Tasmanian Drug Trends 2001

Findings from the
Illicit Drug Reporting System
(IDRS)

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LIST OF ABBREVIATIONS

ADIS	Alcohol and Drug Information Service
ABCI	Australian Bureau of Criminal Intelligence
AFP	Australian Federal Police
ASSAD	Australian School Students' Alcohol and Drugs survey
COTSA	Clients of Treatment Service Agencies
DACAS	Drug and Alcohol Clinical Advisory Service
DHHS	Department of Health and Human Services
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user
KI	Key Informant
KIS	Key Informant Study
MMT	Methadone Maintenance Therapy
NDARC	National Drug and Alcohol Research Centre, University of New South Wales
NDLERF	National Drug Law Enforcement Research Fund
NSP	Needle and Syringe Program
NAP	Needle Availability Program
OTHER	Refers to other (secondary) indicators
SIS	State Intelligence Services, Tasmania Police
SD	Standard Deviation
SPSS	Statistical Package for the Social Sciences

EXECUTIVE SUMMARY

In 1998, the National Drug and Alcohol Research Centre was commissioned by the Commonwealth Department of Health and Family Services (now the Department of Health and Ageing) to begin a national trial of the Illicit Drug Reporting System (IDRS), following previous employment of the methodology in New South Wales, South Australia and Victoria. The intention of the IDRS was to provide a coordinated approach to the monitoring of data associated with the use of heroin, cocaine, methamphetamine and cannabis, in order that this information could act as an early warning indicator of the availability and use of drugs in these categories.

The 1999, the Tasmanian component of the national IDRS gathered information on drug trends using two methods: key informant interviews with professionals working in the drug field, and an examination of existing indicators. For the 2000 IDRS, funding was provided by the National Drug Law Enforcement Research Fund to expand this methodology and include a survey of people who regularly inject illicit drugs in addition to the methods employed previously. This funding and methodology was continued in 2001.

Injecting Drug User survey

One hundred people that regularly injected illicit drugs were interviewed using a standardised interview schedule which contained sections on demographics, drug use, price, purity and availability of drugs, crime, risk-taking, health and general drug trends.

Key informant study

Forty key informants, including professionals recruited from health, law enforcement, research and outreach, were interviewed on a range of illicit drug use patterns in clients they had direct contact with. Of these informants, 13 reported on groups that regularly used opioids (diverted pharmaceuticals), 6 on cannabis and 13 on methamphetamine, with the remainder providing comments on more diverse groups.

Other indicators

In order to complement and validate the key informant interview data, a range of drug use indicator data was sought, including health and law enforcement data. Guidelines for the acceptability of these sources aimed to ensure national comparability, and required that the sources were available annually, included 50 or more cases, were collected in the main study site and included details on the main illicit drug types under study.

Included in this analysis were telephone advisory data, drug offence data, Hepatitis C incidence data, data from the 1998 National Drug Household Study, and data from clients of the Needle Availability Program, detoxification and methadone maintenance programs.

Summary of drug trends in Tasmania

The 2001 IDRS detected a number of trends during the preceding six to twelve months. Table A below provides a summary of the trends in price, availability and prevalence of use of the major drug types examined in the current study:

Table A: Price, availability, purity and prevalence of use of heroin, methamphetamine, cannabis, methadone and morphine

	Heroin	Methamphetamine	Cannabis	Morphine	Methadone
Price					
1 mg				$1, stable	$1, stable
0.1 gram	$50, stable	$50, stable		$80	
Gram	$300, stable	$50 (cut), stable $400 ('pure')	$20-25, stable		
Ounce			$250, stable		
Availability	Mixed reports Stable	Very easy Stable	Very easy Stable	Very easy Stable	Mixed reports Stable
Purity*	Medium-low Stable	High Stable to increasing	High Stable	Pharmaceutical	Pharmaceutical
Prevalence of use	Possible decrease	Increasing	Stable	Possible increase	Possible increase

**Note: based on IDU and key informant estimates of purity/potency*

Heroin

The availability of heroin in the state appears to have been slowly increasing over the periods examined in the prior two Tasmanian IDRS reports (1999 and 2000). However, its accessibility has remained relatively low, particularly in comparison to other jurisdictions, with a large proportion of local users finding it difficult to access despite it being a sought-after drug. Such a restricted availability of heroin locally has meant that the apparent sustained reduction in heroin availability seen in mainland jurisdictions during 2000/01 (the 'heroin drought') has had a limited impact on the current accessibility of the drug locally. The majority of indicator data examined in the current report and patterns of use among those surveyed in the 2001 IDRS suggests that the availability of heroin in the state has remained relatively low and stable, or slightly decreasing, over the months prior to the survey. Both low-purity heroin powder and higher purity 'rock' form heroin appear to be available in the state, and the price of these forms appears to have remained stable over the past six months.

Methamphetamine

It is clear that the increased availability of higher-purity methamphetamine, identified as an emerging trend in the 2000 Tasmanian IDRS, has further stabilised and expanded into 2001. The main change in this market in recent months appears to be a broadening in the forms this higher-purity methamphetamine is available in, with users describing a spectrum of form from pure crystals to a paste-like slurry. The sustained ready availability of high purity methamphetamine was regarded as being responsible for anecdotal descriptions of an increasing number of people using methamphetamine, an increase in younger users of the drug, and use in increasing amount by existing users in recent months. With increased use of these potent stimulants, there were reports in changes in the mental health of some users, including the emergence of acute psychosis.

Cocaine
Cocaine appears to remain virtually unobtainable in Hobart, at least within the populations surveyed in the current study and accessing drug and alcohol-related services, with a very small number of people surveyed reporting recent use of the drug, and indications that what is used is purchased and imported from other jurisdictions.

Cannabis
Most aspects of the cannabis market and patterns of use appear to be relatively stable, despite the continued expansion of the Illicit Drug Diversion Initiative within the state, indicating that any perceived lessening of the potential personal cost associated with possession of small amounts of cannabis has not had any negative impact in terms of expansion of the local cannabis market. Most users surveyed reported a preference for using hydroponic cannabis head, and, in concert with this, intelligence reports from Tasmania police indicate an increasing trend toward hydroponic cultivation of the drug.

Opioids
Patterns of use and availability of other opioids such as morphine and methadone seem to have generally remained stable since the 2000 IDRS. However, there are anecdotal reports of an increasing number of people using opioids, and there has been a continuation of the trend of an increase in the proportion of the clients of the state's Needle Availability Program reporting opioids as the drug they most often injected (steadily rising from 32% in 1996/97 to 56.6% in 2000/01). There were also some indications of a slight decrease in price of the most commonly purchased amounts of morphine (60mg tablets), which, in concert with reports from those surveyed, may suggest a potential increase in availability of morphine. All but one of the IDU surveyed had predominantly accessed their pharmaceutical morphine from illicit sources in the six months prior to interview, indicating that access to these products is primarily not coming via doctor shopping from the users themselves. Finally, there was clear evidence of a reduction in use or attempted use of preparations of alkaloid poppies, with both the proportion of those surveyed reporting use and the number of poppy crop thefts decreasing substantially from 2000.

Benzodiazepines
There are indications of a stabilisation in the rates of injection of benzodiazepines among IDU in recent months, following an apparent rapid increase during 1999/00. While it appears that harm reduction efforts, both by front-line workers and medical practitioners, may have had a considerable impact on patterns of benzodiazepine use, there remains a relatively high level of benzodiazepine injection within IDU in Hobart when compared to patterns in other jurisdictions. Intravenous use of benzodiazepines continues to be most common among concurrent users of opioids. This is of particular concern because concurrent use of benzodiazepines and opioids can increase the risk of overdose. Additionally, there are serious psychological and physical sequale associated with benzodiazepine injection, with the benzodiazepine most commonly injected, Normison (temazepam) particularly noteworthy in its potential for damage to the venal system.

Other drugs
There are clear indications of an increase in the local availability of tablets marketed as 'ecstasy' in Hobart. However, this drug appears to be used in demographic groups other than those accessed via the IDRS methodology. Intelligence reports from Tasmania Police indicate that much of the 'ecstasy' available in Tasmania is imported from Victoria, and, from

extrapolation from markings on seized tablets in both jurisdictions, are often comprised of compressed methamphetamine with additives of caffeine or ketamine rather than MDMA.

Drug-related issues

Both indicator data and reports from those surveyed in the current study suggest relatively low rates of sharing of needles/syringes and other injection equipment (around 10% or less among those surveyed), with indications of more appropriate practices with other injection equipment (such as filters and tourniquets) among some IDU. However, a substantial level of experience of injection-related health problems was found amongst local injecting-drug users, at a relative rate considerably higher than IDU in other jurisdictions. This is reflective of the increased harms associated with the injection of pharmaceutical preparations of drugs, which is substantially more common in Tasmania than other jurisdictions. However, local IDU experienced a much lower rate of overdose than users in other jurisdictions, due to the greater control over the dose of the drug afforded by use of standardised pharmaceutical preparations.

Implications

The findings of the Tasmanian 2001 IDRS suggest the following areas for further investigation and possible consideration in policy:

- Research into the composition of the differing forms of the higher-potency preparations of methamphetamine, both to determine whether there are any particular injection-related harm risks associated with any of its constituent chemicals, and to determine whether these forms are similar to that reported variously as 'crystal meth', 'paste' or 'base' in other jurisdictions.

- Continuing monitoring of the expanding methamphetamine market and patterns of methamphetamine use.

- With the continued easy availability and reports of increased use of higher-potency methamphetamine, drug and alcohol staff have reported increased contact with clients displaying challenging and even acutely psychotic behaviours. It would be recommended that there be some training of drug and alcohol staff regarding strategies for management of challenging or aggressive behaviours and the services available to assist in such a situation.

- While there were clear indications of an increasing availability of tablets marketed as 'ecstasy' in Hobart, this drug was primarily used in demographic groups not well tapped via the IDRS methodology. As such, specific research examining the extent of use, demographic profiles of users, and analysis of the composition of the tablets sold locally as 'ecstasy' is required in order to better understand the potential harms faced by local users. Better understanding of the demographics of people using this drug will facilitate the targeted and successful delivery of any appropriate harm reduction information about this product.

- With the firm establishment of a culture of injection of methadone syrup locally (although this remains predominantly within individuals enrolled in the state methadone maintenance program injecting their own methadone), consideration of pragmatic harm reduction approaches to such use is warranted: either at the level of

the consumer, with use of butterflies and biological filters; and/or at the policy level, requiring use of sterile water for dilution of methadone doses or switching to Biodone syrup, as this preparation does not contain the preservative agent sorbitol, which can cause irritation and harm to the venous system.

- Research into factors that would reduce the harms associated with the intravenous use of the pharmaceutical preparations of morphine, methadone and benzodiazepines commonly used within the local IDU population, and dissemination of this information to users through continued training of Needle Availability Program staff and peer groups.

- Continued emphasis on, and support for, targeted strategies to further reduce the rates of sharing of needles/syringes and other injection equipment (such as tourniquets, filters and mixing containers) among IDU, as well as to minimise the harms associated with poor injecting practice through improving awareness and adoption of safe injection techniques and vein care among IDU.

- Investigation into the factors associated with the apparent increase in experience of 'dirty hits' among local IDU and development of strategies to reduce this occurrence.

- Continued monitoring of the intravenous use of benzodiazepines, particularly to assess the impact of the recently changed status of Normison (temazepam) on patterns of misuse of other benzodiazepines or related substances.

- Characterisation and potency testing of cannabis cultivars to investigate continuing reports of high or increasing potency of cannabis.

- As Tasmanian illicit drug use culture has been consistently shown to substantially differ from other jurisdictions (with regard to, for example, patterns of use of pharmaceutical products rather than substances such as heroin, due the low local availability of this drug), drug education programs and harm minimisation information campaigns need to be tailored to the particular needs and types of substances used within the state.

- Extension of a drug trend monitoring framework into other regions within the state (such as Launceston and the North-West coast) as there has been almost no specific research examining patterns of drug use within these areas, and due to their access to air and sea ports, and establishment of organised motor cycle group headquarters, availability and use of illicit substances may differ substantially in these regions from patterns seen in Hobart.

- Research examining the extent of use, and demographic profiles of (mis)users of drugs such as anabolic steroids, inhalants, and pharmaceutical amphetamines in the state, as these populations are not well accessed within the methodology of the IDRS.

1 INTRODUCTION

In 1998, the National Drug and Alcohol Research Centre was commissioned by the Commonwealth Department of Health and Family Services (now the Department of Health and Ageing) to begin a national trial of the Illicit Drug Reporting System (IDRS), following a successful pilot study of the methods in New South Wales in 1996 (Hando, O'Brian, Darke, Maher & Hall, 1997) and a multi-state trial of the methodology in New South Wales (Hando & Darke, 1998), South Australia (Cormack, Faulkner, Foster-Jones & Greaves, 1998) and Victoria (Rumbold & Fry, 1998) the following year.

The intention of the IDRS is to provide a co-ordinated approach to the monitoring of trends associated with the use of methamphetamine, opioids, cannabis and cocaine, in order that this information could act as an early indicator of emerging trends in illicit drug use. Additionally, the IDRS aims to be timely and sensitive enough to signal the existence of emerging problems of national importance rather than to describe phenomena in detail, providing direction for issues that may require more detailed data collection or are important from a policy perspective.

The full IDRS methodology involves a triangulated approach to data collection on drug trends, involving standardised surveys of people who regularly inject illicit drugs, a qualitative survey of individuals who have regular first-hand contact with groups of people who use illicit drugs ('key informants'), and an examination of existing available data sources or indicators relevant to drug use in each state. Following a replication of the IDRS process in 1998 in New South Wales, Victoria and South Australia, the IDRS was expanded nationally, with these states continuing to follow the full methodology, while Western Australia, Northern Territory, Australian Capital Territory, Queensland and Tasmania examined drug use trends using an abbreviated design, utilising key informant interviews and examination of secondary data sources only. The National Drug Law Enforcement Research Fund provided these states with additional funding to expand data collection to the full IDRS methodology in 2000 and 2001.

The 2001 Tasmanian Drug Trends Report summarizes the information gathered in the Tasmanian component of the national IDRS using the three methods outlined above: a survey of people who regularly inject illicit drugs, key informant interviews with professionals working with individuals who use illicit drugs, and an examination of existing indicators relating to drugs and drug use in the state. The methods are intended to complement and supplement each other, with each having its various strengths and limitations. Results are summarized by drug type to provide the reader with an abbreviated picture of illicit drug usage in Hobart and recent trends. Reports detailing Tasmanian drug trends from 1999 (Bruno & McLean, 2000), 2000 (Bruno & McLean 2001), and state comparisons (McKetin et al., 2000; Topp et al, 2001, Topp et al, in preparation), are available as technical reports from the National Drug and Alcohol Research Centre, University of New South Wales.

1.1 Study Aim

The specific aim of the Tasmanian component of the IDRS was to provide information on trends in illicit drug use in Tasmania that require further investigation.

2 METHOD

The IDRS is essentially a convergent validity study, where information from three main sources, each with its own inherent advantages and limitations, is compiled and compared to determine drug trends. The three components of the IDRS are: a survey of people who regularly inject illicit drugs (IDU), a key informant study of professionals working in the illicit drug (or related) field that have regular direct contact with individuals who use illicit drugs, and an examination of existing indicator data on drug-related issues. Details of each data set are provided below. Previous work with the IDRS methodology has found that injecting drug users are a good sentinel group for detecting illicit drug trends due to their high exposure to many types of illicit drugs. This group also posses' first-hand knowledge of the price, purity and availability of illicit drugs. Key informant interviews provide contextual information about drug use patterns and health-related issues, such as treatment presentations. The collection and analysis of existing drug use indicator data provides quantitative contextual support for the drug trends detected by the IDU and key informant surveys (McKetin, Darke & Kaye, 1999).

Data sources complemented each other in the nature of the information they provided, with information from the three sources used to determine whether there was convergent validity for detected trends, and the most reliable or 'best' indicator of a particular trend used when summarising trends. Findings from the 2001 Tasmanian IDRS are also compared with findings from the 1999 and 2000 studies (Bruno & McLean, 2000; Bruno & McLean 2001) to determine any changes in drug trends over time.

2.1 Injecting Drug User (IDU) Survey

The IDU survey was completed during July and August 2001, and consisted of face-to-face interviews with 100 people who regularly inject illicit drugs. Inclusion criteria for participation in the study were that the individual must have injected at least once monthly in the six months prior to interview, and have resided in Hobart for the past twelve months or more. Participants were recruited using a variety of methods, including advertisements distributed through needle availability program outlets (NAPs), pharmacies (through flyers included with injection equipment) or health services, and snowball methods (recruitment of friends and associates through word of mouth). Participants were interviewed at places convenient to them, such as public parks, health services, NAPs or, where invited by the participant, private homes. Three agencies: NUFIT; The Link Youth Health Service; and the Tasmanian Council on AIDS and Related Diseases (TASCARD) assisted the researchers by participating as recruitment and interview sites for IDRS participants. In addition to the majority of pharmacies around Hobart involved in the state's Needle Availability Program, two other agencies: Your Place, Inc; and the Bridgewater Urban Renewal Project (BURP) assisted with the distribution of recruitment notices. The major location for recruitment and subsequent interview was Hobart city, although one third of the sample was recruited and interviewed in Glenorchy city (in the northern suburbs of Hobart).

A standardised interview schedule used in previous IDRS research (Hando & Darke, 1998; McKetin et al., 1999; Topp, Hando & Darke, 2001) was administered to participants. The interview schedule contained sections on demographics, drug use, price, purity and availability of drugs, crime, risk-taking, health and general drug trends. Participants were

screened for appropriateness both by referring staff members of the recruitment sites and the interviewers, the latter through a series of questions designed to elicit participant's knowledge of injecting drug use practice and recent changes in injecting equipment provided through the state's Needle Availability Program. Both the University of New South Wales and University of Tasmania institutional Ethics Committees granted ethical approval for the survey. Participants were given an information sheet describing the interview content prior to commencement (subsequent to screening), allowing them to make a more informed decision about their involvement. Information provided was entirely confidential, and participants were informed they were free to withdraw from participation without prejudice or to decline to answer any questions if they so wished. Interviews generally lasted between 30 and 50 minutes (ranging from 20 to 75 minutes), and participants were reimbursed $30 for their time and out-of-pocket expenses.

Data analysis was conducted using SPSS for windows, release 10.1.4 (SPSS Inc, 2001).

2.2 Key Informant Study

Forty key informants who were working with illicit drug users in the greater Hobart area participated in face-to-face interviews between July and September 2001. Fifteen (38%) participants were recruited from the pool of key informants that had taken part in the 2000 IDRS (Bruno & McLean, 2001), while 11 (28%) had also participated in the 1999 IDRS (Bruno & McLean, 2000). All other participants in the current study were identified and recruited either as replacements for the 2000 IDRS participants drawn from the same agencies or on the basis of referrals from the Tasmanian IDRS steering committee or professionals in the field.

Key informants included youth workers (n=3), school social workers (n=7), members of the department of justice (n=2), a representative of an Aboriginal and Torres Strait Islander Community Centre (n=1), with the remainder working specifically in the drug and alcohol field, comprising psychologists/counsellors (n=5), outreach/street workers (n=5), medical practitioners (n=2), user group representatives/dealers (n=3), and other health professionals working in a variety of more general roles in the drug and alcohol field, including assessment, nursing, needle and syringe availability, and advocacy (n=12).

Entry criteria for inclusion in the study were at least weekly contact with illicit drug users in the past 6 months and/or contact with 10 or more illicit drug users in the last 6 months. All key informants satisfied these criteria[1]: the median number of days contact with illicit drug users in the past 6 months was 4 days per week (range 1 - 7), and 91% reported contact with more than 20 illicit drug users in the past week (100% reported contact with more than 10 users in the week prior to interview).

Forty-one percent were males. Key informants predominantly rated that they were very certain of the information they provided in the interviews (79%), or at least moderately so (100%). Although the key informants predominantly came from generic services (56%), many worked with special populations, including youth (25%), injecting drug users (9%), and prisoners (12.5%).

[1] It should be noted that data collected from eight key informants was more open-ended in nature due to the professional roles of these individuals. As such, characteristics of these contributors are not included in this and subsequent paragraphs.

Key informants were asked to specify the main illicit drug used by the drug users they had most contact with in the past 6 months. The majority of key informants reported on the use of methamphetamine (n=13) or opioids (n=13), with the remainder reporting on the use of cannabis (n=6). This breakdown is very similar to that in the 2000 IDRS.

Many informants found it difficult to determine a single main illicit drug to focus on, due to the predominantly poly-substance using nature of the populations they were working with. With the exclusion of cannabis, which was common to all groups, key informants reporting on users of opioids found it particularly difficult to single out a main illicit drug, as many people they were reporting on were using both morphine and methadone regularly, and, to a lesser extent, heroin. When pressed to describe the more commonly used drug for their group, 4 indicated morphine, 4 methadone, and 5 still could not separate the two.

The interview schedule was a structured instrument that included sections on drug use patterns, drug availability, criminal behaviour and health issues. Interviews took between 30 and 120 minutes to administer. Notes were taken during the interview and subsequently transcribed in full. Open-ended responses were analysed using a word processor, sorting for recurring themes across respondents. Single reports from key informants have been presented where they were deemed reliable by the interviewer, and where the information provided contributed to the explanation of particular trends. Closed-ended questions were analysed using SPSS for Windows, release 10.1.4 (SPSS Inc, 2001).

2.3 Other Indicators

To complement and validate data collected from the key informant study and IDU survey, a range of secondary data sources was examined, including survey, health, and law enforcement data. The pilot study for the IDRS (Hando et al., 1997) recommended that such data should be available at least annually; include 50 or more cases; provide brief details of illicit drug use; be collected in the main study site (Hobart or Tasmania for the current study); and include details on the four main illicit drugs under investigation.

Due to the relatively small size of the illicit drug using population in Tasmania (in comparison to other jurisdictions involved in the IDRS), and a paucity of available data (several key services are in the process of adopting computerised or more systematic information storage and retrieval systems), the above recommendations have been used as a guide only. Indicators not meeting the above criteria should be interpreted with due caution, and attention is drawn to relevant data limitations in the text.

Data sources that fulfil the majority of these criteria and have been included in this report are as follows:

- *Needle Availability Program Data*

The Needle Availability Program (NAP) has been operating in Tasmania since the introduction of the HIV/AIDS Preventive Measures Act in 1993. Staff record the number of needle/syringes ordered from all 90 outlets participating in the program, and for participating non-pharmacy outlets, data is collected regarding age, sex, equipment shared since last visit, last drug used, and disposal methods for each client transaction. The data provided represents responses from 32,507 occasions of service in the 2000/01 financial year. It should be noted

that data is not necessarily collected systematically for all data fields – for example, while there are 32,507 recordings for gender of client, there are only 14,379 recorded for the substance used (44%). Additionally, there has been a change within some outlets during 2000/01 in the wording of questions asked of clients, most notably in the question regarding substance used (the question has changed from "what is the drug you most often inject" to "what is the drug you are about to inject"), which may impede clear comparisons of trends across years for this dataset.

- *Prevalence of last drug injected by IDU in Tasmania, provided by the Australian Needle and Syringe Program (NSP), on behalf of the collaboration of Australian Needle and Syringe Programs*

The Australian NSP survey has been carried out over one week each year since 1995. During a designated survey week, NSP staff ask all clients who attend to complete a brief, self-administered questionnaire and provide a finger-prick blood sample (for testing the presence of blood-borne viruses such as Hepatitis B and C). The data provided here represent the last drug reported to be injected by survey respondents in Tasmania each year from 1995 to 2000 (1995 n=6; 1996 n=18; 1997 n=23; 1998 n=51; 1999 n=25; 2000 n=27: MacDonald, Robotin & Topp, 2001).

- *The 1998 National Drug Strategy Household Survey*

This survey represents a prevalence study of drug use amongst the general community, surveying 1031 individuals in Tasmania who were over 14 years of age, could speak English, and who lived in private dwellings (Australian Institute of Health and Welfare, 1999). The survey covered the following illicit drugs: cannabis, methamphetamine, hallucinogens, cocaine, ecstasy/designer drugs and heroin. Respondents were asked whether they had ever used these drugs and whether they had used them within the past twelve months.

- *1996 and 1999 Australian School Students' Alcohol and Drugs (ASSAD) Surveys*

This is a triennial survey on secondary school students' use of tobacco and alcohol, conducted by the Tasmanian Cancer Council, and extended by the Department of Health and Human Services to include questions on the use of other licit and illicit substances. The 1996 survey includes data from 2,553 Tasmanian students from years 7 to 12. In 1999, 2,671 Tasmanian students from years 7 to 12 were surveyed.

- *Police and Justice Department Data*

Tasmania Police State Intelligence Services, the Australian Bureau of Criminal Intelligence (ABCI), and the state Justice Department have provided information on drug seizures, charges, and costs. State Intelligence Services have been producing detailed monthly summaries of such information since July 1999, while information from the other sources is presented in annual figures. Data on the purity of drugs seized is also provided through the ABCI, however, drugs are only analysed by Tasmania Police Forensic Services in seizures where the person involved denies that the powder in question contains illicit substances. Hence, for the 2000/01 financial year, a very small number of samples of methamphetamine were analysed for purity.

- *Urine screens of prisoners*

The Tasmanian Justice Department has conducted random urine screens of prisoners since 1993, aiming to test approximately 10% of the state's prison population monthly. Since 1995 these screens have been increasingly based on suspicion of drug use, rather than on a purely random basis, and sample sizes have increased reasonably steadily over time (1995/96 n=111; 1996/97 n=283; 1997/98 n=253; 1998/99 n=267; 1999/00 n=359; 2000/01 n=541).

- *Blood borne virus surveillance data*

Blood borne viruses, and in particular HIV/AIDS and hepatitis B and C are a major health risk for individuals who inject drugs. An integrated surveillance system has been established in Australia for the purposes of monitoring the spread of these diseases. The Department of Health and Human Services, Public Health Division, records notifications of diagnoses of HIV and hepatitis B and C in Tasmania, and, where possible, records the relevant risk factors for infection that the person may have been exposed to. There are limitations to the interpretation of this data set in terms of monitoring trends in the spread of these viruses. For example, many injecting drug users who have been exposed to hepatitis C may not undergo testing. Further, it is difficult to determine whether notifications represent new cases or those that have been established for some time.

- *Tasmanian Methadone Maintenance Program Data*

Pharmaceutical Services in the Department of Health and Human Services maintains a database that records all methadone program registrations in Tasmania. The number of annual new admissions to the program, and information regarding the number of active daily methadone clients is presented.

- *Coronial Findings On Illicit Drug-Related Fatalities*

Mortality data regarding illicit drug related deaths was obtained from the state coroners office. Data provided contains a summary of toxicology analysis for each case. It should be noted that this data only includes cases that have been completed by the coroner, and there are a number of cases outstanding that may date back to 1999. Figures included in this report are commensurate with those provided by the Australian Bureau of Statistics.

- *Doctor Shopping Data*

Data regarding patterns of doctor shopping in the state was examined due to the high level of use of pharmaceutical products among Tasmanian IDU noted in previous IDRS reports. The Health Insurance Commission identifies people as "doctor shoppers" if, in one year, a person: 1) sees 15 or more general practitioners; 2) has 30 or more Medicare consultations, and 3) obtains more Pharmaceutical Benefits Scheme (PBS) prescriptions that appears to be clinically necessary. Data is broken down by the type of drugs accessed by each identified "doctor shopper" during each financial year period.

