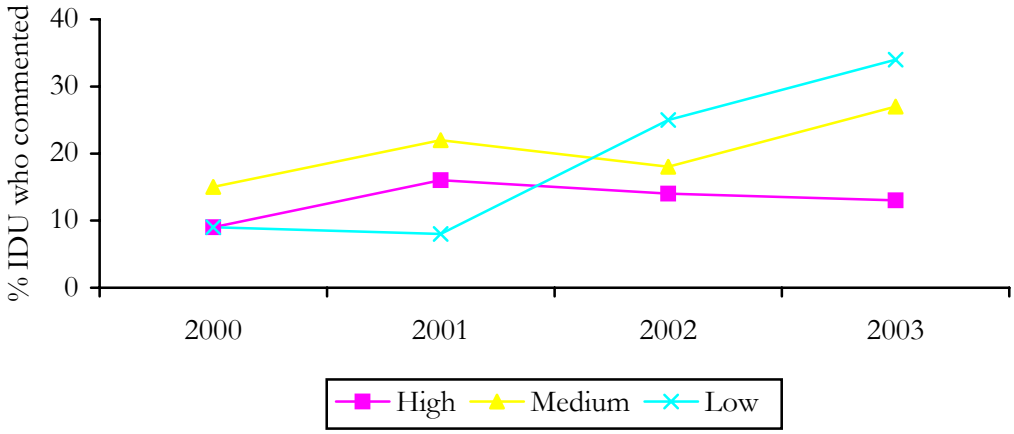


Source: Australian Customs Service

6.3 Purity

IDU were asked to describe the current purity or strength of cocaine and if there had been any change in purity in the six months preceding interview. IDU reports of the purity of cocaine are variable. Of those able to comment, at third (34%) reported the purity as low and 27% as medium. There has been an increase in the proportion reporting the purity as low since 2001.

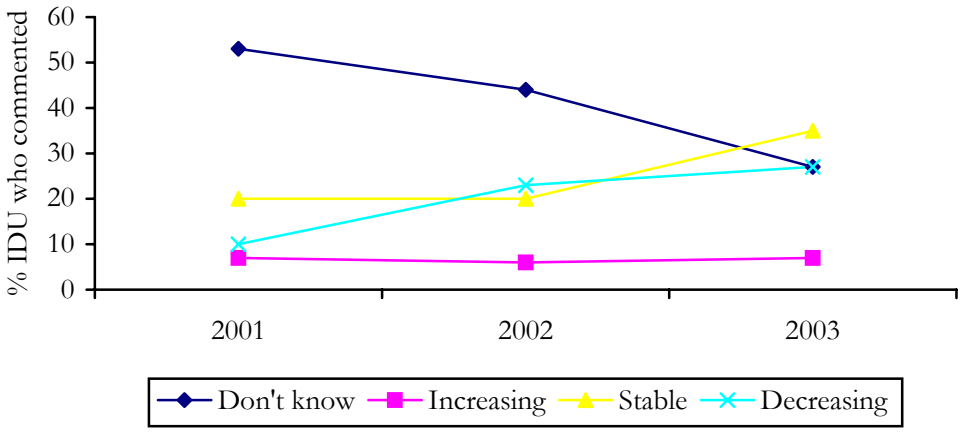
Figure 40: IDU reports of current purity of cocaine, among those that commented, 2000-2003



Source: IDRS IDU interviews

IDU reports regarding the changes in cocaine purity were variable (Figure 41). Over a third (35%) of IDU reported that the purity had remained stable and 27% thought it was decreasing and a further 27% did not know.

Figure 41: IDU reports of changes in purity of cocaine, among those that commented, 2001*-2003



Source: IDRS IDU interviews
* participants in 2000 were not asked about changes in purity

As previously mentioned, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from purity data remains difficult (Australian Crime Commission, 2003).

Furthermore, there were no cocaine seizures analysed by the AFP in TAS, WA, SA, QLD, the NT and the ACT. There were no TAS police cocaine seizures analysed in 2002/03.

The purity of seizures analysed has remained relatively stable from 2001/02 at approximately 20-40% (Table 29). Although many states had no seizures analysed, more cocaine seizures were analysed in QLD and NSW in 2002/03. The AFP generally seizes cocaine at the border, with higher purity (Australian Crime Commission, 2003).

Table 29: Median purity of cocaine seizures by jurisdiction 1999/00 – 2002/03

	Median Purity %							
	State police				AFP			
	99/00	00/01	01/02	02/03	99/00	00/01	01/02	02/03
NSW	34.0 n=36	52.0 n=101	n.a	**27.0 n=52**	53.3 n=119	44.9 n=57	73.0 n=233	**72.3 n=271**
ACT	-	-	35.9 n=5	**-**	25.9 n=2	35.9 n=2	-	**-**
VIC	40.1 n=72	47.0 n=101	37.0 n=47	**31.0 n=39**	80.7 n=21	65.7 n=21	72.4 n=24	**61.6 n=36**
TAS	-	44.6^ n=1	44.0^ n=1	-	-	-	-	-
SA	-	68.6 n=21	-	**20.6 n=24**	-	66.9 n=94	-	-
WA	30.5 n=10	35.0 n=25	30.5 n=16	**59.0 n=6**	35.8^ n=1	33.8 n=3	72.4 n=4	**-**
NT	-	-	24.0^ n=1	**-**	-	-	-	**-**
QLD	38.4 n=45	68.8 n=31	-	**41.1 n=46**	76.3 n=33	72.7 n=11	63.1 n=15	**-**

*__Source__: ABCI 2001, 2002; ACC, 2003

The figure reported is the median of total (<2g and >2g) seizures for the financial year.

Dashes represent no seizures analysed, ^ median purity based on one seizure.

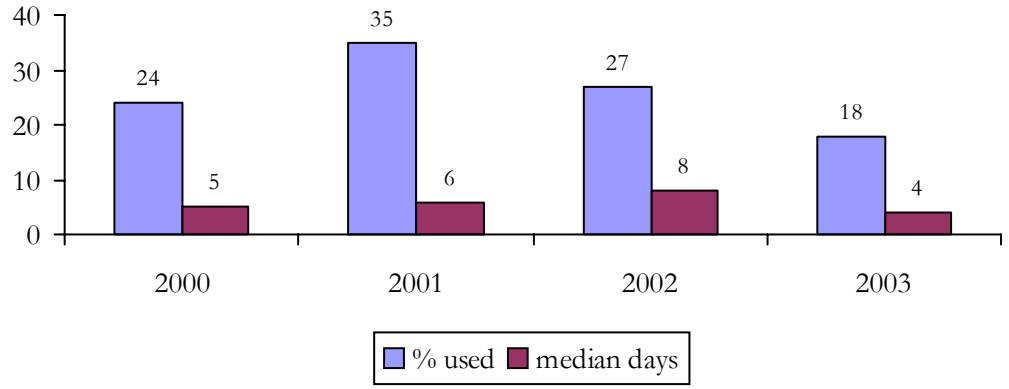
Due to industrial action no state police seizures were analysed in SA Jan –June 2001. 2001/02 state police data are not available for NSW. Figures do not represent the purity levels of all WA seizures. The Western Australian Forensic Science Lab does not analyse all seizure less than 2 grams. This figure underestimates the numbers of samples that are tested.

6.4 Use

6.4.1 Powder cocaine

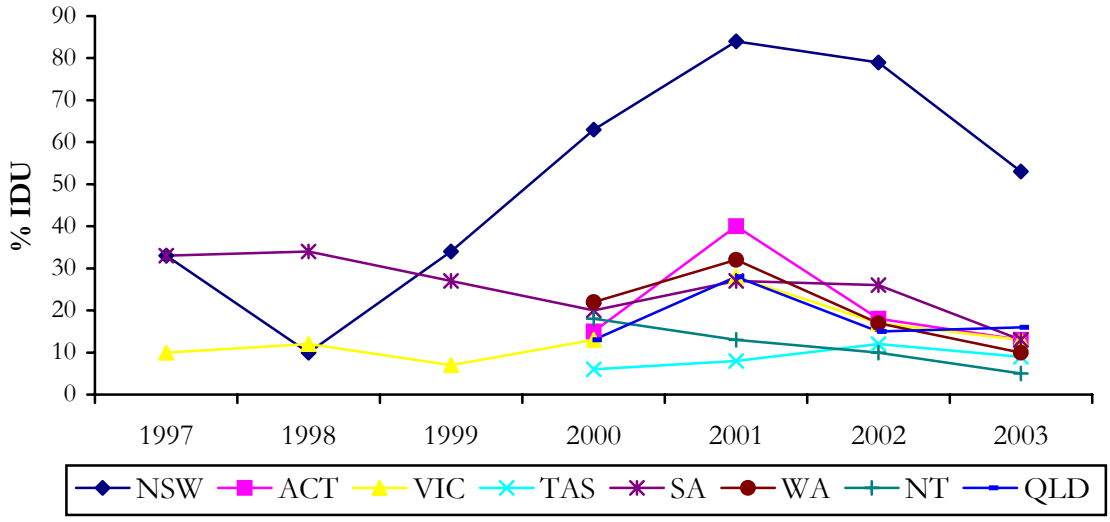
Eighteen percent of the national sample reported recent use of cocaine, the majority of whom reported injecting cocaine. The proportion of IDU that reported recent cocaine use has steadily decreased in the overall national sample from 35% in 2001 to 27% in 2002 to 18% in 2003 (Figure 42). The decrease was most notable in NSW, the ACT, WA, QLD and VIC (Figure 43). For proportions and frequency of use by jurisdiction see Appendix C

Figure 42: Proportion of IDU in national sample that reported recent cocaine use and median days they had used, 2000-2003



Source: IDRS IDU interviews

Figure 43: Proportion of IDU samples that reported using cocaine in preceding six months, by jurisdiction, 2000-2003

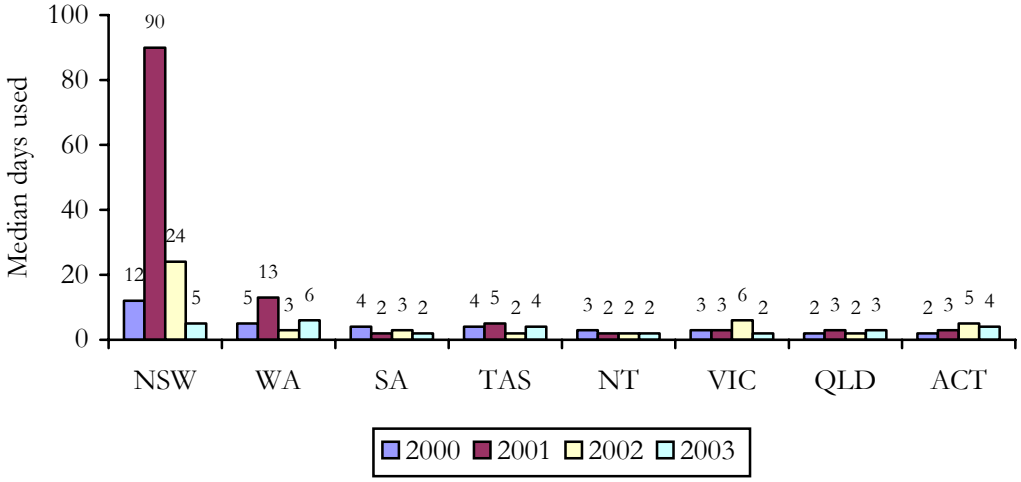


Source: IDRS IDU interviews See Appendix C for proportions

Examining patterns of cocaine use among IDU since 1997 in NSW (Figure 44), it is clear that the proportion of IDU in NSW that reported cocaine use in the preceding six months increased markedly in 1998, stabilised between 1999 and 2000, increased again in 2001 and then decreased. Reports of both IDU and KIS in NSW strongly indicated that the increase in 2001 was associated with a change in drug use patterns in response to the reduced availability of heroin. In 2002, KIS reported there was less cocaine being injected by IDU, a finding that was supported by indicator data. The 2003 user and key informant data from NSW suggest there is less cocaine available and use has decreased.

The frequency of recent cocaine use remained sporadic in jurisdictions other than NSW. The median frequency of use in NSW decreased from once a week in 2002 to less than once a month in 2003 (Figure 44).

Figure 44: Frequency of cocaine use among IDU that reported using cocaine in six preceding months, by jurisdiction, 2000-2003



Source: IDU interviews

6.4.2 Crack cocaine

As in previous years small proportions of IDU in some jurisdictions reported the recent use of crack cocaine, although for the majority of them it was probably not real crack (freebase). Crack cocaine, a rocky crystalline substance created by heating cocaine hydrochloride to remove its hydrochloride base, is only bioavailable when smoked (Platt, 1997) and of the 11 participants in the national sample that reported using crack in the preceding six months only two of them (18%) reported smoking as a route of recent administration.

Given that the chemical process of deriving crack cocaine is relatively simple when there is a ready supply of quality cocaine hydrochloride (Platt, 1997) it is possible that it could be available in Australia. There were no reported seizures of crack cocaine in Australia in 2001/02 (Australian Crime Commission, 2003). Ongoing monitoring and investigation is required to be able to confidently comment on the availability and use of crack in Australia.

6.5 Cocaine related harms

6.5.1 Law enforcement

The number of cocaine arrests are low compared to heroin and amphetamine type stimulant arrests. In 2000/01, there was an increase in the total number of consumer and provider arrests across Australia for cocaine, from 433 in 1999/00 to 652. In 2001/02 the number of cocaine consumer and provider arrests remained relatively stable at 612 (Australian Crime Commission, 2003). The majority of these (75%) were in NSW, which is consistent with IDRS reports of the predominance of cocaine use in NSW relative to

other jurisdictions. However, 2002/2003 data for NSW is not yet available. The number of arrests in 2002/03 in QLD and WA have remained stable (QLD 20 in 2001/02 and 22 in 2002/03; WA 25 in 2001/02 and 25 in 2002/03).

6.5.2 Health

There were 160 cases in which cocaine was mentioned in accidental drug induced death between 1997-2002 (Degenhardt and Barker, 2003b). The majority (85%) of the cocaine related deaths were from NSW followed by VIC (6.3%). Most (85%) were male with a median age of 32 years. As with the methamphetamine related deaths, the majority (86.3%) also had toxic levels of opioids on board and 20.6% had benzodiazepines on board (Degenhardt and Barker, 2003b).

6.6 Jurisdictional trends in cocaine use

6.6.1 NSW

The median price reported for a gram of cocaine has remained stable at $200 since 1997. Cap prices also remain unchanged at $50. Caps continued to be the most popular purchase amount.

Sixty four percent of IDU commenting reported that cocaine was 'easy' to 'very easy' to obtain (compared to 74% in 2002), while 26% thought it was 'difficult' (20% thought so in 2002). Approximately half thought availability remained stable while over a quarter (28%) thought it had become more difficult.

The median purity of NSW Police cocaine seizures analysed remained stable and low (approximately 30%) in the preceding twelve months. Purity of AFP cocaine seizures fluctuated between 45% and 71%.

The proportion of IDU reporting cocaine use dropped substantially from 79% in 2002 to 53% in 2003, as did the frequency of use (from 24 median days in 2002 to 5 days in 2003).

Very few key informants commented on cocaine as many reported that they had not had contact with cocaine users and that availability appeared to have dropped markedly. Reports indicated that use had dropped markedly. Indicator data also suggested a decrease in cocaine use among the broader community, with fewer calls to drug and alcohol services, fewer recorded incidents of possession/use, and fewer cocaine related deaths.

6.6.2 The ACT

As with previous years, cocaine was not a drug of choice for IDU. Small numbers reported recent use of cocaine (13%), with powder cocaine the form used most often. When cocaine was reportedly used by IDU it was used infrequently.

Small numbers were able to comment on the price purity and availability of cocaine and therefore the results should be interpreted with caution. The majority of IDU

commenting on the price of cocaine believed it to be stable, with one IDU reporting that it was decreasing. A cap of cocaine was reported to be $50 and a gram $200.

Cocaine was considered to be 'very difficult' to 'difficult' to obtain, and the availability was reported to be stable. IDU reported the purity of cocaine to be 'medium' to 'low' and stable. Due to the small number of cocaine seizures in the ACT the purity is difficult to determine.

6.6.3 VIC

Small numbers commented on the price of cocaine in Melbourne. A gram of cocaine was stable at $250-300. Of those that were able to comment on the availability of cocaine, half considered it difficult to obtain and half did not know. Half reported that the availability had remained stable in the six months preceding interview while the other half thought cocaine had become more difficult to obtain.

The majority of IDU were not able to comment on changes in purity, an indication of low and infrequent use of cocaine. Purity data from analysed seizures indicate an average purity of 27% (range 4%-49%).
The use of cocaine among IDU sampled by the IDRS in VIC is low and infrequent. In 2003 there was a slight decrease in proportion that reported recent use (13%) and a decrease in the proportion that reported injecting cocaine (10%). Cocaine was sourced from friends or dealers home. As only small numbers were able to comment on cocaine, trends are not clear and require further research.

6.6.4 TAS

It appears that the availability and use of cocaine in Hobart is very low, at least within the populations surveyed in the current study or accessing government services. The cocaine that is used by TAS IDU appears generally to be directly imported by consumers from dealers in mainland states. These patterns seem to have remained reasonably stable over the past few years, however, it is noteworthy that increasing proportions of the TAS IDU sample over the past three years have reported lifetime use (39%, 47% and 52% in the 2001, 2002 and 2003 surveys respectively) of cocaine.

6.6.5 SA

As in previous years, only small proportions of IDU reported recent cocaine use (13%). The small number of IDU and KIS able to provide information on price, purity and availability on cocaine in itself indicates the lack of a sizeable and/or visible cocaine market in Adelaide, particularly among the IDRS sample.

Not enough data was available to make any definitive comments with respect to trends associated with the key indicators.

6.6.6 WA

There were only 10 IDU reporting use of cocaine in the last six months. Just two IDU and no key informants were able to provide detailed information concerning the price, purity or availability of cocaine in Perth. Where information was provided, it was often seen to be conflicting. Whilst it could be argued that injecting drug users in Perth may be a poor sentinel population for monitoring trends associated with this drug, it appears that cocaine remains scarce in Perth and its regular use amongst injecting drug users continues to be rare.

6.6.7 The NT

No IDU participants reported buying cocaine in the six months prior to interview and none of the participants were able to comment on recent price change, current purity or changes to purity. One person commented that cocaine was 'very difficult' to obtain, getting 'more difficult' and that they had last scored from a friend.

Three percent (n=3) of the IDU sample reported cocaine as their drug of choice. Five people reported using cocaine in the six months prior to interview for a median of 3.5 days. Three of the five had injected. Cocaine powder was the only form reported. Two people reported using cocaine on the day before interview and no one reported cocaine as the drug injected most often in the month prior to interview. The proportion of the IDU sample reporting cocaine use within six months of interview has declined steadily over the last four years: 18% in 2000, 13% in 2001 and 10% in 2002.

Cocaine use in the NT is low and use amongst the IDU sample continues to decline, from 18% in 2000 to 3% in 2003.

6.6.8 QLD

Cocaine use among IDU in QLD remains minimal, despite some evidence of a small increase in use and injection. There were anecdotal reports of more frequent cocaine use among non-injectors.

The price of cocaine appears to be stable to increasing, with a median of $300 for a gram.

The perceived purity of cocaine was stable but there was little agreement on strength among IDU. Purity of seizures fluctuates, however the number of seizures analysed increased from 2002.

Cocaine was considered difficult to obtain and the availability stable, despite some anecdotal evidence of increased availability and use in the party drug scene. IDU typically report obtaining cocaine from a friend.

There was little change in patterns of use among IDU, with injection as the most common route of administration. Cocaine injection associated with increased incidence of some criminal activities, and with increased frequency of injection and needle sharing.

6.7 Summary of cocaine trends

- Small numbers in all jurisdictions except NSW were able to comment on the price, purity and availability of cocaine.
- Cocaine remained cheapest in NSW and prices remained stable.
- Cocaine was considered 'easy' or 'very easy to obtain in NSW, although almost a third reported that it had become more difficult to obtain in the preceding six months. Substantial proportions of the small numbers able to comment in the other jurisdictions, reported it was 'difficult' or 'very difficult' to obtain.
- The purity of seizures analysed has remained relatively stable from 2001/02 at approximately 20-40%.
- There was a decrease in recent cocaine use in NSW, the ACT, SA, WA, VIC and the NT. The frequency of use decreased substantially in NSW and remained sporadic in the other jurisdictions.
- The limited IDU and KI data on cocaine suggests that there is a limited market for cocaine among IDU accessed by the IDRS in most states. The market for cocaine appears to be smaller and less visible than the methamphetamine and heroin markets. Research with different populations is required to expand our current knowledge on cocaine markets in Australia.

