

J. Stafford and C. Breen

AUSTRALIAN DRUG TRENDS 2016
Findings from the
Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 163



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**AUSTRALIAN
DRUG TRENDS
2016**



**FINDINGS FROM THE
ILLICIT DRUG REPORTING SYSTEM
(IDRS)**

Jennifer Stafford and Courtney Breen

National Drug and Alcohol Research Centre,
University of New South Wales, Sydney, Australia

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACBPS	Australian Customs and Border Protection Service
ACC	Australian Crime Commission
ACIC	Australian Criminal Intelligence Commission (formally the ACC)
ACT	Australian Capital Territory
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AIVL	Australian Injecting and Illicit Drug Users League
ANSPS	Australian Needle and Syringe Program Survey
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Dataset
ATOD	Alcohol, Tobacco and Other Drugs
ATS	Amphetamine-type stimulants
AUDIT-C	Alcohol Use Disorders Identification Test-Consumption
BBVI	Blood-borne viral infections
CPR	Cardiopulmonary resuscitation
DMT	Dimethyltryptamine
DSM-5	Diagnostic and Statistical Manual of Mental Disorders-5
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Medical Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
ICD-10	International Classification of Diseases-10
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	Key expert(s); see Method section for further details
LSD	Lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of participants
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NHMD	National Hospital Morbidity Database
NIDIP	National Illicit Drug Indicators Project
NNDSS	National Notifiable Diseases Surveillance System
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
NT	Northern Territory
OTC	Over the counter
PBS	Pharmaceutical Benefits Scheme
PWID	Person/people who inject(s) drugs

QLD	Queensland
SA	South Australia
SCID	Structural Clinical Interview for DSM
SDS	Severity of Dependence scale
SPSS	Statistical Package for the Social Sciences
TAS	Tasmania
VIC	Victoria
WA	Western Australia

GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection
Half weight	0.5 gram
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the IDRS (see Method section for further details)
Key expert(s)	Also referred to as KE; persons participating in the key expert Survey component of the IDRS (see Method section for further details)
Licit	Licit refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, antidepressants) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
Participant	In the context of this report refers to persons who participated in the PWID survey (does not refer to key expert participants unless stated otherwise)
Person who inject(s) drugs	Also referred to as PWID. In the context of the IDRS, refers to persons participating in the PWID Survey component of the IDRS (see Method section for further details)
Point	0.1 gram although may also be used as a term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
Session	A period of continuous use
Use	Use via one or more of the following routes of administration – injecting, smoking, snorting and/or swallowing
↑	Significant increase ($p < 0.05$) from previous year (2015) compared with current year (2016)
↓	Significant decrease ($p < 0.05$) from previous year (2015) compared with current year (2016)

Guide to days of use/injection

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

*As appropriate

EXECUTIVE SUMMARY

Common terms used throughout the report

Regular PWID: Injected a drug on six or more separate occasions in the previous six months

Recent use: Used at least once in the previous six months

Sentinel group: A surveillance group that points towards trends and harms

Median: The middle value of an ordered set of values (maximum: 180 days)

Mean: The average

Frequency: The number of occurrences within a given time period

Key findings from the 2016 IDRS

The Illicit Drug Reporting System (IDRS) is intended to serve as a monitoring system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS consists of three components: interviews with a sentinel group of people who regularly inject drugs (PWID¹) conducted in the capital cities of Australia; interviews with key experts (KE), professionals who have regular contact with illicit drug users through their work; and analysis and examination of indicator data sources related to illicit drugs. *Australian Drug Trends 2016* draws largely on the PWID participant survey and indicator data components of the IDRS, while KE provide contextual information within jurisdictions. As a result, the KE information is reported more fully in the individual state/territory reports.

Demographics of the participant sample

Eight hundred and seventy-seven participants were recruited to the 2016 IDRS participant survey. The mean age of the national sample was 43 years (range=19–72 years) and 69% were male. The vast majority of the sample spoke English as their main language at home (98%), and 17% identified as being of Aboriginal and/or Torres Strait Islander descent. Eighty-six percent of the sample were currently unemployed, over half (55%) reported a previous prison history and nearly half (43%) were in current treatment, mainly methadone.

Consumption pattern results

Current drug use

- The mean age participants first injected was 20 years. Of the national sample, 44% reported that methamphetamine powder (speed) was the first drug injected, followed by heroin (38%).
- Heroin was nominated as the drug of choice by nearly half (46%) of the national sample, followed by methamphetamine, morphine and cannabis.
- Forty-one percent of the national sample reported injecting any form of methamphetamine (mainly crystal) most often in the last month, followed by heroin (37%). Nearly half (44%) of the participants in the national sample reported daily injecting.

Heroin

- Heroin use was reported as the main drug of choice among participants. Over half (58%) of the participants reported using heroin in the last six months on a median of 75 days. Thirty percent of recent heroin users reported daily heroin use. Nearly all (98%) of the recent heroin users injected. Small numbers reported recently using homebake heroin. The majority of recent heroin users reported mainly using 'white/off-white' coloured heroin compared to 'brown' heroin.

Methamphetamine

- The IDRS distinguishes between methamphetamine powder (speed), methamphetamine base (base), and crystal methamphetamine (crystal).

¹ The term 'participants' or 'sample' are used throughout the report to refer to the IDRS participant sample.

- Three-quarters (75%) of the national sample reported using one or more forms of methamphetamine recently on a median of 36.5 days (significant increase from 24 days in 2015). Recent base use remained low and stable (8% in 2016), while the recent use of crystal increased significantly (from 67% in 2015 to 73% in 2016) and the recent use of speed decreased significantly (from 25% in 2015 to 20% in 2016).
- The median number of days participants used crystal significant increased from 20 days in 2015 to 30 days in 2016. 'Weekly or more but less than daily' use of crystal also significantly increased from 33% in 2015 to 42% in 2016. Speed and base frequency remained stable.

Cocaine

- The recent use of cocaine remained most common among participants in NSW (25%; 11% nationally), with 10% or fewer reporting use in the preceding in other jurisdictions. The frequency of cocaine use among users remained low and sporadic in all jurisdictions except NSW. Nationally, the frequency of cocaine use was a median of three days (six days in NSW).

Cannabis

- Nearly three-quarters (73%) of participants in the national sample reported recent cannabis use. Daily use was common (32%). Smoking cannabis in cones was more common than joints. Hydroponic cannabis continued to dominate the market.

Other opioids

- Thirty-nine percent of the national sample reported the recent use of methadone (any form) and around one-fifth reported recently injecting any form of methadone. Thirteen percent of the national sample reported the use of 'illicitly' obtained (i.e. not prescribed to them) methadone liquid in the six months preceding interview, and 7% the recent use of 'illicitly' obtained methadone tablets (Physeptone).
- Five percent of the national sample reported the use of 'licitly' obtained (i.e. prescribed to them) buprenorphine in the six months preceding interview and 10% the use of 'illicitly' obtained buprenorphine.
- Equal proportions of the national sample reported using 'licitly' and 'illicitly' obtained buprenorphine-naloxone in the last six months (11% each, 19% any form).
- The recent use of any form of morphine remained stable at 29% (31% in 2015). The recent use of 'licit' morphine was reported by 6% of the sample compared to 26% for 'illicit' morphine. Morphine remained the most commonly injected pharmaceutical in the national sample (27% in 2016). The use of morphine remained highest in the NT and TAS, jurisdictions where heroin has traditionally not been freely available.
- The recent use of any form of oxycodone significantly decreased from 25% in 2015 to 21% in 2016. Recent 'licit' oxycodone use was reported by 4% of the national sample compared to 18% for 'illicit' oxycodone in the last six months.
- The recent use of fentanyl was reported by 10% of the sample on a median of three and a half days in the last six months.
- Sixteen percent of the national sample reported using over the counter (OTC) codeine on a median of seven days in the last six months.
- The recent use of 'other' opioids (i.e. those not classified elsewhere – mainly Panadeine Forte®) was reported by 15% of the national sample on a median of seven days. The recent injection of these preparations was low at less than 1%.

Other drugs

- Around two-thirds (63%) of the national sample reported using ecstasy in their lifetime with 8% reporting use in the last six months on a median of two days.
- Nearly two-thirds of the participants reported having used hallucinogens at some stage in their lifetime (64%). The recent use of hallucinogens remained fairly low, with six percent reporting use in the six months preceding interview.
- A large proportion (80%) of the national sample reported the use of benzodiazepines (including alprazolam) at some stage in their lifetime. Fifty-seven percent reported the recent use of benzodiazepines on a median of 41 days. Small proportions reported recently injecting benzodiazepines (3%) on a median of nine days in the last six months.
- Fifty-six percent of the national sample reported using some form of alprazolam in their lifetime, with around one-quarter nearly (23%) recently using any form of alprazolam. Thirteen percent reported recently injecting alprazolam.
- Nine percent of the national sample reported recently using 'illicit' pharmaceutical stimulants on a median of four days in the last six months.
- The lifetime use of Seroquel® was reported by nearly half (47%) of the sample and 18% reported recently using Seroquel®.
- Seven percent of the national sample reported the lifetime use of steroids with nine participants reporting recent use.
- Nine percent reported the lifetime use of new psychoactive stimulants, with 3% using them in the last six months.
- Twenty-two percent reported the lifetime use of synthetic cannabinoids, with 4% reporting use in the last six months.
- Lifetime use of inhalants was reported by 22% of the national sample; however, only small numbers reported using inhalants in the last six months (3%).
- Fifty-eight percent of the national sample reported recently using alcohol on a median of 24 days (one day per week). Fourteen percent of the national sample reported daily use of alcohol.
- As in previous years, tobacco was widely used among the 2016 sample, with 93% having used it in the preceding six months. The vast majority of participants (89%) were daily smokers.
- Around one-quarter (27%) of the national sample reported ever trying an e-cigarette, with 14% recently using an e-cigarette on a median of three days.

Drug Market: price, purity, availability and purchasing patterns*Heroin*

- Heroin was typically \$50 per cap and \$350 per gram nationally. Price remained relatively stable compared with 2015. The majority of the participants reported heroin purity as 'low' or 'medium'. Heroin was considered either 'easy' or 'very easy' to obtain in the last six months and this was stable. The most common source when purchasing heroin was through a known dealer or friend. The most common place of purchase was at an agreed public location.

Methamphetamine

- Methamphetamines were reported to be around \$50 per point nationally for speed, base and crystal. Grams of speed were typically cheaper than grams of crystal. Price was considered as 'stable' for all three forms over the last six months by the majority of participants. The purity of speed and base were considered 'medium' and crystal as 'high'. All forms for methamphetamine were generally considered 'easy' or 'very easy' to obtain. Participants purchased all forms of methamphetamine from a variety of sources, most commonly friends and known dealers. An agreed public location was the most common place of purchase.

Cocaine

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

\$400 and \$50 respectively. The purity of cocaine was mixed with similar proportions reporting purity as 'low' (31%), 'medium' (31%) and high (29%). The availability of cocaine was reported as 'very easy' to obtain nationally (and in NSW). Purchasing from a friend, known dealer or street dealer were the most common sources.

Cannabis

- Nationally, the cost of a gram of hydroponic cannabis was \$20 and \$280 for an ounce. Price for both forms of cannabis (bush and hydroponic) were reported as stable over the last six months. Nationally participants reported the potency of hydro as 'high' and bush as 'medium'. This remained stable over the last six months. The availability of cannabis (both forms) was considered 'very easy' or 'easy' to obtain. Either form of cannabis was typically purchased through a friend or known dealer from either a friend's or dealer's home.

Methadone

- The majority of those who commented reported the price of 'illicit' methadone liquid to be a median of \$1 per millilitre and Physeptone[®] 10mg at \$15 per tablet. Nearly half reported the availability of 'illicit' methadone as 'easy' to obtain. Price and availability remained stable over the last six months. The majority of participants reported purchasing methadone through a friend, usually from a friend's home or at an agreed public location.

Buprenorphine

- Very small numbers were able to comment on price of buprenorphine with three-quarters reporting that it had remained stable over the last six months. Nearly two-thirds reported the availability of 'illicit' buprenorphine as 'very easy' or 'easy' to obtain. The most common source was through a friend, purchasing from an agreed public location or friend's home.

Buprenorphine-naloxone

- The median price for buprenorphine-naloxone 'film' varied by jurisdiction. Over three-quarters reported the availability of 'illicit' buprenorphine-naloxone 'film' as 'very easy' or 'easy' to obtain (over half for 'tablets'). Both price and availability were reported as stable for both buprenorphine-naloxone 'tablets' and 'film' over the last six months. The most common source was through a friend purchased from a friend's home.

Morphine

- The median price for each brand of 'illicit' morphine varied by jurisdiction. Eighty-three percent reported the price of 'illicit' morphine as stable over the last six months. Three-quarters reported that 'illicit' morphine was 'very easy' or 'easy' to obtain and this remained stable. The majority reported purchasing 'illicit' morphine through a friend or known dealer most commonly at a friend's home.

Oxycodone

- The median price for 'illicit' 'generic or other' and 'OP' oxycodone varied. The majority reported the price of 'generic or other' and 'OP' oxycodone as stable in the last six months (67% and 71% respectively). Most reported the availability of 'illicit' 'generic or other' and 'OP' oxycodone as 'very easy' or 'easy' to obtain (69% and 71% respectively). The majority reported purchasing 'illicit' 'generic or other' or 'OP' oxycodone through a friend, usually from either a friend's home or an agreed public location.

Benzodiazepines

- The median price for 'illicit' benzodiazepines varied by jurisdictions (small numbers commenting). Price was reported as stable over the last six months. Nearly half reported that the availability of 'illicit' benzodiazepines as 'difficult' and one-third as 'easy' to obtain. Over half (59%) reported the availability of 'illicit' benzodiazepines as stable over the last six months. The majority reported purchasing 'illicit' benzodiazepines through a friend, usually from either a friend's home or at an agreed public location.

Overdose and drug-related fatalities

- Twenty-four percent of IDRS participants who reported ever overdosing on heroin, had experienced a heroin overdose in the past 12 months. The highest rate of overdose in the past 12 months was in VIC (34%).
- Of those who had ever overdosed on another drug (not including heroin), 37% had done so in the past year (significant increase from 26% in 2015), and 10% had done so in the month preceding interview (significant increase from 4% in 2015).
- Indicator data from the Australian Bureau of Statistics (ABS) reported 564 accidental deaths due to opioids in 2012. The majority occurred in NSW, VIC and QLD. Males comprised the majority of accidental opioid deaths among 15–54 year olds. Methamphetamine was determined to be the underlying cause of death in 22% of all methamphetamine related deaths, and cocaine was determined to be the underlying cause of death in 48% of all cocaine-related deaths in 2012.

Drug treatment

- Nearly half (43%) of the IDRS sample reported current drug treatment, mainly methadone with a median of 36 months in methadone treatment.
- Forty-five percent of the IDRS sample had been in opioid substitution treatment in the past year. Of this sample, 82% only had received one form of treatment in the past year.
- Eighty-two percent of those who commented (N=65) had started methamphetamine treatment at a drug treatment centre at least once in the past year. Thirty-seven participants reported a hospital admission for methamphetamine psychosis, while twenty-one participants reported a hospital admission for other methamphetamine related issues in the past year.
- Of the national sample, 14% of all the participants reported that they were turned away or told to wait more than a week before entering treatment when they had tried to get into treatment in the last six months. The main drugs they had tried to access treatment for were heroin and methamphetamines.
- In Australia, indicator data from the Australian Institute of Health and Welfare (AIHW) on the total number of clients registered in opioid substitution treatment remained relatively stable in all jurisdictions in 2015. The majority of clients were being prescribed methadone.
- Data from the Alcohol and Other Drug Treatment Services–National Minimum Data Set (AODTS-NMDS) indicated that the ACT, VIC and NSW had the highest proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (drug of main concern) in 2014/15. While SA reported the highest proportion of closed treatment episodes for people who identified amphetamines as their principle drug of concern, NSW reported the highest for cocaine and VIC cannabis.

Hospital admissions

- The number of opioid-related hospital admissions remained relatively stable between 2013/14 and 2014/15, the most recent data available at the time of publication. The number of methamphetamine-related, cocaine-related and cannabis-related hospital admissions increased in 2014/15.

Injecting risk behaviours

- Needle and syringe programs (NSP) were the most common source for obtaining needles and syringes in the preceding six months (94%), followed by chemists (14%). Receptive sharing ('borrowing') of needles/syringes was reported by 7% of participants in the month preceding interview, usually after a regular partner or close friend. Eleven percent reported that somebody had used a needle after them (lent) in the month preceding interview.
- Nationally, one-quarter reported the sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) in 2016. The majority of participants reported last injecting in the arm.
- Thirty-eight percent reported re-using their own needle in the last month. Fifty-five percent reported re-using their own injecting equipment such as filters, water and mixing containers (e.g. spoons).
- Two-thirds of the IDRS sample experienced an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. in finding a vein).

- The majority of IDRS participants reported last injecting in a private location (80%), with smaller proportions last injecting in a public location such as on the street, in a car or in a public toilet.

Blood-borne viral infections

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

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

- Fifty percent of males and 50% of females scored five or more on the AUDIT-C, indicating the need for further assessment.

Opioid and Stimulate Dependence

- Of those who recently used an opioid drug (mainly heroin), the median score on the severity of dependence scale (SDS) was seven, with 75% scoring five or above (indicating dependence).
- Of those who recently used a stimulant drug (mainly methamphetamine), the median SDS score was three, with 48% scoring four or above (indicating dependence).

Self-reported mental health problems and psychological distress

- Forty-three percent of the IDRS sample self-reported a mental health problem in the preceding six months, most commonly depression and/or anxiety.
- Nearly one-third of the national sample reported seeing a mental health professional during the last six months.
- Fifty-eight percent of participants who reported experiencing a mental health problem had been prescribed medication for this problem during the past six months, most commonly antidepressants and/or antipsychotics.
- Higher levels of psychological distress, as measured by the Kessler Psychological Distress Scale (K10), were reported by the national sample compared to the general Australian population, with 30% reporting 'high' distress (7.2% in the general population) and 27% reporting 'very high' distress (2.8% in the general population). People reporting 'very high' levels of distress have been identified as possibly requiring clinical assistance.

Naloxone program and distribution

- The majority (86%) of the national sample had heard of naloxone, with nearly two-thirds (60%) reporting that naloxone was used to 'reverse heroin' and 29% reporting its used to 're-establish consciousness'.
- Forty-nine percent reported that they had heard of the take-home naloxone program, while 51% had not.
- A small proportion (6%) reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program.
- Eighteen percent of those who commented had completed training in naloxone administration along with a prescription for naloxone (mainly NSW, WA, VIC and the ACT). Of those who had completed the course nearly half (46%) had used the naloxone to resuscitate someone who had overdosed.
- Thirteen percent reported that they had heard about the rescheduling of naloxone (i.e. it is available OTC without a prescription).
- Forty-one percent stated that OTC naloxone should be free and 15% were willing to pay either \$5 or \$30.

Driving risk behaviour

- Around half of the national sample reported driving a car, motorcycle or other vehicle in the last six months.
- Nine percent of those who had recently driven reported driving while over the legal limit of alcohol in the preceding six months. Seventy-five percent reported driving under the influence of an illicit drug.

Law enforcement-related trends associated with drug use

Reports of criminal activity

- Participant reports of criminal activity remained similar to previous years, with 39% of the national sample reporting engagement in 'any' criminal activity in the preceding month. The most common types of crime committed were drug dealing and property crime.

Arrests

- Thirty-one percent of the national sample reported having been arrested in the preceding 12 months.
- In 2014/15, numbers of consumer and provider arrests for heroin and other opioids, amphetamine-type stimulants (including phenethylamines such as 3,4-methylenedioxymethamphetamine [MDMA]), cocaine and cannabis were higher than 2013/14 numbers.
- Cocaine arrests were higher in NSW and remained low and stable elsewhere. Cannabis arrests continued to account for the majority of all drug-related arrests in Australia.

Expenditure on illicit drugs

- Among the national sample who commented, 59% reported spending money on illicit drugs the day before interview. The median amount spent by those who had purchased drugs was \$190.

Special topics of interest

Homelessness

- In 2016, 80% of the sample reported a lifetime prevalence of homelessness, with one-quarter currently homeless at the time of interview.
- The mean duration of their current episode of homelessness was reported to be one year.
- The most commonly experienced forms of homelessness during both lifetime and the past six months were sleeping rough (72%; 26% respectively) and couch surfing (66%; 25% respectively).

Blood donations

- Of those who commented nationally, 12% reported that they had given blood in their lifetime. One-third (34%) of those who had given blood reported that they had commenced injecting drug use before donating blood.

Unfair treatment

- One-third of those who comment reported that they had 'never' been unfairly treated and 17% reported that they had not experienced any unfair treatment in the last 12 months.
- One-quarter reported unfair treatment 'monthly', 16% 'weekly but not daily' and 13% experienced unfair treatment 'daily or more'.
- Around one-third of those who were treated unfairly reported that they had been treated unfairly by the police and by family; mainly in a public location.

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug monitoring system funded by the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The IDRS has been conducted in all states and territories of Australia since 1999. The purpose of the IDRS is to provide a coordinated approach to monitoring the use of illicit drugs – in particular, heroin, methamphetamine, cocaine and cannabis. It is designed to be sensitive to trends, providing data in a timely manner, rather than to describe issues in detail. Therefore, the IDRS can provide direction for more detailed data collection on specific issues.

The complete methodology consists of three components: interviews with people who regularly inject drugs (PWID); interviews with key experts (KE), people who, through the nature of their work, have regular contact with PWID or knowledge of drug trends; and an examination of existing indicator data sources related to illicit drug use, such as opioid overdose data, treatment data, and purity of seizures of illicit drugs made by law enforcement agencies. These three data sources are presented in order to minimise the biases and weaknesses inherent in each one, and to ensure valid emerging trends are documented.

Please refer to the online version at www.drugtrends.org.au for past reports and updates.

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

Ecstasy and related drug use. Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among people who regularly inject drugs, it cannot provide information on drug use and harms among all groups of drug users. The Ecstasy and related Drugs Reporting System (EDRS), which has been funded in every jurisdiction in Australia since 2003, has documented patterns and trends in use among regular ecstasy users. The EDRS adopts the same methodology as the IDRS, and results are reported elsewhere (Stafford and Breen, 2017) (visit www.ndarc.med.unsw.edu.au or www.drugtrends.org.au for further details).

1.1 Study aims

The primary aims of the 2016 national IDRS were:

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

2 METHOD

The 2016 IDRS monitored trends in illicit drug markets using the methodology trialled by Hando and colleagues in NSW, VIC and SA (Hando et al., 1997, Hando et al., 1998). In all Australian jurisdictions, drug trends were monitored through a triangulation of three data sources. In each jurisdiction, data collection consisted of:

1. a quantitative survey of people who inject drugs;
2. a semi-structured interview with key experts who worked with illicit drug users; and
3. analyses of indicator data sources related to illicit drug use.

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

2.1 Survey of people who regularly inject drugs

A total of 877 PWID were interviewed during May–June in 2016. The sample sizes in each jurisdiction were: VIC n=175; NSW n=150; SA n=101; ACT n=100; TAS n=99; QLD n=91; NT n=90 and WA n=71. The sample sizes reflect predetermined quotas. To be eligible to participate in the survey, PWID participants needed to be at least 17 years of age (due to ethical requirements), to have injected at least monthly during the six months preceding interview, and to have been a resident for at least 12 months in the capital city in which they were interviewed. Participants were recruited using multiple methods, including advertisements in street press, newspapers, treatment agencies, needle and syringe programs (NSP) and peer referral. Participants were interviewed in locations convenient to them, such as NSP, treatment agencies, public parks, coffee shops and hotels. The recruitment remained consistent with the methodology used in previous years.

The interview schedule was administered to participants by trained research staff in all jurisdictions. Interviews took approximately 30 to 50 minutes to complete. Participants in all jurisdictions were reimbursed up to \$40 for their time and expenses incurred. Informed consent to participate was obtained prior to interview. All participants were assured that all information they provided would remain confidential and anonymous.

The structured interview schedule administered to participants was similar to that administered in previous years, which was originally based on previous NDARC studies of heroin and amphetamine users (Darke et al., 1992, Darke, 1994). Survey items included demographics, drug use history, market characteristics (including price, perceived purity and perceived availability) of the main drugs investigated by the IDRS, health-related trends associated with drug use (including injection-related harms, risk behaviours, overdose and mental health) and law enforcement-related harms associated with drug use (including recent criminal activity and perceptions of police activity). In 2016, extra questions were included in the questionnaire in an attempt to collect more detailed information on the naloxone program and distribution, blood donations, homelessness and unfair treatment.

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

2.2 Survey of key experts

A total of 121 KE were interviewed, either by telephone, online or in person, between June and early October 2016. Criteria for entry to the KE component of the IDRS were at least weekly contact with illicit drug users in the six months preceding interview, or contact with at least 10 illicit drug users during the same timeframe. Some law enforcement personnel were interviewed who did not have regular contact with illicit drug users, but they were able to supply information about drug importation, manufacture and/or dealing.

Participants in the KE component had either participated in the IDRS in previous years, or were referred by colleagues, supervisors or former KE. They were screened for eligibility prior to interview. The purpose and methodology of the IDRS were described to KE prior to interview, and they were given the opportunity to obtain more information about the study before deciding whether to participate. KE were remunerated with a small incentive (e.g. box of chocolates, coffee) for their time.

The number of KE recruited in each jurisdiction were: QLD n=29; TAS n=21; VIC n=16; NSW n=13; WA n=13, SA n=10; NT n=12 and ACT n=7. KE included nurses, drug dealers, staff of drug treatment agencies, residential rehabilitations and therapeutic communities (e.g. counsellors, psychologists, nurses, drug treatment workers, general health workers), outreach workers, hospital emergency department staff, NSP staff, researchers, forensic scientists, user representatives, law enforcement agencies, legal agencies, youth services, mental health professionals, paramedics, youth workers, and general/community health agencies.

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

KE interviews took approximately 45 minutes to administer either face-to-face, over the phone or online. The interview schedule was a semi-structured instrument that included sections on demographic characteristics of illicit drug users, drug use patterns, the price, purity and availability of drugs, criminal activity, and health issues.

The interview schedule consisted of open-ended and closed-ended questions, and the interviewers took notes during the interview that were later transcribed into a variety of data analysis formats that differed across jurisdictions. The responses were analysed and sorted for recurring themes

Detailed reports of key findings arising from KE interviews may be found in each jurisdictional report available on the Drug Trends website www.drugtrends.org.au.

2.3 Other indicators

A number of secondary data sources were examined to supplement and validate data collected from the PWID and KE surveys. These included data from survey, health, research and law enforcement sources.

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

- drug purity data provided by the Australian Criminal Intelligence Commission (ACIC, formally the ACC). This includes the number and median purity of seizures of illicit drugs made by state/territory and federal law enforcement agencies that were analysed in Australia;
- data on consumer and provider arrests by drug type provided by the ACIC;
- data from the National Hospital Morbidity Database (NHMD) provided by the Australian Institute of Health and Welfare (AIHW). The ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments contribute to this database;
- data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) provided by the AIHW;
- drug injection prevalence data and HIV/HCV seroprevalence data from the annual Australian NSP Survey, conducted by the Kirby Institute (formally the National Centre for HIV Epidemiology and Clinical Research);
- pharmacotherapy statistics provided by the AIHW;
- national notifiable diseases surveillance data provided by the Australian Government Department of Health, National Notifiable Disease Surveillance System (NNDSS);
- opioid, cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS);
- data on the number and weight of seizures of illicit drugs made at the border provided by the Department of Immigration and Border Protection (formerly the Australian Customs and Border Protection Service);
- data from the National Household Survey 2013 provided by the Australian Institute of Health and Welfare; and
- data from the National Health Survey, 2014–2015 and the National Survey of Mental Health and Wellbeing 2007 provided by the ABS.

Indicator data reported in the individual state/territory reports may contain data from different sources than reported in this national overview. In addition, due to different reporting periods, the data reported are the most up to date data available at the time of publication but may not include 2016 data.

2.4 Data analysis

The PWID participant surveys are used as the primary basis on which to estimate drug trends. The participants provide comparable information on drug price, availability and use patterns in all jurisdictions and over time.

Categorical variables were analysed using valid percentages and χ^2 . All data were analysed using the IBM SPSS Statistical Package for Windows, Version 22.0 (IBM, 2013). Further analysis was conducted on the main drugs of focus in the IDRS to test for significant differences between 2015 and 2016 for drug of choice, last drug injected, drug injected most often in the last month, recent use, purity and availability. Confidence Intervals were calculated using an excel spreadsheet available at <http://www.cebm.net/index.aspx?o=1023> (Tandberg). Higher and lower confidence interval results which crossed over the value of zero were not significant. This calculation tool was an implementation of the optimal methods identified by Newcombe (Newcombe, 1998). Significance testing using the Mann-Whitney U calculation was used to compare 2015 and 2016 median days of use for the major drug types discussed. For individual jurisdictional significance testing results please refer to jurisdictional reports.

More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the Drug trends website www.drugtrends.org.au.

3 DEMOGRAPHICS

Key points

- A total of 877 participants were interviewed for the IDRS survey in 2016.
- Mean age was 43 years (range=19–72 years).
- Nearly two-thirds were male.
- Majority of the participants were unemployed, with a mean income of \$418 per week.
- Nearly half of the participants reported currently being in treatment; mainly methadone maintenance.
- Over half of the participants had a prison history.

3.1 Overview of the IDRS participant sample

A total of 877 IDRS participants were interviewed for the 2016 IDRS. The mean age of participants was 43 years (range=19–72 years) with the majority of the sample being male (69%). The majority of the national sample spoke English as their main language at home (98%) and 17% identified as being of Aboriginal and/or Torres Strait Islander descent. More than three-quarters (86%) of the sample were unemployed. The main source of income was a Government pension, allowance or benefit. The mean weekly income was \$418 nationally. Fifty-five percent of the sample had previously been imprisoned.

Nearly half (43%) of the participants were currently in some form of drug treatment, with 28% reporting the main treatment as methadone (includes Biodone® and Physeptone®), 8% buprenorphine-naloxone (Suboxone®) and 3% buprenorphine (Subutex®) maintenance treatment. Over the last six months, 39% of the sample had been in some form of drug treatment, mainly methadone (53%).

Demographic information by jurisdiction in the 2016 sample is shown in Table 1. Notable differences included the proportions identifying as Aboriginal and/or Torres Strait Islanders (ranging from 7% in SA to 33% in the NT) and completion of a university or college qualification (from 5% in TAS to 25% in WA). Proportions reporting having no fixed address ranged from 4% in SA to 25% in NSW, while unemployed status ranged from 72% in WA to 91% in VIC and the NT. There was substantial variation in those reporting a prison history, from 37% in WA to 67% in NSW, and proportions reporting current drug treatment ranged from 12% in the NT to 57% in TAS.

With the exception of the NT, substantial proportions of all samples were currently in treatment (usually pharmacotherapy treatment such as methadone or buprenorphine programs). It should be noted that the IDRS deliberately recruits a 'sentinel' population of regular PWID who are current and active participants in illicit drug markets; as a result, participants who reported being in treatment may not be representative of treatment populations more generally.

Appendix A, Table A1 provides a demographic overview of the national sample from 2000 to 2016.

Table 1: Demographic characteristics of the national sample, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
Mean age (years)	42	43	43	44	41	41	44	44	46	41
% Male	67	69	73	73	72	61	61	66	67	74
% English speaking background	98	98	97	98	95	100	97	97	100	100
% Aboriginal and/or Torres Strait Islander	20	17	24	24	9	16	7	9	33	19
% Sexual identity										
Heterosexual	92	89	87	92	90	93	86	90	90	88
Gay male	1	2	4	1	1	3	2	1	2	3
Lesbian	1	1	0	0	1	1	1	1	1	0
Bisexual	7	7	9	5	8	3	10	7	7	8
Other	1	1	0	2	1	0	1	0	0	1
% Relationship status										
Married/de facto	17	13	17	8	14	12	14	18	13	8
Partner	18	18	9	17	31	22	9	16	20	18
Single	58	61	66	65	53	62	68	49	61	60
Separated	4	4	4	6	2	2	3	10	3	7
Divorced	4	2	4	3	1	1	3	4	1	3
Widow/er	1	1	0	1	0	0	2	3	1	4
Other	<1	<1	0	0	0	1	1	0	0	0
Mean grade at school completed	10	10	10	10	10	10	10	11	10	10
% Completed trade/tech qualification	48	47	47	52	39	51	48	54	40	54
% Completed university/college	9	9	9	11	6	5	7	25	12	6
% Accommodation										
Own home (<i>inc. renting</i>)	72	69	51	79	62	77	87	78	77	59
Parents/family home	8	6	4	0	10	5	5	11	3	7
Boarding house/hostel	7	8	17	5	6	5	2	3	4	14
Shelter/refuge	1	2	1	3	2	4	0	1	0	0
No fixed address	11	13	25	8	16	8	4	7	14	12
Other	2	2	2	5	4	1	2	0	2	8
% Unemployed	83	86	89	85	91	85	86	72	91	84
% Full-time work	6	3	1	3	3	2	2	13	4	3
% Gov't pension, allowance or benefit main income source	87	91	88	93	91	97	95	79	93	92
Mean income/ week (\$)	(N=867) \$426	(N=851) \$418	(n=143) \$382	(n=99) \$379	(n=170) \$449	(n=95) \$407	(n=96) \$417	(n=70) \$511	(n=89) \$378	(n=89) \$441
% Prison history	(N=858) 53	(N=858) 55	(n=149) 67	(n=97) 56	(n=171) 56	(n=91) 46	(n=99) 55	(n=70) 37	(N=90) 51	(n=91) 55
% Current drug treatment [#]	47	43	54	46	44	57	33	42	12	47

Source: IDRS participant interviews.

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

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

4 CONSUMPTION PATTERNS

Key points

- The mean age of first injection for the national sample was 20 years. Speed was reported as the drug first injected by the majority of the sample.
- Nearly half of the national sample reported heroin as the drug of choice followed by methamphetamines.
- The drug injected most often in the last month was methamphetamines (mainly crystal) followed by heroin.
- Polydrug use over the last six months was common among the national sample.

4.1 Current drug use

Patterns of lifetime (i.e. ever having used a drug) and recent (i.e. last six months) use by participants of all drugs monitored in the IDRS are shown in Appendix A, Table A2. Routes of administration (ROA), including injecting, swallowing, snorting and smoking/inhaling are also provided in some detail.

The mean age of first injection of the overall sample was 20 years (SD 6.6; range=8–57). Speed and then heroin were most commonly reported as the drug first injected, with smaller proportions nominating other drugs (Table 2).

Table 2: Drug first injected and age at first injection, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
Mean age first injected	20	20	20	20	19	20	19	19	23	19
% Drug first injected										
Heroin	36	38	56	36	51	9	24	52	23	40
Methamphetamine*	52	53	35	60	44	61	71	45	59	54
<i>Speed</i>	46	44	25	44	37	58	63	35	53	44
<i>Base</i>	1	2	1	1	0	1	5	0	0	7
<i>Crystal</i>	5	7	9	15	7	2	3	10	6	3
Morphine	5	5	1	1	1	21	2	1	12	1
Cocaine	2	1	3	2	0	0	0	0	0	1
Methadone	1	<1	1	0	1	1	0	0	0	0
Other drugs	3	2	4	1	3	8	3	2	6	4

Source: IDRS participant interviews

* Includes speed, base and crystal

4.1.1 Drug of choice

Heroin was nominated by nearly half (46%) of the national sample as the 'drug of choice', followed by methamphetamine (29%) and morphine (8%). Differences were noted at the jurisdictional level (Table 3). Crystal methamphetamine as the drug of choice significantly increased between 2015 and 2016 (15% versus 21%). No other significant differences were found.

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

Unlike previous years the 'drug last injected' and the 'drug injected most often in the last month' didn't reflect the drug of choice in the national sample. In previous years heroin was most commonly reported, followed by methamphetamine and morphine, however in 2016 methamphetamine (mainly crystal) was reported as the last drug injected by the most followed by heroin. There were differences at the jurisdictional level, with the majority reporting methamphetamine as the last drug injected except in NSW, VIC and WA (Table 3). Crystal methamphetamine as the 'last drug injected' significantly increased between 2015 and 2016 (27% versus 37%; $p<0.05$). No other significant differences were found for 'last drug injected'.

Forty percent of the national sample reported methamphetamine (mainly crystal) as the drug 'most often injected in the last month', followed by heroin and morphine (Table 3). Crystal as the drug injected most in the last month significantly increased between 2015 and 2016 (28% versus 36%; $p<0.05$). No other significant differences were found between 2015 and 2016 for 'drug injected most often in the last month'.

Twenty-nine percent of participants in the national sample had injected a drug other than their drug of choice most often in the past month. The main reasons (among those who commented $N=256$) for this were availability (46%), price (11%), their drug of choice was not injectable (generally cannabis; 10%), caused undesirable health effects (5%), purity (4%), and being in drug treatment (4%).

Nearly half (44%) of the 2016 national sample reported injecting daily in the month preceding interview. A significant increase was found in the number of people injected weekly or more but less than daily (32% in 2015 versus 38% in 2016) (Table 3).

Appendix B, provides data over time; including Drug of choice (Figure B) and Drug injected most often in the last month (Figure B2) between 2000 and 2016. Over time heroin has continued to be the main drug of choice and the drug injected most often in the last month except in 2006 and 2016 when methamphetamines were reported as the drug injected most often in the last month.

Table 3: Drug of choice, last drug injected, drug injected most often last month and injection frequency last month, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Drug of choice										
Heroin	52	46	60	52	64	18	32	66	22	51
Methamphetamine [^]	25	29	24	36	22	30	51	28	26	23
<i>Speed</i>	9	7	1	5	3	12	15	3	9	10
<i>Base</i>	1	1	0	1	0	0	10	0	0	2
<i>Crystal</i>	15	21↑	23	30	18	18	26	25	17	11
Morphine	10	8	0	0	1	22	5	0	34	11
Oxycodone	1	1	1	0	0	3	0	1	2	0
Methadone	3	3	5	2	0	11	2	1	0	2
Buprenorphine [#]	2	1	0	0	1	2	1	1	1	2
Cocaine	1	1	4	1	2	0	0	0	1	0
Cannabis	4	6	3	5	8	4	8	1	7	8
Other drugs	2	2	1	4	2	9	1	2	7	3
% Last drug injected										
Heroin	39	37	56	46	58	1	22	61	1	28
Methamphetamine [^]	35	41	36	49	34	39	66	31	33	30
<i>Speed</i>	7	3	0	3	0	9	6	1	3	0
<i>Base</i>	1	1	0	0	0	0	4	0	0	0
<i>Crystal</i>	27	37↑	36	46	34	30	56	30	30	30
Morphine	13	11	1	0	2	23	8	1	58	12
Oxycodone	1	1	1	0	1	0	0	1	1	2
Methadone	4	5	1	5	0	25	2	0	2	9
Buprenorphine [#]	5	3	0	0	3	5	1	4	2	14
Cocaine	1	1	2	0	1	0	0	0	0	0
Other drugs	1	1	3	0	1	7	1	2	3	5
% Drug injected most often last month										
Heroin	41	39	55	50	63	2	25	63	0	30
Methamphetamine [^]	34	40	37	44	34	36	63	30	35	33
<i>Speed</i>	5	3	0	4	1	8	6	0	4	0
<i>Base</i>	1	1	0	0	0	0	3	0	0	1
<i>Crystal</i>	28	36↑	37	40	33	28	54	30	31	32
Morphine	13	12	0	0	1	23	10	1	59	14
Oxycodone	1	1	1	0	0	2	0	1	1	2
Methadone	4	5	2	4	0	26	2	0	0	8
Buprenorphine [#]	5	3	1	0	2	5	1	3	2	8
Cocaine	1	<1	2	0	0	0	0	0	0	0
Other drugs	1	0	1	2	0	5	0	2	3	6
% Injection frequency last month										
Not in last month	1	1	1	1	0	1	0	1	0	1
Weekly or less	21	17	12	19	22	26	9	7	19	14
More than weekly (but less than daily)	32	38↑	33	38	34	50	52	44	14	47
Once daily	17	16	21	24	13	6	13	18	26	9
2–3 times daily	23	22	21	14	25	12	25	21	36	23
> 3 times a day	7	6	11	4	7	5	2	9	6	6

Source: IDRS participant interviews.

[^] Includes speed, base and crystal.

[#] Includes buprenorphine (Subutex®) and buprenorphine–naloxone (Suboxone®).

↑Significant increase between 2015 and 2016 (p<0.05).

4.1.3 Polydrug use

As in previous years, IDRS participants were polydrug users. Figure 1 shows the prevalence of drug use by the national sample in the past six months for the most commonly used drugs (10% or greater prevalence in the preceding six months) investigated by the IDRS. Use of tobacco, benzodiazepines and alcohol were common. Substantial proportions of the sample reported the recent use of three of the four main drugs monitored by the IDRS: heroin (58%); cannabis (73%); and methamphetamine (any form: 75%). Cocaine was not as commonly reported (11%).

The median number of drugs used in their lifetime was 14 (range=1–24 drugs), while the median number of drugs used recently was eight (range=3–19 drugs). A total of 25 drugs were included in the analysis. The drugs included were: heroin, any methadone, any oxycodone, any morphine, any buprenorphine, any buprenorphine-naloxone, any pharmaceutical stimulant, any benzodiazepine, any methamphetamine (speed, base, crystal, liquid amphetamine), cocaine, cannabis, hallucinogens, inhalants, ecstasy, fentanyl, steroids, Seroquel®, any new psychoactive stimulant, OTC codeine, other opioids, alcohol and tobacco.

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

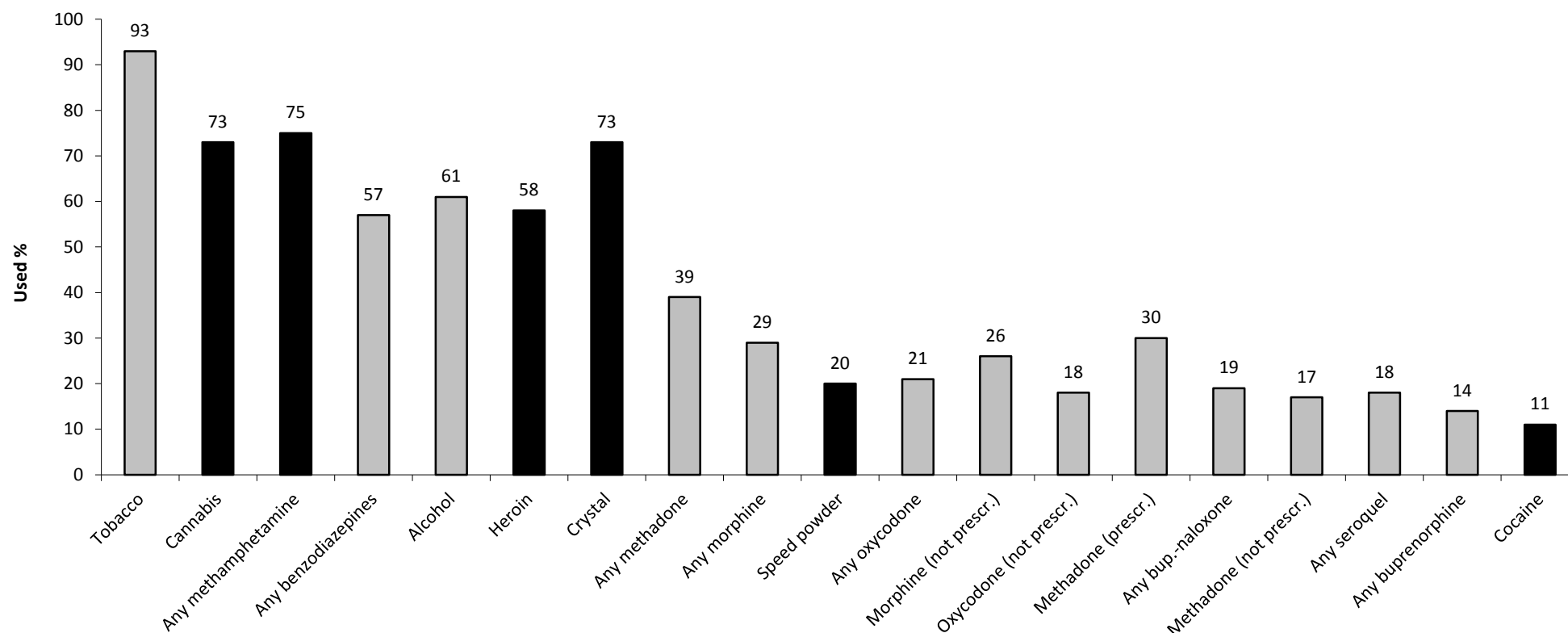
Please refer to the footnotes contained beneath Figure 1 for information on interpretation of findings. Key findings are discussed by relevant drug type (heroin, methamphetamine, cocaine, cannabis, other opioids, other drugs) in the sections that follow.

4.1.4 Forms of drugs used in preceding six months

Participants were asked what forms of the main drug types they had used in the six months preceding interview and which form they had used most during that time. Table 4 depicts the proportion of participants in each jurisdiction who reported having used different forms of the drug in the preceding six months. Table 5 refers to the specific form of the drug type participants reported having used 'the most' in the preceding six months. For example, 57% of participants in the ACT sample (n=100) reported use of hydroponic cannabis in the preceding six months and 38% reported use of outdoor-grown 'bush' cannabis (Table 4). Among those who had used cannabis in the ACT, the majority (81%) stated that hydroponic cannabis was the form they had used most often during that time; 18% stated bush was the form most used (Table 5).

In 2016, the form of drug used and the form of drug used most in the preceding six month significantly increased for crystal methamphetamine and significantly decreased for speed powder compared to 2015 ($p<0.05$; Table 4 and Table 5).

Figure 1: Drug use among the national sample in the six months preceding interview, 2016



Source: IDRS participant interviews.

Note: Key drugs investigated in the IDRS (i.e. heroin, methamphetamine, cocaine and cannabis) shown in black. 'Any heroin' includes heroin and homebake heroin. 'Any methamphetamine' includes speed, base, crystal and liquid amphetamine. 'Any methadone' includes licit (prescr.) and illicit (not prescr.) methadone liquid and Physeptone®. 'Any morphine', 'any buprenorphine', 'any oxycodone', 'any seroquel', 'any buprenorphine' and 'any form buprenorphine-naloxone' includes licit and illicit tablet and film forms of the drug in any formulation unless otherwise specified. 'Other opioids' refers to opioids not elsewhere classified. 'Use' refers to any form of administration and does not necessarily imply injection. Only those drugs reporting 10% or more are shown. For further information on routes of administration, please refer to Appendix A.

Table 4: Forms of drugs used in the preceding six months, by jurisdiction, 2016

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Heroin										
Powder – white/off-white	37	34	63	51	38	3	18	56	2	30
Rock – white/off-white	33	36	57	29	62	5	22	42	3	34
<i>Any white/off-white heroin</i>	50	49	77	57	69	6	30	70	6	47
Powder – brown	20	18	51	14	16	2	9	24	1	15
Rock – brown	21	22	51	13	31	2	16	23	0	19
<i>Any brown heroin</i>	30	29	65	22	35	3	21	31	1	27
Homebake	10	7	6	14	4	3	9	13	7	6
% Methadone										
Liquid, licit	31	29	39	39	34	35	20	24	6	20
Liquid, illicit	14	13	18	11	11	23	4	11	3	18
Physeptone, licit	2	2	1	3	3	3	1	1	2	3
Physeptone, illicit	8	7	5	3	1	32	4	3	11	2
% Buprenorphine										
Licit	5	5	5	1	3	11	1	4	3	13
Illicit	11	10	11	8	4	10	5	8	16	26
% Buprenorphine-naloxone										
Licit (any form)	n.a.	11	9	9	15	5	9	13	9	12
Illicit (any form)	n.a.	11	11	7	14	7	6	7	9	23
% Morphine										
Licit	8	6	4	4	2	2	8	4	22	8
Illicit	28	26	16	12	10	51	18	16	71	33
% Oxycodone										
Generic, licit	n.a.	2	2	1	2	0	3	1	1	0
Generic, Illicit	n.a.	9	19	7	5	7	8	11	6	10
OP, licit	n.a.	1	2	0	1	0	1	0	0	1
OP, illicit	n.a.	9	12	5	4	18	4	9	8	12

Source: IDRS participant interviews.

n.a. not available.

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

Licit and illicit data not available for fentanyl and other opiates.

In April 2014 'Reformulated OxyContin®' (branded with an 'OP' on each tablet) was introduced designed to be tamper resistant. The 'original oxycodone' OxyContin® (branded with an 'OC') was withdrawn. In September 2014 generic 'non-tamper-resistant oxycodone' was made available in Australia.

Table 4: Forms of drugs used in the preceding six months, by jurisdiction, 2016 (continued)

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Methamphetamine										
Methamphetamine powder (speed)	25	20↓	17	18	9	33	19	18	24	28
Amphetamine liquid (oxblood)	2	2	1	2	1	1	3	1	3	3
Base methamphetamine (base/point/wax)	10	8	11	5	0	4	24	3	6	14
Crystalline methamphetamine (crystal)	67	73↑	77	78	73	73	75	62	69	69
% Prescription stimulants										
Licit	2	2	3	2	2	0	1	3	1	1
Illicit	10	9	3	4	4	26	6	17	16	8
% Cocaine										
Powder	11	8	19	5	7	5	4	7	3	9
Crack	<1	1	5	2	1	0	0	0	0	0
Rock	4	4	11	1	3	1	2	4	2	1
% Hallucinogens										
LSD	4	3	3	0	2	10	1	8	0	3
Mushrooms	2	3	3	4	2	5	1	3	1	2
% Ecstasy										
Pills	7	7	5	1	9	12	6	13	8	5
Powder	1	2	0	0	1	3	1	6	2	4
Capsules	1	2	3	0	1	4	1	7	1	3
% Alprazolam										
Licit	5	5	7	5	4	2	8	3	7	7
Illicit	23	19	33	11	16	21	10	18	13	25
% Other Benzos										
Licit	36	33	19	30	42	43	33	41	12	44
Illicit	35	31	35	22	38	49	25	30	9	32
% Seroquel										
Licit	11	10	11	13	15	9	3	10	1	9
Illicit	12	10	11	10	14	9	3	11	10	9
% Cannabis										
Hydro	66	65	71	57	66	66	62	65	67	62
Bush	35	37	32	38	30	54	47	44	24	33
Hashish (hash)	7	7	5	11	3	15	9	4	8	5
Hash oil	3	4	11	13	15	9	3	10	1	9

Source: IDRS participant interviews.

↑ Significant increase between 2015 and 2016 ($p < 0.05$).

↓ Significant decrease between 2015 and 2016 ($p < 0.05$).

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

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2016

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Heroin (n)	(N=510)	(N=489)	(n=126)	(n=68)	(n=133)	(n=9)	(n=37)	(n=54)	(n=12)	(n=50)
Powder – white/off-white	39	38	44	62	16	–	32	57	25	40
Rock – white/off-white	35	39	21	24	72	–	35	24	25	38
Powder – brown	8	7	12	6	1	–	14	6	8	4
Rock – brown	12	14	21	9	10	–	19	13	0	14
Homebake	3	2	2	0	1	–	0	0	42	0
Other	3	0	0	0	0	–	0	0	0	4
% Methadone (n)	(N360=)	(N=338)	(n=73)	(n=44)	(n=74)	(n=54)	(n=22)	(n=22)	(n=17)	(n=32)
Liquid, licit	74	74	78	84	82	63	91	82	35	53
Liquid, illicit	16	19	18	14	18	13	5	18	35	41
Physeptone, licit	1	2	1	0	0	4	0	0	6	6
Physeptone, illicit	9	6	3	2	0	20	5	0	24	0
% Buprenorphine (n)	(N=124)	(N=124)	(n=23)	(n=9)	(n=12)	(n=19)	(n=6)	(n=9)	(n=15)	(n=31)
Licit	30	32	30	–	50	53	–	–	20	26
Illicit	70	68	70	–	50	47	–	–	80	74
% Buprenorphine-naloxone (n)	n.a.	(N=166)	(n=24)	(n=16)	(n=47)	(n=12)	(n=14)	(n=14)	(n=13)	(n=26)
Licit TABLET	n.a.	7	0	0	4	0	7	29	31	0
Illicit TABLET	n.a.	48	50	56	51	42	50	50	46	35
Licit FILM	n.a.	5	8	0	6	25	0	0	0	4
Illicit FILM	n.a.	40	42	44	38	33	43	21	23	62
% Morphine (n)	(N=272)	(N=249)	(n=26)	(n=16)	(n=21)	(n=50)	(n=25)	(n=12)	(n=67)	(n=32)
Licit	21	20	15	31	14	2	32	17	31	16
Illicit	79	80	85	69	86	98	68	83	69	84
% Generic Oxycodone (n)	n.a.	(N=92)	(n=31)	(n=7)	(n=13)	(n=7)	(n=10)	(n=9)	(n=6)	(n=9)
Licit	n.a.	13	10	–	23	–	30	–	–	–
Illicit	n.a.	87	90	–	77	–	70	–	–	–
% OP Oxycodone (n)	n.a.	(N=83)	(n=21)	(n=5)	(n=9)	(n=18)	(n=5)	(n=6)	(n=7)	(n=12)
Licit	n.a.	8	14	–	–	0	–	–	–	8
Illicit	n.a.	92	86	–	–	100	–	–	–	92
% Other Oxycodone (n)	n.a.	(N=73)	(n=9)	(n=5)	(n=6)	(n=10)	(n=11)	(n=8)	(n=10)	(n=14)
Licit	n.a.	21	–	–	–	0	27	–	0	21
Illicit	n.a.	79	–	–	–	100	73	–	100	79
% Fentanyl (n)	n.a.	(N=85)	(n=26)	(n=5)	(n=2)	(n=4)	(n=9)	(n=12)	(n=13)	(n=14)
Licit	n.a.	15	12	–	–	–	–	33	8	7
Illicit	n.a.	85	88	–	–	–	–	67	92	93
% Other opiates (n)	(N=150)	(N=133)	(n=28)	(n=16)	(n=16)	(n=21)	(n=16)	(n=7)	(n=11)	(n=18)
Licit	69	57	54	56	56	29	75	–	73	67
Illicit	31	43	46	44	44	71	25	–	27	33

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

n.a. not available.

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

Table 5: Forms of drugs most often used in the preceding six months, among those who had recently used any form, by jurisdiction, 2016 (continued)

Form of drug	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Methamphetamine (n)	(N=625)	(N=645)	(n=116)	(n=83)	(n=128)	(n=73)	(n=78)	(n=46)	(n=64)	(n=57)
Methamphetamine powder (speed)	14	5↓	1	5	1	12	8	4	9	5
Amphetamine liquid (oxblood)	<1	<1	0	0	0	0	1	0	0	0
Base methamphetamine (base/point/wax)	1	1	2	1	0	0	5	0	0	2
Crystalline methamphetamine (crystal)	84	94↑	97	94	99	88	86	96	91	93
% Prescription stimulants (n)	(N=104)	(N=89)	(n=7)	(n=5)	(n=10)	(n=26)	(n=6)	(n=13)	(n=15)	(n=7)
Licit	12	16	–	–	40	0	–	15	13	–
Illicit	89	84	–	–	60	100	–	85	87	–
% Cocaine (n)	(N=110)	(N=91)	(n=36)	(n=8)	(n=17)	(n=6)	(n=6)	(n=7)	(n=3)	(n=8)
Powder	76	71	67	–	71	–	–	–	–	–
Crack	1	4	3	–	6	–	–	–	–	–
Rock	24	24	31	–	24	–	–	–	–	–
% Hallucinogens (n)	(N=50)	(N=50)	(n=8)	(n=5)	(n=6)	(n=14)	(n=4)	(n=7)	(n=2)	(n=4)
LSD	66	50	–	–	–	64	–	–	–	–
Mushrooms	22	30	–	–	–	14	–	–	–	–
Other	12	20	–	–	–	21	–	–	–	–
% Ecstasy (n)	(N=67)	(N=73)	(n=11)	(n=1)	(n=15)	(n=15)	(n=6)	(n=10)	(n=7)	(n=8)
Pills	85	73	73	–	80	73	–	70	–	–
Powder	9	8	0	–	7	13	–	0	–	–
Capsules	5	14	27	–	7	0	–	30	–	–
Other	2	6	0	–	7	13	–	0	–	–
% Alprazolam (n)	(N=232)	(N=195)	(n=55)	(n=15)	(n=32)	(n=23)	(n=14)	(n=14)	(n=15)	(n=27)
Licit	17	19	15	33	13	9	43	14	27	19
Illicit	83	81	85	67	87	91	57	86	73	81
% Other Benzos (n)	(N=533)	(N=455)	(n=64)	(n=47)	(n=113)	(n=66)	(n=53)	(n=39)	(n=18)	(n=55)
Licit	57	59	34	66	58	58	64	72	56	67
Illicit	43	41	66	34	42	42	36	28	34	43
% Seroquel (n)	(N=183)	(N=160)	(n=32)	(n=20)	(n=45)	(n=17)	(n=6)	(n=15)	(n=10)	(n=15)
Licit	49	49	41	60	56	53	–	47	10	53
Illicit	51	51	59	40	44	47	–	53	90	47
% Cannabis (n)	(N=622)	(N=613)	(n=113)	(n=68)	(n=121)	(n=73)	(n=67)	(n=50)	(n=65)	(n=56)
Hydro	87	86	94	81	87	77	73	86	91	93
Bush	13	14	5	18	13	22	27	14	8	7
Hash	<1	1	1	2	0	0	0	0	2	0
Hash oil	0	<1	0	0	0	1	0	0	0	0

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

↑ Significant increase between 2015 and 2016 (p<0.05).

↓ Significant decreased between 2015 and 2016 (p<0.05).

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

4.2 Heroin

Key points

- Heroin remained the most commonly reported drug of choice.
- Over half of the national sample reported recent heroin use.
- Recent use and frequency of use remained stable between 2015 and 2016.
- The use of homebake heroin in the national sample remained uncommon.

4.2.1 Use of heroin

In 2016, heroin was the drug of choice for nearly half of the sample (46%), and nominated as the last drug injected by 37% of the sample (Table 3). Thirty-nine percent reported that heroin was the drug injected most often in the last month (Table 3).

For data between 2000 and 2016 refer to Appendix B, Figure B1 for drug of choice and Figure B2 for drug injected most often in the last month.

Over half (56%) of the national sample reported the use of heroin in the last six months on a median of 75 days. This was a decrease from 90 days in 2015, which was not significant. Prevalence and frequency of heroin use varied by jurisdiction. The most notable changes were seen in NSW and QLD where the median days of use were lower in 2016 compared to 2015 (Table 6). Nationally, 30% of recent heroin users reported daily use of heroin in the last six months. The highest proportions of daily heroin users (among those who recently used heroin) were in WA (Table 6). Ninety-eight percent of those who recently used heroin injected.

For national data please refer to Appendix B, Figure B3 for recent heroin use and Figure B7 for median days of recent heroin use between 2000 and 2016. For a jurisdictional breakdown of heroin use patterns including daily use between 2000 and 2016 refer to Appendix C, Table C1.

Table 6: Recent use and median days of heroin use, by jurisdiction, 2015–2016

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Recent use									
2015	58	91	79	74	5	49	75	14	50
2016	56	86	70	77	7	37	78	7	58
Median days of use*									
2015	90	120	70	96	–	72	95	22	48
2016	75	90	72	90	15	75	100	–	15
% Daily use*									
2015	31	43	28	27	0	30	31	14	19
2016	30	35	27	33	0	30	44	17	9

Source: IDRS participant interviews.

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

- not published due to small numbers reported (n<10).

4.2.2 Homebake

Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. Homebake use remains uncommon among the national IDRS sample. Recent homebake use remained stable compared to 2015 (10%), with 7% of the national sample reporting use on a median of three days over the past six months (Appendix A, Table A3). As the use of homebake has remained uncommon in most jurisdictions since the commencement of the IDRS, information on market characteristics such as price, perceived purity and availability were not obtained.

4.2.3 Heroin forms used

Drug profiling data indicates the majority of analysed heroin seizures in Australia originate from South-East Asia (Australian Criminal Intelligence Commission, 2016).

In 2016, 87% of recent heroin users reported use of 'white/off-white' heroin in the preceding six months. Fifty-two percent reported use of 'brown' heroin. Three-quarters of heroin users reported that they had used 'white/off-white' heroin (77%) most often in the preceding six months. Three percent of heroin users in the national sample reported homebake heroin or another colour of heroin as the form they had most used in the preceding six months (Table 7).

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

Table 7: Reports of heroin forms used in the last six months among those who had recently used heroin, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
Used last 6 months (n)	(N=511)	(N=492)	(n=129)	(n=70)	(n=135)	(n=7)	(n=37)	(n=55)	(n=6)	(n=53)
% White/off-white powder or rock	87	87	90	81	89	86	81	91	83	81
% Brown powder or rock	52	52	76	31	46	43	57	40	17	47
Form most used last 6 months	(N=506)	(N=489)	(n=126)	(n=68)	(n=133)	(n=9)	(n=37)	(n=54)	(n=12)	(n=50)
% White powder or rock	75	77	66	85	88	56	68	82	50	78
% Brown powder or rock	20	20	33	15	11	22	32	19	8	18
% Other colour or homebake	5	3	2	0	2	22	0	0	42	4

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

4.2.4 Quantity of heroin use

Participants were asked about the quantity of heroin used on an average day in the last six months. The most common measures reported were points and grams. On an average day the median amount used was a half a gram (range=0.1–4 grams) or two points (range=0.2–15 points) in the last six months.

4.3 Methamphetamine

Key points

- Three-quarters of the national sample reported using one or more forms of methamphetamine in the last six months on a median of 36.5 days. This was a significant increase from 24 days in 2015.
- The recent use of crystal was significantly higher, increasing from 67% in 2015 to 73% in 2016. The recent use of speed was significantly lower (decreasing from 25% in 2015 to 20% in 2016) and base remained stable.
- Minimal use of liquid amphetamine (or 'oxblood') was noted in all jurisdictions.
- The form mainly used in the past six months was 'crystal' followed by 'speed' and 'base'.
- Frequency of use in the last six months was 30 days for 'crystal' (significant increase from 20 days in 2015), six days for 'speed' and eight days for 'base'.
- The majority of methamphetamine users reported injecting as the main route of administration for all forms of methamphetamine.

4.3.1 Use of methamphetamines

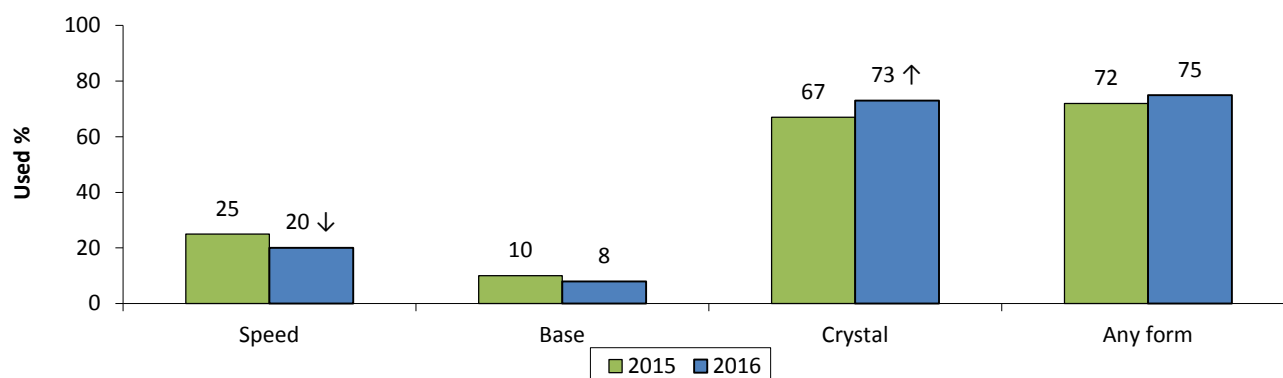
In 2016, seventy-five percent of the national sample reported using one or more forms of methamphetamine (speed, base, crystal or liquid amphetamine) in the six months preceding interview. No significant difference was found between 2015 and 2016 ($p < 0.05$). The proportion of participants reporting recent use and frequency of methamphetamine nationally over time is presented in Appendix B, Figure B3, Figure B4 and Figure B7. For a jurisdictional breakdown refer to Appendix C, Table C2 to C4.

Figure 2, Table 8, Table 9 and Table 10 show the proportion of participants who reported using the three different forms of methamphetamine nationally over time. Nationally, the recent use of 'speed' significantly decreased from 25% in 2015 to 20% in 2016 ($p < 0.05$). Recent 'speed' use ranged from 33% in TAS to 9% in VIC. Nearly all (94%) of the recent 'speed' users reported injecting 'speed' on a median of six days.

The recent use of 'base' remained stable between 2015 and 2016 (10% in 2015 versus 8% in 2016) ranging from 24% in SA to no reports in VIC. Nearly all (97%) of the recent 'base' users reported injecting 'base' on a median of nine days.

Nationally, the recent use of 'crystal' increased significantly to 73% in 2016 (67% in 2015; $p < 0.05$). Recent 'crystal' use ranged from 78% in SA to 62% in WA. The majority (96%) of recent 'crystal' users reported injecting 'crystal' on a median of 30 days.

Figure 2: Recent use of methamphetamine (speed, base, crystal and any form), 2015–2016



Source: IDRS participant interviews.

↑ Significant increase between 2015 and 2016 ($p < 0.05$).

↓ Significant decrease between 2015 and 2016 ($p < 0.05$).

Table 8: Proportion of PWID who reported use of speed in the preceding six months, by jurisdiction, 2003–2016

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	55	31	48	70	51	53	71	60	58
2004	53	35	41	65	60	44	61	60	61
2005	60	38	59	75	76	39	61	69	65
2006	56	49	58	71	54	39	66	57	54
2007	55	35	55	65	63	42	61	58	62
2008	48	38	37	64	61	34	61	50	35
2009	48	33	46	65	56	33	54	50	46
2010	41	29	48	53	56	29	51	25	41
2011	44	30	46	49	67	36	43	43	40
2012	40	17	42	39	70	34	45	46	30
2013	34	14	29	23	61	40	48	31	37
2014	30	17	36	25	50	34	39	16	31
2015	25	13	15	18	49	32	34	25	27
2016	20↓	17	18	9	33	19	18	24	27

Source: IDRS participant interviews.

↓ Significant decrease between 2015 and 2016 ($p < 0.05$).

Table 9: Proportion of PWID who reported use of base methamphetamine in the preceding six months, by jurisdiction, 2003–2016

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	35	32	13	18	46	51	40	30	50
2004	38	31	25	11	72	46	45	26	60
2005	39	38	28	13	79	61	54	16	40
2006	38	43	32	15	55	52	37	25	53
2007	32	41	32	8	48	42	22	20	48
2008	22	33	18	5	25	37	13	10	34
2009	28	36	21	13	55	31	12	16	41
2010	21	29	18	3	40	43	8	6	30
2011	21	17	17	11	39	35	6	12	37
2012	18	15	15	11	43	32	6	7	21
2013	13	12	6	3	17	31	11	7	22
2014	12	12	4	3	19	30	8	4	22
2015	10	6	10	4	9	26	2	4	20
2016	8	11	5	0	4	24	3	6	14

Source: IDRS participant interviews.

Table 10: Proportion of PWID who reported use of crystal methamphetamine in the preceding six months, by jurisdiction, 2003–2016

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	54	38	65	50	69	48	80	34	60
2004	52	45	73	41	52	48	83	32	51
2005	43	38	62	29	50	46	68	21	36
2006	57	57	88	53	56	49	76	29	55
2007	46	50	80	43	38	41	56	29	39
2008	49	69	68	39	32	49	61	28	40
2009	37	46	57	32	26	30	43	15	46
2010	39	48	48	36	20	60	40	18	37
2011	45	53	57	53	26	44	46	28	50
2012	54	68	66	59	43	56	64	26	44
2013	55	74	61	55	45	57	59	30	50
2014	61	74	72	75	54	60	53	26	58
2015	6	65	79	71	59	70	64	60	62
2016	73↑	77	78	73	73	75	62	69	69

Source: IDRS participant interviews.

