J. Stafford and L. Burns

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

Australian Drug Trends Series No. 109

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under the Substance Misuse Prevention and Service Improvement Grants Fund

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACBPS	Australian Customs and Border Protection Service
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AIVL	Australian Injecting and Illicit Drug Users League
ANSPS	Australian Needle and Syringe Program Survey
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Dataset
ATOD	Alcohol, Tobacco and Other Drugs
ATS	Amphetamine-type stimulants
AUDIT-C	Alcohol Use Disorders Identification Test-Consumption
BBVI	Blood-borne viral infections
BPI	Brief Pain Inventory
Bup.	Buprenorphine
CI	Confidence Intervals
CPR	Cardiopulmonary resuscitation
DMT	Dimethyltryptamine
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders-IV
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Medical Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
Hydro	Hydroponically grown cannabis
ICD-10	International Classification of Diseases-10
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	Key expert(s); see Method section for further details
LSD	Lysergic acid diethylamide
MCS	Mental Component Score
MDMA	3,4-methylenedioxymethamphetamine
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of participants
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NHMD	National Hospital Morbidity Database
NIDIP	National Illicit Drug Indicators Project
NNDSS	National Notifiable Diseases Surveillance System
NPS	New psycoactive substances
NSP	Needle and syringe program(s)

NSW	New South Wales
NT	Northern Territory
OHIP-14	Oral Health Impact Proilfe-14
OHRQoL	Oral Health Related Quality of Life
OST	Opioid substitution treatment
OTC	Over the counter
PBS	Pharmaceutical Benefits Scheme
PCS	Physical component score
PCR	Polymerase chain reaction
PO	Pharmaceutical opioids
PWID	Person/people who inject(s) drugs
QLD	Queensland
RBT	Random Breath Testing
SA	South Australia
SCID	Structural Clinical Interview for DSM
SDS	Severity of Dependence scale
SF-12	Short Form 12- Item Health Survey
SPSS	Statistical Package for the Social Sciences
TAS	Tasmania
VIC	Victoria
WA	Western Australia

GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection
Half weight	0.5 gram
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the IDRS (see Method section for further details)
Person who inject(s) drugs	Also referred to as PWID. In the context of the IDRS, refers to persons participating in the PWID Survey component of the IDRS (see Method section for further details)
Key expert(s)	Also referred to as KE; persons participating in the key expert Survey component of the IDRS (see Method section for further details)
Licit	Licit refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, antidepressants) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
Participant	In the context of this report refers to persons who participated in the PWID survey (does not refer to key expert participants unless stated otherwise)
Point	0.1 gram although may also be used as a term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
Use	Use via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
↑	Significant increase ($p<0.05$) from previous year (2012) compared with current year (2013)
↓	Significant decrease ($p<0.05$) from previous year (2012) compared with current year (2013)

Guide to days of use/injection

180 days	daily use/injection* over preceding six months
90 days	use/injection* every second day
24 days	weekly use/injection*
12 days	fortnightly use/injection*
6 days	monthly use/injection*

*As appropriate

EXECUTIVE SUMMARY

Common terms used throughout the report

Regular PWID: Injected a drug on six or more separate occasions in the previous six months
Recent use: Used at least once in the previous six months
Sentinel group: A surveillance group that points towards trends and harms
Median: The middle value of an ordered set of values (maximum: 180 days)
Mean: The average
Frequency: The number of occurrences within a given time period

Key findings from the 2013 IDRS

The Illicit Drug Reporting System (IDRS) is intended to serve as a monitoring system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS consists of three components: interviews with a sentinel group of people who regularly inject drugs (PWID[1]) conducted in the capital cities of Australia; interviews with key experts (KE), professionals who have regular contact with illicit drug users through their work; and analysis and examination of indicator data sources related to illicit drugs. *Australian Drug Trends 2013* draws largely on the PWID participant survey and indicator data components of the IDRS, while KE are relied upon to provide contextual information within jurisdictions. As such, this information is reported more fully in the individual state/territory reports, to which the reader is also referred.

Demographics of the participant sample

Eight hundred and eighty seven participants were recruited to the 2013 IDRS participant survey component. The mean age of the national sample was 40 years (range 18-66 years) and 64% were male. The vast majority of the sample spoke English as their main language at home (96%), and 17% identified as being of Aboriginal and/or Torres Strait Islander descent. More than three-quarters (84%) of the sample were currently unemployed, over half (56%) reported a previous prison history and nearly half (47%) were in current treatment, mainly methadone.

Consumption pattern results

Current drug use

- The mean age of first injection was 20 years. Of the national sample, 52% reported that an amphetamine (including methamphetamine) was the first drug injected, followed by heroin (39%).
- Heroin was nominated by approximately half (53%) of the national sample as their drug of choice, followed by methamphetamine, morphine and cannabis.
- The drug injected most often in the last month broadly followed the same pattern. Forty percent of the national sample reported injecting heroin most often in the last month, followed by methamphetamine. Nearly half (42%) of the participants in the national sample reported daily injecting.

Heroin

- Heroin use was reported as the main drug of choice among participants. Around two-thirds (60%) of the sample reported using heroin in the last six months on a median of 60 days. This was a significant decrease from 72 days in 2012. Twenty-two percent of recent heroin users reported daily heroin use. Nearly all of the recent heroin users injected. Small numbers reported

[1] The term 'participants' is used throughout the report to refer to the IDRS participant sample. Participants completing the key expert survey are referred to as KE, or key experts (see Glossary).

using homebake heroin recently. The majority of recent heroin users reported mainly using 'white/off-white' coloured heroin compared to 'brown' heroin.

Methamphetamine

- The IDRS distinguishes between methamphetamine powder ('speed'), methamphetamine base, and crystal methamphetamine ('ice' or 'crystal').
- Around two-thirds (66%) of the national sample reported using one or more forms of methamphetamine recently on a median of 24 days. Recent ice/crystal use remained stable, while the recent use of speed and base was significantly lower. Ice/crystal was the form mainly used by the sample, followed by speed. Small numbers reported using any form of methamphetamine daily.

Cocaine

- The recent use of cocaine remained most common among participants in NSW (41%), with proportions elsewhere reporting use in the preceding six months remaining at less than 16%. The frequency of cocaine use among users remained low and sporadic in all jurisdictions except NSW. Nationally, the frequency of cocaine use was a median of three days (six days in NSW).

Cannabis

- The majority of participants in the national sample reported recent cannabis use. Daily use was common. Smoking cannabis in cones was more common than joints. Hydroponic cannabis continued to dominate the market.

Other opioids

- Nearly half of the national sample reported recent use of methadone (any form) and around one-quarter reported recently injecting. Twenty percent of the national sample reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview, and 9% the recent use of 'illicitly' obtained methadone tablets (Physeptone).
- Five percent of the national sample reported use of 'licitly' obtained buprenorphine in the six months preceding interview and 12% the use of 'illicitly' obtained buprenorphine.
- Four percent of the national sample reported using 'licitly' obtained buprenorphine-naloxone 'tablet', while 11% reported recently using buprenorphine-naloxone 'film'.
- Eight percent reported 'illicitly' obtained buprenorphine-naloxone 'tablet' in the preceding six months, while 11% reported recently using buprenorphine-naloxone 'film'.
- The recent use of any form of morphine significantly decreased from 43% in 2012 to 38% in 2013. The recent use of 'licit' morphine was reported by 9% of the sample compared to 35% for 'illicit' morphine. Morphine remained the most commonly injected pharmaceutical in the national sample (35% in 2013). Jurisdictional variations and changes were observed. The use of morphine remained highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available.
- Recent 'licit' oxycodone use was reported by 7% of the national sample compared to 32% for 'illicit' oxycodone in the last six months.
- Eleven percent of the national sample reported using over the counter codeine on a median of seven days in the last six months.
- Fourteen percent of the national sample reported recent use of 'other' opioids (i.e. those not elsewhere classified – mainly Panadeine Forte®) on a median of seven days. Recent injection of these preparations was low at one percent.

Other drugs

- Around two-thirds (59%) of the national sample reported using ecstasy in their lifetime with 9% reporting use in the last six months.

- Over half of the participants reported having used hallucinogens at some stage in their lifetimes (59%), recent use remained fairly low, with seven percent reporting use in the six months preceding interview.
- Sixty-two percent of the national sample reported using some form of alprazolam in their lifetime, with over one-third (39%) reported recently using any form of alprazolam. Five percent reported recently injecting alprazolam.
- Three-quarters (76%) of the national sample had used another form of other benzodiazepines not including alprazolam in their lifetime. Over half (56%) reported recently using any form of other benzodiazepines. Small proportions reported recently injecting other benzodiazepines (1% nationally).
- The majority (83%) of the national sample had reported the use of benzodiazepines (including alprazolam) at some stage in their lifetime. Sixty-four percent reported the recent use of benzodiazepines on a median of 72 days. Only small numbers reported recently injecting benzodiazepines (6%) on a median of seven days in the last six months.
- Twelve percent of the national sample reported recently using pharmaceutical stimulants on a median of four days in the last six months.
- The use of Seroquel® ever was reported by 45% of the sample, 18% reported recently using Seroquel®.
- Five percent reported ever using new psychoactive stimulants, with four percent using them in the six months.
- Fourteen percent reported ever using synthetic cannabinoids, with nine percent reporting use in the last six months.
- Lifetime use of inhalants was reported by 22% of the national sample; however, only small numbers reported using inhalants in the last six months (3%).
- The use of alcohol in the last six months significantly decreased from 64% in 2012 to 59% in 2013. Those who had consumed alcohol having done so on an average of one day per week. Nineteen percent of the national sample reported daily use of alcohol.
- As in previous years, tobacco was widely used among the 2013 sample, with 91% having used it in the preceding six months. The vast majority of participants (95%) were daily smokers.

Drug Market: price, purity, availability and purchasing patterns

Heroin

- Heroin was typically $50 per cap across the jurisdictions and remained stable compared to 2012. The median price for a gram varied. The majority of the participants reported heroin purity as ‘low’. Heroin was considered either ‘easy’ or ‘very easy’ to obtain in the last six months and this was stable. The most common source when purchasing heroin was through a known dealer or friend. The most common place of purchase was at an agreed public location.

Methamphetamine

- Methamphetamines were reported to be around $50 per point nationally for speed, $90 per point for base and $100 per point for ice/crystal, variations were noted across jurisdictions. Price was considered as ‘stable’ over the last six months by the majority of participants. The purity of speed and base was considered ‘medium’ and ice/crystal as ‘high’. All forms for methamphetamine were generally considered ‘easy’ or ‘very easy’ to obtain. Participants purchased all forms of methamphetamine from a variety of sources, most commonly friends and known dealers. An agreed public location was the most common place of purchase.

Cocaine

- Small numbers in all jurisdictions, except in NSW, were able to comment on the price, purity, availability and purchasing of cocaine. The price of a gram and a cap of cocaine in NSW were

$300 and $50 respectively. The purity of cocaine was considered 'medium' with most reporting purity as stable over the last six months. The availability of cocaine was reported as 'easy' to obtain in NSW and nationally. Purchasing from a friend, known dealer or street dealer was most common nationally and in NSW.

Cannabis

- The median cost of a gram of hydroponic cannabis was around $20-$30. While the median cost of an ounce of hydroponic cannabis was between $200 and $450. Price for both forms of cannabis (bush and hydroponic) was reported as 'stable' over the last six months. Nationally participants reported the potency of hydro as 'high' and bush 'medium'. This remained stable over the last six months. The availability of cannabis (both forms) was considered 'very easy' or 'easy' to obtain. Either form of cannabis was typically purchased through a friend or known dealer from either a friend or dealer's home.

Methadone

- The majority of those who commented reported the price of 'illicit' methadone syrup to be a median of $1 per millilitre and physeptone at $20 per 10mg tablet. Over one-third reported the availability of 'illicit' methadone as 'easy' to obtain. Price and availability remained stable over the last six months. The majority of participants reported purchasing methadone through a friend, usually from a friend's home or at an agreed public location.

Buprenorphine

- The median price for buprenorphine varied among the jurisdictions. Over two-thirds reported the availability of 'illicit' buprenorphine as 'very easy' or 'easy' to obtain. Both price and availability were reported as stable over the last six months. The most common source was through a friend, purchasing from an agreed public location or friend's home.

Buprenorphine-naloxone

- The median price for buprenorphine-naloxone 'tablet' and 'film' varied among the jurisdictions. Over three-quarters reported the availability of 'illicit' buprenorphine-naloxone 'tablet' and 'film' as 'very easy' or 'easy' to obtain. Both price and availability were reported as stable over the last six months. The most common source was through a friend, purchasing from a friend's home or an agreed public location.

Morphine

- The median price for each brand of 'illicit' morphine varied among the jurisdictions. Nearly two-thirds reported the price of 'illicit' morphine as stable over the last six months, while one-quarter reported an increase in price. The majority reported that 'illicit' morphine was 'very easy' or 'easy' to obtain and this remained stable. The majority reported purchasing 'illicit' morphine through a friend or known dealer most commonly at a friend's home.

Oxycodone

- The median price for each brand of 'illicit' oxycodone varied among the jurisdictions. Price of 'illicit' oxycodone remained stable over the last six months. Nearly half reported the availability of 'illicit' oxycodone as 'easy', while one-third reported availability as 'very easy' or 'difficult'. The majority reported purchasing 'illicit' oxycodone through a friend or street dealer, usually from either a friend's home or a dealer's home.

Benzodiazepines

- The median price for 'illicit' benzodiazepines varied among the jurisdictions. Price was reported as stable over the last six months. Nearly half reported that the availability of 'illicit' benzodiazepines as 'easy' to obtain. The majority reported the availability of 'illicit' benzodiazepines as stable over the last six months. The majority reported purchasing 'illicit'

benzodiazepines through a friend, usually from either a friend's home or an agreed public location.

Health-related trends associated with drug use

Overdose and drug related fatalities

- Nineteen percent of IDRS participants (who reported ever overdosing on heroin) had experienced a heroin overdose in the past 12 months. The highest rates of recent (12 month) overdose were in VIC and the ACT (29% and 23% each respectively).
- Of those who had ever overdosed on another drug (not including heroin), 23% had done so in the past year, and 3% had done so in the last month preceding interview.
- Indicator data from the Australian Bureau of Statistics reported 563 accidental deaths due to opioids in 2009. The majority occurred in NSW and VIC. Males comprised the majority of accidental opioid deaths among 15-54year olds. Methamphetamine was determined to be the underlying cause of death in 23% (n=20) of all methamphetamine related deaths, and cocaine was determined to be the underlying cause of death in 21% (n=5) of all cocaine-related deaths in 2008.

Drug treatment

- Nearly half (47%) of the IDRS sample reported current treatment, mainly methadone with a median of 47 months in treatment.
- In Australia, indicator data from the Australian Institute of Health and Welfare on the total number of clients registered in opioid substitution treatment remained relatively stable in all jurisdictions in 2012. The majority of clients were being prescribed methadone. This pattern was also reflected among IDRS participants who reported current treatment.
- Data from the Alcohol and Other Drug Treatment Services-National Minimum Data Set indicated that the ACT, VIC, SA and NSW had the highest proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (drug of main concern) in 2011/12. While WA reported the highest proportion of closed treatment episodes for people who identified amphetamines as their principle drug of concern, in NSW reported cocaine and TAS cannabis.

Hospital admissions

- The number of opioid-related hospital admissions remained relatively stable between 2010/11 and 2011/12, the most recent data available at the time of publication. While, methamphetamine-related hospital admissions increased. Admissions relating to opioid use were higher than for methamphetamine at the national level. Differences were noted in the jurisdictions.
- Cocaine-related hospital admissions remained low relative to those for heroin and methamphetamine. Figures were highest in NSW in 2011/12. Cannabis-related separations have remained relatively stable between 2010/11 and 2011/12.

Injecting risk behaviours

- Needle and syringe programs were by far the most common source of needles and syringes in the preceding six months (93%), followed by chemists (15%). Receptive sharing ('borrowing') of needles/syringes was reported by 7% of participants in the month preceding interview, usually after a regular partner or close friend. While 11% reported that somebody had used a needle after them (lent) in the month preceding interview (significant decrease from 14% in 2012).
- One-quarter reported the sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) nationally in 2013. The majority of participants reported last injecting in the arm.
- Forty percent reported re-using their own needle in the last month (significant decrease from 47% in 2012). Fifty-six percent reported re-using their own injecting equipment such as filters,

water and mixing containers (e.g. spoons). This was a significant decrease from 62% in 2013. The majority of participants reported last injecting in the arm.

- The majority of IDRS participants reported last injecting in a private location (78%), with smaller proportions last injecting in a public location such as on the street, in a car or in a public toilet. Over half (54%) of the IDRS sample experienced an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. in finding a vein).

Blood-borne viral infections

- In Australia, hepatitis C virus (HCV) continued to be more commonly notified than hepatitis B virus (HBV). The prevalence of human immunodeficiency virus (HIV) among those people who inject drugs in Australia has also remained stable at relatively low rates over the past decade, with HCV more commonly reported.

Alcohol Use Disorders Identification Test – Consumption (AUDIT-C)

- Fifty-eight percent of males and 47% females scored five or more on the AUDIT-C, indicating the need for further assessment.
- The mean score on the AUDIT-C among those who drank alcohol recently was 5.5.

Self-reported mental health problems and psychological distress

- Forty-four percent of the IDRS sample self-reported a mental health problem in the preceding six months, most commonly depression (66% of respondents) and/or anxiety (46% of respondents).
- Among those who had experienced a problem, the number who reported seeing a mental health professional during the last six months significantly increased between 2012 and 2013 (58% and 74% respectively).
- Six-eight percent of participants who reported experiencing a mental health problem had been prescribed medication for this problem during the past six months, most commonly antidepressants (50%) and/or antipsychotics (38%).
- Higher levels of psychological distress, as measured by the Kessler Psychological Distress Scale (K10), were reported by the national sample compared to the Australian general population, with 32% reporting ‘high’ distress (7.4% in the general population) and 25% reporting ‘very high’ distress (2.4% in the general population). Those reporting a ‘very high’ level of distress have been identified as possibly requiring clinical assistance.
- IDRS participants scored a mean of 35.6 for the mental component score and 42.9 for the physical component score. These scores are significantly lower compared to the Australian population. Scores indicated that IDRS participants had poorer mental and physical health than the population average.

Driving risk behaviour

- Driving under the influence of alcohol was reported by 18% of participants who had driven in the preceding six months. Seventy-seven percent reported driving under the influence of an illicit drug during that time (mainly heroin), 65% of whom believed that it had had ‘no impact’ on their driving. Twenty-one percent felt that their driving had been ‘slightly impaired’, 4% ‘quite impaired’, 8% ‘slightly improved’ and 2% ‘quite improved’.
- Thirty-four percent reported being saliva drug tested soon after taking an illicit drug, with 27 participants reporting a positive result.

Law enforcement-related trends associated with drug use

Reports of criminal activity

- Participant reports of criminal activity remained stable compared to previous years, with 36% of the national sample reporting engagement in criminal behaviour in the preceding month. The most common types of crime committed were drug dealing and property crime.

Arrests

- Thirty-two percent of the national sample reported having been arrested in the preceding 12 months.
- In 2011/12, numbers of consumer and provider arrests for heroin and other opioids, amphetamine-type stimulants (including phenethylamines such as 3,4-methylenedioxymethamphetamine [MDMA]), cocaine and cannabis were higher than 2010/11 numbers.
- Cocaine arrests were higher in NSW and remained low and stable elsewhere. Cannabis arrests continued to account for the majority of all drug-related arrests in Australia.

Expenditure on illicit drugs

- Among the national sample who commented, 57% reported spending money on illicit drugs the day before interview. The median amount spent by those who had purchased drugs was $80.

Special topics of interest

Pharmaceutical Opioids

- Around two-thirds of the national sample recently used pharmaceutical opioids in the last six months.
- Of those who recently used pharmaceutical opioids, around one-third reported using them as a substitute for heroin, while 29% reported using them for pain relief.
- Around two-thirds obtained the pharmaceutical opioids from their own script.
- Twelve percent of those who used pharmaceutical opioids for pain relief were refused pharmaceutical medications due to injecting history.

Brief Pain Inventory

- Eleven percent of the national sample experienced pain (other than everyday pain) in the last seven days. Of those who experienced pain, 77% reported the pain as chronic non-cancer, 14% acute pain and 6% chronic cancer/malignant pain.
- The mean ‘pain severity score’ was 5.2, with over half scoring 5 or more and 1% scoring 10. On a scale of 0 to 10, 10 is ‘pain as bad as you can imagine’.
- The mean ‘pain interference score’ was 5.8, with two-thirds scoring 5 or more and 3% scoring 10. On a scale of 0 to 10, 10 is ‘completely interferes’.
- The mean score for ‘relief from pain medication’ was 6.6, with around three-quarters scoring 5 or more and 25% scoring 10. On a scale of 0 to 10, 10 is ‘complete relief’.

Opioid and Stimulate Dependence

- Of those who recently used a stimulant drug (mainly methamphetamine), the median severity of dependence score (SDS) was two, with 39% scoring four or above (indicating dependence).
- Of those who recently used an opioid drug (mainly heroin), the median SDS score was seven, with 74% scoring five or above (indicating dependence).

Opioid substitution treatment medication injection

- Of the national sample, 20% of participants reported recently injecting methadone, 9% buprenorphine, 8% buprenorphine-naloxone ‘film’ and 6% buprenorphine-naloxone ‘tablet’.

Hepatitis C Testing and Treatment Module

- The majority of the national sample had been tested for HCV in their lifetime with two-thirds reporting a positive result for HCV antibodies.
- Fifty-nine percent reported undergoing further testing for HCV, with two-thirds reporting a polymerase chain reaction (PCR) test to see if the virus was active.
- Twenty-one percent of those who received a PCR test and commented had received HCV medical/antiviral treatment. Over half reported the treatment was successful.
- Sixty-eight percent of those who reported an active HCV result and commented were aware of the new HCV treatment. Around two-thirds reported that they would consider the new HCV treatment.
- The main reason among those who would not consider the new HCV treatment was fear of side effects.

Naloxone program and distribution

- The majority of the national sample had heard of naloxone, with two-thirds reporting that naloxone was used to 'reverse heroin'. While one-third reported its use to 're-establish consciousness'.
- Forty-percent reported that they had heard of the take-home naloxone program while 60% had not. Two-thirds reported that they would 'strongly support' an expansion of the take-home naloxone program.
- A small proportion reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program (mainly in the ACT).
- Seven percent of those who commented had completed training in naloxone administration along with a prescription for naloxone (mainly NSW, SA, WA and the ACT). Of those who had completed the course nearly one-third had used the naloxone to resuscitate someone who had overdosed.
- The majority of those participants who had not completed training in naloxone administration stated that they would call 000 if they found someone they had suspected had overdosed.
- Ninety-two percent of those who had not completed training in naloxone administration reported that if trained they would stay with someone after giving them naloxone.

Oral Health Impact Profile-14 (OHIP-14)

- The mean OHIP-14 total score for the national sample was 13.5. Twenty-seven percent of those who commented scored 'zero'. Participants can have an overall OHIP-14 total score ranging from zero to 56 with higher scores indicating poorer oral health-related quality of life.
- Physical pain had the higher impact with over half of those who commented reporting the impact as 'occasionally', 'fairly often' and 'very often'.

Discrimination

- Eighty-nine percent of the national sample commented on the discrimination section, with nearly half reporting discrimination within the last 12 months.
- The main location of the discrimination took place either at a pharmacy, by the police or a doctor/prescriber.
- The majority reported the main reason (perceived) for the discrimination was 'because I'm an injecting drug user (or people think I am)'. The majority did not try to resolve the discrimination.

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug system funded by the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The IDRS has been conducted in all states and territories of Australia since 2000. The purpose of the IDRS is to provide a coordinated approach to monitoring the use of illicit drugs – in particular, heroin, methamphetamine, cocaine and cannabis. It is 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 methodology consists of three components: interviews with people who regularly inject drugs (PWID); interviews with key experts (KE), people who, through the nature of their work, have regular contact with PWID or knowledge of drug trends; and an examination of existing indicator data sources related to illicit drug use, such as opioid overdose data, treatment data, and purity of seizures of illicit drugs made by law enforcement agencies. These three data sources are presented in order to minimise the biases and weaknesses inherent in each one, and to ensure valid emerging trends are documented.

Please refer to the online version at www.ndarc.med.unsw.edu.au for past reports and updates.

Jurisdictional differences. To provide a greater understanding of some of the reasons for differences between jurisdictions, detailed reports describing drug trends in each jurisdiction can be obtained via the National Drug and Alcohol Research Centre, UNSW Australia, website www.ndarc.med.unsw.edu.au. These reports can provide richer data and context around trends in each state/territory, particularly through their incorporation of KE comments and indicator data not available at a national level.

Ecstasy and related drug use. Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among people who regularly inject drugs, it cannot provide information on drug use and harms among all groups of drug users. The Ecstasy and related Drugs Reporting System (EDRS), which has been funded in every jurisdiction in Australia since 2003, has documented patterns and trends in use among regular ecstasy users. The EDRS adopts the same methodology as the IDRS, and results are reported elsewhere (Sindicichand Burns, 2014) or www.ndarc.med.unsw.edu.au for further details).

1.1 Study aims

The primary aims of the 2013 national IDRS were:

1. to document the price, purity, availability and patterns of use of the four main illicit drug classes in this country, primarily focusing on heroin, methamphetamine, cocaine and cannabis;
2. to document risks and harms associated with drug use; and
3. to detect and document emerging drug trends of national significance that require further and more detailed investigation.

2 METHOD

The 2013 IDRS monitored trends in illicit drug markets using the methodology trialled by Hando and colleagues in NSW, VIC and SA (Hando, O'Brien, Darke et al., 1997; Hando, Darke, O'Brien et al., 1998) . In 2013, 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 people who inject drugs (PWID);
2. a semi-structured interview with key experts (KE) who worked with illicit drug users; and
3. analyses of indicator data sources related to illicit drug use.

These data were used to provide an indication of emerging trends in drug use and illicit drug markets. Comparisons of data sources were used to determine convergent validity of illicit drug trends. The data sources were also used in a supplementary fashion, in which KE reports served to validate and contextualise the quantitative information obtained through the participant survey and/or trends suggested by indicator data.

2.1 Survey of people who regularly inject drugs

A total of 887 people who inject drugs were interviewed in 2013. The 887 PWID who participated in the 2013 IDRS were interviewed between June and August, 2013. The sample sizes in each jurisdiction were: NSW n=151; VIC n=150; TAS n=107; QLD n=100; ACT n=100; SA n=100; NT n=91 and WA n=88. The sample sizes reflect predetermined quotas. To be eligible to participate in the survey, PWID participants needed to be at least 16 years of age (due to ethical requirements), to have injected at least monthly during the six months preceding 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 (NSP) and peer referral. Participants were interviewed in locations convenient to them, such as NSP, treatment agencies, public parks, coffee shops and hotels. The recruitment remained consistent with the methodology used in previous years.

The interview schedule was administered to participants by research staff in all jurisdictions. Interviews took approximately 30 to 50 minutes to complete. Participants in all jurisdictions were reimbursed up to $40 for their time and expenses incurred. Informed consent to participate was obtained prior to 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 previous years, which was originally based on previous NDARC studies of heroin and amphetamine users (Darke, Hall, Wodak et al., 1992; Darke, 1994) . Survey items included demographics, drug use history, market characteristics (including price, perceived purity and perceived availability) of the main drugs investigated by the IDRS, health-related trends associated with drug use (including injection-related harms, risk behaviours, overdose and mental health) and law enforcement-related harms associated with drug use (including recent criminal activity and perceptions of police activity). In 2013, amendments were made to the questionnaire in an attempt to collect more detailed information on stimulant and opioid dependence, hepatitis C virus testing and treatment and the new take-home naloxone program and distribution. Other inclusions included information on pharmaceutical opioids, the Brief Pain Inventory, opioid substitution treatment medication injection, the Oral Health Impact Profile-14 and discrimination.

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

2.2 Survey of key experts

A total of 119 KE were interviewed, either by telephone, online or in person, between June and early October 2013. Criteria for entry to the KE component of the IDRS were at least weekly contact with illicit drug users in the six months preceding 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 KE component had either participated in the IDRS in previous years, or were referred by colleagues, supervisors or former KE. They were screened for eligibility prior to interview. The purpose and methodology of the IDRS were described to KE prior to interview, and they were given the opportunity to obtain more information about the study before deciding whether to participate. KE were renumerated with a small incentive (e.g. box of chocolates, coffee) for their time.

The numbers of KE recruited in each jurisdiction were: TAS n=19; NSW n=17; VIC n=19; SA n=11; WA n=18; QLD n=17; NT n=12; and ACT n=6. KE included nurses, drug dealers, staff of drug treatment agencies, residential rehabilitations and therapeutic communities (e.g. counsellors, psychologists, nurses, drug treatment workers, general health workers), outreach workers, hospital emergency department staff, NSP staff, researchers, forensic scientists, user representatives, law enforcement agencies, legal agencies, youth services, mental health professionals, paramedics, youth workers, and general/community health agencies.

As in previous years, the majority of KE recruited were most knowledgeable about heroin/opioids or methamphetamine/amphetamines, and it was very difficult to find KE who were able to talk about cocaine, reflecting the differences in use and presentations to services.

KE interviews took approximately 45 minutes to administer. 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-ended 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. The responses were analysed and sorted for recurring themes

Detailed reports of key findings arising from KE interviews may be found in each jurisdictional report available on the NDARC website www.ndarc.med.unsw.edu.au click on ‘Drug Trends’.

2.3 Other indicators

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

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

Data sources that are included in the national IDRS report were obtained as part of the National Illicit Drug Indicators Project (NIDIP) and include:

- drug purity data provided by the Australian Crime Commission (ACC). This includes the number and median purity of seizures of illicit drugs made by state/territory and federal law enforcement agencies that were analysed in Australia;
- data on consumer and provider arrests by drug type provided by the ACC;
- data from the National Hospital Morbidity Database (NHMD) provided by the Australian Institute of Health and Welfare (AIHW). The ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments contribute to this database;
- data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) provided by the Australian Institute of Health and Welfare (AIHW);
- drug injection prevalence data and HIV/HCV seroprevalence data from the annual Australian NSP Survey, conducted by the Kirby Institute (formally the National Centre for HIV Epidemiology and Clinical Research);
- pharmacotherapy statistics provided by the AIHW;
- national notifiable diseases surveillance data provided by the Australian Government Department of Health, National Notifiable Disease Surveillance System (NNDSS);
- opioid, cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS);
- data on the number and weight of seizures of illicit drugs made at the border provided by the Australian Customs and Border Protection Service; and
- data from the National Household Survey 2010 and National Surveys of Mental Health and Wellbeing 2007 provided by the Australian Bureau of Statistics;

Indicator data reported in the individual state/territory reports may contain data from different sources than reported in this national overview. In addition, due to different reporting periods, the most up-to-date data are not always available across all data collections at the time of publication.

2.4 Data analysis

The PWID participant survey results are used as the primary basis on which to estimate drug trends. These participants provide the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. However, purity of drug seizures data provided by the ACC is an objective indicator of drug purity, and data are also presented in this report. Other indicator data are reported to provide a broader overview and a basis against which trends in PWID participant data may be contextualised. Key expert data are discussed within the individual jurisdictional reports to provide a context around the quantitative data from the PWID surveys.

Categorical variables were analysed using valid percentages and χ^2. All data were analysed using the IBM SPSS Statistical Package for Windows, Version 20.0 (IBM, 2011) Further analysis was conducted on the main drugs of focus in the IDRS to test for significant differences between 2012 and 2013 for drug of choice, last drug injected, drug injected most often in the last month, recent use, purity and availability. Confidence Intervals (CI) were calculated using an excel spreadsheet available at http://www.cebm.net/index.aspx?o=1023 (Tandberg) . Higher and lower confidence interval results which crossed over the value of zero were not significant. This calculation tool was an implementation of the optimal methods identified by (Newcombe, 1998) . Significance testing using the Mann-Whitney U calculation was used to compare 2012 and 2013 median days of use for the major drug types discussed. For individual jurisdictional significance testing results please refer to jurisdictional reports.

More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the NDARC website www.ndarc.med.unsw.edu.au.

3 DEMOGRAPHICS

Key points

- A total of 887 participants were interviewed for the IDRS survey in 2013.
- Mean age was 40 years (range 18-66 years).
- Nearly two-thirds were male.
- Majority of the participants were unemployed, with a mean income of $392 per week.
- Nearly half of the participants reported being in current treatment, mainly methadone maintenance.
- Around half of the participants had a prison history.

3.1 Overview of the IDRS participant sample

A total of 887 IDRS participants were interviewed for the 2013 IDRS. The mean age of participants was 40 years (range 18-66 years) with the majority of the sample being male (64%). The majority of the national sample spoke English as their main language at home (96%) and 17% identified as being of Aboriginal and/or Torres Strait Islander descent. More than three-quarters (84%) of the sample were unemployed. The main source of income was a Government pension, allowance or benefit. The mean weekly income was $392 nationally.

Nearly half (47%) of the participants were currently in some form of drug treatment, with 31% reporting the main treatment as methadone (includes Biodone® and Physeptone®), 10% buprenorphine-naloxone (Suboxone®) and 2% buprenorphine (Subutex®) maintenance treatment. Over the last six months, 42% of the sample had been in some form of drug treatment, mainly methadone (62%).

Fifty-six percent of the sample had previously been imprisoned; as in previous years, males were significantly more likely to report previous imprisonment (66% of males versus 40% of females; $p<0.05$).

Demographic information by jurisdiction in the 2013 sample is shown in Table 1. Notable differences included the proportions identifying as Aboriginal and/or Torres Strait Islanders (ranging from 7% in WA to 27% in NSW) and completion of a university or college qualification (from 5% in VIC to 18% in the NT). Proportions reporting having no fixed address ranged from 6% in TAS and SA to 19% in NSW, while unemployed status ranged from 75% in SA to 95% in NSW. There was substantial variation in those reporting a prison history, from 37% in TAS to 70% in NSW, and proportions reporting current drug treatment ranged from 13% in the NT to 61% in NSW.

With the exception of the NT, substantial proportions of all samples were currently in treatment (usually pharmacotherapy treatment such as methadone or buprenorphine programs). However, it should be noted that the IDRS deliberately recruits a 'sentinel' population of regular PWID who are current and active participants in illicit drug markets; as a result, participants who reported being in treatment may be unrepresentative of treatment populations more generally.

Appendix A, Table A1 provides a demographic overview of the national sample from 2000 to 2013 and Table A2 the jurisdictional demographics for 2013.

Table 1: Demographic characteristics of the national sample, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	n=100
	2012	**2013**								
Mean age (years)	39	**40**	40	40	40	37	42	42	41	42
% Male	66	**64**	60	71	71	57	56	65	65	68
% English speaking background	97	**96**	95	99	95	99	94	98	99	91
% Aboriginal and/or Torres Strait Islander	16	**17**	27	23	13	19	9	7	21	15
% Sexual identity										
Heterosexual	90	**89**	85	93	91	90	90	83	87	92
Gay male	1	**2**	2	0	1	2	2	5	0	2
Lesbian	1	**1**	1	0	1	2	1	1	1	1
Bisexual	7	**7**	11	4	5	6	6	10	10	4
Other	1	**2**	1	3	2	1	1	1	2	1
% Relationship status										
Married/de facto	17	**18**	22	23	15	25	16	13	10	19
Partner	19	**22**	20	13	22	26	28	18	20	30
Single	58	**53**	45	55	59	45	50	56	67	47
Separated	3	**3**	5	5	3	1	2	2	1	1
Divorced	3	**3**	5	3	0	2	3	5	0	2
Widow/er	1	**1**	3	1	1	0	0	1	2	0
Other	<1	**1**	1	0	1	1	1	5	0	1
Mean grade at school completed	10	**10**	10	10	10	10	10	10	10	10
% Completed trade/tech qualification	43	**40**	49	42	33	20	50	52	35	39
% Completed university/college	10	**9**	7	9	5	8	7	11	18	11
% Accommodation										
Own home *(inc. renting)*	69	**68**	62	77	54	81	80	66	71	58
Parents'/family home	8	**8**	6	9	5	10	10	9	0	12
Boarding house/hostel	12	**9**	9	2	25	1	4	6	2	12
Shelter/refuge	2	**1**	1	2	0	0	0	0	1	1
No fixed address	8	**12**	19	10	15	6	6	9	18	11
Other	2	**4**	3	0	1	2	0	10	8	6
% Unemployed	84	**84**	95	82	90	77	75	77	79	84
% Full-time students	1	**<1**	1	1	0	0	0	1	0	0
% Gov't pension, allowance or benefit main income source	86	**89**	95	82	94	98	90	76	84	87
Mean income/ week ($)	(N=903) $386	(**N=871**) **$392**	(n=149) $354	(n=97) $452	(n=150) $368	(n=104) $363	(n=100) $431	(n=85) $452	(n=90) $403	(n=96) $356
% Prison history	54	**56**	70	63	64	37	52	47	42	64
% Current drug treatment[#]	44	**47**	61	58	52	47	31	59	13	45

Source: IDRS participant interviews

[#] Includes all types of pharmacotherapy treatment and drug counselling, detoxification, therapeutic community and narcotics anonymous

Note: Aboriginal and/or Torres Strait Islander proportion of sample is not indicative of numbers of Indigenous persons who regularly inject drugs

4 CONSUMPTION PATTERNS

Key points

- The mean age of first injection for the national sample was 20 years. Nationally methamphetamines (speed, base or ice/crystal) were reported as the drug first injected by the majority of the sample.
- Over half of the national sample reported heroin as the drug of choice followed by methamphetamines.
- The drug injected most often in the last month was heroin followed by methamphetamines.
- Polydrug use over the last six months was common among the national sample.

4.1 Current drug use

Patterns of lifetime (i.e. ever having used a drug) and recent (last six months) use by participants of all drugs monitored in the IDRS are shown in Appendix A, Table A3. Routes of administration, including injecting, swallowing, snorting and smoking/inhaling are also provided in some detail.

The mean age of first injection of the overall sample was 20 years (SD 6.3; range 9-60). Overall, methamphetamines followed by heroin were most commonly reported as the drug first injected, with smaller proportions nominating other drugs (Table 2).

Table 2: Drug first injected and age at first injection, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	n=100
	2012	**2013**								
Mean age first injected	20	**20**	20	20	19	20	21	19	20	20
% Drug first injected										
Heroin	37	**39**	57	49	47	10	27	42	25	43
Methamphetamine*	50	**52**	36	46	49	59	70	39	65	50
Speed	*45*	***45***	*32*	*33*	*45*	*57*	*58*	*33*	*60*	*45*
Base	*1*	***2***	*1*	*0*	*1*	*1*	*5*	*0*	*1*	*4*
Ice/crystal	*4*	***5***	*3*	*13*	*3*	*1*	*7*	*6*	*4*	*1*
Morphine	7	**4**	0	1	1	22	1	7	3	0
Cocaine	2	**1**	3	2	0	1	0	3	0	1
Methadone	<1	**<1**	1	0	0	1	0	2	0	1
Buprenorphine**	<1	**<1**	1	0	0	0	0	2	0	2
Other drugs	2	**2**	3	2	3	7	2	5	7	3

Source: IDRS participant interviews
* Includes speed, base and ice/crystal
** Excludes buprenorphine-naloxone (Suboxone®)

4.1.1 Drug of choice

Heroin was nominated by just over half (53%) of the national sample as the 'drug of choice', followed by methamphetamine, morphine and cannabis. Differences were noted at the jurisdictional level (Table 3). Ice/crystal as the drug of choice significantly increased between 2012 and 2013 (7% versus 11%; $p<0.05$). No other significant differences were found for drug of choice between 2012 and 2013 ($p>0.05$).

4.1.2 Drug last injected and injected most often in the last month

These preferences were reflected in the 'drug last injected' and the 'drug injected most often in the last month' in the national sample (i.e. heroin was most commonly reported, followed by methamphetamine and morphine). There were differences at the jurisdictional level, with the majority nationally reporting heroin as the last drug injected except in TAS, SA and the NT (Table 3). Ice/crystal as the last drug injected significantly increased (11% versus 15%; $p<0.05$) while speed as the last drug injected decreased between 2012 and 2013 (15% versus 10%; $p<0.05$). No other significant differences were found between 2012 and 2013 for 'last drug injected' ($p>0.05$).

Forty percent of the national sample reported injecting heroin 'most often in the last month', followed by methamphetamine and morphine (Table 3). Ice/crystal as the drug injected most in the last month significantly increased (10% versus 15%; $p<0.05$), while speed as the drug injected most in the last month significantly decreased between 2012 and 2013 (14% versus 8%; $p<0.05$). No other significant differences were found between 2012 and 2013 for 'drug injected most often in the last month' ($p>0.05$).

Thirty percent of participants had injected a drug other than their drug of choice most often in the past month. The main reasons for this were availability (41%), price (14%), their drug of choice was not injectable (generally cannabis; 12%), being in drug treatment (8%), purity (5%) and caused undesirable health effects (3%).

Nearly half (42%) of the 2013 national sample reported injecting daily in the month preceding interview (Table 3).

Presented in Appendix B, Figure B1 is Drug of choice and Figure B2 Drug injected most often in the last month between 2000 and 2013. Over time heroin has continued to be the main drug of choice and the drug injected most often in the last month except in 2006 when methamphetamines were reported as the drug injected most often in the last month.

Table 3: Drug of choice, last drug injected, drug injected most often last month and injection frequency last month, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	n=100
	2012	**2013**								
% Drug of choice										
Heroin	54	**53**	62	58	71	24	37	56	43	60
Methamphetamine^	21	**23**	17	27	18	23	49	16	17	17
Speed	*13*	***10***	*1*	*5*	*5*	*16*	*26*	*6*	*14*	*10*
Base	*1*	***2***	*1*	*0*	*0*	*1*	*12*	*0*	*0*	*2*
Ice/crystal	*7*	***11*↑**	*15*	*22*	*13*	*6*	*11*	*10*	*3*	*5*
Morphine	11	**8**	0	1	1	26	3	3	26	9
Oxycodone	2	**3**	7	0	0	6	3	7	0	1
Methadone	2	**1**	1	1	0	8	0	0	1	1
Buprenorphine#	1	**1**	1	1	2	0	0	2	1	2
Cocaine	3	**2**	9	1	2	1	0	1	0	2
Cannabis	5	**5**	4	9	6	5	4	8	2	5
Other drugs	1	**4**	0	2	0	6	4	7	10	3
% Last drug injected										
Heroin	41	**39**	50	48	69	2	30	46	0	45
Methamphetamine^	27	**27**	24	39	20	16	58	22	19	21
Speed	*15*	***10*↓**	*2*	*8*	*5*	*12*	*30*	*7*	*15*	*11*
Base	*1*	***2***	*1*	*0*	*0*	*0*	*11*	*0*	*0*	*1*
Ice/crystal	*11*	***15*↑**	*21*	*31*	*15*	*4*	*17*	*15*	*4*	*9*
Morphine	15	**15**	3	1	2	31	3	9	71	16
Oxycodone	5	**5**	11	1	0	12	4	6	1	5
Methadone	4	**5**	3	5	2	20	3	5	3	2
Buprenorphine#	4	**4**	1	4	7	3	1	10	2	8
Cocaine	1	**2**	7	0	1	0	0	0	0	1
Cannabis	4	**3**	1	2	0	16	1	2	4	2
% Drug injected most often last month										
Heroin	42	**40**	50	55	69	2	31	50	1	44
Methamphetamine^	25	**25**	23	34	20	21	57	21	18	17
Speed	*14*	***8*↓**	*1*	*8*	*3*	*13*	*23*	*5*	*15*	*8*
Base	*1*	***2***	*1*	*0*	*0*	*0*	*15*	*0*	*0*	*0*
Ice/crystal	*10*	***15*↑**	*21*	*26*	*17*	*8*	*19*	*16*	*3*	*9*
Morphine	16	**17**	2	0	2	44	6	8	73	15
Oxycodone	4	**5**	11	2	0	9	3	7	1	5
Methadone	5	**4**	2	4	1	19	2	3	3	3
Buprenorphine#	4	**4**	2	3	7	2	0	10	2	8
Cocaine	1	**1**	7	0	0	0	0	0	0	0
Other drugs	3	**4**	3	2	1	4	1	1	2	8
% Injection frequency last month										
Not in last month	1	**2**	1	0	1	0	0	0	2	7
Weekly or less	18	**19**	13	25	23	9	18	17	23	24
More than weekly (but less than daily)	35	**38**	34	38	32	63	57	44	17	21
Once daily	19	**17**	16	27	21	12	8	14	28	12
2-3 times daily	21	**20**	28	9	17	15	12	21	30	28
> 3 times a day	6	**5**	7	1	6	1	5	5	1	8

Source: IDRS participant interviews
^ Includes speed powder, base and ice/crystal
# Includes buprenorphine-naloxone (Suboxone®)
↑ Significant increase between 2012 and 2013 ($p<0.05$)
↓ Significant decrease between 2012 and 2013 ($p<0.05$)

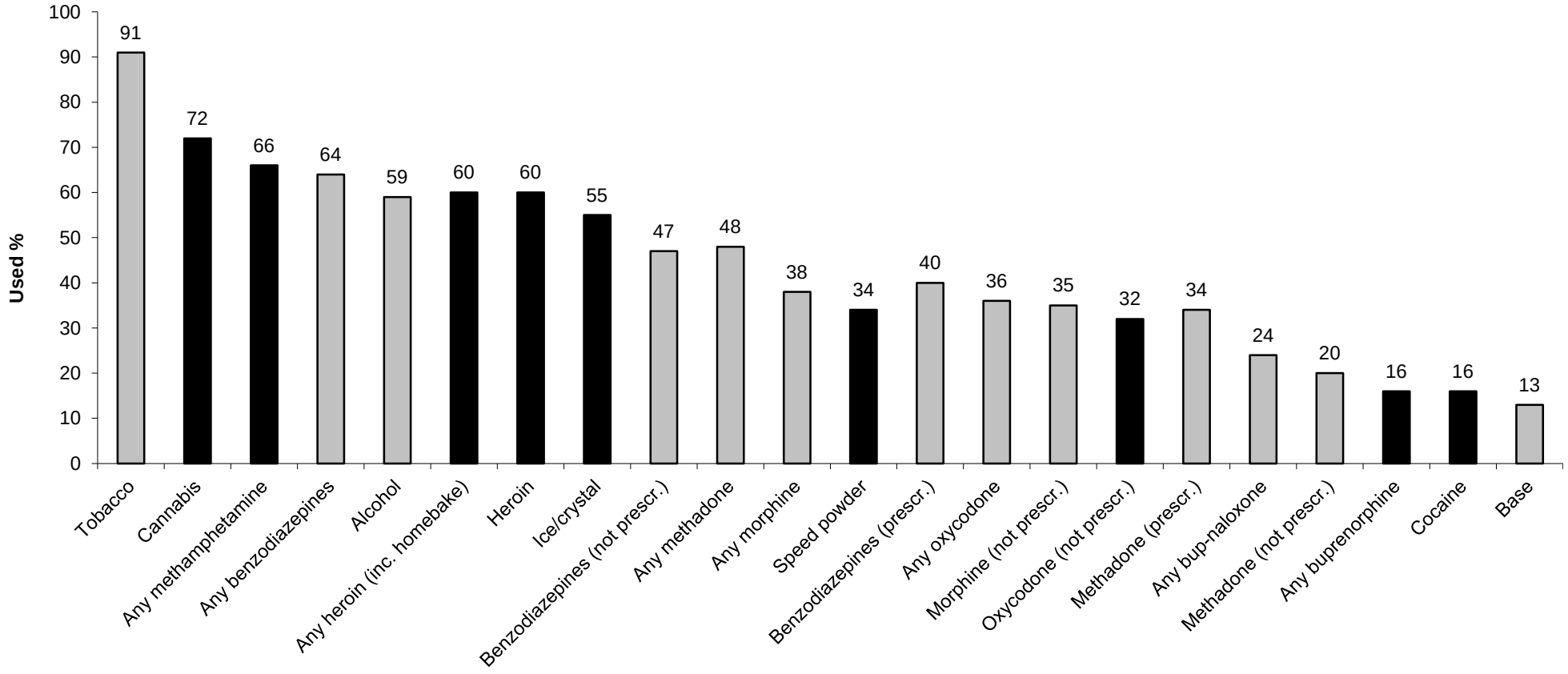
4.1.3 Polydrug use

As in previous years, IDRS participants sampled were polydrug users. Figure 1 shows the prevalence of drug use by the national sample in the past six months for the most commonly used drugs (13% or greater prevalence in the preceding six months) investigated by the IDRS. Use of tobacco, benzodiazepines and alcohol were common. Substantial proportions of the sample reported recent use of three of the four main drugs monitored by the IDRS: heroin (60%); cannabis (72%); and methamphetamine (any form; 66%).

Overall, there was little difference in the extent of polydrug use across jurisdictions, although there were some distinct jurisdictional differences in the types of drugs used. For example, the prevalence of recent cocaine use was substantially higher in NSW compared to all other jurisdictions, while the use of illicitly obtained opioids was considerably higher among participants in the NT and TAS compared to the other jurisdictions. Further discussion of the use of these drugs may be found under the relevant section headings elsewhere in the report.

Please refer to the footnotes contained beneath Figure 1 for information on interpretation of findings. Key findings are discussed by relevant drug type (heroin, methamphetamine, cocaine, cannabis, other opioids, other drugs) in the sections that follow.

Figure 1: Drug use among the national sample in the six months preceding interview, 2013



Source: IDRS participant interviews
Note: Key drugs investigated in the IDRS (i.e. heroin, methamphetamine, cocaine and cannabis) shown in black. 'Any heroin' includes heroin and homebake heroin. 'Any methamphetamine' includes speed powder, base, ice/crystal and liquid amphetamine. 'Any methadone' includes licit (prescr.) and illicit (not prescr.) methadone liquid and Physeptone®. 'Any morphine', 'any buprenorphine', 'any oxycodone', 'any form pharmaceutical stimulants' and 'any form bup.-naloxone' includes licit and illicit tablet and film forms of the drug in any formulation unless otherwise specified. 'Other opioids' refers to opioids not elsewhere classified. 'Use' refers to any form of administration and does not necessarily imply injection. For further information on routes of administration, please refer to Appendix A

4.1.4 Forms of drugs used in preceding six months

Participants were asked what forms of the main drug types they had used in the six months preceding interview and which form they had used most during that time. Table 4 depicts the proportion of participants in each jurisdiction who reported having used different forms of the drug in the preceding six months. Table 5 refers to the specific form of the drug type participants reported having used 'the most' in the preceding six months. For example, 72% of participants in the ACT sample (n=100) reported use of hydroponic cannabis in the preceding six months, 35% reported use of outdoor-grown 'bush' cannabis, 10% reported use of hashish and 9% the use of hash oil (Table 4). Among those who had used cannabis in the ACT, the majority (91%) stated that hydroponic cannabis was the form they had used most often during that time; nine percent stated bush was the form most used (Table 5). No participants reported using hashish or hash oil most often in the last six months.

Table 4: Forms of drugs used in the preceding six months, by jurisdiction, 2013

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	n=100
	2012	**2013**								
% Heroin										
Powder – white/off-white	41	**31**	57	66	16	7	15	47	5	34
Rock – white/off-white	38	**33**	36	25	67	0	31	31	4	47
Any white/off-white heroin	*55*	***50***	*70*	*69*	*71*	*7*	*32*	*58*	*9*	*62*
Powder – brown	20	**17**	38	20	6	4	13	38	4	10
Rock – brown	17	**22**	38	10	31	1	23	28	7	24
Any brown heroin	*28*	***30***	*52*	*22*	*33*	*5*	*27*	*53*	*9*	*29*
Homebake	7	**6**	8	7	1	0	5	24	4	1
% Methadone										
Liquid, licit	31	**34**	56	44	41	33	20	39	4	20
Liquid, illicit	19	**20**	28	25	12	38	15	19	10	13
Physeptone, licit	2	**2**	2	6	0	1	2	0	4	2
Physeptone, illicit	10	**9**	2	6	0	39	7	9	7	5
% Buprenorphine										
Licit	6	**5**	5	4	3	8	3	3	1	11
Illicit	14	**12**	11	16	9	9	7	9	20	16
% Buprenorphine-naloxone										
Tablet, licit	9	**4**	3	2	10	3	0	3	1	7
Table, illicit	11	**8**	5	9	10	4	2	12	12	11
Film, licit	8	**11**	11	11	12	7	8	16	6	16
Film, illicit	7	**11**	6	6	11	9	8	15	12	20
% Morphine										
Licit	9	**6**	3	6	1	3	9	2	21	6
Illicit	38	**35**	19	23	20	65	22	37	74	38
% Oxycodone										
Licit	7	**7**	9	4	3	4	13	6	9	13
Illicit	35	**32**	40	17	23	61	18	33	23	37
% Other opiates										
Licit	15	9	11	9	3	13	11	11	15	4
Illicit	7	5	3	3	2	16	2	9	5	1

Source: IDRS participant interviews
Note: Percentages in each form may not total 100% as more than one form may have been used in the last six months

Table 4: Forms of drugs used in the preceding six months, by jurisdiction, 2013 (continued)

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=10	n=150	n=107	n=100	n=88	n=91	n=100
	2012	**2013**								
% Methamphetamine										
Methamphetamine powder (speed)	40	**34↓**	14	29	23	61	40	48	31	37
Amphetamine liquid (oxblood)	5	**3**	1	3	0	6	3	3	7	3
Base methamphetamine (base/point/wax)	18	**13↓**	12	6	3	17	31	11	7	22
Crystalline methamphetamine (ice/crystal)	54	**55**	74	61	55	45	57	59	30	50
% Prescription stimulants										
Licit	1	**2**	1	2	1	2	1	0	3	2
Illicit	13	**11**	4	7	4	29	4	28	15	5
% Cocaine										
Powder	13	**13**	32	12	9	5	8	10	5	11
Crack	1	**1**	3	5	1	1	1	0	1	1
Rock	4	**5**	15	7	5	1	1	3	2	0
% Hallucinogens										
LSD	5	**5**	1	3	1	7	5	11	14	4
Mushrooms	3	**3**	1	3	1	7	1	2	5	3
% Ecstasy										
Pills	10	**8**	5	5	4	12	15	11	13	5
Powder	1	**1**	2	1	0	1	2	0	2	2
% Alprazolam										
Licit	11	**9**	12	6	6	6	7	16	7	17
Illicit	37	**34**	47	16	41	37	23	45	18	38
% Other Benzos										
Licit	35	**36**	29	30	39	36	32	60	21	48
Illicit	34	**32**	32	21	40	50	23	39	15	30
% Seroquel										
Licit	10	**9**	12	9	14	8	6	9	6	8
Illicit	16	**10**	10	12	17	10	7	10	4	8
% Cannabis										
Hydro	70	**66**	74	72	77	61	54	56	63	64
Bush	39	**38**	31	35	33	52	48	41	24	40
Hashish (hash)	7	**7**	5	10	1	13	13	8	7	2
Hash oil	5	**4**	3	9	1	7	7	6	1	1

Source: IDRS participant interviews
Note: Percentages in each form may not total 100% as more than one form may have been used in the last six months
↓ Significant decrease between 2012 and 2013 ($p<0.05$)

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2013

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Heroin (n)	(N=533)	(**N=530**)	(n=125)	(n=75)	(n=124)	(n=11)	(n=41)	(n=66)	(n=16)	(n=72)
Powder – white/off-white	38	**30**	38	79	5	55	10	21	25	22
Rock – white/off-white	43	**41**	26	9	83	0	49	17	25	53
Powder – brown	8	**9**	14	9	1	36	5	23	0	4
Rock – brown	8	**16**	19	1	11	9	32	17	31	19
Homebake	2	**3**	2	0	0	0	5	18	6	0
Other	1	**1**	1	2	0	0	0	4	13	2
% Methadone (n)	(N=421)	(**N=418**)	(n=101)	(n=55)	(n=70)	(n=60)	(n=36)	(n=47)	(n=16)	(n=33)
Liquid, licit	67	**70**	78	78	89	53	53	72	25	61
Liquid, illicit	23	**22**	20	18	11	27	39	17	31	27
Physeptone, licit	1	**1**	1	0	0	0	3	0	19	3
Physeptone, illicit	10	**7**	1	4	0	20	6	11	25	9
% Buprenorphine (n)	(N=172)	(**N=140**)	(n=22)	(n=19)	(n=18)	(n=18)	(n=8^)	(n=11)	(n=19)	(n=25)
Licit	30	**29**	27	21	28	44	38	27	5	44
Illicit	70	**71**	73	79	72	56	63	73	95	56
% Buprenorphine-naloxone Tablet (n)	(N=167)	(**N=96**)	(n=9^)	(n=10)	(n=28)	(n=7)	(n=2^)	(n=12)	(n=12)	(n=16)
Licit	48	**35**	44	20	54	43	0	25	8	38
Illicit	52	**65**	56	80	46	57	100	75	92	63
% Buprenorphine-naloxone Film (n)	(N=122	(**N=170**)	(n=23)	(n=16)	(n=32)	(n=16)	(n=14)	(n=24)	(n=15)	(n=30)
Licit	56	**52**	74	69	47	38	50	58	33	43
Illicit	44	**48**	26	31	53	62	50	42	67	57
% Morphine (n)	(N=390)	(**N=330**)	(n=31)	(n=29)	(n=32)	(n=71)	(n=27)	(n=33)	(n=67)	(n=40)
Licit	17	**12**	7	21	6	3	30	3	22	13
Illicit	83	**88**	64	79	94	97	70	97	78	88
% Oxycodone (n)	(N=359)	(**N=317**)	(n=65)	(n=20)	(n=38)	(n=66)	(n=27)	(n=33)	(n=24)	(n=44)
Licit	15	**18**	14	20	13	5	44	15	29	25
Illicit	85	**82**	86	80	87	95	56	85	71	75
% Other opiates (n)	(N=184)	(**N=128**)	(n=21)	(n=11)	(n=11)	(n=31)	(n=13)	(n=15)	(n=18)	(n=8^)
Licit	69	**66**	81	82	55	45	85	60	72	63
Illicit	31	**34**	19	18	45	55	15	40	28	37

Source: IDRS participant interviews
Note: Percentages in each drug type may not round to 100 due to missing data. This may be due to 'other' responses such as a participants reporting use of a different form of the drug not listed (e.g. other hallucinogens); use of two or more forms of the drug equally as often (i.e. they could not name a form most used); being unable to specify which form had been used most often

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2013 (continued)

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Methamphetamine (n)	(N=592)	**(N=574)**	(n=112)	(n=65)	(n=91)	(n=77)	(n=73)	(n=61)	(n=37)	(n=58)
Methamphetamine powder (speed)	36	**27**	2	14	12	60	34	38	62	31
Amphetamine liquid (oxblood)	<1	**1**	0	3	0	1	1	0	0	0
Base methamphetamine (base/point/wax)	6	**6**	2	3	2	5	27	0	3	10
Crystalline methamphetamine (ice/crystal)	56	**66**	96	80	86	34	37	62	35	59
% Prescription stimulants (n)	(N=130)	**(N=106)**	(n=7^)	(n=8^)	(n=7^)	(n=32)	(n=5^)	(n=24)	(n=16)	(n=7^)
Licit	8	**13**	14	25	29	6	20	4	19	29
Illicit	92	**87**	86	75	71	94	80	96	81	71
% Cocaine (n)	(N=134)	**(N=136)**	(n=61)	(n=16)	(n=16)	(n=5^)	(n=9^)	(n=12)	(n=6^)	(n=11)
Powder	78	**76**	74	63	69	100	78	75	83	100
Crack	2	**4**	3	13	6	0	11	0	0	0
Rock	21	**20**	23	25	25	0	11	25	17	0
% Hallucinogens (n)	(N=54)	**(N=62)**	(n=4^)	(n=5^)	(n=4^)	(n=12)	(n=6^)	(n=10)	(n=14)	(n=7^)
LSD	65	**58**	0	40	25	50	83	70	79	57
Mushrooms	26	**26**	50	60	50	42	17	0	7	29
Other	9	**16**	50	0	25	8	0	30	14	14
% Ecstasy (n)	(N=102)	**(N=80)**	(n=10)	(n=6^)	(n=6^)	(n=13)	(n=14)	(n=10)	(n=13)	(n=8^)
Pills	85	**81**	50	83	100	92	100	100	69	50
Powder	5	**6**	30	17	0	0	0	0	0	13
Capsules	7	**8**	20	0	0	8	0	0	23	0
% Alprazolam (n)	(N=395)	**(N=344)**	(n=76)	(n=21)	(n=65)	(n=43)	(n=28)	(n=47)	(n=20)	(n=44)
Licit	23	**22**	21	29	14	12	25	26	30	30
Illicit	77	**78**	79	71	86	88	75	74	70	70
% Other Benzos (n)	(N=491)	**(N=491)**	(n=74)	(n=46)	(n=91)	(n=75)	(n=47)	(n=64)	(n=28)	(n=66)
Licit	59	**58**	47	63	58	41	64	70	57	67
Illicit	41	**42**	53	37	42	59	36	30	43	33
% Seroquel (n)	(N=230)	**(N=148)**	(n=27)	(n=16)	(n=42)	(n=17)	(n=11)	(n=15)	(n=8^)	(n=12)
Licit	41	**44**	48	38	48	35	36	47	50	42
Illicit	59	**56**	52	62	52	65	64	43	50	58
% Cannabis (n)	(N=675)	**(N=620)**	(n=120)	(n=75)	(n=120)	(n=72)	(n=55)	(n=52)	(n=59)	(n=67)
Hydro	87	**87**	92	91	93	71	84	90	88	84
Bush	11	**12**	8	9	8	28	16	10	12	16

Source: IDRS participant interviews
^ Small numbers reported; interpret with caution (n<10)
Note: Percentages in each drug type may not round to 100 due to missing data. In some cases this may be due to 'other' responses such as participants reporting use of a form of the drug not listed (e.g. hallucinogens); use of two or more forms of the drug equally as often (i.e. they could not name a form most used); being unable to specify which form had been used most often

4.2 Heroin

Key points

- Heroin remained the most commonly reported drug of choice among participants.
- Nationally around two-thirds of the sample reported recent heroin use.
- Frequency of use reduced significantly compared to 2012.
- Heroin used by participants was typically white/off-white in colour, with 'rock' and 'powder' forms both noted. The use of brown coloured heroin was also reported, although not as commonly.
- The use of homebake heroin in the sample remained largely uncommon.

4.2.1 Use of heroin

In 2013, heroin was the drug of choice for half of the sample (53%), and nominated as the last drug injected by 39% of the sample (Table 3). Forty percent reported that heroin was the drug injected most often in the last month (Table 3).

For data between 2000 and 2013 refer to Appendix B, Figure B1 for drug of choice and Figure B2 for drug injected most often in the last month.

Around two-thirds (60%) of the national sample reported the use of heroin in the last six months on a median of 60 days. No significant difference was found between 2012 and 2013 for recent heroin use. However, the days of heroin use (frequency) significantly decreased between 2012 and 2013 (72 days versus 60 days in 2013; $p<0.05$). Prevalence and frequency of heroin use varied by jurisdiction. The most notable change was seen in WA where the frequency of use was lower in 2013 compared to 2012 (54 days in 2013 versus 90 days in 2012). An increase in frequency of use was noted in SA (72 days in 2013 versus 48 days in 2012). Nationally, 22% of recent heroin users reported daily use of heroin in the last six months. The highest proportions of daily users were in VIC and NSW (Table 6). Among those who recently used heroin all reported injecting on a median of 60 days in the last six months. This is significantly lower than 72 days in 2012 ($p<0.05$).

For national data please refer to Appendix B, Figure B3 for recent heroin use and Figure B7 for median days of recent heroin use between 2000 and 2013. For a jurisdictional breakdown of heroin use patterns including daily use between 2000 and 2013 refer to Appendix C, Table C1.

Table 6: Recent use and median days of heroin use, by jurisdiction, 2012-2013

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Recent use									
2012	60	89	74	84	9	52	80	11	65
2013	**60**	**83**	**75**	**83**	**10**	**41**	**75**	**17**	**72**
Median days of use*									
2012	72	96	72	72	6^	48	90	4.5	72
2013	**60↓**	**90**	**50**	**72**	**3**	**72**	**54**	**3**	**30**
% Daily use*									
2012	28	39	26	25	0	29	26	14	19
2013	**22**	**26**	**23**	**30**	**0**	**20**	**15**	**7**	**18**

Source: IDRS participant interviews

* Among those who had recently used heroin. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

^ Small numbers reported; interpret with caution (n<10)

↓ Significant decrease between 2012 and 2013 ($p<0.05$)

4.2.2 Homebake

Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. Homebake use remains uncommon among the national IDRS sample. Recent homebake use remained stable compared to 2012 (9%, N=84), with 8% (N=72) of the national sample reporting use on a median of six days over the past six months. Eight percent reported injection on a median of six days in the preceding six months (Appendix A, Table A3). As the use of homebake has remained uncommon since the commencement of the IDRS, information on market characteristics such as price, perceived purity and availability were not obtained.

4.2.3 Heroin forms used

Eight-three percent of recent heroin users reported use of 'white/off-white' heroin in the preceding six months, this was a significant decrease from 93% in 2012 ($p<0.05$). Fifty-one percent reported use of 'brown' heroin. The vast majority of heroin users reported that they had used 'white/off-white' heroin (70%) most often in the preceding six months. This was significantly lower than 81% reported in 2012 ($p<0.05$). Five percent of heroin users in the national sample reported homebake heroin or another colour of heroin as the form they had most used in the preceding six months (Table 7).

While the following information provides an indication of the appearance of heroin used by participants of the IDRS at the street level, it is not possible to draw conclusions about its geographic origin, purity or the preparation method required for injection based on these data alone.

Table 7: Reports of heroin forms used in the last six months among those who had recently used heroin, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Used last 6 months (n)	(N=549)	(**N=529**)	(n=125)	(n=75)	(n=124)	(n=11)	(n=41)	(n=66)	(n=15)	(n=72)
% White/off-white powder or rock	93	**83**↓	84	92	86	64	78	79	53	86
% Brown powder or rock	48	**51**	63	29	40	46	66	73	53	40
Form most used last 6 months	(N=534)	(**N=525**)	(n=124)	(n=75)	(n=124)	(n=11)	(n=41)	(n=63)	(n=15)	(n=72)
% White powder or rock	81	**70**↓	65	88	88	55	59	40	53	75
% Brown powder or rock	16	**25**↑	33	11	12	45	37	41	33	24
% Other colour or homebake	3	**5**	2	1	0	0	5	19	14	1

Source: IDRS participant interviews
↑ Significant increase between 2012 and 2013 ($p<0.05$)
↓ Significant decrease between 2012 and 2013 ($p<0.05$)

IDRS participants who recently injected heroin were also asked 'Did you heat the last time you injected? 'Did you use acid?' and 'What colour was the heroin?'. Of those who commented, 38% reported heating the heroin before injecting last and 5% reported using acid. The majority of participants reported the colour of heroin as brown (53%) and 38% as white when used with acid or when heating. These findings are opposite to those reported in 2012 (Table 8).

Table 8: Use of heat and acid in the preparation of last heroin injection among recent heroin users who commented, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Heated in the last injection (n)	(N=522)	(**N=522**)	(n=122)	(n=73)	(n=124)	(n=11)	(n=41)	(n=66)	(n=14)	(n=71)
%	32	**38**	49	37	14	27	49	64	43	34
Acid in the last injection (n)	(N=503)	(**N=511**)	(n=122)	(n=73)	(n=124)	(n=11)	(n=38)	(n=61)	(n=11)	(n=71)
%	3	**5**	12	4	0	9	13	3	0	0
% Main Colour* (n)	(N=147)	(**N=196**)	(n=59)	(n=27)	(n=17)	(n=3^)	(n=23)	(n=38)	(n=5)	(n=24)
White	52	**38**	14	82	76	0	61	11	60	42
Brown	44	**53**	73	15	18	100	30	76	20	54
Other	4	**10**	14	4	6	0	9	13	20	4

Source: IDRS participant interviews
*Among those who reported either heating or using acid to prepare their last injection of heroin
^ Small numbers reported; interpret with caution (n<10)

4.2.4 Quantity of heroin use

Participants were asked about the quantity of heroin used during a typical (average) session, a heavy session and over a day. The most common measures reported were points and grams. During a typical (average) session the average amount used was a quarter of a gram (range 0.1 to 3 grams) or one point (range 0.25 to 5 points). During a heavy session the average amount used was half a gram (range 0.1 to 5 grams) or two points (range 0.1 to 30 points). Over the period of a day the average amount used was half a gram (range 0.1 to 5 grams) or two points (range 0.25 to 12 points).

4.3 Methamphetamine

Key points

- Around two-thirds of the national sample reported using one or more forms of methamphetamine in the last six months on a median of 24 days.
- The use of speed powder and base were significantly higher compared to 2012. Recent use of ice/crystal remained stable.
- Minimal use of liquid amphetamine (or 'oxblood') was noted in all jurisdictions.
- The form mainly used in the past six months was 'ice/crystal' followed by 'speed' and 'base'.
- Frequency of use in the last six months was 12 days for 'ice/crystal', 10 days for 'speed' and six days for 'base'.
- The majority of methamphetamine users reported injecting either 'speed', 'base' or 'ice/crystal' in the last six months.

