AUSTRALIAN DRUG TRENDS 2002

Findings from the Illicit Drug Reporting System (IDRS)

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LIST OF ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and/or Torres Strait Islander
CDHA	Commonwealth Department of Health and Ageing
FDS	Family Drug Support Telephone Service
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user/s
KI(S)	Key informant(s)
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDS	National Drug Strategy
NESB	Non-English speaking background
NSP	Needle and syringe program
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
SA	South Australia
SNRI	Selective noradrenaline reuptake inhibitor (a type of anti-depressant)
SSRI	Selective serotonin reuptake inhibitor (a type of anti-depressant)
TAS	Tasmania
TGA	Therapeutic Goods Administration
VIC	Victoria
WA	Western Australia

EXECUTIVE SUMMARY

The Illicit Drug Reporting System (IDRS) monitors illicit drug markets across Australia. The IDRS consists of three components: (1) interviews with injecting drug users (IDU); (2) interviews with key informants, professionals who have regular contact with illicit drug users through their work; and (3) analysis and examination of indicator data sources related to illicit drugs, such as National Household Survey data on drug use, opioid overdose data, purity of seizures of illicit drugs made by law enforcement agencies. The *Australian Drug Trends 2002* report presents the findings of the third year in which the complete IDRS has been conducted in every Australian jurisdiction. Detailed reports on drug trends within each jurisdiction can be obtained from the National Drug and Alcohol Research Centre (NDARC).

The IDRS monitors the price, purity, availability and patterns of use of heroin, methamphetamine, cocaine and cannabis. Drug trends in this publication are cited by jurisdiction, although they primarily represent trends in the capital city of each jurisdiction, in which new drug trends are likely to emerge.

Key findings from the 2002 IDRS

1. Compared to the 2001 IDRS the availability of heroin increased in most jurisdictions, particularly in those in which heroin has traditionally predominated. The price of a gram of heroin decreased in all jurisdictions except SA, whereas the price of a cap of heroin remained stable. Heroin remained cheapest in NSW and most expensive in the NT. The purity and number of heroin seizures analysed has decreased.

2. The 2002 IDRS attempted to obtain more information on the different forms of methamphetamine used throughout the country. All forms of methamphetamine remained cheapest in SA. Methamphetamine powder and base were considered to be easy to obtain and the availability stable. Crystal methamphetamine was more difficult to obtain in some jurisdictions. The use of methamphetamine among IDU has stabilised or decreased in most jurisdictions in 2002.

3. Cocaine use decreased in frequency and prevalence among IDU in NSW, and in other jurisdictions it remained relatively uncommon and infrequent. There was an association in NSW between a reported increase in heroin use and decreased cocaine use. The median purity of domestic cocaine seizures analysed were lower than in 2000/01 while the median purity of AFP border seizures were higher.

4. As in previous years, the cannabis market proved the most stable of Australia's illicit drug markets. It remained easy to obtain in all jurisdictions. Declines in price were noted from 2001 to 2002 in NSW, SA, the ACT and QLD. Hydroponically grown cannabis continued to dominate the market. However, the use of bush, hash, and hash oil was noted in all jurisdictions.

Heroin

Price: Compared to 2001, the price of a gram of heroin decreased in all jurisdictions except SA. The median price of a gram of heroin ranged from $300 in NSW to $550 in WA. The median price of a cap of heroin remained $50 in all jurisdictions except NT ($85) and TAS ($82.50). Heroin remained cheapest in NSW and most expensive in the NT. Compared to 2001, more IDU reported that the price was stable or decreased in the six months preceding interview.

Purity: In recent years there has been a gradual decline in the purity of heroin seizures analysed. The purity and number of seizures analysed decreased in 2002. AFP seizures remain higher purity than State Police seizures. The majority of IDU in the national sample report that purity of heroin is medium or low.

Table 1: Median purity of total heroin seizures[1] for financial year, 1999/00 – 2001/02

	Median Purity %					
	State Police			AFP		
	99/00	00/01	01/02	99/00	00/01	01/02
NSW	59.3	49.0	**n.a**	69.2	71.0	**64.6**
SA	48.3	43.2	**22.4**	69.0	-	**54.3**
VIC	53.1	43.0	**15.0**	58.8	36.8	**75.1**
ACT				52.5	38.8	**21.1**
WA	55.5	48.5	**19.5**	71.8	68.3^	**36.3**
QLD	50.2	42.3	**18.5**	-	51.3^	**57.5**
TAS	-	-	**-**	74.6^	-	**-**
NT	-	31.0	**-**	-	75.3^	**-**

Source: ABCI, 2001, 2002. ACC 2003
1. Seizures ≤2g and >2g combined
Dashes represent no seizures analysed, ^ median purity based on one seizure.
Due to industrial action no state police seizures were analysed in SA Jan –June 2001.
2001/02 state police data are not yet available for NSW.

Availability: The 2001 IDRS reported a reduction in the availability of heroin in jurisdictions with established heroin markets: NSW, VIC, QLD, WA and the ACT. In 2002, the majority of IDU who commented on the availability of heroin thought it was easy or very easy to obtain, except in the NT. Larger proportions of the 2002 samples in NSW, VIC, QLD, ACT and SA reported that access to heroin had become easier or was stable in the preceding six months.

Table 2: Estimated availability and median price of heroin by jurisdiction, 2000-2002

	Availability# 2002	Price $ per gram			Price $ per cap		
		2000	2001	2002	2000	2001	2002
NSW	Very easy – easy Stable	220	320	**300**	25	50	**50**
SA	Easy – very easy Stable to easier	310	350	**450**	50	50	**50**
VIC	Easy – very easy Stable	300	450	**400**	50	50	**50**
ACT	Very easy –easy Stable	300	485	**350**	50	50	**50**
WA	Very easy – easy Easier to stable	450	750	**550**	50	50	**50**
QLD	Very easy – easy Stable to easier	350	450	**350**	50	50	**50**
TAS	Mixed reports	375	325	**350***	50	50	**82.50***
NT	Mixed reports	600	550	**500***	50	100	**85***

Participants were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?'
* Reports based on small numbers

Use: The proportion of IDU reporting recent heroin use increased in QLD, WA, and the ACT, most notably in QLD where the proportion of IDU reporting heroin use in the preceding six months returned to the 2000 level. The proportion of IDU reporting recent heroin use remained stable in NSW and VIC. In SA the prevalence and frequency of use decreased. Heroin use remained uncommon in TAS and the NT.

The median number of days heroin was used in the preceding six months has not returned to the levels prior to the shortage in the supply of heroin of early to mid 2001, except in NSW.

Methamphetamine

The 2002 IDRS distinguished between methamphetamine powder (speed), methamphetamine base and crystal methamphetamine (ice) when asking IDU about the price and availability of different forms of methamphetamine. In 2001 the distinction was between methamphetamine powder and the more potent forms (base and ice), making comparisons with previous years difficult. However due to the findings of previous IDRS (Topp et al 2002), the need to make this distinction became evident and will allow for comparisons of the different forms to be made in the future.