- *Tasmanian Alkaloid Poppy Crop Data*

Tasmania has had a commercial opiate alkaloid industry for many years, where farmers are licensed to grow the poppy (*Papaver somniferum*) for production of codeine and related products by pharmaceutical companies. The Tasmanian Government has international obligations under the United Nations Convention on Narcotic Drugs to ensure licensing of crops and that there is limited diversion, as some of the poppy strains grown can be converted into opium. Data on diversion rates of Tasmanian poppy crops has been provided by the Poppy Board of the Tasmanian Justice Department, as this is a useful indicator of potential illicit use of opium or poppy tar.

- *Telephone Advisory Services Data*

Tasmania has two 24-hour alcohol and drug-related telephone information services. In mid-May 2000, Turning Point Alcohol and Drug Centre in Victoria took over responsibility for administration of the Tasmanian Alcohol and Drug Information Service (ADIS), a confidential drug and alcohol counselling, information and referral service. Additionally, at that same time a new information service, the Drug and Alcohol Clinical Advisory Service (DACAS) was established to provide health professionals assistance with the clinical management of drug and alcohol problems. Turning point systematically record data for each call received, which comprised 2208 and 63 calls to ADIS and DACAS respectively during the 2000/01 financial year.

3 AN OVERVIEW OF THE SAMPLE OF INJECTING DRUG USERS

3.1 Demographics

A total of 100 individuals were interviewed. The demographic characteristics of the IDU sample are presented in Table 1 below. The mean age of participants was 26.0 years (SD = 6.6, range 14-45), with 75% being male. There was a significant difference in the age of male and female participants with the mean age for the sample of 25 females (23.7 years) being significantly less than the mean age of the sample of 75 males (26.7 years) (Mann-Whitney $U = 677.5$, $p=0.036$).

The majority of the sample (68%) was not currently employed, and the sample had a mean of 10.0 years (SD = 1.4, range 7-14) of school education. Twenty-two percent of participants had trade or technical qualifications and 1% had university qualifications. The sample was drawn from 38 suburbs within the northern, eastern, southern, and inner city areas of Hobart, with the bulk of participants either living in close proximity to Hobart city (33%) or Glenorchy city (26%).

One third of the sample (32%) of participants had been imprisoned at some stage in their lives, with males being significantly more likely than females to have been so, as 39% of males had a previous prison history as compared with 9% of females: continuity corrected $\chi^2(1, n=100) = 3.95$, p = 0.026.

Table 1: Demographic characteristics of the injecting drug user (IDU) sample (n=100)

Characteristic	
Mean age (years)	26 (range 14 – 45)
Sex (% male)	75
Ethnicity (%):	
English speaking background	100
Non-English speaking background	0
Aboriginal or Torres Strait Islander	10
Employment (%):	
Not employed	68
Full time	3
Part time / casual	7
Student	12
Home Duties	10
School education (mean years)	10.0 (range 7 – 14)
Tertiary education (%):	
None	77
Trade / technical	22
University	1
Prison History (%)	32
Treatment History (%):	
Not currently in treatment	48
Methadone maintenance therapy	52
Drug & alcohol counselling	0

Approximately half (52%) of the sample were currently in some form of drug treatment. While smaller proportions had been involved in other forms of treatment in the six months prior to interview (11% in counselling, 7% in detoxification, 2% under buprenorphine maintenance therapy), all who were currently in drug treatment reported methadone maintenance therapy as their primary treatment (with 59% of the sample being involved in methadone maintenance at some stage in the six months prior to interview). Those reporting being currently engaged in methadone treatment had been so for 21.9 months on average (median = 17 months, SD = 18.2 months, range 1-72 months). No participants had used naltrexone in the 6 months prior to interview.

3.2 Drug Use History Of The IDU Sample

The mean reported age at first injection of a drug was in the late teens (17.5 years), ranging from 9 to 37 years. There was no significant difference between age of first injection for males and females in the sample (17.53 and 17.52 years respectively).

As both previous IDRS reports in Tasmania and other states (McKetin, Darke & Kaye, 2000) and local key informants have indicated that there may have been a fall in the age of initial injection among new recruits to injecting, the sample was dichotomised (using a median split) into those currently aged 25 years or younger, and those aged more than 25 years. The younger group were, on average, three years younger at initial injection than the older IDU (16.1 vs. 19.2 years respectively: Mann-Whitney U = 728.0, $p<0.001$). However, when the sample was divided according to the length of individual injection careers (into those that started injecting within the past five years, and those who started injecting more than five years ago) there was no difference in the age of initial injection (18.1 vs. 17.2 years respectively). Taken together, these results may be interpreted as indicating that while young people may indeed be taking up injection of drugs at a younger age, new recruits to injecting are not simply restricted to younger individuals.

There was considerable variation in the length of participant's injecting drug use careers, with the mean length of time since first injection being 8.6 years, ranging from less than a year to 25 years. Additionally, there were some sex differences amongst this sample with regard to length of injection career, with male participants having a longer mean injection career than the females sampled (9.3 vs. 6.2 years respectively: Mann-Whitney U = 589.0, $p=0.005$), and males were more likely to have started their injecting career more than 5 years ago (71% of males), while female participants were more likely to report initiating injecting within the past five years (60% of females): $\chi^2(1, n=100) = 7.656$, $p = 0.008$. However, this difference in duration of injecting careers may simply reflect the fact that the females sampled in the current study were significantly younger than the male sample.

Methamphetamine was the first drug injected by 62% of respondents, with 25% reporting morphine, 5% reporting heroin, 4% methadone, and 4% other substances (including alcohol, codeine, ketamine and dextromoramide tartrate: Table 2). As with age of initial injection, there was a significant length of injection career-related difference in first drug injected. Those participants who had first injected within the past five years had a larger proportion of people reporting pharmaceutical opioids as first drug injected (41% methamphetamine, 46% morphine, 8% methadone), in comparison to the older group, where methamphetamine was more predominant (73% methamphetamine, 13% morphine, 8% heroin and 2% methadone): $\chi^2(4, n=100)=19.8$, $p < 0.001$. Of the 61 respondents that reported methamphetamine as their

first drug injected, 33 (54%) had most often injected opioids in the month prior to interview (11 participants reporting morphine, 22 methadone).

Heroin was the reported drug of choice for the majority of participants (33%), followed by methamphetamine (30%), as indicated in Table 2 below. Despite this high preference for heroin, no participants reported it as last drug injected, and only 1% as the drug most often injected in the month prior to interview. The drugs most commonly used were methadone (39%), methamphetamine (35%), and morphine (20%).

Table 2: Drug of initiation into injecting, drug of choice and current injection patterns for IDU in the current study (n=100)

	First drug injected %	Drug of choice %	Last drug injected* %	Drug most often injected in last month %
Heroin	5	33	0	1
Methadone	4	16	31	39
Morphine	25	12	23	20
Methamphetamine	62	30	38	35
Cocaine	0	1	1	1
Ecstasy	0	0	0	0
Benzodiazepines	0	3	8	4
Other	4	5	0	0

**One participant reported their last drug injected as methadone and methamphetamine (in the same barrel). This has been recorded in both the relevant cells, hence proportions in this column sum to 101%.*

Frequency of injection by IDU during the month prior to interview (Table 3) was varied, with most injecting more than once per week (91%), and 29% injecting at least once per day. There was no difference in the frequency of injection between younger and older IDU.

Table 3: Frequency of injection during the last month (IDU survey, N=100)

Frequency of injection during the last month	%
Not in the last month	0
Weekly or less	9
More than weekly	62
Once a day	17
Two to three times per day	8
More than three times per day	4

Respondents were asked how much they had spent on illicit drugs on the day before the interview. The responses to this question are summarised in Table 4. This indicates that two-thirds of the sample had spent money on illicit drugs on the day before the interview, and that this was most commonly between $20 and $99. The average amount of money spent amongst the sample was $53 (SD $86, range $0-470, median = $25). Amongst only those 64 participants who had spent money on illicit drugs on the day prior to interview, the average amount of money spent was $83 (SD $96, range $2-470, median = $50)

Table 4: Amount spent on illicit drugs on day prior to interview (IDU survey, n=100)

Amount spent on day prior to interview	%
Nothing	36
Less then $20	4
$20-49	24
$50-99	21
$100-199	7
$200-399	6
$400 or more	2

Respondents reported the drugs they used on the day prior to their interview (Table 5). Only 7% had not used any drugs, with three-quarters (76%) using cannabis on the day before their interview. Methadone (46%, although only used by six people who were not currently enrolled in methadone maintenance therapy), benzodiazepines (33%), methamphetamine (24%) and morphine (17%) use were also common.

Polydrug use was widespread, with 80% of those reporting using drugs taking more than one drug on the day prior to interview, and the median number of drugs used was two (40%). Multiple studies have clearly established that the risk of overdose increases when central nervous system depressants are used in addition to opioids (see Warner-Smith, Lynskley, Darke & Hall, 2000), with concomitant use of alcohol or benzodiazepines with opioids proving especially prominent in opioid overdose fatalities. Of concern then was the finding that 31% of the IDU sample reported using an opioid in conjunction with either benzodiazepines (24%) or alcohol (5%) or both (2%) on the previous day.

Table 5: Drugs taken on the day prior to interview among the IDU sample (n=100)

Drug	N=100
Cannabis	76%
Methadone	46%
Benzodiazepines	33%
Morphine	17%
Methamphetamine	24%
Heroin	0%
Cocaine	1%
Alcohol	13%
Other	3%
Did not take any drugs	7%

**Note: could list more than one drug*

Participants were also asked about their usual place of injection and where they had last injected. These responses are summarised in Table 6 below, indicating that the majority of the sample tend to inject in private homes (88% usually, 74% last time they injected), while much smaller proportions tend to inject in public places (12% usually, 26% last time).

Table 6: Location in which respondents usually injected in the month prior to interview, and location of last injection (IDU survey, N=100)

Location	Usual %	Last %
Private Home	88	74
Public Toilet	5	12
Street/park or beach	1	6
Car	6	8
Other (e.g. car park)	0	0

Drug use histories of the IDU respondents are summarised in Table 7 below. There was a substantial level of polydrug use among this group, as almost all individuals had used methadone, morphine, methamphetamine, hallucinogens, benzodiazepines, alcohol, cannabis and tobacco at some stage in their lives. Subjects had used a median of 11 (mean = 10.9, sd = 2.0, range 6-14) drug classes in their lives, and 7 (mean = 7.1, sd = 2.1, range 3-13) in the preceding six months. A median of 5 drug classes had been injected over their lifetimes (mean = 5.4, sd = 2.0, range 1-10), and 3 (mean = 3.2, sd = 1.5, range 1-7) in the preceding six months.

The demographic characteristics of the Tasmanian 2001 IDU sample are generally very similar to the 2000 IDU sample (Bruno & McLean, 2001). Notable discrepancies between these samples are discussed in subsequent sections of this report.

Table 7: Drug use history of the IDU sample (N=100)

Drug Class	Ever used %	Ever Injected %	Injected last 6 months %	Ever Smoked %	Smoked last 6 months %	Ever snorted %	Snorted last 6 months %	Ever Swallowed %	Swallowed last 6 months %	Used last 6 months %	Median number of days used in last 6 months by those using the drug
1. Heroin	71	69	23	18	1	15	1	2	0	24	4
2. Methadone	96	90	76					80	66	83	6*
3. Morphine	94	94	72					45	14	72	31
3a. Other Opioids	71	20	7	13	2	0	0	59	18	21	5
4. Methamphetamine	100	100	85	13	3	52	9	50	14	85	24
5. Cocaine	39	29	6	4	2	22	4	2	0	8	5
6. Hallucinogens	88	31	5	0	0	1	1	87	26	26	3
7. Ecstasy	44	28	12	1	0	4	1	37	15	20	2
8. Benzodiazepines	92	67	37	17	1	1	0	88	80	85	48
9. Alcohol	100	12	0					100	67	67	12
10. Cannabis	100									94	180
11. Anti-depressants	52									25	135
12. Inhalants	45									3	1
13. Tobacco	96									94	180
Polydrug use *(median drug classes used)*	11	5	3							7	

* for those not currently in methadone maintenance treatment

4 HEROIN

Approximately one quarter of respondents on the IDU survey were able to comment confidently on the price, purity or availability of heroin. Of the key informants reporting on groups that predominantly used opioids (n=13), none reported that the group they had most contact with had primarily used heroin in the past six months.

Among the IDU sample, 71% reported they had tried heroin at some stage in their lives, and almost all of these had injected heroin (69% of sample). Twenty-four percent had used heroin in the past six months, again, almost all had injected the drug (23 of the 24 respondents).

The demographics of the group that had used heroin in the past six months was similar to that of other IDU (see Section 3.0) in terms of sex, age, cultural and educational background, drug treatment and employment status, prison history and age at first injection. However, there was a difference with respect to the frequency of injection: there was a greater proportion of people who reported injecting daily or more often amongst those who had used heroin in the past six months (46%) than those who had not (24%): $\chi^2(4, n=100)=9.3$, $p = 0.05$. Given the relatively low median frequency of use of heroin amongst the IDU sample (four times in the past six months, range 1-114 times amongst those using the drug), this could be interpreted as suggesting that people who have a greater amount of exposure to illicit drugs were more likely to come across, and use, heroin, rather than differences in frequency of injection being due to the nature of the drug.

Of those IDU surveyed who had used heroin in the past six months (n=24), 58% regarded heroin as their drug of choice, 17% methadone, and 17% methamphetamine. Only 1% of the entire IDU sample indicated that heroin was the drug they had most often used in the month prior to interview.

4.1 Price

IDU who could comment on the price of heroin generally referred to purchasing it in units of 'points' (referring to 0.1g) or 'packets', the latter appearing to be a generic descriptor for a varying amount of the drug. Perhaps reflecting this, IDU reports on the estimated weight of the heroin they had recently purchased were highly variable. IDU reports of price of heroin are summarised in Table 8 below.

The price of heroin was reported to be stable by the majority of IDU (71%, n=12/17) that could confidently comment, with mixed reports from the remaining respondents (12%, or 2 of the 17 IDU reporting each of increasing and fluctuating prices, with one believing prices had decreased). The stability of price is supported by the fact that the modal prices for heroin reported by IDU in the 2000 IDRS survey are exactly the same as those in the 2001 survey: $50 per 'point'; $100 for 0.2g; $300 per gram.

Table 8: Price of heroin purchased by IDU

Descriptor	n	(%)	Modal Price	Price Range
Last 'Cap' or 'taste' (~0.05g)	4	17	$50	-
Last 'point' (~0.1g)	11	46	$50	$50-100
Last 2 'points' (~0.2g)	8	33	$100	$70-100
Last 'packet'	4	17	$50	$50-150
Last 1/8 gram (0.125g)	1	4	$80	-
Last 1/4 gram (0.25g)	1	4	$100	-
Last half-weight (0.5g)	1	4	$170	-
Last gram (1.0g)	2	8	$300	$300-350

The Australian Bureau of Criminal Intelligence (ABCI) provides quarterly figures on the price of covert drug purchases and informant reports of prices in each Australian jurisdiction. According to these figures, a 'taste' (0.1-0.3g) of heroin cost $50, and a true gram $400-$600, in Hobart during the 2000/01 financial year (Table 9), which are reasonably consistent with IDU reports of price, and provide support for the assertion that local heroin process seem to have remained stable throughout the 2000/01 financial year.

Table 9: Heroin prices in Tasmania reported by the Australian Bureau of Criminal Intelligence, 1997-2001

Amount	Jul-Dec 1997	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001
1 Taste/Cap *(0.1-0.3 gm)*	$60-80	$60-80	$50	$50	$50	$50	$50	$50
1/2 Weight *(0.4 - 0.6 gm)*	$150	$150	$100-200	$100-200	$100-200	$100-200	$100-200	$100-200
1 Street weight *(0.6 - 0.8 gm)*	$400	$400	$400	$400	$400	$200-300	$200-300	$200-300
Full Gram	$600	$600	$500-700	$500-700	$500-600	$400-500	$400-500	$400-500

Source: Australian Bureau of Criminal Intelligence & Tasmania Police State Intelligence Services

4.2 Availability

Of the IDU sample that were able to comment on trends in the availability of heroin, there was a spilt in responses regarding availability, with 60% (n=12) reporting it as difficult (45%) or very difficult for them to obtain (15%), while 35% (n=7) reported it as easy for them to obtain. The majority (58%, n=11) reported that the availability of heroin had remained stable over the past six months, with 32% (n=6) reporting that heroin had become harder to access in this time. Four key informants indicated that heroin had become easier to access in the past six months. However, the majority of key informants talking about patterns of heroin use

amongst the groups of IDU they knew referred to its use as sporadic (77%, n=10), and limited to a small proportion of their groups (90%, n=9).

In another indication of limited availability of heroin locally, only 24% of the IDU sample in 2001 reported recent use of the drug, in comparison to 38% of the 2000 sample. This reduction, in concert with a decreased median frequency of use (4 days versus 7 days in the last six months for the 2001 and 2000 samples respectively) is not simply due to differing drug preferences of the samples, as one third of participants nominated heroin as their drug of choice in both years.

Most IDU had usually purchased heroin in the past six months from either from a friend (40%, n=6) or a mobile dealer (33%, n=5), while only 7% (n=2) reported usually purchasing it from a dealer's home or from a street dealer.

Tasmania Police made one seizure of heroin in the 2000/01 financial year, totalling 3 grams. In comparison, 5 seizures, totalling approximately 18 grams, were made during 1999/00, and no seizures of heroin were reported to the Australian Bureau of Criminal Intelligence in 1996/97 or 1997/98.

National trends in the past 12 months have implied a heroin 'drought', with indicators of decreased availability of the drug (such as increased price, decreased purity and an associated decline in heroin overdoses) appearing most notably in Victoria and New South Wales during the last quarter of 2000. IDU were asked their opinions on the impact of the 'drought' on the availability of heroin in Hobart, and half of the IDU that could comment believed that there had no notable time where heroin was harder to access than usual (n=16). Among those that did report some decreased availability, there were mixed reports as to when this drought began, although most (n=11) nominated December 2000 – February 2001. The majority of IDU that had noticed a 'drought' reported that availability of heroin had not yet returned to 'normal' (n=9). Among those that had perceived the 'drought' to have broken, there were mixed reports as to when this had occurred, with one IDU reporting each of February, March, April, May and July 2001. However, three IDU nominated June 2001 as seeing a return to normal availability of heroin. One key informant, a user group representative, reported availability dropping off around Christmas 2000 and returning to reasonable supply in April 2001. The lack of any clear trend regarding changes in heroin availability amongst IDU is likely to reflect the historical pattern of limited and fluctuating availability of heroin locally.

Taken together, these findings would seem to indicate that there availability of heroin in the state has remained reasonably stable or curtailed slightly over the last six to twelve months, following national trends. While some better-connected IDU appear to have reasonably stable access to the drug, the availability of heroin in the state is still relatively low, as indicated by the low level of recent use of the drug by the IDU sample.

4.3 Purity And Form

Following trends seen in previous years, most IDU that could comment on purity of heroin they had used reported it as low (42%, n=8) or medium (32%, n=6) purity, although 26% (n=5) regarded purity as fluctuating. No key informants provided comments on the purity of heroin. Several IDU indicated that this low quality of heroin (at a relatively high cost) had led them to be generally wary of buying heroin for fear of being 'ripped off', and because of this, they preferred to purchase pharmaceutical morphine, as the exact quantity of drug purchased is clear. This pattern was also noted in the 1999 and 2000 IDRS surveys.

Of the IDU sample, 14% reported use of heroin powder in the last 6 months, with 15% using rock form heroin. The majority of IDU reported heroin rock as the form they had most commonly used in the past six months (n=14 using rock, and n=10 using powder most commonly). Two key informants, a police officer and a user-group representative, noted that, in general, heroin sold as 'rock' was actually compressed powder made to look like true 'rock' form heroin. Similar reports were made by key informants in the 1999 Victorian IDRS study (Dwyer & Rumbold, 2000). One IDU that had used both 'true' rock form heroin and the compressed powder (or 'washed rock') form indicated that the latter form more readily dissolves in water than true 'rock' form heroin.

As noted in previous IDRS reports, these two forms may reflect two very different qualities of heroin available, which goes some way to reconciling the reports of purity discussed above. Anecdotal reports from several IDU and KI suggest that the powder form heroin available in the state is heavily 'cut' and very low in purity, with the purity of rock form heroin being slightly higher. In support of this, IDU who had most often used powder form heroin most commonly reported the purity of heroin as low (n=5 of 9, fluctuating n=3/9), with those most often using rock form heroin most commonly reporting purity as medium (n=4 of 7, fluctuating n=2/7).

The majority of IDU (47%, n=7) indicated that there had been a stable purity of heroin over the past six months, with 27% (n=4) reporting decreasing purity, and 20% (n=3) stating that purity had fluctuated. No key informants could confidently comment on the stability of the purity of heroin available to the users they had contact with. Also, there have been no seizures of heroin made by the Australian Federal Police (AFP) within the state in 2000/01, and hence no purity data is available, as Tasmania Police do not routinely perform analyses on uncontested drug seizures.

4.4 Use

Prevalence of heroin use

The 1998 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 1999) reported that 1.8% (n=15) of Tasmanians sampled reported ever using heroin, while 0.5% (n=5) had used it in the year prior to interview.

Reported use of heroin as the main drug injected by non-pharmacy needle and syringe outlet clients has fluctuated over the last 5 years, with reported rates of 7.3%, 5.7%, 2.9%, 4.3% and 2.8% for the 1996/97, 1997/98, 1998/99, 1999/00 and 2000/01 periods respectively (Table

10). While there are acute limitations of the data collected from Needle Availability Program outlets (see Section 2.3), a comparison of 1999/00 and 2000/01 data indicates a decrease in both the raw number of clients and the percent of the client group reporting heroin as the drug they most often inject. However, this data may underestimate the extent of heroin use in previous years, as the question asked prior to 2001 was 'what is the drug you most often inject', as opposed to the current question, adopted by most outlets, which is 'what is the drug you are about to inject'. As indicated previously, although 24% of the IDU sample had used heroin in the past six months, only 1% reported it as the drug they most often injected. Additionally, there was a very high level of polydrug use amongst those who reported recent use of heroin (detailed below).

Table 10: Percentage of heroin reported as 'drug most often injected' by Tasmanian non-pharmacy Needle Availability Program outlets, 1997-2001

Year	1997/98	1998/99	1999/00	2000/01
Number of clients reporting heroin	390	257	457	405
Percent of total clients reporting heroin	5.7%	2.9%	4.3%	2.8%

Source: Sexual Health, Department of Health and Human Services

The Australian Needle and Syringe Program Survey (National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs) has reported heroin as the last drug injected of 10% or less of their Tasmanian participants for their 1996, 1997, 1998 and 1999 surveys, increasing to 22% in 2000 (Table 11). However, given that these studies only sampled 18, 23, 51, 25 and 27 clients respectively, these figures should be interpreted with caution.

Table 11: Australian Needle and Syringe Program (NSP) Survey: Prevalence of heroin within "last drug injected", 1996-2000

	1996		1997		1998		1999		2000	
	Number	%	Number	%	Number	%	Number	%	Number	%
Heroin	1	6	0	0	5	10	2*	8	6[#]	22
Total Sample Size	18		23		51		25		27	

Source: National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs.

*Note: these two cases reporting heroin injection actually reported their last drug injected as heroin and morphine combined; [#]Of these 6 individuals, 3 reported their last drug injected as heroin only, 2 as a mixture of heroin, cocaine and methamphetamine, and 1 as a mixture of heroin and cocaine.

Tasmania Police State Intelligence Services reported no arrests involving offences relating to heroin in the 2000/01 financial year[2]. Due to the small numbers (n=5 in 1999/00) and lack of specificity of reporting of opioid-related arrests in previous years[3], the identification of trends from such data is difficult.

Current patterns of heroin use

Twenty-four percent of the IDU sample reported using heroin in the six months prior to interview. The median number of days that heroin was used in the past six months by this group was 4 (range 1-114). There was a very high level of polydrug use amongst those who had used heroin in the past six months (Table 12), predominantly of other opioids and benzodiazepines, a finding in keeping with reports from key informants that, because of fluctuating availability, primary users of opioids have to be flexible in their patterns of use, turning to other opioids or benzodiazepines if their opioid of choice is unavailable. Additionally, there was a high level of use of methamphetamine amongst this group, although it was used less frequently than other opioids.

Table 12: Patterns of drug use reported by those IDU who had used heroin in the past 6 months

	% of those who had used heroin in last 6 months reporting use	Median days use for those using the drug
Methadone*	38%*	5 (range 2-120)*
Morphine	88%	72 (range 1-180)
Other opioids	29%	4 (range 1-30)
Benzodiazepines	92%	60 (range 1-180)
Cannabis	96%	180 (range 2-180)
Methamphetamine	96%	14 (range 1-180)
Tobacco	100%	180 (range 180-180)

*Note: these figures refer to methadone use by individuals who were not enrolled in a methadone maintenance program. If those individuals are included, the proportions increase to 92%, with a median frequency of use of 120 days (range 2-180 days).

These patterns of use reported by the IDU sample are supported by key informant reports of some low levels of heroin use amongst primary users of methamphetamine (n=7 of 13 key informants), opioids (n=7 of 13 key informants) and cannabis (n=4 of 6 key informants). Additionally, key informants often regarded the use of heroin by the users they had contact with as rare or sporadic at best (n=10).

Trends in heroin use

An increase in the availability of heroin was reported by four key informants and one IDU respondent, although when examined further, these informants were referring to continuations of gross changes over the last few years, rather than short-term market changes.

[2] A single seizure of heroin, totalling 3g was made in the Southern region in 2000/01. This was a find of three capsules containing heroin on a nightclub dance-floor. Hence, no charges could be laid.

[3] Data specifically regarding heroin-related offences prior to 1999/00 is unavailable as the Australian Bureau of Criminal Intelligence reports offences related to all opioids (including, for example, morphine and methadone) within a single category.

Despite such suggestions of increasing availability and use of heroin in Tasmania over the past few years, the majority of indicators, and findings such as the low median rate of use of heroin (4 days in last 6 months amongst those who had used the drug) and, that of the 33% of the IDU sample that reported heroin as their drug of choice, only 42% of these had recently used heroin, indicate that the availability of the drug is still relatively low, and stable or decreasing in the state. However, with the high use of other opioids and high preference for heroin amongst the IDU sampled, future trends in use of heroin in the state merit close attention, particularly as 'droughts' faced by mainland jurisdictions continue to break, and the release of stockpiles of heroin crops from "Golden Crescent" areas (Afghanistan in particular) make their way onto international markets.