↑ Significant increase between 2015 and 2016 ($p < 0.05$).

4.3.2 Methamphetamine frequency of use

In 2016, the median number of days any form of methamphetamine used by the national sample significantly increased from 24 days in 2015 to 36.5 days in 2016 ($p < 0.05$) (Table 11). The median frequency of use among those who reported recent methamphetamine use was six days for 'speed' and eight days for 'base'. Small numbers commented on base and therefore this data should be interpreted with caution. The median number of days crystal was used significantly increased from 20 days to 30 days in 2016 ($p < 0.05$).

Figure 3 shows the median number of days of methamphetamine use (any form) among those who recently used any form of methamphetamine by jurisdiction for 2015 and 2016.

Appendix B, Figure B10 looks at the 'weekly or more but less than daily' use of methamphetamines among the national sample (in the last six months) from 2003 to 2016. In 2016, 44% of the national sample reported 'weekly or more but less than daily' use of any form of methamphetamine. From 2011 'weekly or more but less than daily' crystal use has gradually increased to 42% in 2016 (significant increase from 33% in 2015; $p < 0.05$). While the 'weekly or more but less than daily' speed use has gradually decreased (5% in 2016). Small numbers reported using base on a weekly or more (but less than daily) basis.

The proportion of all participants who reported using any form of methamphetamine (among those recently used) daily significantly increased from 9% in 2015 to 11% in 2016 ($p < 0.05$). The daily use of crystal also significantly increased from 7% in 2015 to 11% in 2016 ($p < 0.05$).

Table 11: Median number of days of methamphetamine use by those who had used methamphetamine in the past six months, by jurisdiction, 2016

Number	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
Speed	11	6	7	8	3	6	5	10	6	5.5
Base	7	8	4.5	–	–	–	22	–	–	6
Crystal	20	30↑	48	37.5	22	24	72	46.5	12	12
Any form®	24	36.5↑	54	35	19.5	31	80	46.5	12	15.5

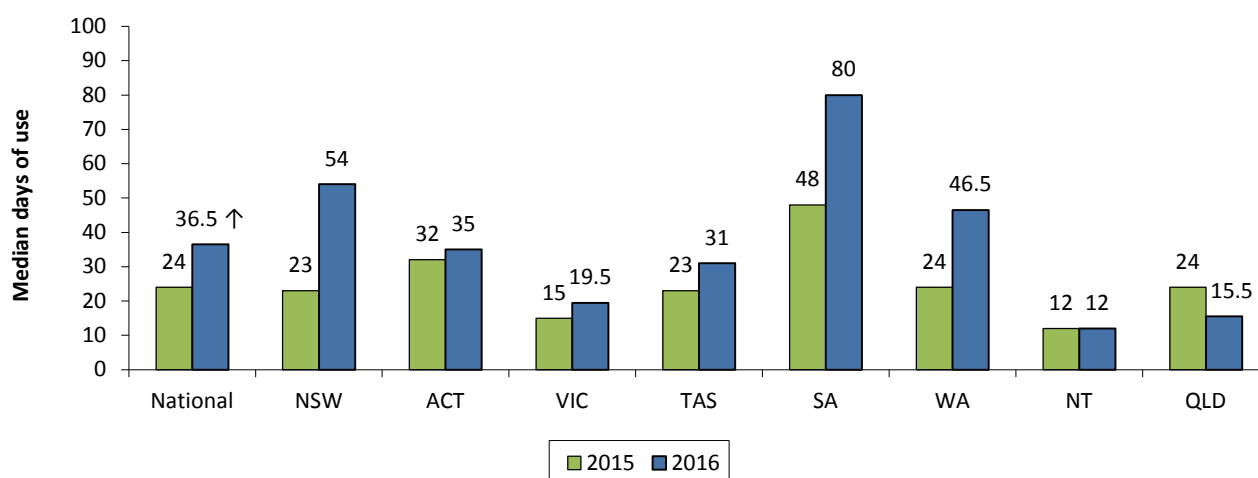
Source: IDRS participant interviews.

– not published due to small numbers reported ($n < 10$). * Includes speed, base, crystal and liquid forms.

↑ Significant increase between 2015 and 2016 ($p < 0.05$).

Note: Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection.

Figure 3: Median days of methamphetamine (any form) use among participants who had used methamphetamine in the past six months, by jurisdiction, 2015–2016



Source: IDRS participant interviews.

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

↑ Significant increase between 2015 and 2016 ($p < 0.05$).

The jurisdictional differences in methamphetamine use are also reflected in data sources other than the IDRS. The Australian Needle and Syringe Program Survey (ANSPS) (provided by the Kirby Institute previously known as the National Centre in HIV Epidemiology and Clinical Research) provides data from 2000 to 2015 on amphetamine use (Table 12). The table depicts the proportion of NSP clients who report methamphetamine as the drug they had last injected by jurisdiction. Consistent with the IDRS reports, SA had the largest proportion of NSP clients reporting methamphetamine as the last drug injected (Table 12).

Table 12: Proportion of NSP clients reporting amphetamine as drug last injected, by jurisdiction, 2000–2015

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	22	12	6	6	22	30	23	27	38
2001	37	16	41	24	22	52	56	36	52
2002	33	23	16	23	30	45	39	15	43
2003	33	18	28	24	28	48	41	24	46
2004	33	23	32	16	31	40	46	30	44
2005	32	25	26	24	47	42	34	28	40
2006	38	29	40	35	49	51	45	35	39
2007	30	26	41	21	30	43	31	16	35
2008	28	26	29	18	23	51	28	17	34
2009	24	22	24	13	25	37	19	26	29
2010	26	30	27	13	27	40	26	25	27
2011	27	29	24	18	26	35	34	23	29
2012	26	26	29	18	32	35	32	18	26
2013	29	32	30	21	24	38	36	11	29
2014	33	34	31	22	33	51	35	27	31
2015	36	32	41	31	42	53	45	35	34

Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2005, 2010, Iversen et al., 2014, Iversen and Maher, 2015, Memedovic et al., 2016)

Note: Respective sample sizes for the ANSPS were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395; 2012: 2,391; 2013: 2,407; 2014: 2,378; 2015: 2,304

4.3.3 Methamphetamine form most used

Participants were asked what form of methamphetamine they had used most in the six months preceding interview. The form of methamphetamine used most in the past six months was 'crystal' (94%), followed by 'speed' (5%), 'base' (1%) and liquid amphetamine (<1%) (Table 5). For comparison, in 2015, these figures were: 'crystal' (84%), 'speed' (14%) and 'base' (1%). 'Crystal' was the main form reported in all jurisdictions (Table 5).

4.3.4 Quantity of methamphetamine use

Participants were asked about the quantity of speed, base and crystal used in the last six months in an average day. Below are the median quantities reported for speed, base and crystal in the measures reported by participants.

4.3.4.1 *Speed*

The most common measures reported for speed were points and grams. The median amount used on an average day in the last six months was one gram (range=0.2–5 grams) or one point (range=0.3–13 points) in the last six months.

4.3.4.2 *Base*

The most common measures reported for base were points and grams. On an average day in the last six months the median amount used was half a gram (range=0.5–1.5 grams) or two points (range=0.5–5 points).

4.3.4.3 *Crystal*

Grams and points were the most common measures reported for crystal, among those who commented. The median amount of crystal used on an average day in the last six months was a half a gram (range=0.1–6 grams) or one point (range=0.1–18 points).

4.4 Cocaine

Key points

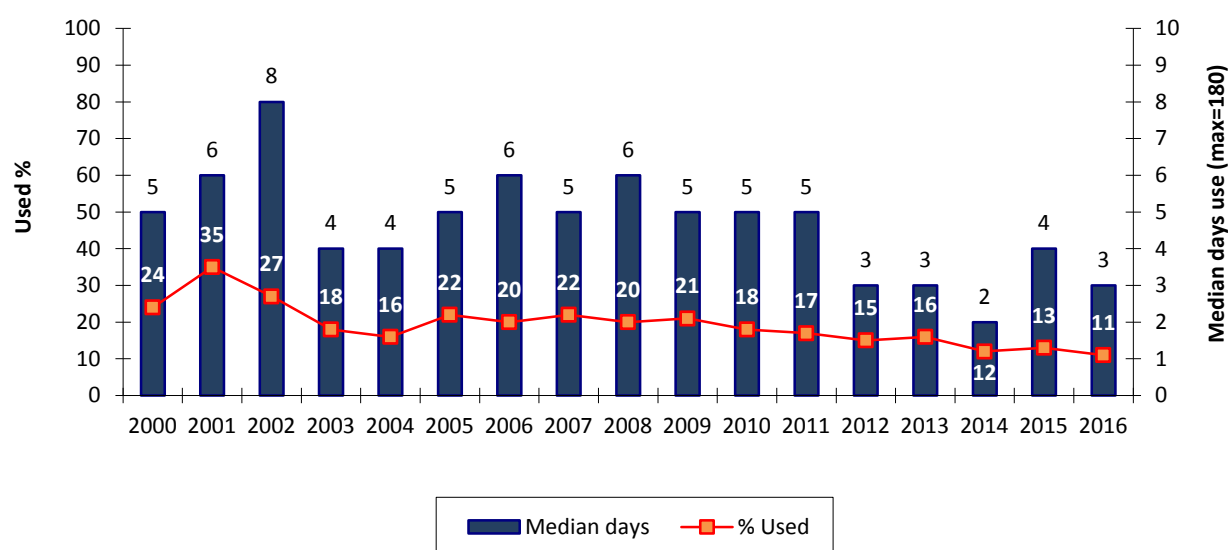
- The recent use of cocaine remained most common among participants in NSW (25%; 11% nationally), with proportions elsewhere reporting use in the preceding six months remaining at 10% or less.
- The frequency of cocaine use remained low in the majority of jurisdictions except NSW (six days).
- Cocaine powder remained the most common form of the drug used by participants.

4.4.1 Use of cocaine

Eleven percent of the national sample reported recent use of cocaine (Figure 4), the majority (84%) of whom also reported injecting it in the last six months. The recent use of cocaine remained most common among participants in NSW (25%) and lower in other states ranging from 10% in VIC and WA to 4% in the NT. No significant difference was found between 2015 and 2016 for recent cocaine use nationally. The median frequency of use nationally was three days (six days in NSW) with two percent of the national sample reported using cocaine 'weekly or more but less than daily'. The vast majority of cocaine used was cocaine powder (see Table 4 on page 13 and Table 5 on page 15).

Please refer to Appendix B, Figure B3, Figure B7 and Figure B9 for national data between 2000 and 2016 and Appendix C, Table C5 for jurisdictional differences over time.

Figure 4: Proportion of participants in the national sample who reported recent cocaine use and median days of use, 2000–2016



Source: IDRS participant interviews.

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

4.4.2 Cocaine forms used

Eight percent of the national sample reported use of powder cocaine in the preceding six months (19% in NSW). Small numbers (4%) reported using rock cocaine and crack cocaine (1%) in the last six months (see Table 4 on page 13). Among recent users, powder cocaine remained the form most commonly used in the preceding six months, followed by rock cocaine (71% and 24% respectively, see Table 5 on page 15).

4.4.3 Quantity of cocaine use

Participants were asked about average amount of cocaine used in a day. The most common measures were points and grams. During a typical session the median amount used was one gram (range=0.1–4 grams) or one point (range=0.1–9 points).

4.5 Cannabis

Key points

- Around three-quarters of participants reported recent cannabis use on a median of 135 days in 2016. About one-third of the national sample reported daily use.
- Smoking of cannabis in cones was more common than in joints, with users reporting having smoked a median of six cones on the last day of use.
- Hydro continued to dominate the market although the use of bush was also common.

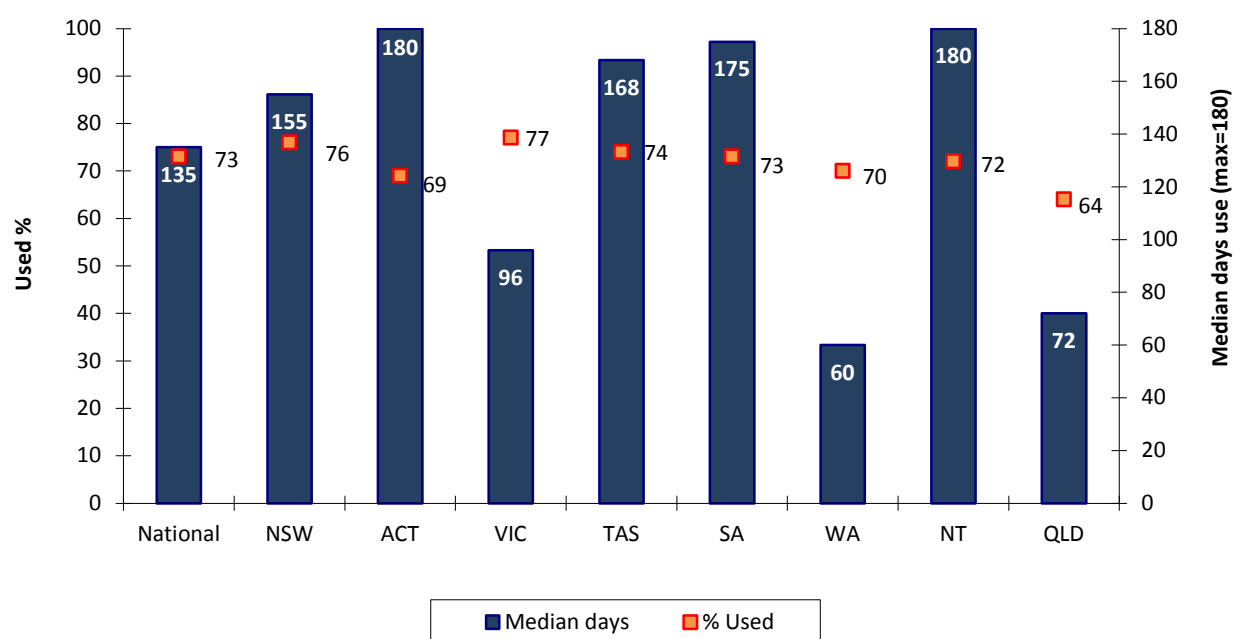
4.5.1 Use of cannabis

Seventy-three percent of the national sample reported they had used cannabis in the six months prior to interview, ranging from 69% in the ACT to 77% in VIC (Figure 5). No significant difference was found between 2015 and 2016 for recent cannabis use nationally (73% in 2015).

Nationally the median number of days used among those who use recently used cannabis was 135 days (around five times a week) (Figure 5). No significant difference was found between 2015 and 2016. Nationally, 31% of recent cannabis users reported daily use ranging between 18% in WA to 40% in the NT.

For national data between 2000 and 2016 please refer to Appendix B, Figure B3, Figure B7 and Figure B9 and for jurisdictional differences over time Appendix C, Table C6.

Figure 5: Proportion of participants who reported recent cannabis use and median days of use, by jurisdiction, 2016



Source: IDRS participant interviews.

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

4.5.2 Cannabis forms used

Sixty-five percent of the national sample reported use of hydroponic cannabis (hydro) in the preceding six months. Over one-third (37%) reported use of outdoor-grown 'bush' cannabis. Seven percent had used hashish and minimal proportions (4%) reported use of hash oil (see Table 4 on page 13). Among users, hydro remained the form most commonly used in the preceding six months, followed by bush (see Table 5 on page 15).

4.5.3 Quantity of cannabis use

Recent cannabis users were asked how much cannabis they had smoked on an average day, as measured by the number of cones or joints. Among those who responded nationally (N=617), cannabis had typically been smoked in cones (58%; range= 38% in TAS to 77% in the NT) rather than joints (11%; range= 6% in QLD to 19% in WA) or puffs (<1%). Among those who had smoked cones, the median number used on the last day of use was six (range= less than one cone to 120 cones), while the number of joints smoked was two (range= less than one joint to 20 joints). Daily users of cannabis had smoked a median of 10 cones (range=1–120) or three joints (range=1.5–20) on the last day of use.

4.6 Other opioids

Key points

- Twenty-nine percent of the national sample reported the use of 'licitly' obtained **methadone liquid** in the six months preceding interview and 13% 'illicitly' obtained methadone liquid.
- Two percent of the national sample reported the recent use of 'licitly' obtained **methadone tablets** (Physeptone®) and 7% reported the use of 'illicit' methadone tablets.
- Five percent of the national sample reported use of 'licitly' obtained **buprenorphine** in the six months preceding interview and 10% reported use of 'illicit' buprenorphine.
- Eleven percent of the national sample reported using 'licitly' obtained **buprenorphine-naloxone** and 11% 'illicit' buprenorphine-naloxone in the preceding six months.
- The recent use of any form of **morphine** was reported by 29% of the national sample. Recent 'licit' morphine use was reported by 8% of the sample compared to 26% for 'illicit' morphine.
- **Morphine** remained the most commonly injected pharmaceutical in the national sample by 27% of the national sample.
- Twenty-one percent of the national sample reported the recent use of any form of **oxycodone**. This was a significant decrease from 25% in 2015.
- Two percent of the national sample reported the recent injection of 'licitly' obtained **oxycodone** and 16% for 'illicitly' obtained oxycodone.
- Ten percent of the national sample reported recently using **fentanyl** on a median of three and half days in the last six months.
- Sixteen percent of the national sample reported using **over the counter codeine** on a median of seven days in the last six months.
- Fifteen percent of the national sample reported recent use of '**other**' **opioids** (i.e. those not elsewhere classified – mainly Panadeine Forte®) on a median of seven days. Recent injection of these preparations was low at less than one percent.

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

Use:

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

Injection:

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

For additional information on data covering the use of 'licitly' obtained methadone, buprenorphine and buprenorphine-naloxone, including national indicator data on opioid substitution treatment (OST), please see also *Drug treatment* section under *Health-related trends associated with drug use*.

4.6.1 Use of methadone

In 2016, over one-third (39%) of the national sample reported recent use of 'licitly' and/or 'illicitly' obtained methadone (including methadone tablets (Physeptone®)), on a median of 169 days in the last six months. Among the national sample, 29% reported the use of 'licitly' obtained methadone liquid (31% in 2015), and 13% (14% in 2015) reported the use of 'illicitly' obtained methadone liquid in the six months preceding interview (Table 13). No significant difference was found nationally between 2015 and 2016 for recent 'illicit' methadone use. 'Illicitly' obtained methadone liquid was the form of methadone reported as the form used most by 19% of those who reported methadone use; ranging from 5% in SA to 41% in QLD (see Table 5 on page 15).

Seven percent (8% in 2015) of the 2016 national sample reported recent use of 'illicit' methadone tablets (Physeptone®) (Table 13). 'Illicitly' obtained methadone tablets (Physeptone®) were reported as the form of methadone 'most used' by 6% of the national sample who used methadone recently (9% in 2015) (see Table 5 on page 15). There were substantial jurisdictional differences among those who reported 'illicitly' obtained methadone tablets (Physeptone®) as the form 'most used', ranging from no reports in VIC, WA and QLD to 24% in the NT. Results should be interpreted with caution due to small numbers (see Table 5 on page 15).

For national differences between 2000 and 2016 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C7.

Table 13: Methadone (any form) recent use and median days, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
% Recent use	2015	2016								
Licit										
Liquid	31	29	39	39	34	35	20	24	6	20
Tablet	2	2	1	3	3	3	1	1	2	3
Illicit										
Liquid	14	13	18	11	11	23	4	11	3	18
Tablet	8	7	5	3	1	32	4	3	11	2
Any form (licit and/or illicit)	41	39	49	44	42	55	22	31	19	36
Median days used *										
Licit										
Liquid	180	180	180	180	178	180	180	180	180	180
Tablet	14	12	–	–	–	–	–	–	–	–
Illicit										
Liquid	5	5.5	9	10	3	12	–	–	–	3.5
Tablet	5	4.5	–	–	–	6	–	–	4.5	–
Any form (licit and/or illicit)	180	169	180	180	168	148	180	178	12	93

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

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

4.6.1.1 Methadone injection

Eighteen percent of the national sample reported recently injecting 'licitly' and/or 'illicitly' obtained methadone (including methadone liquid and tablets (Physeptone®)) (Table 14). The proportions of participants who reported having injected methadone in the preceding six months was lowest in VIC (6%) and highest in TAS (52%) (Table 14).

The high rate of methadone injection recorded in TAS, which may be related to the difficulty in obtaining heroin in that jurisdiction, has been a consistent finding of the IDRS since the national monitoring began in 2000.

Nationally, injection of methadone tablets (Physeptone®) was low at less than 1% for 'licitly' obtained, i.e. prescribed, tablets (range=zero in NSW, ACT, SA and WA to 1–3% in the other jurisdictions), and 6% for 'illicitly' obtained tablets, respectively (range=<1% in VIC 2% to 32% in TAS) (Table 14).

Nationally, those who reported injecting 'licitly' obtained methadone liquid recently had done so on a median of 48 days and 'illicitly' obtained methadone liquid on a median of ten days. The injection of 'licitly' and 'illicitly' obtained methadone tablets (Physeptone®) was reported by few participants and typically on an infrequent basis (Table 14).

Table 14: Methadone (any form) recent injection and median days, by jurisdiction, 2016

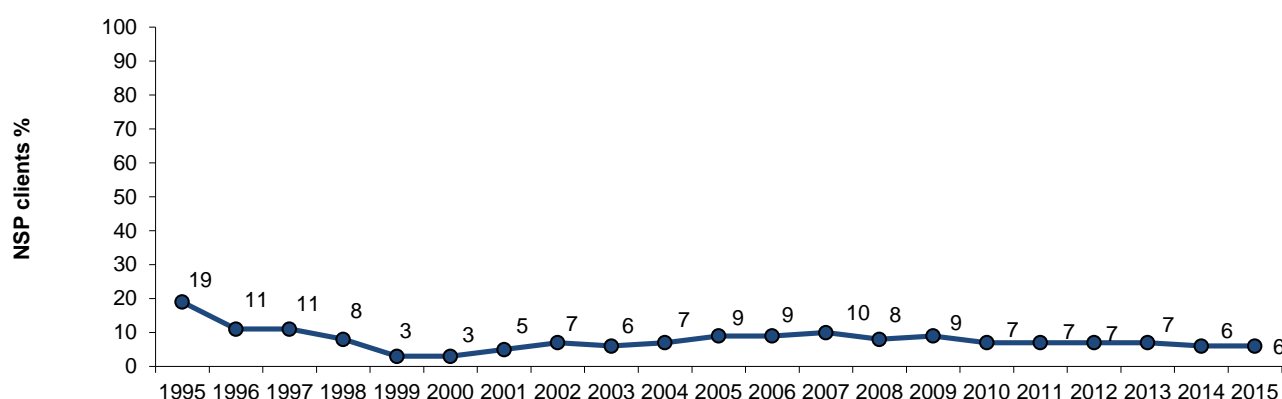
	National N=888	N=877	NSW n=150	ACT n=100	VIC n=175	TAS n=99	SA n=101	WA n=71	NT n=90	QLD n=91
	2015	2016								
% Recent injection										
Licit										
Liquid	8	8	10	12	3	26	4	4	2	8
Tablet	<1	1	0	0	1	3	0	0	2	2
Illicit										
Liquid	10	9	16	8	2	23	3	6	3	15
Tablet	7	6	2	1	<1	32	3	1	9	1
Any form (licit and/or illicit)	18	18	21	18	6	52	7	8	13	24
Median days injected *										
Licit										
Liquid	48	48	24	16	–	60	–	–	–	–
Tablet	73 [^]	–	–	–	–	–	–	–	–	–
Illicit										
Liquid	6	10	8	–	–	12	–	–	–	3
Tablet	4	5	–	–	–	6	–	–	–	–
Any form (licit and/or illicit)	14.5	24	21	16	11	30	–	–	5	8.5

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

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

The proportion of NSP clients in Australia reporting methadone as the last drug injected was 6% in 2015 (Figure 6). Consistent with IDRS participant reports, the ANSPS results show that TAS recorded the highest proportion (23%) of NSP clients reporting methadone as the last drug injected (Memedovic et al., 2016).

Figure 6: Proportion of NSP clients reporting methadone as last injection, Australia, 1995–2015

Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002, 2005, 2010, Iversen et al., 2014, Iversen and Maher, 2015, Memedovic et al., 2016).

Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395; 2012: 2,391; 2013: 2,407; 2014: 2,378; 2015: 2,304.

4.6.2 Use of buprenorphine²

Five percent of the national sample reported recently using 'licit' buprenorphine compared to 10% for 'illicitly' obtained buprenorphine in the six months preceding interview (Table 15). No significant difference was found nationally between 2015 and 2016 for recent 'licit' or 'illicit' buprenorphine use.

Use of 'licitly' obtained buprenorphine ranged between 1% in SA and the ACT to 13% in QLD, while for 'illicitly' obtained buprenorphine, this figure ranged from 4% in VIC to 26% in QLD (Table 15).

For national differences between 2002 and 2016 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C8.

4.6.2.1 Buprenorphine injection

Three percent of the national sample reported injection of 'licit' buprenorphine and 9% reported injection of 'illicit' buprenorphine in the six months preceding interview (Table 15). Injection of 'licitly' obtained buprenorphine ranged from zero in SA and the ACT to 8% in QLD, while injection of 'illicitly' obtained buprenorphine ranged from 3% in SA to 24% in QLD (Table 15). Ten percent of the national sample had injected any form of buprenorphine (i.e. 'licitly' or 'illicitly' obtained).

Among recent buprenorphine injectors (regardless of 'licit' or 'illicit' obtainment) the median frequency of injection was 10 days (20 days in 2015). For 'licit' buprenorphine, this figure was 96 days (small numbers commenting) and for 'illicitly' obtained buprenorphine six days (10 days in 2015) (Table 15).

Of those who had recently used buprenorphine, 70% reported 'illicit' buprenorphine as the form used most recently compared to 30% reporting 'licit' buprenorphine.

² Buprenorphine has been available for opioid substitution therapy (OST) in Australia since 2001. Initially mono-buprenorphine sublingual tablets (marketed as Subutex®) were introduced, followed by buprenorphine-naloxone sublingual tablets (marketed as Suboxone®) from 2006 (discontinued from September 2013), and buprenorphine-naloxone (Suboxone®) sublingual film from October 2011. There is jurisdictional variation in the policy regarding prescribing and uptake of the different forms (LARANCE, B., DIETZE, P., ALI, R., LINTZERIS, N., WHITE, N., JENKINSON, R. & DEGENHARDT, L. 2015. The introduction of buprenorphine-naloxone film in opioid substitution therapy in Australia: Uptake and issues arising from changing buprenorphine formulations. *Drug and Alcohol Review*, 34, 603–610 DOI: 10.1111/dar.12277.

Table 15: Buprenorphine use patterns, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Recent Use										
Licit	5	5	5	1	3	11	1	4	3	13
Illicit	11	10	11	8	4	10	5	8	16	26
Any form (licit and/or illicit)	14	14	15	9	7	19	6	13	17	34
Median days used*										
Licit	142	112	–	–	–	168	–	–	–	170.5
Illicit	8	7	4	–	–	14.5	–	–	21	9
Any form (licit and/or illicit)	24	12	6.5	–	13	72	–	–	21	40
% Recent injection										
Licit	3	3	2	0	2	6	0	1	1	8
Illicit	9	9	9	6	4	10	3	7	9	24
Any form (licit and/or illicit)	11	10	11	6	6	14	3	8	9	27
Median days injected*										
Licit	90	96	–	–	–	–	–	–	–	–
Illicit	10	6	4	–	–	12.5	–	–	–	9
Any form (licit and/or illicit)	20	10	4	–	13	45	–	–	–	10

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

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

4.6.3 Use of buprenorphine-naloxone

In 2016, participants were asked about the use of any form of buprenorphine–naloxone, which included either ‘tablet’ or ‘film’ forms. In previous years participants were asked buprenorphine–naloxone tablets and films separately.

Of the national sample, 19% reported recently using any form of buprenorphine–naloxone (licit use 11% and illicit use 11%) on a median of 48 days (twice a week) in the last six months (Table 16). This was a significant decrease from 26% in 2015.

For national differences between 2006 and 2016 refer to Appendix B, Figure B5 and for jurisdictional differences refer to Appendix C, Table C9.

Table 16: Buprenorphine–naloxone recent use and median days, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Recent Use										
Licit	12	11	9	9	15	5	9	13	9	12
Illicit	17	11	11	7	14	7	6	7	9	23
Any form (licit or illicit)	26	19↓	16	16	27	12	14	20	16	31
Median days used*										
Licit	n.a.	90	80	–	66	–	–	–	–	132
Illicit	n.a.	6	4	–	5	–	–	–	–	12
Any form (licit and/or illicit)	n.a.	48	36	90	33.5	75	42	90	50	37

Source: IDRS participant interviews.

– Not published due to small numbers reported (n<10).

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

↓ Significant decrease between 2015 and 2016.

n.a. not available. Data was separated into ‘tablet’ and ‘film’ forms in 2015.

4.6.3.1 Buprenorphine-naloxone injection

Of the national sample, ten percent reported recently injecting any form of buprenorphine-naloxone (licit injection 3% and illicit injection 8%) on a median of 20 days (around once a week) in the last six months (Table 17).

Table 17: Buprenorphine-naloxone recent injection and median days, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Recent injection										
Licit	4	3	3	3	4	2	1	3	0	4
Illicit	12	8	8	6	9	6	5	7	4	19
Any form (licit or illicit)	14	10	9	9	12	8	5	10	4	20
Median days injected*										
Licit	n.a.	48	–	–	–	–	–	–	–	–
Illicit	n.a.	6	3.5	–	21	–	–	–	–	24
Any form (licit and/or illicit)	n.a.	20	4	–	22.5	–	–	–	–	55

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

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

n.a. not available. Data was separated into 'tablet' and 'film' forms in 2015.

4.6.4 Use of morphine

Twenty-nine percent of the national sample had recently used morphine (includes both 'licitly' and 'illicitly' obtained morphine; range= 12% in VIC to 76% in the NT (Table 18). The proportions reporting recent 'illicit' morphine use remained stable at 26% in 2016 (28% in 2015). The use of morphine was highest in the NT and TAS, jurisdictions where traditionally heroin has not been readily available, and where methadone and morphine have dominated the markets (Table 18).

The recent use of 'licit' morphine was reported by 6% of the sample (range= 2% in VIC and TAS to 22% in the NT) compared to 26% for 'illicit' morphine (range= 10% in VIC to 71% in the NT) (Table 18). The median days of use for 'licitly' obtained morphine (180 days) were based on small numbers in most jurisdictions and, therefore, should be interpreted with caution.

Among those who recently used 'illicit' morphine no significant difference was found for the median number of days used between 2015 and 2016. By jurisdiction, the median frequency of 'illicitly' obtained morphine use among users varied (Table 18).

For national differences between 2001 and 2016 refer to Appendix B, Figure B6 and for jurisdictional differences refer to Appendix C, Table C10.

4.6.4.1 Morphine injection

The proportions reporting the recent injection of 'licitly' obtained morphine was rare and stable. The proportions injecting 'illicitly' obtained morphine remained stable at 25% (27% in 2015). The median number of days on which 'illicitly' obtained morphine was injected was 24 days (Table 18).

Table 18: Morphine use patterns, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Recent Use										
Licit	8	6	4	4	2	2	8	4	22	8
Illicit	28	26	16	12	10	51	18	16	71	33
Any form (licit and/or illicit)	31	29	18	16	12	51	25	17	76	36
Median days used*										
Licit	180	180	–	–	–	–	–	–	180	–
Illicit	20	22	12	5	5	32	50.5	10	90	30
Any form (licit and/or illicit)	35	25	14.5	6	5	40	48	10	180	24
% Recent injection										
Licit	6	5	3	2	1	2	7	1	20	7
Illicit	27	25	14	8	9	50	17	15	69	33
Any form (licit and/or illicit)	28	27	16	10	10	51	23	15	72	35
Median days injected*										
Licit	180	125	–	–	–	–	–	–	180	–
Illicit	24	24	14	–	5.5	39	48	10	90	22
Any form (licit and/or illicit)	35	30	15	5.5	6	39	48	10	180	27

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

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

Of those who reported recent morphine use, the majority (80%) reported 'illicit' morphine as the form most used, ranging from 68% in SA to 98% in TAS (see Table 5 on page 15). The most commonly used brand of morphine used in the preceding six months was MS Contin® followed by Kapanol®.

A higher prevalence of morphine injection among people who inject drugs in the NT and TAS compared to those in other jurisdictions has also been documented by the Australian NSP Survey (The Kirby Institute - <http://kirby.unsw.edu.au/>). The proportion of NSP clients surveyed who reported pharmaceutical opioids and heroin as the last drug injected in 2000 to 2015 (the most recent NSP Survey results available) are depicted in Table 19. The table shows that while, at a national level, proportions of clients reporting pharmaceutical opioids are relatively low (between 4% and 16%), they are much higher in the NT (between 42% and 79%) and TAS (between 16% and 40%). The reverse trend is evident for heroin as the last drug injected, which is relatively prevalent at a national level (between 26% and 36% since 2001; 56% in 2000), and almost much lower in the NT and TAS (each less than 10% from 2001 onwards (Iversen and Maher, 2015, Memedovic et al., 2016)).

Table 19: Proportion of NSP clients in the NT, TAS and the national sample who reported heroin and pharmaceutical opioids as the last drug injected, 2000–2015

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
% National																
Pharmaceutical opioids	4	6	7	9	8	9	12	14	15	16	16	15	14	14	11	10
Heroin	56	30	36	36	36	34	26	31	34	34	34	33	33	29	31	31
% Northern Territory																
Pharmaceutical opioids	46	43	79	53	57	48	60	52	63	49	60	63	70	61	50	42
Heroin	13	5	4	3	0	0	0	0	3	3	4	3	4	10	9	2
% Tasmania																
Pharmaceutical opioids	22	28	16	24	19	20	16	26	21	27	33	34	40	33	36	31
Heroin	11	0	3	1	0	1	2	2	7	3	1	1	1	3	3	0

Source: Australian NSP Survey (National Centre in HIV Epidemiology and Clinical Research, 2002, 2005, 2010, Iversen et al., 2014, Iversen and Maher, 2015, Memedovic et al., 2016).

Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395; 2012: 2,391; 2013: 2,407; 2014: 2,378; 2015: 2,304.

4.6.5 Use of oxycodone

Around one-quarter (21%) of the national sample reported the use of ‘any form’ of oxycodone in the last six months (ranging from 14% in VIC and the ACT to 28% in TAS). This was a significant decrease from 25% in 2015 (Table 20). The different forms included generic form of oxycodone, oxycodone ‘OP and ‘other’ form of oxycodone³. Four percent of the national sample reported recent (last six months) use of ‘licitly’ obtained oxycodone (any form) and 18% reported recent use of ‘illicitly’ obtained oxycodone (any form). Similar to previous years TAS reported the highest levels of recent ‘illicit’ oxycodone use (any form) (Table 20). No significant differences were found for ‘licit’ or ‘illicit’ oxycodone recent use between 2015 and 2016.

Among those who recently used oxycodone the median days of use was seven days in the last six months nationally (10 days in 2015, Table 20). Due to splitting the use of oxycodone into the different forms frequency of use comparisons are unable to be made with 2015.

For national differences between 2005 and 2016 refer to Appendix B, Figure B6 and Figure B8 and for jurisdictional differences refer to Appendix C, Table C11.

4.6.5.1 Oxycodone injection

Sixteen percent of the national sample reported injecting ‘any form’ of oxycodone in 2016. The proportions reporting the recent injection of ‘licitly’ obtained oxycodone (2%) was rare. While the proportions who recently injected ‘illicitly’ obtained oxycodone was 15% (18% in 2015). Nationally, the median number of days on which ‘any form’ of oxycodone was injected was six days (Table 20).

³ In April 2014 ‘Reformulated OxyContin®’ (branded with an ‘OP’ on each tablet) was introduced designed to be tamper resistant. The ‘original oxycodone’ OxyContin® (branded with an ‘OC’) was withdrawn. In September 2014 generic ‘non-tamper-resistant oxycodone’ was made available in Australia.

Table 20: Oxycodone recent use and median days, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Recent use										
Licit	6	4	5	3	3	1	7	4	2	3
Illicit	21	18	23	12	10	28	16	17	18	22
Any form (licit and/or illicit)	25	21↓	25	14	14	28	21	20	20	25
Median days used *										
Any form (licit and/or illicit)	10	7	19	–	3	4	10	12.5	11	10
% Recent injection										
Licit	3	2	1	1	2	1	2	4	2	1
Illicit	18	15	17	9	7	24	10	17	18	22
Any form (licit and/or illicit)	19	16	17	9	9	24	12	20	20	23
Median days injected *										
Any form (licit and/or illicit)	7	6	14	–	1.5	4	11.5	11	10	6

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

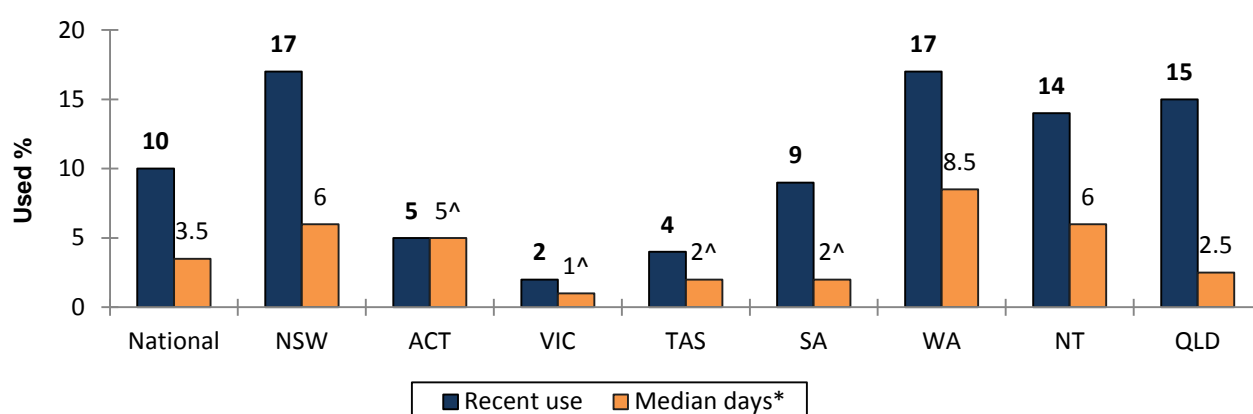
* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection.

n.a. not available.

↓ Significant decrease between 2015 and 2016 (p<0.05).

4.6.6 Use of fentanyl

In 2016, 25% of the national sample reported using fentanyl in their lifetime (25% in 2015). Ten percent reported using fentanyl on a median of three and a half days in the last six months (Figure 7). Fentanyl was injected by 8% of the national sample on a median of five days in the last six months (9% in 2015). Among those who recently used fentanyl (N=86) the form most used was illicit fentanyl (85%).

Figure 7: Recent use and median days of fentanyl, by jurisdiction, 2016

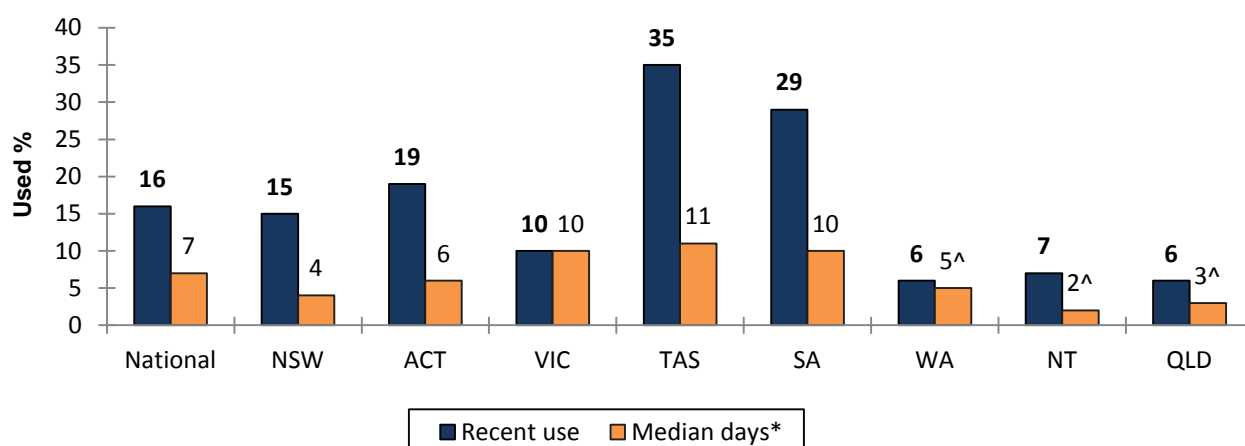
Source: IDRS participant interviews.

* Among those who recently used fentanyl.

^ Medians based on small numbers (n<10); interpret with caution.

4.6.7 Use of over the counter codeine

In 2016, 38% of the national sample reported using OTC codeine in their lifetime. Sixteen percent reported using OTC codeine on a median of seven days the last six months (14% in 2015) (Figure 8). No significant differences were found for the recent use of OTC codeine between 2015 and 2016. Among those who commented (n=118), the main brands used were Nurofen Plus® (25%), Chemist own® pain tablets/capsules (23%), and Panadeine® (11%). Only three participants reported injecting OTC codeine recently.

Figure 8: Recent use and median days of over the counter codeine use, by jurisdiction, 2016

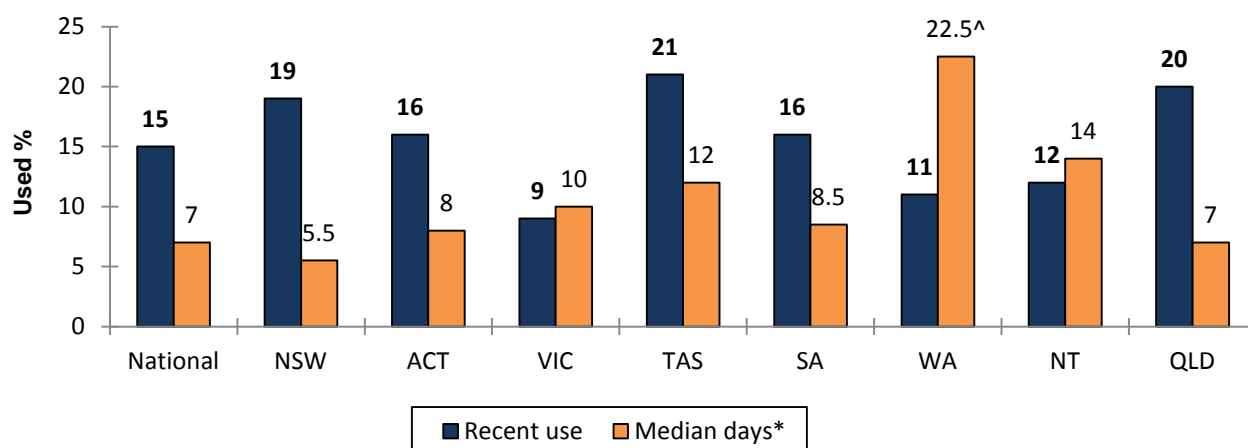
Source: IDRS participant interviews.

* Among those who recently used OTC codeine.

[^] Medians based on small numbers (n<10); interpret with caution.

4.6.8 Use of other opioids (not elsewhere specified)

Other opioids include (but are not limited to) opium, pethidine and codeine phosphate (not including OTC codeine). Nearly half (43%) of the national sample reported the use of other opioids in their lifetime. The recent use of other opioids (any form) remained stable at 15% in 2016 (18% in 2015). In 2016, TAS (21%), QLD (20%) and NSW (19%) reported the highest recent use of other opioids (Figure 9). Nine participants (1%) reported injecting other opioids on a median of two days in the last six months.

Figure 9: Recent use of other opioids (not elsewhere specified), by jurisdiction, 2016

Source: IDRS participant interviews.

* Among those who recently used other opioids.

[^] Medians based on small numbers (n<10); interpret with caution.

Among those who reported recent other opioid use and commented (N=133), 57% reported mainly using 'licit' 'other opiates' while 43% reported 'illicit' use. It should be noted that due to the introduction of questions relating to oxycodone, OTC codeine and fentanyl the figures for other opioids will not be directly comparable to previous years. The most commonly used 'other' opioid reported among those who commented (N=131) was Panadeine Forte® (74% of recent other opioid users). Twelve participants reported the main form of 'other' opioid used was tramadol.

4.7 Other drugs

Key points

- Around two-thirds (63%) of the national sample reported using **ecstasy** in their lifetime with 8% reporting use in the last six months.
- Nearly two-thirds of the participants (64%) reported having used **hallucinogens** at some stage in their lifetime, recent use remained low, with 6% reporting use in the six months preceding interview.
- The majority (80%) of the national sample had reported the use of **benzodiazepines** (including alprazolam) at some stage in their lifetime. Fifty-seven percent reported the recent use of benzodiazepines on a median of 41 days. Small numbers reported recently injecting benzodiazepines (3%) on a median of nine days in the last six months.
- Fifty-six percent of the national sample reported using some form of **alprazolam** in their lifetime, with just under one-quarter (23%) recently using any form of alprazolam. Thirteen percent reported recently injecting alprazolam.
- Nine percent of the national sample reported recently using 'illicit' **pharmaceutical stimulants** on a median of four days in the last six months.
- The lifetime use of **Seroquel®** was reported by nearly half (47%) of the sample and 18% reported recently using Seroquel®.
- Seven percent of the national sample reported ever using **steroids** with fourteen participants reporting recent use.
- Nine percent reported ever using **new psychoactive stimulants** and 4% reporting use in the last six months.
- Twenty-two percent reported ever using **synthetic cannabinoids** and 8% reporting use in the last six months.
- Lifetime use of **inhalants** was reported by 22% of the national sample and 3% reported using inhalants in the last six months.
- Fifty-eight percent of the national sample reported recently using **alcohol** on a median of 24 days (one day per week). Fourteen percent of the national sample reported daily use of alcohol.
- As in previous years, **tobacco** was widely used among the 2016 sample, with 93% having used it in the preceding six months. The vast majority of smokers (89%) were daily smokers.
- One-quarter (27%) of the national sample reported ever trying an **e-cigarette**, with 14% recently using an e-cigarette on a median of three days.

4.7.1 Ecstasy and related drugs

About two-thirds of participants (63%) had ever used ecstasy in their lifetime. Eight percent of the national sample had used ecstasy in the six months preceding interview on a median of two days. Three percent injected it on a median of two occasions (see Appendix A, Table A2). No significant difference was found between 2015 and 2016 for recent ecstasy use nationally (8% in 2015; $p > 0.05$).

The IDRS is not designed to monitor trends in ecstasy and related drug use as the frequency and prevalence of use among people who inject drugs is low. The Ecstasy and related Drugs Reporting System (EDRS), which monitors trends in these drug types, has been conducted in each jurisdiction in Australia since 2003. The EDRS uses similar methodology to the IDRS, but recruits regular psychostimulant users in each jurisdiction. Detailed findings of the EDRS are available on the Drug Trends website <http://www.drugtrends.org.au/>.

4.7.2 Hallucinogens

About two-thirds (64%) of the participants reported having used hallucinogens at some stage in their lifetime, recent use (i.e. in the preceding six months) remained low, with 6% reporting use in the six months preceding interview (see Appendix A, Table A2). No difference was found between 2015 and 2016 for the recent use of hallucinogens (6% in 2016; $p > 0.05$).

Frequency of use was also low, with those who had used reporting doing so on a median of two days during the last six months. Nationally, the main type of hallucinogen used in the last six months was lysergic acid diethylamide (LSD), followed by magic mushrooms, although there was some jurisdictional variation (see Table 4 on page 13 and Table 5 on page 15). Thirteen percent of the national sample reported injecting hallucinogens at some point in their lifetime and 1% had injected them in the last six months (see Appendix A, Table A2).

4.7.3 Benzodiazepines

A large proportion (80%) of the national sample had reported the use of any form (licit or illicit) of benzodiazepines at some stage in their lifetime. Fifty-seven percent reported the recent use of any form of benzodiazepines on a median of 41 days in the last six months. Among those who recently used any form of benzodiazepines, 31% reported using them daily in the last six months. Twenty-two percent of the national sample reported injecting any benzodiazepines in their lifetime. Small numbers reported recently injecting any benzodiazepines (3%) on a median of nine days in the last six months (small numbers commenting; see Appendix A, Table A2).

Nationally, the recent use and the median days of use of any form of benzodiazepines remained stable between 2015 and 2016. For national differences between 2000 and 2016 refer to Appendix B, Figure B6 and Figure B8 and for jurisdictional differences refer to Appendix C, Table C12.

From 2011 onwards participants were asked about the use of alprazolam separately from other benzodiazepines use (please see below). It was recognised that alprazolam was a benzodiazepine that was potent and may be prone to abuse. The abuse liability was recognised nationally with the rescheduling of alprazolam from Schedule 4 to Schedule 8 from February 1 2014 (<http://www.tga.gov.au/book/part-scheduling-proposals-referred-march-2013-meeting-acms>).

4.7.3.1 Alprazolam

Fifty-six percent of the national sample reported using some form of alprazolam in their lifetime (22% licit and 48% illicit). Around one-quarter (23%) of the sample reported recently using any form of alprazolam. Five percent had recently used 'licit' alprazolam on a median of 155 days (55 days in 2015), while 19% had recently used 'illicit' alprazolam on a median of five days (Table 21).

A smaller proportion (13%) had injected alprazolam at some stage in their life (5% licit, 11% illicit), with 2% injecting any form of alprazolam (<1% licit, 2% illicit) in the last six months.

At a national level, of those who reported recent alprazolam use 82% stated that 'illicit' alprazolam was the form they had used most in the preceding six months (see Table 5 on page 15).

Table 21: Alprazolam use patterns, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Recent use										
Licit	5	5	7	5	4	2	8	3	7	7
Illicit	23	19	33	11	16	21	10	18	13	25
Any form (licit and/or illicit)	26	23	37	15	20	24	16	20	18	31
Median days used *										
Licit	54	155	180	–	–	–	–	–	–	–
Illicit	5	5	10	3	4	5	3	7	4	4

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

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

4.7.3.2 Benzodiazepines (excluding alprazolam)

Around three-quarters (75%) of the national sample had used any form of benzodiazepines not including alprazolam in their lifetime (56% licit and 52% illicit). Over half (52%) reported recently using any form of benzodiazepines (excluding alprazolam) (Table 22).

Thirty-three percent of the national sample reported having used 'licitly' obtained benzodiazepines (excluding alprazolam) on a median of 127.5 days in the last six months. Thirty-one percent of the national sample reported the use of 'illicitly' obtained benzodiazepines (excluding alprazolam) on a median of seven days in the last six months. Reports of recent use of 'licitly' and 'illicitly' obtained benzodiazepines (excluding alprazolam) varied across jurisdictions (Table 22).

Proportions of respondents reporting the recent injection of benzodiazepines (any form – excludes alprazolam) in the last six months were relatively low at 2% nationally (<1% licit, 1% illicit).

Of those who reported recent benzodiazepine (excluding alprazolam) use over half (59%) stated that 'licit' benzodiazepines (excluding alprazolam) were the form they had most used in the preceding six months (see Table 5 on page 15).

Table 22: Benzodiazepines (excluding alprazolam) use patterns, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Recent use										
Licit	36	33	19	30	42	43	33	41	12	44
Illicit	35	31	35	22	38	49	25	30	9	31
Any form (licit and/or illicit)	55	52	43	47	65	67	53	55	20	63
Median days used *										
Licit	120	127.5	90	180	85	168	90	180	90	72
Illicit	7	7	10	17.5	4	10	3	24	–	9

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

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

Excluding alprazolam, diazepam (e.g. Valium®, Antenex®) was reported by the largest proportion of the national sample (84% of recent users) as the main brand of benzodiazepine used in the preceding six months, followed by oxazepam (e.g. Serapax®, Murelax®, 6% of recent users). Table 23 shows the main type of benzodiazepine (not including alprazolam) reported by recent users, as well as those who had recently injected. Diazepam was the most commonly nominated main type of benzodiazepine (excluding alprazolam) used orally and recently injected (Table 23).

Note: While it is possible that this group is injecting their preferred brand of benzodiazepines excluding alprazolam (e.g. diazepam), it is not possible to determine using these data alone because the majority of them (94%) also reported oral use, and data on the main brand used did not differentiate between different routes of administration (i.e. swallowed versus injected).

Table 23: Main brand of benzodiazepine used (excluding alprazolam) in the six months preceding interview, 2015–2016

	Main brand used among those who had recently used		Main brand used among those who had recently injected *	
	2015 (N=487)	2016 (N=447)	2015 (N=36)	2016 (N=22)
% Diazepam e.g. <i>Antenex, Ducene, Valium</i>	83	84	94 (N=34)	77 (N=17)
% Oxazepam e.g. <i>Serepax</i>	8	6	3 (N=1)	5 (N=1)
% Temazepam e.g. <i>Normison, Temaze</i>	3	2	3 (N=1)	5 (N=1)
% Clonazepam e.g. <i>Rivotril</i>	3	2	0	5 (N=1)
% Nitrazepam e.g. <i>Alodorm, Mogadon</i>	1	<1	0	5 (N=1)
% Flunitrazepam e.g. <i>Hypnodorm</i>	<1	<1	0	5 (N=1)

Source: IDRS participant interviews.

* 95% (2016, N=19) and 78% (2015, N=36) of recent benzodiazepine (excluding alprazolam) injectors also reported oral use; therefore, one cannot make the assumption that the main brand reported is being injected.

4.7.4 Pharmaceutical stimulants

In 2016, use and injection of pharmaceutical stimulants remained relatively low and infrequent in the national sample. A greater proportion of participants reported recently using (9%) or injecting (6%) 'illicitly' obtained pharmaceutical stimulants compared to pharmaceutical stimulants obtained through 'licit' means (2% use; <1% injection). Use and injection of 'illicitly' obtained pharmaceutical stimulants in the preceding six months was most common in TAS, WA (use only) and the NT (Table 24). No significant difference was found between 2015 and 2016 for the recent use of licit or illicit pharmaceutical stimulants nationally. Among those who commented (N=85), 46% reported the main brand of pharmaceutical stimulant used was Ritalin® followed by dexamphetamine (42%).

Table 24: Pharmaceutical stimulant use patterns in the past six months, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Recent use										
Illicit	10	9	3	4	4	26	6	17	16	8
Any form (licit and/or illicit)	12	10	5	5	6	26	6	18	17	8
Median days used *										
Illicit	4	4	–	–	–	8	–	5	17.5	4
Any form (licit and/or illicit)	5	5	–	–	3	8	–	5	20	–
% Recent injection										
Illicit	8	6	1	2	<1	24	3	6	16	7
Any form (licit and/or illicit)	9	7	2	3	<1	24	3	6	17	7
Median days injected *										
Illicit	5	3	–	–	–	8	–	–	17.5	–
Any form (licit and/or illicit)	5	4	–	–	–	11	–	–	20	–

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

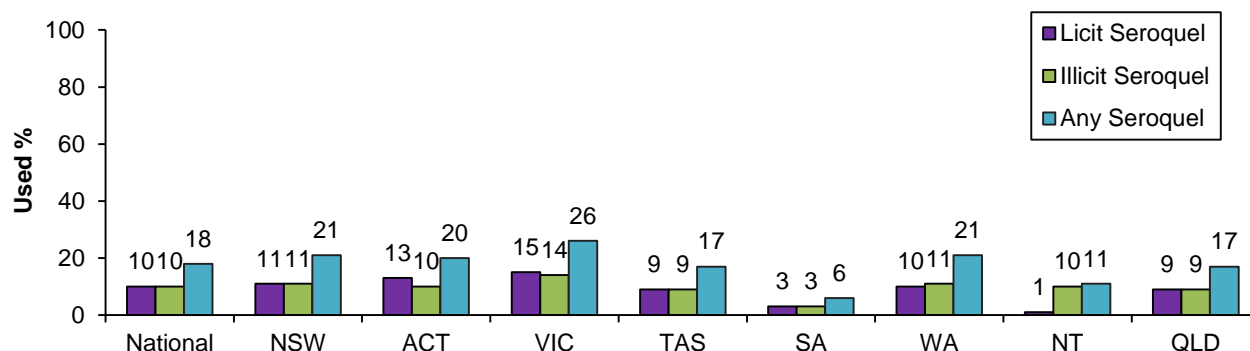
* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection.

Note: Patterns of use of licitly obtained pharmaceutical stimulants not shown by jurisdiction due to fewer than ten participants responding to each item.

4.7.5 Seroquel® (quetiapine)

Of the national sample nearly half (47%) reported a lifetime use of Seroquel® (quetiapine) (21% licit, 31% illicit). The recent use of any Seroquel® remained stable at 18% in 2016 (10% licit, 10% illicit; 21% any in 2015; Figure 10). 'Licit' Seroquel® has been used on a median of 180 days compared to four days for 'illicit' Seroquel®. Only two participants reported injecting Seroquel® (licit or illicit) in the last six months.

Figure 10: Proportion of PWID who reported use of licit (prescribed) and illicit Seroquel® in the preceding six months, by jurisdiction, 2016



Source: IDRS participant interviews.

4.7.6 Steroids

Seven percent of the national sample reported ever using steroids. Fourteen participants reported use in the six months preceding interview and five participants reported recently injecting steroids (see Appendix A, Table A2).

4.7.7 New psychoactive substances

Nine percent of the national sample reported ever using a new psychoactive substance (NPS) such as synthetic cathinones (e.g. mephedrone), tryptamines (e.g. dimethyltryptamine [DMT]) and phenethylamines (e.g. 2C-x class). Four percent of participants reported the use of NPS in the six months preceding interview on a median of two and a half days. Three percent reported recently injecting NPS on a median of five days (see Appendix A, Table A2). No significant difference was found between 2015 and 2016 for the recent use of NPS nationally (8% in 2015).

4.7.8 Synthetic cannabinoids

Twenty-two percent of the national sample reported ever using synthetic cannabinoids (e.g. K2, Spice). Eight percent of participants reported the use of synthetic cannabinoids in the six months preceding interview on a median of one day. No participants reported injecting a synthetic cannabinoid (see Appendix A, Table A2). No significant difference was found between 2015 and 2016 for the recent use of synthetic cannabinoid nationally (19% in 2015).

4.7.9 Inhalants

Twenty-two percent of the national sample reported ever having inhaled volatile substances such as amyl nitrite, petrol, glue and/or lighter fluid in their lifetime. Three percent of participants reported use in the six months preceding interview on a median of three days (see Appendix A, Table A2). Nationally, no significant difference was found between 2015 and 2016 for the recent use of inhalants (3% in 2015).

4.7.10 Alcohol, tobacco and e-cigarettes

Fifty-eight percent of the national sample reported recently using alcohol (61% in 2015), on a median of 24 days, indicating that frequency of use was approximately weekly among two-thirds of the sample (Table 25). No significant difference was found between 2015 and 2016 for the recent use of alcohol. Fourteen percent of recent alcohol consumers reported daily use of alcohol in the preceding six months.

The vast majority (93%) of the national sample (92% in 2015) reported recently using tobacco (Table 25), with the majority of recent tobacco users (89%) smoking daily over the preceding six months. No significant difference was found between 2015 and 2016 for the recent use of tobacco nationally.

In 2016, participants were asked about their use of e-cigarettes. Of the national sample around one-quarter (27%) reported ever trying an e-cigarette, with 14% recently using an e-cigarette on a median of three days (Table 25).

Table 25: Patterns of alcohol and tobacco use in the preceding six months, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Recent use										
Alcohol	61	58	57	55	60	55	56	68	49	64
Tobacco	92	93	91	90	97	97	97	85	94	91
E-cigarettes	18	14	13	13	15	13	20	24	6	7
Median days used by those who had used *										
Alcohol	24	24	11	50	24	11	24	24	24	19.5
Tobacco	180	180	180	180	180	180	180	180	180	180
E-cigarettes	4	3	3	10	2.5	3	3	4	–	–

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

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

5 DRUG MARKET: PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS

5.1 Heroin

Key points

Price

- Nationally, heroin cost \$50 per cap and \$350 per gram. Price remained relatively stable from 2015 reports.

Purity

- Participant reports of purity varied. There was a significant increase in proportions reporting purity as high 19% (11% in 2015) and a decrease in proportions reporting purity as low 33% (42% in 2015).

Availability

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

This section contains information on the market characteristics (including price, perceived purity, availability and purchasing patterns) of heroin. It should be noted that the price, purity and availability sections of the participant survey were not restricted to users of the particular drug but to those who felt confident of their knowledge of these parameters of the market. Data on harms (health- and law enforcement-related) associated with drug use, including heroin use and injecting drug use more generally, are discussed under the relevant sections later in this report. Comparable findings from previous years on price, availability and perceived purity are shown in Appendix D.

5.1.1 Price of heroin

The median price of a gram of heroin nationally was \$350 and \$50 per cap (a small amount typically used for a single injection) (Table 26). The majority (76%) of those who commented reported that price had remained stable in the last six months. Small numbers (9%) reported that the price of heroin had increased recently.

Appendix D, Table D1, Table D2 and Figure D1 show participant estimates of the median price of heroin over the several years of data collection.

Table 26: Median price of heroin, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
Median Price (\$)										
Per gram	300	350	350	300	220	–	400	600	–	–
Per cap	50	50	50	80	40	–	50	100	–	50
% Price changes (n)	(N=462)	(N=445)	(n=123)	(n=66)	(n=114)	(n=5)	(n=34)	(n=50)	(n=4)	(n=49)
Increased	10	9	15	12	4	0	3	8	25	6
Stable	78	76	75	82	64	80	97	82	50	80
Decreased	7	8	4	3	21	20	0	6	0	4
Fluctuated	5	7	6	3	11	0	0	4	25	10

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

Note: The response option 'Don't know' was excluded from analysis.

5.1.2 Purity of heroin – participant reports

Participants were asked about their perception of current heroin purity or strength, and if there had been any change in purity in the six months preceding interview. Among participants commenting (N=451) reported purity varied with 19% reporting purity as high and similar proportions reporting purity as 'low' (33%) or 'medium' (34%). This pattern of results was broadly seen across all jurisdictions. In TAS and the NT few participants were able to comment. Purity was most commonly reported to have remained stable across the majority of jurisdictions (45% nationally) (Table 27).

Significance testing was carried out on the current purity of heroin for 'low', 'medium', 'high' and 'fluctuates' between 2015 and 2016. A significant increase was found between 2015 and 2015 for the purity of heroin as 'high' and a significant decrease in heroin purity as 'low'.

Appendix D, Figure D2 shows the current purity of heroin over the several years of data collection.

Table 27: Perceived purity of heroin, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Current Purity (n)	(N=460)	(N=451)	(n=124)	(n=66)	(n=117)	(n=6)	(n=34)	(n=50)	(n=4)	(n=50)
High	11	19↑	23	30	12	–	21	18	–	8
Medium	34	34	29	33	30	–	41	50	–	40
Low	42	33↓	36	27	43	–	35	20	–	30
Fluctuates	14	13	13	9	15	–	3	12	–	22
% Purity changes (n)	(N=454)	(N=444)	(n=123)	(n=64)	(n=115)	(n=6)	(n=34)	(n=50)	(n=4)	(n=48)
Increasing	14	19	21	23	15	–	12	20	–	17
Stable	42	45	38	48	42	–	44	58	–	50
Decreasing	22	17	25	17	14	–	24	8	–	10
Fluctuating	23	20	15	11	30	–	21	14	–	23

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

Note: The response option 'Don't know' was excluded from analysis.

↑ significant increase between 2015 and 2016 (p<0.05).

↓ significant decrease between 2015 and 2016 (p<0.05).

5.1.3 Purity of heroin – drug seizure data

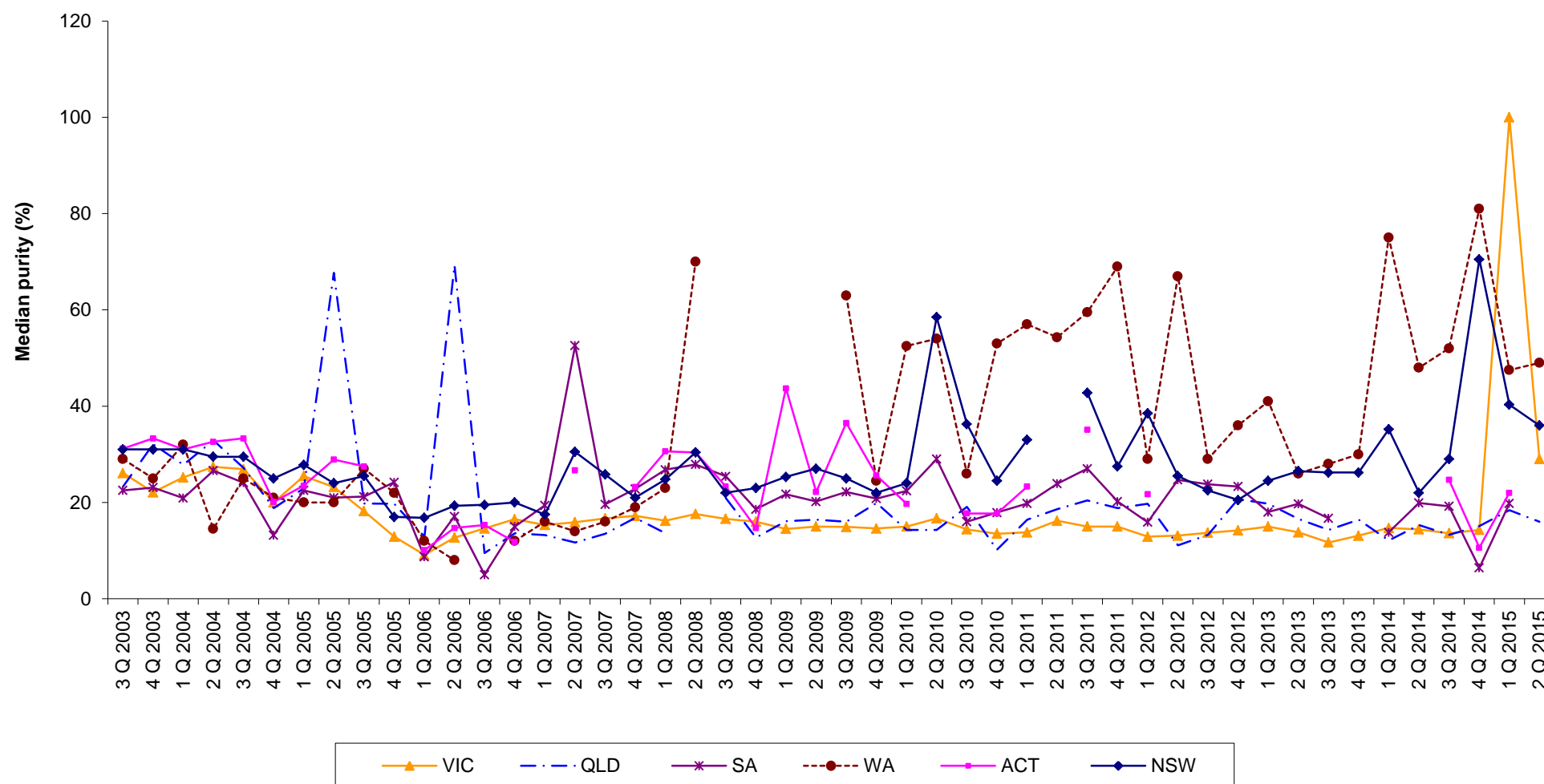
Participant reports of purity are subjective and depend on a number of factors including the health and tolerance of the individual. A more objective measure of purity is derived from the analysis of drug seizures. The purity figures reported below are provided by the Australian Criminal Intelligence Commission (ACIC) (formally the Australian Crime Commission (ACC)) and there are some important issues to consider when examining purity measures. These data do not reflect the total of a particular drug seized in each year, but only those samples and seizures submitted for analysis. They relate to an unrepresentative sample of the illicit drugs available in Australia, and this should be considered when drawing conclusions from the purity data presented. In addition, there is typically a lag of several months between the seizure and receipt of profiling results (Australian Criminal Intelligence Commission, 2016).