Price: All forms of methamphetamine remained the cheapest in SA. The median price for a gram of methamphetamine powder ranged from $50 (SA) to $250 (WA and the ACT). Prices for methamphetamine powder have remained stable across jurisdictions. The median price of a point (0.1g) of base ranged from $25 (SA) to $50 (NSW, ACT, WA, TAS and NT). A point of crystal methamphetamine ranged from $25 in SA to $80 in NT ($50 in all other jurisdictions).

Purity: There is no clear trend in the median purity of methamphetamine with the median purity of analysed seizures varying across jurisdictions. IDU reported that methamphetamine powder was medium to low in strength and methamphetamine base and ice were described as medium to high in strength.

Table 3: Median purity of total[1] methamphetamine seizures analysed by State Police and the AFP in financial years, 1999/00 - 2001/02

	Median Purity %					
	State Police			AFP		
	99/00	00/01	01/02	99/00	00/01	01/02
NSW	6.0	4.5	n.a.	14.4	5.3	10.5
SA	8.3	n.a	14.6	-	-	2.0^
VIC	6.4	6.0	15.0	5.4	9.9	19.4
ACT	-	-	7.1	4.6	2.6	80.3
WA	15.0	19.0	23.0	77.1	12.6	80.0^
QLD	26.3	28.6	19.7	6.0	-	2.3
TAS	5.5	3.5	24.8	-	-	-
NT	4.0	6.0	5.5	-	-	80.3

*__Source__: ABCI, 2001, 2002. ACC 2003

1. Seizures ≤2g and >2g combined

Dashes represent no seizures analysed, ^ median purity based on one seizure.

Due to industrial action no state police seizures were analysed in SA Jan –June 2001.

2001/02 state police data are not yet available for NSW.

Availability: The majority of respondents in all jurisdictions reported that methamphetamine powder was easy or very easy to obtain and that availability was stable. Among those who could comment, base was also considered to be easy to obtain and the availability stable. Among those who could comment, substantial proportions in SA, WA and QLD reported crystal methamphetamine was easy to obtain, whereas it was reportedly difficult to obtain in NSW, ACT, VIC and TAS.

Table 4: Estimated availability and median price of methamphetamine by jurisdiction, 2000-2002

	Availability# 2002	Price ($) gram of powder			Price point ($) base and ice*		
		2000	2001	2002	2000	2001	2002
NSW	**Powder:** Easy/very easy, Stable **Base:** Easy, Stable **Ice:** Difficult, Stable	90	100	100	50	50	**Base:** 50 **Ice:** 50
SA	**Powder:** Very easy/easy, Stable **Base & Ice:** Very easy/easy Stable to easier	50	50	50	30	30	**Base:** 25 **Ice:** 25
VIC	**Powder:** Easy, Stable **Base^ & Ice:** More difficult	50	200	200	50	50	**Base:** 35^ **Ice:** 50
ACT	**Powder:** Very easy/easy, Stable **Base:** Very easy/easy, Stable **Ice:** Mixed reports – very easy /very difficult, Stable to more difficult	180	250	300	-	50	**Base:** 50 **Ice:** 50
WA	**Powder & Base:** Very easy, Stable **Ice:** Easy, More difficult to stable	200	250	250	50	50	**Base:** 50 **Ice:** 50
QLD	**Powder & Base:** Very easy/easy, Stable **Ice**: Easy/very easy, Stable	80	180	200	50	50	**Base:** 30 **Ice:** 50
TAS	**Powder & Base:** Very easy, Stable **Ice:** Mixed reports – easy/difficult, Stable	80	70	80	50	50	**Base:** 50 **Ice:** 50^
NT	**Powder:** Easy/very easy, Stable **Base:** Many did not know, Stable to easier **Ice**: Many did not know, mixed reports	80	80	80	50	50	**Base**: 50^ **Ice:** 80^

Participants were asked 'How easy is it to get at the moment?' and 'Has this changed in the last six months?'
* In 2000 and 2001 base and ice were combined under 'potent forms' of methamphetamine and therefore the price reflects both forms. In 2002 they were separated in an attempt to provide more information on the price and availability of the different forms of methamphetamine.
^ Small numbers (n≤10) reported and therefore should be interpreted with caution.

Use: The proportion of IDU reporting use of powder methamphetamine in the six months preceding interview has decreased or stabilised in all jurisdictions but SA. The median number of days of methamphetamine powder use decreased in all jurisdictions except NSW, VIC, and TAS where it remained stable. The use of crystal methamphetamine has decreased in VIC, ACT and QLD. The use of base has decreased in VIC and QLD.

Cocaine

Small numbers of IDU in all jurisdictions except NSW, were able to comment on the price, purity and availability of cocaine, so the results should be interpreted with caution.

Price: As in previous years, in 2002, more IDU in NSW were able to comment on price. Small numbers (n<10) of IDU in all other jurisdictions reported purchasing a gram or cap of cocaine. Gram prices in the ACT and TAS were similar to prices reported in NSW, where cocaine has been cheapest in previous years. Prices for a cap of cocaine were similar in NSW, SA and VIC.

Purity: The purity of seizures analysed has remained stable across jurisdictions. There were decreases in the number of seizures analysed in 2002 in SA, VIC and QLD. IDU reports suggest that the strength of cocaine is low to medium.

Table 5: Median purity of total[1] cocaine seizures analysed by State Police and the AFP in financial years, 1999/00 - 2001/02

	Median Purity %					
	State Police			AFP		
	99/00	00/01	01/02	99/00	00/01	½
NSW	34.0	52.0	n.a	53.3	44.9	73.0
SA	-	68.6	-	-	66.9	-
VIC	40.1	47.0	37.0	80.7	65.7	72.4
ACT	-	-	35.9	25.9	35.9	-
WA	30.5	35.0	30.5	35.8^	33.8	72.4
QLD	38.4	68.8	54.4	76.3	72.7	63.1
TAS	-	44.6^	44.0^	-	-	-
NT	-	-	24.0^	-	-	-

*__Source__: ABCI 2001, 2002; ACC, 2003

1. Seizures ≤2g and >2g combined

Dashes represent no seizures analysed, ^ median purity based on one seizure.

Due to industrial action no state police seizures were analysed in SA Jan –June 2001.

2001/02 state police data are not yet available for NSW.

Availability: Cocaine was considered easy or very easy to obtain in NSW and QLD. Substantial proportions in other jurisdictions reported it was difficult or very difficult. Availability was considered stable by most of those that responded in all jurisdictions.

Table 6: IDU reported availability and price of cocaine by jurisdiction*, 2000-2002

		Price Gram $			Price cap $		
		2000	2001	2002	2000	2001	2002
NSW	Easy to very easy, stable	200	200	200	50	50	50
SA	Mixed reports, easy and difficult, stable	300	200	250	-	50	50
VIC	Difficult to very difficult, stable	250	225	250	80	100	50
ACT	Difficult to very difficult, stable	170	165	200	-	50	65
WA	Difficult to very difficult	250	300	250	-	-	-
QLD	Easy to very easy, stable	250	200	250	-	80	-
TAS	Difficult, stable	300	450	200	-	-	-

* Small numbers in all jurisdictions (except NSW) reported on the price and availability of cocaine and therefore the results should be interpreted with caution. Data was not collected in the NT.