4.3.1 Use of methamphetamines

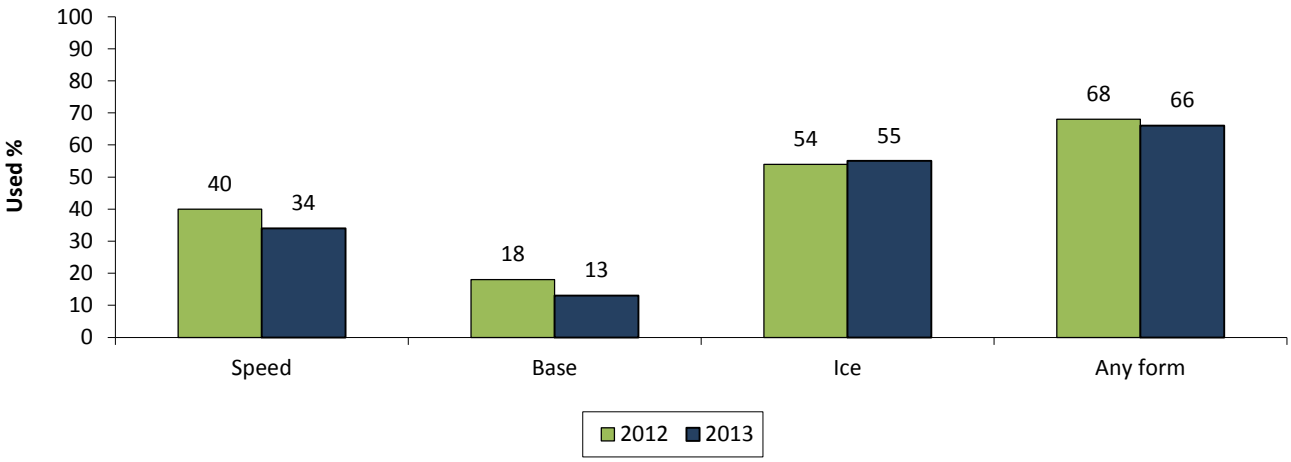
In 2013, sixty-six percent of the national sample reported using one or more forms of methamphetamine (speed, base, ice/crystal or liquid amphetamine) in the six months preceding interview. No significant difference was found between 2012 and 2013 ($p<0.05$). The proportion of participants reporting recent use and frequency of methamphetamine nationally over time is presented in Appendix B, Figure B3, Figure B4 and Figure B7. For a jurisdictional breakdown refer to Appendix C, Table C2 to C4.

Figure 2, Table 9, Table 10 and Table 11 show the proportion of participants who reported using the three different forms of methamphetamine nationally over time. Nationally, the recent use of 'speed' was significantly lower in 2013 compared to 2012 (34% in 2013 versus 40% in 2012; $p<0.05$). Recent 'speed' use ranged from 61% in TAS to 14% in NSW. Nearly all (97%) of the recent 'speed' users reported injecting 'speed' on a median of ten days in the last six months.

The recent use of 'base' significantly decreased between 2012 and 2013 (18% in 2012 versus 13% in 2013; $p<0.05$) ranging from 31% in SA to 3% in VIC. Nearly all (95%) of the recent 'base' users reported injecting 'base' on a median of six days in the last six months.

Nationally, the recent use of 'ice/crystal' remained stable at 55% in 2013 (54% in 2012). Recent 'ice/crystal' use ranged from 74% in NSW to 30% in the NT. The majority (96%) of recent 'ice/crystal' users reported injecting 'ice/crystal' on a median of twelve days in the last six months.

Figure 2: Recent use of methamphetamine (speed, base, ice/crystal and any form), 2012-2013



Source: IDRS participant interviews

Table 9: Proportion of IDU who reported use of speed powder in the preceding six months, by jurisdiction, 2003-2013

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	55	31	48	70	51	53	71	60	58
2004	53	35	41	65	60	44	61	60	61
2005	60	38	59	75	76	39	61	69	65
2006	56	49	58	71	54	39	66	57	54
2007	55	35	55	65	63	42	61	58	62
2008	48	38	37	64	61	34	61	50	35
2009	48	33	46	65	56	33	54	50	46
2010	41	29	48	53	56	29	51	25	41
2011	44	30	46	49	67	36	43	43	40
2012	40	17	42	39	70	34	45	46	30
2013	**34↓**	**14**	**29**	**23**	**61**	**40**	**48**	**31**	**37**

Source: IDRS Injecting drug user interviews
↓ Significant decrease between 2012 and 2013 (p<0.05)

Table 10: Proportion of IDU who reported use of base methamphetamine in the preceding six months, by jurisdiction, 2003-2013

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	35	32	13	18	46	51	40	30	50
2004	38	31	25	11	72	46	45	26	60
2005	39	38	28	13	79	61	54	16	40
2006	38	43	32	15	55	52	37	25	53
2007	32	41	32	8	48	42	22	20	48
2008	22	33	18	5	25	37	13	10	34
2009	28	36	21	13	55	31	12	16	41
2010	21	29	18	3	40	43	8	6	30
2011	21	17	17	11	39	35	6	12	37
2012	18	15	15	11	43	32	6	7	21
2013	**13↓**	**12**	**6**	**3**	**17**	**31**	**11**	**7**	**22**

Source: IDRS Injecting drug user
↓ Significant decrease between 2012 and 2013 (p<0.05)

Table 11: Proportion of IDU who reported use of ice/crystal methamphetamine in the preceding six months, by jurisdiction, 2003-2013

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	54	38	65	50	69	48	80	34	60
2004	52	45	73	41	52	48	83	32	51
2005	43	38	62	29	50	46	68	21	36
2006	57	57	88	53	56	49	76	29	55
2007	46	50	80	43	38	41	56	29	39
2008	49	69	68	39	32	49	61	28	40
2009	37	46	57	32	26	30	43	15	46
2010	39	48	48	36	20	60	40	18	37
2011	45	53	57	53	26	44	46	28	50
2012	54	68	66	59	43	56	64	26	44
2013	**55**	**74**	**61**	**55**	**45**	**57**	**59**	**30**	**50**

Source: IDRS Injecting drug user interviews

4.3.2 Methamphetamine form most used

Participants were asked what form of methamphetamine they had used most in the six months preceding interview. The form of methamphetamine used most in the past six months was 'ice/crystal' (66%), followed by 'speed' (27%), 'base' (6%) and liquid amphetamine (<1%) (Table 5). For comparison, in 2012, these figures were: 'ice/crystal' (56%), 'speed' (36%) and 'base' (6%). There are some jurisdictional variations in these findings. 'Ice/crystal' use was the main form reported in all jurisdictions, with the exception of TAS and the NT ('speed' main form used) (Table 5).

4.3.3 Methamphetamine frequency of use

In 2013, the median number of days any form of methamphetamine used by the national sample was 24 days (22 days in 2012); around fortnightly use (Table 12). The median frequency of use among those who reported recent methamphetamine use was 10 days for 'speed' (ranging from five days in the WA to 48 days in SA; 10 days nationally in 2012), 6 days for 'base' (ranging from one and a half days in WA to 48 days in SA; 6 days nationally in 2012) and 12 days for 'ice/crystal' (ranging from six and a half days in TAS to 32 days in the ACT; 12 days nationally in 2012). No significant differences for median days of use were found for speed, base or ice/crystal among those who recently used ($p>0.05$).

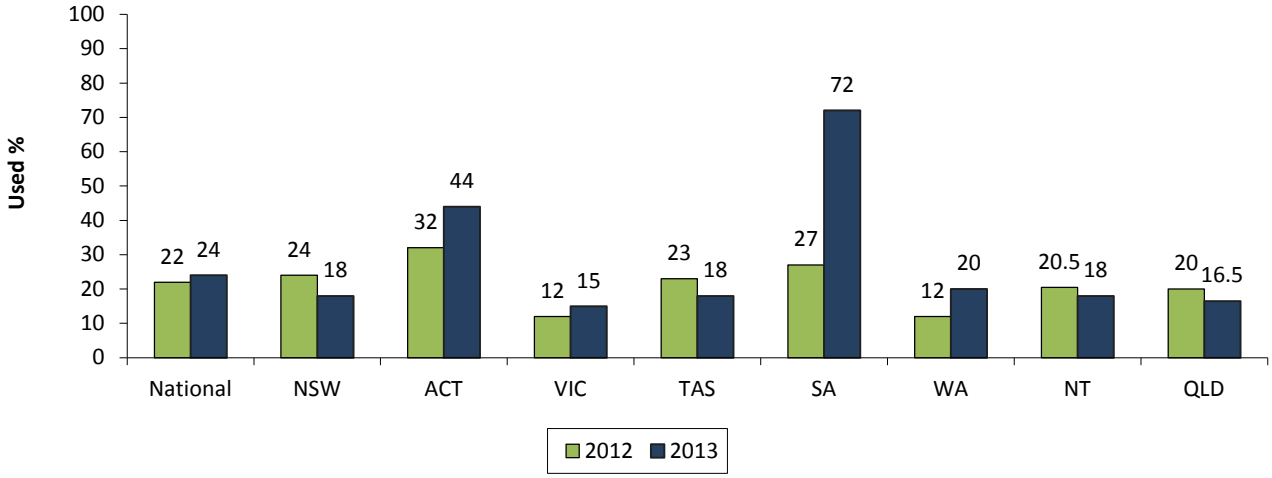
Figure 3 shows the median number of days of methamphetamine use (any form) among those who recently used any form of methamphetamine for 2012 and 2013. Daily use of any form of methamphetamine was reported by 5% of the national sample (7% of recent methamphetamine users).

Table 12: Median number of days of methamphetamine use by those who had used methamphetamine in the past six months, by jurisdiction, 2013

Number	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Speed	10	**10**	5	6	8	10	48	5	12	6
Base	6	**6**	4.5	4^	6^	3.5	48	1.5	4^	3
Ice/crystal	12	**12**	15	32	13	6.5	12	14.5	10	10
Liquid	4	**3**	1^	24^	0	2.5	24^	2^	2.5^	1^
Any form*	22	**24**	18	44	15	18	72	20	18	16.5

Source: IDRS participant interviews
^ Very small numbers reporting (n<10)
* Includes speed powder, base, ice/crystal and liquid forms
Note: Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

Figure 3: Median days of methamphetamine (any form) use among participants who had used methamphetamine in the past six months, by jurisdiction, 2012-2013



Source: IDRS participant interviews
Note: Data includes liquid amphetamine and excludes pharmaceutical stimulants. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

The jurisdictional differences in methamphetamine use are reflected in data sources other than the IDRS. The Needle and Syringe Program (NSP) survey (provided by the Kirby Institute previously known as the National Centre in HIV Epidemiology and Clinical Research) provides data from 2000 to 2012 on amphetamine use (Table 13). The graph depicts the proportion of NSP clients who report methamphetamine as the drug they had last injected, by jurisdiction. Consistent with the IDRS reports, SA had the largest proportion of NSP clients reporting methamphetamine as the last drug injected (Table 13).

Table 13: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000-2012

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	22	12	6	6	22	30	23	27	38
2001	37	16	41	24	22	52	56	36	52
2002	33	23	16	23	30	45	39	15	43
2003	33	18	28	24	28	48	41	24	46
2004	33	23	32	16	31	40	46	30	44
2005	32	25	26	24	47	42	34	28	40
2006	38	29	40	35	49	51	45	35	39
2007	30	26	41	21	30	43	31	16	35
2008	28	26	29	18	23	51	28	17	34
2009	24	22	24	13	25	37	19	26	29
2010	26	30	27	13	27	40	26	25	27
2011	27	29	24	18	26	35	34	23	29
2012	26	26	29	18	32	35	32	18	26

Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002; National Centre in HIV Epidemiology and Clinical Research, 2005; National Centre in HIV Epidemiology and Clinical Research, 2009; National Centre in HIV Epidemiology and Clinical Research, 2010; Iversen and Maher, 2012; Iversen and Maher, 2013; Kirby Institute, May 2011)
Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395; 2012: 2,391

4.3.4 Quantity of methamphetamine use

Participants were asked about the quantity of speed powder, base and ice/crystal used in the last six months during a typical (average) session, a heavy session and over a day. Below are the quantities reported for speed powder, base and ice/crystal.

4.3.4.1 Speed powder

The most common measures reported for speed powder were points and grams. During a typical (average) session the average amount used was half a gram (range 0.1 to 2 grams) or one point (range 0.2 to 6 points) in the last six months. During a heavy session the average amount used was half a gram (range 0.1 to 4 grams) or two points (range 0.25 to 30 points) in the last six months. Over the period of a day the average amount used in the last six months was half a gram (range 0.1 to 4 grams) or 1.25 points (range 0.25 to 14 points) (Table 14).

4.3.4.2 Base

For base the most common measures reported were points and grams. During a typical (average) session the average amount used was half a gram (range 0.1 to 3.5 grams) or 1.5 points (range 0.25 to 5 points). During a heavy session the average amount used was one gram (range 0.1 to 10 grams) or two points (range 0.5 to 10 points). Over the period of a day the average amount used was half a gram (range 0.1 to 4 grams) or 1.5 points (range 0.5 to 8 points) (Table 14).

4.3.4.3 Ice/crystal

Grams and points were the most common measures reported for ice/crystal among those who commented. During a typical (average) session the average amount used in the last six months was a quarter of a gram (range 0.1 to 2 grams) or one point (range 0.1 to 5 points). During a heavy session the average amount used was half a gram (range 0.1 to 4 grams) or two points (range 0.1 to 12 points) in the last six months. Over the period of a day the average amount used in the last six months was a quarter of a gram (range 0.1 to 2.2 grams) or one point (range 0.1 to 16 points) (Table 14).

Table 14: Quanity of methamphetamine used during a typical session, heavy session and over a day in the last 6 months, nationally, 2013

In the last six months	Typical session		Heavy session		Over a day	
	Points	Grams	Points	Grams	Points	Grams
Speed powder (range)	1 (0.2-6)	0.5 (0.1-2)	2 (0.25-30)	0.5 (0.1-4)	1.25 (0.25-14)	0.5 (0.1-4)
Base (range)	1.5 (0.25-5)	0.5 (0.1-3.5)	2 (0.5-10)	1 (0.1-10)	1.5 (0.5-8)	0.5 (0.1-4)
Ice/crystal (range)	1 (0.1-5)	0.25 (0.1-2)	2 (0.1-12)	0.5 (0.1-4)	1 (0.1-16)	1 (0.1-2.2)

Source: IDRS participant interviews

4.4 Cocaine

Key points

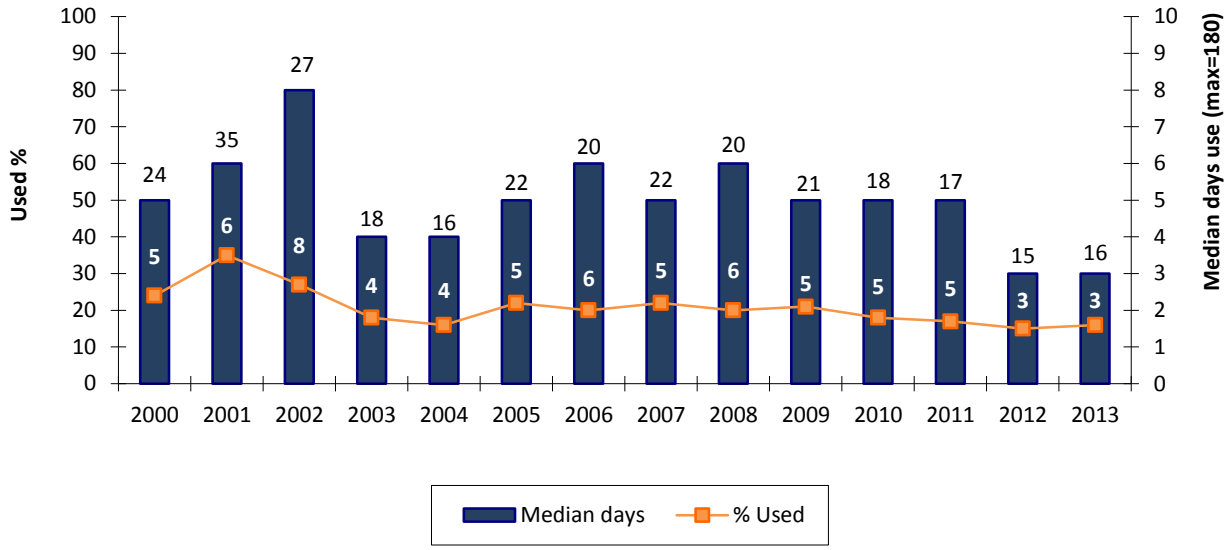
- The recent use of cocaine remained most common among participants in NSW (41%), with proportions elsewhere reporting use in the preceding six months remaining at less than 16%.
- The frequency of cocaine use remained low and sporadic (on average less than bi-monthly use in the last six months) in the majority of jurisdictions except NSW. In NSW, the frequency of cocaine use was six days (seven days in 2012).
- Cocaine powder remained the most common form of the drug used by participants.

4.4.1 Use of cocaine

Sixteen percent of the national sample reported recent use of cocaine (Figure 4), the majority (73%) of whom also reported injecting it in the last six months. The recent use of cocaine remained most common among participants in NSW (41%), ranging in the other states from 16% in ACT to 5% in TAS (Figure 5). No significant difference was found between 2012 and 2013 for recent cocaine use nationally or in NSW ($p>0.05$). The vast majority of cocaine used was cocaine powder (see Tables 4 and 5).

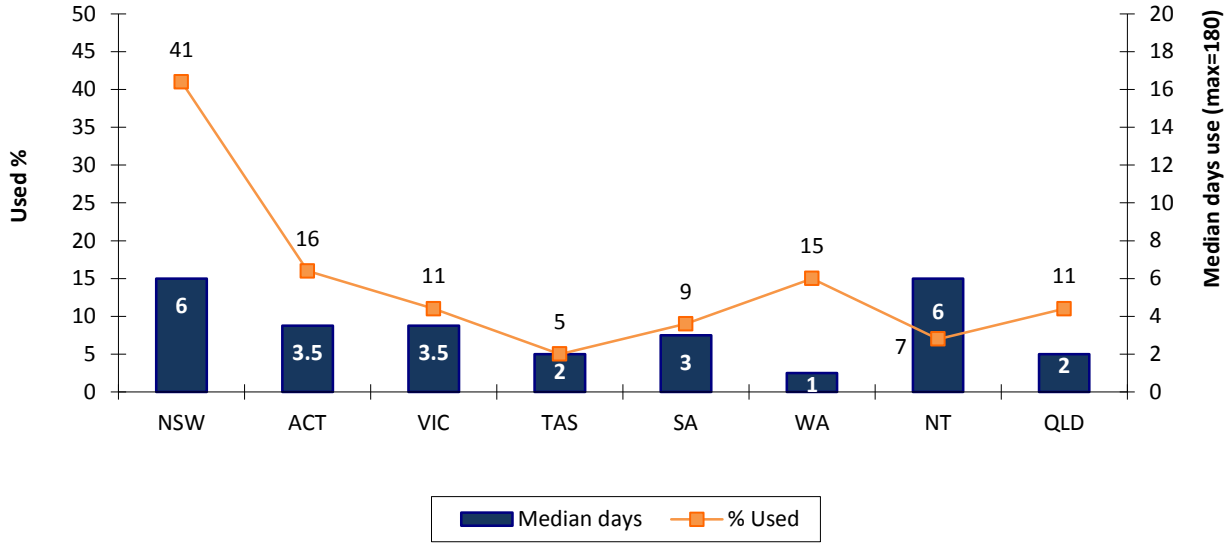
The median frequency of use was three days, ranging from six days in NSW to one day in WA (the NT also noted six days, however, only six participants commented). Among those who recently used cocaine nationally and in NSW, no significant difference was found between 2012 and 2013 for median days of use ($p>0.05$). The frequency of cocaine use remained low and sporadic (on average less than bi-monthly use in the last six months) in the majority of jurisdictions except NSW (Figure 5). In NSW, the frequency of cocaine use was six days compared to seven days in 2012, this was not significant ($p>0.05$). Please refer to Appendix B, Figure B3 and Figure B7 for national data between 2000 and 2013 and Appendix C, Table C5 for jurisdictional differences over time.

Figure 4: Proportion of participants in the national sample who reported recent cocaine use and median days of use, 2000-2013



Source: IDRS participant interviews
Note: Among those who reported recent use. Median days rounded to the nearest whole number. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

Figure 5: Proportion of participants who reported recent cocaine use and median days of use, by jurisdiction, 2013



Source: IDRS participant interviews
Note: Among those who reported recent use. Median days rounded to the nearest whole number. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

4.4.2 Cocaine forms used

Thirteen percent of the national sample reported use of powder cocaine in the preceding six months, ranging from 5% in TAS and the NT to 32% in NSW. While, 5% reported using rock cocaine and 1% crack cocaine in the last six month (see Table 4). Among users, powder cocaine remained the form most commonly used in the preceding six months, followed by rock cocaine (76% and 20% respectively, see Table 5).

4.4.3 Quantity of cocaine use

Participants were asked about the quantity of cocaine used during a typical (average) session, a heavy session and over a day. The most common measures were points and grams. During a typical session the average amount used was half a gram (range 0.05 to 4 grams) or one point (range 0.5 to 5 points). During a heavy session the average amount used was one gram (range 0.1 to 18 grams) or two points (range 0.5 to 5 points). Over the period of a day the average amount used was one gram (range 0.1 to 12 grams) or one point (range 0.5 to 5 points).

4.5 Cannabis

Key points

- The majority of participants reported recent cannabis use. The frequency of cannabis use was high with daily use commonly reported.
- Smoking of cannabis in cones was more common than in joints, with users reporting having smoked a median of four cones on the last day of use.
- Hydro continued to dominate the market although the use of bush was also common. Use of hashish and/or hash oil was less common.

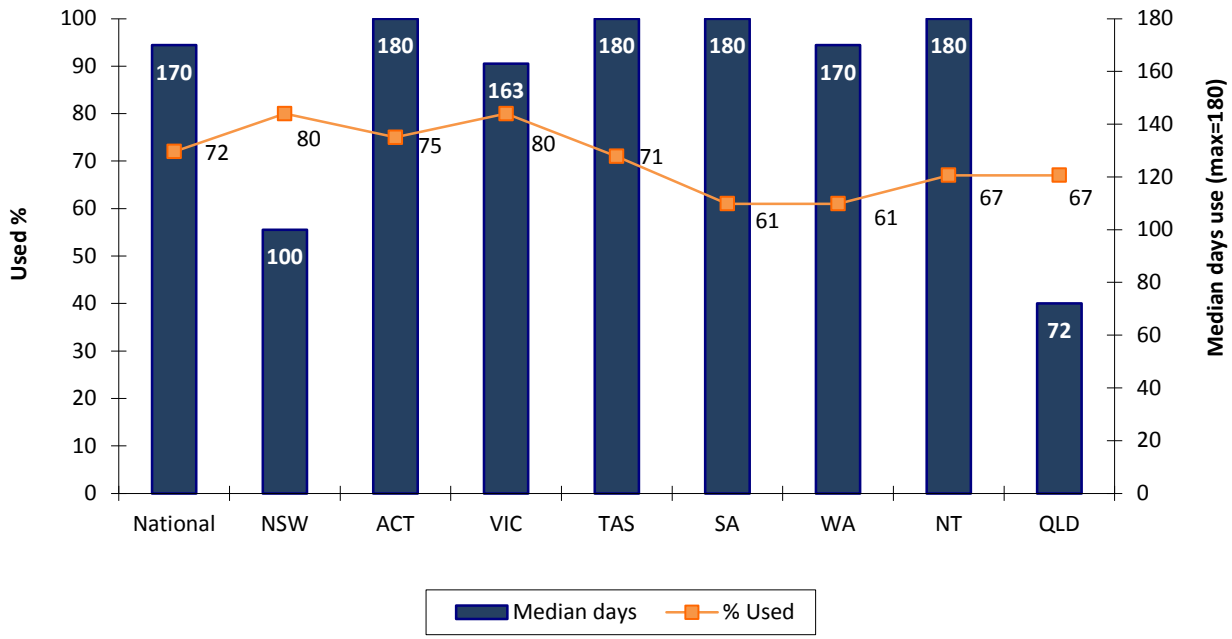
4.5.1 Use of cannabis

Seventy-two percent of the national sample reported they had used cannabis in the six months prior to interview, ranging from 61% in SA and WA to 80% NSW and VIC (Figure 6). No significant difference was found between 2012 and 2013 for recent cannabis use nationally (76% in 2012; p>0.05).

Nationally the median number of days used among those who use recently used cannabis was 170 days (near daily use) (Figure 6). No significant difference in median days use for cannabis was found between 2012 and 2013 (p>0.05). Nationally, 49% of recent cannabis users reported daily use ranging between 33% in QLD to 59% in TAS.

For national data between 2000 and 2013 please refer to Appendix B, Figure B3 and Figure B7 and for jurisdictional differences over time Appendix C, Table C6.

Figure 6: Proportion of participants who reported recent cannabis use and median days of use, by jurisdiction, 2013



Source: IDRS participant interviews
Note: Among those who reported recent use. Median days rounded to the nearest whole number. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

Recent cannabis users were asked how much cannabis they had smoked on the last day of use, as measured by the number of cones or joints used on that occasion, either by themselves or shared with others. Among those who responded nationally (N=613), cannabis had typically been smoked in cones (77%; range 53% in VIC to 94% in WA) rather than joints (14%; range 6% in WA to 21% in TAS). Among those who had smoked cones, the median number used on the last day was four (range: less than one cone to 180 cones), while the number of joints smoked was one (range: less than one joint to 24 joints). Daily users of cannabis had smoked a median of five cones (range: <1-180) or four joints (range: 1-24) on the last day of use.

4.5.2 Cannabis forms used

Sixty-six percent of the national sample reported use of hydroponic cannabis (hydro) in the preceding six months, ranging from 54% in SA to 77% in VIC. Over one-third (38%) reported use of outdoor-grown 'bush' cannabis, ranging from 24% in the NT to 52% in TAS. Seven percent had used hashish and minimal proportions (4%) reported use of hash oil (see Table 4). Among users, hydro remained the form most commonly used in the preceding six months, followed by bush (see Table 5).

4.5.3 Quantity of cannabis use

Participants were asked about the quantity of cannabis used during a typical (average) session, a heavy session and over a day. The most common measures were cones and grams. During a typical session the average amount used was one gram (range 0.1 to 7grams) or five cones (range 0.5 to 40 cones). During a heavy session the average amount used was one gram (range 0.25 to 7 grams) or 10 cones (range 0.5 to 200 cones). Over the period of a day the average amount used was one gram (range 0.25 to 28 grams) or 10 cones (range 0.5 to 140 cones).

4.6 Other opioids

Key points

- Nearly half of the national sample reported recent use of **methadone** (any form, i.e. 'licitly' and/or 'illicitly' obtained methadone or Physeptone) and, around one-quarter reported recent (last six months) injection.
- Twenty percent of the national sample reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview, while 9% of the national sample reported recent use of 'illicitly' obtained methadone tablets (Physeptone).
- Five percent of the national sample reported use of 'licitly' obtained **buprenorphine** in the six months preceding interview and 12% reported use of 'illicit' buprenorphine.
- Four percent of the national sample reported using 'licitly' obtained **buprenorphine-naloxone** 'tablet' and 11% buprenorphine-naloxone 'film' in the preceding six months.
- Eight percent of the national sample reported using 'illicitly' obtained buprenorphine-naloxone 'tablet' and 11% buprenorphine-naloxone 'film' in the last six months.
- The recent use of any form of **morphine** significantly decreased from 43% in 2012 to 38% in 2013. Recent 'licit' morphine use was reported by 6% of the sample compared to 35% for 'illicit' morphine.
- Morphine remained the most commonly injected pharmaceutical in the national sample (35% in 2013).
- Jurisdictional variations and changes were observed. The use of morphine remained highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available.
- Thirty-six percent of the national sample reported the recent use of any form of **oxycodone** (7% licit; 32% illicit).
- Three percent of the national sample reported the recent injection of 'licitly' obtained oxycodone and 30% for 'illicitly' obtained oxycodone.
- The median days of 'illicit oxycodone' use increased significantly between 2012 and 2013.
- Eleven percent of the national sample reported using **over the counter codeine** on a median of seven days in the last six months.
- Fourteen percent of the national sample reported recent use of **'other' opioids** (i.e. those not elsewhere classified – mainly Panadeine Forte®) on a median of seven days. Recent injection of these preparations was low at less than one percent.

The IDRS investigates the use patterns, harms and market characteristics of a number of pharmaceutical opioids including methadone, buprenorphine, buprenorphine-naloxone, morphine and oxycodone. Use of these substances is broadly split into the following categories:

Use

1. use of 'licitly' obtained opioids, i.e. use of opioids obtained by a prescription in the user's name, through any route of administration (includes the use of these medications as prescribed);
2. use of 'illicitly' obtained opioids, i.e. those obtained from a prescription in someone else's name, through any route of administration ('illicit use');
3. use of any opioids, i.e. does not distinguish between 'licitly' and 'illicitly' obtained opioids;

Injection

4. injection of licitly obtained opioids;
5. injection of illicitly obtained opioids; and
6. injection of any opioids.

See Glossary for further details relating to licit and illicit use. For additional information on data covering the use of 'licitly' obtained methadone, buprenorphine and buprenorphine-naloxone, including national indicator data on opioids substitution treatment (OST), please see also Drug treatment section (under Heath-related trends associated with drug use).

More recently, the argument has been made for a distinction between 'non-adherence' (the use of one's own medication in a way other than as directed, for example through injection) and 'diversion' (the selling, trading, giving or sharing of one's medication to another person, including through voluntary, involuntary and accidental means). Appendix D shows how this recent distinction applies to the IDRS.

4.6.1 Use of methadone

In 2013, nearly half (48%) of the national sample reported recent use of 'licitly' and/or 'illicitly' obtained methadone (including Physeptone tablets), on a median of 180 days in the last six months. Among the national sample, thirty-four percent reported the use of 'licitly' obtained methadone liquid (31% in 2012), while, twenty percent (20% in 2012) reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview (Table 15). No significant difference was found nationally between 2012 and 2013 for recent 'illicit' methadone use ($p>0.05$). 'Illicitly' obtained methadone liquid was the form of methadone reported as the form used most by 22% of those who reported methadone use, ranging from 11% in VIC to 39% in SA (see Table 5).

Nine percent (10% in 2012) of the 2013 national sample reported recent use of 'illicit' Physeptone (Table 15). 'Illicitly' obtained Physeptone tablets were reported as the form of methadone 'most used' by seven percent of the national sample who used methadone recently (10% in 2012) (see Table 5). There were substantial jurisdictional differences among those who reported 'illicitly' obtained Physeptone tablets as the form 'most used', ranging from no reports in VIC to 25% in the NT (results should be interpreted with caution due to small numbers, see Table 5).

For national differences between 2000 and 2013 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C7.

Participants who recently used methadone and commented (N=140) were asked about their reasons for using 'illicit' methadone. Motivations varied considerably, with the most commonly reported reasons being a substitute for heroin/other opiates (31%), to self-treat dependence (26%), intoxication (22%), were away from home (1%) and/or another reason (26%).

Table 15: Methadone (any form) recent use and median days, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	n=100
% Recent use	**2012**	**2013**								
Licit										
Methadone syrup	**31**	**34**	56	44	41	33	20	39	4	20
Physeptone	**2**	**2**	2	6	0	1	2	0	4	2
Illicit										
Methadone syrup	**20**	**20**	28	25	12	38	15	20	10	13
Physeptone	**10**	**9**	2	6	0	39	7	9	7	5
Any form (licit and/or illicit)	**46**	**48**	68	55	47	60	36	54	19	33
Median days used *										
Licit										
Methadone syrup	**180**	**180**	180	180	180	180	180	180	135^	180
Physeptone	**10**	**36**	180^	12.5^	0	12^	102^	0	180^	92.5^
Illicit										
Methadone syrup	**4**	**5**	5	5	3	15	3	4	3^	2
Physeptone	**4**	**6**	3^	4^	0	7	2^	3.5^	2^	1^
Any form (licit and/or illicit)	**156**	**180**	180	180	180	96	180	180	30	180

Source: IDRS participant interviews
^ Medians based on small numbers (n<10); interpret with caution
* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide of days use/injection

4.6.1.1 Methadone injection

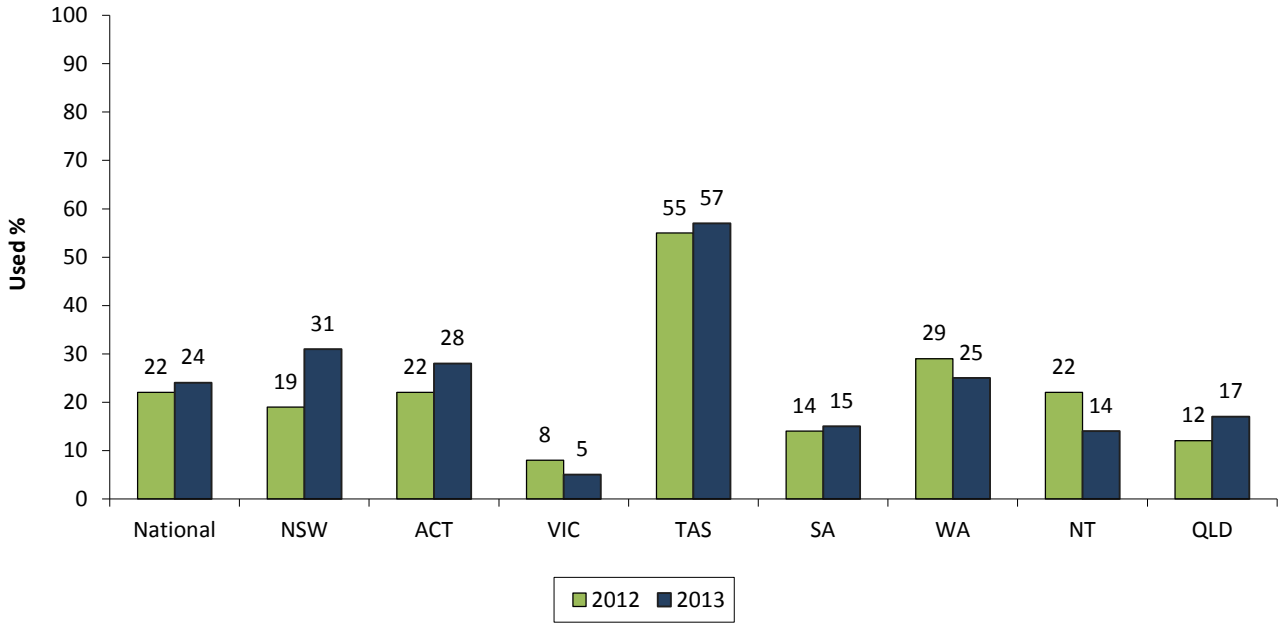
Twenty-four percent of the national sample reported recently injecting 'licitly' and/or 'illicitly' obtained methadone (including Physeptone) compared to 22% in 2012 (Figure 7, Table 16).

The proportions of participants from the entire sample in each jurisdiction who reported having injected methadone in the preceding six months was lowest in VIC (5%) and highest in TAS (57%) (Figure 7, Table 16). The high rate of methadone injection recorded in TAS, which is probably partly related to the difficulty in obtaining heroin in that jurisdiction, has been a consistent finding of the IDRS since the national monitoring began in 2000.

Nationally, injection of methadone tablets (Physeptone) was low at less than 1% for 'licitly' obtained, i.e. prescribed, tablets (range zero in VIC and WA to 3% in the NT), and 7% for 'illicitly' obtained tablets, respectively (range zero in VIC to 38% in TAS) (Table 16).

Nationally, those who reported injecting 'licitly' obtained methadone recently had done so on a median of 48 days (48 days in 2012) and 'illicitly' obtained methadone on a median of six days. The injection of 'licitly' and 'illicitly' obtained Physeptone was reported by few participants and typically on an infrequent basis (Table 16). Frequency of methadone liquid and Physeptone injecting varied by jurisdiction. No significant difference was observed nationally between 2012 and 2013 for median days injected 'licit' or 'illicitly' obtained methadone syrup ($p>0.05$).

Figure 7: Recent injection of methadone (any form), by jurisdiction, 2012-2013



Source: IDRS participant interviews
Note: Figures include licitly and illicitly obtained methadone and Physeptone

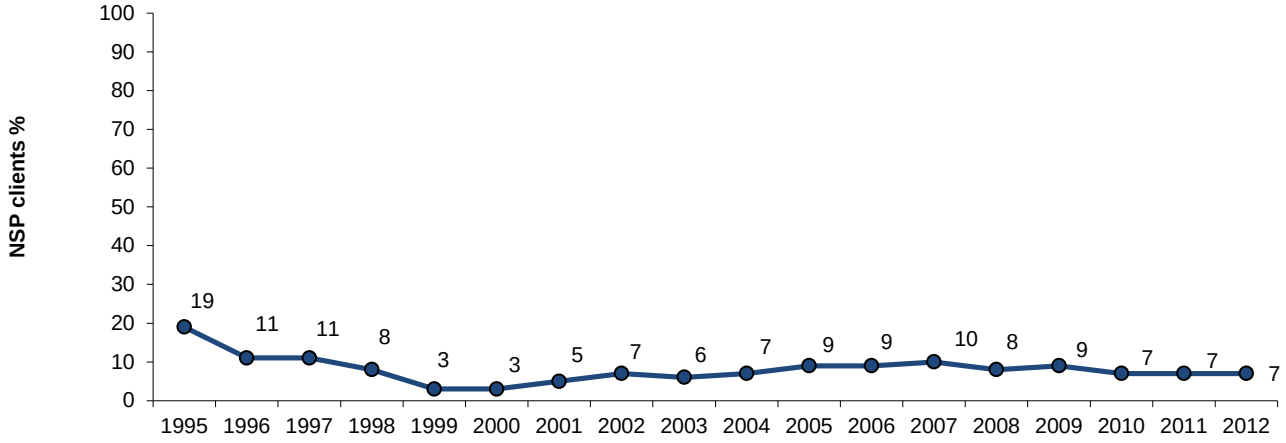
Table 16: Methadone (any form) recent injection and median days, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	n=100
	2012	**2013**								
% Recent injection										
Licit										
Methadone syrup	9	**10**	13	12	3	28	4	14	2	7
Physeptone	1	**1**	<1	1	0	1	2	0	3	0
Illicit										
Methadone syrup	12	**15**	23	18	1	37	8	14	9	11
Physeptone	9	**7**	1	4	0	38	6	5	5	4
Any form (licit and/or illicit)	22	**24**	31	28	5	57	15	25	14	17
Median days injected *										
Licit										
Methadone syrup	48	**48**	28	36	48^	48	36^	24	46^	100^
Physeptone	18^	**72^**	180^	1^	0	12^	48^	0	90^	0
Illicit										
Methadone syrup	6	**6**	4.5	4.5	10.5^	15	7^	4.5	2^	2
Physeptone	4	**6**	25^	4^	0	7	2^	2.5^	2^	21.5^
Any form (licit and/or illicit)	15	**20**	6	11	24^	48	20	13	5	4

Source: IDRS participant interviews
^ Medians based on small numbers (n<10); interpret with caution
* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide of days use/injection

The proportion of NSP clients in Australia reporting methadone as the last drug injected was 7% in 2012 (Figure 8). Consistent with IDRS participant reports, the NSP Survey results show that TAS recorded the highest proportion (17%) of NSP clients reporting methadone as the last drug injected, followed by the ACT (12%) (Iversen and Maher, 2013).

Figure 8: Proportion of NSP clients reporting methadone as last injection, Australia, 1995-2012



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002; National Centre in HIV Epidemiology and Clinical Research, 2005; National Centre in HIV Epidemiology and Clinical Research, 2009; National Centre in HIV Epidemiology and Clinical Research, 2010; Iversen and Maher, 2012; Iversen and Maher, 2013; Kirby Institute, May 2011)
Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395; 2012: 2,391

4.6.2 Use of buprenorphine

Five percent of the national sample reported recently using 'licit' buprenorphine compared to 12% for 'illicitly' obtained buprenorphine in the six months preceding interview (Table 17). No significant difference was found nationally between 2012 and 2013 for recent 'licit' or 'illicit' buprenorphine use ($p>0.05$).

Use of 'licitly' obtained buprenorphine ranged between 1% in the NT to 11% in QLD, while, for 'illicitly' obtained buprenorphine, this figure ranged from 7% in SA to 20% in the NT (Table 17).

For national differences between 2002 and 2013 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C8.

Participants who recently used buprenorphine and commented (N=55) were asked about their reasons for using 'illicit' buprenorphine. Motivations varied considerably, with the most commonly reported reasons being to self-treat dependence (35%), a substitute for heroin/other opiates (33%), intoxication (26%) and/or another reason (18%).

4.6.2.1 Buprenorphine injection

Two percent of the national sample reported injection of 'licit' buprenorphine and 9% reported injection of 'illicit' buprenorphine in the six months preceding interview (Table 17). Injection of 'licitly' obtained buprenorphine ranged from zero in ACT, WA and the NT to 6% in QLD, while injection of 'illicitly' obtained buprenorphine ranged from 5% in SA to 15% QLD (Table 17). Ten percent of the national sample had injected any form of buprenorphine (i.e. 'licitly' or 'illicitly' obtained).

Among recent buprenorphine injectors (regardless of 'licit' or 'illicit' obtainment) the median frequency of injection was 22.5 days (eight days in 2012). For 'licit' buprenorphine, this figure was

72 days (small numbers commenting; 35 days in 2012) and for 'illicitly' obtained buprenorphine 18 days (5 days in 2012) (Table 17). No significant difference was observed between 2012 and 2013 for median days injected 'licit' or 'illicit' buprenorphine (p>0.05).

Of those who had recently used buprenorphine, 71% reported 'illicit' buprenorphine as the form used most recently compared to 29% for 'licit' buprenorphine.

Table 17: Buprenorphine use patterns, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	n=100
	2012	**2013**								
% Recent Use										
Licit	6	**5**	5	4	3	8	3	3	1	11
Illicit	14	**12**	11	16	9	9	7	10	20	16
Any form (licit and/or illicit)	19	**16**	15	19	12	18	8	13	21	25
Median days used*										
Licit	93	**150**	90^	180^	150^	180^	30^	90^	2^	180
Ilicit	4.5	**12**	3	11	36	11	48^	3.5^	14.5	13
Any form (licit and/or illicit)	12.5	**30**	20.5	90	60	40.5	51^	4.5	14	72
% Recent injection										
Licit	2	**2**	2	0	2	1	1	0	0	6
Illicit	12	**9**	9	12	7	7	5	9	13	15
Any form (licit and/or illicit)	14	**10**	9	12	9	8	5	10	13	19
Median days injected*										
Licit	35	**72^**	7^	-	150^	24^	72^	-	-	81^
Illicit	5	**18**	10	18	40.5	10^	72^	3.5^	47.5	20
Any form (licit and/or illicit)	8	**22.5**	15	18	60	10^	72^	3.5^	47.5	48

Source: IDRS participant interviews
^ Medians based on small numbers (n<10); interpret with caution
* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide for days of use/injection

4.6.3 Use of buprenorphine-naloxone

In 2013, participants were asked about the use of buprenorphine-naloxone 'tablet' and 'film'. The buprenorphine-naloxone 'film' became available on the PBS to treat opiate dependence in late 2011. The 'film' dissolves faster under the tongue compared to the 'tablet' reducing the opportunity for clients to remove the dose from the mouth and misuse it (Therapeutic Goods Administration, March 2011) http://www.tga.gov.au/pdf/auspar/auspar-suboxone.pdf.

Of the national sample, 11% reported recently using any form of buprenorphine-naloxone 'tablet' (licit use 4% and illicit use 8%) on a median of 45 days (twice a week). While, 19% of the national sample reported recently using any form of buprenorphine-naloxone 'film' (licit use 11% and illicit use 11%) on a median of 48 days (twice a week) in the last six months (Table 18). The recent use of licit or illicit buprenorphine-naloxone 'tablet' significantly decreased between 2012 and 2013 (18% in 2012 versus 11% in 2013; p<0.05). While the recent use of licit or illicit buprenorphine-naloxone 'film' significantly increased between 2012 and 2013 (13% in 2012 versus 19% in 2013; p<0.05).

For national differences between 2006 and 2013 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C9.

Participants who recently used buprenorphine-naloxone 'tablet' and commented (N=34) were asked about their reasons for using 'illicit' buprenorphine-naloxone 'tablet'. Motivations varied considerably, with the most commonly reported reasons being a substitute for heroin/other opiates (38%), to self-treat dependence (38%), intoxication (15%) and/or another reason (21%).

Those who recently used buprenorphine-naloxone 'film' and commented (N=43) were asked about their reasons for using 'illicit' buprenorphine-naloxone 'film'. Motivations varied considerably, with the most commonly reported reasons being a substitute for heroin/other opiates (37%), to self-treat dependence (37%), intoxication (23%) and/or another reason (16%).

Table 18: Buprenorphine-naloxone recent use and median days, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	n=100
	2012	**2013**								
% Recent Use										
Licit #										
Tablet	9	**4↓**	3	2	10	3	0	3	1	7
Film	8	**11↑**	11	11	12	7	8	16	6	16
Illicit#										
Tablet	11	**8↓**	5	9	10	4	2	12	12	11
Film	7	**11↑**	6	6	11	9	8	15	12	20
Any **TABLET** form (licit and/or illicit)	18	**11↓**	7	10	19	7	2	14	13	16
Any **FILM** form (licit and/or illicit)	13	**19↑**	15	16	21	15	14	28	17	30
Median days used*										
Licit#										
Tablet	60	**131**	7^	126^	150	180^	-	75^	180^	80^
Film	75	**90**	72	90	66	90^	69^	95	180^	105
Illicit#										
Tablet	4.5	**7**	3^	6^	30	22^	7^	12.5	4	6
Film	3	**5**	3^	4.5^	10	12	8.5^	5	8	2.5
Any **TABLET** form (licit and/or illicit)	24	**45**	4	28.5	64	24^	7^	36	5^	59
Any **FILM** form (licit and/or illicit)	14	**48**	33	90	19	45	41	90	72	54

Source: IDRS participant interviews
^ Medians based on small numbers (n<10); interpret with caution
* Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xiii for guide for days of use/injection
# Licit and Illicit use in 2011 only included buprenorphine-naloxone tablet
↓ Significant decrease between 2012 and 2013 (p<0.05)
↑ Significant increase between 2012 and 2013 (p<0.05)

4.6.3.1 Buprenorphine-naloxone injection

Of the national sample, 7% reported recently injecting any form of buprenorphine-naloxone 'tablet' (licit 1% and illicit 6%; 9% any form in 2012) on a median of 22.5 days (once a week). While, 7% of the national sample reported recently using any form of buprenorphine-naloxone 'film' (licit 2% and illicit 6%) on a median of 20 days (once a week) in the last six months (Table 19).

No significant difference was found nationally between 2012 and 2013 for recent 'licit' or 'illicit' buprenorphine-naloxone 'tablet' or 'film' use (p>0.05).

Table 19: Buprenorphine-naloxone recent injection and median days, by jurisdiction, 2013

	National N=924	National N=887	NSW n=151	ACT n=100	VIC n=150	TAS n=107	SA n=100	WA n=88	NT n=91	QLD n=100
	2012	**2013**								
% Recent injection										
Licit[#]										
Tablet	3	**1**	0	0	5	1	0	2	0	3
Film	1	**2**	<1	1	1	0	3	6	0	6
Illicit[#]										
Tablet	7	**6**	1	8	7	3	1	11	7	10
Film	4	**6**	3	1	7	6	5	13	7	10
Any **TABLET** form (licit and/or illicit)	9	**7**	1	8	10	4	1	13	7	11
Any **FILM** form (licit and/or illicit)	4	**7**	3	2	8	6	7	17	7	12
Median days injected*										
Licit[#]										
Tablet	24	**180**	0	0	180^	180^	0	79^	0	60^
Film	29	**30**	30^	180^	114^	0	26^	22^	0	49^
Illicit[#]										
Tablet	10	**11**	3^	27^	37.5	12^	12^	12.5	2.5^	9
Film	3.5	**10**	2.5^	6^	10	17^	34^	20	24^	2.5
Any **TABLET** form (licit and/or illicit)	12	**22.5**	3^	27^	72	18^	12^	48	2.5^	12
Any **FILM** form (licit and/or illicit)	4	**20**	3^	93^	16	22^	41^	20	24^	7.5

Source: IDRS participant interviews
^ Medians based on small numbers (n<10); interpret with caution
* Among those who reported recent injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide for days of use/injection
[#] Licit and Illicit use in 2011 only included buprenorphine-naloxone tablet

4.6.4 Use of morphine

Thirty-eight percent of the national sample had recently used morphine (includes both 'licitly' and 'illicitly' obtained morphine), ranging from 21% in NSW and VIC to 80% in the NT (Figure 9). This was a significant decrease from 43% in 2012.

The use of morphine was highest in the NT and TAS, jurisdictions where traditionally heroin has not been freely available, and where methadone and morphine have dominated the markets (Figure 9).

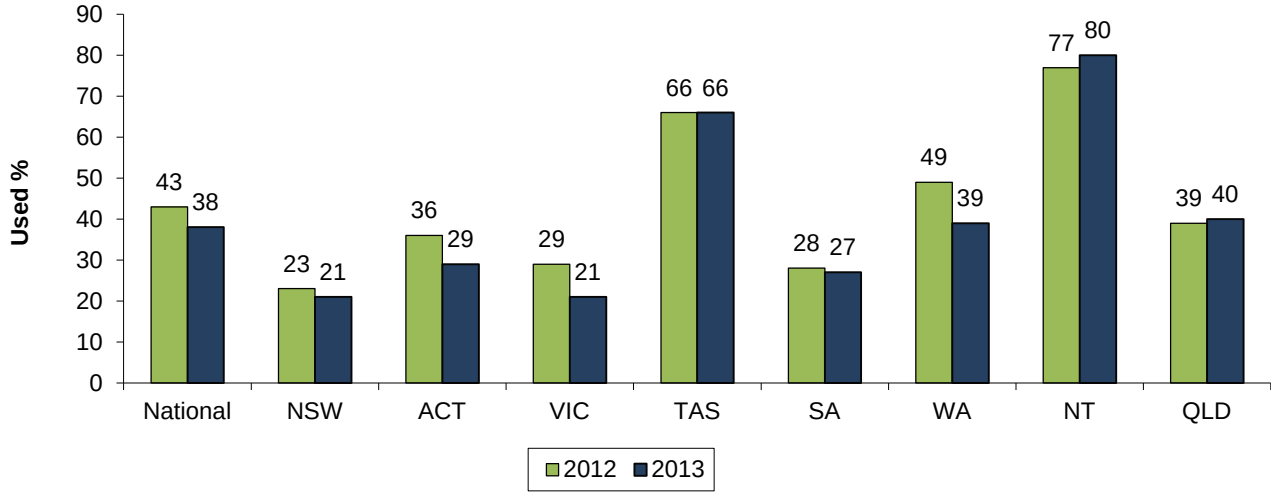
The recent use of 'licit' morphine was reported by 6% of the sample (range 1% in VIC to 21% in the NT) compared to 35% for 'illicit' morphine (range 19% in NSW to 74% in the NT) (Table 20). The median days of use for 'licitly' obtained morphine (90 days) were based on small numbers in most jurisdictions and, therefore, should be interpreted with caution.

Among those who recently used 'illicit' morphine no significant difference was found for the median number of days used between 2012 and 2013 ($p>0.05$). By jurisdiction, the median frequency of 'illicitly' obtained morphine use among users varied (Table 20).

For national differences between 2001 and 2013 refer to Appendix B, Figure B6 and for jurisdictional differences refer to Appendix C, Table C11.

Participants who recently used morphine and commented (N=252) were asked about their reasons for using 'illicit' morphine. Motivations varied considerably, with the most commonly reported reasons being to self-treat dependence (40%), intoxication (28%), a substitute for heroin/other opiates (23%), were away from home (<1%) and/or another reason (20%).

Figure 9: Recent use of morphine (any form), by jurisdiction, 2012-2013



Source: IDRS participant interviews
Note: Includes licitly and illicitly obtained morphine

4.6.4.1 Morphine injection

Injection of 'licitly' obtained morphine was rare, while for 'illicitly' obtained morphine injection figures ranged from 18% in NSW to 73% in the NT. The median number of days on which 'illicitly' obtained morphine was injected was 24 days, ranging from two days in VIC to 90 days in the NT (Table 20).

Of those who reported recent morphine use, the majority (88%) reported 'illicit' morphine as the form most used, ranging from 64% in NSW to 97% in TAS and WA (see Table 5). The most commonly used brand of morphine used in the preceding six months was MS Contin® followed by Kapanol®.

Table 20: Morphine use patterns, by jurisdiction, 2013

	National N=924	National N=887	NSW n=151	ACT n=100	VIC n=150	TAS n=107	SA n=100	WA n=88	NT n=91	QLD n=100
	2012	**2013**								
% Recent Use										
Licit	9	**6**	3	6	1	3	9	2	21	6
Illicit	38	**35**	19	23	20	65	22	37	74	38
Any form (licit and/or illicit)	43	**38**↓	21	29	21	66	27	39	80	40
Median days used*										
Licit	93	**90**	6^	52^	102^	180^	10^	66^	180	150^
Illicit	20	**20**	6	6	2	48	22	5.5	90	15
Any form (licit and/or illicit)	28	**24**	6	10	2	48	20	6	105	15
% Recent injection										
Licit	7	**5**	3	4	1	3	5	2	19	4
Illicit	37	**33**	18	20	19	64	20	35	73	35
Any form (licit and/or illicit)	40	**35**	19	24	19	65	23	38	78	36
Median days injected*										
Licit	60	**90**	6^	7.5^	24^	96^	2^	42^	150	180^
Illicit	20	**24**	6	6	2	48	27	6	90	20
Any form (licit and/or illicit)	24	**24**	6	10	2	48	20	6	120	60

Source: IDRS participant interviews
^ Medians based on small numbers (n<10); interpret with caution
* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide for days of use/injection
↓ Significant decrease between 2012 and 2013 (p<0.05)

A higher prevalence of morphine injection among people who inject drugs in the NT and TAS compared to those in other jurisdictions has also been documented by the Australian NSP Survey. The proportion of NSP clients surveyed who reported pharmaceutical opioids and heroin as the last drug injected in 2000 to 2012 (the most recent NSP Survey results available) are depicted in Table 21. The figure shows that while, at a national level, proportions of clients reporting pharmaceutical opioids are relatively low (between 4% and 16%), they are much higher in the NT (between 43% and 79%) and TAS (between 16% and 40%). The reverse trend is evident for heroin as the last drug injected, which is relatively prevalent at a national level (between 26% and 36% since 2001; 56% in 2000), and almost non-existent in the NT and TAS (each less than 7% from 2001 onwards (Iversen and Maher, 2013).

Table 21: Proportion of NSP clients in the NT, TAS and the national sample who reported heroin and pharmaceutical opioids as the last drug injected, 2000-2012

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
% National													
Pharmaceutical opioids	4	6	7	9	8	9	12	14	15	16	16	15	14
Heroin	56	30	36	36	36	34	26	31	34	34	34	33	33
% Northern Territory													
Pharmaceutical opioids	46	43	79	53	57	48	60	52	63	49	60	63	70
Heroin	13	5	4	3	0	0	0	0	3	3	4	3	4
% Tasmania													
Pharmaceutical opioids	22	28	16	24	19	20	16	26	21	27	33	34	40
Heroin	11	0	3	1	0	1	2	2	7	3	1	1	1

Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002; National Centre in HIV Epidemiology and Clinical Research, 2005; National Centre in HIV Epidemiology and Clinical Research, 2009; National Centre in HIV Epidemiology and Clinical Research, 2010; Iversen and Maher, 2012; Iversen and Maher, 2013; Kirby Institute, May 2011)
Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395; 2012: 2,391

4.6.5 Use of oxycodone

Over one-third (36%) of the national sample reported the use of oxycodone in the last six months (39% in 2012), ranging from 20% in the ACT to 62% in TAS (Figure 10). Seven percent of the national sample reported recent (last six months) use of 'licitly' obtained oxycodone. This contrasted with 32% of the sample who reported recent use of 'illicitly' obtained oxycodone. No significant differences for recent use were found between 2012 and 2013 ($p>0.05$). Similar to previous years, TAS reported the highest levels of recent 'illicit' oxycodone use (Table 22).

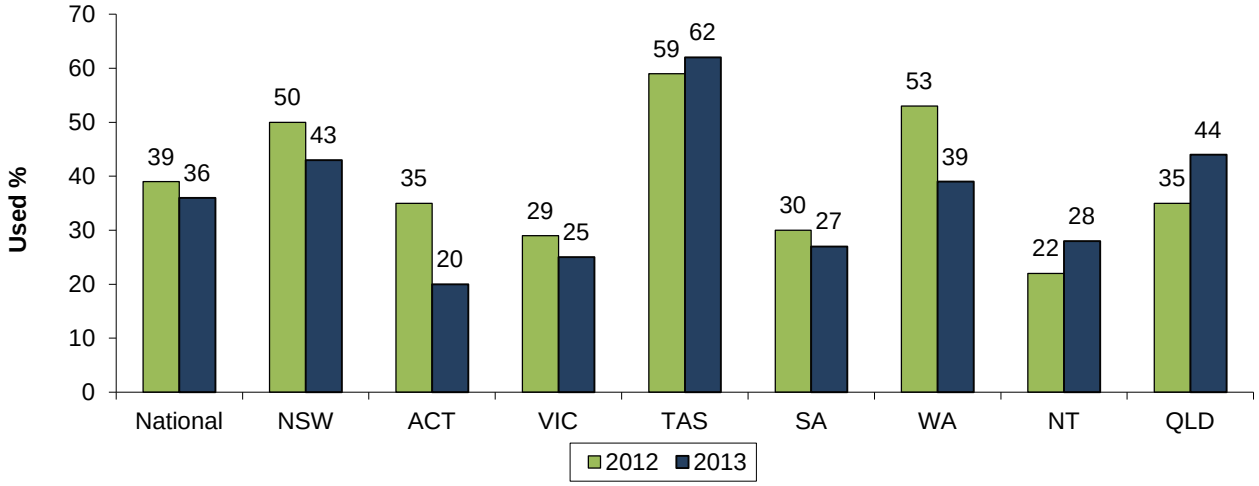
Among those who recently used 'illicit' oxycodone the median days of use increased significantly between 2012 and 2013 (15 days versus 37 days; $p<0.05$).

While the median days of use of 'illicitly' obtained oxycodone were relatively low at approximately 24 days (weekly use) or less in all jurisdictions (10 days nationally; Table 22). Among those who recently used 'illicit' oxycodone, the median number of days used significantly increased between 2012 and 2013 (7 days versus 10 days; $p<0.05$).

For national differences between 2005 and 2013 refer to Appendix B, Figure B6 and for jurisdictional differences refer to Appendix C, Table C12.

Participants who recently used oxycodone and commented (N=216) were asked about their reasons for using 'illicit' oxycodone. Motivations varied considerably, with the most commonly reported reasons being to self-treat dependence (32%), a substitute for heroin/other opiates (30%), intoxication (24%), were away from home (1%) and/or another reason (20%).

Figure 10: Recent use of oxycodone (any form), by jurisdiction, 2012-2013



Source: IDRS participant interviews

4.6.5.1 Oxycodone injection

Injection of 'licitly' obtained oxycodone (3%) was rare, while for 'illicitly' obtained oxycodone injection (30% nationally) figures ranged from 14% in SA to 59% in TAS. The median number of days on which 'illicitly' obtained oxycodone was injected ranged from six days in the ACT, VIC and NT to 30 days in NSW (Table 22).

Of those who reported recent oxycodone use, the majority (82%) reported 'illicit' oxycodone as the form most used, ranging from 56% in SA to 95% in TAS (see Table 5). The most commonly used brand of oxycodone used in the preceding six months was OxyContin®.

Table 22: Oxycodone use patterns, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	n=100
	2012	**2013**								
% Recent use										
Licit	7	**7**	9	4	3	4	13	6	9	13
Illicit	35	**32**	40	17	23	61	18	33	23	37
Any form (licit and/or illicit)	39	**36**	43	20	25	62	27	39	28	44
Median days used *										
Licit	15	**37**	30.5	135^	96^	54^	15	97^	63.5^	14
Illicit	7	**10**	24	6	12	15	17.5	12	6	4
Any form (licit and/or illicit)	9	**12**	22.5	9.5	12	17.5	18	14.5	7	9.5
% Recent injection										
Licit	4	**3**	7	2	2	2	2	2	3	7
Illicit	32	**30**	36	17	21	59	14	32	23	32
Any form (licit and/or illicit)	33	**31**	37	18	22	60	15	35	23	36
Median days injected *										
Licit	20	**60**	30.5	75^	96^	96^	25.5^	180^	30^	180^
Illicit	10	**10**	30	6	6	15	19.5	11	6	4.5
Any form (licit and/or illicit)	10	**12**	30	6.5	6	17.5	24	13.5	6	7.5

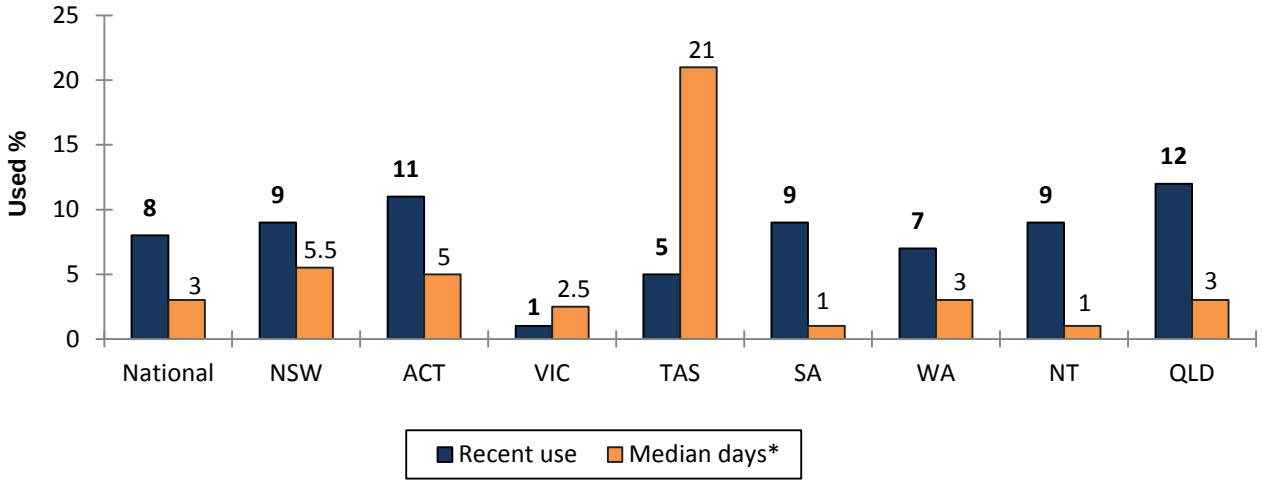
Source: IDRS participant interviews
^ Medians based on small numbers (n<10); interpret with caution
* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide of days use/injection

4.6.6 Use of fentanyl

In 2013, 15% of the national sample reported using fentanyl in their lifetime. Eight percent reported using fentanyl on a median of three days in the last six months (Figure 11). Fentanyl was injected by 6% of the national sample on a median of two and a half days in the last six months. Among those who recently used fentanyl the form most used was illicit (85%) (15% licit).

Of those who recently injected and commented (N=29), 34% reported heating the fentanyl before injecting. The main filter used (among those who recently injected N=56) was cotton wool (41%), followed by a cigarette filter (32%).

Figure 11: Recent use and median days of fentanyl, by jurisdiction, 2013

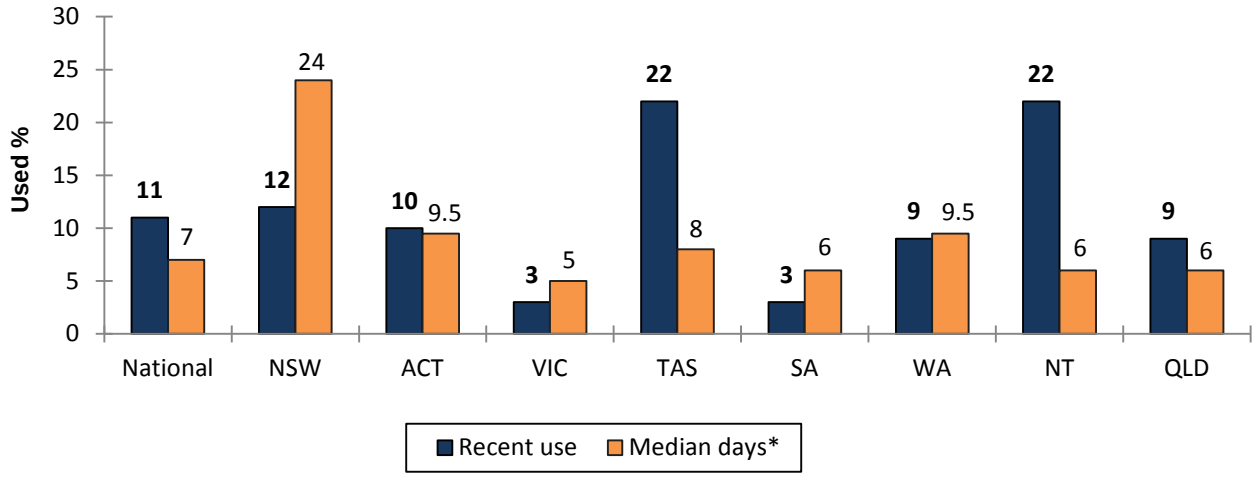


Source: IDRS participant interviews
* Among those who recently used fentanyl

4.6.7 Use of over the counter codeine

In 2013, 22% of the national sample reported using over the counter (OTC) codeine in their lifetime. Eleven percent reported using OTC codeine on a median of seven days (7 days in 2012) in the last six months (Figure 12). The recent use of OTC codeine significantly decreased between 2012 and 2013 (15% in 2012; $p<0.05$). Only four participants reported injecting OTC codeine recently. Among those who commented (n=90), the main brands used were Nurofen Plus® (22%), Mersyndol® (16%) and Panadeine® (12%). Among those who commented (n=68), the average number of tablets used was three.

Figure 12: Recent use and median days of over the counter codeine use, by jurisdiction, 2013

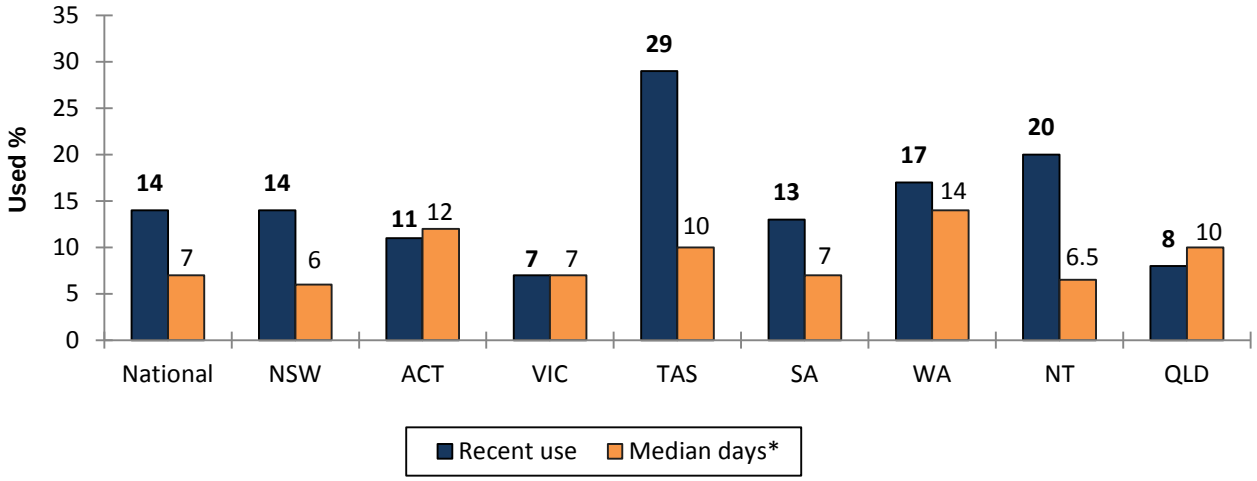


Source: IDRS participant interviews
* Among those who recently used OTC codeine

4.6.8 Use of other opioids (not elsewhere specified)

Other opioids include (but are not limited to) opium, pethidine and codeine phosphate (not including OTC codeine). The recent use of other opioids (any form) significantly decreased from 21% in 2012 to 14% in 2013 ($p<0.05$). In 2013, the median numbers of days recently used any form of other opioids was seven. TAS followed by the NT and WA reported the highest recent use of other opioids (Figure 13). Only five participants (<1%) reported injecting in the last six months. Frequency of injection was reported on a median of two days during this time.

Figure 13: Recent use of other opioids (not elsewhere specified), by jurisdiction, 2013



Source: IDRS participant interviews
* Among those who recently used other opioids

Among those who reported recent other opioid use and commented (N=128), 65% reported mainly using 'licit' other opiates while 35% reported 'illicit' use. It should be noted that, due to the introduction of questions relating to oxycodone, OTC codeine and fentanyl the figures for other opioids will not be directly comparable to figures prior to 2005. Since 2012, participants were prompted for the use of Panadeine Forte® when asked about the use of other opiates, hence the most commonly used 'other' opioid reported was Panadeine Forte® (74% of recent other opioid users). Nine participants reported the main form of 'other' opioid used was tramadol.

4.7 Other drugs

Key points

- Around two-thirds of participants (59%) had used **ecstasy** in their lifetime, and 9% had used ecstasy in the preceding six months, frequency of use by users was sporadic (median three days).
- While over half of the participants reported having used **hallucinogens** at some stage in their lifetimes (59%), recent use remained fairly low, with seven percent reporting use in the six months preceding interview.
- The majority (83%) of the national sample had reported the use of **benzodiazepines** (including alprazolam) at some stage in their lifetime. Sixty-four percent reported the recent use of benzodiazepines on a median of 72 days. Only small numbers reported recently injecting benzodiazepines (6%) on a median of seven days in the last six months.
- Sixty-two percent of the national sample reported using some form of **alprazolam** in their lifetime, with over one-third (39%) reported recently using any form of alprazolam. Five percent reported recently injecting alprazolam.
- Around three-quarters (76%) of the national sample had used another form of other **benzodiazepines** not including alprazolam in their lifetime. Over half (56%) reported recently using any form of other benzodiazepines. Small proportions reported recently injecting other benzodiazepines (1% nationally).
- The recent (six months) use of **pharmaceutical stimulants** was reported by 12% of the national sample on a median of four days.
- The use of **Seroquel®** ever was reported by 45% of the sample, 18% reported recently using Seroquel® (significant decrease from 25% in 2012).
- Six percent of the national sample reported the use of **steroids** in their lifetime. Ten participants had used steroids in the last six months.
- Five percent reported ever using **new psychoactive stimulants**, with four percent using them in the last six months.
- Fourteen percent reported ever using **synthetic cannabinoids**, with nine percent reporting use in the last six months.
- Twenty-two percent of participants had used **inhalants** in the past but a very low proportion (3%) had used them in the last six months.
- The use of **alcohol** in the last six months significantly decreased from 64% in 2012 to 59% in 2013. Of those who had consumed alcohol they did so on an average of one day per week. Nineteen percent of the national sample reported daily use of alcohol.
- As in previous years, **tobacco** was widely used among the sample, with 91% having used in the preceding six months. Ninety-five percent of recent tobacco users reported smoking daily.

