

R. Jenkinson, P. Miller & C. Fry

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

NDARC Technical Report No. 175

**VICTORIAN
DRUG TRENDS
2003**



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Illicit Drug Reporting System
(IDRS)**

Rebecca Jenkinson, Peter Miller and Craig Fry

Turning Point Alcohol And Drug Centre Inc.

NDARC Technical Report No. 175

ISBN 1 877027 63 4
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Prepared by: Turning Point Alcohol and Drug Centre, Melbourne.

Published by: National Drug and Alcohol Research Centre, University of NSW.

January 2004

ISBN: 1 877027 63 4

Jenkinson, R., Miller, P., & Fry, C. (2004). *Victorian Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS)*. National Drug and Alcohol Research Centre Technical Report No. 175. Sydney: University of NSW.

TABLE OF CONTENTS

LIST OF TABLES	III
LIST OF FIGURES.....	V
ACKNOWLEDGEMENTS	VI
EXECUTIVE SUMMARY	VII
Summary of 2003 Victorian drug trends	viii
Implications of 2003 findings	xiii
1. INTRODUCTION.....	1
2. METHOD	2
2.1 Survey of injecting drug users (IDU)	2
2.2 Survey of key informants (KIS)	2
2.3 Other indicators	4
3. RESULTS.....	7
3.1 Overview of the IDU sample.....	7
3.2 Drug use history and current drug use	9
4. HEROIN	12
4.1 Price	12
4.2 Availability.....	13
4.3 Form and purity	14
4.4 Patterns of heroin use.....	15
4.7 Summary of heroin trends	17
5. METHAMPHETAMINE	18
5.1 Price	21
5.2 Availability.....	22
5.3 Form and purity	24
5.4 Patterns of methamphetamine use	25
5.7 Summary of methamphetamine trends.....	26
6. COCAINE	28
6.1 Price	28
6.2 Availability.....	29
6.3 Form and purity	29
6.4 Patterns of cocaine use.....	30
6.7 Summary of cocaine trends	31
7. CANNABIS.....	32
7.1 Price	32
7.2 Availability.....	33
7.3 Form and potency	34
7.4 Patterns of cannabis use.....	34
7.7 Summary of cannabis trends.....	35
8. OPIOIDS	36
8.1 Methadone	36
8.2 Buprenorphine	36
8.3 Morphine	38
8.4 Other opioids.....	39

9 OTHER DRUGS.....	40
9.1 Ecstasy and other party drugs	40
9.2 Benzodiazepines	41
9.3 Anti-depressants.....	42
9.4 Other drugs	42
9.5 Summary of other drug trends	43
10. ASSOCIATED HARMS/ DRUG RELATED ISSUES	44
10.1 IDU Survey	44
10.1.1 Injection related health problems.	44
10.1.2 Heroin-related overdose.....	44
10.1.3 Injection equipment sharing.....	46
10.1.4 Criminal activity	47
10.1.5 General trends	47
10.1.6 Perception of police activity.....	48
10.2 Key Informant Survey.....	48
10.2.1 Services requested	48
10.2.2 Mental health.....	48
10.2.3 Treatment	49
10.2.4 Diversion	50
10.2.5 General health care.....	51
10.2.6 Injection-related problems	51
10.2.7 Crime	52
10.2.8 Trafficking.....	52
10.2.9 Police activity	53
10.3 Other Indicators.....	54
10.3.1 Specialist drug treatment presentations.....	54
10.3.2 Hospitalisations.....	56
10.3.3 Drug-related ambulance attendances	57
10.3.4 Drug deaths	61
10.3.5 Blood borne virus transmission.....	62
10.4 Summary of associated harms/ drug-related issues.....	63
11. SUMMARY OF FINDINGS.....	65
11.1 Comparison of data from different sources	65
11.1.1 Heroin trends	65
11.1.2 Methamphetamine trends	66
11.1.3 Cocaine trends.....	66
11.1.4 Cannabis trends.....	67
11.1.5 Other opiate trends.....	67
11.1.6 Other drug trends	68
11.1.7 Drug-related health and law enforcement trends	68
11.2 Study limitations	69
11.3 Implications of the findings for future research	69
REFERENCES	71

LIST OF TABLES

Table A. Price, availability, purity and prevalence of use for heroin, methamphetamine, cocaine and cannabis in Melbourne, Victoria, 2003.	ix
Table 1. Demographic characteristics of the 2003 IDU survey sample (N= 152).....	8
Table 2. Frequency of injection during the last month (IDU survey, N=152).....	9
Table 3. Amount spent on illicit drugs on day prior to interview (IDU survey, N=151)'.9	
Table 4. Location in which respondents had last injected (IDU survey, N=152).	10
Table 5. Drug use history of the 2003 VIC IDRS IDU sample (N=152).....	11
Table 6a. Modal prices of heroin in Melbourne reported by IDU survey respondents 1997-2003.....	12
Table 6b. IDU reported prices for heroin quantities purchased during previous six months, 2003	12
Table 7. Summary of heroin price, availability, purity and use trends in Melbourne 2003.	17
Table 8. Reports from speed, base and ice users regarding the form of these drugs used most often in the past six months, 2003.	19
Table 9. Modal prices of amphetamines in Melbourne reported by IDU survey sample 1997-2003.....	21
Table 10. Summary of methamphetamine price, availability, purity and use trends in Melbourne, 2003.	27
Table 11. Modal prices of cocaine in Melbourne reported by IDU survey respondents 1997-2003.....	28
Table 12. Summary of cocaine price, availability, purity and use trends in Melbourne 2003.....	31
Table 13a. Modal prices of cannabis in Melbourne reported by IDU survey respondents 1997-2003.....	32
Table 13b. IDU prices reported for hydroponic cannabis quantities purchased during the previous six months, 2003.	32
Table 13c. IDU prices reported for bush cannabis quantities purchased during the previous six months, 2003.	33
Table 14. Summary of cannabis price, availability, purity and use trends in Melbourne 2003.....	35
Table 15. Injection-related health problems reported by participants in the IDU survey (N=152).....	44
Table 16. Reported experience of heroin overdose for IDU survey respondents, 1997 to 2003.....	45
Table 17. Drugs used on day prior to interview (IDU survey, N=152).	45
Table 18. Self-reported IDU sample injecting risk practices during past month 1997-2003.....	46
Table 19. Criminal activity reported by IDU during the last month.....	47
Table 20. Annual number of notifications of HIV diagnoses in Victoria where injecting drug use has been identified as the likely exposure factor, 1992 to 2002.....	62
Table 21. Prevalence of HCV and HIV infection among NSP clients in Victoria, 1999-2002.....	63
Table 22. Heroin trends endorsed (✓) by injecting drug user reports (IDU), key informant reports (KI), and other indicator sources (OTHER).....	65
Table 23. Methamphetamine trends endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).	66

Table 24. Cocaine trends endorsed (✓) by injecting drug users (IDU), key informant reports (KI), and other indicators (OTHER).....	66
Table 25. Cannabis trends endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).....	67
Table 26. Trends in other opiate use endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).....	67
Table 27. Trends in other drug use endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).....	68
Table 28. Drug related health and law enforcement trends identified in injecting drug user reports (IDU), key informant reports (KI), and other indicator sources (OTHER).....	68

LIST OF FIGURES

Figure 1. Residential postcodes of the 2003 IDU survey sample (N=152)	7
Figure 2. Average purity of heroin seizures by Victorian law enforcement, July 2002 – June 2003 (Source: Victoria Forensic Science Centre).	15
Figure 3. Average purity of methamphetamine seizures by Victorian law enforcement, July 2002 – June 2003 (Source: Victoria Forensic Science Centre).	25
Figure 4. Average purity of cocaine seizures by Victorian law enforcement, July 2002 – June 2003 (Source: Victoria Forensic Science Centre).	30
Figure 5. Purity of ecstasy seizures by Victorian law enforcement, July 2002 - June 2003 (Source: Victoria Forensic Science Centre).	40
Figure 6. Census estimate (quarterly) of the number of Victorian pharmacotherapy clients (methadone and buprenorphine), Jan 2000 to Oct 2003 (Source: Drugs and Poisons Unit, Victorian Department of Human Services).	55
Figure 7. DirectLine calls where drug of concern identified, 2001/02 and 2002/03 (Source: DirectLine, Turning Point Alcohol and Drug Centre Inc.)	56
Figure 8. Monthly totals of non-fatal heroin overdose in Melbourne, May 2001-April 2002 and May 2002-June 2003 (excluding May-July 2001 and October 2002-February 2003). (Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).	58
Figure 9. Monthly totals of ambulance attendance where amphetamines were mentioned in Melbourne, May 2001-April 2002 and May 2002-June 2003 (excluding May-July 2001 and October 2002-February 2003). (Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).	59
Figure 10. Monthly totals of ambulance attendances where cocaine was mentioned in Melbourne, May 2001-April 2002 and May 2002-June 2003 (excluding May-July 2001 and October 2002-February 2003). (Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).	60
Figure 11. Monthly totals of ambulance attendances where ecstasy was mentioned in Melbourne, May 2001-April 2002 and May 2002-June 2003 (excluding May-July 2001 and October 2002-February 2003). (Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).	60
Figure 12. Yearly heroin overdose deaths in Victoria, 1991 - 2003. (Source: Victorian Institute of Forensic Medicine).	61
Figure 13. Number of opioid overdose deaths among 15-54 year olds in Victoria, 1988-2002 (Source: Degenhardt & Barker, 2003).	62

ACKNOWLEDGEMENTS

The Australian Government Department of Health and Ageing funded the 2003 Melbourne arm of the Illicit Drug Reporting System (IDRS) study. The national IDRS study is coordinated by the National Drug and Alcohol Research Centre (NDARC), in Sydney, NSW.

We are grateful to the injecting drug users and key informants who participated in this study by providing information about their experiences and knowledge of illicit drug use in Melbourne. We would also like to acknowledge Bernadette McGrath, Simon Baldwin and Robyn Dwyer who assisted in recruiting and interviewing participants for the IDU survey.

Special thanks go to the following organisations for contributing space and/ or staff time in assisting the team in recruiting and interviewing for the IDU survey component of the study:

- St Kilda Crisis Centre
- Southern Hepatitis/HIV/AIDS Resource and Prevention Service (SHARPS), Frankston
- Western Region AIDS & Hepatitis Prevention (WRAP), Footscray
- Turning Point Alcohol & Drug Centre Inc., Fitzroy
- AIDS Prevention and Support Unit (APSU), Dandenong
- Melbourne Inner City AIDS Prevention Centre (MINE), Collingwood

Thanks also go to Sharon Matthews, Stefan Cvetkovski, Anne-Marie Laslett, Susan Clemens, Cate Quinn, Glen Groves, Simone Reichstein, and Malcolm Dobbin for assisting in access to and the collation of indicator data, Paul McElwee for database development and assistance, and to Courtney Breen at NDARC for assistance as National Coordinator of the IDRS study during 2003.

EXECUTIVE SUMMARY

Background

In 1998 the Australian Government Department of Health and Ageing commissioned the National Drug and Alcohol Research Centre (NDARC) to implement a national Illicit Drug Reporting System (IDRS), following a successful pilot study in Sydney during 1996 and a multi-state trial in 1997 (Hando, O'Brien, Darke, Maher, & Hall, 1997; Hando & Darke, 1998; Hando, Darke, Degenhardt, Cormack, & Rumbold, 1998). The 1998 IDRS study was conducted in New South Wales, Victoria and South Australia (McKetin, Darke, Hayes, & Rumbold, 1999), with each state undertaking an IDU survey, key informant survey, and analysis of available secondary indicator data.

In 1999, the IDRS study was replicated in New South Wales, Victoria and South Australia, with all other remaining states and territories participating through collection of secondary indicator data and conducting key informant interviews. In 2000, the IDRS became a truly national drug trend monitoring system when all states and territories conducted the complete IDRS study.

The aim of the IDRS is to monitor emerging trends related to the use of opiates, methamphetamines, cocaine and cannabis. The IDRS study provides nationally comparable data with respect to emerging trends in illicit drug use and related harms, and provides a basis for better informing future policy and research initiatives.

The value of Victorian IDRS findings

Available Victorian health and law enforcement indicator data sources provide important information in relation to illicit drug use prevalence and related morbidity and mortality within this jurisdiction. However, the majority of these data sources are by nature *lag indicators* (where the most recent data available may be up to 12 months old in some cases), and therefore insufficient on their own for strategic early warning purposes.

Since 1997 in Victoria, the IDRS has been a strategic early warning mechanism concerning illicit drug trends because it has strived to supplement available secondary indicator data sources with *lead indicators* (such as that provided by direct surveys with sentinel IDU groups and expert key informants) of drug prices, purity, availability and current patterns of use. Findings from successive IDRS studies conducted in metropolitan Melbourne have informed health, law enforcement and community sector responses to illicit drugs in Victoria since 1997.¹ Some notable recent examples include:

- Expansion of IDRS-style illicit drug trend monitoring methods to focus on patterns and characteristics of psychostimulant use in Melbourne (project to be completed in early 2004).
- Informed research into the course and consequences of the heroin shortage in Victoria.
- Findings on pharmacotherapy diversion utilised in a policy review process being undertaken by the Drugs Policy and Services Branch, Victorian Department of Human Services.

¹ For specific examples of how previous Victorian IDRS findings have been utilized refer to: Fry & Miller, 2001; Fry & Miller, 2002; and Jenkinson, Fry & Miller, 2003.

- Informed the development of research into benzodiazepine and pharmaceutical opiate misuse and links to crime in Victoria, Tasmania and NT (to be completed in 2004).
- Informed the development of research into buprenorphine diversion and injection in Victoria.
- Victorian IDRS data utilised in a Review of the Victorian Drug Treatment Service System (Ritter, et al. 2003).
- Routine provision of summary data for inclusion in the *Victorian Drug Statistics Handbook* (yearly drug trends monograph published by the Drugs Policy and Services Branch, Victorian Department of Human Services).

A key advantage of the IDRS study is that it has replicated core methods across each state and territory over a number of years (this is the seventh year in Melbourne). At the national level, this has permitted the identification of emerging jurisdictional differences with respect to the operation of illicit drug markets, and in turn has enhanced the capacity of health and law enforcement sectors in all jurisdictions to develop proactive responses to illicit drug problems.

Summary of 2003 Victorian drug trends

Turning Point Alcohol and Drug Centre conducted the Melbourne arm of the 2003 IDRS study between June and October 2003. The project consisted of:

1. A structured survey of 152 current injecting drug users recruited from a number of sites across the Melbourne metropolitan area.
2. Semi-structured interviews with 57 key informants from a variety of professional settings, selected according to their knowledge about illicit drug use, and level of contact with illicit drug users during the six months preceding the survey.
3. Analysis of secondary illicit drug use indicators.

Data collected via these three methods were analysed in order to identify illicit drug related trends in Melbourne for the 2002/03 year. Where appropriate, these data were also compared to findings from the 1997 to 2002 applications of the IDRS in Melbourne. The 2003 IDRS detected a number of trends of relevance during the preceding six to twelve months. Table A provides a summary of identified trends in price, availability, purity and prevalence of use for the four main illicit drug types explored in this study – heroin, methamphetamines, cocaine and cannabis. These are discussed in turn, along with summary details on other drug trends and drug related health and law enforcement trends.

Heroin trends in Melbourne

Trends in heroin use over the past 12 months have been relatively stable. The consistency in reports of heroin price, purity and availability in the 2002 and 2003 IDRS studies is indicative of greater stability in the heroin market since the shortage observed in 2001.

In 2003, heroin was reportedly easy to very easy to access (86%) and availability had been stable. The most frequently reported prices of heroin remained stable at \$50 per 'cap' and \$400 per gram in 2003, with a 'cap' being the most popular purchase amount. Frequency of heroin use increased slightly (76 days in 2003, 60 days in 2002), however it has not

returned to the levels seen prior to 2001 (176 days in 2000), during the peak of the street heroin market in Melbourne.

As in 2002, a higher proportion of the IDU sample reported that they had mostly used heroin rock (82%) in the previous six months, and intravenous injection still constituted the most common route of administration (90%). Compared to past years, reported street-based heroin dealing decreased (15% in 2003, 31% in 2002), with respondents in 2003 reporting sourcing their heroin from mobile dealers or dealers' homes.

In general, the heroin market appears to have returned in Melbourne in 2003, however it is clearly not at the levels it was at prior to 2001.

Table A. Price, availability, purity and prevalence of use for heroin, methamphetamine, cocaine and cannabis in Melbourne, Victoria, 2003.

	Heroin	Methamphetamine	Cocaine	Cannabis
Price				
Cap	• \$ 50 (stable)	• \$50 'point' (stable)	• unknown	-----
Gram	• \$ 400 (stable)	• \$200 (stable)	• \$250- \$300 (stable)	• \$20 (stable)
Ounce	-----	• \$700 (fluctuating)	-----	• \$250 (hydro); \$250 (bush)
Availability	<ul style="list-style-type: none"> • availability very easy to easy • stable 	<ul style="list-style-type: none"> • speed readily available in last six months • purer forms more difficult to obtain 	<ul style="list-style-type: none"> • availability difficult • stable or more difficult 	<ul style="list-style-type: none"> • cannabis readily available • stable
Purity	<ul style="list-style-type: none"> • average purity 26% (range 18%-58%)^a • purity relatively stable^a 	<ul style="list-style-type: none"> • average purity 33% (range 9% to 79%)^a • purity increasing^a 	<ul style="list-style-type: none"> • average purity 27% (range 4% to 49%)^a • purity fluctuates^a 	<ul style="list-style-type: none"> • purity high to medium^b • stable^b
Prevalence of use	<ul style="list-style-type: none"> • mostly rock form (82%) • stable prevalence of use • stable-increasing frequency of use 	<ul style="list-style-type: none"> • prevalence of speed & base use stable, ice use has increased among IDU • slight decrease frequency of use 	<ul style="list-style-type: none"> • cocaine use infrequent among IDU • decreased levels of recent injecting 	<ul style="list-style-type: none"> • commonly used illicit drug • stable frequency of use • used concurrently with other drugs

^a Based on the purity of drug seizures made by Victoria Police (Victoria Forensic Science Centre).

^b Based on IDU and key informant estimates of THC potency.

Methamphetamine trends in Melbourne

In the 2002 and 2003 IDRS studies, a distinction was made between the different forms of methamphetamine (speed, base and ice) to improve the precision of data collection on the use, purity and availability of each of these forms

Findings from the 2003 study suggest that the use of methamphetamines is widespread amongst the IDU surveyed. In 2003, 79% of IDU reported using some form of

methamphetamine (either speed, base or ice) in the preceding six months, a proportion comparable to that of the 2002 IDRS (73%). Separating out the forms of methamphetamine, 70% reported using speed, 18% reported using base, and 50% reported using ice in the preceding six months. The prevalence of speed and base use remained stable in 2003, while the prevalence of ice use almost doubled since 2002 (26% in 2002). The trend in ice use by IDU respondents will be carefully monitored in 2004.

The median number of days on which speed had been used in the preceding six months was 12, while for base it was 10, and ice 6 days. Frequency of speed use decreased since 2001 (25 days) and 2002 (24 days), while frequency of base and ice remained stable.

The most common quantity of all forms of methamphetamine purchased (speed, base and ice) was a 'point', and the majority of respondents paid \$50 for this amount. The most frequently reported price per gram of speed and base was \$200, while for ice respondents reported paying \$250. Prices reported in 2003 were similar to those reported last year, and the majority of 2003 IDU respondents also reported that prices had been stable (speed 79%, base 67%, ice 57%).

Eighty-one percent of IDU commenting on speed thought that it was easy or very easy to obtain at present, and 63% thought availability had remained stable in the preceding six months. Sixty-seven percent of the IDU commenting on ice reported that it was easy to very easy to obtain, with 29% reporting that it was difficult at present. Sixty percent of respondents who could comment on ice reported that availability had remained stable, while another 17% reported that it had become more difficult in the last six months. Only nine people were able to comment confidently on the availability of base, with five respondents reporting that it was easy to very easy to obtain, and the other four people that it was difficult.

These findings are suggestive of a still emerging market place, not yet characterised by dependent patterns of use. Further research and clarification is needed and a clearer picture of methamphetamine use would be gained through contact with other sentinel groups.

Cocaine trends in Melbourne

In 2003 the proportion of IDU reporting cocaine use in the preceding six months was 13%, with 10% reporting recent injection. Frequency of cocaine use was very low with a median of two days use in the preceding six months. These findings are low overall compared to other illicit drugs being reported on in the IDRS study, and lower than that reported in 2002.

The difficulty in acquiring cocaine may be one explanation for the decreasing prevalence and frequency of use, while another explanation may be that with the supply and price of heroin and methamphetamine reportedly more stable in 2003, cocaine may still be relatively too expensive for the majority of respondents.

In 2003 only four IDU respondents could confidently comment on trends in cocaine price, purity and availability. Those who could comment reported that it was difficult to obtain, it cost \$250- \$300 per gram, and respondents rated the purity as being medium to high.

While information collected from IDU and key informants suggests that there is some stability in the price and availability of cocaine in Melbourne, it is difficult to identify clear trends due to the consistently small number of IDU and key informants who are able to comment. The expansion of drug trend monitoring research to other sentinel

groups (e.g. non-injecting groups, professionals) will provide a clearer picture of cocaine trends in Melbourne.

Cannabis trends in Melbourne

Cannabis use in Melbourne has remained relatively stable. Eighty-eight percent of IDU had used cannabis in the preceding six months (88% in 2002) and the median number of days used in the last six months was 170 (almost daily use). As in previous years, the overwhelming majority of IDU commenting on cannabis thought it easy to very easy to obtain (90%), with 82% reporting that availability had remained stable in the preceding six months.

The modal price of a gram of cannabis has remained stable since 1999 (\$20 hydro, \$20 bush), while the price per ounce has been stable for the past four years (\$250 hydro, \$200 bush). A gram was the most popular purchase amount. Cannabis appears to be the most widely used illicit drug within Victoria, and is a common addition to the list of drugs used concurrently by injecting drug users.

Other drug trends in Melbourne

The 2003 Melbourne IDRS study has again provided evidence of significant prescription drug use by injecting drug users (e.g. benzodiazepines, buprenorphine, morphine, and anti-depressants).

The majority of IDU (80%) reported having used benzodiazepines in the six months prior to interview and most of these people (78%) mainly obtained their benzodiazepines licitly. Reports from both key informants and IDU indicate that there has been a further reduction in the prevalence of benzodiazepine injection in 2003. Fifteen percent of IDU reported injecting benzodiazepines during the past six months in 2003, compared to 21% last year, and 40% in 2001. This is probably due to the combined effects of the changes in legislation regarding the availability of temazepam gel caps, as well as a concerted education campaign aimed at prescribing doctors by the Victorian state government (Breen et al., 2003).

IDU and key informants reported widespread use and injection of morphine in 2003. The majority of IDU reported obtaining morphine illicitly, and both IDU and key informants reported that each tablet sells for around \$50. Also of concern is the ongoing prevalence of buprenorphine diversion and injection among injecting drug users in Melbourne. In 2003, over half (51%) of the respondents reported having injected buprenorphine in their lifetime, and 39% reported having injected the drug in the past six months. Buprenorphine is not designed to be injected and can result in substantial negative health consequences such as vein damage and infections. The high prevalence of buprenorphine and morphine injection is a cause for concern and will continue to be monitored.

Prevalence of anti-depressant use appears to be stable, with 28% of users saying they use these drugs. Frequency of use during last six months increased however, to 160 days in 2003, compared to 90 days in 2002. One quarter of respondents also reported ecstasy use within the last six months in 2003. The primary route of administration of ecstasy during that time was swallowing (19%), followed by injection (12%), perhaps providing further evidence of intersections between drug markets and social networks previously considered separate.

Drug-related health and law enforcement trends

Self-reported recent experience of overdose and receipt of Narcan® continued to decrease in 2003. However, other significant harms associated with injecting drug use (such as injection related health problems, hepatitis C virus transmission and other unsafe injecting behaviour) continue to be of major concern. Ten percent of IDU reported that they had borrowed another person's used needle/syringe, 24% had passed on their own used needle/syringe and 43% had used other already used injection equipment in the last month.

Overall, it was seen that the level of self-reported criminal activity amongst IDU was relatively stable. Key informants reported that in general, crime levels had remained stable and that in most (but not all) areas, the level of police activity had continued to decrease significantly from the previous IDRS studies. IDU reports provided a variable picture of police activity during the six months prior to interview with 59% reporting that it had increased, 32% reporting no change, and 3% reported less activity. The majority of IDU participants (76%) reported that police activity had had no effect on the difficulty in acquiring drugs recently.