Use: The proportion of IDU that reported recent cocaine use decreased in ACT, QLD WA and VIC. The frequency of use in all jurisdictions, except NSW, remained sporadic. In NSW there was a decrease in the median number of days IDU reported using cocaine from 90 days in 2001 to 24 days in 2002.

Cannabis

Price: The price of the last purchase of an ounce of cannabis varied from $180 (SA) to $300 (NSW, QLD and the NT). The price of an ounce of cannabis declined from 2001 by $20-$30 in NSW, SA, the ACT, QLD and TAS. Gram prices varied from $20-$25, consistent with previous years. In SA, bags of approximately 2 grams of cannabis were sold for $25. The majority of IDU in all jurisdictions reported that the price had remained stable in the preceding six months.

Table 7: Estimated median price, potency and availability of cannabis by jurisdiction, 2000-2002

	Availability 2002	Price $ per gram			Price ($) per ounce			Potency		
		2000	2001	2002	2000	2001	2002	2000	2001	2002
NSW	Very easy	20	20	**20**	300	320	**300**	High	High	**High**
SA	Very easy	25*	25*	**25***	220	200	**180**	High	High	**High**
VIC	Very easy	20	20	**20**	280	250	**250**	Med-High	High	**High**
ACT	Very easy	25	20	**20**	300	280	**250**	Med-High	High	**High**
WA	Very easy	25*	25*	**25**	300	250	**250**	High	High	**High**
QLD	Very easy	25	25	**25**	300	320	**300**	High	High	**High**
TAS	Very easy	25	25#	**25**	300	280	**250**	High	High	**Med-high**
NT	Very easy	25	25	**25**	300	300	**300**	High	Med-High	**High**

* approximately 2 grams
# approximately 1.5 grams

Potency: The THC content of cannabis seizures is not routinely tested in Australia; thus, the estimates of the potency of cannabis in Table 7 represent ratings made by IDU and key informants. As in all previous years of the IDRS, the potency of cannabis was considered high or medium to high, and stable, in all jurisdictions.

Availability: Cannabis was considered very easy or easy to obtain by the majority of IDU in all jurisdictions, and availability was described as stable.

Use: Hydroponically grown cannabis was the predominant form of the drug used, with over 70% in all jurisdictions reporting hydroponic as the form most often used in the past six months (ranging from 71% in TAS to 89% in VIC). The use of outdoor crop or bush cannabis in the six months preceding interview was reported in all jurisdictions by over half of respondents (54% in NSW to 82% in WA). The use of hash (14% in NSW to 39% in SA) and hash oil (4% in NSW to 23% in NT) in the preceding six months was also reported in all jurisdictions.

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug monitoring system funded by the Commonwealth Department of Health and Ageing (CDHA) and the National Drug Law Enforcement Research 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 intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in various illicit drug markets. The study is designed to be sensitive to trends, providing data in a timely manner, rather than to describe the phenomena in detail, such that it will provide direction for more detailed data collection on specific issues.

The complete IDRS methodology consists of three components: (1) interviews with injecting drug users (IDU); (2) interviews with key informants (KIS) who, through the nature of their work, have regular contact with illicit drug users; and (3) an examination of existing indicator data sources related to illicit drug use, such as National Household Survey data on drug use, opioid overdose data, and purity of seizures of illicit drugs made by law enforcement agencies. These three data sources are triangulated against each other in order to minimise the biases and weaknesses inherent in each one, and to ensure that only valid emerging trends are documented.

The complete IDRS was trialled in NSW in 1996, and was expanded to include SA and VIC in 1997. In 1999, the complete IDRS was conducted in the same three jurisdictions, while a 'core' IDRS, consisting of key informant interviews and examination of extant indicator data sources, was conducted in all other jurisdictions. From 2000, with additional funding provided by the National Drug Law Enforcement Research Fund (NDLERF), the complete IDRS was conducted in all jurisdictions. This is a significant advance as it provides three years in which standardised, directly comparable data relating to illicit drug use and markets have been collected in all jurisdictions. The *Australian Drug Trends 2002* report presents these findings.

To provide an understanding of some of the reasons for differences between jurisdictions, detailed reports describing drug trends in each jurisdiction can be obtained from the National Drug and Alcohol Research Centre (NDARC) (TAS: Bruno & McLean, 2003; NSW: Roxburgh, Degenhardt, Breen and Barker, 2003; VIC: Jenkinson, Fry and Miller, 2003; WA: Fetherston & Lenton, 2003; SA: Longo, Christie, Ali & Humeniuk, 2003; QLD: Kinner & Fischer, 2003; NT: Duquemin & Gray, 2003; ACT: Rushforth, 2003).

1.1 Study aims

The primary aims of the 2002 national IDRS were:

1. to document the price, purity, availability and patterns of use of the four main illicit drug classes in this country, namely heroin, methamphetamine, cocaine and cannabis; and

2. to detect and document emerging drug trends of national significance that require further and more detailed investigation.

2.0 METHOD

The 2002 IDRS monitored trends in illicit drug markets using the methodology trialled by Hando and colleagues in NSW, VIC and SA (Hando *et al.*, 1997b; 1998). In 2002, 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 IDU;

2. a semi structured interview with KIS 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 KIS reports served to validate and contextualise the quantitative information obtained through the IDU survey and/or trends suggested by indicator data.

Comparable methodology was followed in each site for individual components of the IDRS. Any differences in methodology have been highlighted. Further information on methodology in each jurisdiction in 2002 can be found in the jurisdictional *Drug Trends 2002* reports, available from NDARC.

2.1 Survey of Injecting Drug Users (IDU)

A total of nine hundred and twenty nine IDU were interviewed as they are considered a sentinel group for detecting illicit drug trends. Research has continually demonstrated that patterns of extensive polydrug use are the norm among Australian IDU (e.g., McKetin *et al.*, 2000). As such, they can be considered an appropriate 'sentinel' population of drug users who provide information on drug use patterns and trends. The information from the IDU survey is not representative of illicit drug use in the general population nor is the information representative of all illicit drug users, but is indicative of emerging trends that warrant further monitoring.

The 929 IDU who participated in the 2002 IDRS were interviewed between June and August, 2002. The sample sizes in each jurisdiction were: NSW, n=158; VIC, n=156 NT, n=111; QLD, n=104; ACT, n=100; SA, n=100; TAS, n=100; and WA, n=100. The sample sizes reflect predetermined quotas. To be eligible to participate in the survey, IDU needed to have been injecting at least monthly during the six months preceding the interview, and 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 (NSPs) and peer referral. Participants were interviewed in locations convenient to them, such as NSPs, treatment agencies, public parks, coffee shops and hotels.