4.5 Summary

Table 13: Summary of Heroin Trends

Price (mode) *'packet'/ point (0.05-0.1g)* *gram*	• $50, stable • $300, stable
Availability	• variable among IDU: difficult to very difficult (60%); easy 35% • availability stable (58%) or decreasing (32%) • IDU and other data indicate a stable or decreased availability of heroin over the past 6-12 months, with level of availability remaining generally low
Purity and form	• powder, low purity (IDU) • 'rock' (compressed powder), medium purity (IDU) • purity stable
Use	• Used by 24% of the IDU sample in past six months, but low rate of use (median = 4 days) despite high preference as drug of choice • Use most common amongst regular users of other opioids

5 METHAMPHETAMINE & AMPHETAMINE

In previous years, IDRS reports have used the overarching term 'amphetamines' to refer to both amphetamine and methamphetamine. Throughout the 1980s, the form of illicit amphetamine most available in Australia was amphetamine sulphate (Chesher, 1993). Following the legislative controls introduced in the early 1990s on the distribution of the main precursor chemicals for the production of amphetamine sulphate (Wardlaw, 1993), illicit manufacturers were forced to rely on different procedures for the preparation of amphetamine. Throughout the 1990s, the proportion of amphetamine-type substance seizures that were methamphetamine (rather than amphetamine) steadily increased until methamphetamine clearly dominated the market (ABCI, 1999, 2000, 2001). Across Australia today, the powder traditionally known as 'speed' is almost exclusively methamphetamine rather than amphetamine. The more potent forms of this family of drugs, known by terms such as ice, shabu, base and crystal meth, are also methamphetamine. Therefore, the term methamphetamine will now be used in the IDRS to refer to the drugs available in this class. There appear to be three predominant preparations of methamphetamine and amphetamine-type stimulants used within the Tasmanian IDU market (with the exception of 'ecstasy'-based substances): pharmaceutical stimulants, such as dexamphetamine and methylphenidate (Ritalin); the powder form methamphetamine that has traditionally been available in Australia; and the more potent forms of methamphetamine that in recent years have become increasingly available and more widely used across Australia. Where possible and appropriate, trends for these differing preparations will be discussed separately in the following discussion.

Eighty-eight percent of the respondents on the IDU survey were able to confidently comment on aspects of the price, purity and availability of some form of methamphetamine. For the 2001 IDRS, IDU were asked to specify whether the methamphetamine they were describing was of the high or low potency preparation. For many IDU, simply being asked to differentiate between 'good speed' and 'bad speed' was enough for them to make this distinction, and 33 were able to report separate trends for two distinct 'grades' of the drug. In the remarkably few cases where IDU were unclear how best to classify the preparation they were referring to, the decision was made by the interviewer on the basis of physical characteristics of the substance, duration of the stimulant effect, and cost of the substance (as detailed in sections below). The vast majority of IDU had primarily used and reported on the higher potency preparations of methamphetamine (n=82), with 39 respondents reporting on lower potency methamphetamine.

Eighty-five percent of the IDU sample had used methamphetamine at some time in the six months prior to interview. Both participants that had used methamphetamine in the past six months (n=85), and those that reported methamphetamine as the drug they most often injected in the preceding month (n=35) were similar to other IDU (see Section 3.0) in terms of sex, cultural and educational background, employment status, prison history, and frequency of injection.

Those IDU that had used methamphetamine in the past six months were significantly younger than those that had not (25.2 vs. 30.7 years: Mann-Whitney U = 363.0, p=0.007), and were significantly younger in age of first injection of any drug (16.8 vs. 21.8 years: Mann-Whitney U = 275.5, p<0.001). Similarly, those who reported methamphetamine as the drug they most often injected in the past six months were significantly younger at age of first injection than

primary users of other substances (16.2 vs. 18.3 years: Mann-Whitney U = 829.0, p=0.025), and were less likely to be in some form of drug treatment (51% of regular methamphetamine users vs. 26% of other IDU were currently not in any treatment, with 40% and 69% in methadone maintenance respectively: $\chi^2(1, n=100) = 6.57$, p = 0.021, following correction for continuity).

Thirteen key informants reported on groups that primarily used methamphetamine. Key informants included youth workers (n=2), drug and alcohol counsellors (n=2), outreach/street workers (n=3), health workers (n=2), police/justice employees (n=2), a needle/syringe outlet worker and a user group representative. Key informants were familiar with methamphetamine users from virtually the whole range of Hobart suburbs, including the northern suburbs (n=6), eastern shore (n=3), and inner city (n=3). Locations mentioned tended to be in lower socio-economic regions, although this is likely to simply reflect the nature of the services the key informants worked for, as the majority were in the public sector.

All key informants described primary users of methamphetamine from an English-speaking background, most commonly aged in their twenties. The majority of methamphetamine users described by key informants were males, with estimates ranging from 10% to 100% of the groups discussed (median = 70%). Education history of methamphetamine users described covered the whole range from low levels to university graduates. Key informants described methamphetamine users with high levels of unemployment, with the remainder in a range of part-time and full-time occupations.

5.1 Price

As indicated in previous Tasmanian IDRS reports, it is clear that there are two main preparations of non-pharmaceutical methamphetamine available in Hobart, each with separate pricing schedules.

IDU reported the price of the more potent or 'pure' forms of methamphetamine as costing a median of $60 per 'point' (0.1g: mode = $50, range $50-100, n=69) and $400 per gram (range $70-500, n=12). The median prices, however, that IDU reported as actually paying for their last 'point' of methamphetamine was $50 (range $50-$80, n=28) and $350 for their last gram (mode = $400, range $80-450, n=17).

The median price reported by IDU for the traditional white powder methamphetamine, generally quite low in quality, was $78 for approximately a gram (range 50-250, n=12), which corresponded with the price IDU reported as paying for their last gram (median = $70, range $50-$100, n=5). The most common price IDU reported as paying for lower potency methamphetamine was $50 (n=20) for which they procured greatly varying amounts of the drug (0.1g to 1.0g, mode = 0.1g), which would seem to suggest that some dealers are misrepresenting their products as the higher potency methamphetamine, which are most commonly sold in units of 'points' (0.1g) at $50 each.

IDU also provided information on costs of the last amount of pharmaceutical stimulants they purchased illicitly, reporting a median of $3 per 5mg dexamphetamine tablet (mode $5, range $1-10, n=29), and $5 per 10mg methylphenidate tablet (range $2-10, n=14).

The 7 key informants who could comment confidently on costs reported prices consistent with IDU reports: $5 per 5mg dexamphetamine tablet; $50-70 per gram of low purity

methamphetamine powder; $40-50 per 'point' or $350-500 per gram of methamphetamine crystals.

The majority of both key informants and IDU who commented on price of the higher purity methamphetamines reported that prices had remained stable over the previous six months (51% of IDU, n=39/76; 79% of KI, n=11/14). Substantial proportions of IDU indicated that the price of higher potency methamphetamine had increased (24%) or fluctuated (21%) in the previous six months, however, the reported prices of the last amounts of methamphetamine purchased by IDU (Table 14 below) are consistent with prices reported in the 2000 IDRS study. The majority of IDU reporting on the price of lower-purity methamphetamine powder also believed this to have remained stable (65%, n=22/34).

Table 14: Most common amounts and prices of methamphetamine purchased by IDU

Descriptor*	2000 Survey Modal Price	n	2001 Survey Modal Price	n
Higher purity crystal/paste				
'point' or packet (0.1g: 0.05-0.1g)	$50 (range $40-100)	52	$50 (range $50-80)	34
2 points (0.2g: 0.15-0.2g)	$80 (range $70-100)	19	$80 (range $50-100)	13
half-gram (0.5g: 0.04-0.06g)	$250 (range $150-250)	3	$150 (range $50-400)	18
gram (1.0g)	$350 (range $280-400)	8	$400 (range $80-450)	17
'Cut' / low purity powder				
'point' or packet (0.1g: 0.05-0.1g)	-	0	$50 (range $40-80)	15
half-gram (0.5g)	$50	3	$50 (range $50-60)	4
gram (0.8g: 0.8-1.0g)	$80 (range $50-100)	6	$50 (range $50-100)	5
Pharmaceutical stimulants				
dexamphetamine tablet (5mg)	-	0	$5 (range $1-10)	29
methylphenidate tablet (10mg)	-	0	$5 (range $2-10)	14

**Note: Common quantities and weight range for each purchase unit in parentheses*

Tasmania Police area drug bureaus gather regular information regarding current prices of illicit drugs, both through informant reports and covert drug purchases. Since July 1999, Tasmania Police State Intelligence Services has produced monthly reports of local drug seizures and these estimated costings. Prior to this, quarterly price figures were provided through the Australian Bureau of Criminal Intelligence (ABCI). According to current figures, low-purity powder methamphetamine cost $40-$50 for a 'street gram' (0.6-0.8g), and $70-$80 for a true gram, in the 2000/01 financial year (Table 15), consistent with IDU and key informant reports of prices for the lower quality methamphetamine. Tasmania Police also report price of 'points' (0.1g) of 'uncut' crystalline methamphetamine to cost $40-$50. These figures are again consistent with IDU and key informant reports of current prices and their stability in the last 6-12 months.

Table 15: Methamphetamine prices in Tasmania reported by the Tasmania Police Drug Bureaux, 1996-2001

	Street Gram (0.6-0.8g)	Full Gram (1.0g)	Ounce (28 gms)
July-Sept 1996	$50-80	$100-120	$1400
Oct-Dec 1996	$50-80	$100-120	$1400
Jan-Mar 1997	$50-80	$100-120	$1400
April-June 1997	$70-80	$100-120	$1400
July-Sept 1997	$50	$100-120	$1200-1400
Oct-Dec 1997	$50	$100-120	$1400-1600
Jan-Mar 1998	$50	$70-100	$1400-1600
April-June 1998	$50	$70	$1400-1600
July-Sept 1998	*price not reported*	*price not reported*	*price not reported*
Oct-Dec 1998	$50	$70-80	$1200-1400
Jan-Mar 1999	$50	$70-80	$1200-1400
April-June 1999	$50	$70-80	$1200-1400
July-Sept 1999	*price not reported*	*price not reported*	*price not reported*
Oct-Dec 1999	$50	$70-80	$1200-1400
Jan-Mar 2000	$40-50	$70-80	$1200-1400
April-June 2000	$40-50	$70-80	$1200-1400
July-Sept 2000	$40-50	$70-80	$1200-1400
Oct-Dec 2000	$40-50	$70-80	$1200-1400
Jan-Mar 2001	$40-50	$70-80	$1200-1400
April-June 2001	$40-50	$70-80	$1200-1400

Source: Australian Bureau of Criminal Intelligence, Tasmania Police State Intelligence Services

Table 16. Tasmania Police data for methamphetamine July 1999-June 2001

	Jul-Sept 1999	Oct-Dec 1999	Jan-Mar 2000	Apr-Jun 2000	Jul-Sept 2000	Oct-Dec 2000	Jan-Mar 2001	Apr-Jun 2001
Methamphetamine Powder Seized (g)								
South	289	1011	310	287	987	126	34	8
North	4	49	8	70	13	4	0	0
West	57	48	68	40	30	1043	8	21
total	350g	1108g	386g	397g	1030g	1173g	42g	29g
% within southern region	*83%*	*91%*	*80%*	*72%*	*96%*	*11%*	*81%*	*28%*
Methamphetamine Tablets Seized								
South	24	5	13	80	2	0	0	0
North	0	0	12	0	2	2	17	0
West	8	0	0	0	0	0	0	0
total	32	5	25	80	4	2	17	0
% within southern region	*75%*	*100%*	*52%*	*100%*	*50%*	*0%*	*0%*	*0%*
Price in Southern District								
Taste	$50	$50	$50	$40-50	$40-50	$40-50	$40-50	$40-50
Gram	$80	$70-80	$70-80	$70-80	$70-80	$70-80	$70-80	$70-80

5.2 Availability

Almost all IDU sampled who could comment on the availability of low-purity methamphetamine thought it was easy or very easy to obtain (89%, n=33), with the majority (54%, n=20) reporting that it was very easy to access. Remarkably similar trends were reported amongst IDU regarding the availability of higher-purity methamphetamine, with 88% (n=71) regarding it as easy or very easy to access, and 64% (n=52) reporting access as very easy. Likewise, all 14 key informants that reported on availability of methamphetamine to their groups reported it as being easy or very easy to obtain, with 79% reporting it to be very easily accessed.

The clear majority of IDU reported that availability of both low- and higher- purity methamphetamine had remained stable (74%, n=26; and 63%, n=49 respectively) or had become easier to access (14% and 21% respectively) in the last six months. Again, reports from key informants supported these trends, with 50% (n=7) regarding availability of methamphetamine generally as stable and 29% as increasing in recent months, while an additional four KI noted that the higher-purity forms of methamphetamine (such as paste, 'ice', and crystal meth) specifically had increased in availability on the past six months.

There does not seem to be much indication of a street-based methamphetamine scene, with minorities of IDU reporting that they usually purchased low-purity (29%, n=11) and higher-purity (19%, n=15) methamphetamine from a street dealer. IDU more commonly usually purchased from dealer's homes (26% and 31% for low- and higher- purity methamphetamine

respectively), through friends (29% for both), or by telephoning the dealer/mobile delivery (16% and 19%).

5.3 Form And Purity

Fourteen percent of the participants in the IDU survey reported swallowing methamphetamine in the preceding six months and 85% reported having injected the drug in this period. Those who had used the drug reported a median of 24 days of use in the last six months. These rates are highly similar to those reported in the 2000 IDRS survey.

IDU reports of the forms of methamphetamine they had used in the previous six months clearly show that a wide range of forms and potencies of the drug are available to the IDU community. Slightly more than half of those recently using methamphetamine reported using the traditional low-potency white powder form (53%, n=45), while a small proportion had used diverted pharmaceutical stimulants (26%, n=22) in the previous six months.

In regard to the higher purity forms of methamphetamine, it was often difficult for IDU to easily categorise the forms they had used recently, as there seemed to be a real continuum of form available, ranging from perfect crystals (either described as beige crystals, brown sugar or, less commonly, like shards of ice) to slightly 'wet' looking crystals (often yellowy/beige or clear) to a 'paste'-like slurry, either with or without discernable crystals (described as looking like human phlegm or as a "slag in a bag"). The more paste-like forms were often described by IDU as coming in a wide variety of colours (blue, red, orange, purple, green, pink), which two key informants thought may simply be food dye added to the drug. IDU often reported that there was little consistency in the forms available, with providers often having more than one form of the drug available at one time, or the same provider having different forms available from week to week. When pressed to describe the forms of the higher-purity methamphetamine they had used in the past six months, no IDU reported use of true liquid form methamphetamine (often known as 'ox blood') in the previous six months, 66% (n=56) reported use of crystalline methamphetamine, and 61% (n=52) use of 'paste'. It should be noted that only two IDU described crystalline methamphetamine that resembled 'ice'. Also, two IDU and a key informant reported the more 'paste'-like form of methamphetamine as being sold 'pre-loaded' in syringes.

When asked to describe the form of methamphetamine that they had used most often in the preceding six months, 42% (n=36) reported crystalline forms and 35% (n=30) reported 'paste', with most frequent use of lower-potency methamphetamine powder (19%, n=16) and diverted pharmaceutical stimulants (4%, n=3) substantially less common.

When asked to describe the purity of powder-form methamphetamine, the IDU predominantly regarded it as low (71%, n=22), and that this had remained stable (41%, n=11), fluctuated (26%, n=7) or decreased (26%, n=7) in the past six months. Other forms of methamphetamine were reported by IDU as being high (56%, n=44) or medium (28%, n=22) in purity, this perceived as generally remaining stable (43%, n=32), increasing (24%, n=18) or fluctuating (23%, n=17) in the preceding six months. The ten key informants who could report on purity of methamphetamine provided similar reports to the IDU, with the majority reporting purity of methamphetamine generally as medium (40%), high (20%) or fluctuating (30%), and that purity had generally fluctuated (50%), increased (30%) or remained stable (20%) in the preceding six months. Several key informants also reported that higher-potency

forms of methamphetamine were more readily available in the central suburbs of Hobart, with low-potency powder more common in the more distal Hobart suburbs.

Data for purity of methamphetamine received at police analytical laboratories has been provided for the 1997/98 to 2000/01 financial years (Table 17). Drugs seized by Tasmania Police are only tested for composition and purity if the alleged offender pleads not guilty to the associated charge. Hence, purity data for drug seizures in the state are minimal. This very restricted sample size renders it difficult to make inferences about trends in purity of methamphetamine. However, the data does seem to suggest that the level of purity of consumer-type amounts of methamphetamine seized in Tasmania has remained relatively stable over the period 1997/98 to 2000/01. Anecdotal reports from three key informants suggest that the higher potency forms of methamphetamine available in the state are not as pure as those available in Eastern mainland jurisdictions, with Tasmania Police estimating purity of these forms of the drug to be around 20-40% in Hobart.

Tasmania Police report that the majority of methamphetamine in the Tasmanian illicit drug market is imported into the state, most commonly by members of organised motorcycle groups or particular criminal groups, via domestic sea or air terminals, or Express Post. Several key informants supported this view. While Police have received reports of illegal methamphetamine production laboratories operating within the state, only one was detected in 2000/01. Such factors may underlie the fluctuating nature of the forms and potency of methamphetamine in the local illicit drug market.

Table 17. Purity of Tasmanian seizures of methamphetamine received for laboratory testing, 1997/98 – 2000/01

	1997/98	**1998/99**	**1999/00**	**2000/01**
<=2 g				
n	*4*	*31*	*9*	*10*
avg % purity	5 %	5 %	7.4 %	10.4%
> 2g				
n	*2*	*8*	*11*	*14*
avg % purity	7 %	21 %	6.6 %	3.6 %
Total				
n	*6*	*39*	*20*	*24*
avg % purity	**6 %**	**8 %**	**7 %**	**6.4 %**
Range in % purity	3-8%	2-59%	2-26%	0.5-50%

Source: Australian Bureau of Criminal Intelligence; Tasmania Police State Intelligence Services

5.4 Patterns Of Methamphetamine Use

Prevalence of methamphetamine use

The most recent survey of methamphetamine use within the general community of Tasmania was undertaken within the 1998 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 1999), which sampled 1031 Tasmanian residents. Results indicated that 6.3% reported ever using methamphetamine, while 1.6% had used the drug in the 12 months prior to interview. Only 4% indicated that they had been offered methamphetamines in this period. Of the respondents that indicated they had injected illicit drugs (n=6) in the 12 months prior to interview, all had injected methamphetamine. These low rates and the small sample size of illicit drug users make it difficult to meaningfully analyse the data by gender or age, or to detect further trends in methamphetamine use.

The Australian School Students Alcohol and Drugs (ASSAD) Survey (Cancer Council of Tasmania, 1997) sampled 2,553 students in years 7 to 12 from schools across Tasmania during the 1996 school year, and 2,671 students in 1999 (Cancer Council of Tasmania, 2001). Results were divided between 12-15 year olds, and 16-17 year olds. Within the younger age group, in the 1996 study, 6% of those sampled reported ever using methamphetamine, with 4% reporting lifetime use of the drug in the 1999 study. In regard to recent use, 2% of those interviewed in 1996 and 3% of those interviewed in the 1999 study reported use in the month prior to interview. Reported lifetime use among 16-17 year olds surveyed was slightly higher, with 5% of those surveyed in 1996 and 7% of those surveyed in 1999 ever using methamphetamine, but 3% of those sampled in both studies reported using the drug in the month prior to interview. These rates are generally consistent with those found in the 1998 National Drug Strategy Household Survey, and there were no significant changes in patterns of methamphetamine use between the 1996 and 1999 ASSAD surveys.

The Australian Needle and Syringe Program Survey (National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs) has reported methamphetamine as the last drug injected of around 30% of their Tasmanian participants for their 1997 and 1998 surveys, and a slightly lower proportion reporting methamphetamine (20%) in their 1999 survey, rising to 41% in 2000. However, these studies only sampled 23, 51, 25 and 27 clients respectively, such small sample sizes rendering it difficult to make any reliable inferences regarding trends in use.

Arrest data for methamphetamine-related offences indicate a marked increase in the number of arrests between 1998/99 and 2000/01 (Table 18). The main increase has come from those charged with ‘consumer’-type offences (such as use and possession), consistent with reports of increased availability and use of methamphetamines (discussed below).

Table 18: Consumer and provider arrests for methamphetamine and related substances, 1996/97-2000/01

	1996/97	1997/98	1998/99	1999/00[#]	2000/01
Consumers					
Female	3	5	0	4 (8)	5
Male	15	9	4	14 (52)	44
Unknown	0	1	2	2 (0)	0
Total	18	15	6	20 (60)	49
Providers					
Female	0	0	0	0 (0)	6
Male	2	0	1	7 (9)	2
Unknown	0	0	0	1 (0)	0
Total	2	0	1	8 (9)	8
Total Arrests	20	15	7	28 (69)	57

Source: Australian Bureau of Criminal Intelligence and State Intelligence Services, Tasmania Police
Note: "Consumer" refers to persons charged with use-type offences (e.g. possession, administration), while "provider" refers to persons charged with supply-type offences (e.g. supply, cultivation or manufacture). Where a person has been charged with multiple offences within a category, that person is only counted once in these statistics. Data from 2000/01 is based on SIS data and is preliminary only.
#: Note – for comparison, SIS data is included in parentheses next to the figures reported by the ABCI

Since 1997, clients of non-pharmacy Needle Availability Program (NAP) outlets have been asked which drug they mostly inject. Methamphetamine has been the most commonly reported single drug used for the past 5 years, at 56%, 46%, 45%, 31%, and 30% during 1996/97, 1997/98, 1998/99, 1999/00 and 2000/01 (Figure 1). This data should be interpreted with caution, however, as these patterns of use are reported by only around 40% of total needle and syringe outlet clients, because data is collected reasonably inconsistently across services due to staff time limitations. While the total number of clients self-reporting use of methamphetamine has markedly increased between 1999/00 and 2000/01, there has been a steady decline in the proportion of non-pharmacy NAP clients reporting methamphetamine as the primary drug they inject.

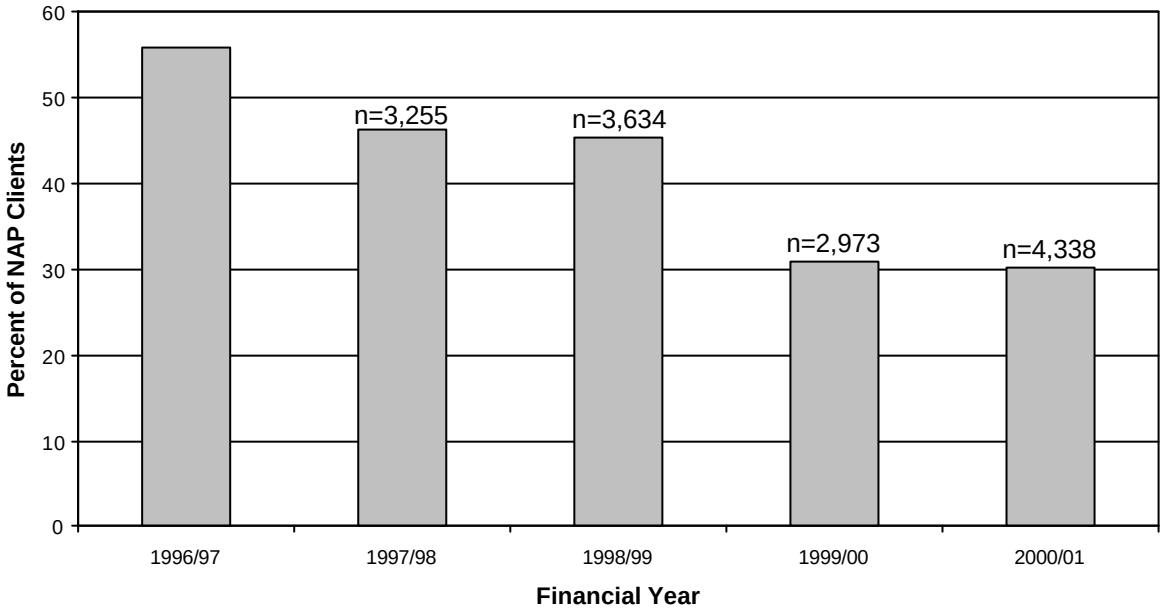

Figure 1: Percentage of methamphetamine reported as 'drug most often injected' by Tasmanian non-pharmacy Needle Availability Program clients, 1996-2001

Source: Sexual Health, Department of Health and Human Services

Data from urine screens of Tasmanian prisoners revealed a very low rate of sympathomimetic amines among positive tests, accounting for 3% or less of all positive tests between 1995/96 and 2000/01. These figures may underestimate the level of use amongst this group however, due to the relatively rapid elimination of this drug from the body.

Current patterns of use

Of the IDU surveyed, 100% had used methamphetamine at some time in their lives, and 85% had used in the past 6 months, however, only 30% of the sample indicated that methamphetamine was their drug of choice. These patterns are highly similar to those surveyed in the 2000 study. For those IDU that had primarily used methamphetamine in the past 6 months (n=35), the drug was used for a median of 48 days in that period (range 6-180). In the 59 IDU that had most frequently used another illicit (all were primary users of some form of opioid) and had used methamphetamine recently, it had been used a median 10 days (range 1-180) in the past 6 months. Taken together, it is clear that a moderate level of

methamphetamine use is common amongst primary users of other drugs, which was supported by comments from many key informants reporting on primary users of either cannabis or opioids that both higher (n=16) and lower purity (n=13) methamphetamine were occasionally used by the people with whom they were in contact with. Most recreational users of methamphetamine in these groups were noted by key informants to use intravenously.

Key informant reports suggested that the most common other drug used by primary methamphetamine users was cannabis, with moderate to high levels of use of benzodiazepines, both often being used functionally to help users 'come down' from their methamphetamine use. Key informants also reported opioid use in a small percentage of primary methamphetamine users.

Trends in patterns of methamphetamine use

It is clear that the availability of better quality methamphetamine, identified as an emerging trend in the 2000 IDRS has further stabilised and expanded into 2001. Likewise, the trends associated with this market have also continued, with an increase in the number of users of this higher-purity methamphetamine in the previous six months noted by 8 IDU and 6 key informants. In conjunction with this, an increase in the amount of methamphetamine used by existing users was noted by 10 IDU and 1 key informant, along with many IDU reporting the people they knew were using the drug more often (n=16), most directly attributing this to the better quality of methamphetamine available.

Changes in the demographics of those using the higher-purity methamphetamine were also noted: with both IDU (n=12) and key informants (n=3) reporting an increase in younger people injecting the drug, most commonly in the 14-15 age group; with more females using methamphetamine noted by four key informants; and two IDU noting more 'straight' or middle-class people injecting the drug in the past six months. Similarly, seven IDU and one key informant had noted some people changing from being predominant users of 'slows' (opioids and benzodiazepines) to being primary methamphetamine users.

Methamphetamine-related issues

Both IDU and key informants reported an increasing level of use of better quality methamphetamine in the past six months. Of concern were the key informant reports that, continuing trends identified in the 2000 survey, there had been an increase in mental health problems amongst some methamphetamine users (including psychosis, paranoia, anhedonia, and depression: n=7). One key informant noted some concern with an increase in challenging or unpredictable clients to their service, with several others (n=5) noting an increase in aggression or abusive behaviours associated with methamphetamine bingeing. In concert with this, three IDU and two key informants reported that some users had turned away from using the higher purity methamphetamine due to the experience of adverse psychological effects associated with its use.