Conclusions

The 2003 Victorian IDRS study has provided evidence of both changes, and stability, within the illicit drug market places of metropolitan Melbourne. As in previous Melbourne IDRS studies, the demographic characteristics of the 2003 IDU sample were strikingly similar to those reported in past years. Also consistent with previous surveys, the majority of the sample reported that heroin was the drug they injected most often (65%), the last drug they injected (65%) and their drug of choice (69%).

Findings from the 2003 study suggest that the heroin market in Melbourne has now stabilised, after the reported shortage observed in 2001 (Fry & Miller, 2002). In particular, it has been reported in the current study that heroin is easy to access, and the price and purity have remained relatively stable over the past two years. Nevertheless, heroin supply in Melbourne is clearly not at the levels it was at prior to 2001 and the trend in heroin use will continue to be monitored.

Methamphetamine use was widespread amongst the IDU sampled in 2003. Prevalence of use, price and availability remained relatively stable in 2003, however there was a marked increase in reported use and injection of ice (the purest form of methamphetamine). Considering the potential harms associated with the use of this drug type, the trend in ice use will continue to be monitored. In contrast, data from the 2003 IDRS study suggests that the prevalence of other psychostimulant use (i.e. cocaine and ecstasy) has decreased.

The 2003 Melbourne IDRS study has again provided evidence of significant prescription drug use by injecting drug users (e.g. morphine, buprenorphine, benzodiazepines and anti-depressants). There is also substantial evidence of misuse of these drug types. Of particular concern, is the continuing illicit use and injection of morphine and buprenorphine amongst injecting drug users. Further research is planned to investigate these issues in greater detail.

Continuing trends in the level of injection equipment sharing and associated health problems experienced by IDU (such as vein damage, poor general health and hepatitis C) have again been reported. Further research is needed to investigate the reasons for the continued levels of unsafe injecting. The experience in Victoria has shown that the IDRS is an effective drug trend monitoring system and is valuable for informing policy and research.

Implications of 2003 findings

While the aim of the IDRS study is to monitor emerging trends in illicit drug use and related problems. The role of the Melbourne arm of the IDRS study is to identify yearly illicit drug use trends, and provide recommendations regarding key issues that warrant further in-depth investigation and increased policy focus.

The findings of the 2003 Melbourne IDRS study suggest the following priority areas:

1. Continued monitoring of illicit drug markets for changes in price, purity and availability trends, and evidence of increasing harms.
2. Further research to monitor the characteristics and impact of psychostimulant use in Melbourne, including an increased focus upon sentinel target groups other than injecting drug users and a consideration of the impact upon health and law enforcement sectors.
3. Expansion of Victoria's routine drug trend monitoring, through new methods and new sentinel groups, to improve the understanding of intersecting drug markets and related harms.
4. Research to explore the nature of prescription drug use among injecting drug users in Melbourne, the extent of prescription drug diversion, the characteristics of the illicit market, and the health harms associated with prescription drug misuse.
5. Further research to gain a better understanding of the determinants of unsafe injecting, particularly for those injecting practices that increase the risk of blood-borne virus transmission (e.g. HIV, HCV and HBV).

Since 1997, the Melbourne arm of the national IDRS study has proven to be a reliable, cost-effective and informative mechanism for the monitoring of illicit drug trends in Victoria. It yields data that are comparable from year-to-year and across jurisdictions, and it is a study that has much to offer health and law enforcement sectors in their efforts to respond more effectively to illicit drug trends.

1. INTRODUCTION

In 1998 the Australian Government Department of Health and Ageing commissioned the National Drug and Alcohol Research Centre (NDARC) to implement a national Illicit Drug Reporting System (IDRS), following a successful pilot study in Sydney during 1996 and a multi-state trial in 1997 (Hando, O'Brien, Darke, Maher, & Hall, 1997; Hando & Darke, 1998; Hando, Darke, Degenhardt, Cormack, & Rumbold, 1998). The 1998 IDRS study was conducted in New South Wales, Victoria and South Australia (McKetin, Darke, Hayes, & Rumbold, 1999), with each state undertaking an IDU survey, key informant survey, and analysis of available secondary indicator data.

In 1999, the IDRS study was replicated in New South Wales, Victoria and South Australia, with all other remaining states and territories participating through collection of secondary indicator data and conducting key informant interviews. In 2000, the IDRS became a truly national drug trend monitoring system when all states and territories conducted the complete IDRS study.

The aim of the IDRS is to monitor emerging trends related to the use of opiates, cannabis, cocaine and amphetamines. The IDRS study provides nationally comparable data with respect to emerging trends in illicit drug use and related harms, and provides a basis for better informing future policy and research initiatives.

The *Victorian Drug Trends 2003* report summarises data collected during the months of June through October 2003 as part of the Melbourne arm of the 2003 IDRS study. The findings of this report pertain primarily to the 2002/2003 financial year, unless otherwise indicated. The report provides an outline of the methods utilised in collecting data for this period, and then presents a socio-demographic and drug use history overview of the IDU sample. The main study findings are then presented for recent trends in heroin, methamphetamine, cocaine, cannabis, and other drugs. Following this, drug related harms and other issues of interest are examined. The report concludes with a summary and discussion of the main findings and implications.

For details regarding illicit drug trends for the whole of Victoria, readers should refer to the annual *Victorian Drug Statistics Handbook* (Victorian Department of Human Services, 2002a). Readers are also referred to the forthcoming *Australian Drug Trends 2003* monograph for national data and jurisdictional comparisons (available from the National Drug and Alcohol Research Centre, University of New South Wales, Sydney).

2. METHOD

This study replicates the IDRS methodology used annually since 1997 incorporating: a survey of injecting drug users; interviews with key informants recruited from a variety of professional settings; and analysis of secondary indicators of illicit drug trends in Victoria. The information provided by these three methods has been used to identify trends and harms associated with illicit drug use in Victoria. These trends primarily relate to that observed within metropolitan Melbourne for the 2002/ 2003 financial year.

2.1 Survey of injecting drug users (IDU)

Structured face-to-face interviews were conducted with 152 injecting drug users (IDU) recruited from metropolitan Melbourne between June and July 2003. To be eligible to participate respondents must have injected at least monthly in the six months prior to interview, and have resided in Melbourne for at least twelve months. Convenience sampling was facilitated by posted advertisements and recruitment notices distributed through Needle and Syringe Programs (NSPs), and snowballing methods (recruitment of friends and associates via word of mouth).

Six agencies assisted the research team as recruitment and interview sites for the IDU survey component of the study:

- St Kilda Crisis Centre
- Southern Hepatitis/HIV/AIDS Resource and Prevention Service (SHARPS), Frankston
- Western Region AIDS & Hepatitis Prevention (WRAP), Footscray
- Turning Point Alcohol & Drug Centre Inc., Fitzroy
- AIDS Prevention and Support Unit (APSU), Dandenong
- Melbourne Inner City AIDS Prevention Centre (MINE), Collingwood

The structured interview schedule employed in this study comprised core questions used in previous IDRS studies conducted in Melbourne. The interview schedule contained questions relating to socio-demographics, drug use, price, purity and availability of drugs, crime, risk-taking behaviour, health and law enforcement trends. The average duration of the interviews was approximately 45 minutes and participants were reimbursed \$20 for their time and out-of-pocket expenses. Ethics approval for this study was obtained from the Victorian Department of Human Services, Human Research Ethics Committee. Data analysis was conducted using SPSS for Windows Version 11.5.1.

2.2 Survey of key informants (KIS)

A total of 57 key informants (30 male, 27 female) participated in telephone interviews (n=7), face-to-face interviews (n=25), and three focus groups (n=25), between the months of June and September 2003. Eleven (19%) participants were recruited from the pool of key informants who had taken part in either the 1998, 1999, 2000 and 2001 IDRS studies (Dwyer & Rumbold, 2000; Fry & Miller, 2001, 2002; Rumbold & Fry, 1999). Eighteen (32%) participants were recruited from the pool of key informants who had taken part in the 2002 IDRS study (Jenkinson, Fry, & Miller, 2003). All other participants in the current study were recruited either as replacements for previous

participants drawn from the same agencies/services, or on the basis of referrals received from experienced professionals in the field.

Key informants enlisted for the current study included: NSP workers (n=8), drug treatment workers (n=13), user group representatives (n=2), general health workers (n=5), outreach workers (n=3), youth outreach workers (n=5), researchers (n=2), medical practitioners (n=2), mandated treatment workers (n=5), dual diagnosis workers (n=2), one ambulance paramedic and law enforcement personnel (n=9). Participants (excluding law enforcement personnel) were selected on the basis of having had at least weekly contact with illicit drug users over the preceding six months, and/or contact with ten or more different illicit drug users during that period.

Key informant participants were screened after they had received sample copies of the key informant interview schedule, project information sheet and consent form. This provided an opportunity for prospective participants to make an informed decision about their suitability for the study, and also allowed participants to consider questions from the interview schedule prior to their interview. The key informant interview schedule included sections on patterns of drug use, availability of drugs, criminal behaviour and health issues.

Three focus groups were conducted in this study for the first time with a number of different types of services including senior police from the Major Drug Investigation Division of Victoria Police (5 participants), a youth outreach team (10 participants) and a major drug treatment service (10 participants). This exercise was undertaken in an attempt to gain a broader range of information than individual informant's client load, while retaining the specific knowledge that comes from direct contact with clients that informs much of the key informant knowledge reported in previous IDRS. It was also noted that in the context of a focus group, different participants were able to supply different perspectives on the same topic and/or client group.

Heroin was nominated by most (n=40) of Melbourne key informants as the main illicit drug used by the people with whom they had most contact. However, most of these key informants also reported on combinations of opiate and methamphetamine use, opiate and benzodiazepine use and opiate and cannabis use, commenting that since the change in heroin supply in 2000/2001 (Miller, Fry, & Dietze, 2001), these drugs are almost inseparable in terms of the people who used them and market characteristics. Indeed, 39 key informants were able to nominate methamphetamines as a major drug group used by the people with whom they had contact. One key informant reported that rather than clients' drug use being related to taking a specific drug, it was much more related to taking any drug. She reported that "even the hope of getting out of it is good enough reason to try a drug". This creates a more chaotic situation than that described in previous years. Reports on primary cannabis users were received from 16 key informants, almost entirely drawn from drug workers within the youth sector. No key informants were able to report exclusively on cocaine use and most key informants reported on benzodiazepine use of differing degrees. Five law enforcement personnel from the Victoria Police Major Drug Investigation Division (MDID) were also able to comment on trafficking/importation trends in heroin, ecstasy, cocaine, methamphetamine and cannabis use in Victoria.

Key informant interviews took an average of 90 minutes to complete (range = 45-120 mins). Detailed notes were made by the interviewer during the interview, and raw data was transcribed and coded soon after the conclusion of the interview using Microsoft Excel 2000. Content analysis was used for open-ended responses (Kellehear, 1993).

Categorical data for key informant estimates of drug price, purity and availability were analysed using Microsoft Excel 2000.

2.3 Other indicators

Primary information collected from the IDU survey and key informant interviews was supplemented by data obtained from a number of secondary indicator sources of illicit drug use and related morbidity and mortality. Where possible, data relating to trends for the 2002/2003 financial year are reported, unless otherwise indicated. For secondary indicators where current data is not available, the most recently available data has been included.

Indicator data sources accessed for this study are described in the following sections.

Drug seizure purity levels

- The Victorian Forensic Science Centre conducts purity analyses for all drug seizures made by the Victoria Police. The Australian Crime Commission (formerly the Australian Bureau of Criminal Intelligence - ABCI) collates this and information from other jurisdictions nationally. Prior to 2001, the IDRS sourced Victorian drug seizure purity data from the ABCI (including purity data from Victorian seizures made by the Australian Federal police). Since 2001, Victorian data have been obtained directly from the Victorian Forensic Science Centre. This report presents drug purity data for the 2002/2003 financial year.

Surveys reporting on illicit drug use prevalence in Victoria

- Data on the prevalence of drug use in the community is typically derived from large-scale population surveys. The most recent household surveys from which estimates of illicit drug use within the community are available include: the 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002), the 1999 Victorian School Students and Drug Use survey (Victorian Department of Human Services, 2002b) (this survey was conducted again in 2002 however data were not available at the time of writing), and the 2003 Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2003).

Specialist drug treatment presentations

- The Victorian Department of Human Services funds community-based agencies to provide alcohol and drug treatment services across the state. The collection of client information is a mandatory requirement and occurs via a formalised client data collection system called the Alcohol and Drug Information System (ADIS). ADIS data for the period 2001/2002 is presented in this report. Data for 2002/2003 were not yet available at the time of writing.
- The Drugs and Poisons Unit of the Victorian Department of Human Services maintains a database that records all methadone and buprenorphine permits in Victoria. This is the major source of information regarding the characteristics of clients of the Victorian pharmacotherapy programs and is an important source of information regarding treatment for opiate dependence. Data from the quarterly phone census of client numbers for the period Jan 2000 – October 2003 is presented in the current report.
- DirectLine is a 24-hour specialist telephone service in Victoria (operated by Turning Point Alcohol & Drug Centre) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic

database that can provide information about caller drugs of concern, calls from drug users, and calls about drug users. This report presents data for the 2001/2002 and 2002/2003 financial years.

Victorian Admitted Episode Dataset (VAED)

- The Victorian Department of Human Services has maintained a database of Victorian hospitalisations since 1987/88. The database records admissions (excluding elective admissions) from all public and private hospitals. Turning Point Alcohol and Drug Centre conducts analyses of this data and a summary of findings for the 2001/2002 financial year is presented here.

Ambulance attendances at non-fatal drug overdoses and other episodes

- Turning Point Alcohol and Drug Centre manage an electronic drug related ambulance attendance database, comprised of information obtained from Metropolitan Ambulance Service Patient Care Records (Dietze, Cvetkovski, Rumbold, & Miller, 2000). Reliable data is available from June 1998 (with missing data for periods May-July 2001 and October 2002-February 2003). Although the database includes overdose-related calls for all types of drugs, the data set is best suited to the monitoring of non-fatal heroin related overdose due to the availability of a biological marker of heroin involvement (i.e. the administration of Narcan® and subsequent patient response). Data for the period May 2001 to June 2003 are presented in this report.

Heroin-related fatalities

- Mortality information from illicit drug-related deaths was obtained from data collated by the Victorian Institute of Forensic Medicine (VIFM) and the Victorian State Coroner (Wallington, Gerostamoulos, & Drummer, 2002; Crawford, 2004). This report presents 2003 VIFM data.
- The Australian Bureau of Statistics (ABS) collects data every year on persons who have died across Australia. Data on accidental deaths are collected from the Medical Certificates of Cause of Death submitted to each State or Territory's Registrar of Births, Deaths and Marriages and from the National Coroners Information System. 2002 data on accidental opioid deaths in Victoria is presented in this report (Degenhardt & Barker, 2003).

Blood borne virus surveillance data

- Blood borne viruses, and in particular HIV/AIDS and hepatitis B (HBV) and C (HCV) are a major health risk for individuals who inject drugs. The Communicable Diseases Section, Public Health Group, the Department of Human Services, records notifications of infectious diseases in Victoria. This report presents findings from the Department of Human Services HIV and HCV surveillance data.
- The Australian Needle and Syringe Program (NSP) Survey has been conducted yearly by the National Centre in HIV Epidemiology and Clinical Research since 1995. It is designed to supplement sentinel BBV surveillance efforts via a short questionnaire on demographic and behavioural characteristics of NSP clients and serological testing of finger-prick blood samples. In 2002, the survey obtained data from 265 clients across four NSPs in Melbourne.
- The National Centre in HIV Epidemiology and Clinical Research also collates and reports surveillance data pertaining to the occurrence of HIV/AIDS, viral hepatitis

and sexually transmissible infections in Australia (National Centre in HIV Epidemiology and Clinical Research, 2003a). 2002 data is presented here.

3. RESULTS

3.1 Overview of the IDU sample

A total of 152 current injecting drug users (IDU) were interviewed. The sample was drawn from 53 suburbs across the inner, western, northern and outer south-eastern suburbs of Melbourne (see Figure 1). Most of the participants lived in close proximity to the five recruitment sites. The number of people recruited from each site were: St Kilda n=30; Dandenong n=32; Fitzroy n=32; Frankston n=30; and Footscray n=26.

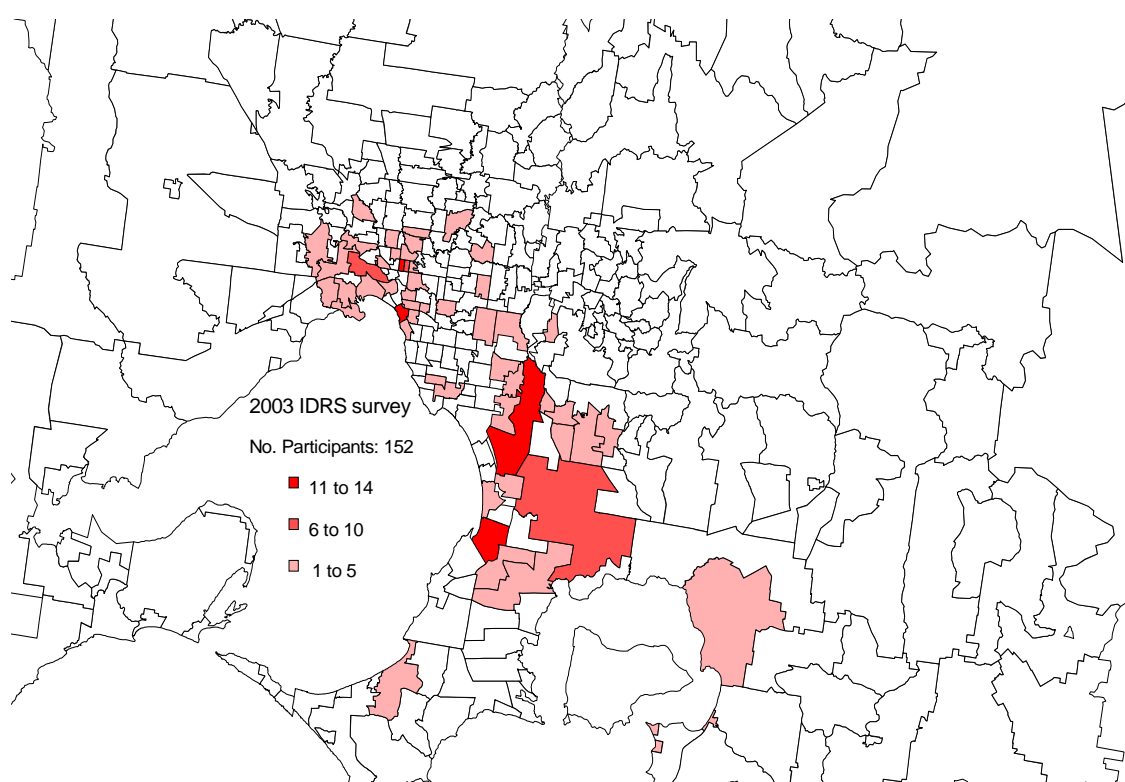


Figure 1. Residential postcodes of the 2003 IDU survey sample (N=152)

The demographic characteristics of the 2003 sample are summarised in Table 1. The majority of participants were male (60%) and ranged in age from 18 to 54 years with a mean age of 30 years (SD 7.79). Almost two thirds of the respondents were securely accommodated either living at their own residence (51%) or parents home (13%), while 21% were residing at a boarding house or hostel and 7% were homeless at the time of interview. Most participants (83%) were not currently employed, however a significant proportion had acquired trade/technical qualifications (45%), and a smaller number university qualifications (7%) post secondary school. The majority of participants (95%) reported that English was the main language spoken at home, with only 5% indicating that they most commonly spoke other languages at home including Italian, Vietnamese, Chinese, Polish, Greek, Cantonese and Cambodian. Five percent (n=8) of participants identified as being Aboriginal or Torres Straight Islanders (ATSI).

Table 1. Demographic characteristics of the 2003 IDU survey sample (N= 152).

Sample characteristics	
Age (Mean years)	30 (range 18 to 54)
Gender (% Male)	60
Accommodation (%):	
Own house / flat (includes renting)	51
Parents house	13
Boarding house / refuge / hostel	21
No fixed address / homeless	7
Ethnicity (%):	
English main language spoken at home	95
‘Other’ main language spoken at home	5
Aboriginal or Torres Strait Islander	5
Employment (%):	
Not employed	83
Full time	4
Part time/casual	9
Student	1
Sex worker	3
School education (mean years)	10
Tertiary education (%):	
None	48
Trade/technical	45
University/college	7
Prison history (%)	41
Treatment history (%):	
Currently in treatment	38

A total of 95 participants (63%) had engaged in some form of treatment during the six months prior to interview. Of these people, 82% had engaged in one type and 17% in two different types in that period. Thirty-eight percent of the respondents were currently receiving drug treatment. The most common types of drug treatment for this group were buprenorphine treatment (58%), methadone maintenance (40%) and drug counselling (2%). For the group of respondents currently in treatment (n=57), the mean length of time that they had been engaged in their current treatment type was 19.6 months, although this varied considerably (SD 28.42). Twenty-five people (44%) had been in treatment six months or less, nine people (16%) between six to 12 months, and eighteen people (32%) for two years or more. A very small proportion (2%, n=3) reported that they had used naltrexone in the past six months.

There has been an increase in the number of people in longer-term treatment (> six months) from 37% (n=22) in 2002, to 56% (n=32) in 2003. This is possibly due to the fact that in both 2002 and 2003 most respondents enrolled in treatment were on buprenorphine. Buprenorphine was still relatively new to the market in Victoria when respondents were interviewed in 2002, however by the time respondents were interviewed in 2003 the drug been available for approximately two years.

3.2 Drug use history and current drug use

3.2.1 Duration of injecting career

The mean reported age at first injection of a drug was in the late teens (17.7 years, SD 4.3), ranging from 10 to 40 years. The mean number of years since first injection to the present was 12.8 years (SD 7.2). There was considerable variation in the length of experience of injecting drug use among those surveyed (range 2 – 36 years). Over one quarter of participants (28%, n=43) first began injecting drugs within the last seven years, while 18% (n=28) had first started injecting 20 years ago or longer. The drugs most frequently used on the first injection occasion were amphetamines (50% compared to 51% in 2002, 41% in 2001, 60% in 2000 and 49% in 1999) and heroin (45% compared to 44% in 2002, 54% in 2001, 38% in 2000 and 46% in 1999).

3.2.2 Drug use history (last 4 weeks)

The majority of the sample reported that heroin was the drug they had most often injected in the past month (65%), the last drug that they had injected (65%), and their drug of choice (69%). Approximately one quarter of the sample indicated that they had most often injected methamphetamine during the past month (26% compared to 24% in 2002), and that methamphetamine was the last drug injected (22%). However, only 15% reported that methamphetamine was their drug of choice (compared to heroin, 69%). Smaller numbers of participants also nominated other drugs such as cannabis (9%), cocaine (2%) or morphine (2%) as their drugs of choice.

Table 2. Frequency of injection during the last month (IDU survey, N=152).

Frequency of injection during last month	%
Weekly or less	18
More than weekly	34
Once a day	27
Two to three times per day	18
More than three times per day	4

Table 3. Amount spent on illicit drugs on day prior to interview (IDU survey, N=151)¹.

Amount (\$)	%
Nothing	43
Less than \$20	7
\$20-49	15
\$50-99	19
\$100-199	9
\$200-399	6
\$400 or more	2

¹ Missing data for one respondent

Forty-nine percent of respondents had engaged in drug injection at least once a day during the month prior to interview (refer to Table 2), which is similar to the 45% observed in 2002 (Jenkinson, Fry & Miller, 2003). Table 3 shows that 57% of the sample had purchased illicit drugs on the day before interview. Of the respondents, 34% had spent \$20 to \$99, and 17% had spent more than \$100.

Table 4 shows that 66% of the IDU sample reported that they had last injected in a private home, while others had injected in public locations such as public toilets (13%), the street/park or beach (11%), or in a car (8%). The usual or most frequent location of injection during the past month was private home (73%), car (8%), the street/park or beach (9%) and public toilets (10%).

Table 4. Location in which respondents had last injected (IDU survey, N=152).

Last injecting location	%
Private home	66
Public toilet	13
Street/park or beach	11
Car	8
Other (e.g. hotel, motel)	2

The reported locations of last injection were similar to those reported in 2002 (Jenkinson, Fry & Miller, 2003), providing further confirmation of the absence of an established open street based illicit drug market in Melbourne.

3.2.3 Drug use history (last six months & lifetime)

Table 5 shows the self-reported drug use history of the IDU survey sample over the six months prior to interview, and lifetime, as well as routes of administration and recent frequency of use. The majority of respondents reported lifetime use of heroin (100%), methamphetamines (100%), tobacco (97%), cannabis (97%), alcohol (99%), and benzodiazepines (95%).