The interview schedule was administered to participants by research staff in all jurisdictions. Interviews took approximately 30 to 50 minutes to complete. Participants in all jurisdictions except the ACT were reimbursed up to $30 for their time and expenses incurred. In the ACT, money was provided to the agencies that assisted with participant recruitment, and agency management redistributed a proportion of the fee to participants, either in cash or in kind.

Informed consent to participate was obtained prior to the 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 the 2001 IDRS (Topp *et al*., 2002), which was itself based on previous NDARC studies of heroin and amphetamine users (Darke *et al*., 1992; 1994). In 2002, amendments were made to the questionnaire in an attempt to collect more detailed information; on the various forms of methamphetamine currently available in Australia and the use of buprenorphine as it was registered as a treatment for opioid dependence in 2001. Additional information on the use of benzodiazepines was collected in five jurisdictions (NSW, NT, QLD, TAS and VIC) in an attempt to monitor the change in prescribing ability for specific benzodiazepine formulations. The results of the benzodiazepine module will be reported elsewhere (Breen et al, in preparation). The interview schedule consisted of mainly close-ended questions, divided into seven main sections: demographics; drug use history; the price, purity and availability of illicit drugs; criminal activity; risk-taking behaviour; general health status; and general trends. Data analyses were conducted using SPSS for Windows, Version 11.0 (SPSS Inc., 2001).

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

2.2 Survey of Key Informants (KIS)

A total of 274 key informants (KIS) were interviewed, mostly by telephone, between June and September 2002. All KIS in TAS, the majority of KIS in the NT and the ACT, and some of the KIS in QLD were interviewed in person. Criteria for entry to the KI component of the IDRS were at least weekly contact with illicit drug users in the six months preceding the 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 KI component had either participated in the IDRS in previous years, or were referred by colleagues, supervisors or former KIS. They were screened for eligibility prior to the interview. The purpose and methodology of the IDRS were described to KIS prior to the interview, and they were given the opportunity to obtain more information about the study before deciding whether to participate.

The number of KIS recruited in each jurisdiction were: NSW, n=50; QLD, n=23; TAS, n=30; SA, n=36; VIC, n=49; WA, n=30; ACT, n=23; and NT, n=33. KIS included GPs, pharmacists, drug dealers, staff of drug treatment agencies, NSPs, research organisations, user groups, law enforcement agencies, youth services, counselling services, ambulance services and general health agencies.

In 1999 and 2000 heroin was the drug most frequently discussed by KIS in most jurisdictions (McKetin et al., 2000, Topp *et al*., 2001). In 2001 there was a shift to methamphetamine as the drug most frequently discussed in most jurisdictions (Topp et al 2002). In 2002, heroin and other opioids were the drug class most KIs discussed (n=107). It should be noted that many KIs reported that the illicit drug users they came into contact with were polydrug users so the shift in the main drug reported may not necessarily reflect a shift in patterns of types of drugs used. Methamphetamine was commented on by the second largest number of KI, with 97 key informants discussing methamphetamine. Cannabis was nominated by 57 KIs as the main illicit drug that users they had contact with used. Cocaine was not discussed by KIS in most

jurisdictions although nine KIs in NSW and one in VIC gave information on cocaine. Although key informants focused on one drug they also provided information on different drug types and patterns of use.

KI interviews took about 45 minutes to administer. The KI interview schedule was very similar to the KI interview administered in the 2001 IDRS (Topp *et al.*, 2002), which was itself based on previous NDARC research for the World Health Organization (Hando & Flaherty, 1993; Hando *et al.*, 1997a). 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 and close 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. In an attempt to standardise data collection across jurisdictions and across time, while still retaining the primarily qualitative format, check boxes were added to the end of many questions to ensure that the necessary basic information was obtained. Once the interviews were transcribed, basic content analysis (Kelleher, 1993) was used to identify recurring themes within drug classes.

2.3 Other indicators

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

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

Data sources which fulfilled at least four of these criteria and were available for most or all jurisdictions, included:

- drug purity data provided by the Australian Crime Commission (ACC, formerly the Australian Bureau of Criminal Intelligence). This included the number and median purity of seizures of illicit drugs made by state and federal law enforcement agencies that were analysed in Australia during the 2001/02 financial year. Local police seizure data from NSW were not available;
- data from the 2001 National Drug Strategy (NDS) Household Survey (Australian Institute of Health and Welfare [AIHW], 2002)

- drug injection prevalence data and HIV/HCV seroprevalence data from the 2000 Australian needle and syringe program (NSP) Survey, provided by the National Centre for HIV Epidemiology and Clinical Research (NCHECR, 2002);

- opioid-related overdose fatalities from the Australian Bureau of Statistics (ABS); and

- data on the number and weight of seizures of illicit drugs made at the border by the Australian Customs Service for the financial year 2001/02.

Indicator data reported in the individual state reports may contain data from different sources than reported in this national overview.

2.4 Data analysis

Since 2000, the complete IDRS has been conducted in all jurisdictions, providing comparable data across all of Australia. The year 2002 is the third year that directly comparable data, drawn from standardised, quantitative IDU interviews conducted in all jurisdictions, has been available, and therefore data can be presented not only across jurisdictions but also over time.

Therefore, the IDU survey results are used as the primary basis on which to estimate drug trends. IDU surveys provided the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. However, the purity of drug seizures data provided by the ACC is an objective indicator of drug purity, and is also presented in this report. Gender differences among IDU are noted where significant.

3.0 AN OVERVIEW OF THE IDU SURVEY

3.1 Demographic characteristics of the IDU sample

A total of 929 IDU were interviewed for the 2002 IDRS, a minimum of 100 in each jurisdiction. The mean age of the overall sample of the 929 IDU was 30.1 years (SD 8.2; range 15-57), and 64% were male (Table 8). Female participants were, on average, significantly younger than males (29.5 versus 31.9 years, t_{927}=-4.3, p<.001). The majority (96%) of the sample spoke English as their main language at home, and 14% identified as being of Indigenous Australian descent. Fifty six percent of the sample currently resided in their own house or flat (including renting), and 15% lived in their parents' or family home. Nine percent of the sample was homeless, and 8% described their current accommodation as a boarding house or hostel.

The mean number of school years completed by the overall sample was 10.3 (SD 1.8; range 0-13), and 47% had completed courses after school, with 37% possessing a trade or technical qualification, and 10% having completed a university degree or college course. About three quarters (73%) of the sample were unemployed, 13% were employed on a part-time or casual basis, 6% were employed full-time, 3% were students, 4% were engaged in home duties, and 4% were currently active in the sex industry.

Sixty three percent of participants were not currently in any form of drug treatment, while 25% were in methadone maintenance treatment, 8% in buprenorphine treatment and 3% were undergoing drug counselling. In the preceding six months, 51% of the sample had been in some form of drug treatment; with 30% having been in methadone maintenance, 13% in buprenorphine maintenance or detoxification, 10% in drug counselling, 9% in detoxification, and 1% in naltrexone treatment.