5.5 Summary

Table 19: Summary of trends in methamphetamine use

	Low Purity	Higher Purity
Price (mode) *'point'/ packet (~0.1g)* *gram*	• $50, stable • $50, stable	• $50, stable • $400, stable
Availability	• Very easy to obtain • Availability stable	• Very easy to obtain • Availability stable
Purity and form	• IDU reports of low purity, quality stable • 3% from the small number of methamphetamine seizures analysed, stable over the last four years • Form: white powder	• IDU reports of medium to high purity, quality stable or fluctuating to increasing • Purity estimated around 20-40% by TASPOL • Form: spectrum, ranging from dry crystals to slurry or paste
Use	• Used by almost half (45%) of the IDU sample, but uncommon as the form of methamphetamine predominantly used	• Used by a large proportion of the IDU sample recently, despite being the drug of choice for only a small section of the group • IDU and key informant reports of increasing number of users, increase in younger users (14-16 years) and use in increasing frequency and amount by existing users
Other trends		• Reports of changes in mental health and increases in challenging or unpredictable behaviour amongst some users

6 COCAINE

Similar to the patterns in the 2000 IDRS study, only a single member of the IDU sample could comment on price, purity and availability of cocaine. However, 39% of the sample indicated that they had tried cocaine at some stage in their lives, with only 8 respondents indicating that they had used cocaine in the past 6 months (6 had injected, 4 had snorted and 2 smoked the drug). The cocaine that these participants had used was almost exclusively powder, with two reporting some use of 'crack' cocaine. In all cases the drug was reported as being sourced from the mainland. Due to the extremely small number of respondents who were able to provide information on cocaine, the information provided in this section should be interpreted with caution.

6.1 Price

Only a single IDU and a single key informant, a user group representative, could provide information on the price of cocaine, reporting $100 for a 'deal' (approximately 0.1-0.2g n=1) and $450 per gram (n=1). These prices are substantially higher than those reported in eastern seaboard jurisdictions in 2001 (Darke, Topp & Kaye, 2001). Tasmania Police have been unable to report prices of cocaine from either informant reports or covert bust operations between 1995/96 and 1999/00, however, in 2001 Southern Drug Investigation Services estimated the price of cocaine as $250 per gram, on the basis of an informant report.

6.2 Availability

The single IDU who could comment on availability of cocaine indicated that it was difficult for them to access, that this had been stable over the past six months, and that they purchased the drug from a friend (in a mainland state). While there had been no seizures of cocaine made by Tasmania Police made between 1995/96 and 1999/00, two seizures, totalling 29g were made in 2000/01, both by Western Drug Intelligence Services in November, 2000. One seizure of cocaine was made from a person intercepted upon arrival into the state, who was also in possession of a number of tablets of ecstasy. The other seizure resulted from a search of the home of a member of an organised motor cycle gang. Three key informants reported starting to hear more about use of cocaine among the groups they were familiar with, although all reported this as very rare. Two key informants (both working with large numbers of clients through needle availability outlets) reported rarely hearing about use of cocaine among their groups, and were dubious to whether these individuals were using cocaine or simply higher purity methamphetamine.

Taken together, these reports, and the small number of respondents who had used cocaine in the past six months (n=8) and that were able to report on trends (n=1), it would seem that there is a very low availability of cocaine in Tasmania, at least among the demographic sampled in this survey.

6.3 Purity

The single IDU that could comment indicated that the purity of the cocaine they had used in the past six months was high, and that this had remained stable during this period. There had

been one sample of cocaine seized by Tasmania Police analysed for purity during the 2000/01 period, at 44.6%.

6.4 Use

Prevalence of cocaine use

According to the findings of the 1998 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 1999) 2.3% of surveyed Tasmanian residents (n=29) reported ever trying cocaine, while only 0.1% (n=3) had used it in the 12 months prior to interview. Of the 2,553 year 7 to 12 students sampled from Tasmanian schools in 1996 by the Australian School Students Alcohol and Drugs (ASSAD) Survey (Cancer Council of Tasmania, 1997), 3% indicated they had ever tried cocaine. While among the 2,671 students surveyed in 1999 (Cancer Council of Tasmania, 2001), 5% reported ever trying the drug. There were no significant changes in patterns of reported cocaine use between the 1996 and 1999 studies.

Only 0.1% of clients of non-pharmacy Needle Availability Program clients in 2000/01 indicated that cocaine was the drug they most often injected. This figure has been reasonably stable over the past three financial years (Table 20), relating to around 20 clients each year, primarily presenting to outlets in the southern region.

Table 20: Percentage of cocaine reported as 'drug most often injected' by Tasmanian non-pharmacy Needle Availability Program clients, 1996-2001

Year	1997/98	1998/99	1999/00	2000/01
Number of clients reporting cocaine	12	28	19	13
Percent of total clients reporting cocaine	0.2%	0.3%	0.2%	0.1%

Source: Sexual Health, Department of Health and Human Services

None of the participants in any of the 1995, 1996, 1997, 1998 or 1999 Australian Needle and Syringe Program Survey (National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs) has reported cocaine as the last drug they injected, although in 2000, one participant reported last using a combination of heroin and cocaine. However, since these studies only sampled 6, 18, 23, 51, 25 and 27 clients respectively, they were of very limited power for the detection of low frequency occurrences (such as the injection of cocaine).

Trends in cocaine use

Of the six IDU that reported using cocaine in the past six months, the median amount of use was 4 days in the last six months (range 1-20 days).

Eleven key informants made mention of cocaine use among the users they had the most contact with, although this was often contextualised by key informants reporting use as very rare, while people were in other jurisdictions (n=3), or that they were dubious as to whether the drug used was actually cocaine (n=3). Three key informants indicated that there had been an increase in talk about cocaine in the past six months, but that this was restricted to better organised or well connected individuals. The majority of key informants (n=21) indicated that there was no current use of cocaine amongst the groups they came into contact with.

6.5 Summary

In summary, it appears that the availability and use of cocaine in Hobart is very low, at least within the populations surveyed in the current study or accessing government services. The cocaine that is used by Tasmanian IDU is generally imported from mainland states. These patterns seem to have remained reasonably stable over the past few years, however, it is noteworthy that one third of the IDU sample had tried cocaine at some stage in their drug use careers.

7 CANNABIS

Among the IDU respondents, cannabis was the most commonly used illicit drug, with 100% of the sample using it at some time in their lives, and 94% using in the six months prior to interview. The majority (93% of the sample) could comment confidently on aspects of price, potency and availability. All key informants reported some level of cannabis use within the populations they had contact with.

Six key informants reported on groups that were primary users of cannabis. Key informants included three drug and alcohol counsellors/psychologists, two outreach workers and one youth worker. Key informants were familiar with cannabis users from all suburbs of Hobart. The groups of cannabis users described by key informants were predominantly from an English-speaking background, with various levels of education backgrounds and current employment. Cannabis users that key informants were familiar with ranged in age from teenagers to 50 years, although the majority were in their late teens, and those currently in treatment primarily in their early twenties.

7.1 Price

The modal price reported by the IDU for an ounce of cannabis was $250 (range $100-$400), and $25 for a gram, which was consistent with the prices reported by the key informants. While there was good agreement that these were the 'market prices' for cannabis, most IDU did not report paying these prices for the last amounts of cannabis they purchased. For their last purchases, a $25 'deal' was reported to contain 1g-2.5g (mode=1.5g) cannabis, with 2g-4g (mode=2g; 3.5g: bimodal) in a $50 'deal'. IDU reported paying widely varying amounts for their last ounce of cannabis purchased, dependant on quality and their relationship with the seller, with prices ranging between $100 and $400 (mode $250-$300). The modal prices of cannabis reported by IDU are summarised in Table 21 below. The majority of IDU (78%, n=71) and key informants (100%, n=5) reported that the price of cannabis had not changed in the last six months. It should be noted that while most of those interviewed regarded the price of cannabis as remaining stable in the preceding six months, these prices seem to be a slight decrease in comparison to those reported in the 2000 survey, where modal prices reported were $20-25 per gram; $90 per quarter-ounce; and $250-300 per ounce of cannabis.

Table 21: Modal prices of cannabis in Hobart purchased by IDU

Unit	Modal amount (grams)	Modal Price	n
$25 deal	1.5g (range 1-2.5g)	$25	38
$50 deal	2g, 3.5g (bimodal, range 2-4g)	$50	19
Quarter ounce	7g	$80 (range $40-150)	71
Half ounce	14g	$150 (range $70-180)	30
Ounce	28g	$250 (range $100-400)	50

Tasmania Police provide quarterly figures on the price of covert drug purchases and reports by informants. According to prices reported to the ABCI, in June 2001, one gram of cannabis cost $20-$25 and one ounce cost $200-$350, similar to prices nominated by IDU and key informants (Table 22).

Table 22: Cannabis prices in Tasmania, 1996-2001

	Deal (1 gm approx)			1/4 Bag (7 gms)		1/2 Bag (14 gms)		1 Ounce (28 gms)	
	Leaf	Head	Hydro*	Head	Hydro*	Head	Hydro*	Head	Hydro*
Jan-Mar 1996	$15	$30-40	-	-	-	-	-	$300-450	-
April-June 1996	$15	$25-50	-	-	-	-	-	$250-500	-
July-Sept 1996	$15	$25-50	-	-	-	-	-	$350-450	-
Oct-Dec 1996	$10	$25-50	-	-	-	-	-	$350-450	-
Jan-Mar 1997	$10	$25-50	-	-	-	-	-	$350-450	-
April-June 1997	$10	$25	$50	$80	$100	$175	$200	$350-450	$450
July-Sept 1997	$10	$25	$50	$80	$100-120	$150-175	$200-250	$350-450	$450
Oct-Dec 1997	$10	$25	$50	$80	$100-120	$150-175	$200-250	$350-450	$450
Jan-Mar 1998	$10	$25	$50	$80	$100-120	$160	$200-250	$400	$450
April-June 1998	$10	$25	$50	$80	$100-120	$160	$200-250	$250-350	$350-450
Oct-Dec 1998	$10	$20-25	$25	$80-90	$90-110	$160-180	$180-230	$300-350	$350-450
Jan-Mar 1999	$10	$20-25	$25	$80-90	$90-110	$160-180	$180-230	$300-350	$350-450
April-June 1999	$10	$20-25	$25	$80-90	$90-110	$160-180	$180-230	$300-350	$350-450
Oct-Dec 1999	$5-10	$20-25	$25	$80-90	$90-110	$160-180	$180-230	$300	$350-400
Jan-Mar 2000	$5	$25	$25	$80-90	$90-110	$150-160	$170-220	$300	$300-400
April-June 2000	$5	$25	$25	$80-90	$90-110	$150-160	$170-220	$300	$300-400
July-Sept 2000	$5	$25	$25	$80-90	$90-110	$150-160	$170-220	$300	$300-400
Oct-Dec 2000	$5	$25	$25	$80-90	$90-110	$150-160	$170-220	$300	$300-350
Jan-Mar 2001	$5	$25	$25	$80-90	$90-110	$150-160	$170-220	$300	$300-350
April-June 2001	$5	$20-25	$25	$80-90	$90-110	$150-160	$170-220	$200-300	$300-350

Source: Australian Bureau of Criminal Intelligence, Tasmania Police State Intelligence Services

**Note: Reporting criteria were expanded in April 1997 to provide separate data for (outdoor) cannabis head and hydroponically grown cannabis or "skunk". Thus, definitions of what constitutes cannabis "leaf" and "head" may have changed during this time period*

7.2 Availability

The majority of the IDU sample who commented on trends in cannabis availability reported that cannabis was very easy (91%) or at least easy (9%) to obtain, and that the availability of cannabis had remained stable (92%) in the preceding six months. Among this sample, cannabis was predominantly obtained from a friend (36%) or from a dealer's home (32%), with only 10% usually purchasing from a 'street dealer'. A minority did not have to pay for their cannabis, with 8% reporting usually growing their own, and 7% usually receiving their cannabis as a gift. In line with IDU reports, all key informants (n=7) thought that cannabis was very easy to obtain, and that the availability of cannabis had remained stable in the past six months.

7.3 Form and potency

The cannabis used in the past six months by those participating in the IDU survey was marijuana head (the flowering top sections of the female plant), with most cannabis-using IDU reporting some use of both hydroponically-grown (95%) and outdoor crops (or 'bush buds', 74%). Most reported a preference for hydroponically grown head, which was borne out by the finding that 78% reported this as the form of cannabis that they had most often used in the last six months, in comparison to 19% reporting predominant use of outdoor crops. Reports made by key informants were in line with these patterns, and use of cannabis leaf was non-existent among the groups the key informants were familiar with. Twenty-six percent of the IDU sample had used hash, and 6% had used hash oil in the preceding six months, with two key informants indicating that there had been an increased availability of hash during the past six months.

In concert with the reporting of predominant use of hydroponically grown cannabis, Tasmania Police report an increasing trend toward hydroponic production of the drug. In 1999/00, approximately 12,700 Indian hemp plants were seized by Tasmania Police, of which 16% were grown hydroponically. In comparison, during 2000/01, 10,500 plants were seized, of which 38% were hydroponically cultivated. Additionally, intelligence reports from the three state Drug Investigation Services branches suggest that outdoor plantations of cannabis seem to be on the decrease.

All key informants reporting use of cannabis among their groups stated that the predominant method of cannabis use was smoking through 'buckets' or 'bongs' (water pipes) rather than 'joints' (cannabis cigarettes), although one indicated that use of 'buckets' was more common amongst younger users.

The potency of cannabis was generally rated as 'high' (64%, medium = 29%) by the IDU sample, with most respondents indicating that potency had remained stable (66%) or had been increasing (19%) over the preceding six-month period. Key informant reports were in concert with those of the IDU, indicating the potency of cannabis to be 'high' (80%, n=4) and stable (60%, n=3) or increasing (40%, n=2).

Seizures of cannabis by Tasmania Police are not analysed for potency, and as such no empirical data is available to examine trends in potency.

7.4 Patterns of cannabis use

Prevalence of cannabis use

The 1998 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 1999), which sampled 1031 Tasmanian residents, indicated that 37.5% had ever used cannabis, while 15.8% had used the drug in the 12 months prior to interview. These patterns were stable for both urban and rural survey participants. Of those urban respondents who had ever used cannabis, 6% reported using daily, 8% weekly, 11% monthly or every few months, and 13% used cannabis less often, with 56% not using during the 12 months prior to interview. Of those currently using cannabis, 55% obtained it from friends or acquaintances. Ten percent of participants further indicated that cannabis was their favourite drug (from a selection which also included tobacco and alcohol). Following a similar trend to the rest of the country, around 22% of Tasmanian participants indicated that they had been offered cannabis in this period.

The 1996 Australian School Students Alcohol and Drugs (ASSAD) Survey (Cancer Council of Tasmania, 1997) sampled 2,553 students in years 7 to 12 from schools across Tasmanian during the 1996 school year. Results indicated that 34% of 12-15 year olds (37% males, 31% females), and 54% of 16-17 year olds (57% males, 50% females) reported using cannabis at some stage in their lives. Eighteen percent of the 12-15 year olds, and 25% of the 16-17 year olds surveyed reported smoking cannabis in the month prior to interview. Within the 1999 sample of 2,671 students (Cancer Council of Tasmania, 2001), 30% of 12-15 year-olds (31% males, 28% females), and 48% of the 16-17 year olds surveyed (52% males, 42% females) surveyed reported using cannabis at some stage in their lives. In terms of recent use, 17% of the 12-15 year olds surveyed and 19% of the 16-17 year olds surveyed reported using cannabis in the month prior to interview. The main difference between the findings of the 1996 and 1999 studies was a statistically significant reduction in reported rates of both lifetime and recent use of cannabis between these samples. The rates of use reported in these surveys are somewhat elevated in comparison to the prevalence estimates reported in the 1998 National Drug Strategy Household Survey, but this is expected given the more experimental nature of the younger age group in comparison to the wider age range sampled in the Household survey.

Cannabis has made up the vast majority of positive urine screen tests amongst Tasmanian prison inmates since the inception of such screens in 1993. The proportion of all positive urine screens indicating cannabis use has remained at around 70-80% between 1997/98 and 2000/01, despite the number of positive tests more than doubling (from 97 to 212) during this period. It should be noted that cannabis remains detectable for a longer period of time than most other drugs, and as such is the most likely drug to be identified in such screening procedures.

Current patterns of cannabis use

While cannabis was reported as the drug of choice for only 3% of the IDU sample, 94% of the entire sample reported some use of cannabis in the preceding six months. Of those who had used cannabis, the median frequency of use in the past six months was 180 days (range 1-180), which equates to daily use of the drug. The majority of cannabis users described by key

informants also smoked cannabis daily, although younger cannabis users were regarded as using whenever available, which most likely reflects their more limited capacity to pay for the drug.

Many of the cannabis users who were known to the key informants were polydrug users. Other drugs that were used included benzodiazepines, amphetamines, morphine and methadone, although use was generally sporadic and limited to a small percentage of these groups. All key informants reported some level of cannabis use within the populations they had contact with.

Trends in patterns of cannabis use

Three key informants involved in drug treatment noted that cannabis was increasingly being seen as socially accepted amongst their groups. Use of cannabis amongst younger teenage groups was also noted by 3 key informants, with five informants noting an increase in people in their groups that were using cannabis particularly heavily (around 30 'cones' or 1 gram per day). At the opposite end of the spectrum of use, two key informants noted that some of the members of their groups were increasingly turning away from hydroponically grown cannabis, due to its excessive potency, the experience of negative psychological effects, or concern over chemical additives in the hydroponic growth process.

Other trends

Following reports in previous years, one key informant reported the sale of methamphetamine-laced cannabis in recent months. However, there is no objective information available to support these reports.

Cannabis-related issues

Most key informants reported that there had been little change in trends within cannabis users over the past six months. However, several key informants noted an increase in mental health issues amongst the groups they had most contact with, with three key informants reporting an increase in relationship problems, often connected with anger management and aggression issues (n=5) from excessive use. Key informants involved in drug treatment reported an increase in parents presenting to services due to concerns with their children's use (n=2), regarded by these key informants as possibly reflecting an impact of recent Commonwealth drug education campaigns. Three key informants also noted an increase in the numbers of people realising that they had problems with their level of cannabis use.

7.5 Summary

Table 23: Summary of cannabis trends

Price *Gram* *Ounce*	 • $20-25, stable • $250, stable
Availability	• Very easy to obtain • Stable availability
Potency	• High (based on IDU and key informant estimates) • Stable
Use	• Most widely used illicit drug • High level of daily use among IDU sample and groups discussed by key informants • Hydroponically-grown head increasingly preferred by users • Predominantly smoked using 'buckets' and 'bongs' (water pipes)
Other Trends	• Increased concern with deleterious mental health impacts of excessive cannabis use

8 OPIOIDS

Thirteen key informants reported on groups of people who were primarily users of opioids; that is, populations that were using both diverted pharmaceutical morphine and methadone; either at equal frequency or one preferentially, but regularly use the other depending on availability. When pressed to describe an illicit drug that was predominantly used among members of their group, four key informants indicated morphine, four methadone, and five could still not separate the two opioids into a predominant and secondary drug within their group. Similar trends were noted among the IDU sample, with there being a large overlap between people reporting recent use of these drugs – of those who reported use of morphine in the six months prior to interview, 90% also reported use of methadone (Table 24). Additionally, of those who had used morphine in the six months prior to interview, 40% reported methadone as the drug they most often injected in the past month (28% reporting this as being morphine: Table 25). Because of this substantial level of overlap, trends for these drugs are discussed together here.

Table 24: Use of other drugs by those reporting use of morphine in the past six months (n=72)

Drug	% of morphine users reporting use	Median days used by those who had used the drug
Heroin	29%	4 (1-114)
Other Opioids	25%	4 (1-81)
Benzodiazepines	90%	48 (1-180)
Cannabis	94%	180 (1-180)
Methadone	90% (63% on MMT)	6* (those not on MMT) (1-180)
Methamphetamine	81%	24 (1-180)

**Note: 'MMT' refers to methadone maintenance therapy*

Table 25: Drug of choice and drug most often injected among those reporting use of morphine in the past six months (n=72)

	Drug of choice	Drug most often injected
Heroin	39%	1%
Methadone	17%	40%
Morphine	17%	28%
Methamphetamine	19%	25%
Benzodiazepine	1%	4%

Key informants reporting on the use of opioids included needle and syringe outlet staff (n=3), youth workers (n=2), drug treatment nurses (n=2) and doctors (n=2), outreach workers (n=2), and individual informants working in drug education and assessment.

Key informants were familiar with users of opioids from all Hobart suburbs, but they were often from inner-city suburbs or lower socio-economic areas from the eastern shore. The majority of key informants described opioid users from a predominantly English-speaking background, ranging in age between 15 and 60 years, although most were in their twenties. A slight preponderance of males was noted among these groups. Most opioid users described by key informants had completed 9 to 10 years of schooling (although a wide range of education history was noted) and were currently unemployed.

Of the IDU sample, 94% reported they had tried morphine at some stage in their lives, and all of these had injected morphine. Seventy-two percent had used morphine in the past six months, again, all had injected the drug, with recent oral use only reported by 14% of the sample. Similar patterns of use were found for methadone, with 96% of the sample ever using the drug, almost all had injected (90 of 96 respondents). Of the 83 people reporting use of methadone in the past six months, almost all had injected the drug recently (76% of the sample), with a smaller proportion swallowing (66% of the sample).

The demographics of the group that had used opioids in the past six months was similar to that of other IDU (see section 3.0) in terms of sex, age, cultural and educational background, treatment and employment status, prison history, frequency of injection and age of first injection. Participants who had used either drug in the past six months were more likely to report an opioid as their drug of choice than those who had not used an opioid, and those that were currently in methadone maintenance therapy were more likely to nominate methadone as the drug they most often injected in the past month.

Eighty-three participants in the IDU sample could comment on aspects of price, purity and availability of morphine, with 66 respondents providing information on methadone trends.

8.1 Price

Morphine

Both key informants and IDU reported the price of morphine as around $1 per milligram, the same price reported in previous IDRS reports. However, as indicated in Table 26 below, the modal price that users paid for their most recent purchase of the drug was generally lower than this figure. The majority of both IDU (52%) and key informants (67%, n=6) believed that these prices had remained stable over the preceding six months, although substantial proportions also reported a decrease in price during this period (28% of IDU, 22% of KI). Comparison of the modal prices for most recent purchases of the drug amongst the 2000 and 2001 IDRS survey respondents support reports of stable prices, although there may have been some decrease in price of 60mg MS Contin tablets, the most common purchase amount among those surveyed (Table 26). One key informant noted a clear difference in prices between different locations, with cheaper prices in Hobart and Glenorchy city in comparison to areas such as Clarence Plains, the latter reportedly adhering more strictly to the $1 per milligram price structure.

Table 26: Market prices of morphine reported by IDU and modal price for most recent purchase of particular forms of the drug (reported price range in parentheses).

Preparation	2000 Survey Price	n	2001 Survey Price	n
Morphine $ per mg	$1	20	$1	8
Morphine $ per 100mg	$80	2	$80	5
MS Contin				
10mg tablet	$8 ($3-$15)	9	$5 ($5-$10)	3
30mg tablet	$25 ($8-$40)	41	$25 ($10-$35)	42
60 mg tablet	$50 ($13-$60)	62	$40 / $50 ($18-$60)	74
100mg tablet	$80 ($15-$100)	54	$80 ($50-$100)	68
Kapanol				
20mg capsule	$15 ($10-$20)	16	$10 ($5-$25)	14
50mg capsule	$40 ($15-$50)	36	$40 ($25-$50)	40
100mg capsule	$80 ($60-$100)	12	$80 ($50-$90)	31
Anamorph				
30mg tablet	$25 ($15-$30)	29	$25 ($15-$30)	26

Methadone

Both key informants and IDU reported the price of methadone as around $1 per milligram, the same price reported in previous IDRS reports. However, prices that IDU respondents reported paying for the were highly variable, and, as indicated in Table 27 below, the modal price that users paid for their most recent purchase of larger amounts of the drug was generally lower than the $1 per milligram figure. Since the nature of access to the drug does not easily allow for standard purchase amounts to be made, IDU were asked to report the amounts and costs of their most recent purchase of methadone, and these were divided into purchases of less than 80mg or 80mg and above, on the basis of a clear split in the data. Among those purchases of less than 80mg, the modal price paid by IDU was $1 per milligram, while modal prices for amounts 80mg and above were approximately 55 cents per

milligram[4]. This represents a drop in the reported price of the larger amounts of the drug from those reported in the 2000 survey (Table 27), although prices for smaller purchases appear to have remained stable. The majority of both IDU (70%) and key informants (86%, n=6) believed that these prices had remained stable over the preceding six months.

Table 27: Market prices of methadone reported by IDU and modal price for most recent purchase of particular forms of the drug (reported price range in parentheses).

Preparation	2000 Survey Price	n	2001 Survey Price	n
Methadone $ per mg	$1	40	$1 ($0.4-1)	49
Methadone syrup				
Amounts less than 80mg	$1 per mg ($0.5-1)	30	$1 per mg ($0.5-1)	11
Amounts greater than 80mg	$0.8 per mg ($0.5-1.1)	23	$0.55 per mg ($0.33-1)	15
Physeptone				
5mg tablet	-	0	$7 (median) ($5-10)	3
10mg tablet	$10 ($4-12)	17	$10 ($2-15)	53

8.2 Form

Morphine

IDU respondents were asked to nominate the preparation of morphine they had most often used in the preceding six months, 79% nominating MS Contin, 19% Kapanol, and 1% Anamorph. This pattern was supported by ten key informants, and is in concert with the patterns reported in previous IDRS reports. Five key informants also reported some use of liquid morphine (Ordine[5]) amongst their morphine-using populations, which was not noted in previous years. All 72 IDU that had used morphine in the six months prior to interview had accessed this from illicit sources, with only two using licitly-accessed morphine. All but one of the IDU using morphine reported they had predominantly accessed morphine from illicit[6] sources in the past six months.

Methadone

Seventy-six percent of the IDU sample had reported use of methadone syrup in the past six months, almost all of whom had been on a methadone maintenance program within this time (n=59, 78%). Of those that had used methadone syrup, 79% had accessed this licitly, with 42% purchasing diverted methadone syrup at some stage in the preceding six months. However, the majority of people using methadone syrup had most commonly accessed the drug licitly in the preceding six months (72% most commonly accessed licit methadone syrup, 28% most commonly accessed diverted syrup).

Use of the tablet preparation of methadone, Physeptone, was reported in a much lower percentage of the sample (42% of the sample, and 51% of those reporting recent use of methadone) in the preceding six months. Of the 42 individuals who reported use of

[4] Modal price over all purchase amounts was $1 per mg; median $0.70 per mg; range $0.33-1 per mg of methadone

[5] Ordine is morphine.hydrochloride in aqueous (water) solution, and contains sugar as a preservative.

[6] During interviewing, 'licit means' was defined as having the drug prescribed directly to the individual, whether appropriate or otherwise. By this definition, doctor shopping would be considered as 'licit means'.

Physeptone tablets, this was primarily accessed illicitly, with only 2 IDU accessing the drug via licit means.

8.3 Availability

Morphine

The majority of the IDU sample who commented on trends reported that morphine was easy or very easy to for them to obtain (94% - 30% easy, 64% very easy), and that the availability of morphine had remained stable (72%), or become easier to access in the past six months (14%). Among this sample, morphine was predominantly obtained from friends (36%), or dealer's homes (29%), with lower proportions purchasing from street dealers (18%), or mobile dealers (16%). In line with IDU reports, all key informants thought that morphine was easy or very easy to obtain (67% very easy, n=6), and that this availability had remained stable (40%, n=4) or become easier to access (40%, n=4) during the past six months. Three key informants also reported an increase in availability of liquid morphine (Ordine) in the preceding six months.