Of the 17 drug classes included in the 2003 IDRS survey (methamphetamine forms have been collapsed into one class), the mean number of drug classes ever used by respondents was 12 (SD 2.3), while a mean of 8 drugs (SD 2.0) had been used in the preceding six months. Tobacco (96%), heroin (90%) and cannabis (88%) were the drugs most frequently used during the previous six months. Significant numbers had also used benzodiazepines (80%), methamphetamines (79%) and alcohol (71%) in this period. Average reported poly-drug use in 2003 was the same as that reported last year (2002; lifetime 12 drug classes, last six months 8 drug classes).

A variety of drugs had also been injected with a mean of 6 (SD2.3) types ever and 3 (SD 1.4) types injected in the preceding six months. The most commonly reported drugs injected in the last six months were heroin (90%), methamphetamines (77%), morphine (39%), buprenorphine (39%), benzodiazepines (15%), ecstasy (12%) and cocaine (10%).

Table 5. Drug use history of the 2003 VIC IDRS IDU sample (N=152).

Drug Class	Ever used %	Ever injected %	Injected last 6 months %	Median No. of days inj last 6 mths	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	100	100	90	76	57	6	22	2	25	5	90	76
2. Methadone- licit	63	15	1	1					63	24	24	165
2a. Methadone- illicit	30	11	1	2					26	12	12	3
2b. Physeptone- licit	3	2	0	0	0	0	0	0	3	1	1	10
2c. Physeptone- illicit	8	5	1	1	0	0	0	0	5	1	1	1
3. Morphine	83	76	39	6	3	1	1	0	45	15	42	7
4. Homebake	16	15	0	0	1	0	0	0	1	0	0	0
5. Other opiates	70	23	3	3	6	1	1	0	63	38	39	10
6. Speed powder	99	98	70	10	18	4	60	9	41	4	70	12
7. Amphet liquid	20	18	4	2					4	1	5	2
8. Base/point/wax	45	45	18	9	0	0	3	1	4	2	18	10
9. Ice/shabu/crystal	76	69	46	7	16	7	5	1	2	1	50	6
9a. Pharmaceutical stim	28	15	3	4	0	0	1	0	24	5	6	5
10. Cocaine	70	53	10	2	13	1	45	5	10	1	13	2
11. Hallucinogens	76	16	3	2	3	0	0	0	74	5	6	3
12. Ecstasy	77	44	12	2	1	1	10	2	68	19	25	3
13. Benzodiazepines	95	66	15	5	7	2	0	0	93	78	80	25
14. Alcohol	99	12	0	0					99	71	71	20
15. Cannabis	97										88	170
16. Anti-depressants	56	1	1	4					56	28	28	160
17. Inhalants	34										3	17
18. Tobacco	97										96	180
19. Buprenorphine- licit	52	34	22	24	1	1	0	0	51	38	38	90
19a. Buprenorphine- illicit	40	36	30	4	0	0	0	0	11	6	32	4
Poly-drug use (Mean drugs used)	12	6	3								8	

4. HEROIN

Price, purity and availability of heroin were identified from information obtained from the 88% of the IDU sample who felt confident to comment on heroin trends.

4.1 Price

Table 6a summarises the modal (most frequently reported) price of heroin in Melbourne reported by IDU participants across the 1997 - 2003 IDRS studies.

Table 6a. Modal prices of heroin in Melbourne reported by IDU survey respondents 1997-2003.

	1997	1998	1999	2000	2001	2002	2003
Heroin							
\$/cap	30-40	20-25	20-25	50 ^a	50	50	50
\$/gram	450	400	300	300	500	400	400

^a Since 2000 the modal 'cap' price reported refers to a larger quantity of heroin than that reported in previous years

These figures show current 'cap' prices in Melbourne have remained stable at \$50 over the past four years. Table 6a also shows that the most frequently reported price per gram of heroin in 2003 remained stable at \$400, after the increase observed in 2001. The consistency in prices reported in the past two years suggests greater stability in the Melbourne heroin market since the shortage observed in 2001.

Table 6b shows the reported price of last amounts of heroin purchased by IDU survey participants during the six months prior to interview, for the various quantities of heroin purchased. Modal prices reported for 'cap' and gram amounts are consistent with those reported in Table 6a. Prices for other quantities of heroin purchased by IDU have also remained stable since 2002, with less variability in the prices reported this year.

Table 6b. IDU reported prices for heroin quantities purchased during previous six months, 2003

Amounts of heroin purchased (last 6 months)	n	(%)	modal price (\$)	price range (\$)
last cap	99	(65)	50	20-120
last 1/8 gram	7	(5)	100	50-150
last 1/4 gram	28	(18)	110	60-150
last 1/2 gram	60	(40)	200	100-380
last gram	23	(15)	400	50-500

In addition to the consistency in reported heroin prices over the past two years, two thirds of the sample (66%) reported that the price of heroin had been stable over the previous six months (compared to 49% who reported it as stable in 2002, and 23% in 2001). Fourteen percent reported that the price had increased (down from 28% in 2002 and 55% in 2001), and 13% reported that it had decreased (10% reported a decrease in

2002 and 5% in 2001). A further 5% reported that heroin prices had fluctuated in this time.

Key informants reported that the prices for cap (range \$40-\$50) and gram (\$300-\$400) quantities of heroin were generally consistent with those reported by IDU survey respondents. All key informants reported that the price had decreased marginally over the past six months and that prices fluctuated regularly. Other prices reported by key informants included 1/2g (\$180-250) and 1/4g (\$100-220).

4.2 Availability

The majority of IDU respondents reported heroin as either very easy (46%) or easy (40%) to obtain at the time of interview (June-July 2003), while a smaller number indicated that it was difficult (12%) to very difficult (2%) to access. When asked if heroin availability had changed during the past six months, the majority reported that availability had been stable (71%). Sixteen percent claimed it was more difficult to obtain, and 11% easier. Only 2% thought it fluctuated during that time.

Most participants reported that they usually scored/purchased heroin from mobile dealers (38%) or a dealer's home (23%). Others accessed heroin from street dealers (15%), through home delivery (13%), or through friends (8%). There has been an increase in the number of IDU scoring from mobile dealers compared to 2002, and a corresponding decrease in the number of participants scoring from street dealers (31% and the dominant source of heroin in 2002).

Most key informants reported that heroin was currently easy to access, and that over the last six months the availability of heroin fluctuated regularly (n=35). Overall, it was reported by key informants that over the past twelve months availability of heroin has increased marginally. However, patterns of heroin availability did vary across different heroin markets. For example, key informants in the Footscray area reported that street market trading of heroin had marginally increased, whereas in Frankston, two key informants reported that clients no longer came to CBD to actually score heroin and clients preferred to meet outside the CBD, and then only to people that were known to them. Whilst similar trends were reported in other street markets, each location also reported unique characteristics in terms of heroin availability and other drugs used. Key informants in St Kilda reported that there has been the subtle change in culture over the past twelve months, resulting in a less 'friendly' culture involving less 'tick' or 'tide over' deals. Two key informants also reported that there had been a recent increase in the amount of activity in the Richmond street heroin market.

Most key informants (n=36) reported that home-based and mobile phone dealing have remained the major form of heroin trading in Melbourne. As noted in the previous IDRS, key informants reported that the street markets are still associated with more inexperienced users, or those new to the area, and many clients in this market find it difficult to score, often being ripped off or only accessing poor quality heroin. It was also noted by one key informant from St Kilda that in the current heroin market, when a dealer is apprehended, users are in the situation of having to find a new source, which she reported often lead to unreliable sources, both in terms of purity and availability. She reported that this had lead to overdose situations and other problems for users, such as being 'ripped off' and subsequently having to go out and obtain more money to score again.

Heroin trafficking/importing

As with the previous IDRS studies, street markets were reported to be operating in the Melbourne Central Business District (CBD), St Kilda, Fitzroy/Collingwood, Footscray, Springvale/Dandenong, Richmond, Frankston and Box Hill. As previously noted, key informants reported that all of these markets have declined substantially since the heroin 2001, although there has and some evidence of marginal increases in street heroin trading. It was also noted that although these sites were sometimes displaced as a consequence of police activity, they would simply shift to adjoining streets or suburbs.

Almost all (n=42) key informants remarked that the overt nature of heroin trading activities had not returned to 1999/2000 levels and they reported that the bulk of street-based heroin dealing was 'on-selling' by users to finance their own habits. It was proposed that the distinction commonly drawn between heroin 'users' and 'dealers' is often false, except for larger dealers who tend not to be heroin users. Three key informants reported the most of their clients obtain most of their income from small-time dealing. Police key informants (n=7) noted that there has been a significant decrease in the amount of heroin involved in larger transactions.

Key informants from the MDID reported that whilst heroin use is quite consistent, there have been relatively few seizures in the past six months in Victoria. Most of these were typified by reasonably small amounts between one and two ounces. It was reported that the detection of heroin being imported into the state was still technically very difficult and common importation methods included concealment inside electrical goods, such as hi-fi equipment and refrigerators. Trafficking methods differed within this group who commonly favour drug transport on or inside individual couriers.

4.3 Form and purity

As in 2002, a higher proportion of the IDU sample reported that they had most commonly used heroin rock (82%), compared to powder (18%) in the previous six months (Jenkinson, Fry & Miller, 2003). The most common route of administration was injection (90%), with 6% reporting 'smoking' the drug (i.e. heating heroin and inhaling the resulting vapours) and 5% swallowing it in the preceding six months.

Consistent with IDU reports, the primary route of administration identified by key informants was injection. While some reported contact with people who smoked heroin (i.e. 'burning') most reported that this behaviour remained uncommon following the heroin shortage (Miller, Fry, & Dietze. 2001).

Heroin purity was reported as medium (45%), to low (38%) by the majority of respondents in the IDU survey, with 7% reporting that heroin purity was high and 8% saying it had mostly fluctuated. In 2003, a larger proportion of respondents reported the purity as being medium (compared to 34% in 2002) and fewer reported that purity was low (45% in 2002). Participants perceived that heroin purity had mostly been stable (32%), or increased (30%) in the previous six months, while others indicated that it had decreased (18%), or fluctuated (14%) during that time. As in 2002, most respondents reported that the purity of heroin had been stable (32% in 2003, 24% in 2002), or increased (30% in 2003, 37% in 2002), in the six months prior to interview (although more reported stability in 2003). This is a considerable change from 2001 when the majority reported that the purity of heroin had decreased (58%) or fluctuated (20%) in that time, thus indicating that there has been an increase in the perceived quality of heroin in the past two years.

The average purity level of heroin seizures (for <1gm and >1gm amounts) made by law enforcement agencies in Victoria during the 2002/2003 financial year is shown in Figure 2. Purity figures shown here represent the purity levels of all heroin seizures made during this time period.

The overall average purity level of seizures analysed between July 2002-June 2003 was 26% (range 18% to 58%), with the purity of heroin seizures being relatively stable over that period. The average purity of heroin seizures made in 2002/2003 was higher than that observed last year (17% in 2001/ 2002), however purity still remains lower than that reported during the height of the heroin supply in Melbourne: 68.5% in 1988; 60.3% in 1999; 47.3% in 2000; 34.4% in 2001 (Jenkinson, Fry & Miller, 2003).

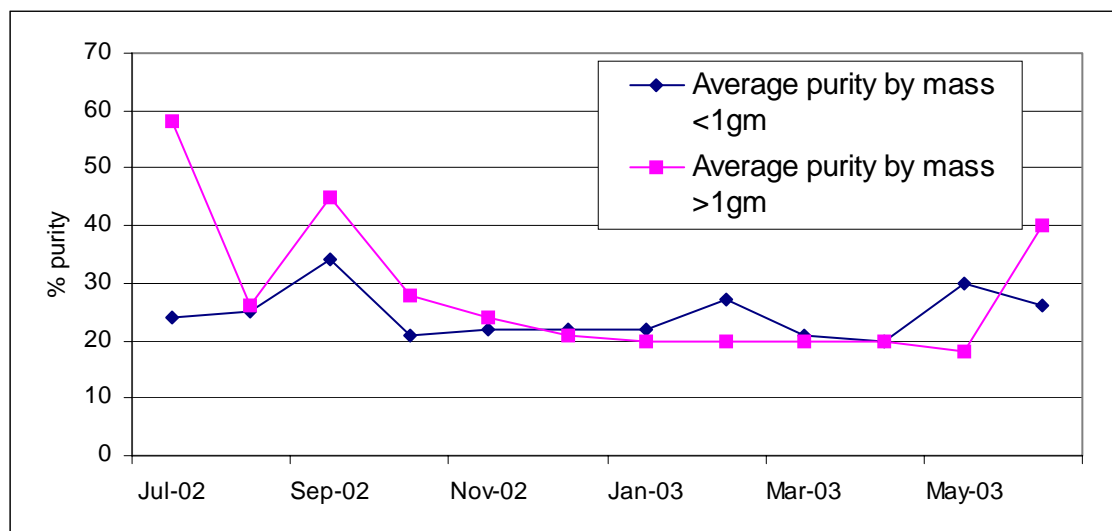


Figure 2. Average purity of heroin seizures by Victorian law enforcement, July 2002 – June 2003 (Source: Victoria Forensic Science Centre).

Most key informants reported that the purity of heroin was low to medium (n=25). The majority of key informants reported that heroin purity fluctuated, but that overall there had been a modest increase in heroin purity. This was reported as being common across all of Melbourne’s heroin street markets. Most key informants reported that heroin purity had not returned to anywhere near the levels seen prior to the heroin shortage. A key informant from St Kilda reported that purity fluctuated and that clients reported that only one out of ten deals were very good. Key informants reported that there were a number of different types of heroin available, stating that brown compressed form was of higher quality and the traditional white powder was of poor quality. It was reported that there was some rock available in the Fitzroy/Collingwood area.

MDID key informants reported that wholesale price of heroin had remained stable over past six to 12 months and that purity and availability were relatively stable.

4.4 Patterns of heroin use

4.4.1 Prevalence of heroin use

Clark and colleagues (2003) estimated that there are 27,000 heroin dependent people in Victoria. This total was estimated using data from a variety of recent studies on drug dependency.

Figures reported in the 2001 National Drug Strategy Household Survey, estimate that the number of IDU in Victoria aged 14 and over in 2001 was 17,700, and that 35% had recently injected heroin, 54% amphetamines, 28% ecstasy, 24% cocaine and 32% other opiates (Australian Institute of Health and Welfare, 2002).²

Additional indicators of injecting drug use are available from the Australian NSP Survey conducted annually through the National Centre in HIV Epidemiology and Clinical Research (National Centre in HIV Epidemiology and Clinical Research, 2003b). In addition to finger-prick blood samples and self-reported risk behaviour information, the 2002 national survey of NSP clients collected self-report information regarding the last drug injected by clients. Over half (57%) of the 265 NSP clients recruited from four NSP sites in Victoria reported that they had last injected heroin (58% in 2001, 87% in 2000 and 87% in 1999) and 23% identified amphetamine (24% in 2001, 6% in 2000 and 7% in 1999). Twelve people (5%) reported that they last injected buprenorphine, six people (2%) reported morphine, and two people (1%) heroin and cocaine.

This data may be interpreted as showing a decreasing trend in the prevalence of heroin use since 2000, (although in NSP samples it is still high) and concomitant indications of an increasing trend in the use of methamphetamines.

4.4.2 Current patterns of heroin use

The majority (69%) of IDU survey respondents reported that heroin was their main drug of choice. A total of 90% of the sample reported having injected the drug in the preceding six months, with respondents reporting using the drug on a median of 76 days in that period (60 days in 2002, 65 days in 2001). Reports from the IDU surveyed in 2003 suggest that although the heroin market is currently more stable and median days of use has increased, frequency of use has not returned to the level it was at pre 2001 (176 days in 2000).

Key informants reported that the amount of heroin used was variable and dependent upon a number of factors including availability of money, route of administration and length of time using heroin. Most key informants estimated that the regular heroin users with whom they were in contact consumed 1-2 caps per day (at a cost of \$50 each), 7 believed that regular heroin users would consume greater amounts, ranging from one quarter of a gram per day to half a gram per day. Almost all key informants identified that the availability of heroin impacts markedly on the amount of heroin people are using and that although the heroin market is currently more stable, frequency of use has not returned to the level it was at pre 2001.

The demographic profile of heroin users described by the key informants was similar to that of the IDU sample in regard to age (majority 25 to 30 years, ranging from 11-60 years of age), gender (predominantly male 65%), ethnicity (mostly from English speaking backgrounds), level of education (average Year 10 completed) and employment status (low employment levels). The average age of IDU reported by key informants in the current IDRS has moved from being in their early 20s in previous IDRS to their late 20s, which suggests that Melbourne's IDU population may be ageing overall.

Key informants reported that trends in heroin use over the past twelve months have been mostly stable. Key informants from St Kilda reported that there had been an increase in the number of IDU accessing their services. Changes observed included: little change in the number of people using heroin, a continuing decrease in the use of benzodiazepines, a small decrease in the use of methamphetamines by this group of

² Estimates based on small numbers of respondents

people (particularly ‘ice’), a continuing incremental return of street based trading of heroin, and no real change in the level of violence in the drug market. Key informant reports on changes in the demography of heroin users reflected localised trends. For instance, key informants from St Kilda reported that there remained a high proportion of young female clients in comparison to other services around Melbourne, which they proposed was related to the high prevalence of street sex work in the area. In other areas of Melbourne key informants reported that the number of users engaging in sex work to pay for their heroin had stabilised. As with previous years, a number of key informants noted that the definition of sex work within this group of people was highly problematic because many younger vulnerable users traded sexual favours for either drugs, protection, or even somewhere to sleep.

4.7 Summary of heroin trends

Table 7 contains a summary of trends in the price, purity, availability and use of heroin as ascertained in the 2003 Victorian IDRS study.

Heroin is reported as easy to obtain at present and availability has been stable over the past six months. The reported prices of gram and ‘cap’ amounts of heroin in 2003 were stable at \$400 and \$50 respectively. Purity of heroin is reported as medium, and most believed it had been stable or increased recently.

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

Table 7. Summary of heroin price, availability, purity and use trends in Melbourne 2003.

Price (mode)	
Cap	• \$ 50 (stable)
Gram	• \$ 400 (stable)
Availability	<ul style="list-style-type: none"> • very easy (46%), easy (40%) • stable (71%)
Purity	<ul style="list-style-type: none"> • average purity 26% (range 18%-58%)^a • medium (45%) to low (38%)^b • stable (32%), increasing (30%)^b
Use	<ul style="list-style-type: none"> • mostly rock form (82%) • relatively stable prevalence of use • stable- increasing frequency of use

^a Based on purity of drug seizures made by Victoria Police (Victoria Forensic Science Centre)

^b Based on IDU reports

5. METHAMPHETAMINE

In 2002 a distinction was made for the first time between the different forms of methamphetamine (speed, base and ice) to improve the precision of data collection on the use, purity and availability of each of these forms. This data was collected again in 2003, along with information on the use of amphetamine liquid and pharmaceutical stimulants (e.g. Dexamphetamine, Ritalin), although price, purity and availability data was not collected on these two drug types.

The entire sample of IDU survey respondents reported having used some form of methamphetamine in their lifetime (compared to 96% in 2002, 94% in 2001, and 90% in 2000), and over three quarters (79%) had used methamphetamine in the last six months (powder 70%, ice 50%, base 18%, liquid 5% and pharmaceutical stimulants 6%).

Lifetime injection of speed was reported by 98% of the sample, ice (69%), base (45%), liquid (18%) and pharmaceutical stimulants (15%). Recent injection of speed (last six months) was reported by 70% of the sample, ice (46%), base (18%), liquid (4%) and pharmaceutical stimulants (3%).

Prevalence of use and injection of the various forms of methamphetamines remained relatively stable in 2003, with the exception of ice. There was a significant increase in reported ice use (50% in 2003, 26% in 2002) and injection (46% in 2003, 22% in 2002), a trend which will continue to be monitored.

Fifty-five percent of survey respondents were able to comment confidently on the price, purity and availability of speed, 28% could comment on ice, while only 6% could comment on base.

Most key informants (n=46) were able to comment on methamphetamine users, particularly as the majority of key informants reporting on heroin identify that their client group also use substantial amounts of methamphetamines.

Flashcard Analysis

As in 2002, flashcards with colour photographs of the different forms of methamphetamines (Churchill & Topp, 2002) were used to help clarify more precisely the characteristics of the different forms that are sold as “speed”, “base”, and “ice”. A copy of the flashcard, with discussion of the groupings, is located on the NDARC website at <http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.bulletins>.

Photographs were grouped by Churchill and Topp (2002), to correspond to the three types of methamphetamines. Category A types were thought to represent speed, category B represented base, and category C represented ice. Those participants who reported using speed, base or ice in the past six months were shown a flashcard containing photos of the methamphetamine forms, and asked to identify the picture that most resembled what they had used.

Table 8 shows the reports from users of each of the forms of methamphetamine. For each form of methamphetamine, those who reported *any* use within the past six months, and those who reported *primarily* using each form, are presented.

Table 8. Reports from speed, base and ice users regarding the form of these drugs used most often in the past six months, 2003.

	Speed		Base		Ice	
	Any ¹ N = 106	Primary form used ¹ N=75	Any N = 29	Primary form used N=2	Any ¹ N = 76	Primary form used ¹ N=32
% any A	95	93				
% any B	3	4	100	100		
% any C					99	97

1. Note that percentages do not add to 100 due to missing data.

Speed

Of the participants who had used speed in the last six months (n=106), the majority (95%) identified pictures from the A class photographs. Within the A class category, almost half (45%) reported using A1, 31% identified samples from A2, 9% identified A3, and 16% identified having used A4 in the last six months. Only 3% of those who reported using speed in the last six months identified pictures from the B class photographs as being the main form they had used. No respondents identified pictures from the C class photographs.

When asked about which form of methamphetamine (i.e. speed, base or ice) they had used the most in the preceding six months, participants were again asked to identify which picture resembled the form they had mostly used. Among participants who had used speed the most in the preceding six months (n=75), 93% identified pictures from the A class, with A1 being the most identified photograph (44%).

A Class photographs

A1



A2



A3



A4



Base

All participants who reported using base in the last six months (n=29), identified pictures from the B class photographs as resembling the base they had used most often. Within that category a variety of forms were identified, including; B6 (24%), B10 (21%), B3 (17%) and B5 (14%).

Only two respondents to the 2003 survey reported that base was the form of methamphetamine they had used most often in the past six months. Both respondents identified pictures from the B class photographs (one person B5 and the other person B6).

B Class Photographs (most identified)

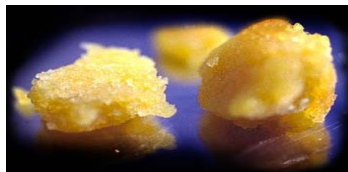
B6



B10



B3



B5



Ice/crystal meth

Of the participants who had used ice in the last six months (n=76), the majority (99%) identified pictures from the C class photographs as resembling the ice they had used most often (one respondent did not know which form they had used). Within that category, C2 was the photograph most identified (57%), with 21% identifying C1 and 12% identifying C4.

All of the participants who reported having used ice the most in the last six months (N=32), identified pictures from the C class photographs, with C2 being the most identified photograph (53%).

C Class Photographs (most identified)

C2



C1



Summary

The above analysis provides support for the methamphetamine categories ascribed by Churchill and Topp (2002). As they hypothesised, the majority of speed users identified pictures from the A class photographs, base users from the B class photographs, and ice users identified C class photographs.

5.1 Price

In 2003 a wide range of prices were reported for the most frequently purchased quantities of methamphetamine, however modal prices for all three forms, i.e. speed, base and ice, are very similar. Also, modal prices are similar to those reported in 2001 and 2002 (see Table 9).

Table 9. Modal prices of amphetamines in Melbourne reported by IDU survey sample 1997-2003.

	1997	1998	1999	2000	2001	2002 ^b	2003 ^b
Amphetamine							
\$/point	-	-	-	-	50	50	50
\$/gram	50	50	50	50	200	200	200
\$/ounce	-	820	750	800	1075 ^a	700	1000 ^c

^a based on n=4 reports (range \$175 to \$3500)

^b current modal price for speed only

^c based on n=3 reports (range \$1000-\$2000)

Speed

Over half (55%) of the respondents were able to comment on the current price, purity and availability of speed. The modal (most frequently reported) price per 'point' (n=78) was \$50 (range \$20-\$50), and per gram (n=46) was \$200 (range \$40-\$400). 'Points' were the most commonly purchased quantity of speed by respondents (n=55) in the last six months, followed by half-grams (n=41) and grams (n=24). Seventy seven percent reported stable prices over the last six months, while 8% said there was an increase in price, 5% a decrease and 8% did not know if the price had changed in the past six months.