4.7.1 Ecstasy and related drugs

A fairly large proportion of participants (59%) had ever used ecstasy in the past. Nine percent of the national sample had used ecstasy in the six months preceding interview on a median of three days, while two percent injected it on a median of two occasions (see Appendix A, Table A3). No significant difference was found between 2012 and 2013 for recent ecstasy use nationally (12% in 2012; $p>0.05$).

The IDRS is not designed to monitor trends in ecstasy and related drug use as the frequency and prevalence of use among people who inject drugs is low. The Ecstasy and related Drugs Reporting System (EDRS), which monitors trends in these drug types, has been conducted in each jurisdiction in Australia since 2003. The EDRS uses similar methodology to the IDRS, but recruits regular ecstasy users in each jurisdiction. Detailed findings of the EDRS are available as NDARC Technical Reports on the NDARC website https://ndarc.med.unsw.edu.au/group/drug-trends click on EDRS.

4.7.2 Hallucinogens

While over half of the participants reported having used hallucinogens at some stage in their lifetimes (59%), recent use (i.e. in the preceding six months) remained fairly low, with seven percent reporting use in the six months preceding interview (see Appendix A, Table A3). No significant difference was found between 2012 and 2013 for the recent use of hallucinogens nationally (6% in 2012; $p>0.05$).

Frequency of use was also low, with those who had used reporting doing so on a median frequency of two days during the last six months. Nationally, the main type of hallucinogen used in the last six months was lysergic acid diethylamide (LSD), followed by magic mushrooms, although there was some jurisdictional variation (see Table 4 and Table 5). Six percent of the national sample reported injecting hallucinogens at some point in their lifetime, while less than 1% had injected them in the last six months (see Appendix A, Table A3).

4.7.3 Benzodiazepines

The majority (83%) of the national sample had reported the use of any form of benzodiazepines at some stage in their lifetime. Sixty-four percent reported the recent use of any form of benzodiazepines on a median of 72 days in the last six months (see Appendix A, Table A3). Forty percent reported the recent use of any form of 'licit' (prescribed) benzodiazepines and 47% any form of 'illicit' benzodiazepine use. Among those who recently used any form of benzodiazepines, 37% reported using them daily in the last six months. Only small numbers reported recently injecting any benzodiazepines (6%) on a median of seven days in the last six months (see Appendix A, Table A3).

Nationally, the recent use of any form of benzodiazepines remained stable. However, the median days of use among those who reported recently using any form of benzodiazepine significantly decreased between 2012 and 2013 (91 day versus 72 days respectively; $p<0.05$). For national differences between 2000 and 2013 refer to Appendix B, Figure B6 and for jurisdictional differences refer to Appendix C, Table C13.

From 2011 onwards participants were asked separately about the use of alprazolam and other benzodiazepines use (please see below).

4.7.3.1 Alprazolam

Sixty-two percent of the national sample reported using some form of alprazolam in their lifetime (22% licit and 55% illicit). Over one-third (39%) of the sample reported recently using any form of alprazolam. Ten percent had recently used 'licit' alprazolam on a median of 158 days, while 34% had recently used 'illicit' alprazolam on a median of eight days (Table 23).

A smaller proportion (11%) had injected alprazolam at some stage in their life (3% licit, 10% illicit), with 5% injecting any form of alprazolam (<1% licit, 5% illicit) in the last six months.

At a national level, of those who reported recent alprazolam use 78% stated that 'illicit' alprazolam was the form they had used most in the preceding six months (see Table 5).

Table 23: Alprazolam use patterns, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	n=100
	2012	**2013**								
% Recent use										
Licit	11	**10**	12	6	6	6	7	17	7	17
Illicit	37	**34**	47	16	41	37	23	44	18	38
Any form (licit and/or illicit)	44	**39**	51	21	43	40	28	55	22	44
Median days used*										
Licit	160	**158**	60	180^	180^	180^	120^	166	9.5^	180
Illicit	10	**8**	12	6	11	11	5	6	4	7

Source: IDRS participant interviews
^ Medians based on small numbers (n<10); interpret with caution
* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide of days use/injection

4.7.3.2 Other benzodiazepines

Around three-quarters (76%) of the national sample had used any form of other benzodiazepines (56% licit and 51% illicit) not including alprazolam in their lifetime. Over half (56%) reported recently using any form of other benzodiazepines (Table 24).

Thirty-six percent of the national sample reported having used 'licitly' obtained other benzodiazepines on a median of 93 days in the last six months. While thirty-two percent reported having used 'illicitly' obtained other benzodiazepines on a median of ten days in the last six months. Reports of recent use of 'licitly' and 'illicitly' obtained other benzodiazepines varied across jurisdictions (Table 24).

Proportions of respondents reporting the recent injection of other benzodiazepines (any form – excludes alprazolam) in the last six months were relatively low at 1% nationally.

Of those who reported recent other benzodiazepine use over half (58%) stated that 'licit' other benzodiazepines were the form they had most used in the preceding six months (see Table 5).

Table 24: Other benzodiazepine (excludes alprazolam) use patterns, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	n=100
	2012	**2013**								
% Recent use										
Licit	35	**36**	29	30	39	36	32	60	21	48
Illicit	34	**32**	32	21	40	50	23	39	15	30
Any form (licit and/or illicit)	54	**56**	50	46	61	72	47	75	33	66
Median days used*										
Licit	150	**93**	48	180	72	180	50.5	180	90	81
Illicit	10	**10**	10	7	7	12	6	8.5	16.5	6

Source: IDRS participant interviews
* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide of days use/injection

Excluding alprazolam, diazepam (e.g. Valium®, Antenex®) was reported by the largest proportion of the national sample (82% of recent users) as the main type of other benzodiazepine used in the preceding six months, followed by oxazepam (e.g. Serapax®, Murelax®, 9% of recent users). Table 25 shows the main type of other benzodiazepine (not including alprazolam) reported by recent users, as well as those who had recently injected. Diazepam was by far the most commonly nominated main type of other benzodiazepine used orally and recently injected (Table 25).

Note: While it is possible that this group is injecting their preferred brand of other benzodiazepines (e.g. diazepam), it is not possible to determine using these data alone because the majority of them (97%) also reported oral use, and data on the main brand used did not differentiate between different routes of administration (i.e. swallowed versus injected).

Table 25: Main other benzodiazepine type used (excluding alprazolam) in the six months preceding interview, 2012-2013

	Recent use among those who had recently used		Recent injectors*	
	2012 (N=449)	2013 (N=494)	2012 (N=43)	2013 (N=39)
% Diazepam *e.g. Antenex, Ducene, Valium*	85	**82**	79 (N=34)	**92 (N=36)**
% Oxazepam *e.g. Serepax*	6	**9**	9 (N=4)	**3 (N=1)**
% Temazepam *e.g. Normison, Temaze*	3	**3**	5 (N=2)	**0**
% Clonazepam *e.g. Rivotril*	1	**2**	0	**0**
% Nitrazepam *e.g. Alodorm, Mogadon*	1	**1**	2 (N=1)	**0**
% Flunitrazepam *e.g. Hypnodorm*	1	**<1**	5 (N=2)	**3 (N=1)**

Source: IDRS participant interviews
* 100% (2012, N=43) and 97% (2013, N=39) of recent other benzodiazepine injectors also reported oral use; therefore, one cannot make the assumption that the main brand reported is being injected

4.7.4 Pharmaceutical stimulants

In 2013, use and injection of pharmaceutical stimulants remained relatively low and infrequent in the national sample. A greater proportion of participants reported using (11%) or injecting (7%) 'illicitly' obtained pharmaceutical stimulants compared to pharmaceutical stimulants obtained through 'licit' means (2% use; <1% injection). Use and injection of 'illicitly' obtained pharmaceutical stimulants in the preceding six months was most common in TAS (Table 26). No significant difference was found between 2012 and 2013 for the recent use of licit or illicit pharmaceutical stimulants nationally ($p>0.05$).

Table 26: Pharmaceutical stimulant use patterns in the past six months, by jurisdiction, 2013

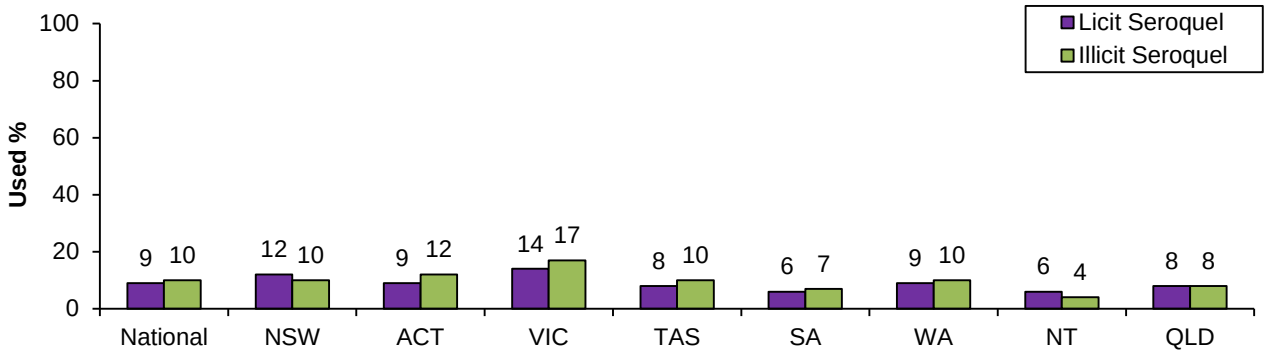
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	N=100	n=88	n=91	N=100
	2012	**2013**								
% Recent use										
Illicit	13	**11**	4	7	4	29	4	28	15	5
Any form (licit and/or illicit)	14	**12**	5	8	5	30	5	28	18	7
Median days used *										
Illicit	4	**4**	5.5^	5^	4^	6	25^	5.5	2	3^
Any form (licit and/or illicit)	4	**5.5**	6^	6^	6^	6	17^	5.5	2	6^
% Recent injection										
Illicit	10	**7**	2	4	3	28	1	11	9	1
Any form (licit and/or illicit)	10	**7**	2	4	3	29	1	11	10	2
Median days injected*										
Illicit	4	**3**	5^	3.5^	6.5^	4.5	48^	2	2.5^	6^
Any form (licit and/or illicit)	4	**5**	5^	3.5^	7.5^	6	48^	2	3^	93^

Source: IDRS participant interviews
* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection
^ Interpret with caution; small numbers commenting (n<10)
Note: Patterns of use of licitly obtained pharmaceutical stimulants not shown by jurisdiction due to fewer than ten participants responding to each item

4.7.5 Seroquel® (quetiapine)

Of the national sample 45% reported a lifetime use of Seroquel® (quetiapine) (20% licit, 31% illicit). The recent use of any Seroquel® significantly decreased from 25% in 2012 to 18% in 2013 (9% licit, 10% illicit; Figure 14). 'Licit' Seroquel® has been used on a median of 180 days compared to four days for 'illicit' Seroquel®. Only three participants reported injecting Seroquel® in the last six months.

Figure 14: Proportion of IDU who reported use of licit (prescribed) and illicit Seroquel® in the preceding six months, by jurisdiction, 2013



Source: IDRS participant interviews

4.7.6 Steroids

Six percent reported ever using steroids. Ten participants reported use in the six months preceding interview on a median of 15.5 days. Eight participants reported recently injecting steroids on a median of 15.5 days (note: small numbers commenting interpret with caution; see Appendix A, Table A3).

4.7.7 New psychoactive substances

Five percent reported ever using new psycoactive substances (NPS) such as synthetic cathinones (e.g.mepherdone), tryptamines (e.g. dimethyltryptamine [DMT]) and phenethylamines (e.g. 2C-x class). Four percent of participants reported use in the six months preceding interview on a median of seven days. Three percent reported recently injecting NPS on a median of seven days (see Appendix A, Table A3).

4.7.8 Synthetic cannabinoids

Fourteen percent reported ever using synthetic cannabinoids (e.g. K2, Spice). Nine percent of participants reported use in the six months preceding interview on a median of one and a half days. One participant reported injecting a synthetic cannanbinoid (see Appendix A, Table A3).

4.7.9 Inhalants

Twenty-two percent reported ever having inhaled volatile substances such as amyl nitrate, petrol, glue and/or lighter fluid. Three percent of participants reported use in the six months preceding interview on a median of two and a half days (see Appendix A, Table A3). No significant difference was found between 2012 and 2013 for recent inhalant use nationally (2% in 2012; p>0.05).

4.7.10 Alcohol and tobacco

Fifty-nine percent of the national sample reported recently using alcohol (65% in 2012), on a median of 24 days, indicating that frequency of use was approximately weekly among two-thirds of the sample (Table 27). This was a significant decrease from 65% in 2012 (p<0.05). Nineteen percent of recent alcohol consumers reported daily use of alcohol in the preceding six months.

The vast majority of the national sample (91%; 93% in 2012) reported recent tobacco use (Table 27), with 95% of recent tobacco users reporting having smoked daily over the preceding six months. No significant difference was found between 2012 and 2013 for recent tobacco use nationally (p>0.05)

Table 27: Patterns of alcohol and tobacco use in the preceding six months, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	n=100
	2012	**2013**								
% Recent use										
Alcohol	65	**59↓**	66	61	55	40	64	67	58	66
Tobacco	93	**91**	95	89	94	85	89	89	89	94
Median days used by those who had used*										
Alcohol	24	**24**	24	24	48	12	24	15	90	6
Tobacco	180	**180**	180	180	180	180	180	180	180	180

Source: IDRS participant interviews
* Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection
↓ Significant decrease between 2012 and 2013 (p<0.05)

5 Drug Market: Price, purity, availability and purchasing patterns

5.1 Heroin

Key points

Price

- Heroin was typically $50 per cap across the jurisdictions and remained relatively stable compared to 2012. The median prices per gram varied, ranging from $250 in VIC to $600 in WA.

Purity

- The majority of participants commenting reported that heroin was of 'low' purity.

Availability

- As in previous years, the majority of participants reported that heroin was 'easy' or 'very easy' to obtain. The exceptions were the NT and TAS where few participants were able to comment.
- Of those who had bought heroin, the most common source was a known dealer or a friend. The most common place of purchase was at an agreed public location.

This section contains information on the market characteristics (including price, perceived purity, availability and purchasing patterns) of heroin. Data on harms (health and law enforcement-related) associated with drug use, including heroin use and injecting drug use more generally, are discussed under the relevant sections later in this report. Comparable findings on price, availability and perceived purity are shown in Appendix E.

5.1.1 Price of heroin

The median price of a gram of heroin was cheapest in VIC ($250), followed by the NT ($275 note: small numbers reporting; interpret with caution). Heroin was most expensive per gram in WA ($600) (Table 28).

The median price of a 'cap' of heroin (a small amount typically used for a single injection) ranged from $50 in NSW, the ACT, VIC, TAS and QLD to $100 in SA, WA and the NT. Small numbers reported purchasing caps in TAS, WA, the NT and QLD indicating low availability (Table 28). The majority (72%) of those who commented reported that price had remained stable in the last six months. Small numbers (18%) reported that the price of heroin has increased recently.

Appendix E, Table E1, Table E2 and Figure E1 show participant estimates of the median price of heroin over the several years of data collection.

Table 28: Median price of heroin, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Median Price ($)										
Per gram	350	**300**	350	300	250	-	420^	600	275^	380
Per cap	50	**50**	50	50	50	50^	100	100^	100^	50^
% Price changes (n)	(N=504)	**(N=474)**	(n=125)	(n=73)	(n=100)	(n=2^)	(n=48)	(n=58)	(n=5^)	(n=63)
Increased	16	**18**	23	15	12	0	17	35	20	5
Stable	73	**72**	69	73	68	100	81	60	80	87
Decreased	5	**5**	5	7	8	0	0	3	0	2
Fluctuated	7	**6**	3	6	12	0	2	1	0	6

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis.

5.1.2 Purity of heroin

Participants were asked about their perception of current heroin purity or strength, and if there had been any change in purity in the six months preceding interview. The majority of participants commenting (N=475) reported that heroin was of 'low' purity (50%), a significant increase from 40% in 2012. This pattern of results was broadly seen across all jurisdictions except in TAS (reported high). In TAS and the NT few participants were able to comment. Purity was most commonly reported to have remained stable across the majority of jurisdictions, except SA which reported the purity as decreasing (Table 29 and Figure 15).

Significance testing was carried out on the current purity for 'low', 'medium', 'high' and 'fluctuates' between 2012 and 2013. The number of participants reporting the purity as 'low' significantly increased (40% versus 50%; $p<0.05$), while the number reporting the purity as 'high' significantly decreased between 2012 and 2013 (13% versus 7%; $p<0.05$). No other significant differences were found between 2012 and 2013 for current heroin purity ($p>0.05$).

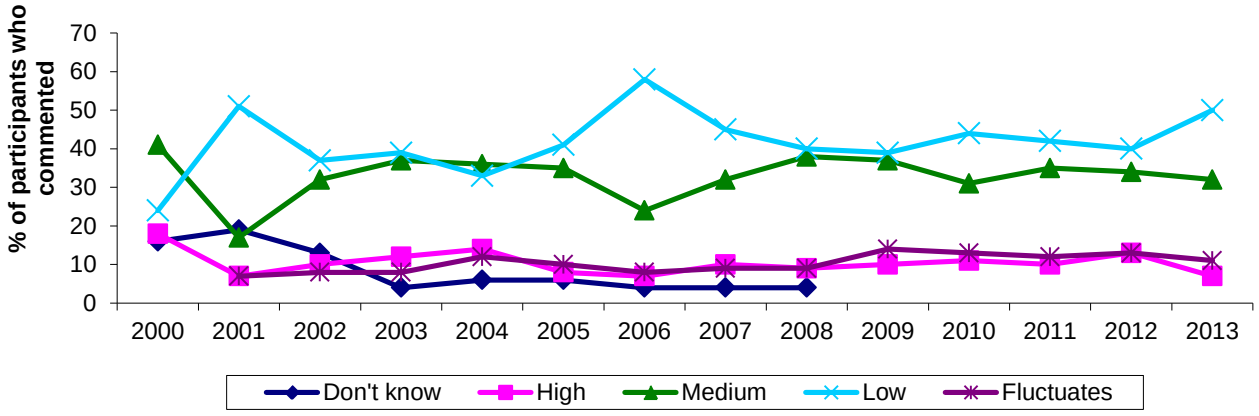
Appendix E, Figure E2 shows the current purity of heroin over the several years of data collection.

Table 29: Perceived purity of heroin, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Current Purity (n)	(N=504)	(**N=475**)	(n=125)	(n=73)	(n=99)	(n=5^)	(n=48)	(n=60)	(n=5^)	(n=60)
High	13	**7**↓	8	7	6	60	4	8	20	5
Medium	34	**32**	38	26	35	40	25	28	0	28
Low	40	**50**↑	38	63	48	0	58	52	80	57
Fluctuates	13	**11**	16	4	10	0	13	12	0	10
% Purity changes (n)	(N=488)	(**N=463**)	(n=123)	(n=71)	(n=100)	(n=3^)	(n=46)	(n=59)	(n=3^)	(n=59)
Increasing	15	**9**	16	9	3	33	4	8	0	7
Stable	40	**44**	37	42	53	67	35	51	33	46
Decreasing	23	**29**	28	35	27	0	41	31	33	17
Fluctuating	23	**18**	19	14	17	0	20	10	33	31

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
↓ Significant decrease between 2012 and 2013 ($p<0.05$)
↑ Significant increase between 2012 and 2013 ($p<0.05$)
Note: The response option 'Don't know' was excluded from analysis

Figure 15: Participant reports of current heroin purity among those able to comment, 2000-2013



Source: IDRS participant interviews
Note: From 2009 onwards the response option 'Don't know' was excluded from analysis

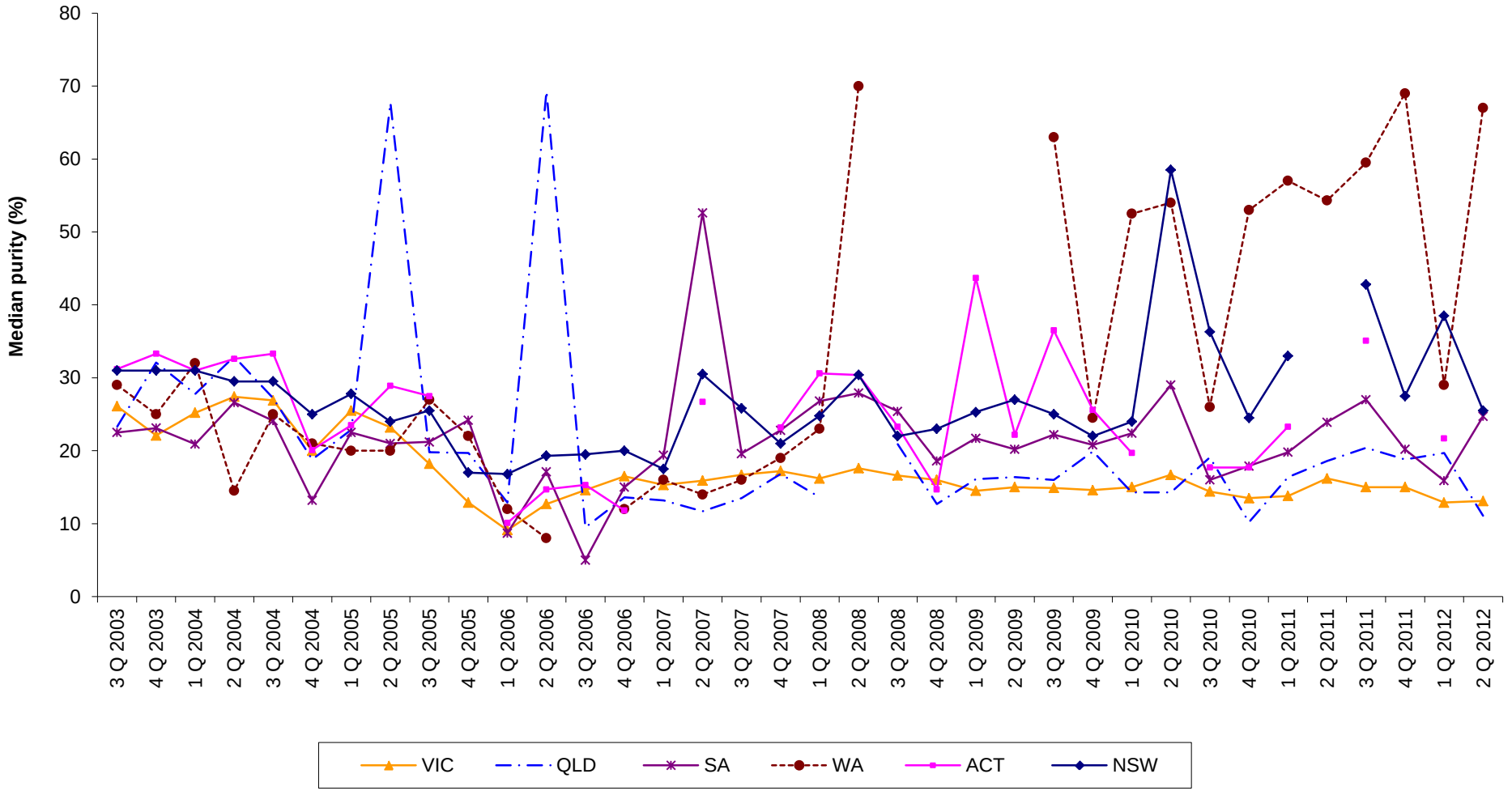
Participant reports of purity are subjective and depend on a number of factors including the health and tolerance of the individual. A more objective measure of purity is derived from the analysis of drug seizures. The purity figures reported below, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia, and this should be considered when drawing conclusions from the purity data presented. These data are provided by the Australian Crime Commission (ACC). However, there are some important issues to consider when examining purity measures. These data do not reflect the total weight of a particular drug seized in each year, but only those samples and seizures submitted for analysis. There is typically a lag of several months between the seizure and receipt of profiling results (Australian Crime Commission, 2013) .

Data reported include seizures ≤ 2 grams and > 2 grams, reflecting both street and larger seizures. The following caveat applies to Figure 16 through to Figure 19: figures do not represent the purity levels of all heroin seizures – only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of heroin received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of heroin seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police. No heroin seizures were analysed for purity in the NT or TAS in 2011/12.

The median purity of analysed state/territory police heroin seizures in 2003/04 to 2011/12 financial years (displayed quarterly) by jurisdictions is displayed in Figure 16. No reports were made in TAS or the NT in 2011/12. The 'overall total' median purity of seizures analysed by state/territory police in 2011/12 was highest in WA (46%) and NSW (30%) and lowest in VIC (14.6%) (Australian Crime Commission, 2013) The 2012/13 ACC seizure data were unavailable at the time of publication.

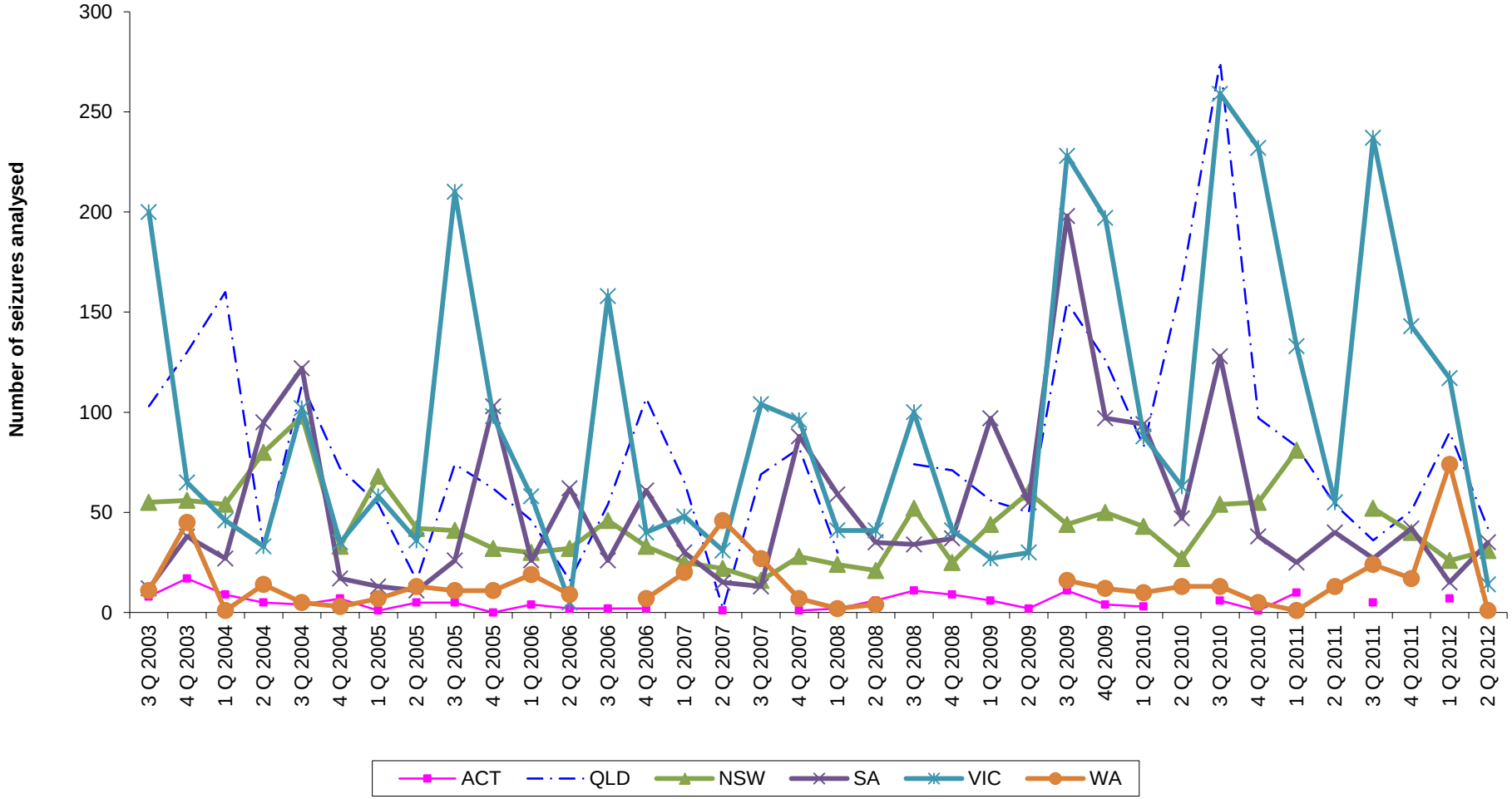
The number of state/territory police heroin seizures analysed for purity are presented in Figure 17. No reports were made in TAS or the NT in 2011/12. Given that not all seizures are analysed, these data do not provide an indication as to whether there have been changes in the number of seizures made; rather, they provide an indication of how many seizures contribute to the median purity presented in Figure 16.

Figure 16: Median purity of heroin seizures analysed by state/territory police, by jurisdiction, 2003/04-2011/12



Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013)
Note: Seizures ≤2g and >2g combined; data for 2012/13 were not available at the time of publication

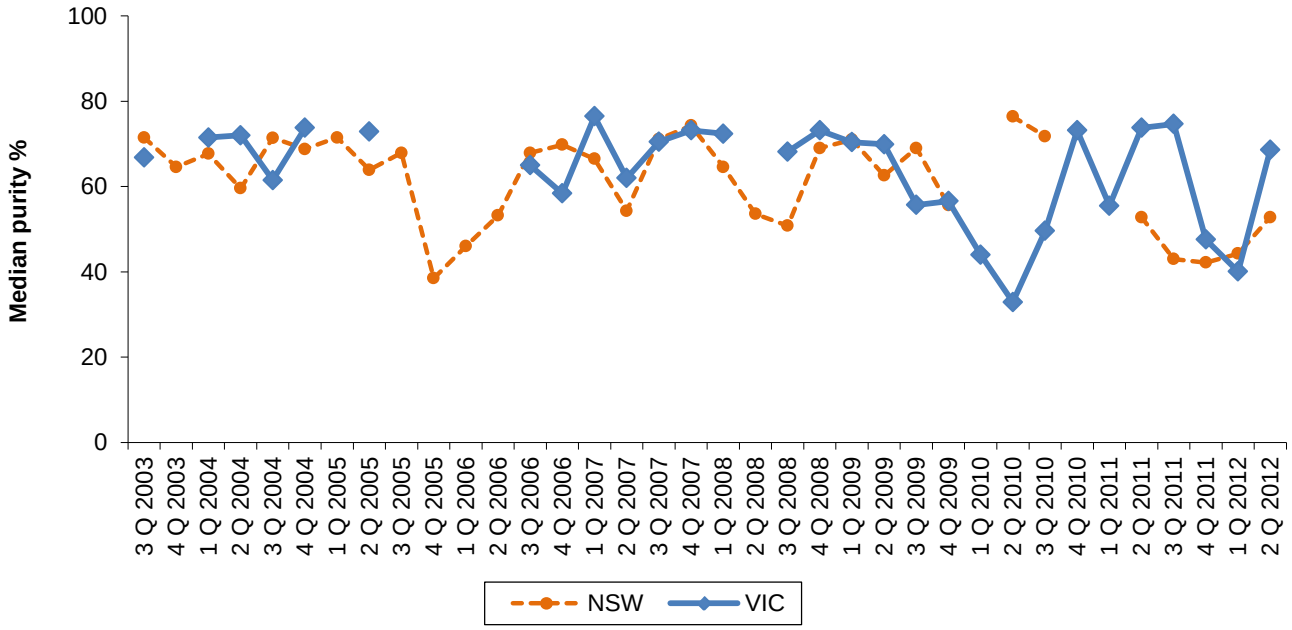
Figure 17: Number of state/territory police heroin seizures analysed, by jurisdiction, 2003/04-2011/12



Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013)
Note: Data for 2012/13 were not available at the time of publication

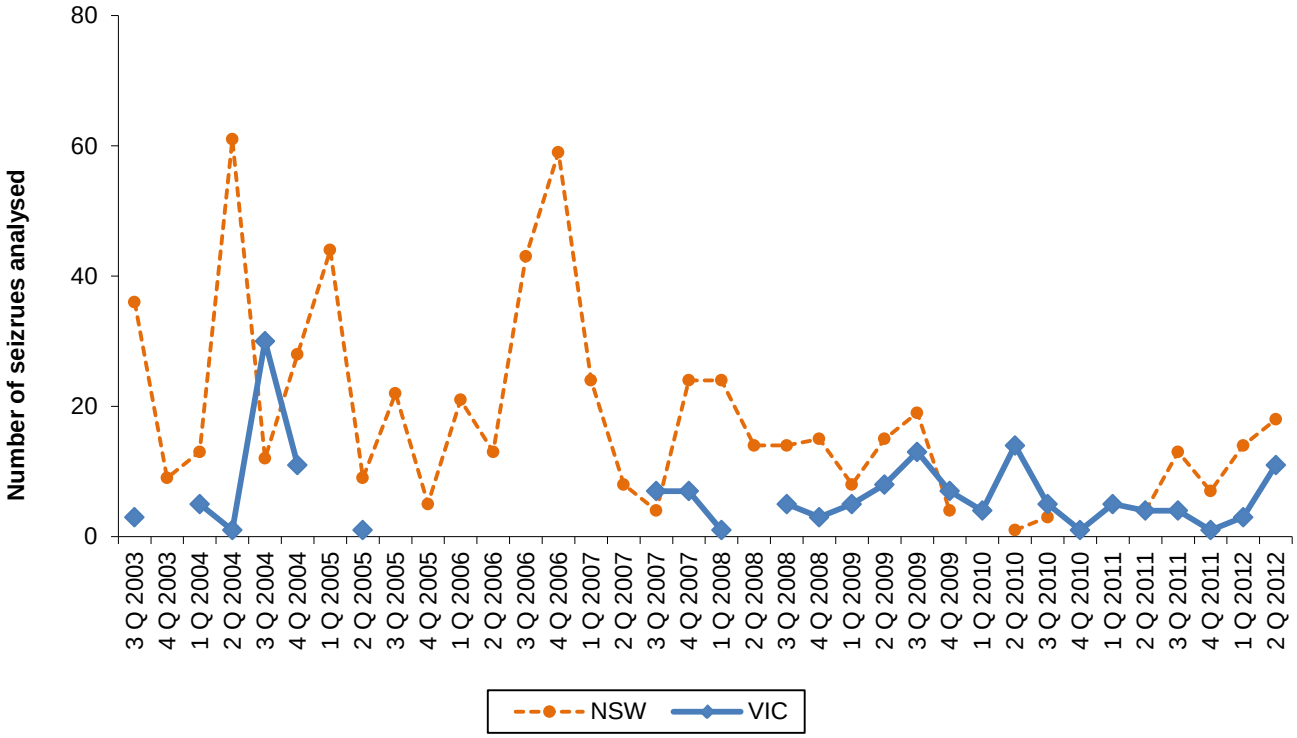
The median purity and number of Australian Federal Police (AFP) seizures for NSW and VIC are presented in Figure 18 and Figure 19. Only NSW and VIC data are presented as there were fewer seizures analysed in the other jurisdictions, some with no seizures analysed for many quarters (Australian Crime Commission, 2013) The median purity of these seizures is relatively higher than those seized by jurisdictional police, which is not surprising given that AFP seizures are likely to result from targeted, higher level operations than those of state/territory police agencies. Data for 2012/13 were not available at the time of publication.

Figure 18: Median purity of heroin seizures analysed by AFP in NSW and VIC, 2003/04-2011/12



Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013)
Note: Data for 2012/13 were not available at the time of publication

Figure 19: Number of AFP heroin seizures analysed in NSW and VIC, 2003/04-2011/12



Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013)
Note: Data for 2012/13 were not available at the time of publication

5.1.3 Availability of heroin

To collect information on the availability of heroin, participants were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?'. Fifty-five percent (N=487) of the national sample commented on the availability of heroin. Of those who commented, 47% reported the availability of heroin as 'very easy' and 38% as 'easy' (Table 30).

Significance testing was carried out on current heroin availability between 2012 and 2013. No significant differences were found between 2012 and 2013 for current heroin availability ($p>0.05$).

In 2013, the majority of participants reported that heroin was 'easy' or 'very easy' to obtain, with the exception of TAS and the NT where few participants were able to comment. The largest proportions reporting heroin as 'difficult' and 'very difficult' to obtain were recorded in TAS and the NT (Table 30).

The majority of those commenting on heroin availability reported that availability had remained stable (70%) in the last six months. Seventeen percent of the national sample reported the availability of heroin as 'more difficult'; while eight percent reported that heroin availability was 'easier' (Table 30).

Appendix E, Figure E3 shows the current availability of heroin nationally over the several years of data collection.

Table 30: Availability of heroin, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=519)	(**N=487**)	(n=128)	(n=74)	(n=101)	(n=5^)	(n=49)	(n=60)	(n=7^)	(n=63)
Very easy	51	**47**	52	43	54	20	41	53	0	37
Easy	36	**38**	34	32	42	20	45	32	29	46
Difficult	11	**13**	13	20	4	20	14	13	14	16
Very difficult	2	**4**	1	4	0	40	0	2	57	2
% Availability changes (n)	(N=514)	(**N=481**)	(n=127)	(n=74)	(n=101)	(n=4^)	(n=48)	(n=60)	(n=4^)	(n=63)
More difficult	11	**17**	18	28	8	0	19	18	25	13
Stable	77	**70**	67	58	81	75	71	67	75	76
Easier	7	**8**	10	5	10	25	8	12	0	2
Fluctuates	5	**5**	5	8	1	0	2	3	0	10

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.1.4 Purchasing patterns of heroin

Participants were also asked 'Who have you bought heroin from in the last six months?' and 'What venues (locations) do you normally score (buy) heroin at?'. Only one response was allowed. Of those who had bought heroin, the most common source was a known dealer (46%) or a friend (32%). The most common place of purchase was at an agreed public location (37%). Twenty percent reported obtaining heroin from a dealer's home, while 15% reported obtaining heroin from a friend's home (Table 31).

Table 31: Purchasing patterns of heroin, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Purchased from# (n)	(N=500)	(**N=473**)	(n=124)	(n=74)	(n=101)	(n=4^)	(n=43)	(n=57)	(n=7^)	(n=63)
Street dealer	17	**13**	28	11	10	0	2	0	71	2
Friends	27	**32**	26	42	26	25	26	53	14	29
Known dealer	45	**46**	41	37	60	0	61	33	0	51
Acquaintance	6	**5**	4	4	3	25	5	9	0	10
Unknown dealer	2	**2**	0	5	0	0	2	4	0	5
Mobile dealer	2	**1**	0	1	0	0	5	0	0	2
Online	<1	**<1**	0	0	0	50	0	0	0	0
Partner	<1	**<1**	0	0	1	0	0	2	0	0
Other	0	**0**	1	0	0	0	0	0	15	1
% Most recent purchase place# (n)	(N=498)	(**N=469**)	(n=124)	(n=73)	(n=101)	(n=4^)	(n=43)	(n=57)	(n=7^)	(n=60)
Home delivery	13	**13**	15	10	19	50	14	11	0	7
Dealer's home	18	**20**	15	25	28	0	16	21	14	13
Friend's home	9	**15**	14	15	10	25	14	25	14	18
Acquaintance's house	2	**1**	2	1	1	0	0	2	0	2
Street market	17	**11**	21	4	16	0	2	4	43	3
Agreed public location	40	**37**	30	44	27	25	51	39	14	57
Other	1	**3**	3	1	0	0	2	0	14	0

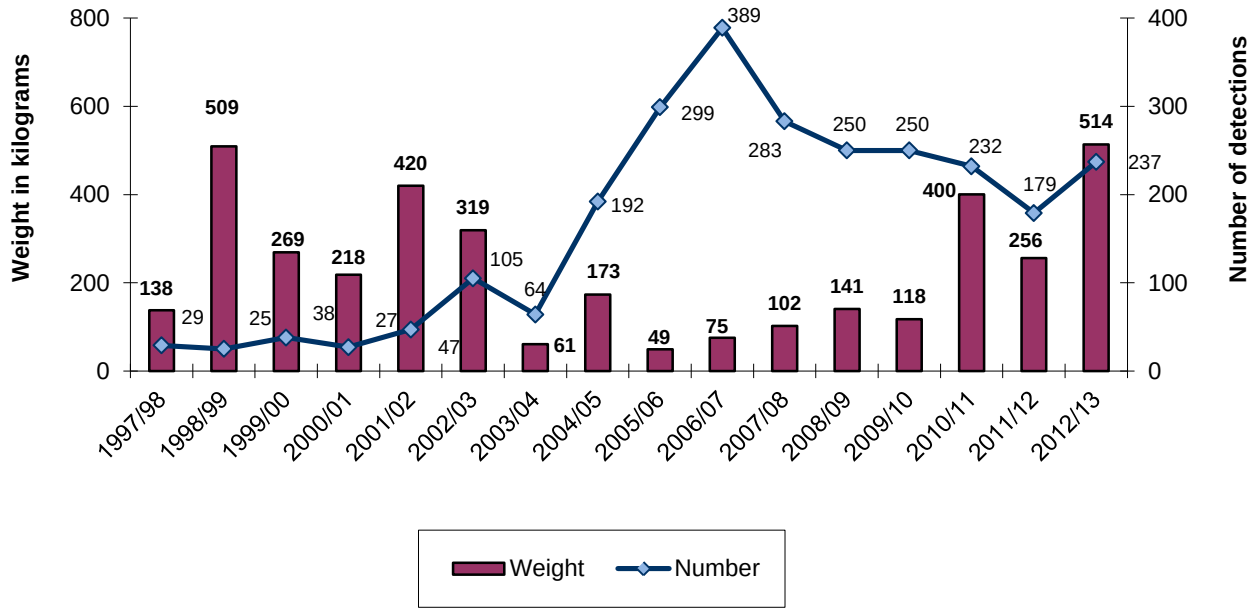
Source: IDRS participant interviews0
Only one response allowed
^ Small numbers reporting (n<10); interpret with caution
n.a. not applicable

5.1.5 Heroin detected at the Australian border

Figure 20 presents the weight and number of heroin detections by the Australian Customs and Border Protection Service (ACBPS) at the Australian border.

In the financial year 2012/13 there were 237 heroin detections at the Australian border, representing a decrease from a record high of 389 detections in 2006/07. The total weight of detections in 2012/13 was 514 kilograms (significantly higher than 256 kilograms in 2011/12) (Figure 20). The cargo and international post stream accounted for 84 per cent of the total weight of heroin detected (Australian Customs Border and Protection Service, 2013)

Figure 20: Weight and number of detections of heroin made at the border by the Australian Customs and Border Protection Service, 1997/98-2012/13



Source: Australian Customs and Border Protection Service

5.2 Methamphetamine

Key points

Price

- Methamphetamine was reported to cost $50 per point nationally for speed, $90 per point for base and $100 per point for ice/crystal, variations were noted across jurisdictions.
- Grams of speed powder and base were typically cheaper than grams of ice/crystal. Few participants reported having purchased a gram of base.
- Price was considered to have been 'stable' over the last six months by the majority of participants.

Purity

- The majority of participants reported the purity of speed and base as 'medium' and ice/crystal as 'high'.

Availability

- All forms of methamphetamine were generally considered 'easy' or 'very easy' to obtain in all jurisdictions, and this was reported to have remained stable, although some jurisdictional variations were noted.
- Participants purchased all forms of methamphetamine from a variety of sources, most commonly through friends and known dealers. The most common purchase locations for all forms were at an agreed public location, a dealer's home and/or a friend's home.

This section contains information about market characteristics of methamphetamine (including price, perceived purity, availability and purchasing patterns). Data on harms (health and law enforcement-related) associated with drug use, including methamphetamine use and injecting drug use more generally, are provided under the relevant sections later in this report. Comparable findings on price, availability and perceived purity are shown in Appendix F.

5.2.1 Price of methamphetamines

The median price of the last purchase of speed, base and ice/crystal are presented in Table 32.

5.2.1.1 Methamphetamine powder (speed)

Participants had typically bought speed as points, then grams. A 'point' (0.1 gram) of speed cost $50 nationally (ranging between $50 and $100 in the jurisdictions). Fewer participants had bought half-grams, the price ranging from $100 in VIC to $300 and WA (small numbers commenting). Grams of speed were cheapest in VIC and most expensive in SA (small numbers commenting). Seventy-three percent of those participants who commented reported that the price of speed had remained stable over the last six months (Table 32).

5.2.1.2 Base

Purchase of a 'point' (0.1 gram) of base was most commonly reported. As in previous years, a point was the most popular purchase amount and was a median of $90 nationally and varied in the jurisdictions. Small numbers in most jurisdictions commented on the price of half-gram and a gram of base so results should be interrupted with caution. The median price for a half gram of base ranged from $150 in NSW and TAS to $350 in SA, WA and QLD. A gram of base ranged from $100 in NSW to $700 in the NT. Seventy-four percent of those who commented reported that the price of base had remained stable over the last six months (81% in 2012) (Table 32).

5.2.1.3 Crystal methamphetamine (ice)

As in previous years, and as with other methamphetamine forms, a 'point' (0.1 gram) was the most popular purchase amount, typically ranging from $50 per point in NSW to $140 per point in the NT ($100 nationally). Purchase of a half-gram or gram was uncommon. The median price of purchase among these small numbers of participants varied quite widely across the jurisdictions. Seventy-two percent of participants reported that the price of ice/crystal had remained 'stable' over the last six

months (69% in 2012). Nearly one-quarter (18%) reported that the price of ice/crystal had increased recently (24% in 2012; Table 32).

Appendix F, Table F1 to F3 and Figures F1 to F3 show participant estimates of the median price of methamphetamines over the several years of data collection.

Table 32: Median price of methamphetamine, by jurisdiction, 2013

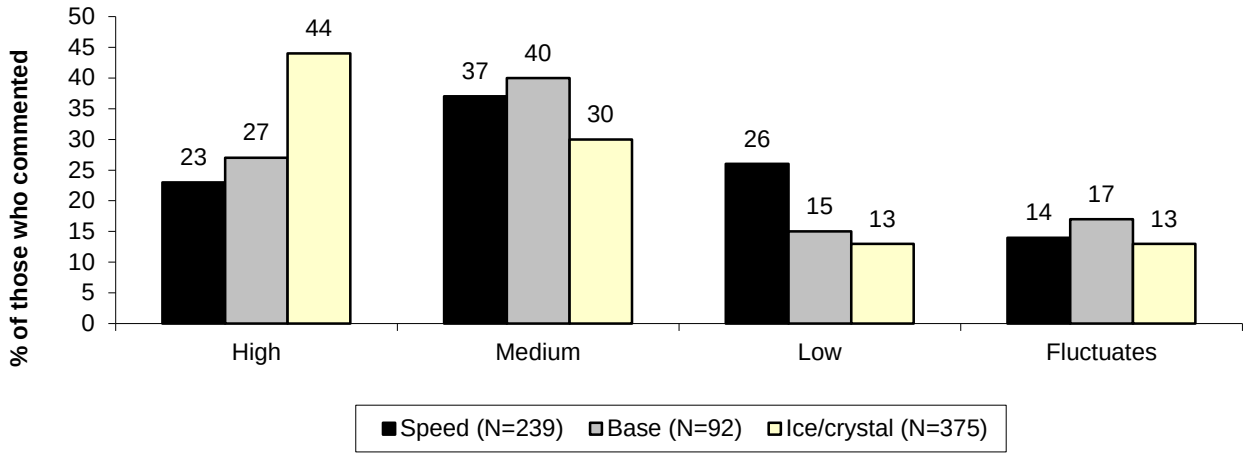
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Price ($) Speed										
Per point	50	**50**	50	50	50^	50	100	100	100	100
Per ½ gram	150	**150**	165	110^	100^	150	200^	300^	225^	250^
Per gram	300	**275**	300	200^	160^	300	550^	350^	400^	500^
Price ($) Base										
Per point	50	**90**	50	65^	-	50^	100	100^	50^	100
Per ½ gram	150	**225**	150^	230^	-	150^	350^	350^	200^	350^
Per gram	300	**325**	100^	475^	-	300^	450^	-	700^	400^
Price ($) Ice/crystal										
Per point	100	**100**	50	100	100	100	100	100	140	100
Per ½ gram	300	**300**	250	350	350	150^	300^	350	500^	350^
Per gram	500	**500**	388	700	300^	-	650^	700^	800^	600^
Price changes										
% Methamphetamine powder (n) (speed)	(N=293)	(**N=233**)	(n=23)	(n=21)	(n=19)	(n=59)	(n=44)	(n=26)	(n=22)	(n=19)
Increased	24	**22**	26	24	16	12	32	31	32	0
Stable	69	**73**	61	71	79	85	61	69	59	100
Decreased	2	**2**	4	0	5	0	2	0	5	0
Fluctuated	5	**3**	9	5	0	3	5	0	5	0
% Methamphetamine base (n) (base)	(N=111)	(**N=90**)	(n=18)	(n=3^)	(n=2^)	(n=15)	(n=36)	(n=3^)	(n=3^)	(n=10)
Increased	15	**12**	17	0	50	7	8	33	0	20
Stable	81	**74**	72	67	50	80	75	67	100	70
Decreased	2	**3**	6	0	0	13	0	0	0	0
Fluctuated	2	**10**	6	33	0	0	17	0	0	10
% Crystal methamphetamine (n) (ice/crystal)	(N=358)	(**N=363**)	(n=97)	(n=50)	(n=45)	(n=36)	(n=53)	(n=38)	(n=11)	(n=33)
Increased	24	**18**	27	14	2	17	13	24	45	15
Stable	69	**72**	61	72	89	72	76	71	55	82
Decreased	4	**4**	4	4	4	0	8	3	0	3
Fluctuated	4	**6**	8	10	4	11	4	3	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.2.2 Purity of methamphetamines

Participants were asked to describe the current purity of speed, base and ice/crystal. In 2013, the majority of participants reported speed and base purity as 'medium' and ice/crystal as 'high' (Figure 21; Table 33, Table 34 and Table 35).

Figure 21: Participant reports of current purity of speed, base and ice/crystal among those able to comment, 2013



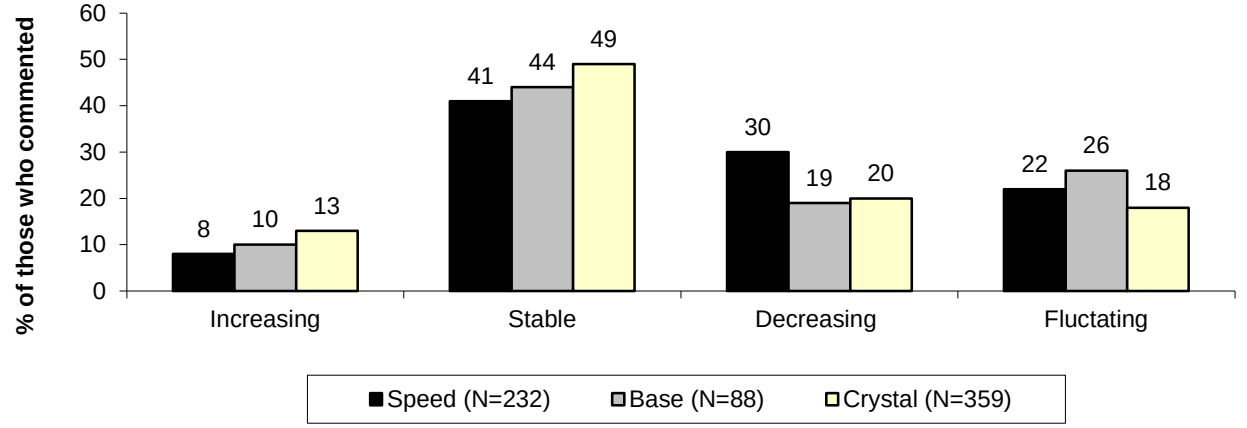
Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Significance testing was carried out on the current purity of speed, base and ice/crystal for 'low', 'medium', 'high' and 'fluctuates' between 2012 and 2013. No significant differences were found between 2012 and 2013 for all three forms of methamphetamine.

Participant reports of recent changes in purity for all forms of methamphetamine varied. The majority of participants who commented described the change in purity over the last six months for all three forms as 'stable'. Twenty-six percent or less of speed, base and ice/crystal, users reported the purity as 'fluctuating' in the last six months (Figure 22, Table 33, Table 34 and Table 35).

Appendix F, Figure F4 to Figure F6 shows the current purity of methamphetamines over the several years of data collection.

Figure 22: Participant reports of changes in purity of speed, base and ice/crystal among those able to comment, 2013



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 33: Perceived purity of methamphetamine powder, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Current purity (n)	(N=288)	**(N=239)**	(n=24)	(n=23)	(n=19)	(n=59)	(n=45)	(n=28)	(n=21)	(n=20)
High	22	**23**	33	17	26	20	20	29	24	20
Medium	29	**37**	29	39	42	31	36	50	43	40
Low	31	**26**	29	30	26	34	24	14	19	15
Fluctuates	18	**14**	8	13	5	15	20	7	14	25
% Purity changes (n)	(N=283	**(N=232)**	(n=23)	(n=24)	(n=19)	(n=55)	(n=44)	(n=26)	(n=21)	(n=20)
Increasing	11	**8**	4	8	0	6	2	27	10	15
Stable	38	**41**	52	29	68	49	34	27	24	40
Decreasing	28	**30**	22	50	32	26	34	31	24	10
Fluctuates	24	**22**	22	12	0	20	30	15	43	35

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 34: Perceived purity of methamphetamine base, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Current purity (n)	(N=112)	**(N=92)**	(n=18)	(n=4^)	(n=3^)	(n=15)	(n=35)	(n=3^)	(n=3^)	(n=11)
High	31	**27**	33	25	33	20	17	67	100	27
Medium	30	**40**	33	25	67	47	46	0	0	46
Low	23	**15**	17	0	0	20	20	33	0	0
Fluctuates	15	**17**	17	50	0	13	17	0	0	27
% Purity changes (n)	(N=104)	**(N=88)**	(n=17)	(n=3^)	(n=2^)	(n=15)	(n=35)	(n=3^)	(n=3^)	(n=10)
Increasing	10	**10**	12	0	0	13	3	0	67	20
Stable	49	**44**	65	0	0	53	43	67	33	20
Decreasing	16	**19**	6	33	100	27	23	0	0	10
Fluctuates	25	**26**	18	67	0	7	31	33	0	50

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

Table 35: Perceived purity of crystalline methamphetamine, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Current purity (n)	(N=365)	**(N=375)**	(n=100)	(n=52)	(n=47)	(n=39)	(n=53)	(n=38)	(n=13)	(n=33)
High	42	**44**	38	35	47	64	40	42	46	61
Medium	30	**30**	30	35	32	26	30	34	23	21
Low	13	**13**	15	17	11	5	19	13	15	3
Fluctuates	15	**13**	17	14	11	5	11	11	15	15
% Purity changes (n)	(N=352)	**(N=359)**	(n=99)	(n=49)	(n=45)	(n=34)	(n=51)	(n=36)	(n=12)	(n=33)
Increasing	16	**13**	11	16	7	12	12	11	17	21
Stable	46	**49**	44	39	53	56	49	56	58	55
Decreasing	16	**20**	25	20	22	24	14	25	17	3
Fluctuates	22	**18**	19	25	18	9	26	8	8	21

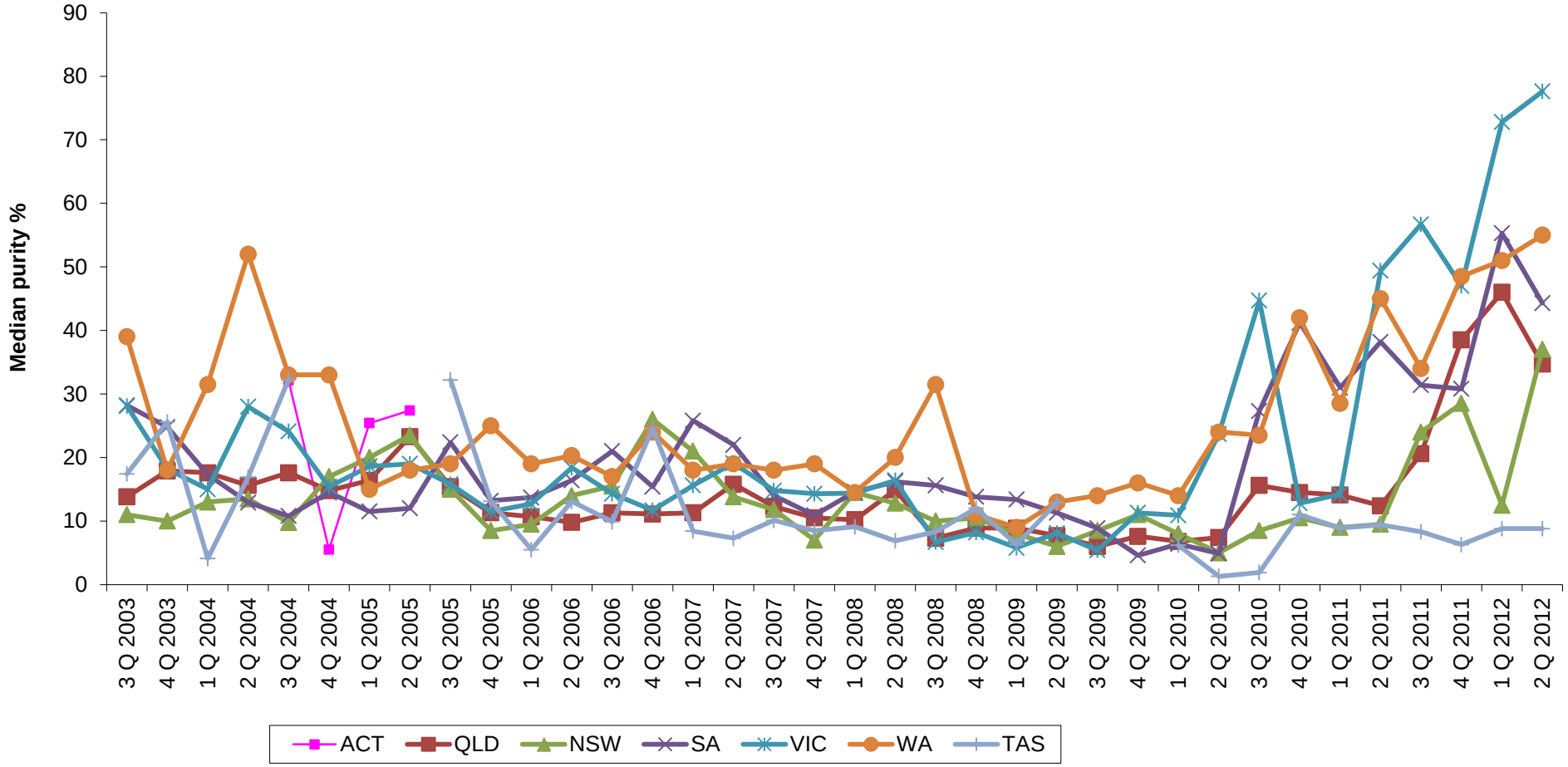
Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

The ACC provides purity data for state/territory police and AFP seizures that have been analysed for methylamphetamine. There are important caveats (in addition to those already discussed within the heroin section) to consider when interpreting these data. The purity of methylamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process and the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported. During 1999/00 and 2011/12, forensic analysis of seizures of methylamphetamine in Australia revealed purity levels ranging from less than 1% to 77.6%, with higher purity often relating to one single seizure rather than being representative of a large number of seizures. This wide range in both purity and numbers of seizures analysed should be considered when looking at the median purity figures presented.

As with heroin, the figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figure 23, the following caveat applies: figures do not represent the purity levels of all methylamphetamine seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia, Tasmania represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of methylamphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

Figure 23 shows the median purity across jurisdictions of methylamphetamine seizures (respectively) by quarter from 2003/04. As there were few AFP seizures analysed in most jurisdictions, only state/territory police seizures are shown. There is no clear trend in the purity of methylamphetamine or amphetamine seizures that are analysed. Only data for methylamphetamine seizures are presented here. Amphetamine purity is available from the latest Illicit Drug Data Report available online https://www.crimecommission.gov.au/publications/intelligence-products/illicit-drug-data-report/illicit-drug-data-report-2011-12. No methylamphetamine seizures were analysed for purity in the ACT or the NT in 2011/12 (Australian Crime Commission, 2013) Data for 2012/13 were not available at the time of publication of this report.

Figure 23: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2003/04-2011/12



Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013)
Note: Data for 2012/13 were not available at the time of publication

5.2.3 Availability of methamphetamines

Among those who commented, all forms of methamphetamines were generally considered 'easy' or 'very easy' to obtain in all jurisdictions. Nationally, the availability of all forms was reported as 'stable' in the last six months (Table 36, Table 37 and Table 38).

Significance testing was carried out on the current availability of speed, base and ice/crystal for 'very easy', 'easy', 'difficult' and 'more difficult' between 2012 and 2013. The availability of ice/crystal as 'easy' significantly increased between 2012 and 2013 ($p<0.05$). Nationally, no other significant differences were found ($p>0.05$).

Appendix F, Figure F7 to Figure F9 shows the current availability of methamphetamines over the several years of data collection.

Table 36: Availability of methamphetamine powder, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=295)	(**N=238**)	(n=25)	(n=25)	(n=19)	(n=59)	(n=42)	(n=28)	(n=21)	(n=19)
Very easy	45	**39**	24	28	26	31	62	43	48	42
Easy	44	**45**	56	52	42	53	31	43	33	47
Difficult	11	**15**	20	20	26	17	5	11	14	11
Very difficult	<1	**2**	0	0	5	0	2	4	5	0
% Availability changes (n)	(N=289)	(**N=234**)	(n=25)	(n=25)	(n=19)	(n=58)	(n=43)	(n=26)	(n=19)	(n=19)
More difficult	9	**13**	20	16	21	12	5	12	16	11
Stable	81	**77**	72	76	74	83	77	81	74	67
Easier	7	**6**	8	4	5	5	2	8	5	16
Fluctuates	3	**4**	0	4	0	0	16	0	5	5

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 37: Availability of methamphetamine base, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=114)	(**N=88**)	(n=18)	(n=4^)	(n=3^)	(n=14)	(n=35)	(n=3^)	(n=2^)	(n=9^)
Very easy	35	**39**	28	25	33	29	54	0	50	33
Easy	44	**41**	28	75	67	57	40	0	50	33
Difficult	18	**15**	28	0	0	7	6	67	0	33
Very difficult	4	**6**	17	0	0	7	0	33	0	0
% Availability changes (n)	(N=111)	(**N=87**)	(n=19)	(n=3^)	(n=3^)	(n=13)	(n=35)	(n=3^)	(n=2^)	(n=9^)
More difficult	13	**16**	37	0	0	8	6	67	0	22
Stable	73	**74**	58	100	67	85	80	33	100	68
Easier	8	**8**	5	0	33	8	11	0	0	11
Fluctuates	6	**1**	0	0	0	0	3	0	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10), interpret with caution
Note: The response option 'Don't know' was excluded from analysis

Table 38: Availability of crystalline methamphetamine, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=376)	(**N=379**)	(n=102)	(n=52)	(n=49)	(n=39)	(n=54)	(n=38)	(n=12)	(n=33)
Very easy	46	**42**	46	39	39	31	50	32	42	52
Easy	38	**46**↑	46	50	47	33	41	61	58	42
Difficult	14	**12**	8	12	14	36	9	8	0	6
Very difficult	2	**0**	0	0	0	0	0	0	0	0
% Availability changes (n)	(N=370)	(**N=374**)	(n=101)	(n=52)	(n=48)	(n=37)	(n=54)	(n=38)	(n=12)	(n=32)
More difficult	11	**9**	13	6	8	16	2	11	0	3
Stable	73	**75**	73	77	79	70	78	71	83	72
Easier	12	**13**	11	14	13	11	13	13	17	25
Fluctuates	4	**3**	3	4	0	3	7	5	0	0

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.2.4 Purchasing patterns of methamphetamines

5.2.4.1 Speed

Participants purchased speed from a variety of sources, most commonly from friends (43%) and known dealers (35%). Speed powder was purchased from a range of locations. Nationally, the most common responses were from a friend's home (27%), a dealer's home (26%) and/or home delivery (18%) (Table 39).

Table 39: Methamphetamine powder purchasing patterns, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	W	NT	QLD
	2012	**2013**								
% Purchased from[#] (n)	(N=282)	(**N=235**)	(n=22)	(n=24)	(n=19)	(n=61)	(n=41)	(n=26)	(n=22)	(n=20)
Street dealer	10	**11**	23	4	16	10	0	0	41	10
Friend	47	**43**	46	42	16	39	66	54	36	25
Known dealer	32	**35**	27	29	68	48	22	27	14	45
Acquaintance	6	**7**	0	13	0	3	10	15	9	10
Unknown dealer	3	**1**	0	4	0	0	0	4	0	5
Mobile dealer	1	**<1**	0	4	0	0	0	0	0	0
Other	0	**2**	4	4	0	0	2	0	0	5
% Most recent purchase place[#] (n)	(N=280)	(**N=235**)	(n=22)	(n=24)	(n=19)	(n=61)	(n=41)	(n=26)	(n=22)	(n=20)
Home delivery	12	**18**	18	25	21	11	27	8	27	15
Dealer's home	21	**27**	18	33	37	43	15	31	18	5
Friend's home	28	**26**	23	21	5	30	37	35	14	30
Acquaintance's house	1	**3**	0	4	0	2	5	12	0	0
Street market	8	**8**	23	0	16	7	0	0	23	5
Agreed public location	29	**17**	15	17	21	8	15	15	18	45
Other	1	**1**	3	0	0	0	2	0	0	0

Source: IDRS participant interviews
[#] Only one response allowed

5.2.4.2 Base

Base was most commonly obtained from a friend (49%) and/or a known dealer (25%). Again, locations of purchase were varied, with the most commonly reported being from a friend's home (29%), home delivery (20%) and/or an agreed public location (19%) (Table 40).

Table 40: Methamphetamine base purchasing patterns, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Purchased from[#] (n)	(N=110)	(**N=89**)	(n=18)	(n=4^)	(n=3^)	(n=16)	(n=32)	(n=3^)	(n=3^)	(n=10)
Street dealer	6	**11**	28	0	33	19	3	0	0	0
Friend	49	**49**	39	25	0	56	59	100	67	30
Known dealer	32	**25**	22	50	67	19	25	0	0	30
Acquaintance	6	**5**	6	0	0	6	3	0	33	0
Unknown dealer	4	**3**	0	0	0	0	3	0	0	20
Mobile dealer	3	**7**	5	25	0	0	7	0	0	20
% Most recent purchase place[#] (n)	(N=108)	(**N=89**)	(n=18)	(n=4^)	(n=3^)	(n=16)	(n=32)	(n=3^)	(n=3^)	(n=10)
Home delivery	14	**20**	17	0	0	13	25	0	100	20
Dealer's home	19	**19**	17	50	33	19	22	33	0	0
Friend's home	39	**29**	22	25	0	38	34	67	0	20
Acquaintance's house	4	**2**	6	0	0	6	0	0	0	0
Street market	5	**9**	11	0	33	25	0	0	0	10
Agreed public location	19	**19**	28	25	33	0	19	0	0	40
Other	0	**2**	0	0	33	0	0	0	0	10

Source: IDRS participant interviews
[#] Only one response allowed
^ Small numbers reporting (n<10); interpret with caution

5.2.4.3 Ice/crystal

Ice/crystal was also obtained from a variety of sources, in a similar pattern to speed and base. Friends (40%) and known dealers (37%) were the most typical people from whom ice/crystal had been purchased. A friend's home (25%), an agreed public location (22%), and/or a dealer's home (21%) were reported as the most common locations of purchase (Table 41).