Data reported include seizures ≤ 2 grams and > 2 grams, reflecting both street and larger seizures. Figure 11 to Figure 14 do *not* represent the purity of all heroin seizures – only those that have been analysed at a forensic laboratory. Figures for SA, WA and TAS represent the purity levels of heroin received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of heroin seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police (AFP) and state/territory police.

The median purity of analysed state/territory police heroin seizures in 2003/04 to 2014/15 financial years (displayed quarterly) by jurisdictions is displayed in Figure 11. No reports were made in TAS or the NT in 2014/15. The 'overall total' median purity of seizures analysed by state/territory police in 2014/15 was highest in WA (51%) and NSW (45.5%) and lowest in QLD (13.9%) (Australian Criminal Intelligence Commission, 2016). The 2015/16 ACC seizure data were unavailable at the time of publication.

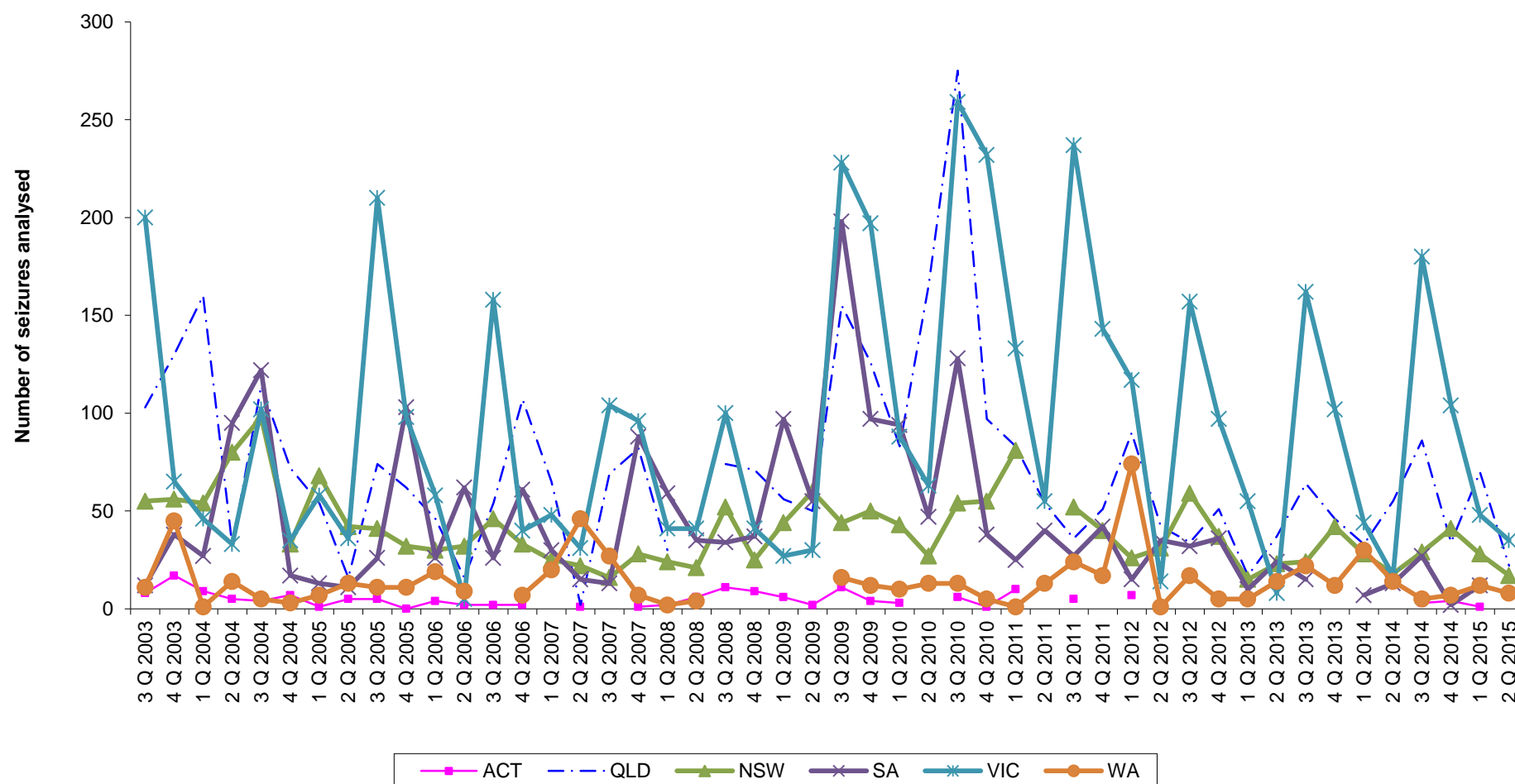
The number of state/territory police heroin seizures analysed for purity is presented in Figure 12. No reports were made in TAS or the NT in 2014/15. Given that not all seizures are analysed, these data do not provide an indication as to whether there have been changes in the number of seizures made; rather, they provide an indication of how many seizures contribute to the median purity presented in Figure 11.

Figure 11: Median purity of heroin seizures analysed by state/territory police, by jurisdiction, 2003/04–2014/15



Source: Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, Australian Criminal Intelligence Commission, 2016.
Note: Seizures ≤2g and >2g combined; data for 2015/16 were not available at the time of publication.

Figure 12: Number of state/territory police heroin seizures analysed, by jurisdiction, 2003/04–2014/15

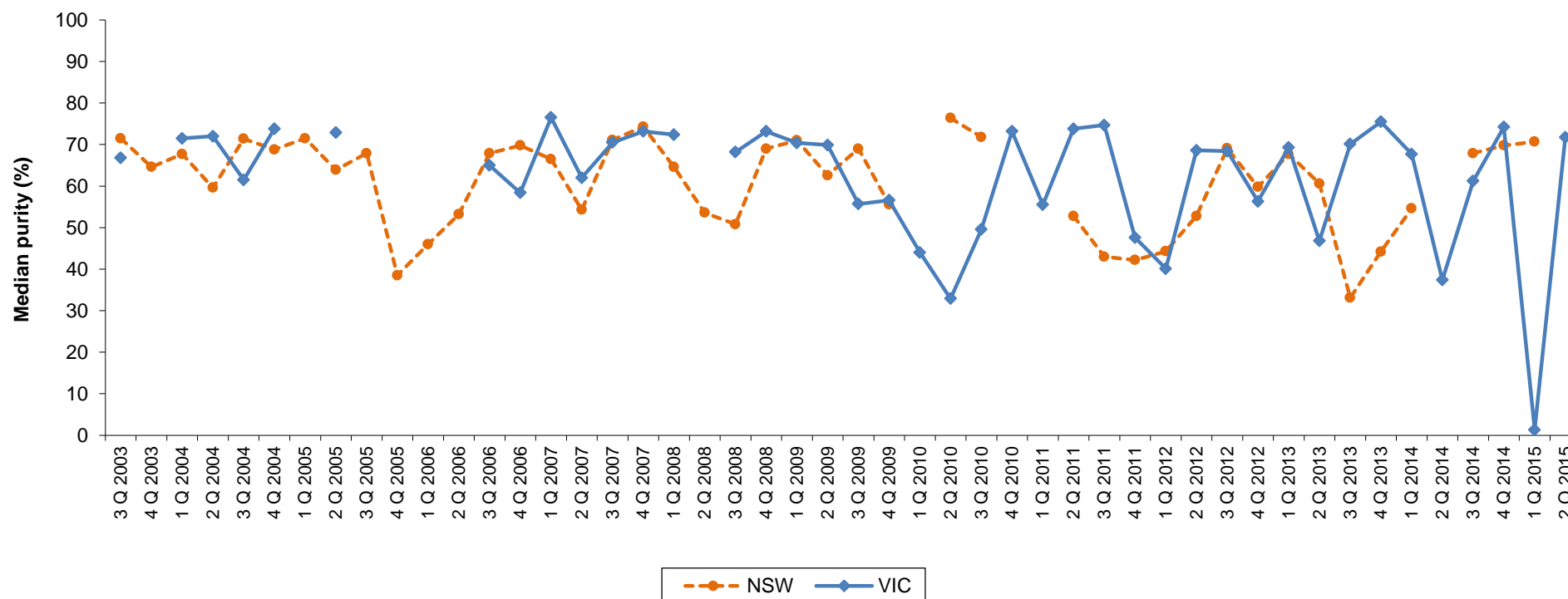


Source: Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, Australian Criminal Intelligence Commission, 2016.

Note: Data for 2015/16 were not available at the time of publication.

The median purity and number of AFP seizures for NSW and VIC are presented in Figure 13 and Figure 14. Only NSW and VIC data are presented as there were fewer seizures analysed in the other jurisdictions and some with no seizures analysed for many quarters (Australian Criminal Intelligence Commission, 2016). The median purity of these seizures is relatively higher than those seized by jurisdictional police, which is not surprising given that AFP seizures are likely to result from targeted, higher level operations than those of state/territory police agencies. Data for 2015/16 were not available at the time of publication.

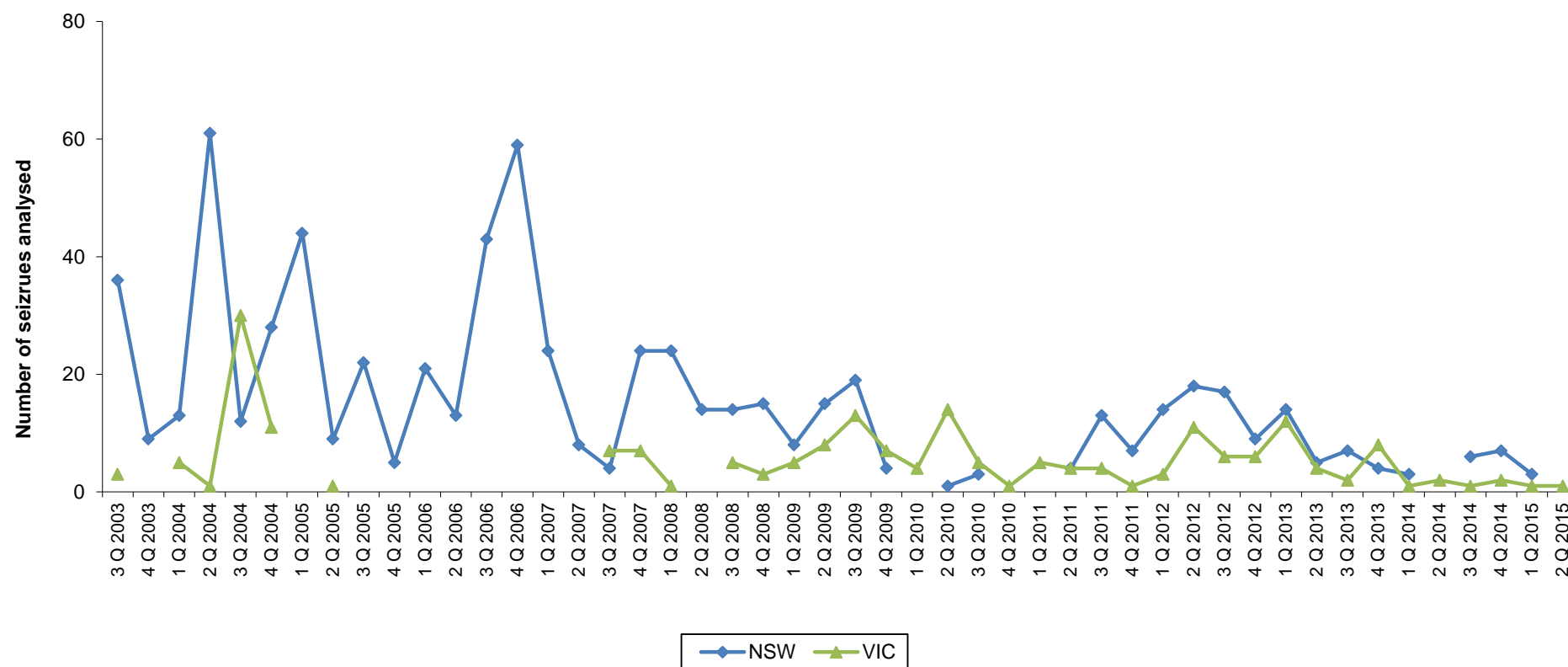
Figure 13: Median purity of heroin seizures analysed by AFP in NSW and VIC, 2003/04–2014/15



Source: Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, Australian Criminal Intelligence Commission, 2016.

Note: Data for 2015/16 were not available at the time of publication.

Figure 14: Number of AFP heroin seizures analysed in NSW and VIC, 2003/04–2014/15



Source: Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, Australian Criminal Intelligence Commission, 2016.

Note: Data for 2015/16 were not available at the time of publication.

5.1.4 Availability of heroin

To collect information on the availability of heroin, participants were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?' Fifty-three percent (N=457) of the national sample commented on the availability of heroin. Of those who commented, 53% reported the availability of heroin as 'very easy' and 38% as 'easy' (Table 28). No significant differences were found between 2015 and 2016 for current heroin availability.

The majority of those commenting on heroin availability reported that availability had remained stable (81%) in the last six months. Eight percent of the national sample reported the availability of heroin as 'more difficult' and 7% also reported that heroin availability was 'easier' (Table 28).

Table 28: Availability of heroin, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Availability (n)	(N=471)	(N=457)	(n=126)	(n=66)	(n=117)	(n=6)	(n=35)	(n=52)	(n=4)	(n=51)
Very easy	49	53	52	41	62	–	46	69	–	45
Easy	39	38	40	39	36	–	46	25	–	51
Difficult	10	8	8	18	3	–	9	6	–	2
Very difficult	2	1	0	2	0	–	0	0	–	2
% Availability changes (n)	(N=466)	(N=452)	(n=123)	(n=65)	(n=117)	(n=6)	(n=35)	(n=51)	(n=4)	(n=51)
More difficult	11	8	9	17	6	–	3	8	–	4
Stable	74	81	79	74	87	–	94	82	–	75
Easier	9	7	9	5	3	–	3	10	–	18
Fluctuates	6	3	3	5	3	–	0	0	–	4

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

Note: The response option 'Don't know' was excluded from analysis.

Appendix D, Figure D3 shows the current availability of heroin nationally over the several years of data collection.

5.1.5 Purchasing patterns of heroin

Participants were also asked 'Who have you bought heroin from in the last six months?' and 'What venues (locations) do you normally score (buy) heroin at?' Only one response was allowed. Of those who had bought heroin, the most common source was a known dealer (49%) or a friend (33%). The most common place of purchase was at an agreed public location (34%). Eighteen percent reported obtaining heroin from a dealer's home and 15% reported obtaining heroin by home delivery (Table 29).

Table 29: Purchasing patterns of heroin, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Purchased from # (n)	(N=464)	(N=450)	(n=125)	(n=63)	(n=117)	(n=6)	(n=33)	(n=52)	(n=4)	(n=50)
Street dealer	10	10	15	5	12	–	9	2	–	6
Friends	26	33	36	37	22	–	24	46	–	34
Known dealer	49	49	38	46	62	–	58	46	–	52
Acquaintance	8	5	7	10	1	–	6	2	–	6
Unknown dealer	2	1	2	2	1	0	0	0	–	0
Mobile dealer	2	1	0	1	1	–	0	0	–	2
Other	3	1	2	0	1	–	3	4	–	0
% Most recent purchase place # (n)	(N=462)	(N=451)	(n=125)	(n=63)	(n=117)	(n=6)	(n=34)	(n=52)	(n=4)	(n=50)
Home delivery	17	15	12	6	15	50	24	23	50	12
Dealer's home	19	18	10	24	21	17	24	15	0	22
Friend's home	14	17	19	30	10	17	18	21	25	8
Acquaintance's house	2	2	2	5	1	0	6	2	0	0
Street market	11	12	30	0	9	17	0	2	25	6
Agreed public location	36	34	25	32	43	0	29	27	0	50
Other	1	1	1	3	0	0	0	0	0	2

Source: IDRS participant interviews.

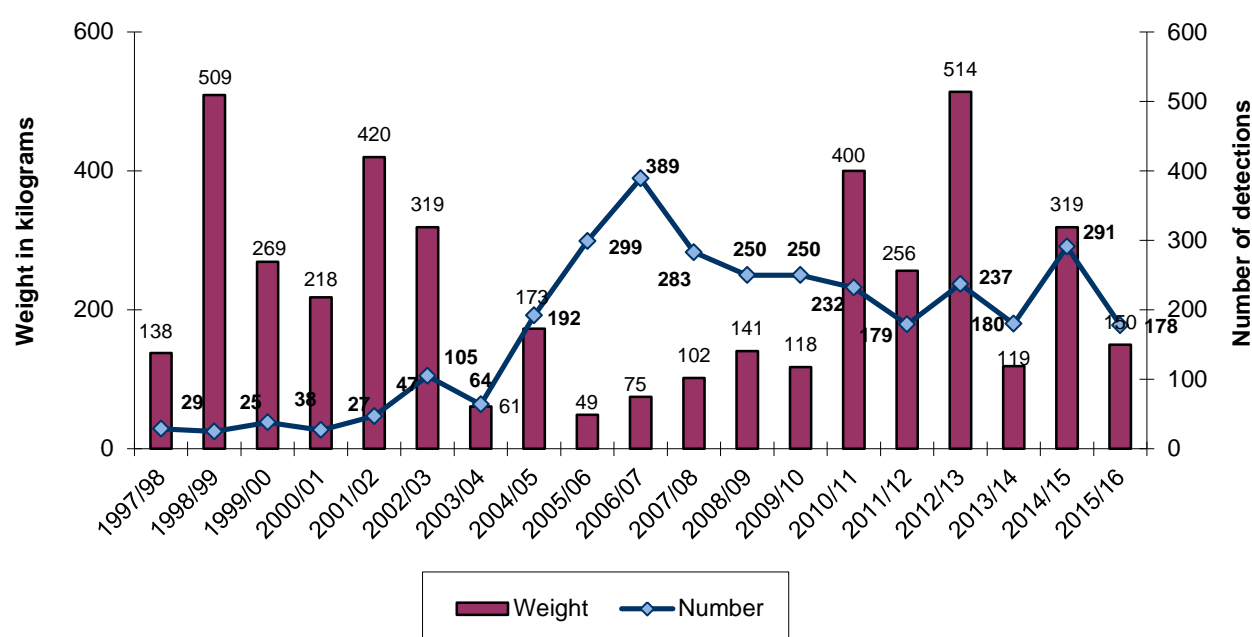
Only one response allowed.

– not published due to small numbers reported (n<10).

5.1.6 Heroin detected at the Australian border

Figure 15 presents the weight and number of heroin detections by the Department of Immigration and Border Protection at the Australian border.

In the financial year 2015/16 there were 178 heroin detections at the Australian border, representing a decrease from 291 detections in 2014/15. The total weight of detections in 2015/16 was 150 kilograms (Figure 15). Similar to the previous year, the cargo and international post stream accounted for vast majority (95%) of the total number of heroin detections in 2015/16.

Figure 15: Weight and number of detections of heroin made at the border by the Department of Immigration and Border Protection, 1997/98–2015/16

NB: Weights are rounded up to the nearest whole numbers

Source: Department of Immigration and Border Protection

5.2 Methamphetamine

Key points

Price

- Methamphetamine was reported to cost \$50 per point nationally for speed, base and crystal. Price varied by jurisdiction.
- Grams of speed were typically cheaper than grams of crystal. Few participants reported having purchased a gram of base.
- Price was considered to have been 'stable' for all three forms over the last six months by the majority of participants nationally.

Purity

- The largest proportions of participants reported the purity of speed and base as 'medium' and crystal as 'high'.

Availability

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

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

5.2.1 Price of methamphetamines

The median price of the last purchase of speed, base and crystal are presented in Table 30.

5.2.1.1 Speed

Participants had typically bought speed as points, then grams. A 'point' (0.1 gram) of speed cost \$50 nationally. A 'gram' of speed was \$300 nationally. Sixty-three percent of those participants who commented reported that the price of speed had remained stable over the last six months (Table 30).

5.2.1.2 Base

Purchase of a 'point' (0.1 gram) of base was most commonly reported. As in previous years, a point was the most popular purchase amount and was a median of \$50 nationally. A gram of base nationally was \$400 (small number commenting; interpret with caution). Sixty-one percent of those who commented reported that the price of base had remained stable over the last six months (Table 30).

5.2.1.3 Crystal

The largest number of participants were able to comment on crystal. As in previous years, and as with other methamphetamine forms, a 'point' (0.1 gram) of crystal was the most popular purchase amount, typically ranging from \$50 per point in NSW and VIC to \$100 per point in TAS, WA and the NT (\$50 nationally). Purchase of a gram of crystal was not as common. The median price of purchase among these small numbers of participants was \$400 nationally. Sixty-one percent of participants reported that the price of crystal had remained 'stable' over the last six months and 25% reported that the price of crystal had decreased recently (Table 30).

Appendix E, Table E1 to E6 and Figures E1 to E3 show participant estimates of the median price of methamphetamines over the several years of data collection.

Table 30: Median price of methamphetamine, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
Price (\$) Speed										
Per point	50	50	–	50	–	50	50	–	100	50
Per gram	300	300	–	–	–	–	–	–	–	–
Price (\$) Base										
Per point	80	50	–	–	–	–	50	–	–	–
Per gram	400	400	–	–	–	–	–	–	–	–
Price (\$) Crystal										
Per point	80	50	50	85	50	100	50	100	100	50
Per gram	450	400	400	500	350	–	400	–	–	400
Price changes										
% Methamphetamine powder (n) (speed)	(N=172)	(N=112)	(n=16)	(n=22)	(n=2)	(n=22)	(n=14)	(n=4)	(n=16)	(n=16)
Increased	16	10	6	14	–	14	7	–	19	0
Stable	67	63	81	59	–	68	79	–	44	50
Decreased	11	20	13	18	–	9	14	–	19	38
Fluctuated	6	8	0	9	–	9	0	–	19	13
% Methamphetamine base (n) (base)	(N=53)	(N=43)	(n=10)	(n=3)	(n=0)	(n=2)	(n=21)	(n=0)	(n=1)	(n=6)
Increased	13	9	10	33	–	0	5	–	0	17
Stable	70	61	70	33	–	100	52	–	100	67
Decreased	11	16	20	33	–	0	19	–	0	0
Fluctuated	6	14	0	0	–	0	24	–	0	17
% Crystal methamphetamine (n) (crystal)	(N=478)	(N=525)	(n=102)	(n=63)	(n=84)	(n=63)	(n=75)	(n=36)	(n=48)	(n=54)
Increased	10	7	11	6	2	5	5	8	13	4
Stable	64	61	74	67	57	79	37	50	71	46
Decreased	20	25	13	21	38	10	41	33	10	39
Fluctuated	6	7	3	6	2	6	16	8	6	11

Source: IDRS participant interviews.

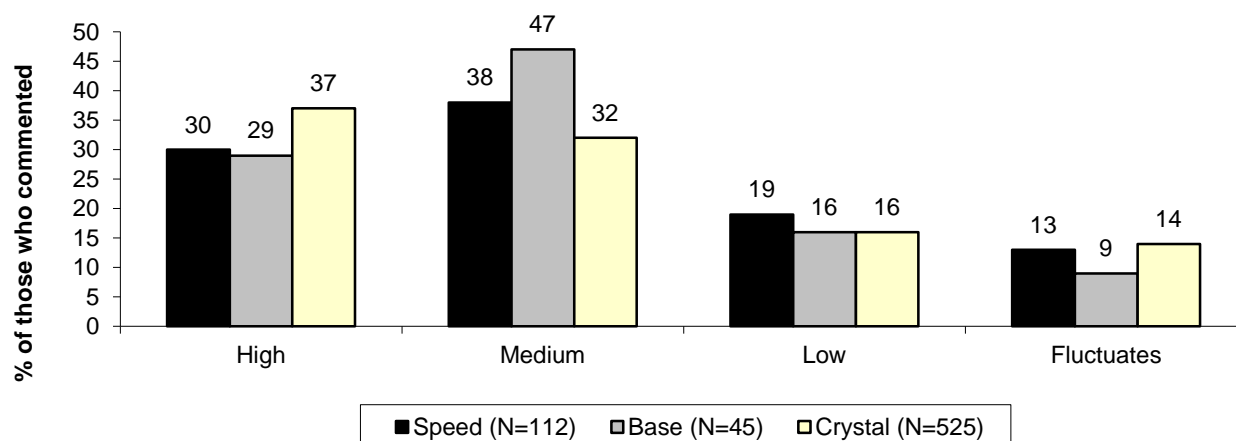
– not published due to small numbers reported (n<10).

Note: The response option 'Don't know' was excluded from analysis.

5.2.2 Purity of methamphetamines – participant reports

Participants were asked to describe the current purity of speed, base and crystal. In 2016, the majority of participants reported all forms of methamphetamine as ‘medium’ or ‘high’ (Figure 16, Figure 18, Table 31 and Table 32).

Figure 16: Participant reports of current purity of speed, base and crystal among those able to comment, 2016



Source: IDRS participant interviews.

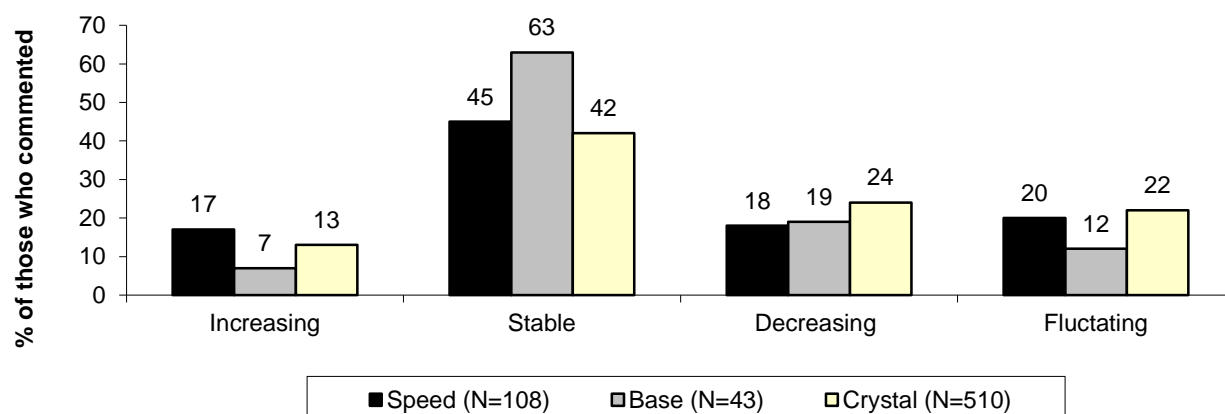
Note: The response option ‘Don’t know’ was excluded from analysis.

Significance testing was carried out on the current purity of speed, base and crystal for ‘low’, ‘medium’, ‘high’ and ‘fluctuates’ between 2015 and 2016. There was a significant increase in the purity of ‘base’ as ‘medium’. No other significant differences were found between 2015 and 2016 for all three forms of methamphetamine.

Participant reports of recent changes in purity for all forms of methamphetamine varied. The majority of participants who commented described the change in purity over the last six months for all forms as ‘stable’. Smaller numbers reported the purity as ‘decreasing’ in the last six months (Figure 17, Figure 19, Table 31 and Table 32). Jurisdictional data not presented for methamphetamine base due to <10 participants commenting in the majority of jurisdictions.

Appendix E, Figure E4 to Figure E6 shows the current purity of methamphetamines over the several years of data collection.

Figure 17: Participant reports of changes in purity of speed, base and crystal among those able to comment, 2016



Source: IDRS participant interviews.

Note: The response option ‘Don’t know’ was excluded from analysis.

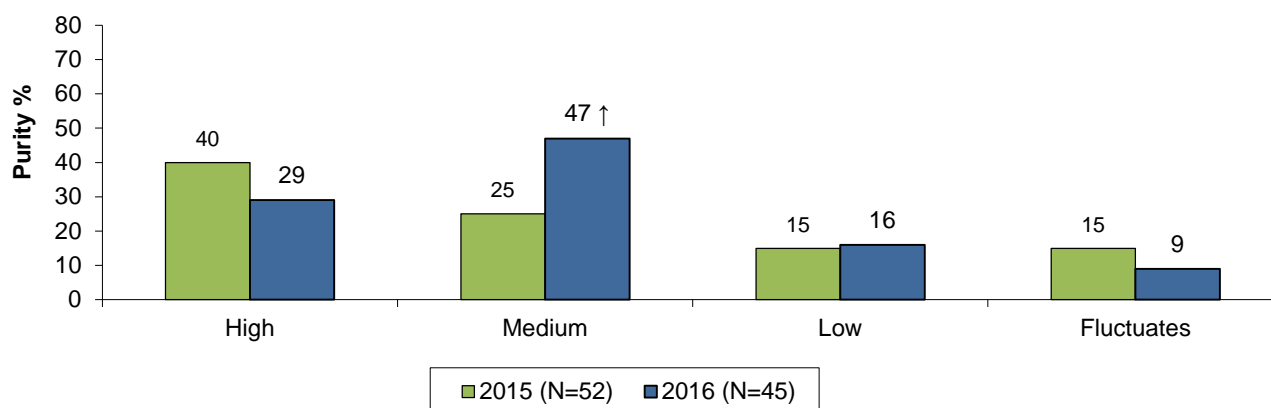
Table 31: Perceived purity of methamphetamine powder, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Current purity (n)	(N=171)	(N=112)	(n=13)	(n=24)	(n=2)	(n=21)	(n=14)	(n=4)	(n=19)	(n=15)
High	28	30	15	25	–	19	50	–	37	27
Medium	34	38	39	38	–	29	43	–	37	53
Low	24	19	15	21	–	43	0	–	21	7
Fluctuates	14	13	31	17	–	10	7	–	5	13
% Purity changes (n)	(N=164)	(N=108)	(n=13)	(n=22)	(n=2)	(n=21)	(n=13)	(n=4)	(n=17)	(n=16)
Increasing	12	17	15	14	–	5	15	–	24	25
Stable	45	45	54	50	–	43	62	–	47	31
Decreasing	20	18	15	23	–	24	8	–	12	25
Fluctuates	24	20	15	14	–	29	15	–	18	19

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

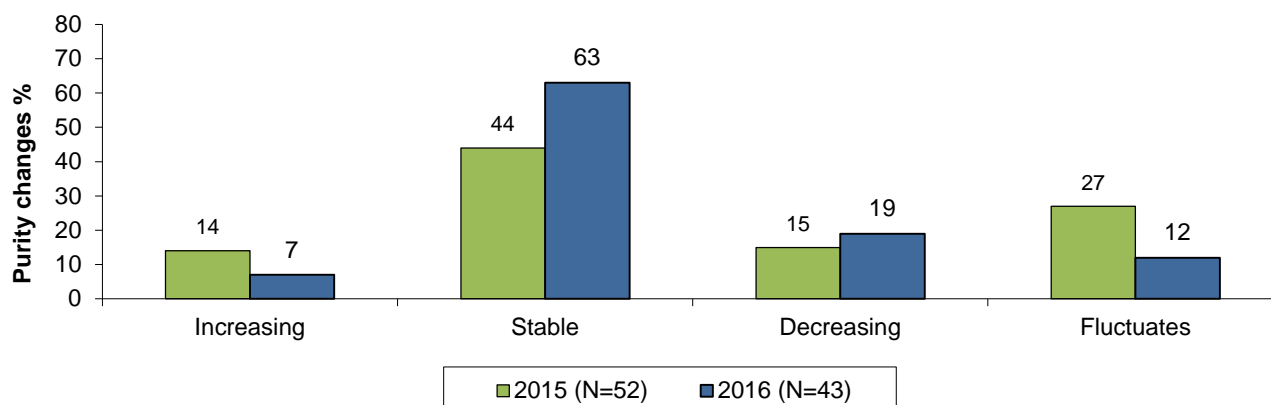
Note: The response option 'Don't know' was excluded from analysis.

Figure 18: Perceived purity of methamphetamine base last six months, nationally, 2015–2016

Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

↑ Significant increase between 2015 and 2016 ($p < 0.05$).

Figure 19: Purity changes of methamphetamine base last six months, nationally, 2015–2016

Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

Table 32: Perceived purity of crystalline methamphetamine, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Current purity (n)	(N=473)	(N=525)	(n=103)	(n=63)	(n=82)	(n=66)	(n=76)	(n=37)	(n=48)	(n=50)
High	40	37	26	24	33	38	40	60	52	48
Medium	27	32	29	43	35	35	33	19	23	36
Low	15	16	22	16	20	15	15	11	15	8
Fluctuates	18	14	22	18	12	12	13	11	10	8
% Purity changes (n)	(N=468)	(N=510)	(n=101)	(n=64)	(n=81)	(n=58)	(n=75)	(n=36)	(n=46)	(n=49)
Increasing	16	13	9	8	9	16	16	22	15	18
Stable	38	42	40	41	37	47	39	44	39	53
Decreasing	21	24	23	22	35	26	23	19	20	16
Fluctuates	25	22	29	30	20	12	23	14	26	12

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

Note: The response option 'Don't know' was excluded from analysis.

5.2.3 Purity of methamphetamines – drug seizure data

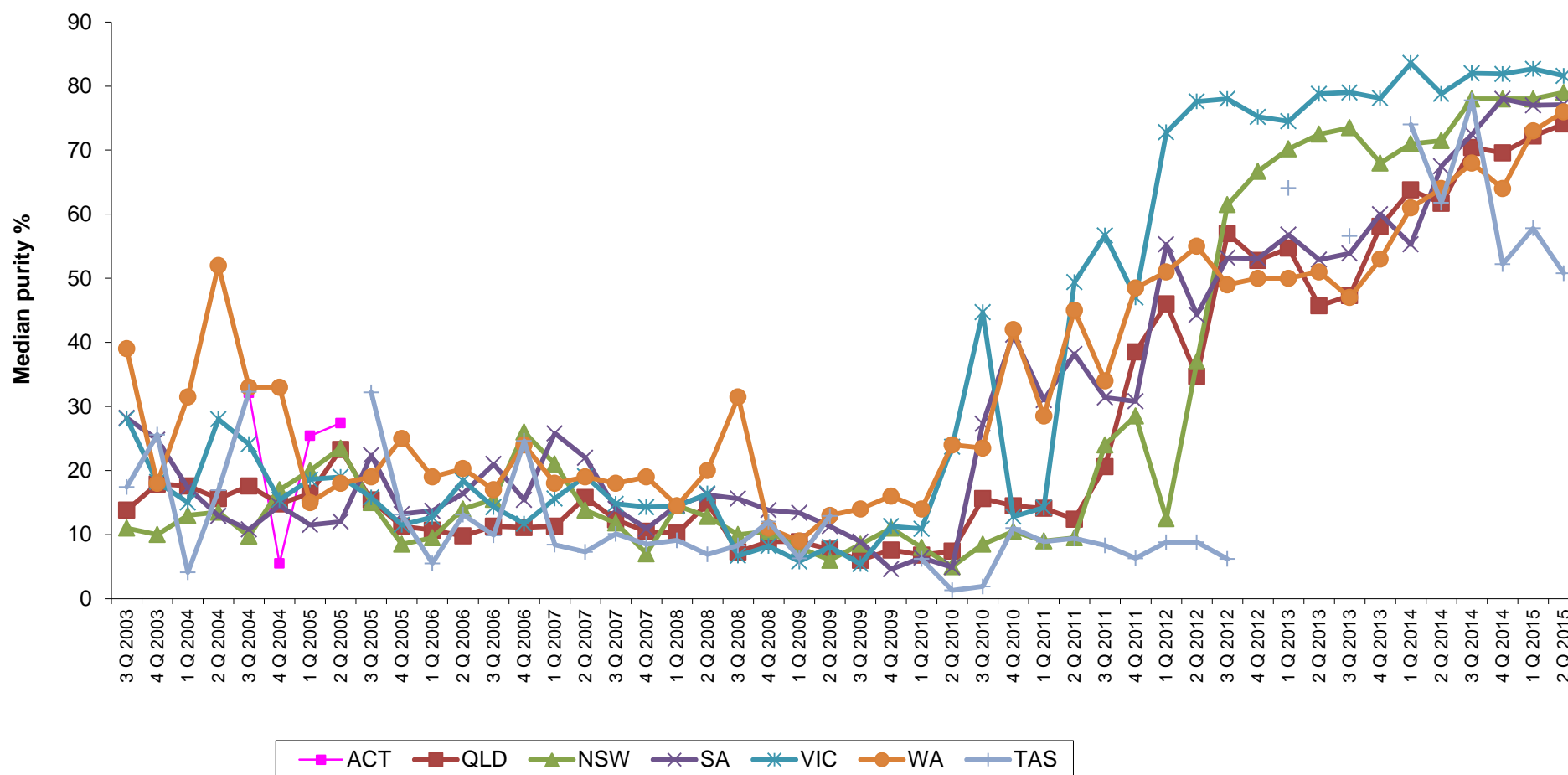
The ACIC provides purity data for state/territory police and AFP seizures that have been analysed for methylamphetamine. There are important caveats (in addition to those already discussed within the heroin section) to consider when interpreting these data. The purity of methylamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process and the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported. During 1999/2000 and 2014/15, forensic analysis of seizures of methylamphetamine in Australia revealed purity levels ranging from less than 1% to 83.6%, with higher purity often relating to one single seizure rather than being representative of a large number of seizures. This wide range in both purity and numbers of seizures analysed should be considered when looking at the median purity figures presented.

As with heroin, the figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figure 20, figures do not represent the purity levels of all methylamphetamine seizures — only those that have been analysed at a forensic laboratory. Figures for SA, WA and TAS represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of methylamphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the Australian Federal Police and state/territory police.

Figure 20 shows the median purity across jurisdictions of methylamphetamine seizures (respectively) by quarter from 2003/04. As there were few AFP seizures analysed in most jurisdictions, only state/territory police seizures are shown. Since the beginning of 2012 the median purity of methylamphetamine seizures has gradually increased. There is no clear trend in the purity of methylamphetamine or amphetamine seizures that are analysed. Only data for methylamphetamine seizures are presented here. Amphetamine purity is available from the latest Illicit Drug Data Report available online <https://www.acic.gov.au/sites/g/files/net1491/f/2016/08/acic-iddr-2014-15.pdf?v=1470178813>

No methylamphetamine seizures were analysed for purity in the ACT in 2014/15 (Australian Criminal Intelligence Commission, 2016). Data for 2015/16 were not available at the time of publication of this report.

Figure 20: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2003/04–2014/15



Source: Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, Australian Criminal Intelligence Commission, 2016.
Note: Data for 2014/15 were not available at the time of publication.

5.2.4 Availability of methamphetamines

Among those who commented, all forms of methamphetamines were generally considered 'easy' or 'very easy' to obtain in all jurisdictions. However, one-quarter reported that base was 'difficult' to obtain. Nationally, the availability of all forms was reported as 'stable' in the last six months (Table 33, Table 34, Figure 21 and Figure 22). Jurisdictional data not presented for methamphetamine base due to <10 participants commenting in the majority of jurisdictions.

Significance testing was carried out on the current availability of speed, base and crystal for 'very easy', 'easy', 'difficult' and 'more difficult' between 2015 and 2016. Nationally, no significant differences were found.

Appendix E, Figure E7 to Figure E9 shows the current availability of methamphetamines over the several years of data collection.

Table 33: Availability of methamphetamine powder, by jurisdiction, 2016

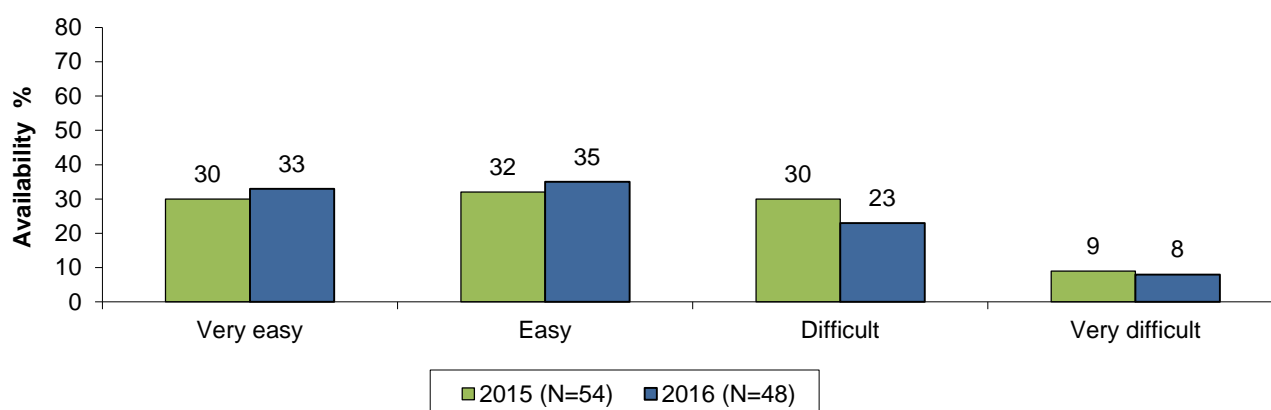
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Availability (n)	(N=178)	(N=119)	(n=16)	(n=25)	(n=2)	(n=23)	(n=14)	(n=4)	(n=19)	(n=16)
Very easy	40	39	25	44	–	39	29	–	32	50
Easy	37	36	25	40	–	30	43	–	58	25
Difficult	19	15	31	4	–	13	29	–	5	19
Very difficult	4	10	19	12	–	17	0	–	5	6
% Availability changes (n)	(N=173)	(N=118)	(n=15)	(n=25)	(n=2)	(n=23)	(n=14)	(n=4)	(n=19)	(n=16)
More difficult	16	15	13	20	–	17	21	–	5	19
Stable	69	73	67	60	–	74	71	–	84	75
Easier	12	9	13	16	–	4	7	–	5	6
Fluctuates	4	3	7	4	–	4	0	–	5	0

Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

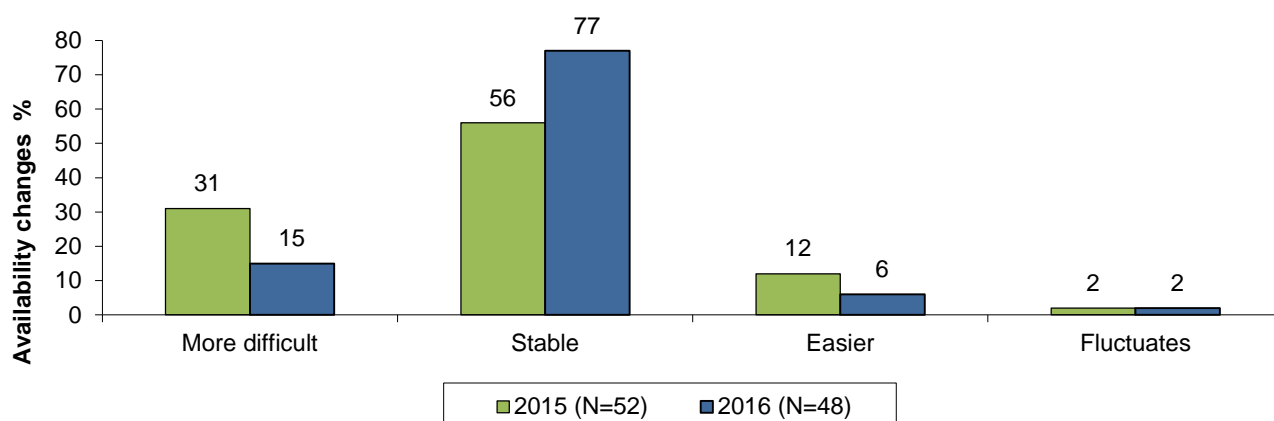
– not published due to small numbers reported (n<10).

Figure 21: Perceived availability of methamphetamine base last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

Figure 22: Availability changes of methamphetamine base last six months, nationally, 2015–2016

Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

Table 34: Availability of crystalline methamphetamine, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Availability (n)	(N=501)	(N=545)	(n=104)	(n=65)	(n=86)	(n=68)	(n=76)	(n=37)	(n=52)	(n=57)
Very easy	56	58	61	54	64	52	61	67	50	53
Easy	39	38	36	45	35	46	34	27	44	41
Difficult	4	4	4	2	1	3	5	5	6	5
Very difficult	1	<1	0	0	0	0	0	0	0	2
% Availability changes (n)	(N=497)	(N=534)	(n=104)	(n=63)	(n=85)	(n=64)	(n=77)	(n=37)	(n=49)	(n=55)
More difficult	5	5	5	5	6	3	3	8	2	6
Stable	73	76	71	70	84	80	78	76	78	76
Easier	20	16	19	18	8	16	18	14	18	16
Fluctuates	2	3	5	8	2	2	1	3	2	2

Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

5.2.5 Purchasing patterns of methamphetamines

5.2.5.1 Speed

Participants purchased speed from a variety of sources, most commonly from friends (50%) and known dealers (20%). Speed was purchased from a range of locations. Nationally, the most common responses were from a friend's home (30%), an agreed public location (27%), and/or via home delivery (17%) (Table 35).

Table 35: Methamphetamine powder purchasing patterns, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	W	NT	QLD
	2015	2016								
% Purchased from [#] (n)	(N=173)	(N=111)	(n=13)	(n=21)	(n=2)	(n=21)	(n=14)	(n=4)	(n=20)	(n=16)
Street dealer	8	12	8	19	–	5	7	–	10	25
Friend	43	50	77	38	–	48	43	–	70	38
Known dealer	34	20	0	19	–	38	29	–	5	6
Acquaintance	9	13	8	10	–	5	14	–	15	25
Unknown dealer	2	3	8	5	–	0	0	–	0	6
Other	4	2	0	9	–	4	7	–	0	0
% Most recent purchase place [#] (n)	(N=173)	(N=111)	(n=13)	(n=21)	(n=2)	(n=21)	(n=14)	(n=4)	(n=20)	(n=16)
Home delivery	16	17	8	0	–	14	7	–	45	19
Dealer's home	20	11	0	10	–	29	21	–	5	0
Friend's home	28	30	39	24	–	48	43	–	15	19
Acquaintance's house	3	5	15	5	–	0	0	–	5	13
Street market	7	6	15	5	–	0	0	–	10	13
Agreed public location	24	27	15	48	–	10	21	–	20	37
Other	2	4	8	8	–	0	8	–	0	0

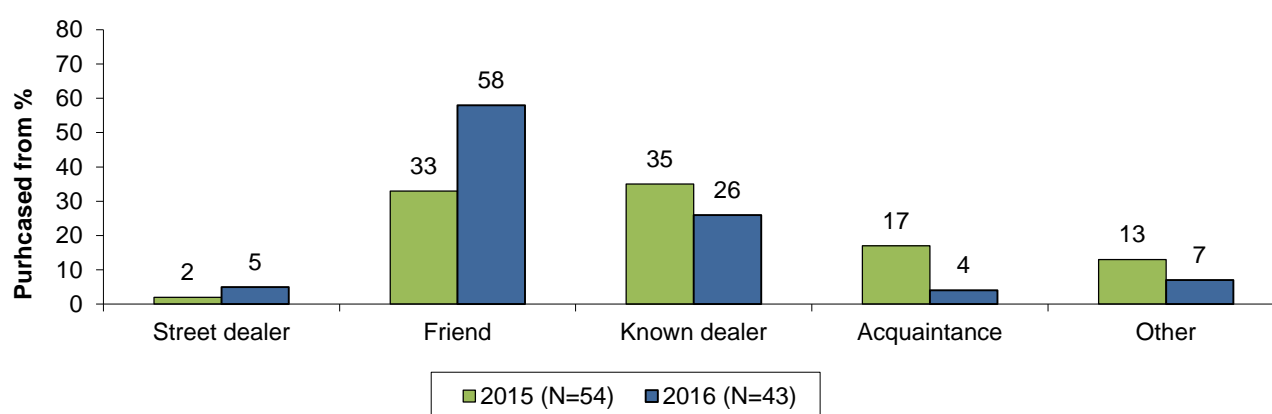
Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

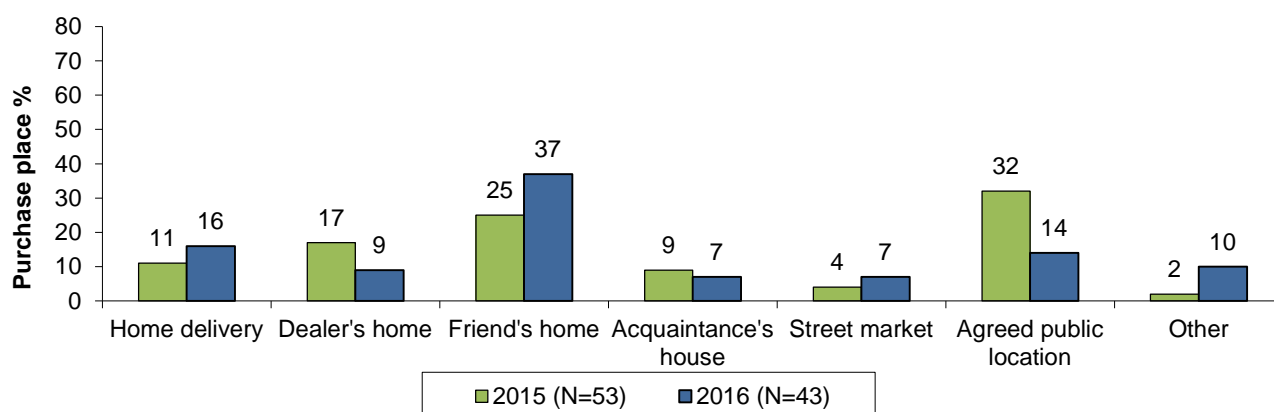
[#] Only one response allowed.

5.2.5.2 Base

Small numbers reported on base and results therefore should be interpreted with caution. Base was most commonly obtained from a friend (50%) and/or a known dealer (26%). Again, locations of purchase were varied, with the most commonly reported being from a friend's home (37%), via home delivery (16%), and/or at an agreed public (Figure 23 and Figure 24). Jurisdictional data not presented for methamphetamine base due to <10 participants commenting in the majority of jurisdictions.

Figure 23: Purchase source for methamphetamine base in the last six months, nationally, 2015–2016

Source: IDRS participant interviews.

Figure 24: Purchase place of methamphetamine base last six months, nationally, 2015–2016


Source: IDRS participant interviews

5.2.5.3 Crystal

Crystal was also obtained from a variety of sources, in a similar pattern to speed and base. Friends (47%) and known dealers (29%) were the most typical people from whom crystal had been purchased. A friend's home (25%), an agreed public location (24%), or via home delivery (18%) were reported as the most common locations of purchase (Table 36).

Table 36: Crystalline methamphetamine purchasing patterns, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Purchased from [#] (n)	(N=498)	(N=530)	(n=103)	(n=63)	(n=84)	(n=62)	(n=72)	(n=37)	(n=53)	(n=56)
Street dealer	7	9	15	6	7	10	3	3	11	9
Friend	43	47	44	52	39	40	53	43	59	54
Known dealer	34	29	27	27	37	36	31	38	15	18
Acquaintance	9	12	13	11	14	8	8	14	11	16
Unknown dealer	3	2	2	2	2	0	3	0	2	4
Other	4	1	0	2	1	6	2	2	2	0
% Most recent purchase place [#] (n)	(N=497)	(N=526)	(n=102)	(n=62)	(n=85)	(n=62)	(n=70)	(n=37)	(n=53)	(n=55)
Home delivery	19	18	5	10	19	19	24	22	36	18
Dealer's home	20	16	12	16	19	24	21	19	17	2
Friend's home	25	25	23	37	14	25	36	24	21	26
Acquaintance's house	3	6	6	10	7	5	4	5	6	6
Street market	10	9	28	2	12	0	3	5	6	6
Agreed public location	22	24	26	24	28	26	9	24	13	42
Other	1	2	0	1	1	1	3	1	1	0

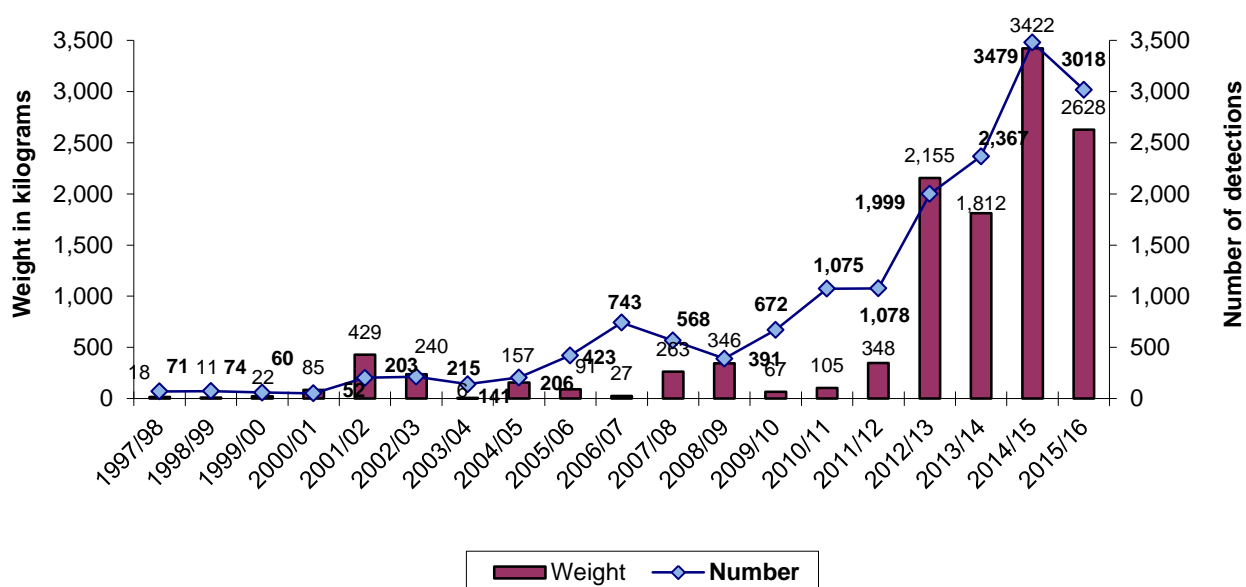
Source: IDRS participant interviews.

[#] Only one response allowed.

5.2.6 Amphetamine-type stimulant detections at the Australian border

Figure 25 shows the weight and number of amphetamine-type stimulants detected at the Australian border by the Department of Immigration and Border Protection. In 2015/16, there were 3018 amphetamine-type stimulant detections (3,479 in 2014/15). The weight of detections has remained high for the past four years, with 2628 kilograms detected in 2015/16, significantly higher than 348 kilograms in 2011/12. The number and weight of detections is mainly attributed to the detections in the cargo and international post stream accounting for 99% of the number of detections and 96% of the weight in 2015/16.

Figure 25: Total weight and number of amphetamine-type stimulants* detected by the Department of Immigration and Border Protection, 1997/98–2015/16



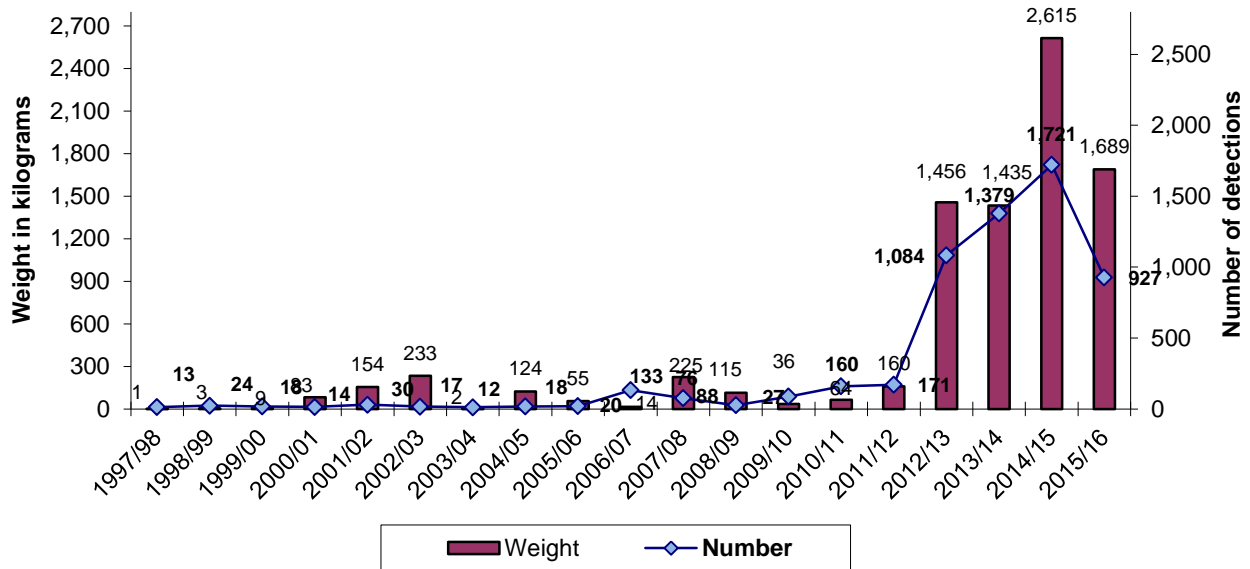
Source: Department of Immigration and Border Protection

NB: Weights are rounded up to the nearest whole number

* Amphetamine-type stimulants includes methamphetamine (including crystalline methamphetamine) and amphetamine but excludes MDMA (ecstasy)

Figure 26: reports the number and weight of detections of crystalline methamphetamine. Crystalline methamphetamine seizures have been high for the past four years. There were 927 detections in 2015/16 with a weight of 1689 kilograms.

Figure 26: Number and weight of detections of crystalline methamphetamine* detected at the border by the Department of Immigration and Border Protection, 1997/98–2015/16



Source: Department of Immigration and Border Protection

* Includes only the crystalline variety of methamphetamine. Excludes MDMA (ecstasy)

5.3 Cocaine

Key points

Price

- Small numbers in all jurisdictions except NSW were able to comment on the price, purity and availability of cocaine. The price of a gram and a cap of cocaine nationally remained stable at \$400 and \$50 respectively. The majority of participants also described the price of cocaine as having remained 'stable' over the last six months.

Purity

- The participant reports of cocaine purity were mixed with similar proportions reporting purity as 'low' (31%), 'medium' (31%) and 'high' (29%). Reports of changes in purity of cocaine were also mixed (41% stable and 28% decreasing) over the last six months.

Availability

- Sixty-one percent of the national sample (68% in NSW) reported the availability of cocaine as 'very easy' or 'easy' to obtain in the last six months. One-third (34%) of the national sample (38% in NSW) reported the availability as 'difficult'.
- Around one-quarter (72%) nationally (67% in NSW) reported that the availability of cocaine has remained stable in the last six months.
- Among those who commented, purchasing from a friend, a known dealer, or street dealer were the most popular sources reported. The most common purchase locations reported were an agreed public location, friend's home, or a street market.
- The limited participant data on cocaine suggest that the market for cocaine among regular PWID is smaller and less visible than the methamphetamine and heroin markets.

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

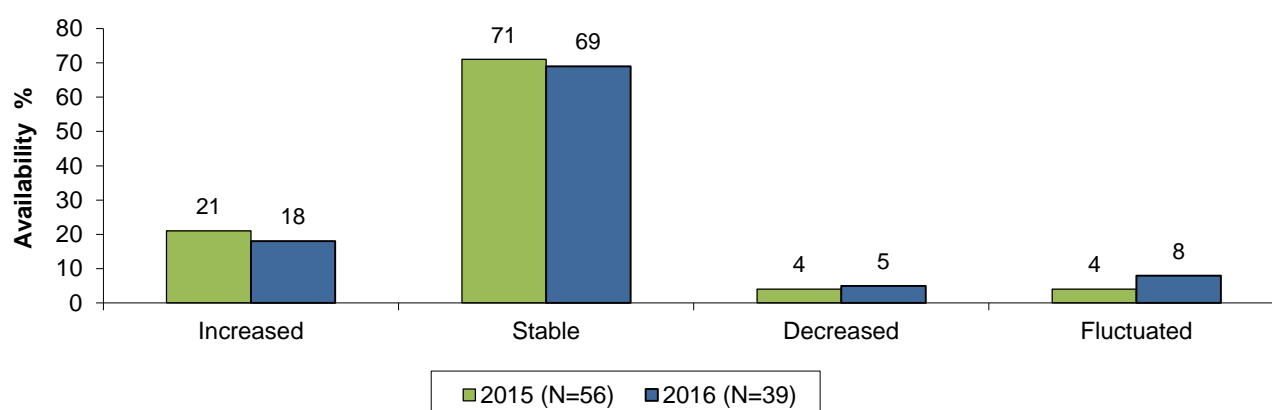
Only very small numbers have been able to report on cocaine price, purity and availability over the history of the IDRS, indicating limited use and availability of cocaine among IDRS participants outside of NSW. As very small numbers were able to comment in jurisdictions other than NSW, results in these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

Appendix F displays comparable findings on price, availability and perceived purity from previous years.

5.3.1 Price of cocaine

Fifteen participants (NSW n=7) reported a median of \$400 per gram and sixteen participants (NSW=14) reported a median of \$50 per cap of cocaine in the past six month. The price of a gram and a cap of cocaine nationally remained stable at \$400 and \$50 respectively. The majority of participants nationally described the price of cocaine as having remained 'stable' over the last six months (69%) (Figure 27). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Appendix F, Table F1, Table F2 and Figure F1 show participant estimates of the median price of cocaine over the several years of data collection.

Figure 27: Price changes of cocaine, nationally, 2015–2016

Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

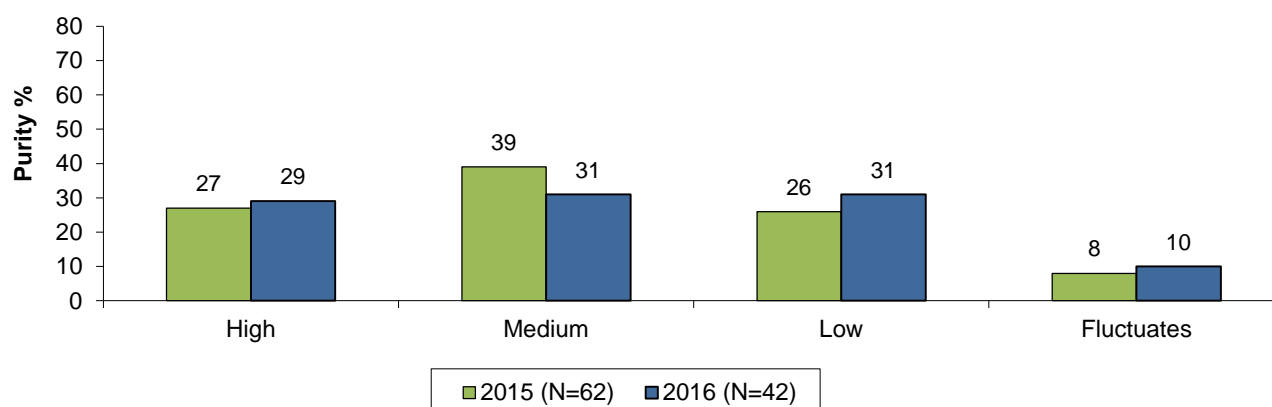
5.3.2 Purity of cocaine – participant reports

Participants were asked to describe the current purity or strength of cocaine, and if there had been any change in perceived purity in the six months preceding interview. Participant reports of the purity of cocaine were variable. In NSW twenty-four participants were able to comment on the purity of cocaine, while five or fewer participants were able to comment in the others states. Of those able to comment nationally, 31% reported the purity of cocaine as 'medium'. Twenty-nine percent reported the purity of cocaine as 'high' and 31% as 'low' (Figure 28). In NSW, the majority of participants reported the purity of cocaine as 'medium' (42%). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Significance testing was carried out on the current purity of cocaine for 'low', 'medium', 'high' and 'fluctuates' between 2015 and 2016. Nationally, no significant differences were found.

Participant reports regarding the changes in cocaine purity varied between jurisdictions. Of those who commented in the 2016 national sample, nearly half reported the purity of cocaine as 'stable' (41%), while 28% reported the purity of cocaine as 'decreasing' over the last six months (Figure 29).

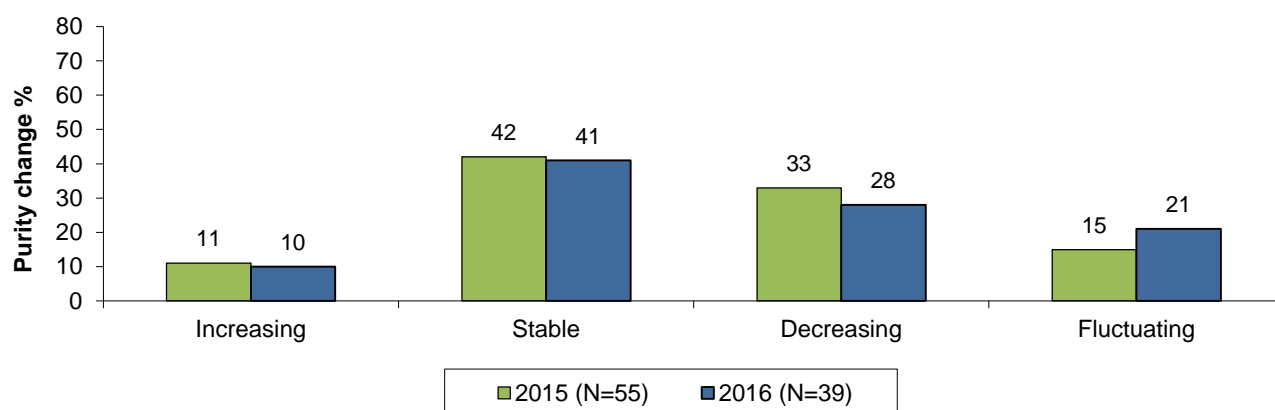
Appendix F, Figure F2 shows the current purity of cocaine over the several years of data collection.

Figure 28: Perceived purity of cocaine last six months, nationally, 2015–2016

Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

Figure 29: Purity change of cocaine last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

5.3.3 Purity of cocaine – drug seizure data

The purity of analysed state/territory police seizures varied in each state/territory in 2014/15, ranging from 29.7% in QLD to 60% in WA (Australian Criminal Intelligence Commission, 2016). In 2014/15 most of the cocaine seizures analysed were from QLD and NSW (Table 37). The AFP seizures of cocaine were generally higher in purity. There were no state/territory cocaine seizures analysed in TAS or the NT and no AFP in TAS or the ACT in 2014/15 (Table 37). Data for 2015/16 were unavailable at the time of publication.