Base

The modal price for a gram of base (n=6) was \$200 (range \$40-\$200), and for a 'point' (n=7), \$50 (range \$30-\$50). Most respondents (n=6) felt that the price of base had remained stable over the last six months.

Ice

The modal price for a gram of ice (n=23) was \$250 (range \$150-\$370) and for a 'point' (n=38), \$50 (range \$30-\$55). The majority (n=24, 57%) reported that the price had remained stable over the last six months, while 29% (n=12) did not know if the price had changed.

Methamphetamine prices reported by key informants were \$40-\$50 for a 'point', and \$180-\$250 for a gram. Key informants reported that prices for 'speed' and 'ice' were approximately the same, but could vary substantial. It was reported that methamphetamines were mostly sold in 'points' (theoretically 0.1 of a gram) in comparison to IDRS reports preceding 2001 which reported that deals were sold in 'caps' or bags. Key informants reported that the price of methamphetamines had been mostly stable during the past twelve months.

5.2 Availability

Generally the availability of methamphetamine is stable for each form, although the purer forms (i.e. base and ice) appear to be slightly more difficult to obtain. In terms of source of methamphetamine, in 2003 most people reported scoring from a friend or mobile dealer. The median amount of time required to score methamphetamine was about 20 minutes.

Most key informants reported that methamphetamines were very easy to obtain at the moment and that availability had remained stable over the past twelve months. Key informants from Frankston reported that there had been an increase in the amount of 'ice' available over the past six months and that methamphetamines were more accessible than any other drug (even legal drugs) for young people in Frankston.

Speed

The overwhelming majority of respondents reported that speed was either very easy (42%), or easy (39%) to obtain at present, with 18% reporting difficulty in obtaining the drug. Most indicated that the availability had remained stable (63%), or become easier (16%) in the previous six months, with 12% reporting that it had become more difficult to score speed in the previous six months. The usual sources of obtaining speed in the last six months were friend (32%), mobile dealer (25%), dealer's home (17%), street dealer (16%), home delivery (5%), and as a gift (4%).

Base

Of the nine respondents, five people (56%) reported that base was easy to very easy to score, while the other four (44%) said it was difficult. The majority (n=5) reported that the ease of access had remained stable over the last six months. Respondents scored from a variety of sources including; mobile dealers (n=4), dealers home (n=2), home delivery (n=2) and friends (n=1).

Ice

Of the 42 respondents, the majority of people reported that ice was either easy (n=19, 45%) or very easy to obtain at present (n=9, 21%), while 12 (29%) reported it was difficult. Sixty percent (n=25) reported that the ease of access had remained stable over the last six months, seven participants (17%) reported access as becoming more difficult and five (12%) that it had become easier. The usual source of ice was reported as a friend (n=14, 33%), mobile dealer (n=10, 24%), dealer's home (n=7, 17%), or street dealer (n=7, 17%).

Methamphetamine Trafficking/ importation

Key informants identified that there has been a consolidation of drug dealing with heroin dealers now supplying methamphetamines. Key informants reported that small-time dealers were still likely to be users themselves. One police key informant from the

Springvale area reported that the number of pharmacy burglaries targeted at pseudoephedrine had dropped.

MDID key informants reported that the major drugs they dealt with in the past twelve months were amphetamine type substances (ATS), particularly 'ice', 'speed' and MDMA ('ecstasy'). The major form being seen is methamphetamine powder, commonly called speed. They report that this is overwhelmingly pseudoephedrine based. They reported that clandestine laboratories are very responsive to different trends in consumer drug use, often producing copycat tablets of popular brands within days. MDID key informants reported that methamphetamine production involved a lot more smaller labs, rather than a small number of large laboratories. It was also reported that there were many more pill presses appearing which had the effect of producing many different 'brands', all of which were highly changeable and followed certain trends. For example, if one brand name such as 'pink Mitsubishis' were popular, the pill press would be adapted to produce pills with similar markings and colour to take advantage of this trend.

MDID key informants reported that around half of the pseudoephedrine used appeared to come from low level organised chemist burglaries and 'runs'. These 'runs' refer to when individuals (usually as part of an organised ring) visits pharmacies one after the other, often covering many pharmacies, even across a number of states. This is particularly the case with organised rings coming from QLD where government regulations surrounding access to tablets containing pseudoephedrine require that purchases provide photo ID. It was reported that people commonly drive from Queensland through New South Wales and Victoria, purchasing cold tablets from pharmacies along the way. This pseudoephedrine is then either exported back to Queensland or used in local clandestine laboratories. MDID key informants reported that pseudoephedrine tablets are typically purchased for approximately \$13-20 per packet and sell for around \$30.

MDID officers describe the current methamphetamine production same as being a multilevel situation whereby the majority of producers are a lot of small clandestine labs, typified as 'hacks' who are often amateurs sourcing information off the Internet or through knowledge passed on whilst in custody. It was reported that the number of these labs is expanding exponentially and require significant resources to control as they are so small, difficult to detect and geographically dispersed. The other major source of amphetamine production is organised crime who typically operate large laboratories which are multi-tier/multi-personel operations who often important pseudoephedrine to be used for the production of methamphetamines. These crime syndicates were typically described as being career criminals, who were involved in a wide range of criminal activities including car theft and armed robbery. It was reported that different individuals or groups are employed by these syndicates to access pseudoephedrine, produce the methamphetamines, and distribute the drugs to dealing networks. MDID sources also indicated that these syndicates are generally not motorcycle gangs in Victoria, but in other States a number of motorcycle gangs were involved in the production and distribution of methamphetamines.

MDID key informants reported that wholesale price of methamphetamines had remained stable over past six to 12 months and that purity and availability were consistent. MDID key informants reported that there had been no specific ice laboratories discovered in the past twelve months. However, they did report that a number of informants reported that the production of ice was desirable for some methamphetamine 'cooks'. It was also speculated that many of the 'cooks' were university level science students who were essentially 'playing around' the different

chemical compounds in the type of research and development program. It was further reported that there had been virtually no seizures of ice imported from overseas at the Victorian level.

5.3 Form and purity

Participants used a variety of methamphetamine forms during the last six months, including speed powder 70% (70% in 2002), ice 50% (26% in 2002), base 18% (19% in 2002), liquid 5% (7% in 2002) and prescription amphetamine 6%. Although similar numbers of IDU used powder, base and liquid in both 2002 and 2003, it is evident from IDRS data that there has been a significant increase in the number of respondents reporting using ice.

In terms of purity, generally respondents reported it as medium to high, and the majority believed that it had been stable in the past six months. This is in comparison with 2002 data where most respondents felt purity had decreased (Jenkinson, Fry & Miller, 2003).

The most common route of administration of methamphetamine reported in the last six months was injecting (n=117), with smaller numbers smoking (n=10), swallowing (n=10) and snorting (n=9). Those who had used methamphetamines in the preceding six months (n=120, 79%) reported a median of 13 days (compared to 24 days in 2002, 25 days in 2001, and 6 days in 2000).

Speed

The majority of respondents reported that the purity of speed was medium (39%) to high (26%), while 21% reported that it was low, and 10% fluctuating. In 2003 most thought that purity had remained stable (42%), although 19% thought it had fluctuated, 16% increased and 13% decreased.

Base

Of the nine people who answered this section, two thirds (n=6) felt that the purity of base was high, two reported it was medium and one respondent claimed that the purity was low. Most (n=5) reported that the purity had been stable, two believed it had increased, one that it had decreased, and the other respondent reported that purity had fluctuated.

Ice

Most (64%, n=27) of the respondents felt that the purity of ice was high, 17% reported medium quality, and 12% claimed the purity was low. Nearly half of the respondents (48%, n=20) reported that purity of ice had been stable over the last six months, while 14% believed it had decreased and 10% increased. Quite a few respondents (21%, n=9) did not know if the purity had changed over the past six months.

The mean purity of <1gm and >1gm methamphetamine seizures by law enforcement agencies in Victoria during 2002/2003 financial year is shown in Figure 3. All Victorian seizures are tested for purity. As shown in Figure 3, the average purity of <1gm methamphetamine seizures appears to have doubled over the period of focus, while purity levels of >1gm seizures have also increased, although more variability is evident.

The mean purity of all seizures of methamphetamine analysed in Victoria during the 2002/2003 financial year was 33% (range 9% to 79%), compared to 20% reported for 2001/02, 21% for 2000/01 and 15% for 1999/00 (Jenkinson, Fry & Miller, 2003).

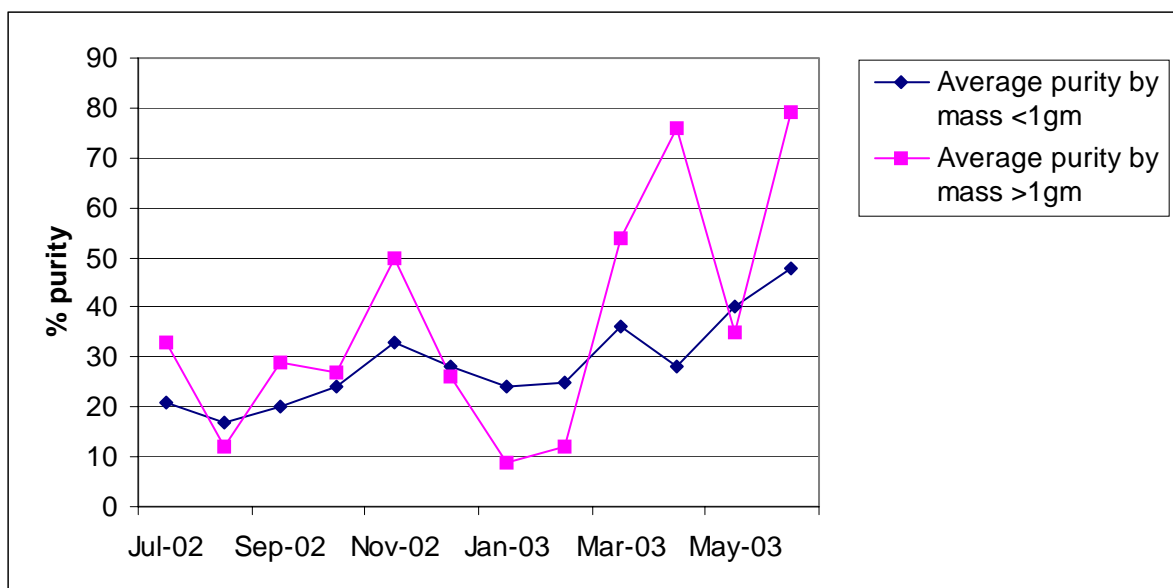


Figure 3. Average purity of methamphetamine seizures by Victorian law enforcement, July 2002 – June 2003 (Source: Victoria Forensic Science Centre).

Continuing the trend observed in the 2002 IDRS, key informants (n=18) reported that methamphetamine purity was generally high, but fluctuated often during last six months. Key informants in Frankston reported that there were a substantial number of different forms of methamphetamines, varying in consistency and colour, such as ‘ox blood’.

MDID key informants reported that wholesale price of ice had remained stable over past six to 12 months and that purity and availability were consistent.

5.4 Patterns of methamphetamine use

5.4.1 Prevalence of methamphetamine use

The most recent survey of amphetamine use in the general community of Victoria was undertaken within the 2001 National Drug Strategy Household Survey. According to the findings of this survey, 2.4% of the Victorian population aged 14 years and above had used amphetamines (non-medical) within the past twelve months (Australian Institute of Health and Welfare, 2002).

Data from the Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2003), found that of the 16-24 year olds surveyed (n=3032), 17% of the males and 14% of the females, reported having used amphetamines in their lifetime and 11% of males and 9% of females reported use in the 12 months prior to the survey. The majority of these people reported snorting or swallowing these drug types.

5.4.2 Current patterns of methamphetamine use

All 2003 IDU survey respondents reported lifetime use of methamphetamines (powder 99%, ice 76%, base 45%, amphetamine liquid 20% and pharmaceutical stimulants 6%), while 15% nominated methamphetamines as their drug of choice.

The majority (79%) of IDU survey respondents reported using methamphetamine in the past six months (powder 70%, ice 50%, base 18%, liquid 5% and pharmaceutical

stimulants 6%). Those who had used the drug in that time reported a median of 13 days of use (powder 12 days, ice 6 days, base 10 days, liquid 2 days, and pharmaceutical stimulants 5 days). Ten respondents to the 2003 survey reported using methamphetamine every day in the last six months (180 days).

Key informants in the 2003 study overwhelmingly identified methamphetamine use as a regular feature of the Melbourne injecting drug scene. This trend was consistent across different drug markets, although the small reduction in methamphetamine use was noted in Richmond. Youth key informants in Footscray reported that there had been a reduction in the use of ice and a move towards ecstasy and Ketamine. They reported that this was both due to changes in supply as well as changes in demand due to clients finding the effects of ice somewhat unpleasant, particularly in relation to mental health issues. Key informants reported that the incidence and prevalence of polydrug use incorporating methamphetamines have stabilised. It was also reported that this group of polydrug users represented a continuation of the shift in regular drug use patterns noted in previous IDRS. Key informants (n=38) reported that methamphetamine use was a regular, daily occurrence, whereas in the past methamphetamine use was characterised as sporadic and binge-like in nature (Fry & Miller, 2001).

Key informants from both St Kilda and Frankston report that due to increased methamphetamine use, particularly 'ice', there has been an increase in both psychosis and 'face picking'. Frankston key informants reported that 'regular' speed users did not like the effects of 'ice' and many have moved back to 'speed'. Another trend identified by 17 youth worker key informants in Frankston and Footscray was the ubiquitous nature of prescription stimulants such as Ritalin, duramine and dexamphetamine diverted from people in treatment.

While it is evident that the use of methamphetamines (mainly the speed and ice varieties) is widespread amongst the IDU surveyed, frequency of use of this drug type has decreased since last year (24 days in 2002, 13 days in 2003). This reduction in frequency of use may be associated with the heroin market currently being more stable, and the fact that the IDU surveyed are able to access their drug of choice (namely heroin) more readily.

5.7 Summary of methamphetamine trends

Trends in methamphetamine price, availability, purity and use are summarised in Table 10. Findings from the 2003 IDRS study suggest that the prevalence of speed use among injecting drug users in Melbourne is quite high, and the reported use of ice has almost doubled since 2002. These drugs are predominantly sourced through social networks and mobile dealers.

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

Table 10. Summary of methamphetamine price, availability, purity and use trends in Melbourne, 2003.

	<i><u>Powder</u></i>	<i><u>Base</u></i>	<i><u>Ice</u></i>
<i><u>Current Price (mode)</u></i>	n=84 Point Gram Ounce • \$50 • \$200 • \$1000	n=9 • \$50 • \$200	n=42 • \$50 • \$250
<i><u>Availability</u></i>	n=84 • very easy (42%) - easy (39%) • stable (63%) • scored from friend (32%), mobile dealer (25%)	n=9 • easy-very easy (56%) and difficult (44%) • stable (56%) • scored from variety of sources	n=42 • easy (45%) to very easy (21%) and difficult (29%) • stable (60%) and more difficult (17%) • scored from friends (33%), mobile dealer (24%) and dealer's home (17%)
	<ul style="list-style-type: none"> • Purer forms slightly more difficult to obtain • Generally stable availability for each form 		
<i><u>Purity</u></i>	n=84 • purity medium (39%) to high (26%) • purity stable (42%)	n=9 • purity high (67%) to medium (22%) • purity stable (56%) and increasing (22%)	n=42 • purity high (64%) to medium (17%) • purity stable (48%) and did not know (21%)
<i><u>Use</u></i>	<ul style="list-style-type: none"> • Prevalence of use of speed and base has remained relatively stable, while ice use has increased • Most score from friends or mobile dealers • Price has remained stable • Slight decrease in frequency of use 		

6. COCAINE

Thirteen percent of IDU survey respondents (n=20) reported using cocaine in the last six months however only three percent of the sample (n=4) were able to comment confidently on the price, purity and availability of this drug. In past IDRS studies similarly small numbers of respondents were able to comment on cocaine trends (9%, n=14 in 2002; 18%; n=27 in 2001). Data collected from the four IDU who were able to comment on cocaine have been included in this report, however it is difficult to draw any conclusions about the price, purity and availability of this drug from such a small sample size. Cocaine use by IDU in Melbourne appears to be fairly opportunistic.

No key informants were able to report on cocaine use exclusively, however three key informants were able to confidently report on trends in cocaine availability, price, purity and patterns of use.

6.1 Price

Table 11 summarises the modal price of cocaine in Melbourne reported by the injecting drug users who participated in the 1997 – 2003 IDRS studies. Of the four participants who responded to these questions in 2003, only two were able to comment on the price of a gram of cocaine and no respondents could comment on cap prices. One respondent had purchased \$150 deals in the past six months and another reported purchasing ½ an ounce for \$1000. Most (three of the 4 participants who responded to the questions about cocaine) reported that they did not know if the price of cocaine had changed in the past six months, while one respondent reported that the price had remained stable during that time. Although this data suggests that there is some stability in the price of cocaine (particularly grams) in Melbourne, it is not possible to identify clear trends due to the consistently small number of price reports obtained in each of the IDU surveys during this time period.

Table 11. Modal prices of cocaine in Melbourne reported by IDU survey respondents 1997-2003.

	1997	1998	1999	2000	2001	2002	2003
Cocaine							
\$/cap	-----	-----	65 ^a	80 ^b	50 ^c	50 ^d	-----
\$/gram	300	200	250	250	200	250 ^e	250-300 ^f

^a n=1

^b n=3 (range \$50-\$250)

^c n=5 (range \$50-200)

^d n=4 (range \$40-\$250)

^e n=7 (range \$150-\$500)

^f n=2 (\$250, \$300)

Very few key informants were able to report on the price of cocaine in Melbourne. It was reported that cocaine cost approximately \$400 per gram. No key informants were able to report on the price on a cap of cocaine. It was reported that this price had remained stable over the past twelve months.

6.2 Availability

Half of the respondents who were able to comment on the availability of cocaine reported that it was difficult to obtain (50%, n=2), while the other two respondents reported that they did not know how easy it was to get at the moment. Of the two participants who could comment on availability, one reported that cocaine had become more difficult to come by, while the other reported that it had remained stable. For those who had used cocaine in the previous six months and were able to comment on this section, the drug was most commonly obtained from friends (n=2), or dealers home (n=1). Thirty minutes was the median amount of time needed to score cocaine.

As with previous IDRS studies key informants reported that although in general cocaine was difficult to obtain, it was relatively easy for those who established and maintained appropriate contacts. It was reported that availability was fairly stable over the past twelve months. One key informant reported that cocaine was becoming increasingly available in the club scene, and it may be that trends outlined in the 2003 IDRS Party Drugs Initiative report (forthcoming) will provide more information regarding cocaine use trends.

Cocaine Trafficking/importation

MDID key informants reported little involvement with cocaine importation or trafficking in the past twelve months.

6.3 Form and purity

Thirteen percent (n=19) of those who participated in the IDU survey reported having used cocaine in powder form in the past six months (compared to 16% in 2002, 31% in 2001), and 3 respondents (2%) reported using “crack” (a smokeable form of cocaine). As in past years, the principal route of administration reported for recent cocaine use (last six months) was injecting (10%, n=15). This is a slight decrease on the past two years where 15%, n=23 (2002) and 20%, n=30 (2001) reported injecting cocaine in the last six months, although still greater than in 2000 (6%, n=9) and 1999 (3%, n=3). In 2003, reported lifetime cocaine use (70%) was higher than in past years; 60% in 2002, 64% in 2001, 51% in 2000 and 46% in 1999. Reported lifetime injection of cocaine increased to 53% in 2003, from 47% in 2002, 46% in 2001, 36% in 2000 and 29% in 1999. Reported frequency of use in the last six months was low (median 2 days), suggesting irregular, opportunistic use patterns.

Of the four participants who commented on cocaine purity, one respondent believed it was medium at present, and another that it was high. Two did not know the purity. One participant commenting on cocaine trends reported that cocaine purity had been stable during the last six months, while the other three did not know if the purity had changed during this period.

The mean purity levels of cocaine seizures analysed by law enforcement agencies in Victoria during the 2002/2003 financial year are shown in Figure 4. Purity levels of cocaine seizures have fluctuated substantially throughout this period.

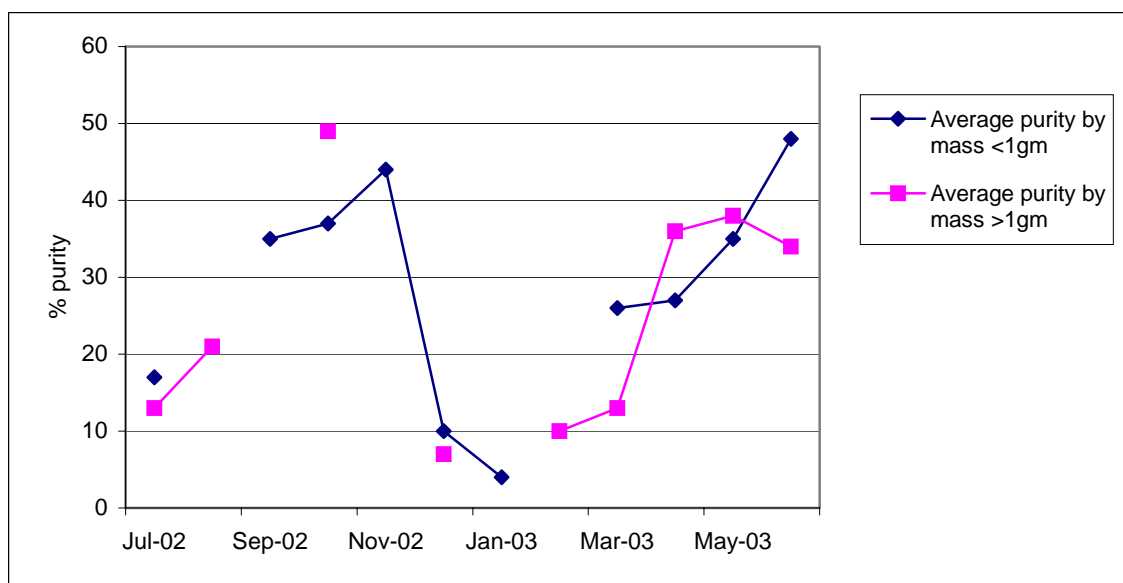


Figure 4. Average purity of cocaine seizures by Victorian law enforcement, July 2002 – June 2003 (Source: Victoria Forensic Science Centre).

The mean purity of all seizures analysed during this period was 27% (range 4% to 49%), compared to 38% in 2001/02, 40% in 2000/01 and 53% in 1999/00. Purity levels of cocaine appear to be dropping, but have fluctuated since 1995/1996 (Jenkinson, Fry & Miller, 2003).

No key informants were able to report on trends in cocaine purity.

6.4 Patterns of cocaine use

6.4.1 Prevalence of cocaine use

The most recent survey of cocaine use within the general community of Victoria was undertaken within the 2001 National Drug Strategy Household Survey. The findings of this survey suggest a low level of cocaine use within the Victorian community, with 1.3 % of the Victorian population aged 14 years and over reporting the use of the drug within the past twelve months (Australian Institute of Health and Welfare, 2002).

Preliminary data from the recent Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2003) indicates that of the 16-24 year olds sampled, reported use of cocaine was infrequent with only 8% of males and 6% of females reporting ever having used cocaine, and 4% of males and 3% of females reporting use in the 12 months prior to survey.

6.4.2 Current patterns of cocaine use

Although more than two thirds of the respondents in the IDU survey (70%, n=107) reported lifetime use of cocaine, only three people identified cocaine as their main drug of choice. Thirteen percent of the IDU surveyed reported having used cocaine in the previous six months and 10% reported having injected the drug in that time. With the supply and price of heroin reportedly more stable in 2003, cocaine may now be seen as desirable but too expensive for the majority of primary heroin users in Melbourne (as indicated in previous years of the IDRS study in Melbourne).

The majority of key informants still indicated that cocaine use was not prevalent within their respective client groups. In contrast to the previous IDRS studies, cocaine use was not reported in the sex worker population in St Kilda. Cocaine was typically characterised as too expensive for most primary heroin users in Melbourne. Some of the apparent reduction in cocaine use may be explained by key informant reports (n=17) in the 2002 IDRS that some of their clients who reported cocaine use were more likely to be confused about the drugs they were using and when the clients were questioned in greater depth about the drug they were using, indicators such effect, price and duration suggested methamphetamines. As with previous IDRS studies, the 2003 Melbourne IDRS was able to access few key informants who could comment on cocaine, suggesting that the drug is still not readily available within IDU networks in Melbourne.

