



ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS 2020: BACKGROUND AND METHODS

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Glossary of Terms

TERM	DEFINITION
Availability	Participants are asked how easy it is to obtain a certain drug
Distributive sharing	Giving a needle or other injecting equipment to someone else to use after the individual has already used it
Drug dealing	Sale of drugs for cash profit, where a person purchased drugs and on-sold them for a cash profit (more than the amount to cover personal use)
Fraud	Acts involving fraud, including forging cheques, forging prescriptions, social security scams, using someone else's credit card
Incarceration	An occasion where a person has been convicted of an offence and sentenced to jail (excluding remand)
Injection	Injection (typically intravenous) of a substance
Jurisdiction	State or territory
Naloxone	Medication use to block the effects of an opioid in the event of an overdose
Naloxone take-home training programs	Programs which train people (such as friends or family members) who might be present if the person overdoses, to use naloxone to resuscitate the person
New psychoactive substances	Substances which are sometimes referred to as research chemicals, analogues, legal highs, herbal highs, synthetic drugs, designer drugs or bath salts, and often mimic the effects of traditional illicit drugs
Non-prescribed use	Use of a prescribed medication obtained by a prescription in someone else's name
Overdose	Experience of symptoms such as reduced level of consciousness, respiratory depression, turning blue, and collapsing, where professional assistance would have been helpful
Over-the-counter	Availability of a medicine through a pharmacy without a doctor's prescription
Point	0.1 gram (although may also be used as a term referring to an amount for one injection)
Prescribed use	Use of a prescribed medication obtained by a prescription in the person's name
Property crime	Theft or destruction of someone else's property, including shoplifting, break and enter, stealing a car, receiving stolen goods
Purity	Participants are asked 'how strong would you say *drug* is at the moment?'
Receptive sharing	Use of a needle or other injecting equipment after someone else has already used it
Re-use	Use of injecting equipment again by the same person
Session	A period of continuous use without sleeping

TERM	DEFINTION
Shelving/shafting	Use via insertion into vagina (shelving) or the rectum (shafting)
Smoking	Use of a substance via inhalation/vaping
Snorting	Use of a substance intranasally
Use	Use of a substance via any route of administration, including injecting, smoking, snorting/shelving/shafting, and/or swallowing
Violent Crime	Acts involving violence, including assault, violence in a robbery, armed robbery, sexual assault, breaking an apprehended violence order

Guide to Timeframes

Lifetime use	Use on one or more occasion in their lifetime
Recent use	Use on one or more occasion in the past six months
180 days of use	Use daily in the past six months
90 days of use	Use every second day in the past six months
24 days of use	Use weekly in the past six months
12 days of use	Use fortnightly (i.e., every two weeks) in the past six months
6 days of use	Use fortnightly (i.e., every two weeks) in the past six months

Background

The [Illicit Drug Reporting System \(IDRS\)](#) is a monitoring system identifying trends in illicit drug markets that has been conducted in all states and territories of Australia since 2000.

The IDRS is an ongoing project that has been conducted on an annual basis in New South Wales since 1996, and in all states and territories of Australia since 2000. The IDRS was established to provide a coordinated approach to the monitoring of the use of illicit drugs, in particular, heroin, amphetamine, cocaine and cannabis. In order to determine the appropriate method for a revised IDRS, a pilot was conducted in Sydney during 1996. As the purpose of the IDRS was to detect emerging trends in illicit drug use of potential national importance, data collection for the IDRS was restricted to capital cities. Capital cities contain the major drug markets (e.g. the Sydney suburbs of Cabramatta and Kings Cross) wherein the majority of drug use occurs. As such, it is in these cities that new trends, that may diffuse to other areas, are likely to emerge.

As a result of the successful pilot, the IDRS was expanded in 1997 to three states: NSW, South Australia and Victoria. In 2000, the complete IDRS was conducted in all jurisdictions for the first time. The IDRS has since been conducted annually across capital cities in Australia, funded by the Australian Government under the Drug and Alcohol program in 2018.