Forty six percent of the sample had previously been imprisoned; males were significantly more likely to report previous imprisonment (55% of males versus 29% of females; χ^2_1=57.9; p<.001). The demographic characteristics of the 2002 sample are similar to those of the IDU recruited in all jurisdictions for the 2001 and 2000 IDRS (Table 8), and the IDU recruited in NSW, SA and VIC for the 1999 IDRS (McKetin *et al.*, 2000).

Table 8: Demographic characteristics of IDU recruited in 2000 - 2002

Variable	2000 N=910	2001 N=951	2002 N=929
Mean age in years (SD; range)	28.8 (8.0; 14-64)	30.1 (8.4; 14-58)	**30.1 (8.2; 15-57)**
% male	68	67	**64**
% English speaking background	94	95	**96**
% ATSI	11	14	**14**
Mean years school education (SD; range)	10.4 (1.7; 0-16)	10.3 (1.8; 0-14)	**10.3 (1.7; 0-13)**
% completed trade/technical qualification	31	37	**37**
% completed university/college	12	9	**10**
% unemployed	68	73	**73**
% students	5	4	**3**
% prison history	43	44	**45**
% currently in drug treatment	34	36	**37**

Source: IDRS IDU interviews

As in previous years the majority of participants in all jurisdictions were male (Table 9). Consistent with the IDU interviewed in 2000 and 2001, the TAS, QLD and WA samples were younger, on average, than IDU recruited in other jurisdictions. As in 2000 and 2001, the NT sample contained the oldest participants.

The NSW sample contained the highest proportions of participants who identified as being of Indigenous Australian descent (28%), followed by the NT (20%) and SA (18%).

As in 2001, the WA sample contained the lowest proportion of participants who were currently unemployed and the TAS sample contained a higher proportion of students than the other samples. The sample recruited in NSW were more likely to have a history of imprisonment (58%) than IDU recruited in other jurisdictions (43%) (χ^2_1=11.88; p<.01), while the TAS sample were less likely to have a prison history (33% in TAS compared to 47% in other jurisdictions χ^2_1=6.48; p<.05).

Substantial proportions of the TAS, QLD, ACT and VIC samples were currently in treatment. However, it should be noted that the IDRS deliberately recruits a 'sentinel' population of IDU who are current and active participants in illicit drug markets; as a result, those in the IDU samples who report being in treatment may be *unrepresentative* of treatment populations more generally. Sample characteristics within jurisdictions were broadly consistent with previous years.

Table 9: Demographic characteristics of IDU by jurisdiction, 2002
(Comparable data from 2001 presented in brackets)

Variable	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Mean age (years)	31.4 (32.3)	32.4 (30.0)	30.0 (28.5)	28.3 (26.0)	32 (31.9)	29.7 (28.1)	34.4 (34.3)	29.9 (27.7)
% male	65 (72)	66 (68)	60 (57)	71 (75)	66 (61)	58 (63)	64 (77)	63 (61)
% English speaking background	85 (91)	99 (94)	97 (92)	100 (100)	94 (97)	99 (96)	99 (99)	97 (98)
% ATSI	28 (29)	13 (8)	6 (9)	11 (10)	18 (20)	4 (6)	20 (10)	13 (12)
School education (yrs)	10.6 (9.5)	10.7 (10.6)	10.7 (10.7)	10.0 (10.0)	10 (10.2)	10.7 (11.5)	9.7 10.0	9.9 (10.5)
% trade/tech qualification	43 (39)	25 (28)	45 (34)	20 (22)	38 (49)	42 (35)	31 (40)	42 (44)
% university/college	10 (5)	5 (4)	5 (11)	6 (1)	11 (4)	11 (16)	22 (15)	12 (11)
% unemployed	73 (80)	77 (75)	83 (79)	66 (68)	74 (77)	47 (61)	78 (71)	76 (65)
% students	0 (0)	7 (8)	1 (1)	11 (12)	5 (4)	4 (5)	0 (2)	2 (7)
% prison history	58 (55)	45 (34)	49 (46)	33 (32)	55 (50)	18 (34)	45 (51)	50 (38)
% currently in drug tmt	37 (29)	45 (49)	38 (44)	56 (52)	24 (34)	35 (24)	14 (24)	50 (36)

Source: IDRS IDU interviews

3.2 Drug use history and current drug use

3.2.1 First drug injected

The mean age of first injection of the overall sample was 18.7 years (SD 5.3; range 8-47). IDRS results from previous years (McKetin *et al.*, 2000; Topp *et al.*, 2001, Topp et al 2002) and other recent studies (Lynskey & Hall, 1998) have identified a decrease in the age of initial injecting among new recruits to injecting. To investigate this trend, the overall sample of 929 IDU was divided into two groups: those aged ≤ 25 years at the time of interview (n=265), and those aged > 25 years (n=664). The younger group were, on average, 3.4 years younger at the time of first injection than the older group (16.3 versus 19.7 years; t_{924}=12.46; p<.001). Overall, there was a significant correlation between age at the time of interview and age of initial injecting (r=.39; p<.001), indicating that more recent cohorts of IDU in Australia are initiating injecting at an earlier age. This correlation was significant in all jurisdictions, with the correlation coefficients ranging from r=.25 (ACT) to r=.51 (TAS).

Of the overall sample, 50% reported that amphetamine was the first drug injected, whereas 40% had first injected heroin and 5% morphine. In NSW, the majority of participants (64%) reported heroin as the first drug injected, and in the ACT, close to half (48%) had first injected heroin. In all other jurisdictions, between 48% (NT) and 64% (SA) of participants had first injected amphetamine (Table 10).

Table 10: Drug use patterns among IDU by jurisdiction, 2002

Variable	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Mean age first injection (yrs)	19.3	18.3	17.8	18.5	18.7	18.6	19.5	19.4
First drug injected (%)								
Heroin	64	48	44	15	30	30	37	35
Methamphetamine	30	47	51	50	64	59	48	61
Morphine	1	1	1	27	1	4	10	1
Cocaine	3	1	1	1	1	0	2	2
Methadone	1	1	0	5	0	0	0	0
Drug of choice (%)								
Heroin	72	69	64	40	30	48	46	63
Methamphetamine	6	10	14	23	52	32	18	25
Morphine	0	1	2	13	7	8	3	1
Cocaine	19	4	4	5	4	3	20	1
Methadone	0	1	0	13	0	0	1	1
Last drug injected (%)								
Heroin	74	74	63	2	25	25	2	45
Methamphetamine	5	15	28	32	60	54	22	41
Morphine	1	1	3	25	14	12	69	6
Cocaine	16	1	0	0	0	0	0	6
Methadone	1	8	0	36	0	2	5	0
Injected most often last month (%)								
Heroin	73	68	65	3	22	30	2	54
Methamphetamine	6	17	24	27	57	56	19	39
Morphine	0	3	5	30	17	9	74	15
Cocaine	17	0	0	1	1	0	0	0
Methadone	1	9	0	39	1	0	4	4
Injection frequency last month (%)								
Not in last month	0	0	0	0	1	0	1	0
Weekly or less often	4	25	22	9	26	24	9	21
Between weekly and daily	21	44	32	62	40	49	11	31
Daily	10	11	19	10	7	9	23	18
Two-three times daily	33	14	17	14	15	10	48	25
More than three times a day	32	3	9	5	11	8	8	4