The relatively low levels of cocaine use among Melbourne IDU participating in this study indicates that different groups of drug users should be surveyed to gain a clearer picture of the patterns and characteristics of the use of this drug. Turning Point Alcohol and Drug Centre is currently conducting research focusing on psychostimulant use in Melbourne with a different sentinel group of drug users. This expansion of drug trend monitoring should help to provide a clearer picture of cocaine trends in Melbourne.

6.7 Summary of cocaine trends

Trends in cocaine price, availability, purity and use are summarised in Table 12. In general, it appears that cocaine use remains infrequent amongst IDU in Melbourne (only four people could comment on the price, purity and availability of this drug). This may be due to the lack of availability, the cost, and possibly the availability of good quality methamphetamines in Melbourne.

Table 12. Summary of cocaine price, availability, purity and use trends in Melbourne 2003.

Price (mode) Cap Gram	<ul style="list-style-type: none"> • unknown • \$250-300 (stable)
Availability	<ul style="list-style-type: none"> • difficult (50%), did not know (50%) • stable (50%), more difficult (50%)
Purity	<ul style="list-style-type: none"> • average purity 27% (range 4% to 49%)^a • stable (25%) , did not know (75%)^b
Use	<ul style="list-style-type: none"> • Slight decrease in level of use last 6 months, and low overall (13%) • Decreased levels of recent injecting (10%) • Sourced from friends or dealers home • Trends are not clear and require further research

^a Based on purity of drug seizures made by Victoria Police (Victoria Forensic Science Centre)

^b Based on IDU reports

7. CANNABIS

Cannabis was the second most commonly used illicit drug by IDU survey respondents in the last six months (88%, n=134), with 97% of respondents reporting having used cannabis in their lifetime. The majority of respondents to the 2003 survey (83%) were able to report on aspects of cannabis price, potency and availability.

All of the key informants reported some level of cannabis use within their client groups, and eight key informants were able to report on cannabis trends. Cannabis use was reported as being endemic in injecting drug users as a secondary drug. Many (17) key informants were able to report on cannabis trends.

7.1 Price

For the first time in 2003 questions on cannabis prices were asked separately for hydroponic cannabis and bush/naturally grown cannabis. Most respondents to the survey (83%) had used hydroponic cannabis in the last six months, while 58% reported having used bush/ naturally grown cannabis in that time.

Table 13a summarises the modal prices of cannabis in Melbourne reported by IDU survey participants in the 1997-2003 IDRS studies. This shows that the price per gram of cannabis has been stable over this period, while the price per ounce appears to have stabilised after a period of continued reduction between 1997-2001.

Table 13a. Modal prices of cannabis in Melbourne reported by IDU survey respondents 1997-2003.

	1997	1998	1999	2000	2001	2002	2003-Hydro	2003-Bush
Cannabis								
\$/gram	20-25	20-25	20	20	20	20	20	20
\$/ounce	350	320	300	280	250	250	250	200

During the previous six months the majority of respondents reported purchasing grams (59%), and quarter ounces (43%) of hydroponic cannabis. Other quantities of hydro purchased included 3 grams, often referred to as '3 for \$50' (35%), ounces (23%) and half ounces (18%) (see Table 13b).

Table 13b. IDU prices reported for hydroponic cannabis quantities purchased during the previous six months, 2003.

Amounts of cannabis purchased (last 6 months)	n	(%)	Modal price (\$)	price range (\$)
Gram	90	59	20	10-25
¼ ounce	66	43	80	50-200
2 grams	18	12	30	30-50
Ounce	35	23	250	200-450
½ ounce	27	18	150	110-220
3 grams	53	35	50	30-50

In terms of bush/ naturally grown cannabis, most respondents reported purchasing grams (30%), ounces (13%), or 3 grams (9%) in the past six months (see Table 13c).

Table 13c. IDU prices reported for bush cannabis quantities purchased during the previous six months, 2003.

Amounts of cannabis purchased (last 6 months)	n	(%)	Modal price (\$)	price range (\$)
Gram	45	30	20	10-25
¼ ounce	9	6	80	50-80
2 grams	9	6	30	20-40
Ounce	19	13	250	100-320
½ ounce	2	1	160	160-180
3 grams	13	9	50	20-50

The majority of IDU who commented on trends reported that the price of cannabis had not changed (84%, stable) during the last six months, while smaller numbers indicated that prices had increased (5%), or decreased (4%) during this time. As reported in past IDRS studies, the price ranges reported by participants for various amounts of cannabis were uniformly small, indicating the existence of an entrenched and stable cannabis market place in Melbourne.

Key informants reported \$20-25 for a gram and \$70-100 for a quarter of an ounce of cannabis. The majority of IDU and key informants reported that the price had not changed in the last six months.

7.2 Availability

The overwhelming majority of the IDU sample who commented on trends reported that cannabis was easy or very easy to obtain (90%), and that the availability of cannabis had remained stable in the preceding six months (82%). This group commonly obtained cannabis from a friend (41%), or dealer's home (27%). Smaller numbers of people had purchased from a mobile dealer (11%, n=14), street dealer (10%, n=13), or reported that they grew their own supply (4%, n=5).

Key informant reports indicated that cannabis was very easy to obtain, that for the most part availability had remained stable in the last six months and that cannabis was primarily obtained through private social/drug networks.

Cannabis Trafficking/ dealing

MDID key informants reported that over the past 12 months there has been a refocus within the division in response to an increase in organised crime involvement in cannabis production. In response to this, the MDID has operated a specialist cannabis team for the past year. The focus of this team has mostly been on 'crop houses' which predominantly occur in Melbourne's western suburbs. These houses typically involve large-scale hydroponic set-ups. MDID key informants reported that most of Victoria's cannabis is produced in these indoor set-ups, with little outdoor production being seen. They reported that much of this production is under control of syndicates. It was also reported that a major cannabis trafficking ring had been recently closed down involving an operation that crossed Victoria, South Australia and New South Wales.

7.3 Form and potency

Participants had used a variety of different forms of cannabis during the six months prior to interview, including: hydroponically grown cannabis (83%), outdoor grown cannabis (59%), hash (9%) and hash oil (3%). The type most commonly used was hydroponic (90%).

The potency of cannabis was generally rated as high (60%, n=76), or medium (32%, n=40) by the IDU sample, with most respondents stating that the potency had remained stable (75%, n=94), or had been increasing (14%, n=17) over the previous six months. Seven percent of respondents reported that cannabis potency had fluctuated during this time.

Key informant reports suggested that the majority of cannabis users used head or leaf and that this was either grown outdoors or hydroponically. All key informants reported that the preferred method of cannabis use was smoking through “bongs” (i.e. water pipes) rather than “joints” (i.e. self-rolled cannabis cigarettes). Most key informants also reported that cannabis potency was high and that there were no changes in potency over the preceding six-month period.

MDID key informants reported that wholesale price of cannabis had remained stable over past six to 12 months and that purity and availability were stable.

7.4 Patterns of cannabis use

7.4.1 Prevalence of cannabis use

The most recent survey of cannabis use within the general community of Victoria was undertaken within the 2001 National Drug Strategy Household Survey. The findings of this survey suggest that cannabis is the most commonly used illicit drug within the Victorian community, with 11.8% of the Victorian population aged 14 years and over reporting the use of the drug within the past twelve months (Australian Institute of Health and Welfare, 2002).

Preliminary data from the recent Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2003) show that overall, approximately half of the 16-24 year olds sampled (57% of males, 49% of females) reported lifetime use of cannabis. One third of the sample (37% of males, 27% of females) also reported use in the 12 months prior to the survey. Alcohol and tobacco were most commonly reported as being used at the same time as cannabis by the respondents.

7.4.2 Current patterns of cannabis use

IDU survey respondents were very frequent cannabis users, with a median of 170 days use during the last six months (almost daily use). In terms of illicit drugs being reported on in the IDRS, cannabis is the most frequently used drug.

Key informants who reported cannabis use within their client groups believed that most of their clients used cannabis. The cannabis users that key informants reported on were mostly daily users although sporadic binge use was reported to be common among younger users, probably due to limited finances. Thirteen key informants reported that for their client group, cannabis tends to produce mood problems, concentration problems and lethargy. Detox services reported stable level of requests/contacts over the past six months. However, some key informants reported that many of their clients would not consider treatment as they did not think they had a problem. Indeed, two key informants reported that cannabis use was seen as being mainstream, with little negative

consequences. The cannabis users with whom key informants were in contact were more likely to be male, have an average age of between 17-22, an average education level of Year 9 and were predominantly unemployed. One key informant discussed how her clients were not just unemployed, but that they were not ‘work ready’ and needed substantial support to ever be ready to join the work force. Key informants were in contact with cannabis users as young as 12 years of age.

Many of the cannabis using clients were commonly characterized by key informants as poly-drug users who would often also use benzodiazepines, alcohol and occasionally heroin, methamphetamines and hallucinogens. Another interesting issue associated with cannabis use identified by key informants is that for many of their clients, cannabis use increased as they moved closer towards abstinence from heroin.

7.7 Summary of cannabis trends

A summary of cannabis trends is shown in Table 14. The Melbourne cannabis market and patterns of use continue to be relatively stable. Reported cannabis availability and perceived potency remained relatively unchanged between 1997 and 2003. In terms of the number of users, cannabis was the second the most widely used illicit drug by participating Melbourne IDU, and the most frequently used in terms of number of days. Cannabis is also commonly used concurrently with a range of other illicit drugs by injecting drug users.

Table 14. Summary of cannabis price, availability, purity and use trends in Melbourne 2003.

Price (mode) Gram Ounce	<ul style="list-style-type: none"> • \$20 (hydro and bush) • \$250 (hydro), \$200 (bush) • Prices stable (84%)
Availability	<ul style="list-style-type: none"> • Readily available in last 6 months (easy – very easy 90%) • Availability stable (82%)
Potency	<ul style="list-style-type: none"> • High (60%) to medium (32%)
Use	<ul style="list-style-type: none"> • Second most widely used illicit drug by IDU sample • Stable frequency of use • Most frequently used illicit drug in terms of number of days • Cannabis commonly used concurrently with other drugs • Accessed mostly through social networks (friend 41%)

8. OPIOIDS

8.1 Methadone

In 2003 more comprehensive information was collected from participants on the different forms of methadone they had used (i.e. licit/illicit methadone syrup, licit/ illicit physeptone tablets). Questions regarding price, purity and availability of illicit methadone were also included.

Seventy-four percent of the 2003 IDRS sample reported lifetime use of methadone, which is identical to last year. Similarly, the number of IDU reporting lifetime injection of methadone remained stable at 22% (n=33) in 2003, (22% (n=35) in 2002). While the reported prevalence of lifetime injection of methadone is concerning, it is worth noting that only 2% of the 2003 IDU sample reported injection of methadone during the six months prior to interview (3% of the 2002 sample, 6% in 2001 sample).

Licit methadone syrup was used by 23% of respondents (n=35) and illicit methadone syrup by 11% of respondents (n=17) in the previous six months. One respondent reported using licit Physeptone tablets and two respondents used illicit Physeptone tablets during that time. Of those who reported using methadone in the past six months, the majority (78%) mostly used licit methadone syrup, followed by illicit syrup (18%) and illicit Physeptone tablets (4%). The median number of days use for those who reported using methadone in the past six months was 90 (n=47), and for those who were enrolled in methadone treatment during that time (n=36) a median of 165 days use was reported.

Only two respondents felt confident enough to answer questions about the price and availability of illicit methadone. One participant reported having purchased 150ml of methadone syrup for \$100 from a street dealer in the past six months, while the other person reported that they swapped their cannabis for methadone with a friend in that time. Only one respondent commented on the availability of illicit methadone, stating that it was very difficult to obtain.

8.2 Buprenorphine

Of the 57 participants who were currently in treatment, the majority (58%) reported that the main type of drug treatment they were in was buprenorphine treatment. The other main treatment types were methadone (40%) and drug counselling (2%). These figures are similar to 2002 where 63% were on buprenorphine treatment, 34% were in methadone programs and 3% in drug counselling. There was a rapid uptake in treatment with buprenorphine in Victoria after its introduction in late 2000, which appears to have been sustained.

In 2003 respondents were asked about both licit and illicit use of buprenorphine. In terms of use in the last six months, prevalence was similar, with 38% of the sample having used licit buprenorphine and 32% having used illicit buprenorphine in that time. Almost two thirds (32%) of respondents had mostly obtained their buprenorphine illicitly.

Overall over two thirds (69%) of the IDRS respondents reported lifetime use of buprenorphine (licit or illicit) and 53% had used this drug in the last six months. Of the sample of 152 respondents, 57% had swallowed buprenorphine ever and 41% had done so recently (in the last 6 months).

Over half (51%) of the respondents reported injecting buprenorphine in their lifetime (37% in 2002), and 39% reported doing so in the last six months (33% in 2002). The

high prevalence of buprenorphine injection is of concern. For those who injected their prescribed buprenorphine (n=33) a median of 24 days (or once a week) was reported, while a median of only 4 days was reported for those injecting illicit buprenorphine (n=44).

Most of the key informants (n=50) reported having contact with clients on buprenorphine. Key informants reported that the introduction and uptake of buprenorphine has made a substantial difference to the injecting drug use scene in Melbourne. One major benefit identified by key informants is that many clients reported that they would not have entered the methadone program. Some key informants proposed that buprenorphine is perceived differently by users and does not have the stigma attached to it that methadone does in terms of issues of dependence and negative health effects. Some key informants reported that buprenorphine remained more popular with some clients than methadone. However, it was noted that there has been a reduction in the 'wow' factor associated with buprenorphine with methadone becoming more popular again with some clients. Key informants reported that users report being satisfied with the additional choice that the availability of buprenorphine supplies, and that clients like the fact that, in contrast to methadone, they do not have to pick up doses every day. Key informants also reported that clients found that buprenorphine does not make them feel drowsy and dopey like methadone and they report fewer side effects than methadone. One key informant reported that it reduced heroin use, however clients had reported speed was good to use with buprenorphine as— buprenorphine does not affect the effects of methamphetamines.

On the other hand, there were a number of problems identified with the widespread use of buprenorphine. The major issue is the prevalence of the injecting of buprenorphine and some associated diversion. As discussed elsewhere, buprenorphine is not designed to be injected and can result in substantial negative health consequences such as vein damage, arteriosclerosis, thrombosis and infections. This is particularly the case because current procedures mean that the buprenorphine being injected has almost certainly been stored in the mouth of the recipient in the pharmacy, resulting in increased likelihood of infection. Whilst pharmacies crushing doses have reduced this practice somewhat, 23 key informants reported that clients were retaining crushed buprenorphine mixed with saliva and injecting it once they had left the pharmacy. Whilst this practice clearly constitutes a substantial health problem, key informants report that many clients do not inject buprenorphine for long and few find any substantial benefit in injecting it. As with other drug use trends, different heroin markets across Melbourne have demonstrated different trends. For example, in the Fitzroy/Richmond areas, one KI reported that buprenorphine injecting had become shameful in some groups of IDU, because it was perceived as not taking 'real drugs'. Key informants from the Frankston area identify buprenorphine injecting as one of their major issues in comparison to key informants in Footscray still identifying temazepam injecting as their major problem. However, key informants from the Footscray, Western suburbs area reported that whilst buprenorphine injecting did occur, it was not overwhelming and most people did not keep injecting for long. Yet it was also reported by youth workers in Footscray that buprenorphine injecting was increasing and that dispensing protocols surrounding buprenorphine were poorly enforced. Buprenorphine injecting was reported as being common in Richmond. Another major problem identified by key informants is that there is not any harm reduction information available surrounding injecting buprenorphine, increasing the likelihood that users will experience negative consequences associated with injecting buprenorphine.

Other problems identified include: dispensing fee problems, different dosing requirements not being adequately addressed, clients harbouring unreal expectations about buprenorphine and myths associated with buprenorphine bringing on withdrawal. Eighteen key informants also discussed problems with different pharmacies having different regulations surrounding buprenorphine; e.g. crushing / not crushing of tablets and whether or not clients are required to stand in pharmacy until dissolved.

One prescribing key informant reported that the advent of buprenorphine has changed the treatment paradigm for opiate dependant clients. This is mostly because the pharmacological nature of buprenorphine means that for many people dosing does not need to occur everyday. This gives the client greater flexibility and allows for lower drop outs due to the 'chemical handcuff' nature of methadone.

Five key informants reported an increase in the number of clients who were employed due to buprenorphine treatment, mostly in the building field as labourers. Two key informants from Frankston also reported that there has been an increase in the level of interest shown in employment by this client group –and that goals seem more achievable with a buprenorphine treatment regime.

Key informants reported that buprenorphine is usually swapped between friends and is sometimes sold for around \$5 in Frankston. Two key informants also reported that there were people in the Frankston area who used buprenorphine every day without actually being in a treatment regime. One key informant questioned whether this was in reality a bad thing, given the benefits of buprenorphine treatment that have been seen recently.

8.3 Morphine

Over three quarters (83%) of the IDU surveyed reported lifetime use of morphine and 42% reported using it in the last six months. It is apparent that the preferred method of use of morphine is injecting, with 76% reporting lifetime injection and 39% having injected it in the last six months. This compares to 45% ever swallowing and 15% swallowing in the last six months.

In comparison with 2002 data, there has been a slight decrease in the number of people who reported using morphine in the last six months (51% in 2002 to 42% in 2003), although prevalence is still higher than that reported in 2001 (32%). Frequency of morphine use in the last six months was low (median 7 days) in 2003, and had decreased slightly from the 10 days reported last year. Frequency of morphine injection was 6 days (median) or 'once a month'.

Forty percent of the 2003 IDRS sample reported using illicit morphine in the past six months, and 6% had used prescribed morphine in that time. Of the group who had used morphine in the past six months, the types most commonly used were MS Contin® (64%), Kapanol® (25%), and OxyContin® (5%).

Twenty four percent of the sample (n=37) felt confident enough to comment on the price and availability of illicit morphine. Most respondents reported that 100mg of morphine costs \$50 (range \$20-\$50). Twelve people reported having purchased 100mg of illicit MS Contin® for \$50, while another six purchased 100mg of illicit Kapanol® for that price in the last six months. Respondents purchased other dosages of MS Contin® for \$10 (30mg) and \$20 (60mg); Kapanol® for \$25 (50mg); and Anamorph for \$25 (30mg). Eighty-one percent (n=30) of those who could comment reported that the price of illicit morphine had been stable in the past six months.

Most respondents reported that illicit morphine was easy (43%) to very easy (22%) to obtain at the time of interview, although 30% also felt it was difficult. Seventy-three

percent believed availability had been stable over the past six months. The majority of respondents usually sourced their illicit morphine from friends (62%) or street dealers (19%).

Fifty key informants reported that their client base used other opiates such as morphine (and in particular MS Contin® and Kapanol®). They reported that most of their client base regularly used morphine, usually opportunistically. Most key informants report substantial increases in the use of morphine in the past twelve months, continuing the trend observed in the previous IDRS. As with other drug use trends, illicit morphine use varies across different jurisdictions. Other opiate use was reported as being very popular in St Kilda and Box Hill. Similarly, key informants from the Footscray area and some regional key informants reported an increasing popularity of morphine in their client groups. Key informants from the Fitzroy/Collingwood area reported only small increases in IV morphine. In contrast, 3 key informants from Frankston reported that only a handful of clients used morphine and most of this was either those who suffered from legitimate chronic pain or those who obtained it opportunistically. One specialist methadone prescriber key informant reported that in the Fitzroy/Collingwood area, clients had reported using oxycodone (Endone® and Prolodone®) in addition to some diverted morphine. Each tablet sells for around \$50. Some key informants reported that legislative changes related to the availability of temazepam have resulted in clients moving to morphine. A number of key informants (n=20) reported that the administration of morphine is a cause for concern because users do not know how to filter properly and do not have access to adequate filtering systems. However, it was reported that the injecting of morphine does not generally result in as much vein damage as some benzodiazepines.

8.4 Other opioids

Over one third (39%) of the IDU interviewed reported the use of other opiates in the preceding six months. The main type of other opiate used by these respondents was Panadeine forte® (75%). Others reported Mersyndol forte® (9%), Pethidine® (4%), Doloxene® (4%) and Codeine Phosphate® (2%) as the main type of other opiate they use. The majority (61%) of respondents mostly used licit opiates in the last six months, while over three quarters (75%) reported mostly obtaining them illegally.

Over two thirds (70%) of the IDU sample reported lifetime use of other opiates with 23% ever injecting them and 3% injecting them in the last six months. Lifetime use via oral routes of administration was reported by almost two thirds (63%) of the IDU interviewed and oral use in the last six months by 38%. As reported in past years, overall frequency of use during the last six months was low with a median of 10 days.

9 OTHER DRUGS

9.1 Ecstasy and other party drugs

One quarter (25%) of respondents reported ecstasy use within the last six months, and over three quarters (77%) had used it at least once in their lifetime (compared to 62 % in 2002, 65% in 2001, 51% in 2000 and 40% in 1999). Forty four percent of IDU interviewed reported that they had injected ecstasy before (36% in 2002, 31% in 2001, 15% in 2000), and 12% had done so within the six months prior to interview (14% in 2002, 21% in 2001, 8% in 2000). The primary route of administration of ecstasy for this group during the last six months was oral (19%).

The average purity level of ecstasy seizures analysed by law enforcement agencies in Victoria during the 2002/03 financial year was 30% (range 16% to 45%), which was similar to the previous four financial years: 2001/02 = 31%; 2000/01 = 31%; 1999/00 = 34%; 1998/99 = 28%.

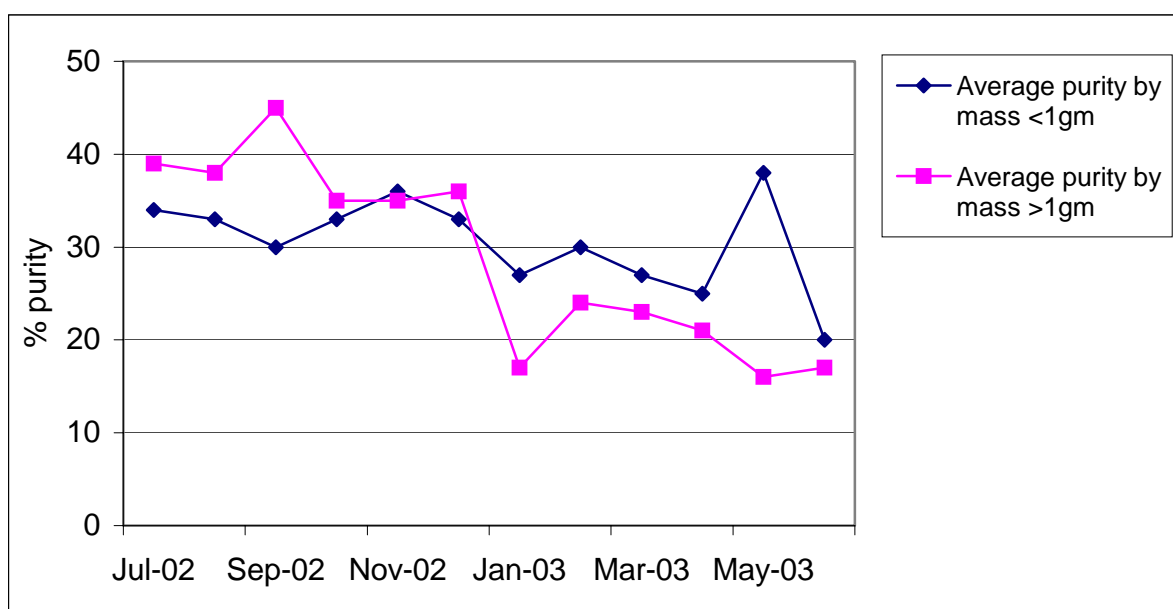


Figure 5. Purity of ecstasy seizures by Victorian law enforcement, July 2002 - June 2003 (Source: Victoria Forensic Science Centre).

Key informants reported that the vast majority of the clientele with whom they worked continued to engage in extensive polydrug use.

In contrast to the previous IDRS, which found that ecstasy use had increased, some key informants (n=20) reported that ecstasy use had declined in this group and cross overs between traditionally separate drug markets are reported to have declined. Most key informants did not perceive ecstasy use to be common among primary heroin users and described most use as opportunistic. All key informants reported that a small proportion of their client group had used ecstasy in the past six months, mostly on an opportunistic basis.