Table 37: Median purity of cocaine seizures, by jurisdiction, 2003/04–2014/15

	Median purity %																								
	State/Territory police												AFP												
	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	
NSW	32.0 n=97	64.3 n=92	56.3 n=108	61.5 n=119	37.0 n=84	42.0 n=133	48.0 n=166	29.3 n=120	52.5 n=129	53.2 n=92	50.0 n=169	57.5 n=262	72.3 n=348	69.9 n=63	74.3 n=98	76.4 n=491	71.7 n=93	70.3 n=78	67.3 n=27	66.0 n=17	66.7 n=76	65.4 n=61	57.4 n=45	65.9 n=37	
ACT	48.0 n=3	47.7 n=5	30.6 n=5	–	36.6 n=7	61.4 n=2	31.3 n=2	9.5 n=2	46.4 n=5	39.6 n=4	33.1 n=11	33.1 n=11	–	–	–	–	–	–	–	–	–	–	64.4 n=2	–	
VIC	32.6 n=27	48.8 n=33	31.7 n=43	46.0 n=60	18.3 n=50	49.9 n=54	37.7 n=156	30.2 n=52	43.2 n=97	46.4 n=113	44.1 n=101	47.3 n=146	75.3 n=34	58.9 n=9	55.3 n=7	75.5 n=25	75.6 n=16	75.9 n=37	64.6 n=9	64.4 n=21	57.0 n=30	59.3 n=15	74.1 n=8	67.6 n=12	
TAS	–	–	–	–	–	–	–	–	29.8 n=1	–	–	–	–	–	–	–	–	–	71.7^ n=1	–	–	–	–	–	
SA	38.5 n=10	30.7 n=64	32.8 n=9	48.2 n=35	48.2 n=21	53.3 n=50	46.6 n=37	19.5 n=30	32.0 n=30	56.6 n=78	29.9 n=23	55.5 n=51	–	–	–	59.9 n=2	–	–	–	–	–	56.6 n=4	82.9 n=1	58.5 n=1	
WA	3.0 n=4	44.0 n=27	21 n=12	55.0 n=22	46.5 n=16	52.0 n=14	28 n=92	30.0 n=35	19.0 n=46	36.0 n=35	64.5 n=172	60.0 n=63	59.4 n=9	77.4^ n=1	53.8 n=6	52.7^ n=1	68.6 n=2	67.2 n=5	77.1^ n=1	55.3 n=6	64.8 n=3	39.5 n=3	68.1 n=5	69.6 n=9	
NT	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	22.7^ n=1	–	–	–	53.2 n=1	65.6 n=1	
QLD	14.9 n=30	35.2 n=90	38.0 n=109	40.2 n=109	35.2 n=133	28.1 n=214	30.1 n=257	19.8 n=126	18.7 n=125	27.8 n=178	33.8 n=176	29.7 n=305	71.7 n=24	79.9 n=7	42.7 n=4	76.1 n=63	84.6 n=6	41.7 n=6	53.7 n=3	76.2 n=21	66.0 n=9	65.5 n=11	57.5 n=18	64.7 n=13	

Source: Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, Australian Criminal Intelligence Commission, 2016.

^ Median purity based on one seizure.

– Dashes represent no seizures analysed.

Note: Seizures ≤2g and >2g combined.

Figures do not represent the purity levels of all cocaine seizures—only those that have been analysed at a forensic laboratory. Figures for SA, WA and TAS represent the purity levels of cocaine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting data from joint operations between the AFP and state/territory police. Data for 2014/15 were not available at the time of publication.

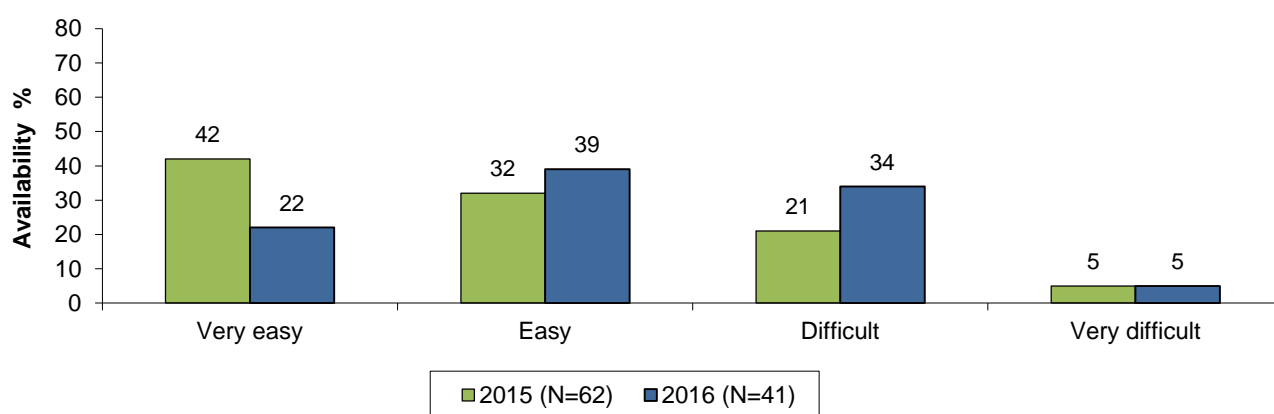
5.3.4 Availability of cocaine

In jurisdictions other than NSW, only small numbers of participants were able to comment on the availability of cocaine, which suggests that the drug is not widely available. Of those who commented in NSW, 68% (61% nationally) described cocaine as 'easy' or 'very easy' to obtain, while 38% considered it to be 'difficult' to obtain (34% nationally) in the last six months (Figure 30). The availability of cocaine in the six months preceding interview was generally thought to be stable nationally (72%) (Figure 31). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Significance testing was carried out on the current availability of cocaine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2015 and 2016. Nationally, no significant differences were found.

Appendix F, Figure F3 shows the current availability of cocaine over the several years of data collection.

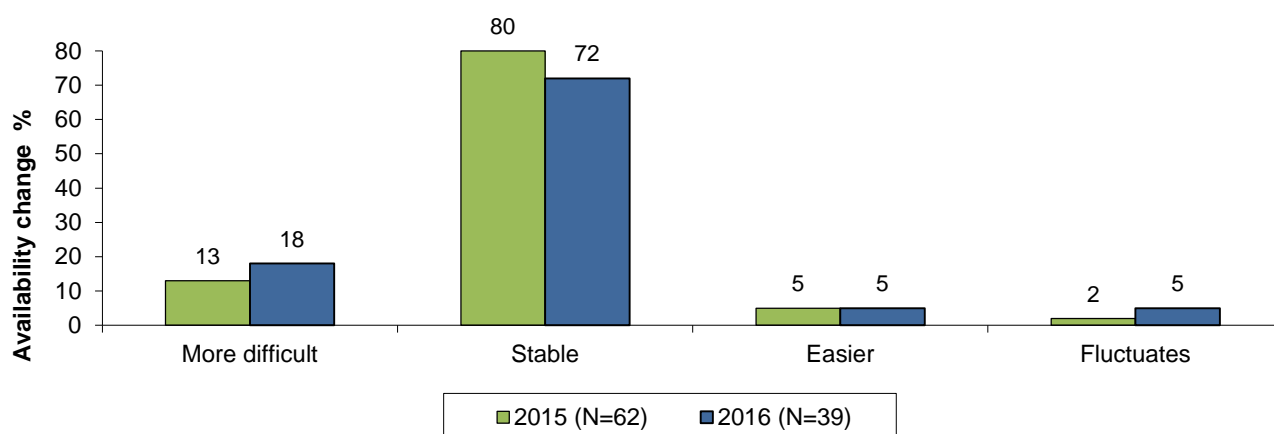
Figure 30: Perceived availability of cocaine last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

Figure 31: Availability changes of cocaine last six months, nationally, 2015–2016



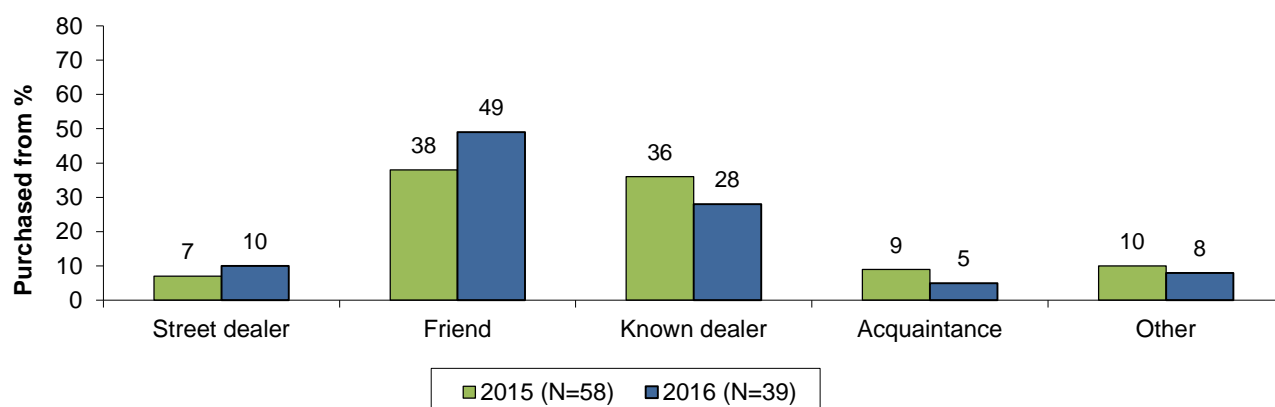
Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

5.3.5 Purchasing patterns of cocaine

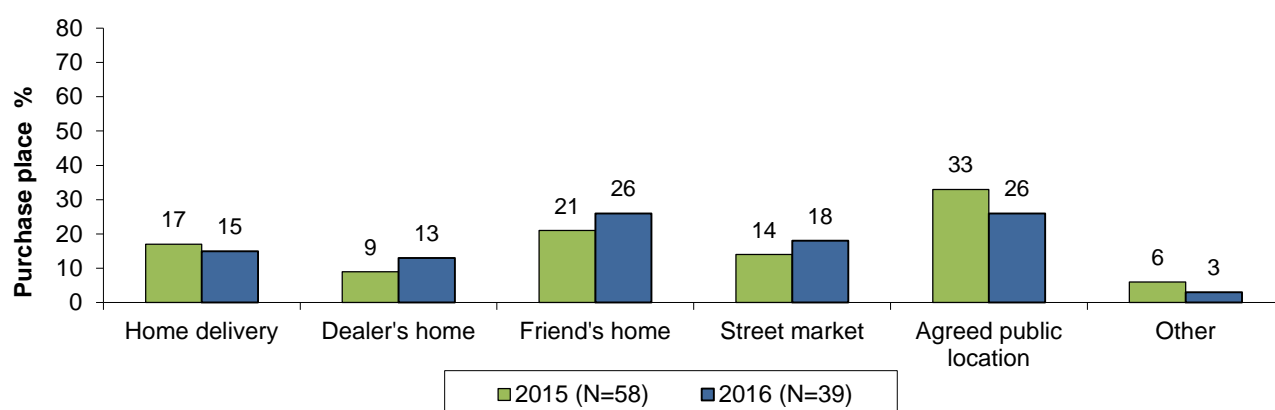
Again only small numbers reported having purchased cocaine in the preceding six months with the exception of NSW, the only jurisdiction in which a sizeable proportion of participants reported recent use of cocaine. Purchasing cocaine from a friend, a known dealer, or from a street dealer were the most popular in NSW and nationally. An agreed public location, a friend's home, or the street market were reported as the most common purchase locations (Figure 32 and Figure 33). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 32: Purchase source for cocaine in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Figure 33: Purchase place of cocaine in the last six months, nationally, 2015–2016

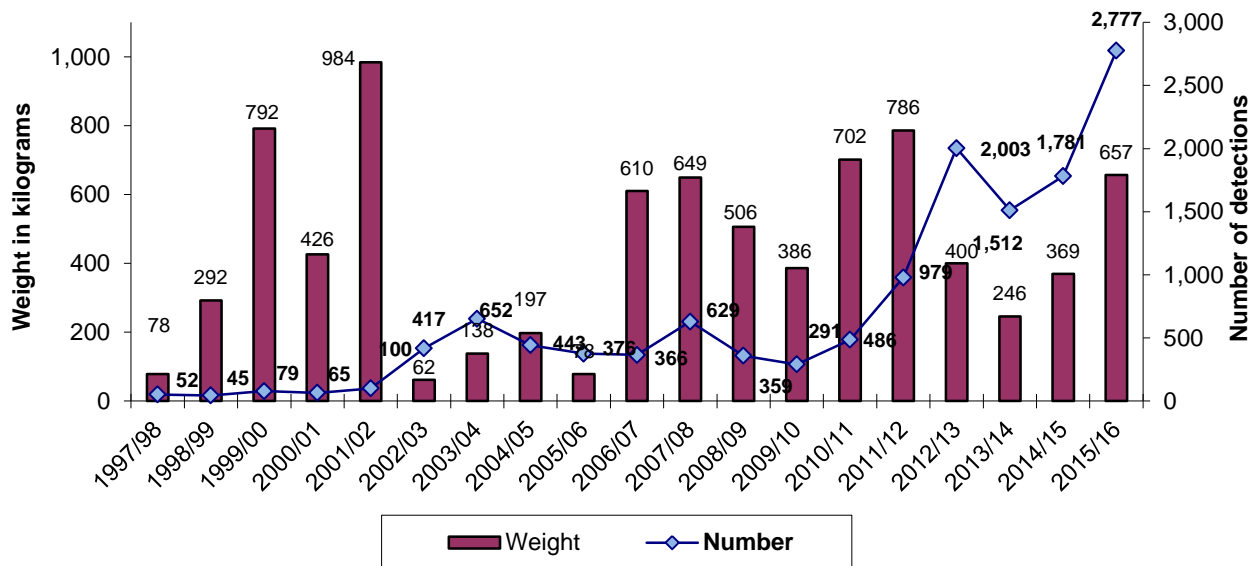


Source: IDRS participant interviews.

5.3.6 Cocaine detected at the Australian border

During 2015/16, the Department of Immigration and Border Protection made a record 2777 detections of cocaine at the Australian border, an increase from 1781 in 2014/15 (Figure 34). The detections weighed a total of 657 kilograms in 2015/16. The vast majority (98%) of cocaine detections occurred through the cargo and international post stream.

Figure 34: Number and weight of detections of cocaine detected at the border by the Department of Immigration and Border Protection, 1997/98–2015/16



Source: Department of Immigration and Border Protection

NB: Weights are rounded up to the nearest whole number

5.4 Cannabis

Key points

Price

- Nationally, an ounce of hydroponic cannabis (hydro) cost \$280 and a gram \$20. Bush cannabis was \$250 for an ounce and \$20 for a gram. Prices for both forms were reported to have remained stable in the six months preceding interview.

Potency

- Participants in all jurisdictions generally perceived the potency of hydro to be 'high' and bush was most commonly reported to be 'medium'. The proportion reporting the potency of bush cannabis as 'medium' significantly increased between 2015 and 2016. The potency for both forms was generally reported to have remained stable over the last six months.

Availability

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

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

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

In 2016, participants were asked if they were able to differentiate between hydroponic and bush cannabis in terms of price, perceived potency, availability and supply. Significant proportions in every jurisdiction reported that they could make a distinction: 61% in NSW; 61% in the ACT; 45% in VIC; 75% in TAS; 61% in SA; 47% in WA; 66% in the NT; and 51% in QLD.

5.4.1 Price of cannabis

Table 38 contains the median price of the last purchase made by participants in the preceding six months for cannabis. Gram and ounce prices for bush tended to be equal to or lower than prices for hydroponic. In 2016, an ounce of hydro cost a median of \$280 and a gram \$20 nationally. In comparison, nationally, bush cannabis cost \$250 for an ounce and \$20 for a gram.

Overall, participants reported that the price of hydro and bush remained stable over the preceding six months (87% and 86% respectively) (Table 38).

Appendix G, Table G1 to Table G4, Figure G1 and Figure G2 show participant estimates of the median price of cannabis over the several years of data collection.

Table 38: Median price of cannabis and price changes, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
Price (\$) HYDRO										
Per gram	20	20	20	20	20	22.5	25 *	25	30	25
Per ounce	300	280	300	250	250	295	220	325	450	–
Price (\$) BUSH										
Per gram	20	20	20	20	–	20	25 *	–	–	–
Per ounce	230	250	–	–	–	–	–	–	–	–
Price changes										
% HYDRO (n)	(N=429)	(N=442)	(n=88)	(n=55)	(n=68)	(n=55)	(n=52)	(n=30)	(n=54)	(n=40)
Increased	10	7	6	7	0	7	8	10	13	5
Stable	82	87	92	91	87	84	87	80	80	93
Decreased	2	3	1	0	10	4	0	3	0	3
Fluctuated	6	4	1	2	3	6	6	7	7	0
% BUSH (n)	(N=179)	(n=160)	(n=22)	(n=26)	(n=8)	(n=34)	(n=31)	(n=7)	(n=12)	(n=20)
Increased	7	4	5	0	–	6	0	–	8	10
Stable	82	86	86	92	–	77	94	–	67	90
Decreased	6	5	5	4	–	15	0	–	0	0
Fluctuated	6	5	5	4	–	3	7	–	25	0

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

* SA purchase is per bag instead of per gram.

Note: The response option 'Don't know' was excluded from analysis.

5.4.2 Potency of cannabis

Participants were asked 'How strong would you say hydro/bush is at the moment?' and whether the potency or strength had changed in the last six months. Over half (57%) of the national sample who commented reported that hydro potency was 'high' (ranging from 50% in the NT to 69% in WA) and around one-third (31%) described it as 'medium' (ranging from 24% in WA and QLD to 38% in VIC). By contrast, 61% reported the potency of bush cannabis as 'medium'. The potency of hydro and bush cannabis was generally reported to have remained 'stable' over the preceding six months (68% and 70% respectively) (Table 39 and Table 40).

Significance testing was carried out on the current potency of hydroponic and 'bush' cannabis for 'low', 'medium', 'high' and 'fluctuates' between 2015 and 2016. Nationally, a significant increase was found for the potency of 'bush' cannabis as 'medium' between 2015 and 2016 ($p<0.05$). No other significant differences were found.

Appendix G, Figure G3 and Figure G4 shows the current potency of cannabis over the several years of data collection.

Table 39: Perceived potency of hydroponic cannabis, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
%Current Potency (n)	(N=435)	(N=447)	(n=88)	(n=55)	(n=69)	(n=58)	(n=53)	(n=29)	(n=54)	(n=41)
High	52	57	56	60	54	57	51	69	50	68
Medium	32	31	28	33	38	28	32	24	33	24
Low	5	4	8	2	1	2	8	0	7	0
Fluctuates	11	9	8	6	7	14	9	7	9	7
% Potency changes (n)	(N=429)	(N=443)	(n=88)	(n=55)	(n=69)	(n=56)	(n=54)	(n=29)	(n=54)	(n=38)
Increasing	11	11	17	13	4	9	4	17	15	11
Stable	65	68	64	73	80	71	56	66	57	74
Decreasing	7	6	6	4	4	5	15	7	9	0
Fluctuating	18	15	14	11	12	14	26	10	19	16

Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

Table 40: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Current Potency (n)	(N=186)	(N=168)	(n=24)	(n=26)	(n=8)	(n=37)	(n=32)	(n=7)	(n=13)	(n=21)
High	32	26	46	27	–	14	38	–	23	10
Medium	47	61↑	38	65	–	70	53	–	62	81
Low	15	10	8	8	–	11	9	–	8	5
Fluctuates	6	4	8	0	–	5	0	–	8	5
% Potency changes (n)	(N=183)	(N=165)	(n=24)	(n=26)	(n=8)	(n=36)	(n=31)	(n=7)	(n=13)	(n=20)
Increasing	12	8	8	12	–	3	10	–	23	0
Stable	69	70	67	69	–	81	65	–	54	70
Decreasing	6	8	4	8	–	11	7	–	8	15
Fluctuating	13	14	21	12	–	6	19	–	15	15

Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

↑ Significant increase between 2015 and 2016 ($p < 0.05$).

5.4.3 Availability of cannabis

Ninety-two percent of participants commenting on hydro in all jurisdictions described it as 'very easy' or 'easy' to obtain. Although reports on bush were more mixed, it was most commonly reported as 'very easy' or 'easy' to obtain (78%). A smaller number of participants were able to comment on bush cannabis suggesting that it continued to be less available than hydro in many jurisdictions. The majority of participants who commented perceived that the availability of hydro and bush cannabis had remained stable over the six months preceding interview (83% and 81% respectively) (Table 41 and Table 42).

Significance testing was carried out on the current availability of hydro and bush cannabis for 'very easy', 'easy', 'difficult' and 'more difficult' between 2015 and 2016. Nationally, no significant differences were found.

Appendix G, Figure G5 and Figure G6 shows the current availability of cannabis over the several years of data collection.

Table 41: Availability of hydroponic cannabis, by jurisdiction, 2016

		National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015									
% Availability (n)	(N=442)	(N=447)	(n=88)	(n=55)	(n=69)	(n=58)	(n=53)	(n=30)	(n=54)	(n=40)
Very easy	55	49	57	42	62	43	43	60	41	33
Easy	37	43	36	51	30	47	47	40	44	58
Difficult	7	8	7	7	7	9	9	0	13	8
Very difficult	0	1	0	0	0	2	0	0	2	3
% Availability changes (n)	(N=440)	(N=448)	(n=88)	(n=55)	(n=69)	(n=58)	(n=54)	(n=30)	(n=54)	(n=40)
More difficult	7	8	10	11	4	3	11	3	4	15
Stable	83	83	75	78	91	88	83	97	87	73
Easier	6	6	11	11	1	5	2	0	6	10
Fluctuates	5	3	3	0	3	3	4	0	4	2

Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

Table 42: Availability of outdoor-grown 'bush' cannabis, by jurisdiction, 2016

Table 12: Availability of outdoor grown bush cannabidiol, by jurisdiction, 2015										
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015									
% Availability (n)	(N=188)	(N=166)	(n=24)	(n=26)	(n=8)	(n=36)	(n=31)	(n=7)	(n=13)	(n=21)
Very easy	34	33	33	27	–	36	39	–	46	10
Easy	42	45	46	42	–	50	42	–	46	43
Difficult	21	19	21	23	–	11	16	–	8	38
Very difficult	4	4	0	7	–	3	3	–	0	10
% Availability changes (n)	(N=187)	(N=166)	(n=24)	(n=26)	(n=8)	(n=36)	(n=32)	(n=6)	(n=13)	(n=21)
More difficult	10	11	17	23	–	6	6	–	0	14
Stable	74	81	79	77	–	83	81	–	77	81
Easier	10	6	0	0	–	11	6	–	15	5
Fluctuates	6	2	4	0	–	0	6	–	8	0

Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

5.4.4 Purchasing patterns of cannabis

Like previous years, the most commonly reported sources of hydro nationally were from a friend (55%) or known dealer (24%). Sources were similar for bush cannabis, with friends (59%) and known dealers (16%) the most commonly reported source in the national sample and across most jurisdictions. The most commonly reported locations of purchase among those who had bought cannabis were at a friend's home (hydro 33%; bush 37%), a dealer's home (hydro 21%; bush 14%), home delivery (hydro 16%; bush 18%), and/or an agreed public location (hydro 16%; bush 16%) (Table 43 and Table 44).

Table 43: Hydroponic cannabis purchasing patterns, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Purchased from [#] (n)	(N=434)	(N=434)	(n=85)	(n=52)	(n=67)	(n=52)	(n=52)	(n=30)	(n=55)	(n=41)
Street dealer	7	7	8	4	3	6	2	0	20	5
Friend	51	55	46	60	46	64	62	67	53	56
Known dealer	30	24	35	21	36	19	19	17	16	15
Acquaintance	7	9	8	8	10	6	12	3	7	17
Unknown dealer	1	1	0	4	2	2	0	0	0	0
Partner	<1	1	1	0	0	0	0	3	0	0
Relative	2	3	0	0	3	4	0	10	4	5
Other	2	0	4	0	0	0	0	0	0	2
% Most recent purchase place [#] (n)	(N=431)	(N=435)	(n=85)	(n=52)	(n=67)	(n=53)	(n=52)	(n=30)	(n=55)	(n=41)
Home delivery	16	16	8	0	12	17	27	33	16	27
Dealer's home	21	21	22	21	24	23	17	13	26	12
Friend's home	34	33	26	42	27	40	39	37	33	32
Acquaintance's house	4	6	5	10	8	2	6	3	4	12
Street market	9	6	25	0	5	0	2	3	4	0
Agreed public location	15	16	14	23	25	15	6	10	15	15
Other	3	0	4	0	4	4	0	4	2	2

Source: IDRS participant interviews.

[#] Only one response allowed.

Table 44: Outdoor-grown 'bush' cannabis purchasing patterns, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Purchased from [#] (n)	(N=186)	(N=160)	(n=23)	(n=25)	(n=8)	(n=32)	(n=31)	(n=7)	(n=13)	(n=21)
Street dealer	2	5	4	0	13	6	0	0	15	10
Friend	59	59	48	68	38	69	55	86	62	52
Known dealer	21	16	22	16	50	3	23	14	8	14
Acquaintance	9	8	4	8	0	3	16	0	0	19
Unknown dealer	2	1	0	0	0	0	0	0	8	5
Partner	0	2	9	0	0	3	0	0	0	0
Relative	1	3	9	0	0	6	0	0	8	0
Other	6	6	4	8	0	10	0	0	0	0
% Most recent purchase place [#] (n)	(N=186)	(N=160)	(n=23)	(n=25)	(n=8)	(n=32)	(n=31)	(n=7)	(n=13)	(n=21)
Home delivery	18	18	17	4	13	28	13	29	31	14
Dealer's home	15	14	26	8	25	9	16	14	8	14
Friend's home	37	37	26	48	25	41	39	43	31	33
Acquaintance's house	4	6	4	12	0	0	10	0	0	14
Street market	7	4	9	0	13	0	3	0	15	0
Agreed public location	13	16	17	20	25	9	13	14	8	24
Other	6	3	0	8	0	12	6	0	8	0

Source: IDRS participant interviews.

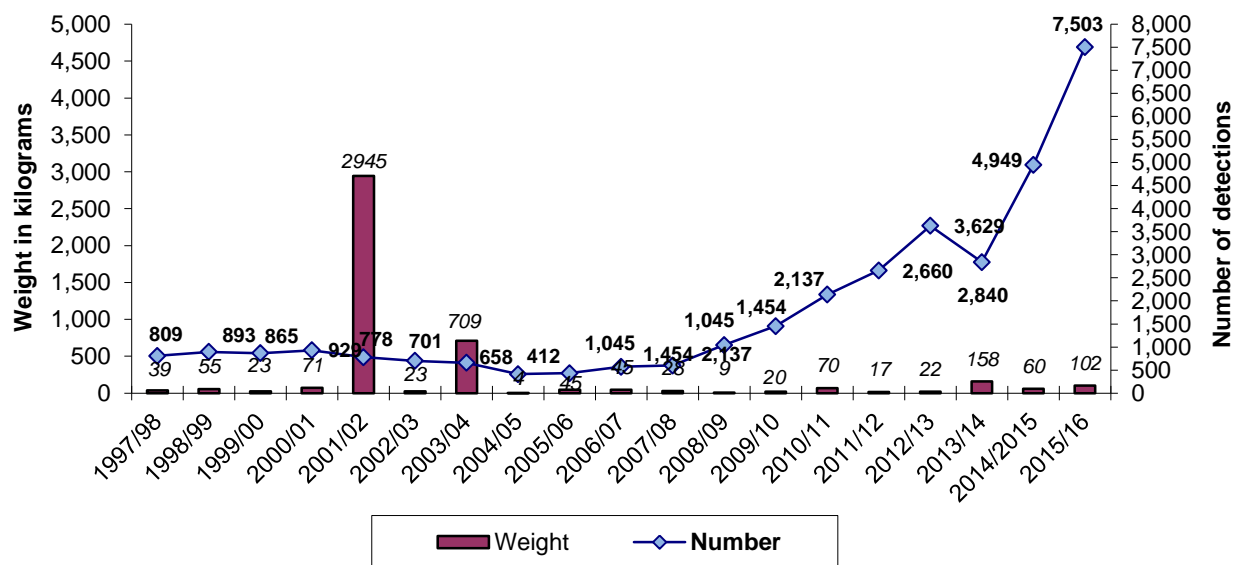
[#] Only one response allowed.

5.4.5 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is believed to be domestically produced. There are also numerous cannabis detections made by the Department of Immigration and Border Protection each year.

The number of cannabis detections were the highest recorded and increased in 2015/16 to 7503 (up from 4949 in 2014/15). The weight of seizures was 102 kilograms in 2015/16. The cargo and international post stream accounted for vast majority (over 99%) of the total number of cannabis detections in 2015/16 (Figure 35).

Figure 35: Weight and number of detections of cannabis made at the border by the Department of Immigration and Border Protection, 1997/98–2015/16



Source: Department of Immigration and Border Protection

NB: Weights are rounded up to the nearest whole number

5.5 Methadone

Key points

Price

- Of those who commented, the majority reported the price of 'illicit' methadone syrup to be a median of \$1 per one-millilitre and methadone tablets (Physeptone®) at \$15 per 10mg tablet nationally (small numbers commenting). The price of 'illicit' methadone was reported mainly as stable over the last six months.

Availability

- Nearly two-thirds of the participants reported the availability of 'illicit' methadone as 'very easy' to 'easy' to obtain, while 33% reported the availability as 'difficult'. The majority reported the availability of 'illicit' methadone as stable over the last six months.
- The most common source among those who had bought 'illicit' methadone was through a friend and purchased most commonly by from either a friend's home or an agreed public location.

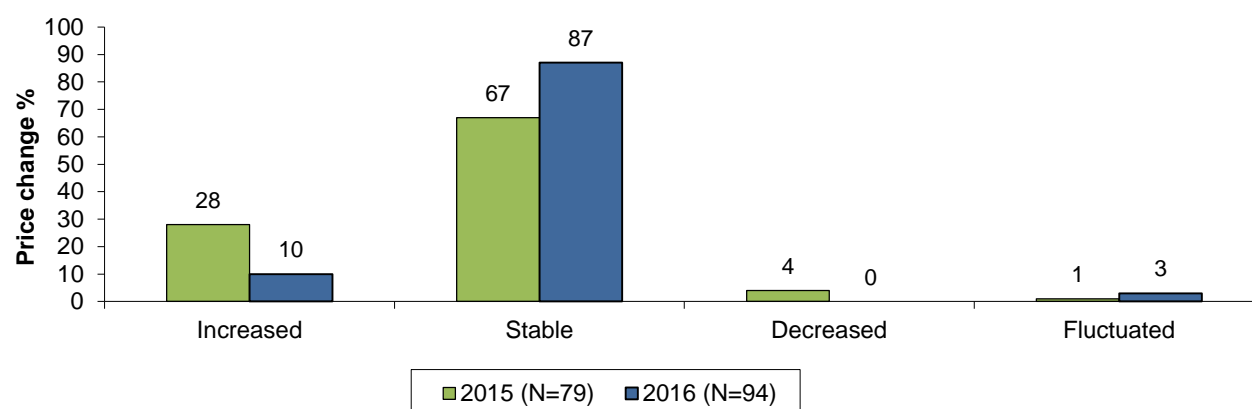
5.5.1 Price of illicit methadone

Thirteen percent of the national sample commented on the price or availability of 'illicitly' obtained methadone. Fifty participants in the national sample commented on the price range of one-millilitre (1ml) of methadone. Of those who commented (N=40), 35% reported that it cost a median of \$1.00 per ml of liquid and 17% reported \$0.50 (range=\$0.10–\$5 per ml).

Two participants reported having purchased 5mg methadone tablets (Physeptone®) for \$10 and \$20 per tablet. The 26 participants (3% of the national sample) who bought 10mg methadone tablets (Physeptone®) paid between \$8 and \$20 per tablet (median \$15 nationally, small number commenting; interpret with caution).

Eighty-seven percent of those who commented reported that the price of 'illicitly' obtained methadone had remained stable in the last six months (Figure 36). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 36: Price change of illicit methadone last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

5.5.2 Availability of illicit methadone

Among those who commented on availability, 46% reported that it was 'easy' to obtain 'illicit' methadone and 33% reported availability as 'difficult'. Thirteen percent reported it as 'very easy', and a small proportion as 'very difficult' (8%). Eighty-one percent reported that the availability of 'illicit' methadone had remained 'stable' in the six months preceding interview, although 14% reported that it had become 'more difficult' (Table 45).

Significance testing was conducted to examine differences in reported current availability of 'illicit' methadone (any form) for 'very easy', 'easy', 'difficult' and 'more difficult' between 2015 and 2016. Nationally, no significant differences were found.

Table 45: Availability of illicit methadone, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Availability (n)	(N=81)	(N=98)	(n=31)	(n=11)	(n=1)	(n=32)	(n=3)	(n=3)	(n=5)	(n=12)
Very easy	26	13	26	18	–	6	–	–	–	8
Easy	36	46	48	55	–	28	–	–	–	58
Difficult	30	33	26	18	–	47	–	–	–	33
Very difficult	9	8	0	9	–	19	–	–	–	0
% Availability changes (n)	(N=80)	(N=97)	(n=29)	(n=11)	(n=1)	(n=33)	(n=3)	(n=3)	(n=5)	(n=12)
More difficult	20	14	14	9	–	21	–	–	–	17
Stable	75	81	79	91	–	73	–	–	–	83
Easier	4	2	3	0	–	3	–	–	–	0
Fluctuates	1	2	3	0	–	3	–	–	–	0

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

Note: The response option 'Don't know' was excluded from analysis.

5.5.3 Purchasing patterns of illicit methadone

Of those who had bought 'illicit' methadone (N=76), the most common source was a friend (63%) or an acquaintance (19%). The most common place of purchase was a friend's home (22%) or an agreed public location (22%) (Table 46).

Table 46: Purchasing patterns of illicit methadone, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Purchased from # (n)	(N=71)	(N=79)	(n=24)	(n=9)	(n=1)	(n=26)	(n=2)	(n=3)	(n=5)	(n=9)
Street dealer	11	8	8	–	–	0	–	–	–	–
Friend	55	63	71	–	–	65	–	–	–	–
Known dealer	7	8	0	–	–	12	–	–	–	–
Acquaintance	23	19	17	–	–	23	–	–	–	–
Other	4	2	4	–	–	0	–	–	–	–
% Most recent purchase place # (n)	(N=71)	(N=79)	(n=23)	(n=9)	(n=1)	(n=26)	(n=2)	(n=3)	(n=6)	(n=9)
Home delivery	23	11	4	–	–	19	–	–	–	–
Dealer's home	9	6	0	–	–	8	–	–	–	–
Friend's home	20	22	48	–	–	31	–	–	–	–
Acquaintance's house	6	6	9	–	–	4	–	–	–	–
Street market	18	6	13	–	–	8	–	–	–	–
Agreed public location	21	22	26	–	–	23	–	–	–	–
Other	3	4	0	–	–	8	–	–	–	–

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

Only one response allowed.

5.6 Buprenorphine⁴

Key points

Price

- Very small numbers were able to comment on the price of buprenorphine. Nationally, the median price for Subutex® 8mgs was \$25. The majority reported the price of 'illicit' buprenorphine as stable over the last six months.

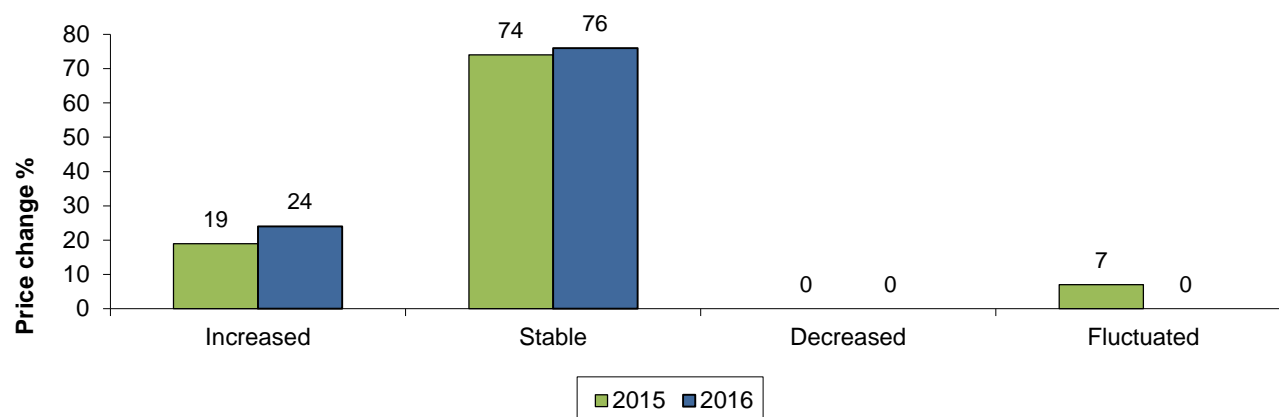
Availability

- Around two-thirds (59%) reported the availability of 'illicit' buprenorphine as 'very easy' or 'easy' to obtain. The majority reported the availability of 'illicit' buprenorphine as stable over the last six months.
- The most common source among those who had bought 'illicit' buprenorphine was through a friend. The most common place of purchase was a friend's home or an agreed public location.

5.6.1 Price of illicit buprenorphine

Less than ten participants in each jurisdiction except QLD (n=13) were able to comment on the price of 'illicit' buprenorphine (Subutex®) and therefore results should be interpreted with caution. Only five people commented on the price of Subutex® 2mgs tablets ranging from \$5 to \$20. The median price for Subutex® 8mgs was \$25 (range=\$10–\$50 per tablet). Participants were asked if the price of buprenorphine had changed in the last six months (N=33 nationally). Of those who commented, the majority (76%) reported the price of 'illicit' buprenorphine as stable over the last six months (Figure 37). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 37: Price changes of illicit buprenorphine in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

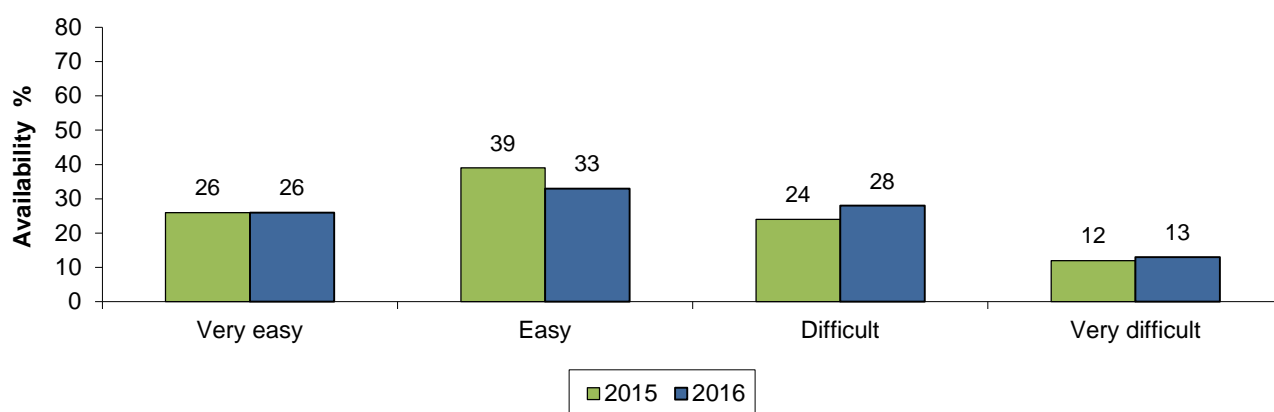
⁴ Buprenorphine has been available for opioid substitution therapy (OST) in Australia since 2001. Initially mono-buprenorphine sublingual tablets (marketed as Subutex®) were introduced, followed by buprenorphine–naloxone sublingual tablets (marketed as Suboxone®) from 2006 (discontinued from September 2013), and buprenorphine–naloxone (Suboxone®) sublingual film from October 2011. There is jurisdictional variation in the policy regarding prescribing and uptake of the different forms (LARANCE, B., DIETZE, P., ALI, R., LINTZERIS, N., WHITE, N., JENKINSON, R. & DEGENHARDT, L. 2015. The introduction of buprenorphine-naloxone film in opioid substitution therapy in Australia: Uptake and issues arising from changing buprenorphine formulations. *Drug and Alcohol Review*, 34, 603–610 DOI: 10.1111/dar.12277.

5.6.2 Availability of illicit buprenorphine

Of those participants in the IDRS sample who were able to comment (N=39 nationally), 33% reported the availability of 'illicit' buprenorphine as 'easy', 26% as 'very easy' and a further 28% reported availability as 'difficult'. Seventy-six percent of the national sample reported availability as stable in the last six months (Figure 38 and Figure 39). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Significance testing was carried out on the current availability of 'illicit' buprenorphine for 'very easy', 'easy', 'difficult' and 'more difficult' between 2015 and 2016. Nationally, no significant differences were found.

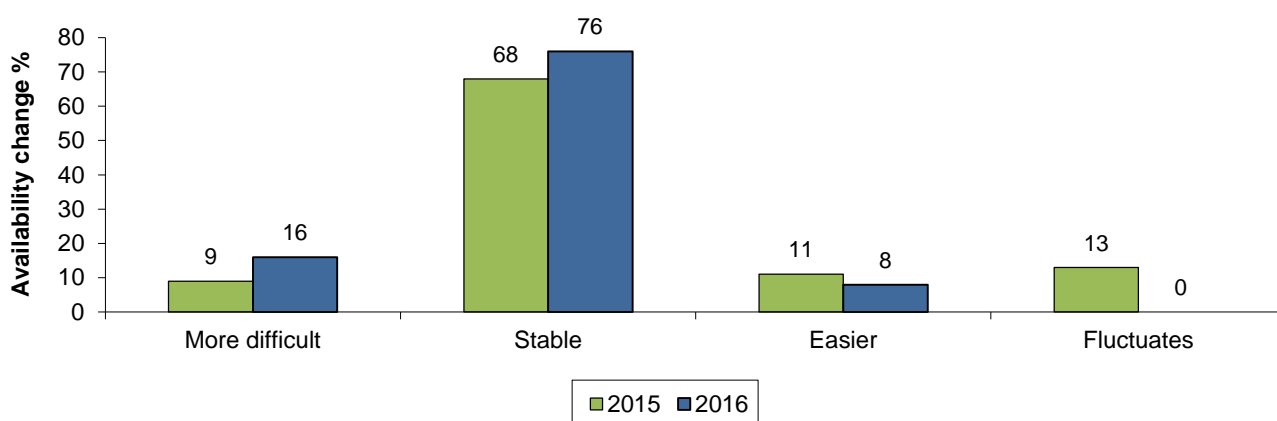
Figure 38: Availability of illicit buprenorphine in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

Figure 39: Availability changes of illicit buprenorphine in the last six months, nationally, 2015–2016



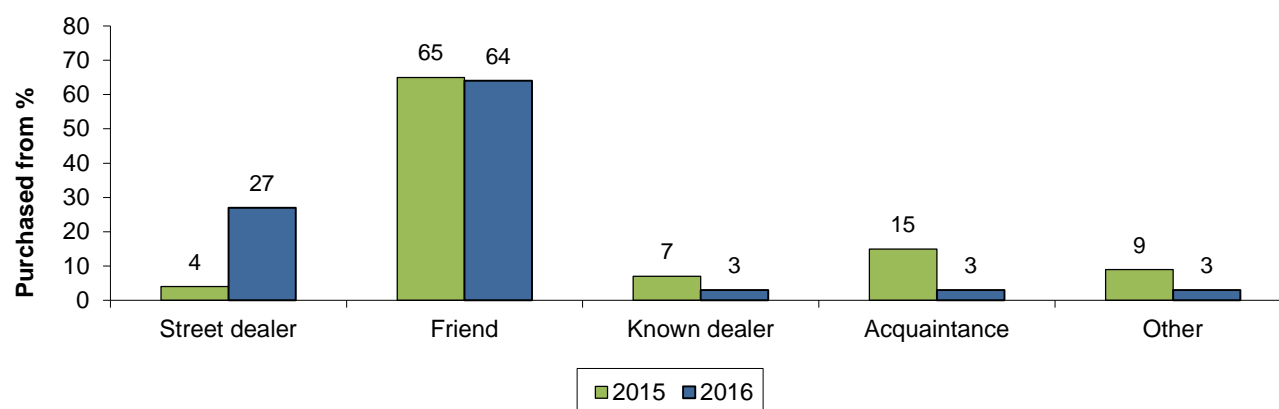
Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

5.6.3 Purchasing patterns of illicit buprenorphine

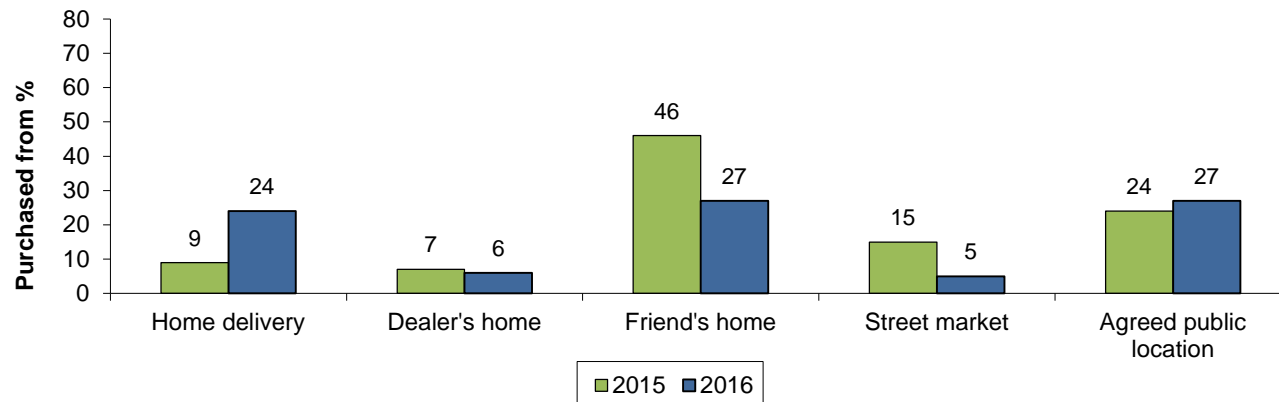
Of those who had bought 'illicit' buprenorphine (n=33 nationally, <10 in all jurisdictions but QLD n=12), the most common source was a friend (64%) or a street dealer (27%). The most common place of purchase for 'illicit' buprenorphine was a friend's home (27%) and an agreed public location (27%) (Figure 40 and Figure 41). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 40: Purchase source for illicit buprenorphine in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Figure 41: Purchase place of illicit buprenorphine in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

5.7 Buprenorphine-naloxone

Key points

Price

- Small numbers were able to comment on the price of 'illicit' buprenorphine-naloxone 'tablet' and 'film'. The majority reported the price of 'illicit' buprenorphine-naloxone 'tablet' and 'film' as stable over the last six months.

Availability

- Among those who commented, nearly two-thirds (59%) reported the availability of 'illicit' buprenorphine-naloxone 'tablet' and over three-quarters (78%) reported the availability of 'illicit' buprenorphine-naloxone 'film' and as 'very easy' or 'easy' to obtain. Twenty-four percent reported the availability of 'illicit' buprenorphine-naloxone 'tablet' as difficult to obtain. The majority reported the availability of 'illicit' buprenorphine-naloxone 'tablet' and 'film' as stable over the last six months.
- The most common source among those who had bought 'illicit' buprenorphine-naloxone 'tablet' and 'film' was through a friend. The most common place of purchase was a friend's home for both forms.

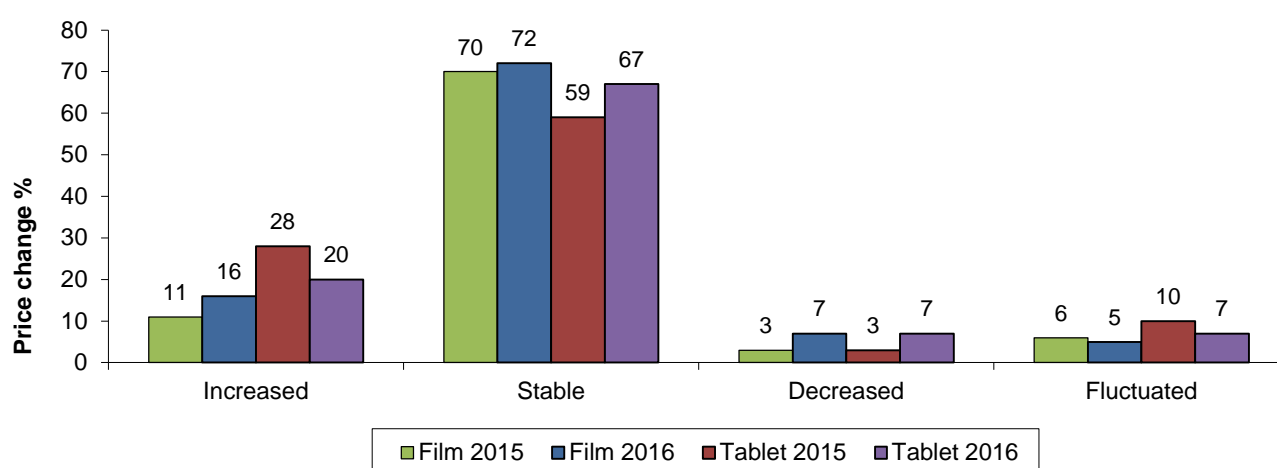
5.7.1 Price of illicit buprenorphine-naloxone

Very small numbers (N=15 nationally) were able to comment on the price of 'illicit' buprenorphine-naloxone 'tablet' (Suboxone®) and therefore prices are not reported.

Sixteen participants commented on the price of Suboxone® 2mg 'film' reporting a median price of \$10. The median price for Suboxone® 8mgs 'film' was \$20 (47 participants commenting). Note: all price results are based on small numbers so interpret with caution.

Participants were also asked if the price of buprenorphine-naloxone 'tablet' or 'film' had changed in the last six months. Of those who commented, the majority of participants reported that the price of buprenorphine-naloxone 'tablet' (N=15) or 'film' (N= 57) had remained stable over the preceding six months (67% and 72% respectively among those who commented) (Figure 42). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 42: Price changes of illicit buprenorphine-naloxone in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

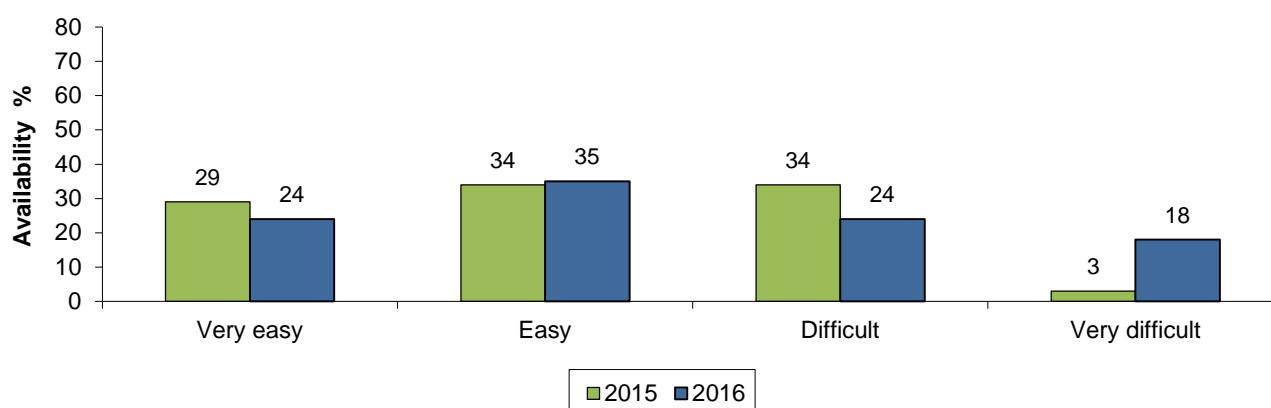
Note: The response option 'Don't know' was excluded from analysis.

5.7.2 Availability of illicit buprenorphine-naloxone

Of those participants in the IDRS sample who were able to comment (N=17 nationally), 35% reported the availability of 'illicit' buprenorphine-naloxone 'tablet' as 'easy', 24% reported availability as 'very easy' and 24% 'difficult'. Of those who commented, 71% reported availability as stable in the last six months (Figure 43 and Figure 44). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Due to small numbers commenting no significance testing was carried out on the current availability of 'illicit' buprenorphine-naloxone 'tablet' for 'very easy', 'easy', 'difficult' and 'more difficult' between 2015 and 2016.

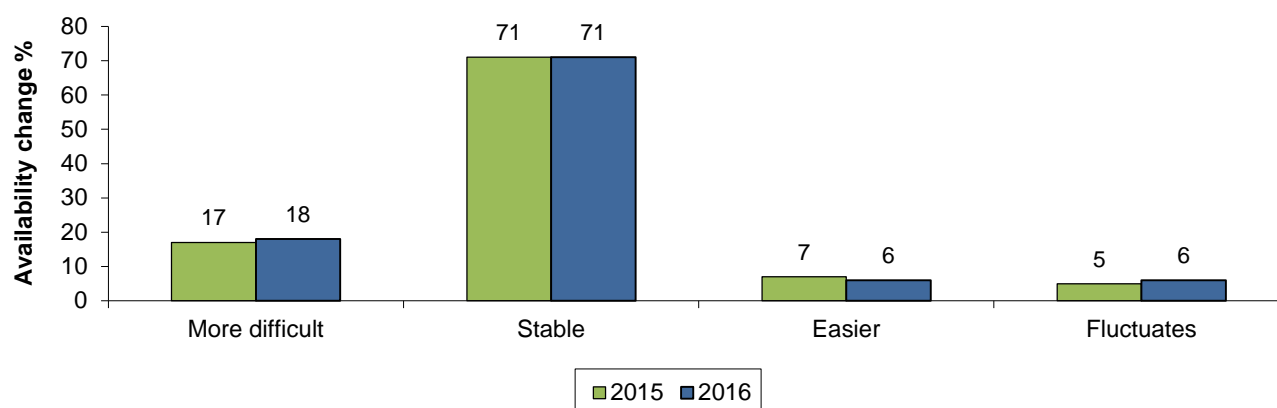
Figure 43: Availability of illicit buprenorphine-naloxone 'tablet' in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

Figure 44: Availability changes of illicit buprenorphine-naloxone 'tablet' in the last six months, nationally, 2015–2016



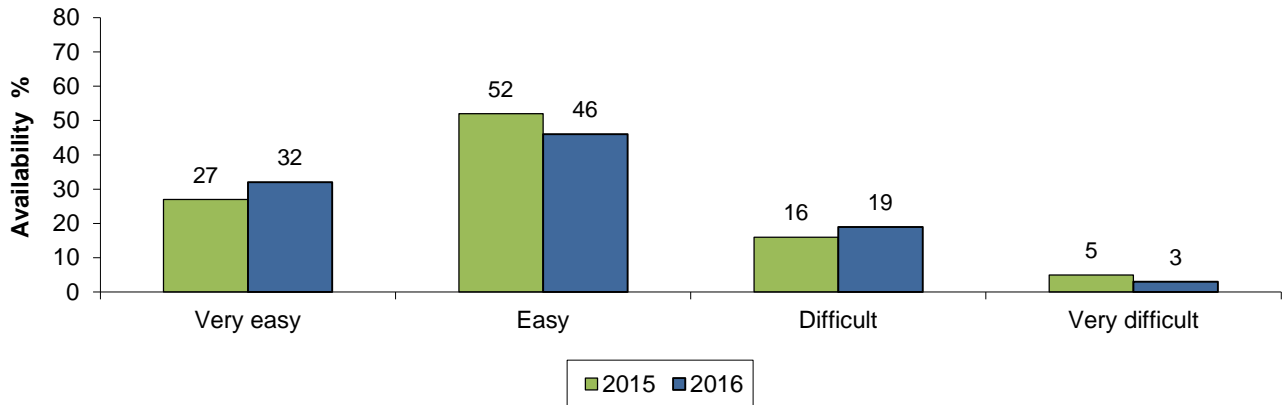
Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

Of those participants in the IDRS sample who were able to comment (N=65 nationally; <10 in all jurisdictions except the NT and QLD), 32% reported the availability of 'illicit' buprenorphine-naloxone 'film' as 'very easy', 46% reported availability as 'easy' and 19% 'difficult'. Of those who commented, 82% reported availability as stable, 10% as 'more difficult' and 7% as 'easier' to obtain in the last six months (Figure 45 and Figure 46). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Significance testing was carried out on the current availability of 'illicit' buprenorphine-naloxone 'film' for 'very easy', 'easy', 'difficult' and 'more difficult' between 2015 and 2016. Nationally, no significant differences were found.

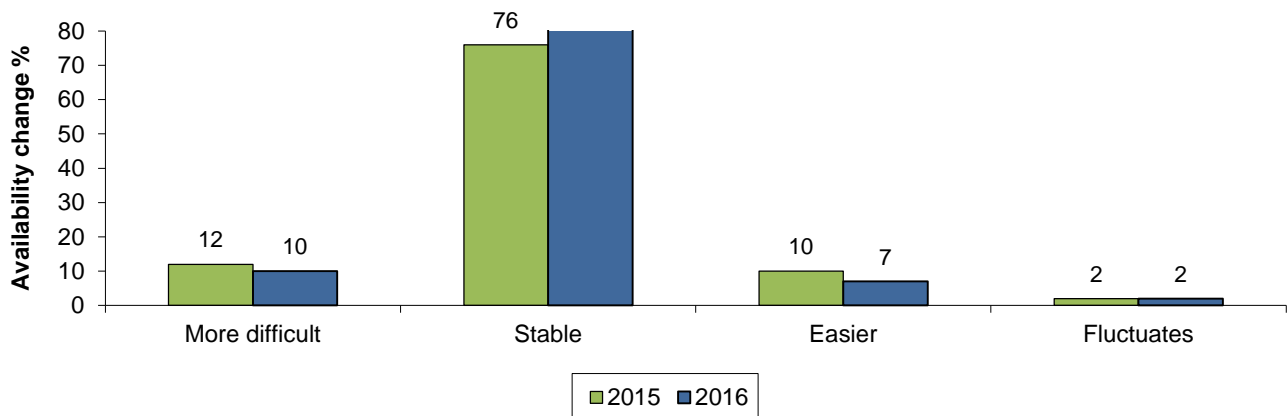
Figure 45: Availability of illicit buprenorphine-naloxone 'film' in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

Figure 46: Availability changes of illicit buprenorphine-naloxone 'film' in the last six months, nationally, 2015–2016



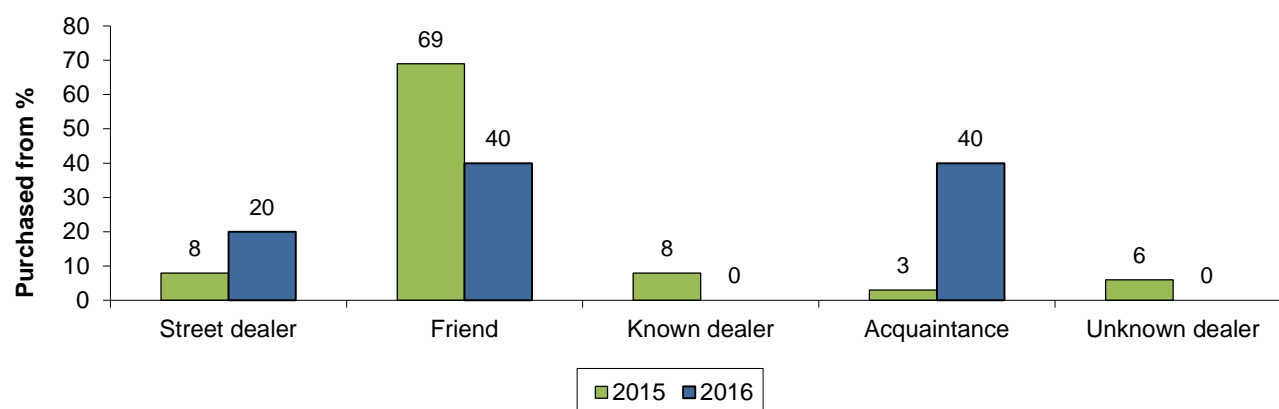
Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

5.7.3 Purchasing patterns of illicit buprenorphine-naloxone

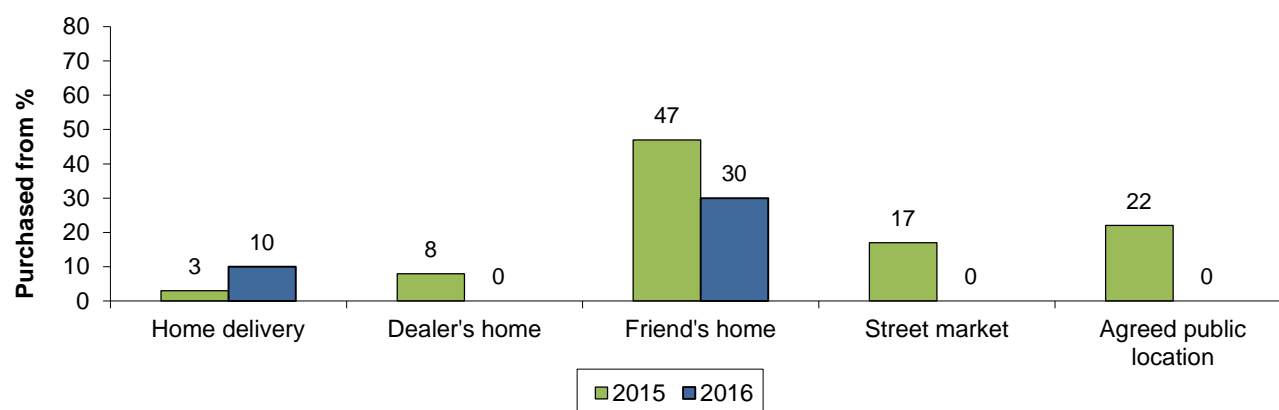
Of those who had bought 'illicit' buprenorphine-naloxone 'tablet' (N=10 nationally), and 'film' (N=56 nationally; <10 in all jurisdictions) the most common source was through a friend (40% and 75% respectively). The most common place of purchase was a friend's home (30% for 'tablet' and 34% for 'film') (Figure 47, Figure 48, Figure 49 and Figure 50). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 47: Purchase source for illicit buprenorphine-naloxone 'tablet' in the last six months, nationally, 2015–2016



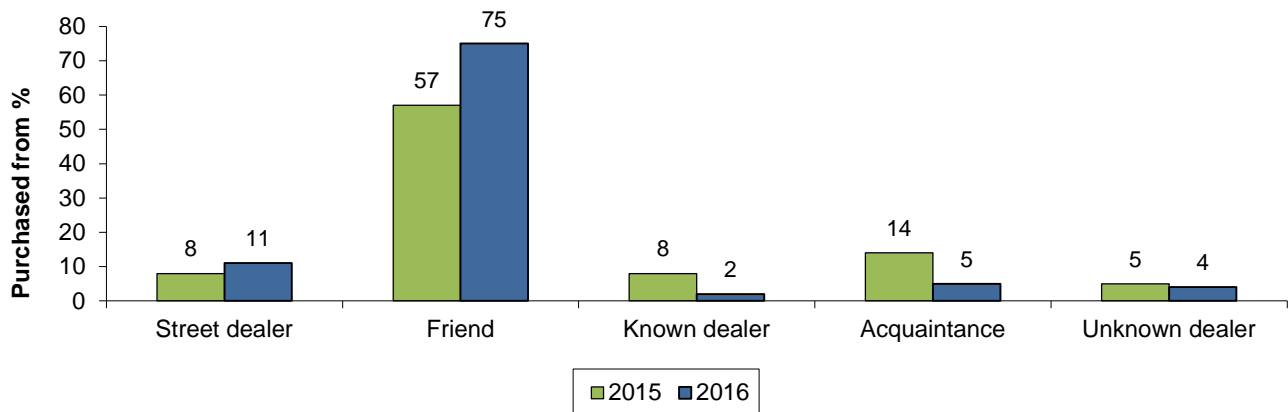
Source: IDRS participant interviews.

Figure 48: Purchase place of illicit buprenorphine-naloxone 'tablet' in the last six months, nationally, 2015–2016



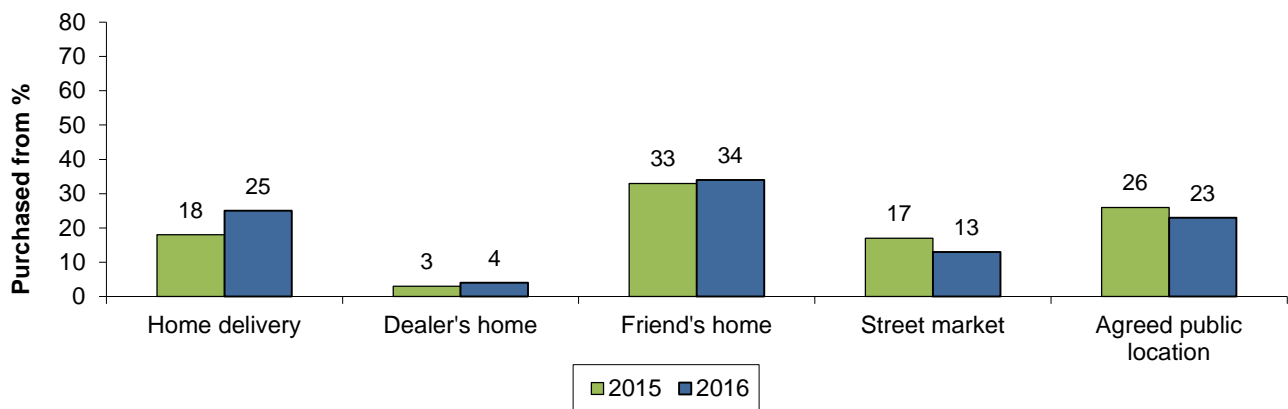
Source: IDRS participant interviews.

Figure 49: Purchase source for illicit buprenorphine-naloxone 'film' in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Figure 50: Purchase place of illicit buprenorphine-naloxone 'film' in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

5.8 Morphine

Key points

Price

- The median price for each brand of morphine varied. Eighty-three percent reported the price of 'illicit' morphine as stable over the past six months.

Availability

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

5.8.1 Price of illicit morphine

Participants were asked to comment on the current price of different brands of morphine tablets. The median price for each brand varied among the jurisdictions (Table 47). Participants were asked to comment on any change in the price of 'illicit' morphine in the six months preceding interview. Among those who commented, three-quarters (83%) reported that the price of 'illicit' morphine had remained stable over the past six months and 12% reported that it had increased recently.

Table 47: Median price of illicit morphine and price changes, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
Median Price (\$)										
MS Contin® 60mgs	50	50	–	–	–	60	–	–	40	–
MS Contin® 100mg	80	80	–	–	–	100	–	–	80	50
Kapanol® 50mgs	40	40	–	–	–	50	–	–	40	–
Kapanol® 100mgs	80	70	–	–	–	–	45	–	80	–
% Price changes (n)	(N=185)	(N=175)	(n=15)	(n=2)	(n=1)	(n=47)	(n=13)	(n=6)	(n=62)	(n=29)
Increased	14	12	13	–	–	13	23	–	15	3
Stable	77	83	87	–	–	85	69	–	76	97
Decreased	2	1	0	–	–	0	8	–	2	0
Fluctuated	7	3	0	–	–	2	0	–	8	0

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

Note: The response option 'Don't know' was excluded from analysis.

5.8.2 Availability of illicit morphine

Of those participants in the IDRS sample who were able to comment, 44% reported that the availability of 'illicit' morphine was 'easy', 32% reported availability as 'very easy' to obtain, and 19% reported availability of illicit morphine as 'difficult' to obtain. Seventy-four percent of the national sample reported availability as stable in the last six months (Table 48).

Significance testing was conducted on the current availability of 'illicit' morphine for 'very easy', 'easy', 'difficult' and 'more difficult' to examine differences between 2015 and 2016. Nationally, no significant differences were found.

Table 48: Availability of illicit morphine, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Availability (n)	(N=195)	(N=180)	(n=15)	(n=3)	(n=2)	(n=46)	(n=15)	(n=6)	(n=64)	(n=29)
Very easy	29	32	33	–	–	33	20	–	39	21
Easy	48	44	53	–	–	44	40	–	42	52
Difficult	17	19	13	–	–	17	33	–	16	24
Very difficult	6	4	0	–	–	7	7	–	3	3
% Availability changes (n)	(N=195)	(N=175)	(n=14)	(n=2)	(n=2)	(n=46)	(n=15)	(n=5)	(n=63)	(n=28)
More difficult	20	13	7	–	–	15	33	–	11	11
Stable	70	74	71	–	–	65	67	–	76	82
Easier	5	5	14	–	–	9	0	–	3	4
Fluctuates	5	8	7	–	–	11	0	–	10	4

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

Note: The response option 'Don't know' was excluded from analysis.

5.8.3 Purchasing patterns of illicit morphine

Of those who had bought 'illicit' morphine, the most common source was through a friend (46%) or a known dealer (24%). The most common place of purchase for 'illicit' morphine was at a friend's home (27%) followed by an agreed public location (26%) (Table 49).