The IDRS monitors the price, perceived purity and perceived availability of heroin, methamphetamine, cocaine, cannabis and other drugs. It also examines trends in the use and harms of these drugs. It does this via analyses of data from interviews with people who regularly inject drugs, as well as other routinely collected indicator data sources. The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail.

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 people who use drugs. 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 people who regularly use ecstasy and other illicit stimulants, using the same methodology as the IDRS.

Study Aims

The aims of the IDRS interview component are to:

1. Describe the characteristics of a sample of people who regularly inject drugs interviewed in each capital city of Australia;
2. Examine the patterns of drug use among this sample;
3. Document the current price, perceived purity and perceived availability of illicit drugs across Australia;
4. Examine participants' reports of drug-related harm, including physical, psychological, occupational, social and legal harms; and
5. Identify emerging trends in the illicit drug market that may require further investigation.

Methods

Since 2000, the sentinel population chosen for interviews has consisted of people who report regularly injecting drugs. The IDRS is primarily concerned with four main drug classes: heroin, methamphetamine, cocaine and cannabis. It also monitors the use of pharmaceutical opioids and issues related to drug use, for example injection-related problems and overdose.

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

In 2020, the Illicit Drug Reporting System (IDRS), falling within the [Drug Trends](#) program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

The methodology for the IDRS is kept consistent each year for the purpose of studying trends. Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which came into effect in March 2020), face-to-face interviews were not possible in most jurisdictions due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years, with the exception of changes in some means of recruitment, data collection, and reimbursement. Further detail is provided below on the historical methodology and changes implemented in 2020. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution.

Recruitment

IDRS 2000-2019

The recruitment method is consistent over the period of monitoring. Participants are recruited through a purposive sampling strategy (Kerlinger, 1986), mostly through treatment agencies, needle and syringe programs (NSP) and 'snowball' procedures (Biernacki and Waldorf, 1981). 'Snowballing' is a means of sampling hidden populations which relies on peer referral, and is widely used to access illicit drug consumers both in Australian (Boys et al., 1997, Ovendon and Loxley, 1996, Solowij et al., 1992) and international (Solowij et al., 1992, Dalgarno and Shewan, 1996, Forsyth, 1996, Peters et al., 1997) studies. On completion of the interview, participants are asked if they would be happy to discuss the study with friends who might be willing and able to participate.

The IDRS focuses on the recruitment of participants who reside in the capital city of each jurisdiction, because, given that the purpose of the study is to monitor emerging trends, these are likely to emerge in the main illicit drug markets rather than in regional or rural areas. In larger sites such as Sydney and Melbourne, participants can be recruited from areas where there are higher rates of illicit drug use, rather than sampling from every metropolitan region.

Where possible, recruitment occurs through the same sites (i.e., treatment agencies and NSPs) each year as it is imperative that there is consistency in recruitment methods from year to year for comparison. In 2019, advertising in needle and syringe programs was the main method of recruitment (56%), followed by word-of-mouth (39%). This was consistent with previous years (Figure 1).