While the IDU surveyed in the 2003 IDRS study were able to provide some information about ecstasy trends in Melbourne, and there is evidence of market intersections, a clearer picture of ecstasy use can be gained through contact with other sentinel groups, such as psychostimulant users. In 2003 a Party Drugs Initiative, which employs a similar methodology to the IDRS study, was also conducted in every state and territory across Australia. One component of this study involves the collection of information from regular ecstasy users on party drugs such as ecstasy, methamphetamine, cocaine, GHB and ketamine. Results from this study will be available in early 2004.

9.2 Benzodiazepines

Most participants (80%) had used benzodiazepines in the last six months, with 15% reporting intravenous use (compared to 21% in 2002, 40% in 2001, 36% in 2000 and 19% in 1999), and 78% oral routes of administration during this period. It is evident that the percentage of IDU who reported benzodiazepine injection steadily rose from 1999 to 2001, however there has been a considerable reduction in the number reporting injection in the past two years. This reduction in benzodiazepine injection is probably reflective of changes made on May 1st 2002 to the prescribing authority for temazepam on the Pharmaceutical Benefits Scheme (PBS) (Breen et al., 2003), and also the impact of the Victorian Department of Human Services, Temazepam Injection Prevention Initiative which was implemented in November 2001 (Dobbin, 2002).

Of the group who had used benzodiazepines, the types most commonly used in the preceding six months were diazepam e.g. Valium® (62%), oxazepam e.g. Serepax® (14%), and temazepam e.g. Normison® (6%). While prevalence of use had increased slightly in 2003 (80% compared to 73% in 2002), frequency of use had decreased to 25 days in the last six months (about 'once a week'), from a median of 48 days in 2002. Benzodiazepines had been injected on a median of 5 days (about 'once a month') by the 23 respondents who reported injecting in the past six months.

Benzodiazepines were reportedly used illicitly by 45% of the IDU sample (n=68) in the last six months. Twenty two percent (n=33) reported that they had used benzodiazepines acquired illicitly most often, and the main brands used illicitly were Valium® (58%) and Normison® (16%).

The 2003 IDRS has seen all of the key informants reporting a continued decrease in the injecting of benzodiazepines noted in the previous IDRS. As discussed elsewhere in this report, this is mostly related to the combined effects of the changes in the legislation regarding the availability of temazepam gel caps, as well as a concerted education campaign aimed at prescribing doctors by the Victorian state government in early 2002. Whilst all areas have seen substantial reduction in use and injection of temazepam, key informants report that the overall use of benzodiazepine use orally has remained stable. On the whole this has been viewed by key informants as a positive development. Whilst the trade in Normison® (temazepam) was reported as being virtually non-existent in most areas, key informants in Footscray dealing with adult IDU reported that there was still a market operating. Youth worker key informants in Footscray reported that whilst normison injecting still occurred occasionally, there had been a major reduction in supply and it was becoming less common. Key informants from the Fitzroy/Collingwood area reported that whilst temazepam gel caps are still available, they are more difficult to obtain, which has seen a reduction in the injecting associated harms observed. They also reported that Serepax® and Mogadon® are the most commonly used benzodiazepines and they are usually used orally. This persistent market can be understood from the 2000, 2001 and 2002 IDRS findings that Normison® was being exchanged for heroin by many heroin dealers. Seventeen key informants reported that it was usually users of Southeast

Asian descent, who do not access health services as often, that form the bulk of this group of persistent temazepam injectors. These key informants also noted that there was a continuing trend of Southeast Asians injecting into the groin which they believed to be a cultural phenomenon. However, the phenomenon of femoral injecting was noted by substantially more key informants (n=32) across a much broader range of clientele. A number of key informants related this increase in femoral injecting to the length of time that individuals had been injecting substances such as normison and buprenorphine and the reality that they had only so many veins to damage. Key informants reported that 20 Normison® tablets were being sold on the street for between \$150 and \$300. Another effect of the change in prescribing practices surrounding Normison® identified by key informants was the continued use of over-the-counter preparations such as Unisom®. Key informants expressed similar concerns in relation to vein damage for Unisom® as those noted for Normison®. Most key informants suggested that benzodiazepines were accessed mostly through “doctor-shopping” and through black market street-level selling.

Key informants reported that benzodiazepines continued to be used mostly as a substitute when heroin was unavailable, for the relief of substance related symptoms (e.g. sleep disorders, withdrawal, anxiety), or to enhance or to supplement / heighten the effects of heroin or other drugs (when unable to purchase their preferred amount). One key informant from Frankston suggested that most drug use continues to be primarily opportunistic and that put simply, ‘if they can get it, they’ll use it’.

Key informants reported that other types of benzodiazepines commonly used included valium and serepax and that overall they had been a decrease in temazepam use. One issue raised by 15 youth worker key informants in both Frankston and Footscray was the ubiquitous nature of prescription benzodiazepines. They identified the over-enthusiasm/willingness to describe benzodiazepines of some GPs as a major problem.

9.3 Anti-depressants

Over one quarter (28%) of IDU reported that they had used anti-depressants during the preceding six months and 56% reported lifetime use. The median number of days of use for this group in the previous six months was 160 (compared to 90 in 2002, 165 in 2001, and 120 in 2000). A wide variety of different anti-depressants were reported, including Efexor® (24%), Deptran® (17%), Cipramil® (7%), Aropax® (7%), Zoloft® (5%), Prozac® (5%) and Endep® (5%).

Most respondents used antidepressants acquired through licit means in the last six months (n=39), although six people also reported obtaining these drugs illicitly.

Almost all (n=50) key informants reported the use of antidepressants among the populations with whom they were in contact, in contrast to two key informants in 2000 IDRS study and half (n=15) of the key informants in the 2001 IDRS. This would appear to be a notable increase over the past three years. A substantial number of key informants reported that antidepressant use continues to ‘skyrocket’ and they reported that a minimum of one-third of all clients were now receiving antidepressants. Some key informants suggested that some antidepressants were being seen as a panacea and that whilst they are purported to be safe, the effects of antidepressants combined with the polydrug use often observed in IDU populations is poorly understood.

9.4 Other drugs

Thirty-four percent of IDU respondents reported ever having used inhalants however only a very small number of respondents (3%) had used inhalants during the six months

prior to survey (8% in both 2002 and 2001). The main type of inhalant used in the last six months was paint.

Seventy-six percent of the sample reported lifetime use of hallucinogens, and 16% had injected this drug type at some time in the past. However, only small numbers of respondents reported having used LSD/trips (3%) or hallucinogenic mushrooms (2%) in the previous six months. Reported frequency of use of hallucinogens was low with a median of three days during the last six months.

Most key informants reported the use of Ketamine by some of the clients. Three key informants identified that Ketamine use is problematic primarily because of its dose-response rate which means that there is a very fine line between the users desired effect and an overdose. Three key informants reported the use of GHB (gamma-hydroxybutanate – sometimes referred to as Grievous Bodily Harm) and one referred to Fantasy. These key informants believed that these drugs were still primarily being used in the rave scene. One key informant from St Kilda reported that a number of clients had been using the blood pressure drug catapres illicitly, resulting in two overdoses. Another key informant from Frankston reported the illicit use of psychiatric drugs, particularly largactil.

Inhalants remained a major concern raised by 23 key informants, particularly in the youth sector. One youth key informant from Frankston reported that 13/14 clients chromed and the majority of these clients were in department care. This key informant reported that inhalants were the most affordable and available drug for people under the age of 18 and were easier to obtain than cigarettes. Youth workers in Footscray reported that up to 20 percent of their caseload were using inhalants. Key informants reported that most of these clients were not voluntary attendees, rather they had come from mandated treatment/diversion programs. They also commented that most of these inhalants users were in the highest risk adolescents from across the State who were primarily heavily involved with different support and correctional services.

9.5 Summary of other drug trends

The Melbourne IDRS study has again provided evidence of significant prescription drug use by injecting drug users (e.g. benzodiazepines, buprenorphine, morphine and anti-depressants). There is also substantial evidence of misuse of these drug types. Of particular concern is the continuing misuse of morphine and buprenorphine amongst injecting drug users. Further research is currently being conducted at Turning Point Alcohol and Drug Centre to investigate these issues in greater detail.

10. ASSOCIATED HARMS/ DRUG RELATED ISSUES

10.1 IDU Survey

10.1.1 Injection related health problems.

Reports by the participants in the IDU survey of injection related health problems in the previous month, are summarised in Table 15. Three quarters (76%, n=115) of respondents had experienced at least one type of these problems, with scarring/bruising (57%), and difficulty injecting (43%) being the most common problems reported. The median number of injection-related health problems was two.

Table 15. Injection-related health problems reported by participants in the IDU survey (N=152).

Type of problem	%
Prominent scarring/bruising	57
Difficulty injecting	43
Dirty hit (made me feel sick)	14
Thrombosis	14
Overdose	3
Abscesses/infections from injecting	9

Reported injection related problems in 2003 were, for the most part, similar to the 2002 figures (Jenkinson, Fry & Miller, 2003). There has however been a 9% increase in reported prominent scarring/ bruising (57% in 2003, 48% in 2002), and a 7% decrease reported thrombosis (14% in 2003, 21% in 2002).

10.1.2 Heroin-related overdose

Self-reported overdose experience data for the years 1997 to 2003 are summarised in Table 16. The majority (59%) of the 2003 respondents reported that they had experienced one or more heroin overdoses ever, almost half (49%) had been administered Narcan® (a fast-acting opioid antagonist given to reverse the effects of heroin in the case of an overdose), and most respondents (83%) had witnessed an overdose. The respondents who had previously experienced an overdose reported a median of thirty-six months since they last overdosed, and a median of two overdoses in total. Those who had been administered Narcan® also reported a median period of thirty-six months since they were last administered the drug. Of those participants who had used heroin, 8% (n=12) had experienced an overdose at least once within the previous six months and 5% (n=8) had received Narcan® in that time.

Table 16. Reported experience of heroin overdose for IDU survey respondents, 1997 to 2003.

Heroin Overdose	1997	1998	1999	2000	2001	2002	2003
Lifetime overdose	138 (56%)	148 (52%)	83 (54%)	83 (55%)	88 (58%)	96 (62%)	90 (59%)
Lifetime receipt of Narcan®	51 (37%)	99 (35%)	52 (34%)	64 (42%)	68 (45%)	80 (51%)	75 (49%)
Overdose last 6 mths	42 (17%)	54 (19%)	37 (24%)	40 (27%)	20 (13%)	17 (11%)	12 (8%)
Received Narcan® last 6 mths	25 (10%)	37 (13%)	25 (16%)	29 (20%)	19 (13%)	14 (9%)	8 (5%)
Have witnessed an overdose*	194 (76%)	229 (78%)	111 (72%)	128 (85%)	116 (77%)	131 (85%)	126 (83%)

* Proportion of all respondents in 1997 (N=254), 1998 (N=293), 1999 (N=154), 2000 (N=152), 2001 (N=151), 2002 (N=156), 2003 (N=152).

Table 16 shows that reported lifetime experience of heroin overdose by IDU respondents has been relatively stable between 1997 and 2003. Reported recent experience of overdose (within last six months) has been decreasing since 2000 (11% in 2002 to 8% in 2003), as has receipt of Narcan® (9% in 2002 to 5% in 2003). A similar proportion of IDU survey respondents in 2003 (83%) reported having ever witnessed another person's overdose, compared to the previous Melbourne IDRS study.

Table 17. Drugs used on day prior to interview (IDU survey, N=152).

Type of drug	% ¹
Heroin	42
Cannabis	56
Benzodiazepines	28
Buprenorphine	18
Methadone	12
Alcohol	19
Antidepressants	11
Speed	13
Base	1
Ice	5
Cocaine	1
Morphine	4
Other Opiates	3

¹ Respondents were permitted to report more than one drug type

IDU survey respondents were asked about their drug use on the preceding day. Their responses are summarised in Table 17. The median number of drugs used yesterday was two (range one-seven) with the most commonly used drugs being cannabis (56%) and heroin (42%). Seventy seven percent of survey respondents who had used drugs on the day prior to their interview, had used two or more different drugs. Further analyses revealed that 17% of the IDU sample had used heroin in conjunction with either benzodiazepines, morphine, alcohol, other opiates, methadone, or buprenorphine on the previous day.

10.1.3 Injection equipment sharing

The sharing of needles/syringes and other equipment associated with the preparation and injection of drugs carries significant risk of exposure to blood borne viruses such as HIV, and hepatitis B and C (HBV, HCV) (Crofts, Aitken, & Kaldor, 1999).

Twenty-four percent of respondents (n=37) reported lending a used needle to someone else in the past month, and 10% (n=15) reported borrowing someone else's used needle. With respect to borrowing another person's used needle, 14 of the 15 participants (93%) who reported doing this in the last month indicated that the borrowed needle had been used by only one other person (usually a sexual partner or close friend). For those people who had loaned their own used needles to other people during the last month (n=37), most (41%) had done so once, 22% had done so twice and 19% had done so six or more times. The 2003 findings suggest that there has been a reduction in the number of people borrowing used needles from others, although reports of loaning used needles are comparable to that observed in the previous IDRS surveys (see Table 18).

Table 18. Self-reported IDU sample injecting risk practices during past month 1997-2003.

Risk practice (past month)	1997	1998	1999	2000	2001	2002	2003
Borrowed a used N/S (%)	22	22	9	19	15	17	10
Lent a used N/S (%)	26	33	22	35	24	22	24
Used spoon/mixing container after someone else (%)	--	--	38	46	38	43	41
Used filter after someone else (%)	--	--	17	18	12	15	24
Used tourniquet after someone else (%)	--	--	7	11	12	13	7
Used water after someone else (%)	--	--	--	33	17	23	24
Used any injecting equipment after someone else (%)	--	--	43	47	47	49	43

Respondents reported relatively stable rates of sharing of other types of injecting equipment in 2003, although the use of filters after someone else rose by 9% and tourniquets decreased by 6%. In total 43% of the sample reported using other injecting equipment after someone else in the past month, most commonly spoons (41%), filters (24%) and water (24%).

10.1.4 Criminal activity

Fifty nine percent of participants (n=89) reported involvement in some type of criminal activity in the preceding month, and 47% (n=72) reported that they had been arrested in the previous twelve months. Among those arrested in the previous twelve months, 51% of arrests were in relation to property crime, 22% were in relation to use or possession, 18% related to violent crime and 14% for dealing/trafficking. Twenty seven percent of respondents who had been arrested in the last 12 months reported multiple (two-five) types of charges (mostly combinations of property crime and use/possession charges).

As shown in Table 19, dealing (40%) and property crime (35%) were the most common crimes reported in the last month, with fewer respondents reporting involvement in violent crime (10%) or fraud (7%). Reported crime prevalence is similar to that reported in 2002, although there was a 7% decrease in reported fraud in 2003.

Table 19. Criminal activity reported by IDU during the last month.

Type of Crime	2001 (N=151)	2002 (N=155) ¹	2003 (N=150) ²
Property crime (%)	29	39	35
Dealing (%)	37	41	40
Fraud (%)	15	14	7
Violent crime (%)	15	9	10
Any Crime (%)	60	63	59

¹ Missing data for one respondent

² Missing data for two respondents

10.1.5 General trends

IDU survey participants were also asked about any recent changes in the number or type of people using drugs, the frequency and quantity of use, and the types of drugs being used by their friends.

Fifty one percent of the IDU sample claimed that there had been recent changes in the number or type of people using drugs. Of this 51%, the main changes reported were: an increase in younger people using (41%), a decrease in the number of people using drugs (22%), an overall increase in the number of people using (21%), and reports of a more diverse range of people using (16%).

Forty percent had observed changes in the frequency and quantity of drugs that people use. The major trend reported was that people are using more in terms of quantity (48%), and more often (22%). A number of people also noted however, that people were using less quantity (27%) and less often (3%).

Fifty seven percent stated that there had been recent changes in the types of drugs their friends had been using. Of this group, many (27%) reported a general increase in the use of methamphetamines (in particular ice), and buprenorphine (21%). Another 22% reported that their friends had moved from heroin to speed, while 17% reported the reverse situation (speed to heroin). Thirteen percent also reported an increase in poly-drug use.

10.1.6 Perception 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. Most of the respondents (59%) believed that there had been an increase in police activity over this period, however significant numbers also reported that this had been stable (32%). Only three percent of respondents reported that there had been less activity in this period.

Interestingly, the majority of participants (76%) reported that police activity had had no effect on the difficulty of acquiring drugs recently, while 20% reported that it had.

10.2 Key Informant Survey

10.2.1 Services requested

As raised in every previous IDRS study, key informants reported that insecure accommodation and reduced access to accommodation was the major problem raised by clients. A substantial number of key informants (n=17) reported that many of their clients were single parents who struggled to cope and that there was a real and increasing need for parenting skills courses and support. Similarly, many key informants identified help with family and intimate relationships as a substantial issue for this client group. Four key informants also identified legal support as a substantial service requested by client groups. In particular it was identified that many IDU require support when dealing with the legal system so that they do not dig themselves in deeper through non-attendance or inappropriate behaviour.

Dental care was reported by three key informants as being a major issue for many IDU. Fourteen key informants reported that many clients required help in dealing with Centrelink and five key informants reported that whilst clients were interested in work, obtaining and retaining jobs was an unrealistic prioritisation of goals for many of these individuals. One key informant from inner Melbourne working with older mandated clients reported that a lot of them have been employed in mostly manual work. She reported that many are actively seeking work, but jobs are generally casual and/or short duration.

Youth key informants in Footscray reported that the lack of connectedness with positive role models and experiences remained a major problem for their clients, impairing the ability to create positive behaviours and patterns in their life. In contrast, they reported that clients developed too much connection with emotionally inappropriate others such as peers and partners which resulted in; a lack of role models, emotional dependence, anger and rebelliousness. They reported that much of their subsequent drug use was driven by anger and immaturity. Finally, these key informants reported that whilst most of their clients were interested in reconnecting with society, the process was very difficult and fraught with failure and disappointment. It was further reported that many of the young people involved experienced increasing desensitisation to failure and abuse which was then manifested in further disengagement.

10.2.2 Mental health

As reported in the 2002 IDRS, most key informants noted that a major issue associated with the reduced availability of heroin and subsequent methamphetamines use has been a sustained increase in the incidence of mental health issues such as self-mutilation and psychotic episodes. They explained that IDU who previously used heroin to self-medicate some of their mental health symptoms, the use of methamphetamines and/or cannabis as a substitute can often lead to an exacerbation of their symptoms. This was

identified as a major factor in increasing the chaotic nature of this group of IDU. Key informants reported that clients were increasingly agitated, paranoid and scattered.

Key informants reported that depression was very common within their client groups, however it was also reported by some key informants that the uptake of buprenorphine has seen some improvement in the mental state of their clients. Key informants identified a litany of other mental health problems including: schizophrenia, bipolar disorder, self harm (particularly in youth), psychosis (speed-related), anxiety disorders, social phobias and an increased risk of suicidality. Most key informants reported that trends surrounding mental health have been stable for the last 6 months.

Two key informants from Frankston reported that the past six months had seen a reduction in the number of clients experiencing mental health problem with methamphetamine use as they had learnt to manage their use so that negative consequences were minimised.

One of the major issues raised consistently by key informants in this IDRS was the difficulty in accessing the mental health system. It was reported that there continues to be substantial demarcation between the mental health and drug and alcohol sectors. While dual diagnosis was noted by many key informants to be a positive development, dual diagnosis workers also encountered resistance as they have now been labelled alcohol and drug workers. Much of the problem seems to arise from the reality that mental health services often see client problems as being substance related however most of their clients have the underlying mental health issues which are either exacerbated by or compensated for with substance use. Youth worker key informants in Footscray discussed the reality that many of their clients do not even get the chance to develop post-traumatic stress disorder as they experienced one trauma upon another which had been their reality since childhood. Most key informants propose that it was important to remember that most of these mental health issues were more background, insisting that they existed before substantial substance use problems occurred, rather than being caused by substance use.

10.2.3 Treatment

The majority of key informants (n=33) reported that there had been substantial improvements in the number of available treatment places. However, it was also pointed out that this was only for a number of treatment options such as detox and pharmacotherapies and other options such as residential rehabilitation and intensive support models remain difficult to access. It was also reported that there were long waiting lists for youth services, particularly residential rehabilitation placements. As previously discussed, buprenorphine continued to be identified as more attractive to clients on methadone. Many key informants reported that this was at least partially due to buprenorphine being trendier and that clients viewed it as a panacea. Reasons reported for this preference included; buprenorphine does not necessarily create dependence; dispensing guidelines to allow for diversion and/or injecting; it was seen as being a quick fix for dependence; access to program was almost too easy; and, being on buprenorphine meant that individuals in treatment were able to easily resist peer pressure to use heroin as it was widely understood in IDU circles that heroin would have no effect on someone in buprenorphine treatment. Key informants also noted that there was a continuing lack of methadone and buprenorphine prescribers available. All key informants reported that naltrexone treatment had declined in popularity and was now rarely used.

One key informant reported that there was a small but significant group using other treatment such as a morphine program for chronic pain. Diverted methadone was raised

as a concern by one prescribing key informant for the first time in the Victorian IDRS. Another key informant reported that the introduction of Suboxone®, which is a combination of buprenorphine and naltrexone designed to reduce the level of unintended use.

Twenty seven key informants reported that take-away doses are still a problem and that methadone was still perceived by many clients as being equivalent to ‘chemical handcuffs’. Interestingly, two key informants involved in mandatory treatment reported that methadone clients were more compliant than those on buprenorphine.

Reports by key informants who had contact with cannabis users within a treatment setting suggested a stabilisation in the level of cannabis-related problems, particularly psychological disturbances such as paranoia and motivational problems were identified by key informants. Some key informants reported that access to detox and rehabilitation services for cannabis users remains an important issue, as there are insufficient resources to deal with this problem. Similarly, key informants identify that there are few different treatment options available. This is particularly the case for programs to deal with contributing factors associated with this client group, such as; their inability to deal with emotional problems, in particular depression, and the client’s propensity to blame the drug for all their problems. In addition, user perceptions that there are few problems associated with cannabis use tend to compound the trend that cannabis users who experience problems ultimately do not receive treatment.

A number of key informants (n=16) identified an ongoing problem being reinforced is the limited nature of care given in terms of limits on the number of episodes of care that can be provided to clients. It was reported that real gains in the alcohol and drug field can take a long time and often involve consistently being available for the client and building trust through turning small things treatment. It was pointed out that most clients in the field were very complex cases who were also very chaotic and needy who require ongoing support. It was proposed that success in real terms is often about the clients that come back, whereas many programs are actually encouraged not to engage with clients through limits on the number of contacts. One key informant proposed that such limits had more to do with accounting than effecting change in people’s lives. It was proposed that some current limits be rethought in terms of focus on the person rather than the episode.

10.2.4 Diversion

Thirteen key informants reported that the introduction of diversion programs has improved many of the outcomes for illicit drug users. One St Kilda key informant reported that the recently implemented sex worker court is showing great promise. Client feedback has been very positive and they are reporting improved outcomes in terms of both incarceration and drug use. Particularly, the key informant reported that clients report they are not as afraid to go to court, which means that they do attend and therefore, sentences and punishments are generally lighter because they have not accrued/been exacerbated by court non-attendance.

A number of key informants working in the mandated treatment area reported the difficulty in dealing with the abstinence/using dichotomy enforced on clients and how this may impair the efficacy of some interventions due to the consequences of reporting lapses/relapse. One key informant working in a diversion program reported that most of the current funding focuses on counselling as the primary treatment modalities, yet this key informant reported that many clients are not ready for counselling and require much

more concrete support. It was suggested that more flexible treatment and support modalities may enhance client outcomes.

10.2.5 General health care

Primary health care facilities have been reported as substantially improving the health of IDU and some key informants expressed the desire from such facility in the St Kilda area. Footscray youth workers reported that general health remained a substantial consideration for most of their clients. Whilst they reported that the opening of the primary health care centre in Footscray had helped substantially, they reported that the general health of the client still remains poor. Many key informants also reported better health overall in buprenorphine users.

Another major health issue raised by key informants included poor safe sex practices in youth, often resulting in pregnancy. Two key informants also reported that driving under the influence of illicit drugs is becoming an increasingly problematic behaviour in their client group.

10.2.6 Injection-related problems

Many key informants (n=47) also reported on the extent of venous damage among the people with whom they were in contact. This was attributed to significant numbers of IDU injecting into inappropriate sites such as the neck or groin and the injection of prescription drug preparations (in particular oil-based temazepam, other benzodiazepine tablets, morphine tablets and more recently buprenorphine) not intended for intravenous use. It was mostly attributed to the shortage of heroin, but has become entrenched. Key informants reported that neck injecting has become more prevalent and is particularly problematic because it is usually performed by someone else, increasing the likelihood of mishaps. The practice introduces cultural and social elements into the injecting episode, turning it into a ritual that involves intimacy and trust, which key informants reported has some appeal amongst some groups, negating regular perceptions of risk. One St Kilda key informant reported an increase in the number of requests for bigger barrelled syringes in order to inject methadone. Some key informants (n=22) commented that their client populations were knowledgeable about the health risks associated with injection of benzodiazepines and buprenorphine. As has been the case in each of the previous six years of the Melbourne IDRS, the prevalence of hepatitis C virus (HCV) infection among injecting drug users was identified as a significant concern.