Source: IDRS IDU interviews

3.2.2 Drug of choice

Heroin was nominated by over half (55%) of the national sample as the drug of choice, followed by methamphetamine (21%), cocaine (6%), cannabis (6%) and morphine (6%). As in 2000 and 2001, there were jurisdictional differences in the drug of choice among IDU (Table 10). In NSW, ACT and VIC more than half of IDU nominated heroin as their drug of choice and less than 15% in these jurisdictions nominated methamphetamine. SA had the highest proportion of IDU who nominated methamphetamine as their drug of choice (52%), followed by WA (32%) and QLD (25%). A significant minority in TAS (13%) nominated methadone as their drug of choice. Substantial minorities of IDU in the NT (20%) and TAS (13%) reported morphine as their drug of choice. As reported in 2000 and 2001, NSW remained the only jurisdiction where cocaine was the drug of choice for a significant proportion (30%) of IDU.

3.2.3 Last drug injected

Forty two percent of the overall IDU sample reported that heroin was the last drug injected, followed by methamphetamine (30%), morphine (15%), methadone (6%) and cocaine (3%). Heroin was the drug last injected by more than half of participants in NSW, VIC and the ACT, and by almost half of participants in QLD. Substantial majorities of IDU in SA (60%) and WA (54%) had last injected methamphetamine (Table 10). NSW recorded the lowest proportion of IDU reporting methamphetamine (5%) as the drug last injected and the highest reporting heroin (74%) and cocaine (16%). In the NT, the drug most likely to have last been injected was morphine (69%), followed by methamphetamine (22%). TAS remained the only jurisdiction where a substantial proportion (36%) of IDU had last injected methadone.

3.2.4 Drug injected most often

There were similar patterns between the last drug injected and the drug injected most often in the last month. Heroin was reported by over half of IDU in NSW, VIC, the ACT and QLD, and had been injected most often by substantial minorities in SA and WA (Table 10). Methamphetamine was injected most often by over half of participants in SA and WA. Substantial proportions in all other jurisdictions, except NSW, reported having injected methamphetamine most often in the preceding month. As in 2000, NSW was the only jurisdiction in which a significant proportion (17%) of IDU had injected cocaine most often in the last month. TAS reported the highest proportion (39%) that injected methadone most often in the preceding month. In the NT, morphine was most likely to have been injected most often in the preceding month (74%), and morphine had also been injected most often by significant minorities of IDU in both TAS (30%), SA (17%) and QLD (15%) (Table 10).

3.2.5 Frequency of injection

Almost half (48%) of the 2002 national sample reported injecting daily in the month preceding interview; 14% injected once per day, 22% two to three times a day and 11% reported injecting more than three times a day. Thirty five percent reported they had injected more than weekly but not daily and 17% reported injecting weekly or less. As in 2000 and 2001, frequency of injection was high in NSW (Table 10), where 75% of participants had injected at least daily in the preceding month, and one-third had injected more than three times per day. This is probably partly a reflection of the higher incidence of cocaine use in NSW. The NT reported the highest frequency of injection in 2002, with 79% reporting at least daily injection. VIC (45%) and QLD

(47%) also contained substantial proportions of participants who reported injecting daily. The majority of participants in all jurisdictions but NSW and NT reported less than daily injection.

3.2.6 Trends over time

A larger proportion of the national 2002 sample nominated heroin as their drug of choice (56% compared to 48% in 2001). There were increases from 2001 to 2002 in the proportion that reported heroin as their drug of choice in all jurisdictions except in SA (Table 11). The 2001 IDRS reported that in response to the shortage of supply of heroin throughout 2001, it appeared some IDU switched their drugs of choice to stimulant drugs, methamphetamine in most jurisdictions and cocaine in NSW (Topp et al 2002). In 2002 there were decreases in those that nominated methamphetamine as their drug of choice in most jurisdictions (except SA) and decreases in NSW of those that nominated cocaine.

The increase in those reporting heroin as the drug of choice is reflected in the behaviour of IDU: in 2002 heroin was the last drug injected by 42% on the national sample, followed by methamphetamine (30%), morphine (15%), methadone (6%) and cocaine (3%). However in 2001, methamphetamine was the drug last injected by the largest proportion of the overall sample (38%), followed by heroin (35%), morphine (12%), cocaine (7%) and methadone (5%). This was markedly different from 2000, when heroin was the last drug injected by 58% of the overall IDU sample, followed by methamphetamine (23%), methadone (5%), other opiates (5%) and cocaine (2%). Similarly, in 2002, the drug injected most often in the preceding month among the overall sample was heroin (43%), followed by methamphetamine (28%), morphine (17%) methadone (6%) and cocaine (3%). In 2001, methamphetamine was reported as the drug most frequently injected in the last month by 37% of the overall sample, closely followed by heroin (36%), morphine (13%), cocaine (6%) and methadone (6%). This is quite different to 2000, when the drug injected most often in the preceding month by the overall sample was heroin (60%), followed by amphetamine (22%), other opiates (5%), methadone (5%) and cocaine (2%).

The heroin shortage in 2001 resulted in a shift from heroin to other drugs as the drug of choice, the drug that the majority had injected last and the drug injected most frequently. In 2002 there has been a shift back to IDU reporting heroin, although not to the levels reported in 2000 prior to the heroin shortage (Table 11).

Table 11: Drug use patterns among IDU by jurisdiction, 2000-2002

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Drug of choice (%)								
Heroin								
2000	81	76	78	36	56	57	44	62
2001	62	57	61	33	43	34	39	42
2002	72	69	64	40	30	48	46	63
Methamphetamine								
2000	5	8	5	20	30	23	21	24
2001	5	19	16	30	37	42	26	39
2002	6	10	14	23	52	32	18	25
Cocaine								
2000	10	0	1	1	4	3	2	2
2001	29	1	2	1	6	5	2	0
2002	19	4	4	5	4	3	20	1
Morphine								
2000	0	0	0	23	3	2	18	2
2001	0	0	1	12	3	0	22	0
2002	0	1	2	13	7	8	3	1
Methadone								
2000	1	1	1	11	1	0	1	0
2001	0	0	0	16	1	0	1	1
2002	0	1	0	13	0	0	1	1
Last drug injected (%)								
Heroin								
2000	78	81	92	4	56	54	9	62
2001	57	49	62	0	32	20	7	34
2002	74	74	63	2	25	25	2	45
Methamphetamine								
2000	5	16	6	31	34	41	30	34
2001	3	42	30	38	50	74	31	60
2002	5	15	28	32	60	54	22	41
Cocaine								
2000	8	1	0	1	0	0	0	0
2001	36	0	1	1	2	2	0	0
2002	16	1	0	0	0	0	0	6
Morphine								
2000	1	1	1	35	3	3	56	0
2001	0	1	1	23	11	2	57	1
2002	1	1	3	25	14	12	69	6
Methadone								
2000	4	1	0	24	8	0	4	3
2001	1	4	0	31	4	1	3	3
2002	1	8	0	36	0	2	5	0