Methadone

The majority of the IDU respondents regarded methadone as easy or very easy for them to obtain (72%: easy 38%, very easy 34%), although such easy access would be expected given the high proportion of IDU currently involved in methadone maintenance therapy, and hence receiving the drug via licit means. However, these reported trends were the same among those who had been in methadone maintenance therapy and those who had not. The majority of the IDU sample (63%) believed that the availability of methadone had remained stable over the past six months, although 15% indicated that it was more difficult to access. Key informants reported similar trends, with 7 reporting that it was easy (n= 4) or very easy (n=3) to access, and that availability was stable (n=7), with one key informant reporting availability had decreased and increased respectively.

Among the IDU sample, methadone was predominantly accessed through friends (54%), with some purchasing from street dealers (27%) or at dealers' homes (13%). IDU respondents were also asked what their usual source of methadone was, with the majority reporting that they usually purchased 'takeaway'[7] doses (85%), although of concern is the finding that 15% did not know the source of their methadone. However, none had knowingly purchased other person's doses that had been spat out, and were often quite adamant that they would not do so. In contrast to this, one key informant, who was in regular contact with a large number of IDU, indicated that there continued to be some purchasing and use of spat out doses of methadone amongst their client group.

One key informant, a user group representative, and two IDU, reported a trading system amongst a group of IDU on the methadone program, where, when people picked up two or three 'takeaway' doses of methadone, some people would give the doses not required for that day to friends, with the expectation of reciprocation later in the week. This system protects users from 'bingeing' and using all their takeaway doses in one day, thus having to find a replacement opioid to hold them until their next methadone dose. Such a system is also

[7] Within the Tasmanian Methadone Maintenance Program, individuals predominantly receive their daily doses in a supervised manner. However, where appropriate, prescribers may authorise a limited number of 'takeaway' doses, where daily doses can be picked up in advance and consumed as is convenient for the individual.

beneficial in that it does not involve selling of takeaway methadone doses, which may otherwise give people who were not on the program access to the drug.

8.4 Patterns Of Opioid Use

Prevalence of opioid use

Of the 1031 Tasmanian residents participating in the 1988 National Drug Household Survey (Australian Institute of Health and Welfare, 1999), 0.7% (n=4) reported ever using methadone, with only 0.6% (n=3) of respondents reporting use of this drug in the 12 months prior to interview. These low rates of users make it difficult to meaningfully detect trends in use.

Data from clients of non-pharmacy Needle Availability Program outlets reporting the drug they most often inject have been highly variable over the past four years (Figure 2), due primarily to clients nominating the catch-all 'opiates-narcotics' category rather than specifying a specific single drug. When this data is collapsed, a trend to increasing levels of opioid use becomes clearer, with the percentage of clients reporting opioids (excluding heroin) as the drug they most often injected steadily increasing from 32.1% in 1996/97, 40.4% in 1997/98, 43.1% in 1998/99, 46.8% in 1999/00 to 56.6% in 2000/01. Also noteworthy is the indication that, although injection of morphine had consistently been reported as more popular than injection of methadone to 1998/99, popularity of both drugs was equivalent in 1999/00, and in 2000/01, methadone was more commonly reported substance. These, however, may not be new trends, as responses in the opiates/narcotics category may have masked the true level of injection of methadone in previous years.

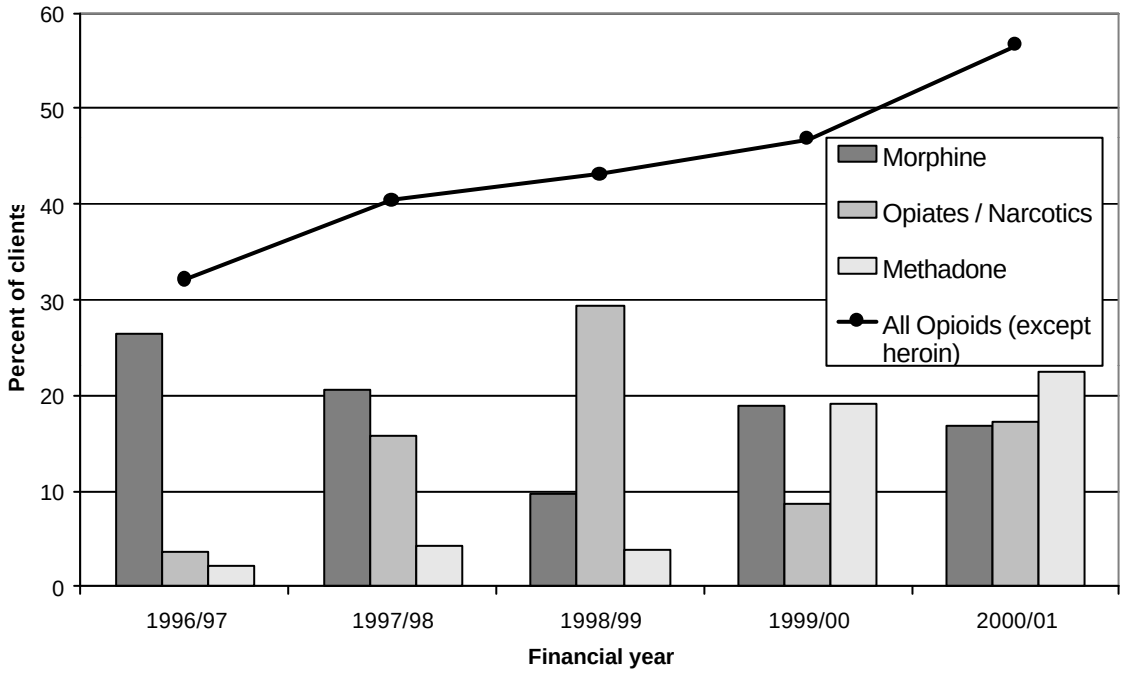

Figure 2: Percentages of opioids reported as 'drug most often injected' by Tasmanian Needle Availability Program clients, 1996-2001
Source: Sexual Health, Department of Health and Human Services

The Australian Needle and Syringe Program Survey (National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs) has reported opioids as the last drug injected of 50% or more of their Tasmanian participants for their 1996-2000 surveys (Table 28). However, given that these studies only sampled 18, 23, 51, 25 and 27 clients respectively, these figures should be interpreted with caution.

Table 28: Australian Needle and Syringe Program (NSP) Survey: Prevalence of opioids within "last drug injected", 1996-2000

	1996		1997		1998		1999*		2000*	
	Number	%	Number	%	Number	%	Number	%	Number	%
Heroin	1	6	0	0	5	10	2	4	6	22
Methadone	5	28	10	43	17	33	11	46	9	33
Morphine	6	33	4	17	10	20	5	26	8	30
Total Sample Size	18		23		51		25		27	

Source: National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs.

*Note: during the 1999 and 2000 surveys 16% (n=4) and 11% (n=3) participants respectively reported using some combination of opioids, and percentages have been adjusted accordingly to reflect this.

There has been a steady growth in the number of clients on the state's methadone maintenance program since 1995. Currently there are around 440 daily recipients of methadone, more than treble the number on the program in 1995. However, this increase in numbers is likely to primarily reflect the long-term nature of methadone maintenance therapy, as the number of new applications for the program has remained consistent from 1997-2001 (approximately 200 new applications per annum).

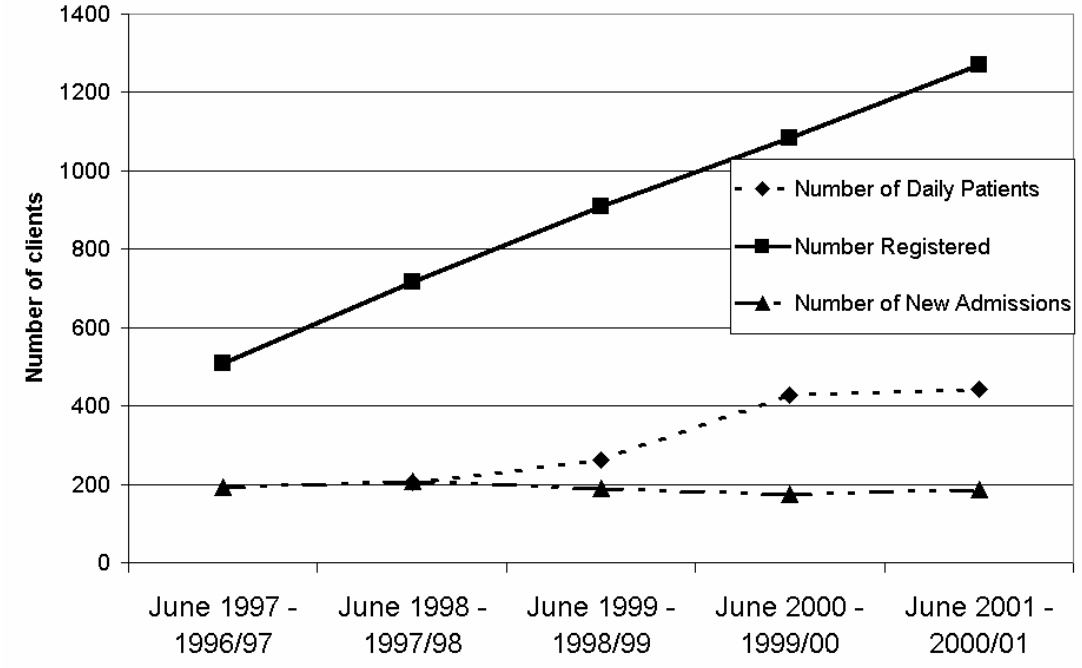

Figure 3: Growth of the Tasmanian methadone maintenance program, 1995-2001

Source: Pharmaceutical Services, Department of Health and Human Services, Tasmania

Tasmanian prescription rates for Schedule 8 pharmaceuticals[8] since 1991 were also provided by Pharmaceutical Services (DHHS). During this time, Tasmanian consumption of morphine has been consistently 120% or more of the national average, and increasing in recent years (Figure 4). However, despite the use of methadone syrup amongst a large proportion of the IDU sample in both the 2000 and 2001 IDRS studies, local rates of consumption of methadone syrup has been continuously below that of the national average in the past ten years (Figure 5). These figures are distorted, however, by the high numbers of methadone maintenance patients in New South Wales. In contrast to the trend for use of methadone syrup, Tasmanian consumption of methadone 10 mg tablets has been consistently above 200% that of the national average since 1992 (Figure 6) with a rapid increase over the past few years. It should be noted than only 42% of those IDU surveyed had used this drug in the preceding six months. When these two trends are combined, overall rates of consumption of methadone in the state remain consistently below that of the Australian average (although the gap has been progressively decreasing over time - Figure 7). While a proportion of these differences in consumption rates can be accounted for by prescription practices and the aging nature of the Tasmanian population, it does, however, indicate a certain willingness to prescribe tablet opioids among Tasmanian doctors. This said, these practices do not seem to apply to the injecting drug user population, as a near-negligible proportion of IDU reported accessing opioids via licit means[9] in the six months prior to interview (with the exception of methadone as part of a maintenance program, only 4 IDU reported accessing morphine or methadone tablets via licit means in this time).

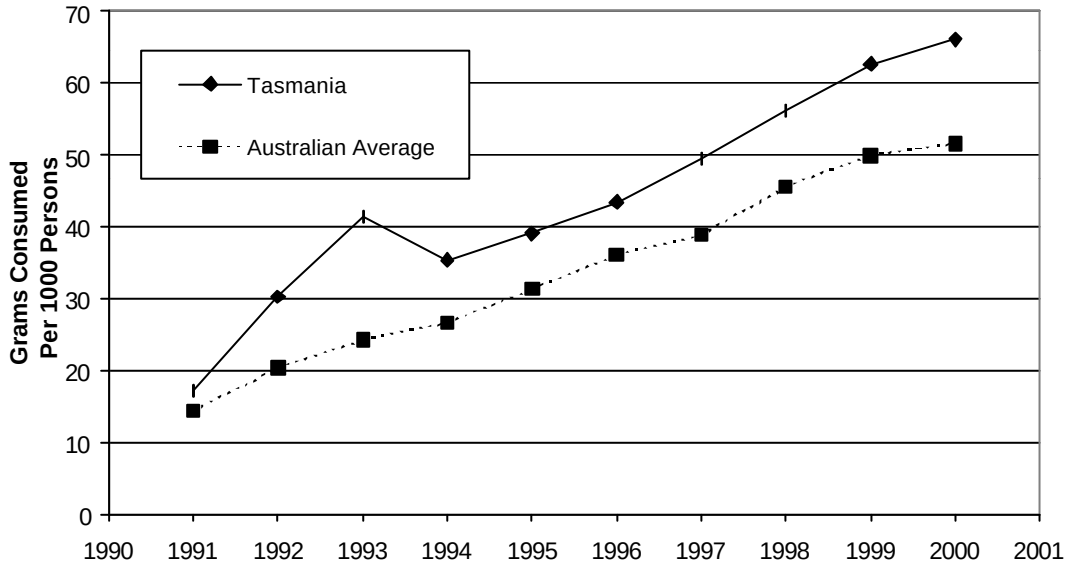

Figure 4: Consumption of morphine per 1000 persons, 1991-2000
Source: Pharmaceutical Services, Department of Health and Human Services

[8] Pharmaceuticals classed under Schedule 8 are variously classed as narcotic substances or drugs of addiction / dependence in differing jurisdictions.
[9] During interviewing, 'licit means' was defined as having the drug prescribed directly to the individual. By this definition, doctor shopping would be considered as 'licit means', which suggests that there is a stable illicit source of these drugs to IDU.

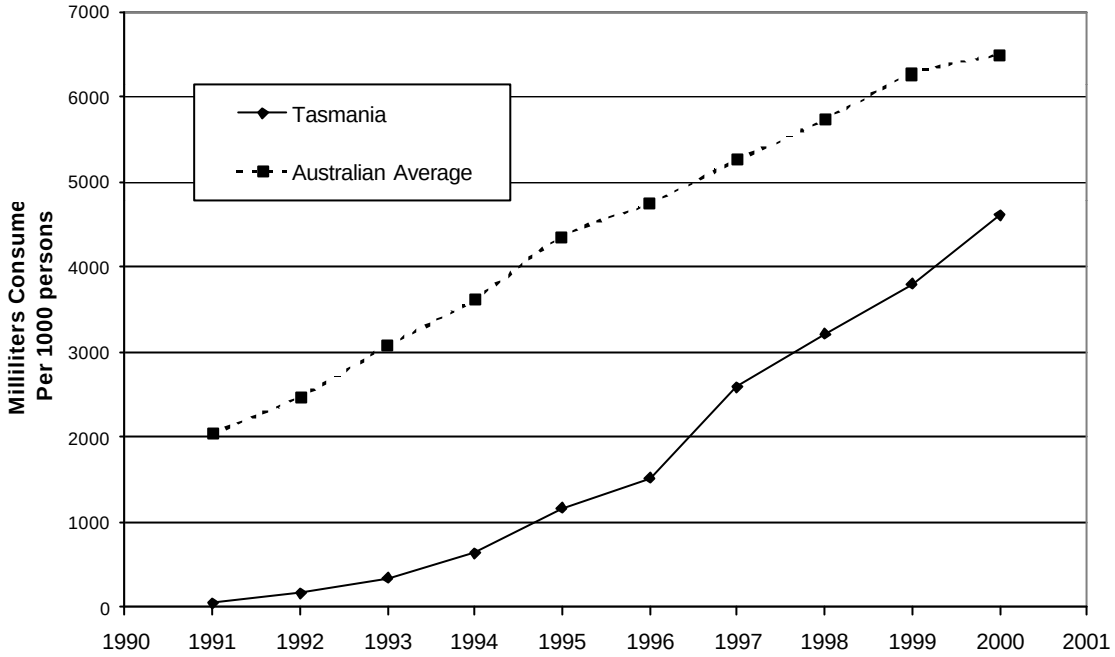

Figure 5: Consumption of methadone syrup per 1000 persons, 1991-2000
Source: Pharmaceutical Services, Department of Health and Human Services

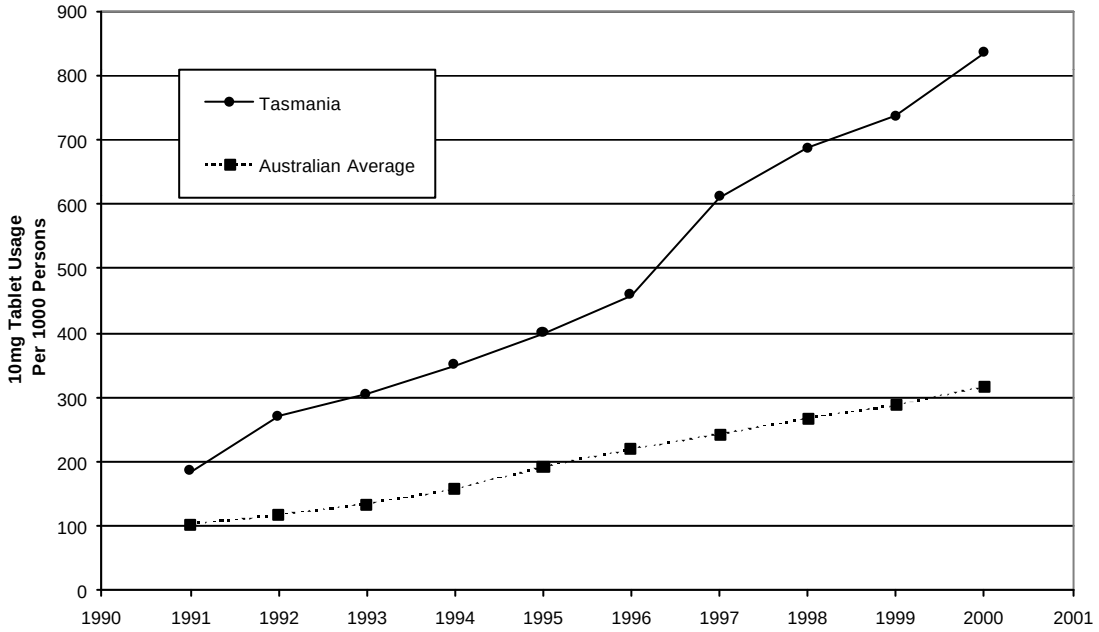

Figure 6: Consumption of methadone 10mg tablets per 1000 persons, 1991-2000
Source: Pharmaceutical Services, Department of Health and Human Services

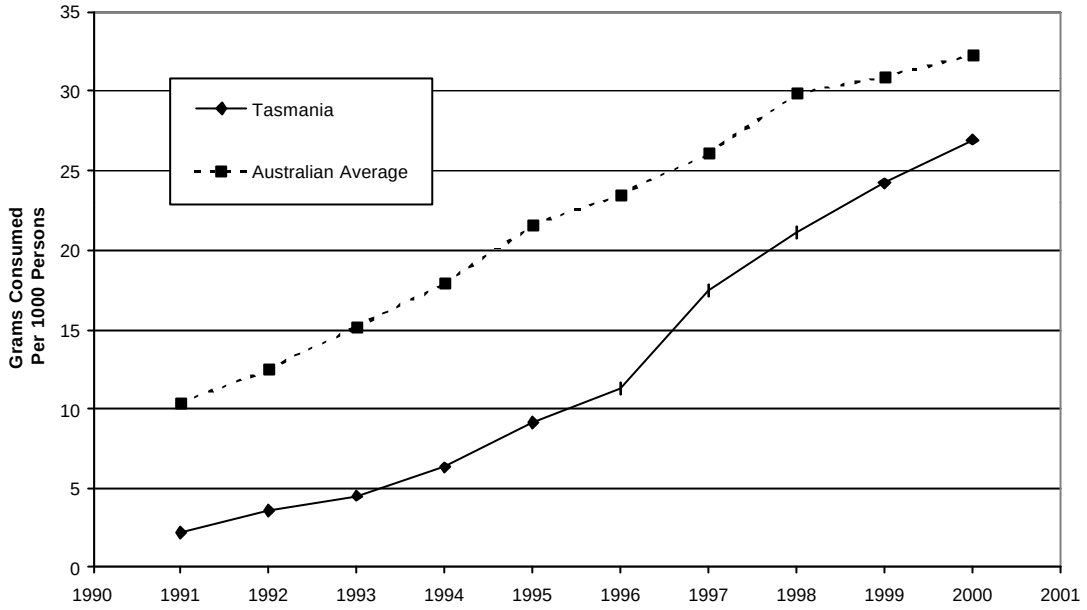

Figure 7: Consumption of methadone per 1000 persons, 1991-2000

Source: Pharmaceutical Services, Department of Health and Human Services

Opioids have consistently comprised approximately 10% of all positive urine screens among Tasmanian prisoners between 1994/95 and 2000/01, despite markedly increasing numbers of positive urine screens during this period (n=212 positive samples in 2000/01).

In the 2000/01 financial year, 17 arrests (13 consumers, 4 providers) were made by Tasmania police involving offences relating to opioids (including heroin), a pattern which appears stable in comparison to 19 arrests (14 consumers, 5 providers), in 1999/00, 25 arrests (24 consumers, 1 provider) in 1998/99, 16 arrests (15 consumers, 1 provider) in 1997/98 and 28 arrests (24 consumers, 5 providers) in 1996/97.

Current patterns of opioid use

Morphine

Morphine was reported as the drug of choice of 12% of the IDU sample, with 72% of the entire sample reporting some use of morphine in the preceding six months. Of those who had used morphine, the median frequency of use in the past six months was 31 days (range 1-180), which equates to slightly more than weekly use of the drug. Morphine was reported as the last drug injected prior to interview for 23% of the IDU sample, and as the drug most injected for 20% in the past month. These figures represent a clear reduction in use for this sample in comparison to the participants in the 2000 study.

Methadone

Methadone was reported as the drug of choice of 16% of the IDU sample, with 83% of the entire sample reporting some use of methadone in the preceding six months. Of those who

had used methadone and were not currently in methadone maintenance therapy, the median frequency of use in the past six months was 6 days (range 1-180), while those on the program were generally using methadone daily. Methadone was reported as the last drug injected prior to interview for 31% of the IDU sample, and as the drug most injected for 39% in the past month. These proportions are all increases in comparison to those sampled in the 2000 survey, however this is likely to simply reflect the higher proportion of individuals involved in the methadone maintenance program in the 2001 study (52% in 2001 vs. 36% in 2000 were enrolled in methadone maintenance treatment at the time of interview).

Primary users of opioids were reported by key informants to have a high level of polydrug use, with regular use of cannabis, methamphetamine, and benzodiazepines. While oral use of benzodiazepines was predominant among these groups, key informants also reported substantial levels of intravenous use of benzodiazepines, especially of Normison (temazepam, n=4). These reports are supported by the substance use trends seen in the IDU sample (see Table 24 and 25).

Trends in patterns of opioid use

Multiple trends in opioid use were noted by both key informants and IDU respondents. Eleven IDU reported an increase in the number of people using morphine; while 8 IDU and one key informant reported an increase in the number of people they were associated with going into methadone maintenance therapy. An increase in the number of younger users of both morphine (13-16 year olds, reported by 6 IDU and 1 KI) and methadone (people younger than 20, reported by 3 IDU). Finally, different types of people using opioids in the past six months was noted, with more 'clean-cut' people using morphine noted by two IDU and one key informant, with four key informants noting an increase in the proportion of females using opioids.

Opioid-related issues

While nine of the IDU respondents reported that less people were using morphine, as they had shifted to use of the higher-purity methamphetamine, three IDU and one key informant noted an increase in the use of opioids and methamphetamine in combination (injection of one substance shortly after the other, to enhance or change the effects of the drugs). One key informant noted a continuation of the trend identified in the 2000 IDRS of people injecting combinations of temazepam dissolved in methadone syrup. Additionally, two key informants reported with some concern a sudden change in the process some IDU were using for the injection of Physeptone tablets, with IDU simply shaking the pills in a syringe filled with warm water and rapidly injecting this product. This process is highly likely to cause vascular damage to the user. In line with this, six key informants noted a continuing increase in injection-related health problems among their opioid using populations, although two key informants (needle availability outlet staff) noted an increase in requests for filters, perhaps reflecting an increased awareness of vein care amongst some IDU.

8.5 Summary

Table 29: Summary of trends in opioid use

	Morphine	Methadone
Price	• $1/mg, stable or decreasing • $80/100mg	• $1/mg, stable • $55/100mg (more variable)
Availability	• Very easy • Stable	• Easy to very easy • Stable
Form	• MS Contin predominant • Ordine use may be increasing	• Methadone syrup predominant • Some use of Physeptone
Use	• Increasing numbers of people using opioids	
Other trends	• Increase in the proportion of NSP clients reporting opioids as the drug they most often inject • Many users changing from primary users of opioids to being primary users of methamphetamine, some reports of combined use of opioids simultaneously with methamphetamine	

9 BENZODIAZEPINES

Almost all (92%) of the IDU sample had used benzodiazepines at some stage in their lives. Similarly, 88% had ever swallowed benzodiazepines, with 80% swallowing in the past six months. While this indicates a particularly high level of use of these drugs amongst IDU, of particular note is the fact that 67% of the sample had ever injected benzodiazepines, with 37% injecting in the six months prior to interview. Similar rates of injection were seen in the 2000 Tasmanian survey participants (61% ever injected, 37% in the six months prior to interview), and are very high in comparison to benzodiazepine injection rates reported in other jurisdictions (in the 2000 IDRS, recent injection of benzodiazepines over all those surveyed nationally was 21%, with only 34% ever injecting the drug: Topp et al, 2001).

Demographic patterns of those that had used benzodiazepines in the past 6 months were generally similar to those of other IDU (see Section 3.1), in terms of age, sex, cultural background, education and prison history, employment status, age of first injection and frequency of injection. However, those that had recently used benzodiazepines were more likely to have been in methadone maintenance therapy at some stage in the preceding six months (64% of those using benzodiazepine vs. 33% of those not recently using the drug had been in methadone maintenance in the past six months: χ^2 (1, n=100) = 4.81, p=0.044). Additionally, those that had used benzodiazepines were more likely to report a central nervous system depressant as their drug of choice or as the drug they most often injected in the past month. Similar trends were found in comparisons between individuals who had injected benzodiazepines in the six months prior to interview and those that had not. Surprisingly, these trends again held when comparing those that had injected benzodiazepines in the past six months against those that had not. Frequency of use of benzodiazepines was a median of 48 days in the past six months among those using the drug (range 1-180), almost double the median frequency of use amongst the 2000 IDRS sample.

High levels of benzodiazepine use in the last six months were seen among those IDU who had most often injected methadone (92%), morphine (85%) and methamphetamine (66%), with injection of benzodiazepines more common among regular users of methadone and morphine (Table 30). Key informants reported similar patterns of use among the groups they had most contact with, reporting use among primary users of cannabis (n=5 of 6 key informants), where use of the drug was predominantly oral; and use among primary users of methamphetamine (n=11 of 13 key informants), reporting some intravenous use, but it was still predominantly swallowed, particularly for 'coming down' from methamphetamine use. Key informants also noted high levels of injection of benzodiazepines among primary opioid users (n=10 of 13 key informants), with two key informants indicating that people in this group would often use benzodiazepines as a second-line drug if their opioid of choice were unavailable.