Table 41: Crystalline methamphetamine purchasing patterns, by jurisdiction, 2013

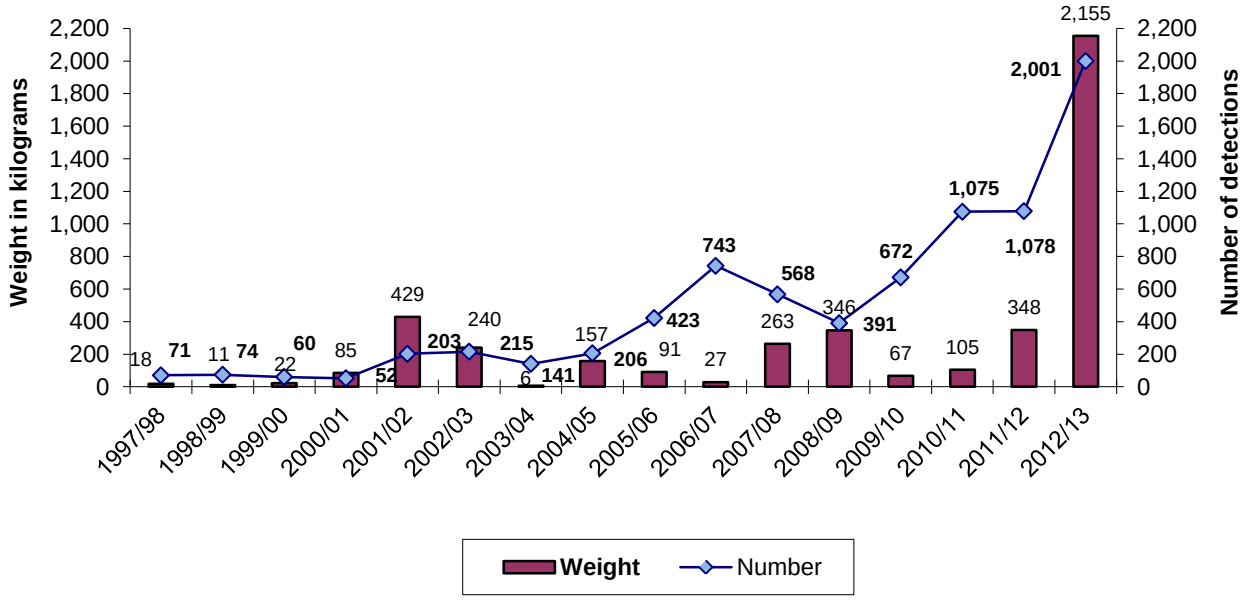
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Purchased from[#] (n)	(N=361)	(**N=380**)	(n=100)	(n=52)	(n=51)	(n=43)	(n=51)	(n=38)	(n=12)	(n=33)
Street dealer	13	**11**	23	12	10	7	4	3	25	0
Friend	42	**40**	40	37	22	47	55	47	50	33
Known dealer	32	**37**	31	39	63	40	28	29	0	42
Acquaintance	9	**7**	5	2	4	7	4	13	25	12
Unknown dealer	2	**2**	1	6	2	0	2	6	0	3
Mobile dealer	1	**3**	0	4	0	0	7	2	0	10
% Most recent purchase place[#] (n)	(N=358)	(**N=380**)	(n=100)	(n=52)	(n=51)	(n=43)	(n=51)	(n=38)	(n=12)	(n=33)
Home delivery	16	**18**	12	19	16	21	27	16	17	18
Dealer's home	18	**21**	16	27	27	33	18	21	0	12
Friend's home	22	**25**	18	29	14	33	28	32	50	27
Acquaintance's house	3	**3**	2	0	4	5	4	8	0	3
Street market	15	**10**	25	2	14	2	0	3	8	0
Agreed public location	24	**22**	24	23	25	7	24	16	17	36
Other	2	**1**	3	0	12	0	0	4	8	3

Source: IDRS participant interviews
[#] Only one response allowed

5.2.5 Amphetamine-type stimulant detections at the Australian border

Figure 24 shows the weight and number of amphetamine-type stimulants detected at the Australian border by the Australian Customs and Border Protection Service. In 2012/13, the number of detections increased from 1,078 in 2011/12 to 2,001. However, weight of detections increased significantly from 348 kilograms in 2011/12 to 2,155 kilograms in 2012/13. In February 2013, the joint operation between the ACBPS, Australian Federal Police (AFP), ACC, NSW police force and NSW crime commission detected one of Australia's biggest illicit drug seizures, with the detection of 585 kilograms (kg) of crystalline methamphetamine (ice) (Australian Customs Border and Protection Service, 2013). The increase in number and weight of detections was mainly due to the growth in detections in the cargo and international post stream (Australian Customs Border and Protection Service, 2013).

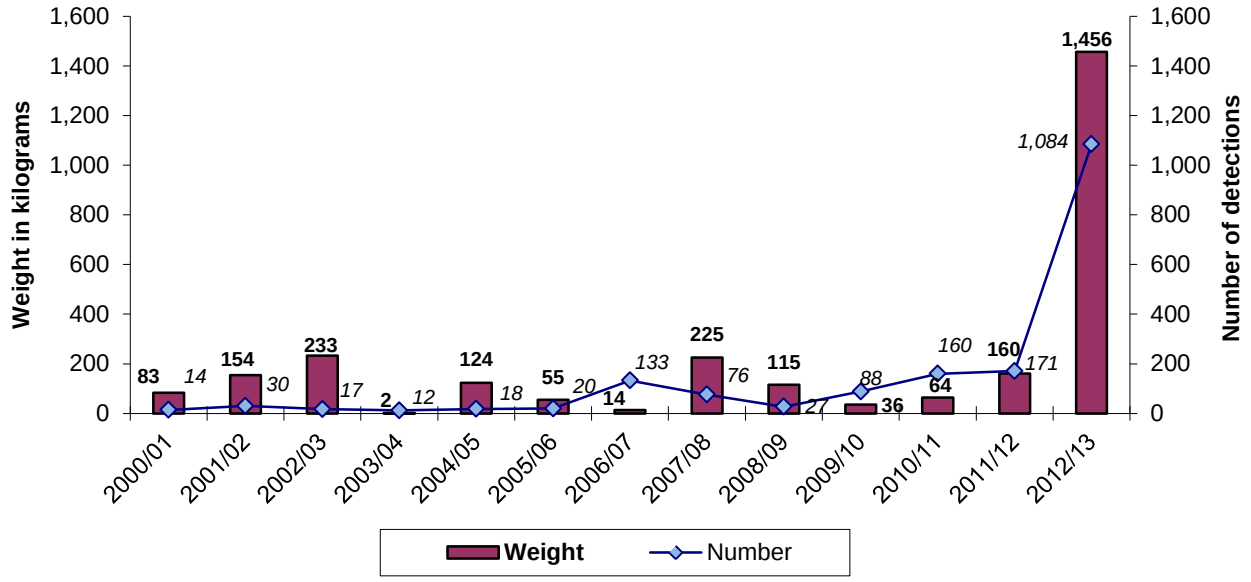
Figure 24: Total weight and number of amphetamine-type stimulants* detected by the Australian Customs and Border Protection Service, 1997/98-2012/13



Source: Australian Customs and Border Protection Service
* Amphetamine-type stimulants includes methamphetamine and amphetamine but excludes MDMA (ecstasy)

Figure 25 reports the number and weight of detections of crystalline methamphetamines at the border between 2001/02 and 2012/13. Both the number and weight of detections increased significantly in 2012/13, with the majority of detections occurring in the cargo and international post stream. The weight of seizures has varied widely over the years, reflecting changes in importation methodologies (Australian Customs Border and Protection Service, 2013).

Figure 25: Number and weight of detections of crystalline methamphetamine* detected at the border by the Australian Customs and Border Protection Service, 2000/01-2012/13



Source: Australian Customs and Border Protection Service
* Includes only the crystalline variety of methamphetamine called 'ice'. Excludes MDMA (ecstasy)

5.3 Cocaine

Key points

Price

- Small numbers in all jurisdictions except NSW were able to comment on the price, purity and availability of cocaine. The price of a gram and a cap of cocaine in NSW remained largely stable at $300 and $50 respectively. The majority of participants also described the price of cocaine as having remained 'stable' over the last six months.

Purity

- The majority of participants nationally reported purity as 'medium', however, this was significantly lower than 2012. Most reported purity as stable over the last six months. In NSW the majority reported the purity as 'medium'.

Availability

- Cocaine was considered 'easy' to obtain in NSW and nationally, and the majority reported availability as stable in the preceding six months.
- In NSW and nationally, purchasing from a friend, a known dealer or from a street dealer was most popular. A friend's home, dealer's home or street market were reported as the most common purchase location in NSW and nationally.
- The limited participant data on cocaine suggest that there remains a limited market for cocaine among IDRS participants in jurisdictions other than NSW. The market for cocaine continues to appear smaller and less visible than the methamphetamine and heroin markets.

This section contains information about data on market characteristics (including price, perceived purity, availability and purchasing patterns) of cocaine. Information on harms (health and law enforcement-related) associated with drug use, including cocaine use and injecting drug use more generally, is provided under the relevant sections later in this report.

Only very small numbers have been able to report on cocaine price, purity and availability over the history of the IDRS, indicating limited use and availability of cocaine among IDRS participants outside of NSW. As very small numbers were able to comment in jurisdictions other than NSW, results in these jurisdictions should be interpreted with caution. Appendix G displays comparable findings on price, availability and perceived purity from previous years.

5.3.1 Price of cocaine

Prices in Table 42 represent the median prices of the last purchase made by participants in the preceding six months. Twenty-two participants had bought a gram of cocaine in the past six month (NSW n=6), therefore, these figures should be interpreted with caution. The price of a gram and a cap of cocaine in NSW remained largely stable at $300 and $50 respectively ($325 per gram and $50 per cap nationally). Thirty-two participants in NSW bought a cap of cocaine in the last six months, as did three participants in the ACT, two participants in VIC and one participant in TAS and SA; there were no purchases in any other jurisdiction. The majority of participants nationally described the price of cocaine as having remained 'stable' over the last six months (72%).

Appendix G, Table G1, Table G2 and Figure G1 show participant estimates of the median price of cocaine over the several years of data collection.

Table 42: Median price of cocaine, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Median price ($) per gram	350	**325**	300	350^	-	-	-	700^	-	300^
Median price ($) per cap	50	**50**	50	50^	-	140^	50^	-	-	-
% Price changes (n)	(N=72)	(**N=58**)	(n=41)	(n=8^)	(n=2^)	(n=2^)	(n=2^)	(n=1^)	(n=1^)	(n=1^)
Increased	13	**17**	22	0	0	0	50	0	0	0
Stable	79	**72**	71	88	50	100	50	100	0	100
Decreased	4	**9**	7	0	50	0	0	0	100	0
Fluctuated	4	**2**	0	12	0	0	0	0	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.3.2 Purity of cocaine

Participants were asked to describe the current purity or strength of cocaine, and if there had been any change in perceived purity in the six months preceding interview. Participant reports of the purity of cocaine were variable. In NSW forty-three participants were able to comment on the purity of cocaine, while eight or fewer participants were able to comment in the others states. Of those able to comment nationally, 36% reported the purity of cocaine as 'medium'. Twenty-eight percent reported the purity of cocaine as 'high' and 27% as 'low' (Table 43). In NSW, the majority of participants reported the purity of cocaine as 'medium' (40%).

Significance testing was carried out on the current purity of cocaine for 'low', 'medium', 'high' and 'fluctuates' between 2012 and 2013. Nationally, no significant differences were found for current cocaine purity ($p>0.05$).

Participant reports regarding the changes in cocaine purity varied between jurisdictions. Of those who commented in the 2013 national sample, equal numbers reported the purity of cocaine as either 'stable' or 'decreasing' (39% each) (Table 43).

Table 43: Perceived purity of cocaine, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Current purity (n)	(N=74)	(**N=64**)	(n=43)	(n=8^)	(n=3^)	(n=4^)	(n=3^)	(n=1^)	(n=1^)	(n=1^)
High	23	**28**	21	38	33	100	33	0	0	0
Medium	49	**36**	40	13	67	0	67	100	0	0
Low	22	**27**	33	25	0	0	0	0	100	0
Fluctuates	7	**9**	7	25	0	0	0	0	0	100
% Purity changes (n)	(N=71)	(**N=59**)	(n=41)	(n=7^)	(n=3^)	(n=3^)	(n=2^)	(n=1^)	(n=1^)	(n=1^)
Increasing	14	**7**	7	0	0	33	0	0	0	0
Stable	44	**39**	34	43	67	67	50	100	0	0
Decreasing	24	**39**	44	43	33	0	0	0	100	0
Fluctuating	18	**15**	15	14	0	0	50	0	0	100

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

The purity of analysed state/territory police seizures varied in each state/territory in 2011/12, ranging from 18.7% in QLD to 52.5% in NSW (Australian Crime Commission, 2013) In 2011/12 most of the cocaine seizures analysed were from QLD and NSW (Table 44). The AFP seizures of cocaine were generally higher in purity. There were no state/territory cocaine seizures analysed in TAS and no AFP in the ACT, TAS, SA and the NT in 2011/12 (Table 44). Data for 2012/13 were unavailable at the time of publication.

Appendix G, Figure G2 shows the current purity of cocaine over the several years of data collection.

Table 44: Median purity of cocaine seizures, by jurisdiction, 2003/04-2011/12

	Median purity %																	
	State/Territory police									AFP								
	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	**11/12**	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	**11/12**
NSW	32.0 n=97	64.3 n=92	56.3 n=108	61.5 n=119	37.0 n=84	42.0 n=133	48.0 n=166	29.3 n=120	**52.5 n=129**	72.3 n=348	69.9 n=63	74.3 n=98	76.4 n=491	71.7 n=93	70.3 n=78	67.3 n=27	66.0 n=17	**66.7 n=76**
ACT	48.0 n=3	47.7 n=5	30.6 n=5	-	36.6 n=7	61.4 n=2	31.3 n=2	9.5 n=2	**46.4 n=5**	-	-	-	-	-	-	-	-	**-**
VIC	32.6 n=27	48.8 n=33	31.7 n=43	46.0 n=60	18.3 n=50	49.9 n=54	37.7 n=156	30.2 n=52	**43.2 n=97**	75.3 n=34	58.9 n=9	55.3 n=7	75.5 n=25	75.6 n=16	75.9 n=37	64.6 n=9	64.4 n=21	**57.0 n=30**
TAS	-	-	-	-	-	-	-	-	**29.8 n=1**	-	-	-	-	-	-	71.7^ n=1	-	**-**
SA	38.5 n=10	30.7 n=64	32.8 n=9	48.2 n=35	48.2 n=21	53.3 n=50	46.6 n=37	19.5 n=30	**32.0 n=30**	-	-	-	59.9 n=2	-	-	-	-	**-**
WA	3.0 n=4	44.0 n=27	21 n=12	55.0 n=22	46.5 n=16	52.0 n=14	28 n=92	30.0 n=35	**19.0 n=46**	59.4 n=9	77.4^ n=1	53.8 n=6	52.7^ n=1	68.6 n=2	67.2 n=5	77.1^ n=1	55.3 n=6	**64.8 n=3**
NT	-	-	-	-	-	-	-	-	**-**	-	-	-	-	-	-	22.7^ n=1	-	**-**
QLD	14.9 n=30	35.2 n=90	38.0 n=109	40.2 n=109	35.2 n=133	28.1 n=214	30.1 n=257	19.8 n=126	**18.7 n=125**	71.7 n=24	79.9 n=7	42.7 n=4	76.1 n=63	84.6 n=6	41.7 n=6	53.7 n=3	76.2 n=21	**66.0 n=9**

Source: (Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013)
^ Median purity based on one seizure
- Dashes represent no seizures analysed
Note: Seizures ≤2g and >2g combined
Figures do not represent the purity levels of all cocaine seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia and Tasmania represent the purity levels of cocaine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police. Data for 2012/13 were not available at the time of publication

5.3.3 Availability of cocaine

In jurisdictions other than NSW, only small numbers of participants were able to comment on the availability of cocaine, which suggests that the drug is not widely available in those jurisdictions. Of those who commented in NSW, 70% (70% nationally) described cocaine as 'easy' or 'very easy' to obtain, while 26% considered it to be 'difficult' to obtain (27% nationally). Availability in the six months preceding interview was generally thought to be stable nationally and in NSW (60% each) (Table 45).

Significance testing was carried out on the current availability of cocaine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2012 and 2013. Nationally, no significant differences were found ($p>0.05$).

Appendix G, Figure G3 shows the current availability of cocaine over the several years of data collection.

Table 45: Availability of cocaine, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=80)	(**N=64**)	(n=43)	(n=9^)	(n=3^)	(n=4^)	(n=2^)	(n=1^)	(n=1^)	(n=1^)
Very easy	20	**28**	28	11	33	25	0	100	100	100
Easy	45	**42**	42	33	67	50	100	0	0	0
Difficult	25	**27**	26	56	0	25	0	0	0	0
Very difficult	10	**3**	5	0	0	0	0	0	0	0
% Availability changes (n)	(N=78)	(**N=60**)	(n=42)	(n=7^)	(n=3^)	(n=4^)	(n=2^)	(n=1^)	(n=0)	(n=1^)
More difficult	19	**27**	31	29	0	25	0	0	0	0
Stable	65	**60**	60	71	100	25	0	100	0	100
Easier	12	**12**	10	0	0	50	50	0	0	0
Fluctuates	4	**2**	0	0	0	0	50	0	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.3.4 Purchasing patterns of cocaine

Again only small numbers reported having purchased cocaine in the preceding six months with the exception of NSW, the only jurisdiction in which a sizeable proportion of participants reported recent use of cocaine. Purchasing from a friend, a known dealer or from a street dealer were popular in NSW and nationally. A friend's home, a dealer's home or home delivery were reported as the most common purchase locations (Table 46).

Table 46: Purchasing patterns of cocaine, by jurisdiction, 2013

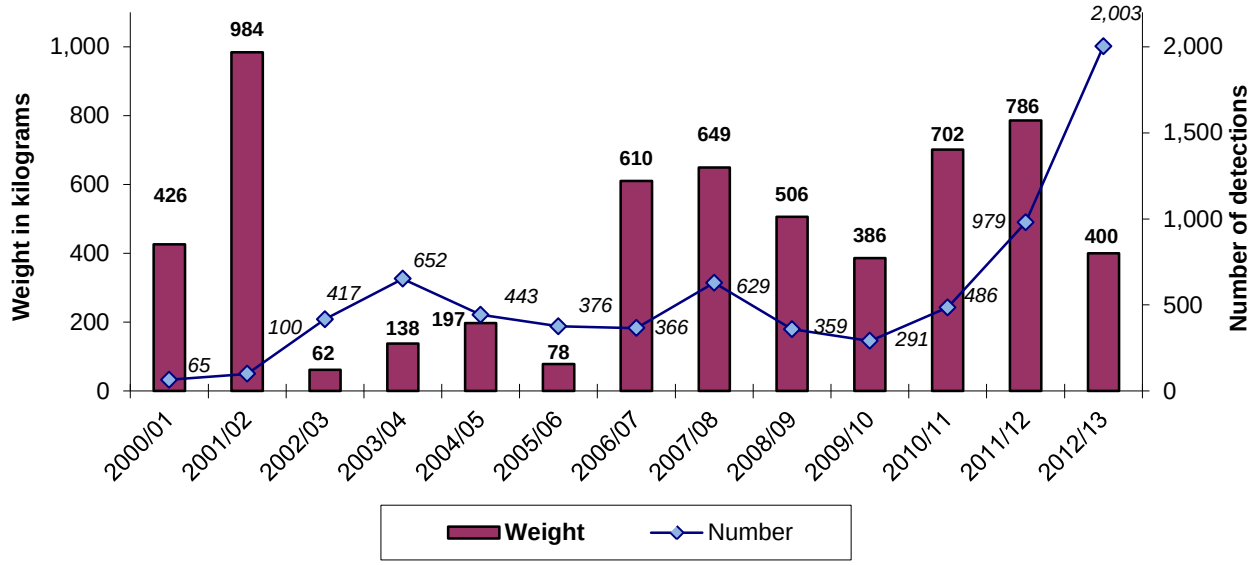
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Purchased from[#] (n)	(N=68)	**(N=64)**	(n=43)	(n=8^)	(n=3^)	(n=4^)	(n=3^)	(n=1^)	(n=1^)	(n=1^)
Street dealer	25	**13**	19	0	0	0	0	0	0	0
Friend	38	**44**	40	50	67	50	67	100	0	0
Known dealer	19	**30**	30	38	33	25	33	0	0	0
Acquaintance	6	**3**	4	0	0	0	0	0	0	0
Unknown dealer	6	**2**	0	0	0	0	0	0	0	100
Other	6	**8**	7	12	0	25	0	0	100	0
% Most recent purchase place[#] (n)	(N=68)	**(N=64)**	(n=43)	(n=8^)	(n=3^)	(n=4^)	(n=3^)	(n=1^)	(n=1^)	(n=1^)
Home delivery	19	**17**	16	12	33	50	0	0	0	0
Dealer's home	7	**19**	19	38	0	0	33	0	0	0
Friend's home	15	**23**	16	38	67	0	67	100	0	0
Street market	29	**16**	21	12	0	0	0	0	0	0
Agreed public location	27	**16**	19	0	0	25	0	0	0	100
Other	3	**9**	9	0	0	25	0	0	100	0

Source: IDRS participant interviews
[#] Only one response allowed
^ Small numbers commenting (n<10); interpret with caution

5.3.5 Cocaine detected at the Australian border

During 2012/13, the Australian Customs and Border Protection Service made 2,003 detections of cocaine at the Australian border, a significant increase from 979 in 2011/12 (Figure 26). The detections weighed a total of 400 kilograms. This was a decrease from 786 kilograms in 2011/12. The vast majority of cocaine detections occurred through the cargo and international post stream (Australian Customs Border and Protection Service, 2013)

Figure 26: Number and weight of detections of cocaine detected at the border by the Australian Customs and Border Protection Service, 2000/01-2012/13



Source: Australian Customs and Border Protection Service

5.4 Cannabis

Key points

Price

- An ounce of hydroponic cannabis (hydro) cost between a median of $200 and $450, while a gram ranged from $20 to $30. Prices for both forms were generally reported to have remained stable in the six months preceding interview.

Potency

- Participants in all jurisdictions generally perceived the potency of hydro to be 'high' and bush was most commonly reported to be 'medium'. The potency for both forms was generally reported to have remained stable over the last six months.

Availability

- Both forms were considered to be 'very easy' or 'easy' to obtain by the majority of participants, however, one-quarter did report that bush cannabis was 'difficult' to obtain. The availability of both forms was perceived to have remained stable over the preceding six months.
- The most commonly reported sources of hydro and bush nationally were from a friend or known dealer. The most commonly reported locations of purchase among those who had bought cannabis were at a friend's home or a dealer's home.

This section contains information about cannabis market characteristics (including price, perceived purity, availability and purchasing patterns). Information on harms (health and law enforcement-related) associated with cannabis use, including indicator data on treatment and toxicity, are discussed under the relevant sections later in this report.

Survey items on price, potency, availability and supply of cannabis have distinguished between indoor-cultivated hydroponic cannabis 'hydro' and outdoor cultivated 'bush' cannabis since 2003, following reports of different market characteristics of each. Appendix H provides comparable data to previous years.

In 2013, participants were asked if they were able to differentiate between hydroponic and bush cannabis in terms of price, perceived potency, availability and supply. Most participants reported that they could make a distinction: 66% of participants in NSW; 64% in the ACT; 59% in VIC; 64% in TAS; 57% in SA; 49% in WA; 52% in the NT; and 41% in QLD.

5.4.1 Price of cannabis

Table 47 contains the median price of the last purchase made by participants in the preceding six months for cannabis. Gram and ounce prices for bush tended to be equal to or lower than prices for hydroponic. In 2013, an ounce of hydro cost a median of $300 nationally, ranging from $200 (SA) and $450 (the NT). A gram cost $20 nationally, ranging from $20 (NSW, the ACT, VIC and QLD) to $30 (NT- small numbers commenting). Nationally, a quarter of an ounce was $90, ranging from $60 in SA (small numbers commenting) to $150 in the NT (small numbers commenting).

Overall, participants reported that the price of hydro and bush remained stable over the preceding six months (82% and 80% respectively among those who commented) (Table 47).

Five participants or less in each jurisdiction reported purchasing hashish or hash oil in the preceding six months.

Appendix H, Table H1, Table H2, Figure H1 and Figure H2 show participant estimates of the median price of cannabis over the several years of data collection.

Table 47: Median price of cannabis and price changes, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Price ($) HYDRO										
Per gram	20	**20**	20	20	20	25	25#	28	30^	20
Per quarter ounce	80	**90**	90	90	80	80^	60^	100^	150^	95
Per ounce	290	**300**	300	300	250	280	200	350	450	300^
Price ($) BUSH										
Per gram	20	**20**	20	20	-	20	25#	30^	30^	20^
Per quarter ounce	70	**70**	70	85	70^	60^	50	30^	80^	80
Per ounce	200	**240**	240	265	150^	245^	205^	200^	300^	225^
Price changes										
% HYDRO (n)	(N=524)	**(N=457)**	(n=98**)**	(n=60**)**	(n=75**)**	(n=59**)**	(n=49**)**	(n=3**)**7	(n=44**)**	(n=35**)**
Increased	15	**12**	10	8	7	7	10	35	18	9
Stable	79	**82**	83	83	85	83	86	65	77	89
Decreased	1	**2**	1	2	4	2	2	0	0	3
Fluctuated	5	**5**	6	7	4	9	2	2	4	0
% BUSH (n)	(N=215**)**	**(N=193)**	(n=30**)**	(n=25**)**	(n=4^**)**	(n=41**)**	(n=44**)**	(n=16**)**	(n=13**)**	(n=20**)**
Increased	11	**5**	7	0	0	2	5	25	0	5
Stable	79	**80**	77	88	75	88	82	63	85	70
Decreased	5	**5**	10	4	0	2	5	0	8	5
Fluctuated	5	**10**	7	8	25	7	9	12	7	20

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
# SA purchase is per bag instead of per gram
Note: The response option 'Don't know' was excluded from analysis

5.4.2 Potency of cannabis

Participants were asked 'How strong would you say hydro/bush is at the moment?' and whether the potency or strength had changed in the last six months. Over half (58%) of the national sample who commented reported that hydro potency was 'high' (ranging from 49% in the ACT to 67% in SA) and nearly one-third (30%) described it as 'medium' (ranging from 22% in SA to 39% in the ACT). By contrast, around half (54%) reported the potency of bush cannabis as 'medium' (ranging from 41% in the NT to 82% in WA). The potency of hydro and bush cannabis was generally reported to have remained stable over the preceding six months (70% each) (Table 48 and Table 49).

Significance testing was carried out on the current purity of hydroponic and 'bush' cannabis for 'low', 'medium', 'high' and 'fluctuates' between 2012 and 2013. The purity of bush cannabis as 'low' significantly decreased between 2012 and 2013 (24% in 2012 versus 9% in 2013; $p<0.05$). Nationally, no other significant differences were found ($p>0.05$).

Appendix H, Figure H3 and Figure H4 shows the current potency of cannabis over the several years of data collection.

Table 48: Perceived potency of hydroponic cannabis, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
%Current Potency (n)	(N=527)	(**N=461**)	(n=97)	(n=61)	(n=75)	(n=61)	(n=49)	(n=40)	(n=43)	(n=35)
High	59	**58**	58	49	60	61	67	60	56	51
Medium	29	**30**	30	39	25	30	22	35	28	31
Low	3	**4**	3	5	3	3	2	3	7	3
Fluctuates	9	**9**	9	7	12	7	8	3	9	14
% Potency changes (n)	(N=520)	(**N=456**)	(n=96)	(n=61)	(n=76)	(n=59)	(n=48)	(n=40)	(n=41)	(n=35)
Increasing	10	**11**	14	12	7	14	13	8	12	9
Stable	64	**70**	70	64	80	75	69	70	63	54
Decreasing	6	**7**	5	12	5	5	2	12	5	11
Fluctuating	20	**13**	11	13	8	7	17	10	20	26

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 49: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Current Potency (n)	(N=224)	(**N=207**)	(n=33)	(n=27)	(n=4^)	(n=44)	(n=45)	(n=17)	(n=17)	(n=20)
High	20	**27**	21	37	0	43	29	6	29	5
Medium	52	**54**	55	48	75	43	58	82	41	60
Low	24	**9**↓	15	7	25	5	4	12	24	5
Fluctuates	4	**10**	9	7	0	9	9	0	6	30
% Potency changes (n)	(N=218)	(**N=195**)	(n=29)	(n=25)	(n=4^)	(n=43)	(n=43)	(n=17)	(n=14)	(n=20)
Increasing	8	**8**	14	12	0	7	5	12	7	0
Stable	73	**70**	52	76	100	81	70	82	71	45
Decreasing	11	**7**	17	4	0	5	9	0	0	5
Fluctuating	8	**16**	17	8	0	7	16	6	21	50

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis
↓ Significant decrease between 2012 and 2013 (p<0.05)

5.4.3 Availability of cannabis

Ninety-three percent of participants commenting on hydro in all jurisdictions described it as 'very easy' or 'easy' to obtain. Although reports on bush were more mixed, it was most commonly reported as 'very easy' or 'easy' to obtain (74%). Smaller numbers of participants were able to comment on bush cannabis (from n=4 in VIC to n=45 in TAS) suggesting that it continued to be less available than hydro in many jurisdictions (ranging from n=40 in WA to n=97 in NSW). The majority of participants who commented perceived that the availability of hydro and bush cannabis had remained stable over the six months preceding interview (87% and 72% respectively) (Table 50 and Table 51).

Significance testing was carried out on the current availability of hydro and bush cannabis for 'very easy', 'easy', 'difficult' and 'more difficult' between 2012 and 2013. Nationally, no significant differences were found (p>0.05).

Appendix H, Figure H5 and Figure H6 shows the current availability of cannabis over the several years of data collection.

Table 50: Availability of hydroponic cannabis, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=536)	(**N=464**)	(n=97)	(n=61)	(n=76)	(n=61)	(n=51)	(n=40)	(n=43)	(n=35)
Very easy	52	**53**	60	53	51	61	59	28	51	49
Easy	40	**40**	37	39	43	39	31	48	37	49
Difficult	8	**7**	3	7	5	0	10	20	12	3
Very difficult	0	**1**	0	2	0	0	0	5	0	0
% Availability changes (n)	(N=533)	(**N=464**)	(n=97)	(n=61)	(n=76)	(n=61)	(n=51)	(n=40)	(n=43)	(n=35)
More difficult	7	**6**	4	7	4	0	6	20	7	3
Stable	85	**87**	90	84	93	98	75	70	84	97
Easier	5	**3**	4	5	0	2	8	5	2	0
Fluctuates	3	**4**	2	5	3	2	12	5	7	0

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 51: Availability of outdoor-grown 'bush' cannabis, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=230)	(**N=204**)	(n=32)	(n=26)	(n=4^)	(n=45)	(n=44)	(n=17)	(n=16)	(n=20)
Very easy	35	**27**	9	23	25	42	32	6	31	25
Easy	46	**47**	63	54	50	53	30	24	50	50
Difficult	17	**25**	28	19	25	4	32	65	19	25
Very difficult	2	**3**	0	4	0	0	7	6	0	0
% Availability changes (n)	(N=224)	(**N=203**)	(n=32)	(n=26)	(n=4^)	(n=44)	(n=44)	(n=17)	(n=16)	(n=20)
More difficult	8	**15**	26	19	0	2	21	24	12	5
Stable	77	**72**	52	69	100	87	68	71	75	80
Easier	9	**7**	16	8	0	4	7	6	12	0
Fluctuates	5	**5**	7	4	0	7	5	0	0	15

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.4.4 Purchasing patterns of cannabis

Like previous years, the most commonly reported sources of hydro nationally were from a friend (49%) or known dealer (30%). Sources were similar for bush cannabis, with friends (60%) and known dealers (21%) the most commonly reported source in the national sample and across most jurisdictions. The most commonly reported locations of purchase among those who had bought cannabis were at a friend's home (hydro 32%; bush 46%), a dealer's home (hydro 26%; bush 14%), home delivery (hydro 14%; bush 12%) and/or an agreed public location (hydro 14%; bush 10%) (Table 52 and Table 53).

Table 52: Hydroponic cannabis purchasing patterns, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
%Purchased from[#] (n)	(N=514)	(**N=458**)	(n=97)	(n=61)	(n=75)	(n=60)	(n=46)	(n=40)	(n=44)	(n=35)
Street dealer	8	**9**	20	12	1	5	2	0	21	0
Friend	54	**49**	37	48	36	58	78	63	50	40
Known dealer	28	**30**	30	21	55	30	13	23	18	34
Acquaintance	6	**8**	9	10	8	5	2	8	9	14
Unknown dealer	2	**1**	0	2	0	0	0	5	0	6
Other	2	**3**	4	7	0	2	4	1	2	6
% Most recent purchase place[#] (n)	(N=516)	(**N=458**)	(n=97)	(n=61)	(n=75)	(n=60)	(n=46)	(n=40)	(n=44)	(n=35)
Home delivery	15	**14**	16	10	15	17	15	20	9	11
Dealer's home	19	**26**	24	21	36	27	17	28	34	17
Friend's home	38	**32**	23	39	21	43	50	38	27	26
Acquaintance's house	3	**5**	3	8	4	3	2	8	5	6
Street market	8	**7**	19	0	5	5	0	0	14	3
Agreed public location	15	**14**	12	18	19	5	9	5	11	34
Other	2	**2**	3	4	0	0	7	1	0	3

Source: IDRS participant interviews
[#] Only one response allowed

Table 53: Outdoor-grown 'bush' cannabis purchasing patterns, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Purchased from[#] (n)	(N=200)	(**N=195**)	(n=29)	(n=26)	(n=4^)	(n=42)	(n=41)	(n=16)	(n=17)	(n=20)
Street dealer	8	**6**	21	4	0	2	2	0	18	0
Friend	60	**60**	38	58	25	67	78	56	65	45
Known dealer	19	**21**	21	23	75	31	5	12	0	40
Acquaintance	8	**8**	17	8	0	0	5	12	12	15
Unknown dealer	2	**1**	0	4	0	0	0	0	6	0
Other	3	**4**	3	3	0	0	10	20	0	0
% Most recent purchase place[#] (n)	(N=198)	(**N=194**)	(n=29)	(n=26)	(n=4^)	(n=42)	(n=40)	(n=16)	(n=17)	(n=20)
Home delivery	16	**12**	14	4	25	5	15	25	24	10
Dealer's home	14	**14**	10	12	50	26	8	12	12	10
Friend's home	43	**46**	24	58	0	57	58	44	41	35
Acquaintance's house	6	**6**	17	4	0	0	5	6	0	10
Street market	7	**7**	24	4	25	7	0	0	12	0
Agreed public location	12	**10**	7	12	0	5	10	0	12	35
Other	2	**5**	4	6	0	0	5	13	0	0

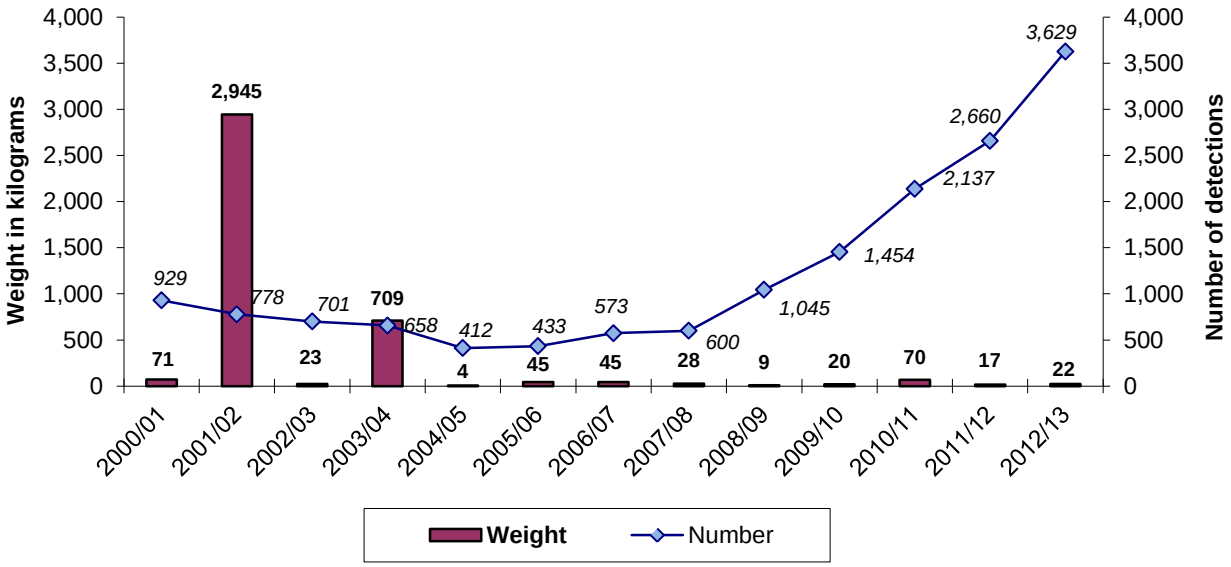
Source: IDRS participant interviews
[#] Only one response allowed

5.4.5 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is believed to be domestically produced. However, there are also numerous cannabis detections made by the Australian Customs and Border Protection Service each year.

The number of cannabis detections continued to increase in 2012/13 to 3,629 (up from 2,660 in 2011/12), while weight of seizures continued to fluctuate (Figure 27) (Australian Customs Border and Protection Service, 2013).

Figure 27: Weight and number of detections of cannabis made at the border by the Australian Customs and Border Protection Service, 2000/01-2012/13



Source: Australian Customs and Border Protection Service

5.5 Methadone

Key points

Price

- Of those who commented, the majority reported the price of 'illicit' methadone syrup to be a median of $1 per one-millilitre and Physeptone at $20 per 10mg tablet (small numbers commenting). The price of 'illicit' methadone was reported mainly as stable over the last six months.

Availability

- Just over one-third reported the availability of 'illicit' methadone as 'easy', while 29% reported the availability as 'difficult'. The majority reported the availability of 'illicit' methadone as stable over the last six months.
- The most common source among those who had bought 'illicit' methadone was through a friend and purchased most commonly from either a friend's home or an agreed public location.

5.5.1 Price of illicit methadone

Seventeen percent of the national sample commented on the price or availability of 'illicitly' obtained methadone liquid. Sixty-five participants in the national sample commented on the price range of one-millilitre (1ml) of methadone. Of those who commented, 48% reported that it cost a median of $1.00 per ml of liquid and 31% reported $0.50 (range $0.10 to $7.50 per ml).

Three participants reported having purchased 5mg Physeptone tablets for between $2 and $20 per tablet. The 38 participants (4% of the national sample) who bought 10mg tablets paid between $5 and $20 per tablet. Of those who commented (N=38), 53% reported paying $20, 16% paying $10 and 16% paying $15 per tablet. Median prices per tablet are recorded in Table 54.

Sixty-four percent of those who commented reported that the price of 'illicitly' obtained methadone had remained stable in the last six months.

Table 54: Median price of illicit methadone and price changes, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Median Price ($)										
Syrup per 1ml	1	**1**	0.55	1	-	3.25^	0.50	1^	-	1^
Physeptone 10mg	15	**20**	5^	15^	-	20	20^	10^	20^	6^
% Price changes (n)	(N=154)	(**N=129**)	(n=47)	(n=16)	(n=1^)	(n=33)	(n=10)	(n=12)	(n=4^)	(n=6^)
Increased	20	**28**	38	6	0	27	40	25	25	0
Stable	73	**64**	47	88	100	73	60	67	50	100
Decreased	3	**2**	4	0	0	0	0	0	0	0
Fluctuated	5	**6**	11	6	0	0	0	8	25	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.5.2 Availability of illicit methadone

Among those who commented on availability, 35% reported that it was 'easy' to obtain 'illicit' methadone and 27% reported availability as 'very easy'. Twenty-nine percent reported it as 'difficult', and a small proportion as 'very difficult' (9%). Seventy-three percent reported that availability had remained 'stable' in the six months preceding interview, although 17% reported that it had become 'more difficult' (Table 55).

Significance testing was carried out on the current availability of 'illicit' methadone (any form) for 'very easy', 'easy', 'difficult' and 'more difficult' between 2012 and 2013. The current availability of 'illicit' methadone as 'very easy' increased significantly between 2012 and 2013 (17% versus 27%; $p<0.05$). Nationally, no other significant differences were found ($p>0.05$).

Table 55: Availability of illicit methadone, by jurisdiction, 2012

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=151)	(**N=138**)	(n=51)	(n=18)	(n=2^)	(n=32)	(n=10)	(n=12)	(n=5^)	(n=8^)
Very easy	17	**27↑**	39	22	50	13	30	8	0	50
Easy	40	**35**	39	44	0	41	10	42	0	12
Difficult	38	**29**	16	33	0	34	50	33	60	38
Very difficult	5	**9**	6	0	50	12	10	17	40	0
% Availability changes (n)	(N=153)	(**N=135**)	(n=50)	(n=17)	(n=2^)	(n=32)	(n=10)	(n=12)	(n=5^)	(n=7^)
More difficult	14	**17**	8	12	0	28	20	25	60	0
Stable	77	**73**	80	71	100	63	70	75	40	100
Easier	6	**4**	10	0	0	0	0	0	0	0
Fluctuates	3	**6**	2	18	0	9	10	0	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis
↑ Significant increase between 2012 and 2013 ($p<0.05$)

5.5.3 Purchasing patterns of illicit methadone

Of those who had bought 'illicit' methadone (N=116), the most common source was a friend (72%) or an acquaintance (12%). The most common place of purchase was a friend's home (35%) followed by an agreed public location (33%) (Table 56).

Table 56: Purchasing patterns of illicit methadone by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Purchased from# (n)	(N=128)	(**N=116**)	(n=36)	(n=17)	(n=2^)	(n=36)	(n=6^)	(n=11)	(n=3^)	(n=5^)
Street dealer	9	**5**	14	0	0	3	0	0	0	0
Friend	69	**72**	64	94	50	69	100	73	100	40
Known dealer	7	**4**	6	6	0	6	0	0	0	0
Acquaintance	14	**12**	14	0	0	11	0	27	0	40
Other	2	**7**	2	0	50	11	0	0	0	20
% Most recent purchase place# (n)	(N=128)	(**N=116**)	(n=36)	(n=17)	(n=2^)	(n=36)	(n=6^)	(n=11)	(n=3^)	(n=5^)
Home delivery	15	**15**	14	18	0	19	0	18	0	0
Dealer's home	2	**5**	6	12	0	6	0	0	0	0
Friend's home	33	**35**	22	47	50	42	33	27	33	40
Acquaintance's house	6	**4**	6	0	0	6	0	9	0	0
Street market	7	**5**	14	0	0	0	0	0	33	0
Agreed public location	34	**33**	39	24	0	25	33	46	33	60
Other	3	**3**	0	0	50	2	33	0	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution. # Only one response allowed

5.6 Buprenorphine

Key points

Price

- The median price of 'illicit' buprenorphine varied among the jurisdictions. The majority reported the price of 'illicit' buprenorphine as stable over the last six months.

Availability

- Over two-thirds reported the availability of 'illicit' buprenorphine as 'very easy' or 'easy' to obtain. The majority reported the availability of 'illicit' buprenorphine as stable over the last six months.
- The most common source among those who had bought 'illicit' buprenorphine was through a friend. The most common place of purchase was an agreed public location followed by a friend's home.

5.6.1 Price of illicit buprenorphine

Very small numbers were able to comment on the price of 'illicit' buprenorphine (Subutex®). The median price for Subutex® 2mgs ranged from no reports in VIC, WA and the NT to $25 in TAS, whereas the median price for Subutex® 8mgs ranged from $20 in NSW to $50 in the ACT and WA. Participants were asked if the price of buprenorphine had changed in the last six months. Of those who commented, the majority (83%) reported the price of 'illicit' buprenorphine as stable over the last six months (Table 57).

Table 57: Median price of illicit buprenorphine and price changes, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Median Price ($)										
Subutex® 2mgs	10	**10**	10^	17.5^	-	25^	10^	-	-	10^
Subutex® 8mgs	25	**31**	20	50^	20^	25^	25^	50^	40^	40^
% Price changes (n)	(N=74)	(**N=46**)	(n=11)	(n=6^)	(n=4^)	(n=4^)	(n=4^)	(n=3^)	(n=6^)	(n=8^)
Increased	22	**11**	9	33	0	0	25	33	0	0
Stable	69	**83**	82	67	100	100	50	33	100	100
Decreased	3	**2**	9	0	0	0	0	0	0	0
Fluctuated	7	**4**	0	0	0	0	25	33	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.6.2 Availability of illicit buprenorphine

Of those participants in the IDRS sample who were able to comment, 37% reported the availability of 'illicit' buprenorphine as 'very easy', 33% as 'easy' and a further 22% reported availability as 'difficult'. Seventy percent of the national sample reported availability as stable in the last six months (Table 58).

Significance testing was carried out on the current availability of 'illicit' buprenorphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2012 and 2013. Nationally, no significant differences were found ($p>0.05$).

Table 58: Availability of illicit buprenorphine, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=84)	**(N=54)**	(n=12)	(n=6^)	(n=6^)	(n=7^)	(n=4^)	(n=4^)	(n=6^)	(n=9^)
Very easy	31	**37**	33	33	83	29	25	75	17	22
Easy	32	**33**	33	50	17	57	25	0	17	44
Difficult	35	**22**	17	17	0	14	50	0	50	33
Very difficult	2	**7**	17	0	0	0	0	25	17	0
% Availability changes (n)	(N=83)	**(N=53)**	(n=12)	(n=6^)	(n=6^)	(n=7^)	(n=4^)	(n=4^)	(n=6^)	(n=8^)
More difficult	28	**21**	33	33	0	0	50	0	17	25
Stable	64	**70**	50	50	100	86	50	75	83	75
Easier	7	**8**	8	17	0	14	0	25	0	0
Fluctuates	1	**2**	8	0	0	0	0	0	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.6.3 Purchasing patterns of illicit buprenorphine

Of those who had bought 'illicit' buprenorphine, the most common source was a friend (51%) or a street dealer (18%). The most common place of purchase was an agreed public location (35%), a friend's home (22%) followed by a street market (16%) (Table 59).

Table 59: Purchasing patterns of illicit buprenorphine, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Purchased from[#] (n)	(N=69)	**(N=49)**	(n=7^)	(n=6^)	(n=6^)	(n=8^)	(n=4^)	(n=4^)	(n=6^)	(n=8^)
Street dealer	16	**18**	0	17	33	25	0	0	67	0
Friend	58	**51**	57	50	50	50	75	50	33	50
Known dealer	13	**16**	0	33	17	13	0	0	0	50
Acquaintance	7	**12**	43	0	0	0	25	50	0	0
Other	6	**3**	0	0	0	12	0	0	0	0
%Most recent purchase place[#] (n)	(N=70)	**(N=49)**	(n=7^)	(n=6^)	(n=6^)	(n=8^)	(n=4^)	(n=4^)	(n=6^)	(n=8^)
Home delivery	23	**14**	0	17	17	38	50	0	0	0
Dealer's home	7	**10**	0	17	17	12	0	0	17	12
Friend's home	30	**22**	14	33	17	25	0	25	17	38
Acquaintance's house	1	**2**	0	0	0	0	0	25	0	0
Street market	14	**16**	14	0	50	12	0	0	50	0
Agreed public location	21	**35**	71	33	0	13	50	50	17	50
Other	3	**1**	1	0	0	0	0	0	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
[#] Only one response allowed

5.7 Buprenorphine-naloxone

Key points

Price

- The median price of 'illicit' buprenorphine-naloxone 'tablet' and 'film' varied among the jurisdictions. The majority reported the price of 'illicit' buprenorphine-naloxone 'tablet' and 'film' as stable over the last six months.

Availability

- Among those who commented, over three-quarters reported the availability of 'illicit' buprenorphine-naloxone 'tablet' and 'film' as 'very easy' or 'easy' to obtain. The majority reported the availability of 'illicit' buprenorphine-naloxone 'tablet' and 'film' as stable over the last six months.
- The most common source among those who had bought 'illicit' buprenorphine-naloxone 'tablet' and 'film' was through a friend. The most common place of purchase was an agreed public location for the 'tablet' and 'film' forms.

5.7.1 Price of illicit buprenorphine-naloxone

Very small numbers were able to comment on the price of 'illicit' buprenorphine-naloxone 'tablet' or 'film' (Suboxone®). Results should be in interpreted with caution. The median price for Suboxone® 2mgs 'tablet' ranged from no reports in TAS, SA and WA to $15 in the NT, where as the median price for Suboxone® 2mgs 'film' had no reports in the ACT, VIC, TAS and WA to $15 in SA and the NT.

The median price for Suboxone® 8mgs 'tablet' ranged from $10 in VIC to $50 in WA, where as the median price for Suboxone® 8mgs 'film' ranged from $20 in NSW, VIC, TAS and SA to $50 in WA. Note that all price results are based on small numbers so interpret with caution.

Participants were also asked if the price of buprenorphine-naloxone 'tablet' or 'film' had changed in the last six months. The majority of participants report that the price of buprenorphine-naloxone 'tablet' or 'film' had remained stable over the preceding six months (72% and 81% respectively among those who commented) (Table 60).

Table 60: Median price of illicit buprenorphine-naloxone and price changes, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Price ($) TABLET										
Suboxone® 2mgs	10^	**5^**	10^	12.5^	-	-	-	-	15^	10^
Suboxone® 8mgs	25	**30**	20^	15^	10^	30^	20^	50^	40^	40^
Price ($) FILM										
Suboxone® 2mgs	15^	**10^**	10^	-	-	-	15^	-	15^	7.5^
Suboxone® 8mgs	30	**25**	20^	32.5^	20^	20^	20^	50^	30^	25^
Price changes										
% TABLET (n)	(N=49)	(**N=29**)	(n=5^)	(n=3^)	(n=4^)	(n=1^)	(n=2^)	(n=7^)	(n=3^)	(n=4^)
Increased	27	**17**	40	0	0	0	0	29	33	0
Stable	65	**72**	40	100	100	0	100	71	67	75
Decreased	0	**0**	0	0	0	0	0	0	0	0
Fluctuated	8	**10**	20	0	0	100	0	0	0	25
% FILM (n)	n.a.	(**N=42**)	(n=4^)	(n=3^)	(n=6^)	(n=4^)	(n=6^)	(n=8^)	(n=5^)	(n=6^)
Increased	n.a.	**14**	25	33	0	25	17	13	20	0
Stable	n.a.	**81**	75	67	67	75	83	88	80	100
Decreased	n.a.	**0**	0	0	0	0	0	0	0	0
Fluctuated	n.a.	**5**	0	0	33	0	0	0	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis
Note: Data collection for buprenorphine-naloxone 'film' began in 2012

5.7.2 Availability of illicit buprenorphine-naloxone

Of those participants in the IDRS sample who were able to comment, 44% reported the availability of 'illicit' buprenorphine-naloxone 'tablet' as 'easy' and 31% reported availability as 'very easy'. Of those who commented, 75% reported availability as stable in the last six months (Table 61).

Significance testing was carried out on the current availability of 'illicit' buprenorphine-naloxone 'tablet' for 'very easy', 'easy', 'difficult' and 'more difficult' between 2012 and 2013. Nationally, no significant differences were found (p>0.05).

Table 61: Availability of buprenorphine-naloxone 'tablet', by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=55)	(**N=32**)	(n=5^)	(n=3^)	(n=4^)	(n=4^)	(n=2^)	(n=7^)	(n=3^)	(n=4^)
Very easy	26	**31**	0	67	75	25	0	29	0	50
Easy	53	**44**	60	33	0	25	100	43	67	50
Difficult	20	**25**	40	0	25	50	0	29	33	0
Very difficult	2	**0**	0	0	0	0	0	0	0	0
% Availability changes (n)	(N=51)	(**N=32**)	(n=5^)	(n=3^)	(n=4^)	(n=4^)	(n=2^)	(n=7^)	(n=3^)	(n=4^)
More difficult	18	**22**	60	0	25	0	0	29	33	0
Stable	77	**75**	40	100	75	100	100	71	67	75
Easier	6	**0**	0	0	0	0	0	0	0	0
Fluctuates	0	**3**	0	0	0	0	0	0	0	25

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

Of those participants in the IDRS sample who were able to comment, 33% reported the availability of 'illicit' buprenorphine-naloxone 'film' as 'very easy' and 53% reported availability as 'easy'. Of those who commented, 71% reported availability as stable and 19% as 'easier' in the last six months (Table 62).

Significance testing was carried out on the current availability of 'illicit' buprenorphine-naloxone 'film' for 'very easy', 'easy', 'difficult' and 'more difficult' between 2012 and 2013. Nationally, no significant differences were found (p>0.05).

Table 62: Availability of buprenorphine-naloxone 'film', by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=24)	(**N=49**)	(n=4^)	(n=3^)	(n=6^)	(n=6)^	(n=8^)	(n=9^)	(n=7^)	(n=6^)
Very easy	42	**33**	50	0	17	17	38	44	29	50
Easy	38	**53**	50	33	83	50	50	44	57	50
Difficult	17	**10**	0	0	0	33	13	11	14	0
Very difficult	4	**4**	0	67	0	0	0	0	0	0
% Availability changes (n)	(N=22)	(**N=48**)	(n=4)^	(n=3^)	(n=6^)	(n=5^)	(n=8^)	(n=9^)	(n=7^)	(n=6^)
More difficult	14	**8**	0	33	0	0	13	11	14	0
Stable	46	**71**	50	67	67	60	88	67	57	100
Easier	36	**19**	50	0	33	40	0	22	14	0
Fluctuates	5	**2**	0	0	0	0	0	0	14	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis
Note: Data collection for buprenorphine-naloxone 'film' began in 2012

5.7.3 Purchasing patterns of illicit buprenorphine-naloxone

Of those who had bought 'illicit' buprenorphine-naloxone 'tablet' and 'film', the most common source was through a friend (48% and 54% respectively). The most common place of purchase was an agreed public location; 41% for 'tablet' form and 30% for 'film' form (Table 63 and Table 64).

Table 63: Buprenorphine-naloxone 'tablet' purchasing patterns, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Purchased from[#] (n)	(N=46)	(**N=29**)	(n=1^)	(n=3^)	(n=4^)	(n=5^)	(n=2^)	(n=7^)	(n=3^)	(n=4^)
Street dealer	13	**14**	0	0	25	0	0	0	100	0
Friend	63	**48**	100	100	25	80	50	57	0	0
Known dealer	7	**7**	0	0	0	0	0	0	0	50
Acquaintance	13	**21**	0	0	25	20	50	43	0	0
Unknown dealer	2	**10**	0	0	25	0	0	0	0	50
Other	2	**0**	0	0	0	0	0	0	0	0
% Most recent purchase place[#] (n)	(N=46)	(**N=29**)	(n=1^)	(n=3^)	(n=4^)	(n=5^)	(n=2^)	(n=7^)	(n=3^)	(n=4^)
Home delivery	17	**10**	0	0	0	20	100	0	0	0
Dealer's home	2	**3**	0	0	0	0	0	0	0	25
Friend's home	33	**21**	100	67	0	40	0	0	33	0
Street market	17	**24**	0	0	100	0	0	0	67	25
Agreed public location	22	**41**	0	33	0	40	0	100	0	50
Other	9	**1**	0	0	0	0	0	0	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
[#] Only one response allowed

Table 64: Buprenorphine-naloxone 'film' purchasing patterns, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Purchased from[#] (n)	(N=17)	(**N=43**)	(n=3^)	(n=3^)	(n=4^)	(n=7^)	(n=6^)	(n=8^)	(n=7^)	(n=5^)
Street dealer	12	**16**	0	0	25	0	0	0	86	0
Friend	71	**54**	100	100	25	71	83	75	0	0
Known dealer	6	**12**	0	0	25	0	0	0	0	80
Acquaintance	12	**14**	0	0	25	14	0	25	14	20
Other	0	**4**	0	0	0	15	17	0	0	0
% Most recent purchase place[#] (n)	(N=17)	(**N=40**)	(n=3^)	(n=3^)	(n=4^)	(n=5^)	(n=6^)	(n=8^)	(n=6^)	(n=5^)
Home delivery	17	**23**	33	0	0	40	67	0	17	20
Dealer's home	0	**10**	0	0	25	0	0	0	33	20
Friend's home	29	**18**	33	100	0	20	0	25	0	0
Street market	12	**15**	0	0	75	0	0	13	33	0
Agreed public location	41	**30**	33	0	0	20	33	50	17	60
Other	1	**4**	0	0	0	20	0	12	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
[#] Only one response allowed
Note: Data collection for buprenorphine-naloxone 'film' began in 2012

5.8 Morphine

Key points

Price

- The median price for each brand of morphine varied among the jurisdictions. Nearly two-thirds reported the price of 'illicit' morphine as stable over the past six months, while one-quarter reported that price had increased recently.

Availability

- The majority of those who commented reported the availability of 'illicit' morphine as 'very easy' or 'easy' to obtain. The majority reported that availability had remained stable over the last six months preceding interview.
- The most common source among those who had bought 'illicit' morphine was through a friend or a known dealer. A friend's home or a dealer's home were the most common place of purchase.

5.8.1 Price of illicit morphine

Participants were asked to comment on the current price of different brands of morphine tablets. The median price for each brand varied among the jurisdictions (Table 65). Participants were asked to comment on any change in the price of 'illicit' morphine in the six months preceding interview. Among those who commented, two-thirds (69%) reported that the price of 'illicit' morphine had remained stable over the past six months (61% in 2012). While 24% reported that the price of 'illicit' morphine had increased recently (29% in 2012).

Table 65: Median price of illicit morphine and price changes, by jurisdiction, 2013

		National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Median Price ($)										
MS Contin® 60mgs	55	**50**	20	30^	25^	60	25^	50^	50	30^
MS Contin® 100mg	80	**80**	40	50^	35^	100	50^	70	80	50
Kapanol ® 50mgs	50	**50**	-	-	25^	50	25^	50^	40	25^
Kapanol® 100mgs	70	**70**	20^	50^	25^	100^	50^	70^	80	50
% Price changes (n)	(N=276)	(**N=241**)	(n=30)	(n=9^)	(n=7^)	(n=69)	(n=16)	(n=20)	(n=61)	(n=29)
Increased	29	**24**	37	11	14	16	44	50	16	24
Stable	61	**69**	63	89	29	81	56	45	74	62
Decreased	3	**2**	0	0	0	1	0	5	2	7
Fluctuated	8	**5**	0	0	57	1	0	0	8	7

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.8.2 Availability of illicit morphine

Of those participants in the IDRS sample who were able to comment, 44% reported that the availability of 'illicit' morphine was 'easy' and 24% reported availability as 'very easy' to obtain. Twenty-nine percent reported availability of illicit morphine as 'difficult'. Sixty-three percent of the national sample reported availability as stable in the last six months (Table 66).

Significance testing was carried out on the current availability of 'illicit' morphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2012 and 2013. Nationally, no significant differences were found ($p>0.05$).

Table 66: Availability of illicit morphine, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=282)	(**N=243**)	(n=31)	(n=9^)	(n=7^)	(n=69)	(n=16)	(n=23)	(n=60)	(n=28)
Very easy	27	**24**	23	11	14	28	19	13	22	43
Easy	45	**44**	39	33	57	51	44	48	37	43
Difficult	23	**29**	39	56	29	19	13	39	38	14
Very difficult	5	**3**	0	0	0	3	25	0	3	0
% Availability changes (n)	(N=274)	(**N=246**)	(n=30)	(n=10)	(n=6^)	(n=71)	(n=16)	(n=23)	(n=62)	(n=28)
More difficult	22	**28**	30	20	0	25	44	30	36	11
Stable	64	**63**	67	70	100	66	50	48	53	79
Easier	6	**3**	3	0	0	3	0	13	0	4
Fluctuates	8	**7**	0	10	0	6	6	9	11	7

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.8.3 Purchasing patterns of illicit morphine

Of those who had bought 'illicit' morphine, the most common source was through a friend (42%) or a street dealer (18%). The most common place of purchase was a friend's home (26%) followed by an agreed public location (20%) (Table 67).

Table 67: Purchasing patterns of illicit morphine by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Purchased from[#] (n)	(N=273)	(**N=243**)	(n=30)	(n=10)	(n=7^)	(n=71)	(n=13)	(n=23)	(n=61)	(n=28)
Street dealer	15	**18**	33	0	14	7	0	4	43	4
Friend	52	**42**	43	70	29	39	69	48	34	36
Known dealer	20	**22**	7	10	29	45	15	13	7	29
Acquaintance	9	**12**	10	10	29	6	15	17	13	21
Unknown dealer	2	**3**	3	0	0	0	0	9	3	4
Other	2	**3**	4	10	0	3	0	9	0	7
% Most recent purchase place[#] (n)	(N=273)	(**N=244**)	(n=30)	(n=10)	(n=7^)	(n=71)	(n=13)	(n=23)	(n=62)	(n=28)
Home delivery	10	**14**	17	30	14	9	31	22	10	11
Dealer's home	16	**21**	0	10	43	42	8	9	18	7
Friend's home	33	**26**	7	40	14	35	31	30	26	14
Acquaintance's house	3	**5**	0	0	14	1	8	9	8	11
Street market	15	**13**	40	10	14	3	0	4	21	7
Agreed public location	21	**20**	33	10	0	10	23	22	18	43
Other	2	**1**	3	0	0	0	0	4	0	7

Source: IDRS participant interviews
[#] Only one response allowed
^ Small numbers reporting (n<10); interpret with caution

5.9 Oxycodone

Key points

Price

- The median price for 'illicit' oxycodone varied among the jurisdictions. The majority reported the price of 'illicit' oxycodone as stable over the last six months.

Availability

- Nearly half reported that the availability of 'illicit' oxycodone was 'easy', while around one-third reported availability as 'very easy' or 'difficult'. The majority reported the availability of oxycodone as stable over the last six months.
- The most common source among those who had bought 'illicit' oxycodone was through a friend or a street dealer. The most common place of purchase was a friend's home or a dealer's home.

5.9.1 Price of illicit oxycodone

The median price for 'illicit' Oxycontin® 40mgs ranged from $20 (NSW, SA and QLD) to $40 (TAS and WA), whereas the median price for 'illicit' Oxycontin® 80mgs ranged from $40 (NSW, the ACT, VIC and SA) to $80 (WA). The majority (69%) reported the price of 'illicit' oxycodone as stable over the last six months (63% in 2012) (Table 68).

Table 68: Median price of illicit oxycodone and price changes, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Median Price ($)										
Oxycontin® 40mgs	30	**30**	20	22.5^	25^	40	20^	40^	35^	20^
Oxycontin® 80mgs	50	**50**	40	40^	40^	80	40^	80	60	50
% Price changes (n)	(N=220)	(**N=201**)	(n=55)	(n=5^)	(n=11)	(n=60)	(n=17)	(n=15)	(n=18)	(n=20)
Increased	26	**24**	36	0	9	23	6	47	11	20
Stable	63	**69**	55	100	73	75	94	47	78	70
Decreased	6	**2**	6	0	0	0	0	0	0	0
Fluctuated	6	**5**	**4**	0	18	2	0	7	11	10

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.9.2 Availability of illicit oxycodone

Of those participants in the IDRS sample who were able to comment, 43% reported the availability of 'illicit' oxycodone as 'easy', 27% reported availability as 'very easy' and 28% as 'difficult' to obtain. Seventy percent of those who commented reported availability as stable in the last six months (Table 69).

Significance testing was carried out on the current availability of 'illicit' oxycodone for 'very easy', 'easy', 'difficult' and 'more difficult' between 2012 and 2013. No significant differences were found ($p>0.05$).

Table 69: Availability of illicit oxycodone, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Availability (n)	(N=235)	(**N=208**)	(n=58)	(n=6^)	(n=11)	(n=58)	(n=17)	(n=17)	(n=20)	(n=21)
Very easy	27	**27**	38	17	0	28	18	29	20	24
Easy	41	**43**	45	33	73	45	53	35	25	33
Difficult	27	**28**	16	33	27	26	29	29	50	43
Very difficult	4	**2**	2	17	0	2	0	6	5	0
% Availability changes (n)	(N=231)	(**N=207**)	(n=58)	(n=6^)	(n=11)	(n=59)	(n=17)	(n=17)	(n=18)	(n=21)
More difficult	20	**19**	24	17	9	14	24	18	22	19
Stable	70	**70**	67	67	73	75	59	71	72	67
Easier	6	**7**	7	0	9	7	12	12	0	5
Fluctuates	4	**5**	2	17	9	5	6	0	6	10

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.9.3 Purchasing patterns of illicit oxycodone

Of those who had bought 'illicit' oxycodone, the most common source was through a friend (45%) or a street dealer (21%). The most common place of purchase was a friend's home (26%) followed by a dealers' home (20%) (Table 70).

Table 70: Purchasing patterns of illicit oxycodone, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Purchased from[#] (n)	(N=220)	(**N=210**)	(n=57)	(n=7^)	(n=11)	(n=63)	(n=15)	(n=17)	(n=20)	(n=20)
Street dealer	20	**21**	44	0	9	11	0	6	40	15
Friend	50	**45**	40	57	9	40	87	71	45	40
Known dealer	18	**19**	4	14	55	40	7	12	0	10
Acquaintance	10	**11**	11	14	9	8	7	12	15	15
Unknown dealer	1	**2**	2	0	18	2	0	0	0	5
Other	2	**2**	0	15	0	0	0	0	0	15
% Most recent purchase place[#] (n)	(N=220)	(**N=209**)	(n=57)	(n=7^)	(n=11)	(n=63)	(n=15)	(n=17)	(n=20)	(n=19)
Home delivery	12	**11**	7	29	18	8	13	12	10	16
Dealer's home	11	**20**	0	14	55	39	0	12	20	16
Friend's home	28	**26**	12	43	9	31	60	41	30	11
Acquaintance's house	4	**5**	2	0	0	8	0	6	10	5
Street market	19	**19**	49	0	9	6	0	6	20	5
Agreed public location	26	**18**	30	0	9	6	27	18	10	32
Other	1	**1**	0	14	0	0	0	5	0	16

Source: IDRS participant interviews
[#] Only one response allowed
^ Small numbers reporting (n<10); interpret with caution

5.10 Benzodiazepines

Key points

Price

- The median price for 'illicit' benzodiazepines varied among the jurisdictions. The majority reported the price of 'illicit' benzodiazepines as stable over the last six months.

Availability

- Nearly half reported that the availability of 'illicit' benzodiazepines was 'easy', while around one-third reported availability as 'difficult' and one-quarter 'very easy'. The majority reported the availability of 'illicit' benzodiazepines as stable over the last six months.
- The most common source among those who had bought 'illicit' benzodiazepines was through a friend. A friend's home or an agreed public location was the most common place of purchase.

For the first time in 2013, participants were asked about the price, availability and purchasing patterns of benzodiazepines in the last six months. Of the national sample 14% were able to comment. Among those who commented the most common brand of benzodiazepines reported were alprazolam and diazepam.

5.10.1 Price of illicit benzodiazepines

Small numbers commented on the median price of benzodiazepines, therefore, results should be interpreted with caution. The median price for an 'illicit' diazepam pill ranged from $1 (QLD) to $5.50 (WA), whereas the median price for an 'illicit' alprazolam pill ranged from $4 (QLD) to $16 (WA). The majority (56%) reported the price of 'illicit' benzodiazepines as stable over the last six months (Table 71).

Table 71: Median price of illicit benzodiazepines and price changes, by jurisdiction, 2013

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013								
Median Price ($)									
Diazepam per pill	**2**	3^	2^	2^	-	-	5.5^	-	1^
Alprazolam per pill	**10**	5	-	10	10	7.5^	16^	15^	4^
% Price changes (n)	**(N=111)**	**(**n=29**)**	**(**n=9^**)**	**(**n=16**)**	**(**n=21**)**	**(**n=7^**)**	**(**n=15**)**	**(**n=5^**)**	**(**n=9^**)**
Increased	**38**	48	11	25	62	14	27	40	33
Stable	**56**	48	78	69	29	71	67	60	67
Decreased	**0**	0	0	0	0	0	0	0	0
Fluctuated	**6**	**3**	11	6	10	14	7	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.10.2 Availability of illicit benzodiazepines

Of those participants in the IDRS sample who were able to comment, 41% reported the availability of 'illicit' benzodiazepines as 'easy', 24% reported availability as 'very easy' and 32% as 'difficult' to obtain. Just over half (56%) of those who commented reported availability as stable in the last six months (Table 72).

Table 72: Availability of illicit benzodiazepines, by jurisdiction, 2013

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013								
% Availability (n)	**(N=119)**	(n=30)	(n=9^)	(n=18)	(n=23)	(n=8^)	(n=16)	(n=5^))	(n=10
Very easy	**24**	20	22	22	22	50	25	0	30
Easy	**41**	43	67	33	44	38	31	40	40
Difficult	**32**	30	11	39	35	13	38	60	30
Very difficult	**3**	7	0	6	0	0	6	0	0
% Availability changes (n)	**(N=120)**	(n=30)	(n=9^)	(n=18)	(n=24))	(n=8^	(n=16)	(n=5^)	(n=10)
More difficult	**31**	40	11	39	42	13	19	40	10
Stable	**56**	47	89	56	46	63	56	40	80
Easier	**9**	3	0	6	13	13	19	20	10
Fluctuates	**4**	10	0	0	0	12	6	0	0

Source: IDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution
Note: The response option 'Don't know' was excluded from analysis

5.10.3 Purchasing patterns of illicit benzodiazepines

Of those who had bought 'illicit' benzodiazepines, the most common source was through a friend (57%) or a known dealer (17%). The most common place of purchase was a friend's home (27%) followed by an agreed public location (26%) (Table 73).

Table 73: Purchasing patterns of illicit benzodiazepines, by jurisdiction, 2013

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013								
% Purchased from[#] (n)	**(N=115)**	(n=25)	(n=9^)	(n=17)	(n=26))	(n=8^	(n=15)	(n=5^)	(n=10)
Street dealer	**11**	36	0	18	4	0	0	0	0
Friend	**57**	40	67	29	61	88	87	60	50
Known dealer	**17**	8	0	35	35	0	0	20	20
Acquaintance	**12**	16	22	18	0	13	13	20	10
Unknown dealer	**2**	0	0	0	0	0	0	0	20
Other	**1**	0	11	0	0	0	0	0	0
% Most recent purchase place[#] (n)	**(N=93)**	(n=25)	(n=9^)	(n=17)	(n=4^)	(n=8^)	(n=15)	(n=5^)	(n=10)
Home delivery	**12**	0	0	12	0	25	40	20	0
Dealer's home	**8**	0	0	29	25	0	0	20	0
Friend's home	**27**	8	33	18	75	38	33	40	40
Acquaintance's house	**5**	8	0	6	0	0	0	20	10
Street market	**17**	40	0	29	0	0	0	0	10
Agreed public location	**26**	40	33	6	0	38	27	0	30
Other	**5**	4	33	0	0	0	0	0	10

Source: IDRS participant interviews
[#] Only one response allowed
^ Small numbers reporting (n<10); interpret with caution

5.11 Other drugs

For the first time in 2013, participants were asked about the price, purity, availability and purchasing patterns of a variety of drugs including antidepressants, antipsychotics, fentanyl, pharmaceutical stimulants, hallucinogens, steroids and ecstasy. Only those drugs with three or more commenting were reported below.

5.11.1 Antipsychotics

In 2013, three participants commented on the availability of illicit Seroquel®. Two participants reported the availability of Seroquel® as 'very easy' to obtain, while one participant reported the availability as 'difficult'. All reported the availability of Seroquel® as stable in the last six months. All reported purchasing through a friend (prescription), either at the friend's home or at an agreed public location.

5.11.2 Fentanyl

Nine participants commented on the availability and purchasing patterns for fentanyl. Of those who commented, three reported on Durogesic® patches and the remainer reported on 'other' forms of fentanyl. Two participants reported the availability of fentanyl as 'very easy', five participants as 'easy' and two participants as 'difficult' to obtain. Seven participants reported the availability as 'stable' over the last six months. Three participants reported purchasing fentanyl from a friend at the friend's home.