Most key informants reported a stable level of needle risk-taking behaviour. Three key informants identified the sharing of equipment with partners and needle re-use as a continuing issue, which has been exacerbated by the continuing reduced supply of heroin and concomitant poly-drug use. The majority of key informants indicated that sharing of needle/syringes occurred rarely (except in desperate circumstances) but that spoons, filters and water were more frequently shared. While these needle sharing episodes are characterised as being rare, key informants repeatedly commented on the fact that desperate circumstances are regular occurrences in this group and it only takes a single sharing incident to transmit HIV or HCV. Three key informants reported that injecting episodes are much bloodier due to buprenorphine injecting and the use of larger bore needles.

Another concern raised by some key informants was the continued high level of use of cigarette filters to filter drugs for IV use. They reported that there had been major complications associated with this practice, particularly in terms of the build up of glass fragments in the blood stream and subsequent blockages and other complications which

may occur in relation to this practice. One key informant reported that over the past year, four clients had undergone major heart surgery due to glass fragments in the bloodstream. This key informant also reported that there are a substantial number of myths surrounding this practice in the IDU community and that these myths held strong currency, particularly because in a group such as this, where an individual's social capital can be very important, many have strong motivation for the perpetuation of such myths so as not to be seen to be wrong in the eyes of their peers.

Many key informants (n=33) discussed the importance of increased education surrounding harm reduction strategies for the injection of pharmaceuticals and in particular education for both IDU and workers in the field in the use of devices such as wheel filters, which are becoming increasingly popular as a harm minimisation strategy. Key informants report that the most common type of filter used is a piece of cotton wool (or swab or cigarette filter) which will get rid of particles that are bigger than 50microns (50 millionths of a metre) whereas a 0.8micron filter will get rid of particles down to just under a millionth of a metre – more than fifty times as effective and a 0.22micron filter is even smaller, and will get rid of bacteria as well (but NOT viruses like HIV or Hep C).

Another major issue raised by 5 key informants is that there is a very poor level of knowledge in the field around femoral injecting. They proposed that whilst many are against the practice and it certainly has many pitfalls, the reality is some IDU are going to inject into the femoral artery and therefore workers need to be able to instruct those who cannot be dissuaded. They also proposed that an education campaign targeted at IDU highlighting the problems with femoral injecting would be very useful. Another on-going problem identified by 7 key informants is the cost of filters, tourniquets and water. Another key informant raised the importance of peer education, highlighting that peer education programs give individuals a sense of self worth and they work in different ways as it is different to being taught in traditional settings. Finally, a harm reduction initiative aimed at reducing the amount of unsafe injecting which has shown some promise has been the promotion of 'shafting/shelving' instead of intravenous use when clients present with damaged veins at NSPs.

10.2.7 Crime

Overall, key informants reported that in general crime levels had remained stable over the past twelve months. Drug dealing, property crimes, fraud, and violent crime have remained stable over the past twelve months. Most key informants reported that levels of violence had decreased among their client populations, however it remains at levels higher than prior to the entrenching of methamphetamine use. Key informants in Frankston reported that there had been a decrease in violence among the IDU population which was particularly related to the increased use of buprenorphine and the lack of desperation and need for money which that entailed. Two key informants reported that there had been a recent increase in the number of heroin users dealing.

Most key informants reported that the vast majority of crime committed by IDU is petty crime such as shoplifting and theft from motor vehicle. One key informant proposed that one crime that is seldom reported as such is drug driving which is common and a substantial drain on resources.

10.2.8 Trafficking

Five officers from the Major Drug Investigation Division (MDID) of Victoria Police were interviewed regarding drug trafficking and importation trends. The MDID deals at

the state level with high level trafficking, importation and manufacture of illicit drugs. There are two major sections within the MDID. One deals specifically with clandestine labs, mostly involved in the production of amphetamine type substances such as amphetamines, methamphetamines and MDMA. The other section deals with all other drugs including squads focused on heroin, cannabis and a drug diversion desk which deals with diverted pharmaceutical drugs and precursors for the manufacture of illicit drugs, such as pseudoephedrine and ephedrine.

MDID key informants reported that most of the methamphetamines (ice and speed) came from the same sources. They proposed that many drug traffickers were similar in nature to brokers and the drug network functioned mostly around price and quality of the commodity available and traffickers would utilise a number of sources dependent on these qualities. It was reported that different individuals and groups both sell and buy drugs at different times and that there was a lot of shopping around for the best product. It was also reported that there was substantial growth in the number of individuals and groups filling this role.

This has implications for the following discussions, as trends described for methamphetamine production and also applies to networks involved in MDMA and 'ice' production. MDID officers reported that a number of Asian networks have also moved into the production of methamphetamines and particularly cannabis, as well as more traditional heroin trafficking syndicates. However, this was reported as being relatively uncommon and mostly, syndicates trading methamphetamines tended to be distinct from those involved in cannabis and heroin which is heavily networked and in some contexts the drugs are traded for each other.

10.2.9 Police activity

Key informants reported that levels of police activity focused on heroin users had continued to decrease significantly from the previous IDRS, mostly due to the change in heroin supply post 2001 (Miller, Fry & Dietze, 2001) and that this trend had been stable over the past six months. Police activity was characterised as a combination of uniformed police presence on the streets and undercover operations. As with reports from previous IDRS studies, police operations or "blitzes" were described as largely serving to shift heroin markets to adjoining locations resulting in a temporary reduction in availability of heroin in the targeted markets.

Key informants in Frankston report very high levels of policing in the CBD. It was reported that this means clients don't stay around the service for as long, and has seen more users approached, questioned and often detained after leaving services and pharmacies where they access treatment. It was also reported that this has a substantial impact on people's wellbeing and self-esteem and has resulted in them being less likely to access and engage with services and treatment. Key informants reported that there were also more petty arrests for behaviours such as 'consorting'. Youth worker key informants in Footscray reported that in general police activity had been more positive in Footscray during the past six months. However, key informants working with the populations in Footscray report that relations between IDU and some individual officers remain problematic.

Key informants in the Fitzroy/Collingwood area reported that overall police activity had decreased, but had been replaced by greater security presence and involvement of safety committees. Finally, MDID key informants reported that in addition to the increased resources allocated to the drug diversion desk, they had commenced substantial education campaigns regarding illicit conversion of chemicals used as precursors in the

production of illicit drugs. It was also reported that they have been heavily involved in interagency cooperation and in the development of national guidelines and regulations surrounding the availability of pharmaceutical drugs as well as other substances which may be used in illicit drug production.

10.3 Other Indicators

There are a range of data sources that are useful secondary indicators of illicit drug use and related health and other harms. Data from select indicator sources are presented in this section, including: specialist drug treatment service utilisation; drug related ambulance attendances; heroin-related fatalities; and BBV transmission data.³

10.3.1 Specialist drug treatment presentations

Alcohol and Drug Information System (ADIS)

The ADIS database collects information from the specialised alcohol and drug agencies, and from community health centres offering specialised alcohol and drug treatment. In 2001/02, it was estimated that a total of 25,100 clients (rounded to nearest 100) received alcohol and drug treatment in Victoria. Of this, 6,600 individuals were receiving treatment for opioid-related problems, making opioids the most frequently occurring main presenting drug problem after alcohol. There were also approximately 5,600 individuals receiving treatment for cannabis-related problems, 1,900 individuals receiving treatment for stimulant-related problems, and 900 individuals receiving treatment for tranquilliser-related problems at specialist alcohol and drug agencies⁴ (Ritter et al., 2003).

Pharmacotherapy Patients

Data from the Victorian Department of Human Services Drugs and Poisons Unit (DPU) records of methadone and buprenorphine patients in Victoria is shown in Figure 6. The DPU conducts a routine phone census of all pharmacies to monitor client numbers.

This demonstrates a relatively steady decrease in clients on the methadone maintenance therapy (MMT) program from June 2001 (n= 7571) to April 2002 (n= 4986), and a concomitant increase in clients registered on buprenorphine during that time (n= 2218 in April 02). The number of clients registered on methadone has since stabilised at approximately 4800, while the number of clients on buprenorphine gradually increased to a peak of 3991 in October 2003.

³ Readers are referred to the Victorian Drug Statistics Handbook (Victorian Department of Human Services, 2002) for a comprehensive discussion of available sources of Victorian illicit drug indicator data.

⁴ Funded by federal and state government

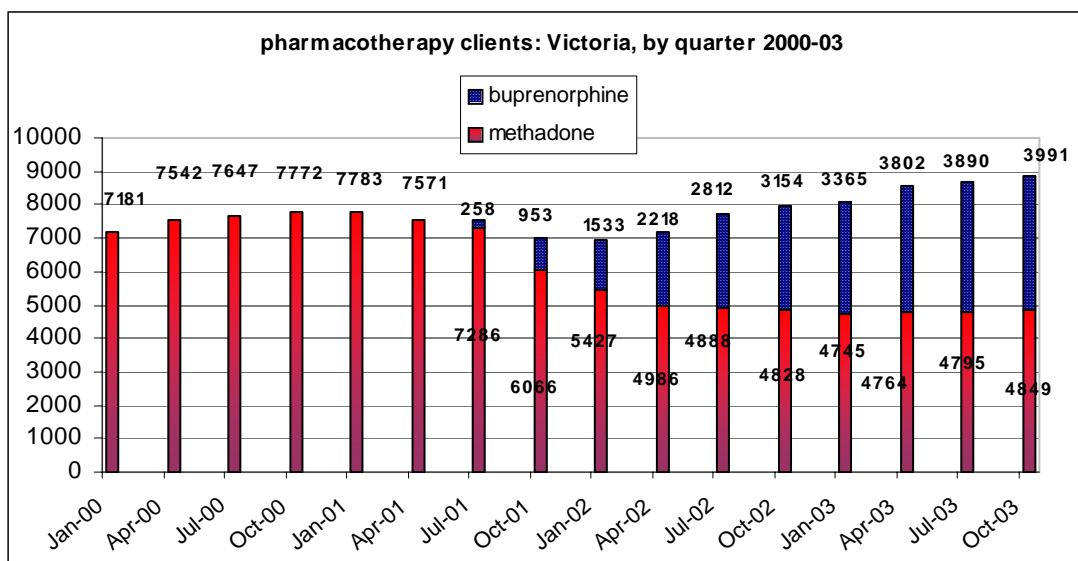


Figure 6. Census estimate (quarterly) of the number of Victorian pharmacotherapy clients (methadone and buprenorphine), Jan 2000 to Oct 2003 (Source: Drugs and Poisons Unit, Victorian Department of Human Services).

DirectLine Calls

Figure 7 shows calls made to DirectLine where a drug of concern was indicated, during the 2001/02 and 2002/03 financial years. Information is presented for the following drug categories: amphetamines and other stimulants, benzodiazepines and other major tranquillisers, cannabis, heroin, cocaine, ecstasy, inhalants, buprenorphine, methadone, antidepressants and analgesics. Call numbers provide an indication of the level of concern about particular drug types.

Of the drug categories identified, calls during both time periods mostly concerned cannabis (n= 5149 in 2001/ 02; n= 4633 in 2002/03), methadone (n= 3170 in 2001/ 02; n= 5027 in 2002/03), and heroin (n= 3329 in 2001/ 02; n= 3638 in 2002/ 03). Total DirectLine calls concerning amphetamines/ other stimulants (n= 1888 in 2001/ 02; n= 1793 in 2002/03), benzodiazepines and other major tranquillisers (n= 1519 in 2001/ 02; n= 1331 in 2002/03), and buprenorphine (n= 942 in 2001/ 02; n= 1579 in 2002/03), were the next most frequently cited drugs of concern. Calls concerning heroin, methadone and buprenorphine were the only drug categories to record increases in total call numbers in 2002/ 03.

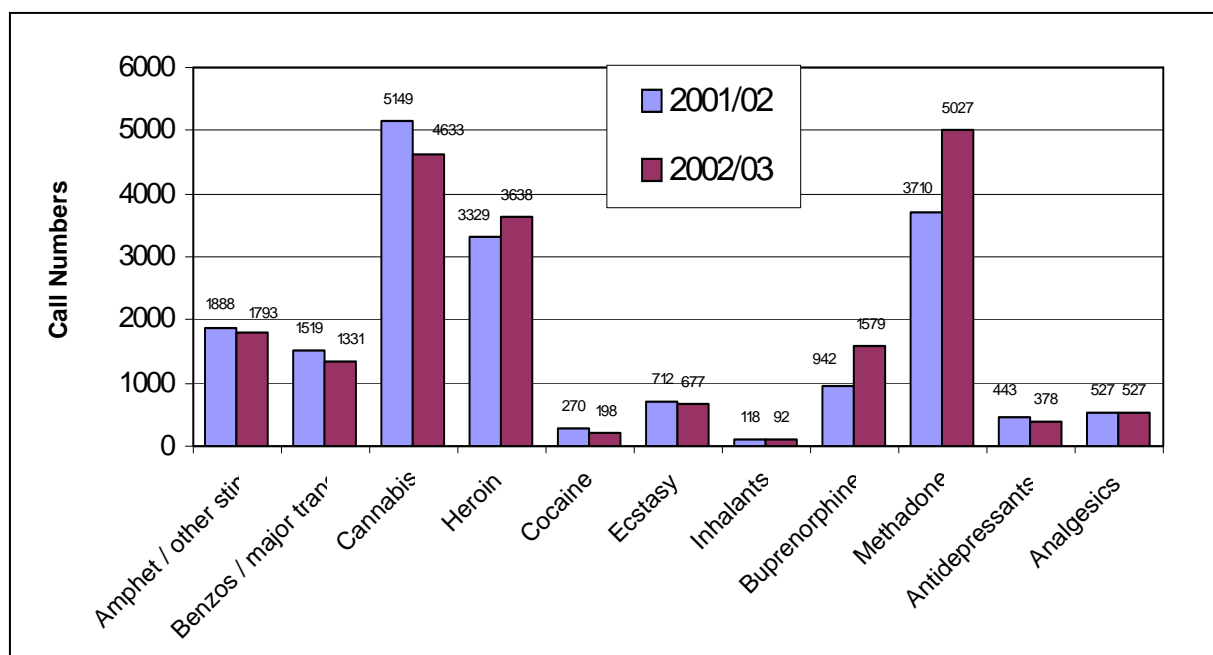


Figure 7. DirectLine calls where drug of concern identified, 2001/02 and 2002/03 (Source: DirectLine, Turning Point Alcohol and Drug Centre Inc.)

10.3.2 Hospitalisations

The Victorian Department of Human Services maintains a database of admissions (excluding elective admissions) from all public and private hospitals (the Victorian Admitted Episode Dataset). Turning Point Alcohol and Drug Centre conducts analyses of this data, and a summary of findings for 2001/2002 is presented here.

Opioid-related

The VAED records show that there were a total of 934 opioid related hospital admissions in the 2001/02 financial year, 46% (n=427) due to poisoning, and 34% (n=321) due to dependent use. This represents fewer total admissions compared to the 2000/01 total of 1815, and the 1999/00 total of 2318. Fewer cases of hospital admissions were due to dependence in 2001/02 (34%), than in past years (44% in 2000/01; 52% in 1999/00) (Jenkinson, Fry & Miller, 2003).

Stimulant-related

Amphetamines and methamphetamines are included in the general stimulant diagnostic category within VAED records. These records show that the number of stimulant related inpatient hospitalisations in Victoria increased to 430 in the 2001/02 financial year (from 174 in 1998/99; 281 in 1999/00; and 347 in 2000/01) (Victorian Department of Human Services, 2002a). Most people hospitalised during 2001/02 were male (65%) and aged less than 30 years (60%). Forty five percent of hospitalisations were for intoxication/poisoning⁵ and 34% of admissions were due to the psychotic effects of stimulant use.

⁵ It should be noted that poisoning may not have been the primary diagnosis for which a person was admitted, but may have been an external factor contributing to some other condition such as an injury or an allergic reaction.

Cannabis-related

Cannabis related hospitalisations totalled 594 in Victoria in 2001/02. Psychotic disorders associated with cannabis use accounted for 49% (n=294) of cases in that financial year, and 32% (n=189) were due to dependent use. The total number of cannabis-related hospital admissions increased in 2001/02 (from 465 in 2000/01) (Jenkinson, Fry & Miller, 2003). The majority (62%) of people hospitalised in 2001/02 were male, and aged 15-30 years (75%).

Benzodiazepine-related

There were 2393 benzodiazepine related hospitalisations in 2001/02 (compared to 2436 in 2000/01, and 2176 in 1999/00) (Victorian Department of Human Services, 2002a; Fry & Miller, 2002). In 2001/02 most admissions (64%) were female, and aged 25-50 years (67%).

10.3.3 Drug-related ambulance attendances

Non-fatal heroin-related overdose

A database of Melbourne Metropolitan Ambulance Service (MAS) attendances at drug-related overdose episodes is maintained by Turning Point and contains reliable data from June 1998 onwards. Figure 8 shows the monthly totals of non-fatal heroin overdose for the periods of May 2001-April 2002 and May 2002-June 2003 (excluding May-July 2001 and October 2002-February 2003).

Monthly numbers of non-fatal heroin overdoses attended by ambulances in Melbourne have declined sharply since the peak of 461 in December 1999. As at June 2003 (the most recent data available) the number of definite non-fatal heroin overdose episodes was 71. The sharpest decline in non-fatal overdose episodes was observed between December 2000 (n=294) and February 2001 (n=80). This time is regarded as the peak period of the severe reduction to Melbourne's heroin supply (Miller, Fry & Dietze, 2001). The number of non-fatal heroin overdoses then continued to decline from February 2001 until they reached a low of 31 in August that year. Since that time numbers gradually increased to between 65 and 80 per month, and have remained relatively stable over the past year.

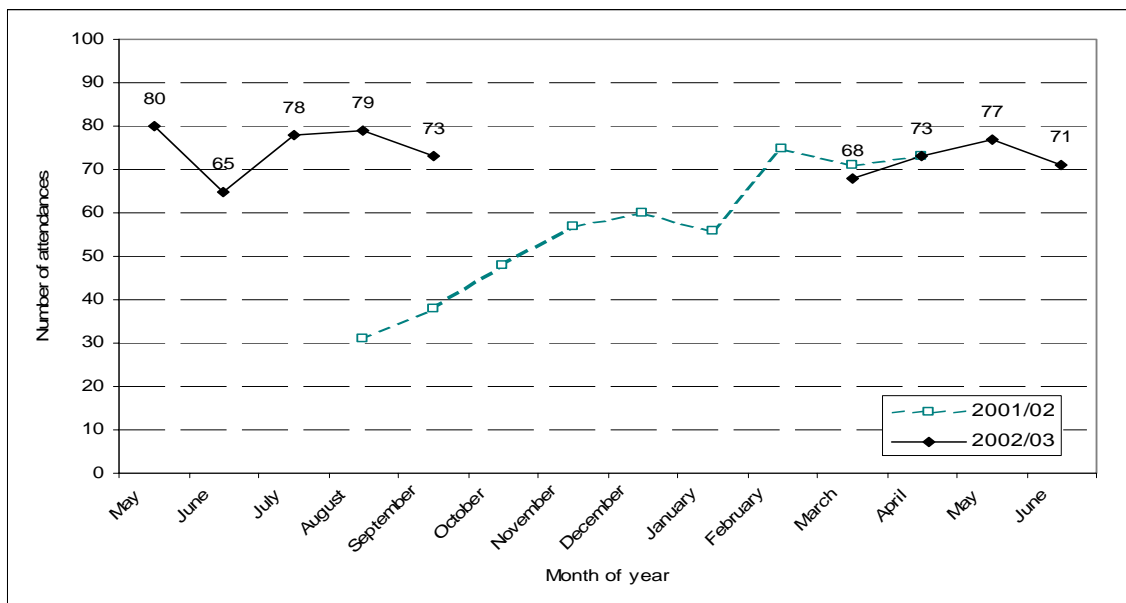


Figure 8. Monthly totals of non-fatal heroin overdose in Melbourne, May 2001-April 2002 and May 2002-June 2003 (excluding May-July 2001 and October 2002-February 2003). (Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).

Analyses conducted by Cvetkovski et al., (2003) comparing ambulance data for the May-June 2002 and May-June 2003 periods revealed the following:

- A daily rate of overdose in May-June 2003 (M 2.43, SD 1.67) was similar to the preceding May-June 2002 period (M 2.38, SD 1.55).
- An average age of overdose victims in May-June 2003 (M 29.48, SD 8.49) that was similar to that in the preceding period (M 29.35, SD 7.71).
- A similar proportion of male overdose cases in May-June 2003 (74%) to the preceding May-June 2002 period (78%).
- A majority of overdoses occurred in public spaces in both periods.
- While there was a slightly larger proportion of police attendance in May-June 2003 (18%) compared to the preceding period (14%), this difference was not statistically significant.
- While a larger proportion of overdose victims were transported to hospital by ambulance during the May-June 2003 (27%) than the preceding period (20%), this difference was not statistically significant.

Amphetamine/methamphetamine mentions

The database maintained by Turning Point also records other drugs that are mentioned in a patient care record (PCR). However, in contrast to heroin overdose, where there are definitive clinical symptoms of overdose (such as pinpoint pupils and a positive response to naloxone), these cases only report when the drug names are recorded by the ambulance officers on the PCR. Therefore, the figures reported here and in the following sections can only be interpreted as indicators and would significantly under report the actual number of people seen by ambulance officers who had used these drugs.

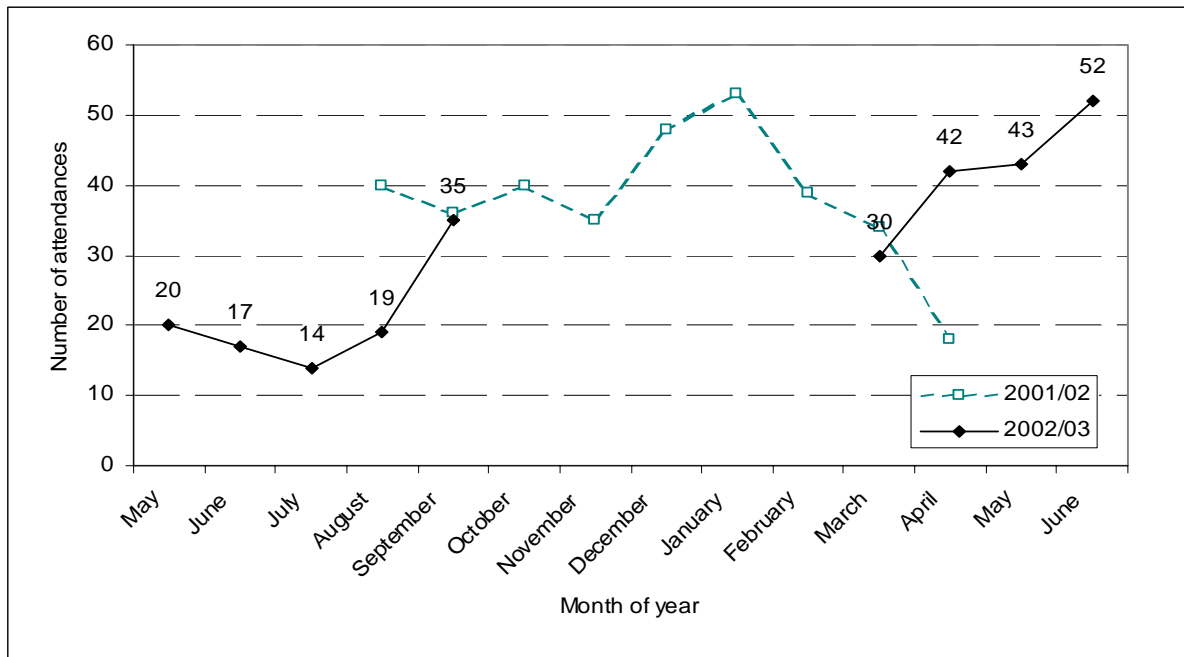


Figure 9. Monthly totals of ambulance attendance where amphetamines were mentioned in Melbourne, May 2001-April 2002 and May 2002-June 2003 (excluding May-July 2001 and October 2002-February 2003). (Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).