7. CANNABIS

Seventy six percent of the overall IDU sample was confident enough of their knowledge to comment on the price, potency and availability of cannabis (Table 30). The proportions across jurisdictions ranged from 62% in WA to 85% in the ACT. Comparable figures from 2002 are presented in Appendix D.

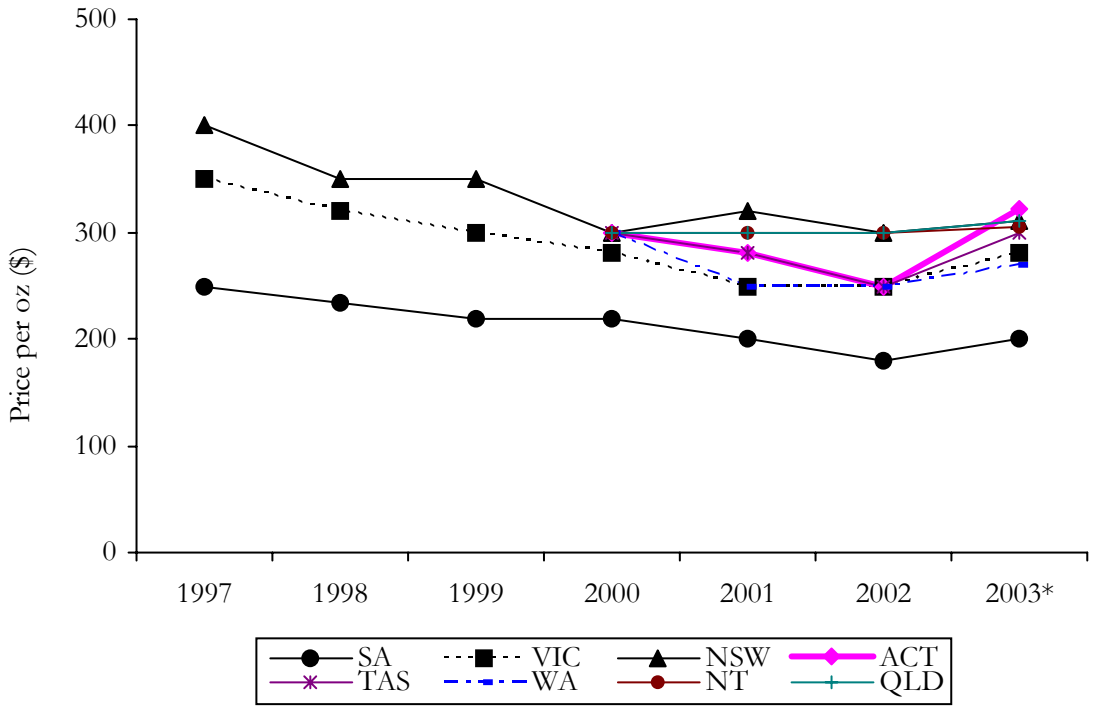
7.1 Price

Prices in Table 30 represent the median price of the last purchase made by IDU in the preceding six months. In 2003 a differentiation was made between bush or outdoor cultivated cannabis and hydroponic or indoor cultivated cannabis.

Gram prices for bush and hydroponic cannabis remained similar (Table 30), however there was a distinction in the price of larger quantities with an ounce of hydroponic generally costing more that an ounce of bush. In 2003, an ounce of hydroponic cannabis cost between $200 (SA) and $322.50 in the ACT, and grams cost $20 to $25, except in SA, where $25 buys two grams.

Consistent with the results of the IDRS in previous years, cannabis remained cheapest in SA (Figure 45) and the price of an ounce of cannabis has gradually declined from 1997 in VIC, NSW and SA. The price has remained relatively stable (ranging from $250 - $322.50) in the other jurisdictions since data collection began in 2000. Substantial minorities in the NT (23%) and QLD (20%), reported the price had increased recently.

Figure 45: Price of an ounce of cannabis by jurisdiction, 1997-2003



Source: IDRS IDU interviews

* 2003 prices reflect prices for an ounce of hydroponic cannabis, any increase may be due to this distinction

7.2 Availability

As in previous years, cannabis was described as 'very easy' or 'easy' to obtain by the vast majority of participants in all jurisdictions, and the majority of those IDU who commented perceived the availability of cannabis to be stable over the six months preceding the interview (Table 30). Substantial proportions in SA (27%) and in the NT (20%) reported that cannabis had become more difficult to obtain.

As in previous years, most IDU purchased cannabis from a friend or at a dealer's home. In NSW, again in 2003 about a third of IDU had purchased cannabis from a street dealer, and at least 10% in VIC, the NT and QLD also reported street dealer as their last purchase source, indicating the presence of street based cannabis markets.

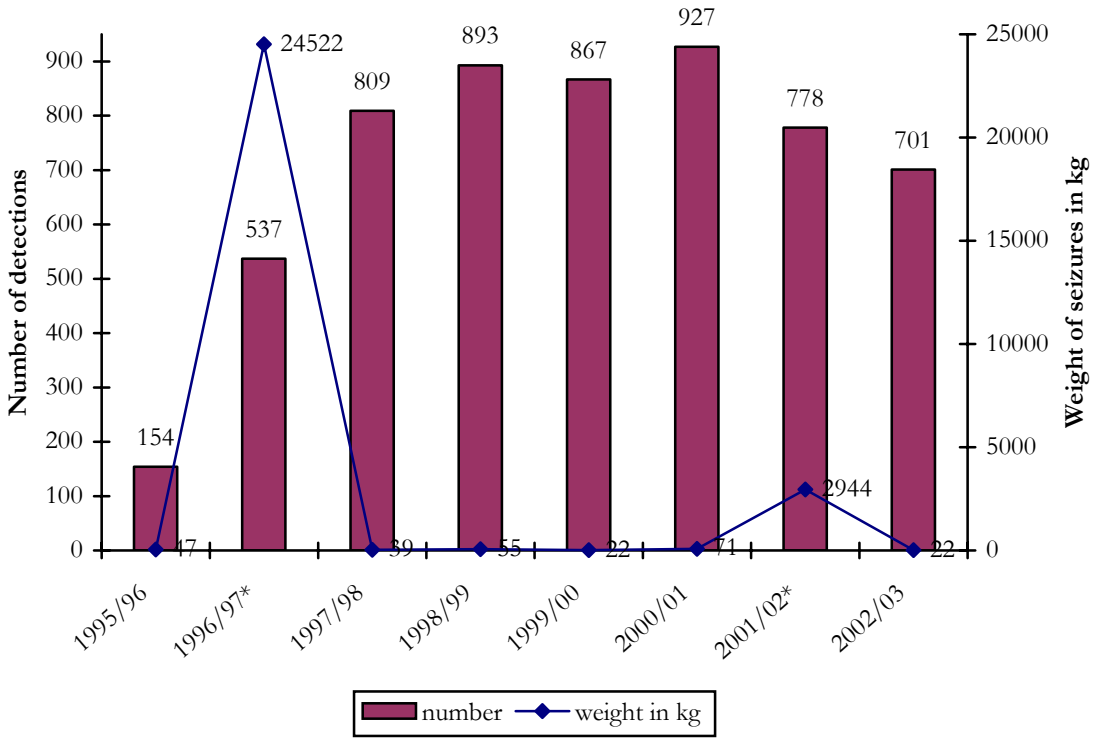
As in 2002, less than 10% of IDU in any jurisdiction reported growing their own cannabis. Although the majority of IDU reported recent use of cannabis, very few consider cannabis their primary drug of choice, and this in itself may account for the low proportions that reported growing their own cannabis. It may be that among a population of primary cannabis users, a higher proportion would grow their own cannabis than was reported among the IDU interviewed, for whom cannabis is one in a range of drugs used in conjunction with their primary drug(s) of choice.

IDU were also asked where they thought the cannabis they had last used was sourced from. As in 2002, in the overall national sample similar proportions reported that they did not know (33%), that the cannabis came from a small time 'backyard' user/grower (27%) as opposed to a large scale cultivator or supplier (36%), such as a bikie gang or organised crime syndicate. In all jurisdictions substantial proportions were uncertain where the cannabis was originally sourced from (22% in VIC to 57% in the NT). There was some variation across jurisdiction with about half in SA (51%), WA (49%) and VIC (45%) reporting that the cannabis they had last used was from a small time supplier, while in NSW (44%) and QLD (40%) IDU reported that their cannabis was sourced from a large-scale cultivator. The majority of IDU in all jurisdictions reported they were 'very sure' of their answers.

Cannabis seized at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is probably locally produced. However, there are also numerous cannabis detections by Customs each year. The seizures at the border are typically small amounts in parcels arriving by mail or found on passengers (Australian Crime Commission, 2003).

Figure 46: Weight and number of detections of cannabis made at the border by the Australian Customs Service, 1995/96 - 2002/03



Source: Australian Customs Service

In 2002/03 there was a similar number of cannabis detections as the previous year, however the weight decreased dramatically (from 2944kg in 2001/02 to 22kg in 2002/03).

Overall the total yearly weight of seizures has been less than 75kg, with the exception of 1996/97 and 2001/02 when 24522kg and 2944kg were seized. The majority of the weight in 2001/02 (2932kg) came from a single large seizure from Afghanistan. The overall number of cannabis detections per financial year has been over 600 since 1997/98.

7.3 Potency

IDU were asked 'how strong would you say cannabis is at the moment?' and whether the strength of cannabis had changed in the last six months. About half of IDU in all states responded that cannabis potency was high (ranging from 49% in the NT to 60% in VIC and WA) and about a third described it as medium (ranging from 29% in WA to 33% in QLD). The majority of IDU in all jurisdictions reported that the potency of cannabis remained stable over the preceding six months.

Table 30: Price, potency and availability of cannabis by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Price ($) HYDRO									
per ounce	-	310	322.50	280	300	200	270	305	310
per gram	-	20	20	20	25	25*	25	25	25
Price ($) BUSH									
per ounce	-	225	200	250	150	180	200	200	240
per gram	-	20	20	20	25	25*	20	25	15
Price changes (% who commented)	N=740	n=120	n=85	n=126	n=75	n=93	n=62	n=86	n=93
Don't know	5	5	9	5	1	7	3	7	3
Decreased	7	8	11	4	16	5	2	1	10
Stable	71	77	71	84	65	59	82	64	65
Increased	11	6	5	5	12	14	7	23	20
Fluctuated	6	5	5	2	5	15	7	5	2
Potency	High	High	High	High	High	High	High	High	High
Availability (% who commented)	N=741	n=120	n=86	n=126	n=75	n=93	n=62	n=86	n=93
Don't know	2	2	1	0	0	2	2	6	1
Very easy	58	68	59	61	83	34	74	43	45
Easy	31	23	31	29	17	46	21	37	43
Difficult	8	7	8	9	0	16	3	13	9
Very difficult	1	1	0	1	0	1	0	1	2
Availability changes (% who commented)	N=741	n=120	n=86	n=126	n=75	n=93	n=62	n=86	n=93
Don't know	3	2	5	2	1	2	2	7	2
Easier	8	5	12	6	1	13	2	4	22
Stable	73	83	70	82	90	48	84	63	60
More difficult	12	6	13	8	5	27	7	20	12
Fluctuates	5	4	1	3	3	10	7	7	4
Place usually score	N=740	n=120	n=86	n=126	n=75	n=93	n=62	n=86	n=93
Don't use	2	3	1	1	0	3	2	6	1
Street dealer	13	36	7	10	4	4	3	17	12
Dealer's home	25	14	41	27	32	20	21	17	26
Friend #	42	23	35	43	52	55	58	45	39
Grow your own	4	3	7	4	9	2	8	1	2
Production source	N=733	n=115	n=85	n=125	n=78	n=90	n=61	n=86	n=93
Don't know	33	32	31	22	36	37	33	57	25
Smalltime/ backyard	37	21	39	45	35	53	49	22	33
Large scale cultivator	26	44	21	31	19	8	12	19	40

* a 'bag' of approximately 2.5 grams of cannabis
#includes gift from friend

7.4 Use

7.4.1 Cannabis use among IDU

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

High rates of the use of outdoor crop cannabis were reported in all jurisdictions, with between 53% (NSW) and 80% (TAS) of IDU in all jurisdictions reporting the use of outdoor cannabis in the six months preceding the interview (see Table 12 - forms most used).

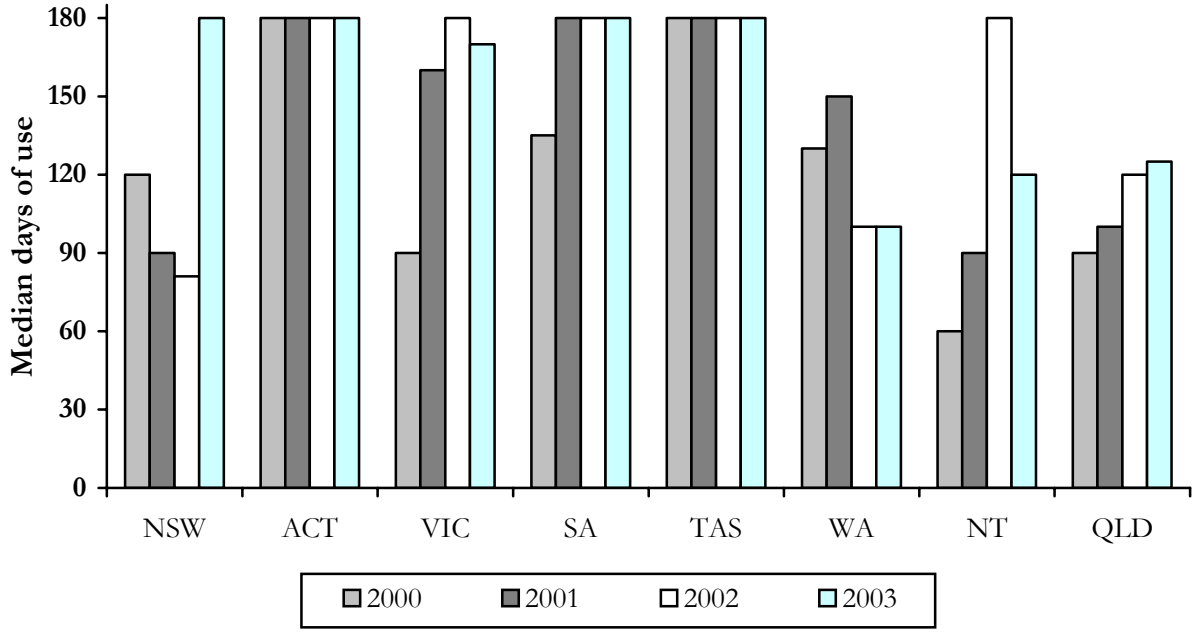
Substantial proportions in all states but NSW and VIC reported recent use of hash and hash oil. Consistent with previous years, the prevalence of recent hash use among IDU was highest in SA (38%) and lowest in NSW (4%) and VIC (9%). The proportion of IDU reporting recent use of hash oil also remained lowest in NSW (2%) and highest in SA (23%).

7.4.2 Current patterns of cannabis use

Eighty two percent of the national sample reported they had used cannabis in the six months prior to interview. The vast majority of IDU in all jurisdictions reported recent cannabis use, ranging from 76% in QLD to 88% in TAS.

The median number of days that IDU reported using cannabis varied across jurisdictions and, in some cases, within jurisdictions over time (Figure 47). The frequency of cannabis use has increased in NSW from 2002, and appears to have decreased in the NT. Over the three years of data collection, daily use has been reported by the majority of IDU cannabis users in the ACT and TAS.

Figure 47: Frequency of recent cannabis use among IDU who reported cannabis use of in the six months preceding interview, 2000-03



Source: IDRS IDU interviews

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

KI reported that cannabis was sometimes used to cope with drug withdrawal or to ease the comedown from a stimulant binge. This is consistent with the findings of the 2001 National Drug Strategy Household Surveys (NDSHS), which found that those who reported heroin use within the past year were most likely to report that they used cannabis if they could not obtain heroin (Australian Institute of Health and Welfare, 2002).

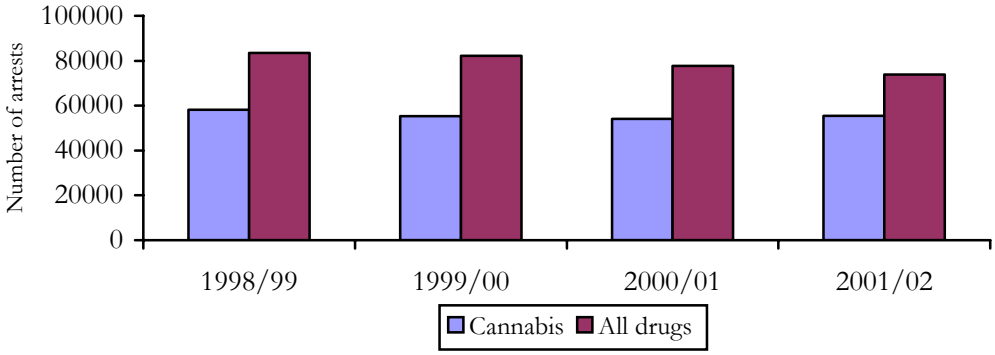
7.5 Cannabis related harms

7.5.1 Law enforcement

Cannabis arrests make up the majority of consumer and provider arrests (Figure 48). In 2001/02, cannabis consumer and provider arrests accounted for 75% of all drug arrests (Australian Crime Commission, 2003). Data for 2002/03 was not available for all states. In Qld, there was an increase from 17068 arrests in 2001/02 to 19879 arrests in 2002/03. In WA there was a decrease from 7156 in 2001/02 to 6028 in 2002/03. These figures include cannabis cautions. There was a decrease in the NT from 397 arrests and 425 drug infringement notices in 2001/02 to 257 arrests and 148 drug infringement notices in

2002/03. TAS consumer and provider arrests totalled 1540 in 2001/02 and 1830 in 2002/03 (ACC).

Figure 48: Number of cannabis and all drug consumer and provider arrests, 1998/99- 2001/02



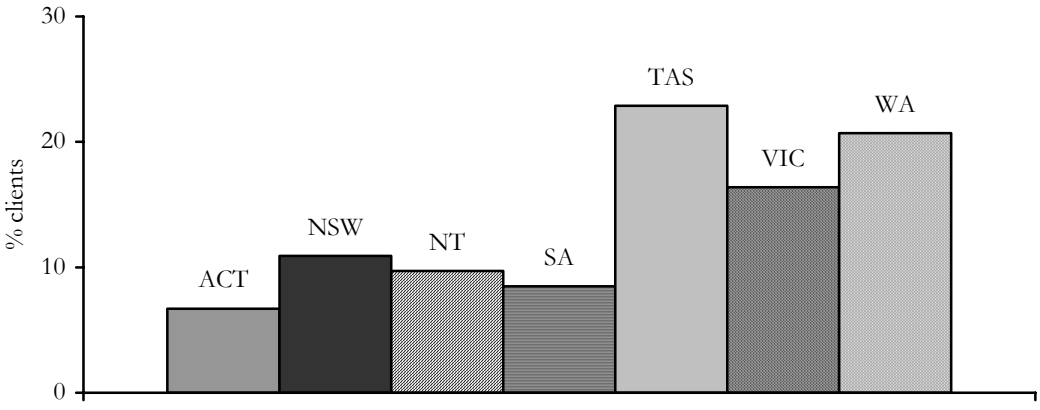
Source: ACC, 2003

7.5.2 Health

Treatment

Data from the AODTS-NMDS indicate that in 2000-01 TAS had the highest proportion of people seeking treatment for cannabis as the principle drug of concern (23%) followed closely by WA and VIC (Barker et al., 2003). IDRS data shows that TAS reports the highest proportion of IDU reporting recent use of cannabis.