5.11.3 Pharmaceutical stimulants

Twenty-four participants (3% of national sample) commented on the availability and purchasing patterns for pharmaceutical stimulants. Of those who commented (N=11), the median price for a pharmaceutical stimulant pill was $5 (range $2-$5). Just over half (52%) of those who commented reported the price as stable, while 48% reported the price as increasing over the last six months.

Eleven participants reported the availability of pharmaceutical stimulants as 'difficult', seven participants as 'easy, five participants as 'very easy' and two participants as 'very difficult' to obtain. The availability of pharmaceutical stimulants was reported by the majority (68%, N=17) as 'stable' over the last six months. The majority (62%, N=16) reported purchasing pharmaceutical stimulants from a friend which was either home delivered or purchased from the friend's home.

5.11.4 Hallucinogens

Three participants commented on the purity, availability and purchasing patterns of hallucinogens (LSD). Two participants reported the current purity as 'low'. One participant reported the availability of hallucinogens as 'very easy' to obtain while another participant reported availability as 'easy'. Two participants reported purchasing through a friend either at the friend's home or on the street.

5.11.5 Ecstasy

Fourteen participants (2% of national sample) were able to comment on the price, purity, availability and purchasing patterns for ecstasy. Of those who comment (N=6), the median price for an ecstasy pill was $25. The majority (62%, N=8) reported the price as stable over the last six months.

Thirteen participants reported on the purity of ecstasy. Four participants reported the purity as 'medium', four participants as 'low', three participants as 'high' and two participants as 'fluctuating'. The majority (50%, N=6) commented that purity had decreased in the last six months.

Fourteen participants commented on the availability of ecstasy. With eight participants reporting the availability of ecstasy as 'easy', three participants as 'very easy, two participants as 'difficult' and one participant as 'very difficult' to obtain. The majority (77%, N=10) reported the availability of ecstasy as 'stable' over the last six months. Of those who commented (N=9), four participants reported purchasing ecstasy from a friend, two from an acquaintance and the other three participants from a street dealer, known dealer and an unknown dealer. Participants reported that ecstasy was either purchased from an agreed public location or home delivered.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

Overdose and drug-related fatalities

- Nineteen percent of IDRS participants who reported ever overdosing on heroin had experienced a heroin overdose in the past 12 months. The highest rates of recent (12 month) overdose were in VIC and the ACT (29% and 23% respectively).
- Of those who had ever overdosed on another drug (not including heroin), 23% had done so in the past year, and 3% had done so in the last month preceding interview.

Drug treatment

- Nearly half (47%) of the IDRS sample reported current treatment, mainly methadone with a median of 47 months in treatment.

Hospital admissions

- Nationally, the number of opioids-related and cannabis-related hospital admissions remained relatively stable in 2011/12. While, the number of methamphetamine-related and cocaine-related hospital admissions increased.

Injection risk behaviours

- Needle and syringe programs were by far the most common source of needles and syringes in the preceding six months (93%), followed by chemists (15%).
- Receptive sharing (borrowing) of needles/syringes was reported by 7% of participants in the month preceding interview, typically after a regular partner or close friend.
- Lending of needles/syringes was reported by 11% of participants (significant decrease from 14% in 2012).
- Sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was more common in 2013.
- Forty percent of the participants re-used their own needle in the last month (significant decrease from 47% in 2012).
- Fifty-six percent of the national sample reported re-using their own injecting equipment in the last six months, mainly spoons/mixing containers.
- Over half of the national sample reported experiencing an injection-related problem in the preceding month, most commonly scarring or bruising and difficulty injecting (e.g. in finding a vein).

Blood-borne viral infections

- In Australia, hepatitis C (HCV) continued to be more commonly notified than hepatitis B (HBV). The prevalence of HIV among those who injected drugs in Australia remained stable at relatively low rates, with HCV more commonly reported.

Alcohol use disorders Identification test - consumption

- Fifty-eight percent of males and 47% females scored 5 or more on the AUDIT-C, indicating the need for further assessment
- The mean score on the AUDIT-C among those who drank alcohol recently was 5.5.

Mental health problems and psychological distress

- Forty-four percent of the national sample self-reported experiencing a mental health problem in the last six months, mainly depression, followed by anxiety.
- Among those who had experienced a problem, the number who reported seeing a mental health professional during the last six months significantly increased between 2012 and 2013 (58% and 74% respectively).
- Sixty-eight percent of participants who reported experiencing a mental health problem had been prescribed medication for this problem during the past six months, most commonly antidepressants (50%) and/or antipsychotics (38%).

- Higher levels of psychological distress (as measured by the K10) were reported among the national sample compared to the general population, with 32% reporting 'high' distress (7.4% in the general population) and 25% reporting 'very high' distress (2.4% in the general population). Those reporting a 'very high' level of distress have been identified as possibly requiring clinical assistance.
- IDRS participants had significantly lower mental and physical component scores compared to the Australian population.

Driving risk behaviour

- Driving a car while under the influence of alcohol was reported by 18% of participants who had driven in the preceding six months. Seventy-seven percent reported driving under the influence of an illicit drug during that time, mainly heroin, methamphetamines and cannabis.
- Around two-thirds of those who drove while under the influence of an illicit drug believed that it had had no impact on their driving. While, 21% felt that their driving had been 'slightly impaired', 4% 'quite impaired', 8% 'slightly improved' and 2% 'quite improved'.
- Thirty-four percent reported being saliva drug driving tested soon after taking an illicit drug with 27 participants reporting a positive result.

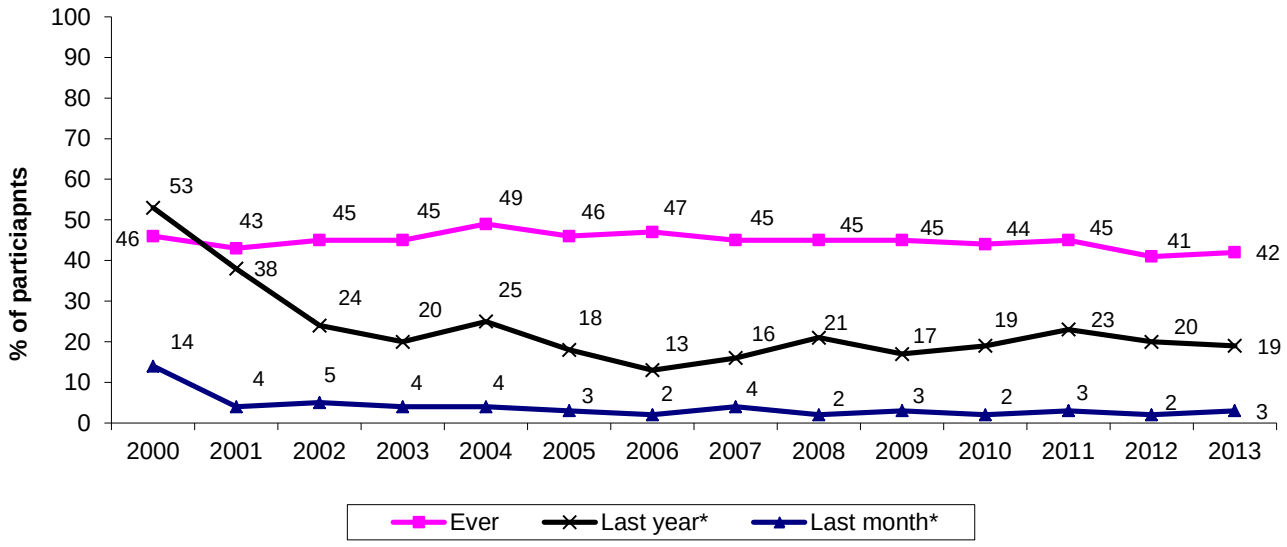
6.1 Overdose and drug-related fatalities

6.1.1 Heroin and other opioids

6.1.1.1 Non-fatal overdose

The IDRS participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. Nearly half (42%) of the national sample reported a heroin overdose in their lifetime. Of those who had ever overdosed on heroin, 19% reported overdosing in the last year and three percent in the last month (Figure 28).

Figure 28: The prevalence of heroin overdose among participants, 2000-2013



Source: IDRS participant interviews
*Among those who had 'ever' overdosed on heroin
Note: Data may differ to previous national and jurisdictional reports due to the method of data analysis

Participants who had ever overdosed on heroin had done so on a median of two occasions in their lifetime, ranging from a median of three times in NSW, VIC and QLD to once in SA and the NT.

There was some jurisdictional variation in the proportion reporting heroin overdose in the last year. Heroin overdose in the last year among those who had ever overdosed on heroin was highest in the VIC (29%) followed by the ACT (23%). Proportions reporting overdose in the last year have remained lower than 2000 levels in all jurisdictions (Table 74).

Table 74: **Heroin overdose in the year preceding interview among those who had ever overdosed on heroin, by jurisdiction, 2000-2013**

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000*	53	37	55	78	30	37	64	51	56
2001	38	45	23	46	33	40	50	17	39
2002	24	32	22	29	13	12	31	3	23
2003	20	28	30	21	7	14	29	2	13
2004	25	26	47	30	17	5	28	9	20
2005	18	19	19	29	9	15	14	3	21
2006	13	20	15	12	10	9	14	7	9
2007	16	22	10	22	0	16	6	3	25
2008	21	27	19	32	0	19	28	0	10
2009	17	24	19	12	4	9	25	4	21
2010	19	22	19	24	0	14	17	10	24
2011	23	25	21	28	5	21	29	10	21
2012	20	14	26	16	0	24	36	5	29
2013	**19**	**21**	**23**	**29**	**6**	**3**	**18**	**4**	**16**

Source: IDRS participant interviews
* In 2000 participants were asked about 'any overdose'
Note: Data may differ to previous national and jurisdictional reports due to the method of data analysis

Participants were also asked about the treatment they received at the time of a recent heroin overdose (in the past year; N=68). Twenty-four percent of those who overdosed on heroin in the last year reported not receiving any treatment, while 52% reported receiving Narcan®. Forty-one percent had an ambulance attend, 21% reported receiving cardiopulmonary resuscitation (CPR) from a friend/partner, 16% attended the hospital emergency department, 15% received oxygen and 7% received CPR from a health professional.

Participants were also asked about the treatment or information they received after (post) the most recent heroin overdose. Of those who had overdosed in the past year (N=68), 84% did not receive any information or treatment after the recent overdose, while 4% received information from a psychiatrist, 3% received information from a drug health service and 2% from a counsellor or generalist health service.

6.1.1.2 Fatal overdose

The Australian Bureau of Statistics (ABS) collates and manages the national causes of death database, utilising information from the National Coronial Information System (NCIS). Prior to 2003, ABS staff visited coronial offices to manually update information about the cause of death for records that had not yet been loaded onto the NCIS. Since 2003 the ABS has progressively ceased visiting jurisdictional coronial offices, therefore, ceasing manual updates of deaths that were not already included on the NCIS.

For the first time in 2006, the ABS relied solely on the data contained on NCIS at the time the ABS ceased processing the deaths data. Since 2007, the causes of death data have been subject to a

revisions process. The preliminary data is released, then two successive revisions are released 12 months apart from the date of the release of preliminary data.

The 2006 data presented in this report are based on data released prior to the revisions process being applied to 2006 cause of death data. These data are, therefore, likely to be incomplete. This is likely to result in an underestimate of the number of opioid induced deaths recorded in 2006. We have tried to offset this underestimate by analysing the changes between preliminary and final findings for both 2007 and 2008. We have averaged the changes across both years, and applied it to the 2006 figures. This data should be interpreted with caution.

Data for the years 2007 through 2009 in this report represent the 2nd and final revision of each dataset, and are, therefore, methodologically comparable. Data for 2010 and 2011 are projected estimates, based on the changes that occurred in 2008 and 2009 data. Again these data should be interpreted with caution as figures may change.

The result of the revisions process is a longer time from the reporting of a death to finalization by the coroner. These revisions will lead to an increase in the number of deaths. This is particularly true for deaths that are drug-related, as coronial investigations can be complex and lengthy in nature.

In addition to the revisions process, the ABS undertook two further processing improvements from 2008 onwards; 1) for both open (where a coroner has not yet handed down a finding on cause of death) and closed (where a coroner's decision has been made) cases on the NCIS, the ABS now spend more time investigating the Medical Certificate of Cause of Death to more consistently apply the appropriate International Classification of Diseases-10 (ICD-10) code for cause of death; 2) for both open and closed cases, the ABS also increasingly uses additional information on the NCIS (e.g. autopsy, police and toxicology reports), where available, to apply more specific cause of death codes.

Both of these processing improvements are likely to have an impact on the number of opioid induced deaths reported from 2008 onwards. It should also be noted that availability of additional information on the NCIS varies by jurisdiction, which means that improvements are likely to be applied differentially across jurisdictions.

These findings should be interpreted in conjunction with the ABS Technical Note 2 Causes of Death Revisions 2009, available on the ABS website:
http://www.abs.gov.au/ausstats/abs@.nsf/Previousproducts/3303.0Technical%20Note12009?opendocument&tabname=Notes&prodno=3303.0&issue=2011&num=&view=

In 2009, there were 563 accidental deaths due to opioids. Thirty-one percent of deaths occurred in NSW, with 75% of all opioid-related deaths occurring in NSW, VIC and QLD. It should be noted that the deaths reported are opioid-related and not necessarily heroin overdose deaths. In jurisdictions such as TAS and the NT where heroin is less available, deaths are more likely to be related to pharmaceutical opioids (Table 75) (Roxburgh and Burns, 2013a).

Table 75: Number of accidental deaths due to opioids by jurisdiction among those aged 15-54 years, 1988-2009

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
1988	**351**	204	99	16	12	18	0	0	2
1989	**307**	158	99	19	8	18	1	2	2
1990	**312**	196	79	8	19	14	5	0	0
1991	**350**	146	64	9	13	13	3	0	2
1992	**336**	182	79	18	30	22	0	1	4
1993	**374**	188	86	23	41	24	5	2	5
1994	**425**	209	97	37	32	38	4	5	3
1995	**582**	273	140	42	38	70	6	0	13
1996	**557**	260	145	32	32	64	5	2	17
1997	**713**	333	203	36	52	76	2	2	9
1998	**927**	452	243	64	53	78	10	13	14
1999	**1,116**	481	376	79	64	92	5	8	11
2000	**938**	349	323	124	50	72	8	2	10
2001	**386**	177	73	58	18	35	8	5	12
2002	**364**[#]	158	93	40	21	28	9	6	8
2003	**357**	143	129	32	14	16	4	2	17
2004	**357**	144	126	34	25	19	6	1	2
2005	**374**	133	104	42	37	36	14	np	np
2006E	**381**	138	118	42	20	38	15	np	np
2007	**360**	115	103	52	34	27	15	np	np
2008	**500**	137	170	62	43	64	11	np	np
2009	**563**	174	143	103	47	71	10	np	np

Source: ABS causes of death data, (Roxburgh and Burns, 2013a)
[#] One death did not have a jurisdiction noted
np Means that the data in these jurisdictions were not published in order to protect confidentiality
2006E – estimated
Note: There is a break in the series in 2006, as these data were not revised, and are, therefore, likely to be an underestimate. We have estimated these data points using original data, then using an average of change across the 2007 and 2008 revisions

Males comprised 76% of the 2009 accidental opioid deaths among the 15 to 54 year age group. NSW and VIC reported the largest number of accidental opioid deaths among males and females (Table 76).

Table 76: Number of accidental opioid deaths due to opioids among those aged 15-54 years, by gender and jurisdiction, 2009

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Males	**430**	135	111	72	37	55	7	np	np
Females	**133**	39	32	31	10	16	np	np	np

Source: ABS causes of death data, (Roxburgh and Burns, 2013a)
np Means that the data in these jurisdictions were not published in order to protect confidentiality
Note: Figures may not match those reported in Table 74 as a result of the ABS confidentialisation process

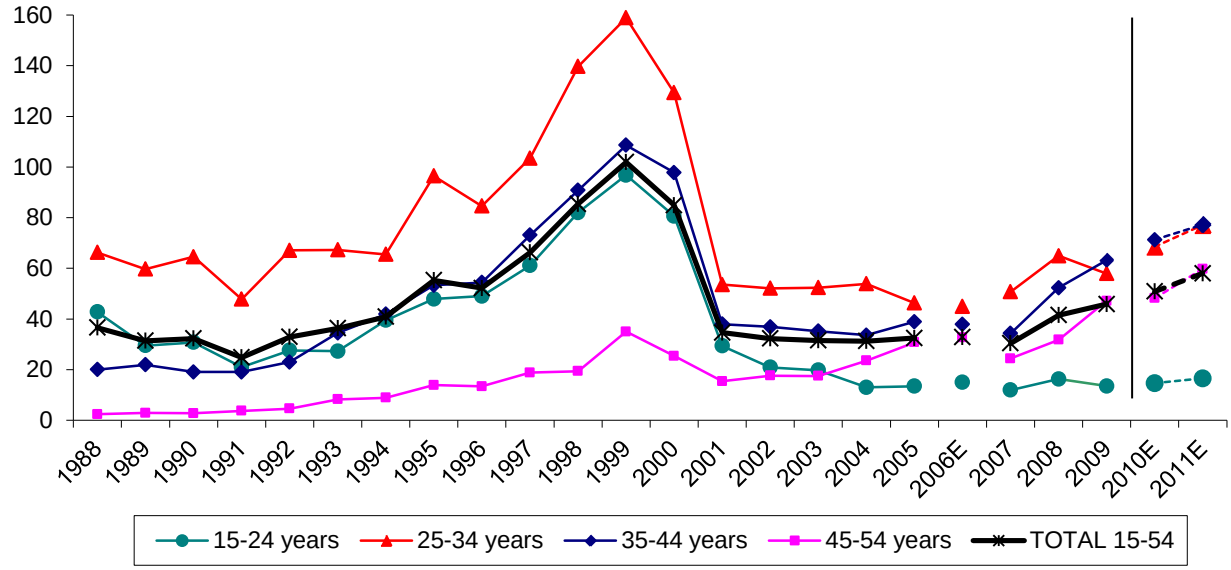
In 2009, the rate of accidental deaths due to opioids in Australia was 45.9 per million persons aged 15 to 54 years. WA reported the highest rate of accidental deaths due to opioids per million persons (54.8 per million persons) in 2009, followed by SA (53.4 per million persons) (Table 77). The largest proportion of deaths occurred among the 25–34 year age group, followed by the 35–44 age group, 45–54 and 15–24 age groups (Figure 29 and Figure 30).

Table 77: Rate of deaths due to opioids per million persons among 15-54 year olds, by jurisdiction, 1988-2009

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
1988	**36.6**	62.5	39.9	10.1	14.9	19.7	0	0	11.4
1989	**31.4**	47.5	39.3	11.6	9.8	19.2	6.4	19.2	11.4
1990	**32.3**	58.2	30.8	4.7	23.1	14.6	19.1	0	0
1991	**24.8**	42.8	24.7	5.2	15.7	13.4	11.4	0	10.8
1992	**32.9**	52.9	30.3	10.1	35.9	22.4	0	9.2	21.1
1993	**36.3**	54.3	33.0	12.6	48.9	24.1	18.8	18.3	25.9
1994	**40.9**	59.9	37.1	19.7	38.1	37.7	15.0	45.5	15.4
1995	**55.3**	76.9	53.4	21.8	45.1	68.1	22.5	0	66.2
1996	**52.2**	72.7	54.8	16.2	37.9	61.2	18.7	17.7	85.6
1997	**66.3**	92.2	76.1	18.1	61.8	71.3	7.5	16.5	45.8
1998	**85.4**	124.1	90.4	31.7	62.7	72.1	37.8	106.1	71.3
1999	**101.9**	130.9	138.8	38.7	75.5	84.1	19.0	64.4	55.9
2000	**84.9**	94.1	118.1	60.1	58.9	65.2	30.6	15.9	50.5
2001	**34.6**	47.2	26.4	27.8	21.2	31.3	30.8	39.6	60.2
2002	**32.3**	41.9	33.2	18.8	24.7	24.8	34.9	47.8	40.1
2003	**31.5**	37.8	45.9	14.7	16.5	14.1	15.4	15.9	85.3
2004	**31.3**	38.0	44.6	15.4	29.5	16.6	23.0	8.0	10.1
2005	**32.5**	35.0	36.5	18.7	43.7	31.0	53.7	np	np
2006	**32.8**	36.1	41.0	18.3	23.5	32.2	57.4	np	np
2007	**30.4**	29.8	34.8	22.1	39.2	22.4	57.2	np	np
2008	**41.5**	35.1	56.5	25.7	49.2	51.5	42.0	np	np
2009	**45.9**	41.2	49.7	42.0	53.4	54.8	37.7	np	np

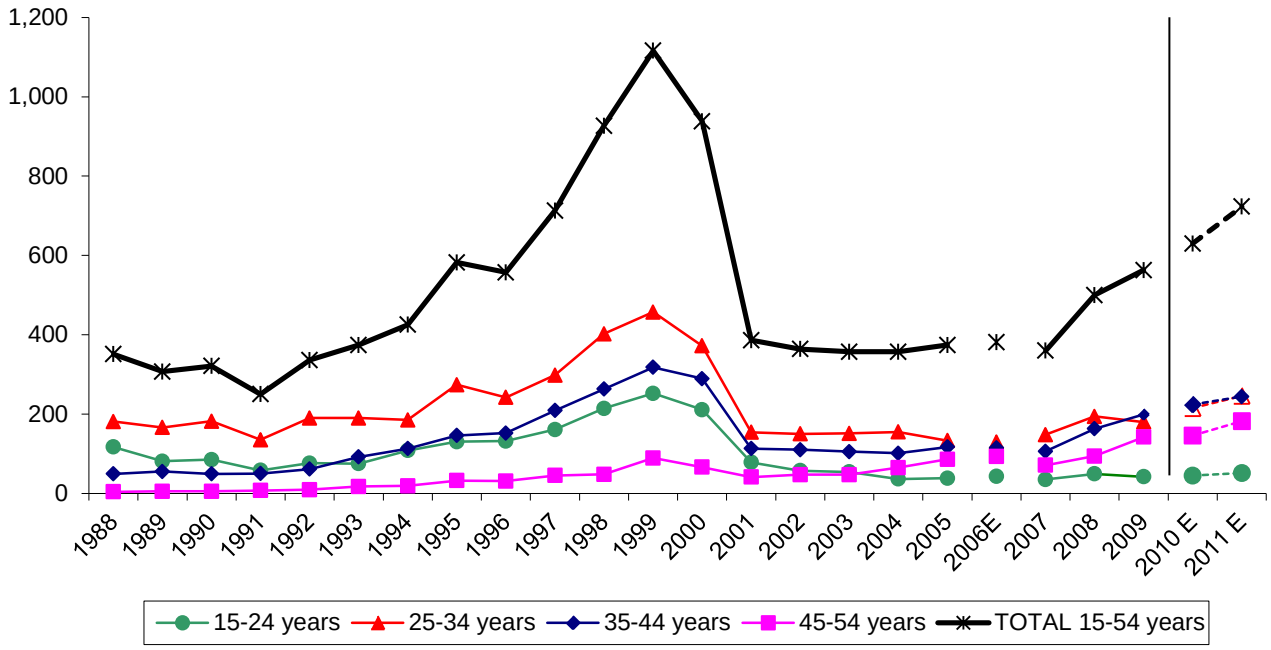
Source: ABS causes of death data, (Roxburgh and Burns, 2013a)
np Means that the data in these jurisdictions were not published in order to protect confidentiality

Figure 29: Rate of deaths due to opioids per million persons by 10 year age group (15-54 years), Australia 1988-2009



Source: ABS causes of death data, (Roxburgh and Burns, 2013a)
Note: 2006E, 2010E and 2011E - Estimated
Note: There is a break in the series in 2006, as these data were not revised, and are, therefore, likely to be an underestimate. We have estimated these data points using original data, then using an average of change across the 2007 and 2008 revisions. We estimated what the 2010 and 2011 final figures might be given the changes that occurred across revisions in 2008 and 2009. These figures are not yet final

Figure 30: Number of accidental deaths due to opioids by 10 year age group (15-54 years), Australia, 1988-2009



Source: ABS causes of death data, (Roxburgh and Burns, 2013a)
Note: 2006E, 2010E and 2011E - Estimated
Note: There is a break in the series in 2006, as these data were not revised, and are, therefore, likely to be an underestimate. We have estimated these data points using original data, then using an average of change across the 2007 and 2008 revisions. We estimated what the 2010 and 2011 final figures might be given the changes that occurred across revisions in 2008 and 2009. These figures are not yet final

6.1.2 Other drugs

6.1.2.1 Non-fatal overdose

In addition to heroin overdose, participants were asked whether they considered themselves to have ever accidentally overdosed on any other drug(s).

Nationally, 20% of the entire IDRS sample reported an overdose on another drug (besides heroin) in their lifetime on a median of one occasion. Of those who had ever overdosed on another drug, 23% had done so in the past year, and 3% had done so in the last month preceding interview (Table 78).

Among those who had overdosed on another drug (not including heroin) in the last year and commented (N=38), 45% reported receiving no treatment at the time of overdose, while 29% had an ambulance attend and 24% attended a hospital emergency department. Small numbers received oxygen (8%), CPR from a health professional (8%), Narcan® (8%) and CPR from a friend/partner/peer (8%).

Participants were also asked about the treatment or information they received post (after) the most recent other drug (not including heroin) overdose. Of those who had overdosed in the past year and commented (N=38), 61% did not receive any information or treatment after the recent overdose, while 18% received information from a drug health service, 8% from a generalised health service, 5% from a counsellor, 5% from a psychologist and 3% from a psychiatrist.

Table 78: Overdose on other drugs (not including heroin) in the last 12 months and in the last month among those who had ever overdosed on other drugs, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Ever overdosed on other drugs	23	**20**	22	21	9	29	18	22	21	22
	(N=208)	**(N=173)**	(n=3**)**	(n=2**)**	(n=1**)**	(n=3**)**	(n=18)	(n=17)	(n=18)	(n=22)
% Overdose last 12mth	28	**23**	30	5	15	32	28	24	6	32
% Overdose last month	5	**3**	6	0	0	3	0	6	0	5

Source: IDRS participant interviews

Twenty percent of those who had ever overdosed (not including heroin) and commented (N=40) believed they had last overdosed on a benzodiazepine, while 18% believed they had overdosed on any form of methamphetamine (mainly ice/crystal), 15% on morphine, 13% on methadone, 13% alcohol, 8% cannabis, 5% oxycodone and 3% cocaine.

6.1.3 Methamphetamine

6.1.3.1 Non-fatal overdose

Seven participants believed that they had overdosed on amphetamines at some stage during their lifetime. By form of methamphetamine; five participants on speed, one participant on ice/crystal and one on base. No jurisdictional differences were observed due to small numbers reporting (N<10).

6.1.3.2 Fatal overdose

There were fewer deaths attributable to methamphetamine than were attributable to opioids. There was a limited understanding of the role of methamphetamine in causing death and, therefore, mortality data may under-represent cases where methamphetamine contributed to the death, such as premature death related to cerebral vascular pathology (e.g. haemorrhage or thrombosis in the brain).

ABS data on accidental deaths where amphetamines were mentioned have been analysed since 1997. In 2009, there was a total of 86 ‘drug induced’ deaths in which methamphetamine was

mentioned among those aged 15-54 years. Methamphetamine was determined to be the underlying cause of death in 23% (N=20) of all methamphetamine related deaths in 2008 (ABS causes of death data) (Roxburghand Burns, 2013b) The 2010 and 2011 ABS data on amphetamine deaths were not available at the time of publication.

6.1.4 Cocaine

6.1.4.1 Non-fatal overdose

Participants were asked whether they considered themselves to have ever accidentally overdosed on cocaine. Only one participant believed that they had experienced a cocaine overdose at some stage during their lifetime.

6.1.4.2 Fatal overdose

Twenty-three drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2009 (ABS causes of death data). Cocaine was determined to be the underlying cause of death in 21% (N=5) of all cocaine-related deaths in 2006 (Roxburghand Burns, 2013b) The 2010 and 2011 ABS data on cocaine-related deaths were not available at the time of publication.

6.2 Drug treatment

6.2.1 IDRS participant survey

Participants interviewed for the IDRS who were currently in treatment (47%) were asked a number of questions about their reported treatment. Participants reported a median of 36 months (ranging from one week to 30 years) in any current treatment. Those in current methadone treatment (31% of the sample) reported a median of 47 months (ranging from two weeks to 30 years). Thirty-two percent of participants in current treatment reported that they had been in treatment for 12 months or less.

Ten percent of the national sample reported current buprenorphine-naloxone treatment, 2% buprenorphine and/or drug counselling.

Participants in current treatment were asked ‘What forms of treatment have you been in over the last six months?’. Of those participants currently in treatment, 69% reported previous methadone syrup treatment, 13% drug counselling, 22% buprenorphine-naloxone, 7% buprenorphine and 4% detoxification, 2% narcotics anonymous and 1% therapeutic community.

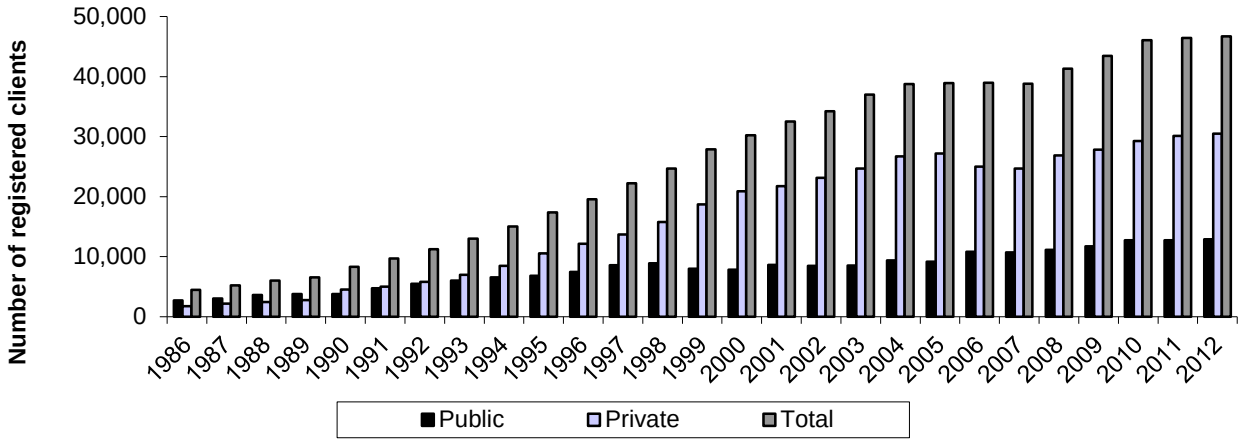
All of the participants were then asked if they had tried to get into treatment, but were turned away or told to wait more than a week before entering treatment. Of those who commented (N=882), 15% responded ‘yes’ (ranging from 6% in SA to 23% in NSW). Of those who responded ‘yes’ (N=128), the majority (54%) reported that they were asked to wait more than one week and 31% were turned away. Thirty-seven percent reported that they tried to access an opioid substitution program, 18% a rehabilitation service, 13% a General Practitioner, 8% an Alcohol, Tobacco and Other Drugs (ATOD) worker, 8% a counsellor, 7% an opioid substitution doctor, 5% a psychiatrist, 4% a psychologist and 22% other treatment.

6.2.2 Heroin

6.2.2.1 Opioid substitution treatment

Methadone maintenance treatment is an established form of opioid substitution treatment (OST) in all jurisdictions in Australia. In 2000, Subutex® (buprenorphine hydrochloride) was registered in Australia and listed on the Pharmaceutical Benefits Scheme (PBS) in March 2001. Suboxone® (buprenorphine-naloxone) was registered in Australia in 2005 and listed on the PBS in April 2006. The total number of clients registered in OST has steadily increased over the years. The year 2012 recorded the highest number of clients registered in OST. In total, 46,697 persons were registered in pharmacotherapy treatment for opioid dependence on a snapshot day in June, 2012 (Figure 31). A higher proportion of clients are registered in private pharmacotherapy treatment compared to public pharmacotherapy treatment (Australian Institute of Health and Welfare, 2013b) The majority of private clients were being prescribed methadone (67%), with smaller numbers being prescribed buprenorphine-naloxone (21%).

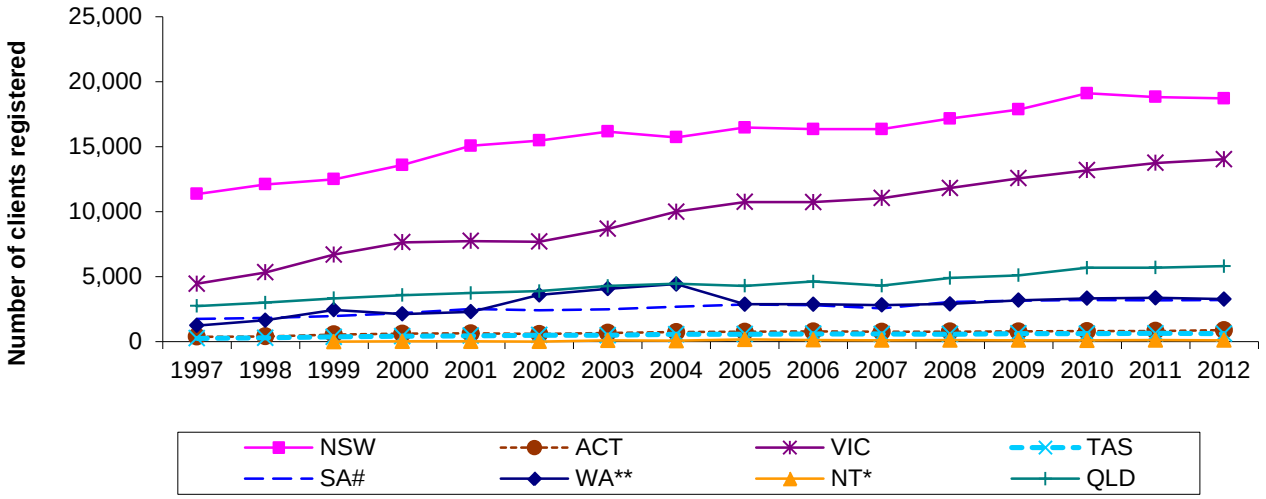
Figure 31: National opioid substitution treatment client numbers, financial years, 1986-2012



Source: (Australian Institute of Health and Welfare, 2013b)
Note: Data from 2001 includes buprenorphine and from 2006 includes buprenorphine-naloxone

The number of clients enrolled in opioid substitution treatment has remained relatively stable across all jurisdictions in 2012 (Figure 32). As in previous years, both NSW and VIC recorded the highest number of clients registered in OST, most likely reflecting population size.

Figure 32: Total opioid substitution treatment client numbers by jurisdiction, financial years, 1997-2012



Source: (Australian Institute of Health and Welfare, 2013b)
* Until 2004, NT data excluded clients receiving pharmacotherapy treatment at the public clinic in Alice Springs. In 2005, these clients were included which may account for any increase
** In Western Australia the numbers of clients receiving pharmacotherapy treatment are reported through the month of June (instead of on the 'snapshot/specified' day). Before 2005, WA reported clients over the whole year
# In 2008, South Australia made a slight variation to its reporting practices which has resulted in a revision to the total numbers for 2006 (from 2,517 to 2,823) and 2007 (from 2,559 to 2,834). This revision has also resulted in a change in the total number of clients for 2006 (from 38,659 to 38,965) and 2007 (from 38,568 to 38,843).
Note: Data from 2001 includes buprenorphine and from 2006, buprenorphine-naloxone. Each state and territory uses a different method to collect data on pharmacotherapy prescription and dosing. These differences may result in minor discrepancies if directly comparing one jurisdiction with another jurisdiction

The IDRS recruits participants who regularly inject drugs; it does not specifically target those who are engaged in treatment programs because it aims to interview active participants in the illicit drug market. Those in treatment tend to be less active in illicit drug markets. However, as in previous years, substantial proportions of participants in all jurisdictions reported involvement in opioid substitution treatment (44% nationally), although jurisdictional variations were observed. In the 2013 national IDRS sample nearly one-third (31%) were currently involved in methadone maintenance, 10% in buprenorphine-naloxone and 2% buprenorphine (Table 79).

Table 79: Current involvement in opioid substitution treatment (OST), by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	N=100
	2012	**2013**								
% Methadone	28	**31**	50	44	36	33	20	32	4	17
% Buprenorphine	3	**2**	1	2	2	5	1	2	0	6
% Buprenorphine-naloxone	10	**10**	7	11	13	8	7	17	7	15
% Any OST	42	**44**	58	57	51	45	28	51	11	38

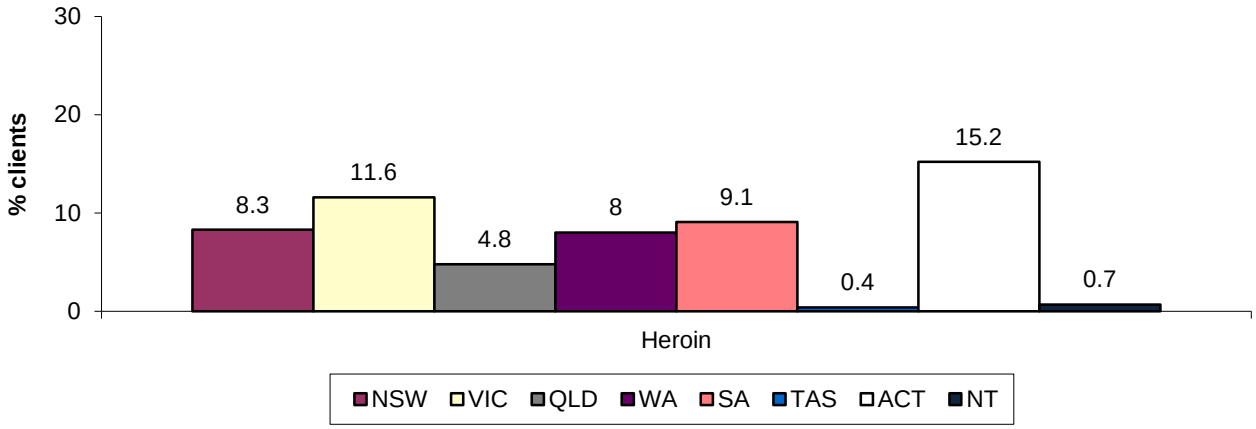
Source: IDRS participant interviews

6.2.2.2 Other treatment for opioid dependence

Treatment statistics collected by the Alcohol and Other Drug Treatment Services-National Minimum Data Set (AODTS-NMDS) provide measures of service utilisation for clients of alcohol and other drug treatment services. This collection provides ongoing information on the demographics of clients who use these services, the treatment they receive, and the drug of concern for which they are seeking treatment. In 2011/12, 146,948 episodes were reported of clients seeking treatment for their own drug use. The principle drug of concern refers to the main substance that the client stated led them to seek treatment from the alcohol and other drug treatment agency. Only clients seeking treatment for their own substance use are included in analyses involving principle drug of concern (Australian Institute of Health and Welfare, 2013a)

Figure 33 indicates that the ACT (15.2%), VIC (11.6%), SA (9.1) and NSW (8.3%) had the highest proportions of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy) in 2011/12 (Australian Institute of Health and Welfare, 2013a) This is consistent with IDRS participant data that showed higher proportions of users reporting recent heroin use, as well as generally greater frequency of heroin use in these.

Figure 33: Proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2011/12*

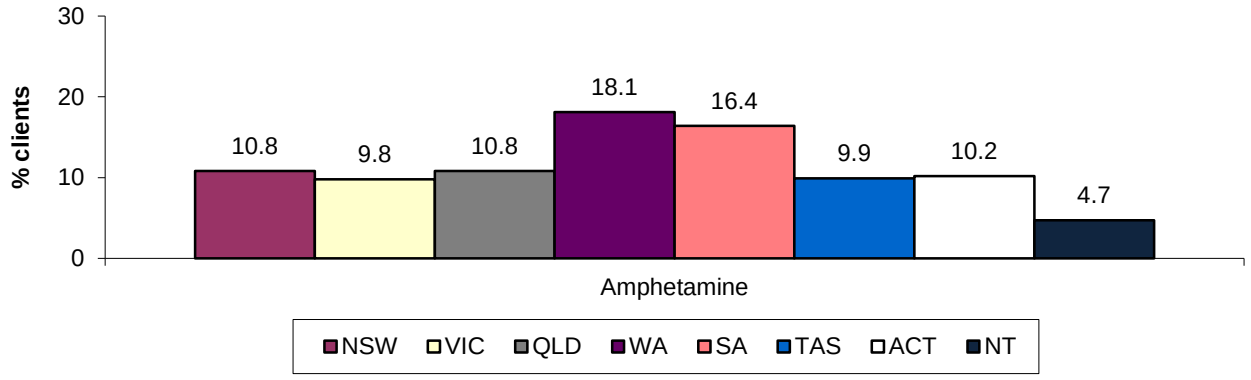


Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2013a)
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others
Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS. Please refer to Appendix B: Data quality statement for the AODTS-NMDS for jurisdictional issues
http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544483

6.2.3 Amphetamine

WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (18.1%), followed by SA (16.4%) (Figure 34) (Australian Institute of Health and Welfare, 2013a)

Figure 34: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2011/12*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2013a)
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others
Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS. Please refer to Appendix B: Data quality statement for the AODTS-NMDS for jurisdictional issues
http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544483

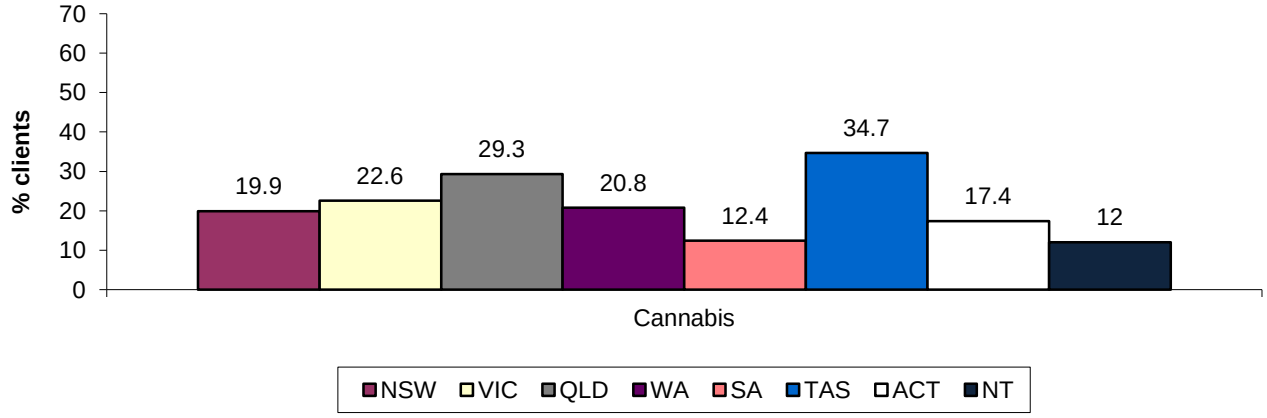
6.2.4 Cocaine

A small proportion (0.3%) of closed treatment episodes for clients who identified cocaine as the principle drug of concern were recorded in Australia in 2011/12. NSW recorded the highest proportion (0.5%) across the jurisdictions (Australian Institute of Health and Welfare, 2013a)

6.2.5 Cannabis

Data from the AODTS-NMDS indicate that in 2011/12, TAS had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (34.7%), followed by QLD (29.3%) and VIC (22.6%) (Figure 35) (Australian Institute of Health and Welfare, 2013a)

Figure 35: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2011/12*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2013a)
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others
Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS. Please refer to Appendix B: Data quality statement for the AODTS-NMDS for jurisdictional issues
http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544483

6.2.6 Other drugs

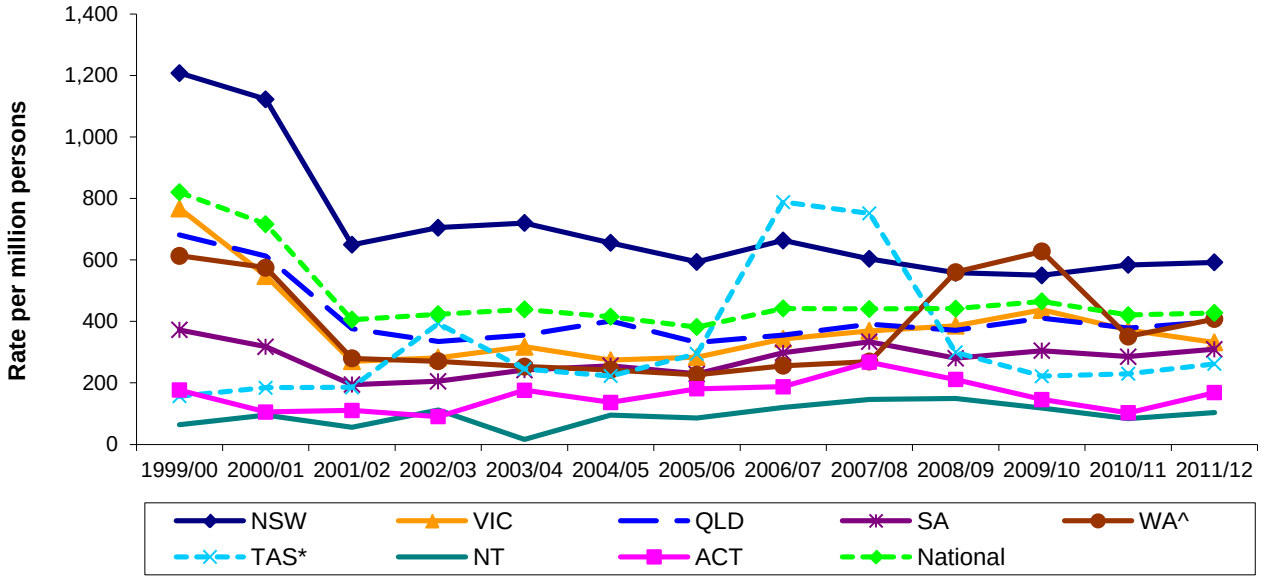
For information on closed treatment episodes relating to other drugs, see reports produced by the AIHW for example (Australian Institute of Health and Welfare, 2013a).

6.3 Hospital admissions

6.3.1 Heroin including other opioids

The number per million persons of inpatient hospital admissions among persons aged 15-54 years, with a principal diagnosis relating to opioids, is shown in Figure 36 (Roxburgh and Burns, in press) . The figure shows a decrease in national opioid-related hospital admissions in 2001/02, consistent with decreases in other heroin-related harms (such as non-fatal and fatal overdoses) documented at this time (Degenhardt, Conroy, Gilmour et al., 2005) , following the heroin shortage of 2001. In 2011/12, the number of opioid-related hospital admissions per million persons at a national level was 428 admissions among persons aged 15-54 years. In 2011/12, NSW recorded the highest number (592) of opioid-related hospital admissions per million persons aged 15-54yrs, followed by WA (407 admissions per million persons). Data for 2012/13 was unavailable at time of printing.

Figure 36: Number of principal opioid-related hospital admissions per million persons aged 15-54 years, by jurisdiction, 1999/00-2011/12

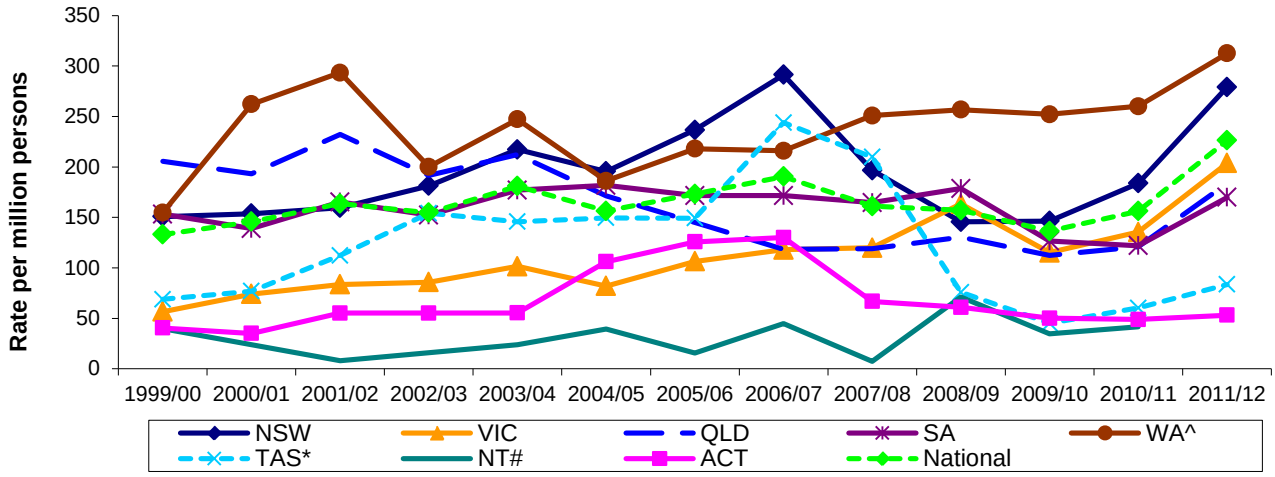


Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit
^ Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations

6.3.2 Methamphetamine

Figure 37 shows the number of inpatient hospital admissions per million persons, since 1999/00, with a principal diagnosis relating to amphetamines among persons aged 15-54 years (Roxburgh and Burns, in press) . Figures have steadily increased at a national level since 1999/00, peaking at 191 admissions per million persons in 2006/07. In 2011/12, nationally, the number of amphetamine-related hospital admission was 250 admissions per million persons. WA recorded the highest number of amphetamine-related hospital admissions in 2011/12 at 312 admissions per million persons (an increased from 259 admissions per millions persons reported in 2010/11).). It should be noted however that part of this increase may be due to changes in the data collection procedures in 2010/11 in WA. The majority of the jurisdictions (except WA) reported an increase in amphetamine-related hospital admissions in 2011/12. Data for 2012/13 was unavailable at time of printing.

Figure 37: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2011/12

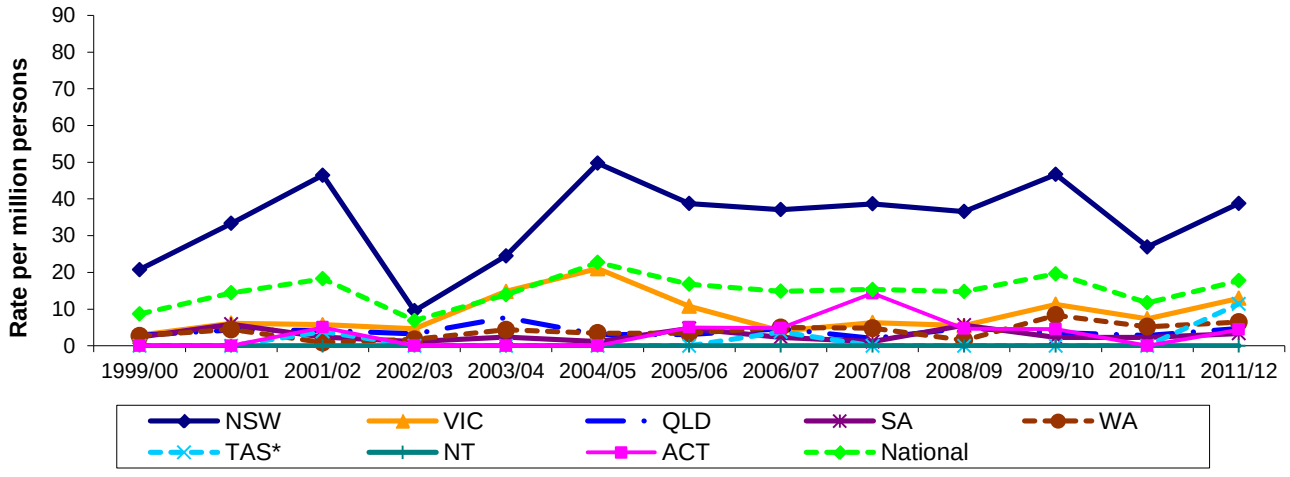


Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit
^ Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations
# Rates for the NT for 2011/12 are not presented due to small numbers

6.3.3 Cocaine

Figure 38 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine (Roxburgh and Burns, in press) . In 2011/12, the number of cocaine-related hospital admissions was 18 admissions per million persons (an increase from 12 in 2010/11). It should be noted, however, that relative to opioids and amphetamines, these figures are small. NSW has consistently had the highest number of cocaine-related hospital admissions, which reached a peak of 50 admissions per million persons in 2004/05. In 2011/12, the number of cocaine-related admissions per million persons was 39. Figures were relatively lower in all other jurisdictions. Data for 2012/13 was unavailable at time of printing.

Figure 38: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2011/12



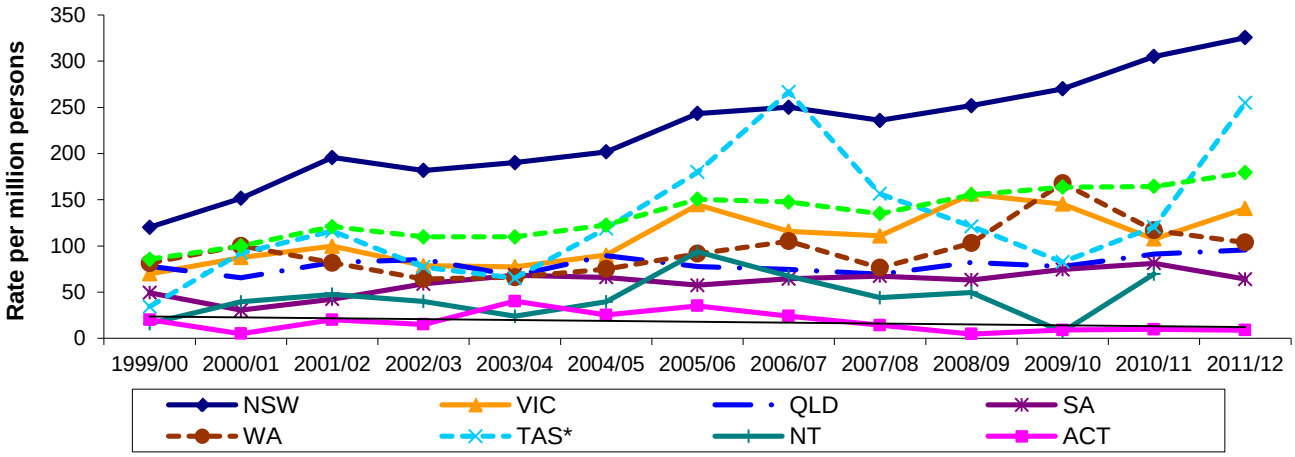
Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit
^ Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations

6.3.4 Cannabis

Figure 39 shows the number of inpatient hospital admissions per million persons (among those aged 15-54 years) with a principal diagnosis related to cannabis (Roxburgh and Burns, in press) . At

a national level, these figures have steadily increased over time from 85 admissions per million persons in 1999/00 to 179 per million persons in 2011/12. NSW recorded the highest number of cannabis-related admissions per million persons among people aged 15-54 years in 2011/12 (326 admissions per million persons). Data for 2012/13 was unavailable at time of printing.

Figure 39: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2011/12



Source: AIHW and ACT, NSW, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Burns, in press)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit
^ Data collection procedures in WA changed from 2010/11 which may impact on trends in these presentations
# Rates for the NT for 2011/12 are not presented due to small numbers

6.4 Injecting risk behaviours

6.4.1 Injecting drug use in the general population

It has been estimated that a very low proportion of the Australian general population aged 14 years and over have ever injected or recently injected drugs. In 2010, 1.8% of the population had injected a drug in their lifetime, with 0.4% having injected a drug in the past year. More than one-quarter (27.1%) of recent users injected daily and the majority obtained their needles and syringes from a chemist (64.5%). Males were more likely to have recently injected drugs in the past year than females (0.6% versus 0.3%). Those in the 20-29 and 30-39 year age groups had a higher proportion of past-year injecting drug use (0.9% for each) than those in other age groups (Australian Institute of Health and Welfare, 2011) .

Another recent prevalence estimate of injecting in Australia in 15-64 year olds is 1.09% (range = 0.65%-1.50%) which equates to approximately 149,591 persons (range = 89,253-204,564) (Mathers, Degenhardt, Phillips et al., 2008) .

6.4.2 Access to needles and syringes

In 2013, 860 participants commented on accessing needles (source). Needle and syringe programs (NSP) were by far the most common source of needles and syringes in the preceding six months (93%), followed by chemists (15%). NSP vending machines were used by 10% of participants nationally (29% of participants in TAS and 25% in NSW). The proportion reporting a friend, partner and/or dealer as the main source of needles and syringes varied by jurisdiction. Hospitals and outreach/peer workers were also accessed (Table 80). Of the national sample, 84% reported no trouble accessing needles and syringes in the last month.

In comparison, data from the 2010 National Drug Strategy Household survey reported that around 65% of recent injectors (used in the previous 12 months) obtained needles and syringes from a chemist, followed by 37% at NSP (Australian Institute of Health and Welfare, 2011) .

Table 80: Main sources of needles and syringes in the preceding six months, by jurisdiction, 2013

Accessing from:	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=868	N=860	n=150	n=100	n=149	n=104	n=100	n=75	n=91	N=91
	2012	**2013**								
% NSP	95	**93**	87	88	97	98	93	95	93	90
% NSP Vending machine*	13	**10**	25	7	0	29	11	1	0	2
% Chemist	16	**15**	21	23	9	16	8	17	10	17
% Partner	2	**3**	7	1	2	3	2	1	1	2
% Friend	12	**9**	15	6	5	11	10	8	7	9
% Dealer	4	**3**	7	3	1	1	4	5	1	1
% Hospital	2	**4**	16	2	1	0	0	4	2	4
% Outreach/peer worker	2	**3**	7	0	8	0	0	0	0	0

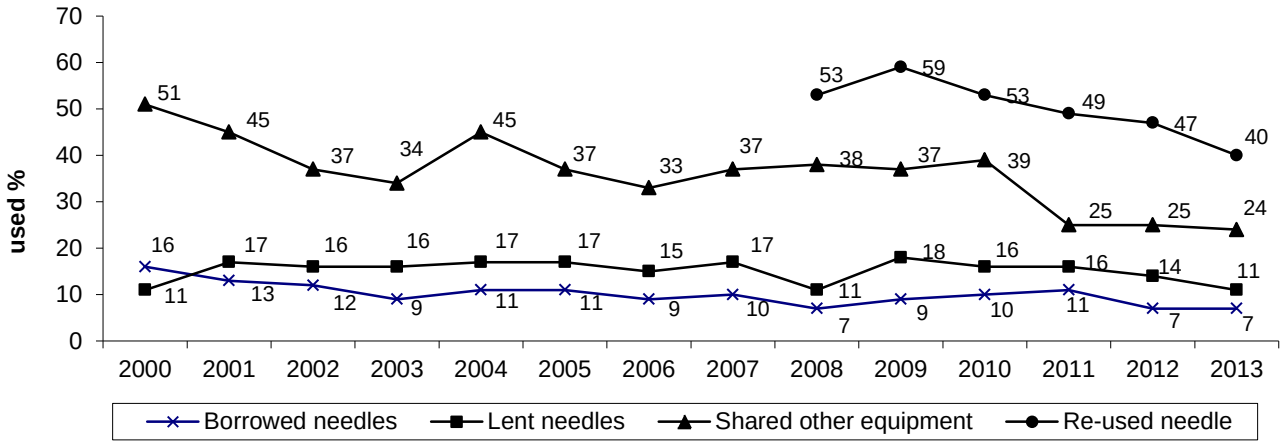
Source: IDRS participant interviews
* Vending machines not available in all jurisdictions
Note: Multiple responses allowed

6.4.3 Sharing of injecting equipment

The sharing of injecting equipment remains an issue of concern due to the risk of transmission of blood-borne viral infections (BBVI) such as human immunodeficiency virus (HIV) and hepatitis C virus (HCV). Proportions reporting that someone had used a needle after them ('lent') significantly decreased in 2013 (14% in 2012 versus 11% in 2013; $p<0.05$). Those reporting that they had used a needle after someone else ('borrowed') in the last month remained relatively stable in 2013.

In comparison, higher proportions of participants reported sharing other injecting equipment such as spoons/mixing containers, filters, tourniquets and water in the month prior to interview. The sharing of injecting equipment remained stable between 2012 and 2013, $p>0.05$) (Figure 40, Table 81).

Figure 40: Borrowing and lending of needles and sharing of injecting equipment in the month prior to interview, 2000-2013



Source: IDRS participant interviews
Note: Data collection for 're-used own needle' started in 2008

Proportions reporting borrowing needles varied by jurisdiction, from 2% in the NT to 13% in QLD (Table 81 and Figure 41), while lending needles ranged from 3% in the NT to 17% in VIC (Table 81 and Figure 42). The borrowing of needles in the past month remained relatively stable in most jurisdictions, except in WA (lower), the NT (higher) and QLD (higher) (Figure 41).

Self-reported lending of used needles and/or syringe was overall lower. Figures were lower in in all jurisdiction except WA which was slightly higher and QLD which remained stable compared to 2012 (Figure 42). The self-reported sharing of used injecting equipment not including needles and/or syringes varied among the jurisdictions (Figure 43).

IDRS participants were also asked if they re-used their own needle due to the risks associated with re-using needles such as infection. Nationally, forty percent reported re-using their own needle ranging from 22% in the NT to 49% in the ACT (Table 81). This was a significant decrease from 47% in 2012 ($p<0.05$).

Participants were also asked about the re-use of injecting equipment (not including needles). Fifty-six percent of the national sample reported re-using their own injecting equipment in the last six months, mainly spoons/mixing containers (81%) and tourniquets (40%) (Table 81). This was a significant decrease from 62% in 2012 ($p<0.05$).

Participants were also asked 'The last time you injected what was the injection site (on the body)?'. Of those who commented, the majority (74%) reported injecting in the arm, while 13% reported the hand and 6% the leg (Table 81).

For national trends over time for borrowing of needles, lending of needles and sharing of injecting equipment please refer to Appendix I.

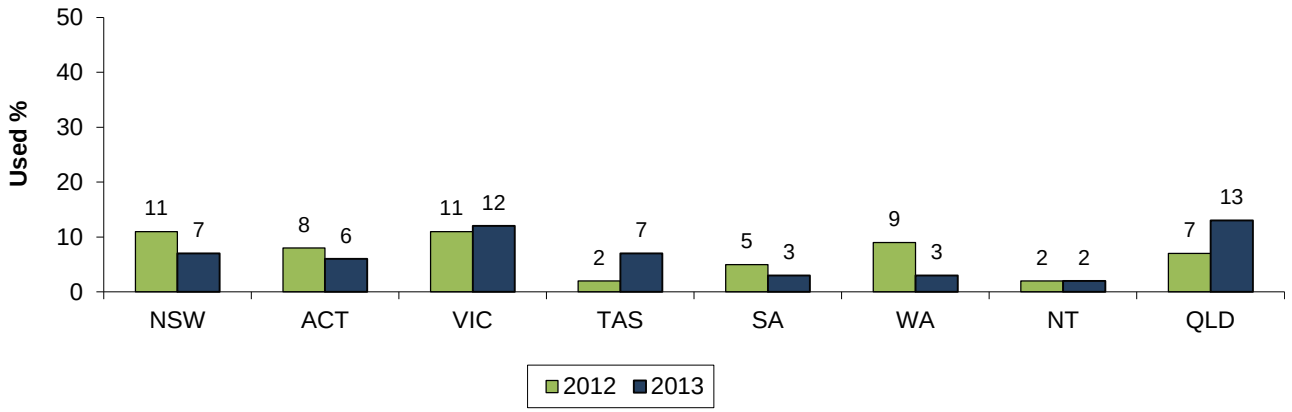
Participants who had used a needle after someone else in the last month (n=54) had typically used after a regular partner (48%) or close friend (39%). These participants had usually borrowed a needle on one or two occasions during that time (74%). Sixteen percent reported 'borrowing' a needle on three to five occasions in the last month.

Table 81: Sharing needles and injecting equipment in last month, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	N=100
	2012	**2013**								
% Borrowed a needle	7	**7**	7	6	12	7	3	3	2	13
% Lent a needle	14	**11↓**	12	10	17	5	6	16	3	13
% Shared any injecting equipment* (n)	25 (N=231)	**24 (N=214)**	29 (n=43)	24 (n=24)	25 (n=37)	29 (n=31)	15 (n=15)	27 (n=24)	20 (n=18)	22 (n=22)
Shared spoon/mixing container	79	**75**	74	63	97	65	67	58	83	86
Shared filter	15	**21**	21	4	24	42	20	21	17	5
Shared tourniquet	37	**31**	30	21	3	42	53	58	56	14
Shared water	20	**26**	33	29	32	29	13	29	11	9
Shared swabs	5	**4**	9	0	5	3	0	4	0	0
% Reused own needle	47	**40↓**	42	49	41	48	41	38	22	40
% Reused own injecting equipment (n)	62 (N=573)	**56↓ (N=465)**	53 (n=79)	59 (n=59)	43 (n=65)	55 (n=59)	46 (n=46)	76 (n=57)	51 (n=46)	59 (n=54)
Re-used own spoon/missing container	88	**81**	81	78	86	68	78	84	89	87
Re-used own filters	11	**11**	23	7	14	5	7	14	7	6
Re-used own tourniquets	43	**40**	48	34	17	42	46	61	54	17
Re-use own water	13	**15**	34	22	6	14	4	16	9	4
Re-used own swabs	4	**2**	8	0	0	3	0	0	2	0
Re-used own wheel filter	6	**1**	0	0	0	7	0	0	0	2
% Last site of injection (n)	(N=910)	**(N=859)**	(n=150)	(n=100)	(n=149)	(n=105)	(n=100)	(n=75)	(n=89)	(n=91)
Arm	78	**74**	70	82	77	73	75	63	73	70
Leg	3	**6**	5	4	3	5	7	4	14	8
Hand/wrist	11	**13**	15	9	11	14	12	20	8	20
Foot	2	**2**	1	3	1	2	0	5	1	1
Groin	2	**2**	3	0	2	4	0	1	1	1
Neck	3	**3**	3	2	5	2	5	7	0	0
Other	1	**1**	1	0	1	0	1	0	1	0
Median no. of times injected in the last month	25	**20**	25	20	20	20	15	24	30	30
Median no. of times obtained needles/syringes in the last month	3	**2**	4	4	4	3	2	2	2	3
Median no. of needles/syringes obtained in the last month	58	**50**	52	29.5	60	40	50	100	100	80
Median no. of needles/syringes sold/given away in the last month	5	**5**	4.5	5	2.5	5	9	20	2	6

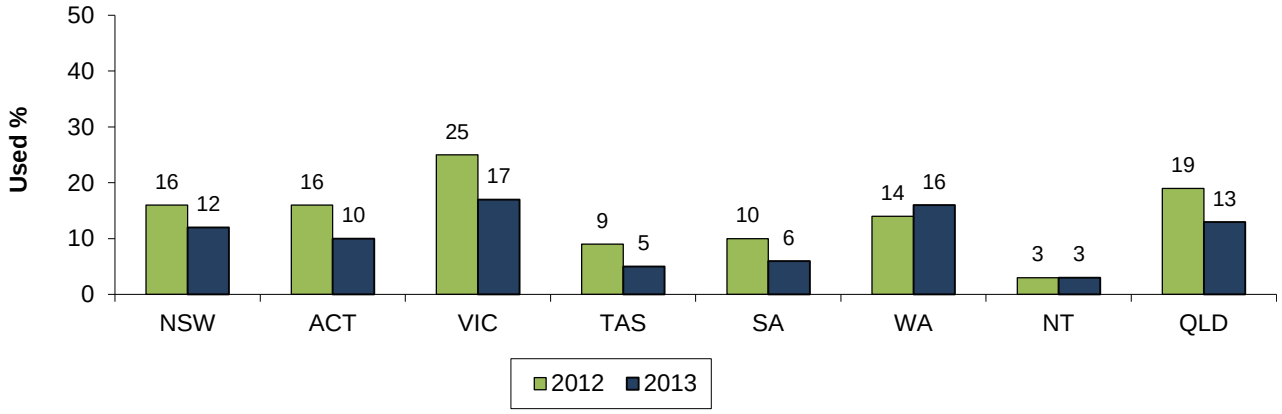
Source: IDRS participant interviews
* Includes spoons, water, tourniquets and filters; excludes needles/syringes
↓ Significant decrease between 2012 and 2013 ($p<0.05$)
Note: 'Borrowed' – used a needle after somebody else and 'Lent' – used a needle before somebody else

Figure 41: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2012-2013



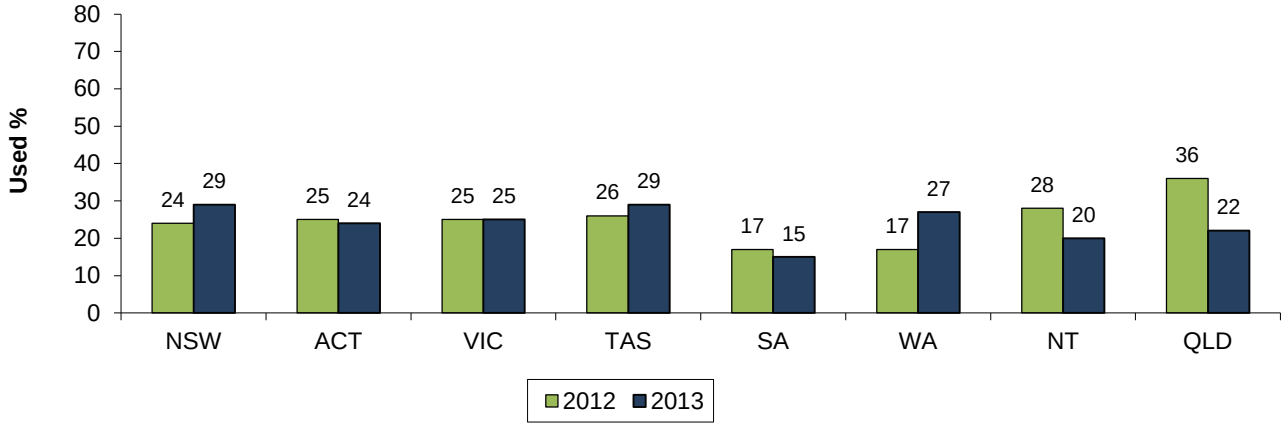
Source: IDRS participant interviews

Figure 42: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2012-2013



Source: IDRS participant interviews

Figure 43: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 2012-2013



Source: IDRS participant interviews

In 2013, participants were asked extra questions about the use of needles and syringes in the last month. Nationally, the median number of times participants had injected in the last month was 20 times (range 0-500). Needles/syringes were obtained on a median of two occasions in the last month. Participants reported a median of 50 needles/syringes obtained and a median of five needle/syringes were sold/given away in the last month (Table 81). Of those who commented (N=861), 12% reported that they had trouble getting needles/syringes in the last month.