IDRS 2020: COVID-19 Impacts on Recruitment

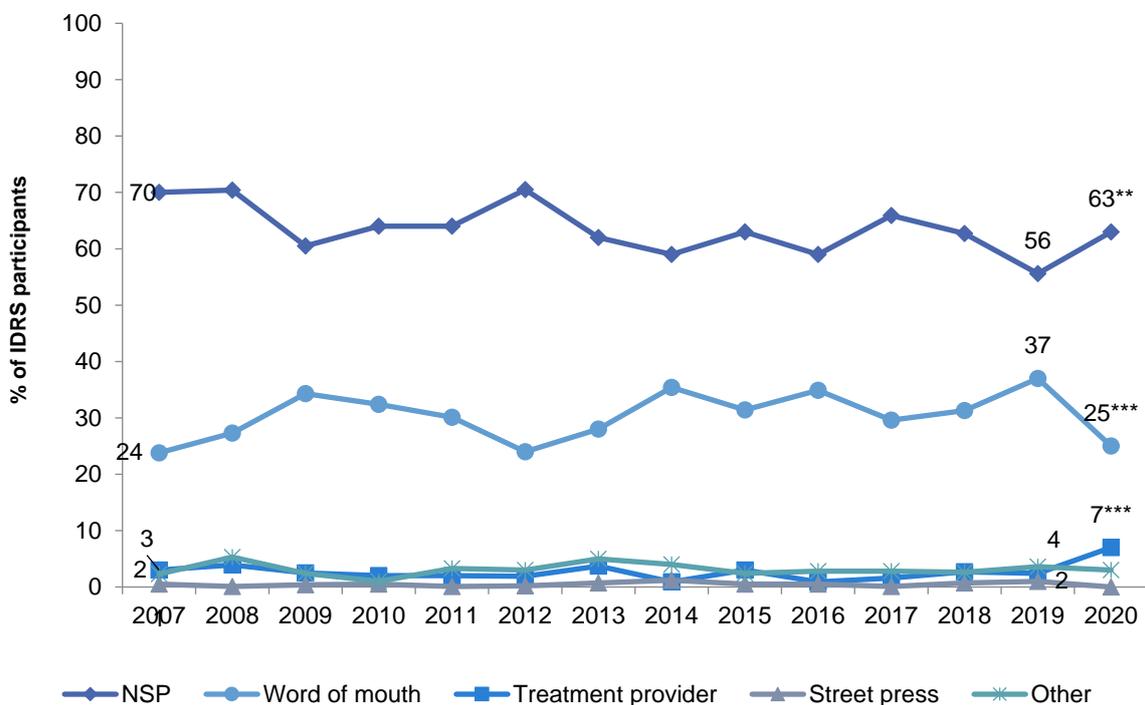
Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which came into effect in March 2020), approved recruitment posters comprising the study telephone number were displayed at health services such as NSPs and

drug and alcohol services, whereby upon observing the posters, interested participants would call the researcher using the phone number provided.

In 2020, an increase was observed in the number of participants recruited from NSPs (63%; 56% in 2019; $p=0.001$), as well as the number of participants recruited from a treatment provider (7%; 2% in 2019; $p<0.001$). A decrease, however, was observed in the number of participants who were recruited via word-of-mouth (25%; 37% in 2019; $p<0.001$) (Figure 1).

Further, participation in annual IDRS interviews in previous years by current participants was infrequently reported, with 16% of participants in 2020 reporting participation in the 2019 survey. Nevertheless, over one-quarter (27%) of participants in 2019 reported participation in the 2018 survey.

Figure 1: Recruitment method of IDRS participants over time, nationally, 2007-2020



* $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Procedure

IDRS 2000-2019

Interviewers are booked in to be available at specific services throughout the interviewing period. A potential participant will hear about the study from a friend or the health service where the researcher is available, whereby staff direct their client to the researcher. Following informed consent, potential participants are screened for eligibility.

To be eligible to participate in the interview, participants need to:

- Be at least 17 years of age (due to ethical requirements);
- Have injected at least monthly during the six months preceding interview; and
- Have been a resident of the capital city in which the interview took place for the past 12 months.

The study involves one face-to-face interview that takes approximately 45–60 minutes. Participants are interviewed in locations convenient to them, such as NSPs, treatment agencies, public parks and coffee shops and are conducted by interviewers trained in the administration of the interview schedule. Written informed consent to participate is obtained prior to interview. All participants are assured that all information they provide will remain confidential and anonymous. In 2019, data were collected using the software package REDCap (Research Electronic Data Capture) on laptops or tablets. All respondents are reimbursed \$40 cash for time and expenses incurred.