Figure 9 reports the monthly totals of ambulance attendances where amphetamine use was mentioned in Melbourne, May 2001-April 2002 and May 2002-June 2003 (excluding May-July 2001 and October 2002-February 2003). Ambulance attendances where amphetamine use was recorded fluctuated during this time, however an increasing trend in the number of reports from March 2003-June 2003 can be seen.

Cocaine mentions

Figure 10 reports the monthly totals of ambulance attendances where cocaine use was mentioned in Melbourne, May 2001-April 2002 and May 2002-June 2003 (excluding May-July 2001 and October 2002-February 2003). These numbers are too small to provide clear trends, but generally indicate that those people who are using cocaine in Melbourne are not coming into contact with the ambulance service.

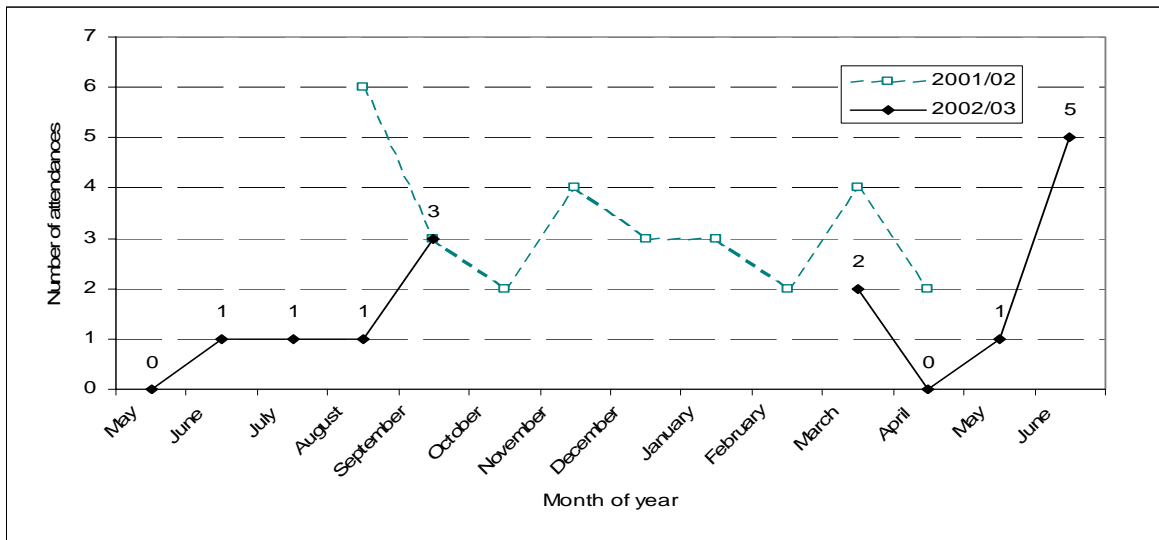


Figure 10. Monthly totals of ambulance attendances where cocaine was mentioned in Melbourne, May 2001-April 2002 and May 2002-June 2003 (excluding May-July 2001 and October 2002-February 2003). (Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).

Ecstasy mentions

Figure 11 reports the monthly totals of ambulance attendances where ecstasy use was mentioned in Melbourne, May 2001-April 2002 and May 2002-June 2003 (excluding May-July 2001 and October 2002-February 2003). Ambulance attendances where ecstasy use was recorded peaked in January 2002 and September 2002. This perhaps reflects a relationship between use and the holiday periods, which are the peak times of year for large dance parties and music festivals.

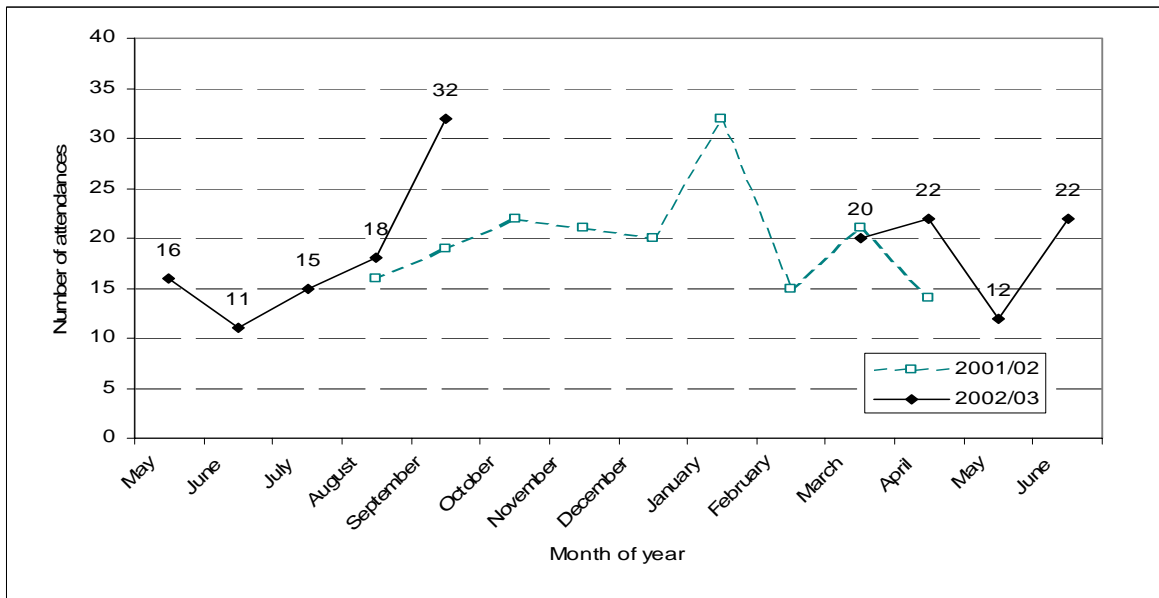


Figure 11. Monthly totals of ambulance attendances where ecstasy was mentioned in Melbourne, May 2001-April 2002 and May 2002-June 2003 (excluding May-July 2001 and October 2002-February 2003). (Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).

10.3.4 Drug deaths

Heroin-related

The data for trends in heroin-related mortality in Victoria are summarised in Figure 12. This figure, based on Victorian Institute of Forensic Medicine data, shows an increasing trend in the number of heroin-related deaths in Victoria throughout the 1990s and a dramatic decline in numbers of heroin-related fatalities from 331 in 2000, to 49 in 2001. The sharp decline in fatalities from 2000 to 2001 is consistent with the timing of what is now known was a severe period of reduction in Melbourne's heroin supply (Miller, Fry & Dietze, 2001). Heroin-related deaths rose to 59 in 2002 and 100 in 2003 (figures similar to those seen in the early 1990s), but are still much lower than the peak of 359 reported in 1999.

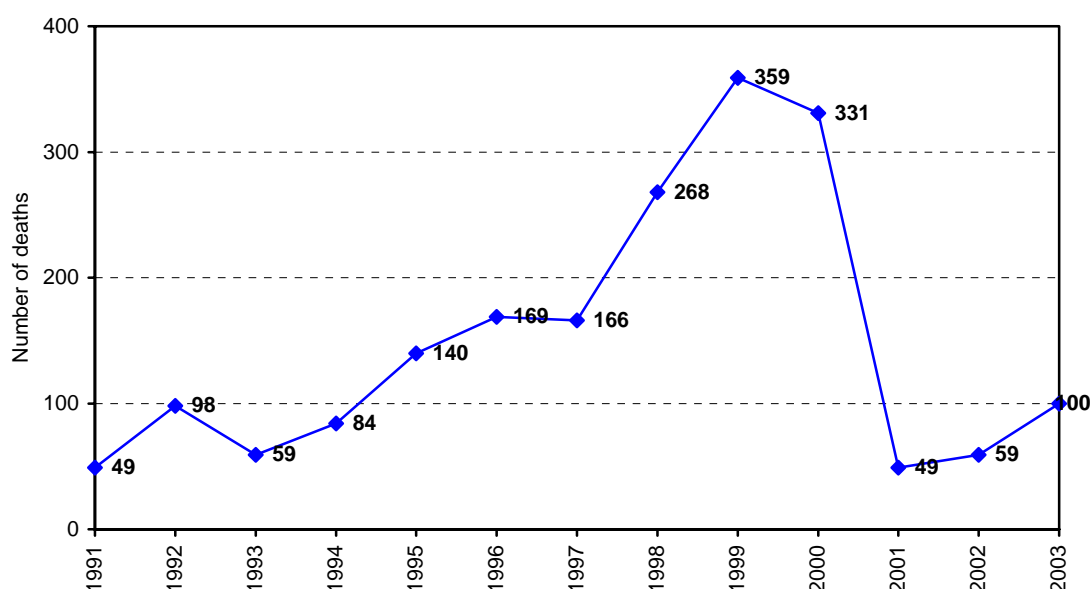


Figure 12. Yearly heroin overdose deaths in Victoria, 1991 - 2003. (Source: Victorian Institute of Forensic Medicine).

Opioid-related

Recently released Australian Bureau of Statistics data on opioid overdose deaths (accidental deaths due to poisoning by opioids, and accidental deaths due to opioid use) for 2002 (Degenhardt & Barker, 2003) show that the Victorian overdose rate in 2002 was 33.2 per million persons aged 15-54 years (compared to 26.4 per million persons in 2001 and 118.1 per million persons in 2000). Figure 13 shows that the number of accidental deaths due to opioids (where opioids e.g. heroin, morphine, pethidine, methadone, or codeine were primarily responsible for the person's death), declined dramatically from 2000 to 2001. There was a slight increase in 2002, however again numbers and rates are still much lower than that observed in the late 1990s/2000. The Victorian 2002 rate was similar to the national rate of 32.3 per million persons aged 15 to 54 years. In 2002, 76% percent of Victorian deaths attributed to opioids among those aged 15-54 years were males.

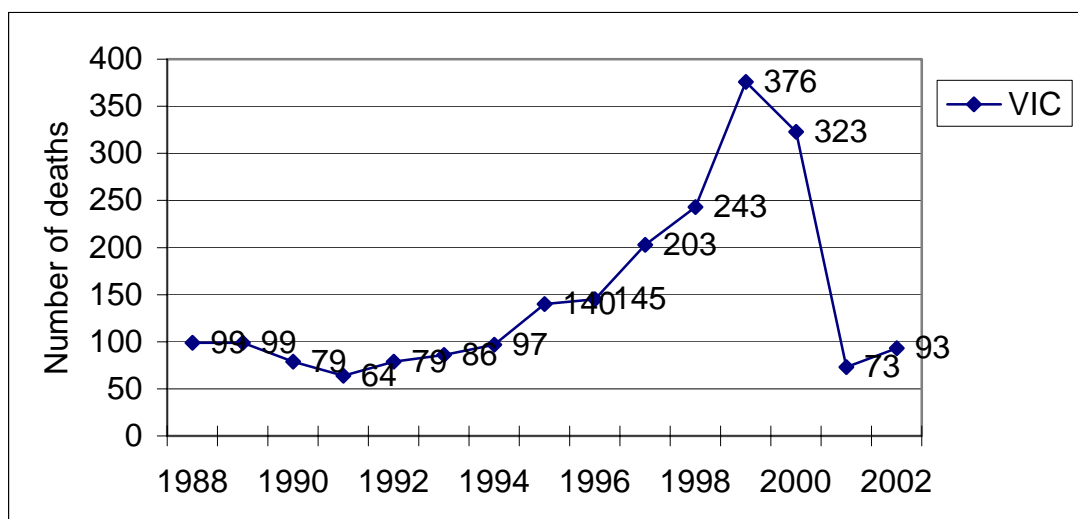


Figure 13. Number of opioid overdose deaths among 15-54 year olds in Victoria, 1988-2002 (Source: Degenhardt & Barker, 2003).

10.3.5 Blood borne virus transmission

Blood borne viruses (HIV, hepatitis B and C) represent 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 sharing of equipment for injecting illicit drugs has infrequently resulted in HIV transmission in Australia, but transmission of the hepatitis C virus continues to occur at very high rates among people who inject drugs.

The Victorian Department of Human Services records notifications of infectious diseases in Victoria. Table 20 shows the trend in notifications of diagnoses of HIV where injecting drug use was identified as an exposure factor in Victoria by year of diagnosis, 1991 to the end of 2002. This table shows that throughout this period there has been a consistently low proportion of HIV diagnoses where injecting drug use was identified as an exposure factor. At the end of 2002, injecting drug use had been identified as an exposure factor in only 2% of all Victorian HIV infections (Victorian Department of Human Services, 2003).

The evidence of low rates of HIV infection among IDU is reinforced by the results of a study of attendees at four fixed-site metropolitan Needle Syringe Programs in Victoria in 2002, in which less than one percent of 244 respondents provided blood tests that were found to be HIV positive (see Table 21) (National Centre in HIV Epidemiology and Clinical Research, 2003a).

Table 20. Annual number of notifications of HIV diagnoses in Victoria where injecting drug use has been identified as the likely exposure factor, 1992 to 2002.

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Number	20	23	20	15	14	15	13	6	10	11	5
% of HIV diagnoses	8	10	9	8	7	8	9	5	7	5	2

Source:(Victorian Department of Human Services, 2002a; Victorian Department of Human Services, 2003)

In contrast, the situation with regard to hepatitis C virus (HCV) infection among injecting drug users in Victoria is of major concern. There is evidence of a continuing high level of prevalence of HCV infection among this group of injecting drug users. This is demonstrated in the findings of the sentinel surveillance data for attendees at four fixed site metropolitan Needle and Syringe Programs in Victoria in 2002 in which 59% of the sample (69% in 2001, 62% in 2000) were found to have antibodies to HCV (see Table 21) (National Centre in HIV Epidemiology and Clinical Research, 2003a).

Table 21. Prevalence of HCV and HIV infection among NSP clients in Victoria, 1999-2002.

	1999			2000			2001			2002		
	Male (n=135) %	Female (n=69) %	Total %	Male (n=177) %	Female (n=115) %	Total %	Male (n=214) %	Female (n=117) %	Total %	Male (n=151) %	Female (n=91) %	Total %
HCV	60	58	60	64	59	62	68	73	69	56	63	59
HIV	1.5	0.0	1.0	0.6	0	0.3	0.9	0	0.6	0.7	0	0.4

Source: National Centre in HIV Epidemiology and Clinical Research, 2003a

The Communicable Diseases Section, Public Health Group, Department of Human Services collects data on notifications received for HCV infection (newly acquired and not further specified). The Communicable Diseases Section received 3779 notifications of Hepatitis C infection in 2003, 4166 notifications in 2002, and 4993 in 2001 (Victorian Department of Human Services, 2004).⁶ The number of Hepatitis C infection notifications decreased between 2001 and 2003, however carriage rates at the levels observed remain unacceptably high, and indicative of persisting levels of unsafe injecting practices amongst IDU.

10.4 Summary of associated harms/ drug-related issues

The main drug-related issues to emerge from the Melbourne arm of the 2003 IDRS study include:

- Reported lifetime experience of heroin overdose by IDU respondents has been relatively stable between 1997-2003. Reports of recent experience of overdose (last six months) however, have decreased to 8%, from the peak of 27% in 2000.
- The majority of IDU were poly-drug users. Seventy-seven percent of survey respondent who had used drugs on the day prior to interview had used two or more different drugs.
- Opioids remain the most frequently occurring main presenting drug problem (after alcohol) at specialist alcohol and drug agencies.
- There has been a continuing increase in the number of clients enrolling in buprenorphine treatment, while the number of methadone clients has stabilised. There are continuing reports of buprenorphine diversion and injection.
- High rates of hepatitis C virus infection among injecting drug users, coupled with persistent unsafe injecting behaviour.

⁶ Numbers do not necessarily reflect the true incidence of the disease

- Continuing reports of injecting-related health problems (e.g. prominent scarring/bruising, difficulty injecting).
- Self-reported crime remained stable and IDU reported that police activity had had no effect on the difficulty of acquiring drugs recently.

11. SUMMARY OF FINDINGS

11.1 Comparison of data from different sources

The following section provides a comparison of current and emerging drug trends obtained from the IDU survey, key informants and the secondary indicator data. In general there was good agreement between the data sources for the four main drugs of focus – heroin, methamphetamines, cocaine and cannabis. Most trends are supported primarily by IDU and key informant reports, reflecting the general paucity of available secondary illicit drug indicator data for drugs other than heroin. However, in cases where all three data sources were available, these typically showed good agreement.

11.1.1 Heroin trends

Table 22. Heroin trends endorsed (✓) by injecting drug user reports (IDU), key informant reports (KI), and other indicator sources (OTHER).

HEROIN TRENDS	IDU	KI	OTHER
Price generally stable last six months	✓	✓	
\$50 deals minimum purchase amount	✓	✓	
Availability easy	✓	✓	
Medium to low purity	✓	✓	✓
Purity stable/ increasing last six months	✓	✓	✓
Frequency of use currently more stable although has not returned to the levels it was at pre-2001	✓	✓	✓
Number of people using heroin stable overall	✓	✓	
Injection primary route of administration	✓	✓	
Source mobile dealers or dealers' homes	✓	✓	

Findings from the 2003 study suggest that the heroin market in Melbourne has now stabilised, after the reported shortage observed in 2001 (Fry & Miller, 2002). In particular, it has been reported in the current study that heroin is easy to access, and the price and purity have remained relatively stable over the past two years. Nevertheless, heroin supply in Melbourne is clearly not at the levels it was at prior to 2001 and the trend in heroin use will continue to be monitored.

11.1.2 Methamphetamine trends

Table 23. Methamphetamine trends endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

METHAMPHETAMINE TRENDS	IDU	KI	OTHER
Prevalence of methamphetamine use high among Melbourne IDU	✓	✓	✓
Prevalence of use and injection of ice increasing	✓		✓
Prevalence of use and injection of other forms (e.g. speed, base) stable	✓	✓	
Price of methamphetamines stable (\$50 'point', \$200 gram)	✓	✓	
'Point' most commonly purchased weight	✓	✓	
Price stable last six months	✓	✓	
Methamphetamine easy to obtain	✓	✓	
Methamphetamines availability stable last six months	✓	✓	
Purity medium to high	✓	✓	✓
Predominantly sourced through social networks	✓	✓	

Methamphetamine use was widespread amongst the IDU sampled in 2003. Prevalence of use, price and availability remained relatively stable since 2002, however there was a marked increase in reported use and injection of ice (the purest form of methamphetamine). Frequency of methamphetamine use was low, however considering the potential harms associated with the use of this drug type, the trend in use will continue to be monitored. Purity of methamphetamines was regarded as medium to high, and most people sourced these drugs through social networks.

11.1.3 Cocaine trends

Table 24. Cocaine trends endorsed (✓) by injecting drug users (IDU), key informant reports (KI), and other indicators (OTHER).

COCAINE TRENDS	IDU	KI	OTHER
Price of cocaine stable	✓	✓	
Prevalence and frequency of use low	✓	✓	
Availability difficult (stable)	✓	✓	
Purity medium to high	✓		✓
Sourced from friends or dealers' homes (established contacts)	✓	✓	

Few key informants and injecting drug users were able to comment on Melbourne cocaine trends in 2003. Of those who could, the majority reported that prevalence and frequency of use was low and availability was difficult. Purity was medium and the price has remained stable. These trends remain unclear however and require further in-depth investigation.

11.1.4 Cannabis trends

Table 25. Cannabis trends endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

CANNABIS TRENDS	IDU	KI	OTHER
Prevalence of cannabis use among IDU high	✓	✓	✓
Price stable	✓	✓	
Availability easy to very easy (stable)	✓	✓	
Accessed through private, social networks	✓	✓	
Potency generally high (stable)	✓	✓	
Most commonly used hydroponic and outdoor	✓	✓	
Frequency of use high (daily)	✓	✓	
Cannabis users characterized as poly-drug users	✓	✓	

The Melbourne cannabis market and patterns of use continue to be relatively stable. Cannabis appears to be the most widely used illicit drug within Victoria, and is a common addition to the list of drugs used concurrently by injecting drug users.

11.1.5 Other opiate trends

The 2003 Melbourne IDRS study has yet again provided evidence of significant prescription drug use by injecting drug users. Of particular concern are the high prevalence of buprenorphine injection and the widespread use of illicit morphine amongst injecting drug users.

Table 26. Trends in other opiate use endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

OTHER OPIATE TRENDS	IDU	KI	OTHER
Reported methadone use stable (mostly licit)	✓		✓
Rapid uptake in buprenorphine treatment by IDU	✓	✓	✓
Reported diversion and injection of buprenorphine	✓	✓	
Stable use of other opiates (mostly licit) e.g. <i>Panadeine Forte</i> ®	✓		
Widespread use of illicit morphine	✓	✓	
Frequency of morphine use low, opportunistic	✓	✓	

11.1.6 Other drug trends

Other prescription drugs such as benzodiazepines and antidepressants are also widely used by injecting drug users. Prevalence of use of these drug types has remained relatively stable in 2003, while benzodiazepine injection continues to decrease. As with cocaine, reported ecstasy use and injection declined in 2003.

Table 27. Trends in other drug use endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

OTHER DRUG TRENDS	IDU	KI	OTHER
Recent ecstasy use decreased in this user group	✓	✓	
Purity of ecstasy stable			✓
Continuing decrease in benzodiazepine injection	✓	✓	
Prevalence of inhalant use amongst young people high		✓	
Large proportion of IDU using anti-depressants	✓	✓	
Increase in frequency of use of anti-depressants	✓	✓	

11.1.7 Drug-related health and law enforcement trends

Table 28. Drug related health and law enforcement trends identified in injecting drug user reports (IDU), key informant reports (KI), and other indicator sources (OTHER).

DRUG-RELATED ISSUES	IDU	KI	OTHER
Large proportion of IDU experiencing injection-related health problems	✓	✓	
Continuing levels of unsafe injecting behaviour	✓	✓	✓
Relatively stable non-fatal heroin overdoses last six months	✓		✓
Crime levels stable	✓	✓	
Increase in incidence of mental health issues		✓	✓

Reported recent experience of overdose and receipt of Narcan® decreased slightly in 2003. However, other significant harms associated with injecting drug use continue to be of major concern and the majority of IDU experienced at least one type of inject-related health problem. Overall the level of criminal activity amongst IDU was relatively stable.

11.2 Study limitations

The aim of the IDRS is to obtain evidence of emerging trends in illicit drug use and related problems within the community. The study is not designed to provide a definitive or detailed explication of these trends. Rather, the primary purpose of IDRS findings is to (where appropriate) inform future policy and research responses to the public health and law enforcement challenges presented by illicit drug use in each state and territory within Australia.

The IDRS approach relies on the perceptions of expert individuals involved in and exposed to the illicit drug scene (both individuals who inject drugs and professionals working with these groups). Where possible, these subjective reports are compared against secondary indicators. However, given the hidden nature of illicit drug use, the availability of reliable indicator data is often limited.

Further, the IDRS study principally gathers evidence on emerging trends among people in contact with drug treatment, health and other services. As this population is not necessarily representative of all illicit drug users (e.g. those who do not routinely access such services, recreational/ non-dependent illicit drug users), the generalisability of the present results is limited. Another key limitation of the IDRS methodology is that it only describes drug issues within metropolitan Melbourne and fails to provide a comprehensive picture of drug use issues across the whole state of Victoria. To provide such a comprehensive picture, the IDRS methodology would need to be expanded to regional areas of Victoria.

11.3 Implications of the findings for future research

While the aim of the IDRS study is to monitor emerging trends in illicit drug use and related problems, it is not intended as a comprehensive and detailed investigation of illicit drug trends. The role of the Melbourne arm of the IDRS study is to identify yearly illicit drug use trends, and provide recommendations regarding key issues that warrant further in-depth investigation and increased policy focus.

The findings of the 2003 Melbourne IDRS study suggest the following priority areas:

1. Continued monitoring of illicit drug markets for changes in price, purity and availability trends, and evidence of increasing harms.
2. Further research to monitor the characteristics and impact of psychostimulant use in Melbourne, including an increased focus upon sentinel target groups other than injecting drug users and a consideration of the impact upon health and law enforcement sectors.
3. Expansion of Victoria's routine drug trend monitoring, through new methods and new sentinel groups, to improve the understanding of intersecting drug markets and related harms.
4. Research to explore the nature of prescription drug use among injecting drug users in Melbourne, the extent of prescription drug diversion, the characteristics of the illicit market, and the health harms associated with prescription drug misuse.
5. Further research to gain a better understanding of the determinants of unsafe injecting, particularly for those injecting practices that increase the risk of blood-borne virus transmission (e.g. HIV, HCV and HBV).

Since 1997, the Melbourne arm of the national IDRS study has proven to be a reliable, cost-effective and informative mechanism for the monitoring of illicit drug trends in Victoria. It yields data that are comparable from year-to-year and across jurisdictions, and it is a study that has much to offer health and law enforcement sectors in their efforts to respond more effectively to illicit drug trends.

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