6.4.4 Injecting equipment use in the last month

Participants in the IDRS survey were asked questions about the use and re-use of injecting equipment for a range of items used for injecting in the last month. These questions were from the 2008 Australian Needle and Syringe Program Survey (ANSPS) conducted by The Kirby Institute, University of New South Wales (National Centre in HIV Epidemiology and Clinical Research, 2009).

Outlined in Table 82 and Table 83, are the results from the IDRS survey compared to the NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2009) . The IDRS found similar results to the 2008 ANSPS survey.

In Table 82 around three-quarters (74%; 76% in the ANSPS survey) of the national 2013 sample who commented reported the use of 1ml needle and syringes in the last month followed by a 3ml syringe barrel (22%; 22% in the ANSPS survey) and detached needle (21%; 19% in the ANSPS survey) (Table 82). The re-use of 1ml needle and syringe was reported by 29% of the IDRS sample who commented (32% in the ANSPS survey) and 5% reported the re-use of 3ml syringes (7% in the ANSPS survey (Table 83). Results from 2012 and 2013 IDRS were similar.

Table 82: Use of injecting equipment in the last month among those who commented, by jurisdiction, 2013

	Australian NSP Survey	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	2012	**2013**								
% Injecting equipment used in the last month* (n)	(N=2270)	(N=912)	(**N=858**)	(n=150)	(n=100)	(n=149)	(n=104)	(n=99)	(n=74)	(n=91)	(n=91)
0.5ml needle/syringe	n.a.	n.a.	**5**	17	7	0	1	4	7	1	0
1ml needle/syringe	76	80	**74**	83	75	96	42	84	88	30	76
3ml syringe (barrel)	22	26	**22**	14	6	10	26	16	28	60	30
5ml syringe (barrel)	17	19	**16**	9	6	3	37	7	10	56	13
10ml syringe (barrel)	9	10	**11**	5	13	3	44	8	14	1	4
20ml syringe (barrel)	6	10	**8**	5	7	1	41	2	4	1	8
50ml syringe (barrel)	n.a.	1	**1**	0	0	0	1	1	4	0	0
Detached needle (tip)	19	22	**21**	9	10	5	32	10	24	69	30
Winged view infusion set (butterfly)	12	20	**18**	8	30	2	65	6	16	6	15
Wheel filter	11	22	**16**	9	26	5	36	7	16	26	11

Source: IDRS participant interviews and Australian NSP survey
* More than one item could be selected
n.a. Not applicable

Table 83: Re-use of injecting equipment in the last month among those who commented, by jurisdiction, 2013

	Australian NSP Survey	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	2012	**2013**								
% Injecting equipment reused in the last month* (n)	(N=2270)	(N=912)	**(N=858)**	(n=150)	(n=100)	(n=149)	(n=105)	(n=100)	(n=73)	(n=90)	(n=91)
0.5ml needle/syringe	n.a.	n.a.	**2**	6	5	0	1	0	1	0	0
1ml needle/syringe	32	37	**29**	34	31	40	9	35	33	8	34
3ml syringe (barrel)	7	8	**5**	3	2	1	10	3	4	14	6
5ml syringe (barrel)	6	5	**3**	1	4	1	5	2	0	10	2
10ml syringe (barrel)	4	2	**2**	1	3	2	8	1	3	0	2
20ml syringe (barrel)	3	3	**3**	3	2	1	14	1	1	0	1
50ml syringe (barrel)	n.a.	<1	**<1**	0	0	0	0	1	0	1	0
Detached needle (tip)	4	3	**3**	1	0	0	6	0	3	10	6
Winged view infusion set (butterfly)	5	6	**4**	1	3	2	12	0	7	1	3
Wheel filter	4	3	**1**	1	1	0	1	2	1	2	1

Source: IDRS participant interviews and Australian NSP survey
* More than one item could be selected

6.4.5 Location of injections

Consistent with previous years, the majority of participants (78%) in the national sample reported that they had last injected at a private home, and this remained the most commonly reported location of last injection across all jurisdictions, ranging from 66% in VIC to 92% in SA. There were also jurisdictional variations in other locations of last injection, including public areas such as the street, a car park or a beach, inside a car, or in a public toilet (Table 84). Three percent of participants in NSW reported last injecting at the Sydney Medically Supervised Injecting Centre (MSIC).

Table 84: Location of last injection, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	N=100
	2012	**2013**								
% Private home	80	**78**	69	83	66	89	92	72	84	80
% Car	5	**4**	1	3	3	7	5	8	1	7
% Street/car park/beach	5	**5**	9	2	17	0	1	2	2	2
% Public toilet	4	**5**	7	9	7	3	1	2	8	1
% Other	4	**8**	14	3	7	1	1	16	5	10

Source: IDRS participant interviews
Note: MSIC is included under 'other' in NSW

6.4.6 Self-reported injection-related health problems

Fifty-four percent of participants in the national sample had experienced an injection-related health problem in the month preceding interview. Of those who reported an injection-related health problem (N=476), the most prominent problems were scarring/bruising (70%) and difficulty injecting (62%), most likely indicating poor vascular health among a proportion of this group. Twenty percent reported they had a 'dirty hit' (i.e. a hit that made them feel sick) in the month preceding interview. Thrombosis and non-fatal overdose remained rare during this period (Table 85). A significant decrease in a dirty hit between 2012 and 2013 was found ($p<0.05$). No other significant differences for injection-related health problems were found.

Table 85: Proportion of injection-related issues in last month, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	N=100
	2012	**2013**								
% Any injection related problem	59	**54**	68	53	41	51	66	45	48	53
% Problem (n)	(N=544)	(**N=476**)	(n=103)	(n=53)	(n=62)	(n=55)	(n=66)	(n=40)	(n=44)	(n=53)
Scarring/bruising	66	**70**	71	74	74	67	74	68	66	60
Difficulty injecting	59	**62**	67	57	50	67	61	75	52	68
Dirty hit	34	**20**↓	13	13	13	29	21	33	27	21
Infection/abscess	14	**9**	9	8	7	6	11	13	9	15
Thrombosis	9	**7**	7	6	10	2	8	8	9	8
Overdos	9	**4**	4	2	8	0	3	3	7	2

Source: IDRS participant interviews
↓Significant decrease between 2012 and 2013 ($p<0.05$)

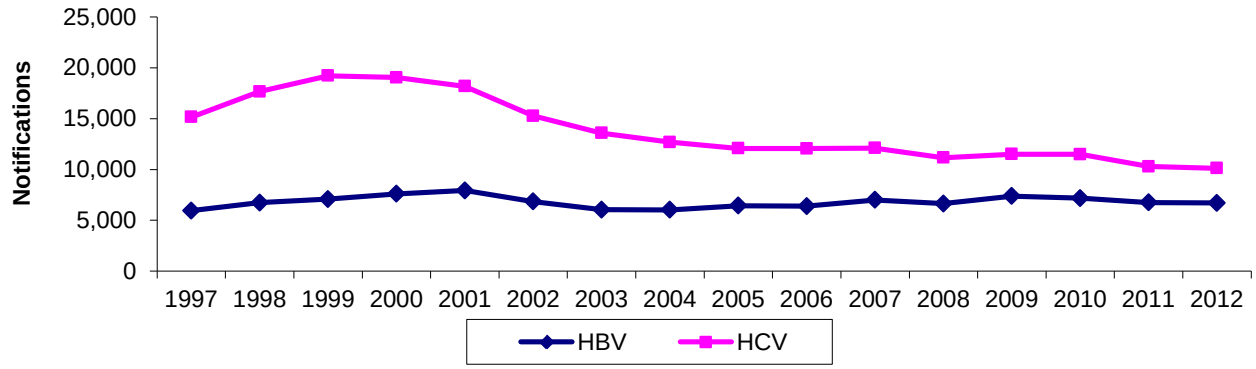
6.5 Blood-borne viral infections

People who inject drugs are at significantly greater risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV)[2] and human immunodeficiency virus (HIV), as BBVI can be transmitted via the sharing of needles, syringes and equipment.

Figure 44 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network – National Notifiable Diseases Surveillance System (NNDSS). Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. In 2013, the number of HBV and HCV notifications recorded were higher than in 2012 (HBV: 6,717 in 2012 and 7,196 in 2013 and HCV 10,119 in 2012 and 10,743 in 2013). HCV continued to be more commonly notified than HBV.

[2] HCV antibody testing has only been available since 1990.

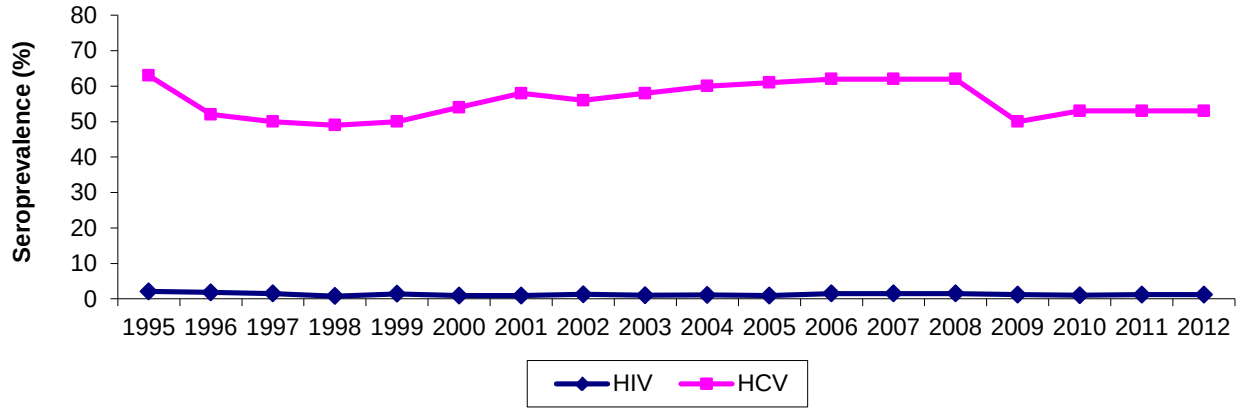
Figure 44: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2013



Source: Communicable Diseases Network – Australia – NNDSS
Note: Data accessed on 8 May 2014. Figures are updated on an ongoing basis
Notes on interpretation: The quality and completeness of data compiled in the National Notifiable Diseases Surveillance System are influenced by various factors. Notifications may be required from treating clinicians, diagnostic laboratories or hospitals. In addition, the mechanism of notification varies between States and Territories and in some cases different diseases are notifiable by different mechanisms. The proportion of cases seen by health care providers which are the subject of notification to health authorities is not known with certainty for any disease, and may vary among diseases, between jurisdictions and over time

The prevalence of HIV among people who inject drugs in Australia has remained low at 2.1% or less since 1995. The prevalence of HIV in 2012 was 1.2% (Figure 45). HCV prevalence among this group was much higher at 61% to 62% from 2005 to 2008, however, this figure was lower at 53% 2012 (Figure 45) (Iversen and Maher, 2013).

Figure 45: HIV and HCV prevalence among participants recruited for the Australian NSP Survey, 1995-2012



Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002; National Centre in HIV Epidemiology and Clinical Research, 2005; National Centre in HIV Epidemiology and Clinical Research, 2009; National Centre in HIV Epidemiology and Clinical Research, 2010; Iversen and Maher, 2012; Iversen and Maher, 2013; Kirby Institute, May 2011)
Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395; 2012: 2,391

6.6 Alcohol Use Disorders Identification Test-Consumption

People who regularly inject drugs are particularly at risk for alcohol related harms due to a high prevalence of the hepatitis C virus (HCV). Half of the participants interviewed in the Australian NSP Survey 2012 (N=2,391) were found to have HCV antibodies(Iversen and Maher, 2013) . Given that the consumption of alcohol has been found to exacerbate HCV infection and to increase the risk of both non-fatal and fatal opioid overdose and depressant overdose (Darke, Rossand Hall, 1996; Schiffand Ozden, 2004; Coffin, Tracy, Bucciarelli et al., 2007; Darke, Duflou and Kaye, 2007) it is important to monitor risky drinking among PWID.

The information on alcohol consumption currently available in the IDRS includes the prevalence of lifetime and recent use, number of days of use over the preceding six months. Participants in the IDRS were asked the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) as a valid measure of identifying heavy drinking (Bush, Kivlahan, McDonell et al., 1998) . The AUDIT-C is a three item measure, derived from the first three consumption questions in the AUDIT. Dawson and colleagues (Dawson, Grant, Stinson et al., 2005) reported on the validity of the AUDIT-C finding that it was a good indicator of alcohol dependence, alcohol use disorder and risky drinking.

Among IDRS participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 5.5 (median=5, range 1-12). Males scored significantly higher than females on the AUDIT-C (5.9 versus 4.9; $p<0.05$). According to Dawson and colleagues (Dawson, Grant, Stinson et al., 2005) and Haber and colleagues (Haber, Lintzeris, Proude et al., 2009) '*Guidelines for the Treatment of Alcohol Problems'* a cut-off score of five or more indicated that further assessment was required.

Over half (54%) of the participants who drank in the past year scored 5 or more on the AUDIT-C, ranging from 44% in NSW to 65% in the NT. Fifty-eight percent of males and 47% females scored 5 or more indicating the need for further assessment (Table 86).

Table 86: AUDIT-C among people who injected drugs and drank alcohol in the past year, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
Mean AUDIT-C score SD (range)	5.6 3.5 (1-12)	**5.5** **3.6** **(1-12)**	4.8 3.3 (1-12)	5.6 3.3 (1-12)	6.4 3.9 (1-12)	5.1 2.6 (1-12)	5.9 3.9 (1-12)	4.8 3.2 (1-12)	6.5 4.0 (1-12)	5.2 3.5 (1-12)
% Score of 5 or more* (n)	(N=640)	(**N=582**)	(n=114)	(n=64)	(n=91)	(n=49)	(n=75)	(n=63)	(n=62)	(n=64)
All participants	56	**54**	44	55	62	63	57	49	65	45
Males (N=425)	60	**58**	47	61	66	64	70	49	72	44
Females (N=211)	50	**47**	40	43	52	63	41	50	44	44

Source: IDRS participant interviews
*Among those who drank alcohol in the past year

6.7 Mental health problems and psychological distress

6.7.1 Self-reported mental health problems

Among the general population surveyed (around 16 million) for the National Survey of Mental Health and Wellbeing 2007, forty-five percent reported a lifetime mental disorder, with 20% reporting any mental disorder symptoms in the last 12 months. Of those with a mental disorder in the last 12mths, 14% reported an anxiety disorder, 6% affective disorder and 5% substance use disorder (Australian Bureau of Statistics, 2007) .

The IDRS includes items regarding self-reported experience of mental health problems and health service utilisation for such problems, including obtaining of prescription medications. It is important to note that the following data refer to participants' perceptions of their mental health and were not confirmed by a formal diagnosis (although the participant may have received such a diagnosis from a health professional in the course of treatment).

In the IDRS, 44% percent of participants self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence). Among these who had experienced a problem (N=388), the number who reported seeing a mental health professional during the last six months significantly increased between 2012 and 2013 (58% and 74%

respectively; p<0.05). See Table 87 for breakdown of these results by jurisdiction, problems experienced among those reporting a problem, and contact with mental health professionals.

Of those who reported attending a mental health professional (N=285), 67% reported visiting a General Medical Practitioner (GP), 29% visited a psychiatrist, 25% a psychologist, 17% a counsellor, 7% a mental health nurse, 4% a community nurse, 3% a hospital emergency department and 3% a psychiatric ward.

The most commonly reported mental health problem was depression (66%), followed by anxiety (46%). Mania, bipolar disorder, phobia, panic, obsessive-compulsive disorder, paranoia, personality disorder, schizophrenia, drug-induced psychosis and psychosis (not drug induced) were each reported by 15% or less of the national sample.

The main reasons for not attending a health professional for the self-reported mental health problems in the last six month were self-treated (18%) and couldn't be bothered (11%).

Table 87: Self-reported mental health problems experienced in the preceding six months, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2012	**2013**								
% Self-reported mental health problem in the last six months	43	**44**	46	36	51	50	47	38	30	47
% Problem* (n)	(N=393)	(**N=388**)	(n=70)	(n=36)	(n=77)	(n=53)	(n=47)	(n=33)	(n=27)	**(**n=45**)**
Depression	70	**66**	66	56	65	74	70	70	67	60
Anxiety	52	**46**	46	25	42	57	51	49	52	50
Manic-depression/Bipolar	12	**10**	3	8	12	19	11	18	7	4
Schizophrenia	11	**15**	13	17	14	17	11	9	22	20
Panic	12	**8**	4	11	5	17	6	15	4	4
Paranoia	9	**4**	6	6	5	6	2	3	0	2
Drug-induced psychosis	7	**4**	3	14	3	8	2	3	0	2
Phobias	4	**2**	1	3	0	9	0	6	0	0
% **Attended health professional for mental health problem***	58	**74**↑	63	81	71	81	75	73	78	76
% Reasons for not attending a health professional in the last six months (n)	n.a.	(**N=102**)	(n=2)6	(n=7^)	(n=22)	(n=10)	(n=12)	(n=9^)	(n=5^)	**(**n=11**)**
Too expensive	n.a.	**0**	0	0	0	0	0	0	0	0
Self-treated	n.a.	**18**	23	0	23	20	25	0	0	18
Service too busy/waiting list too long	n.a.	**8**	15	14	9	10	0	0	0	0
Didn't know who to visit	n.a.	**6**	8	0	9	0	8	11	0	0
Couldn't be bothered	n.a.	**11**	8	29	9	10	8	11	0	18
Felt fine/OK	n.a.	**4**	8	0	9	0	0	0	0	0
Missed appointment	n.a.	**1**	0	0	0	0	0	0	20	0
Bad experiences	n.a.	**7**	4	14	5	20	8	0	20	0
Fear of diagnosis	n.a.	**2**	4	0	0	0	0	11	0	0
Didn't think it was serious enough	n.a.	**8**	4	14	18	0	0	0	0	18
Don't know/Other	n.a.	**36**	27	29	18	40	50	67	60	46

Source: IDRS participant interviews
* Among those who reported a mental health issue
↑ Significant increase between 2012 and 2013 (p<0.05)
n.a. Not available

Among those who reported a recent mental health problem and commented (N=261), 68% reported having been prescribed medication for this problem during this time period. Of those who were prescribed medication (N=130), 50% were prescribed antidepressants, most commonly mirtazepine N=36 (e.g. Avanza®), escitalopram N=13 (e.g. Lexapro®), venlafaxine N=12 (e.g. Efexor®), sertraline N=9 (e.g. Zoloft®), citalopram N=9 (e.g. Cipramil®), fluoxetine N=7 (e.g. Prozac®) and amitriptyline N=3 (e.g. Endep®). Thirty-eight percent of those with a mental health problem had been prescribed an antipsychotic, most commonly quetiapine N= 49 (e.g. Seroquel®), olanzapine N=17 (e.g. Zyprexa®), and risperodone N=9 (e.g. Risperdal®). Five percent of those with a self-reported mental health problem were prescribed a mood stabilizer, most commonly sodium valproate N=4 (e.g. Epilim®). Benzodiazepines had been prescribed (as participants understood it) specifically for a mental health problem (rather than for any other problem, e.g. sleeping difficulties or during detoxification) among 43% of those who had been prescribed medication for a mental health problem in the preceding six months. Diazepam N=77 (e.g. Valium®) and alprazolam N=22 (e.g. Xanax®) were most commonly prescribed.

6.7.2 The K10 psychological distress scale

The Kessler Psychological Distress Scale 10 (K10) was also administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)/the Structured Clinical Interview for DSM disorders (SCID) (Andrews and Slade, 2001; Kessler, Andrews, Colpe et al., 2002) . The K10 related to the level of anxiety and depressive symptoms a person may have felt in the preceding 4 week period (Australian Institute of Health and Welfare, 2011) .

The minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). Among participants who completed the full scale (N=842), the mean score was 23.5 (median 23; SD 8.7; range 10-50). The 2010 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2011) provided the most recent Australian population norms available for the K10, and used four categories to describe degree of distress: scores from 10-15 were considered to be 'low'; 16-21 as 'moderate'; 22-29 as 'high'; and 30-50 as 'very high'. Using these categories, IDRS participants reported greater levels of 'high' and 'very high' distress compared to the general population (Australian Institute of Health and Welfare, 2011) (Table 88).

Table 88: K10 scores, by jurisdiction (method used in AIHW National Drug Strategy Household Survey), 2013

K10 category	National Drug Strategy Household Survey	IDRS									
		National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
		N=834	N=842	n=148	n=100	n=149	n=95	n=100	n=71	n=89	n=90
		2012	**2013**								
No or low distress (score 10-15)	69.6	19	**20**	14	26	20	11	23	17	34	23
Moderate distress (score 16-21)	20.5	22	**25**	28	26	20	22	24	21	35	23
High distress (score 22-29)	7.4	28	**31**	35	32	34	35	30	34	21	27
Very high distress (score 30-50)	2.4	32	**24**	24	16	28	33	23	28	10	27

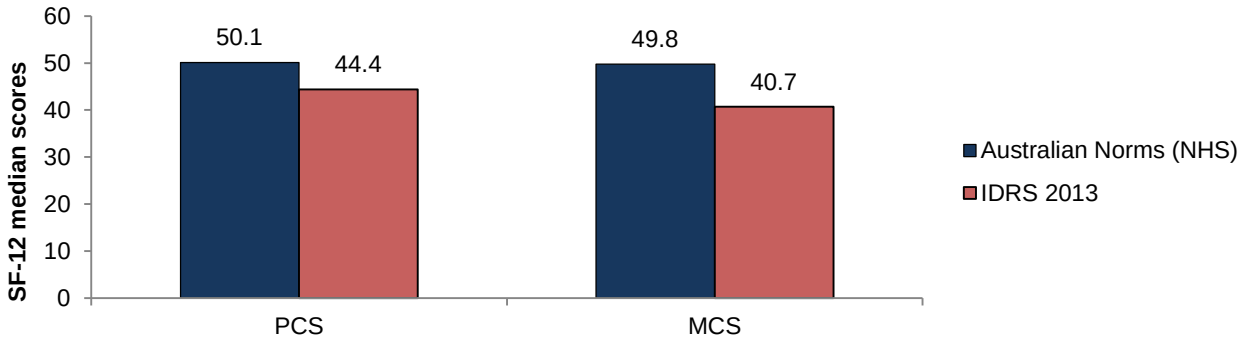
Source: IDRS participant interviews; (Australian Institute of Health and Welfare, 2011)
Note: The extent to which cut-offs derived from population samples can be applied to the IDRS population is yet to be established and, therefore, these findings should be taken as a guide only

6.7.3 Mental and physical health problems

The Short Form 12-Item Health Survey (SF-12) is a questionnaire designed to provide information on general health and wellbeing and includes 12 questions from the SF-36 (Ware, Snow, Kosinski et al., 1993). The SF-12 includes twelve questions and measures health status across eight dimensions concerning physical functioning, role limitations due to physical health problems, bodily pain, general health, energy/fatigue, social functioning, role limitations due to emotional problems and psychological distress and wellbeing. The scores generated by these eight components are combined to generate two composite scores, the physical component score (PCS) and the mental component score (MCS) (Ware, Kosinski and Keller, 1995; Ware, Kosinski and Keller, 1996) . A higher score indicates better health.

The SF-12 scoring system was developed to yield a mean of 50 and a standard deviation of 10. Participants in the 2013 IDRS scored a mean of 44.4 (SD=11.1) for the PCS and 40.7 (SD=13) for the MCS (Figure 46).

Figure 46: SF-12 scores for IDRS participants compared with the National Health Survey general Australian population norms (ABS), 2013



Source: IDRS participant interviews , (Australian Bureau of Statistics, 1995)
Note: results differ to the 2013 IDRS National report hardcopy and were updated on 8 May 2014

Figure 46 and Table 89 presents the MCS and PCS for participants interviewed in the IDRS compared with those of the general Australian population[3] from the National Health Survey (NHS) (Australian Bureau of Statistics, 1995) . It appears that IDRS participants in 2013 had a significantly lower MCS compared with the Australian population average (40.7 versus 49.8; t_{826}= -20.01; p<0.05). It was also found that IDRS participants reported a significantly lower PCS score than the Australian population norms (44.4 versus 50.1; t_{826}= -14.63; p<0.05) (Table 89). The MCS and PCS were found to be around one standard deviation below the Australian population mean score. This would indicate that IDRS participants had poorer mental and physical health than the population average.

Table 89: SF-12 Mental and Physical Health Mean Component Scores, by jurisdiction, 2013

SF-12 Component scores (IDRS)	SF-36 Australian Population Norms (ABS)	National N=827	NSW n=147	ACT n=98	VIC n=149	TAS n=89	SA n=95	WA n=71	NT n=88	QLD n=90
MCS	49.8	40.7	39.9	41.8	38.6	41.3	40.4	46.4	41.1	41.1
PCS	50.1	44.4	43.7	45.4	46.1	44.3	44.6	43.7	42.7	44.0

Source: IDRS participant interviews, (Australian Bureau of Statistics, 1995)
Note: results differ to the 2013 IDRS National report hardcopy and were updated on 8 May 2014

[3] The SF-12 scores were transformed into SF-36 scores using weighted syntax to make them comparable with the general Australian population scores.

In terms of state differences, an interesting finding was that all states and territories were found to have significantly lower MCS and PCS than the Australian population. For further discussion, see the 2013 individual state reports.

6.8 Driving risk behaviour

Of the national sample, 42% had driven a car in the last six months. Of those who had driven recently (N=370), 62% had a full driving licence while 29% reported no current driving licence. Eighteen percent of those who had recently driven reported driving while under the influence of alcohol. Of those who had driven while under the influence of alcohol (N=67), 45% reported driving while over the limit of alcohol on a median of three occasions in the last six months (range 1-48 occasions). A large proportion (77%) reported driving shortly after using an 'illicit' or 'illicitly' obtained drug on a median of 18 occasions (range 1-180 occasions). Participants reported driving a median of 30 minutes after taking an illicit drug. The drugs most commonly reported, unsurprisingly, typically reflected the most commonly used drugs in each jurisdiction, i.e. cannabis, heroin/opioids and methamphetamine were typically the most commonly reported across the jurisdictions (Table 90).

Participants who had driven under the influence of an 'illicit' drug(s) in the preceding six months were asked whether they felt their driving had been impaired the last time they had engaged in this behaviour. Response options were 'quite impaired', 'slightly impaired', 'no impact', 'slightly improved' and 'quite improved'. Around two-thirds (65%) felt that it had had 'no impact' on their driving, while 21% felt that it had been 'slightly impaired' and 4% felt that it had been 'quite impaired'. Eight percent felt that their driving had 'slightly improved' and 2% thought it had 'quite improved'.

Random breath testing assesses blood alcohol content, while roadside saliva drug testing looks for the presence of cannabis, methamphetamine and MDMA. Drivers undergo confirmatory laboratory testing if found to be positive. Random breath testing (RBT) for alcohol has been widely implemented in Australia for some time, while, saliva drug testing is becoming more common. In 2013, 34% (N=96) of those who had driven soon after using an illicit drug in the past six months reported ever having been saliva drug tested at the roadside[4]. Twenty-seven participants reported a positive result, as follows: cannabis only N=4; amphetamine only N=9; opiates only N=1; cannabis and amphetamine N=5; cannabis, amphetamines, and opiates N=2; amphetamines, MDMA, opioids and other N= 1, cannabis, opioids and other N=2, cannabis and opioids N= 1, opioids and other N=1 and other only N=1.

[4] Participants may not necessarily have been under the influence of drugs when they were drug tested.

Table 90: Driving behaviour, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	N=100
	2012	**2013**								
% Driven in the last six months (n)	44 (N=409)	**42 (N=370)**	31 (n=47)	35 (n=35)	26 (n=39)	50 (n=54)	60 (n=60)	45 (n=40)	53 (n=48)	47 (n=47)
% Driven soon after using an illicit drug(s) last six months*	77	**77**	62	83	80	82	80	78	69	81
% Driven under the influence of alcohol last six months*	20	**18**	11	23	18	13	28	8	31	11
Driven under the influence of alcohol (n)	(N=77)	(**N=67**)	(n=5)	(n=8)	(n=7)	(n=7)	(n=17)	(n=3)	(n=15)	**(**n=5**)**
% Driven while over the limit of alcohol	49	**45**	40	38	43	29	29	33	67	80
% Drug(s) taken (n)**	(N=313)	(**N=282**)	(n=29)	(n=29)	(n=31)	(n=44)	(n=48)	(n=31)	(n=32)	**(**n=38**)**
Heroin	39	**32**	35	45	48	5	29	61	3	40
Methadone	11	**9**	21	7	19	7	0	10	3	13
Buprenorphine	1	**2**	0	3	0	0	0	0	9	5
Bup-naloxone	3	**<1**	0	0	0	0	0	3	0	0
Morphine	17	**17**	0	0	3	43	2	3	63	18
Oxycodone	5	**3**	7	0	3	5	4	3	0	3
Any methamphetamine	23	**25**	20	24	13	21	56	23	18	11
Speed	*10*	***9***	*3*	*0*	*0*	*14*	*27*	*7*	*9*	*3*
Base	*3*	***2***	*0*	*0*	*0*	*0*	*10*	*0*	*0*	*0*
Ice/crystal	*10*	***14***	*17*	*24*	*13*	*7*	*19*	*16*	*9*	*8*
Benzodiazepines	5	**7**	10	0	19	11	0	7	3	8
Cannabis	28	**26**	24	28	36	27	27	23	19	26

Source: IDRS participant interviews
*Among those who had driven a car in the last six months
**Among those who had driven soon after taking a drug. Refers to the last occasion of driving under the influence of an illicit drug

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Thirty-six percent of the national sample reported engagement in criminal behaviour in the preceding month. The most common types of crime committed were drug dealing and property crime.
- Thirty-two percent of the sample reported having been arrested in the preceding 12 months, mainly for property crime.
- In 2011/12, numbers of consumer and provider arrests for heroin and other opioids, amphetamine-type stimulants (including phenethylamines such as MDMA), cocaine and cannabis were higher than 2010/11 numbers.
- Cocaine arrests were higher in NSW and remained low and stable elsewhere. Cannabis arrests continued to account for the majority of all drug-related arrests in Australia.
- Among participants who had spent money on illicit drugs on the day before interview (57%), the median expenditure was $80.

Please refer to the earlier section Health-related trends associated with drug use for information about drug driving risk behaviour, an issue that can be considered to be health and/or law enforcement-related.

7.1 Reports of criminal activity

Table 91 shows self-reported criminal activity in the month preceding interview by jurisdiction. Over one-third (36%) of the national sample had engaged in at least one of the listed criminal activities in the preceding month, with the most commonly reported activities being drug dealing (23%) and property crime (18%). No significant differences were found between 2012 and 2013 (p>0.05). Proportions reporting engaging in drug dealing ranged from 10% in the NT to 30% in NSW and WA, while proportions reporting engaging in property crime ranged from 2% in the NT to 31% in TAS. Violent crime and fraud were less commonly reported among the jurisdictional samples. Refer to Appendix J, Figure J1 for comparable data over time nationally.

Table 91: Self-reported criminal activity in the month preceding the interview, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	N=100
	2012	**2013**								
% Crime in the last month:										
Drug dealing	24	**23**	30	17	17	26	25	30	10	27
Property	18	**18**	19	17	21	31	17	15	2	15
Fraud	3	**2**	3	3	3	2	0	1	3	5
Violence	3	**3**	7	5	5	2	2	2	0	1
Any crime	37	**36**	42	32	36	47	39	40	14	35

Source: IDRS participant interviews

In 2013, those participants who reported a crime in the last month were asked if they were under the influence of a drug at the time and if so what drug.

Among those who reported drug dealing in the last month (N=204), 74% reported drug dealing while under the influence of drugs. The main drugs reported were cannabis (32%), heroin (28%), ice/crystal (16%), benzodiazepines (14%), speed (14%), methadone (12%), alcohol (11%) and

morphine (9%). The main reasons for committing a drug dealing crime (among those who commented N=196) were 'needed money to buy drugs' (47%) and 'needed money to support myself and family' (26%).

Seventy-one percent of those who reported property crime in the last month (N=155), were under the influence of drugs. The main drugs reported were benzodiazepines (29%), heroin (23%), alcohol (21%), methadone (16%), cannabis (15%), ice/crystal (14%), speed (10%) and morphine (9%). The main reason for committing a property crime (among those who commented N=158) was 'needed money to buy drugs' (32%) followed by 'other financial reasons i.e. food' (24%) and 'needed money to support myself and family' (18%).

Of the few participants who reported a fraud crime in the last month (N=21), 65% were while under the influence of drugs. The main drugs reported were cannabis (31%), benzodiazepines (23%), heroin (23%), ice/crystal (23%), morphine (23%), alcohol (15%), methadone (8%), and speed (8%). The main reason for committing a fraud crime (among those who commented N=20) was 'needed money to buy drugs' (60%) followed by 'needed money to support myself and family' (15%).

Among those who reported a violent crime in the last month (N=30), 73% were under the influence of drugs. The main drugs reported were alcohol (32%), heroin (32%), ice/crystal (18%), cannabis (14%), benzodiazepines (9%), methadone (9%) and speed (5%). The main reason for committing a fraud crime (among those who commented N=30) was 'lost temper' (23%) followed by 'self-defence' (20%).

7.2 Arrests

Thirty-two percent of the 2013 national sample reported having been arrested in the 12 months preceding interview (33% in 2012), ranging from 14% in the NT to 42% in NSW. Some fluctuations at the jurisdictional level have been noted (Table 92 and Figure 47). For national trends over time please refer to Appendix J, Figure J2.

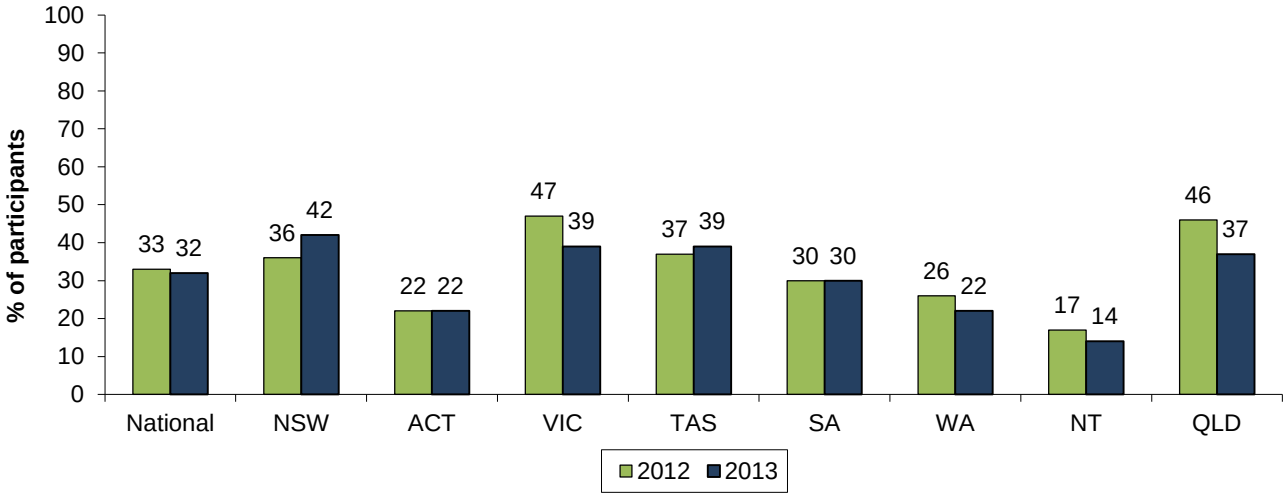
Among those participants who reported being arrested in the last year, around one-third reported being arrested for property crime (34%) and 19% for use/possession of drugs (Table 92).

Table 92: Main reasons for arrest in the last 12 months, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	N=100
	2012	**2013**								
% Arrested last 12 months	33	**32**	42	22	39	39	30	22	14	37
% Reason for arrest* (n)	(N=297)	(**N=285**)	(n=64)	(n=22)	(n=58)	(n=42)	(n=30)	(n=19)	(n=13)	(n=37)
Use/Possession drugs	20	**19**	30	5	22	10	3	5	0	38
Property crime	41	**34**	34	36	50	50	20	26	8	14
Violent crime	13	**15**	20	32	21	14	10	11	0	3
Driving offence	12	**14**	11	5	3	36	27	11	23	8
Other offence	19	**22**	13	18	16	12	30	37	46	41

Source: IDRS participant interviews
*Among those arrested in the last 12 months. Multiple responses allowed

Figure 47: Arrested in the preceding 12 months, by jurisdiction, 2012-2013



Source: IDRS participant interviews

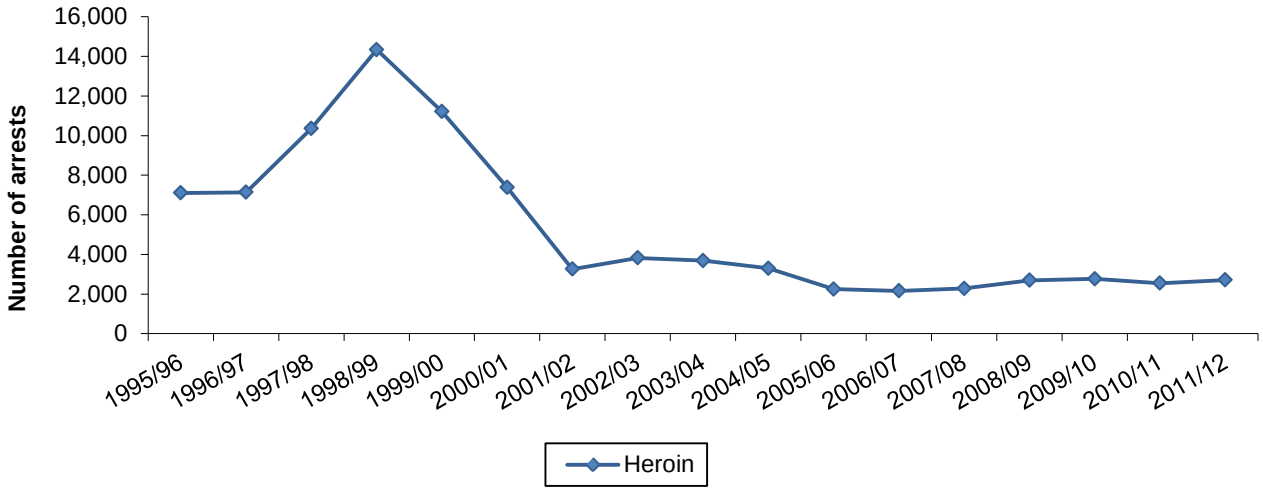
In addition to IDRS participant data on arrest over the past year, population level statistics related to drug use are also available from the Australian Crime Commission (latest available year 2011/12).

Arrest data can indicate changes in activity of users, the people involved in supplying illicit drugs, and/or changes in the focus of police activity. Arrests are divided into consumer and provider offences to differentiate between people arrested for trading in (providers) as opposed to using (consumers) illicit drugs (Australian Crime Commission, 2013)

7.2.1 Heroin

In 2011/12, numbers of consumer and provider arrests for heroin and other opioids increased from 2,551 in 2010/11 to 2,714. Arrests have steadily declined since 1998/99 and have remained fairly stable since 2005/06 (Figure 48). Data for 2012/13 were not available at the time of publication of this report.

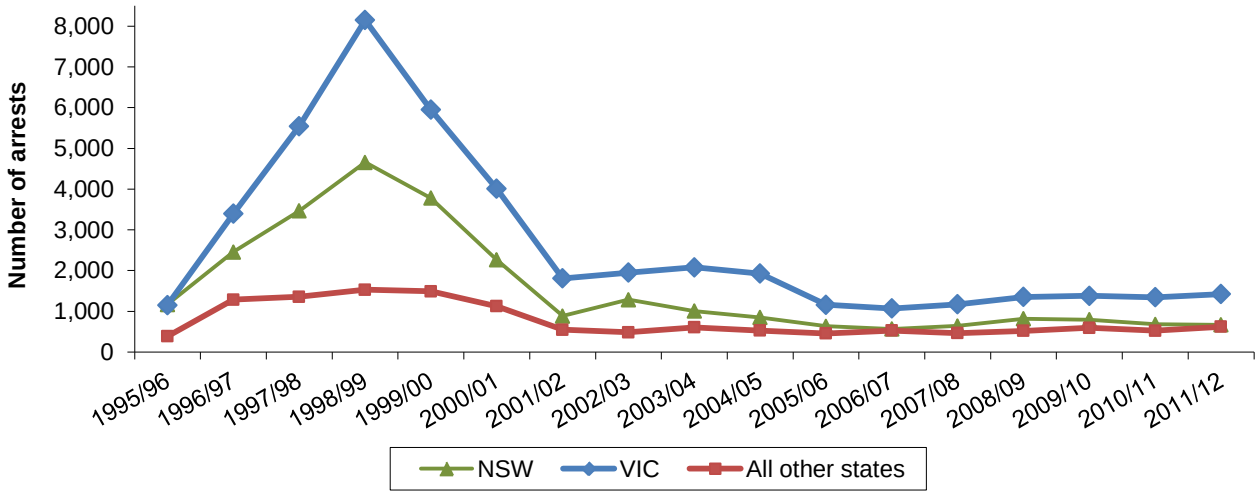
Figure 48: Total number of heroin and other opioid consumer and provider arrests, 1995/96-2011/12



Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013)
Note: The arrest data for each state and territory include AFP data. Data for 2012/13 were not available at the time of publication

Figure 49 shows the total number of arrests for heroin and other opioids in NSW and VIC compared to all other jurisdictions. Arrests have been highest in VIC for the entire period. The number of arrests in NSW, VIC and the other states remained fairly stable in 2011/12. Data for 2012/13 were not available at the time of publication of this report.

Figure 49: Total number of heroin and other opioids consumer and provider arrests for NSW and VIC versus all other jurisdictions, 1995/96-2011/12

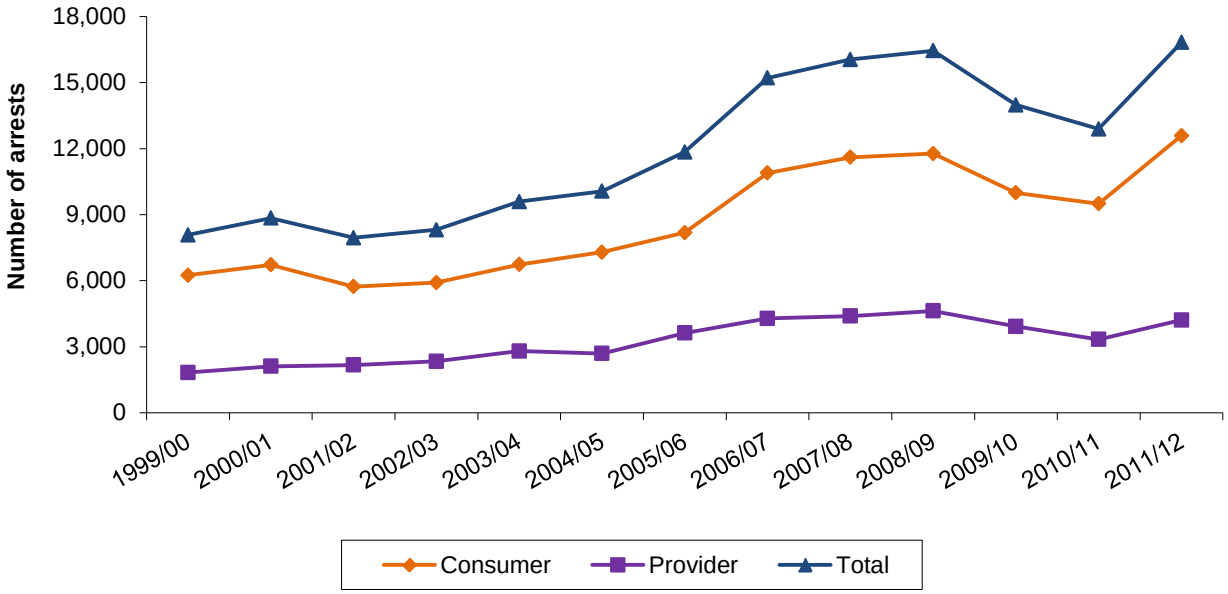


Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013)
Note: The arrest data for each state and territory include AFP data. Data for 2012/13 were not available at the time of publication

7.2.2 Methamphetamine

It should be noted that a number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants (ATS) and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Crime Commission, 2013)
In 2011/12, the total number of consumer and provider arrests increased from 12,897 in 2010/11 to 16,828 (
Figure 50). Data for 2012/13 were not available at the time of publication of this report.

Figure 50: Total number of amphetamine-type stimulants: consumer and provider arrests, 1999/00-2011/12

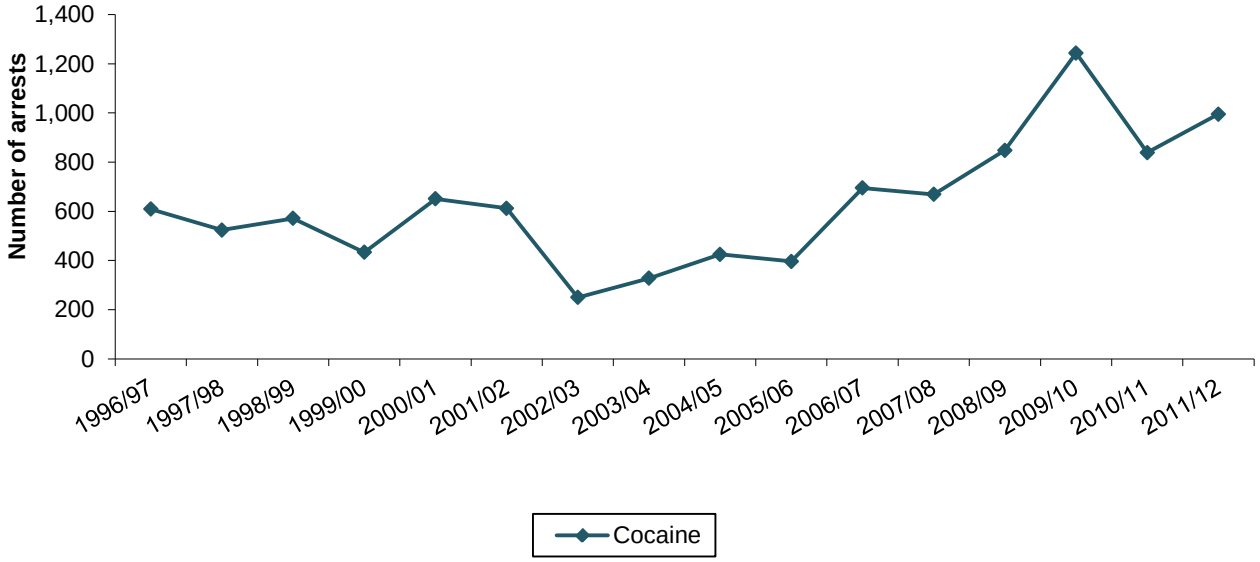


Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013)
Note: Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated. Data for 2012/13 were not available at the time of publication

7.2.3 Cocaine

In 2011/12, the number of cocaine arrests Australia wide increased from 839 in 2010/11 to 995 in 2011/12 (Figure 51). The majority of these arrests (56%) were in NSW, which is consistent with IDRS reports of the predominance of cocaine use in NSW relative to other jurisdictions. In NSW, the number of arrests increased from 479 in 2010/11 to 554 in 2011/12. Data for 2012/13 were not available at the time of publication of this report.

Figure 51: Total number of cocaine consumer and provider arrests, 1996/97-2011/12

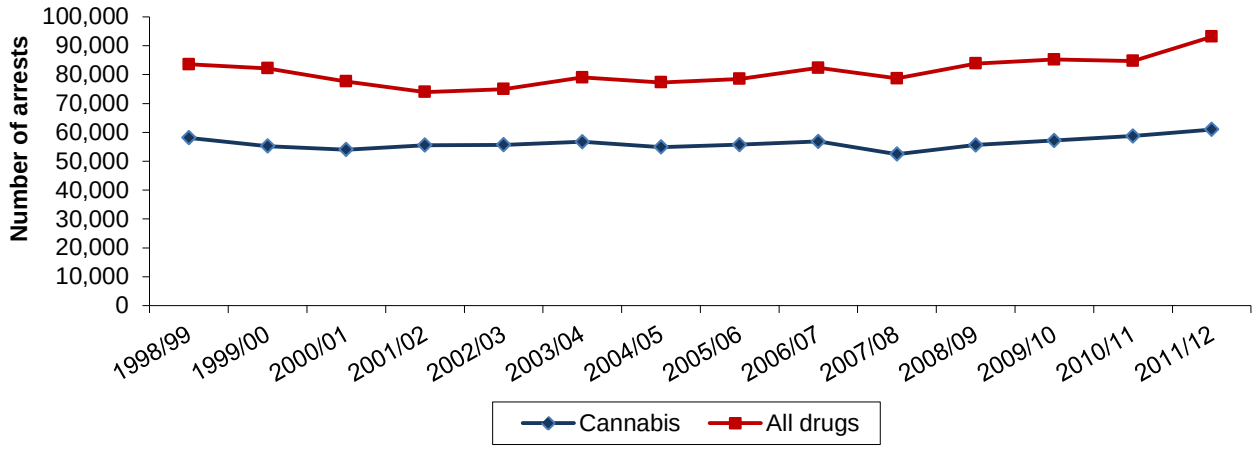


Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013)
Note: The arrest data for each state and territory include AFP data. Data for 2012/13 were not available at the time of publication

7.2.4 Cannabis

Cannabis arrests continue to account for the majority (69%) of all drug-related arrests in Australia (Figure 52). Numbers increased from 58,760 in 2010/11 to 61,011 in 2011/12. As in previous years, the number of cannabis arrests in QLD (17,733) accounted for nearly one-third (29%) of the national total. Numbers slightly decreased in NSW from 14,137 in 2010/11 to 14,004 in 2011/12. Data for 2012/13 were not available at the time of publication of this report.

Figure 52: Total number of cannabis and all drug consumer and provider arrests, 1998/99-2011/12



Source: (Australian Bureau of Criminal Intelligence, 2000; Australian Bureau of Criminal Intelligence, 2001; Australian Bureau of Criminal Intelligence, 2002; Australian Crime Commission, 2003; Australian Crime Commission, 2004; Australian Crime Commission, 2005; Australian Crime Commission, 2006; Australian Crime Commission, 2007; Australian Crime Commission, 2008; Australian Crime Commission, 2009; Australian Crime Commission, 2010; Australian Crime Commission, 2011; Australian Crime Commission, 2012; Australian Crime Commission, 2013)
Note: The arrest data for each state and territory include AFP data. Data for 2012/13 were not available at the time of publication

7.3 Expenditure on illicit drugs

Among the national sample who commented, 43% reported not spending money on illicit drugs the day prior to interview, ranging from 33% in NSW to 53% in VIC. The median amount spent by those who had purchased drugs was $80 nationally, ranging from $60 in TAS to $120 in WA (Table 93).

Table 93: Expenditure on illicit drugs on the day preceding interview among those who commented, by jurisdiction, 2013

Expenditure	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	N=100
	2012	**2013**								
% Nothing	39	**43**	33	41	53	43	36	47	42	48
% Less than $20	4	**3**	3	0	7	2	1	3	2	4
% $20 to $49	10	**12**	15	11	9	15	12	8	14	11
% $50 to $99	14	**14**	17	20	7	16	16	9	16	14
% $100 to $199	18	**17**	20	17	15	17	22	15	13	15
% $200 to $399	12	**9**	9	7	7	6	8	16	10	6
% $400 or more	4	**3**	3	4	2	1	4	1	3	2
Median expenditure ($)*	100	**80**	85	80	100	60	100	120	80	77.5

Source: IDRS participant interviews
*Among those who spent money on illicit drugs

8 SPECIAL TOPICS OF INTEREST

Key points

Pharmaceutical opioids

- Around two-thirds of the national sample used pharmaceutical opioids in the last six months.
- Of those who recently used pharmaceutical opioids, around one-third reported using them as a substitute for heroin, while 29% reported using them for pain relief.
- Around two-thirds obtained the pharmaceutical opioids from their own script.
- Twelve percent of those who used pharmaceutical opioids for pain relief were refused pharmaceutical medications due to injecting history.

Brief Pain Inventory

- Eleven percent of the national sample experienced pain (other than everyday pain) in the last seven days.
- Of those who experienced pain, 77% reported the pain as chronic non-cancer, 14% acute pain and 6% chronic cancer/malignant pain.
- On a scale of 0 to 10, 10 is 'pain as bad as you can imagine'. The mean 'pain severity score' of the sample was 5.2, with over half scoring 5 or more and 1% scoring 10.
- The mean 'pain interference score' was 5.8, with two-thirds scoring 5 or more and 3% scoring 10. On a scale of 0 to 10, 10 is 'completely interferes'.
- The mean score for 'relief from pain medication' was 6.6, with around three-quarters scoring 5 or more and 25% scoring 10. On a scale of 0 to 10, 10 is 'complete relief'.

Opioid and stimulate dependence

- Of those who recently used a stimulant drug (mainly methamphetamine), the median SDS score was two, with 39% scoring four or above (indicating dependence).
- Of those who recently used an opioid drug (mainly heroin), the median SDS score was seven, with 74% scoring five or above (indicating dependence).

Opioid substitution treatment medication injection

- Of the national sample, 20% of participants reported recently injecting methadone, 9% buprenorphine, 8% buprenorphine-naloxone 'film' and 6% buprenorphine-naloxone 'tablet'.

Hepatitis C testing and treatment module

- The majority of the national sample had been tested for HCV in their lifetime with two-thirds reporting a positive result for HCV antibodies.
- Fifty-nine percent reported undergoing further testing for HCV, with two-thirds reporting a polymerase chain reaction (PCR) test to see if the virus was active.
- Twenty-one percent of those who received a PCR test and commented had received HCV medical/antiviral treatment. Over half reported the treatment was successful.
- Sixty-eight percent of those who reported an active HCV result and commented were aware of the new HCV treatment. Around two-thirds reported that they would consider the new HCV treatment.
- The main reason among those who would not consider the new HCV treatment was fear of side effects.

Discrimination

- Eighty-nine percent of the national sample commented on the discrimination section, with nearly half reporting discrimination within the last 12 months.
- The main location of the discrimination took place either at a pharmacy, by the police or a doctor/prescriber.
- The majority reported the main reason (perceived) for the discrimination was 'because I'm an injecting drug user (or people think I am)'. The majority did not try to resolve the discrimination.

Naloxone program and distribution

- The majority of the national sample had heard of naloxone, with two-thirds reporting that naloxone was used to 'reverse heroin', while one-third reported its use to 're-establish consciousness'.
- Forty-percent reported that they had heard of the take-home naloxone program while 60% had not. Two-thirds reported that they would 'strongly support' an expansion of the take-home naloxone program
- A small proportion reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program (mainly in the ACT).
- Seven percent of those who commented had completed training in naloxone administration along with a prescription for naloxone (mainly NSW, SA, WA and the ACT). Of those who had completed the course nearly one-third had used the naloxone to resuscitate someone who had overdosed.
- The majority of those participants who had not completed training in naloxone administration stated that they would call 000 if they found someone they had suspected had overdosed.
- Ninety-two percent of those who had not completed training in naloxone administration reported that if trained they would stay with someone after giving them naloxone.

Oral Health Impact Profile-14

- The mean OHIP-14 total score for the national sample was 13. Twenty-seven percent of those who commented scored 'zero'. Participants can have an overall OHIP-14 total score ranging from zero to 56 with higher scores indicating poorer oral health-related quality of life.
- Physical pain had the higher impact with half of those who commented reporting the impact as 'occasionally', 'fairly often' and 'very often'.

8.1 Pharmaceutical opioids

Since the heroin shortage (2001) the Illicit Drugs Reporting System (IDRS) has noted an increase in the use and injection of morphine and oxycodone. Over the same period the age of people who inject drugs (PWID) has also increased. We know from a number of Australian and international studies that PWID experience excess morbidity and mortality when compared to those in the general population (English, Holman, Milne et al., 1995; Hulse, English, Milne et al., 1999; Vlahov, Wang, Galai et al., 2004; Randall, Degenhardt, Vajdic et al., 2011) and that prescribers are often reluctant to prescribe opioid analgesics to people with a history of injecting drug use (Merrill and Rhodes, 2002; Baldacchino, Gilchrist, Fleming et al., 2010) . This section aims to examine the complex interplay among PWID, pain management and the extra-medical use of pharmaceutical opioids (PO).

In 2013, participants in the IDRS were asked questions about the use of PO and pain. Pharmaceutical opioids included methadone, buprenorphine, buprenorphine-naloxone, morphine, oxycodone, and other PO such as fentanyl, pethidine and tramadol. Of the national sample who commented (N=846), around two-thirds (67%) reported the use of PO in the last 12 months (Table 94). Among those who had recently used PO and commented (N=563), 31% reported using PO as a substitute for heroin, while 29% reported using PO for pain relief.

Among those who recently used PO for pain relief (N=163), the majority (66%) obtained the PO from their own script while 23% reported purchasing them from somebody else. Small numbers reported trading or receiving them as a gift.

Of those who used their own prescription for pharmaceutical opioids (N=108), 82% reported the prescription origin as a Pharmaceutical Benefits Scheme (PBS) prescription from regular doctor, 10% from a private prescription from regular doctor, 5% from a PBS prescription from another doctor and 3% from a private prescription from another doctor.

Those participants who had recently used PO for pain relief were asked if they had been refused PO in the past six months (N=161). The majority commented 'no', while 12% were refused due to an injecting history (Table 94). Twenty-three percent reported selling, trading or giving away their prescribed PO.

Table 94: Pharmaceutical opioids use among people who inject drugs, by jurisdiction, 2013

	National N=846	NSW n=149	ACT n=100	VIC n=150	TAS n=93	SA n=100	WA n=69	NT n=91	QLD n=94
	2013								
% Used pharmaceutical opioids in the last 12 months (%)	**67**	62	49	61	84	58	86	84	62
% Reason for using pharmaceutical opioids in the last 12 months* (n)	**(N=563)**	**(n=94)**	**(n=49)**	**(n=91)**	**(n=78)**	**(n=58)**	**(n=59)**	**(n=76)**	**(n=58)**
Pain relief	**29**	22	39	9	35	37	15	59	26
As a substitute for heroin	**31**	40	35	47	8	19	34	13	53
To prevent withdrawal	**19**	19	12	31	32	14	20	5	5
To experience an opioid effect	**10**	6	6	6	17	9	15	15	7
To top up heroin	**1**	3	2	1	0	2	0	0	0
Other reason	**10**	9	6	7	9	19	15	8	9
% Method of obtaining pharmaceutical opioids for pain relief in the last 12 months[##] (n)	**(N=163)**	**(n=21)**	**(n=19)**	**(n=8^)**	**(n=27)**	**(n=21)**	**(n=9^)**	**(n=43)**	**(n=15)**
On own prescription	**66**	62	79	88	48	86	67	58	73
Purchased	**23**	24	5	13	37	10	22	30	20
Trading with others	**6**	10	5	0	7	0	11	7	7
Gift from others	**4**	5	11	0	7	0	0	2	0
Other	**1**	0	0	0	0	5	0	2	0
% Refused pharmaceutical opioids medications for pain relief last 6 months[##] (n)	**(N=161)**	**(n=20)**	**(n=19)**	**(n=8^)**	**(n=26)**	**(n=20)**	**(n=9^)**	**(n=44)**	**(n=15)**
No	**77**	80	79	88	73	95	89	68	67
Yes, not clinically appropriate	**3**	10	5	0	0	0	0	2	7
Yes, injecting history	**12**	0	11	13	15	5	11	23	0
Other	**8**	10	5	0	12	0	0	7	27

Source: IDRS participant interviews
* Among those who recently used pharmaceutical opioids
[##] Among those who used pharmaceutical opioids for pain relief
^ Small numbers commenting n<10; interrupt with caution

8.2 Brief Pain Inventory

In 2013, the Brief Pain Inventory (BPI) was asked to examine the association between injecting drug use and the legitimate therapeutic goals of pharmaceutical opioids (e.g. pain management). Comparisons been PWID and the general population, both in Australia and internationally have consistently shown excess mortality and morbidity (English, Holman, Milne et al., 1995; Hulse, English, Milne et al., 1999; Vlahov, Wang, Galai et al., 2004) yet there is no current evidence in Australia on the characteristics or the extent to which PWID obtain pharmaceutical opioids (licitly or illicitly) for the management of chronic non-malignant pain. Furthermore, there is growing evidence that prescribers are often reluctant to prescribe pharmaceutical opioids to people with a history of injecting drug use (Baldacchino, Gilchrist, Fleming et al., 2010) This section sought to examine the complex interplay among PWID, pain management and the extra-medical use of pharmaceutical opioids.

The BPI is a tool used for the assessment of pain in both clinical and research settings. The BPI uses rating scales from 0 to10. For questions 3 to 6, 0 is 'no pain' and 10 is 'pain as bad as you can imagine'. The mean of questions 3 to 6 is then calculated to make the 'pain severity score'. For questions 9A to 9G, 0 is 'does not interfere' and 10 is 'completely interferes'. The mean of questions 9A to 9G is then calculated to make the 'pain interference score'. The 'pain interference score' looks at how much pain interferes with daily activities: general activity; mood; walking; normal work; relations; sleep and enjoyment of life.

In Table 95, eleven percent (N=96) of the national sample experienced pain (other than everyday pain) in the last seven days. Of those who experienced pain, the majority (77%) reported the pain as chronic non-cancer pain (continuous pain which lasts for more than three months), while 14% reported acute pain and 6% chronic cancer/malignant pain. The mean 'pain severity score' was 5.2 (SD 1.8; range 0-10), with over half (57%) scoring 5 or more and 1% scored 10. A score of 10 refers to pain 'as bad as you can imagine'. The mean 'pain interference score' was 5.8 (SD 2.4; range 0-10), with two-thirds (66%) scoring 5 or more and 3% scored 10. A score of 10 means the pain 'completely interferes' with daily activities.

Participants were also asked on a scale of 0 to 10 (0=no relief, 10=complete relief) how much relief they experienced from any treatments/medications they received. Of those who received treatment/medication for pain (N=65), a mean score of 6.6 (SD 2.8; range 0-10) was reported. Over three-quarters (77%) scored 5 or more and 25% scored 10.

Of those who experienced pain (other than everyday pain) the last seven days (N=96), 56% reported the pain due to an accident/injury or assault, 30% due to an illness/disease and 14% for other reasons. Sixty-seven percent reported that they were in pain at the time of the interview. The majority (95%) reported pain for more than three months.

Table 95: Brief Pain Inventory (BPI) among PWID who commented, by jurisdiction, 2013

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Experienced pain (other than everyday pain) last 7 days (n)**	**(N=96)**	**(n=11)**	**(n=11)**	**(n=4^)**	**(n=18)**	**(n=17)**	**(n=3^)**	**(n=21)**	**(n=11)**
Acute/short term pain	**14**	27	9	0	0	24	100	5	9
Chronic non-cancer pain	**77**	73	73	100	94	71	0	76	82
Chronic cancer	**6**	0	18	0	6	6	0	10	0
Other	**3**	0	0	0	0	0	0	10	9
Mean 'Pain Severity' score	**5.2**	4.4	4.4	4.3	5.3	5.6	6.6	5.5	5.5
Mean relief experience from treatment/medications*	**6.6**	7.7^	7.5^	5.3^	6.8^	5.1	10^	6.4	8^
Mean 'Pain Interference' score	**5.8**	5.6	5.9	4.8	5.9	6.3	5.9	6.0	4.9

Source: IDRS Injecting drug user interviews
* Among those who received treatment/medication for pain and commented (N=65)
**Among those who reported pain other than everyday pain in the last 7 days
^ Small numbers commenting n<10; interrupt with caution

8.3 Opioid and stimulant dependence

Understanding whether participants are dependent is an important predictor of harm, and typically demonstrates stronger relationships than simple frequency of use measures.

In 2013, the participants in the IDRS were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids.

The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Dawe, Loxton, Hides et al., 2002) .

Previous research has suggested that a cut-off of four is indicative of dependence for methamphetamine users ((Topp and Mattick, 1997) and a cut-off value of three for cocaine (Kaye and Darke, 2002) . No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of 5 for the presence of dependence.

Of those who had recently used a stimulant and commented (N=578), the median SDS score was two (mean 3.4; range 0-15), with 39% scoring four or above. Females reported a significantly higher mean stimulant SDS score than males (4.0 versus 3.1; $p<0.05$). No significant difference was found between gender and those scoring four or above. Of those who scored four or above (N=199), 90% reported specifically attributing responses to methamphetamines, 12% cocaine, 3% pharmaceutical stimulants and 3% other.

Of those who had recently used an opioid and commented (N=774), the median SDS score was seven (mean 7.2, range 0-15), with 74% scoring five or above. There were no significant differences regarding gender and mean opioid SDS score, however, males were significantly more likely to score five or more compared to females (63% versus 37%; $p<0.05$). Of those who scored five or above (N=486), 60% reported specifically attributing responses to heroin, 25% methadone, 16% morphine, 8% buprenorphine, 8% oxycodone and 2% other.

8.4 Opioid substitution treatment medication injection

Due to the introduction of buprenorphine-naloxone ‘film’ in 2011, questions were included in the 2013 IDRS survey asking about the recent injection (last six months) of opioid substitution treatment (OST) medications (methadone, buprenorphine and buprenorphine-naloxone).

Of the national sample, 20% of participants reported recently injecting methadone, 9% reported recently injecting buprenorphine, 8% buprenorphine-naloxone ‘film’ and 6% buprenorphine-naloxone ‘tablet’.

Please refer to Larance and colleagues for further information on OST medication injection (Larance, Degenhardt, Lintzeris et al., 2011a; Larance, Sims, White et al., in preparation).

8.5 Hepatitis C virus testing and treatment

Despite efforts to improve access to antiviral therapy for Hepatitis C virus (HCV) infection and improved treatment outcomes, treatment uptake for chronic HCV infection remains low among people who inject drugs (Doab, Treloar and Dore, 2005) .

The aim of this module was to assist in a) determining the extent of knowledge PWID have regarding a Hepatitis C (HCV) diagnosis, b) their knowledge and perceptions about diagnosis and available treatment, and c) what are the perceived barriers to treatment uptake.

The majority of the national sample (91%) had been tested for HCV in their lifetime with 68% reporting a positive result for HCV antibodies. Of those with a positive result for HCV antibodies, 57% reported this result more than 12 months ago and 43% within the last 12 months. Fifty-nine percent reported undergoing further testing for HCV i.e. to determine whether an active virus is present and which genotype. The main reasons for no further testing among those who commented (N=219) were, 'wasn't a priority' (33%) and 'provider didn't mention the need for further tests' (22%) (Table 96).

Among those who received further tests (N=319), 67% reported a polymerase chain reaction (PCR) test (to see if the virus is active) and 41% a PCR viral genotype test. Just over half (53%) of those who received a PCR test (N=215) reported that the test showed an active virus. Genotype one was the most common genotype reported among those who received a PCR viral genotype test. The community GP (38%) was the most common location of the last HCV test.

Of those who received a PCR test and commented (N=114), 21% reported that they had received HCV medical/antiviral treatment. Of those who had received treatment (N=24), 54% reported that the treatment was successful, 13% were currently in treatment and 13% reported that it was not successful. Treatment is considered successful if the patient clears the virus as proved by a negative PCR result six months or more after treatment finishes. This is referred to as a 'sustained virological result' and is effectively a 'cure'. The main reasons for receiving treatment (among those who commented N=21), were 'don't want to live with HCV' (67%), 'it was the right time for me' (29%), 'health status required treatment now' (5%) and 'family encouraged me' (4%).

Sixty-eight percent of those who reported an active HCV result and commented (N=93) were aware of the new HCV treatment. Of those aware of the treatment (N=63), 68% reported that they would consider the new HCV treatment. Of those who commented (N=43), the main setting they would consider convenient for treatment was a HCV clinic (58%), followed by the GP (40%).

The main reason among those who would not consider the new HCV treatment (N=16) were fear of side effects (50%), don't know enough about it (13%), not applicable due to different genotype (6%), not confident it will be successful (6%), doctor recommends waiting (6%) and other reasons (31%).