Figure 49: Proportion of clients seeking drug treatment (excluding pharmacotherapy) for cannabis as principle drug of concern by jurisdiction, 2000-01



Source: AIHW (2002), Barker et al 2003.
Treatment utilisation depends on demand and jurisdictional funding; data for QLD were not included in 2000-01; data does not include clients from methadone maintenance treatments, needle and syringe programs, correctional institutions, halfway houses and sobering up shelters.

7.6 Jurisdictional trends in cannabis use

7.6.1 NSW

The median price paid for a gram of hydroponic and a gram of bush cannabis was $20, the same as in 2002. The median price reported for an ounce of hydroponic cannabis was $310, while for bush it was $225. The median price reported for an ounce in 2002 was $300 however no distinction was made in 2002 between hydroponic and bush cannabis so comparisons should be made with caution.

Cannabis remained readily available with the overwhelming majority 91% reporting it was 'easy' to 'very easy' to obtain, and 83% reporting availability was stable.

Potency seems to have changed slightly from 2002, with 57% reporting it was 'high' compared to 78% in 2002.

Consistent with previous years the majority (79%) of IDU reported cannabis use. There was however, a marked increase in the frequency of use from 81 days in 2002 to 180 days in 2003.

Key informant comments on the availability, price and use of cannabis were consistent with those of IDU, with the majority reporting that it was readily available.

7.6.2 The ACT

The price remained the same as 2002 for both a gram of outdoor-cultivated cannabis (bush) and a gram of indoor-cultivated cannabis (hydro) at $20. It appears, however, that when larger quantities of cannabis are purchased (such as an ounce), the more potent form of cannabis (hydroponic) is more expensive at $323 an ounce than bush at $200 an ounce.

Cannabis remained 'easy' to 'very easy' to obtain in the ACT, and the potency of cannabis was reported by both IDU and key informants to be high.

Forty one percent of respondents usually purchased cannabis from a dealers' home, and almost one third (32%) usually purchased cannabis from a friend. Thirty nine percent reported they thought that the cannabis they had used was from a small time backyard grower and 21% thought that it had come from a larger scale cultivator.

7.6.3 VIC

A gram of hydroponic and bush cannabis was $20 in VIC and the price was reportedly stable.

Cannabis remained readily available and stable, with 90% reporting availability as 'easy' or 'very easy'.

Cannabis was the second most widely used illicit drug by the VIC IDU sampled and the most frequently used drug. Frequency of use remained stable from previous years with a median of 170 days use during the last six months (almost daily use). Key informants who reported cannabis use within their client groups believed that most of their clients used cannabis.

Cannabis was commonly accessed through social networks, with 41% reporting they usually sourced cannabis through a friend. Forty five percent reported they thought that the

cannabis they had used was from a small time backyard grower and 31% reported they believed that it had come from a larger scale cultivator.

The potency of cannabis was described as high (60%) to medium (32%).

7.6.4 TAS

The price of bush and hydroponic cannabis has remained stable. Bush cannabis was generally cheaper than bush at $10 a gram, $60 a quarter ounce and $150 an ounce, compared to hydroponic; $25 a gram, $80 a quarter ounce and $300 an ounce.

Bush cannabis was reported to be 'easy' to 'very' easy to obtain and the availability stable. Hydroponic was also stable and the availability 'very easy'. Both IDU and KI described the potency of both forms as stable with bush as medium to low potency and hydroponic as high to medium.

Cannabis remains the most widely used illicit drug both in the IDU sample and the state, however there is an indication of decreasing prevalence of use of cannabis in recent years in the State from two large studies. There continue to be anecdotal reports of decreasing age of cannabis users. There are high levels of daily use among IDU samples and in groups discussed by key informants.

Hydroponically-grown head was increasingly preferred by users, and the drug was predominantly smoked using 'buckets' and 'bongs' (water pipes).

7.6.5 SA

The median price paid for a 'bag' of cannabis (bush or hydro) was $25, remaining unchanged since 1997. The majority of IDU reported that the price of cannabis had remained stable in the past six months but compared to 2002 there was a slight rise in the proportion of participants reporting that the price was fluctuating.

Almost two-thirds (61%) of the sample was able to comment on the perceived source of their cannabis, with half reporting small-time 'backyard' growers as the most typical source. Ease of availability has decreased since 2002 with fewer reporting that cannabis was 'very easy' to obtain. KIS reports suggest that there have been no dramatic changes in availability of cannabis, apart from some minor fluctuations at the beginning of the year.

The majority of IDU reported that the current strength of cannabis was high but there has been a noticeable shift in reported purity from high to medium compared to 2002.

A slight decrease in the number of possession/use offences related to cannabis was noted in SAPOL indicator data but again, no dramatic changes were noted.

The number of calls to ADIS concerning cannabis remained stable.

7.6.6 WA

The price of cannabis was found to be stable with an ounce of hydros carrying a median price of $270 and in the case of "bush" or naturally grown cannabis $220. Median prices of a gram (or "bag" or "foil") remained stable at $25 regardless of the type of cannabis involved.

The drug was almost invariably reported as being "easy" or "very easy" to obtain, a situation that has remained unchanged in the last year. Similarly, its strength was reported by IDU as being high and stable.

Use of cannabis was widespread with 81% of the IDU sample reporting recent use of the drug and 30% consuming it on a daily basis. Hydroponically cultivated cannabis and bush were the predominant types with forms of hashish being relatively uncommon.

7.6.7 The NT

Cannabis price, potency and availability have been stable; a gram costs $25 and an ounce $300. Cannabis remains 'easy' to obtain and the majority of IDU described the potency as medium to high.

Over the last four years cannabis has consistently been the illicit drug used by most of the IDU sample, the most frequently used drug, and the most common drug reported by the key informants.

The number of separations from NT hospitals involving cannabinoids has increased by 49% over the last three financial years. Episodes of treatment for problematic cannabis use have declined. The decline in the number of AOD treatment episodes where cannabis is the principal drug of concern contrasts to the stability of use, price and availability found in the IDU survey, the KI reports of increasing use particularly amongst young people at school and the increase in hospital separations involving cannabinoids.

7.6.8 QLD

The cannabis market in QLD continued to be distinguished by its stability over time, with cannabis used by the vast majority of IDU. Three quarters of IDU mainly used hydroponic cannabis, although the majority also used bush occasionally.

Price was reported as stable and higher for hydroponic cannabis ($310/ounce) than for 'bush' cannabis ($240/ounce).

Cannabis was 'easy' to 'very easy' to obtain and stable or easier to obtain in the last six months. Cannabis was typically sourced from a friend or a dealer's home. IDU reported that they thought the usual production source to be a large scale cultivator or a small time 'back yard' grower.

The potency of cannabis was perceived to be medium to high and stable. There were anecdotal reports of some users finding the potency of hydroponic cannabis too high.

There has been a consistent increase in the number of police diversions for cannabis possession since June 2001.

7.7 Summary of cannabis trends

- Cannabis remained cheapest in SA. The majority of IDU in all jurisdictions reported that the price had remained stable in the six months preceding interview.
- Hydroponic cannabis was generally more expensive than bush or outdoor cannabis.
- Cannabis was considered 'very easy' or 'easy' by the majority of IDU and the availability was stable.
- As in previous years, IDU in all jurisdictions perceived the potency of cannabis as 'high' and stable.
- The majority of IDU reported recent cannabis use. The frequency of cannabis use was high with daily use commonly reported.
- Hydroponic cannabis continued to dominate the market although the use of outdoor crop was also common.

8. OPIOIDS

8.1 Use of illicit methadone

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

Twenty one percent of the national sample reported the use of illicit methadone syrup in the six months preceding interview. Illicit methadone syrup was the form of methadone most used by 20% of those that reported methadone use, ranging from 2% in the NT to 30% in QLD and 31% in the ACT.

Sixteen percent of the national sample reported recent use of illicit physeptone. Illicit physeptone tablets were reported as the form of methadone most used by 13% of those that used physeptone. There were substantial jurisdictional differences ranging from no reports in the ACT and QLD to almost half (48%) in the NT.

Nineteen percent of the national sample was able to answer about the price or availability of illicit methadone syrup. Of those that commented on availability, 40% reported that it was 'easy' to obtain methadone and 19% reported that it was 'very easy'. About a third reported it was 'difficult' (29%) or 'very difficult' (2%). The majority (62%) reported that availability had remained stable in the six months preceding interview, although 17% reported that it had become more difficult.

Of those that bought illicit methadone syrup the majority 77% reported that the source was a take away dose. Three percent reported that it was a daily dose intended to be swallowed. Although only small numbers reported this practice, there are additional harms, due to the methadone dose having been in someone's mouth resulting in bacteria and the increased potential for infection.

One hundred and three participants (11% of the national sample) commented on the price of a ml of methadone, most commonly (54%) purchasing it for $1 per ml of syrup. Twenty nine percent purchased it for 50 cents a ml.

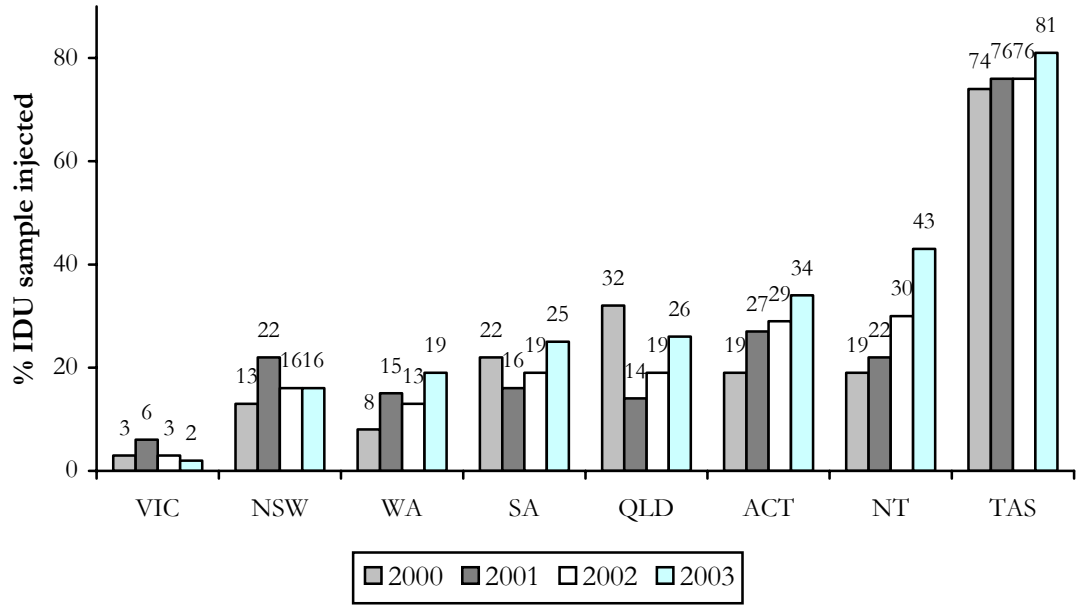
Only small proportions (4%) were able to answer about the price or availability of illicit physeptone tablets. One mg tablets ranged between $1 and $15, there was wide variation, most commonly $1 (n=3), although two participants reported a 1 mg tablet for $10 and one participant each reported $5, $7.50, $12.50 $13.50 per 1 mg tablet. Ten mg tablets ranged from $5 to $15 with four participants reporting $10 and four $12.50 per 10mg tablet.

8.1.1 Methadone Injection

Twenty eight percent of the national sample reported recent injection of methadone, of those that reported recent use of methadone over half (58%) reported recent injection. As in 2002, the proportions of IDU who reported having injected methadone in the preceding six months continued to be lowest in VIC (2%) and highest in TAS (81%) (Figure 50). The high rate of methadone injection in TAS, which is probably partly related to the difficulty in obtaining heroin in that jurisdiction, has consistently been reported and is cause for concern, given that the injection of methadone in either syrup or tablet form is associated with vascular damage and increased risk of overdose (Darke et al., 1996). The misuse of methadone is risky due to its unique pharmacological characteristics. It builds slowly to peak blood levels and has a long half-life, which leads to accumulation in the body that can result in toxic levels if not used and monitored appropriately.

IDU survey data suggests that there was more methadone use in the TAS sample than in other jurisdictions. TAS had significantly more IDU participants that were currently in methadone maintenance treatment (58% in TAS compared to 23% in other jurisdictions χ^2_1=54.0; p<.001). Significantly higher proportions of IDU in TAS than in all other jurisdictions had injected methadone (syrup or tablets) in the preceding six months (81% in TAS compared to 22% in other jurisdictions χ^2_1=150.2; p<.001) and more IDU in TAS nominated methadone as their drug of choice (13% in TAS compared to 2% or less in other jurisdictions). Higher proportions of IDU in TAS reported methadone as the drug they had last injected (49% in TAS compared to 6% or less in other jurisdictions), and as the drug they had injected most often in the preceding month (49% in TAS compared to 6% or less in other jurisdictions) (Table 9).

Figure 50: Proportion of IDU samples that reported injecting methadone in preceding six months, by jurisdiction, 2000-2003



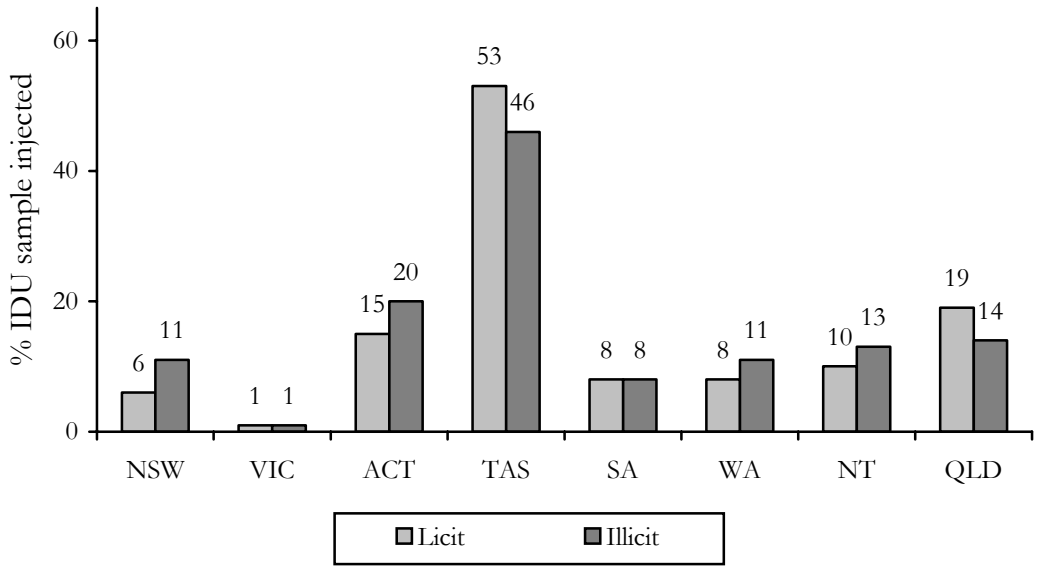
Source: IDRS IDU interviews
* 2003 includes – licit and illicit methadone and physeptone

In the NT, the other jurisdiction in which heroin has not been traditionally freely available, the proportion of IDU that reported the recent injection of methadone has gradually increased from 19% in 2000 to 43% in 2003. Methadone injection was also an issue in the ACT, with a gradual increase in the proportion reporting methadone injection in the six months preceding interview, from 19% in 2000 to 34% in 2003.

In 2003 data was collected on methods of administration and days used for both licit and illicit methadone syrup and licit and illicit physeptone tablets.

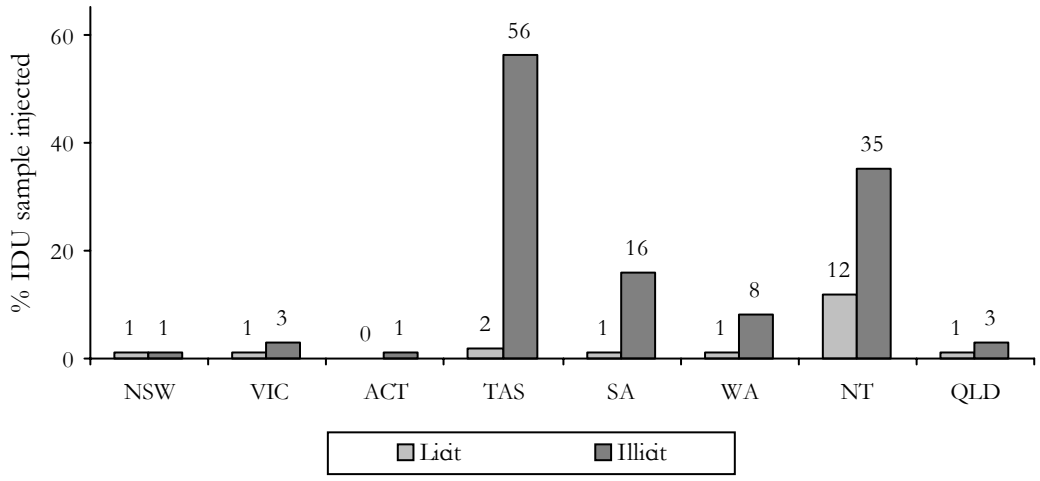
Higher proportions in TAS and QLD reported the injection of licit methadone syrup, rather than illicitly obtained methadone (Figure 51). Greater proportions in all states reported injection of illicit physeptone, while 2% or less had injected licitly obtained physeptone tablets.

Figure 51: Proportion of IDU samples that reported injecting licit and illicit methadone syrup by jurisdiction in 2003



Source: IDRS IDU interviews

Figure 52: Proportion of IDU samples that reported injecting licit and illicit physeptone tablets by jurisdiction in 2003



Source: IDRS IDU interviews

Among those that reported injecting licit methadone syrup, the median days injected was 27 ranging from having injected once to daily injection (three participants). There was substantial variation across jurisdictions with the greatest frequency in TAS.

Illicit methadone was injected on a median of 9.5 days, ranging from having injected once in the preceding six months to daily injection (by two participants).

Licit physeptone was injected on a median of 22 days, ranging from once to daily injection by one participant in SA. Illicit physeptone was injected on a median of 10 days, ranging from once to daily injection.

Table 31: Median days injected licit and illicit methadone and physeptone, among those that injected, by jurisdiction, 2003

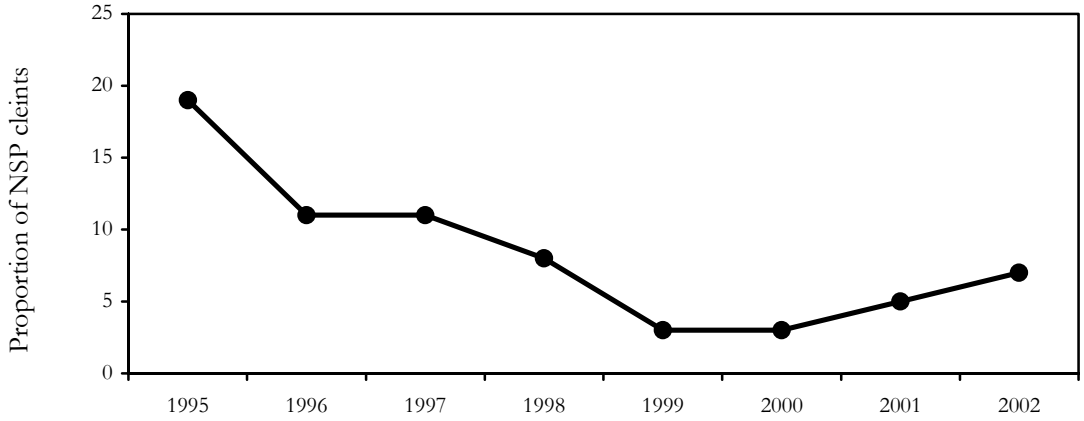
	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Licit Methadone	**27**	2	12	1	48	17	36	3	24
Illicit methadone	**9.5**	5	4	2	24	12	5	2	10
Licit physeptone	**22**	2	2	0	11	180*	3	60	6
Illicit physeptone	**10**	3	1	1	12	3	6	7	12

Source: IDRS IDU interviews
*one participant reported daily injection

Despite the high rates of methadone injection in TAS, the Annual NSP Surveys (National Centre in HIV Epidemiology and Clinical Research, 2003) have shown that, overall, methadone injection decreased markedly between 1995 and 2000 among clients of NSPs throughout Australia, from 19% to 3% with a gradual slight increase to 7%

reported in 2002 (Figure 53). The decrease between 1995 to 2000 can be attributed mainly to decreases in the rates in NSW. The increase reported in the 2001 Annual NSP survey was expected as there was an increase recorded by the IDRS in methadone injecting in NSW in 2001 (Topp et al., 2002b) and there has been a high concordance between the IDRS and the Annual NSP Surveys in the past (MacDonald et al., 2001, MacDonald et al., 2002, National Centre in HIV Epidemiology and Clinical Research, 2003, MacDonald et al., 2003). The TAS rates reported in the NSP survey have been consistently higher than the overall national figures with 32% reporting methadone as the last drug injected in 2002, although it should be noted that the TAS sample size has been relatively small (n<30 since 1999) with the largest sample surveyed in 2002 (n=151).