Source: IDRS IDU interviews

Table 11: Drug use patterns among IDU by jurisdiction, 2000-2002 (continued)

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Injected most often last month (%)								
Heroin								
2000	79	79	93	2	59	54	14	65
2001	58	48	61	1	38	24	5	36
2002	73	68	65	3	22	30	2	54
Methamphetamine								
2000	5	12	6	29	34	44	28	31
2001	4	41	32	35	43	74	27	57
2002	6	17	24	27	57	56	19	39
Cocaine								
2000	9	1	0	0	0	0	1	0
2001	34	0	1	1	2	0	0	0
2002	17	0	0	1	1	0	0	0
Morphine								
2000	1	2	0	39	3	1	53	0
2001	0	2	1	20	11	1	65	1
2002	0	3	5	30	17	9	74	15
Methadone								
2000	4	0	0	29	5	0	3	2
2001	0	5	0	39	2	0	2	3
2002	1	9	0	39	1	0	4	4

Source: IDRS IDU interviews

As in previous years of the IDRS the IDU were polydrug users. The national sample had used an average of 10.9 (SD 2.7; range 3-16) drugs in their lives, and 6.9 (SD 2.3; range 2-14) in the preceding six months. An average of 5.3 (SD 2.4; range 1-12) drugs had been injected by the sample over their lives, and 2.9 (SD 1.6; range 1-10) in the six months preceding interview. There was little difference in the extent of polydrug use across jurisdictions (Table 12).

Table 12: Polydrug use history of IDU by Australian jurisdiction, 2002

	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Mean no. drugs ever used	9.8	11.3	11.5	11.4	10.9	11.4	10.7	10.2
Mean no. drugs used last 6 mos	6.7	6.9	7.6	7.1	6.5	7.7	6.2	6.7
Mean no. drugs ever injected	4.4	5.8	5.4	5.7	5.2	5.9	5.5	5.2
Mean no drugs injected last 6 mos	2.9	2.7	3.1	3.1	2.7	3.4	2.7	2.8

Source: IDRS IDU interviews

The proportion of IDU that reported use in their lifetime of most drugs remained stable from 2000, however proportions reporting recent use of other opiates increased from 44% in 2001 to

54% in 2002, and morphine increased from 67% in 2001 to 75% in 2002. In addition 'homebake' was added to the questionnaire in 2002 with 28% of participants in the national sample reporting they had used it in their lifetime and 9% reporting use in the preceding six months.

From 2000 there have been changes in the reporting of recent (i.e. in the preceding six months) use of heroin, methamphetamine and cocaine. In 2001, there was a decrease in the reporting of recent heroin use among the national IDU sample from 79% (in 2000) to 67%. The proportion reporting recent heroin use remained at 68% in 2002. There was a decrease in recent heroin use from 2000, and concomitant increases in the prevalence of recent methamphetamine (64% in 2000 to 76% in 2001, and 71% in 2002) and cocaine use(24% in 2000, increased to 35% in 2001 and 27% in 2002).

Table 13: Drug use history of the overall IDU sample (n=929), 2002

Drug Class	Ever used	Ever Injected	Injected last 6 mths	Ever smoked	Smoked last 6 mths	Ever snorted	Snorted last 6 mths	Ever Swallow	Swall. last 6 mths	Used last 6 mths	No. days used last 6 mths*
Heroin	91	90	67	47	9	19	2	7	3	68	60
Methadone	71	46	24					66	39	44	120
Other opiates	54	23	8	10	1	1	<1	42	22	28	7
Morphine	75	71	46	2	<1	1	<1	41	22	50	18
Homebake	28	27	8	3	<1	1	<1	3	1	9	6
Speed powder	87	83	54	12	3	51	11	39	11	56	10 (mean 29)
Base/point/wax	51	50	38	3	1	5	2	11	7	39	12
Ice/shabu/crystal	61	56	33	12	5	7	2	11	5	35	10
Cocaine	68	56	24	13	2	37	8	8	2	27	8
Hallucinogens	75	25	2	5	1	2	<1	75	9	10	2
Ecstasy	60	35	14	1	<1	9	4	53	23	29	4
Benzodiazepines	83	46	21	5	2	2	<1	80	62	65	24
Buprenorphine	25	10	8					22	18	21	21
Alcohol	94	10	<1					94	68	68	15
Cannabis	97									86	180
Anti-depressants	46									24	120
Inhalants	31									5	5
Tobacco	97									94	180

Table 14: Forms of drugs used by IDU in the preceding six months by jurisdiction, 2002

Form of drug	NSW N=158		ACT N=100		VIC N=156		TAS N=100		SA N=100		WA N=100		NT N=135		QLD N=102	
	Used	Used most	Used	Used most	Used	Used most	Used	Used most	Used	Used most	Used	Used most	Used	Used most	Used	Used most
Heroin (%)																
Powder	89	39	78	21	84	24	8	19	38	33	58	49	16	63	72	35
Rock	89	61	83	79	87	76	18	81	38	67	53	51	12	38	79	66
Methadone (%)																
Syrup, licit	32	75	44	71	21	81	55	64	22	61	24	62	5	13	36	66
Syrup, illicit	20	25	27	26	8	20	45	14	16	36	16	24	4	0	24	25
Physeptone, licit	0	0	5	0	0	0	5	3	0	0	4	5	13	24	8	2
Physeptone, illicit	3	0	9	3	0	0	52	20	6	3	11	8	28	62	12	8
Morphine (%)																
Licit	4	19	3	6	12	19	3	3	13	22	12	15	42	11	46	18
Illicit	17	81	35	94	42	81	75	97	39	78	52	85	76	32	52	82
Amphetamines (%)																
Powder	40	51	51	51	70	87	35	15	56	17	83	40	69	76	56	31
Liquid	7	0	3	0	8	1	0	0	19	4	17	2	18	0	27	6
Crystalline	25	22	34	25	28	10	20	3	56	33	76	40	25	13	48	27
Base	23	25	30	19	20	3	74	65	65	47	59	15	23	10	49	37
Prescription, licit	2	1	2	2	1	0	3	2	0	0	10	2	1	0	1	0
Prescription, illicit	6	1	18	3	2	0	44	15	5	0	39	0	8	0	5	0

Source: IDRS IDU interviews

Table 14: Forms of drugs used by IDU in the preceding six months by jurisdiction, 2002 (continued)