Table 49: Purchasing patterns of illicit morphine by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Purchased from # (n)	(N=186)	(N=170)	(n=12)	(n=3)	(n=2)	(n=45)	(n=12)	(n=6)	(n=63)	(n=27)
Street dealer	8	13	25	–	–	9	8	–	19	4
Friend	46	46	42	–	–	33	75	–	43	52
Known dealer	24	24	17	–	–	38	0	–	22	26
Acquaintance	15	12	8	–	–	16	8	–	11	15
Unknown dealer	5	4	8	–	–	4	0	–	5	0
Other	2	1	0	–	–	0	8	–	0	4
% Most recent purchase place # (n)	(N=187)	(N=169)	(n=12)	(n=3)	(n=2)	(n=45)	(n=12)	(n=6)	(n=62)	(n=27)
Home delivery	12	14	0	–	–	2	25	–	21	11
Dealer's home	17	16	0	–	–	29	0	–	18	7
Friend's home	26	27	25	–	–	27	58	–	24	22
Acquaintance's house	6	2	0	–	–	2	0	–	5	0
Street market	13	11	25	–	–	7	0	–	15	7
Agreed public location	24	26	42	–	–	29	17	–	16	41
Other	2	4	8	–	–	4	0	–	2	11

Source: IDRS participant interviews.

Only one response allowed.

– not published due to small numbers reported (n<10).

5.9 Oxycodone

Key points

Price

- The median price for 'illicit' 'generic or other' and 'OP' oxycodone varied. The majority reported the price of 'generic or other' and 'OP' oxycodone as stable in the last six months (67% and 71% respectively).

Availability

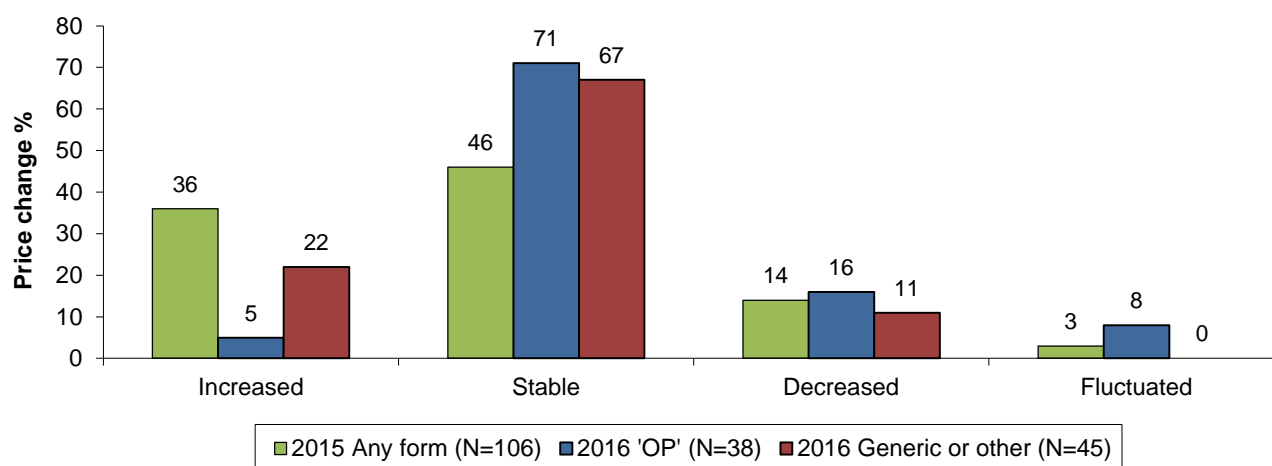
- The majority reported the availability of 'illicit' 'generic or other' and 'OP' oxycodone as 'very easy' or 'easy' to obtain (69% and 71% respectively). With most reporting the availability of 'generic or other' and 'OP' oxycodone as stable over the last six months.
- The most common source among those who had bought 'illicit' 'generic or other' or 'OP' oxycodone was through a friend, mainly purchased from a friend's home or an agreed public location.

In 2016, oxycodone was divided into two separate groups for price, purity and availability. These groups included 'generic or other' oxycodone and 'OP' reformulated oxycodone.⁵ Due to this split the information in the tables below differ to those reported in 2015, which included all forms.

5.9.1 Price of illicit oxycodone

Nationally, a small number of participants were able to comment on the 40mg and 80mg oxycodone 'OP' reformulation and generic 80mg oxycodone. The median price for the 'illicit' Oxycodone® 40mgs 'OP' was \$20 (N=17 nationally), Oxycodone® 80mgs 'OP' \$50 (N=15 nationally) and the generic oxycodone 80mgs tablets \$50 (N=15 nationally). The majority reported the price of 'illicit' 'generic and other' oxycodone and Oxycodone 'OP' as stable over the last six months (67% and 71% respectively) (Figure 51). Data from 2015 is presented in Figure 51 as 'any form' of oxycodone. Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 51: Price changes of illicit oxycodone in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

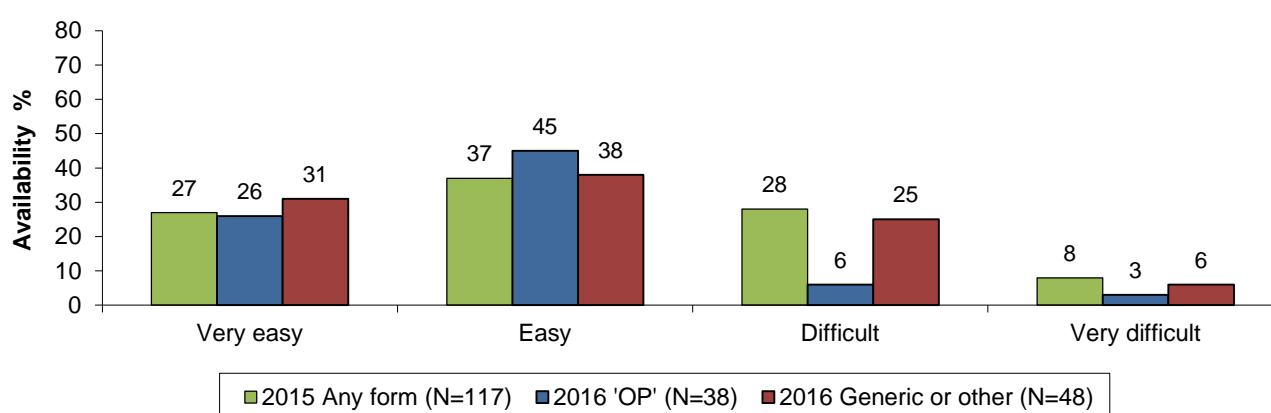
⁵ In April 2014 'Reformulated OxyContin®' (branded with an 'OP' on each tablet) was introduced designed to be tamper resistant. The 'original oxycodone' OxyContin® (branded with an 'OC') was withdrawn. In September 2014 generic 'non-tamper-resistant oxycodone' was made available in Australia.

5.9.2 Availability of illicit oxycodone

Of those participants in the IDRS sample who were able to comment (N= 48 nationally), 38% reported the availability of 'illicit' 'generic or other' oxycodone as 'easy', 31% reported availability as 'very easy' and 28% as 'difficult' to obtain. While, 45% reported the availability of oxycodone 'OP' (N=38 nationally) as 'easy', 26% as 'very easy' and a further 26% as 'difficult' to obtain. The majority reported the availability of 'generic or other' oxycodone and oxycodone 'OP' as stable over the last six months (67% and 82% respectively) (Figure 52 and Figure 53). Data from 2015 is presented in Figure 52 and Figure 53 as 'any form' of oxycodone. Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Due to the change in reporting no significance testing was carried out on the current availability of 'illicit' 'generic or other' or 'OP' oxycodone for 'very easy', 'easy', 'difficult' and 'more difficult' between 2015 and 2016.

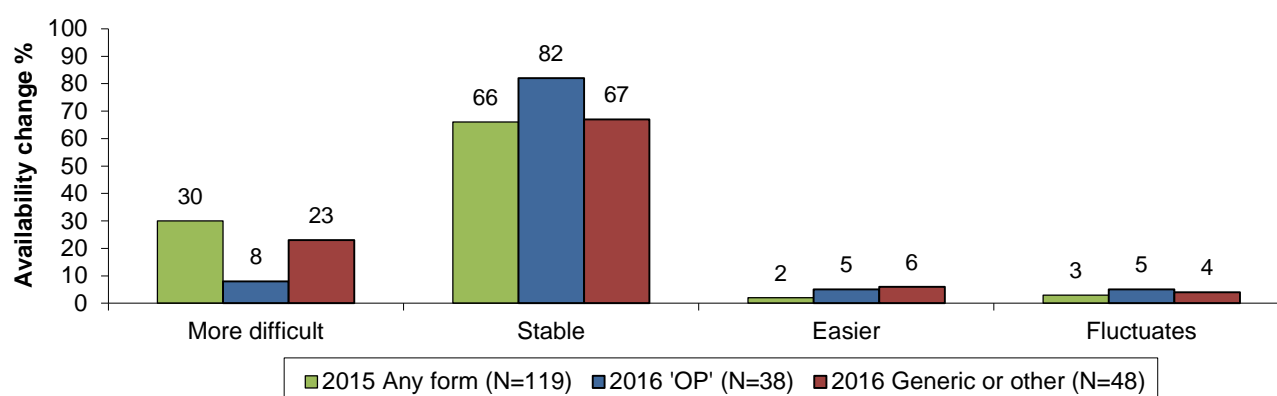
Figure 52: Availability of illicit oxycodone in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

Figure 53: Availability changes of illicit oxycodone in the last six months, nationally, 2015–2016



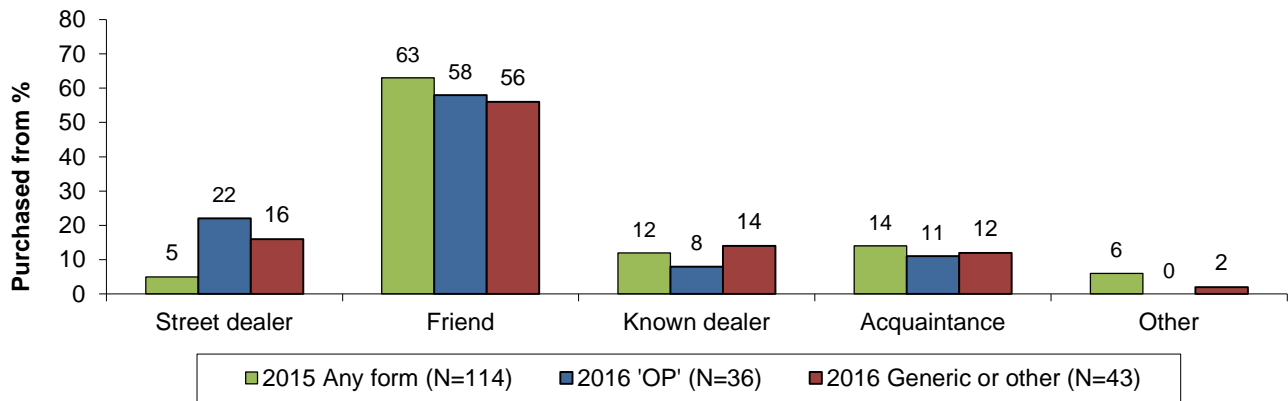
Source: IDRS participant interviews.

Note: The response option 'Don't know' was excluded from analysis.

5.9.3 Purchasing patterns of illicit oxycodone

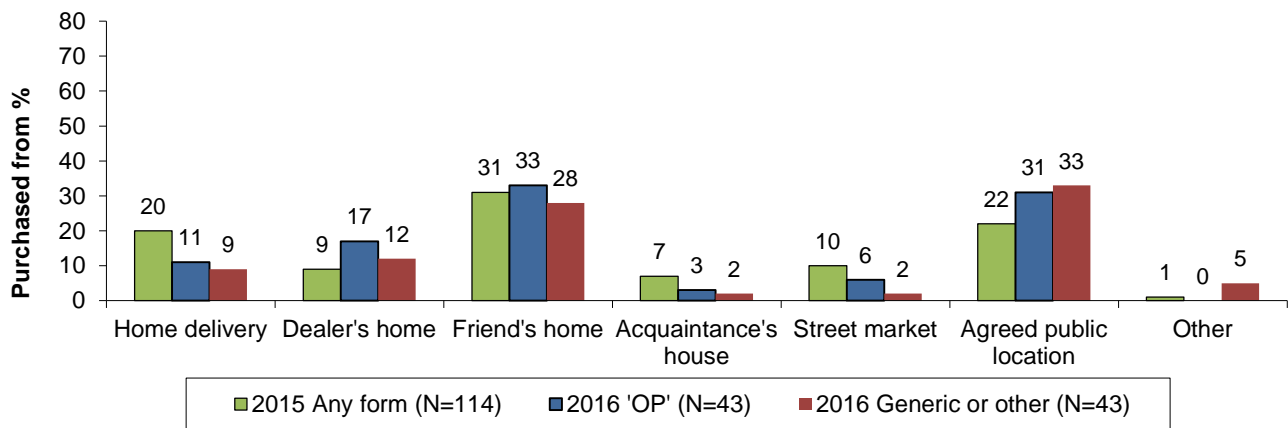
Of those who had bought 'illicit' 'generic or other' or 'OP' oxycodone, the most common source was through a friend (56% and 58% respectively). The most common place of purchase was a friend's home (28% and 33% respectively) and an agreed public location (33% and 31% respectively) (Figure 54 and Figure 55). Data from 2015 is presented in Figure 54 and Figure 55 as 'any form' of oxycodone. Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 54: Purchase source for illicit oxycodone in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

Figure 55: Purchase place of illicit oxycodone in the last six months, nationally, 2015–2016



Source: IDRS participant interviews.

5.10 Benzodiazepines

Key points

Price

- Small numbers commented on the median price of 'illicit' benzodiazepines. The majority reported the price of 'illicit' benzodiazepines as stable over the last six months.

Availability

- Nationally, nearly half (46%) reported that the availability of 'illicit' benzodiazepines was 'difficult' and over one-third (36%) reported availability as 'difficult' to obtain. Fifty-nine percent reported that the availability of 'illicit' benzodiazepines as stable and 34% more difficult over the last six months.
- The most common source among those who had bought 'illicit' benzodiazepines was through a friend or an acquaintance. A friend's home and an agreed public location were the most common places of purchase.

In 2016, participants were asked about the price, availability and purchasing patterns of benzodiazepines in the last six months. Of the national sample 16% were able to comment. Among those who commented the most common brand of benzodiazepines reported were diazepam and alprazolam.

5.10.1 Price of illicit benzodiazepines

Small numbers commented on the median price of benzodiazepines. Nationally, the median price for an 'illicit' diazepam pill was \$2 and for an 'illicit' alprazolam pill \$10. The majority (60%) reported the price of 'illicit' benzodiazepines as stable over the last six months (Table 50).

Table 50: Median price of illicit benzodiazepines and price changes, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
Median Price (\$)										
Diazepam per pill	2	2	1.5	–	–	2.5	–	–	–	–
Alprazolam per pill	8.5	10	10	–	–	–	–	–	–	–
% Price changes (n)	(N=107)	(N=126)	(n=39)	(n=9)	(n=16)	(n=41)	(n=14)	(n=1)	(n=4)	(n=2)
Increased	30	35	41	–	25	39	36	–	–	–
Stable	63	60	54	–	75	51	64	–	–	–
Decreased	1	1	3	–	0	0	0	–	–	–
Fluctuated	7	5	3	–	0	10	0	–	–	–

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

Note: The response option 'Don't know' was excluded from analysis.

5.10.2 Availability of illicit benzodiazepines

Of those participants in the IDRS sample who were able to comment, 46% reported the availability of 'illicit' benzodiazepines as 'difficult', 36% report availability as 'easy' and 12% as 'very easy' to obtain. Over half (59%) of those who commented reported availability as stable and 34% as more difficult to obtain in the last six months (Table 51).

Significance testing was carried out on the current availability of 'illicit' benzodiazepines for 'very easy', 'easy', 'difficult' and 'more difficult' between 2015 and 2016. Nationally, no significant differences were found.

Table 51: Availability of illicit benzodiazepines, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Availability (n)	(N=112)	(N=130)	(n=39)	(n=11)	(n=16)	(n=41)	(n=13)	(n=1)	(n=6)	(n=3)
Very easy	18	12	21	9	6	5	8	–	–	–
Easy	41	36	26	64	56	32	54	–	–	–
Difficult	36	46	51	27	31	56	39	–	–	–
Very difficult	5	5	3	0	6	7	0	–	–	–
% Availability changes (n)	(N=112)	(N=129)	(n=37)	(n=10)	(n=16)	(n=45)	(n=13)	(n=1)	(n=5)	(n=2)
More difficult	33	34	41	10	31	36	39	–	–	–
Stable	63	59	57	90	69	53	54	–	–	–
Easier	4	3	0	0	0	4	8	–	–	–
Fluctuates	1	4	3	0	0	7	0	–	–	–

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

Note: The response option 'Don't know' was excluded from analysis.

5.10.3 Purchasing patterns of illicit benzodiazepines

Of those who had bought 'illicit' benzodiazepines, the most common source was through a friend (63%) or an acquaintance (14%). The most common places of purchase was a friend's home (33%) or an agreed public location (27%) (Table 52).

Table 52: Purchasing patterns of illicit benzodiazepines, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
% Purchased from # (n)	(N=111)	(N=118)	(n=38)	(n=9)	(n=15)	(n=35)	(n=12)	(n=1)	(n=6)	(n=2)
Street dealer	11	10	24	–	7	3	8	–	–	–
Friend	66	63	42	–	87	66	50	–	–	–
Known dealer	10	10	13	–	7	3	33	–	–	–
Acquaintance	10	14	21	–	0	17	8	–	–	–
Unknown dealer	1	1	0	–	0	3	0	–	–	–
Other	2	2	0	–	0	8	0	–	–	–
% Most recent purchase place # (n)	(N=111)	(N=117)	(n=38)	(n=9)	(n=15)	(n=34)	(n=12)	(n=1)	(n=6)	(n=2)
Home delivery	23	12	3	–	13	18	25	–	–	–
Dealer's home	4	3	3	–	0	3	17	–	–	–
Friend's home	26	33	21	–	40	27	33	–	–	–
Acquaintance's house	2	3	3	–	0	6	0	–	–	–
Street market	25	18	50	–	7	3	0	–	–	–
Agreed public location	19	27	21	–	33	41	25	–	–	–
Other	1	4	0	–	7	3	0	–	–	–

Source: IDRS participant interviews.

Only one response allowed.

– not published due to small numbers reported (n<10).

5.11 Other drugs

In 2016, participants were asked about the price, purity, availability and purchasing patterns of a variety of drugs including antidepressants, antipsychotics, fentanyl, pharmaceutical stimulants, hallucinogens, steroids and ecstasy. Only those drugs with five or more commenting were reported below.

5.11.1 Fentanyl

Seventeen participants commented on the availability and purchasing patterns for fentanyl. Of those who commented, eleven participants reported Durogesic® patches and the remainder reported 'other' forms of fentanyl. Three participants reported the availability of fentanyl as 'very easy', six participants as 'easy', six participants as 'difficult' and two participants as 'very difficult' to obtain. Nine participants reported the availability of fentanyl as 'stable' and four participants as 'stable' to obtain over the last six months. Eight participants reported obtaining fentanyl through friends from a friend's home.

5.11.2 Pharmaceutical stimulants

Thirty-two participants (4% of national sample) commented on the availability and purchasing patterns for pharmaceutical stimulants (mainly dextroamphetamine). Of those who commented (N=26), the median price for a pharmaceutical stimulant pill was \$12.50. The majority (85%) of those who commented reported the price as stable.

Of those who commented (N=29), 10% reported the availability of pharmaceutical stimulants as 'very easy', 38% as 'easy', 45% as 'difficult' and 7% as 'very difficult' to obtain. The majority (71%) reported the availability of pharmaceutical stimulants as 'stable' over the last six months. Nearly three-quarters (71%) of those who commented (N=28) reported purchasing pharmaceutical stimulants from a friend, which was purchased from a friend's home.

5.11.3 Hallucinogens

Twelve participants commented on the purity, availability and purchasing patterns of hallucinogens (mainly LSD). Five participants reported the current purity as 'high', two participants as 'medium' and four participants as 'low'. Five participants reported the availability of hallucinogens as 'easy' to obtain while another three participants reported availability as 'difficult'. Six participants reported purchasing through a friend from a friend's home.

5.11.4 Ecstasy

Nineteen participants (2% of national sample) were able to comment on the price, purity, availability and purchasing patterns for ecstasy. Of those who commented (N=7), the median price for an ecstasy pill was \$35. The majority (N=12) reported the price as stable over the last six months.

Sixteen participants commented on the purity of ecstasy. Seven participants reported the purity as 'high', four participants as 'medium' and five participants as 'low'. The majority (N=7) commented that the purity of ecstasy decreased in the last six months.

Seventeen participants commented on the availability of ecstasy. Five participants reported the availability of ecstasy as 'very easy', six participants reported it as 'easy' and six participants as 'difficult' to obtain. The majority (N=15) reported the availability of ecstasy as 'stable' over the last six months. Of those who commented (N=16), eight participants reported purchasing ecstasy from a friend and four from an acquaintance. Participants reported that ecstasy was either home delivered or from an agreed public location.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

Overdose and drug-related fatalities

- Over one-third (38%) of the national sample reported having overdosed in their lifetime. Twenty-four percent of IDRS participants who reported ever overdosing on heroin had experienced a heroin overdose in the past 12 months. The highest rates of overdose in the past year were in VIC (34%) and WA (33%).
- Of those who had ever overdosed on another drug (not including heroin), 37% had done so in the past year (significant increase from 26% in 2015), and 10% had done so in the month preceding interview (significant increase from 4% in 2015).
- Indicator data from the ABS reported 564 accidental deaths due to opioids in 2012. The majority occurred in NSW, VIC and QLD. Males comprised the majority of accidental opioid deaths among 15–54 year olds.
- Data from ABS report methamphetamine to be the underlying cause of death in 22% of all methamphetamine-related deaths, and cocaine was determined to be the underlying cause of death in 48% of all cocaine-related deaths (N=8) in 2012.

Drug treatment

- Nearly half (43%) of the IDRS sample reported currently being in treatment, mainly methadone for a median of 36 months.
- Forty-five percent of the IDRS sample had been in opioid substitution treatment in the past year. Of those who had been in opioid treatment in the last year, 82% reported starting only one form of treatment.
- Four percent of the national sample reported a hospital admission for methamphetamine psychosis and two percent reported admission to hospital for other methamphetamine related issues.
- Of the national sample, 14% of all the participants reported that they were turned away or told to wait more than a week before entering treatment when they had tried to get into treatment in the last six months. The main drugs they had tried to access treatment for were heroin and methamphetamines.
- In Australia, indicator data from the AIHW on the total number of clients registered in opioid substitution treatment (mainly methadone) remained relatively stable in all jurisdictions in 2015.
- Data from the AODTS-NMDS indicated that the ACT, VIC and NSW had the highest proportion of closed treatment episodes for clients who identified heroin as their principal/main drug of concern in 2014/15. South Australia reported the highest proportion of closed treatment episodes for people who identified amphetamines as their principle drug of concern, NSW reported the highest for cocaine, and QLD the highest for cannabis.

Hospital admissions

- Nationally, the number of opioid-related hospital admissions remained relatively stable in 2014/15. The number of methamphetamine-related, cocaine-related and cannabis-related hospital admissions increased.

Injection risk behaviours

- NSPs were by far the most common source of needles and syringes in the preceding six months (94%), followed by chemists (14%), or NSP vending machine (14%).
- Receptive sharing (borrowing) of needles/syringes was reported by 7% of participants in the month preceding interview, typically after a regular partner or close friend. Lending of needles/syringes was reported by 11% of participants.
- Sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was reported by one-quarter of participants.
- Thirty-eight percent of the participants reused their own needle in the last month.
- Fifty-five percent of the national sample reported reusing their own injecting equipment in the last six months, mainly spoons/mixing containers.

- Two-thirds of the national sample reported experiencing an injection-related problem in the month preceding interview, most commonly scarring or bruising and difficulty injecting (e.g. in finding a vein).
- The majority of IDRS participants reported last injecting in a private location (80%), with smaller proportions last injecting in a public location such as on the street, in a car, or in a public toilet.

Blood-borne viral infections

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

Alcohol Use Disorders Identification Test - consumption

- Fifty percent of males and 50% females scored 5 or more on the AUDIT-C, indicating the need for further assessment

Opioid and stimulant dependence

- Of those who recently used an opioid drug (mainly heroin), the median SDS score was seven, with 75% scoring five or above (indicating dependence).
- Of those who recently used a stimulant drug (mainly methamphetamine), the median SDS score was three, with 48% scoring four or above (indicating dependence).

Mental health problems and psychological distress

- Forty-three percent of the national sample self-reported experiencing a mental health problem in the last six months, mainly depression, followed by anxiety.
- Nearly one-third of the national sample reported seeing a mental health professional during the last six months.
- Fifty-eight percent of participants who reported experiencing a mental health problem had been prescribed medication for this problem during the past six months, most commonly antidepressants (56%) and/or antipsychotics (40%).
- Higher levels of psychological distress, as measured by the Kessler Psychological Distress Scale (K10) were reported among the national IDRS sample compared to the general population. Nearly one-third (30%) reported 'high' distress (7.2% in the general population) and 27% reported 'very high' distress (2.8% in the general population). Those reporting a 'very high' level of distress possibly require clinical assistance.

Naloxone program and distribution

- The majority (86%) of the national sample had heard of naloxone, with nearly two-thirds (60%) reporting that naloxone was used to 'reverse heroin' and 29% reporting its use to 're-establish consciousness'.
- Forty-nine percent reported that they had heard of the take-home naloxone program while 51% had not.
- A small proportion (6%) reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program.
- Eighteen percent of those who commented had completed training in naloxone administration along with a prescription for naloxone (mainly NSW, WA, VIC and the ACT). Of those who had completed the course nearly half (46%) had used the naloxone to resuscitate someone who had overdosed.
- Thirteen percent reported that they had heard about the rescheduling of naloxone (available OTC without a prescription).
- Forty-one percent stated that naloxone OTC should be free and 15% were willing to pay either \$5–\$30.

Driving risk behaviour

- Around half of the national sample reported driving a car, motorcycle or other vehicle in the last six months.
- Nine percent of those who had recently driven reported driving while over the legal limit of alcohol in the preceding six months. Seventy-five percent reported driving under the influence of an illicit drug.

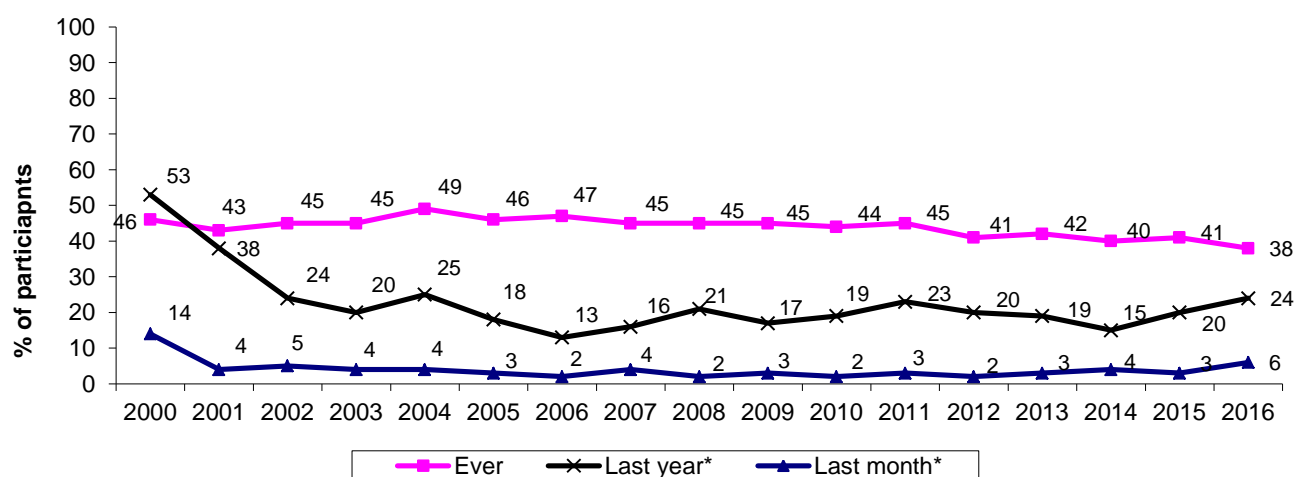
6.1 Overdose and drug-related fatalities

6.1.1 Heroin and other opioids

6.1.1.1 Non-fatal overdose

Participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. Over one-third (38%) of the national sample reported a heroin overdose in their lifetime. Of those who had ever overdosed on heroin, 24% reported overdosing in the last year and six percent in the last month (Figure 56).

Figure 56: The prevalence of heroin overdose among participants, 2000–2016



Source: IDRS participant interviews.

* Among those who had 'ever' overdosed on heroin.

Note: Data may differ to previous national and jurisdictional reports due to the method of data analysis.

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

Heroin overdose in the last year among those who had ever overdosed on heroin was highest in the VIC (34%) followed by WA (33%). Proportions reporting overdose in the last year have remained lower than 2001 levels in all jurisdictions (Table 53).

Table 53: Heroin overdose in the year preceding interview among those who had ever overdosed on heroin, by jurisdiction, 2001–2016

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	38	45	23	46	33	40	50	17	39
2002	24	32	22	29	13	12	31	3	23
2003	20	28	30	21	7	14	29	2	13
2004	25	26	47	30	17	5	28	9	20
2005	18	19	19	29	9	15	14	3	21
2006	13	20	15	12	10	9	14	7	9
2007	16	22	10	22	0	16	6	3	25
2008	21	27	19	32	0	19	28	0	10
2009	17	24	19	12	4	9	25	4	21
2010	19	22	19	24	0	14	17	10	24
2011	23	25	21	28	5	21	29	10	21
2012	20	14	26	16	0	24	36	5	29
2013	19	21	23	29	6	3	18	4	16
2014	15	28	13	20	6	17	20	0	16
2015	20	28	15	19	7	33	30	3	15
2016	24	27	12	34	12	13	33	6	17

Source: IDRS participant interviews.

Note: Data may differ to previous national and jurisdictional reports due to the method of data analysis.

Participants were also asked about the treatment they received at the time of a recent (past year) heroin overdose (N=81). Twenty percent of those who overdosed on heroin in the last year reported not receiving any treatment and 44% reported receiving Narcan®. Fifty-three percent had an ambulance attend, 27% attended the hospital emergency department, 19% received oxygen, 19% reported receiving cardiopulmonary resuscitation (CPR) from a friend/partner and 7% received CPR from a health professional/another person.

Participants were also asked about the treatment or information they received after the most recent heroin overdose. Of those who had overdosed in the past year (N=81), 84% did not receive any information or treatment after the recent overdose, 5% received information from a drug health service, 5% received information from a generalist health service and 4% from a counsellor.

6.1.1.2 Fatal overdose

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

For the first time in 2006, the ABS relied solely on the data contained on the NCIS, at the time the ABS ceased processing the deaths data.

Since 2007, the causes of death data have been subject to a revisions process. The preliminary data is released, then two successive revisions are released 12 months apart from the date of the release of preliminary data.

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

Data for the years 2007 through 2012 in this bulletin represent the 2nd and final revision of each dataset, and are therefore methodologically comparable.

Data for 2013 and 2014 are projected estimates, based on the changes that occurred in 2011 and 2012 data. Again these data should be interpreted with caution as figures are likely to change.

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

In addition to the revisions process, the ABS undertook two further processing improvements from 2008 onwards:

- 1) For both open (where a coroner has not yet handed down a finding on cause of death) and closed (where a coroner's decision has been made) cases on the NCIS, the ABS now spend more time investigating the Medical Certificate of Cause of Death to more consistently apply the appropriate ICD10 code for cause of death;
- 2) For both open and closed cases, the ABS also increasingly uses additional information on the NCIS (e.g. autopsy, police and toxicology reports), where available, to apply more specific cause of death codes.

Both of these processing improvements are likely to have an impact on the number of opioid deaths reported from 2008 onwards.

It should also be noted that availability of additional information on the NCIS varies by jurisdiction, which means that improvements are likely to be applied differentially across jurisdictions.

These findings should be interpreted in conjunction with the ABS Technical Note 2 Causes of Death Revisions 2011, available on the ABS website:

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Technical+Note32013>

In 2012, there were 564 accidental deaths due to opioids (compared to 617 in 2011). Just over one-quarter (28%) of the accidental deaths occurred in NSW, 23% in QLD and 22nd in VIC, with 73% of all opioid-related deaths occurring in NSW, VIC and QLD (Table 54). It should be noted that the deaths reported are opioid-related and not necessarily heroin overdose deaths. In jurisdictions such as TAS and the NT where heroin is less available, deaths are more likely to be related to pharmaceutical opioids (Table 54) (Roxburgh and Breen, 2016a).

Table 54: Number of accidental deaths due to opioids, by jurisdiction, among those aged 15–54 years, 1988–2012

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
1988	351	204	99	16	12	18	0	0	2
1989	307	158	99	19	8	18	1	2	2
1990	312	196	79	8	19	14	5	0	0
1991	350	146	64	9	13	13	3	0	2
1992	336	182	79	18	30	22	0	1	4
1993	374	188	86	23	41	24	5	2	5
1994	425	209	97	37	32	38	4	5	3
1995	582	273	140	42	38	70	6	0	13
1996	557	260	145	32	32	64	5	2	17
1997	713	333	203	36	52	76	2	2	9
1998	927	452	243	64	53	78	10	13	14
1999	1,116	481	376	79	64	92	5	8	11
2000	938	349	323	124	50	72	8	2	10
2001	386	177	73	58	18	35	8	5	12
2002	364 [#]	158	93	40	21	28	9	6	8
2003	357	143	129	32	14	16	4	2	17
2004	357	144	126	34	25	19	6	1	2
2005	374	133	104	42	37	36	14	np	np
2006E	381	138	118	42	20	38	15	np	np
2007	360	115	103	52	34	27	15	np	np
2008	500	137	170	62	43	64	11	np	np
2009	563	174	143	103	47	71	10	np	np
2010	613	150	169	142	41	87	9	np	np
2011	617	176	175	134	24	88	7	np	np
2012	564	157	126	128	42	90	13	np	np

Source: ABS causes of death data, (Roxburgh and Breen, 2016a).

[#] One death did not have a jurisdiction noted.

np – means that the data in these jurisdictions were not published in order to protect confidentiality.

2006E – estimated.

Note: There is a break in the series in 2006, as these data were not revised, and are, therefore, likely to be an underestimate. We have estimated these data points using original data, then using an average of change across the 2007 and 2008 revisions.

Males comprised 67% of the 2012 accidental opioid deaths among the 15 to 54 year age group. NSW, VIC and QLD reported the largest number of accidental opioid deaths among males and females (Table 55).

Table 55: Number of accidental opioid deaths due to opioids among those aged 15–54 years, by gender and jurisdiction, 2012

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Males	387	109	91	83	28	63	8	np	np
Females	177	48	35	45	14	27	5	np	np

Source: ABS causes of death data, (Roxburgh and Burns, 2015, Roxburgh and Breen, 2016a).

np – means that the data in these jurisdictions were not published in order to protect confidentiality.

Note: Figures may not match those reported in Table 54 as a result of the ABS confidentialisation process.

In 2012, the rate of accidental deaths due to opioids in Australia was 44.7 per million persons aged 15 to 54 years. WA reported the highest rate of accidental deaths due to opioids per million persons (64.4 per million persons) in 2012, followed by QLD (50.5 per million persons) (Table 56). The largest proportion of deaths occurred among the 35–44 year age group (Figure 57 and Figure 58).

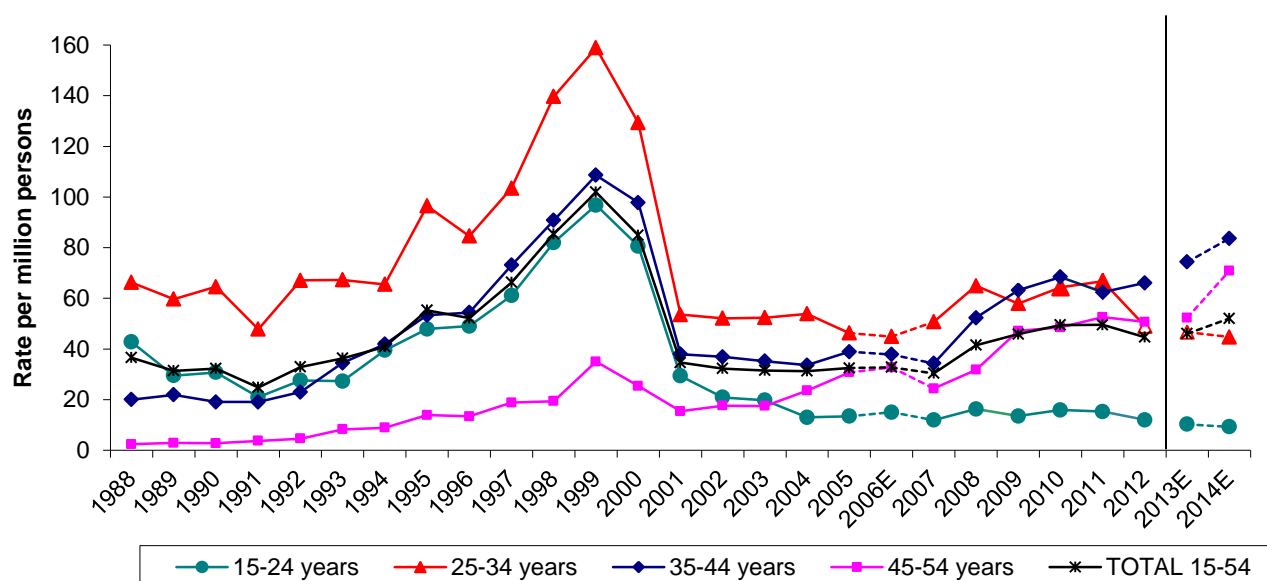
Table 56: Rate of deaths due to opioids per million persons among 15–54 year olds, by jurisdiction, 1988–2012

	National	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
1988	36.6	62.5	39.9	10.1	14.9	19.7	0	0	11.4
1989	31.4	47.5	39.3	11.6	9.8	19.2	6.4	19.2	11.4
1990	32.3	58.2	30.8	4.7	23.1	14.6	19.1	0	0
1991	24.8	42.8	24.7	5.2	15.7	13.4	11.4	0	10.8
1992	32.9	52.9	30.3	10.1	35.9	22.4	0	9.2	21.1
1993	36.3	54.3	33.0	12.6	48.9	24.1	18.8	18.3	25.9
1994	40.9	59.9	37.1	19.7	38.1	37.7	15.0	45.5	15.4
1995	55.3	76.9	53.4	21.8	45.1	68.1	22.5	0	66.2
1996	52.2	72.7	54.8	16.2	37.9	61.2	18.7	17.7	85.6
1997	66.3	92.2	76.1	18.1	61.8	71.3	7.5	16.5	45.8
1998	85.4	124.1	90.4	31.7	62.7	72.1	37.8	106.1	71.3
1999	101.9	130.9	138.8	38.7	75.5	84.1	19.0	64.4	55.9
2000	84.9	94.1	118.1	60.1	58.9	65.2	30.6	15.9	50.5
2001	34.6	47.2	26.4	27.8	21.2	31.3	30.8	39.6	60.2
2002	32.3	41.9	33.2	18.8	24.7	24.8	34.9	47.8	40.1
2003	31.5	37.8	45.9	14.7	16.5	14.1	15.4	15.9	85.3
2004	31.3	38.0	44.6	15.4	29.5	16.6	23.0	8.0	10.1
2005	32.5	35.0	36.5	18.7	43.7	31.0	53.7	np	np
2006	32.8	36.1	41.0	18.3	23.5	32.2	57.4	np	np
2007	30.4	29.8	34.8	22.1	39.2	22.4	57.2	np	np
2008	41.5	35.1	56.5	25.7	49.2	51.5	42.0	np	np
2009	45.9	44.2	49.7	42.0	53.4	54.8	37.7	np	np
2010	49.5	37.8	54.5	57.2	46.3	65.9	33.8	np	np
2011	49.5	44.3	56.0	53.6	27.1	65.1	26.3	np	np
2012	44.7	39.3	39.9	50.5	47.3	64.4	49.4	np	np

Source: ABS causes of death data (Roxburgh and Breen, 2016a).

np – means that the data in these jurisdictions were not published in order to protect confidentiality.

Figure 57: Rate of deaths due to opioids per million persons by 10-year age group (15–54 years), Australia 1988–2012

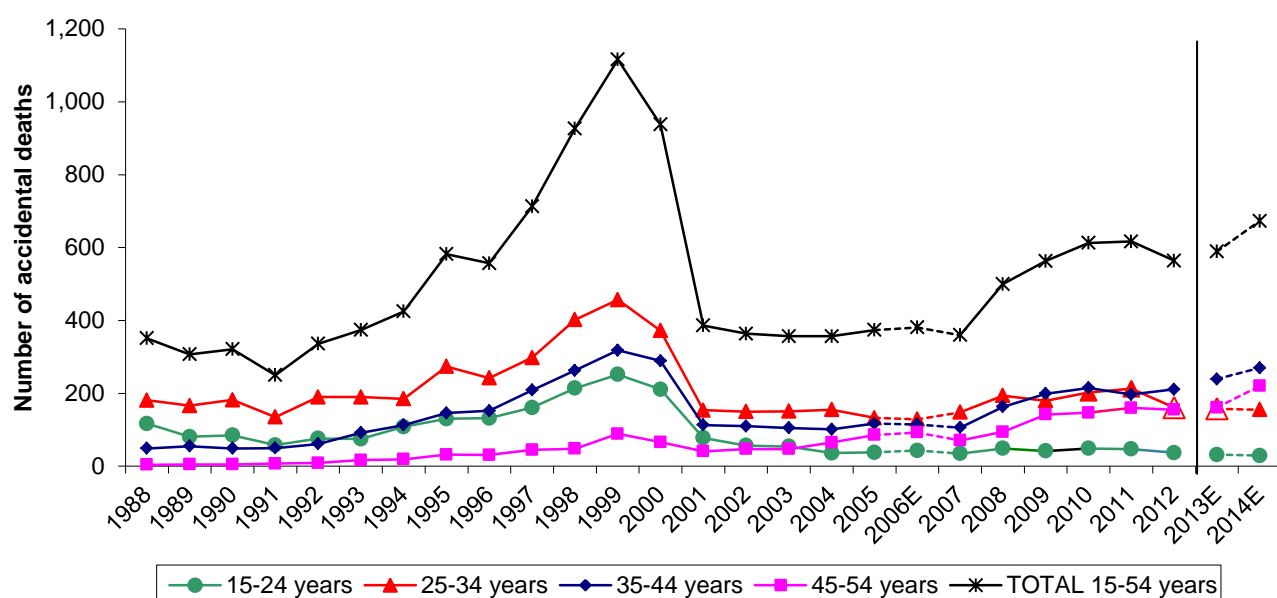


Source: ABS causes of death data, (Roxburgh and Breen, 2016a).

2006E – Estimated.

Note: There is a break in the series in 2006, as these data were not revised, and are, therefore, likely to be an underestimate. We have estimated these data points using original data, then using an average of change across the 2007 and 2008 revisions. We estimated what the 2013 and 2014 final figures might be given the changes that occurred across revisions in 2010 and 2011. These figures are not yet final.

Figure 58: Number of accidental deaths due to opioids by 10-year age group (15–54 years), Australia, 1988–2012



Source: ABS causes of death data, (Roxburgh and Breen, 2016a).

2006E, 2012E and 2013E – Estimated.

Note: There is a break in the series in 2006, as these data were not revised, and are, therefore, likely to be an underestimate. We have estimated these data points using original data, then using an average of change across the 2007 and 2008 revisions. We estimated what the 2013 and 2014 final figures might be given the changes that occurred across revisions in 2010 and 2011. These figures are not yet final.

6.1.2 Methadone

In 2016, participants were asked how many times they had overdosed on methadone and the length of time since their last methadone overdose. Five percent of the national sample who had ever used methadone and commented (N=528) reported a methadone overdose in their lifetime on a median of one occasion. Of those who had ever overdosed on methadone (N=25), four participants reported overdosing in the last year. No participants reported overdosing on methadone in the last month.

6.1.3 Morphine

In 2016, participants were asked how many times they had overdosed on morphine and the length of time since their last morphine overdose. Seven percent of the national sample who reported ever using morphine and commented (N=496) had overdosed in their lifetime on a median of one occasion. Of those who had ever overdosed on morphine (N=33), seven participants reported overdosing in the last year. No participants reported overdosing on morphine in the last month.

6.1.4 Oxycodone

In 2016, participants were asked how many times they had overdosed on oxycodone and the length of time since their last oxycodone overdose. Three percent of the national sample who had ever used oxycodone and commented (N=480) reported an oxycodone overdose in their lifetime on a median of one occasion. Of those who had ever overdosed on oxycodone (N=12), three participants reported overdosing in the last year. No participants reported an oxycodone overdose in the last month.

6.1.5 Other drugs

6.1.5.1 Non-fatal overdose

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

Nationally, 18% of the IDRS sample who commented (N=786) reported an overdose on a drug other than heroin, methadone, morphine and oxycodone in their lifetime on a median of one occasion. Of those who had ever overdosed on another drug, 37% had done so in the past year, and 10% had done so in the last month preceding interview. These results increased significantly from the 2015 findings (Table 57).

Fifty-eight percent of those who had overdosed in the past year (not including overdosing on heroin, methadone, morphine or oxycodone) (N=52) believed they had last overdosed on crystal, while 21% believed they had overdosed on fentanyl, 14% cannabis, 10% benzodiazepine and 6% alcohol.

Among those who had overdosed on another drug (not including heroin, methadone, morphine or oxycodone) in the last year and commented (N=51), 41% reported receiving no treatment at the time of overdose, while 35% had an ambulance attend and 35% attended a hospital emergency department. Small numbers received Narcan® (8%), CPR from a health professional (8%) and oxygen (4%).

Table 57: Overdose on other drugs (not including heroin, methadone, morphine or oxycodone*) in the last 12 months and in the last month among those who had ever overdosed on other drugs, by jurisdiction, 2016

	National N=	National N=786	NSW n=143	ACT n=54	VIC n=157	TAS n=89	SA n=99	WA n=66	NT n=90	QLD n=88
	2015	2016								
% Ever overdosed on other drugs *	18	18	11	13	9	21	34	27	13	25
	(N=161)	(N=141)	(n=15)	(n=7)	(n=14)	(n=19)	(n=34)	(n=18)	(n=12)	(n=22)
% Overdose last 12mth *	26	37↑	47	–	43	32	47	6	58	23
% Overdose last month *	4	10↑	7	–	0	5	18	0	0	14

Source: IDRS participant interviews.

*excludes heroin, morphine, methadone and oxycodone in 2015 and 2016.

↑ Significant increase between 2015 and 2016 (p<0.05).

– Data not published due to small numbers commenting (n<10).

Participants were also asked about the treatment or information they received post (after) the most recent other drug (not including heroin, methadone, morphine or oxycodone) overdose. Of those who had overdosed in the past year and commented (N=51), 65% did not receive any information or treatment after the recent overdose, while 8% received information from a drug health service, 8% from a GP and 4% from a counsellor, psychiatrist or general health service.

6.1.6 Methamphetamine

6.1.6.1 *Non-fatal overdose*

Thirty-three participants believed that they had overdosed on methamphetamines at some stage during their lifetime. The vast majority (31 participants) reported overdosing on crystal and two participants overdosed on speed. No jurisdictional differences were observed due to small numbers reporting (N<10 per state).

6.1.6.2 *Fatal overdose*

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

ABS data on accidental deaths where amphetamines were mentioned have been analysed since 1997. In 2012, there was a total of 136 accidental 'drug induced' deaths in which methamphetamine was mentioned among those aged 15–54 years. Methamphetamine was determined to be the underlying cause of death in 22% (N=30) of all methamphetamine related deaths in 2011 (ABS causes of death data) (Roxburgh and Breen, 2016b). The 2013 and 2014 ABS data on amphetamine deaths were not available at the time of publication.

6.1.7 Cocaine

6.1.7.1 *Non-fatal overdose*

Participants were asked whether they considered themselves to have ever accidentally overdosed on cocaine. No participants reported that they had experienced a cocaine overdose in the past year.

6.1.7.2 *Fatal overdose*

Nineteen accidental 'drug-induced' deaths in which cocaine was mentioned occurred among the 15–54 year age group in 2012 (ABS causes of death data). Cocaine was determined to be the underlying cause of death in 42% (N=8) of all cocaine-related deaths in 2011 (Roxburgh and Breen, 2016b). The 2013 and 2014 ABS data on cocaine-related deaths were not available at the time of publication.

6.2 Drug treatment

6.2.1 IDRS participant survey

Participants interviewed for the IDRS who were currently in treatment (43%) were asked a number of questions about their treatment. Participants reported a median of 30 months (range= one month to 26 years) in any form of current treatment. Those in current methadone treatment (28% of the sample) reported a median of 36 months (range= one month to 25 years). Thirty-two percent of participants in current treatment reported that they had been in treatment for 12 months or less. Eight percent of the national sample reported current buprenorphine-naloxone treatment, 3% buprenorphine and 3% reported drug counselling.

Participants were asked 'What forms of treatment have you been in over the last six months?' Of those participants who commented (N=313): 53% reported previous methadone treatment, 20% buprenorphine-naloxone treatment, 17% drug counselling, 8% detoxification, 11% buprenorphine treatment, 2% therapeutic community and 1% narcotics anonymous.

In 2016, participants were specifically asked about opioid and methamphetamine treatment in the past year. Forty-five percent of the IDRS sample had been in opioid substitution treatment in the past year.

Of this sample (N=366), 82% had received one form of treatment (median one, range=1–86 times) in the past year.

Among those who commented (N=65), 82% started methamphetamine treatment at a drug treatment centre once in the past year (median 1; range=1–24 times). Thirty-seven participants reported a hospital admission for methamphetamine psychosis in the past year (46% reported one hospital admission; median 2; range=1–25 times). While twenty-one participants reported a hospital admission for other methamphetamine related issues in the past year (67% reported one hospital admission; median 1; range=1–6 times).

All of the participants were then asked if they had tried to get into treatment, but were turned away or told to wait more than a week before entering treatment in the last six months. Of the national sample, 14% responded 'yes' (ranging from 9% in TAS to 21% in QLD). Of those who responded (N=125), 38% reported that they had tried to access treatment for heroin and 37% for methamphetamines. Twenty-nine percent reported that they tried to access a rehabilitation service, 20% a GP, 22% detoxification, 22% an opioid substitution program, 9% an Alcohol, Tobacco and Other Drugs (ATOD) worker, 18% a counsellor, 10% a psychiatrist, 7% a psychologist, 4% an opioid substitution doctor and 11% other treatment.

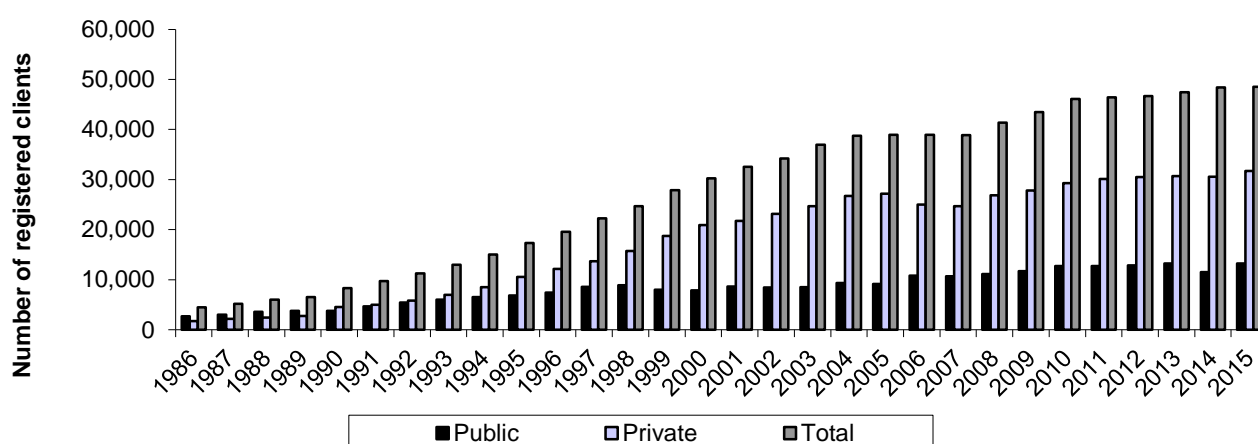
There were mixed reports regarding the availability of treatment and reports varied by state. Thirty-six percent of the those who commented (N=872) reported that it was 'easy' to get into treatment at the moment, 25% reported that it was 'difficult', 12% 'very difficult' and 12% 'very easy' and 15% did not know.

6.2.2 Heroin

6.2.2.1 Opioid substitution treatment

Methadone maintenance treatment is an established form of opioid substitution treatment (OST) in all jurisdictions in Australia. In 2000, Subutex® (buprenorphine hydrochloride) was registered in Australia and listed on the Pharmaceutical Benefits Scheme (PBS) in March 2001. Suboxone® (buprenorphine-naloxone) was registered in Australia in 2005 and listed on the PBS in April 2006. The total number of clients registered in OST has steadily increased over the years. In total, 48,522 persons were registered in pharmacotherapy treatment for opioid dependence on a snapshot day in June, 2015 ((Australian Institute of Health and Welfare, 2015)) (Figure 59). A higher proportion of clients are registered in private pharmacotherapy treatment compared to public pharmacotherapy treatment. The majority of private clients were being prescribed methadone (66%), with smaller numbers being prescribed buprenorphine-naloxone (21%) and buprenorphine (14%) (Australian Institute of Health and Welfare, 2016b).

Figure 59: National opioid substitution treatment client numbers, financial years, 1986–2015

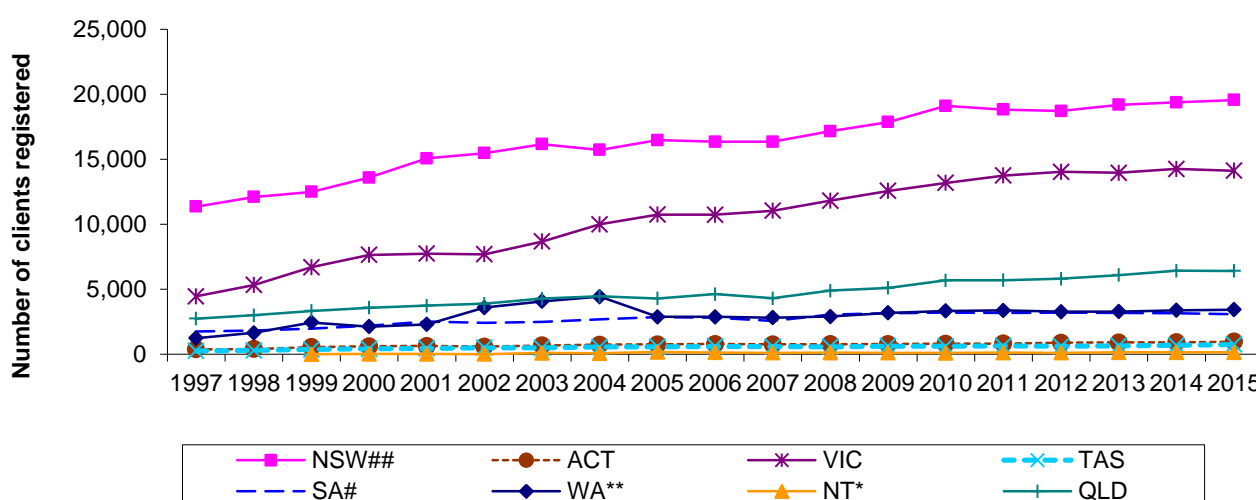


Source: Australian Institute of Health and Welfare, 2015.

Note: Data from 2001 includes buprenorphine and from 2006 includes buprenorphine-naloxone.

The number of clients enrolled in opioid substitution treatment has remained relatively stable across all jurisdictions in 2015 (Figure 60). As in previous years, both NSW and VIC recorded the highest number of clients registered in OST, most likely reflecting population size.

Figure 60: Total opioid substitution treatment client numbers by jurisdiction, financial years, 1997–2015



Source: Australian Institute of Health and Welfare, 2016b.

* Until 2004, NT data excluded clients receiving pharmacotherapy treatment at the public clinic in Alice Springs. In 2005, these clients were included which may account for any increase.

** In Western Australia the numbers of clients receiving pharmacotherapy treatment are reported through the month of June (instead of on the 'snapshot/specified' day). Before 2005, WA reported clients over the whole year.

In 2008, South Australia made a slight variation to its reporting practices which has resulted in a revision to the total numbers for 2006 (from 2,517 to 2,823) and 2007 (from 2,559 to 2,834). This revision has also resulted in a change in the total number of clients for 2006 (from 38,659 to 38,965) and 2007 (from 38,568 to 38,843).

NSW counts 'buprenorphine-naloxone' as 'buprenorphine'.

Note: Data from 2001 includes buprenorphine and from 2006, buprenorphine-naloxone. Each state and territory uses a different method to collect data on pharmacotherapy prescription and dosing. These differences may result in minor discrepancies if directly comparing one jurisdiction with another jurisdiction.

The IDRS recruits participants who regularly inject drugs; it does not specifically target those who are engaged in treatment programs because it aims to interview active participants in the illicit drug market. Those in treatment tend to be less active in illicit drug markets. However, as in previous years, substantial proportions of participants in all jurisdictions reported involvement in OST (39% nationally), although jurisdictional variations were observed. In the 2016 national IDRS sample nearly one-third (28%) were currently involved in methadone maintenance, 8% in buprenorphine-naloxone and 3% buprenorphine (Table 58).

Table 58: Current involvement in opioid substitution treatment (OST), by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2015	2016								
% Methadone	31	28	41	36	29	35	21	25	4	21
% Buprenorphine-naloxone	8	8	8	6	10	5	7	10	7	8
% Buprenorphine	4	3	2	1	1	11	1	3	0	10
% Any OST	43	39	51	43	40	52	29	38	11	39

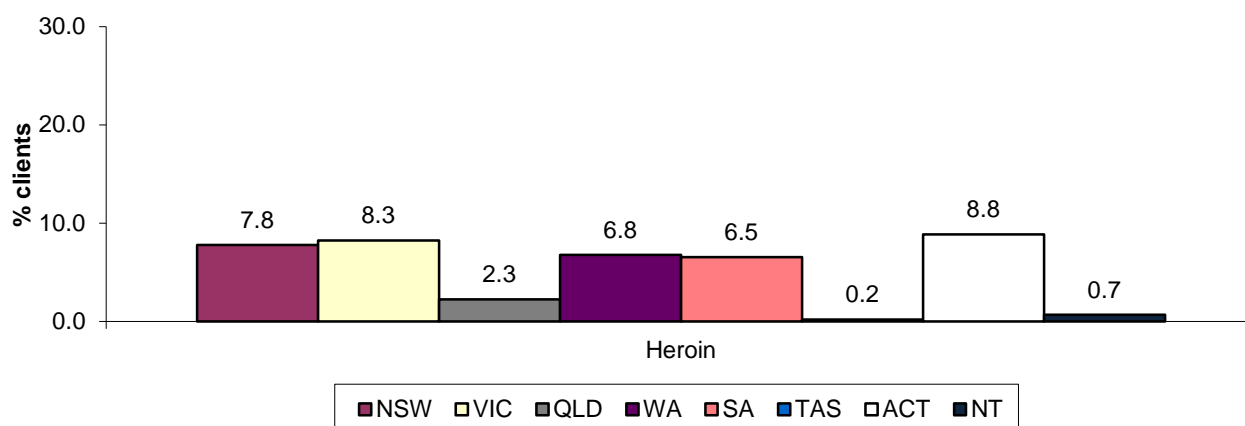
Source: IDRS participant interviews.

6.2.2.2 Other treatment for opioid dependence

Treatment statistics collected by the AODTS-NMDS provide measures of service utilisation for clients of alcohol and other drug treatment services. This collection provides ongoing information on the demographics of clients who use these services, the treatment they receive, and the drug of concern for which they are seeking treatment. In 2014/15, 162,303 episodes were reported of clients seeking treatment for their own drug use. The principal drug of concern refers to the main substance that the client stated led them to seek treatment from the alcohol and other drug treatment agency. Only clients seeking treatment for their own substance use are included in analyses involving principle drug of concern (Australian Institute of Health and Welfare, 2016a).

Figure 61 indicates that the ACT (8.8%), VIC (8.3%) and NSW (7.8%) had the highest proportions of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy) in 2014/15 (Australian Institute of Health and Welfare, 2016a). This is consistent with IDRS participant data that showed higher proportions of PWID reporting recent heroin use, as well as generally greater frequency of heroin use in these jurisdictions.

Figure 61: Proportion of closed treatment episodes for clients who identified heroin as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2014/15*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2016a).

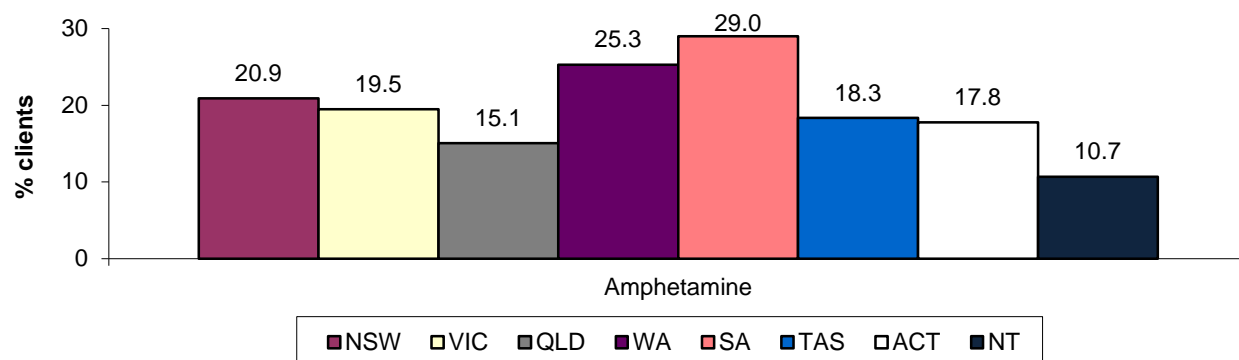
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS.

6.2.3 Meth/amphetamine

Amphetamines (including methamphetamine) were the principal drug of concern in 20% of all closed treatment episodes in 2014/15. South Australia had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (29%), followed by WA (25.3%) (Figure 62) (Australian Institute of Health and Welfare, 2016a).

Figure 62: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2014/15*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2016a).

* Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS.

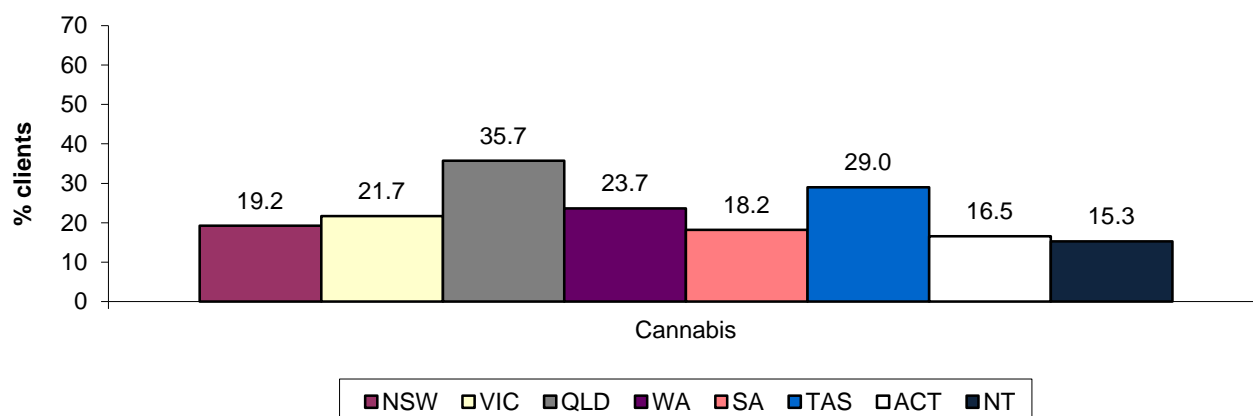
6.2.4 Cocaine

Three percent (N=558) of closed treatment episodes for clients who identified cocaine as the principle drug of concern were recorded in Australia in 2014/15. NSW recorded the highest proportion (0.7%) across the jurisdictions (Australian Institute of Health and Welfare, 2016a).

6.2.5 Cannabis

Data from the AODTS-NMDS indicate that in 2014/15, cannabis was the principle drug of concern in 24% of closed treatment episodes. QLD had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (35.7%), followed by TAS (29%) (Figure 63) (Australian Institute of Health and Welfare, 2016a).

Figure 63: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2014/15*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2016a).

* Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS.

6.2.6 Other drugs

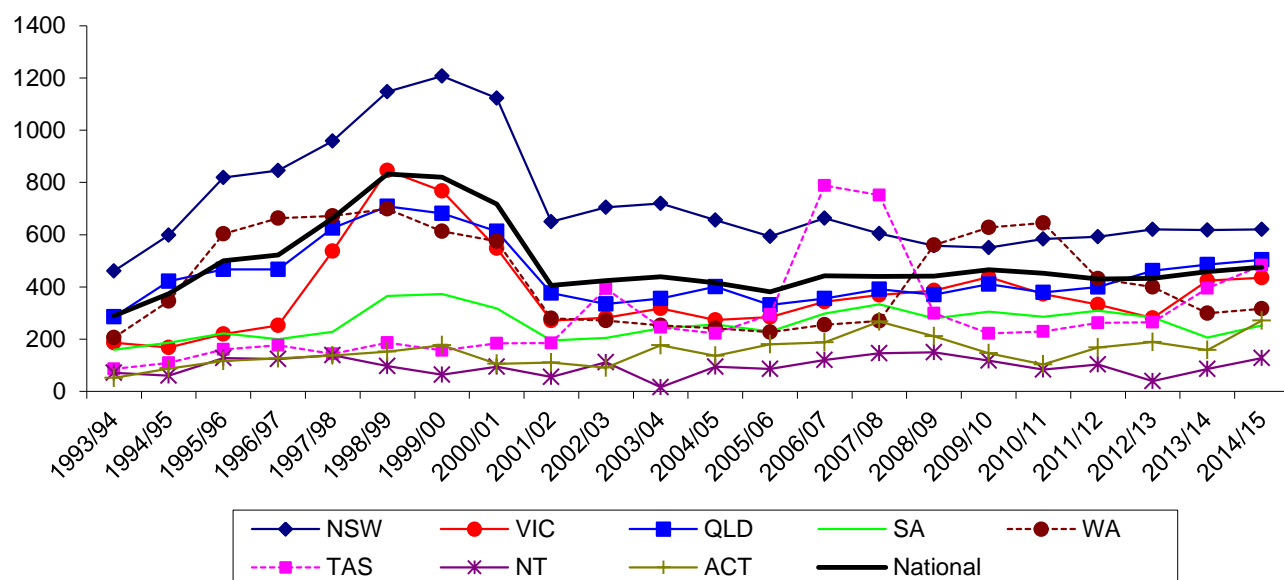
For information on closed treatment episodes relating to other drugs, see reports produced by the AIHW for example (Australian Institute of Health and Welfare, 2016a).