Figure 53: Methadone as last injection among clients of NSPs, Australia 1995-2002

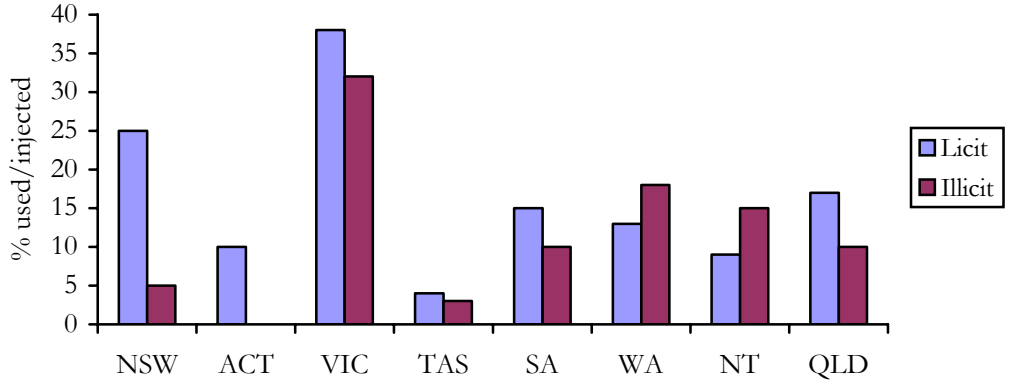


Source: Australian NSP Survey, NCHECR

8.2 Use of illicit buprenorphine

Eighteen percent of the national sample reported use of licit buprenorphine in the six months preceding interview. Twelve percent reported use of illicit buprenorphine (Figure 54). There is variation between jurisdictions in the proportion of IDU that reported recent use of buprenorphine, with the largest use of both forms in VIC.

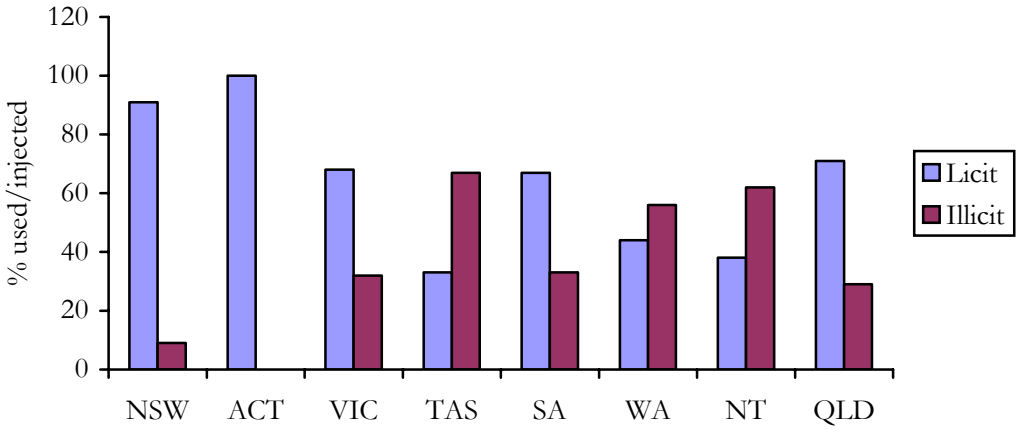
Figure 54: Proportion of IDU that reported recent use of licit and illicit buprenorphine, by jurisdiction, 2003



Source: IDRS IDU interviews

The majority (68%) reported licit buprenorphine was the form of buprenorphine that they had used most recently, however that leaves a third that mostly used illicit buprenorphine. In WA and the NT, illicit buprenorphine was reported by larger proportions (Figure 55). Small numbers in TAS had reported recent buprenorphine use.

Figure 55: Form most used of buprenorphine among those that reported recent buprenorphine use, by jurisdiction, 2003

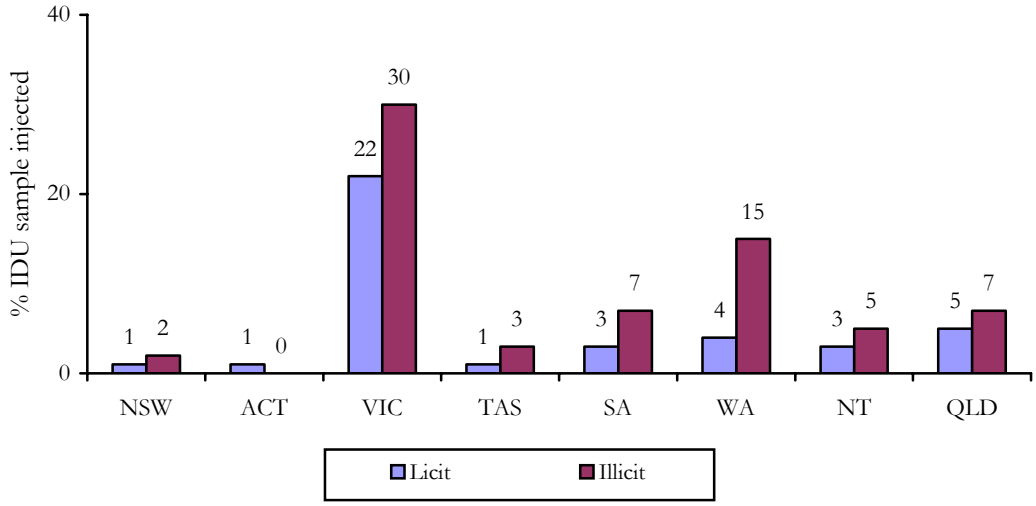


Source: IDRS IDU interviews

8.2.1 Buprenorphine Injection

Six percent of the national sample reported recent injection of licit buprenorphine and 9% reported injection of illicit buprenorphine (Figure 56). There was jurisdictional variation in the proportion of IDU that reported injection of licit and illicit buprenorphine, with substantial proportions in VIC injecting buprenorphine prescribed to themselves (22%) or others (30%). The injection of buprenorphine in WA was also relatively high with 4% having injected licit buprenorphine and 15% illicit.

Figure 56: Proportion that reported recent injection of licit and illicit buprenorphine, 2003



Source: IDRS IDU interviews

As buprenorphine is to be administered sublingually, the injection of such a preparation is an issue of concern due to the potential for vascular damage and the increased risk of infection. If IDU divert buprenorphine for injection that has been in their mouth there is an increased risk of infection due to bacteria from saliva. The majority of buprenorphine injected in all states was obtained illicitly suggesting that diversion is occurring (Figure 56).

Of those in the national sample that reported injecting licit buprenorphine the median days injected was 12, ranging from having injected once to daily injection. Three quarters of the sample reported injecting on two days a week or less. Frequency of injection of licit buprenorphine was highest in the NT (although only small numbers had injected licit buprenorphine) and VIC (Table 32).

Of those that reported injecting illicit buprenorphine the median days injected was 3, ranging from having injected once to daily injection. Three quarters of the sample reported injecting less than fortnightly. Although larger proportions report injection of illicit buprenorphine, they are injecting less frequently than the smaller numbers that report licit injection (Table 32).

Table 32: Median days injected licit and illicit buprenorphine, among those that injected, by jurisdiction, 2003

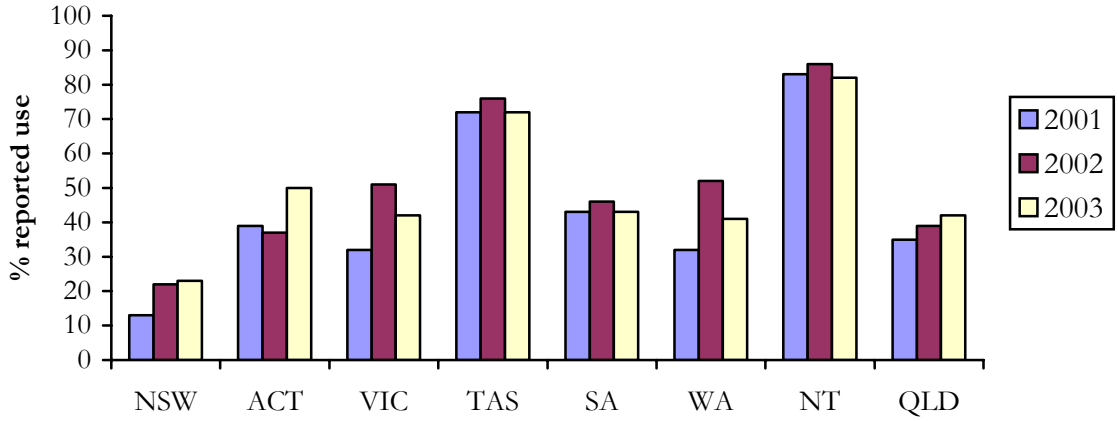
	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Licit Bup	**12**	11	6	24	6	4	4	30	10
Illicit Bup	**3**	2	0	4	24	3	3	1	3

Source: IDRS IDU interviews

8.3 Use of Morphine

Over 40% of IDU in all states but NSW (20%) had recently injected morphine (Figure 57). Consistent with reports in previous years of the IDRS, the use of morphine was highest an in the NT and TAS, jurisdictions where heroin has traditionally not been freely available and methadone and morphine have dominated the markets. There was an increase in the proportion that reported recent morphine use in the ACT in 2003 and decreases in VIC and WA.

Figure 57: Proportion of IDU that reported recent use of morphine, by jurisdiction, 2001-2003



Source: IDRS IDU interviews

As in previous years of the IDRS, in the NT, the largest proportion of IDU reported that heroin was the preferred opioid of choice (43%), but morphine was reported to be the last drug injected by 61% of IDU and the drug most often injected (64%) (Table 33).

Relative to other jurisdictions, there was a significantly higher proportion reporting recent morphine use in the NT and TAS (37% national compared to 75% in the NT or TAS χ^2_1=91.7, p<0.001). The frequency of recent morphine use and injection among IDU in the NT or TAS was also higher than in other jurisdictions.

Table 33: Median days used and injected morphine, among those used/injected, by jurisdiction, 2003

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Used	**14**	3	5	7	21	50	26	180	6
Injected	**14**	3	3	6	21	22	28	180	9

Source: IDRS IDU interviews

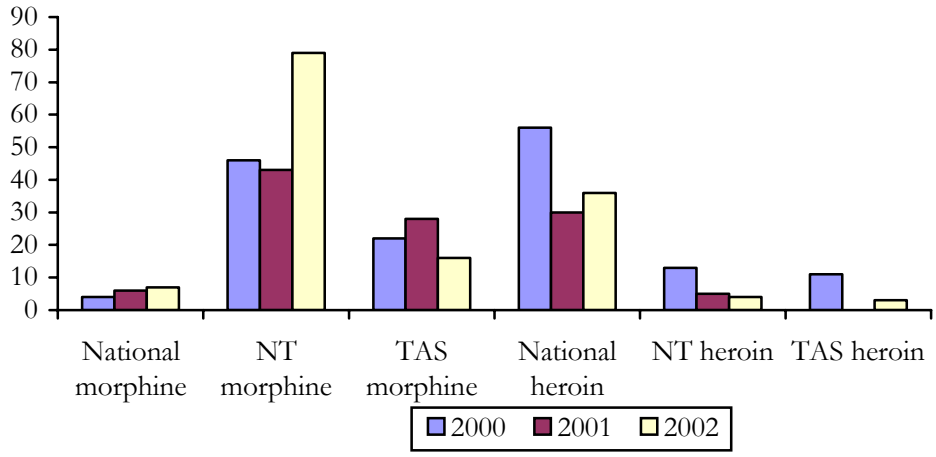
Key informants in the NT suggested that the supply of morphine available for diversion into the illicit market has been affected by the reduction in the numbers of doses being prescribed. One result of this has been that alternative opiates have become slightly more prevalent on the market – including buprenorphine, codeine and pethidine – either for personal use or to trade for morphine. The opinion of key informants in the NT was that morphine remains easy to obtain and that there has been no substantial impact on price or availability.

The majority of participants that reported they had used morphine reported they mainly used illicit morphine, ranging from 67% in the NT to 97% in TAS. Therefore the majority of the morphine being used among this population appears to be diverted

morphine. Further detailed research into where IDU access or source the morphine they are using would be worthwhile.

A higher prevalence of morphine injection among IDU in the NT and TAS compared to those in other jurisdictions has also been documented by the Annual NSP Surveys (National Centre in HIV Epidemiology and Clinical Research, 2003). Figure 58 depicts the proportion of NSP clients surveyed that report morphine and heroin as the last drug injected in 2000 to 2002, the most recent NSP Survey results available. The figure shows that morphine is the most commonly injected opioid in NT and the second most common after methadone in TAS, but is much less commonly injected in other jurisdictions.

Figure 58: Proportion of NSP clients in the NT, TAS and the national sample that reported heroin and morphine as the last drug injected in the Australia NSP Survey, 2001-2002

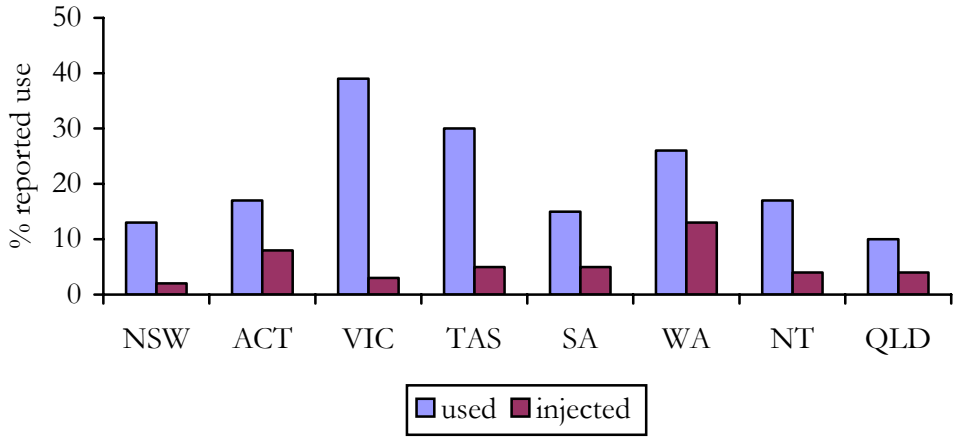


Source: Australian NSP survey (NCHECR, 2003)

8.4 Use of Other opioids

From 2001, IDU were asked about other opioids separately from morphine. Other opioids included codeine preparations, opium and pethidine. Twenty seven percent of the national sample reported recent use of other opioids, with 23% reporting that they had swallowed them and 7% reporting injecting them (Figure 59).

Figure 59: Proportion of IDU that reported recent use and injection of other opioids, by jurisdiction, 2003



Source: IDRS IDU interviews

Eleven percent of the national sample had used licit opioids and 13% had used other opioids that were obtained illicitly. Of those that used other opioids, half reported they had mostly used licit and the other half mostly used illicit.

Recent use of other opioids obtained illicitly was highest in TAS (30%) and lowest in QLD (2%). Again, most of those who had used illicitly obtained 'other opioids' reported that these were the main form they had used. This suggests that there may be small numbers of IDU who obtain these drugs illicitly as their main source of an opioid drug, rather than there being a considerable number of IDU illicitly obtaining opioids.

The most commonly used 'other opioids' reported were Panadeine Forte™ (54%), codeine 9%, OxyContin (8%), and opium 7%.

8.2 Jurisdictional trends in opioid use

4.7.1 NSW

Eighteen percent of IDU reported using illicit methadone syrup in the six months preceding interview on a median of six days. Eleven percent of IDU reported injecting illicit methadone syrup in the preceding six months on a median of five days. Only 8% of IDU reported illicit methadone syrup as the form most often used in the preceding six months.

Sixteen percent of IDU reported buying illicit methadone in the past six months, primarily from street dealers and friends. Of those who purchased illicit methadone, 92% reported that the source was a take away dose.

Five percent of IDU reported using illicit physeptone tablets in the preceding six months on a median number of three days.

Five percent of IDU reported the use of illicit buprenorphine in the preceding six months on a median of five days. Three IDU reported injecting illicit buprenorphine on a median of two days. Three percent of IDU reported illicit buprenorphine as the form most often used in the past six months.

Twenty three percent of IDU reported using morphine in the preceding six months on a median of three days (compared to 22% on a median of five days in 2002). Two thirds (66%) of the morphine users reported illicit morphine use during this period. Twenty percent of IDU reported injecting morphine (18% reported doing so in 2002) on a median of 2.5 days and again, two thirds (66%) of this group reported illicit morphine use during this period. The prevalence of morphine use and injection has remained relatively stable in NSW since 2002 but has increased slightly from figures reported in 2001. Frequency of morphine use has remained stable.

Morphine was predominantly from illicit sources with 82% of morphine users reporting illicit morphine as the form most used. MS Contin was the most common brand of morphine used, and 9% of IDU reported buying 100mg MS Contin tablets at a median price of $20.

Thirteen percent of IDU reported using other opioids such as Panadeine Forte and pethidine in the preceding six months (compared with 23% in 2002) on a median of five days (the same as in 2002). Among this group, a third (35%) reported using illicit opioids during this period. Two percent reported injecting these drugs on a median of 2.5 days, representing a decrease from 6% in 2002. Panadeine Forte continued to be the main type of opioid used.

4.7.2 The ACT

Sixty-two percent of IDU reported the use of methadone in previous six months – 44% of this group used illicitly obtained methadone in this period.

Buprenorphine use in the ACT was minimal with only 10% having used buprenorphine in past six months, the majority of whom were in buprenorphine treatment. Only one person reported illicit use and injecting buprenorphine.

Half the sample reported using morphine, with nearly all injecting it and the majority obtaining it illicitly. Seventeen percent used other opioids in past six months, with illicitly obtained opioids being the primary form used. Sixteen percent reported the use of 'homebake'.

4.7.3 VIC

Methadone use and injection remained relatively stable in VIC. Thirty-one percent of the IDU sample reported use in the past six months and 2% reported injection in that time. Licit methadone syrup was used by one quarter of respondents and illicit methadone syrup by 11% of respondents in the previous six months.

There was a rapid uptake in treatment with buprenorphine in Victoria after its introduction, which appears to have been sustained. Overall over two thirds (69%) of the IDRS respondents reported lifetime use of buprenorphine (licit or illicit) and 53% had used this drug in the last six months. Over half (51%) of the respondents reported

injecting buprenorphine in their lifetime (37% in 2002), and 39% reported doing so in the last six months (33% in 2002). The high prevalence of buprenorphine injection is of concern due to the risks associated with this practice.

Key informants reported that most of their client base regularly used morphine, usually opportunistically. Forty percent of the IDU sample reported using illicit morphine in the past six months, and 6% had used prescribed morphine in that time. Most respondents reported that 100mg of illicit morphine costs $50 (range $20-$50).

Over one third of the IDU interviewed reported the use of other opiates in the preceding six months. The main type of other opiate used by these respondents was Panadeine forte® (75%). Others reported Mersyndol forte® (9%), Pethidine® (4%), Doloxene® (4%) and Codeine Phosphate® (2%) as the main type of other opiate they use.

4.7.4 TAS

The price of methadone was $1/mg or $80 for 100mg and stable. Methadone was considered 'easy' to 'very easy' to obtain and the availability as stable to decreasing. Substantial proportions of IDU accessed both Physeptone tablets and methadone syrup illicitly, with an increasing trend in the use of Physeptone tablets.

There were anecdotal reports of an increasing use of methadone syrup and alprazolam simultaneously, a practice which carries an increased risk of overdose.