Table 96: Hepatitis C testing and treatment, by jurisdiction, 2013

	National N=887	NSW N=151	ACT N=100	VIC N=150	TAS N=107	SA N=100	WA N=88	NT N=91	QLD N=100
% Ever tested for HCV	**91**	96	97	94	83	94	80	86	89
% Positive HCV test (n)	**(N=547)**	(n=114)	(n=63)	(n=105)	(n=59)	(n=53)	(n=48)	(n=39)	(n=66)
Within last 12 months	**43**	50	48	44	46	32	38	36	36
More than 12 months	**57**	50	52	56	54	68	62	64	64
Further testing for HCV antibody	**59**	53	59	74	70	43	63	36	61
% Reasons for no further testing (n)	**(N=219)**	(n=54)	(n=26)	(n=26)	(n=17)	(n=29)	(n=18)	(n=25)	(n=24)
Provider didn't mention the need for further tests	**22**	28	27	23	6	31	17	8	17
Wasn't a priority	**33**	33	46	23	47	24	22	52	21
Blood tests are difficult for me	**3**	4	8	4	0	0	0	4	0
Don't feel sick	**6**	11	8	4	6	3	0	4	8
Concerned about confidentiality	**1**	0	4	0	0	3	0	0	0
Other reason	**37**	24	12	54	41	39	61	32	54
% Further tests for HCV (n)	**(N=319)**	(n=59)	(n=37)	(n=78)	(n=41)	(n=21)	(n=30)	(n=13)	(n=40)
PCR test (see if virus is active)	**67**	59	65	82	85	67	60	39	50
PCR viral genotype test	**41**	64	73	17	46	43	50	46	13
Other	**4**	9	0	4	0	0	7	8	8
% Location last tested for HCV (n)	**(N=304)**	(n=59)	(n=37)	(n=78)	(n=28)	(n=22)	(n=27)	(n=13)	(n=40)
Community GP	**38**	34	32	31	54	41	41	8	60
OST clinic	**12**	19	19	14	7	9	4	0	5
Specialist clinic	**12**	19	16	13	7	14	0	23	5
Prison	**10**	10	14	8	7	9	4	31	10
Other	**28**	19	19	35	25	27	52	39	20

Source: IDRS Injecting drug user interviews

8.6 Naloxone program and distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. It is the frontline medication for the reversal of heroin and other opioid overdose in particular. In Australia, naloxone has largely only been available for use by medical doctors (or those auspiced by medical doctors such as nurses and paramedics) for the reversal of opioid effects. In 2012 a take-home naloxone program commenced in the ACT through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose as part of a comprehensive overdose response package. Shortly after, a similar program started in NSW and some other states have followed suit (for more information refer to http://www.cahma.org.au/Naloxone.html and/or http://www.naloxoneinfo.org/).

In 2013, the IDRS included a series of questions about take-home naloxone and naloxone more broadly. Of the national sample who commented (N=857), 86% had heard of naloxone (ranging from 64% in SA to 96% in NSW). Two-thirds (62%) of those who had heard of naloxone (N=729) reported that naloxone was used to 'reverse heroin', while 33% reported the use of naloxone to 're-establish consciousness'. Ten per cent said naloxone was used to 'help start breathing' and 19% gave 'other' reasons (Table 97).

Participants were then asked if they had heard about take-home naloxone programs. Of those who commented nationally (N=857), thirty-five percent reported that they had heard of the take-home naloxone program (ranging from 17% in VIC to 40% in NSW and SA, 62% in WA and 70% in the ACT), while 65% had not. When asked if they would support the expansion of the take-home naloxone program, the majority reported that they would 'strongly support' an expansion (66%), 25% reported that they would 'support' an expansion, while 2% reported that they would 'oppose' or 'strongly oppose' an expansion (Table 97). Nationally, twelve percent reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program (ranging from 7% in QLD to 22% in the ACT).

Of those who commented (N=853), seven percent nationally reported that they had completed training in naloxone administration along with a prescription for naloxone. When broken down into the jurisdictions there were no reports in VIC, TAS, QLD and the NT, 3% in NSW, 10% in SA, 20% in WA and 32% in the ACT. Of those who had completed the course (N=61), 28% (n=17) had used the naloxone to resuscitate someone who had overdosed on an average of two people (range 1-4 people).

Participants who had not completed training in naloxone administration were asked what they would do if they witnessed someone having an overdose or found someone they had suspected had overdosed. The majority of those who commented nationally (N=790) reported that they would call 000, while 46% reported that they would perform mouth-to-mouth cardiopulmonary resuscitation (CPR) (Table 97).

Participants who had not completed training in naloxone administration and commented (N=779) were also asked if naloxone was available would they (a) carry naloxone if trained in its use?, (b) administer naloxone after witnessing someone overdose?, (c) want peers to give them naloxone if they overdosed?, and (d) stay with someone after giving them naloxone?. Ninety-two per cent reported that they would stay with someone after giving them naloxone, 90% reported that they would administer naloxone after witnessing someone overdose, 88% would want their peers to give them naloxone if they overdosed and 74% reported that they would carry naloxone on them (Table 97).

Table 97: Take-home naloxone program and distribution, by jurisdiction, 2013

	National N=857	NSW n=150	ACT n=98	VIC n=150	TAS n=106	SA n=100	WA n=76	NT n=84	QLD n=93
% Heard of naloxone	**86**	96	92	91	76	64	91	89	85
% Naloxone description (n)	**(N=729)**	(n=143)	(n=90)	(n=136)	(n=81)	(n=62)	(n=68)	(n=70)	(n=7)9
Reverses heroin	**62**	62	74	58	54	61	53	66	71
Help start breathing	**10**	6	9	5	30	3	12	14	3
Re-establish consciousness	**33**	32	27	47	42	27	35	26	15
Other	**19**	22	4	14	25	24	32	16	17
% Heard of the take-home naloxone program (n)	**(N=857)**	(n=150)	(n=98)	(n=150)	(n=106)	(n=100)	(n=76)	(n=84)	(n=93)
Yes	**35**	40	70	17	18	40	62	18	22
No	**65**	59	30	83	81	60	38	81	77
% Expand naloxone program (n)	**(N=857**)	(n=150)	(n=98)	(n=150)	(n=106)	(n=100)	(n=76)	(n=84)	(n=93)
Strongly support	**66**	65	71	63	72	67	76	58	57
Support	**25**	28	22	23	24	23	20	25	32
Neutral	**4**	4	4	5	2	3	3	7	4
Oppose	**2**	0	1	4	0	1	0	5	3
Strongly oppose	**2**	2	0	2	1	3	0	4	0
Don't know enough to say	**2**	1	1	2	2	3	1	1	3
%Witness overdose (n)	**(N=790**)	(n=145)	(n=67)	(n=150)	(n=102)	(n=90)	(n=61)	(n=83)	(n=92)
Turn victim on side	**37**	29	33	51	52	32	18	23	45
Mouth-to-mouth CPR	**46**	35	31	49	45	47	69	39	58
Call 000	**94**	95	91	96	97	94	93	93	90
Stay with victim	**39**	36	24	52	58	27	8	23	63
Other remedies	**18**	18	12	23	15	27	15	11	22
% If naloxone was available would you: (n)	**(N=779**)	(n=145)	(n=66)	(n=148)	(n=101)	(n=89)	(n=59)	(n=83)	(n=88)
Carry naloxone if trained	**74**	77	68	77	92	66	61	68	66
Administer naloxone after overdose	**90**	95	94	85	94	89	92	87	86
Want peers give you naloxone	**88**	92	88	86	97	90	83	80	84
Stay after giving naloxone	**92**	98	96	85	96	91	98	87	85

Source: IDRS Injecting drug user interviews

8.7 Oral Health Impact Profile

The oral health of PWID has traditionally been neglected in research, service provision and health promotion. In order to address this issue we included the Oral Health Impact Profile (OHIP-14) (Slade, 1997) , an internationally-recognised measure of Oral Health Related Quality of Life (OHRQoL), in the 2013 IDRS. OHRQoL is defined as an individual's assessment of how oral functional factors, psychological factors, social factors and experience of oro-facial pain or discomfort affect his or her well-being.

The OHIP-14 is a self-filled questionnaire that focuses on seven dimensions of impact (functional limitation, pain, psychological discomfort, physical disability, psychological disability, social disability and handicap) with participants being asked to respond according to frequency of impact on a 5-point Likert scale coded never (score 0), hardly ever (score 1), occasionally (score 2), fairly often (score 3) and very often (score 4) using a twelve-month recall period. However, the IDRS asked participants to respond based on the last three months (instead of 12mths).

For this report the OHIP-14 was divided into the seven dimensions of impact and percentages calculated for those who responded 'occasionally', 'fairly often' and 'very often'. Physical pain had the higher impact with 55% of those who commented (N=810) reporting either: 'occasionally', 'fairly often' and 'very often'. This was followed by psychological disability (53%) and psychological discomfort (51%) (Table 98).

A mean scale score of the 14 items was computed, with higher scores indicating poorer oral health-related quality of life. Participants can have an overall OHIP-14 total score ranging from zero to 56. Using the 'additive' method, the mean OHIP-14 total score for the national sample was 13.5 (range 0-56), ranging from 10.1 in the NT to 15.9 in TAS. Twenty-seven percent of those who commented scored 'zero' (Table 98).

Table 98: Oral health impact profile 14 short form (OHIP-14) score, by jurisdiction, 2013

Last three months:	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Dimensions of impact (n)	**(N=810)**	**(**n=147**)**	**(**n=93**)**	**(**n=137**)**	**(**n=89**)**	**(**n=100**)**	**(**n=67**)**	**(**n=91**)**	**(**n=86**)**
Functional limitation	**37**	42	36	35	46	34	37	28	41
Physical pain	**55**	58	56	49	58	56	54	48	63
Psychological discomfort	**51**	56	59	44	56	59	52	32	45
Physical disability	**40**	44	42	34	44	47	34	35	38
Psychological disability	**53**	59	55	50	63	57	51	37	45
Social disability	**31**	33	37	31	40	34	25	24	23
Handicap	**33**	37	31	31	36	37	31	23	29
Mean total scores (range)	**13.5 (0-56)**	14.3 (0-56)	14.6 (0-55	12.1 (0-55)	15.9 (0-55)	14.3 (0-54)	13.4 (0-56)	10.1 (0-54)	13.2 (0-45)
% Score of 'zero'	**27**	19	28	35	26	26	24	37	23

Source: IDRS Injecting drug user interviews

8.8 Discrimination

Very often PWID manage complex situations in relation to poor treatment and discriminatory practices. The discrimination module aimed to complement the work that the Australian Injecting and Illicit Drug Users League (AIVL) have initiated with the AIVL National Anti-Discrimination Project (Parr and Bullen, February 2010).

Eighty-nine percent of the national sample commented on the discrimination section. Of those who responded (N=793), 47% reported discrimination within the last 12 months, 16% over 12 months ago and 37% reported no discrimination. Those who had experienced a discrimination in the last 12 months (N=372), reported the main location of the discrimination taking place was at a pharmacy (26%), followed by police (24%) and a doctor/prescriber (22%). The majority (79%) reported the main reason (perceived) for the discrimination was 'because I'm an injecting drug user (or people think I am)'. Eighteen percent reported that they were refused service while 18% had experienced violence or abuse as a result of the discrimination. The majority (89%) did not try to resolve the discrimination (Table 99).

Table 99: Discrimination among people who inject drugs, by jurisdiction, 2013

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Ever discriminated agains (n)	**(N=792)**	(n=130)	(n=96)	(n=146)	(n=88)	(n=93)	(n=68)	(n=87)	(n=84)
Yes, within the last 12 months	**47**	55	43	48	51	44	52	22	58
Yes, but no in the last 12 months	**16**	18	18	12	14	16	24	15	17
No	**37**	27	40	40	35	40	24	63	24
% Location of discrimination (n)	**(N=372)**	(n=72)	(n=41)	(n=70)	(n=45)	(n=41)	(n=35)	(n=19)	(n=49)
Doctor/prescriber	**22**	14	24	21	38	20	29	37	10
Pharmacy	**26**	7	39	24	38	34	51	16	14
Dentist	**3**	1	12	1	4	2	3	0	0
Health services	**9**	4	15	16	11	5	6	11	4
Government service i.e. housing or Centrelink	**14**	8	20	17	24	10	14	5	8
Police	**24**	25	34	27	22	22	17	32	12
Hospital	**21**	21	27	24	20	17	20	26	16
Needle and syringe program	**2**	1	5	3	2	2	0	0	0
Drug and Alcohol service	**5**	1	10	3	11	5	9	11	2
Prison	**4**	4	7	6	0	5	0	16	2
Other	**50**	57	39	57	29	51	40	47	67
% Reason for the discrimination (n)	**(N=372)**	(n=72)	(n=41)	(n=70)	(n=45)	(n=41)	(n=35)	(n=19)	(n=49)
Person who injects drugs	**79**	79	81	81	71	68	86	84	86
On OST medication	**19**	13	22	20	27	22	37	0	6
HCV positive	**10**	7	12	13	7	7	17	11	8
HIV positive	**1**	1	2	0	0	2	0	0	0
Other	**14**	15	15	10	16	7	23	21	12
% Result of discrimination (n)	**(N=372)**	(n=72)	(n=41)	(n=70)	(n=45)	(n=41)	(n=35)	(n=19)	(n=49)
Refused service	**18**	14	24	19	29	2	34	16	6
Taken off/ reduced OST medication	**2**	0	2	0	0	2	9	11	0
'Outed' as a person who uses drugs	**11**	6	12	21	13	7	11	0	4
Experienced violence/abuse	**18**	21	5	23	33	0	23	11	18
Lost job	**4**	6	2	7	0	5	6	0	2
Other	**49**	32	59	46	27	81	51	16	76
% Tried to resolve discrimination (n)	**(N=372)**	(n=72)	(n=41)	(n=70)	(n=4)5	(n=41)	(n=35)	(n=19)	n=49)
No didn't try to resolve	**89**	89	93	89	84	95	80	79	96
Australian human rights commission	**<1**	1	0	0	2	0	0	0	0
Health care complaint commission	**<1**	0	2	0	0	0	0	5	0
Directly to service provider/organisation	**6**	6	0	10	4	2	17	11	2
Other	**4**	3	5	1	10	3	3	5	2

Source: IDRS Injecting drug user interviews

REFERENCES

ANDREWS, G. & SLADE, T. (2001) Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health,* 25**,** 494-497.

AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2000) Australian Illicit Drug Report 1998-99. Canberra, Australian Bureau of Criminal Intelligence.

AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2001) Australian Illicit Drug Report 1999-2000. Canberra, Australian Bureau of Criminal Intelligence.

AUSTRALIAN BUREAU OF CRIMINAL INTELLIGENCE (2002) Australian Illicit Drug Report 2000-2001. Canberra, Australian Bureau of Criminal Intelligence.

AUSTRALIAN BUREAU OF STATISTICS (1995) National Health Survey SF-36 Population Norms Australia. Australia, Australian Bureau of Statistics.

AUSTRALIAN BUREAU OF STATISTICS (2007) National Survey of Mental Health and Wellbeing: Summary of Results. Canberra, Australian Bureau of Statistics.

AUSTRALIAN CRIME COMMISSION (2003) Australian Illicit Drug Report 2001-02. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2004) Australian Illict Drug Data Report 2002-03. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2005) Australian Illicit Drug Data Report 2003-04. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2006) Australian Illicit Drug Data Report 2004-05. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2007) Australian Illicit Drug Data Report 2005/06. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2008) Australian Illicit Drug Data Report 2006-07. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2009) Illicit Drug Data Report 2007-08. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2010) Illicit Drug Data Report 2008-09. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2011) Illicit Drug Data Report 2009-10. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2012) Illicit Drug Data Report 2010-11. Canberra, Australian Crime Commission.

AUSTRALIAN CRIME COMMISSION (2013) Illicit Drug Data Report 2011-12. Canberra, Australian Crime Commission.

AUSTRALIAN CUSTOMS BORDER AND PROTECTION SERVICE (2013) Australian Customs and Border Protection Service Annual Report 2012-13. Commonwealth of Australia, Australian Customs and Border Protection Service.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2011) 2010 National Drug Strategy Household Survey report. *Drug statistics series no. 25. Cat. no. PHE 145.* Canberra, AIHW.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2013a) Alcohol and other drug treatment services in Australia 2011-12. *Drug Treatment Series. No. 21. Cat. no. HSE 139.* Canberra, AIHW.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2013b) National Opioid Pharmacotherapy Statistics Annual Data Collection 2012. *Drug series no. 20. Cat. no. HSE 136.* Canberra, AIHW.

BALDACCHINO, A., GILCHRIST, G., FLEMING, R. & BANNISTER, J. (2010) Guilty until proven innocent: A qualitative study of the management of chronic non-cancer pain among patients with a history of substance abuse. *Addictive Behaviors,* 35**,** 270-272.

BLACK, E., ROXBURGH, A., DEGENHARDT, L., BRUNO, R., CAMPBELL, G., DE GRAAFF, B., FETHERSTON, J., KINNER, S., MOON, C., QUINN, B., RICHARDSON, M., SINDICICH, N. & WHITE, N. (2008) Australian Drug Trends 2007: Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Series No. 1. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

BREEN, C., DEGENHARDT, L., ROXBURGH, A., BRUNO, R., DUQUEMIN, A., FETHERSTON, J., FISCHER, J., JENKINSON, R., KINNER, S., LONGO, M. & RUSHFORTH, C. (2003) Australian Drug Trends 2002: Findings from the Illicit Drug Reporting System (IDRS). . Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

BREEN, C., DEGENHARDT, L., ROXBURGH, A., BRUNO, R., FETHERSTON, J., FISCHER, J., JENKINSON, R., KINNER, S., MOON, C., WARD, J. & WEEKLEY, J. (2004) Australian Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS). . Sydney, National Drug and Alcohol Research Centre, University of NSW.

BUSH, K., KIVLAHAN, D. R., MCDONELL, M. B., FIHN, S. D. & BRADLEY, K. A. (1998) The AUDIT Alcohol Consumption Questions (AUDIT-C). *Arch Intern Med,* 158**,** 1789-1795.

COFFIN, P. O., TRACY, M., BUCCIARELLI, A., OMPAD, D. C., VLAHOV, D. & GALEA, S. (2007) Identifying Injection Drug Users at Risk of Nonfatal Overdose. *Academic Emergency Medicine,* 14**,** 616-623.

DARKE, S. (1994) The use of benzodiazepines among injecting drug users. *Drug and Alcohol Review,,* 13**,** 63-69.

DARKE, S., DUFLOU, J. & KAYE, S. (2007) Comparative toxicology of fatal heroin overdose cases and morphine positive homicide victims. *Addiction,* 102**,** 1793-1797.

DARKE, S., HALL, W., WODAK, A., HEATHER, N. & WARD, J. (1992) Development and validation of a multi-dimensional instrument for assessing outcomes of treatment among opiate users: The Opiate Treatment Index. *British Journal of Addiction,* 87**,** 733-742.

DARKE, S., ROSS, J. & HALL, W. (1996) Overdose among heroin users in Sydney, Australia: I. Prevalence and correlates of non-fatal overdose. *Addiction,* 91**,** 405-411.

DAWE, S., LOXTON, N. J., HIDES, L., KAVANAGH, D. J. & MATTICK, R. P. (2002) Review of diagnoistic screening instruments for alcohol and other drug use and other psychiatric disorders. Canberra, Commonwealth Department of Health and Ageing.

DAWSON, D. A., GRANT, B. F., STINSON, F. S. & ZHOU, Y. (2005) Effectiveness of the Derived Alcohol Use Disorders Identification Test (AUDIT-C) in Screening for Alcohol Use Disorders and Risk Drinking in the US General Population. *Alcoholism: Clinical and Experimental Research,* 29**,** 844-854.

DEGENHARDT, L., CONROY, E., GILMOUR, S. & COLLINS, L. (2005) The effect of a reduction in heroin supply in Australia upon drug distribution and acquisitive crime. *British Journal of Criminology,* 45**,** 2-24.

DOAB, A., TRELOAR, C. & DORE, G. J. (2005) Knowledge and Attitudes about Treatment for Hepatitis C Virus Infection and Barriers to Treatment among Current Injection Drug Users in Australia. *Clinical Infectious Diseases,* 40**,** S313-S320.

ENGLISH, D. R., HOLMAN, C. D. J., MILNE, E., WINTER, M. G., HULSE, G. K., CODDE, J. P., BOWER, C. I., CORTI, B., DE KLERK, N. & KNUIMAN, M. W. (1995) The quantification of drug caused morbidity and mortality in Australia. Canberra, Commonwealth Department of Human Services and Health.

HABER, P., LINTZERIS, N., PROUDE, E. & LOPATKO, O. (2009) Guidelines for the Treatment of Alcohol Problems. Canberra, Australian Government Department of Health and Ageing.

HANDO, J., DARKE, S., O'BRIEN, S., MAHER, L. & HALL, W. (1998) The development of an early warning system to detect trends in illicit drug use in Australia: the Illicit Drug Reporting System. *Addiction Research,* 6**,** 97-113.

HANDO, J., O'BRIEN, S., DARKE, S., MAHER, L. & HALL, W. (1997) The Illicit Drug Reporting System Trial : Final Report. Monograph Number 31. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

HULSE, G., ENGLISH, D., MILNE, E. & HOLMAN, C. (1999) The quantification of mortality resulting from the regular use of illicit opiates. *Addiction,* 94**,** 221-230.

IBM (2011) SPSS for Windows version 20.0. 20.0 ed. New York.

IVERSEN, J. & MAHER, L. (2012) Australian Needle and Syringe Program National Data Report 2007-2011. . The Kirby Institute, Univerity of New South Wales.

IVERSEN, J. & MAHER, L. (2013) Australian Needle and Syringe Program National Data Report 2007-2013. . The Kirby Institute, Univerity of New South Wales.

KAYE, S. & DARKE, S. (2002) Determining a diagnostic cutt-off on the Severity of Dependence Scale (SDS) for cocaine dependence. *Addition,* 97**,** 727-731.

KESSLER, R. C., ANDREWS, G., COLPE, L. J., HIRIPI, E., MROCZEK, D. K., NORMAND, S.-L. T., WALTERS, E. E. & ZASLAVSKY, A. M. (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine,* 32**,** 959-976.

KIRBY INSTITUTE (May 2011) Australian NSP Survey: Prevalance of HIV, HCV and injecting and sexual behaviour among Needle and Syringe Program attendees. IN PREPARED BY JENNY IVERSEN, L. T. A. L. M. (Ed.) *National Data Report 1995-2010.* Sydney, The Univerity of New South Wales.

LARANCE, B., DEGENHARDT, L., LINTZERIS, N., BELL, J., WINSTOCK, A., DIETZE, P., MATTICK, R., ALI, R. & HORYNIAK, D. (2011a) Post-marketing surveillance of buprenorphine-naloxone in Australia: Diversion, injection and adherence with supervised dosing. *Drug and Alcohol Dependence,* 118**,** 265-273.

LARANCE, B., DEGENHARDT, L., LINTZERIS, N., WINSTOCK, A. & MATTICK, R. P. (2011b) Definitions related to the use of pharmaceutical opiods: Extramedical use, diversion, non-adherence and aberrant medication-related behaviours. *Drug and Alcohol Review,* 30**,** 236-245.

LARANCE, B., SIMS, L., WHITE, N., LINTZERIS, N., JENKINSON, R., DIETZE, P., ALI, R., MATTICK, R. & DEGENHARDT, L. (in preparation) Post-marketing surveillance of the diversion and injection of buprenorphine-naloxone sublingual film in Australia. *NDARC Technical Report.* Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

MATHERS, B., DEGENHARDT, L., PHILLIPS, B., WEISSING, L., HICKMAN, M., STRATHDEE, S., WODAK, A., PANDA, S., TYNDALL, M., TOUFIK, A., MATTICK, R. & AND THE REFERENCE GROUP TO THE UNITED NATIONS ON HIV AND INJECTING DRUG USE (2008) Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *The Lancet,* 372.

MCKETIN, R., DARKE, S., HUMENIUK, R., DWYER, R., BRUNO, R., FLEMING, J., KINNER, S., HARGREAVES, K. & RYSAVY, P. (2000) Australian Drug Trends 1999: Findings from the Illicit Drug Reporting System (IDRS). NDARC Monograph Number 43. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

MERRILL, J. O. & RHODES, L. A. (2002) Mutual mistruct in the medical care of drug users: the keys to the 'narc' cabinet. *J Gen Intern Med,* 17**,** 327-333.

NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH (2002) Australian NSP Survey National Data Report 1995 - 2001. Sydney, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales.

NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH (2005) Australian NSP Survey: National Data Report 2000-2004. Sydney, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales.

NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH (2009) Australian NSP Survey National Data Report 2004-2008. Sydney, National Centre in HIV Epidemiology and Clinicial Research, The University of New South Wales.

NATIONAL CENTRE IN HIV EPIDEMIOLOGY AND CLINICAL RESEARCH (2010) Australian NSP Survey National Data Report 2005-2009. Sydney, National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales

NEWCOMBE, R., G (1998) Interval Estimination for the Difference Between Independent Proportions: Comparison of Eleven Methods. *Statisitics in Medicine,* 17**,** 873-890.

O'BRIEN, S., BLACK, E., ROXBURGH, A., DEGENHARDT, L., BRUNO, R., CAMPBELL, G., FETHERSTON, F., JENKINSON, R., KINNER, S., NEWMAN, J. & WHITE, N. (2007) Australian Drug Trends 2006: Findings from the Illicit Drug Reporting System (IDRS). NDARC Monograph 60. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

PARR, V. & BULLEN, J. (February 2010) AIVL National Anti-Discriminiation Project: Qualitative Research Report. Canberra, Australian Injecting and Illicit Drug Users' League.

RANDALL, D., DEGENHARDT, L., VAJDIC, C., BURNS, L., HALL, W. D., LAW, M. & BUTLER, T. (2011) Increasing cancer mortality among opioid dependent persons in Australia: a new public health challenge for a disadvantaged population. *Australian and New Zealand Journal of Public Health,* 35**,** 220-225.

ROXBURGH, A. & BURNS, L. (2013a) Accidental drug-induced deaths due to opioids in Australia, 2009. Sydney, National Drug and Alcohol Research Centre.

ROXBURGH, A. & BURNS, L. (2013b) Cocaine and methamphetamine related drug-induced deaths in Australia, 2009. Sydney, National Drug and Alcohol Research Centre.

ROXBURGH, A. & BURNS, L. (in press) Drug-related hospital stays in Australia, 1993-2012. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

SCHIFF, E. R. & OZDEN, N. (2004) Hepatitis C and Alcohol. *Publications.* Bethesda, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health.

SINDICICH, N. & BURNS, L. (2014) Australian Trends in Ecstasy and Related Drug Markers 2013: Findings from the Ecstasy and Related Drugs Reporting System. *Australian Drug Trends Series. no. 118.* Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

SLADE, G. (1997) Derivation and validation of a short-form oral health impact profile. *Community Dentistry and Oral Epidemiology,* 25**,** 284-90.

STAFFORD, J. & BURNS, L. (2010) Australian Drug Trends 2009: Findings from the Illicit Drug reporting System. *Australian Drug Trends Series.* Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STAFFORD, J. & BURNS, L. (2011) Australian Drug Trends 2010: Findings from the Illicit Drug Reporting System. *Australian Drug Trends Series.* Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STAFFORD, J. & BURNS, L. (2012) Australian Drug Trends 2011: Findings from the Illicit Drug Reporting System (IDRS). *Australian Drug Trends Series. no.73.* Sydney, National Drug and Alcohol Research Centre, University of New South Wales

STAFFORD, J. & BURNS, L. (2013) Australian Drug Trends 2012: Findings from the Illicit Drug Reporting System (IDRS). *Australian Drug Trends Series. no.91.* Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STAFFORD, J., DEGENHARDT, L., BLACK, E., BRUNO, R., BUCKINGHAM, K., FETHERSTON, J., JENKINSON, R., KINNER, S., MOON, C. & WEEKLEY, J. (2005) Australian Drug Trends 2004: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STAFFORD, J., DEGENHARDT, L., BLACK, E., BRUNO, R., BUCKINGHAM, K., FETHERSTON, J., JENKINSON, R., KINNER, S., NEWMAN, J. & WEEKLEY, J. (2006) Australian Drug Trends 2005: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

STAFFORD, J., SINDICICH, N., BURNS, L., CASSAR, J., COGGER, S., DE GRAAFF, B., GEORGE, J., MOON, C., PHILLIPS, B., QUINN, B. & WHITE, N. (2009) Australian Drug Trends 2008: Findings from the Illicit Drug Reporting System (IDRS). *Australian Drug Trends Series.* Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

TANDBERG, D. Improved confidence intervals for the difference between two proportions and number needed to treat (NNT). 1.49 ed.

THERAPEUTIC GOODS ADMINISTRATION (March 2011) Australian Public Assessment Report for Buprenorphine/Naloxone (Suboxone Sublingual Film). Canberra, Commonwealth of Australia.

TOPP, L., DARKE, S., BRUNO, R., FRY, C., HARGREAVES, K., HUMENIUK, R., MCALLISTER, R., O'REILLY, B. & WILLIAMS, P. (2001) Australian Drug Trends 2000: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

TOPP, L., KAYE, S., BRUNO, R., LONGO, M., WILLIAMS, P., O'REILLY, B., FRY, C., ROSE, G. & DARKE, S. (2002) Australian Drug Trends 2001. Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

TOPP, L. & MATTICK, R. (1997) Choosing a cut-off on the Severity of Dependence Scale (SDS) for amphetamine users. *Addiction,* 92**,** 839-845.

VLAHOV, D., WANG, C., GALAI, N., BARETA, J., METHA, S. H., STRATHDEEM, S. A. & NELSON, K. E. (2004) Mortality risk among new onset injection drug users. *Addiction,* 99**,** 946-954.

WARE, J. E., SNOW, K. K., KOSINSKI, M. & GANDEK, B. (1993) SF-36 Health Survey Manual and Interpretation Guide. Boston, Massachusetts, The Health Institute, New England Medical Center.

WARE, J. E. J., KOSINSKI, M. & KELLER, S. D. (1995) SF-12: How to Score the SF-12 Physical and Mental Health Summary Scales. . Boston, Massachusetts, The Health Institute, New England Medical Centre.

WARE, J. E. J., KOSINSKI, M. & KELLER, S. D. (1996) A 12-Item Short-Form Health Survey, Construction of Scales and Preliminary Tests of Reliability and Validity. *Medical Care,* 34**,** 220-233.

APPENDICES

Appendix A: Demographic characteristics and lifetime use, 2000-2013

Table A1: Demographic characteristics of the national sample, 2000-2013

	2000 N=910	2001 N=951	2002 N=929	2003 N=970	2004 N=948	2005 N=943	2006 N=914	2007 N=909	2008 N=909	2009 N=881	2010 N=902	2011 N=868	2012 N=924	2013 N=887
Mean age in years (range)	28.8 (14-64)	30.1 (14-58)	30.1 (15-57)	32.9 (16-62)	33.1 (16-56)	34.1 (16-63)	34.5 (16-63)	35.8 (16-60)	36.7 (17-62)	36.7 (18-63)	37.6 (18-64)	38.38 (17-65)	39.27 (17-71)	**40.28 (18-66)**
% Male	68	67	64	64	66	64	64	66	66	64	65	66	66	**64**
% English speaking background	94	95	96	97	95	97	97	95	94	96	98	96	97	**96**
% Aboriginal and/or Torres Strait Islanders	11	14	14	14	10^	12	13	15	11	11	14	14	16	**17**
% Sexual identity														
Heterosexual	n.a.	n.a.	n.a.	n.a.	n.a.	86	86	87	89	88	88	87	90	**89**
Gay male	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	2	1	3	2	2	1	**2**
Lesbian	n.a.	n.a.	n.a.	n.a.	n.a.	2	1	2	1	2	2	2	1	**1**
Bisexual	n.a.	n.a.	n.a.	n.a.	n.a.	9	9	7	8	7	7	8	7	**7**
Other	n.a.	n.a.	n.a.	n.a.	n.a.	1	2	2	1	1	1	1	1	**2**
% Relationship status (%)														
Married/de facto	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	25	19	19	21	17	**18**
Partner	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	18	22	22	20	19	**22**
Single	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	49	51	54	54	58	**53**
Separated	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4	4	2	2	3	**3**
Divorced	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	1	2	3	**3**
Widow/er	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1	1	1	1	1	**1**
Other	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1	1	<1	<1	0	**1**
Mean years school education (range)	10.4 (0-16)	10.3 (0-14)	10.3 (0-13)	10.1 (1-13)	10.1 (2-13)	9.9 (0-12)	9.9 (3-12)	10.0 (0-12)	10.1 (0-12)	10.1 (3-13)	10.0 (3-12)	10 (4-12)	10 (0-12)	**10 (0-12)**
% Completed trade/technical qualification	31	37	37	49	37	36	39	36	40	43	37	40	43	**40**
% Completed university/college	12	9	10	10	10	11	9	11	12	9	9	12	10	**9**
% Accommodation														
Own home *(inc. renting)*	n.a.	56	63	67	62	69	69	65	67	70	61	65	69	**68**
Parents'/family home	n.a.	15	14	11	11	11	9	10	10	8	8	9	8	**8**
Boarding house/hostel	n.a.	8	8	10	14	11	11	11	11	10	9	11	12	**9**
Shelter/refuge	n.a.	-	-	-	-	-	-	-	-	2	2	1	2	**1**
No fixed address	n.a.	9	7	6	8	6	6	11	9	8	10	10	8	**12**
Other	n.a.	12	8	6	5	3	5	4	3	2	10	4	2	**4**
% Unemployed/on a pension	68	73	73	76	77	73	77	79	77	78	81	79	84	**89**
% F/T student	5	4	3	2	2	3	2	<1	1	1	1	1	1	**<1**
% Prison history	43	44	45	43	46	50	51	51	52	53	52	55	54	**56**
% Currently in drug treatment	34	36	37	40	46	48	44	43	47	45	47	49	44	**47**

Source: IDRS participant interviews (see also McKetin, Darke, Humeniuk et al., 2000; Topp, Darke, Bruno et al., 2001; Topp, Kaye, Bruno et al., 2002; Breen, Degenhardt, Roxburgh et al., 2003; Breen, Degenhardt, Roxburgh et al., 2004; Stafford, Degenhardt, Black et al., 2005; Stafford, Degenhardt, Black et al., 2006; O'Brien, Black, Roxburgh et al., 2007; Black, Roxburgh, Degenhardt et al., 2008; Stafford, Sindicich, Burns et al., 2009; Stafford and Burns, 2010; Stafford and Burns, 2011; Stafford and Burns, 2012; Stafford and Burns, 2013)
^ Information not obtained in NSW for 2004
n.a. Data not available

Table A2: Demographic characteristics of the national sample, by jurisdiction, 2013

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=924	N=887	n=151	n=100	n=150	n=107	n=100	n=88	n=91	N=100
	2012	**2013**								
Mean age (years)	39	**40**	40	40	40	37	42	42	41	42
% Male	66	**64**	60	71	71	57	56	65	65	68
% English speaking background	97	**96**	95	99	95	99	94	98	99	91
% Aboriginal and/or Torres Strait Islander	16	**17**	27	23	13	19	9	7	21	15
% Sexual identity										
Heterosexual	90	**89**	85	93	91	90	90	83	87	92
Gay male	1	**2**	2	0	1	2	2	5	0	2
Lesbian	1	**1**	1	0	1	2	1	1	1	1
Bisexual	7	**7**	11	4	5	6	6	10	10	4
Other	1	**2**	1	3	2	1	1	1	2	1
% Relationship status										
Married/de facto	17	**18**	22	23	15	25	16	13	10	19
Partner	19	**22**	20	13	22	26	28	18	20	30
Single	58	**53**	45	55	59	45	50	57	67	47
Separated	3	**3**	5	5	3	1	2	2	1	1
Divorced	3	**3**	5	3	0	2	3	5	0	2
Widow/er	1	**1**	3	1	1	0	0	1	2	0
Other	0	**1**	1	0	1	1	1	5	0	1
Mean grade at school completed	10	**10**	10	10	10	10	10	10	10	10
% Completed trade/tech qualification	43	**40**	49	42	33	20	50	52	35	39
% Completed university/college	10	**9**	7	9	5	8	7	11	18	11
% Accommodation										
Own home *(inc. renting)*	69	**68**	62	77	54	81	80	66	71	58
Parents'/family home	8	**8**	6	9	5	10	10	9	0	12
Boarding house/hostel	12	**9**	9	2	25	1	4	6	2	12
Shelter/refuge	2	**1**	1	2	0	0	0	0	1	1
No fixed address	8	**12**	19	10	15	6	6	9	18	11
Other	1	**4**	3	0	1	2	0	10	8	6
% Unemployed	84	**84**	95	82	90	77	75	77	79	84
% Full-time students	1	**<1**	1	1	0	0	0	1	0	0
% Gov't pension, allowance or benefit main income source	92	**89**	95	82	94	98	90	75	84	87
Mean income/ week ($)	N=904 $386	**N=871 $392**	n=149 $354	n=97 $452	n=150 $368	n=104 $363	n=100 $431	n=85 $452	n=90 $403	n=96 $356
% Prison history	54	**56**	70	63	63	37	52	47	42	64
% Currently in drug treatment	44	**47**	61	58	52	47	31	59	13	45

Source: IDRS participant interviews
Note: Aboriginal and/or Torres Strait Islander proportion of sample is not indicative of numbers of Indigenous persons who inject drugs regularly

Table A3: Drug use history of the national sample, 2013

	Ever used %	Ever injected %	Injected last six months %	Median days injected in last six months [a]	Ever smoked %	Smoked last six months %	Ever snorted %	Snorted last six months %	Ever swallowed[b] %	Swallowed last six months[b] %	Used last six months [c] %	Median days in treatment last six months [a, d]	Median days used in last six months [a, c]
Heroin	88	88	59	60	32	3	13	1	10	1	60		60
Homebake heroin	37	35	8	6	1	<1	1	<1	1	<1	8		6
Any heroin (inc. homebake)	**89**	**88**	**60**	**67.5**	**32**	**4**	**13**	**1**	**10**	**1**	**60**		**72**
Methadone (licit/prescribed)	61	27	10	48					59	33	34	180	180
Methadone (illicit/not prescribed)	48	32	15	6					23	7	20		5
Physeptone (licit/prescribed)	11	5	1	72^	<1	0	<1	0	9	2	2	34	36
Physeptone (illicit/not prescribed)	27	22	7	6	1	0	<1	0	9	2	9		6
Any methadone (inc. Physeptone)	**78**	**48**	**24**	**20**	**1**	**<1**	**<1**	**0**	**67**	**38**			**180**
Buprenorphine (licit/prescribed)	31	16	2	72	1	<1	<1	0	28	4	5	180	150
Buprenorphine (illicit/not prescribed)	33	25	9	18	2	<1	<1	0	12	3	12		12
Any buprenorphine	**50**	**31**	**10**	**22.5**	**3**	**<1**	**<1**	**0**	**35**	**7**	**16**		**30**
Bup-naloxone TABLET (licit/prescribed)	23	8	2	180	<1	0	<1	0	21	4	4	180	131
Bup-naloxone TABLET (illicit/not prescribed)	22	15	6	11	<1	<1	0	0	10	3	8		7
Any bup-naloxone TABLET	**37**	**19**	**7**	**22.5**	**1**	**<1**	**<1**	**0**	**27**	**7**	**11**		**45**
Bup-naloxone FILM (licit/prescribed)	16	3	2	30	0	0	0	0	16	11	11	145	90
Bup-naloxone FILM (illicit/not prescribed)	16	9	6	10	0	0	0	0	9	5	11		5
Any bup-naloxone FILM	**27**	**10**	**7**	**20**	**<1**	**<1**	**0**	**0**	**22**	**15**	**19**		**48**
Morphine (licit/prescribed)	24	18	5	90	<1	0	<1	0	13	3	6	105	90
Morphine (illicit/not prescribed)	65	62	33	24	<1	<1	<1	<1	15	5	35		20
Any morphine	**73**	**67**	**35**	**24**	**1**	**<1**	**<1**	**<1**	**23**	**7**	**38**		**24**
Oxycodone (licit/prescribed)	17	10	4	60	<1	0	<1	0	12	5	7	60	37
Oxycodone (illicit/not prescribed)	58	52	30	10	<1	0	<1	0	14	5	32		10
Any oxycodone	**64**	**55**	**31**	**12**	**<1**	**0**	**<1**	**0**	**22**	**9**	**36**		**12**
Fentanyl	15	12	6	2.5	<1	0	0	0	2	1	8		3
Over the counter codeine	22	2	<1	3.5^	<1	<1	<1	0	22	11	11		7
Other opioids (not elsewhere classified)	34	2	<1	2^	<1	0	<1	<1	33	14	14		7

Source: IDRS participant interviews

Note: Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

[a] Among those who had used/injected (as applicable)

[b] Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone)

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

[d] Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week

^ small numbers commenting (n<10); interpret with caution

Table A3: Drug use history of the national sample, 2013 (continued)

	Ever used %	Ever injected %	Injected last six months %	Median days injected in last six months [a]	Ever smoked %	Smoked last six months %	Ever snorted %	Snorted last six months %	Ever swallowed[b] %	Swallowed last six months[b] %	Used last six months [c] %	Median days in treatment last six months [a, d]	Median days used last six months [a, c]
Speed powder	84	78	33	10	13	2	27	2	24	2	33		10
Base/point/wax	39	36	12	6	3	1	6	<1	6	1	13		6
Ice/shabu/crystal	78	74	53	12	29	14	5	1	6	2	55		12
Methamphetamine liquid	22	20	3	2.5					4	<1	3		3
Any methamphetamine [e]	**93**	**90**	**64**	**22**	**34**	**16**	**29**	**3**	**29**	**5**	**66**		**24**
Pharmaceutical stimulants (licit/prescribed)	7	2	1	90^	<1	0	1	<1	6	1	2	180	100
Pharmaceutical stimulants (illicit/not prescribed)	32	19	7	3^	<1	<1	2	1	20	6	11		4
Any pharmaceutical stimulants	**36**	**20**	**7**	**5**	**<1**	**<1**	**2**	**1**	**24**	**7**	**12**		**5.5**
Cocaine	62	44	11	3	9	1	33	5	6	<1	16		3
Hallucinogens	59	6	<1	2^	2	1	1	<1	57	7	7		2
Ecstasy	59	20	3	2	1	0	6	1	54	8	9		3
Alprazolam (licit/prescribed)	22	3	<1	3^	<1	0	<1	0	21	9	9		150
Alprazolam (illicit/not prescribed)	55	10	5	6	<1	0	<1	<1	51	32	34		8
Other benzodiazepines (licit/prescribed)	56	3	<1	8.5^	<1	0	<1	0	56	36	36		96
Other benzodiazepines (illicit/not prescribed)	51	4	1	15^	<1	0	<1	0	50	31	32		10
Any benzodiazepines	**83**	**15**	**6**	**7**	**1**	**0**	**<1**	**<1**	**81**	**37**	**64**		**72**
Seroquel (Licit/prescribed)	20	<1	<1	6^	0				20	9	9		180
Seroquel (illicit/not prescribed)	31	<1	<1	1.5^	<1				30	10	10		4
Any Seroquel	**45**	**1**	**<1**	**1.5^**	**<1**				**44**	**18**	**18**		**15**
Alcohol	94	6	<1	90.5^					93	59	59		24
Cannabis	94				92	71			37	6	72		170
Inhalants	22										3		2.5
Steroids	6	5	1	15.5^	0	0	0	0	1	<1	1		15.5
New Psychoactive Substances	5	4	3	7	<1	<1	<1	<1	1	1	4		7
Synthetic cannabis	14	<1	<1	180^	13	9	0	0	1	<1	9		1.5
Tobacco	96										91		180

Source: IDRS participant interviews

Note: Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

[a] Among those who had used/injected (as applicable).

[b] Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone)

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

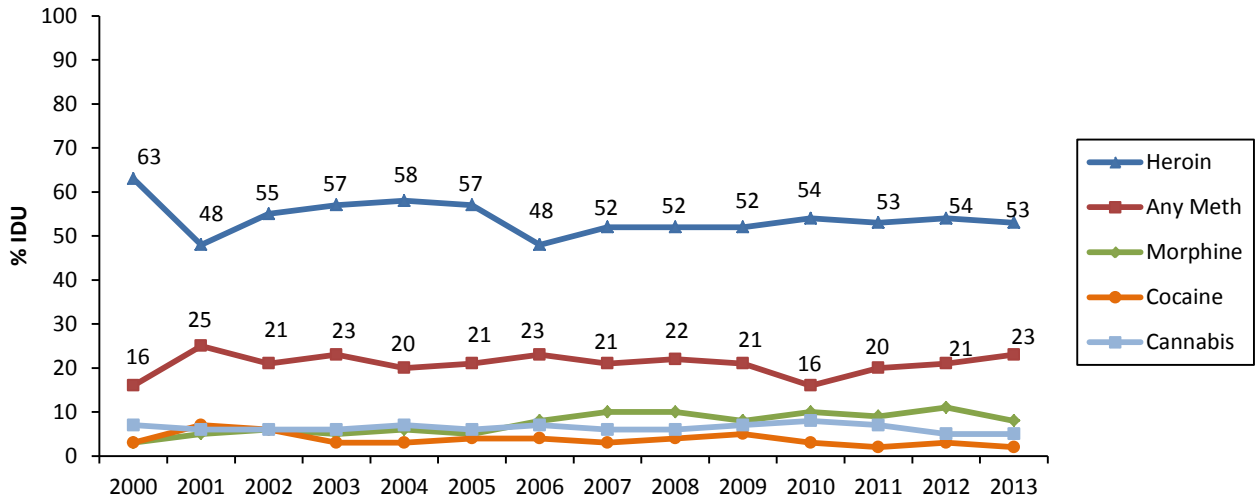
[d] Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week

[e] Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Prior to 2006, the 'methamphetamine' category also included pharmaceutical stimulants in this table. Pharmaceutical stimulants have comprised their own category since 2006

^ Small numbers commenting (n<10); interpret with caution

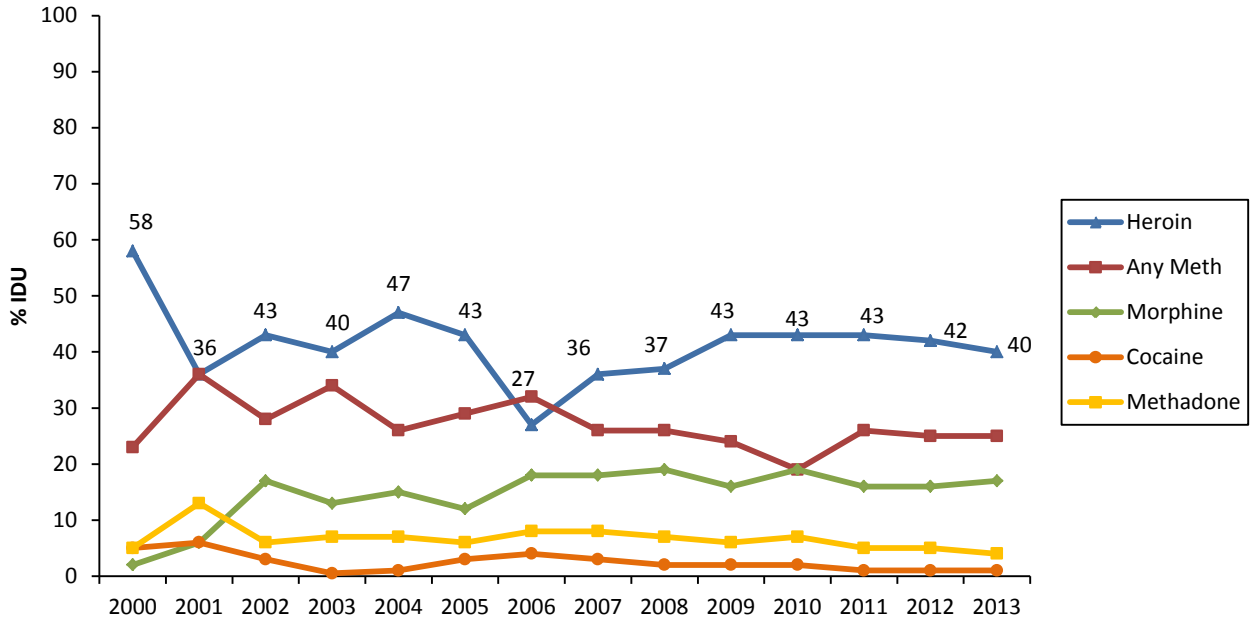
Appendix B: National drug use history, 2000-2013

Figure B1: Drug of choice, nationally, 2000-2013



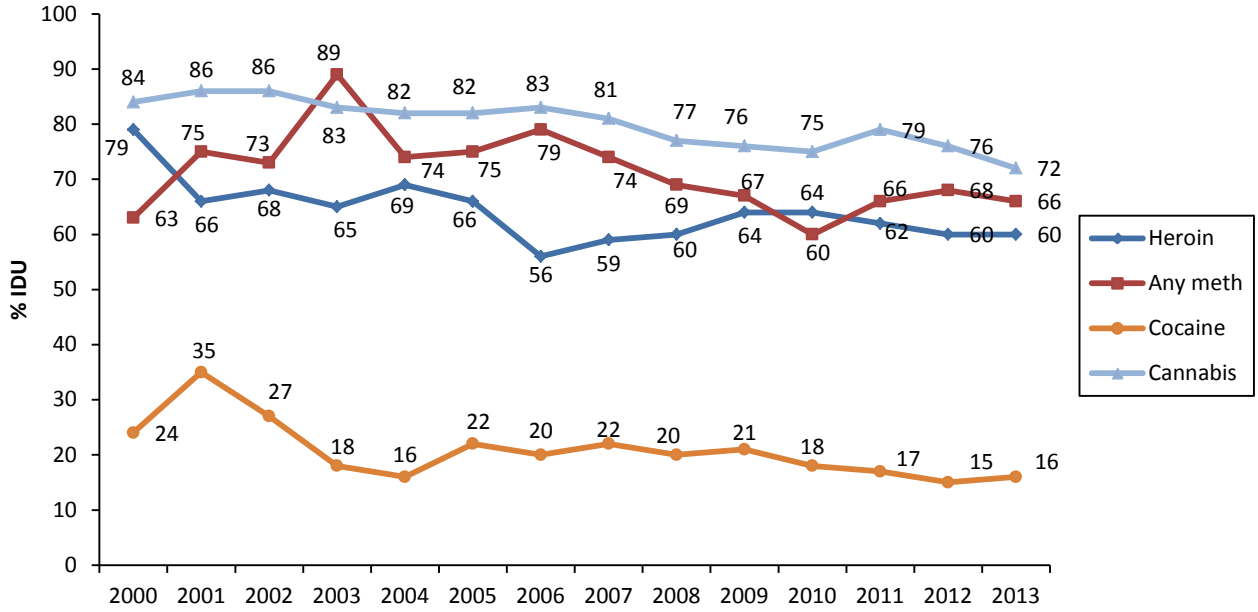
Source: IDRS participant interviews

Figure B2: Drug injected most often in the last month, nationally, 2000-2013



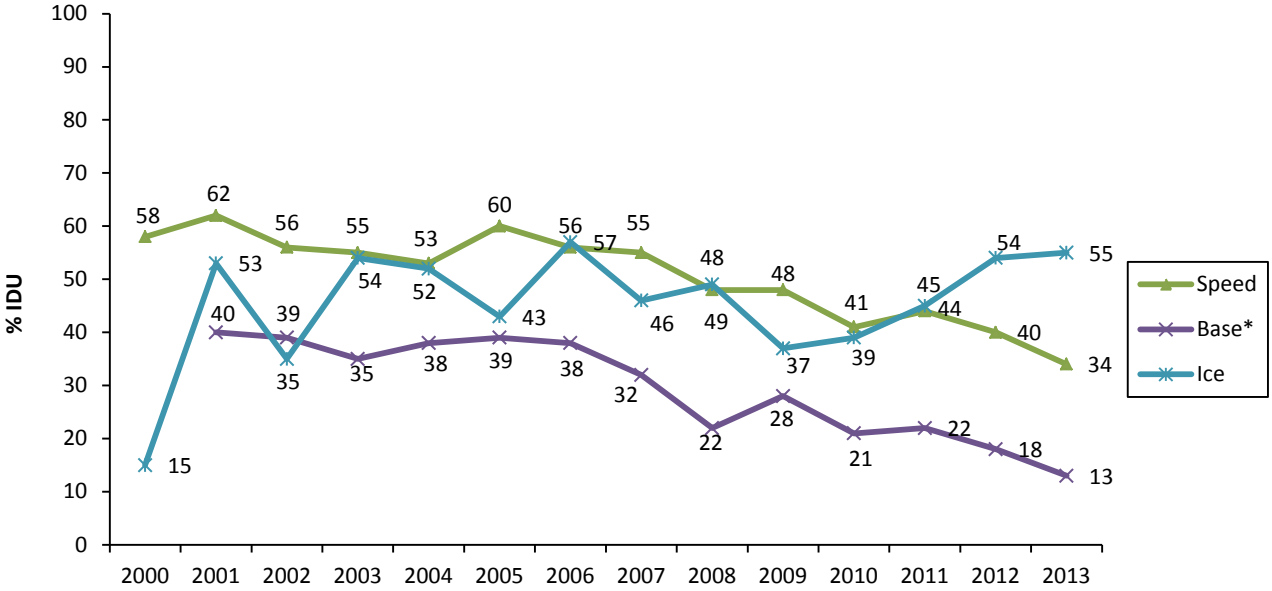
Source: IDRS participant interviews

Figure B3: Recent use of heroin, any methamphetamine, cocaine and cannabis, nationally, 2000-2013



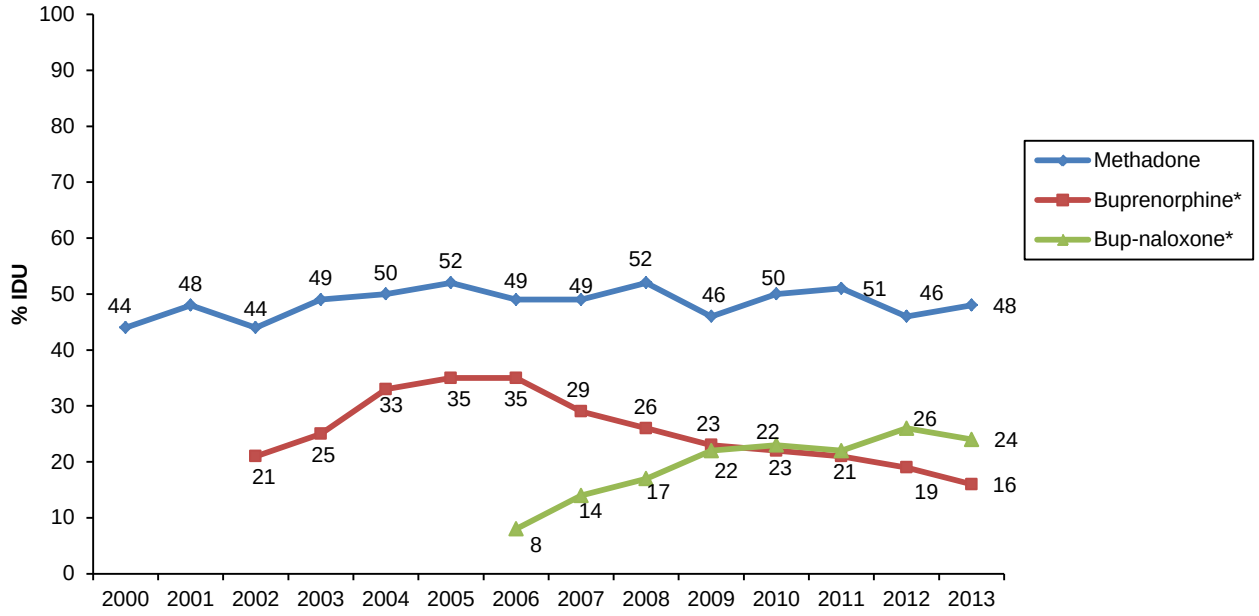
Source: IDRS participant interviews

Figure B4: Recent use of speed, base and crystal/ice, nationally, 2000-2013



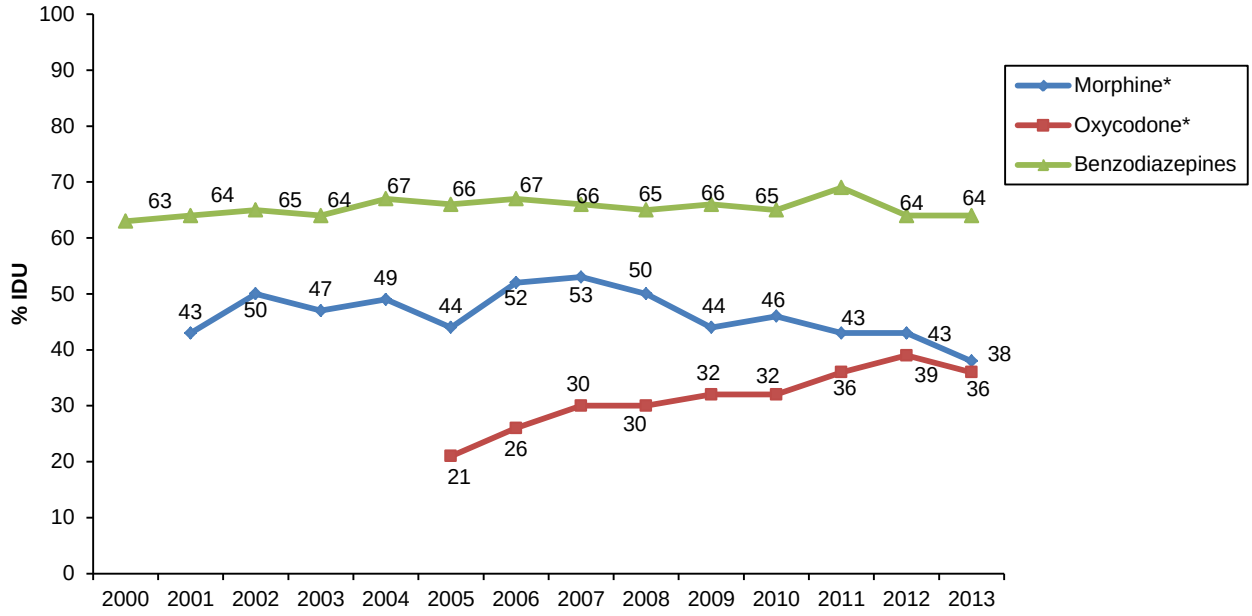
Source: IDRS participant interviews
* Base asked separately from 2001 onwards

Figure B5: Recent use of methadone, buprenorphine and buprenorphine-naloxone, nationally, 2000-2013



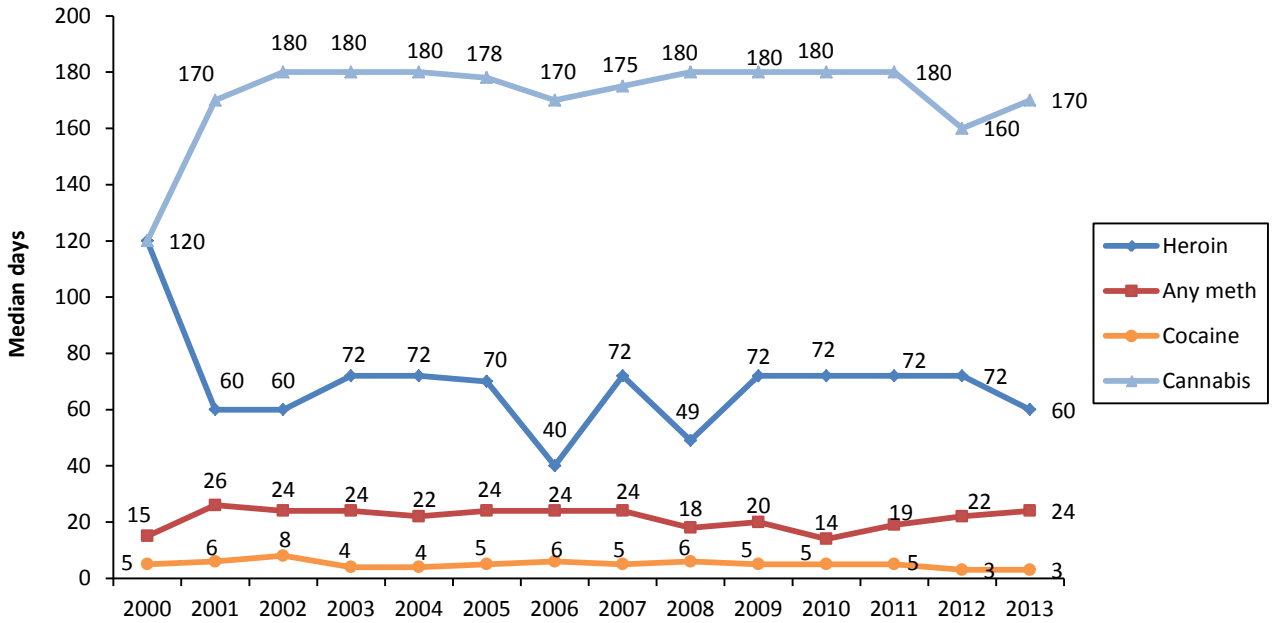
Source: IDRS participant interviews
* Data collection started in 2002 for buprenorphine and 2006 for buprenorphine-naloxone

Figure B6: Recent use of morphine, oxycodone and benzodiazepines, nationally, 2000-2013



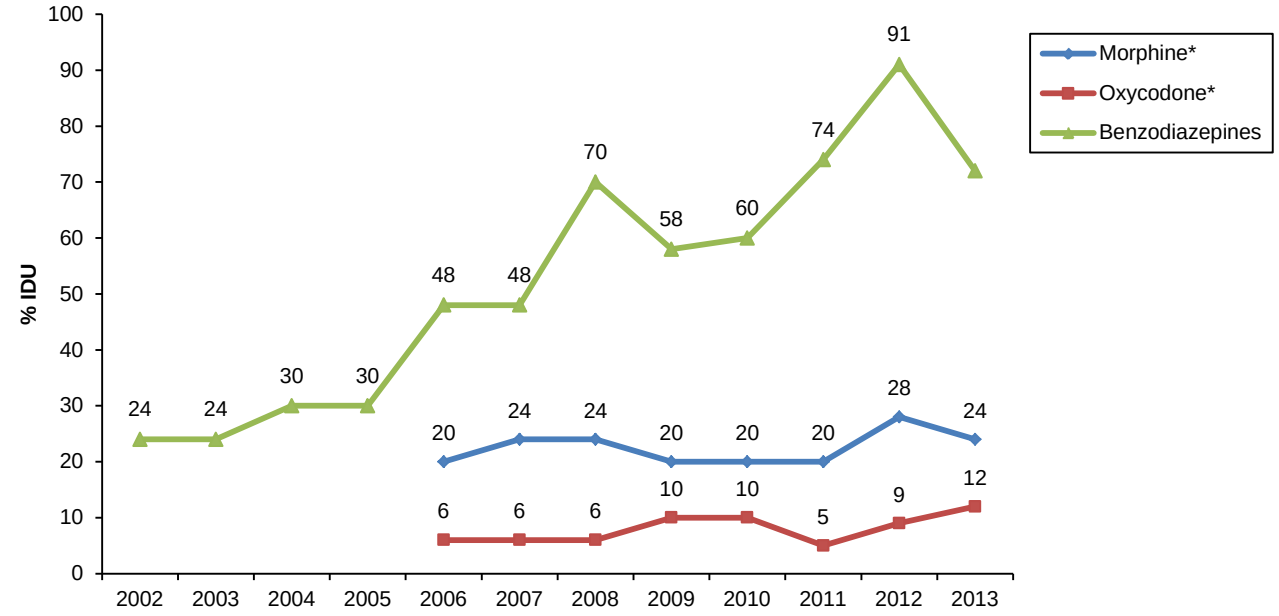
Source: IDRS participant interviews
* Data collection started in 2001 for morphine and 2005 for oxycodone

Figure B7: Median days of heroin, methamphetamine (any form), cocaine and cannabis use among participants who had recently used, nationally, 2000-2013



Source: IDRS participant interviews

Figure B8: Median days of morphine, oxycodone and benzodiazepines use among participants who had recently used, nationally, 2002-2013



Source: IDRS participant interviews
* Data collection started in 2001 for morphine and 2005 for oxycodone

Appendix C: Jurisdictional drug use history, 2000-2013

Table C1: Heroin use patterns, by jurisdiction, 2000-2013

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Used last six months									
2000	79	95	92	97	38	73	80	56	86
2001	66	96	83	90	24	65	55	36	62
2002	68	96	89	94	21	48	64	22	81
2003	65	97	88	90	26	55	63	16	64
2004	69	95	91	86	19	60	69	34	79
2005	66	88	86	89	19	61	69	24	64
2006	56	81	71	76	9	60	53	12	63
2007	59	88	72	85	5	67	57	7	65
2008	60	83	86	85	5	51	59	14	74
2009	64	94	78	79	12	72	71	13	75
2010	64	92	78	85	8	64	69	5	81
2011	62	87	79	81	19	57	79	9	65
2012	60	89	74	84	9	52	80	11	65
2013	**60**	**83**	**75**	**83**	**10**	**41**	**75**	**17**	**72**
Median days used*									
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	4.5	72	20	5	49
2004	72	120	72	90	4	48	48	5	26
2005	70	96	60	81	6	28	60	4	52
2006	40	72	24	56	6^	19	20	13	52
2007	72	96	48	90	4^	48	72	30^	28
2008	49	72	60	81	2	48	48	6	48
2009	72	96	48	51	6	30	96	17	72
2010	72	96	60	74	3	24	55	4^	90
2011	72	90	66	63	4	72	68	21^	66
2012	72	96	72	72	6^	48	90	4.5	72
2013	**60**	**90**	**50**	**72**	**3**	**72**	**54**	**3**	**30**
% Daily users among recent users									
2000	29	49	47	47	0	14	22	10	27
2001	13	41	15	13	0	10	2	3	10
2002	18	53	18	24	0	5	5	0	17
2003	19	47	32	20	1	17	9	0	13
2004	25	38	24	25	0	13	16	1	16
2005	24	42	23	22	0	11	23	12	22
2006	17	31	7	21	0	2	11	0	16
2007	23	27	6	31	0	18	29	14	24
2008	18	24	18	25	0	16	15	7	5
2009	23	36	17	16	0	10	36	8	25
2010	27	36	17	33	0	10	23	0	33
2011	24	32	26	21	0	25	16	22	21
2012	28	39	26	25	0	29	26	14	19
2013	**22**	**26**	**23**	**30**	**0**	**20**	**15**	**7**	**18**

Source: IDRS participant interviews

^ Small numbers reporting (n<10); interpret with caution

* Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

Table C2: Recent use of speed powder, by jurisdiction, 2000-2013

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	58	32	63	49	77	51	81	70	58
2001	62	42	63	74	45	47	87	63	80
2002	56	39	51	70	35	56	77	67	55
2003	55	31	48	70	51	53	71	60	58
2004	53	35	41	65	60	44	61	60	61
2005	60	38	59	75	76	39	61	69	65
2006	56	49	58	71	54	39	66	57	54
2007	55	35	55	65	63	42	61	58	62
2008	48	38	37	64	61	34	61	50	35
2009	48	33	46	65	56	33	54	50	46
2010	41	29	48	53	56	29	51	25	41
2011	44	30	46	49	67	36	43	43	40
2012	40	17	42	39	70	34	45	46	30
2013	**34**	**14**	**29**	**23**	**61**	**40**	**48**	**31**	**37**

Source: IDRS participant interviews

Table C3: Recent use of base methamphetamine, by jurisdiction, 2001-2013*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	40	23	36	32	52	59	56	18	75
2002	39	23	30	20	74	65	56	21	42
2003	35	32	13	18	46	51	40	30	50
2004	38	31	25	11	72	46	45	26	60
2005	39	38	28	13	79	61	54	16	40
2006	38	43	32	15	55	52	37	25	53
2007	32	41	32	8	48	42	22	20	48
2008	22	33	18	5	25	37	13	10	34
2009	28	36	21	13	55	31	12	16	41
2010	21	29	18	3	40	43	8	6	30
2011	22	17	17	11	39	35	6	12	37
2012	18	15	15	11	43	32	6	7	21
2013	**13**	**12**	**6**	**3**	**17**	**31**	**11**	**7**	**22**

Source: IDRS participant interviews
***** Base asked separately from 2001 onwards.