Table 30: Patterns of use of benzodiazepines amongst primary users of other drugs in the IDU sample *(n=100, number of respondents in parentheses)*

Drug most injected in the past month	Swallowed benzodiazepines in past 6 months	Injected benzodiazepines in the past 6 months
Methadone (n=39)	92% (n=36)	51% (n=20)
Morphine (n=20)	85% (n=17)	40% (n=8)
Methamphetamine (n=35)	66% (n=23)	14% (n=5)

When asked to nominate the main type of benzodiazepine used in the past six months, diazepam (Valium, 53%) and temazepam (Normison, 29%) were most common, with lower levels of primary use of oxazepam (Serepax, 7%), alprazolam (Xanax, 5%), nitrazepam (Mogadon, 4%) and flunitrazepam (Rohypnol, 2%). Normison was more often reported as the main benzodiazepine used among those who had injected the drug in the past six months (51% temazepam, 38% diazepam), while Valium was most common among those who had used but not injected benzodiazepines recently (65%). This pattern fits with reports from key informants that temazepam was the most commonly injected benzodiazepine, while diazepam was the most commonly used benzodiazepine overall.

Key informants often found it difficult to separate licit and illicit use of benzodiazepines amongst their groups (n=14), as often there was a substantial amount of overlap in use, with, for example, some people receiving diverted medications as a gift from friend, or others bingeing on a benzodiazepine prescription then having to purchase diverted benzodiazepines to maintain their usual base level of use. Such reports were not necessarily supported by the patterns of access reported by the IDU respondents, with 42 of the 85 IDU reporting recent use of benzodiazepine accessing the drug via licit means in the past six months, 53 accessing illicitly. There was also a reasonably even split in regard to individual's predominant mode of access to the drug, with 53% reporting they had primarily used illicitly-accessed benzodiazepines in the preceding six months, and 47% predominantly accessing via licit means. While not statistically significant, there appeared to be a trend for a greater proportion of those that reported predominant illicit access of the drug reporting that temazepam was the benzodiazepine they had most often accessed (37% vs. 20%).

Perhaps reflecting the multiple paths to access of benzodiazepines by IDU (for example, licit prescription, gifts, trade for other items or drugs, as well as illicit purchase), IDU provided highly varying accounts of the cost of their last purchase of diverted benzodiazepines. Most common prices reported were in the range of $2-$5 per 2mg alprazolam (Xanax) tablet, $1-$2 per 5mg diazepam (Valium) tablet, $5 per 2mg flunitrazepam (Rohypnol) tablet, $2-$5 per 5mg nitrazepam (Mogadon) tablet, $2-$5 per 30mg oxazepam (Serepax) tablet, $2 per 10mg temazepam (Normison) gelcap, and $3-$5 per 20mg temazepam gelcap. The majority of IDU that could confidently comment regarded costs of benzodiazepines to have remained stable (53%, n=18) or increased (38%, n=13) in the six months prior to interview. Most also reported that it was easy or very easy for them to access benzodiazepines (63%, 41% easy, 22% very easy, n=31), and that this had remained stable in the past six months (60%, n=29).

Prevalence of benzodiazepine use

Of the Tasmanians surveyed in the 1998 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 1999), 7.9% (n=75) indicated that they had ever tried benzodiazepines for non-medical purposes, and 2.9% (n=28) reported use in the year prior to the survey.

Benzodiazepines have consistently comprised approximately 10-16% of all positive urine screens among Tasmanian prisoners between 1994/95 and 2000/01, despite markedly increasing numbers of positive urine screens during this period.

Reported use of benzodiazepines as the main drug injected by non-pharmacy Needle Availability Program outlet clients has undergone massive changes in the last three years: with an increase from 0.3% to 13.5% of clients between 1998/99 and 1999/00, returning to

more modest levels (3.5%) in 2000/01. While there are limitations with this dataset (see Section 2.3), it would appear that any trend toward a major increase in benzodiazepine injection amongst Hobart IDU has, at the very least, been stabilised. Certainly, the proportion of those IDU sampled who reported recent injection of benzodiazepines has not changed between the 2000 and 2001 studies, despite a slight increase in benzodiazepine use generally. This turnaround may reflect the education efforts of many of the local needle availability outlet staff, as three key informants noted a decrease in injection of temazepam amongst their groups, one associating this change with a polarisation of views among IDU about IV use of this drug. Additionally, changes in prescription practices may also be contributing, as two key informants and two IDU noted a decrease in availability of temazepam gelcaps, the preferred form for injection among IDU.

Table 31: Percentage of benzodiazepines reported as 'drug most often injected' by Tasmanian non-pharmacy Needle Availability Program clients, 1996-2001

Year	1997/98	1998/99	1999/00	2000/01
Number of clients reporting benzodiazepines	18	24	1294	505
Percent of total clients reporting benzodiazepines	0.3%	0.3%	13.5%	3.5%

Source: Sexual Health, Department of Health and Human Services

Trends in benzodiazepine use

Four key informants noted that patterns of benzodiazepine use and injection had remained stable over the past six to twelve months. While the stabilisation of rates of injection of benzodiazepine is a positive sign, there remains a high rate of benzodiazepine use within the Hobart IDU sample in comparison to other jurisdictions. This is a significant issue, as intravenous benzodiazepine use has been linked to higher rates of injecting risk behaviour, psychopathology, reduced health and social functioning, and greater risk of opioid overdose among IDU. Benzodiazepine injection (particularly of temazepam gelcaps) is of significant clinical concern as it may cause severe vascular damage leading to limb amputation due to venous thrombosis and ensuing ischaemia (Fry & Bruno, 2001).

Use of methadone syrup in combination with Normison among IDU, a trend noted in the 2000 study, was reported to be continuing by three key informants. This combination is used by IDU because the reported resulting sensations are very similar to that following injection of heroin.

In concert with use of benzodiazepines, two key informants noted an increase in 'stupid' behaviour amongst users, resulting from the disinhibiting effects of the drug, such as blatant shoplifting or aggressive behaviour.

9.1 Summary:

There seems to have been a stabilisation in the injection of benzodiazepines among IDU in recent months, following an apparent rapid increase during 1999/00. While it appears that harm reduction efforts, both by front-line workers and medical practitioners may have had a considerable impact on patterns of benzodiazepine use, there remains a relatively high level of benzodiazepine injection within Hobart when compared to other jurisdictions. This is a particular concern given the serious psychological and physical sequale associated with benzodiazepine injection. As such, patterns of benzodiazepine use and injection continue to warrant very close attention.

10 OTHER DRUGS

10.1 Prescription Stimulants (dexamphetamine, methylphenidate)

Six key informants noted an increase in availability and use of dexamphetamine or methylphenidate (Ritalin) tablets amongst the groups they were familiar with, although three informants noted that dexamphetamine was the more commonly used of the two. Such use was more commonly noted amongst younger (secondary school age) people. While use of diverted prescription stimulants was noted by 22% of the IDU sample, there were no significant age differences between those that had used prescription stimulants and those that had used methamphetamine recently (p=0.67). IDU that could comment reported modal prices of their most recent purchases of $5 per 5mg dexamphetamine tablet (range $1-$10) and $5 per 10mg methylphenidate tablet (range $2-$10). Two key informants reported similar prices for these tablets.

Tasmanian prescription rates of methylphenidate and dexamphetamine (Figures 8 and 9) provide some context for these key informant reports. Over the past decade, prescriptions of these stimulants have steadily grown nationally, most markedly for dexamphetamine. Tasmanian consumption rates of methylphenidate had been consistently below that of the Australian average until 1998, and rose to 128% that of the national average in 1999. Tasmanian consumption rates of dexamphetamine have also overtaken a steadily increasing national rate of prescription. While these trends indicate an increasing utilisation of methylphenidate and dexamphetamine by Australian doctors, these increasing prescription rates do not necessarily indicate an increase in abuse of these medications. However, these rates do reflect an increasing amount of these drugs used within the local community, which brings with it an increasing potential for abuse of these drugs.

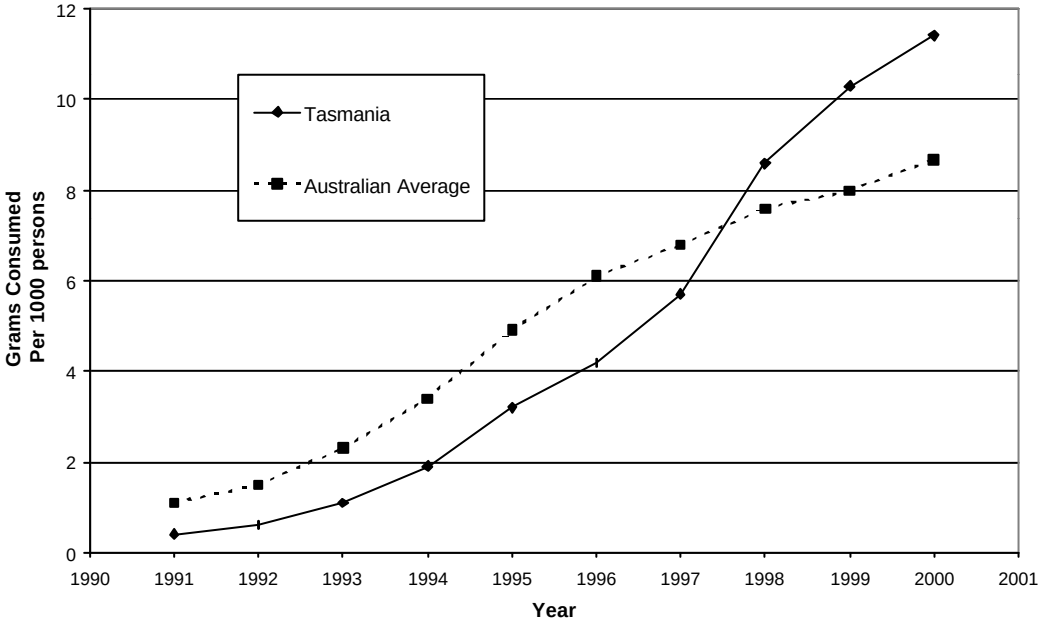

Figure 8: Consumption of methylphenidate (Ritalin) per 1000 persons, 1991-2000
Source: Pharmaceutical Services, Department of Health and Human Services

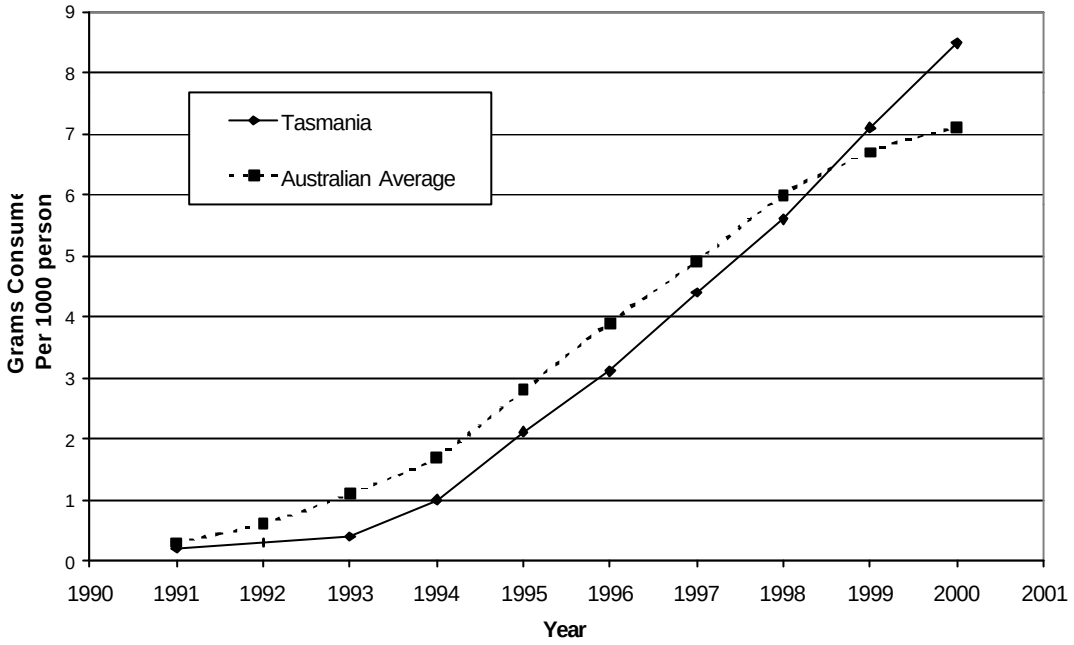

Figure 9: Consumption of dexamphetamine per 1000 persons, 1991-2000
Source: Pharmaceutical Services, Department of Health and Human Services

10.2 Ecstasy

Key informants reported low levels of mainly recreational use of ecstasy among users of other illicit drugs, most common amongst primary users of methamphetamine, with some use among primary cannabis users and primary users of opioids.

From the 1998 National Drug Strategy Household Survey for Tasmania (Australian Institute of Health and Welfare, 1999), 2.4% of those surveyed reported ever using ecstasy (n=28), while 0.7% (n=8) had used in the year prior to the survey.

In the IDU sample, 44% had used ecstasy at some stage in their lives. Swallowing of the drug was most common, reported by 37% of the sample at some stage of their lives, and 15% in the preceding six months. Injection of ecstasy was reported by 28% of the sample at some stage in their lives, while 12% had injected the drug in the past six months. In total, 20% of the sample reported using ecstasy in the past six months, with a median frequency of use of two days (range 1-48 days) in this period. Demographics of those who had used ecstasy in the past six months did not differ from those of the larger IDU sample (see section 3.1), with the exception that no females sampled reported recent use of ecstasy: χ^2 (1, n=100) = 8.3, p=0.008.

Data from Tasmania Police report the street price of 'ecstasy' in the final quarter of 2000/01 as $50-$60 per tablet. This is an increase from the $15-$60 reported in third quarter 2000/01 and from the $15-$25 per tablet reported from 1998/99 to the second quarter of 2000/01. While there has been no sizeable change in the reported recent use of ecstasy between the 2000 and 2001 IDU samples (25% and 20% respectively), ten key informants and three IDU reported an increase in the availability and use of 'ecstasy'. In support of such an increased availability, during 2000/01, Tasmania Police seized 268 'ecstasy' tablets, a marked increase from 1999/00, in which 3 pills were located. No seizures of ecstasy tablets were reported by Tasmania Police to the ABCI between 1995/96 and 1998/99.

Two key informants reported that availability of ecstasy fluctuated during the year, peaking during summer and 'party' events. Two key informants reported an increase in ecstasy use among middle and upper glass groups, and also that users had reportedly been dubious whether the tablets they had purchased were true MDMA. Intelligence reports from Tasmania Police indicate that much of the ecstasy available in Tasmania is imported from Victoria, and from extrapolation from seized tablet markings, are often comprised of compressed methamphetamine with additives of caffeine or ketamine (on the basis of Victorian analyses), rather than MDMA.

10.3 Inhalants

While 45% of the IDU respondents reported ever using inhalants, only 3% had used them in the six months prior to interview. Only one of the IDU surveyed cared to disclose what substance they had inhaled, reporting lighter fluid. All three respondents reporting recent use of inhalants had only done so twice in the past six months. Similarly, most key informants were not aware of any recent use of inhalants amongst the drug users they had contact with, regarding current use as rare (n=6) or non-existent (n=19), although most believed that their groups had used inhalants at some stage in their drug use careers, primarily in adolescence. Two key informants reported that inhalant use was heavily frowned upon amongst IDU.

10.4 Hallucinogens

One quarter (26%) of the IDU respondents reported use of hallucinogens in the past six months, and almost all (88%) had used the drug at some stage in their lives. However, the current frequency of use of the drug was rare, with only a median of three days use in the past six months among those whom reported use of the drug (mode = once only in the past six months, range 1-24 times). Key informant reports followed a similar theme, with 5 key informants noting irregular, recreational use of hallucinogens amongst a small proportion of the users they had contact with, with use more common amongst younger, more experimental users. Two key informants further noted that hallucinogen use and availability was primarily seasonal, maximising during the summer months for LSD and winter for mushrooms. Four key informants reported a decrease in hearing about hallucinogen use amongst their user groups.

Tasmania Police reported prices of LSD tablets as $20-$25 during the 2000/01 financial year, a potential decrease on the $15-$30 reported during 1999/00. Key informant reports of reduction of availability were supported by the fact that Tasmania police seized 8 tabs of LSD in the South of the state during 2000/01 (all during August 2000), compared to 109 tabs during the 1999/00 financial year, all during the summer October-December 1999 quarter.

10.5 Alkaloid Poppies

In the IDU sample, 71% reported using some opioid other than morphine, methadone or heroin at some stage in their lives. Use of such opioids in the six months prior to interview was only reported by 21% of the sample. Of these, 14 reported predominant use of some preparation of alkaloid poppies, with the remainder reporting use of other pharmaceutical analgesics such as pethidine or codeine. This level of recent use of alkaloid poppies (13%) is substantially lower than that reported within the 2000 IDRS sample (34%), with ten IDU reporting primary recent opium use, and the remainder poppy juice, seeds or tar. Amongst this group, median frequency of use of an alkaloid poppy preparation was six days in the last six months (range 1-81 days).

Demographics of those who had used some preparation of alkaloid poppies in the past six months did not differ from those of the larger IDU sample in terms of age, sex, education, cultural background, current employment status, prison history or frequency of injection (see section 3.1).

Three key informants noted some limited recent use of alkaloid poppy preparations amongst the groups they had contact with (predominantly primary opioid users), while three informants noted a clear decline in the use of such preparations in the last six to twelve months.

Tasmania Police State Intelligence Services have reported stable prices of $10 and $20 per 'ball' of poppy tar between January 2000 and June 2001. During 2000/01, Tasmania Police reported seizing 3,522 capsules of alkaloid poppies, a similar amount to the 3,933 capsules and 50g of poppy tar seized in the 1999/00 financial year.

The diversion rate of Tasmanian alkaloid poppy crops, shown in Table 32 below, had been in steady decline between 1995 and 1998. Contrary to this trend, however, 1998/99 and 1999/00 saw a substantial amount of poppies stolen from crops. It should be noted that a small number of particularly large hauls were largely responsible for these rates of diversion (in one case, a single haul of approximately 50,000 capsules were stolen). In concert with trends suggesting a decline in alkaloid poppy use amongst IDU during 2001, there has been a major decrease in the numbers of poppies stolen during 2000/01 when compared to the previous two financial years (7,765 capsules in comparison to over 60,000 in previous years). Tasmania Police report that this decline in diversion is likely to be attributed both to a more pro-active approach by Tasmania Police poppy task forces and the decision by producers not to specifically identify thebaine poppy crops. This is a substantial deterrent to illicit use, as thebaine poppies are physically identical to morphine-producing crops, with the exception that thebaine acts as a central nervous system stimulant (morphine behaves in the opposite way, and is a central nervous system depressant), causing adverse strychnine-like convulsions after high doses. In support of this, one key informant, a user group representative, noted negative experiences with thebaine-based diverted poppies amongst the IDU they were familiar with.

Table 32: Tasmanian alkaloid poppy crop diversion rates, 1996-2001.

	1996/97	1997/98	1998/99	1999/00	2000/01
Number of capsules stolen	42,426	30,424	66,013	62,700	7,765
Cost per hectare of securing poppy crops	$45	$39	$33	$27	$28
Number of capsules stolen per hectare sown	3.95	2.44	4.41	2.99	0.39
Number of theft incidents reported	46	38	34	39	20

Source: Poppy Board, Justice Department of Tasmania

10.6 Summary of Trends for Other Drugs

The IDRS methodology is not particularly well-suited to gathering data regarding trends in use of other illicit drugs such as ecstasy, hallucinogens and inhalants, as these populations often do not come into contact with the services key informants are involved with, or they do not meet the criteria for inclusion in the IDU survey. As such, trends identified here should be interpreted with due caution and may merit further investigation using more appropriate methodologies.

The main trends identified for these categories of drugs were:

- An increase in abuse of dexamphetamine and methylphenidate, predominantly amongst adolescent groups
- Increased availability and use of tablets marketed as ecstasy (actually compressed methamphetamine), although increased use does not seem to be among the IDU demographic.
- Decreased diversion and use of alkaloid poppies

11 DRUG-RELATED ISSUES

11.1 Treatment

Currently, data regarding the primary drug problem of clients presenting at drug treatment services is not available in any easily accessed collated form. This situation is likely to change in future years with the adoption in mid-2000 of the National Minimum Dataset for Alcohol and Drug Treatment Services, and of new database systems in Tasmanian Public Hospitals.

Census of Clients of Treatment Service Agencies

In May 2001, all services identified nationally as providing face-to-face specialist treatment for alcohol and other drug problems were surveyed and asked to report the characteristics of the clients they treated during a 24-hour period. In Tasmania, 15 agencies were identified, and all contributed data to the census. Of the 147 clients reported on, 134 were substance users themselves (the remainder were individuals affected by other's substance use), with an average age of 32 years (SD 11.6 years). Thirty percent of substance-using clients were female, and 4.8% of clients identified as Aboriginal or Torres Strait Islanders. In terms of employment, 18% were currently employed, 31% unemployed, 21% pensioners, 7% students and 10% prisoners. Client's main drug problems (as reported by the agency) are summarised in Table 33, with alcohol use (35%), opioid use (30%) and cannabis use (16%) most common. When compared to the patterns of problem drugs from the 1995 COTSA census, there appears to have been a seismic shift in the types of problems treatment agencies are required to address, with the proportion of clients with alcohol-related problems dropping from 63% in 1995 to 35% in 2001, and increasing prevalence of opioid- and amphetamine-related clients (increases of 10% to 30% and 4% to 9% respectively).

Table 33: Census of Clients of Treatment Service Agencies (Tasmanian and National Data) 1995 and 2001

	Tasmania		National	
	1995	**2001**	**1995**	**2001**
Alcohol	63.3%	35.1%	49.3%	35.1%
Opioids*	10.1%	29.9%	33.6%	39.1%
Amphetamines	3.8%	9.0%	6.5%	8.3%
Cannabis	13.9%	15.7%	6.7%	9.3%
Benzodiazepines		1.4%		2.3%
Cocaine		0%		0.7%
Polydrug including opioids	2.5%	2.2%	7.4%	7.1%
Polydrug excluding opioids	0%	11.2%	3.5%	5.1%
Injecting drug use		*30.6%*		*45.7%*
Clients		*147*		*5304*

*Note: *includes polydrug including opioids. Source: Shand & Mattick (2001)*

Alcohol and Drug Information Service Data

The Tasmanian Alcohol and Drug Information Service (ADIS), previously administered by Department of Health and Human Services staff at Hobart's detoxification service, was transferred to Turning Point Alcohol and Drug Centre in Victoria in mid-May 2000. Turning Point systematically record data for each call received, which was not possible in previous years due to high demands on Department of Health and Human Services staff time. However, during 1998/99, staff were able to record data for 840 calls to ADIS (not all calls to the service were recorded). The primary drug mentioned in the call was noted in the majority of cases (Figure 10). During this period, the majority of calls pertaining to illicit drugs were regarding cannabis (18%), followed by opioids (13%) and methamphetamine (7%). A trend toward a slight increase in opioid-related inquiries was noted during this period. Data from previous years was unavailable, rendering it difficult to make comparisons.

Data from calls made to the Turning Point-administered ADIS from May 15, 2000 to June 30, 2001 were provided, with 2422 calls being made within this period, 2208 being made over the 2000/01 financial year. For calls regarding specific persons using drugs (either from the person themselves or about them from parents, partners, etc), information regarding the drug or drugs used is detailed in Figure 11. While this follows similar patterns to 1998/99 ADIS data, due to its more systematic recording and its referral to a specific sub-group of calls, the two data sets are not directly comparable, and as such have been displayed in separate figures.

Due to the fact that this data reflects only the first year of Turning Point's operation of the ADIS telephone service, and that quarterly data is not available, it is difficult to make inferences regarding trends, however, in both sets of ADIS data the bulk of calls pertaining to illicit drugs were regarding cannabis, followed by opioids and methamphetamine. Demographic characteristics of drug users identified in calls to ADIS during the 2000/01 financial year indicate that the majority of drug users identified were aged between 22 and 40 years of age (59%), although a sizeable proportion of calls related to people in the 16 to 18 year age group (15.5%). There was an approximately equal gender distribution (49.9% female) in the drug users identified in the calls to ADIS. It is noteworthy that statistics from similar services in Victoria have consistently demonstrated a preponderance of male drug users in calls to their services, usually in the order of 60% male, 40% female.

Turning Point also provide a specialist alcohol and drug telephone service targeted specifically to health professionals to assist with clinical management of drug and alcohol problems: the Drug and Alcohol Clinical Advisory Service (DACAS). Of the 63 calls to the service in the 2000/01 financial year, the majority were from medical practitioners (69.4%) although there was also a sizeable level of utilisation of the service by nurses (12.2%), general drug and alcohol staff (10.2%) and youth/welfare workers (6.1%). In line with the patterns of problem drug use identified within the COTSA study (Table 33), the majority of calls were regarding opioids (50%: prescription opioids 25%, methadone 15.4%, heroin 9.6%), with a substantial proportion of consultations regarding psychostimulants (such as methamphetamine: 15.4%), benzodiazepines (9.6%) and cannabis (9.6%).