Morphine was reported to cost $0.7-0.8/mg or $70/100 mg, and the price was described as stable or decreasing. Morphine was considered 'easy' to 'very easy' to obtain and the availability in the six months preceding interview as stable to decreasing. About three quarters (72%) of the sample had used morphine in the past six months, with all but three injecting the drug in this time, and recent oral use reported by 25% of the sample. MS Contin was the predominant preparation used. The use of Ordine may be increasing with 7% in 2003 reporting it as the morphine preparation they had used the most.

There were continuing anecdotal reports suggesting many users changing from being primary users of opioids to being primary users of methamphetamine.

The opioids used by this group are not coming from direct doctor shopping by IDU as the majority report obtaining them 'illicitly', i.e. not on a prescription in their name.

4.7.5 SA

The reported *last purchase* of methadone was a median $1/ml of syrup (n=5). More IDU were able to provide information on the *last purchase* of physeptone tablets, reporting a median price of $10/10mg tablet (n=15). The majority of IDU reported methadone as generally 'easy' or 'very easy' to obtain, with two thirds reporting that availability was stable.

Twenty-two (18%) IDU reported having used methadone syrup illicitly on a median of five days and 27 (23%) IDU reported having used physeptone tablets illicitly on a median of four days in the last six months. No IDU reported daily use of illicit methadone syrup or physeptone tablets.

There was a small increase in the proportion of IDU reporting use of syrup illicitly since 2001, and substantial increases in the proportion of IDU reporting illicit use of physeptone tablets compared to both 2001 and 2002 (from 11% and 6%, respectively, to 23% in 2003).
In 2003 roughly equal proportions of the IDU reported mainly using methadone licitly (53%) and illicitly (47%) in the last six months. In 2003, ten IDU stated that they were currently on a methadone maintenance treatment program and had been for the preceding six months. Of these, nine also reported use of either illicit methadone syrup (n=5) or physeptone tablets (n=4) during the six months prior to interview.

Twelve (10%) IDU reported having used buprenorphine illicitly on a median of four days in the last six months. No IDU reported use of illicit buprenorphine on a daily basis. There has been an increase in the illicit use of buprenorphine among IDU since last year, both in terms of the proportion of the IDU that reported recent use (from 5% to 10%) and in the proportion reporting having injected illicit buprenorphine recently (from 3% to 9%).

The majority of those IDU reporting use of any buprenorphine did so licitly. In 2003, of the five IDU that stated they were currently on a buprenorphine maintenance treatment program, and had been for the preceding six months, none reported concurrent use of illicit buprenorphine in that time.

The reported *last purchase* for morphine was a median of $30/100mg (n=27). One hundred milligram tablets were the most commonly purchased amount and Kapanol® was the most commonly purchased brand of morphine. The price was reported to be stable to increasing.

The majority of IDU reported morphine as 'easy' or 'very easy' to obtain, and that availability was stable (54%). Most IDU stated that they *usually* obtained morphine from a friend (48%), from a dealer's home (32%), or from a mobile dealer (13%).

Forty-three percent of IDU reported they had used morphine in the last six months on a median 50 days. Although the proportion of the sample reporting recent use of morphine remained stable compared to 2002, there has been a dramatic increase in the median number of use days from 2002 to 2003 (12 v 50). All but one of the IDU that had used morphine reported having done so by injecting. More than half those IDU reporting morphine use in the last six months had nominated heroin as their drug of choice.

The majority of recent morphine users reported that the main form of use during the last six months was *illicit* and that the main brand of morphine they had used in that time was Kapanol® (65%), followed by MS Contin® (12%).

4.7.6 WA

Considerable numbers of IDU were seen to be using illicit opioids of varieties other than heroin. Recent use of methadone syrup was reported by 14 IDU and of Physeptone® tablets by eight, rates not significantly different those recorded in 2002. Injection of methadone syrup was reported by 79% of IDU who had used it and it was the only reported route of administration reported for illicit Physeptone®.

There was some evidence that illicit use of buprenorphine is continuing with rates of illicit use amongst the IDU sample (18%) actually exceeding the rate of licit use (13%). Injection appeared to be the most common means of administration employed by 83% of IDU who had used the drug illicitly.

Morphine continued to be the most commonly used illicit opioid with 41% of the IDU sample reporting its recent use. Although this figure is significantly less than rates of recent use reported in 2002, among those continuing to use it the number of days of use over the last six months was seen to have increased significantly from 33 days in 2002 to 60 days in 2003 suggesting more intense use of the drug. This pattern of increased days of use was also observed to a lesser degree with both buprenorphine and other pharmaceutical opiates. Injection of morphine was seen to almost invariably involve the MS Contin® form of the drug. Availability of morphine was generally seen as being "very easy" or "easy" with a 100mg tablet carrying a median price of $50. There was little consensus amongst IDU as to the availability or price of illicit methadone. Other pharmaceutical opiates were also mentioned by both IDU and key informants on a much less frequent basis primarily included codeine based preparations such as Panadeine Forte ®, followed by Oxycontin ®.

4.7.7 The NT

Less than half of those who reported using methadone in the six months prior to interview, were able to respond to questions about price and availability, and so results should be interpreted with caution.

Fifteen IDU reported purchasing 10mg Physeptone tablets in the six months prior to interview for a median price of $10. Only two IDU reported purchasing methadone syrup, at: $50 for 50mg and $70 for 30mg. Forty percent of those commenting reported that the price for methadone had remained stable.

Approximately equal numbers reported methadone as 'easy' (n=9) or 'difficult' (n=7) to obtain. Forty-four percent (n=11) reported that availability had been 'stable' in the six months prior to interview.

The most common usual and last sources for obtaining methadone were street dealer (n=7 and n=4 respectively) and friend (n=5 and n=8). While methadone use, both licit and illicit shows variation across the years, physeptone use, particularly illicit physeptone use, showed consistent increases.

Nineteen percent (n=21) of the IDU sample had used either licit or illicit buprenorphine in the six months prior to interview (for a median of four days) compared to 14% in 2002. Nine percent of the sample had used licit buprenorphine on a median of 50 days (ie twice weekly), and 3% reported injecting licit buprenorphine. Thirteen percent had used illicit buprenorphine on a median of one day, and 5% reported injecting illicit buprenorphine. Twenty four percent to of those who had used buprenorphine reported only using licit buprenorphine, 62% only illicit, and 14% both licit and illicit.

Eighty-two percent of the IDU sample had used morphine in the six months preceding interview. While only 19% nominated morphine as their drug of choice, 64% had injected it most often in the month prior to interview, 60% had injected it last and 55% had used morphine on the day before interview.

Of those who had used morphine in the previous six months, 73% of IDU reported using illicit morphine during this time, and 56% nominated illicit morphine as the form they used most often. While the total proportion of IDU using morphine and the proportion using illicit morphine are similar to those in 2002 (87% and 76% respectively), the proportion using licit morphine has declined from 42% in 2002 to 35% in 2003.

The median prices for morphine were $60 for 100mg tablets of MS Contin, $30 for 60mg tablets of MS Contin, and $15 for 30mg tablets. The price of Kapanol was slightly lower, at $50 for 100mg capsules. Comparable data from previous years is limited but suggests that the price of 100mg tablets of both MS Contin and Kapanol has increased. Over two thirds (68%) reported the price as 'stable'.

Most morphine users reported it as 'easy' (52%) or 'very easy' (16%) to obtain, and almost half (48%) reported availability as 'stable'. Users usually scored their morphine from a friend (46%), a street dealer (31%), and from a dealer's home (13%). MS Contin was the most common brand of morphine used.

Seventeen percent reported recent other opioid use, six had used licit forms only, nine illicit and four both licit and illicit. Of the 13 who had used illicit forms, 12 reported that as the main form used. Panadeine Forte was the only type of other opioid used by licit users. Illicit users mentioned Panadeine Forte and opium.

Overall use of other opioids in the IDU sample declined from 2002 to 2003, mainly due to a decline in licit use. The proportion using illicitly increased.

4.7.8 QLD

Use of methadone (both licit and illicit) decreased in 2003, however rates of recent methadone injection increased. In 2003 26% of IDU reported recent injection of methadone.

From 2002 to 2003, use of buprenorphine among IDU increased. More IDU in 2003 were being prescribed buprenorphine, with 16% reporting use of licit buprenorphine in the last six months. Only 7% of IDU in 2003 reported recent use of illicit buprenorphine. Ten percent reported recent injection of buprenorphine, compared to 5% in 2002.

The 2002 IDRS identified an increase in the use and injection of morphine, particularly MS Contin®, among IDU. This trend has continued in 2003 with 40% of IDU reporting recent injection of morphine. Among those who reported injecting morphine in the last month, almost half reported experiencing problems associated with their use.

In the context of continued poor quality heroin, unreliable supply and (relatively) inflated heroin prices, many IDU seemed to consider morphine a more reliable and desirable option. A 50mg 'grey nurse' was reported to be $50 on the illicit market, compared with $200 or more for a comparable quantity of heroin.

9. OTHER DRUGS

9.1 Ecstasy and other party drugs

Twenty seven percent of the national IDU had used ecstasy in the six months preceding interview on a median of two days. The IDRS is not designed to monitor trends in ecstasy and other party drug use as the frequency and prevalence of use among IDU is low.

The use of ecstasy and other party drugs was monitored as part of a trial to determine the feasibility of monitoring party drugs using a similar methodology to the IDRS. In 200-2001 party drugs were monitored in SA, QLD and NSW, and in SA and NSW in 2002. Findings are reported elsewhere (Longo et al., 2002, Topp et al., 2002a, Rose and Najman, 2002, White et al., 2003, Breen et al., 2003c). For the first time in 2003, the Party Drugs Initiative (PDI) monitored ecstasy and other party drug markets in every state and territory of Australia. Detailed reports with the results will be available as NDARC technical reports.

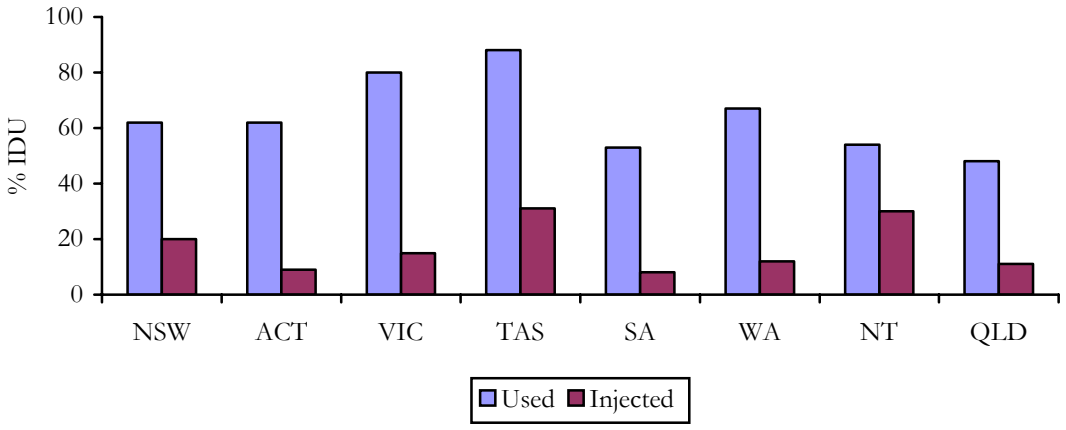
9.2 Benzodiazepines

Benzodiazepine use is common among IDU and the misuse of benzodiazepines is well documented (REF.) As in previous years of the IDRS, about two thirds (64%) of the national sample had used benzodiazepines on a median of 24 days in the six months preceding interview.

Sixty one percent reported swallowing benzodiazepines and 17% reported injecting them in the six months preceding interview. IDU that reported injecting benzodiazepines had done so on a median of 6 days, ranging from once to daily injection.

In 2003, TAS and VIC had the highest proportion of IDU who reported benzodiazepine use in the preceding six months, with variation reported between jurisdictions, ranging from 48% in QLD to 88% in TAS (Figure 60). Rates of recent injection also varied widely and remained lowest in SA (8%) and highest in the NT (30%) and TAS (31%). The majority (83%) of those that reported injecting benzodiazepines had also used them orally.

Figure 60: Proportion of IDU that reported recent use and injection of benzodiazepines, by jurisdiction, 2003



Source: IDRS IDU interviews

Health professionals are particularly concerned about the injection of benzodiazepines, as it is associated with high levels of injection related health problems including significant scarring, bruising of injection sites and difficulty injecting (indicative of vascular damage). Continued benzodiazepine injection can also lead to more serious health issues including gangrene and sometimes amputation.

Due to increasing concern over adverse health effects associated with the injection of temazepam capsules in particular, the 10mg capsule fomulation (Euhypnos, Nocturne, Normison, & Temaze) required an Authority prescription (i.e. prior approval from the Health Insurance Commission) from May 1st 2002. Temazepam 10mg tablets remained an unrestricted PBS benefit and temazepam 20mg capsules remained available without authority as a non-PBS item (i.e. they can still be prescribed by any doctor and purchased without subsidy). The impact of this restriction was assessed by the 2002 IDRS in NSW, NT, QLD, TAS and VIC (Breen et al., 2003b).

The 2003 IDRS data showed decreases in the injection of benzodiazepines in most jurisdictions, however it remains an issue of concern, particularly in the NT and TAS, where almost a third of both samples had recently injected benzodiazepines.

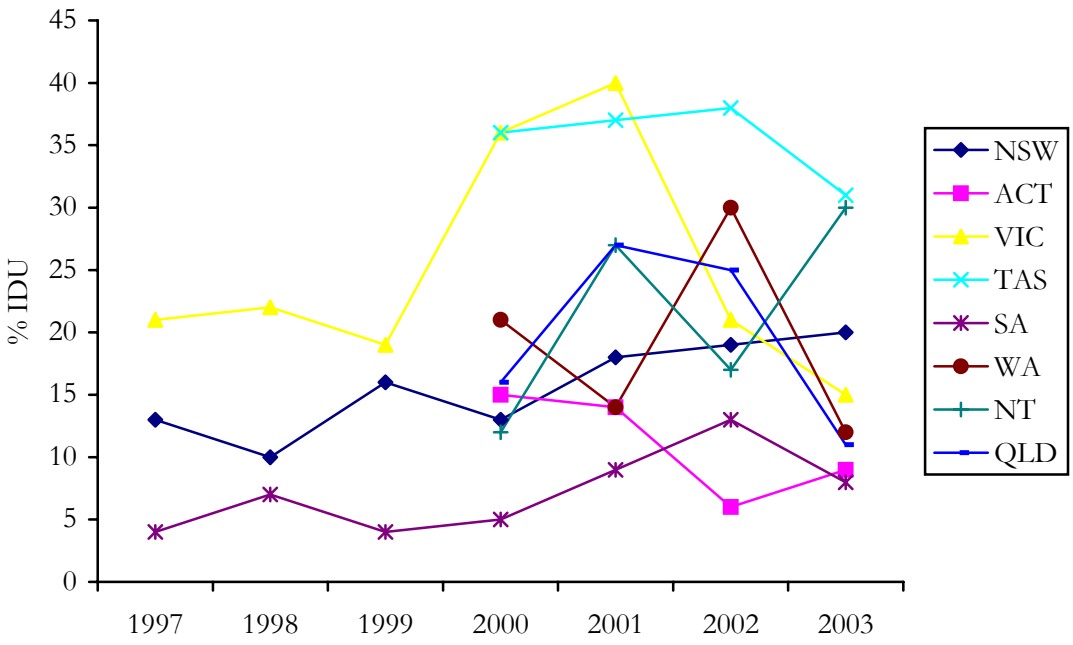
It should be noted that there were substantial decreases in VIC, which had the highest proportion injecting in 2001 (40%) to 15% in 2003. Public health measures (the Temazepam Injection Prevention Initiative) were implemented in Victoria in October 2001, targeting doctors, pharmacists, health workers and IDU regarding the harms associated with injection of benzodiazepines. The restriction in prescription for temazepam may have also contributed to this decrease.

Table 34: Proportion of IDU that reported recent injection of benzodiazepines, by jurisdiction, 2000-2003

Jurisdiction	2000	2001	2002	2003
NSW	13	18	19	20
ACT	15	14	6	9
VIC	36	40	21	15
TAS	36	37	38	31
SA	5	9	13	8
WA	21	14	30	12
NT	12	27	17	30
QLD	16	27	25	11

Source: IDRS IDU interviews

Figure 61: Proportion of IDU that reported recent injection of benzodiazepines, by jurisdiction, 1997-2003



Source: IDRS IDU interviews

Forty four percent of the national sample reported having used licit benzodiazepines and 38% illicit benzodiazepines in the six months preceding interview. Between a quarter and two thirds of IDU in all jurisdictions reported the use of benzodiazepines obtained illicitly in the preceding six months, ranging from 26% in QLD to 66% in TAS. In all jurisdictions except TAS, the minority of IDU reporting illicit benzodiazepine use stated this was the main form they had used in the preceding six months. Many of those who obtain benzodiazepines illicitly, however, also obtain them licitly. Rates of recent use of licit benzodiazepines were high in all jurisdictions, ranging from 33% in QLD to 66% in VIC.

The majority (63%) reported that licit benzodiazepines were the form they had most used in the preceding six months, however illicit benzodiazepines were the form most used by over half TAS (53%), 44% in the NT, and 41% in NSW (see Table 12 - forms most used).

IDU that had used benzodiazepines were asked the main brand that they had used. Data presented in Table 35 suggests that although temazepam capsules have been restricted it appears that there is still some preference for that type of benzodiazepine among those that inject the drug. Of those that only reported oral use of benzodiazepines, the majority (71%) reported diazepam (Valium, Antenex etc) as the main type of benzodiazepine used and only 9% reported temazepam. In contrast, among those that had injected benzodiazepines, a third (32%) reported temazepam as the main type of benzodiazepine used. It was not specified if the temazepam injected was tablet or capsule, however previous research suggests capsules are the preferred form for injection (Breen et al., 2003b). As mentioned previously the majority of those that inject benzodiazepines also report taking them orally and the reported 'main brand' may be taken orally. The IDRS survey does not determine whether the main brand was injected or swallowed.

Table 35: Main benzodiazepine type used by oral only users and those that injected in the six months preceding interview, 2003

	Recent oral use (not injected) n=405	Recent injectors* n=146
Diazepam	71	42
Oxazepam	13	6
Temazepam	**9**	**32**
Alprazolam	3	8
Nitrazepam	2	3
Clonazepam	1	2
Flunitrazepam	1	5

Source: IDRS IDU interviews
*83% of injectors also reported oral use therefore we can not make the assumption that the main brand reported is being injected.

The frequency of use of benzodiazepines was high among IDU. IDU in all states report modal use of 180 days (daily use), except in the NT where use was reported as once a month.

Table 36: Median days used and injected benzdodiazepines, among those used/injected, by jurisdiction, 2003

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Used	**24**	18	14	25	48	30	48	14	16
Injected	**6**	20	3	5	5	5	6	12	15

Source: IDRS IDU interviews

9.3 Anti-depressants

Twenty three percent of the national sample reported use of antidepressants in the six months preceding interview, on a median of 180 days. (52% reported daily use, which may be indicative of therapeutic use). Very few IDU reported injecting antidepressants both ever (≤4%) or in the last six months (<1%), across all jurisdictions. This suggests that antidepressants do not appear to be drugs that are commonly misused among this population.

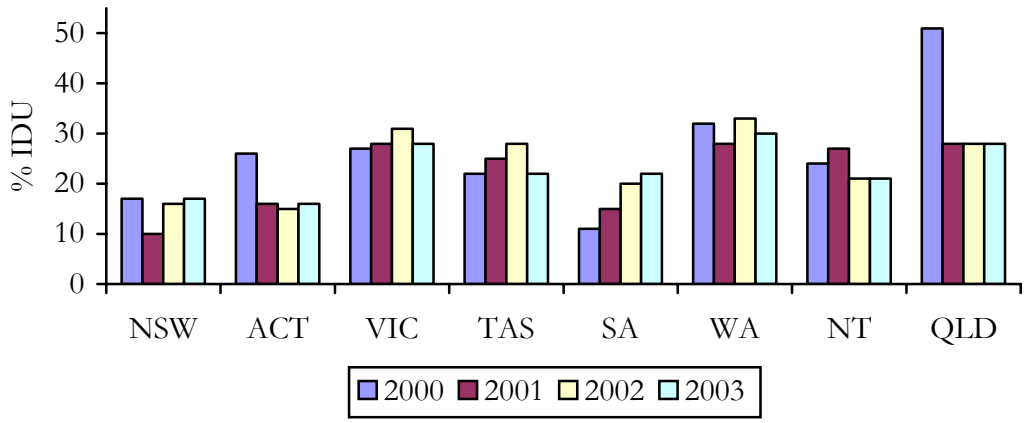
The proportion of IDU that reported recent antidepressant use has steadily increased in SA since 2000 and remained relatively stable within jurisdictions since 2001. There was also less jurisdictional variation in the use of anti-depressants among IDU than in the use of methadone, buprenorphine and benzodiazepines.