6.3 Hospital admissions

6.3.1 Heroin including other opioids

The number per million persons of inpatient hospital admissions among persons aged 15-54 years, with a principal diagnosis relating to opioids, is shown in Figure 64 (Roxburgh and Breen, 2017). The figure shows a decrease in national opioid-related hospital admissions in 2001/02, consistent with decreases in other heroin-related harms (such as non-fatal and fatal overdoses) documented at this time (Degenhardt et al., 2005), following the heroin shortage of 2001. In 2014/15, the number of opioid-related hospital admissions per million persons at a national level was 475 admissions among persons aged 15-54 years. In 2014/15, NSW recorded the highest number (620) of opioid-related hospital admissions per million persons aged 15-54yrs, followed by QLD (503 admissions per million persons). Data for 2015/16 was unavailable at time of printing.

Figure 64: Rates per million persons of principal opioid-related hospital separations in Australia among persons aged 15–54, 1993–2015



Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Breen, 2017)

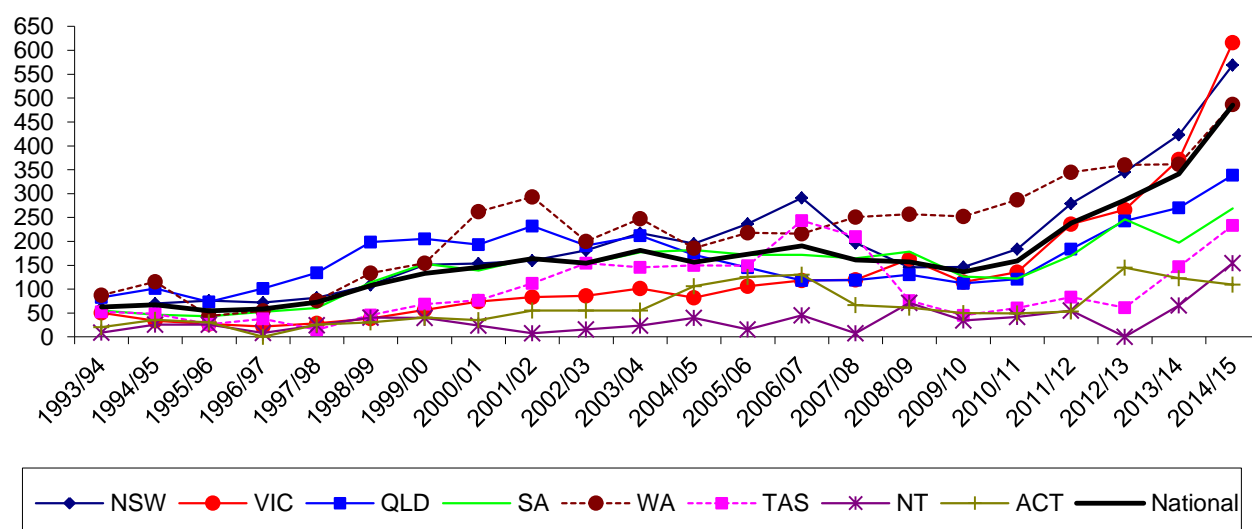
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit.

Note: This graph does not include admissions for withdrawal or psychosis.

6.3.2 Methamphetamine

Figure 65 shows the number of inpatient hospital admissions per million persons, since 1999/00, with a principal diagnosis relating to amphetamines among persons aged 15–54 years (Roxburgh and Breen, 2017). Figures have steadily increased at a national level since 1999/00, peaking at 485 admissions per million persons in 2014/15. VIC recorded the highest number of amphetamine-related hospital admissions in 2014/15 at 615 admissions per million persons. The majority of the jurisdictions (except the ACT) reported an increase in amphetamine-related hospital admissions in 2014/15 (Figure 65). Data for 2015/16 was unavailable at time of printing.

Figure 65: Rates per million persons of principal amphetamine-related hospital separations in Australia among persons aged 15–54, 1993–2015



Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Breen, 2017)

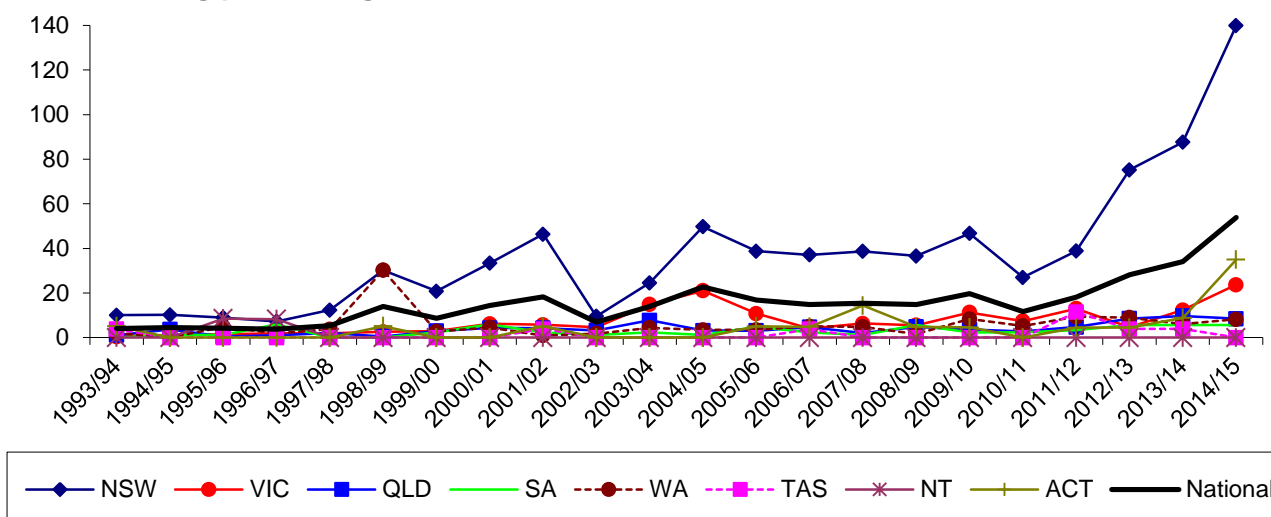
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit.

Note: This graph does not include admissions for amphetamine withdrawal or psychosis.

6.3.3 Cocaine

Figure 66 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine (Roxburgh and Breen, 2017). In 2014/15, the number of cocaine-related hospital admissions was 54 admissions per million persons (an increase from 34 in 2013/14). It should be noted, however, that relative to opioids and amphetamines, these figures are small. NSW has consistently had the highest number of cocaine-related hospital admissions, which reached a peak of 140 admissions per million persons in 2014/15 (Figure 66). Figures were relatively lower in all other jurisdictions. Data for 2015/16 was unavailable at time of printing.

Figure 66: Rates per million persons of principal cocaine-related hospital separations in Australia among persons aged 15–54, 1993–2015



Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Breen, 2017)

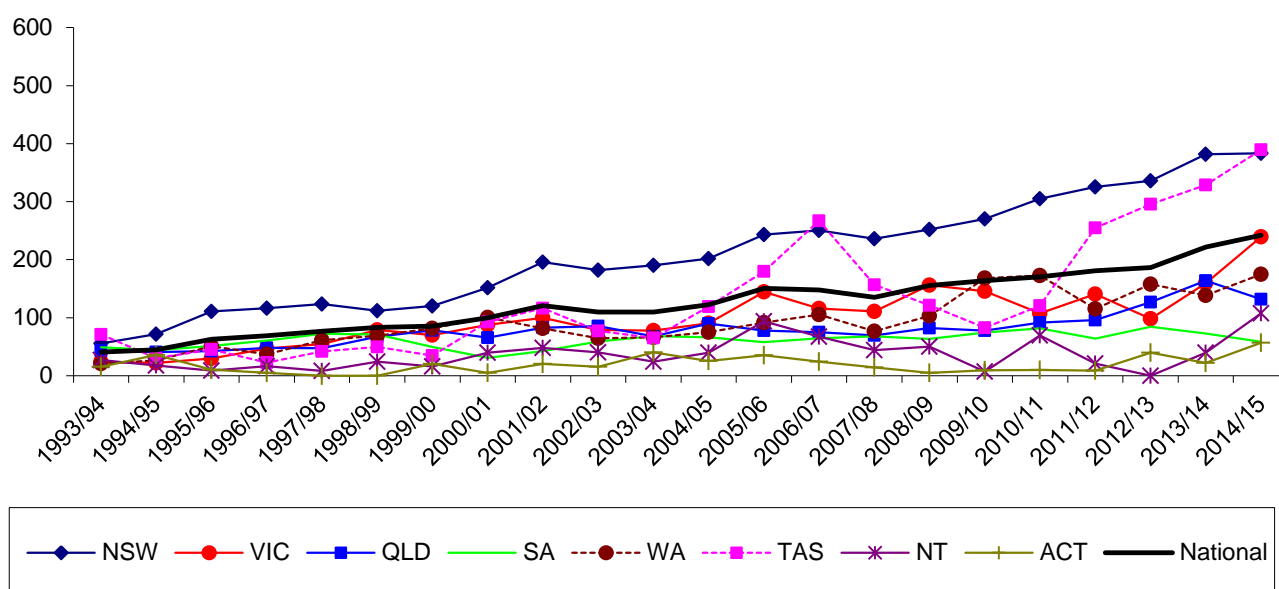
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit.

Note: This graph does not include admissions for withdrawal or psychosis.

6.3.4 Cannabis

Figure 67 shows the number of inpatient hospital admissions per million persons (among those aged 15-54 years) with a principal diagnosis related to cannabis (Roxburgh and Breen, 2017). At a national level these figures have steadily increased over time from 85 admissions per million persons in 1999/00 to 242 per million persons in 2014/15. TAS recorded the highest number of cannabis-related admissions per million persons among people aged 15-54 years in 2014/15 (389 admissions per million persons; Figure 67). Data for 2015/16 was unavailable at time of printing.

Figure 67: Rates per million persons of principal cannabis-related hospital separations in Australia among persons aged 15–54, 1993–2015



Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Breen, 2017)

* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit.

Note: This graph does not include admissions for cannabis withdrawal or psychosis.

6.4 Injecting risk behaviours

6.4.1 Injecting drug use in the general population

It has been estimated that a very low proportion of the Australian general population aged 14 years and over have ever injected or recently injected drugs. Data from the National Drug Strategy Household Survey report in 2013, 1.5% of the population had injected a drug in their lifetime, with 0.3% having injected a drug in the past year. Males were more likely to have recently injected drugs in the past year than females (0.4% versus 0.2%) (Australian Institute of Health and Welfare, 2014).

6.4.2 Access to needles and syringes

In 2016, 860 participants in the national IDRS sample commented on the source for accessing needles. Needle and syringe programs (NSP) were by far the most common source of needles and syringes in the preceding six months (94%), followed by chemists (14%). NSP vending machines were used by 14% of participants nationally (39% of participants in NSW and 20% in TAS). The proportion of participants reporting a friend, partner and/or dealer as the main source to access needles and syringes varied by jurisdiction. Hospitals and outreach/peer workers were also accessed (Table 59). Of the national sample who commented (N=850), 91% reported no trouble accessing needles and syringes in the last month.

Table 59: Main sources of needles and syringes in the preceding six months among those who commented, by jurisdiction, 2016

Accessing from:	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=857	N=860	n=147	n=97	n=175	n=92	n=100	n=69	n=90	n=90
	2015	2016								
% NSP	94	94	88	89	98	100	91	91	97	97
% NSP Vending machine *	15	14	39	12	6	20	12	0	1	13
% Chemist	17	14	13	16	17	17	4	17	2	23
% Partner	3	2	1	2	5	0	3	0	0	0
% Friend	9	9	11	10	14	5	7	3	2	9
% Dealer	4	3	2	2	5	0	5	3	0	3
% Hospital	3	2	7	0	2	0	0	0	0	0
% Outreach/peer worker	4	4	2	0	17	0	0	0	1	1

Source: IDRS participant interviews.

* Vending machines not available in all jurisdictions.

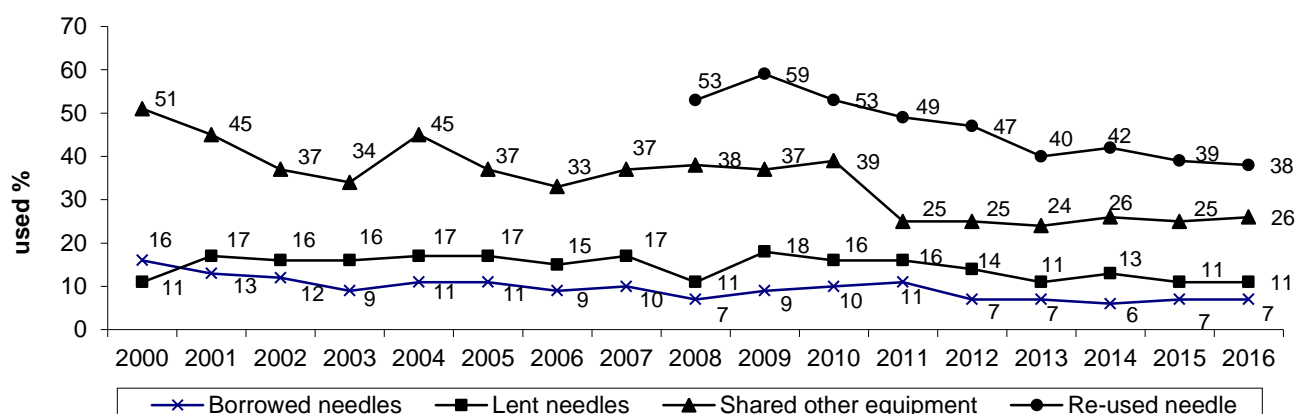
Note: Multiple responses allowed.

6.4.3 Sharing of injecting equipment

The sharing of injecting equipment remains an issue of concern due to the risk of transmission of blood-borne viral infections (BBVI) such as human immunodeficiency virus (HIV) and hepatitis C virus (HCV). Proportions reporting that someone had used a needle after them (i.e. 'lent') and those reporting that they had used a needle after someone else (i.e. 'borrowed') in the last month remained stable in 2016.

In comparison, higher proportions of participants reported reusing their own needle and sharing other injecting equipment such as spoons/mixing containers, filters, tourniquets and water in the month prior to interview. The reusing of their needle and sharing of injecting equipment remained stable between 2015 and 2016 (Figure 68, Table 60).

Figure 68: Borrowing and lending of needles and sharing of injecting equipment in the month prior to interview, 2000–2016



Source: IDRS participant interviews.

Note: Data collection for 'reused own needle' started in 2008.

Proportions reporting borrowing needles varied by jurisdiction, from 3% in the ACT, NT and TAS to 11% in VIC (Table 60 and Figure 69), while lending needles ranged from 4% in TAS and the NT to 18% in VIC (Table 60 and Figure 70).

The self-reported sharing of used injecting equipment not including needles and/or syringes remained relatively stable and varied among the jurisdictions (Figure 71).

IDRS participants were also asked if they reused their own needle due to the known risks associated with reusing needles including increased risk of infection. Nationally, 38% reported reusing their own needle; ranging from 14% in the NT to 54% in NSW (Table 60).

Participants were also asked about the reuse of injecting equipment (not including needles). Fifty-three percent of the national sample reported reusing their own injecting equipment in the last six months, mainly spoons/mixing containers (79%) and tourniquets (39%) (Table 60).

Participants were also asked 'The last time you injected what was the injection site (on the body)?' Of those who commented, the majority (74%) reported injecting in the arm, while 11% reported the hand and 5% the leg (Table 60).

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

Participants who had used a needle after someone else in the last month (n=53) had typically used after a regular partner (51%), close friend (32%), or acquaintance (15%). These participants had usually borrowed a needle on one or two occasions during that time (74%). Nineteen percent reported 'borrowing' a needle on 3–5 occasions in the last month.

Around one-third (31%) of the national sample reported injecting either a partner or friend after injecting themselves with either a new or used needle in the last month. Seventeen percent reported that somebody else injected them after injecting themselves with either a new or used needle in the last month (Table 60).

Table 60: Sharing needles and injecting equipment in last month, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=857	N=860	n=147	n=97	n=175	n=92	n=100	n=69	n=90	n=91
	2015	2016								
% Borrowed a needle	7	7	10	3	11	3	4	6	3	8
% Lent a needle	11	11	12	9	18	4	8	15	4	13
% Shared any injecting equipment * (n)	25 (n=214)	26 (N=219)	26 (n=38)	25 (n=24)	33 (n=58)	10 (n=9)	34 (n=34)	25 (n=17)	22 (n=20)	21 (n=19)
Shared spoon/mixing container	62	74	58	92	86	–	44	77	95	79
Shared filter	17	20	13	17	31	–	15	29	5	26
Shared tourniquet	30	25	21	33	10	–	44	29	25	16
Shared water	24	27	16	29	38	–	27	18	20	37
Shared swabs	3	5	5	13	5	–	6	0	5	0
Shared wheel filter	3	2	0	4	2	–	0	6	0	5
% Reused own needle	39	38	54	35	42	29	40	38	14	39
% Reused own injecting equipment (n)	53 (n=473)	55 (N=475)	61 (n=90)	46 (n=45)	48 (n=84)	46 (n=41)	60 (n=60)	52 (n=36)	70 (n=63)	62 (n=56)
Reused own spoon/missing container	81	79	74	69	92	56	67	92	91	82
Reused own filters	10	11	13	13	25	0	3	17	5	4
Reused own tourniquets	42	39	26	44	17	59	57	50	54	32
Reuse own water	13	16	24	13	21	7	15	11	8	13
Reused own swabs	4	5	12	2	2	0	5	3	6	2
Reused own wheel filter	4	2	4	7	1	0	0	0	2	4
% Last site of injection (n)	(N=852)	(N=857)	(n=147)	(n=97)	(n=174)	(n=90)	(n=100)	(n=69)	(n=90)	(n=90)
Arm	73	74	69	78	73	70	84	73	76	71
Leg	6	5	7	5	2	7	0	3	9	7
Hand/wrist	13	11	11	10	12	12	8	15	12	10
Foot	1	2	1	3	1	2	2	0	0	6
Groin	2	3	3	0	5	3	1	1	2	1
Neck	4	5	8	1	7	6	5	9	0	3
Other	1	1	1	2	0	0	0	0	1	2
% Injected partner/friend after injecting self (with either a new or used needle)	n.a.	31	28	33	33	32	32	36	26	29
% Somebody else injected them after injecting themselves (with either a new or used needle)	n.a.	17	18	10	17	17	24	16	18	19
In the last month, median number of:										
Times injected	25	28	30	24	29	15	24	30	30	30
Times obtained needles/syringes	3	2	4	2	4	2	2	2	1.5	3
Needles/syringes obtained	60	90	60	55	100	48	100	100	100	85
Needles/syringes sold/given away	5	10	2	10	10	4.5	10	20	5	10
Needles/syringes collected for self	20	35	25	24.5	20	20	50	100	100	30
Needles/syringes stored away	8	10	10	8	6.5	11.5	10	40	40	15
Needles/syringes needed to successfully inject each 'hit'	1	1	1	1	1	1	1	1	1	1

Source: IDRS participant interviews.

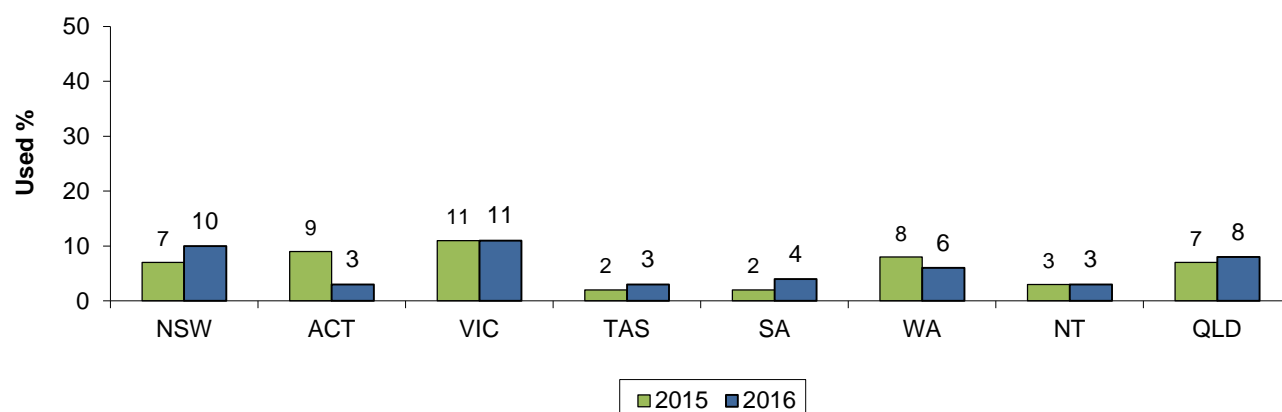
* Includes spoons, water, tourniquets and filters; excludes needles/syringes.

– not published due to small numbers reported (n<10).

n.a. – not available.

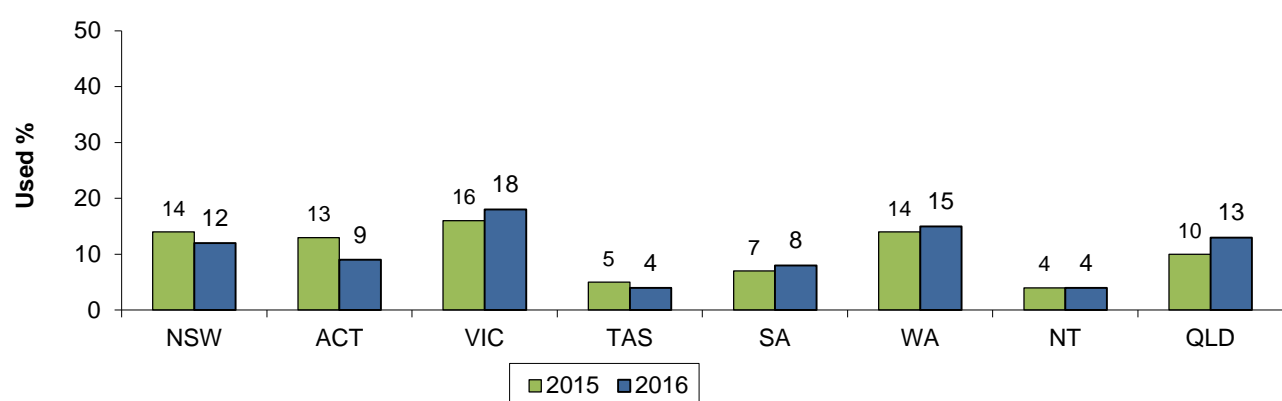
Note: 'Borrowed' – used a needle after somebody else; and 'Lent' – used a needle before somebody else.

Figure 69: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2015–2016



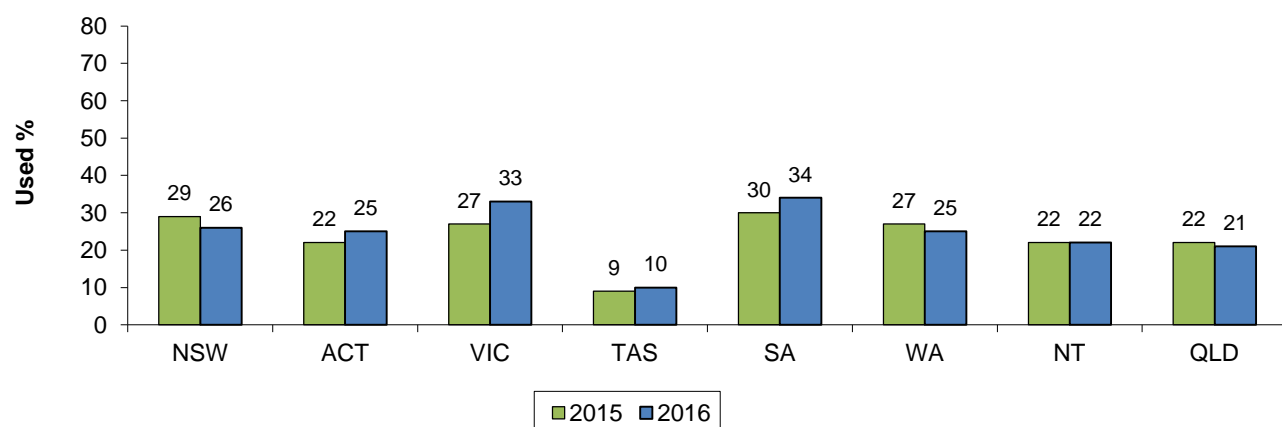
Source: IDRS participant interviews.

Figure 70: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2015–2016



Source: IDRS participant interviews.

Figure 71: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 2015–2016



Source: IDRS participant interviews.

In 2016, participants were asked extra questions about the use of needles and syringes in the last month. Nationally, the median number of times participants had injected in the last month was 28 times. Needles/syringes were obtained on a median of two occasions in the last month. Participants reported a median of 90 needles/syringes obtained and a median of 10 needle/syringes were sold/given away in the last month. Participants collected a median of 350 needle/syringes for themselves and stored away a median of 10 needle/syringes in the last month. Participants also reported using a median of one needle/syringe to successfully inject each 'hit' (Table 60). Of those who commented (N=850), 9% reported that they had trouble getting needles/syringes and 5% reported (N=805 commenting) it difficult to obtain filters in the last month.

6.4.4 Injecting equipment use in the last month

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

Outlined in Table 61 and Table 62, are the results from the IDRS survey compared to the NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2009). The IDRS found similar results to the 2008 ANSPS survey.

In Table 61 over three-quarters (79%; 76% in the ANSPS survey) of the national 2016 sample who commented reported the use of 1ml needle and syringes in the last month followed by a 3ml syringe barrel (18%; 22% in the ANSPS survey) and detached needle (15%; 19% in the ANSPS survey) (Table 61). The reuse of 1ml needle and syringe was reported by 32% of the IDRS sample who commented (32% in the ANSPS survey) and 3% reported the reuse of 3ml syringes (7% in the ANSPS survey) (Table 62). Results from 2015 and 2016 IDRS were similar.

Of those who commented (N=766), 57% reported that they were able to access cotton filters, 45% wheel filters and 27% cigarette filters.

Table 61: Use of injecting equipment in the last month among those who commented, by jurisdiction, 2016

	Australian NSP Survey	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	2015	2016							
% Injecting equipment used in the last month * (n)	(N=2270)	(N=854)	(N=853)	(n=143)	(n=97)	(n=175)	(n=91)	(n=98)	(n=69)	(n=90)
0.5ml needle/syringe	n.a.	6	5	21	3	0	1	7	1	3
01ml needle/syringe	76	79	79	80	81	94	51	83	99	49
3ml syringe (barrel)	22	18	18	13	3	8	32	11	13	43
5ml syringe (barrel)	17	13	14	6	6	2	31	3	1	58
10ml syringe (barrel)	9	8	7	5	7	3	24	6	1	0
20ml syringe (barrel)	6	6	6	6	7	0	25	4	3	1
50ml syringe (barrel)	n.a.	<1	<1	1	1	0	0	0	3	0
Detached needle (tip)	19	13	15	11	4	2	30	6	6	64
Winged view infusion set (butterfly)	12	14	15	9	12	1	67	5	15	9
Wheel filter	11	13	12	8	8	2	33	5	9	33
Other commercial cotton filter	n.a.	19	18	26	23	26	12	8	10	20

Source: IDRS participant interviews and Australian NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2009).

* More than one item could be selected.

n.a. Not applicable.

Table 62: Reuse of injecting equipment in the last month among those who commented, by jurisdiction, 2016

	Australian NSP Survey	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2008	2015	2016							
% Injecting equipment reused in the last month * (n)	(N=2270)	(N=849)	(N=851)	(n=143)	(n=97)	(n=174)	(n=90)	(n=99)	(n=68)	(n=90)
0.5ml needle/syringe	n.a.	3	1	5	0	0	0	1	0	1
1ml needle/syringe	32	30	32	41	37	40	11	33	37	13
3ml syringe (barrel)	7	5	3	3	2	3	6	1	3	2
5ml syringe (barrel)	6	3	2	1	3	1	2	2	2	1
10ml syringe (barrel)	4	2	2	2	0	2	6	1	2	0
20ml syringe (barrel)	3	1	1	1	3	0	2	0	0	0
50ml syringe (barrel)	n.a.	0	0	0	0	0	0	0	0	0
Detached needle (tip)	4	1	1	1	1	1	4	2	2	2
Winged view infusion set (butterfly)	5	3	2	3	4	1	8	0	0	0

Source: IDRS participant interviews and Australian NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2009)

* More than one item could be selected.

6.4.5 Location of injections

Consistent with previous years, the majority of participants (80%) in the national sample reported that they had last injected at a private home, and this remained the most commonly reported location of last injection across all jurisdictions, ranging from 67% in NSW to 96% in the NT. There were jurisdictional variations in other locations of last injection, including public areas (such as the street, a car park or a beach), inside a car, or in a public toilet (Table 63). Six percent of participants in NSW reported last injecting at the Sydney Medically Supervised Injecting Centre (MSIC).

Table 63: Location of last injection, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=852	N=853	n=147	n=97	n=173	n=90	n=98	n=69	n=90	n=89
	2015	2016								
% Private home	80	80	67	83	68	92	88	83	96	79
% Car	5	6	5	2	9	6	7	7	1	6
% Street/car park/beach	5	6	8	6	15	0	1	4	1	8
% Public toilet	5	4	5	6	5	1	3	3	2	8
% Other	5	4	15	3	3	1	1	3	0	0

Source: IDRS participant interviews.

Note: MSIC is included under 'other' in NSW.

6.4.6 Self-reported injection-related health problems

Sixty-six percent of participants in the national sample had experienced an injection-related health problem in the month preceding interview. The most prominent problems were scarring/bruising (47%) and difficulty injecting (41%), most likely indicating poor vascular health among a proportion of this group. Seventeen percent reported they had a 'dirty hit' (i.e. a hit that made them feel sick) in the month preceding interview. Thrombosis and non-fatal overdose remained rare during this period (Table 64).

Table 64: Proportion of injection-related issues in last month, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=851	N=850	n=150	n=100	n=174	n=82	n=99	n=65	n=90	n=90
	2015	2016								
% Any injection related problem	64	66	70	62	70	65	66	59	47	79
% Problem										
Scarring/bruising	46	47	49	40	56	49	48	45	32	58
Difficult injecting	39	41	39	46	43	35	39	43	31	64
Dirty hit	10	7	9	4	7	10	4	9	8	9
Infection/abscess	6	8	11	9	9	5	7	3	4	12
Thrombosis	5	4	4	6	6	4	3	3	0	6
Overdose	3	4	4	5	3	1	8	5	0	6

Source: IDRS participant interviews.

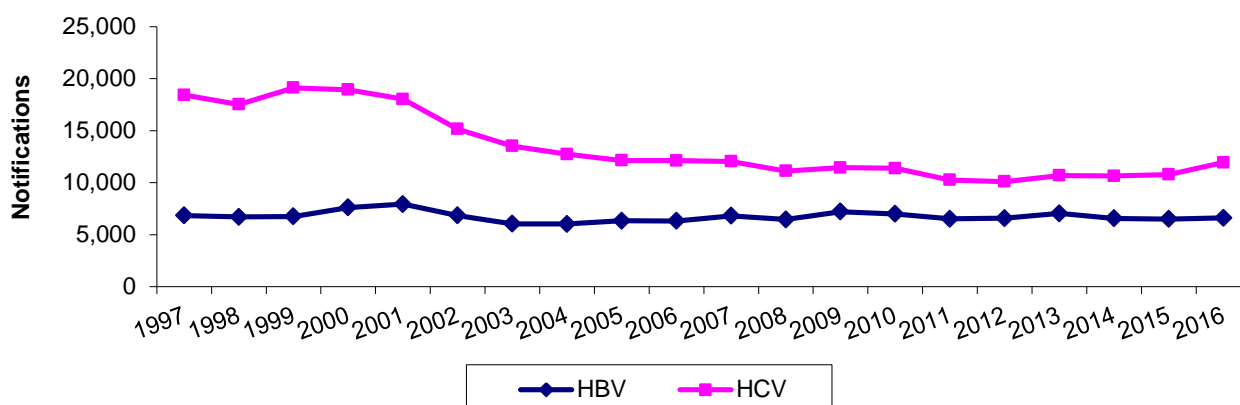
6.5 Blood-borne viral infections

People who inject drugs are at significantly greater risk of acquiring hepatitis B virus (HBV), hepatitis C virus (HCV)⁶ and human immunodeficiency virus (HIV), as BBVI can be transmitted via the sharing of needles, syringes and equipment.

Figure 72 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network–National Notifiable Diseases Surveillance System (NNDSS). Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. In 2016, the number of HBV notifications recorded (6,566) were similar to 2015 (6,497 in 2015). While the number of HCV notifications recorded in 2016 (11,843) slightly increased compared to those recorded in 2015 (10,773). HCV continued to be more commonly notified than HBV.

⁶ HCV antibody testing has only been available since 1990.

Figure 72: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997–2015



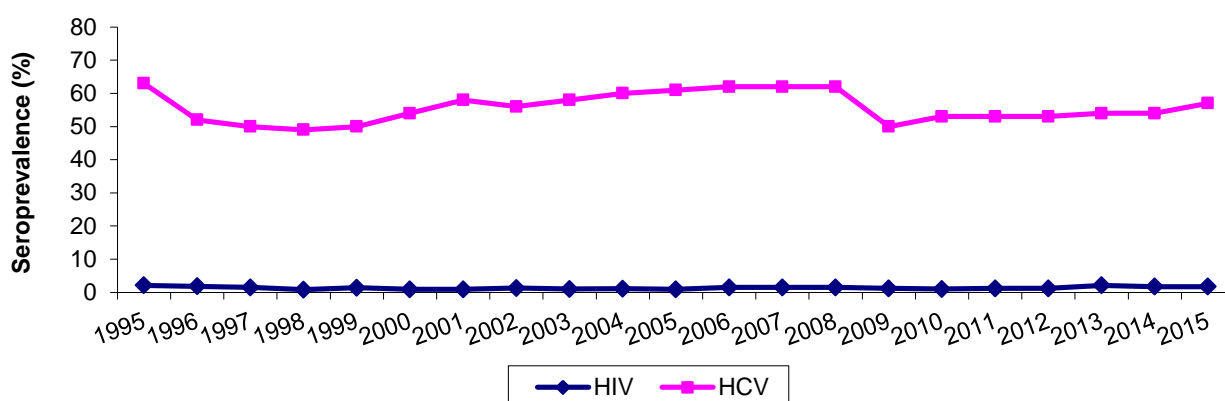
Source: Communicable Diseases Network – Australia – NNDSS http://www9.health.gov.au/cda/source/rpt_2.cfm (Data accessed on 13 February 2017. Figures are updated on an ongoing basis).

Notes on interpretation: The quality and completeness of data compiled in the NNDSS are influenced by various factors.

Notifications may be required from treating clinicians, diagnostic laboratories or hospitals. In addition, the mechanism of notification varies between states/territories and in some cases different diseases are notifiable by different mechanisms. The proportion of cases seen by health care providers which are the subject of notification to health authorities is not known with certainty for any disease, and may vary among diseases, between jurisdictions and over time.

The prevalence of HIV among people who inject drugs in Australia has remained low at 2.1% or less since 1995. The prevalence of HIV in 2015 was 1.7% (Figure 73). HCV prevalence among this group was much higher at 61% to 62% from 2005 to 2008, however, this figure was lower at 57% 2015 (Figure 73) (Memedovic et al., 2016).

Figure 73: HIV and HCV antibody prevalence among participants recruited for the Australian NSP Survey, 1995–2015



Source: Australian NSP Survey (Iversen and Maher, 2015, Memedovic et al., 2016).

Note: Respective sample sizes for the NSP Survey were: 2000: 2,694; 2001: 2,454; 2002: 2,445; 2003: 2,495; 2004: 2,035; 2005: 1,800; 2006: 1,961; 2007: 1,912; 2008: 2,270; 2009: 2,697; 2010: 2,396; 2011: 2,395; 2012: 2,391; 2013: 2,407; 2014: 2,378; 2015: 2,304.

6.6 Alcohol Use Disorders Identification Test-Consumption

People who regularly inject drugs are particularly at risk for alcohol related harms due to a high prevalence of HCV. Over half (57%) of the participants interviewed in the Australian NSP Survey 2015 were found to have HCV antibodies (Memedovic et al., 2016). Given that the consumption of alcohol has been found to exacerbate HCV infection and to increase the risk of both non-fatal and fatal opioid and depressant overdose (Coffin et al., 2007, Schiff and Ozden, 2004, Darke, 2000, Darke et al., 2007) it is important to monitor risky drinking among PWID.

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

Among IDRS participants who drank alcohol in the past year and commented (N=557), 42% reported drinking monthly or less. Around two-thirds (67%) of those who drank alcohol in the past year reported drinking six or more standard drinks in the past year. The overall mean score on the AUDIT-C was 5.3 (median=5; range=1–12). Males scored higher than females on the AUDIT-C (5.4 versus 5.0), however this result was not significant. According to Dawson and colleagues (Dawson et al., 2005) and Haber and colleagues (Haber et al., 2009) *Guidelines for the Treatment of Alcohol Problems* a cut-off score of five or more indicated that further assessment was required.

Half (50%) of the participants who drank in the past year scored 5 or more on the AUDIT-C, ranging from 41% in NSW to 61% in the ACT. Half (50%) of both males and females scored 5 or more indicating the need for further assessment (Table 65).

Table 65: AUDIT-C among people who injected drugs and drank alcohol in the past year, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2015	2016								
Mean AUDIT-C score	5.3	5.3	4.7	6.2	5.8	5.4	5.3	4.8	4.9	5.1
SD (range)	3.6 (1–12)	3.5 (1–12)	3.5 (1–12)	3.8 (1–12)	3.7 (1–12)	3.0 (1–12)	3.3 (1–12)	3.4 (1–12)	3.4 (1–12)	3.6 (1–12)
% Score of 5 or more * (n)	(N=594)	(N=557)	(n=100)	(n=56)	(n=105)	(n=60)	(n=64)	(n=53)	(n=55)	(n=64)
All participants	51	50	41	61	51	55	53	51	49	47
Males (N=406)	55	50	45	66	49	60	45	54	50	46
Females (N=187)	42	50	30	52	56	48	65	44	47	50

Source: IDRS participant interviews.

*Among those who drank alcohol in the past year.

6.7 Opioid and stimulant dependence

In 2016, the participants in the IDRS were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids. Understanding whether participants are dependent is an important predictor of harm, and provides information to complement quantity and frequency of use measures.

The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Dawe et al., 2002).

Previous research has suggested that a cut-off of four is indicative of dependence for methamphetamine users (Topp and Mattick, 1997) and a cut-off value of three for cocaine (Kaye and Darke, 2002). No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of five for the presence of dependence.

Of those who had recently used an opioid and commented (N=704), the median SDS score was seven (mean 7.1; range=0–15), with 75% scoring five or above, indicating dependence. There were no significant differences between males and females. The majority of participants who scored five or more (N=528) were male (68%). Of those who scored five or above, 52% reported specifically attributing responses to heroin, 19% methadone, 16% morphine, 8% buprenorphine and 2% oxycodone.

Of those who had recently used a stimulant and commented (N=630), the median SDS score was three (mean 4.1; range=0–15), with 48% scoring four or above indicating dependence. There were no significant differences between males and females. The majority of participants who scored four or more (N=303) were male (64%). Of those who scored four or above, 95% reported specifically attributing responses to methamphetamines, 2% cocaine and 2% pharmaceutical stimulants.

6.8 Mental health problems and psychological distress

6.8.1 Self-reported mental health problems

Among the general population surveyed (around 16 million) for the National Survey of Mental Health and Wellbeing 2007, 45% reported a lifetime mental disorder, with 20% reporting any mental disorder symptoms in the last 12 months. Of those who reported a mental disorder in the last 12 months: 14% reported an anxiety disorder, 6% affective disorder and 5% a substance use disorder (Australian Bureau of Statistics, 2007).

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

In the IDRS, 43% percent of participants self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence). Around one-third (29%) reported seeing a mental health professional during the last six months and this remained stable between 2015 and 2016. See Table 66 for breakdown of these results by jurisdiction.

Of those who reported attending a mental health professional (N=251), 71% reported visiting a GP, 27% a psychologist, 26% visited a psychiatrist, 22% a counsellor, 9% social worker, 6% a mental health nurse, 6% a psychiatric ward, 2% a hospital emergency department and 4% a community nurse.

The most common reported mental health problem was depression (29%), followed by anxiety (22%). Mania, bipolar disorder, phobia, panic, obsessive-compulsive disorder, paranoia, personality disorder, schizophrenia, drug-induced psychosis and psychosis (not drug induced) were each reported by 7% or less of the national sample.

Table 66: Self-reported mental health problems experienced in the preceding six months, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=834	N=863	n=149	n=100	n=175	n=86	n=101	n=71	n=90	n=91
	2015	2016								
% Any self-reported mental health problem in the last six months	44	43	35	40	60	47	49	34	21	48
% self-reported mental health problem										
Depression	29	29	21	26	43	33	31	24	17	26
Anxiety	21	22	17	17	35	30	21	21	10	19
Manic-depression/Bipolar	5	5	3	7	5	6	5	11	1	7
Schizophrenia	6	5	6	4	10	3	5	1	2	4
Post traumatic stress disorder	6	7	6	7	6	5	8	13	2	11
Panic	5	5	2	0	9	8	8	11	2	2
Paranoia	3	4	1	0	8	8	6	6	2	1
% Attended health professional for mental health problem	31	29	23	29	43	31	32	27	12	25
% Health Professional attended	(N=274)	(N=251)	(n=35)	(n=29)	(n=75)	(n=27)	(n=32)	(n=19)	(n=11)	(n=23)
General Practitioner	66	71	49	69	71	85	78	84	73	65
Psychiatrist	28	26	60	17	17	22	31	11	18	22
Psychologist	27	27	26	31	24	26	34	21	18	35
Counsellor	19	22	23	21	19	30	19	21	18	30
Community nurse	2	4	3	14	5	0	0	0	0	4
Mental health nurse	6	6	0	7	9	4	3	5	9	13
Emergency Department	3	2	3	0	3	0	3	5	9	0
Psychiatric ward	3	6	11	0	5	0	3	11	0	13
Social worker	7	9	0	3	13	19	9	5	9	9
Other	6	4	9	0	3	4	6	0	9	0

Source: IDRS participant interviews.

* Among those who reported a mental health issue.

n.a. Not available.

Among those who reported a recent mental health problem and commented (N=373), 58% reported having been prescribed medication for this problem during this time period. Of those who were prescribed medication (N=212), 56% were prescribed antidepressants, most commonly mirtazepine N=27 (e.g. Avanza®), venlafaxine N=13 (e.g. Efexor®), sertraline N=12 (e.g. Zoloft®), escitalopram N=11 (e.g. Lexapro®), amitriptyline N=11 (e.g. Endep®), citalopram N=6 (e.g. Cipramil®) and fluoxetine N=4 (e.g. Prozac®). Forty percent of those with a mental health problem had been prescribed an antipsychotic, most commonly quetiapine N=39 (e.g. Seroquel®), olanzapine N=17 (e.g. Zyprexa®), zuclopenthixol N=6 (Clopixol®), aripiprazole N=5 (Abilify®) and risperidone N=4 (e.g. Risperdal®). Seven percent of those with a self-reported mental health problem were prescribed a mood stabilizer, most commonly sodium valproate N=11 (e.g. Epilim®).

Benzodiazepines had been prescribed (as participants understood it) specifically for a mental health problem (rather than for any other problem, (e.g. sleeping difficulties or during detoxification) among 48% of those who had been prescribed medication for a mental health problem in the preceding six months. Diazepam N=78 (e.g. Valium®) was most commonly prescribed and alprazolam (e.g. Xanax®) was prescribed to six participants.

6.8.2 The K10 psychological distress scale

The Kessler Psychological Distress Scale 10 (K10) was also administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5)/the Structured Clinical Interview for DSM (SCID) disorders (American Psychiatric Association, 2013, Kessler and Mroczek, 1994, Kessler et al., 2002). The K10 relates to the level of anxiety and depressive symptoms a person may have felt in the preceding four week period (Australian Institute of Health and Welfare, 2014).

The minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress) (Andrews and Slade, 2001). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews and Slade, 2001, Furukawa et al., 2003). Among IDRS participants who completed the full scale (N=825), the mean score was 24.1 (median 23; SD 8.8; range=10–50). Over one-quarter (27%) of the national sample scored 30 or more indicating 'very high levels' of distress.

The 2013 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2014) and the 2014–15 National Health Survey (Australian Bureau of Statistics, 2015), provided the most recent Australian population norms available for the K10, and used four categories to describe degree of distress: scores from 10–15 were considered to be 'low'; 16–21 as 'moderate'; 22–29 as 'high'; and 30–50 as 'very high'. Using these categories, IDRS participants reported greater levels of 'high' and 'very high' distress compared to the general population (Australian Institute of Health and Welfare, 2014, Australian Bureau of Statistics, 2015) (Table 67). People reporting 'very high' levels of distress have been identified as possibly requiring clinical assistance.

Table 67: K10 scores (percent), by jurisdiction (method used in National Drug Strategy Household Survey and National Health Survey), 2016

K10 category	National Drug Strategy Household Survey 2013 (%)	National Health Survey 2014–2015 (%)	IDRS (%)									
			National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
			N=821	N=825	n=143	n=93	n=171	n=80	n=100	n=64	n=89	n=85
			2015	2016								
No or low distress (score 10–15)	69.3	68.0	22	18	10	18	8	18	28	25	32	21
Moderate distress (score 16–21)	20.6	19.5	23	25	24	28	23	43	13	22	23	28
High distress (score 22–29)	7.2	8.0	27	30	39	28	32	14	33	34	27	25
Very high distress (score 30–50)	2.8	3.7	28	27	27	26	37	26	26	19	19	26

Source: IDRS participant interviews; (Australian Institute of Health and Welfare, 2014, Australian Bureau of Statistics, 2015).

Note: The extent to which cut-offs derived from population samples can be applied to the IDRS population is yet to be established and, therefore, these findings should be taken as a guide only.

Participants were also asked 'In general, would you say your health is excellent, very good, good, fair or poor?' Of those who commented (N=852), 5% reported their health as 'excellent', 11% 'very good', 42% 'good', 30% 'fair' and 13% 'poor'. This compares to 17.2% of the general population reporting their health as 'excellent', 38.2% reporting 'very good', 32.1% 'good', 10.6% 'fair' and 2% 'poor' (Australian Institute of Health and Welfare, 2014).

6.9 Naloxone program and distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids, particularly in the case of overdose. In Australia, naloxone has largely been available for use by medical doctors (or those auspiced by medical doctors such as nurses and paramedics) for overdose response. In 2012 a take-home naloxone program commenced in the ACT through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose as part of a comprehensive overdose response package. This program was shortly followed by similar programs in NSW, VIC, and WA. In early 2016, the Australian Therapeutic Goods Administration (TGA) effectively placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased over-the-counter (OTC) at pharmacies without a prescription (Lenton et al., 2016) but dual listing means it is still available at reduced cost via prescription.

Since 2013, the IDRS has included a series of questions about take-home naloxone and naloxone more broadly. Of the participants who commented in 2016 (N=832), 86% had heard of naloxone (ranging from 70% in SA to 96% in VIC). Nearly two-thirds (60%) of those who had heard of naloxone (N=697) reported that naloxone was used to 'reverse heroin', and 29% reported the use of naloxone to 're-establish consciousness'. Fifteen percent said naloxone was used to 'help start breathing' and 19% gave 'other' reasons (Table 68).

Participants were then asked if they had heard about take-home naloxone programs. Among the national sample who commented (N=830), 49% reported that they had heard of take-home naloxone programs (ranging from 19% in SA to 80% in the ACT), while 51% had not (Table 68). Nationally, six percent reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program (ranging from 2% in SA to 12% in the ACT).

Of the national sample who commented (N=830), 18% reported that they had completed training in naloxone administration and had received a prescription for naloxone (ranging from 3% in SA to 48% in the ACT; nationally 17% in 2015). Of those who had completed the course (N=151), 46% had used the naloxone to resuscitate someone who had overdosed (mean 2 people; range=1–24).

In 2016, participants were asked if they had heard about the rescheduling of naloxone (which is now available OTC without a prescription). Of the national sample who commented (N=827), 13% reported that they had heard about the rescheduling (Table 68). Participants were then asked how much they would be willing to pay OTC at a pharmacy for naloxone in a prefilled syringe with accompanying needle and instruction materials. Forty-one percent stated that naloxone OTC should be free and cost \$0 and 15% were will to pay either \$5 or \$30.

Participants were then asked if they had been resuscitated with naloxone by someone who obtained naloxone OTC from a pharmacy. Of the national sample who commented (N=829), 2% reported that they had been resuscitated with naloxone which was obtained OTC at a pharmacy. Two percent (N=13) reported that they had themselves obtained naloxone OTC without a prescription from a pharmacy (mainly in the ACT).

Of those who had obtained naloxone OTC from a pharmacy (N=13), five reported that they had resuscitated someone who had overdosed. The median number of people attempted to resuscitate by injecting them with naloxone purchased from OTC was three.

Participants who had not obtained naloxone OTC without a prescription from a pharmacy were asked: 'Now that naloxone is available OTC would you purchase it from a pharmacy?' Of the national sample who commented (N=805), 66% reported that they would purchase naloxone OTC. Participants were asked if they would (a) carry naloxone on your person? (b) administer naloxone after witnessing someone overdose? and (c) stay with someone after giving them naloxone? Seventy-six percent of those who commented (N=439) reported that they would carry the naloxone on their person, 99% reported that they would administer naloxone after witnessing someone overdose and 97% reported that they would stay after giving the naloxone.

Table 68: Take-home naloxone program and distribution (among those who commented), by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=856	N=792	n=141	n=86	n=160	n=74	n=100	n=64	n=89	n=78
	2015	2016								
% Heard of naloxone	87	86	89	94	96	81	70	91	74	86
% Naloxone description (n)	(N=675)	(N=697)	(n=125)	(n=87)	(n=155)	(n=68)	(n=63)	(n=64)	(n=66)	(n=69)
Reverses heroin	60	60	50	69	72	44	67	47	62	62
Help start breathing	12	15	14	15	23	15	6	8	18	16
Re-establish consciousness	31	29	30	23	37	16	35	19	35	25
Other	23	19	23	15	4	35	13	30	18	30
% Heard of the take-home naloxone program (n)	(N=796)	(N=830)	(n=147)	(n=91)	(n=164)	(n=86)	(n=100)	(n=70)	(n=89)	(n=83)
Yes	52	49	52	80	65	24	19	73	34	36
No	48	51	48	20	35	76	79	27	66	64
% Heard of the naloxone rescheduling * (N)	n.a.	(N=827)	(n=147)	(n=91)	(n=164)	(n=86)	(n=100)	(n=67)	(n=89)	(n=83)
Yes	n.a.	13	14	14	17	5	6	24	9	15
No	n.a.	86	85	86	81	95	94	75	91	86

Source: IDRS Injecting drug user interviews.

* naloxone over the counter from a pharmacy without a prescription.

n.a. not available.

6.10 Driving risk behaviour

Of the national sample, around half (49%) had driven a car, motorcycle or other vehicle in the last six months. Of those who had driven recently (N=351), 9% reported driving while over the legal limit of alcohol and 75% reported driving soon after using an illicit drug in the last six months (Table 69).

Table 69: Driving behaviour, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=751	N=721	n=145	n=76	n=90	n=81	n=95	n=69	n=82	n=83
	2015	2016								
% Driven in the last six months (n)	51	49	29	43	60	48	58	64	61	41
Driven last six months:	(N=383)	(N=351)	(n=42)	(n=33)	(n=54)	(n=39)	(n=55)	(n=44)	(n=50)	(n=34)
% Driven over the legal alcohol limit in the last six months	9	9	4	18	6	10	9	9	6	12
% Driven soon after using an illicit drug(s) last six months	71	75	69	52	80	80	80	81	72	82

Source: IDRS participant interviews.

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Thirty-nine percent of the national sample reported engagement in 'any' criminal activity in the preceding month. The most common forms of crimes reported were drug dealing and property crime.
- Thirty-one percent of the sample reported having been arrested in the preceding 12 months, mainly for property crime.
- In 2014/15, numbers of consumer and provider arrests for heroin and other opioids, amphetamine-type stimulants (including phenethylamines such as 3,4-methylenedioxymethamphetamine [MDMA]), cocaine and cannabis were higher than 2013/14 numbers.
- Cocaine arrests were higher in NSW and remained low and stable elsewhere. Cannabis arrests continued to account for the majority of all drug-related arrests in Australia.
- Among participants who had spent money on illicit drugs on the day before interview (59%), the median expenditure was \$90.

Please refer to the earlier section 'Health-related trends associated with drug use' (see page 95) for information about drug driving risk behaviour, an issue that can be considered to be health and/or law enforcement-related.

7.1 Reports of criminal activity

Table 70 shows self-reported criminal activity in the month preceding interview by jurisdiction. Over one-third (39%) of the national sample had engaged in at least one of the listed criminal activities in the preceding month, with the most commonly reported activities being drug dealing (26%) and property crime (19%). Small proportions (4%) reported being the perpetrator of violent crime but 14% reported being a victim of violent crime in the past month. No significant differences were found between 2015 and 2016. Proportions reporting engaging in drug dealing ranged from 13% in the NT to 39% in WA. Proportions reporting engaging in property crime ranged from 9% in the NT to 23% in QLD. Violence and fraud were less commonly reported among the jurisdictional samples. Refer to Appendix I, Figure I1 for comparable data over time nationally.

Table 70: Self-reported criminal activity in the month preceding the interview, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=855	N=857	n=149	n=97	n=170	n=91	n=99	n=70	n=90	n=91
	2015	2016								
% Crime in the last month										
Drug dealing	27	26	30	26	20	23	29	39	13	35
Property	17	19	22	14	22	22	19	16	9	23
Fraud	4	4	6	0	8	1	1	1	2	9
Violence	4	4	6	1	4	4	4	4	1	4
% Any crime	39	39	41	33	40	36	41	46	22	47
% Victim of crime in last month	14	10	10	13	10	8	10	10	7	10

Source: IDRS participant interviews.
n.a. – not available.

7.2 Arrests

Thirty-one percent of the 2016 national sample reported having been arrested in the 12 months preceding interview, ranging from 20% in the NT to 44% in QLD. (Table 71 and Figure 74). For national trends over time please refer to Appendix I, Figure I2.

Among those participants who commented and reported being arrested in the last year (N=263), around one-third reported being arrested for property crime (28%) and 18% for a crime involving violence (Table 71).

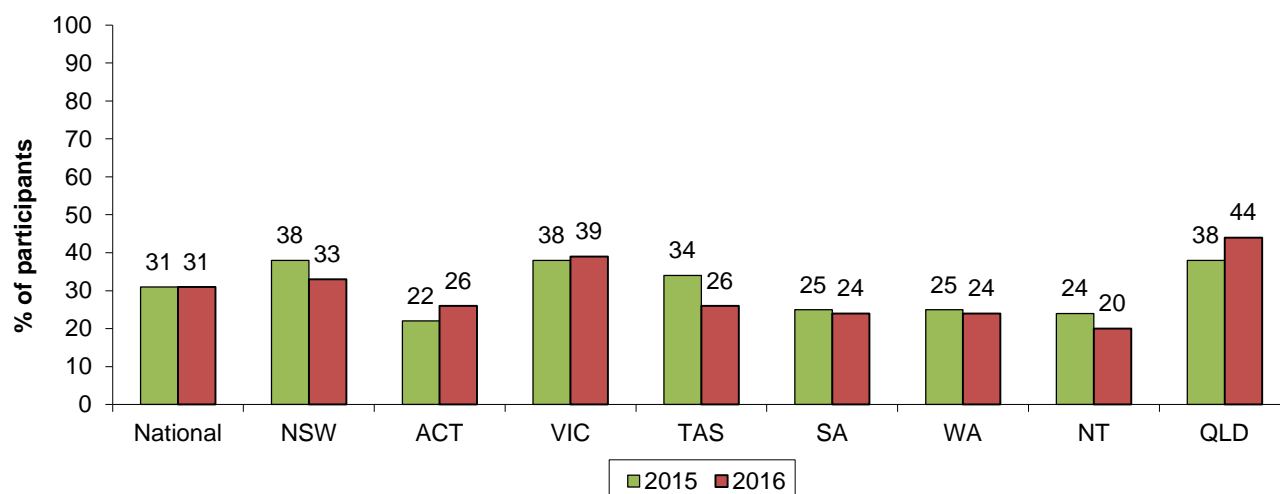
Table 71: Main reasons for arrest in the last 12 months, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=855	N=857	n=149	n=97	n=170	n=91	n=99	n=70	n=90	n=91
	2015	2016								
% Arrested last 12 months	31	31	33	26	39	26	24	24	20	44
% Reason for arrest* (n)	(N=257)	(N=263)	(n=48)	(n=25)	(n=67)	(n=24)	(n=24)	(n=17)	(n=18)	(n=40)
Use/Possession drugs	16	24	29	8	21	13	8	24	33	45
Property crime	32	28	25	16	40	29	25	18	17	30
Violent crime	18	18	21	40	19	8	17	12	11	8
Driving offence	12	8	2	8	5	25	25	6	0	8
Use/Possession of weapons	4	4	0	4	6	0	4	12	0	5
Other offence	25	27	25	8	25	21	17	35	22	55

Source: IDRS participant interviews.

* Among those arrested in the last 12 months. Multiple responses allowed.

Figure 74: Arrested in the preceding 12 months, by jurisdiction, 2015–2016



Source: IDRS participant interviews.

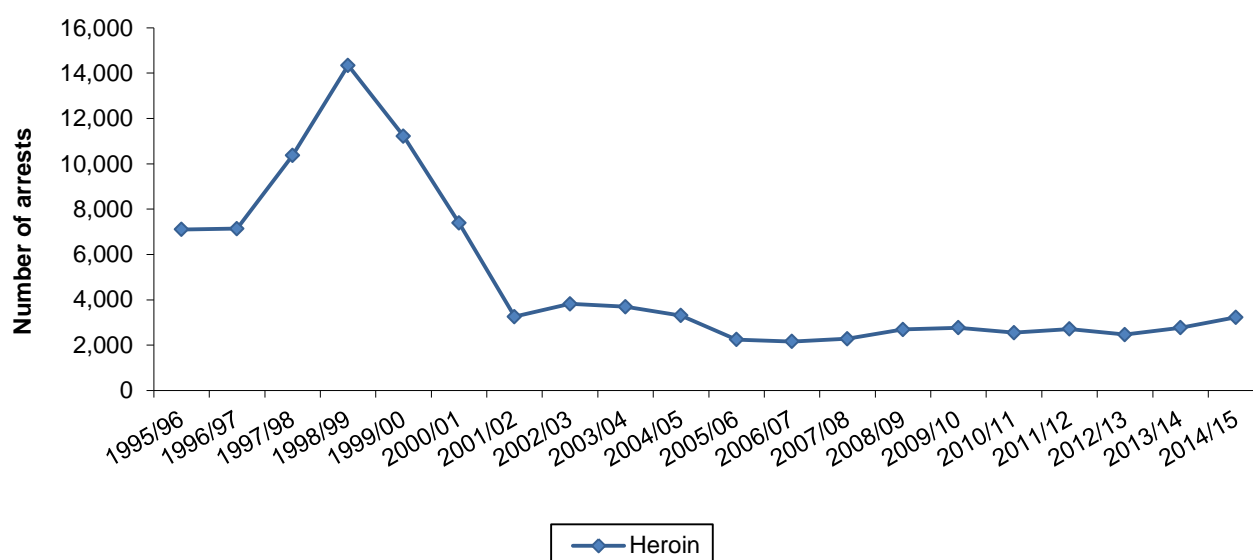
In addition to IDRS participant data on arrest over the past year, population level statistics related to drug use up to 2014/15 are also available from the Australian Criminal Intelligence Commission (previously know as the Australian Crime Commission).

Arrest data can indicate changes in activity of users, the people involved in supplying illicit drugs, and/or changes in the focus of police activity. Arrests are divided into consumer and provider offences to differentiate between people arrested for trading in (providers) as opposed to using (consumers) illicit drugs (Australian Criminal Intelligence Commission, 2016).

7.2.1 Heroin

In 2014/15, numbers of consumer and provider arrests for heroin and other opioids increased from 2,771 in 2013/14 to 3,227. Arrests have steadily declined since 1998/99 and have remained fairly stable since 2005/06 (Figure 75). Data for 2015/16 were not available at the time of publication of this report.

Figure 75: Total number of heroin and other opioid consumer and provider arrests, 1995/96–2014/15

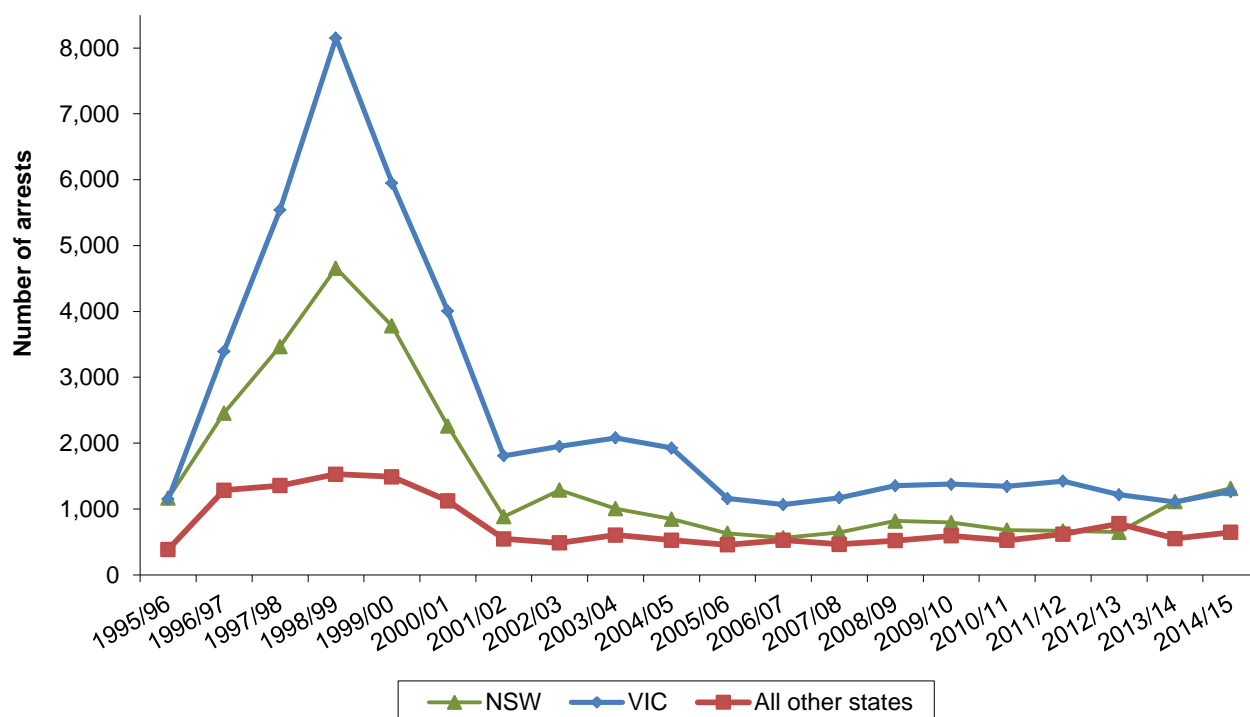


Source: Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, Australian Criminal Intelligence Commission, 2016.

Note: The arrest data for each state and territory include AFP data. Data for 2015/16 were not available at the time of publication.

Figure 76 shows the total number of arrests for heroin and other opioids in NSW and VIC compared to all other jurisdictions. The number of arrests in NSW slightly increased while VIC and the other states remained fairly stable in 2014/15. Data for 2015/16 were not available at the time of publication of this report.

Figure 76: Total number of heroin and other opioids consumer and provider arrests for NSW and VIC versus all other jurisdictions, 1995/96–2014/15



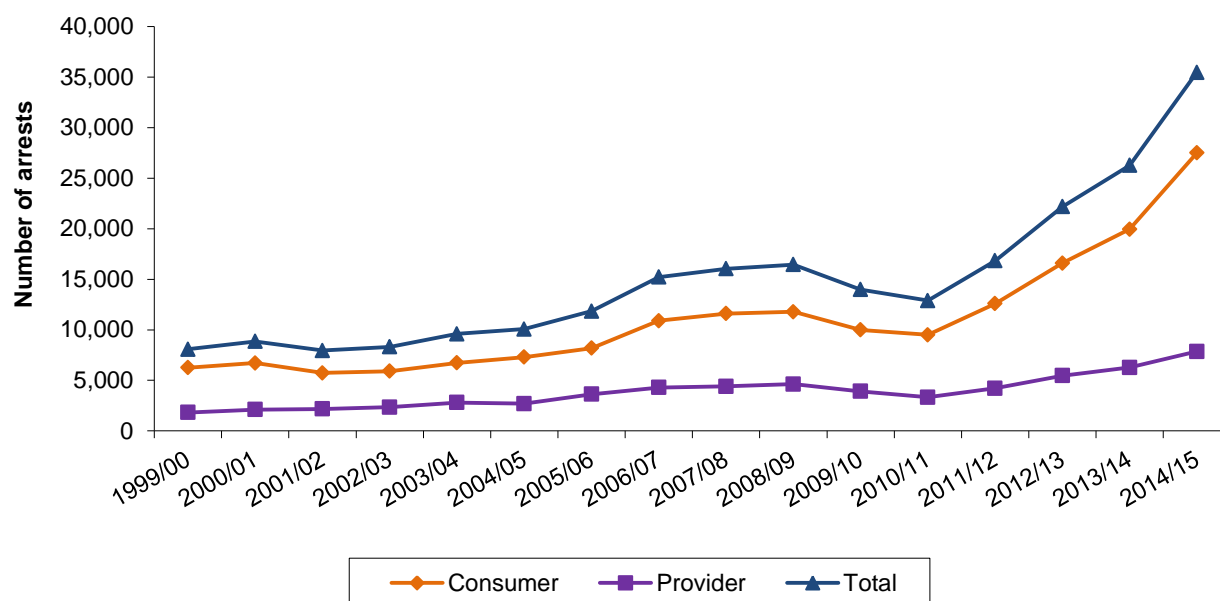
Source: Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, Australian Criminal Intelligence Commission, 2016.

Note: The arrest data for each state and territory include AFP data. Data for 2015/16 were not available at the time of publication.

7.2.2 Methamphetamine

It should be noted that a number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants (ATS) and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Criminal Intelligence Commission, 2016). In 2014/15, the total number of consumer and provider arrests increased from 26,269 in 2013/14 to 35,468 (Figure 77). Data for 2015/16 were not available at the time of publication of this report.

Figure 77: Total number of amphetamine-type stimulants: consumer and provider arrests, 1999/2000–2014/15



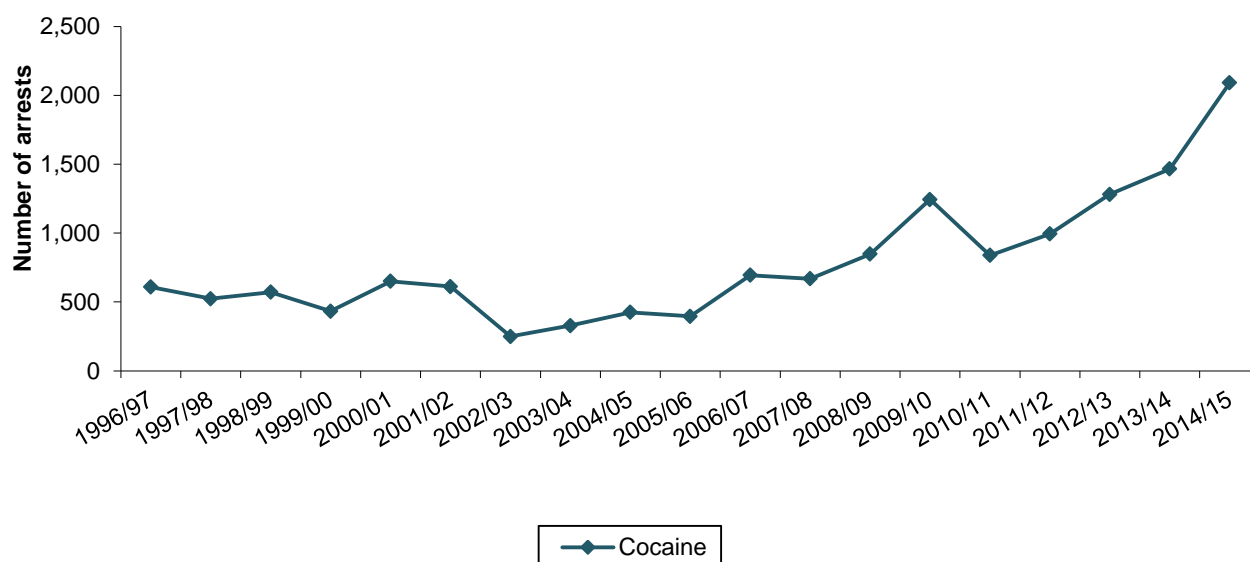
Source: Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, Australian Criminal Intelligence Commission, 2016.