IDRS 2020: COVID-19 Impacts on Procedure

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which came into effect in March 2020), face-to-face interviews were no longer possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone or via videoconferencing across all jurisdictions in 2020. If participants opted for a telephone interview, interviewers arranged an appropriate time to contact the participant using a dedicated study mobile or landline, thus ensuring any costs of contact was incurred by the research team rather than the participant. If participants elected for a videoconference interview, the program 'Cisco Webex' was utilised, whereby participants were not required to set up an account or provide any personally identifying information. Interviews conducted via 'Cisco Webex' comprised end-to-end encryption and the capacity for interviewer or for participant to record the interview was disabled. The majority (92%) of participants in 2020 completed the interview via telephone, with few participants doing so via videoconference ($n < 10$). Seven per cent completed the interview face-to-face (NT and TAS only);
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview (historically via written consent). Verbal consent was marked in REDCap 'I (*name of interviewer*) have read the above information statement to the participant and the participant has freely agreed to participate in this research study as described';
3. Means of reimbursement: Once the interview was completed via REDCap, participants were given the option of receiving \$40 reimbursement via one of three methods, comprising bank transfer, PAYID or gift voucher (formerly cash reimbursement). Personal information was stored in a secure location accessible only to those who were named on the ethics application and who were allocated to undertake participant payments. These data were destroyed seven days following reimbursement (72 hours following in the event of bank transfer);
4. Additional interview content: The interview was shortened to ease the load on participants completing the interview via electronic means, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health.

Following completion of the interview, participants were asked whether they would like to be sent specific documents relevant to the study, comprising the participant information sheet,

contact details if the participant had any questions or complaints or a participant withdrawal form (prior to 2020, these forms were handed to participants for their records).

Measures

IDRS 2000-2019

Participants are administered a structured interview schedule based on previous studies of people who use heroin and amphetamine (Darke et al., 1992, Darke, 1994). The interview focuses primarily on the preceding six months, and assesses various domains, including:

- demographic characteristics;
- patterns of drug use, including frequency and quantity of use and routes of administration;
- drug market characteristics (i.e., price, perceived purity and perceived availability of substances);
- risk behaviours (such as injecting risk behaviours);
- non-fatal overdose;
- mental and physical health;
- self-reported criminal activity; and
- general trends in drug markets, such as new drug types and new drug consumers.

IDRS 2020: COVID-19 Impacts on Measures

All measures in 2020 were similar to previous years as detailed above, though questions specific to COVID-19 and impacts of restrictions were included to capture changes in drug purchasing, use and harm reduction behaviours. So as to understand the impacts of COVID-19 on participants' life, participants were questioned on their drug use and behaviour using the specific wording: 'since the beginning of March 2020 (since the COVID-19 restrictions on travel and on people's movement in Australia took place), as compared to the month of February 2020/before'.

Data Cleaning and Analysis

Participant responses are checked to ensure eligibility criteria are met; that responses are consistent across the interview; that valid responses are given to items where there are minimum and maximum possible values (e.g., frequency of use in last six months does not exceed 180 days); and that responses falling under 'other' are not more accurately captured under existing response options.

Unless indicated otherwise, data are analysed using the IBM SPSS Statistical Package for Windows, Version 26.0 (IBM, 2019) or Stata 16 (StataCorp, 2019). Percentages are calculated for categorical data (valid percent where data are missing); mean and standard deviation for continuous data; and median for skewed or count data. Between-group comparisons of categorical variables (e.g., percentage endorsing past six month use of cocaine in the most recent and previous year samples) are analysed using the *csti* command in Stata 16 (StataCorp, 2019). The Mann-Whitney U test is run to identify differences between the most recent and preceding year for count data. No corrections for multiple comparisons and risk of Type 1 error are made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 are suppressed with corresponding notation (zero values are reported).

Participants can consent to the provision of a unique identifier but not all do so, meaning complete identification of repeat participation via this method is not possible, and thus analyses are typically conducted with the total sample. Responses from the repeat participants will likely be correlated over time. Analyses have shown that, when analysing the national

sample, the impacts of excluding from the analysis subjects who self-report previous participation are minimal (Slade, 2011). Point-prevalence and effect estimation without correction for the lack of independence in observations is unlikely to seriously affect population inference (Agius et al., 2018).

Sample size

The intended sample size for Sydney and Melbourne is 150 participants per year and 100 participants for all other capital cities, typically collected between April-July each year. Figure 2 and Table 1 overview national and jurisdictional sample sizes over the course of monitoring.