Table 37: Proportion of IDU samples reporting anti-depressant use in preceding six months by jurisdiction, 2000 -2003

	2000	2001	2002	2003
NSW	17	10	16	17
ACT	26	16	15	16
VIC	27	28	31	28
TAS	22	25	28	22
SA	11	15	20	22
WA	32	28	33	30
NT	24	27	21	21
QLD	51	28	28	28

Source: IDRS IDU interviews

Figure 62: Proportion of IDU samples reporting anti-depressant use in preceding six months by jurisdiction, 2000-2003



Source: IDRS IDU interviews

9.4 Alcohol and tobacco

Seventy one percent of the national sample reported recently using alcohol. Median days used was 20, indicating that frequency of use was weekly or less for half the sample. (61% weekly or less).

The vast majority of the national sample (94%) reported recent tobacco use. The majority of tobacco smokers (95%) were daily smokers. Median days use in all states was 180.

9.5 Pharmaceutical stimulants

In 2003, IDU were also asked about their use of pharmaceutical stimulants including dextropropoxyphene, dexamphetamine and methylphenidate. These are drugs in medications commonly used for cold and flus and prescribed for Attention Deficit Hyperactivity Disorder (ADHD). The proportions that reported recent use varied across jurisdiction. Use of these medications was particularly high in TAS (50%) and in WA (46%). Almost all IDU who used pharmaceutical stimulants in TAS injected them, while in WA 24% injected them.

Table 38: Patterns of use of pharmaceutical stimulants by jurisdiction, 2003

	National sample N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Used	24	1	19	6	50	11	46	16	4
Injected	11	1	12	3	45	3	24	10	4
Median days used*	4	11	2	5	5	3	5	2	2

Source: IDRS IDU interviews
* among those that reported recent use

The frequency of use was low at less than once a month for all states but NSW where use was almost twice a month.

The majority (78%) of those that reported recent use of prescription amphetamines reported illicit use. This indicates that access to pharmaceutical stimulants is primarily not coming via doctor shopping from the IDU interviewed, as the majority reported using medication from a prescription in another person's name. Further research into the harms associated with the use of these medications as well as research into how users are accessing them is required.

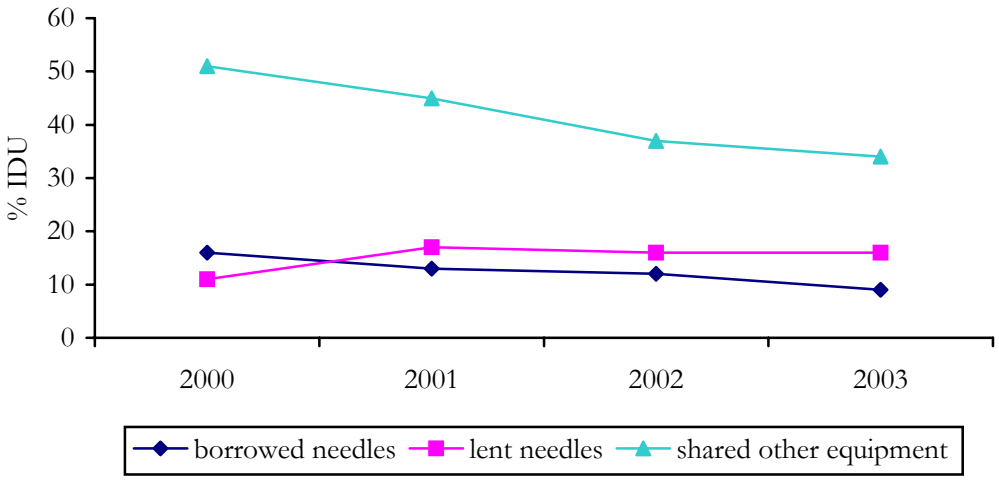
10 ASSOCIATED HARMS

10.1 Sharing of injecting equipment among IDU

The sharing of injecting equipment remains an issue of concern due to the risk of blood borne virus transmission. Nine percent of the national IDU sample reported they had used a needle after someone else ('borrowed') and 16% reported someone had used a needle after them ('lent') in the month preceding interview. Proportions reporting they had 'lent' a needle have remained stable since 2000 and there has been a slight decline in proportions reporting they have 'borrowed' a needle in the last month (Figure 63). The proportion that have 'lent' is higher than the proportion that 'borrowed' a needle, and this may indicate that social desirability biases may impact the ability to assess sharing of injecting equipment.

From 2000 there has been a decreasing trend in the proportion of IDU reporting sharing other injecting equipment, including spoons/mixing containers, filters, tourniquets and water. However in 2003, a third (34%) of the national sample reported sharing other injecting equipment.

Figure 63. Proportion of IDU that report borrowing or lending a needle, and sharing injecting equipment in the month prior to interview, 2000-2003



Source: IDRS IDU interviews

The highest rate of borrowing needles or syringes was recorded in WA and QLD (13%), followed by the ACT (11%) (Table 39). The highest rates of lending used needles or syringes were recorded in the ACT and VIC (24%).

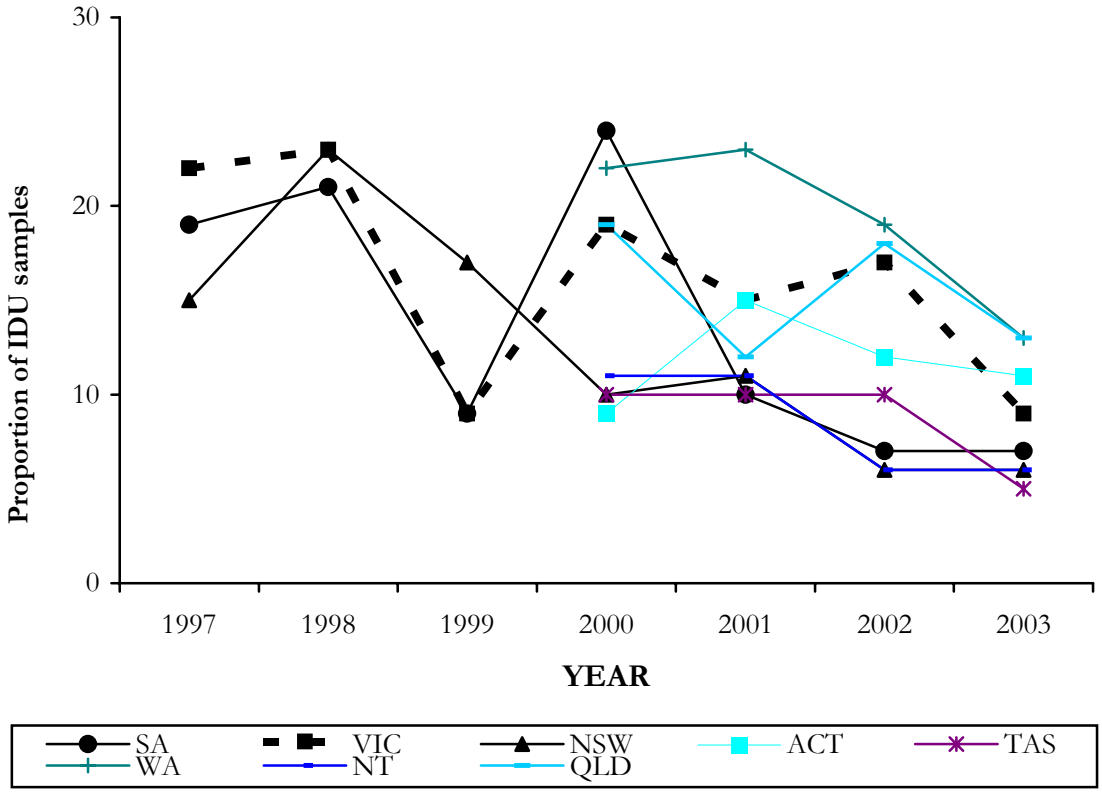
Two thirds (66%) of the national IDU sample reported that they had not shared any injecting equipment in the last month. Again there were jurisdictional differences with TAS having the largest proportion that reported not having shared any equipment (87%) and NSW and VIC reporting the lowest (57%). Spoons and mixing containers were the most commonly reported equipment to be shared.

Table 39: Sharing needles and injecting equipment in last month among IDU by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Needle sharing (%)									
Borrowed	9	6	11	9	5	8	13	6	13
Lent	16	12	24	24	3	14	17	10	21
Other injecting equipment sharing (%)									
Shared no equipment	66	57	65	57	87	73	66	74	60
Spoon/mixing container	26	40	26	41	1	18	27	17	31
Filter	17	31	20	24	1	1	7	11	11
Tourniquet	11	13	12	7	11	11	8	15	13
Water	18	32	19	24	2	14	14	10	20

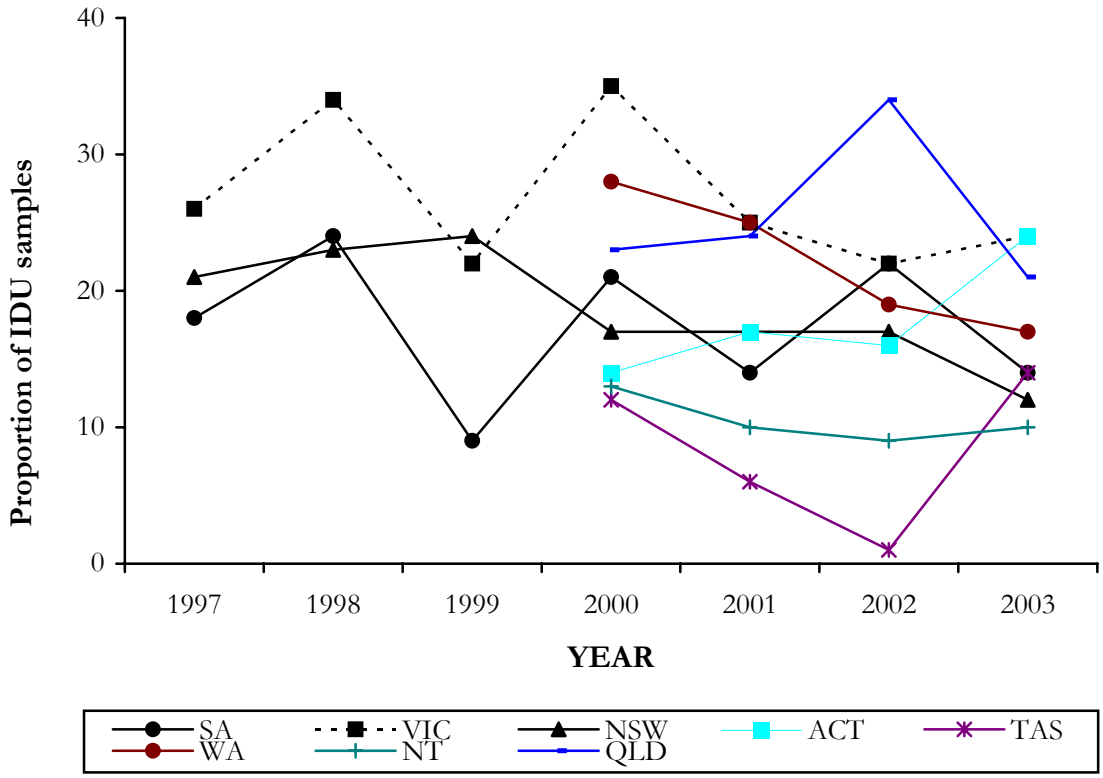
Source: IDRS IDU interviews

Figure 64: Self-reported borrowing of used needles and/or syringes in preceding month by IDU by jurisdiction, 1997-2003



Source: IDRS IDU interviews

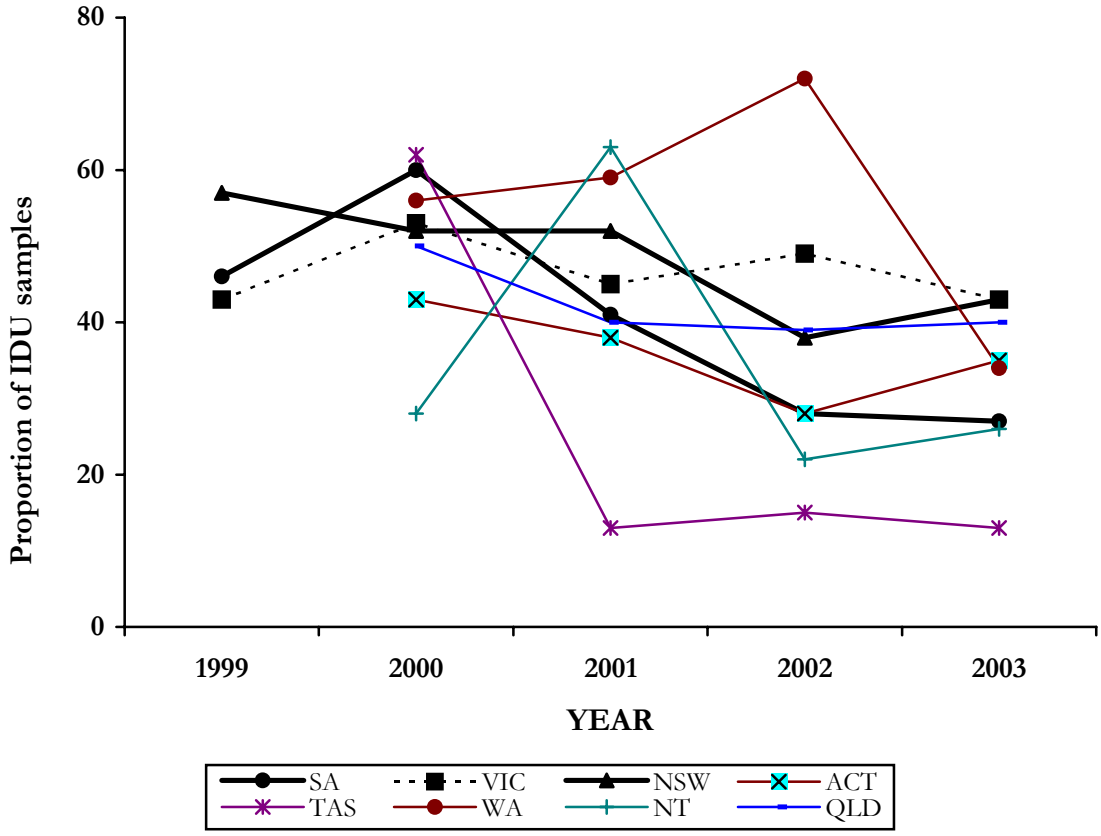
Figure 65: Self-reported lending of used needles and/or syringes in preceding month by jurisdiction, 1997-2003



Source: IDRS IDU interviews

The sharing of injecting equipment other than needles and syringes also involves risk of BBV transmission. Higher proportions of IDU in all jurisdictions report sharing other equipment than sharing of needles and syringes. In 2002 WA had the highest proportion (72%) reporting sharing injecting equipment, although the proportion decreased substantially in 2003 (34%).

Figure 66: Self-reported sharing of used injecting equipment other than needles/syringes in preceding month by jurisdiction, 1999-2003



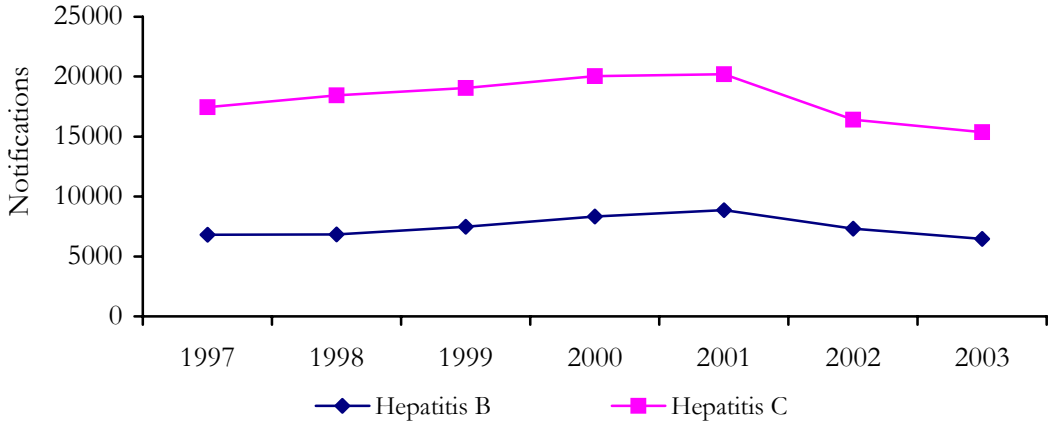
Source: IDRS IDU interviews

10.2 Blood borne viruses

IDU are at significantly greater risk of acquiring hepatitis B (HBV), hepatitis C (HCV) and HIV, as blood borne viruses (BBV) can be transmitted via the sharing of needles, syringes and equipment.

Figure 67 presents the total number of notifications for HBV and HCV in Australia. Incident or newly acquired infections and unspecified infections (i.e. the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV, with a gradual decreasing trend in notifications of both HBV and HCV since 2001.

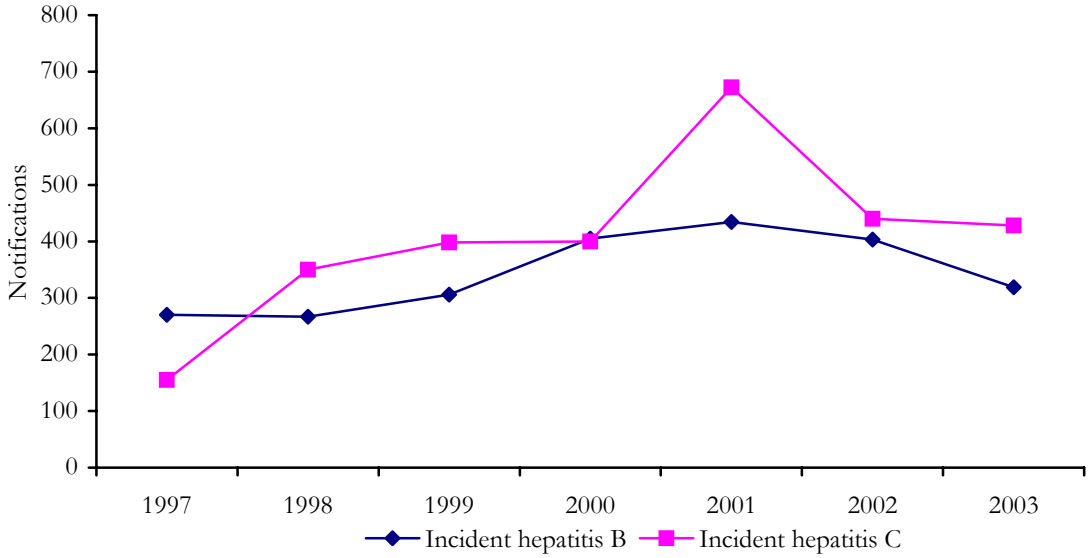
Figure 67: Total notifications for HBV and HCV (unspecified and incident) Infections, Australia, 1997 - 2003



Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System[1]

HBV incident reporting has decreased slightly in the past twelve months from 87 in 2002 to 59 in 2003, returning to levels reported in 1997 (Figure 68). The number of HCV incident notifications decreased more markedly from 672 in 2001 to 448 in 2003.