Note: Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated. Data for 2015/16 were not available at the time of publication.

7.2.3 Cocaine

In 2014/15, the number of cocaine arrests Australia wide increased from 1,466 in 2013/14 to 2,092 (Figure 78). The majority of these arrests (54%) were in NSW, which is consistent with IDRS reports of the predominance of cocaine use in NSW relative to other jurisdictions. In NSW, the number of arrests increased from 831 in 2013/14 to 1,123 in 2014/15. Data for 2015/16 were not available at the time of publication of this report.

Figure 78: Total number of cocaine consumer and provider arrests, 1996/97–2014/15



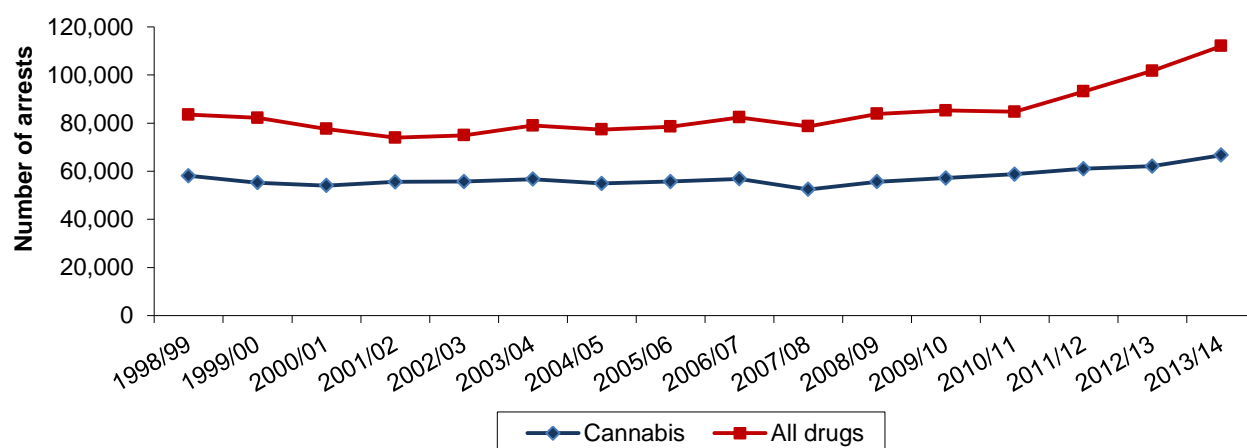
Source: Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, Australian Criminal Intelligence Commission, 2016.

Note: The arrest data for each state and territory include AFP data. Data for 2015/16 were not available at the time of publication.

7.2.4 Cannabis

Cannabis arrests continue to account for the majority (56%) of all drug-related arrests in Australia (Figure 79). Numbers increased from 66,684 in 2013/14 to 75,105 in 2014/15. As in previous years, the number of cannabis arrests in QLD (23,850) accounted for nearly one-third (32%) of the national total. Numbers slightly increased in NSW from 15,756 in 2013/14 to 16,795 in 2014/15. Data for 2015/16 were not available at the time of publication of this report.

Figure 79: Total number of cannabis and all drug consumer and provider arrests, 1998/99–2014/15



Source: Australian Crime Commission, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, Australian Criminal Intelligence Commission, 2016.

Note: The arrest data for each state and territory include AFP data. Data for 2014/15 were not available at the time of publication.

7.3 Expenditure on illicit drugs

Among the national sample who commented, 42% reported not spending money on illicit drugs the day prior to interview, ranging from 25% in NSW to 56% in QLD. The median amount spent by those who had purchased drugs was \$90 nationally, ranging from \$55 in QLD to \$150 in WA (Table 72).

Table 72: Expenditure on illicit drugs on the day preceding interview among those who commented, by jurisdiction, 2016

Expenditure	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888 2015	N=870 2016	n=150	n=100	n=174	n=98	n=101	n=70	n=86	n=91
% Nothing	41	42	29	43	36	47	52	43	47	56
% Less than \$20	3	4	6	4	4	3	2	1	4	3
% \$20 to \$49	9	8	9	6	10	13	8	0	6	8
% \$50 to \$99	14	17	25	20	16	13	11	11	22	15
% \$100 to \$199	18	18	17	15	22	20	16	25	15	8
% \$200 to \$399	10	9	9	12	9	2	10	13	6	9
% \$400 or more	5	3	5	0	3	1	2	7	1	1
Median expenditure (\$) *	100	90	70	80	100	80	100	150	80	55

Source: IDRS participant interviews.

* Among those who spent money on illicit drugs.

8 SPECIAL TOPICS OF INTEREST

Key points

Homelessness

- The lifetime prevalence of homelessness among the 2016 PWID sample was 80%.
- One-quarter were currently homeless at the time of interview.
- The mean duration of their current episode of homelessness was reported to be one year
- The most commonly experienced forms of homelessness during both lifetime and the past six months were sleeping rough (72%; 26% respectively) and couch surfing (66%; 25% respectively).

Blood donations

- Of those who commented nationally (N=756), 12% reported that they had given blood in their lifetime.
- One-third (34%) reported that they had commenced injecting drug use prior to giving blood.

Unfair treatment

- One-third of those who comment (N=796) reported that they had 'never' been unfairly treated, and 17% reported that they had not experienced any unfair treatment in the last 12 months.
- One-quarter did report unfair treatment 'monthly', 16% 'weekly but not daily' and 13% experienced unfair treatment 'daily or more'.
- Around one-third of those who were treated unfairly reported that they had been treated unfairly in the last 12 months by the police and by family; mainly in a public location.

8.1 Homelessness

A notable proportion of people who are homeless experience higher rates of mental health disorders compared to the general population. Specifically, substance use disorders have been repeatedly recorded as the most common mental health diagnosis amongst homeless populations throughout Western countries (Fazel et al., 2008). Whilst research examining substance use among homeless populations has been undertaken, very few studies have looked at the relationship of homelessness amongst heavy substance users, including PWID. The aim of this module was to obtain information on the lifetime and recent homelessness experiences amongst PWID.

In 2014, the IDRS included a module on homelessness, which revealed the high lifetime (76%) and recent (23%) prevalence of homelessness among the IDRS participants. To better understand the risk factors associated with different degrees of homelessness severity, four questions from the 2014 module were repeated in 2016.

Among those who commented (N=877), the lifetime prevalence of homelessness among the 2016 PWID sample was 80% (Table 73). Of those PWID with a homelessness history, 25% were currently homeless at the time of interview. It is clear that the rate of homelessness among PWID is notably higher than the general Australian population estimate of 0.5% (Australian Bureau of Statistics, 2012). For those PWID who were currently homeless, the mean duration of their current episode of homelessness was reported to be one year (range: <1–28 years).

Table 74 shows within the subsample of PWID with a homeless history, the proportion that have experienced various states of homelessness in their lifetime and in the past six months in each state. The most commonly experienced forms of homelessness during both lifetime and the past six months were sleeping rough (72%, 26% respectively), couch surfing (66%; 25% respectively), boarding rooms/hostels (47%; 11% respectively) and crisis accommodation (46%; 10% respectively).

Table 73: Homelessness history among people who inject drugs, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=898	N=877	n=150	n=100	n=175	n=99	n=101	n=71	n=90	n=91
	2014	2016								
% Lifetime homelessness history	76	80	90	73	86	70	79	56	82	91
% Length of time since last homeless episode*	(n=631)	(N=688)	(n=131)	(n=72)	(n=150)	(n=67)	(n=80)	(n=35)	(n=71)	(n=82)
Currently homeless	21	25	37	19	31	18	6	20	25	29
In the past six months	11	14	15	24	9	8	14	14	18	15
7–12 months	7	4	5	3	7	2	1	3	1	9
1–2 years	10	9	4	14	10	10	10	14	11	9
2–5 years	13	13	13	11	17	19	10	23	9	7
More than 5 years	39	34	27	29	26	43	59	26	35	32
% Total duration of homelessness over lifetime*	(n=624)	(N=677)	(n=131)	(n=71)	(n=149)	(n=67)	(n=78)	(n=34)	(n=66)	(n=81)
Less than six months	22	23	13	27	21	31	37	29	21	15
6–11 months	11	11	12	7	9	10	18	15	11	9
1–2 years	24	25	24	16	28	27	22	27	35	24
3–5 years	19	18	26	23	14	16	19	15	11	14
6–10 years	10	12	14	11	15	8	0	12	11	19
More than 10 years	13	12	12	17	13	8	4	3	12	21

Source: IDRS participant interviews.

* Among those with a homelessness history and commented.

Table 74: Different forms of homelessness (lifetime & last six months), by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=827	N=812	n=148	n=78	n=170	n=77	n=98	n=62	n=90	n=89
	2014	2016								
% Lifetime										
Slept rough	66	72	82	85	80	68	57	47	57	78
Crisis or emergency accommodation	45	46	52	53	48	44	38	37	40	47
Medium- or long-term accommodation	22	27	29	36	34	20	15	18	19	33
Lived with relatives, friends or acquaintances (couch surfing)	63	66	66	68	69	82	63	52	62	65
Boarding or rooming houses or hostels (other than on holiday)	45	47	54	46	60	36	39	29	42	48
Caravan park (other than on holiday)	34	35	30	37	32	34	41	27	41	36
% Last six months										
Slept rough	20	26	38	35	26	19	9	15	22	31
Crisis or emergency accommodation	7	10	11	10	15	5	4	6	10	13
Medium- or long-term accommodation	4	7	7	12	7	8	1	3	6	12
Lived with relatives, friends or acquaintances (couch surfing)	18	25	32	31	25	27	15	19	29	21
Boarding or rooming houses or hostels (other than on holiday)	10	11	16	9	11	8	5	6	10	19
Caravan park (other than on holiday)	2	3	2	5	4	0	3	2	3	4

Source: IDRS participant interviews.

8.2 Blood donations

In Australia and most other territories around the world (excluding Japan), people with a history of injecting drug use comprise a 'risk group' who are permanently excluded from donating blood and blood products due to the high risk of infection from BBVI and sexually transmitted infections such as HCV and HIV (regardless of past injecting drug use 'remoteness' and current BBVI status).

In 2014 the Australian Red Cross Blood Service commissioned the Burnet Institute to conduct a review of international literature and guidelines to evaluate the appropriateness of their current eligibility criteria around blood donation and injecting drug use. One of the review's main outcomes was the paucity of data on prevalence of lifetime blood donation among PWID, which precludes calculations of estimates of the risk associated with changing the exclusion/deferral period from permanent to a reduced timeframe (e.g. 5 years).

Of those who commented nationally (N=756), 12% reported that they had given blood in their lifetime. One-third (34%) of those that had given blood (N=94) reported that they had commenced injecting drug use before donating blood (Table 75). Participants were asked about their most recent episode between injection and blood donation. Of those participants who commented (N=24), six reported that they had injected less than one month before they donated blood, 10 reported injecting between one month and one year before donating blood and the remainder (n=8) reported injecting more than one year before donating blood.

Table 75: Blood donations, by jurisdiction, 2016

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=745	N=756	n=146	n=57	n=147	n=76	n=99	n=66	n=83	n=82
	2015	2016								
% Ever donated blood	15	12	10	12	11	12	11	12	22	12
% Injected before blood donation *	28	34	33	14	38	22	46	38	33	40

Source: IDRS participant interviews.

* Among those who had ever donated blood.

8.3 Unfair Treatment

Being discriminated against is a common event for people who use illicit drugs, particularly those who inject drugs. The IDRS provided an opportunity to obtain important insights into the multiple origins and impacts of unfair treatment against PWID.

The questions included in the IDRS aimed to clarify the relationships between unfair treatment, and quality of life as well as help to inform policy and improve the quality of services. The questions also aimed to identify the location in which PWID are most likely to experience unfair treatment to help reduce future occurrences of this.

The 'Unfair Treatment' questions are based on previous 2013 IDRS questions, developed in conjunction with the Australian Injecting and Illicit Drug Users League (AIVL) (Stafford and Burns, 2014), and two validated and well-accepted scales. The personal wellbeing index (PWI-A) (International Wellbeing Group, 2013) has been previously used in the IDRS and was well-accepted by participants, while the DISC-12 has been used to evaluate discrimination against people with mental health disorders (Thornicroft et al., 2009).

In 2016, 30% of those who comment (N=796) reported that they had 'never' been unfairly treated, and 17% reported that they had not experienced unfair treatment in the last 12 months. However, 24% reported unfair treatment 'monthly', 16% 'weekly but not daily' and 13% experienced unfair treatment 'daily or more' (Table 76).

Between one-quarter and one-third of those who were treated unfairly reported that they had been treated unfairly in the last 12 months by the police, by family, when getting help for physical health problems, in keeping or making friends and by people in the neighbourhood. A public location was reported as the venue at which most of the unfair treatment occurred; mainly by the general public, police or family member (Table 76).

Table 76: Unfair treatment, by jurisdiction, 2016

	National N=796	NSW n=146	ACT n=57	VIC n=147	TAS n=76	SA n=99	WA n=66	NT n=83	QLD n=82
% Treated Unfairly									
Never	30	32	36	30	20	30	30	39	22
Not in the last 12 months	17	16	10	17	24	18	13	23	17
Monthly	24	21	28	24	20	26	21	27	29
Weekly but not daily	16	16	12	15	19	18	18	10	21
Daily or more	13	16	14	14	17	8	18	2	12
% Treated unfairly last 12 months:	(N=562)	(n=98)	(n=52)	(n=120)	(n=60)	(n=68)	(n=42)	(n=51)	(n=71)
In making or keeping friends	26	33	25	27	25	21	17	18	34
By people in neighbourhood	24	25	27	28	18	19	21	18	34
In housing	19	16	21	23	18	16	10	8	32
By your family	27	28	32	24	20	32	24	22	32
By the police	29	36	25	27	35	19	17	22	45
When getting help for physical health problems	28	25	29	25	32	22	33	28	39
In getting welfare/disability benefits	13	21	19	16	12	9	10	4	9
In school/education	2	3	2	0	3	3	5	2	3
At work/in your career	8	8	4	7	7	7	17	10	9
% Most frequent venue treated unfairly:	(N=543)	(n=91)	(n=50)	(n=115)	(n=57)	(n=67)	(n=43)	(n=49)	(n=71)
Public location	34	43	34	37	35	21	19	33	39
Employment/work place	6	3	6	4	9	8	2	8	7
Pharmacy	11	6	22	6	19	13	26	2	6
General Practitioner practice	9	11	16	10	4	5	12	12	3
Other health care service	11	3	10	10	16	10	7	22	16
Government institution	6	10	4	9	4	6	2	0	10
Home	12	10	4	14	5	21	9	14	13
Other	12	14	4	11	9	10	23	8	7
% Mainly treated unfairly in venue by:	(N=543)	(n=89)	(n=50)	(n=116)	(n=59)	(n=67)	(n=43)	(n=48)	(n=71)
Police	16	30	4	13	9	10	2	13	32
Family member	14	10	10	17	10	27	9	15	13
Member of public	20	23	26	25	22	18	21	8	14
Pharmacist	9	2	28	5	15	12	26	2	0
General Practitioner	11	7	12	10	14	9	12	23	7
Other service provider	8	3	6	13	7	5	2	8	11
Other	22	25	14	17	23	9	28	31	23

Source: IDRS participant interviews.

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APPENDICES

Appendix A: Demographic characteristics and lifetime use, 2000–2016

Table A1: Demographic characteristics of the national sample, 2000–2016

	2000 N=910	2001 N=951	2002 N=929	2003 N=970	2004 N=948	2005 N=943	2006 N=914	2007 N=909	2008 N=909	2009 N=881	2010 N=902	2011 N=868	2012 N=924	2013 N=887	2014 N=898	2015 N=888	2016 N=877
Mean age in years (range)	28.8 (14–64)	30.1 (14–58)	30.1 (15–57)	32.9 (16–62)	33.1 (16–56)	34.1 (16–63)	34.5 (16–63)	35.8 (16–60)	36.7 (17–62)	36.7 (18–63)	37.6 (18–64)	38.38 (17–65)	39.27 (17–71)	40.28 (18–66)	40.94 (18–67)	42.41 (17–71)	43 (19–72)
% Male	68	67	64	64	66	64	64	66	66	64	65	66	66	64	69	67	69
% English speaking background	94	95	96	97	95	97	97	95	94	96	98	96	97	96	96	98	98
% Aboriginal and/or Torres Strait Islanders	11	14	14	14	10^	12	13	15	11	11	14	14	16	17	16	20	17
% Sexual identity																	
Heterosexual	n.a.	n.a.	n.a.	n.a.	n.a.	86	86	87	89	88	88	87	90	89	90	92	89
Gay male	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	2	1	3	2	2	1	2	1	1	2
Lesbian	n.a.	n.a.	n.a.	n.a.	n.a.	2	1	2	1	2	2	2	1	1	1	1	1
Bisexual	n.a.	n.a.	n.a.	n.a.	n.a.	9	9	7	8	7	7	8	7	7	7	5	7
Other	n.a.	n.a.	n.a.	n.a.	n.a.	1	2	2	1	1	1	1	1	2	1	1	1
% Relationship status (%)																	
Married/de facto	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	25	19	19	21	17	18	17	19	13
Partner	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	18	22	22	20	19	22	18	16	18
Single	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	49	51	54	54	58	53	56	58	61
Separated	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4	4	2	2	3	3	4	3	4
Divorced	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	1	2	3	3	4	2	2
Widow/er	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1	1	1	1	1	1	1	1	1
Other	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1	1	<1	<1	0	1	0	1	<1
Mean years school education (range)	10.4 (0–16)	10.3 (0–14)	10.3 (0–13)	10.1 (1–13)	10.1 (2–13)	9.9 (0–12)	9.9 (3–12)	10.0 (0–12)	10.1 (0–12)	10.1 (3–13)	10.0 (3–12)	10 (4–12)	10 (0–12)	10 (0–12)	10 (2–12)	10 (0–12)	10 (0–12)
% Completed trade/technical qualification	31	37	37	49	37	36	39	36	40	43	37	40	43	40	46	48	47
% Completed university/college	12	9	10	10	10	11	9	11	12	9	9	12	10	9	9	9	9
% Accommodation																	
Own home (<i>inc. renting</i>)	n.a.	56	63	67	62	69	69	65	67	70	61	65	69	68	72	74	69
Parents'/family home	n.a.	15	14	11	11	11	9	10	10	8	8	9	8	8	8	7	6
Boarding house/hostel	n.a.	8	8	10	14	11	11	11	11	10	9	11	12	9	7	7	8
Shelter/refuge	n.a.	–	–	–	–	–	–	–	–	2	2	1	2	1	1	2	2
No fixed address	n.a.	9	7	6	8	6	6	11	9	8	10	10	8	12	11	8	13
Other	n.a.	12	8	6	5	3	5	4	3	2	10	4	2	4	1	3	3
% Unemployed/on a pension	68	73	73	76	77	73	77	79	77	78	81	79	84	89	83	83	86
% F/T student	5	4	3	2	2	3	2	<1	1	1	1	1	1	<1	1	1	1
% Prison history	43	44	45	43	46	50	51	51	52	53	52	55	54	56	55	53	53
% Currently in drug treatment	34	36	37	40	46	48	44	43	47	45	47	49	44	47	47	47	43

Source: IDRS participant interviews (see also Topp et al., 2002, McKetin et al., 2000, Topp et al., 2001, Stafford et al., 2005, Stafford et al., 2006, Breen et al., 2003, Breen et al., 2004, O'Brien et al., 2007, Black et al., 2008, Stafford et al., 2009, Stafford and Burns, 2010, 2011, 2012, 2013, 2014, 2015, Stafford and Breen, 2016).

^ Information not obtained in NSW for 2004.

n.a. Data not available.

Table A2: Drug use history of the national sample, 2016

	Ever used %	Ever injected %	Injected last six months %	Median days injected in last six months ^a	Smoked last six months %	Snorted last six months %	Swallowed last six months ^b %	Used last six months ^c %	Median days used in last six months ^{a, c}
Heroin	86	85	55	73.5	4	1	1	56	75
Homebake heroin	35	34	7	3	1	<1	<1	7	3
Any heroin (inc. homebake)	86	86	56	75	4	1	1	57	77
Methadone (licit/prescribed)	55	28	8	48			27	29	180
Methadone (illicit/not prescribed)	44	30	9	10			5	13	5.5
Physeptone (licit/prescribed)	13	7	1	20	0	0	2	2	12
Physeptone (illicit/not prescribed)	27	21	6	5	0	0	2	7	4.5
Any methadone (inc. Physeptone)	75	49	18	24	0	0	31	39	169
Buprenorphine (licit/prescribed)	31	17	3	96	<1	0	4	5	112
Buprenorphine (illicit/not prescribed)	33	27	9	6	<1	0	3	10	7
Any buprenorphine	51	35	10	10	<1	0	6	14	12
Buprenorphine-naloxone (licit/prescribed)	33	12	3	48	<1	0	10	11	90
Buprenorphine-naloxone (illicit/not prescribed)	28	20	8	6	<1	<1	4	11	6
Any buprenorphine-naloxone	47	26	10	20	<1	<1	13	19	48
Morphine (licit/prescribed)	26	18	5	125	0	0	2	6	180
Morphine (illicit/not prescribed)	61	58	25	24	0	0	3	26	22
Any morphine	69	63	27	30	0	0	4	29	25
Oxycodone (licit/prescribed)	21	13	2	n.a.	0	0	3	4	n.a.
Oxycodone (illicit/not prescribed)	56	49	15	n.a.	<1	<1	5	18	n.a.
Any oxycodone	63	53	16	6	<1	<1	7	21	7
Fentanyl	25	20	8	5	<1	<1	<1	10	3.5
Over the counter codeine	38	4	<1	7	0	0	16	16	7
Other opioids (not elsewhere classified)	43	6	1	2	0	0	15	15	7

Source: IDRS participant interviews.

Note: Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection.

n.a. not available.

^a Among those who had used/injected (as applicable).

^b Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone).

^c Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting.

^d Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week.

Table A2: Drug use history of the national sample, 2016 (continued)

	Ever used %	Ever injected %	Injected last six months %	Median days injected in last six months ^a	Smoked last six months %	Snorted last six months %	Swallowed last six months ^b %	Used last six months ^c %	Median days used last six months ^{a, c}
Speed	87	80	18	6	3	2	2	20	6
Base/point/wax	44	41	8	9	1	<1	1	8	8
Ice/shabu/crystal	89	86	70	30	26	2	3	73	30
Methamphetamine liquid	32	29	2	5			<1	2	5
Any methamphetamine^e	95	93	72	35.5	27	4	4	75	36.5
Pharmaceutical stimulants (licit/prescribed)	9	4	<1	180	0	0	1	2	130
Pharmaceutical stimulants (illicit/not prescribed)	34	20	6	3	<1	<1	4	9	4
Any pharmaceutical stimulants	39	22	7	4	<1	<1	4	10	5
Cocaine	63	46	9	3.5	1	4	1	11	3
Hallucinogens	64	13	1	5	1	<1	5	6	2
Ecstasy	63	29	3	2	<1	1	7	8	2
Alprazolam (licit/prescribed)	22	5	1	4	0	<1	5	5	155
Alprazolam (illicit/not prescribed)	48	11	2	6	0	0	18	19	5
Other benzodiazepines (licit/prescribed)	55	8	1	7	0	0	32	33	127.5
Other benzodiazepines (illicit/not prescribed)	52	9	1	5	<1	<1	30	31	7
Any benzodiazepines	80	22	3	9	<1	<1	55	57	40
Seroquel (Licit/prescribed)	21	1	<1	1.5	<1	0	9	10	180
Seroquel (illicit/not prescribed)	31	<1	0	0	0	0	10	10	4
Any Seroquel	47	1	<1	1.5	<1	0	18	18	24
Alcohol	93	7	<1	90.5			57	58	24
Cannabis	94				71		5	73	135
Inhalants	22							3	3
Steroids	7	4	<1	4	0	0	1	2	28
New Psychoactive Substances	9	6	3	5	1	1	1	4	2.5
Synthetic cannabis	22	1	0	0	8	<1	<1	8	1
Tobacco	97							93	180
E-cigarette	27							14	3

Source: IDRS participant interviews.

Note: Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection.

^a Among those who had used/injected (as applicable).

^b Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone).

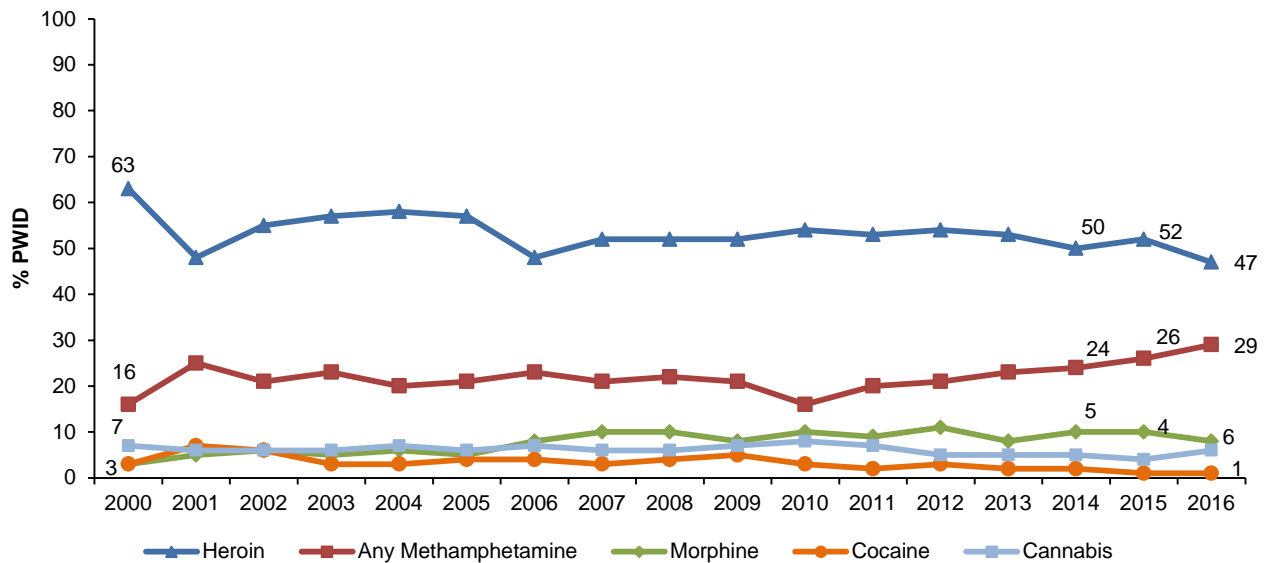
^c Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting.

^d Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week.

^e Category includes speed, base, crystal and amphetamine liquid (oxblood). Prior to 2006, the 'methamphetamine' category also included pharmaceutical stimulants in this table. Pharmaceutical stimulants have comprised their own category since 2006.

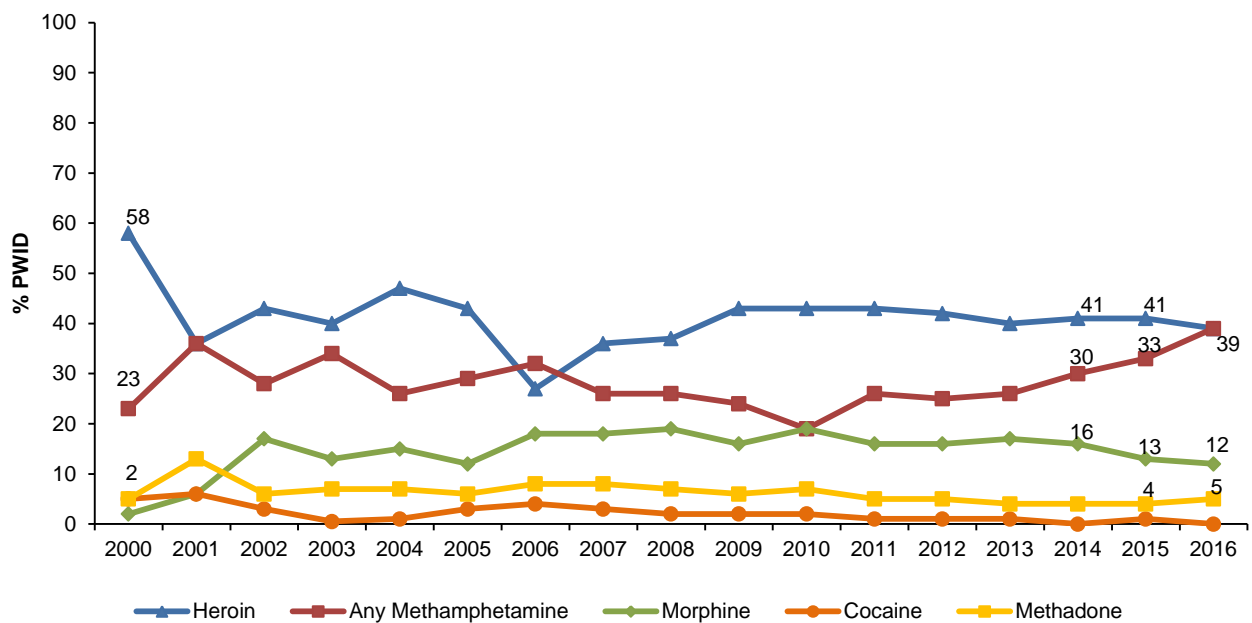
Appendix B: National drug use history, 2000–2016

Figure B1: Drug of choice, nationally, 2000–2016



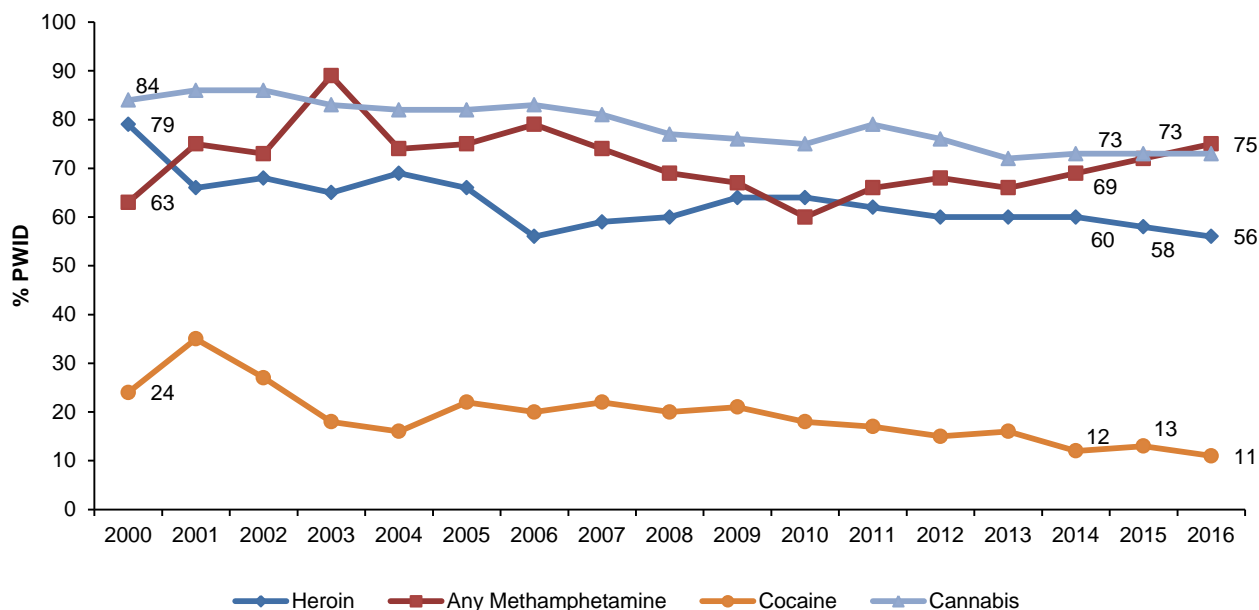
Source: IDRS participant interviews.

Figure B2: Drug injected most often in the last month, nationally, 2000–2016



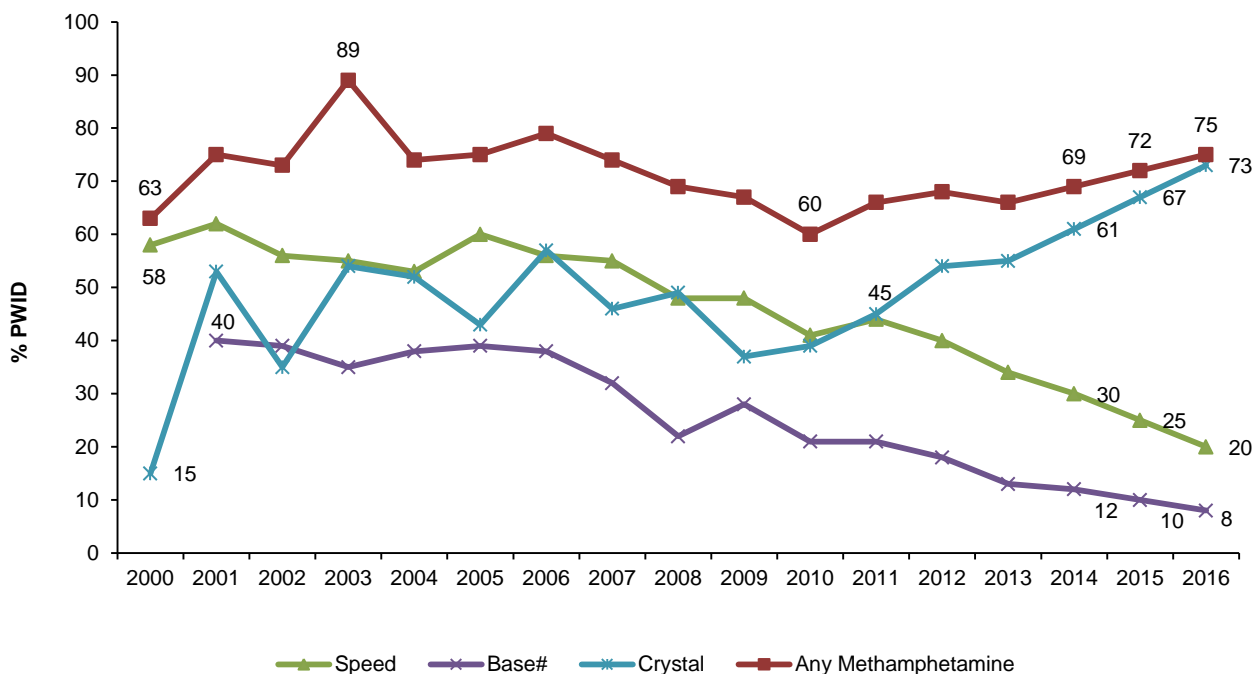
Source: IDRS participant interviews.

Figure B3: Recent use of heroin, any methamphetamine, cocaine and cannabis, nationally, 2000–2016



Source: IDRS participant interviews.

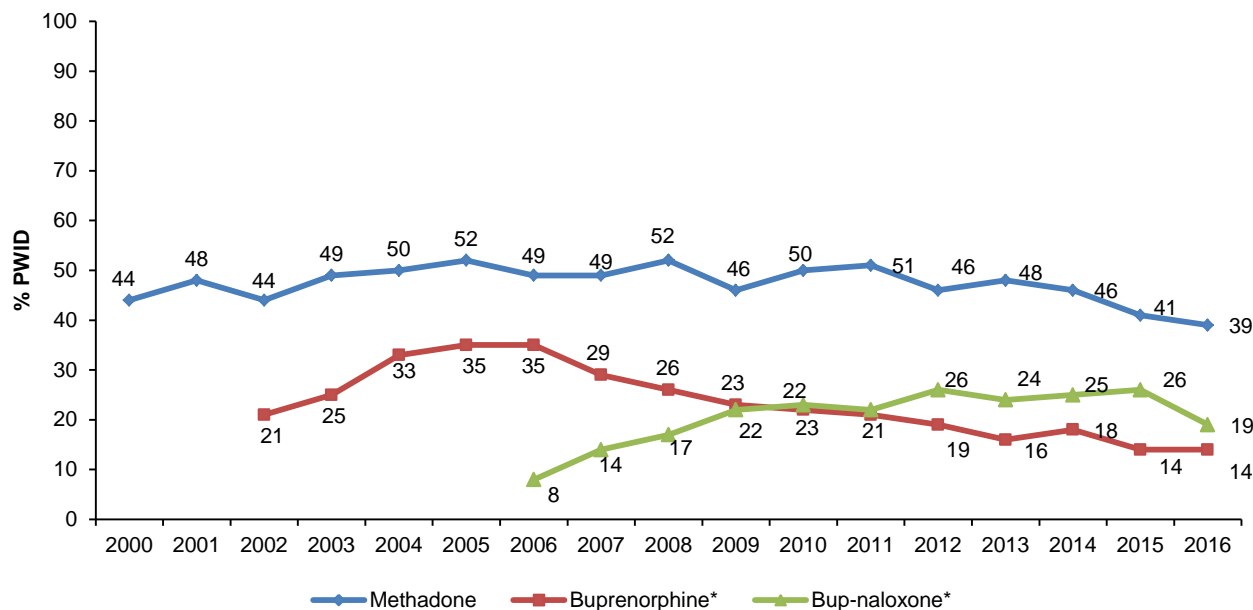
Figure B4: Recent use of any methamphetamine, speed, base and crystal, nationally, 2000–2016



Source: IDRS participant interviews.

* Base asked separately from 2001 onwards.

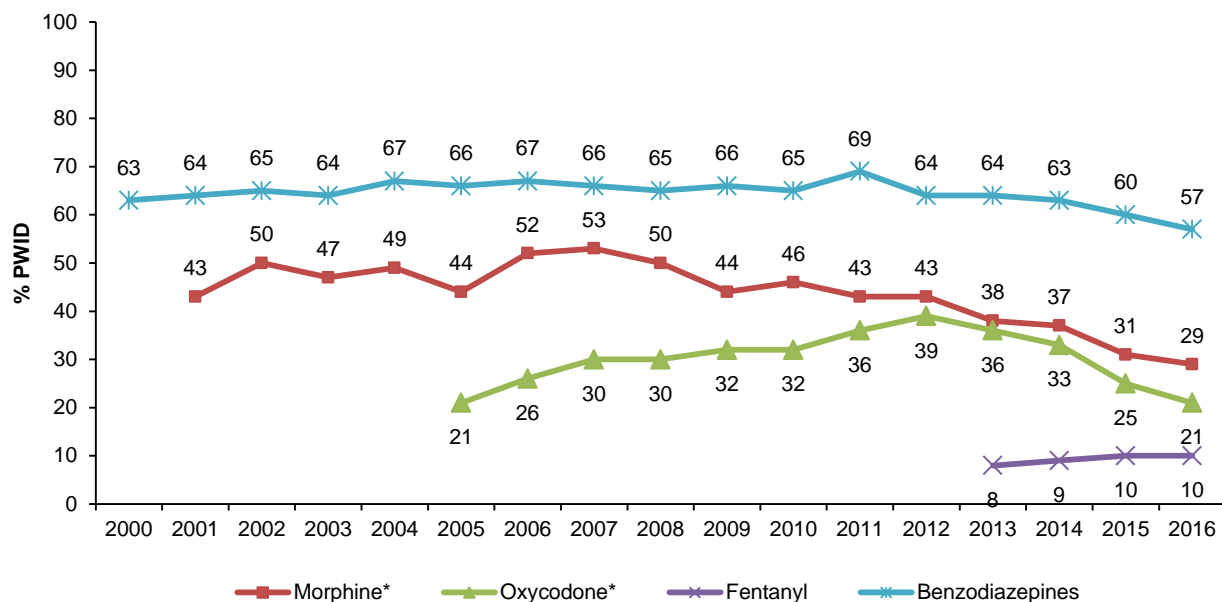
Figure B5: Recent use of methadone, buprenorphine and buprenorphine–naloxone, nationally, 2000–2016



Source: IDRS participant interviews.

* Data collection started in 2002 for buprenorphine and 2006 for buprenorphine-naloxone.

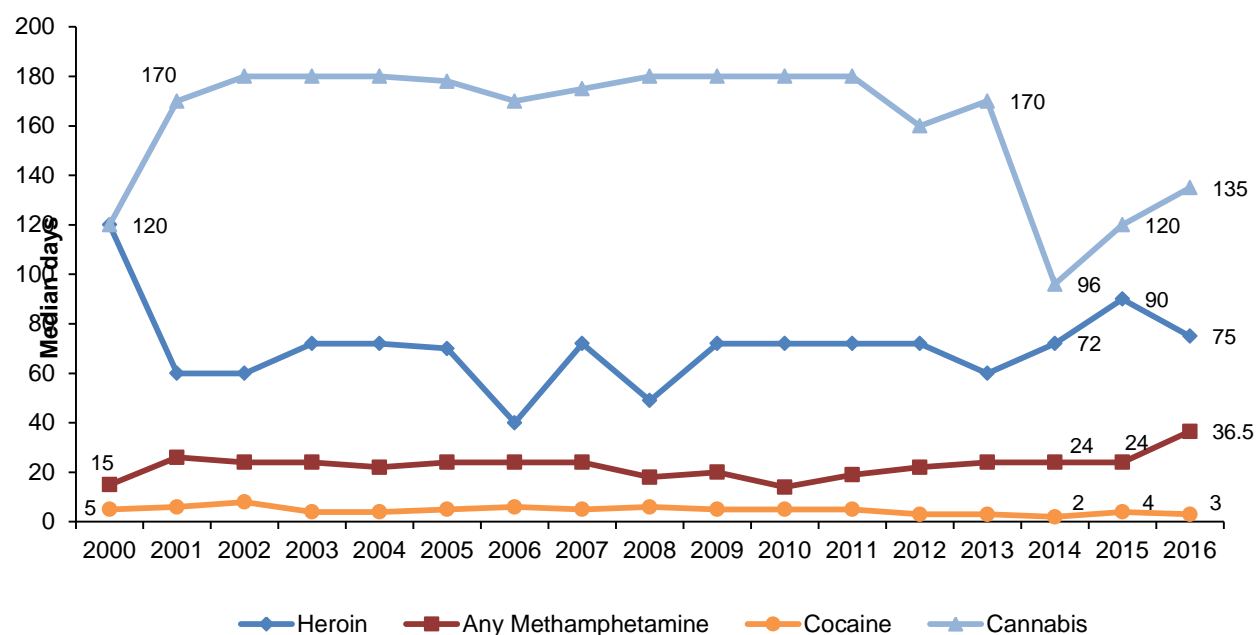
Figure B6: Recent use of morphine, oxycodone, fentanyl and benzodiazepines, nationally, 2000–2016



Source: IDRS participant interviews.

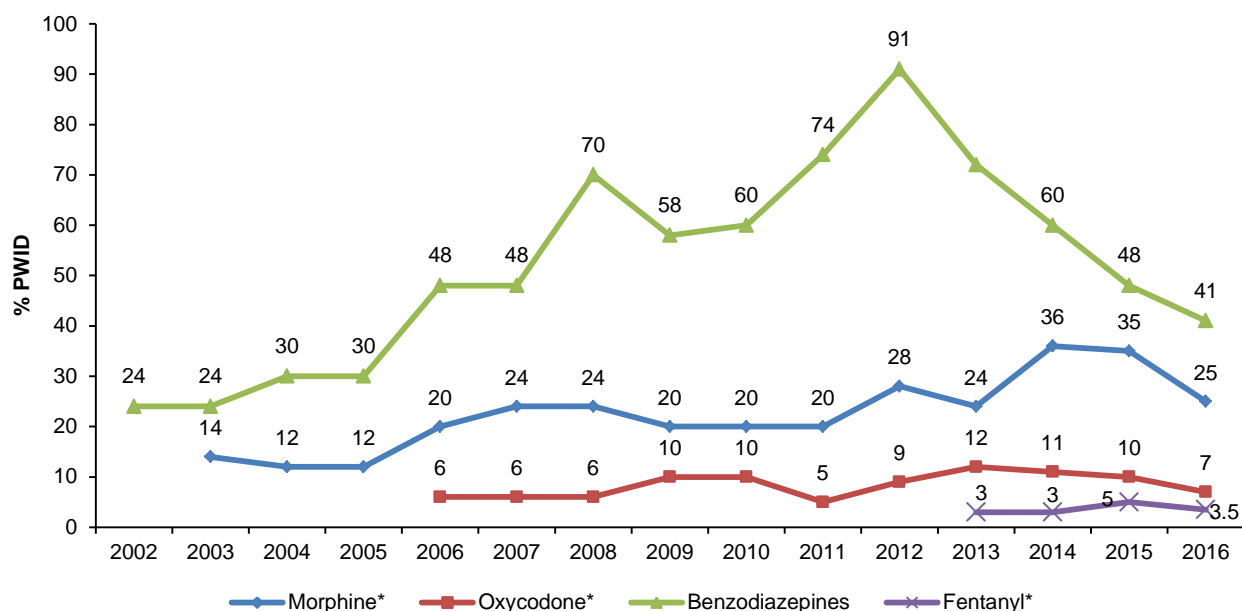
* Data collection started in 2001 for morphine, 2005 for oxycodone and 2013 for fentanyl.

Figure B7: Median days of heroin, methamphetamine (any form), cocaine and cannabis use among participants who had recently used, nationally, 2000–2016



Source: IDRS participant interviews.

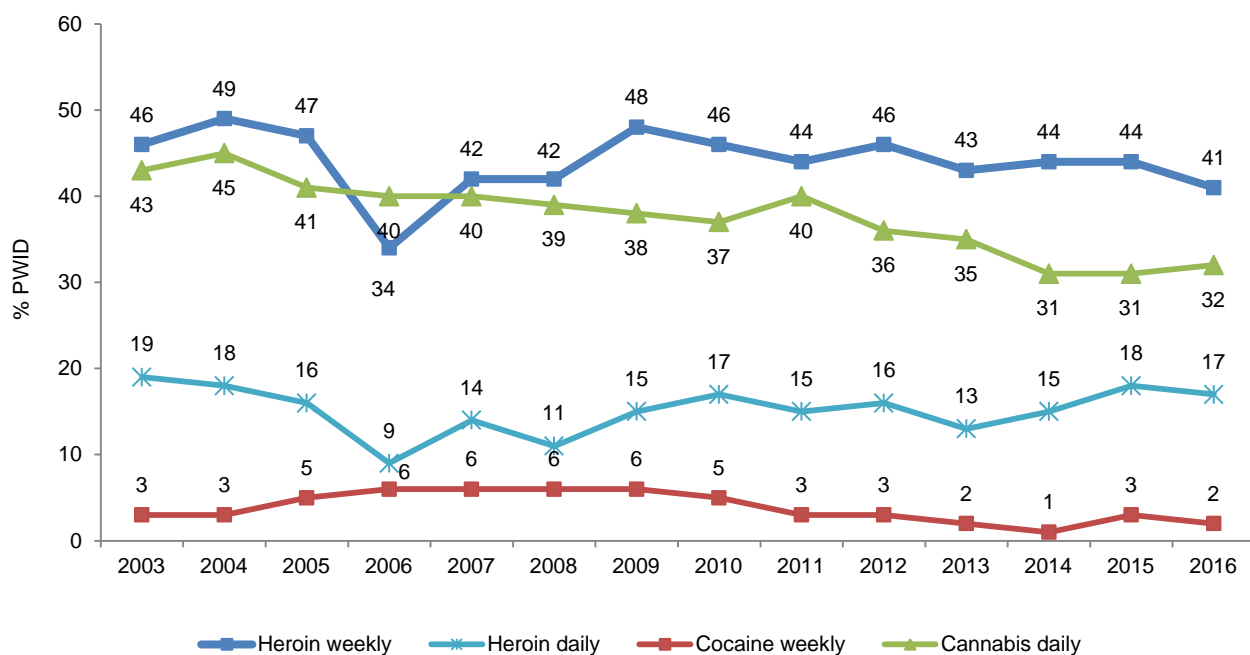
Figure B8: Median days of morphine, oxycodone and benzodiazepines use among participants who had recently used, nationally, 2002–2016



Source: IDRS participant interviews.

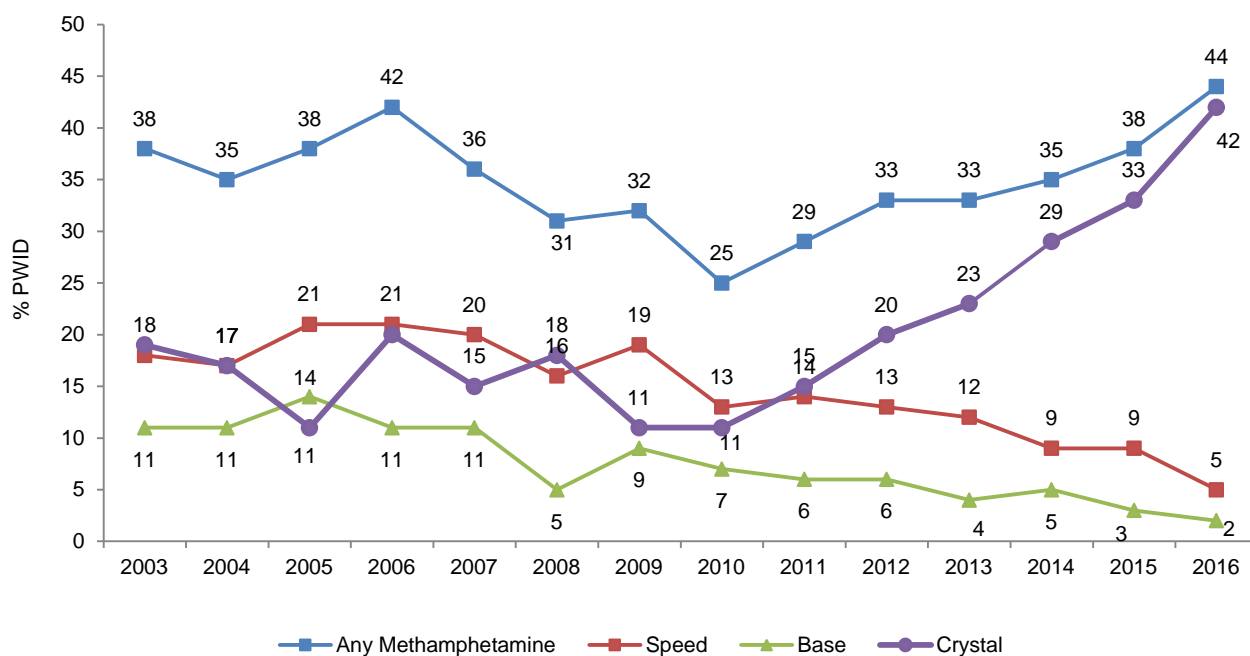
* Data available from 2003 for morphine, 2006 for oxycodone and 2013 for fentanyl.

Figure B9: 'Weekly or more but less than daily' and 'daily' use of heroin, cocaine and cannabis among participants in the last six months, nationally, 2003–2016



Source: IDRS participant interviews.

Figure B10: 'Weekly or more but less than daily' use of methamphetamines among participants in the last six months, nationally, 2003–2016



Source: IDRS participant interviews.

* includes speed, base, crystal and liquid forms. Includes pharmaceutical stimulants between 2003–2005.

Appendix C: Jurisdictional drug use history, 2000–2016

Table C1: Heroin use patterns, by jurisdiction, 2000–2016

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Used last six months									
2000	79	95	92	97	38	73	80	56	86
2001	66	96	83	90	24	65	55	36	62
2002	68	96	89	94	21	48	64	22	81
2003	65	97	88	90	26	55	63	16	64
2004	69	95	91	86	19	60	69	34	79
2005	66	88	86	89	19	61	69	24	64
2006	56	81	71	76	9	60	53	12	63
2007	59	88	72	85	5	67	57	7	65
2008	60	83	86	85	5	51	59	14	74
2009	64	94	78	79	12	72	71	13	75
2010	64	92	78	85	8	64	69	5	81
2011	62	87	79	81	19	57	79	9	65
2012	60	89	74	84	9	52	80	11	65
2013	60	83	75	83	10	41	75	17	72
2014	60	85	75	83	13	43	79	7	66
2015	58	91	79	74	5	49	75	14	50
2016	56	86	70	77	7	37	78	7	58
Median days used*									
2000	120	180	160	176	5	60	90	28	100
2001	60	158	50	65	3.5	30	30	6	70
2002	60	180	48	60	6	24	24	2	80
2003	72	170	93	76	4.5	72	20	5	49
2004	72	120	72	90	4	48	48	5	26
2005	70	96	60	81	6	28	60	4	52
2006	40	72	24	56	6^	19	20	13	52
2007	72	96	48	90	4^	48	72	30^	28
2008	49	72	60	81	2	48	48	6	48
2009	72	96	48	51	6	30	96	17	72
2010	72	96	60	74	3	24	55	4^	90
2011	72	90	66	63	4	72	68	21^	66
2012	72	96	72	72	6^	48	90	4.5	72
2013	60	90	50	72	3	72	54	3	30
2014	72	120	60	48	3	108	72	11^	48
2015	90	120	70	96	3^	72	95	22	48
2016	75	90	72	90	15	75	100	–	15
% Daily users among recent users*									
2000	29	49	47	47	0	14	22	10	27
2001	13	41	15	13	0	10	2	3	10
2002	18	53	18	24	0	5	5	0	17
2003	19	47	32	20	1	17	9	0	13
2004	25	38	24	25	0	13	16	1	16
2005	24	42	23	22	0	11	23	12	22
2006	17	31	7	21	0	2	11	0	16
2007	23	27	6	31	0	18	29	14	24
2008	18	24	18	25	0	16	15	7	5
2009	23	36	17	16	0	10	36	8	25
2010	27	36	17	33	0	10	23	0	33
2011	24	32	26	21	0	25	16	22	21
2012	28	39	26	25	0	29	26	14	19
2013	22	26	23	30	0	20	15	7	18
2014	25	41	20	18	8	33	25	17	11
2015	31	43	28	27	0	30	31	14	19
2016	30	35	27	33	0	30	44	17	9

Source: IDRS participant interviews.

– not published due to small numbers reported (n<10).

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

Table C2: Recent use of speed, by jurisdiction, 2000–2016

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	58	32	63	49	77	51	81	70	58
2001	62	42	63	74	45	47	87	63	80
2002	56	39	51	70	35	56	77	67	55
2003	55	31	48	70	51	53	71	60	58
2004	53	35	41	65	60	44	61	60	61
2005	60	38	59	75	76	39	61	69	65
2006	56	49	58	71	54	39	66	57	54
2007	55	35	55	65	63	42	61	58	62
2008	48	38	37	64	61	34	61	50	35
2009	48	33	46	65	56	33	54	50	46
2010	41	29	48	53	56	29	51	25	41
2011	44	30	46	49	67	36	43	43	40
2012	40	17	42	39	70	34	45	46	30
2013	34	14	29	23	61	40	48	31	37
2014	30	17	36	25	50	34	39	16	31
2015	25	13	15	18	49	32	34	25	27
2016	20	17	18	9	33	19	18	24	27

Source: IDRS participant interviews.

Table C3: Recent use of base methamphetamine, by jurisdiction, 2001–2016*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	40	23	36	32	52	59	56	18	75
2002	39	23	30	20	74	65	56	21	42
2003	35	32	13	18	46	51	40	30	50
2004	38	31	25	11	72	46	45	26	60
2005	39	38	28	13	79	61	54	16	40
2006	38	43	32	15	55	52	37	25	53
2007	32	41	32	8	48	42	22	20	48
2008	22	33	18	5	25	37	13	10	34
2009	28	36	21	13	55	31	12	16	41
2010	21	29	18	3	40	43	8	6	30
2011	22	17	17	11	39	35	6	12	37
2012	18	15	15	11	43	32	6	7	21
2013	13	12	6	3	17	31	11	7	22
2014	12	12	4	3	19	30	8	4	22
2015	10	6	10	4	9	26	2	4	20
2016	8	11	5	0	4	24	3	6	14

Source: IDRS participant interviews.

* Base asked separately from 2001 onwards.

Table C4: Recent use of crystal methamphetamine, by jurisdiction, 2000–2016

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	15	14	17	9	6	11	51	6	13
2001	53	29	72	52	56	58	85	24	75
2002	35	25	34	26	20	56	74	20	39
2003	54	38	65	50	69	48	80	34	60
2004	52	45	73	41	52	48	83	32	51
2005	43	38	62	29	50	46	68	21	36
2006	57	57	88	53	56	49	76	29	55
2007	46	50	80	43	38	41	56	29	39
2008	49	69	68	39	32	49	61	28	40
2009	37	46	57	32	26	30	43	15	46
2010	39	48	48	36	20	60	40	18	37
2011	45	53	57	53	26	44	46	28	50
2012	54	68	66	59	43	56	64	26	44
2013	55	74	61	55	45	57	59	30	50
2014	61	74	72	75	54	60	53	26	58
2015	67	65	79	71	59	70	64	60	62
2016	73	77	78	73	73	73	75	62	69

Source: IDRS participant interviews.

Table C5: Recent use of cocaine, by jurisdiction, 2000–2016

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	24	63	15	13	6	20	22	18	13
2001	35	84	40	28	8	27	32	13	28
2002	27	79	18	17	12	26	17	10	15
2003	18	53	13	13	9	13	10	5	16
2004	16	47	10	10	4	6	15	10	10
2005	22	60	20	15	8	16	19	10	11
2006	20	67	8	19	12	8	10	8	9
2007	22	63	18	22	5	7	16	9	15
2008	20	58	18	24	4	4	15	3	13
2009	21	61	22	15	2	10	12	12	15
2010	18	57	6	14	5	12	15	4	13
2011	17	47	8	17	7	12	10	1	13
2012	15	44	16	9	11	7	15	4	4
2013	16	41	16	11	5	9	15	7	11
2014	12	32	15	10	8	7	7	2	9
2015	13	34	12	9	2	13	11	4	8
2016	11	25	8	10	6	6	10	4	9

Source: IDRS participant interviews.

Table C6: Recent use of cannabis (any form), by jurisdiction, 2000–2016

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	84	72	84	85	90	88	90	84	84
2001	86	83	85	88	94	85	91	81	82
2002	86	80	89	87	91	85	98	83	82
2003	83	79	86	88	88	80	81	83	76
2004	82	80	85	81	87	83	84	75	75
2005	82	80	89	86	87	80	76	79	76
2006	83	80	90	83	88	77	80	84	85
2007	81	79	83	83	87	81	69	83	84
2008	77	80	80	74	86	75	64	78	82
2009	76	79	81	79	89	61	72	79	69
2010	75	72	81	81	79	66	70	72	77
2011	79	81	87	85	78	69	71	71	79
2012	76	72	81	85	81	61	79	71	70
2013	72	80	75	80	71	61	61	67	67
2014	73	77	74	75	82	75	69	62	70
2015	73	79	81	76	73	74	60	72	60
2016	73	76	69	77	74	73	70	72	64

Source: IDRS participant interviews.

Table C7: Recent use of methadone (any form), by jurisdiction, 2000–2016

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	45	54	51	41	80	39	28	31	35
2001	48	52	61	44	83	43	29	36	38
2002	44	43	64	27	80	36	29	37	51
2003	49	53	62	31	85	48	34	51	37
2004	50	69	51	29	84	38	44	42	42
2005	52	64	66	34	71	47	40	50	43
2006	49	61	61	37	75	47	45	34	32
2007	49	54	57	47	75	40	50	44	28
2008	52	57	62	52	84	36	32	52	39
2009	46	59	59	47	78	32	25	35	22
2010	50	70	57	51	69	37	38	35	27
2011	51	69	56	52	65	39	51	34	33
2012	46	62	56	55	58	27	45	29	27
2013	48	68	55	47	60	36	53	19	33
2014	46	57	65	59	54	22	43	24	35
2015	41	56	50	49	48	25	30	29	28
2016	39	49	44	42	55	22	31	19	36

Source: IDRS participant interviews.

Table C8: Recent use of buprenorphine (any form), by jurisdiction, 2002–2016*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2002	21	13	10	53	7	10	28	14	16
2003	25	26	10	53	7	23	28	20	19
2004	33	24	28	59	8	35	38	25	36
2005	35	29	33	63	11	36	49	27	27
2006	35	33	44	50	9	32	41	26	47
2007	29	34	40	40	14	27	23	10	36
2008	26	21	37	30	13	28	20	23	33
2009	23	25	30	33	19	15	17	8	38
2010	22	18	35	28	9	23	22	12	30
2011	21	23	28	25	7	11	16	13	38
2012	19	20	28	22	13	11	16	12	29
2013	16	15	19	12	18	8	14	21	25
2014	18	24	17	14	15	6	22	17	27
2015	14	11	16	15	18	7	10	12	26
2016	14	15	9	7	19	6	13	17	34

Source: IDRS participant interviews.

* Data collected from 2002 onwards.

Table C9: Recent use of buprenorphine-naloxone (any form), by jurisdiction, 2006–2016*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2006	8	1	1	16	0	8	17	1	18
2007	14	1	12	25	1	14	19	7	30
2008	17	6	16	35	8	7	21	10	25
2009	22	12	19	29	11	21	37	14	35
2010	23	8	19	39	9	20	34	21	33
2011	22	18	20	43	8	11	29	19	22
2012 [#]	26	22	17	37	19	32	35	13	33
2013	24	18	21	31	18	15	33	22	34
2014	25	23	23	25	21	20	31	31	28
2015	26	11	25	33	21	23	28	27	36
2016	19	16	16	27	12	14	20	16	31

Source: IDRS participant interviews.

* Data collected from 2006 onwards.

[#] Includes 'tablet' and 'film' forms from 2012 onwards.

Table C10: Recent use of morphine (any form), by jurisdiction, 2001–2016*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	42	13	39	32	72	43	32	83	35
2002	50	22	37	51	76	46	52	86	39
2003	47	23	50	42	72	43	41	82	42
2004	49	29	40	43	62	42	46	87	50
2005	44	28	37	42	59	37	52	80	32
2006	52	36	57	35	62	51	55	81	53
2007	53	38	56	41	68	44	50	82	59
2008	50	37	40	41	81	35	34	89	54
2009	44	31	43	33	82	24	37	70	42
2010	46	35	43	35	74	25	30	91	42
2011	43	28	34	34	75	23	36	81	41
2012	43	23	36	29	66	28	49	77	39
2013	38	21	29	21	66	27	39	80	40
2014	37	29	17	25	71	22	29	85	34
2015	31	21	24	13	48	26	25	73	33
2016	29	18	16	12	51	25	17	76	36

Source: IDRS participant interviews.

* Data collected from 2001 onwards.

Table C11: Recent use of oxycodone (any form), by jurisdiction, 2005–2016*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2005	21	16	17	19	31	17	41	11	19
2006	26	20	26	27	30	22	44	11	27
2007	30	28	26	29	42	20	46	12	39
2008	30	31	31	27	54	15	27	31	29
2009	32	28	30	27	56	11	33	41	35
2010	32	36	14	32	61	21	26	33	29
2011	36	38	25	41	47	26	33	32	39
2012	39	50	35	29	59	30	53	22	35
2013	36	43	20	25	62	27	39	28	44
2014	33	44	21	25	49	26	30	24	40
2015	25	25	17	24	28	28	25	26	26
2016	21	25	14	14	28	21	20	20	25

Source: IDRS participant interviews.

* Data collection commenced in 2005.

Table C12: Recent use of benzodiazepines (any form), by jurisdiction, 2000–2016

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	63	61	67	74	81	65	72	29	80
2001	64	56	66	78	85	57	51	53	64
2002	65	57	62	73	83	57	77	53	56
2003	64	62	62	80	88	53	67	54	48
2004	67	67	59	82	85	55	72	56	57
2005	66	65	62	73	86	63	73	53	51
2006	67	60	60	71	83	73	75	51	69
2007	66	65	68	67	87	67	71	52	50
2008	65	73	66	69	85	49	56	56	61
2009	66	66	70	80	79	51	64	54	59
2010	65	70	68	74	74	49	61	52	62
2011	69	63	64	85	81	50	64	61	76
2012	64	64	63	82	73	46	82	36	62
2013	64	66	50	70	76	56	82	39	72
2014	63	59	49	77	79	58	70	39	67
2015	60	53	53	69	66	56	70	54	62
2016	57	53	51	66	68	54	56	29	69

Source: IDRS participant interviews.

Appendix D: Heroin price, perceived purity and availability, 2000–2016

Table D1: Median price of heroin per gram, by jurisdiction, 2000–2016

	Price \$ per gram																
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	220	320	300	300	300	300	300	300	300	320	345	300	350	350	400	400	350
ACT	300	485	350	350	300	300	340^	300	300	320	300	300	300	300	300	300	300
VIC	300	450	400	380	300	310	350	350	300	310	325^	250	300	250	250	250	220
TAS	300	325	350	350	350^	360^	#	#	#	#	#	400^	#	#	450^	#	300^
SA	320	350	450	425	320^	400^	400^	390^	250^	400^	360^	400^	400	420^	400	400	400
WA	450	750	550	550	500	550^	550	650^	600^	525	600	650^	600	600	600	600	600
NT	600	600	500	#	400^	500^	600^	150^	400^	300^	100^	550^	125^	275^	#	200^	#
QLD	350	450	350	400	380	400	400	400	400	400	400	400^	400	380	400	350^	350^

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Represents no purchases.

Note: National data not shown.

Table D2: Median price of heroin per cap, by jurisdiction, 2000–2016

	Price \$ per cap																
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	25	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
ACT	50	50	50	50	50	50	50	50	50^	50	50^	50	50	50	50	50	80
VIC	50	50	50	50	40	45	40	50	47.50	50	50	50	50	50	50	50	40
TAS	50	50	82.5^	50	50^	90^	#	50^	50^	#	#	75^	50^	50^	#	40^	71^
SA	50	50	50	50	50	50	50	100	100	100	100	100	100	100	50	50	50
WA	50	50	50	50	50	50	50^	50^	100^	50	50^	100^	100^	100^	75^	100	100
NT	50	100	85^	50	53	80^	50^	50^	100^	80^	#	80^	110^	100^	#	80^	#
QLD	50	50	50	50	50	50	50	50	50	50	50	50	50	50^	50^	50	50

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Represent no purchases.

Note: National data not shown.