Interviews for IDRS 2020 were undertaken from 23rd June to 11th September 2020. **Figure 3** provides an indication as to recruitment progress against COVID-19 cases in Australia. In keeping with the aim of recruiting a sentinel population of similar profile each year, **Table 2** displays the consistency in demographic profile of the sentinel sample recruited each year, with the exception of lower rates of males participating in the 2020 sample, as well as lower rates of prison history, and higher rates of those currently in drug treatment.

Figure 2: Recruitment of IDRS participants over time, nationally, 2000-2020

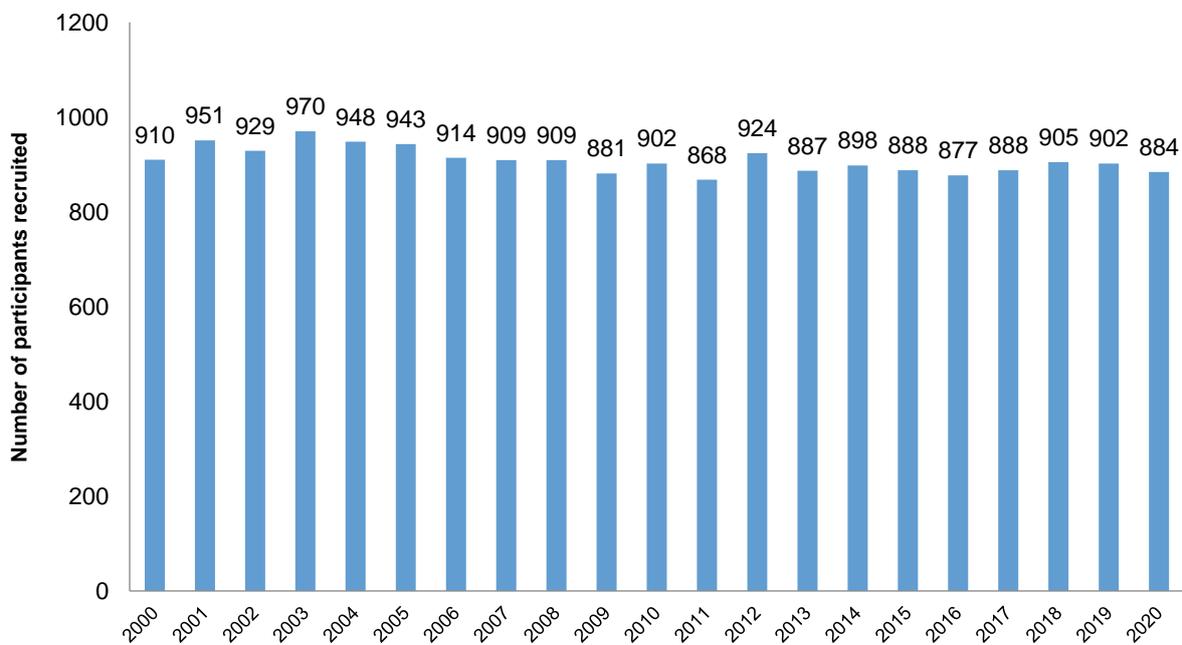
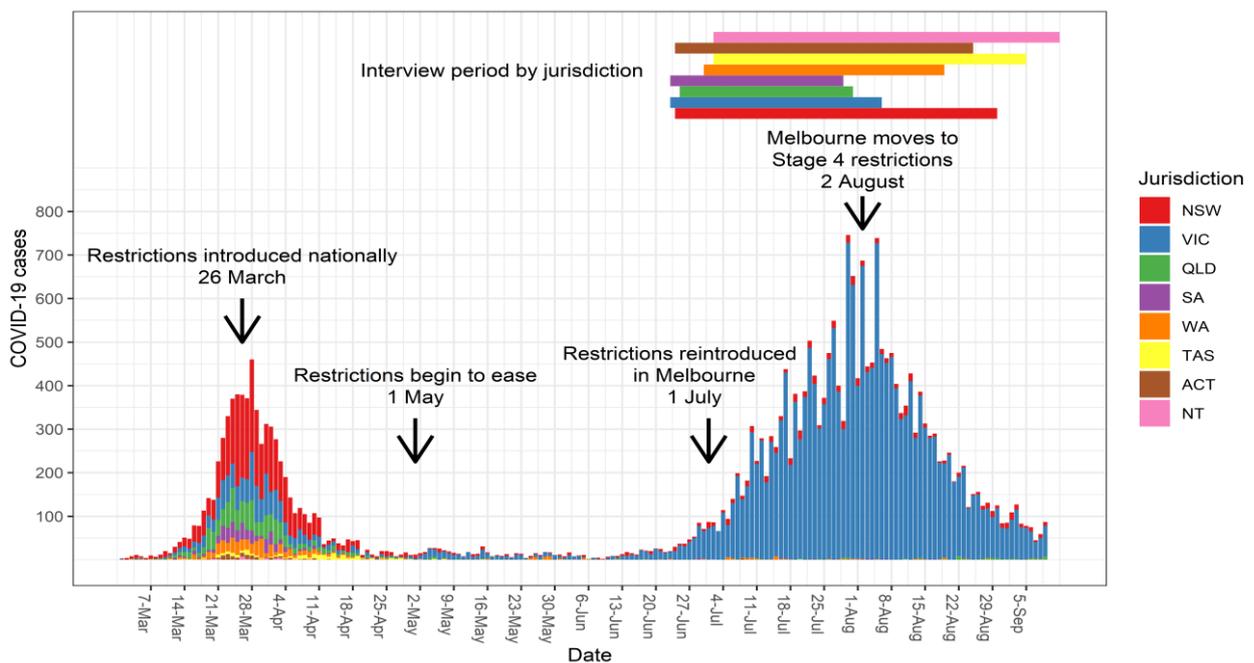