Figure 68: Total notifications for HBV and HCV incident* infections, Australia, 1997 - 2003



Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System
* NT and QLD reported as Hep C (unspecified)

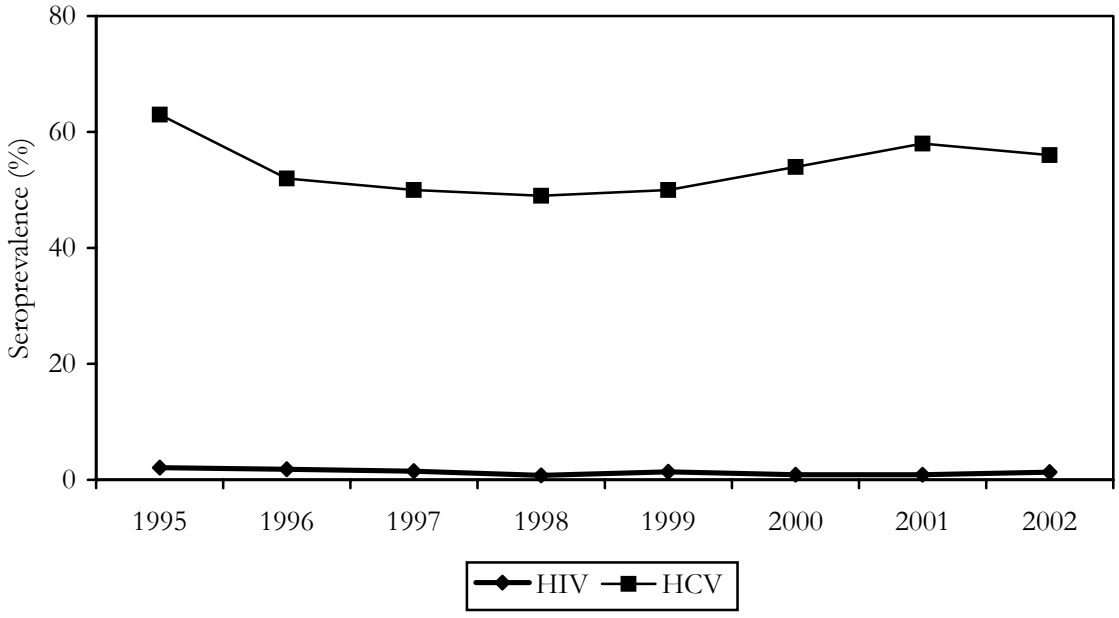
Consistent with IDRS data, the Annual NSP Survey has documented a general decrease in recent years in the sharing of needles and syringes, which has contributed to Australia's consistently low prevalence of HIV among IDU (HIV antibody seroprevalence

[1] ***Notes on interpretation***
There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to only represent a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time (NNDSS Annual Report, 2000).

decreased from 2.1% in 1995 to 1.3 % in 2002) (National Centre in HIV Epidemiology and Clinical Research, 2003).

The higher rates of sharing of other injecting equipment such as spoons, filters, water and tourniquets may explain, at least in part, Australia's consistently high prevalence of Hepatitis C (HCV) among IDU, which decreased from 63% in 1995 to 49% in 1998 and then gradually increased to 58% in 2001 and 56% in 2002 (National Centre in HIV Epidemiology and Clinical Research, 2003).

Figure 69: HIV and HCV seroprevalence among IDU recruited for the Australian NSP Survey, 1995-2001



Source: Australian NSP survey, NCHECR 2003

10.3 Location of injections

Consistent with previous years, the majority of IDU (73%) in the national sample reported that they had last injected at home. There were jurisdictional differences with regards to the location of the last injection. As in 2002, NSW reported the lowest proportion (56%) of IDU that injected at a private home (their own or someone else's), while two thirds or more in all other jurisdictions reported they had last injected at home. Substantial proportions in all jurisdictions reported public injecting, including injecting in locations such as on the street, a park, a public toilet or a car. Rates of public injecting were highest in NSW (35%) and lowest in the NT (8%). Public injecting raises concerns over injecting practice (users injecting in a hasty manner to avoid being 'caught'), as well as the safe disposal of injecting equipment.

In NSW 8% of the sample reported they had last injected at the Sydney Medically Supervised Injecting Centre. Only a few participants in NSW and QLD reported that they had last injected in a 'shooting room' (i.e. a commercial premises rented for a short time often for the purpose of injecting).

Table 40: IDU reports of location of last injection, by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Last injection (%)									
Home	73	56	79	66	72	84	76	92	72
Street/park	10	27	10	11	7	3	7	2	6
Car	8	5	3	8	12	10	12	4	13
Public toilet	6	3	7	13	9	3	4	2	8
Shooting room	<1	1	0	0	0	0	0	0	2

Source: IDRS IDU interviews

Participants were also asked the location of usual injection which followed the same patterns as location of last injection; home (78%), street/park (8%), car (7%), public toilet (4%) and shooting room (<1%).

10.4 Injection related health problems

The majority (68%) of IDU in the national sample had experienced injection-related health problems in the month preceding the interview. As in 2002, close to half (48%) of the national sample reported significant scarring/bruising, and 43% reported difficulty injecting (indicating poor vascular health).

Three percent of the national sample reported overdose in the month preceding interview. The main drug used at the time of overdose was heroin for the majority (61%), followed by methamphetamine (27%) and morphine and other opioids accounted for the remainder. Under half (45%) reported there were other drugs involved, most commonly benzodiazepines and alcohol.

Eight percent reported they had a 'dirty hit' (i.e. a hit that made them feel sick) in the month preceding interview.

Table 41: Injection-related issues in last month among IDU by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Injection problems (%)									
Infection/abscess	9	12	8	9	8	4	4	10	16
'Dirty hit'	18	14	17	14	31	14	21	17	19
Scarring/bruising	48	37	44	57	49	51	54	59	37
Difficulty injecting	43	33	39	43	51	44	53	51	35
Thrombosis	8	5	7	14	10	3	5	8	7

Source: IDRS IDU interviews

There was some jurisdictional variation in problems reported (Table 41). TAS recorded the lowest frequency of injecting in the month preceding the interview, with the majority of IDU (83%) reporting less than daily injection (Table 9), however TAS also recorded the highest rates of dirty hit and the second highest rates of difficulty injecting. It has been proposed that the relatively high rates of these problems among TAS IDU may be related to the high proportion of the TAS sample that reported having recently injected pharmaceutical preparations that are not designed for injection.

Previous clinical experience and research suggests that the injection of pharmaceuticals designed for oral administration results in injection related health problems. In 2003 participants were asked about injection related problems specifically associated with the injection of benzodiazepines, methadone, buprenorphine and morphine.

Benzodiazepines

Nine percent of the 2003 national IDRS sample reported injecting benzodiazepines in the month preceding interview. There was some jurisdictional variation (ranging from 1% in the ACT, 14% in NSW and 18% in the NT) in the proportion that had injected benzodiazepines in the month prior to interview.

Thirty percent of those that had injected benzodiazepines in the month preceding interview reported they did not have any injection related problems in relation to benzodiazepine injection. Half reported difficulty injecting, which was the most common problem associated with benzodiazepine injection (Table 42).

Methadone

Seventeen percent reported injecting methadone in the month preceding interview. There was substantial variation across jurisdictions, with the highest proportion in TAS 68%, followed by 17% in the NT and the ACT, 16% in SA, 15% in QLD, 7% in NSW and none in VIC.

Methadone dependence was the most commonly reported problem associated with the injection of methadone.

Buprenorphine

Seven percent of the national sample injected buprenorphine in the month prior to interview. While methadone injection in VIC does not appear to be a problem, the injection of buprenorphine in the last month was highest in VIC (26%), followed by QLD, WA and SA (6%). Only 2% in the NT and 1% in NSW and the ACT injected buprenorphine in the month prior to interview. Difficulty injecting was the most commonly reported problem.

Morphine

Thirty one percent of the national sample had injected morphine in the month prior to interview. Again, injection patterns differed by state, with morphine injection highest in NT (76%), followed by 51% in TAS, 33% in SA, 31% in WA, 27% in QLD, 23% in VIC, 15% in the ACT and 8% in NSW.

Table 42: Injection-related issues related to benzodiazepine, methadone, buprenorphine and morphine in last month among IDU, 2003

Injection problems (%)	Benzodiazepine n=89	Methadone n=162	Buprenorphine n=64	Morphine n=303
No problems	30	24	31	35
Difficulty injecting	51	44	38	39
Scarring/bruising	37	30	32	31
Dependence	18	48	19	22
Infection/abscess	16	7	7	6
'Dirty hit'	5	17	8	12
Swelling of the arm	21	13	22	15
Swelling of hand	14	7	7	9
Swelling of feet	10	5	5	3
Swelling of leg	10	8	8	2
Hospitalisation	7	0	0	1
Contact with ambo	3	0	0	1
Contact with police	3	0	0	1
Skin ulcers	6	3	3	1
Thrombosis	5	6	7	5

Source: IDRS IDU interviews

10.5 Expenditure on illicit drugs

About a third (31%) of the national sample reported they had not spent any money on illicit drugs on the day prior to interview. There was a wide range in the amount participants reported spending on illicit drugs the previous day ($2 - $1500). A third spent between $50 and $199. Twenty eight percent of the overall IDU sample had spent $100 or more. There was a significant correlation between involvement in criminal activity and expenditure on illicit drugs on the day preceding interview (Spearman's $r=0.136$, $p<.01$).

There was jurisdictional variation in the amount spent on illicit drugs on the day preceding the interview. As in 2002, NSW had the lowest proportion (20%) that reported not spending any money the day prior to interview and the highest median expenditure among IDU that had spent money ($100). The expenditure in NSW was significantly higher than the other states (median $100 vs. $60, $U=38558$; $p<0.001$). Given that NSW

has the highest proportion of IDU that reported using heroin and cocaine recently, and the highest frequency of use of these drugs, this finding is not surprising.

Table 43: Expenditure on illicit drugs on the day preceding the interview, by jurisdiction, 2003

	National N=970	NSW n=154	ACT n=100	VIC n=152	TAS n=100	SA n=120	WA n=100	NT n=109	QLD n=135
Nothing	41	20	39	43	55	36	54	44	44
Less than $20	5	5	9	7	7	2	0	3	4
$20 - $49	11	8	8	15	16	16	10	13	4
$50 - $99	19	21	16	19	12	16	17	22	22
$100 - $199	14	23	15	9	7	16	14	13	15
$200 - $399	8	15	10	6	2	11	4	5	7
$400 0r more	3	8	3	2	1	3	1	1	2
Median expenditure* ($)	70	100	80	50	45	75	79.5	60	80

* of those that reported spending money on illicit drugs
Source: IDRS IDU interviews

10.6 Mental health problems

Twenty eight percent of the national sample reported attending a health professional for a mental health problem other than drug use in the preceding six months (27% in 2002). As in previous years the most commonly reported mental health problems among the IDU sample were depression (17%), followed by anxiety (9%). Drug induced psychosis, schizophrenia, panic and manic depression were each reported by 3% of the national sample. Among those that had attended a health professional, the most common health professionals consulted were general practitioners (53%), psychiatrists (37%), counsellors (26%), psychologists (21%), and mental health nurses (7%).

10.7 Criminal and police activity

IDU were asked about the types of crime they had committed in the month preceding interview, and Table 44 shows self-reported criminal activity among IDU during this period, by jurisdiction. As in previous years, about half (49%) of the overall national sample had engaged in at least one criminal activity in the preceding month, most often drug dealing (34%) and property crime (22%). Recent self reported crime rates were lowest in the NT (28%) and SA (38%), and were comparable elsewhere.

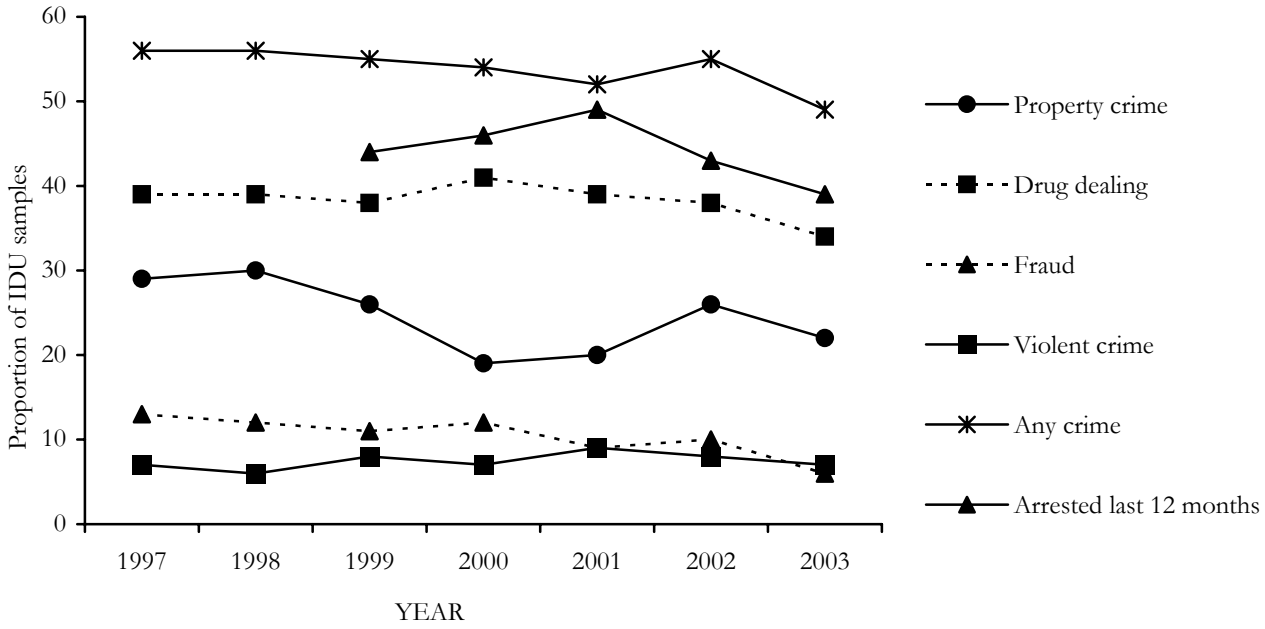
Thirty nine percent of the overall national IDU sample had been arrested in the preceding twelve months, most often for property crime and drug offences, reflecting the crimes most reported.

Table 44: Self-reported criminal activity among IDU in the month preceding the interview, by jurisdiction, 2003

	Total sample N=970	NSW N=154	ACT N=100	VIC N=152	TAS N=100	SA N=120	WA N=100	NT N=109	QLD N=135
Property crime (%)	22	31	22	35	32	11	18	9	14
Drug dealing (%)	34	36	35	39	32	28	42	20	37
Fraud (%)	6	7	5	5	6	7	8	3	8
Violent (%)	7	8	6	9	5	3	6	4	10
Any crime (%)	49	55	50	59	52	38	50	28	53
Arrested last 12 months (%)	39	49	36	48	46	21	36	18	47

Source: IDRS IDU interviews

Figure 70: Self-reported criminal activity among IDU in month preceding interview, 1997-2003



Source: IDRS IDU interviews

11 SUMMARY

11.1 Heroin

Overall in 2003, it appears there has been a continued trend towards the stabilisation of the heroin market, however price, purity, availability and levels of use have not returned to the levels reported prior to the heroin shortage. Indicator data reflect the IDU data indicating some stabilisation of the heroin market. The purity of analysed seizures decreased markedly from 1999 and appears to have stabilised in the last financial year. Overdose deaths have shown a similar pattern, stabilising in 2002 after declining from 1999.

IDU reports indicated that the price of heroin has stabilised in 2003. Heroin remained cheapest in NSW ($300 per gram) and most expensive in WA ($550 per gram). IDU reported heroin purity as low to medium. The majority of IDU reported that heroin was 'easy' to 'very easy' to obtain. Larger proportions in 2003 reported that the availability had remained stable in the six months preceding interview.

Heroin use has stabilised in most states, however the frequency of use increased in SA and the ACT and decreased in QLD. The median days of heroin use has not returned to the levels reported prior to shortage in supply of heroin of 2001, except in NSW and SA.

11.2 Methamphetamine

As in 2002, the 2003 IDRS distinguished between methamphetamine powder (speed), methamphetamine base (base) and crystal methamphetamine (ice). All forms of methamphetamine remained the cheapest in SA. Larger numbers than in previous years reported buying points of speed. The majority reported the price of all forms of methamphetamine as stable, except in TAS, where the majority did not know if the price of ice had changed, as the ready availability of this form was new to TAS.

IDU reports of the purity of speed were mixed with similar proportions of IDU reporting low, medium and high purity. Larger proportions of IDU reported the purity of base and ice as medium to high.

The majority of respondents in all jurisdictions reported that speed was 'easy' or 'very easy' to obtain and that availability was stable. Among those who could comment, base was also considered to be 'easy' to obtain, and availability stable. Larger numbers were able to comment on ice in 2003 and the majority of those in all jurisdictions reported it was 'easy' or 'very easy' to obtain and that it had remained stable or become easier recently.

The proportion of IDU reporting use of speed in the six months preceding interview has stabilised in all jurisdictions, remaining highest in WA and lowest in NSW. The proportion of IDU reporting recent use of base decreased in SA, WA, TAS and the ACT and increased slightly in the NT and NSW. The use of ice increased in all jurisdictions but SA. KI reports supported the IDU data regarding an increase in the use and availability of ice. KI expressed concerns regarding the health impact of the use of this

more potent form of methamphetamine, specifically the psychological well-being of clients.

11.3 Cocaine

Cocaine price, purity and availability were reported by small numbers of respondents in all jurisdictions except NSW. This in itself is an indication of limited cocaine use in the samples surveyed by the IDRS and may reflect smaller or more hidden markets.

With the exception of NSW, small numbers (n<10) of IDU in all jurisdictions reported purchasing cocaine. Cocaine remained cheapest in NSW at $200 a gram, and a cap of cocaine remained stable at $50.

IDU reports of the purity of cocaine were variable. Of those able to comment, a third (34%) reported the purity as low and 27% as medium. There has been an increase in the proportion that reported the purity as low since 2001.

Cocaine was considered 'easy' or 'very easy' to obtain in NSW although 28% reported it had become more difficult in the preceding six months. Substantial proportions in other jurisdictions reported it was 'difficult' or 'very difficult'.

The proportion of IDU reporting recent cocaine use decreased in NSW (from 79% to 50%), the ACT (18% to 13%), SA (26% to 13%), WA (17% to 10%) and VIC (17% to 13%). The frequency of use decreased substantially in NSW, from 24 days in 2002 to five days in 2003, and remained sporadic in all other jurisdictions.

11.4 Cannabis

The price of an ounce of cannabis remained cheapest in SA (Table 6). Gram prices varied from $20-$25, consistent with previous years. In SA, bags of approximately 2.5 grams were sold for $25. The majority of IDU in all jurisdictions reported that the price had remained stable in the preceding six months.

As in previous years, the IDU in all jurisdictions perceived potency of cannabis as 'high' and stable. Cannabis was considered 'very easy' or 'easy' to obtain by the majority of IDU in all jurisdictions, and availability was described as stable.

Cannabis use was common among IDU and frequency of use was high. Hydroponic cannabis continued to dominate the market with the majority in all jurisdictions reporting it as the form most used. The use of outdoor crop or bush cannabis in the six months preceding interview was reported in all jurisdictions by over half of respondents (53% in NSW to 80% in TAS). The use of hash (4% in NSW to 38% in SA) and hash oil (2% in NSW to 23% in SA) in the preceding six months was also reported in all jurisdictions.

11.5 Other drugs

Substantial proportions of IDU reported recent injection of morphine. Morphine injection remained highest in the NT and TAS with increasing proportions reporting

injection in the ACT. The majority of participants that reported they had used morphine reported they mainly used 'illicit' morphine, i.e. morphine that was not from a prescription in their own name. Further detailed research into where IDU access or source the morphine they are using would be worthwhile.

Almost half (45%) of the TAS sample and 24% of IDU in WA reported injection of pharmaceutical stimulants in the six months preceding interview. Benzodiazepine injection continues to occur among significant minorities in TAS (31%), the NT (30%) and NSW (20%). The injection of illicit methadone syrup (46%) and illicit physeptone (56%) was highest in TAS. Thirty percent of IDU in VIC reported the injection of illicit buprenorphine followed by 15% in WA, and less than 10% in the other jurisdictions. The injection of these oral preparations is a concern due to the risk of vein damage.

11.7 Associated harms

There have been decreases in the proportion of IDRS IDU samples that report lending or borrowing needles, however a third of the 2003 national sample reported sharing some form of injecting equipment. This is of concern due to the risk of blood borne virus transmission, in particular Hepatis C, which is prevalent in the IDU population.