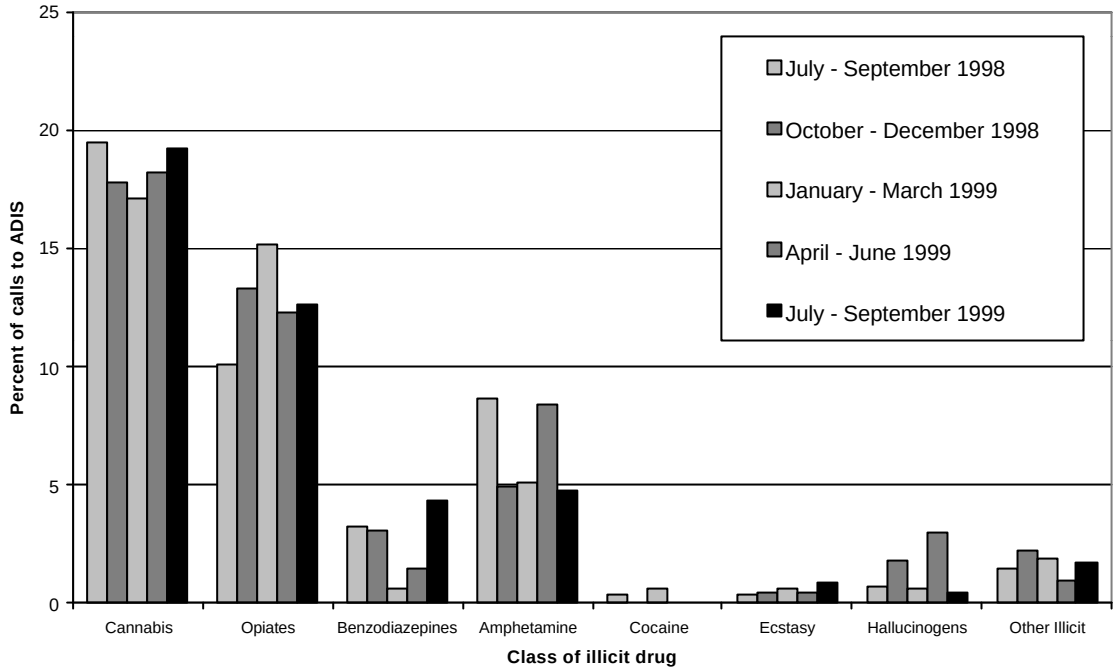

Figure 10: Percentage of calls to ADIS by drug type (1998/99)

Source: Alcohol and Drug Services, Department of Health and Human Services

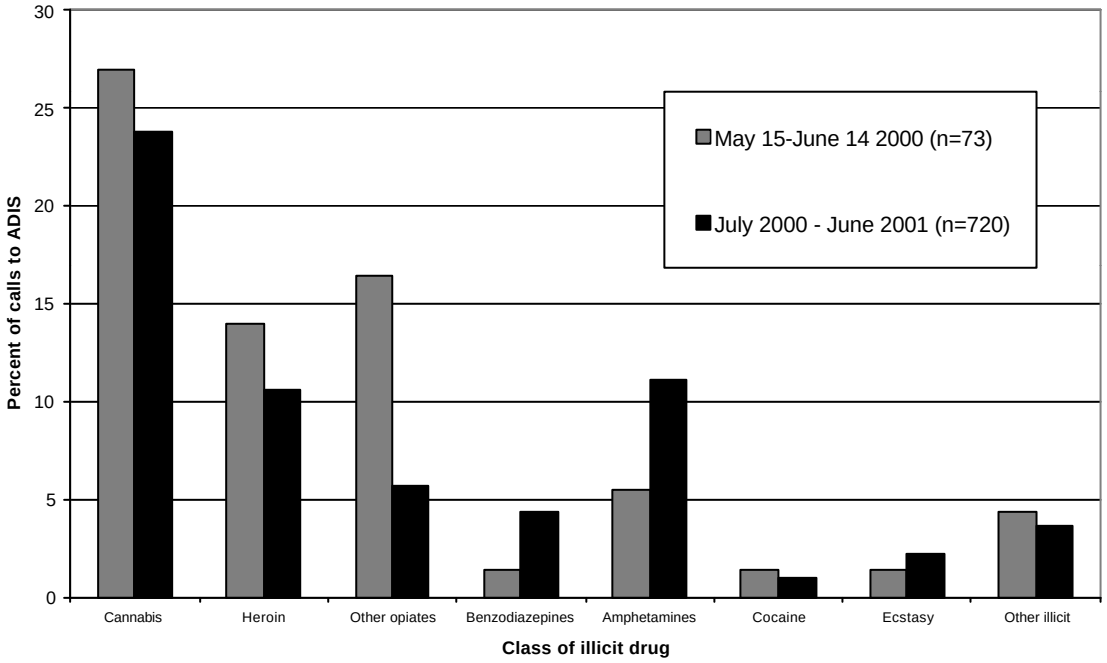

Figure 11: Percentage of calls to ADIS referring to persons using specific drugs, May 15-June 14, 2000 and July 2000-June 2001

Source: ADIS Tasmania Reports, Turning Point Alcohol and Drug Centre

11.2 Overdose

While all but four people included in the IDU sample reported that they had ever used some form of opioid, only a quarter (25%) had ever experienced an opioid overdose (all but one being heroin-related), with only 8% having overdosed in the previous year (Table 34). Of those who had ever overdosed, the median number of times they had overdosed was twice (range 1-10), and the median time since last overdose was two years prior to interview (range 5-180 months). These overdose rates are substantially lower than those reported in other jurisdictions, with the proportion of IDU ever experiencing a heroin overdose in the 2000 IDRS over the national study sample (n=910) being 47%, with 25% experiencing at least one overdose in the six months prior to interview. This discrepancy most likely reflects the different patterns of drug use in Hobart in comparison to these other states – while heroin use in the past six months was reported by around a quarter of the current IDU sample, use of pharmaceutical preparations of opioids was much more common (recently used by approximately 80% of the sample), and this preference for pharmaceutical opioids where the dose of the drug is known reduces the likelihood of accidental overdose.

Table 34: Reported experience of opioid overdose among the IDU sample (N=100)

Opioid Overdose Experience	N=100
Overdosed (ever)	25%* (median = once ever overdosed)
Overdosed (in last 12 months)	8%
Administered naloxone (ever)	13%
Administered naloxone (in last 12 months)	3%
Witnessed an overdose (ever)	54% (median=twice)
Witnessed an overdose (in last 12 months)	51%

*Note: *All but one of these cases reported overdosing on heroin, rather than any other opioid. The varying case was a reported morphine overdose.*

Of note is that only half of those who indicated they had ever had an opioid overdose had ever been administered Narcan (13%). Narcan (naloxone) is a fast-acting opioid antagonist given to reverse the effects of opioids in the event of an overdose. Only three of the eight IDU who reported an opioid overdose in the past 12 months had been administered Narcan in this period. Overall, those who had been administered Narcan reported a median period of 24 months since they were last administered the drug (range 12-108 months), similar to the figures for reports of opioid overdose.

Just over half of the IDU respondents reported ever witnessing one or more overdoses (median = twice). Those respondents that had ever witnessed an overdose reported a median period of 12 months since they last experienced such an event (range 1-144 months). More than a quarter of the IDU sample (28%) reported witnessing an overdose in the 12 months prior to interview.

The number of opioid related fatalities among those aged 15-44 years noted by the state coroners office has remained quite small during the period 1988-1999 (Figure 12), these minimal figures rendering analysis of trends difficult. To 1999, there was approximately an even sex distribution among these victims of opioid-related fatalities. With the exception of a

single fatal overdose clearly associated with heroin use, these cases largely relate to methadone or morphine. Benzodiazepines were also present in many of these cases[10]. It should also be noted that there remain several cases yet to be brought before the coroner for the 1998 and 1999 periods and that these are not included in the data presented here.

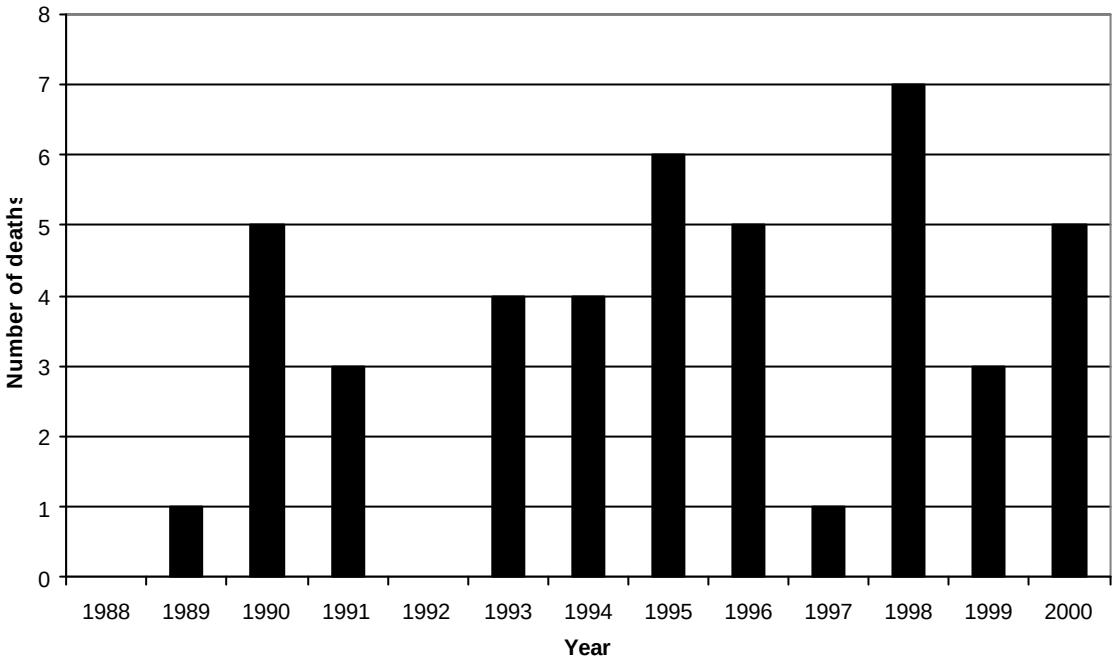

Figure 12: Number of opioid overdose deaths among those aged 15-44 years, 1988-2000
Source: Degenhardt (2001) and State Justice Department Coroners Office

[10] Toxicological and demographic detail for cases in 2000 was not provided to the authors.

11.3 Injection-Related Problems

There was a substantial rate of injection-related problems reported by the IDU surveyed, with 72% reporting at least one such problem in the preceding month (Table 35). This rate of experience of injection-related health problems is commensurate with those identified across the national sample of IDU in the 2000 IDRS (n=910), despite the lower frequency of injection of the Tasmanian IDU sample in comparison to these states (only 29% of the Tasmanian IDU sample reported injecting once a day or more frequently, in comparison to 54% of IDU in the national sample). This is likely to reflect the increased harms associated with the injection of pharmaceutical products by Tasmanian IDU, relative to drugs such as heroin, which are more freely available in these other states. Pharmaceutical products such as morphine tablets are often covered with a waxy film that cannot be completely removed in the preparation of the drug for injection, such waxy build-ups potentially damaging injection sites, and other pharmaceuticals such as Normison (temazepam) have been specifically designed to not be amenable for injection. Accordingly, the most commonly reported problems among the Tasmanian IDU were scarring/bruising of injection sites and difficulty injecting (indicating vascular damage). Additionally, reported rates of thrombosis (coagulation of blood in a blood vessel) amongst the 2001 Tasmanian IDU sample were slightly higher (21%) than those reported amongst IDU in the 2000 national IDRS (11%). However, perhaps a relative benefit of the Tasmanian culture of injection of pharmaceutical products is the low rate of experience of overdose in comparison with other jurisdictions (0% in the 2000 and 2001 Tasmanian samples, in comparison to 10% of the 2000 national sample) due to the fact that users can be more confident about the purity and quantities of opioids they are using and hence can tailor their use according to their level of tolerance.

Table 35: Injection-related health problems reported by participants in the IDU survey in the month prior to interview (n=100)

Injection-related health problems	% experiencing the problem in the last month		
	National IDRS 2000 (n=910)	Tasmanian IDRS 2000 (n=100)	Tasmanian IDRS 2001 (n=100)
Scarring/bruising	52%	59%	42%
Difficulty injecting	45%	50%	48%
Thrombosis	11%	18%	21%
"Dirty Hit"	21%	15%	31%
Infections/abscesses	10%	9%	9%
Overdose	10%	0%	0%
At least one injection-related problem	73% (range 1-5, median 2*)	78% (range 1-5, median 2*)	72% (range 1-5, median 2*)
Median injection frequency	Once per day	More than once per week	More than once per week

*for those noting injection-related problems

Comparing rates of recent injection-related problems for the 2000 and 2001 Tasmanian IDU samples, most levels appear to have remained stable, with the exception of a decrease in reported rate of scarring/bruising (42% vs. 59%), perhaps reflecting better injection practices

such as flushing and vein rotation by IDU. A marked increase in the rates of experience of 'dirty hits' was also noted (15% in the 2000 sample and 31% in the 2001 respondents). This may reflect use of different cutting agents by providers, and is an issue that warrants further attention.

11.4 Injection Equipment Sharing

The sharing of needles, syringes and other equipment associated with the preparation or injection of drugs is important with respect to the risk of exposure to blood borne viruses such as HIV and hepatitis B and C. Clients of non-pharmacy needle and syringe outlets are routinely asked whether they have shared needles and syringes or other injection equipment since their last visit to the service. Reported sharing of both injection equipment and needles/syringes by these clients has shown a reasonably steady decline since 1995/96 (Figures 13 and 14). While this is simply self-report data, and hence may underestimate the true level of sharing of injection equipment, there is some support for the reported decline in sharing by the fact that there has been a continual increase in the amount of equipment ordered through the Needle and Syringe Availability program since its inception, at a rate much higher than the increases in the reported number of occasions of service.

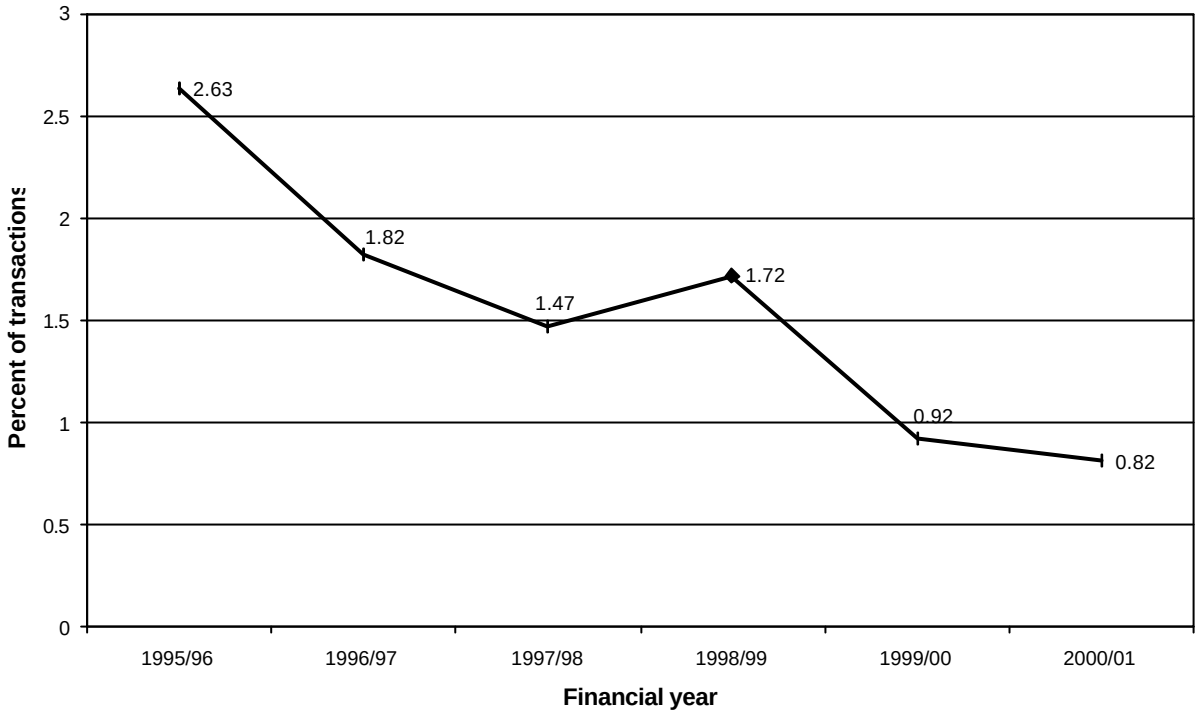

Figure 13: Reported sharing of needles and syringes by non-pharmacy Needle Availability Program clients 1995/96-2000/01

Source: Sexual Health, Department of Health and Human Services

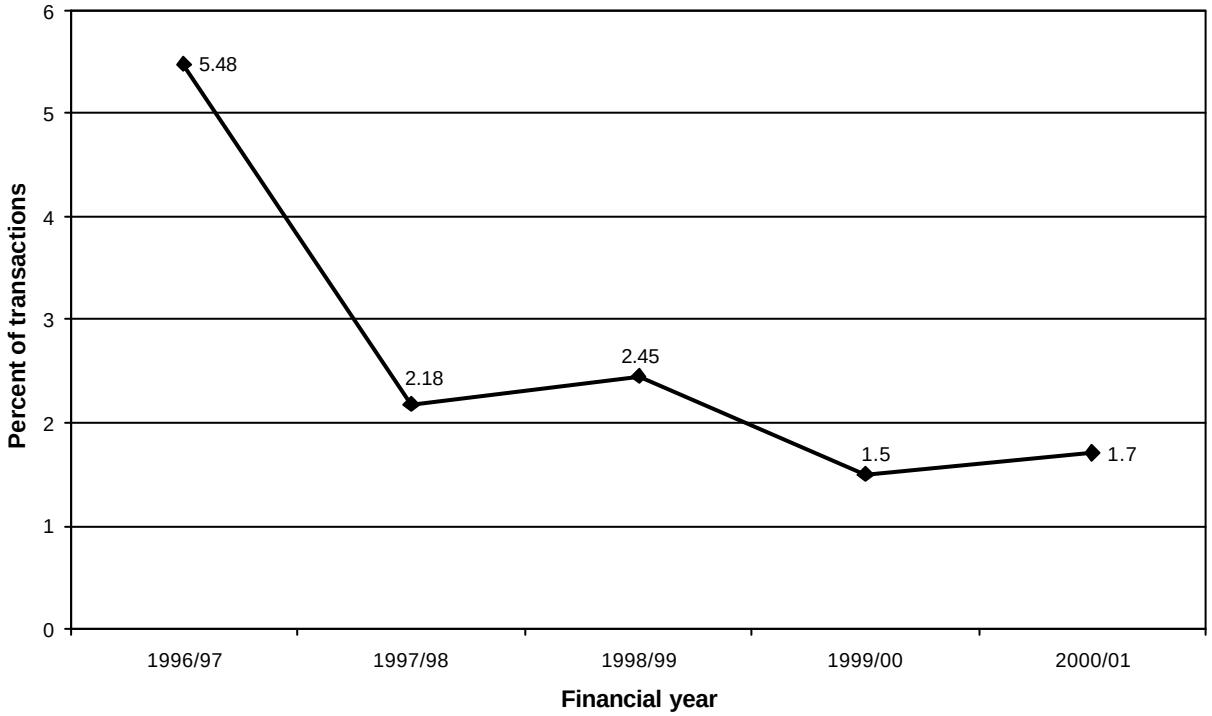

Figure 14: Reported sharing of other injection equipment by non-pharmacy Needle Availability Program clients 1995/96-2000/01

Source: Sexual Health, Department of Health and Human Services

Among the IDU sample, only 6% reported lending a used needle/syringe to others in the month prior to interview, and 10% reported using a needle/syringe after it had been used by someone else (Table 36). Almost all (9/10) of those who had injected with a used needle/syringe reported that only one other person had used the syringe prior to them, the remainder reporting two people had used the needle/syringe. People who had used the syringe previously were reported primarily to be a regular sexual partner (n=8) or close friend/relative (n=2).

Similar to the reported sharing of needles/syringes, the respondents reported quite a low rate of sharing of other types of injecting equipment, with 87% not sharing any form of injection equipment in the month prior to interview. The most commonly shared equipment was tourniquets (10%), water (7%), and spoons/mixing containers (5%). While sharing of any equipment during the injection process puts IDU at risk of exposure to blood-borne viruses, these low reported rates of sharing of both needles and other equipment indicate a good awareness of safe injection practices amongst IDU.

When the reported rates of sharing of injection equipment for the 2000 and 2001 Tasmanian IDU samples are compared, there appears to have been a substantial drop in sharing between these groups. While a portion of this change may be due to a change in definition of 'sharing' between the two surveys[11], reports from 11 key informants that they had seen no sharing or a decrease in sharing in the six months prior to interview would seem to support such a decline in risky injection practices among IDU.

Table 36: Proportion of the IDU sample (n=100) reporting sharing of injection equipment in the month prior to interview

Injection equipment sharing	% of IDU in past month	
	2000 IDRS	2001 IDRS
Borrowed used needles	10%	10%
Lent used needle to others	12%	6%
Shared spoons/mixing container	53%	5%
Shared water	35%	7%
Shared filters	32%	3%
Shared tourniquets	29%	10%

[11] In the 2000 IDRS survey, interviewers recorded practices such as individuals using the same mixing container but drawing from it using individual sterile syringes as 'sharing' as such behaviour is not recommended as part of safest injection practice. In 2001, interviewers only recorded sharing if there was clear risk of exposure to blood-borne viruses – for example, the aforementioned scenario would not be classified as sharing, but double-dipping in a shared injection mix or using another person's uncleaned tourniquet or spoon would be classified as sharing.

11.5 Blood-Borne Viruses

Blood borne viruses, and in particular HIV/AIDS and hepatitis B and C are a major health risk for individuals who inject drugs. An integrated surveillance system has been established in Australia for the purposes of monitoring the spread of these diseases. The Department of Health and Human Services, Public Health Division, records notifications of diagnoses of HIV and hepatitis B and C in Tasmania, and, where possible, records the relevant risk factors for infection the person may have been exposed to. Table 37 indicates the number of cases of blood-borne virus infection recorded in the state between 1991 and 2001, showing an increase in reported cases of hepatitis C since 1997. In regards to the markedly increased incident (new) cases of hepatitis C infection between 1997 and 1998, this is likely to simply reflect improvement in the surveillance system. All incident cases of hepatitis C between 1996 and 2000 had injecting drug use as a recent risk factor for infection[12]. However, no cases of HIV infection in the past seven years have had relatively recent injecting drug use as a risk factor for acquiring the infection.

Key informants in all three Tasmanian IDRS studies believed there to be a high level of hepatitis C infection among the IDU they worked with. The figures presented here do not necessarily support this suggestion, however it should be noted that many IDU are reluctant to find out their hepatitis infection status, and as such these figures here are likely to under-represent the level of infection within the community. Three key informants reported that they believed hepatitis C rates to have remained stable within the groups they were most familiar with, and there were single KI reports of increasing and declining hepatitis C rates. Two key informants, both drug and alcohol specialist nurses, reported an increase in hepatitis B infection in the six months prior to interview.

Table 37: Rates of notifiable blood-borne viruses in Tasmania 1990-2001

	Blood-Borne Virus			
Year	**Hepatitis C (incident)**	**Hepatitis C (Unspecified)**	**Hepatitis B (Incident)#**	**HIV (Incident)**
1990	n/a	n/a	n/a	9
1991	0	33	0	6
1992	0	112	0	10
1993	0	161	2	2
1994	0	53	2	2
1995	1	268	7	6
1996	6	291	8	3
1997	2	236	1	1
1998	17	265	5 (5)	3
1999	19	305	6 (5)	3
2000	27	317	15 (5)	1
2001	10	658	40	n/a

#Number of incident cases of hepatitis B infection where illicit drug use was present as a risk factor for acquiring the infection are presented in parentheses.

Source: Communicable Diseases Network - Australia New Zealand - National Notifiable Diseases Surveillance System, and Public Health, Department of Health and Human Services

[12] Such detailed information was not available to the authors for cases identified in 2001.

11.6 Crime

Expenditure on drugs

IDU survey respondents were asked to evaluate the amount they had spent on illicit drugs on the day prior to interview, and responses are summarised in Table 4 (Section 3). The average amount of money spent amongst the sample was $53 (SD $86, range $0-$470, median = $25). Two thirds (64%) of the sample had spent any money on illicit drugs on the day prior to interview, with the most common amount being between $20 and $99 (45%). Only 36% of the sample reported spending $50 or more, and 15% spent more than $100 on the day prior to interview. This level of spending on illicit drugs was much lower than that reported in most other jurisdictions in the 2000 IDRS IDU surveys, with 51% of the national sample (n=910 Topp et al, 2001) spending $50 or more, and 29% more than $100 in the day prior to interview.

Criminal activity

The majority (56%) of the IDU respondents reported involvement in some type of criminal activity in the preceding month (Table 38), a level that is commensurate to that reported by IDU in previous IDRS studies (54% of IDU in the 2000 national sample, n=910, Topp et al, 2001). The most commonly reported crimes were dealing (41%) and property crime (23%), with relatively few respondents reporting involvement in violent crime or fraud. Most IDU reporting involvement in criminal activity in the month prior to interview indicated that they had engaged in such activities less than once per week. However, substantial proportions reported more frequent recent involvement in dealing (4% daily, 8% more than once per week, 10% weekly, 19% less than weekly) and property crimes such as stealing or shoplifting (1% daily, 6% more than once per week, 6% once per week, 10% less than once per week). Forty-one percent of the IDU had been arrested in the previous twelve months. The most common grounds for arrest were property crime (13%) and violent crimes (8%), although 6% had been arrested on driving charges. On examination of rates of reported criminal activity in the 2000 Tasmanian IDRS sample (Table 38), there appears to have been little change in crime rates between these surveys. In support of this, many key informants reported no change in rates of property crime (n=12), dealing (n=9), fraud (n=8) or violent crime (n=9).

Table 38. Reported criminal activity among IDU (n=100)

Activity	2000 IDRS	2001 IDRS
Crime (% in last month)		
Dealing	49%	41%
Property crime	18%	23%
Violent crime	10%	4%
Fraud	5%	4%
Any crime	*64%*	56%
Arrested last 12 months (%)	*43%*	*41%*
Arrested for property crime	16%	13%
Arrested for use/possession	9%	1%
Arrested for violent crime	6%	8%
Arrested for fraud	2%	0%
Arrested for dealing/trafficking	1%	2%
Arrested for other reason	10%	17%

Perceptions of police activity

Respondents were asked a number of questions regarding their perceptions of changes in police activity in the past six months and the impact of these changes (Table 39). Among those IDU that felt confident in providing a response, 50% believed that police activity had remained stable, and 46% reported an increase in police activity in this time. However, most had not experienced any changes in the number of their friends that had been arrested recently (70%), and that their ability to purchase drugs had not been reduced by any recent changes in local police activity (80%). A substantial proportion (29%) did report an increase in arrests recently, with 5 IDU reporting an increase in busts of dealers in recent months (supported by one key informant report).

Table 39: Perceptions of police activity among IDU

Have there been changes in police activity in the last six months?	
More activity	26%
Stable	28%
Less activity	2%
Don't know	44%
Has police activity made it more difficult to buy drugs recently?	
Yes	17%
No	80%
Don't know	3%
Has there been an increase in arrests lately?	
More arrests	29%
Stable	70%
Less arrests	1%

Key informants reported similar perceptions of police activity, with the largest proportion of those that could confidently comment (48%, n=10) reporting no recent changes in police activity toward the users they came into contact with. Several key informants noted an increase in police activity in recent months (n=9), most commonly in regards to police targeting antisocial behaviour within the central business district of Hobart city (n=5), with one key informant, a director of a drop-in centre in the city, noting that this had resulted in a decrease of client presentations to his service. Similar to trends noted in previous years, two key informants noted an increase in a more 'community policing' approach to substance users, with police preferring to educate or counsel users than involve them further in the criminal justice system, and tailoring their approach to help support positive behaviours by IDU (such as entry into treatment and return of used injection equipment to outlets).

Such an approach by police is likely to reflect their investment in early intervention to help deflect first time offenders away from the criminal justice system. In July 1998, Tasmania Police introduced a Cannabis Cautioning Program, which gave police officers the discretion to caution first-time minor cannabis offenders. Following a successful trial of the program, the eligibility criteria for cautioning were expanded to include consideration of non-first time

offenders (ABCI, 2001). In March 2000, under a series of initiatives funded by the Council of Australian Governments, the program was further adapted within the Tasmanian Early Intervention and Diversion Framework. This current diversion model now extends to cover individuals who have been apprehended for no more than three offences in the past ten years, and follows a three-tiered approach to diversion.

Individuals with a first minor cannabis offence are cautioned and provided with health and legal information, as well as contact details of referral and treatment services, and do not receive any criminal record. Second-time offenders are cautioned and diverted into a brief face-to-face intervention with a health professional. Again, there is no criminal conviction, however if they fail to attend the brief intervention the individual is prosecuted for the drug offence. Third-time offenders are cautioned and diverted directly to assessment and treatment through the Department of Health and Human Services Alcohol and Drugs Service. Charges are not pursued providing attendance and compliance with the requirements of treatment as assessed. In the case of a first offence with an illicit drug other than cannabis, individuals are immediately diverted to the third tier of diversion (as per third time cannabis offenders). This initiative appears to be increasingly well supported by Tasmania Police, as has been a steady rise in the number of cautions or diversions issued since the inception of the new diversion system (Table 40).