Table 1: Recruitment of IDRS participants over time, by jurisdiction, 2000-2020

N	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	150	100	152	100	107	100	100	101
2001	163	100	151	100	100	100	135	102
2002	158	100	156	100	100	100	111	104
2003	154	100	152	100	120	100	109	135
2004	157	100	150	100	101	100	111	129
2005	154	125	150	100	101	100	107	106
2006	152	100	150	100	100	100	100	112
2007	153	101	150	100	100	80	106	119
2008	151	101	150	100	100	100	103	104
2009	152	100	150	100	100	100	99	80
2010	154	101	151	100	97	100	99	100
2011	150	98	150	100	100	70	98	102
2012	151	99	150	106	93	100	125	100
2013	151	100	150	107	100	88	91	100
2014	150	100	150	101	106	98	93	100
2015	150	100	150	100	102	89	98	98
2016	150	100	175	99	101	71	90	91
2017	151	100	152	100	100	73	109	103
2018	152	100	150	100	101	100	99	103
2019	151	100	148	99	100	96	99	109
2020	155	100	179	74	100	100	78	98

Figure 3: Timeline of COVID-19 in Australian and IDRS data collection period, 2020



Note. Data obtained from <https://www.covid19data.com.au/>.

Table 2: Demographic characteristics of the sample, nationally, 2000–2020

	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	2014 N=898	2015 N=888	2016 N=877	2017 N=888	2018 N=905	2019 N=902	2020 N=884
Mean age in years (range)	29 (14–64)	30 (14–58)	30 (15–57)	33 (16–62)	33 (16–56)	34 (16–63)	35 (16–63)	36 (16–60)	37 (17–62)	37 (18–63)	38 (18–64)	38 (17–65)	39 (17–71)	40 (18–66)	41 (18–67)	42 (17–71)	43 (19–72)	43 (19–69)	43 (17–71)	44 (18–72)	44 (20–69)
% Male	68	67	64	64	66	64	64	66	66	64	65	66	66	64	69	67	69	67	66	68	59***
% Aboriginal and/or Torres Strait Islanders	11	14	14	14	10^	12	13	15	11	11	14	14	16	17	16	20	17	19	19	22	18
% Sexual identity																					
Heterosexual	n.a.	n.a.	n.a.	n.a.	n.a.	86	86	87	89	88	88	87	90	89	90	92	89	87	88	87	86
Gay male#	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	2	1	3	2	2	1	2	1	1	2	2	1		
Lesbian#	n.a.	n.a.	n.a.	n.a.	n.a.	2	1	2	1	2	2	2	1	1	1	1	1	1	2	3	4
Bisexual	n.a.	n.a.	n.a.	n.a.	n.a.	9	9	7	8	7	7	8	7	7	7	5	7	9	8	8	8
Other	n.a.	n.a.	n.a.	n.a.	n.a.	1	2	2	1	1	1	1	1	2	1	1	1	2	1	1	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)	10 (2–12)	10 (0–12)	10 (0–12)	10 (0–12)	10 (0–12)	10 (1–12)	10 (1–12)
% Completed trade/technical qualification^	31	37	37	49	37	36	39	36	40	43	37	40	43	40	46	48	47	41	44	47	52
% Completed university/college	12	9	10	10	10	11	9	11	12	9	9	12	10	9	9	9	9	11	9	11	13
% Accommodation																					
Own home (inc. renting)~	n.a.	56	63	67	62	69	69	65	67	70	61	65	69	68	72	74	69	69	69	70	69
Parents/family home	n.a.	15	14	11	11	11	9	10	10	8	8	9	8	8	8	7	6	6	8	6	6
Boarding house/hostel	n.a.	8	8	10	14	11	11	11	11	10	9	11	12	9	7	7	8	7	7	6	9
Shelter/refuge	n.a.	–	–	–	–	–	–	–	–	2	2	1	2	1	1	2	2	2	2	2	2
No fixed address	n.a.	9	7	6	8	6	6	11	9	8	10	10	8	12	11	8	13	15	14	15	12
Other	n.a.	12	8	6	5	3	5	4	3	2	10	4	2	4	1	3	3	1	1	–	1
% Unemployed/on a pension	68	73	73	76	77	73	77	79	77	78	81	79	84	89	83	83	86	84	87	88	88
% Prison history	43	44	45	43	46	50	51	51	52	53	52	55	54	56	55	53	53	58	56	62	56**