Consistent with previous years, the majority of IDU (73%) in the national sample reported that they had last injected at home. Substantial proportions in all jurisdictions reported public injecting, including injecting in locations such as on the street, a park, a public toilet or a car. Public injecting raises concerns over injecting practice (users injecting in a hasty manner to avoid being 'caught'), as well as the safe disposal of injecting equipment.

The majority (68%) of IDU in the national sample had experienced injection-related health problems in the month preceding the interview, significant scarring/bruising and difficulty injecting (indicating poor vascular health) were commonly reported.

As in previous years, about half (49%) of the overall national sample had engaged in at least one criminal activity in the preceding month, most often drug dealing (34%) and property crime (22%). Recent self reported crime rates were lowest in the NT (28%) and SA (38%), and were comparable elsewhere. Thirty nine percent of the overall national IDU sample had been arrested in the preceding twelve months, most often for property crime and drug offences reflecting the crimes most reported.

Substantial proportions of the national IDU sample reported attending a health professional for a mental health problem other than drug use in the preceding six months. Depression was the most commonly reported mental health problem among the IDU sample, followed by anxiety.

12 IMPLICATIONS

Australian Drug Trends 2003 presents the findings of the fourth year in which the complete IDRS was conducted in all jurisdictions. This allows the opportunity to present trends over time of standardised, directly comparable data relating to illicit drug use and markets collected in every jurisdiction in Australia. Data from recent years have

highlighted the dynamic nature of drug markets and the need to monitor fluctuations to provide information on the way they impact other drug markets. The IDRS provides an opportunity to examine trends between and within jurisdictions with the aim to inform further research and policy decisions. The continued monitoring of illicit drug markets across Australia for changes in the price, purity, availability, use patterns and the associated harms of different drugs will add to our understanding of the markets and our ability to inform strategic policies to limit harms.

As in previous years of the IDRS, the 2003 findings indicate that although there are some commonalities in drug trends across the country, there is also substantial variation. For example, there has been an increase in the use and availability of crystalline methamphetamine across the country, while the diversion and misuse of specific pharmaceuticals raise issues to consider in different states. Harm reduction strategies need to be individually tailored to the particular types of substances used and the problems associated with them within each state.

The 2003 IDRS data suggest some stabilisation of the heroin market with heroin becoming easier to obtain and use more frequent. Use has not returned to the levels prior to the heroin shortage, however this trend needs to be monitored to see if it is indicative of a sustained change in heroin availability and use. If heroin becomes increasingly available then it would be expected that there may be a concomitant increase in the harms associated with heroin use as well as the demand for treatment.

As there have been substantial changes in the methamphetamine market in recent years, continued monitoring of market fluctuation and patterns of use is required. More focussed research, funded by NDLERF, is currently being conducted to develop our understanding of these markets through a collaborative project between NDARC, the Australian Customs Service and the NSW Police (McKetin and McLaren, 2004).

The reported increase in the use and availability of crystalline methamphetamine raises issues for health and law enforcement professionals. Reports by KI suggest that there is concern among health and law enforcement professionals on how to deal with an increase in demand for assistance with problems associated with methamphetamine use. It is anticipated that the usual problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia, cardiac difficulties) develop more quickly in response to the use of the potent crystal form (Degenhardt and Topp, 2003). Health and law enforcement professionals who work with drug using populations may need to develop strategies for managing these negative effects. Clear and practical harm reduction information for use of ice should be developed and distributed to users and health workers, in addition to the development and implementation of practical strategies and training for dealing with affected individuals.

Customs continue to seize large amounts of cocaine at the Australian border, indicating there is a substantial market in Australia. The 2003 IDRS suggests that there has been a decrease in the availability and frequency of use of cocaine among regular IDU in NSW, while use remained sporadic elsewhere. As cocaine use is sporadic among the IDRS samples interviewed, more detailed research is needed to further investigate the cocaine markets in Australia. Recently NDLERF funded a collaborative project between NDARC and Turning Point Alcohol and Drug Centre to examine the characteristics and dynamics of cocaine supply and demand. This project will investigate use among professional users, recreational poly drug users and IDU in an attempt to provide more

detailed information. In addition, another NDLERF funded national project, the Party Drugs Initiative, provides information on cocaine use in party drug user populations (Breen et al., 2004).

There is some indication of increases in frequency of cannabis use among IDU samples in some jurisdictions. Although IDU who are interviewed in the IDRS often report very frequent cannabis use, it is not the case that these groups form the majority of the cannabis using population in Australia. General population rates in Australia of over one third of the population report cannabis use in their lifetime, and cannabis use remains an entrenched behaviour among the broader community in this country. Given that many IDU reported cannabis potency as high, and that much of the cannabis used was hydroponically grown, future work could be conducted to examine the characteristics and potency of street samples of cannabis to validate these reports.

Data from recent years of the IDRS have pointed to the misuse of a growing number of pharmaceutical preparations. Research into factors that would reduce the harms associated with the injection of morphine, methadone, buprenorphine, benzodiazepines and pharmaceutical stimulants is needed. The dissemination of this information needs to occur through health professionals and peer groups. Continued education in this area is required.

As the IDU mainly reporting using illicitly sourced pharmaceuticals, further investigation into the sources is required. Closer examination of the diversion of established medications such as methadone, morphine and benzodiazepine as well as more recently introduced preparations such as buprenorphine is currently being conducted by Turning Point (funded by NDLERF). As the injection of buprenorphine has been identified as an issue that requires attention, careful monitoring is warranted as the buprenorphine program continues to expand across Australia.

Rates of sharing of equipment remain relatively high (34% the national sample), and continued emphasis on, and support for, targeted strategies to further reduce the rates of sharing of needles/syringes and other injection equipment by IDU is required. In addition as injection related problems continue to be reported, attempts should be made to minimise the harms associated with poor injecting practice through improving awareness and adoption of safe injection techniques and vein care by IDU.

Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among regular IDU, it cannot provide information on drug use and harms among all groups. The Party Drugs Initiative (PDI), which has been funded by NDLERF to be conducted in every jurisdiction in Australia in 2003-2005, will be able to document patterns and trends in use among party drug users (Breen et al., 2004). The information provided by the PDI will be an important addition to Australia's monitoring of drug use and harms. Given that the use of new drugs and diversion of pharmaceutical drugs appears to be increasing, future research might include examination of groups who report using these drug types to investigate the patterns and circumstances of the use of newer drug types. Examination of trends in rural areas in Australia may also provide information about the patterns of use and harm among groups outside the major metropolitan centres of the country.

Methodological considerations

As previously mentioned, the IDRS is not designed to provide information regarding illicit drug use in the general population, nor does it provide information that is representative of all illicit drug users. However, the IDRS does provide directly comparable data relating to illicit drug use and markets, collected in every Australian jurisdiction on a sentinel group of IDU in an attempt to detect emerging trends in illicit drug markets. The IDU survey is a key component of the IDRS, providing the most accurate data available on drug prices and availability, data that cannot be collected as efficiently in any other way. The inclusion of the IDU survey in all Australian jurisdictions since 2000, and the examination of comparable data over time represents continued progress in the monitoring of illicit drug trends.

The IDRS is designed to detect emerging trends and inform future research, it therefore cannot and does not intend to answer detailed research questions such as the harms associated with a particular drug or the extent of diversion of pharmaceutical supplies. However, the IDRS can provide background information issues related to illicit drug markets such as levels of use of a certain drug among a group of IDU and changes over time.

As there are differences between jurisdictions in the availability and patterns of use of various drugs, detailed jurisdictional findings of the IDRS and discussion of their implications are available in the jurisdictional *Drug Trends 2003* reports, available from NDARC.

APPENDICES

Appendix A

Table A1: Price, purity and availability of heroin by jurisdiction, 2002

	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Median Price ($)									
per gram	-	300	350	400	350	475	550	500	350
per cap	-	50	50	50	90	50	50	85	50
Price changes									
(% who commented)	n=655	n=151	n=83	n=145	n=21	n=39	n= 99	n=36	n=81
Don't know	16	3	5	1	43	0	50	78	7
Decreased	22	8	27	59	0	5	28	3	12
Stable	41	52	46	49	43	59	13	8	42
Increased	14	31	12	28	14	33	4	11	31
Fluctuated	7	6	11	12	0	3	5	0	0
Median purity (%)*	-	n.a	21	15	-	22	20	-	19
Availability									
(% who commented)	n=654	n=151	n=83	n=145	n=20	n=39	n= 99	n=36	n=81
Don't know	11	0	1	1	15	0	44	69	0
Very easy	42	56	47	47	35	31	32	6	43
Easy	33	33	34	41	40	49	16	8	42
Difficult	13	11	18	10	10	15	6	11	15
Very difficult	1	0	0	1	0	5	1	6	0
Availability changes									
(% who commented)	n=654	n=151	n=83	n=145	n=20	n=39	n=99	n=36	n=81
Don't know	14	0	5	3	25	3	47	69	2
Easier	15	23	23	21	5	31	34	14	25
Stable	44	54	47	53	55	46	12	14	53
More difficult	24	19	19	18	5	18	5	3	17
Fluctuates	4	5	6	4	0	3	2	0	2
Place usually score									
(% use & commented)	n=569	n=147	n=81	n=142	n=14	n=10	n=60	n=35	n=79
Street dealer	21	28	15	32	0	11	3	10	18
Dealer's home	20	11	31	23	21	19	23	30	15
Mobile dealer	36	51	33	26	14	31	35	20	38
Friend`	13	3	11	13	50	19	20	20	19

Note: Purity data is provided by the ACC and reflects seizures by state police in each jurisdiction, AFP purity seizures by jurisdiction are reported in Table 2. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2001/02. Purity data is not yet available for NSW. No seizures of heroin were analysed for purity in TAS or the NT in 2001/02.

Appendix B

Table B1: Price, purity and availability of methamphetamine powder by jurisdiction, 2002

	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Price ($)									
per gram	-	100	300	200	75	50	250	80	200
Price changes									
(% who commented)	n=54	n=54	n=29	n=88	n=30	n=26	n=99	n=56	n=52
Don't know	18	11	14	8	3	12	33	32	8
Decreased	10	9	7	14	3	15	11	4	10
Stable	57	61	59	59	70	65	41	55	64
Increased	10	19	17	10	13	4	7	2	14
Fluctuated	6	0	3	9	10	4	7	7	6
Median purity*	-	n.a	7.1	15.0	24.8	14.6	23.0	5.5	19.7
Availability									
(% who commented)	n=432	n=54	n=29	n=87	n=30	n=26	n=98	n=56	n=52
Don't know	12	7	3	1	0	4	29	29	2
Very easy	45	33	52	33	43	39	56	29	77
Easy	32	37	24	52	40	35	12	41	19
Difficult	9	19	17	13	17	15	3	2	2
Very difficult	1	4	3	1	0	8	0	0	0
Availability changes									
(% who commented)	n=431	n=54	n=29	n=87	n=30	n=26	n=98	n=56	n=52
Don't know	13	9	7	3	0	0	28	30	4
Easier	13	17	17	12	13	15	11	2	6
Stable	60	61	55	66	67	81	43	59	69
More difficult	11	11	21	17	17	4	10	9	15
Fluctuates	3	2	0	2	3	0	7	0	6
Place usually score									
Street dealer	12	11	24	15	10	4	6	13	15
Dealer's home	27	19	24	35	35	42	21	14	35
Mobile dealer	19	20	24	14	28	15	8	13	21
Friend	20	22	17	28	21	8	17	27	12

Note: *Purity data is provided by the ACC and reflects analysed seizures by state police in each jurisdiction, AFP purity figures by jurisdiction are reported in Table 4. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2001/02. Purity data is not yet available for NSW. The purity figures do not differentiate between different forms of methamphetamine and therefore may incorporate powder, base and ice.

Table B2: Price and availability of methamphetamine base by jurisdiction, 2002

	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Price ($)									
per 'point'	-	50	50	35	50	25	50	50	30
Price changes	N=341	n=26	n=13	n=6	n=73	n=51	n=98	n=35	n=39
(% who commented)									
Don't know	29	12	15	17	15	6	53	71	8
Decreased	8	4	8	0	7	14	5	9	13
Stable	50	77	62	83	60	57	35	20	56
Increased	7	4	8	0	8	14	4	0	13
Fluctuated	6	4	8	0	10	10	3	0	10
Availability	N=337	n=26	n=13	n=6	n=73	n=51	n=96	n=35	n=39
(% who commented)									
Don't know	23	8	0	17	3	0	48	69	10
Very easy	45	27	54	0	58	73	34	9	56
Easy	24	42	23	50	34	18	12	23	28
Difficult	7	23	15	33	6	10	3	0	5
Very difficult	1	0	8	0	0	0	3	0	0
Availability changes	N=341	n=26	n=13	n=6	n=73	n=51	n=98	n=35	n=39
(% who commented)									
Don't know	26	8	0	17	6	4	52	71	8
Easier	12	15	8	0	12	22	6	9	18
Stable	52	73	69	67	73	65	31	20	59
More difficult	6	4	23	17	6	6	6	0	8
Fluctuates	4	0	0	0	4	4	5	0	8
Place usually score	N=339	n=26	n=13	n=6	n=73	n=51	n=98	n=35	n=39
Don't use	22	4	0	0	3	2	45	69	3
Street dealer	10	23	23	33	17	8	3	6	8
Dealer's home	21	23	31	0	17	29	21	6	31
Mobile dealer	19	15	15	0	31	16	17	17	23
Friend	20	23	23	50	25	31	7	14	21

Source: IDRS IDU interviews

Table B3: Price and availability of crystal methamphetamine (ice) by jurisdiction, 2002

	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Price ($)									
per 'point'	-	50	50	50	50	25	50	80	50
Price changes									
(% who commented)	N=274	n=27	n=14	n=13	n=13	n=43	n=98	n=32	n=34
Don't know	30	10	14	8	59	12	23	68	15
Decreased	6	5	0	0	0	19	7	4	3
Stable	45	73	50	70	42	57	41	24	53
Increased	12	14	29	0	0	7	18	4	24
Fluctuated	6	0	7	23	0	5	5	0	6
Availability									
(% who commented)	N=271	n=27	n=14	n=13	n=12	n=42	n=95	n=32	n=34
Don't know	21	5	0	0	8	0	18	68	6
Very easy	29	9	29	15	25	57	31	12	32
Easy	21	18	21	15	17	29	22	12	35
Difficult	21	41	21	46	25	14	25	8	15
Very difficult	9	27	29	23	25	0	4	0	12
Availability changes									
(% who commented)	N=272	n=22	n=14	n=13	n=13	n=42	n=81	n=25	n=34
Don't know	25	5	0	0	33	2	19	68	15
Easier	14	9	0	15	0	52	16	12	21
Stable	34	50	50	39	58	21	25	16	38
More difficult	20	27	50	39	0	10	30	4	24
Fluctuates	7	9	0	8	8	14	11	0	3
Place usually score	N=271	n=22	n=14	n=13	n=13	n=42	n=81	n=25	n=34
Don't use	22	9	0	0	0	5	14	68	3
Street dealer	7	27	14	15	9	19	5	8	12
Dealer's home	23	23	36	23	0	17	35	0	38
Mobile dealer	20	18	43	23	36	14	31	8	12
Friend	18	23	0	31	46	31	9	16	29

* In SA and WA, reported proportions are of the total sample

Source: IDRS IDU interviews

Appendix C

Table C1: Price, purity and availability of cocaine by jurisdiction, 2002*

	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	QLD N=104
% of sample used cocaine in last 6 months	27	79	18	17	12	26	17	15
Median Price ($) per gram	-	200	250	200	200	250	350	220
Price changes (% who commented)	n=353	n=118	n=7	n=14	n=5	n=17	n=98#	n=7
Don't know	35	5	14	29	40	29	94	29
Decreased	7	5	29	0	20	6	1	14
Stable	41	67	57	57	40	59	2	43
Increased	11	16	0	7	0	6	3	0
Fluctuated	7	7	0	7	0	0	0	14
Median purity^ (%)	-	n/a	36	37	44	-	31	55
Availability (% who commented)	n=353	n=118	n=7	n=14	n=5	n=17	n=92	n=7
Don't know	28	3	14	0	0	0	88	14
Very easy	24	41	0	14	0	12	2	29
Easy	27	33	14	14	20	41	1	29
Difficult	16	20	43	43	60	35	4	29
Very difficult	5	3	29	29	20	12	4	0
Availability changes (% who commented)	n=353	n=118	n=7	n=14	n=5	n=17	n=97	n=7
Don't know	31	3	29	7	40	0	91	29
Easier	14	5	0	0	40	12	3	14
Stable	42	64	71	79	20	65	2	29
More difficult	7	25	0	14	0	12	2	14
Fluctuates	6	3	0	0	0	12	2	14
Place usually score	n=353	n=118	n=7	n=14	n=5	n=17	n=97	N=6
Don't use	29	6	29	0	0	6	85	0
Street dealer	20	36	29	14	0	6	5	0
Dealer's home	12	13	14	7	20	12	2	50
Mobile dealer	15	38	0	29	0	12	0	17
Friend	13	3	29	36	20	65	7	33

* The IDU in NT were not asked the questions on cocaine due to interview error

^ Purity data is provided by the ACC and reflects seizures by state police in each jurisdiction, AFP purity seizures by jurisdiction are reported in Table 6. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2001/02. Purity data is not yet available for NSW.

WA numbers are higher as they include participants that did not answer the section as well as those that did not know the answer to the specific question

Table C2: Proportion of IDU samples that reported using cocaine in preceding six months, by jurisdiction, 2000-2003

	1997	1998	1999	2000	2001	2002	2003
NSW	33	10	34	63	84	79	**53**
ACT	-	-	-	15	40	18	**13**
VIC	10	12	7	13	28	17	**13**
TAS	-	-	-	6	8	12	**9**
SA	33	34	27	20	27	26	**13**
WA	-	-	-	22	32	17	**10**
NT	-	-	-	18	13	13	**5**
QLD	-	-	-	13	28	15	**16**

* Data not collected in all jurisdictions until 2000

Appendix D

Table D1: Price, potency and availability of cannabis by jurisdiction, 2002

	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Price ($)									
per ounce	-	300	250	250	250	180	250	300	300
per gram	-	20	20	20	25	25* (2g)	25	25	25
Price changes (% who commented)	N=73	n=112	n=74	n=126	n=92	n=77	n=97	n=81	n=80
Don't know	10	4	3	3	8	10	33	16	4
Decreased	8	5	12	15	10	5	6	0	8
Stable	70	82	70	67	66	70	56	75	74
Increased	7	5	7	8	5	9	2	6	11
Fluctuated	6	5	8	7	11	5	3	3	4
Potency	High-medium	High	High	High	High	High	Medium-high	Medium - high	High
Availability (% who commented)	N=73	n=112	n=74	n=126	n=92	n=77	n=97	n=81	n=80
Don't know	6	1	0	0	1	1	27	15	0
Very easy	65	71	72	56	86	69	62	48	60
Easy	24	23	26	37	11	18	9	37	31
Difficult	5	5	1	6	2	12	2	0	8
Very difficult	<1	0	1	2	0	0	0	0	1
Availability changes (% who commented)	N=73	n=112	n=74	n=126	n=92	n=77	n=98	n=80	n=80
Don't know	6	1	1	2	2	3	27	15	0
Easier	6	5	4	10	5	4	7	3	9
Stable	79	86	84	79	90	79	57	78	78
More difficult	6	7	8	8	1	8	5	4	9
Fluctuates	3	2	3	2	1	7	4	1	5
Place usually score	N=73	n=112	n=73	N=126	n=90	n=77	n=95	n=80	n=79
Street dealer	13	28	10	12	12	10	0	15	10
Dealer's home	29	21	47	35	28	17	30	25	35
Friend (gift)	32 (5)	16 (5)	25 (4)	38	41	44 (16)	25(12)	38 (1)	35 (3)
Grow your own	4	1	8	4	9	7	3	1	0
Production source	N=716	n=110	n=69	N=125	n=88	n=75	n=92	n=79	n=77
Don't know	30	29	32	31	21	23	24	56	32
Smalltime/ backyard	35	21	28	30	51	52	51	35	19
Large scale cultivator	30	49	32	34	23	19	21	9	47

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