Table C4: Recent use of ice/crystal methamphetamine, by jurisdiction, 2000-2013

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	15	14	17	9	6	11	51	6	13
2001	53	29	72	52	56	58	85	24	75
2002	35	25	34	26	20	56	74	20	39
2003	54	38	65	50	69	48	80	34	60
2004	52	45	73	41	52	48	83	32	51
2005	43	38	62	29	50	46	68	21	36
2006	57	57	88	53	56	49	76	29	55
2007	46	50	80	43	38	41	56	29	39
2008	49	69	68	39	32	49	61	28	40
2009	37	46	57	32	26	30	43	15	46
2010	39	48	48	36	20	60	40	18	37
2011	45	53	57	53	26	44	46	28	50
2012	54	68	66	59	43	56	64	26	44
2013	**55**	**74**	**61**	**55**	**45**	**57**	**59**	**30**	**50**

Source: IDRS participant interviews

Table C5: Recent use of cocaine, by jurisdiction, 2000-2013

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	24	63	15	13	6	20	22	18	13
2001	35	84	40	28	8	27	32	13	28
2002	27	79	18	17	12	26	17	10	15
2003	18	53	13	13	9	13	10	5	16
2004	16	47	10	10	4	6	15	10	10
2005	22	60	20	15	8	16	19	10	11
2006	20	67	8	19	12	8	10	8	9
2007	22	63	18	22	5	7	16	9	15
2008	20	58	18	24	4	4	15	3	13
2009	21	61	22	15	2	10	12	12	15
2010	18	57	6	14	5	12	15	4	13
2011	17	47	8	17	7	12	10	1	13
2012	15	44	16	9	11	7	15	4	4
2013	**16**	**41**	**16**	**11**	**5**	**9**	**15**	**7**	**11**

Source: IDRS participant interviews

Table C6: Recent use of cannabis (any form), by jurisdiction, 2000-2013

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	84	72	84	85	90	88	90	84	84
2001	86	83	85	88	94	85	91	81	82
2002	86	80	89	87	91	85	98	83	82
2003	83	79	86	88	88	80	81	83	76
2004	82	80	85	81	87	83	84	75	75
2005	82	80	89	86	87	80	76	79	76
2006	83	80	90	83	88	77	80	84	85
2007	81	79	83	83	87	81	69	83	84
2008	77	80	80	74	86	75	64	78	82
2009	76	79	81	79	89	61	72	79	69
2010	75	72	81	81	79	66	70	72	77
2011	79	81	87	85	78	69	71	71	79
2012	76	72	81	85	81	61	79	71	70
2013	**72**	**80**	**75**	**80**	**71**	**61**	**61**	**67**	**67**

Source: IDRS participant interviews

Table C7: Recent use of methadone (any form), by jurisdiction, 2000-2013

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	45	54	51	41	80	39	28	31	35
2001	48	52	61	44	83	43	29	36	38
2002	44	43	64	27	80	36	29	37	51
2003	49	53	62	31	85	48	34	51	37
2004	50	69	51	29	84	38	44	42	42
2005	52	64	66	34	71	47	40	50	43
2006	49	61	61	37	75	47	45	34	32
2007	49	54	57	47	75	40	50	44	28
2008	52	57	62	52	84	36	32	52	39
2009	46	59	59	47	78	32	25	35	22
2010	50	70	57	51	69	37	38	35	27
2011	51	69	56	52	65	39	51	34	33
2012	46	62	56	55	58	27	45	29	27
2013	**48**	**68**	**55**	**47**	**60**	**36**	**53**	**19**	**33**

Source: IDRS participant interviews

Table C8: Recent use of buprenorphine (any form), by jurisdiction, 2002-2013*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2002	21	13	10	53	7	10	28	14	16
2003	25	26	10	53	7	23	28	20	19
2004	33	24	28	59	8	35	38	25	36
2005	35	29	33	63	11	36	49	27	27
2006	35	33	44	50	9	32	41	26	47
2007	29	34	40	40	14	27	23	10	36
2008	26	21	37	30	13	28	20	23	33
2009	23	25	30	33	19	15	17	8	38
2010	22	18	35	28	9	23	22	12	30
2011	21	23	28	25	7	11	16	13	38
2012	19	20	28	22	13	11	16	12	29
2013	**16**	**15**	**19**	**12**	**18**	**8**	**14**	**21**	**25**

Source: IDRS participant interviews
***** Data collected from 2002 onwards

Table C9: Recent use of buprenorphine-naloxone (tablet form), by jurisdiction, 2006-2013*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2006	8	1	1	16	0	8	17	1	18
2007	14	1	12	25	1	14	19	7	30
2008	17	6	16	35	8	7	21	10	25
2009	22	12	19	29	11	21	37	14	35
2010	23	8	19	39	9	20	34	21	33
2011	22	18	20	43	8	11	29	19	22
2012	18	13	10	31	16	15	22	12	25
2013	**11**	**7**	**10**	**19**	**7**	**2**	**15**	**13**	**16**

Source: IDRS participant interviews
***** Data collected from 2006 onwards

Table C10: Recent use of buprenorphine-naloxone (any form), by jurisdiction, 2006-2013*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2006	8	1	1	16	0	8	17	1	18
2007	14	1	12	25	1	14	19	7	30
2008	17	6	16	35	8	7	21	10	25
2009	22	12	19	29	11	21	37	14	35
2010	23	8	19	39	9	20	34	21	33
2011	22	18	20	43	8	11	29	19	22
2012[#]	26	22	17	37	19	32	35	13	33
2013[#]	**24**	**18**	**21**	**31**	**18**	**15**	**33**	**22**	**34**

Source: IDRS participant interviews
***** Data collected from 2006 onwards.
[#] Includes 'tablet' and 'film' forms

Table C11: Recent use of morphine (any form), by jurisdiction, 2001-2013*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	42	13	39	32	72	43	32	83	35
2002	50	22	37	51	76	46	52	86	39
2003	47	23	50	42	72	43	41	82	42
2004	49	29	40	43	62	42	46	87	50
2005	44	28	37	42	59	37	52	80	32
2006	52	36	57	35	62	51	55	81	53
2007	53	38	56	41	68	44	50	82	59
2008	50	37	40	41	81	35	34	89	54
2009	44	31	43	33	82	24	37	70	42
2010	46	35	43	35	74	25	30	91	42
2011	43	28	34	34	75	23	36	81	41
2012	43	23	36	29	66	28	49	77	39
2013	**38**	**21**	**29**	**21**	**66**	**27**	**39**	**80**	**40**

Source: IDRS participant interviews
***** Data collected from 2001 onwards

Table C12: Recent use of oxycodone (any form), by jurisdiction, 2005-2013*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2005	21	16	17	19	31	17	41	11	19
2006	26	20	26	27	30	22	44	11	27
2007	30	28	26	29	42	20	46	12	39
2008	30	31	31	27	54	15	27	31	29
2009	32	28	30	27	56	11	33	41	35
2010	32	36	14	32	61	21	26	33	29
2011	36	38	25	41	47	26	33	32	39
2012	39	50	35	29	59	30	53	22	35
2013	**36**	**43**	**20**	**25**	**62**	**27**	**39**	**28**	**44**

Source: IDRS participant interviews
***** Data collection commenced in 2005.

Table C13: Recent use of benzodiazepines (any form), by jurisdiction, 2000-2013

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	63	61	67	74	81	65	72	29	80
2001	64	56	66	78	85	57	51	53	64
2002	65	57	62	73	83	57	77	53	56
2003	64	62	62	80	88	53	67	54	48
2004	67	67	59	82	85	55	72	56	57
2005	66	65	62	73	86	63	73	53	51
2006	67	60	60	71	83	73	75	51	69
2007	66	65	68	67	87	67	71	52	50
2008	65	73	66	69	85	49	56	56	61
2009	66	66	70	80	79	51	64	54	59
2010	65	70	68	74	74	49	61	52	62
2011	69	63	64	85	81	50	64	61	76
2012	64	64	63	82	73	46	82	36	62
2013	**64**	**66**	**50**	**70**	**76**	**56**	**82**	**39**	**72**

Source: IDRS participant interviews

Appendix D: Mapping the IDRS Findings

Table D1: Mapping IDRS findings onto the work of Larance et al.

IDRS distinctions		Interpretation following Larance et al.'s terminology
1	Use of licitly obtained opioids	Includes treatment adherence (use of prescribed opioids as directed) and non-adherence (including stockpiling, injection, etc.)
2	Use of illicitly obtained opioids	Use of diverted opioids
3	Use of any opioids	Includes all of the above behaviours (treatment adherence, non-adherence and use of diverted opioids). Provides an indication of the level of pharmaceutical opioid use, irrespective of method of obtainment or route of administration
4	Injection of licitly obtained opioids	Non-adherence
5	Injection of illicitly obtained opioids	Injection of diverted opioids
6	Injection of any opioids	Includes both of the above behaviours, i.e. does not differentiate between non-adherence and injection of diverted opioids. Provides an indication of the level of opioid injection (which is associated with injection related harms, irrespective of the method of obtainment)

Source: (Larance, Degenhardt, Lintzeris et al., 2011b)

Appendix E: Heroin price, perceived purity and availability, 2000-2013

Table E1: Median price of heroin per gram, by jurisdiction, 2000-2013

	Price $ per gram													
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**
NSW	220	320	300	300	300	300	300	300	300	320	345	300	350	**350**
ACT	300	485	350	350	300	300	340^	300	300	320	300	300	300	**300**
VIC	300	450	400	380	300	310	350	350	300	310	325^	250	300	**250**
TAS	300	325	350	350	350^	360^	-	-	-	-	-	400^	-	**-**
SA	320	350	450	425	320^	400^	400^	390^	250^	400^	360^	400^	400	**420^**
WA	450	750	550	550	500	550^	550	650^	600^	525	600	650^	600	**600**
NT	600	600	500	-	400^	500^	600^	150^	400^	300^	100^	550^	125^	**275^**
QLD	350	450	350	400	380	400	400	400	400	400	400	400^	400	**380**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
- Dashes represent no purchases
Note: National data not shown

Table E2: Median price of heroin per cap, by jurisdiction, 2000-2013

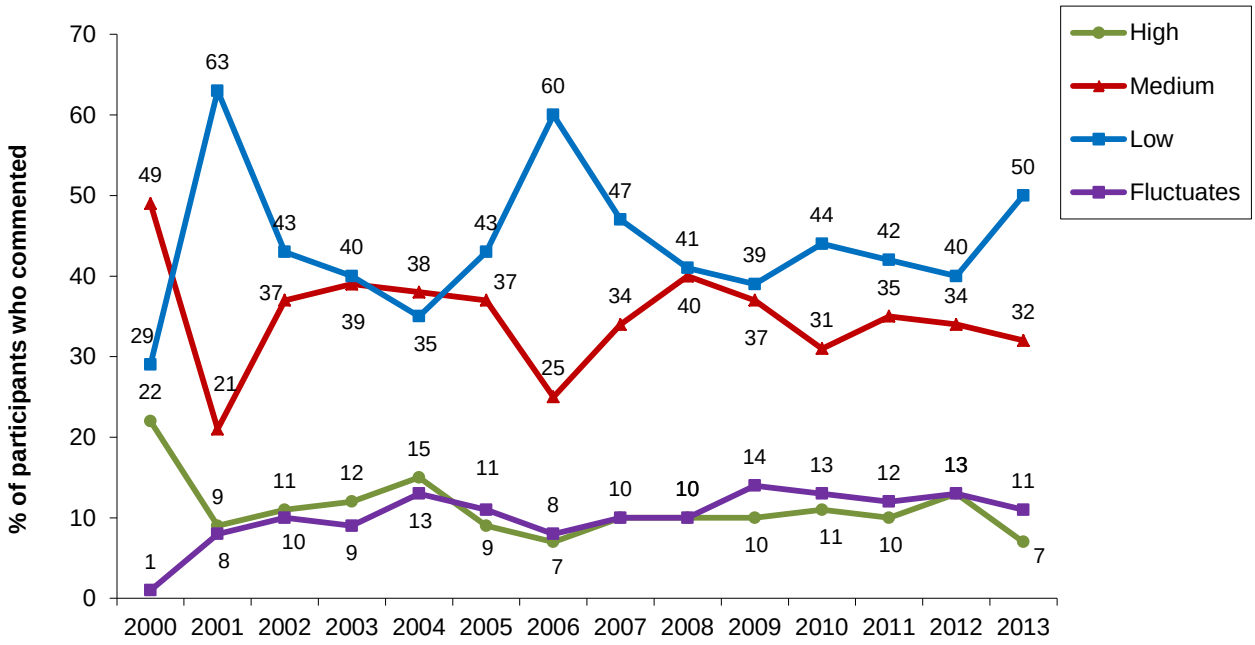
	Price $ per cap													
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**
NSW	25	50	50	50	50	50	50	50	50	50	50	50	50	**50**
ACT	50	50	50	50	50	50	50	50	50^	50	50^	50	50	**50**
VIC	50	50	50	50	40	45	40	50	47.50	50	50	50	50	**50**
TAS	50	50	82.5^	50	50^	90^	-	50^	50^	-	-	75^	50^	**50^**
SA	50	50	50	50	50	50	50	100	100	100	100	100	100	**100**
WA	50	50	50	50	50	50	50^	50^	100^	50	50^	100^	100^	**100^**
NT	50	100	85^	50	53	80^	50^	50^	100^	80^	-	80^	110^	**100^**
QLD	50	50	50	50	50	50	50	50	50	50	50	50	50	**50^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
- Dashes represent no purchases
Note: National data not shown

Figure E1: Median price of heroin per cap and gram, nationally, 2000-2013

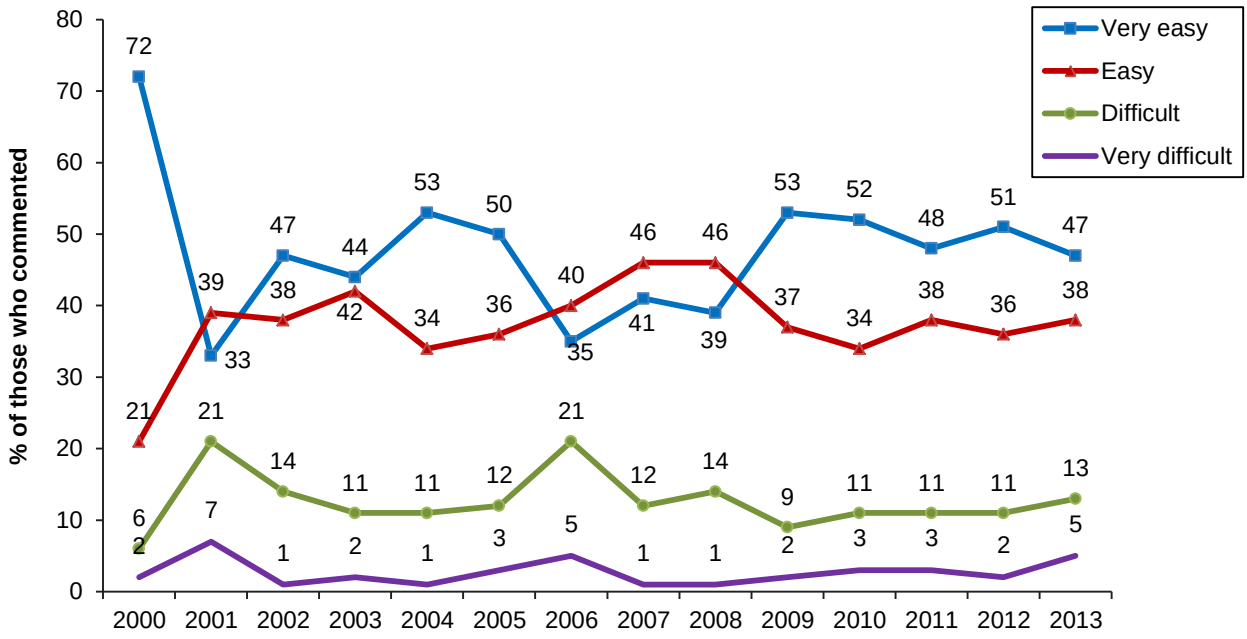
Source: IDRS participant interviews
Note: In 2000 cap is actually a 'rock'. No data available for gram in 2000

Figure E2: Current purity of heroin, nationally, 2000-2013



Source: IDRS participant interviews
Note: The response 'Don't know' was excluded from analysis

Figure E3: Current availability of heroin, nationally, 2000-2013



Source: IDRS participant interviews
Note: The response 'Don't know' was excluded from analysis

Appendix F: Methamphetamine price, purity and availability, 2002-2013

Table F1: Median price of speed, by jurisdiction, 2002-2013

	Price $ per gram												Price $ per point											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**
NSW	100	50^	100^	90	100	65^	200	120^	175^	190^	675^	**300**	50	50	50^	50	50	50	50	50	50	50	50	**50**
ACT	300	175^	200^	125	175^	235	200^	250	250	235	250	**200^**	50	50	50	50	50	50	50	50	50	50	50	**50**
VIC	200	200	180	200	200	200	200	200	200^	200	200	**160^**	40	40	40	40	35	50	40	50	50	50	100	**50^**
TAS	75	215^	290^	300	300^	300^	300^	300^	300	300	300	**300**	50	50	50	50	50	50	50	50	50	50	50	**50**
SA	50	100	50^	200	150^	175^	50^	425^	400^	-	350^	**550**	20^	25	27.5^	41.5	50	50	50^	50	50	100	100	**100**
WA	250	260	260	300	300	400^	350^	400	400	550^	700^	**350^**	50	50	50	50	50	50	50	50	50	100	100	**100**
NT	80	100	200	280	250	300	300	350	450^	400	275^	**400^**	50	50	50	50	60	50	60	50	100^	100	150	**100**
QLD	200	200	200	200	200	200	200	200	250^	400^	775^	**500^**	40	50	50	50	50	50	50	50	50	100	100^	**100**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
- Dashes represent no purchases
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Table F2: Median price of base, by jurisdiction, 2002-2013

	Price $ per gram												Price $ per point											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**
NSW	200^	200^	200^	160^	200	200^	200^	150^	100^	350^	250^	**100^**	50	50	50	50	50	50	50	50	50	50^	50	**50**
ACT	250^	210^	220^	280^	250^	100^	-	275^	250^	250^	200^	**475^**	50	50^	50^	50	50	50	40^	50	50^	50^	20^	**65^**
VIC	250^	200^	152^	150^	180^	150^	200^	200^	-	800^	450^	**220^**	35^	40^	35^	45^	50^	-	-	50^	-	90^	-	**75^**
TAS	350	300^	300^	352	300	300^	300^	300^	300^	300^	300	**300^**	50	50	50	50	50	50	50	50	50	50	50	**50^**
SA	200	200	180^	200	200	200^	-	425^	210^	700^	700^	**450^**	25	30	25	50	50	50	50	50	100	75	100	**100**
WA	275	275	250	300	325^	175^	425^	-	400^	-	-	**-**	50	50	50	50	50	50^	50^	-	50^	-	100^	**100^**
NT	240^	250^	300	250^	250^	300^	400^	400^	250^	700^	-	**700^**	50	50	50	50^	60	50^	100^	75^	100^	150^	100^	**50^**
QLD	200	200	200	200^	200	200	200	200	200^	300^	550^	**400^**	50	50	50	50^	50	50	50^	50	50^	80	75^	**100**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
- Dashes represent no purchases
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Table F3: Median price of ice/crystal, by jurisdiction, 2002-2013

	Price $ per gram												Price $ per point											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**
NSW	300^	250^	280^	350^	325	350^	350	350^	400^	400	400	**388**	50	50	50	50	50	50	50	50	50	50	50	**50**
ACT	335^	300	300^	300^	410	380	450^	450^	275^	600^	575	**700**	50	50	50	50	50	50	50	50	50	92.5	100	**100**
VIC	220^	250	200^	300^	200^	350^	370^	380^	450^	800	500	**300^**	50	50	50	50^	50	50	50	50^	100	100	100	**100**
TAS	400^	350^	400^	340^	300^	340^	300^	300^	400^	-	350	**-**	50	50	30	50	50	50	50	50	50^	50	60	**100**
SA	190	200	190^	300^	215^	220^	350^	600^	260^	575^	500^	**650^**	25	50	30^	30^	50	50	50	50	75	75	100	**100**
WA	350	300	350	400	400	400^	400^	400	500^	600^	750^	**700^**	50	50	50	50	50	50	50	50	100	100	100	**100**
NT	300^	300^	300^	250^	800^	400^	1200^	800^	1350^	1000^	700^	**800^**	80	50	50	65^	90	100	125^	100^	200^	150	150	**140**
QLD	235	200	250	200^	275	275	275	320	450^	400^	725^	**600^**	50	35	50	50^	50	50	50	50	100^	100	100	**100**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
- Dashes represent no purchases
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

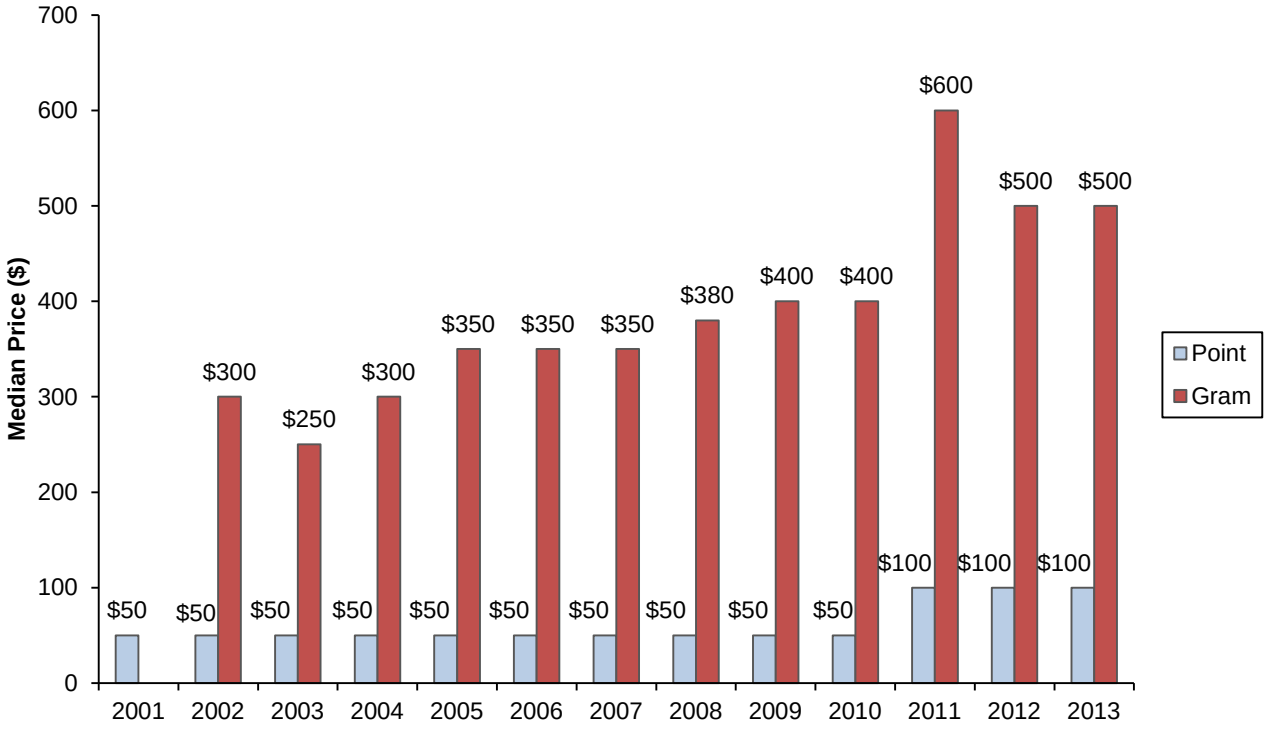
Figure F1: Median price of speed per point and gram, nationally, 2002-2013

Source: IDRS participant interviews

Figure F2: Median price of base per point and gram, nationally, 2002-2013

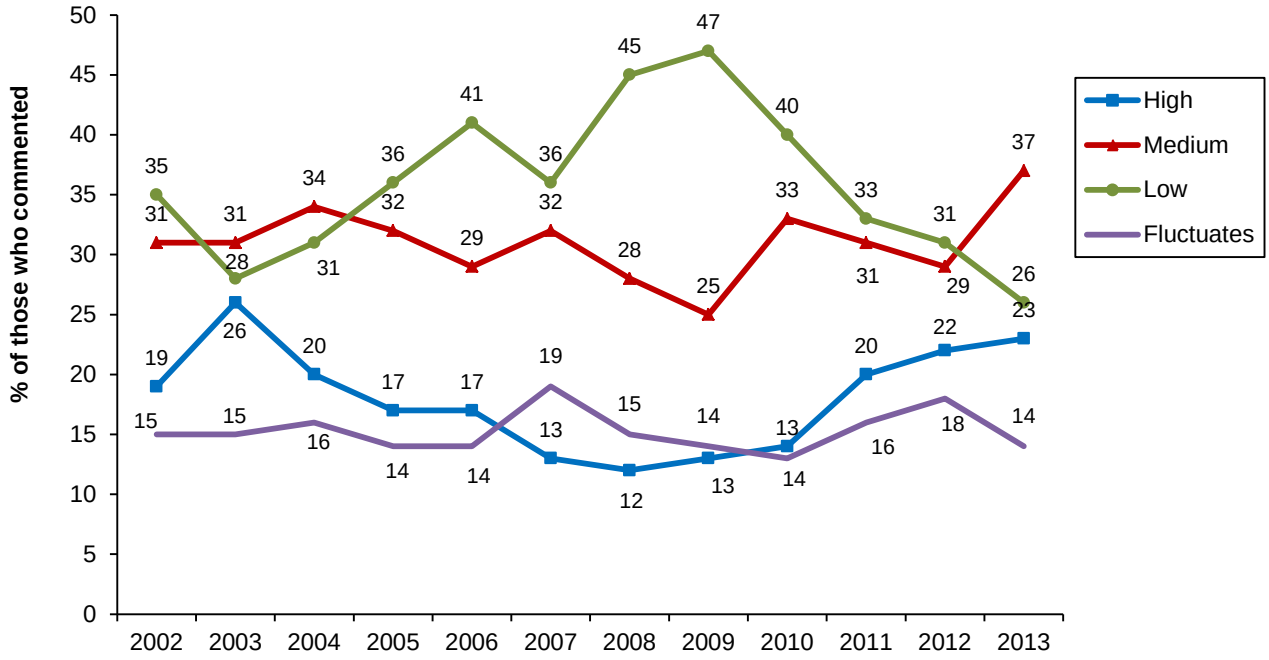
Source: IDRS participant interviews

Figure F3: Median price of ice/crystal per point and gram, nationally, 2001-2013



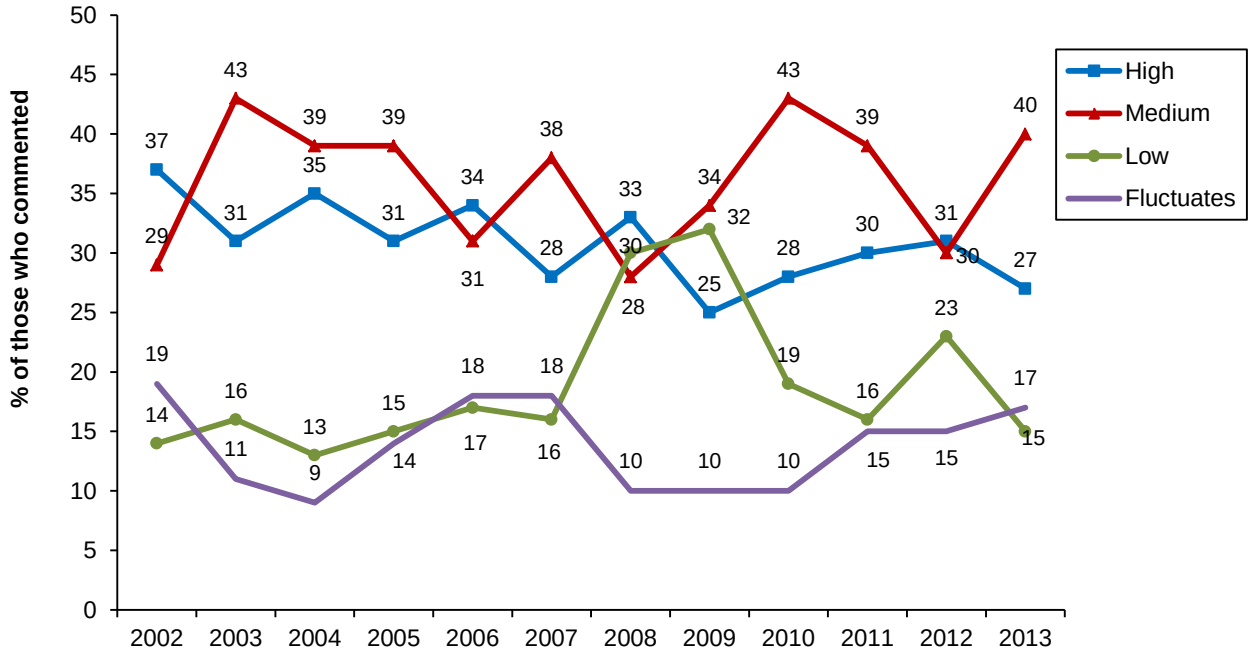
Source: IDRS participant interviews
Note: No data available for gram in 2001

Figure F4: Current purity of speed, nationally, 2002-2013



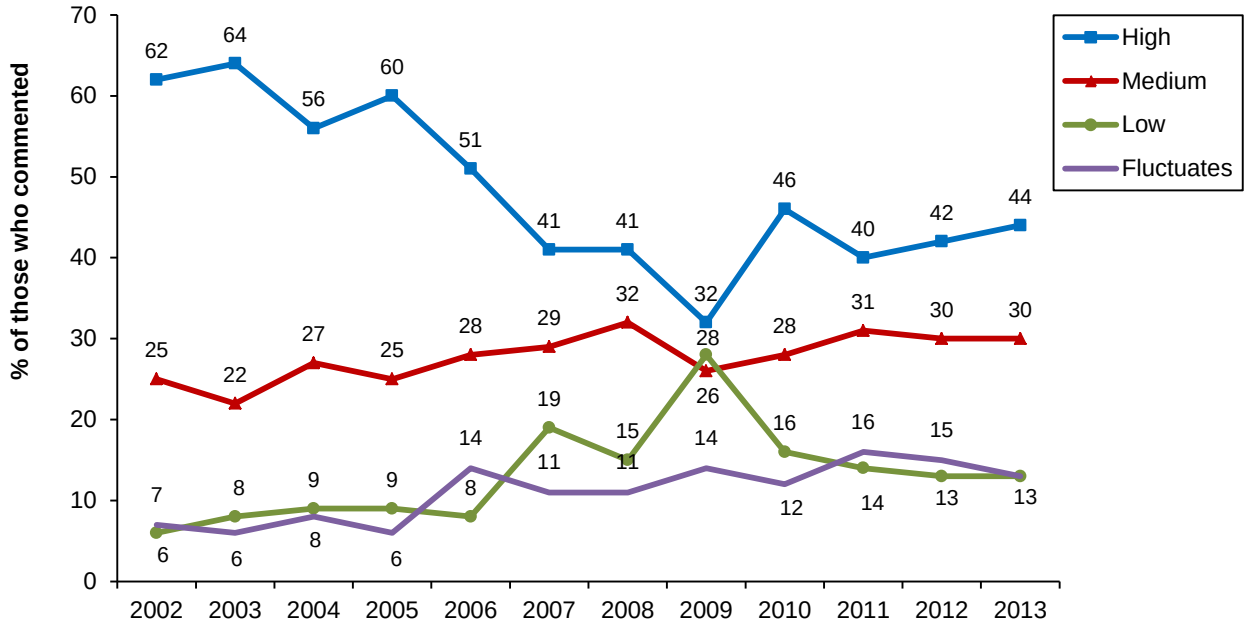
Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure F5: Current purity of base, nationally, 2002-2013



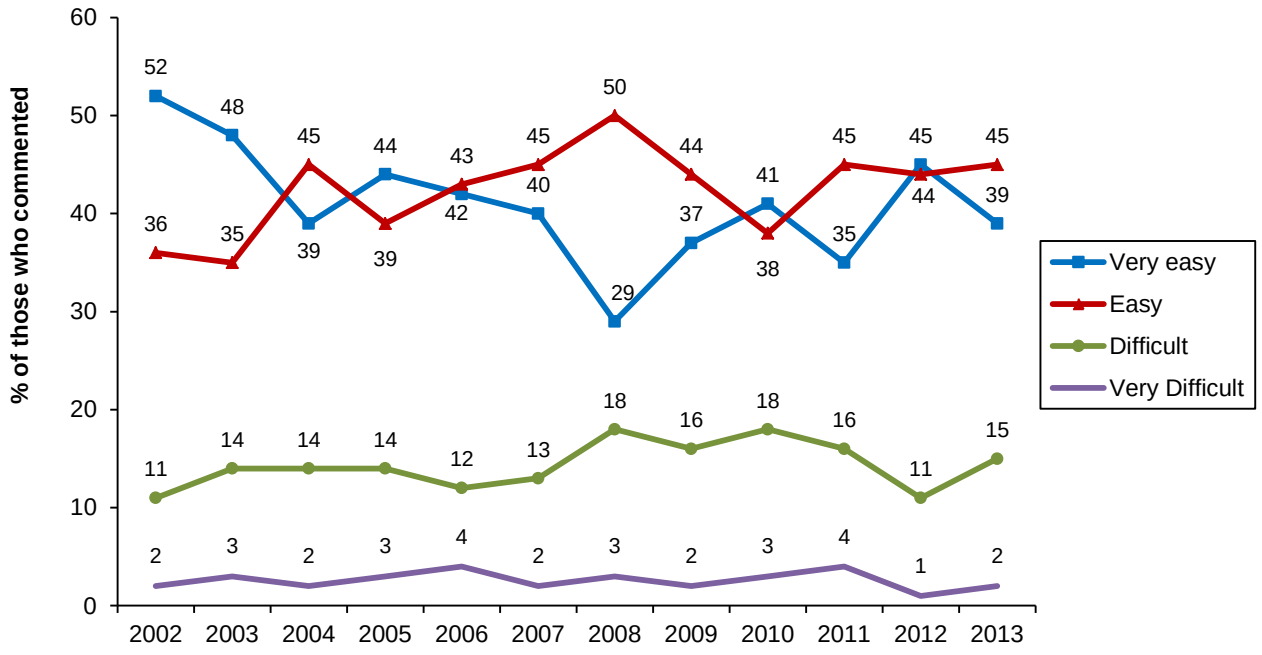
Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure F6: Current purity of ice/crystal, nationally, 2002-2013



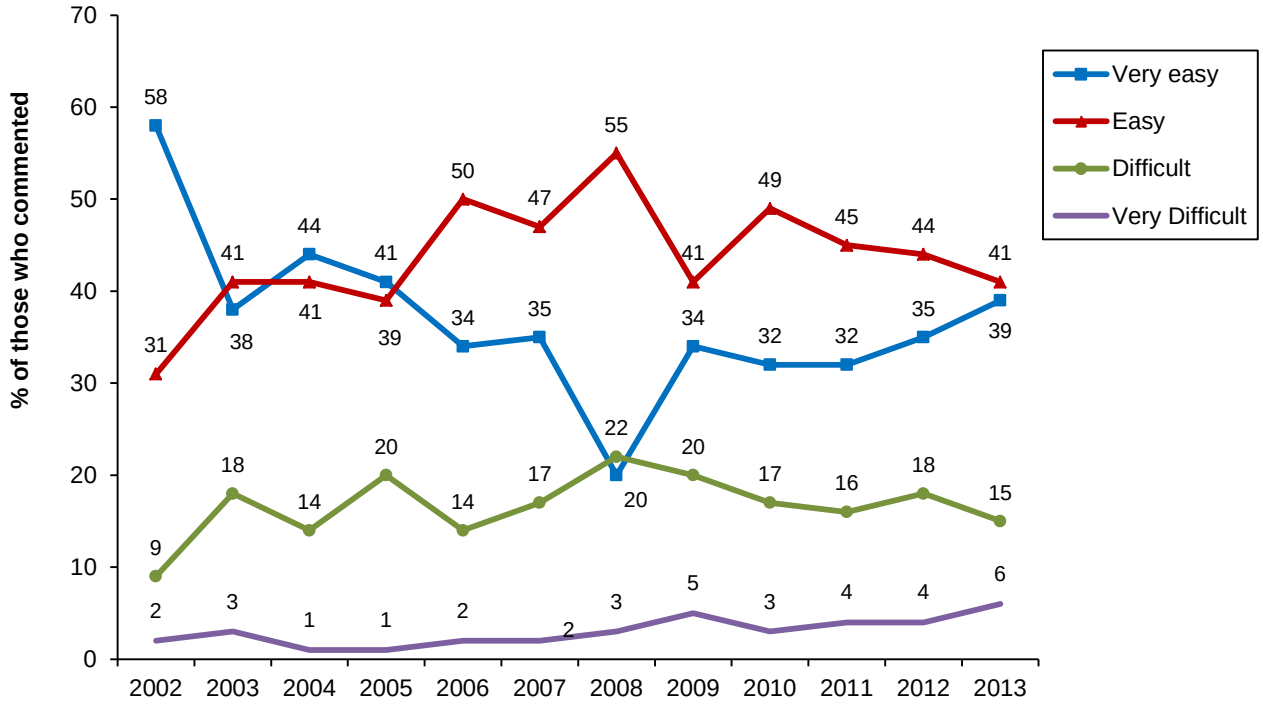
Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure F7: Current availability of speed, nationally, 2002-2013



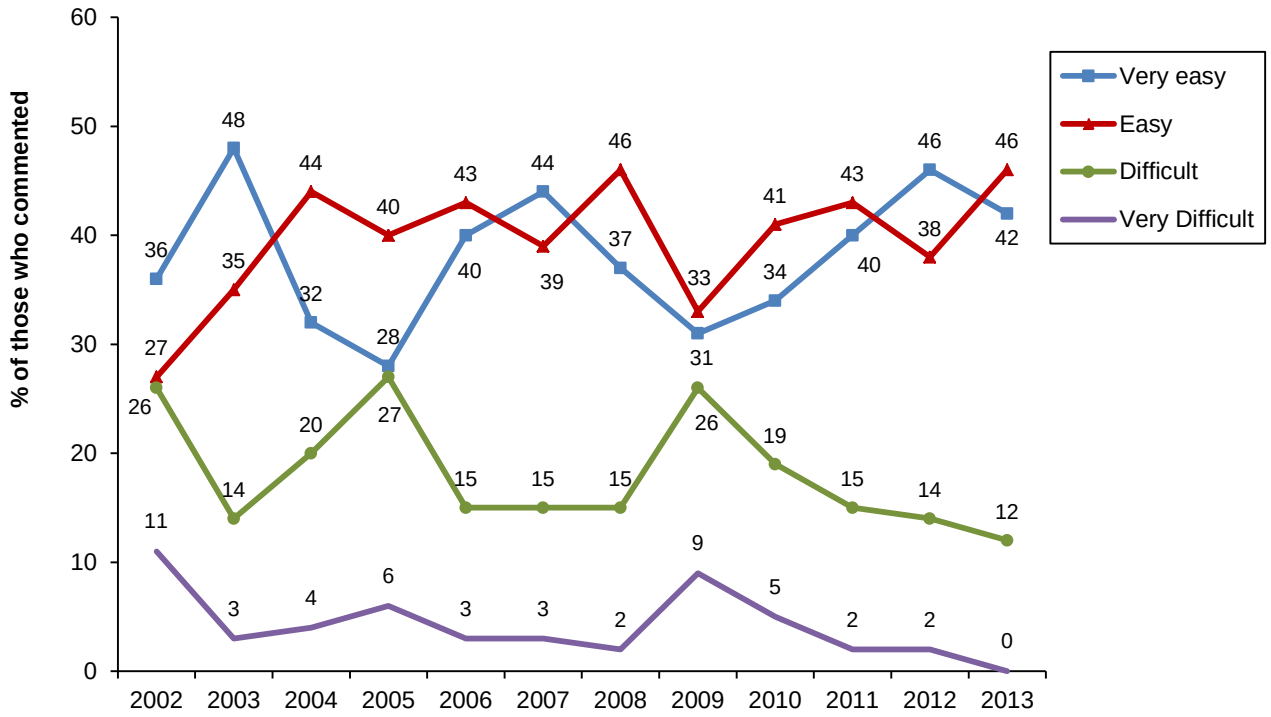
Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure F8: Current availability of base, nationally, 2002-2013



Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure F9: Current availability of ice/crystal, nationally, 2002-2013



Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Appendix G: Cocaine price, perceived purity and availability, 2000-2013

Table G1: Median price of cocaine per gram, by jurisdiction, 2000-2013

	Price $ per gram													
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**
NSW	n.a.	n.a.	200	200	290^	280^	300	300	300	350	300	300	375^	**300**
ACT	n.a.	n.a.	250^	200^	350^	250^	-	325^	310^	250^	-	330^	350^	**350^**
VIC	n.a.	n.a.	200^	250^	200^	350^	400^	375^	-	325^	400^	400^	500^	**400^**
TAS	n.a.	n.a.	200^	250^	325^	400^	-	-	350^	-	400^	-	400^	**-**
SA	n.a.	n.a.	250^	250^	190^	315^	400^	340^	225^	700^	250^	300^	-	**-**
WA	n.a.	n.a.	350^	250^	-	475^	350^	400^	-	450^	325^	-	-	**700^**
NT	n.a.	n.a.	50	-	250^	250^	250^	200^	-	250^	-	-	-	**-**
QLD	n.a.	n.a.	220^	300^	200^	300^	-	350^	450^	350^	1000^	290^	-	**300^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
- Dashes represent no purchases
n.a. Data not available
Note: The response 'Don't know' was excluded from analysis

Table G2: Median price of cocaine per cap, by jurisdiction, 2000-2013

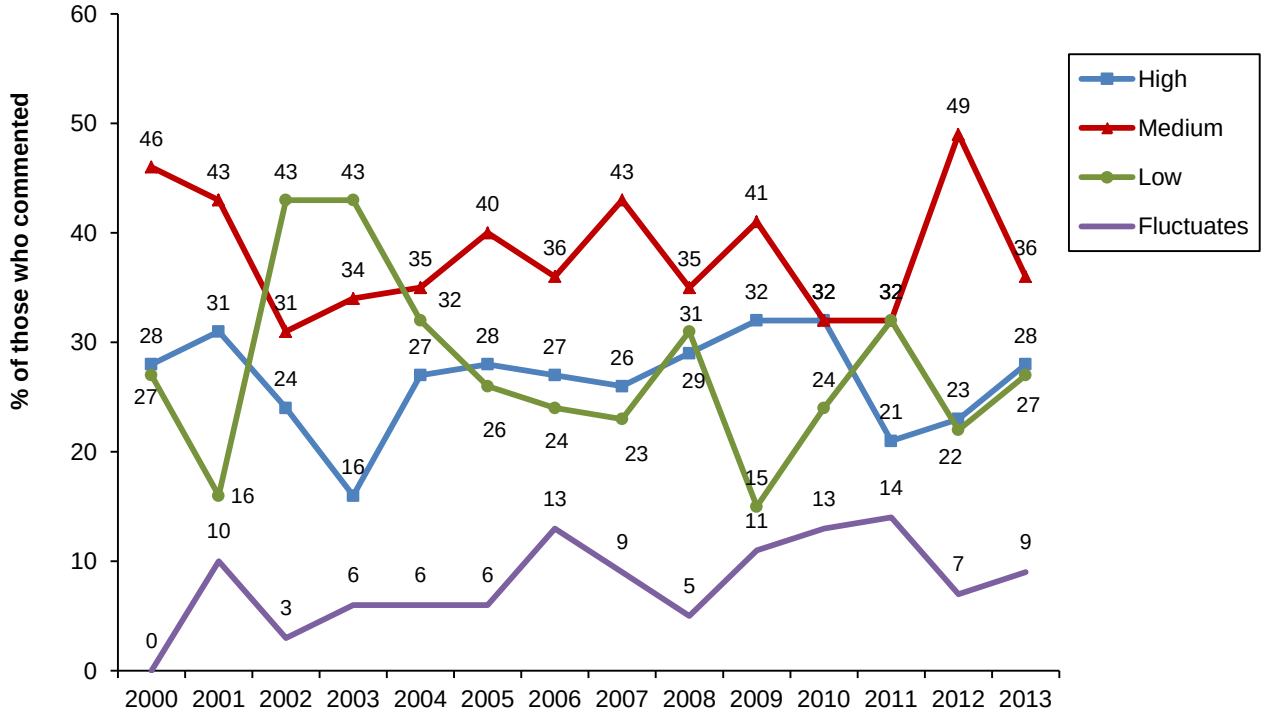
	Price $ per cap													
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**
NSW	50	50	50	50	50	50	50	50	50	50	50	50	50	**50**
ACT	-	50^	65^	50^	-	50^	-	55^	70	50^	-	50^	50^	**50^**
VIC	80^	50^	65^	-	-	50^	-	-	100	50^	50^	-	50^	**90^**
TAS	50^	-	-	-	-	60^	-	-	-	-	-	-	80^	**140^**
SA	87.5	50^	50^	-	50^	60^	-	-	-	250^	-	50^	-	**50^**
WA	50^	-	-	-	-	50^	-	-	-	-	40^	-	-	**-**
NT	-	110^	30	-	60^	100^	125^	-	-	80^	-	-	-	**-**
QLD	-	57.5^	-	-	150^	-	50^	75^	-	-	-	-	-	**-**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
- Dashes represent no purchases
Note: The response 'Don't know' was excluded from analysis

Figure G1: Median price of cocaine per cap and gram, nationally, 2000-2013

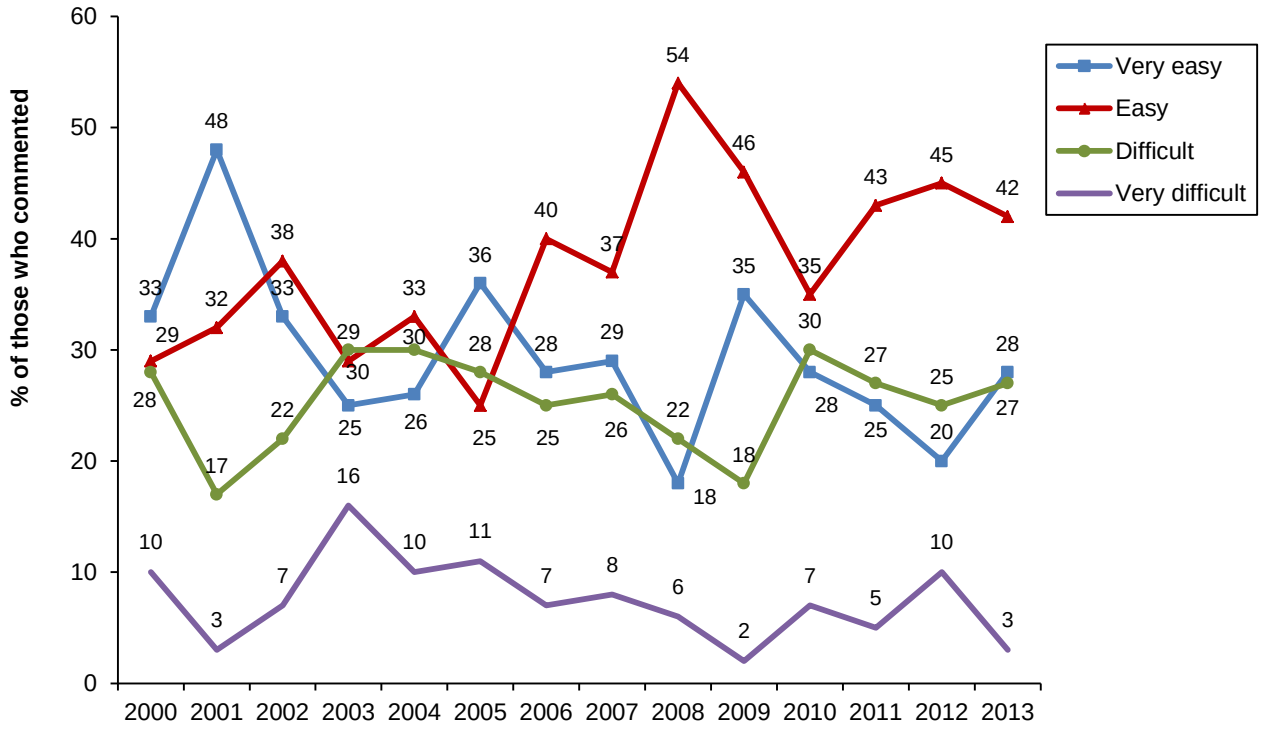
Source: IDRS participant interviews

Figure G2: Current purity of cocaine, nationally, 2000-2013



Source: IDRS participant interviews
Note: The response 'Don't know' was excluded from analysis

Figure G3: Current availability of cocaine, nationally, 2000-2013



Source: IDRS participant interviews
Note: The response 'Don't know' was excluded from analysis

Appendix H: Cannabis price, perceived potency and availability, 2000-2013

Table H1: Median price of hydroponic cannabis per gram, by jurisdiction, 2000-2013

	Price $ per gram													
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**
NSW	20	20	20	20	20	20	20	20	20	20	20	20	20	**20**
ACT	25	25	20	20	20	20	20	20	20	20	20	20	20	**20**
VIC	20	20	20	20	20	20	20	20	20	20	20	20	20	**20**
TAS	25	25	25	25	25	25	25	25	25	25	25	25	25	**25**
SA	-	10^	10^	10^	25^	25^	25^	25	17.5	-	25^	25^	25	**25**
WA	25^	22.5^	25	25	25	25	25	22.5^	25^	25	25	25^	25	**28**
NT	-	25	25	25	25	25	30	30	30	30	30	30	30	**30**
QLD	-	25	25^	25	25	25	25	25	25	25	25	25	25	**20**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
- Dashes represent no purchases
Note: The response 'Don't know' was excluded from analysis. Data before 2002 included both hydro and bush cannabis.

Table H2: Median price of hydroponic cannabis per ounce, by jurisdiction, 2000-2013

	Price $ per ounce													
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**
NSW	n.a.	n.a.	300^	310^	300	300	285	290	300	320	290	300	320	**300**
ACT	n.a.	n.a.	250	322.5	280	290	300	300	295	300	280	300	290	**300**
VIC	n.a.	n.a.	250	280	240	250	200	240	250	250	250	250	250	**250**
TAS	n.a.	n.a.	250	300	280	290	250	250	300	300	300	300	250	**280**
SA	n.a.	n.a.	180	200	200	200	200	200^	210	225	220	210	220	**200**
WA	n.a.	n.a.	250	270	250	300	280	300^	350^	350	350	350	350	**350**
NT	n.a.	n.a.	300	305	300	300	300	350	350	400	450	450	420	**450**
QLD	n.a.	n.a.	300	310	300	300	290	300	300	300	355	300	300^	**300^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
- Dashes represent no purchases
Note: The response 'Don't know' was excluded from analysis. Data before 2002 included both hydro and bush cannabis.

Table H3: Median price of bush cannabis, by jurisdiction, 2003-2013

	Price $ per gram										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**
NSW	20	20	20	20^	20	20	20	20	20	20	**20**
ACT	20	20	20	15	20	20	20	20	20	20	**20**
VIC	20	20	20	10^	20	20	20	20^	20^	20^	**-**
TAS	25	25	22.5	15^	25	25^	25	20^	25^	25	**20**
SA	15^	25^	25^	25^	25	-	-	25^	25^	25	**25**
WA	20	25	25	25^	10^	27.5^	25^	25^	20^	25	**30^**
NT	25	23	25	25^	30	30^	30^	30	15^	30	**30^**
QLD	15	20	25	20^	20	20	20	20	25^	25^	**20^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<10) therefore should be interpreted with caution
- Dashes represent no purchases
Note: The response 'Don't know' was excluded from analysis. Data before 2003 included both hydro and bush cannabis

Table H4: Median price of bush cannabis, by jurisdiction, 2003-2013

	Price $ per ounce										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	**2013**
NSW	225^	175	200	200^	200	200^	229	250^	260^	280^	**240**
ACT	200	200	250	190	240	200^	250	250^	240	220^	**265**
VIC	250	180	200	-	240^	200^	225	220^	210^	240^	**150^**
TAS	150	180	200	170	200^	200	200	200	200	200^	**245^**
SA	180	180	200	160^	180^	190^	200^	200^	220	180^	**205^**
WA	200	200	232.5	200	225^	200^	290	250	300^	250^	**200^**
NT	200^	200	200	200^	200^	250	175^	300	210^	300^	**300^**
QLD	240	200	230	250^	200	220	280	280	195^	60^	**225^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<10) therefore should be interpreted with caution
- Dashes represent no purchases
Note: The response 'Don't know' was excluded from analysis. Data before 2003 included both hydro and bush cannabis

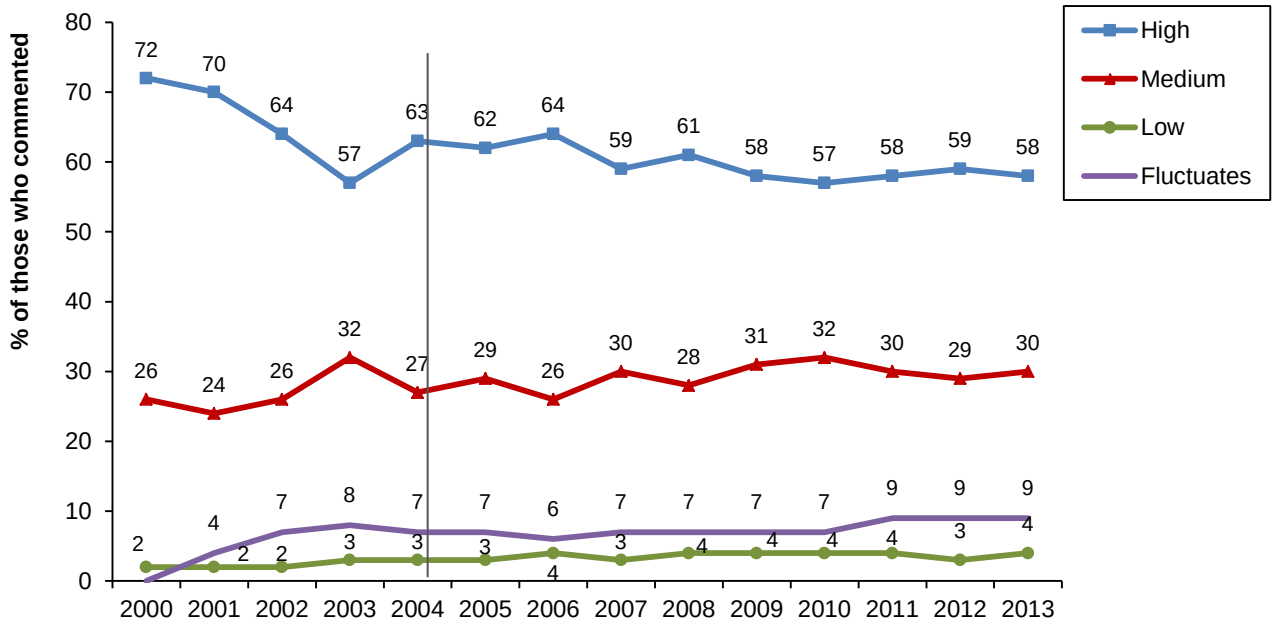
Figure H1: Median price of hydroponic cannabis per ounce and gram, nationally, 2000-2013

Source: IDRS Participant interviews
Note: From 2003 onwards hydroponic and bush cannabis data collected separately. No data available for ounce in 2000 and 2001.

Figure H2: Median price of bush cannabis per ounce and gram, nationally, 2003-2013

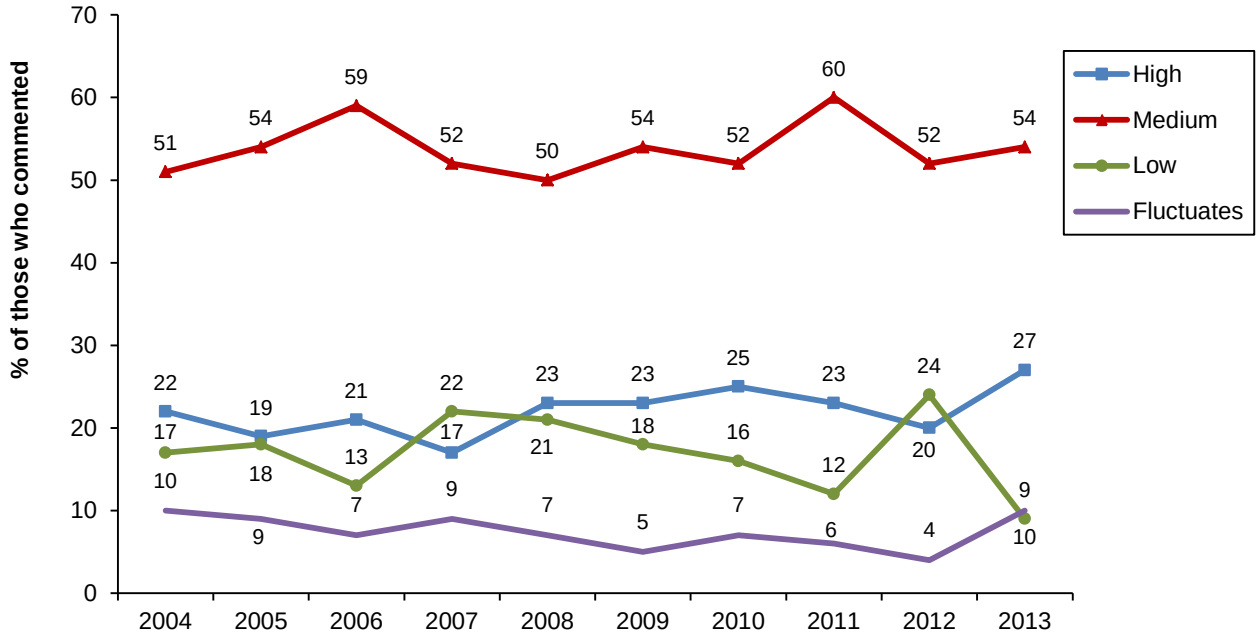
Source: IDRS Participant interviews
Note: Data collection from 2003 onwards

Figure H3: Current potency of hydroponic cannabis, nationally, 2000-2013*



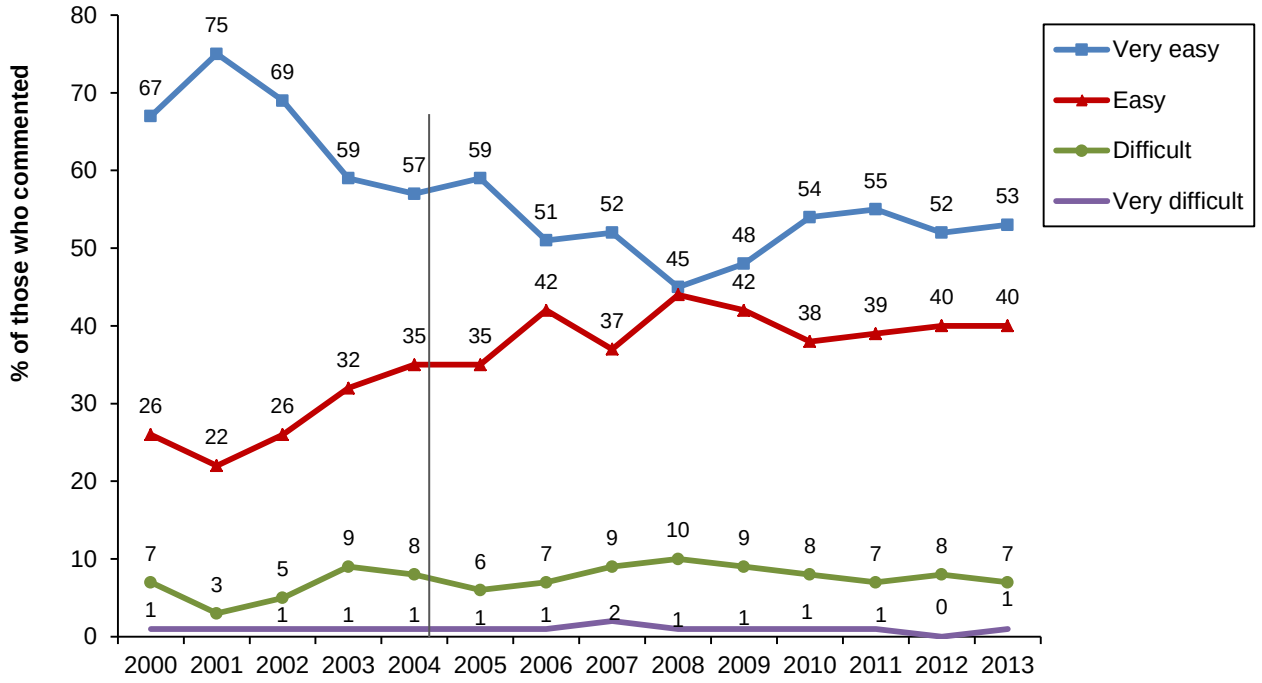
Source: IDRS participant interviews
***** Hydroponic and bush cannabis data collected separately from 2004 onwards
Note: The response 'Don't know' was excluded from analysis

Figure H4: Current potency of bush cannabis, nationally, 2004-2013*



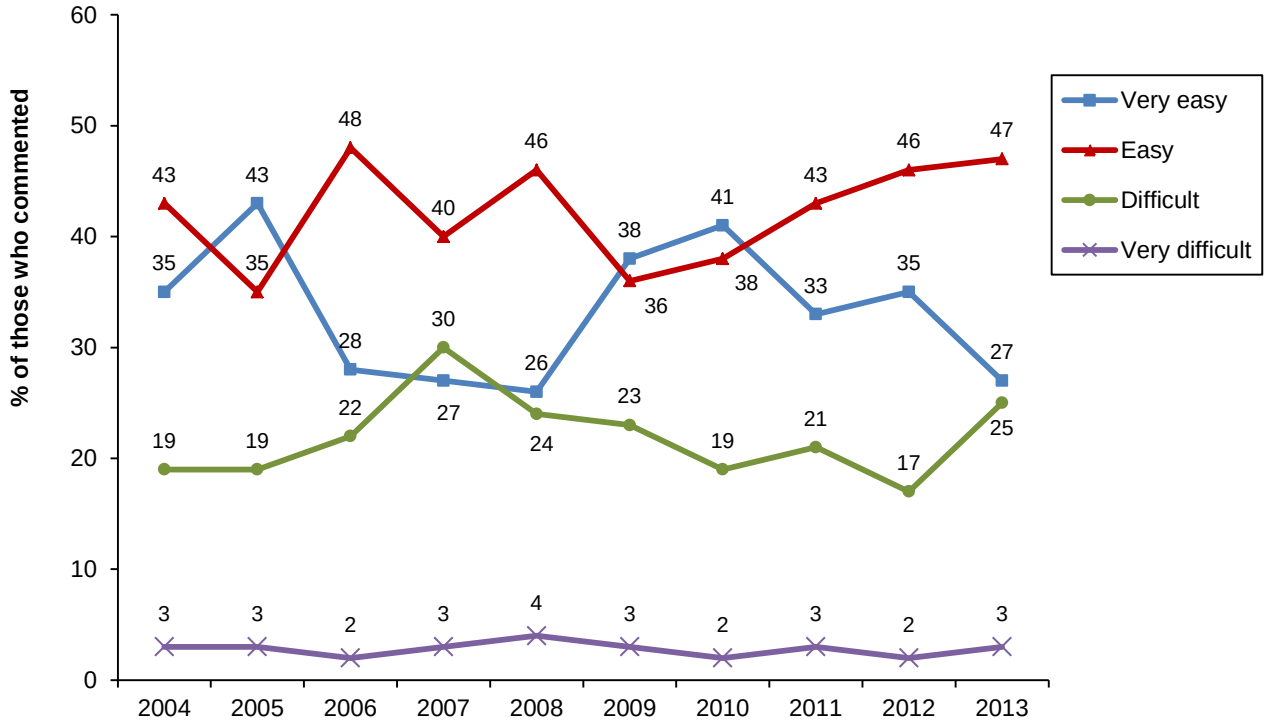
Source: IDRS participant interviews
***** Hydroponic and bush cannabis data collected separately from 2004 onwards
Note: The response 'Don't know' was excluded from analysis

Figure H5: Current availability of hydroponic cannabis, nationally, 2000-2013*



Source: IDRS participant interviews
* Hydroponic and bush cannabis data collected separately from 2004 onwards

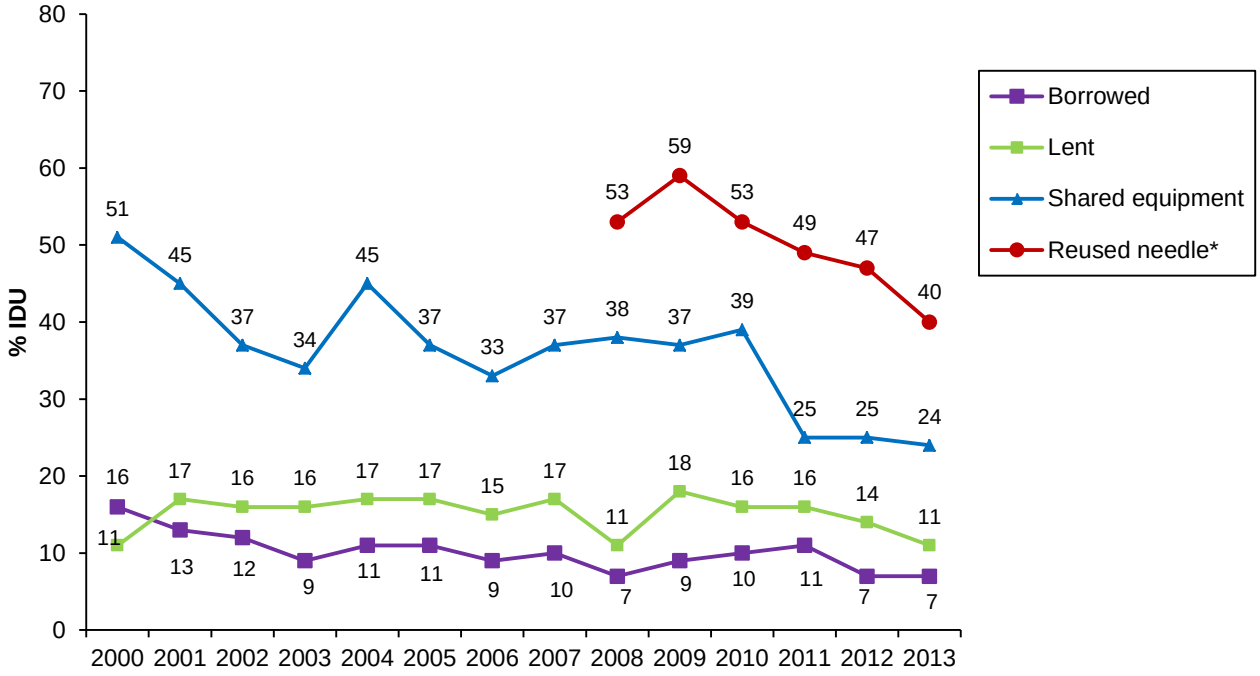
Figure H6: Current availability of bush cannabis, nationally, 2004-2013*



Source: IDRS participant interviews
* Hydroponic and bush cannabis data collected separately from 2004 onwards

Appendix I: Injecting risk behaviours, 2000-2013

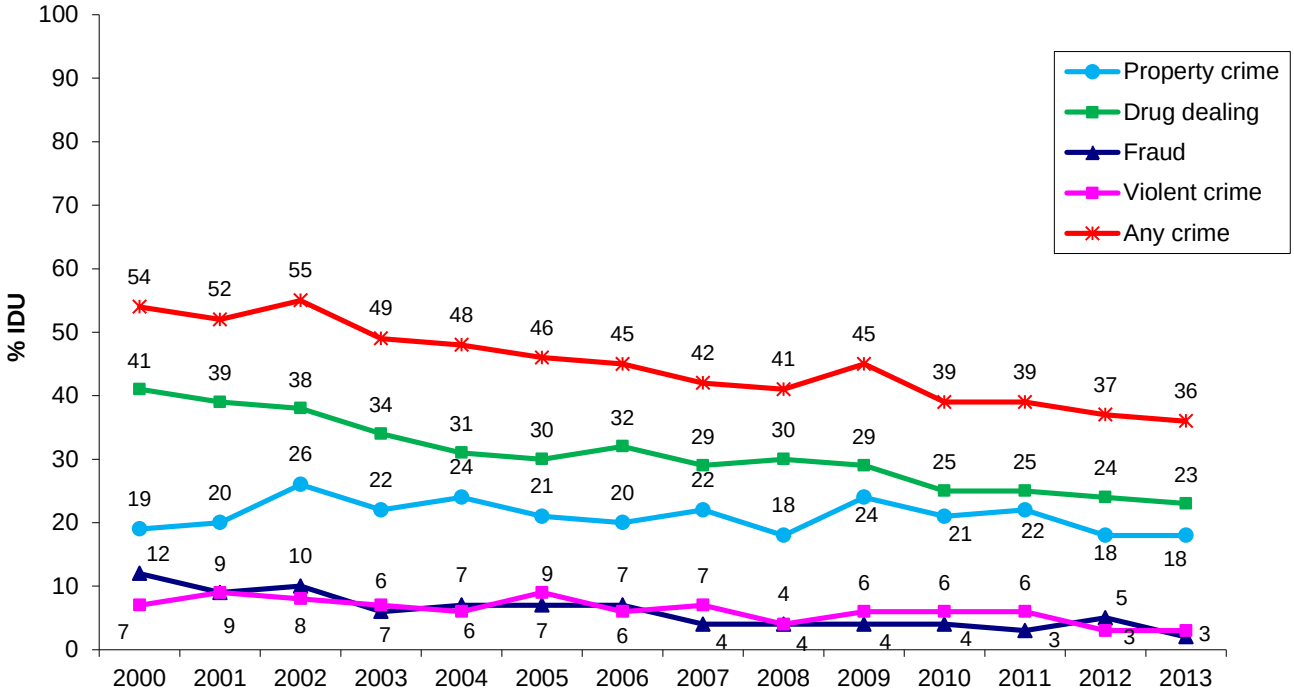
Figure I1: Injecting risk behaviours in the last month, nationally, 2000-2013



Source: IDRS participant interviews
* Data collection started in 2008

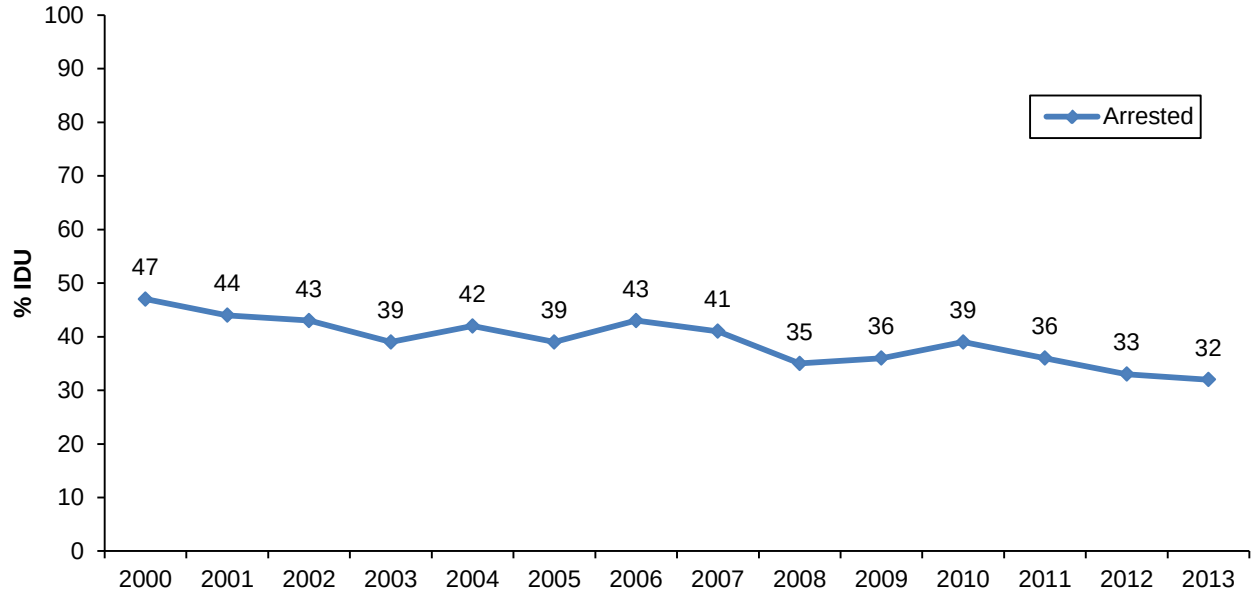
Appendix J: Arrests, 2000-2013

Figure J1: Self-reported criminal activity, nationally, 2000-2013



Source: IDRS participant interviews

Figure J2: Arrested in the last 12 months, nationally, 2000-2013



Source: IDRS participant interviews