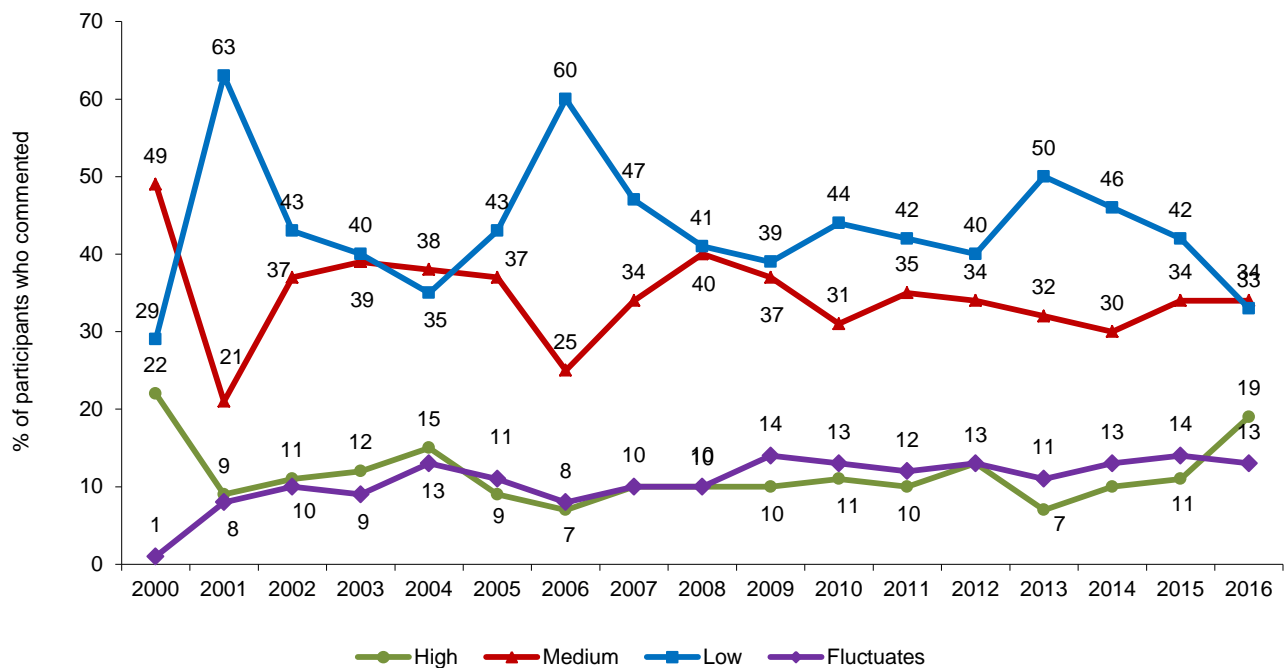
Figure D1: Median price of heroin per cap and gram, nationally, 2000–2016



Source: IDRS participant interviews.

Note: In 2000 cap is actually a 'rock'. No data available for gram in 2000.

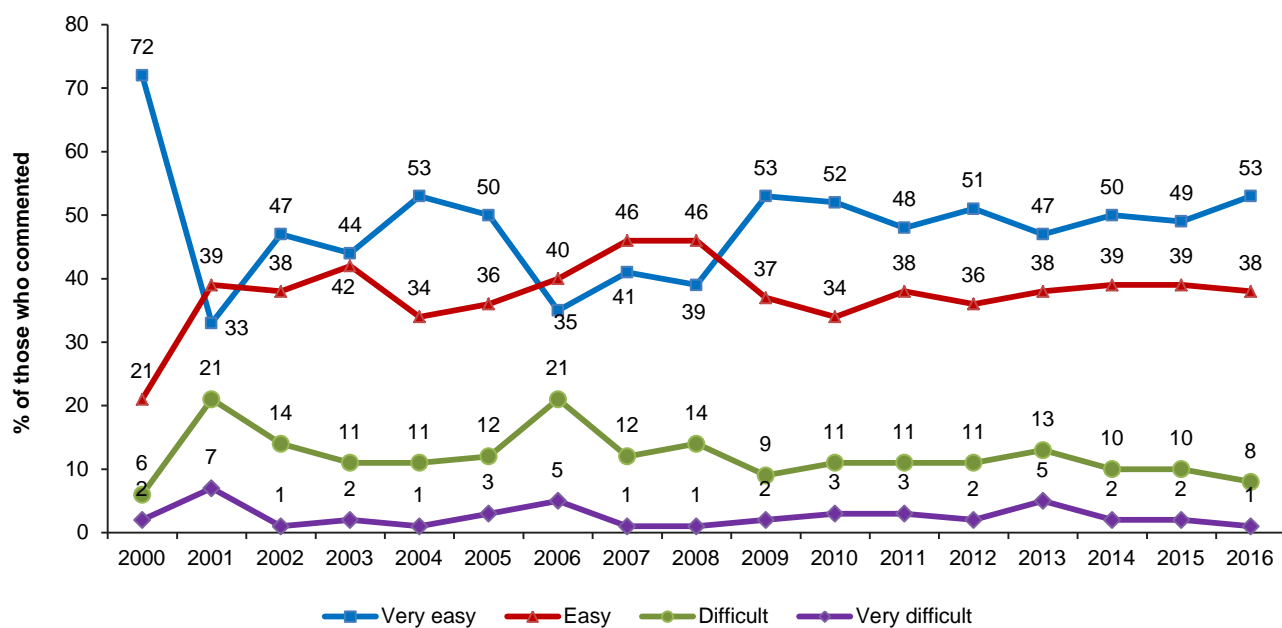
Figure D2: Current purity of heroin, nationally, 2000–2016



Source: IDRS participant interviews.

Note: The response 'Don't know' was excluded from analysis.

Figure D3: Current availability of heroin, nationally, 2000–2016



Source: IDRS participant interviews.

Note: The response 'Don't know' was excluded from analysis.

Appendix E: Methamphetamine price, purity and availability, 2002–2016

Table E1: Median price per gram of speed, by jurisdiction, 2002–2016

	Price \$ per gram														
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	100	50^	100^	90	100	65^	200	120^	175^	190^	675^	300	350^	350^	350^
ACT	300	175^	200^	125	175^	235	200^	250	250	235	250	200^	275	250^	150^
VIC	200	200	180	200	200	200	200	200	200^	200	200	160^	175	100^	#
TAS	75	215^	290^	300	300^	300^	300^	300^	300	300	300	300	300^	300^	250^
SA	50	100	50^	200	150^	175^	50^	425^	400^	#	350^	550	600^	450^	465^
WA	250	260	260	300	300	400^	350^	400	400	550^	700^	350^	700^	475^	#
NT	80	100	200	280	250	300	300	350	450^	400	275^	400^	420^	400^	550^
QLD	200	200	200	200	200	200	200	200	250^	400^	775^	500^	450^	500^	400^

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Represents no purchases.

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards.

Table E2: Median price per point of speed, by jurisdiction, 2002–2016

	Price \$ per point														
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	50	50	50^	50	50	50	50	50	50	50	50	50	50	50	50^
ACT	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
VIC	40	40	40	40	35	50	40	50	50	50	100	50^	50	55^	40^
TAS	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
SA	20^	25	27.5^	41.5	50	50	50^	50	50	100	100	100	100	50	50
WA	50	50	50	50	50	50	50	50	50	100	100	100	100	100^	50^
NT	50	50	50	50	60	50	60	50	100^	100	150	100	100^	100	100
QLD	40	50	50	50	50	50	50	50	50	100	100^	100	65^	100	50

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards.

Table E3: Median price per gram of base, by jurisdiction, 2002–2016

	Price \$ per gram														
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	200^	200^	200^	160^	200	200^	200^	150^	100^	350^	250^	100^	150^	100^	200^
ACT	250^	210^	220^	280^	250^	100^	#	275^	250^	250^	200^	475^	#	250^	#
VIC	250^	200^	152^	150^	180^	150^	200^	200^	#–	800^	450^	220^	#	#	#
TAS	350	300^	300^	352	300	300^	300^	300^	300^	300^	300	300^	300^	#	#
SA	200	200	180^	200	200	200^	#	425^	210^	700^	700^	450^	550^	450^	400^
WA	275	275	250	300	325^	175^	425^	#	400^	#–	#	#	#–	#	#
NT	240^	250^	300	250^	250^	300^	400^	400^	250^	700^	#	700^	700^	#	#
QLD	200	200	200	200^	200	200	200	200	200^	300^	550^	400^	350^	425^	450^

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Represents no purchases.

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards.

Table E4: Median price per point of base, by jurisdiction, 2002–2016

	Price \$ per point														
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	50	50	50	50	50	50	50	50	50	50^	50	50	50	50^	50^
ACT	50	50^	50^	50	50	50	40^	50	50^	50^	20^	65^	#	80^	70^
VIC	35^	40^	35^	45^	50^	#	#	50^	#	90^	#	75^	100^	80^	#
TAS	50	50	50	50	50	50	50	50	50	50	50	50^	50^	80^	#
SA	25	30	25	50	50	50	50	50	100	75	100	100	100	100	50
WA	50	50	50	50	50	50^	50^	#	50^	#	100^	100^	75^	#	#
NT	50	50	50	50^	60	50^	100^	75^	100^	150^	100^	50^	90^	#	#
QLD	50	50	50	50^	50	50	50^	50	50^	80	75^	100	100^	70^	50^

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Represents no purchases.

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards.

Table E5: Median price per gram of crystal, by jurisdiction, 2002–2016

	Price \$ per gram														
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	300^	250^	280^	350^	325	350^	350	350^	400^	400	400	388	475	330	400
ACT	335^	300	300^	300^	410	380	450^	450^	275^	600^	575	700	500	500	500
VIC	220^	250	200^	300^	200^	350^	370^	380^	450^	800	500	300^	500	350	350
TAS	400^	350^	400^	340^	300^	340^	300^	300^	400^	#	350	#	325^	725^	272^
SA	190	200	190^	300^	215^	220^	350^	600^	260^	575^	500^	650^	600	450	400
WA	350	300	350	400	400	400^	400^	400	500^	600^	750^	700^	675^	700^	450^
NT	300^	300^	300^	250^	800^	400^	1200^	800^	1350^	1000^	700^	800^	1050^	925^	500^
QLD	235	200	250	200^	275	275	275	320	450^	400^	725^	600^	550^	500^	400

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Represents no purchases.

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards.

Table E6: Median price per point of crystal, by jurisdiction, 2002–2016

	Price \$ per point														
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
ACT	50	50	50	50	50	50	50	50	50	92.5	100	100	#	100	85
VIC	50	50	50	50^	50	50	50	50^	100	100	100	100	100^	50	50
TAS	50	50	30	50	50	50	50	50	50^	50	60	100	50^	100	100
SA	25	50	30^	30^	50	50	50	50	75	75	100	100	100	100	50
WA	50	50	50	50	50	50	50	50	100	100	100	100	75^	100	100
NT	80	50	50	65^	90	100	125^	100^	200^	150	150	140	90^	150	100
QLD	50	35	50	50^	50	50	50	50	100^	100	100	100	100^	100	50

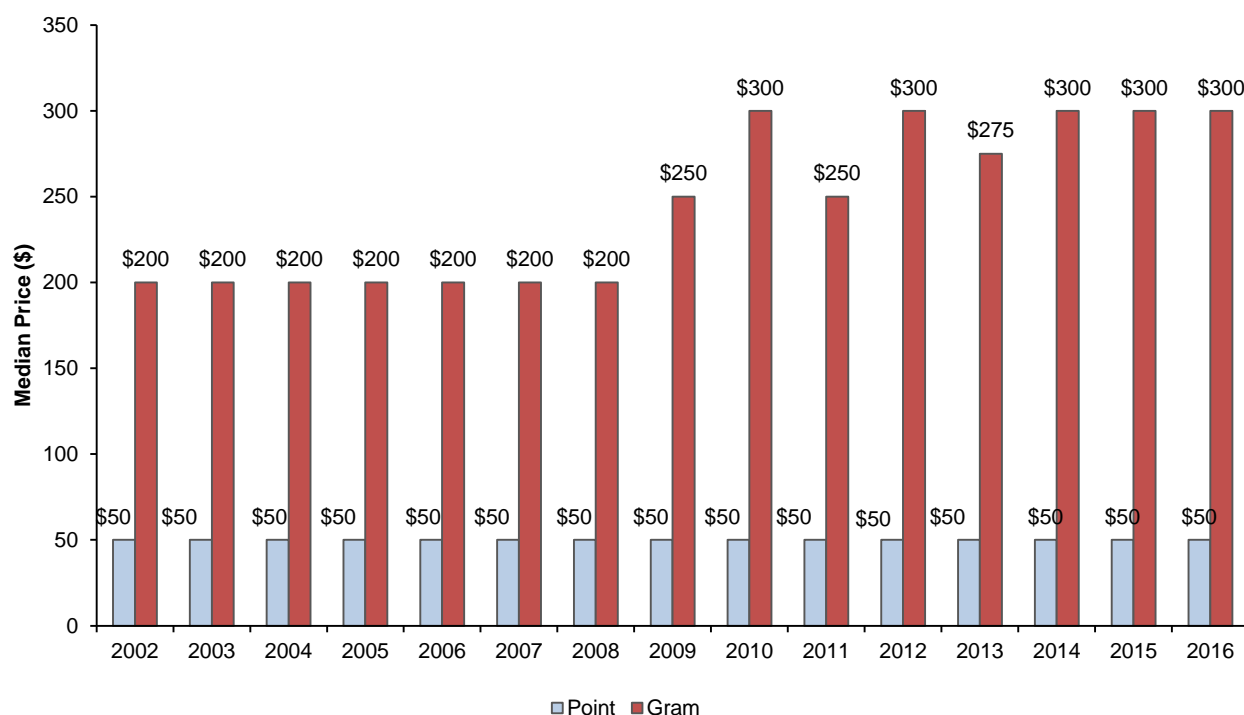
Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Represents no purchases.

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards.

Figure E1: Median price of speed per point and gram, nationally, 2002–2016



Source: IDRS participant interviews.

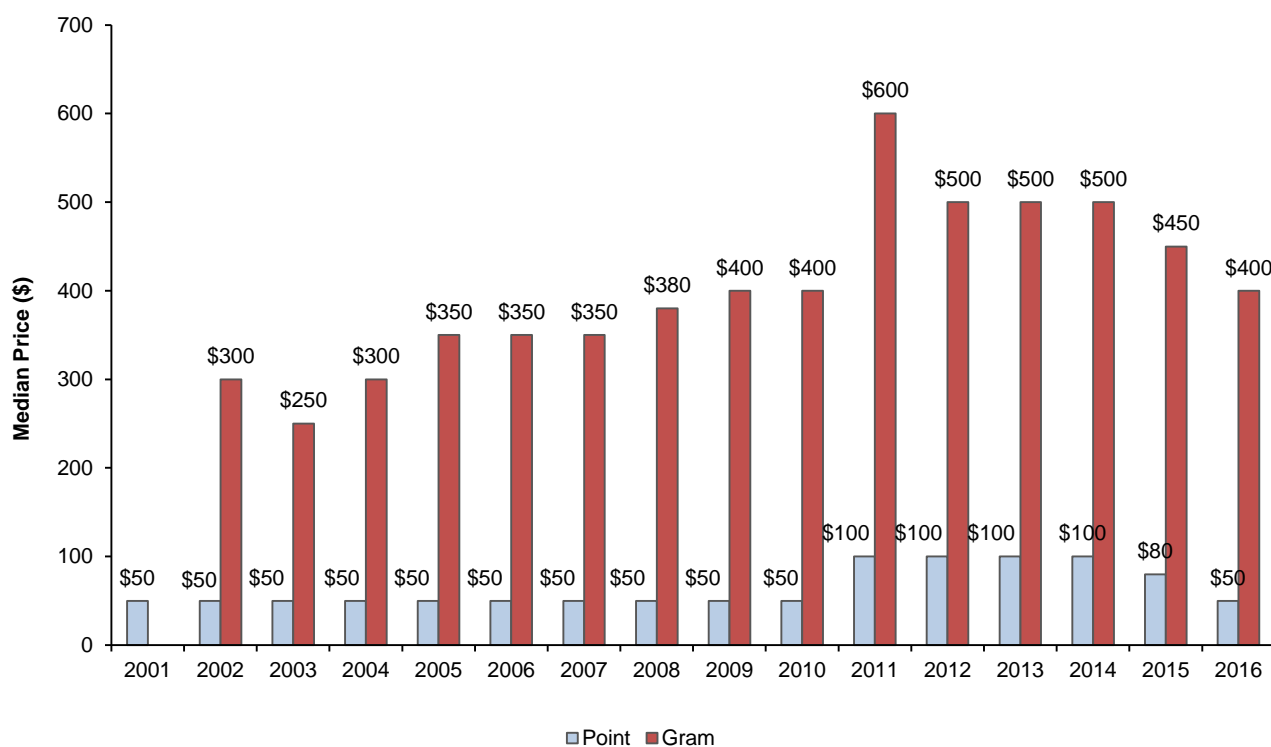
Figure E2: Median price of base per point and gram, nationally, 2002–2016



Source: IDRS participant interviews.

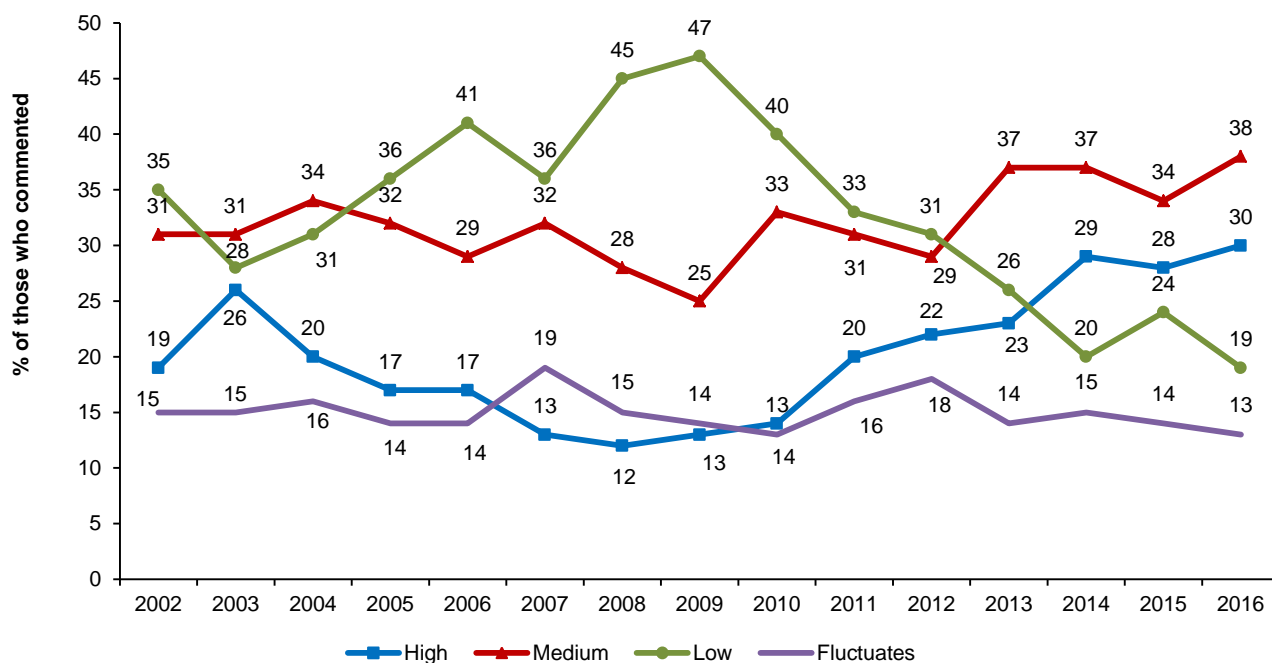
^ small numbers commenting; interpret with caution.

Figure E3: Median price of crystal per point and gram, nationally, 2001–2016



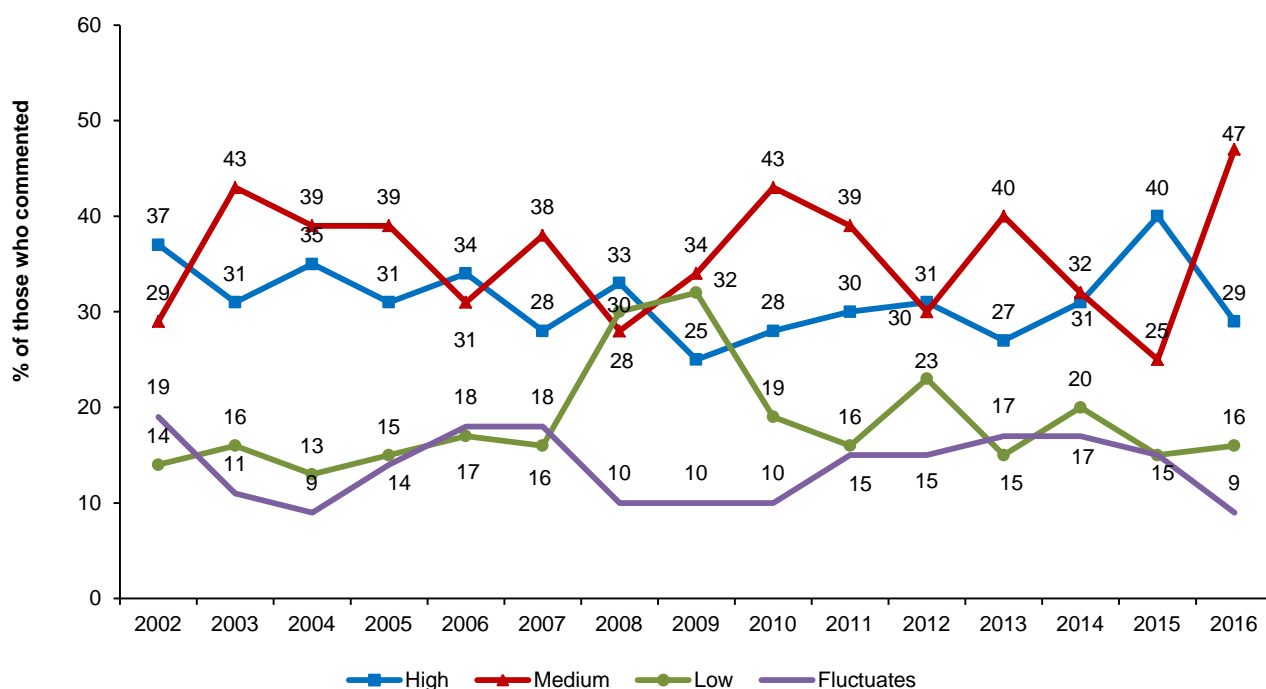
Source: IDRS participant interviews.
Note: No data available for gram in 2001.

Figure E4: Current purity of speed, nationally, 2002–2016



Source: IDRS participant interviews.
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis.

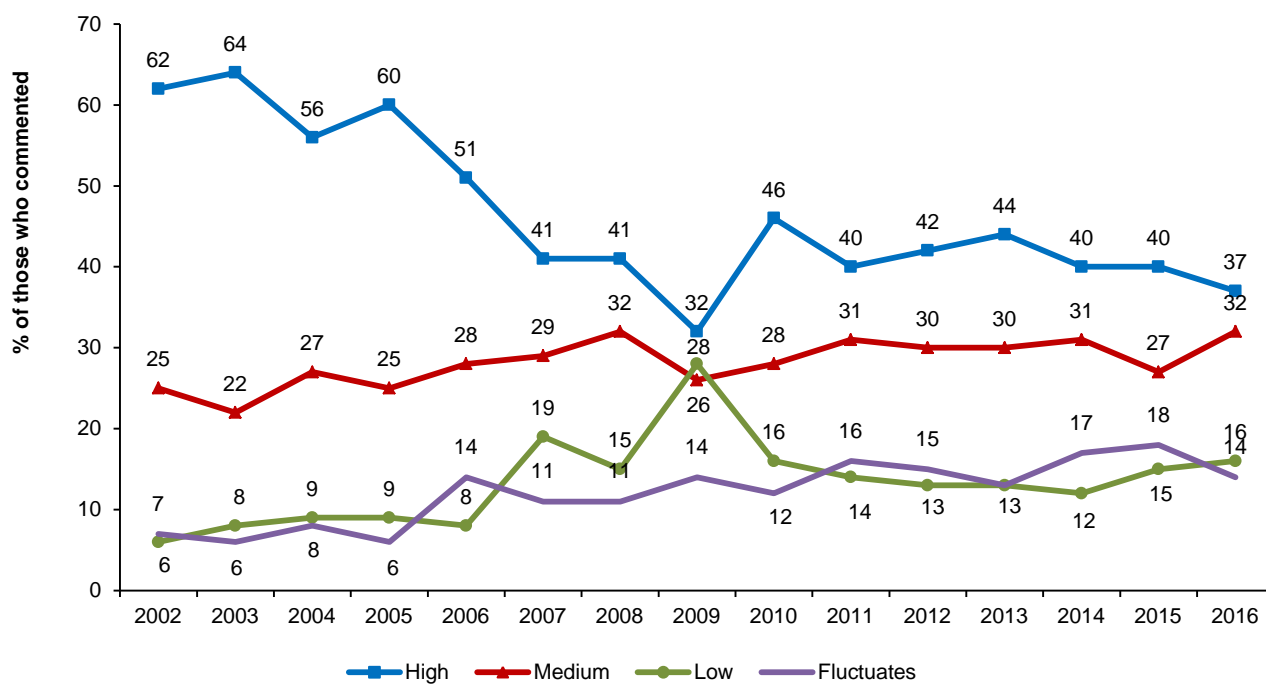
Figure E5: Current purity of base, nationally, 2002–2016



Source: IDRS participant interviews.

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis.

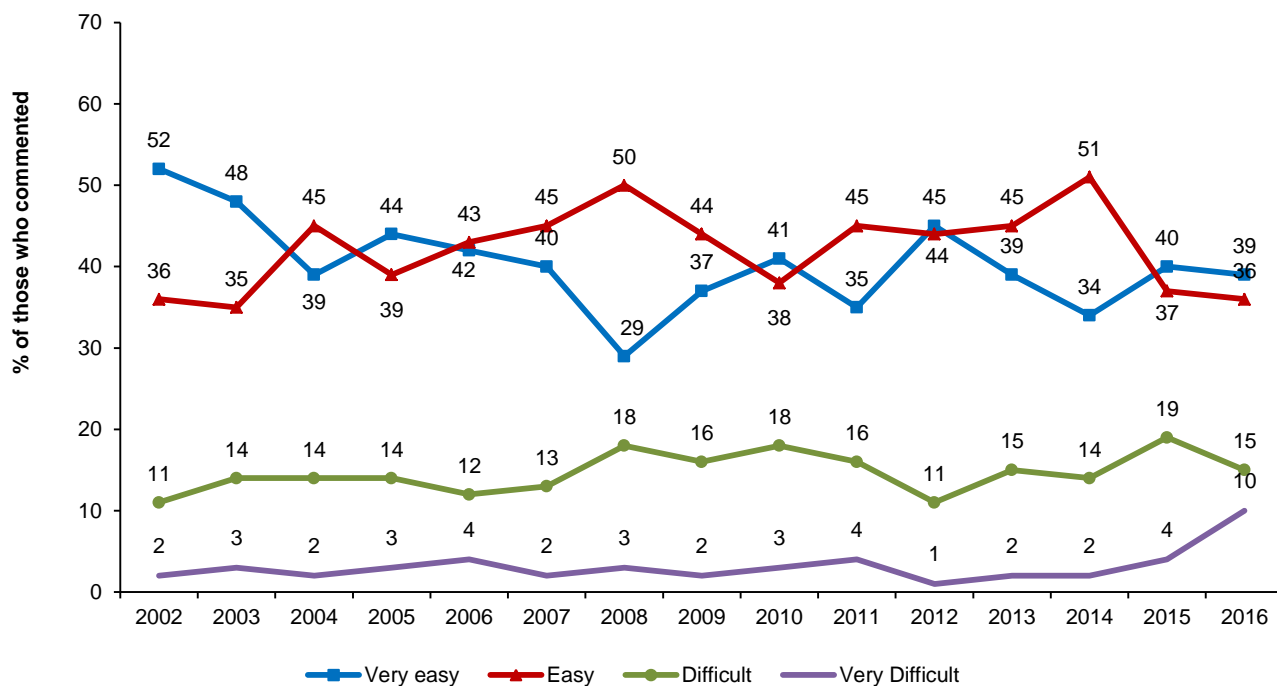
Figure E6: Current purity of crystal, nationally, 2002–2016



Source: IDRS participant interviews.

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis.

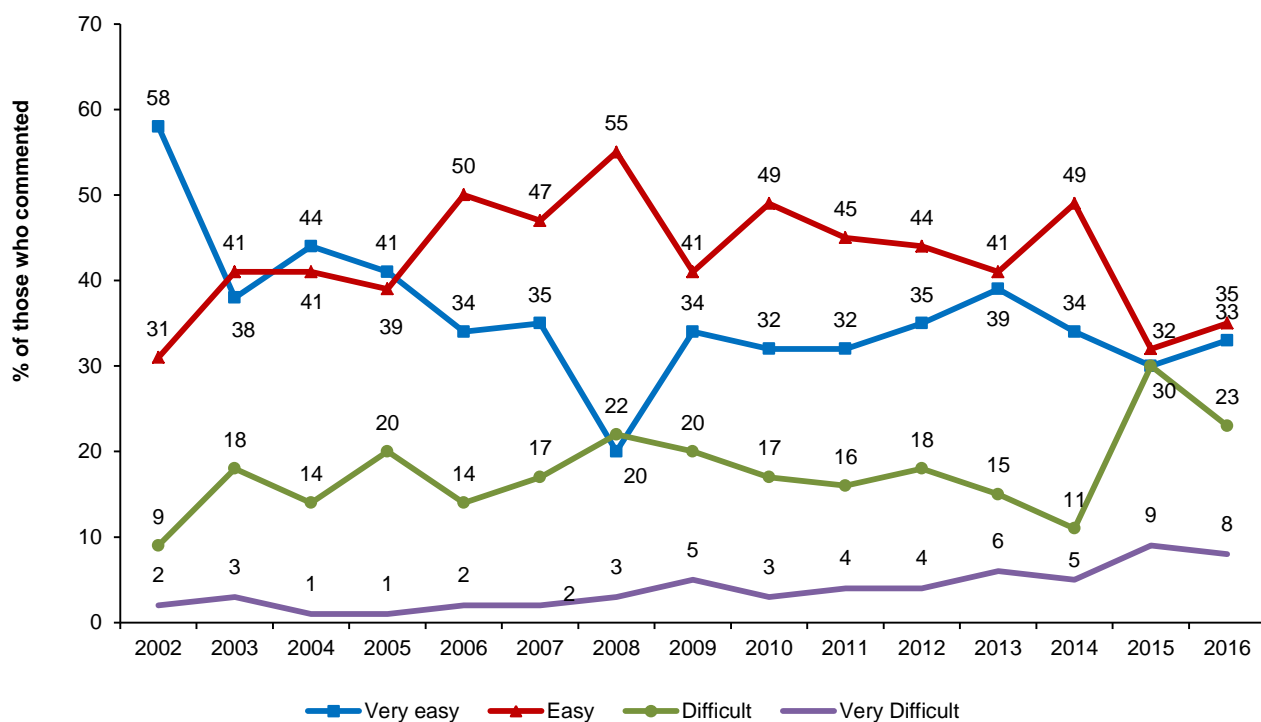
Figure E7: Current availability of speed, nationally, 2002–2016



Source: IDRS participant interviews.

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis.

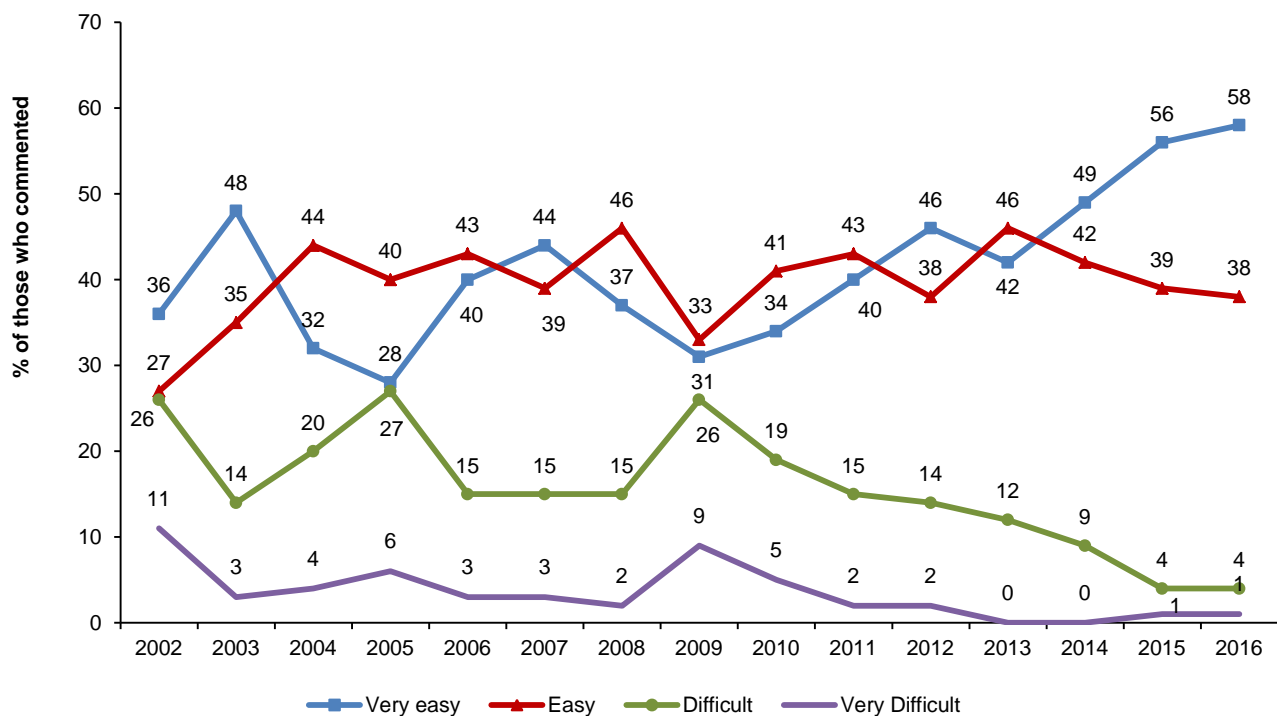
Figure E8: Current availability of base, nationally, 2002–2016



Source: IDRS participant interviews.

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis.

Figure E9: Current availability of crystal, nationally, 2002–2016



Source: IDRS participant interviews.

Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis.

Appendix F: Cocaine price, perceived purity and availability, 2000–2016

Table F1: Median price of cocaine per gram, by jurisdiction, 2000–2016

	Price \$ per gram																
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	n.a.	n.a.	200	200	290^	280^	300	300	300	350	300	300	375^	300	400	400	350^
ACT	n.a.	n.a.	250^	200^	350^	250^	#	325^	310^	250^	#	330^	350^	350^	417^	300^	#
VIC	n.a.	n.a.	200^	250^	200^	350^	400^	375^	#	325^	400^	400^	500^	400^	300^	350^	#
TAS	n.a.	n.a.	200^	250^	325^	400^	#	#	350^	#	400^	#	400^	#	#	190^	#
SA	n.a.	n.a.	250^	250^	190^	315^	400^	340^	225^	700^	250^	300^	#	#	#	350^	275^
WA	n.a.	n.a.	350^	250^	#	475^	350^	400^	#	450^	325^	#	#	700^	#	#	#
NT	n.a.	n.a.	50	#	250^	250^	250^	200^	#	250^	#	#	#	#	#	#	#
QLD	n.a.	n.a.	220^	300^	200^	300^	#	350^	450^	350^	1000^	290^	#	300^	350^	450^	400^

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Represents no purchases.

Note: The response 'Don't know' was excluded from analysis.

Table F2: Median price of cocaine per cap, by jurisdiction, 2000–2016

	Price \$ per cap																
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
ACT	#	50^	65^	50^	#	50^	#	55^	70	50^	#	50^	50^	50^	50^	#	77^
VIC	80^	50^	65^	#	#	50^	#	#	100	50^	50^	#	50^	90^	75^	100^	#
TAS	50^	#	#	#	#	60^	#	#	#	#	#	#	80^	140^	#	#	#
SA	87.5	50^	50^	#	50^	60^	#	#	#	250^	#	50^	#	50^	#	#	#
WA	50^	#	#	#	#	50^	#	#	#	#	40^	#	#	#	#	#	#
NT	#	110^	30	#	60^	100^	125^	#	#	80^	#	#	#	#	#	#	#
QLD	#	57.5^	#	#	150^	#	50^	75^	#	#	#	#	#	#	#	#	#

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Represents no purchases.

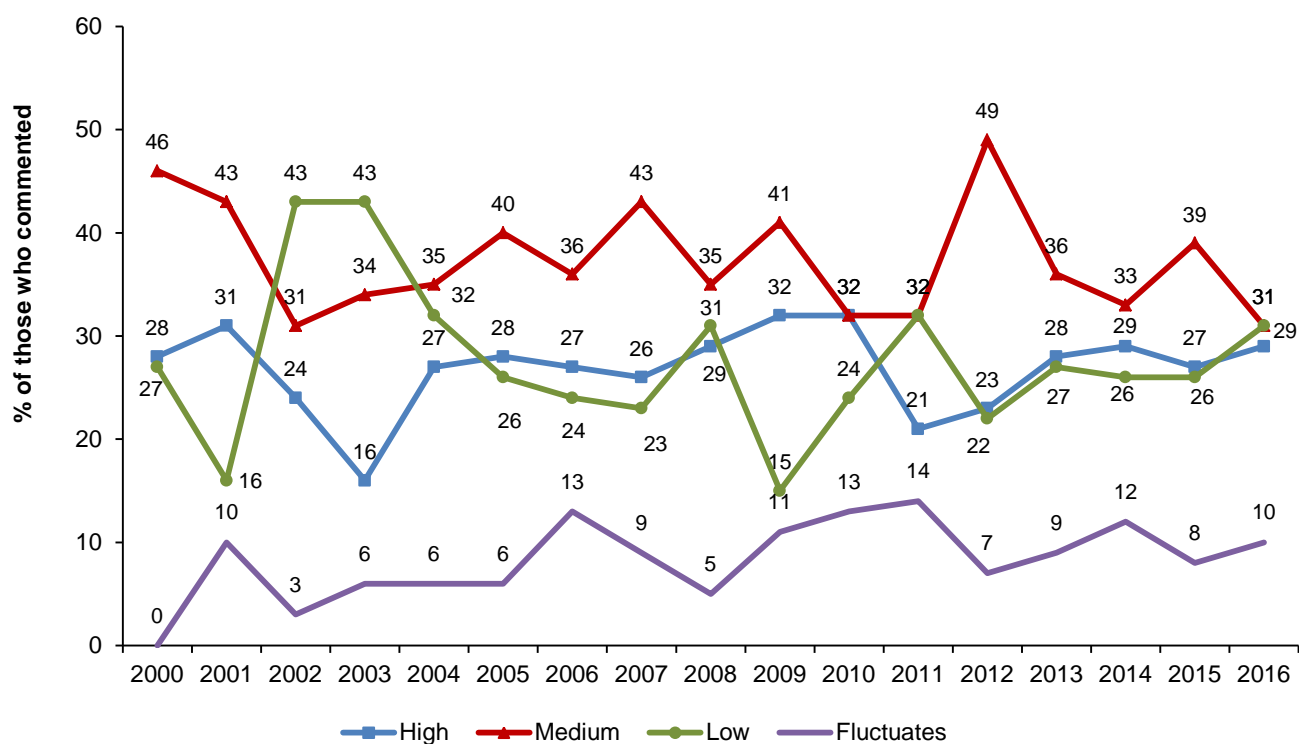
Note: The response 'Don't know' was excluded from analysis.

Figure F1: Median price of cocaine per cap and gram, nationally, 2000–2016



Source: IDRS participant interviews.

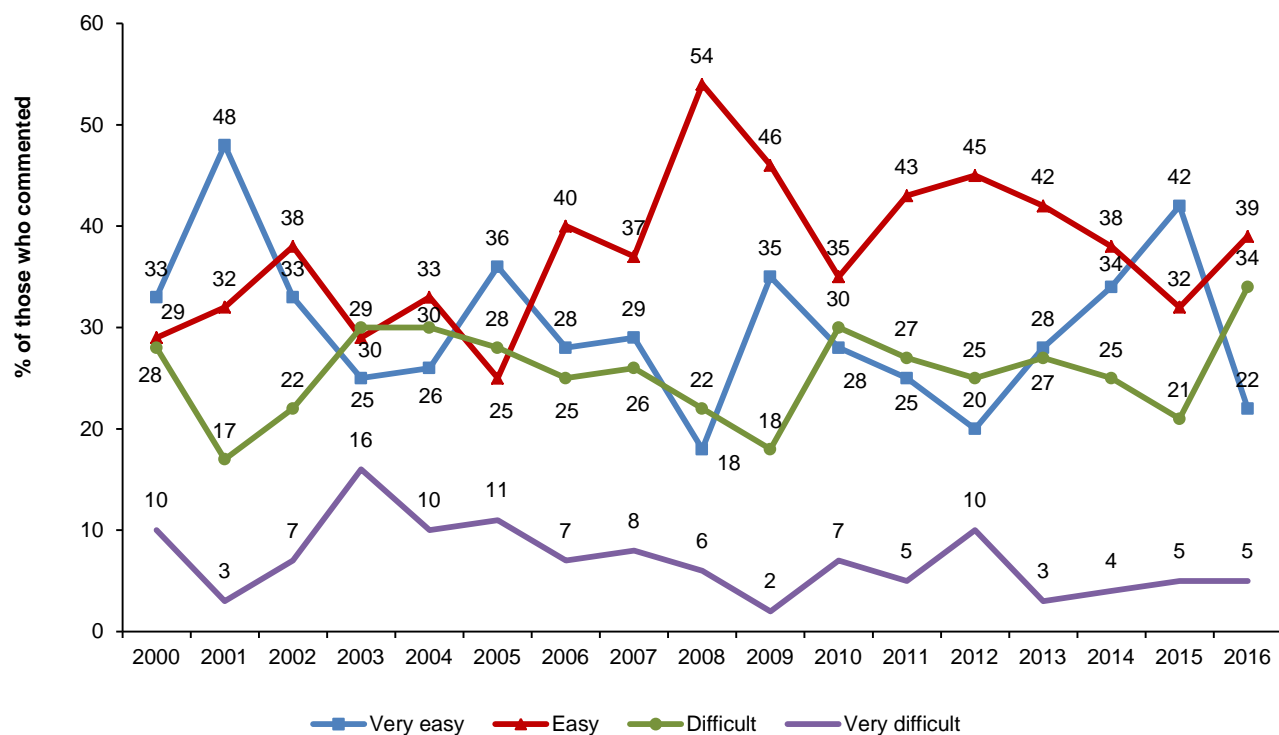
Figure F2: Current purity of cocaine, nationally, 2000–2016



Source: IDRS participant interviews.

Note: The response 'Don't know' was excluded from analysis.

Figure F3: Current availability of cocaine, nationally, 2000–2016



Source: IDRS participant interviews.

Note: The response 'Don't know' was excluded from analysis.

Appendix G: Cannabis price, perceived potency and availability, 2000–2016

Table G1: Median price of hydroponic cannabis per gram, by jurisdiction, 2000–2016

	Price \$ per gram																
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
ACT	25	25	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
VIC	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
TAS	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	22.5
SA	–	10^	10^	10^	25^	25^	25^	25	17.5	–	25^	25^	25 [#]	25 [#]	25 [#]	25 [#]	25*
WA	25^	22.5^	25	25	25	25	25	22.5^	25^	25	25	25^	25	28	25	25^	25
NT	–	25	25	25	25	25	30	30	30	30	30	30	30	30	30	30	30
QLD	–	25	25^	25	25	25	25	25	25	25	25	25	25	20	25	23^	25

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

– Represents no purchases.

[#] SA purchase is per bag instead of per gram.

Note: The response 'Don't know' was excluded from analysis. Data before 2002 included both hydro and bush cannabis.

Table G2: Median price of hydroponic cannabis per ounce, by jurisdiction, 2000–2016

	Price \$ per ounce																
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	n.a.	n.a.	300^	310^	300	300	285	290	300	320	290	300	320	300	300	300	300
ACT	n.a.	n.a.	250	322.5	280	290	300	300	295	300	280	300	290	300	280	300	250
VIC	n.a.	n.a.	250	280	240	250	200	240	250	250	250	250	250	250	250	250	250
TAS	n.a.	n.a.	250	300	280	290	250	250	300	300	300	300	250	280	260^	280	295
SA	n.a.	n.a.	180	200	200	200	200	200^	210	225	220	210	220	200	210	200	220
WA	n.a.	n.a.	250	270	250	300	280	300^	350^	350	350	350	350	350	350	350	325
NT	n.a.	n.a.	300	305	300	300	300	350	350	400	450	450	420	450	450	450	450
QLD	n.a.	n.a.	300	310	300	300	290	300	300	300	355	300	300^	300^	280^	280	320^

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Note: The response 'Don't know' was excluded from analysis. Data before 2002 included both hydro and bush cannabis.

Table G3: Median price of bush cannabis per gram, by jurisdiction, 2003–2016

Price \$ per gram														
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	20	20	20	20^	20	20	20	20	20	20	20	20	20	20
ACT	20	20	20	15	20	20	20	20	20	20	20	12.5^	20^	20
VIC	20	20	20	10^	20	20	20	20^	20^	20^	#	20	20^	20^
TAS	25	25	22.5	15^	25	25^	25	20^	25^	25	20	20	25^	20
SA	15^	25^	25^	25^	25	#	#	25^	25^	25^	25^	25^	25^	25*
WA	20	25	25	25^	10^	27.5^	25^	25^	20^	25	30^	25^	#	25^
NT	25	23	25	25^	30	30^	30^	30	15^	30	30^	30^	30	30^
QLD	15	20	25	20^	20	20	20	20	25^	25^	20^	20^	25^	20^

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Represents no purchases.

SA purchase is per bag instead of per gram.

Note: The response 'Don't know' was excluded from analysis. Data before 2003 included both hydro and bush cannabis.

Table G4: Median price of bush cannabis per ounce, by jurisdiction, 2003–2016

Price \$ per ounce														
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
NSW	225^	175	200	200^	200	200^	229	250^	260^	280^	240	220^	250^	280^
ACT	200	200	250	190	240	200^	250	250^	240	220^	265	210^	250^	255^
VIC	250	180	200	#	240^	200^	225	220^	210^	240^	150^	230^	210^	260^
TAS	150	180	200	170	200^	200	200	200	200	200^	245^	200^	225^	200^
SA	180	180	200	160^	180^	190^	200^	200^	220	180^	205^	190	220	210^
WA	200	200	232.5	200	225^	200^	290	250	300^	250^	200^	250^	250^	#
NT	200^	200	200	200^	200^	250	175^	300	210^	300^	300^	350^	300^	250^
QLD	240	200	230	250^	200	220	280	280	195^	60^	225^	250^	180^	250^

Source: IDRS participant interviews.

^ Reports based on small numbers (n<15) therefore should be interpreted with caution.

Represent no purchases.

Note: The response 'Don't know' was excluded from analysis. Data before 2003 included both hydro and bush cannabis.

Figure G1: Median price of hydroponic cannabis per ounce and gram, nationally, 2000–2016



Source: IDRS participant interviews.

Note: From 2003 onwards hydroponic and bush cannabis data collected separately. No data available for ounce in 2000 and 2001.

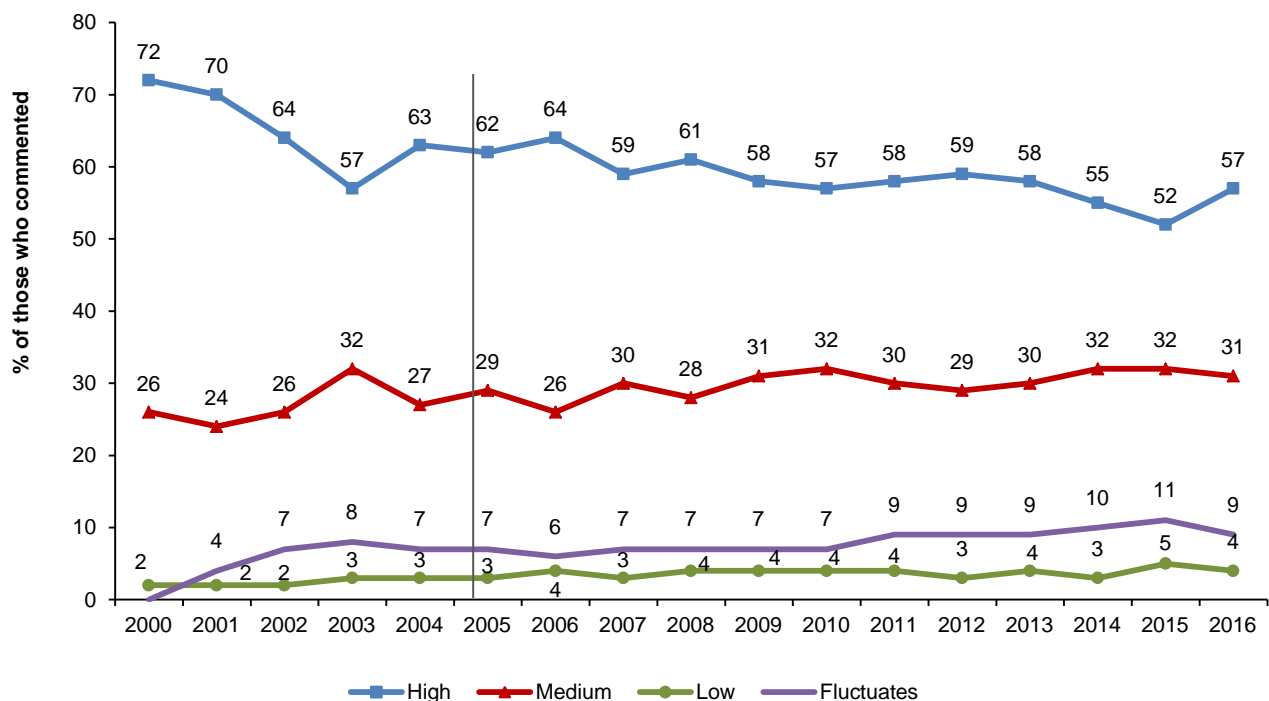
Figure G2: Median price of bush cannabis per ounce and gram, nationally, 2003–2016



Source: IDRS participant interviews.

Note: Data collection from 2003 onwards.

Figure G3: Current potency of hydroponic cannabis, nationally, 2000–2016*

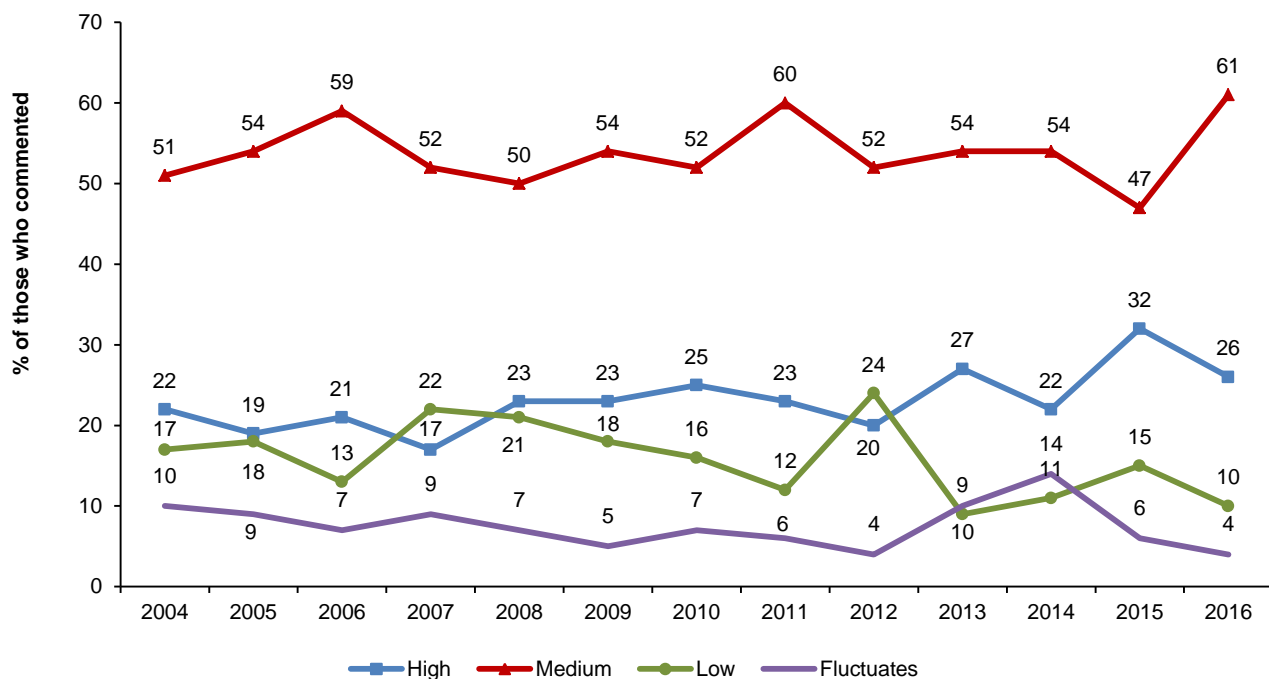


Source: IDRS participant interviews.

* Hydroponic and bush cannabis data collected separately from 2004 onwards.

Note: The response 'Don't know' was excluded from analysis.

Figure G4: Current potency of bush cannabis, nationally, 2004–2016*

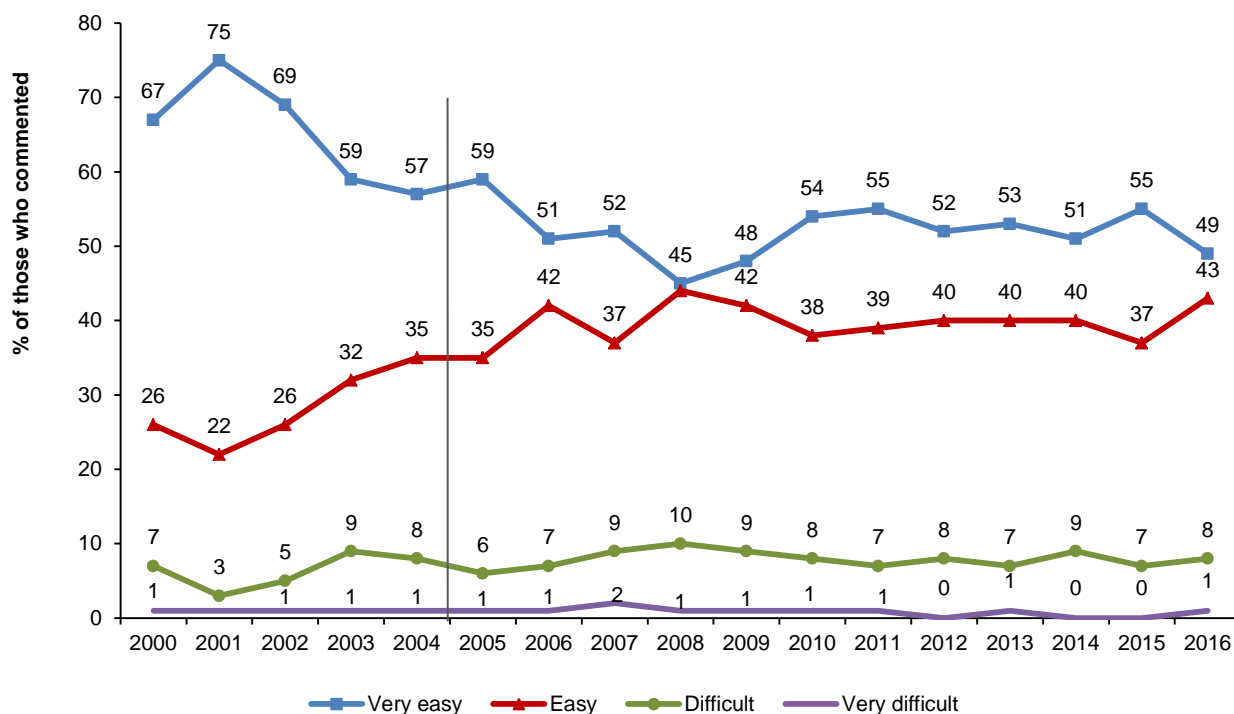


Source: IDRS participant interviews.

* Hydroponic and bush cannabis data collected separately from 2004 onwards.

Note: The response 'Don't know' was excluded from analysis.

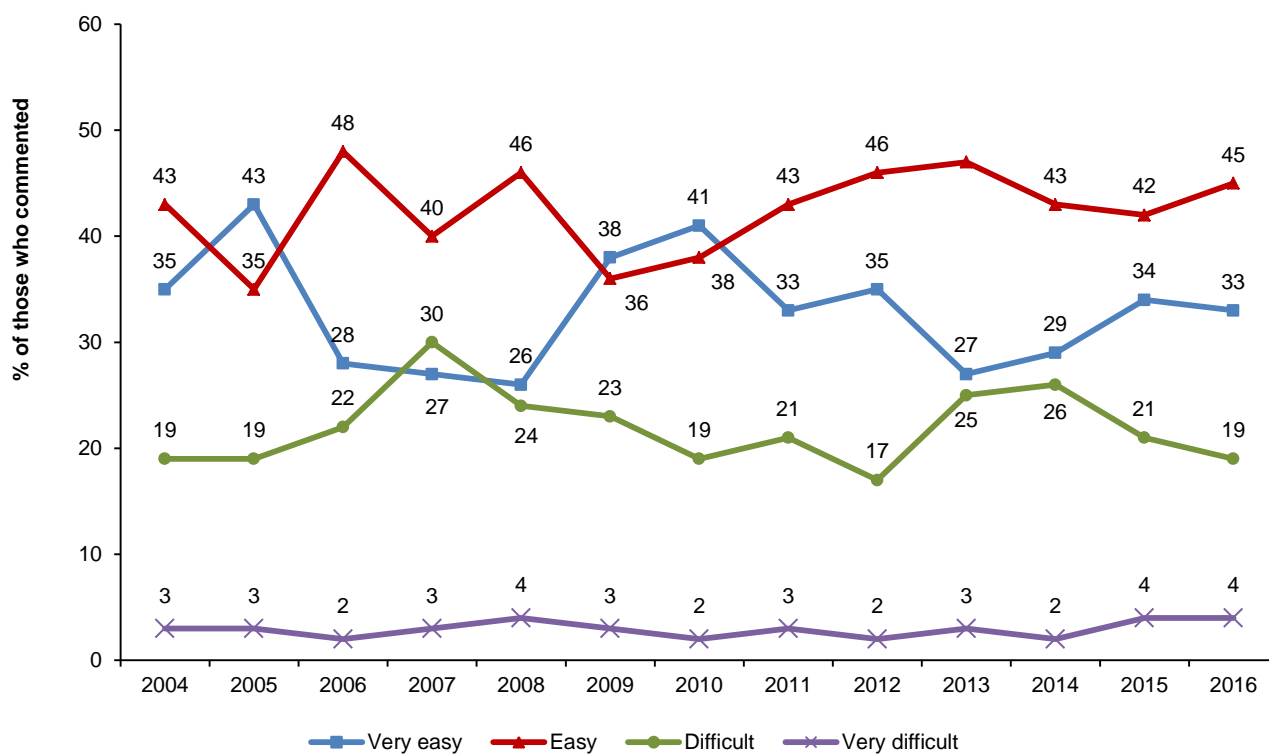
Figure G5: Current availability of hydroponic cannabis, nationally, 2000–2016*



Source: IDRS participant interviews.

* Hydroponic and bush cannabis data collected separately from 2004 onwards.

Figure G6: Current availability of bush cannabis, nationally, 2004–2016*

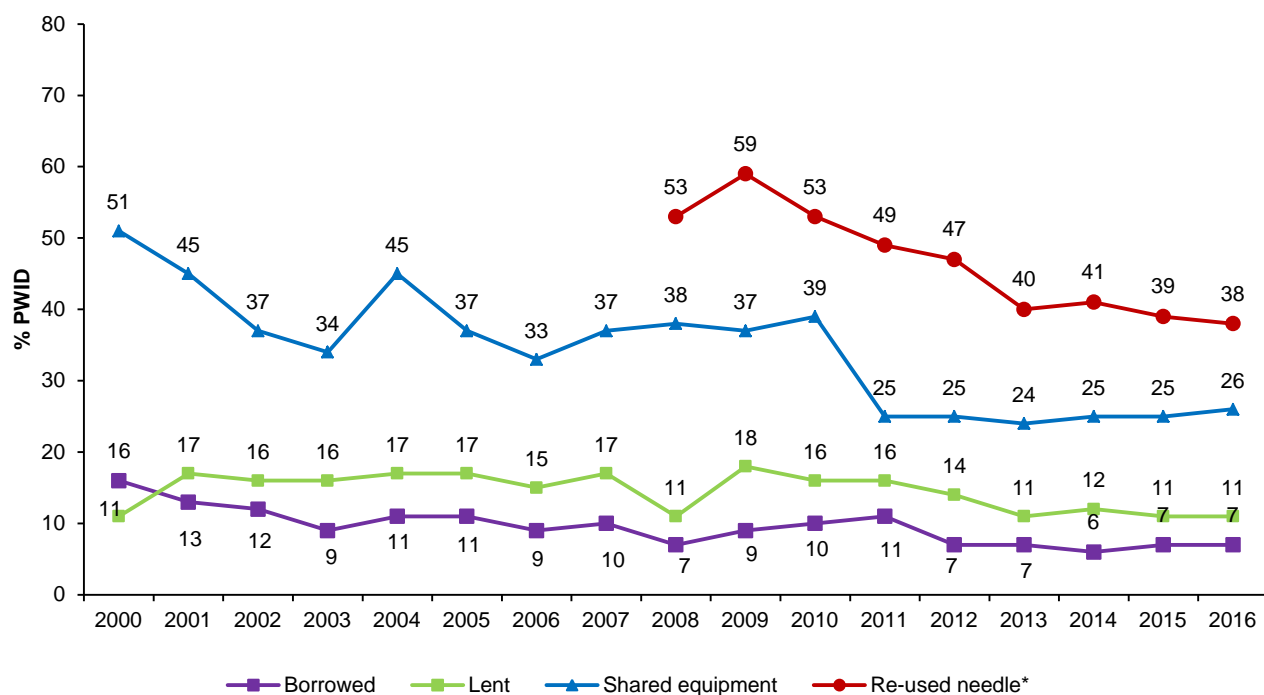


Source: IDRS participant interviews.

* Hydroponic and bush cannabis data collected separately from 2004 onwards.

Appendix H: Injecting risk behaviours, 2000–2016

Figure H1: Injecting risk behaviours in the last month, nationally, 2000–2016

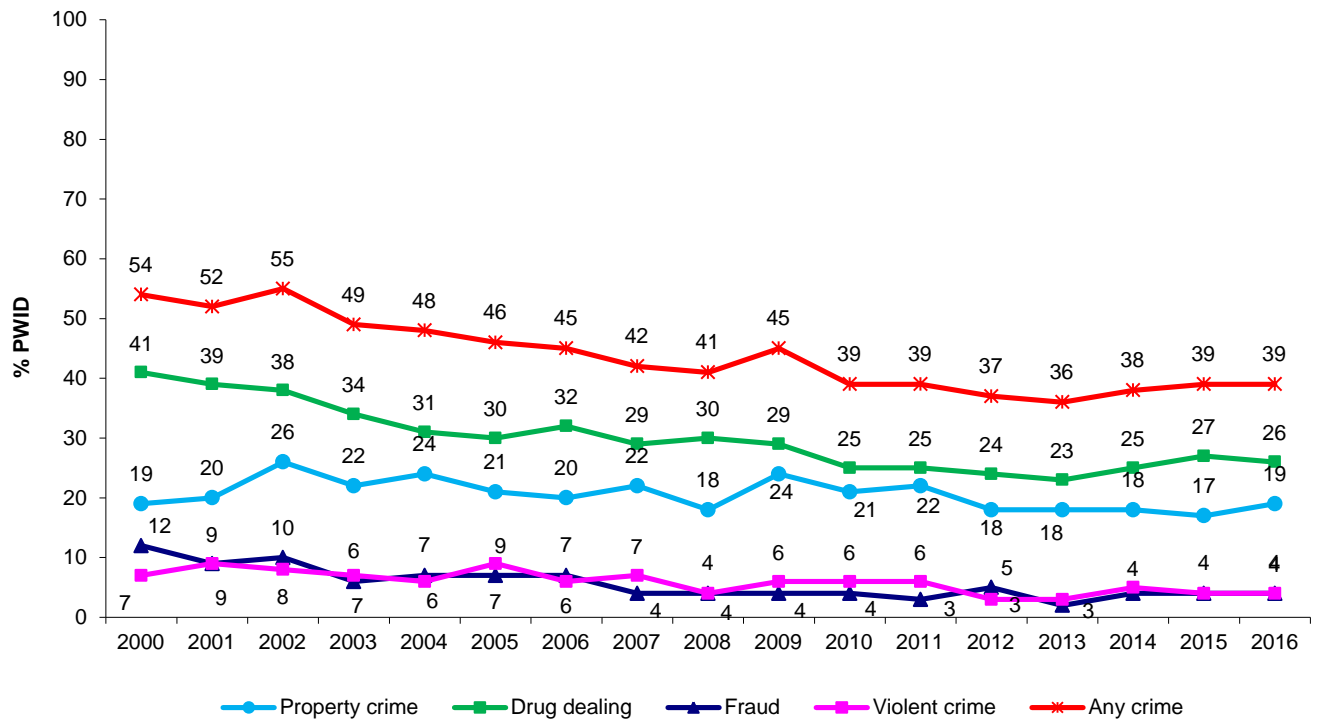


Source: IDRS participant interviews.

* Data collection started in 2008.

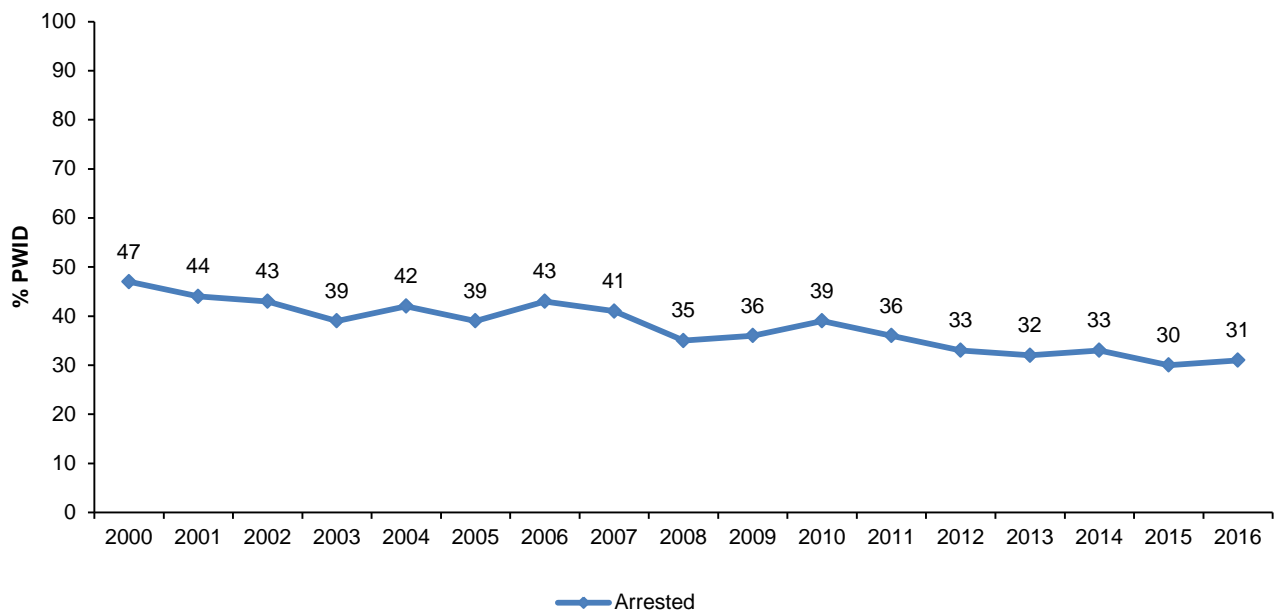
Appendix I: Arrests, 2000–2016

Figure I1: Self-reported criminal activity, nationally, 2000–2016



Source: IDRS participant interviews.

Figure I2: Arrested in the last 12 months, nationally, 2000–2016



Source: IDRS participant interviews.