% Currently in drug treatment	34	36	37	40	46	48	44	43	47	45	47	49	44	47	47	47	43	43	41	41	48*

Note. - data suppressed due to small cell size, i.e. ≤5 but not 0. # until 2019, participants were asked if they identify as gay male or lesbian; in 2019, participants were asked whether they identify as homosexual. ^ until 2019, participants were asked whether they had completed a trade/technical qualification or university/college; in 2019, participants were able to select either option or both. / not asked. 'No fixed address' includes rough sleeping or squatting and couch surfing. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Limitations

There are various limitations to these data; key caveats are noted here.

As people who regularly use drugs are deliberately recruited for their ability to report on drug markets, findings from the IDRS interviews cannot provide information on general population levels of use or use by all people who inject drugs. For this same reason, findings from the IDRS interviews cannot be used to identify changes in the size of drug markets. The IDRS interviews cannot provide information about trends in places outside of the capital cities from which people who regularly inject drugs are recruited.

It also should be noted that participants are asked to report according to what they believed the substance was when they obtained it, and thus will not capture unwitting consumption of a different substance(s). Other possible limitations of retrospective self-report may apply (e.g., recall bias), although evidence suggests sufficient reliability and validity of self-report to provide descriptions of drug use and drug-related problems (Darke, 1998).

COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 2 of the [National Report](#), as well as detailed findings related to impacts of COVID-19 restrictions on drug use and related behaviours, markets and harms as reported by participants in Chapter 3 of the [National Report](#). For further information relating to COVID-19 in the 2020 IDRS sample, please refer to the national bulletin '[Impact of COVID-19 and associated restrictions on people who inject drugs in Australia: Findings from the Illicit Drug Reporting System 2020](#)'.

Outcomes relating to the previous 6-12 months reflect behaviours pre and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous month will reflect behaviours during restrictions. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution.

Additional Outputs

There are a range of outputs from the IDRS triangulating key findings from the annual interview and other data sources, including [national reports](#), [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This includes results from the [Ecstasy and Related Drugs Reporting System \(EDRS\)](#).

Please contact the research team at drugtrends@unsw.edu.au with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews.

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