Table 40: Drug diversions or cautions issued by Tasmania Police 1999-2001

	Jul-Sep 1999	Oct-Dec 1999	Jan-Mar 2000	Apr-Jun 2000	Jul-Sept 2000	Oct-Dec 2000	Jan-Mar 2001	Apr-Jun 2001
Number of cautions/diversions statewide	46	61	68	151	161	147	213	243
% diversions in Southern district	67%	39%	65%	47%	52%	39%	54%	44%
Number diverted to health intervention statewide	n/a	n/a	n/a	40*	20	30	46	55
% health intervention diversions in South	n/a	n/a	n/a	28%*	20%	50%	39%	56%

Source: Tasmania Police State Intelligence Services Statewide Illicit Drug Reports; Alcohol and Drug Service
*Note: These figures may differ from data submitted to the Australian Bureau of Criminal Intelligence if the decision to charge persons was altered to a caution after the figures were forwarded to State Intelligence Services. *This data refers to the period March-June 2000*

Data pertaining to drug-related arrests in Tasmania in 1999/00 are shown below in Table 41. This data illustrates a marked increase in arrests for methamphetamine-related offences for 1999/00 and 2000/01 in comparison to previous years, a trend consistent with IDU and key informants of increasing availability and use of methamphetamine in the state. The apparent increase in cannabis-related arrests may simply reflect the increase in utilisation of 'official' cautions and diversions by Tasmania police (which are included in these statistics) over 'unofficial' warnings, which would not be recorded in these statistics. In partial support of

this, there has been a general decline in the number of persons before the Hobart Magistrates Court on possession or use type offences between 1997/98 and 2000/01 (Table 43).

Table 41: Number of arrests (including cautions and diversions) for cannabis, methamphetamine, opioid and cocaine related offences in Tasmania, 1995/96-2000/01

Type of offence	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01
Cannabis	2518	1079	1196	736	799	1461
Methamphetamine	42	20	15	7	28	57
Opioids	41	28	16	25	9	17
Cocaine	0	0	0	0	0	2

Source: Australian Illicit Drug Reports 1995/96-1998/99, Australian Bureau of Criminal Intelligence, and Tasmania Police State Intelligence Services Statewide Illicit Drug Reports.
Note: 2000/01 data is provisional and is based on data provided to State Intelligence Services, which may differ from official statistics and counting rules used by the ABCI

Table 42 below indicates that the proportion of arrests for offences relating to the possession or use of illicit drugs (consumer offences) as opposed to supply-type (provider) offences has remained reasonably stable over the past four financial years. Similarly, the numbers of persons involved with the justice system for supply-type offences has remained reasonably stable through this period (Table 43). The apparent increase in the proportion of consumer arrests for cannabis may again reflect an increase in use of official cautions utilised by Tasmania Police, which are included in these statistics and unfortunately cannot be partialled out.

Table 42: Consumer arrests (including cautions and diversions) for cannabis, methamphetamine and opioid-related offences as a proportion of all drug-related arrests in Tasmania 1996/97-2000/01

	% Consumers				
Drug Type	1996/97	1997/98	1998/99	1999/00	2000/01
Cannabis	49%	76%	93%	88%	93%
Methamphetamine	90%	100%	86%	71%	86%
Opioids	86%	94%	96%	78%	76%

Source: Australian Illicit Drug Reports 1996/97-1998/99, Australian Bureau of Criminal Intelligence, and Tasmania Police State Intelligence Services Statewide Illicit Drug Reports.
Note: 2000/01 data is provisional and is based on data provided to State Intelligence Services, which may differ from official statistics and counting rules used by the ABCI. The category of 'opioids' includes heroin, opium poppy plant/tar, morphine and other narcotic-related arrests.

Table 43: Number of individuals before Tasmanian courts or imprisoned on drug charges, 1996-2001

	1996/97	1997/98	1998/99	1999/00	2000/01
Supreme Court of Tasmania					
Number of individuals convicted of selling or trafficking in dangerous drugs	22	18	22	27	14
Hobart Magistrates Court					
Number of individuals before the court for:					
dealing and trafficking in drugs		30 *(40)*	28 *(33)*	23 *(28)*	42 (47)
importing and exporting of drugs		4 *(5)*	7 *(8)*	5 *(8)*	2 (2)
manufacturing and growing of drugs		201 *(260)*	164 *(189)*	101*(124)*	144 *(163)*
possession and/or use of drugs		469 *(928)*	342 *(654)*	195*(428)*	263*(544)*
other drug offences		229 *(284)*	178 *(251)*	105*(169)*	113*(155)*
(alleged number of offences in parentheses)					
Hobart Prison*					
Number of individuals incarcerated	21	42	26	29	
Number of offences among those incarcerated	33	77	50	44	25
Offence breakdown					
Grow prohibited plant / substance	3	6	3	4	0
Possession	16	30	20	22	13
Prescription offences	3	7	6	0	0
Sell / supply narcotic substance	1	1	1	2	0
Sell / supply prohibited substance	1	6	4	0	6
Traffic in narcotic substance	1	1	1	6	1
Traffic prohibited substance	4	7	2	4	1
Traffic prohibited plant	0	5	4	2	1
Other	4	14	9	5	3

*Note that numbers of incarcerations refer to cases presented before both the Supreme and Magistrates courts

Sources: Department of Public Prosecutions (Supreme Court data); Magistrates Court (Magistrates Court Data); Corrective Services (Prison data), Department of Justice and Industrial Relations

11.7 Pharmacy Break-ins

Available data provided by Tasmania Police regarding pharmacy break-ins involving theft of potential drugs of abuse indicate that, in the southern region of Tasmania, there has been a steady decline in such occurrences, with 17 such incidents in 1998/99, 10 in 1999/00 and 2 in 2000/01. Although the products stolen were not detailed in all cases, benzodiazepines were the most commonly targeted drug, featuring in at least 12 of the 17 incidents in 1998/99 and 8 of the 10 1999/2000 burglaries[13]. Notably, temazepam was the most commonly reported benzodiazepine stolen. Traditionally, theft of pseudoephedrine-based products (usually for conversion to amphetamine) is common amongst pharmacy break-ins, and it is noteworthy that this did drug not figure highly amongst those taken in break-ins in the south of the state where products stolen were detailed in 1998/99 and 1999/00.

Table 44 below seems to indicate that there has been a trend towards a decreased value of products stolen from pharmacy break-ins over the past few years (data from 2000 is incomplete). This trend may partially reflect the increased awareness of security amongst pharmacists, which was also noted in the 1999 report. It should be noted that these figures include costs associated with damage to property, not simply the value of goods stolen.

Table 44: Insurance claims for Tasmanian pharmacy break-ins, 1997-2000

	1997	1998	1999	2000*
Number of Claims	44	62	47	10
Total Cost of Goods Stolen and Damage to Property	$43,504	$38,706	$32,610	$13,149

*To October 11, 2000

Source: Pharmacy Guild Insurance

11.8 Doctor Shopping

Since a significant proportion of illicit drug use in Tasmania involves abuse of pharmaceutical products, patterns of doctor shopping in the state were reviewed. The Health Insurance Commission identifies people as "doctor shoppers" if, in one year, a person: 1) sees 15 or more different general practitioners; 2) has 30 or more Medicare consultations, and 3) obtains more Pharmaceutical Benefits Scheme (PBS) prescriptions than appears to be clinically necessary. Following national trends, the number of identified doctor shoppers in the state has steadily declined over the past four financial years, from 172 in 1996/97 to 106 in 1999/00 (Table 45). Amongst the group of identified doctor shoppers in 1999/00, all accessed prescriptions for benzodiazepines, narcotics/analgesics and codeine-based compounds. It should be noted that while the number of individual doctor shoppers has decreased between 1998/99 and 1999/00, the mean number of scripts accessed by these individuals has increased (from 75 to 102 respectively). The largest number of scripts obtained by identified doctor shoppers was for benzodiazepines, although the average number of scripts for both benzodiazepines and codeine compounds obtained by Tasmanian doctor shoppers has remained fairly stable over the past four financial years. There has been a

[13] Data from 2000/01 pharmacy break-ins does not provide details of the medications stolen.

notable increase in the mean number of narcotic/analgesic prescriptions accessed between 1998/99 and 1999/00, with mean prescriptions more than doubling from a mean of 16 (standard deviation = 27) scripts in 1998/99 to 39 (standard deviation = 26) in 1999/00.

Table 45: Doctor shopping patterns in Tasmania 1996/97-1999/00

	1996/97	1997/98	1998/99	1999/00
Number of doctor shoppers enrolled nationally	10,114	9,515	8,626	8,780
Number of doctor shoppers enrolled in Tasmania	172	158	136	106
Benzodiazepines				
Number of Tasmanian doctor shoppers accessing	169	157	136	106
Mean (SD) scripts per doctor shopper	39 (41)	39 (35)	40 (31)	41 (26)
Narcotics/Analgesics				
Number of Tasmanian doctor shoppers accessing	169	157	136	106
Mean (SD) scripts per doctor shopper	14 (14)	19 (31)	16 (27)	39 (26)
Codeine Compounds				
Number of Tasmanian doctor shoppers accessing	169	157	136	106
Mean (SD) scripts per doctor shopper	25 (32)	23 (34)	19 (27)	22 (9)
All target drugs*				
Number of Tasmanian doctor shoppers accessing	169	157	136	106
Mean (SD) scripts per doctor shopper	78 (64)	81 (63)	75 (52)	102

*Note: * All target drugs refers to benzodiazepines, narcotics/analgesics and codeine compounds; SD = standard deviation*

Source: Professional Review Division, Health Insurance Commission – 2000/01 data was not able to be provided in time for inclusion in this report due to department restructuring

11.9 Summary Of Drug-Related Issues

The main drug-related issues to emerge from the 2001 IDRS study are summarised in Table 48 below. The trends that are of most concern relate to injection-related health problems and safe injection practices amongst local IDU.

Table 46: Summary of drug-related issues

Health Issues
• Transition since 1995 to dominance of individuals with opioid-related issues at local drug-treatment services
• Low rates of both fatal and non-fatal opioid overdose amongst IDU (particularly in comparison to other Australian states)
• High proportion of IDU experiencing injection-related health problems, possibly due to the harms associated with the injection of pharmaceuticals
• Low rates of sharing of needles/syringes and of other injection equipment, with indications of more appropriate practices with other injection equipment among some IDU
• Continuing transmission of hepatitis C through injecting drug use
Crime and Police Activity
• Continuing level of criminal activity among some groups of injecting drug users (primarily drug dealing and, to a lesser extent, property crime)
• Expansion of cautioning and drug diversion programs by Tasmania Police is evident
• Reduction in number of doctor shoppers in the state, but an increase in the number of prescriptions accessed by these shoppers

12 COMPARISON OF DATA FROM DIFFERENT SOURCES

The following section provides a summary of the main findings of the 2001 IDRS and the degree of convergent support for these trends from the three data sources: the injecting drug user study (IDU), the key informant survey (KI) and secondary indicator data (OTHER). There was a congruency of information between the three sources, with most findings supported by at least two of the sources. The lower number of trends supported by the secondary indicator data (OTHER) reflects both the paucity of available data and the lack of sensitivity of such data for the purposes of the current study.

Table 47: Trends in methamphetamines endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

METHAMPHETAMINE TRENDS	IDU	KI	OTHER
Price of powder methamphetamine stable ($50 per 'street gram')	✓	✓	✓
Availability of more 'pure' methamphetamine, at a stable price of $50 per 'point' (0.1g)	✓	✓	✓
Availability of both high and lower-potency methamphetamine stable and very easy to access	✓	✓	
Continua of forms of higher-potency methamphetamine available (from crystals to 'paste' like slurry)	✓	✓	
Purity of seizures of methamphetamine stable and low			✓
Increase in numbers of people using methamphetamine	✓	✓	✓
Increase in amount or frequency of methamphetamine use	✓	✓	
Higher-potency methamphetamine attracting users away from other drugs	✓	✓	
Change in mental health among some users		✓	

Table 48: Trends in heroin endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

HEROIN TRENDS	IDU	KI	OTHER
Price of heroin stable at $50 per 'packet' (0.05-0.1g)	✓	✓	✓
Availability easy to very easy for well 'connected' users, difficult for other IDU	✓	✓	
Availability generally low and stable over past 6 months	✓	✓	
Both low purity powder and higher-purity 'rock' (compressed powder) forms available	✓	✓	✓
Predominantly used by regular users of other opioids	✓	✓	

Table 49: Trends in cannabis endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

CANNABIS TRENDS	IDU	KI	OTHER
Price of cannabis stable: $20-$25 per gram, $250 per ounce	✓	✓	✓
Availability stable and very easy	✓	✓	
Potency high (based on unverified estimates) and stable	✓	✓	
Hydroponically-grown cannabis head preferred among users	✓	✓	
Increasing hydroponic cultivation of cannabis			✓
Use of cannabis widespread through broad cross-section of the community	✓	✓	✓
High level of daily use among IDRS sample	✓	✓	

Table 50: Trends in cocaine endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

COCAINE TRENDS	IDU	KI	OTHER
Very low availability and use of cocaine by Tasmanian IDU, stable	✓	✓	✓
Cocaine that is used by local IDU generally imported from mainland states (rather than purchased locally)	✓	✓	

Table 51: Trends in opioids endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

OPIOID TRENDS	IDU	KI	OTHER
Flexible use of different types of opioids (heroin, morphine, methadone) among regular users due to fluctuating availability	✓	✓	
High level of benzodiazepine use among opioid users (both IV and oral)	✓	✓	
Injection-related harms associated with poor injecting practices among some opioid injectors	✓	✓	
MORPHINE TRENDS			
Price stable or decreasing ($1 per mg, $40-50 per 60mg)	✓	✓	
MS Contin predominant form of morphine used	✓	✓	
Increasing use of liquid morphine (Ordine)	✓	✓	
Availability of morphine easy to very easy and stable	✓	✓	
Increase in numbers of people using morphine	✓	✓	
METHADONE TRENDS			
Price stable ($1 per mg), although fluctuates for larger purchase amounts	✓	✓	
Availability of methadone stable	✓	✓	
IV combination of methadone and Normison continuing	✓	✓	

Table 52: Trends in benzodiazepines endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

BENZODIAZEPINE TRENDS	IDU	KI	OTHER
High use of benzodiazepines among IDRS sample	✓	✓	
IV benzodiazepine use more common amongst regular users of other opioids	✓	✓	
Normison most commonly injected benzodiazepine	✓	✓	
Rates of IV use of benzodiazepines stabilising	✓	✓	✓
Continued health problems associated with IV benzodiazepine use	✓	✓	
IV combination of methadone and Normison continuing	✓	✓	

Table 53: Trends in other drugs endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

TRENDS IN OTHER DRUGS	IDU	KI	OTHER
Hallucinogens and/or ecstasy used occasionally by IDRS sample	✓	✓	
Clear indications of increasing availability of methamphetamine-based 'ecstasy' tablets		✓	✓
Primarily seasonal use and availability of hallucinogens, maximising during summer months		✓	✓
Decrease in availability and/or use of hallucinogens		✓	✓
Increase in abuse of dexamphetamine and methylphenidate (predominantly amongst adolescent age groups)		✓	
Decreased use and diversion of alkaloid poppy crops	✓	✓	✓

Table 54: Trends in drug-related issues endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

DRUG-RELATED ISSUES	IDU	KI	OTHER
Low rates of fatal and non-fatal opioid overdose amongst IDU (particularly in comparison to other jurisdictions)	✓	✓	✓
Substantial levels of injection-related health problems among IDU	✓	✓	
Low rates of needle and other injection equipment sharing amongst IDU	✓	✓	✓
Continuing transmission of hepatitis C through injecting drug use		✓	✓
Continuing moderate level of criminal activity among some injecting drug users (primarily drug dealing, and to a lesser extent, property crime)	✓	✓	
Expansion of cautioning and drug diversion programs by Tasmania Police		✓	✓

SUMMARY AND CONCLUSIONS

13.1 Summary Of Main Findings

As a whole, the patterns of drug use identified in the 2001 IDRS generally reflected continuations or stabilisations of those identified in the 2000 report (Bruno & McLean, 2001). Summaries of major trends for each drug class are reported below by drug type.

Methamphetamine

It is clear that the increased availability of higher-purity methamphetamine, identified as an emerging trend in the 2000 Tasmanian IDRS, has further stabilised and expanded into 2001. The relatively high potency and ease of access to the drug appears to have made use of methamphetamine increasingly attractive among IDU, with almost all of those surveyed using the drug in the six months prior to interview (85%), despite methamphetamine being the drug of choice for less than one third of participants (30%). The sustained ready availability of high potency methamphetamine was regarded as being responsible for anecdotal descriptions of an increasing number of people using methamphetamine, an increase in younger users of the drug, and use in increasing amount by existing methamphetamine users in recent months. With increased use of these potent stimulants, there were reports of changes in the mental health of some users, including the emergence of acute psychosis. The impact of the increasing presentations of challenging behaviour tied to methamphetamine use is clearly being felt among service providers.

The main change in the local methamphetamine market in recent months appears to be a broadening of the forms this higher-purity methamphetamine is available in, with users describing a spectrum of form, from pure crystals to a paste-like slurry. Whether these different forms represent the presence of different cooking/cutting agents or simply reflect inadequacies in the process of production is not clearly understood, and clarification of this issue may be of benefit to better understand the health impacts associated with methamphetamine use.

Heroin

The availability of heroin in the state appears to have been slowly increasing over the periods examined in the prior two Tasmanian IDRS reports (1999 and 2000). However, its accessibility has remained relatively low, particularly in comparison to other jurisdictions, with a large proportion of local users finding it difficult to access despite it being a sought-after drug. Such a restricted availability of heroin locally has meant that the apparent sustained reduction in heroin availability seen in mainland jurisdictions during 2000/01 (the 'heroin drought') has had a limited impact on the current accessibility of the drug locally. The majority of indicator data examined in the current report and patterns of use among those surveyed in the 2001 IDRS suggests that the availability of heroin in the state has remained relatively low and stable, or slightly decreasing, over the months prior to the survey. Both low-purity heroin powder and higher purity 'rock' form heroin appear to be available in the state, and the price of these forms appears to have remained stable over the past six months.

Cocaine
Cocaine appears to remain virtually unobtainable in Hobart, at least within the populations surveyed in the current study and accessing drug and alcohol-related services, with a very small number of people surveyed reporting recent use of the drug, and indications that the cocaine that is used is purchased and imported from other jurisdictions.

Cannabis
Most aspects of the cannabis market and patterns of use appear to be relatively stable, despite the continued expansion of the Illicit Drug Diversion Initiative within the state, indicating that any perceived lessening of the potential personal cost associated with possession of small amounts of cannabis has not had any negative impact in terms of expansion of the local cannabis market (an argument often levelled at similar programs in other jurisdictions). Among the IDU surveyed, cannabis use continued to be almost ubiquitous, with 94% using the drug in the preceding six months, and the majority of these individuals using the drug daily. While most of those interviewed indicated that the price of cannabis had remained stable in the six months prior to the survey, there was a $10 drop in the modal purchase price from that identified in the 2000 study for quarter-ounces of cannabis head ($80 in 2001, $90 in 2000), the most common purchase amount among those surveyed. Most users surveyed reported a preference for using hydroponic cannabis head, and, in concert with this, intelligence reports from Tasmania police indicate an increasing trend toward hydroponic cultivation of the drug.

Opioids
Patterns of use and availability of other opioids such as morphine and methadone seem to have generally remained stable since the 2000 IDRS. However, there are anecdotal reports of an increasing number of people using opioids, and there has been a continuation of the trend of an increase in the proportion of the clients of the state's Needle Availability Program reporting opioids as the drug they most often injected (steadily rising from 32% in 1996/97 to 56.6% in 2000/01). There were also some indications of a slight decrease in price of the most commonly purchased amount of morphine (60mg tablets of MS Contin: modal prices $50 in 2000, $40-50 in 2001), which, in concert with reports from those surveyed, may suggest a potential increase in availability of morphine.

In terms of pathways to accessing these pharmaceutical opioids, importantly, the IDU surveyed do not appear to themselves be using doctor-shopping as a mode for accessing these products, with only 5% of those using morphine in the six months prior to interview accessing the drug from a medical practitioner (appropriately or otherwise).

Finally, there was clear evidence of a reduction in use or attempted use of preparations of alkaloid poppies, with both the proportion of those surveyed reporting use (34% of IDU surveyed using poppies in 2000, 13% in 2001) and the number of poppy crop thefts (63000 heads diverted in 1999/00, 8000 in 2000/01) decreasing substantially from 2000.

Benzodiazepines
There are indications of a stabilisation in the rates of injection of benzodiazepines among IDU in recent months, following an apparent rapid increase during 1999/00. While it appears that harm reduction efforts, both by front-line workers and medical practitioners, may have had a considerable impact on patterns of benzodiazepine use, there remains a relatively high level of benzodiazepine injection within IDU in Hobart when compared to patterns in other jurisdictions. Intravenous use of benzodiazepines continues to be most common among

concurrent users of opioids. This is of particular concern because concurrent use of benzodiazepines and opioids can increase the risk of overdose. Additionally, there are serious psychological and physical sequale associated with benzodiazepine injection, with the benzodiazepine most commonly injected, Normison (temazepam) particularly noteworthy in its potential for damage to the venal system. With recent policy changes at a national level making Normison capsules more difficult to access, careful monitoring of drug use patterns is warranted to rapidly respond to any impact of such a change on the patterns of misuse of other benzodiazepines or related substances.

Other drugs

There are clear indications of an increase in the local availability of tablets marketed as 'ecstasy' in Hobart. However, this drug appears to be used in demographic groups other than those accessed via the IDRS methodology. Intelligence reports from Tasmania Police indicate that much of the 'ecstasy' available in Tasmania is imported from Victoria, and, from extrapolation from markings on seized tablets in both jurisdictions, are often comprised of compressed methamphetamine with additives of caffeine or ketamine rather than MDMA.

Drug-related issues

Both indicator data and reports from those surveyed in the current study suggest relatively low rates of sharing of needles/syringes and other injection equipment (around 10% or less among those surveyed), with indications of more appropriate practices with other injection equipment (such as filters and tourniquets) among some IDU. However, a substantial level of injection-related health problems was found amongst local injecting-drug users, at a level commensurate with the average among IDU surveyed nationally in the 2000 IDRS, despite local IDU having a much lower frequency of injection. That is, that local IDU are experiencing a substantially higher level of injection-related harm relative to IDU in other jurisdictions. This is reflective of the increased harms associated with the injection of pharmaceutical preparations of drugs, which is substantially more common in Tasmania than other states. However, local IDU experienced a much lower rate of overdose than users in other jurisdictions, due to the greater control over the dose of the drug afforded by use of standardised pharmaceutical preparations.

13.2 Methodological Considerations

The aim of the IDRS is to gather evidence of emerging drug trends in illicit drug use and related problems within the community. The IDRS methodology is heavily dependant on the perceptions of individuals involved in, and exposed to, the illicit drug use 'scene' (both individuals who inject drugs and professionals working with these groups). While these subjective impressions are combined with other, more objective, indicator data where possible to support and substantiate these reports, given the inherently covert nature of illicit drug use, available indicator data is limited and often insensitive to the trends of interest in this study.

The focus of the IDRS on surveying professionals in drug and alcohol-related fields, and often those people accessing their services, has meant that the study over-represents low educational and socio-economic groups, given that the charter of the majority of these agencies is to provide services to these populations. As such, the methodology leaves the major group of illicit drug users – those who use substances occasionally and non-problematically – largely untapped. Due to this gap, it would be inappropriate to regard the

IDRS as providing a representative overview of illicit drug use or the demographics of those who use illicit drugs. Importantly, this methodology in its current form does not adequately tap accurate information about drugs that are more commonly used recreationally (for example, ecstasy) and more focal research within different demographic groups is required to provide better information in these areas.

It is important to note that the purpose of the IDRS is simply to detect trends that warrant further investigation, not to explore and verify such trends. As such, the concurrent use of the three data sets included in this study, each with their own inherent strengths and limitations, affords an efficient and appropriate approach to achieving the aims of the study. Inclusion of the injecting drug user survey to the Tasmanian IDRS has greatly improved the reliability and validity of the study. In subsequent years, the validity of the IDRS will be further enhanced by the development of more systematic data sets (e.g. for drug and alcohol counselling services, ambulance and coroner data), and the incorporation of the results of several projects currently underway in the state (e.g. those funded by the National Illicit Drug Strategy).

13.3 Implications

The findings of the Tasmanian 2001 IDRS suggest the following areas for further investigation and possible consideration in policy:

- Research into the composition of the differing forms of the higher-potency preparations of methamphetamine, both to determine whether there are any particular injection-related harm risks associated with any of its constituent chemicals, and to determine whether these forms are similar to that reported variously as 'crystal meth', 'paste' or 'base' in other jurisdictions.

- Continuing monitoring of the expanding methamphetamine market and patterns of methamphetamine use.

- With the continued easy availability and reports of increased use of higher-potency methamphetamine, drug and alcohol staff have reported increased contact with clients displaying challenging and even acutely psychotic behaviours. It would be recommended that there be some training of drug and alcohol staff regarding strategies for management of challenging or aggressive behaviours and the services available to assist in such a situation.

- While there were clear indications of an increasing availability of tablets marketed as 'ecstasy' in Hobart, this drug was primarily used in demographic groups not well tapped via the IDRS methodology. As such, specific research examining the extent of use, demographic profiles of users, and analysis of the composition of the tablets sold locally as 'ecstasy' is required in order to better understand the potential harms faced by local users. Better understanding of the demographics of people using this drug will facilitate the targeted and successful delivery of any appropriate harm reduction information about this product.

- With the firm establishment of a culture of injection of methadone syrup locally (although this remains predominantly within individuals enrolled in the state methadone maintenance program injecting their own methadone), consideration of pragmatic harm reduction approaches to such use is warranted: either at the level of

the consumer, with use of butterflies and biological filters; and/or at the policy level, requiring use of sterile water for dilution of methadone doses or switching to Biodone syrup, as this preparation does not contain the preservative agent sorbitol, which can cause irritation and harm to the venous system.

- Research into factors that would reduce the harms associated with the intravenous use of the pharmaceutical preparations of morphine, methadone and benzodiazepines commonly used within the local IDU population, and dissemination of this information to users through continued training of Needle Availability Program staff and peer groups.

- Continued emphasis on, and support for, targeted strategies to further reduce the rates of sharing of needles/syringes and other injection equipment (such as tourniquets, filters and mixing containers) among IDU, as well as to minimise the harms associated with poor injecting practice through improving awareness and adoption of safe injection techniques and vein care among IDU.

- Investigation into the factors associated with the apparent increase in experience of 'dirty hits' among local IDU and development of strategies to reduce this occurrence.

- Continued monitoring of the intravenous use of benzodiazepines, particularly to assess the impact of the recently changed status of Normison (temazepam) on patterns of misuse of other benzodiazepines or related substances.

- Characterisation and potency testing of cannabis cultivars to investigate continuing reports of high or increasing potency of cannabis.

- As Tasmanian illicit drug use culture has been consistently shown to substantially differ from other jurisdictions (with regard to, for example, patterns of use of pharmaceutical products rather than substances such as heroin, due the low local availability of this drug), drug education programs and harm minimisation information campaigns need to be tailored to the particular needs and types of substances used within the state.

- Extension of a drug trend monitoring framework into other regions within the state (such as Launceston and the North-West coast) as there has been almost no specific research examining patterns of drug use within these areas, and due to their access to air and sea ports, and establishment of organised motor cycle group headquarters, availability and use of illicit substances may differ substantially in these regions from patterns seen in Hobart.

- Research examining the extent of use, and demographic profiles of (mis)users of drugs such as anabolic steroids, inhalants, and pharmaceutical amphetamines in the state, as these populations are not well accessed within the methodology of the IDRS.

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