	NSW N=158		ACT N=100		VIC N=156		TAS N=100		SA N=100		WA N=100		NT N=135		QLD N=102	
Form of drug	**Used**	**Used most**	**Used**	**Used most**	**Used**	**Used most**	**Used**	**Used most**	**Used**	**Used most**	**Used**	**Used most**	**Used**	**Used most**	**Used**	**Used most**
Cocaine (%)																
Powder	79	97	18	100	16	80	12	12	26	96	21	100	13	80	12	86
Crack	8	3	4	0	7	20	1	1	2	4	2	0	5	20	2	14
Cannabis (%)																
Hydroponic	76	89	87	84	83	89	86	71	79	20	82	72	83	86	77	16
Naturally grown	54	11	71	16	72	11	78	28	68	88	82	28	72	12	68	85
Hashish	14	0	15	0	22	0	19	0	38	12	21	0	24	2	24	16
Hash oil	4	0	10	0	8	0	9	1	20	0	18	0	23	0	16	0
Benzodiazepines (%)																
Licit	30	44	46	63	59	71	39	45	39	60	60	65	34	57	41	61
Illicit	39	56	40	37	41	29	56	55	30	40	54	36	30	43	36	39
Anti-depressants (%)																
Licit	14	85	13	81	28	96	24	86	19	95	35	94	16	81	22	79
Illicit	4	15	3	19	3	4	4	14	1	5	4	6	4	19	6	21
Other opiates (%)																
Licit	15	58	12	55	28	74	0	0	10	18	32	50	17	76	11	35
Illicit	11	42	12	45	15	26	16	100	30	82	32	50	8	24	11	65

Source: IDRS IDU interviews

3.2.8 Forms of drugs used in preceding six months

Participants were asked what forms of the main drug classes they had used in the six months preceding interview and which form they had used most in that time. Table 14 depicts proportions of IDU samples in all jurisdictions that reported having used different forms of the drug in the preceding six months in the columns headed 'used'. The columns headed 'used most' in Table 14 refer to the specific form of the drug class that IDU reported having used the most in the preceding six months. For example, 89% of IDU in NSW reported using heroin powder in the preceding six months, and 39% said that this was the form of heroin that they had used the most in the preceding six months. The same proportion of IDU in NSW had used heroin 'rock' with 61% reporting 'rock' as the form most used.

Heroin

Generally, IDU in most jurisdictions were as likely to report that they had used heroin 'rock' and heroin powder. Proportions reporting use of rock and powder were relatively high in all jurisdictions except TAS and the NT. It still remains unclear whether heroin rock is anything other than compressed powder. As in previous years, proportions of IDU that reported recent heroin use were highest in NSW, VIC and the ACT. The high proportion of IDU reporting use in the preceding six months in all jurisdictions, except in TAS and NT, demonstrates that it has been possible to obtain the drug in that time. The proportion of IDU reporting recent use in SA has decreased substantially in 2002; from 60% powder and 47% rock in 2001 to 38% of IDU having recently used both forms in 2002.

Methamphetamine

As in 2001, the largest proportions of IDU reporting recent use of powder and crystalline methamphetamine were in WA. Again, as in 2001, the recent use of base methamphetamine, a damp oily powder with a brown or yellow tinge that is difficult to dissolve in preparation for injection, was most common in TAS, SA and WA. In TAS and SA substantial proportions of IDU reported that base was the form of methamphetamine they had used most in the preceding six months. Proportions of IDU reporting recent use of liquid methamphetamine were low in NSW, VIC, TAS and the ACT, but were higher in QLD (27%), SA (19%), NT (18%) and WA (17%). Prevalence of recent licit prescription amphetamine use was generally low, with the highest proportion in WA (10%). Illicit prescription stimulants were reported by substantial minorities in TAS (44%), WA (39%), and the ACT (18%); however this form was generally not reported as the form most used.

NSW continued to record the lowest proportion of IDU reporting recent powder methamphetamine use and low proportions of IDU reporting base and crystalline methamphetamine relative to other Australian jurisdictions. This may be because cocaine is the stimulant of choice and more available to many IDU in Sydney.

Cocaine

As in previous years, recent use of cocaine was most common in NSW with 79% having used in the six months preceding interview. In 2001, increases in the proportion of IDU that used cocaine recently were recorded in most jurisdictions, however in 2002 there were decreases in the ACT, VIC and QLD. As in 2001 small proportions of IDU in some jurisdictions reported the recent use of crack cocaine, although for the majority of them it was probably not real crack. Real crack cocaine is only bioavailable when smoked, and of the 39 participants in the national sample that reported using crack in the preceding six months only six of them (15%) reported smoking as a route of recent administration. Four of these participants were from NSW and two

from VIC. Ongoing investigation is required to be able to confidently comment on the availability and use of crack in Australia.

Cannabis

As in all previous years of the IDRS, cannabis smoking among IDU was common, and hydroponic cannabis continued to dominate the market. However, rates of recent use of outdoor crop cannabis were also high, ranging from 54% in NSW to 82% in WA, and between 11% (NSW) to 88% (SA) reported that outdoor crop cannabis was the form of cannabis they had used most in the preceding six months.

Hashish had been used in the preceding six months by substantial proportions of IDU in all jurisdictions, ranging from 14% in NSW to 38% in SA, although in SA and QLD, very few reported that hashish was the form of cannabis they had used most in that time. Rates of recent use of hash oil ranged from 4% in NSW to 20% in SA and 23% in NT. However, across all jurisdictions, only one participant (in TAS) reported that hash oil was the form of cannabis they had used the most in the preceding six months.

3.2.9 Pharmaceuticals obtained licitly and illicitly

Table 14 draws a distinction between pharmaceuticals (such as methadone, buprenorphine, morphine and anti-depressants) that were obtained *licitly* versus those that were obtained *illicitly*. *Licit* obtainment of pharmaceuticals was defined as pharmaceuticals 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. Methods such as these were defined as *illicit* obtainment. The definition does not distinguish between the inappropriate use of *licitly* obtained pharmaceuticals, such as the injection of methadone syrup or benzodiazepines, and appropriate use.

Methadone

In all jurisdictions, more IDU had recently used methadone syrup obtained licitly than illicitly. The proportion of IDU reporting use of illicitly obtained methadone syrup ranged from 4% (NT) to 45% (TAS), and reflected the proportions reporting use of methadone obtained licitly, which were also lowest in the NT and highest in TAS. Although the rate of illicitly obtained methadone syrup was higher in TAS, the frequency of use of diverted methadone syrup is quite low. In TAS, among those that were not in MMT, the median frequency of any form of methadone (including physeptone tablets) was eighteen days in the six months preceding interview.

In the national sample, almost all (98%) of those who had obtained methadone licitly in the preceding six months reported that this was the main form of methadone they had used. Low rates of the recent use of licitly obtained physeptone tablets were recorded in WA (4%), the ACT (5%), TAS (5%), QLD (8%) and the NT (13%). Half of the IDU in TAS (52%) and substantial minorities in the NT (38%), QLD (12%) and WA (11%) reported the recent use of *illicitly* obtained physeptone.

Morphine

Substantial proportions reported recent use of morphine obtained licitly in the NT (42%) and in QLD (46%). In SA 13% reported recent licit morphine use, 12% in VIC and WA, and less than 5% in NSW, the ACT and TAS. However, proportions of IDU reporting recent use of morphine obtained illicitly were higher in every jurisdiction, ranging from 17% in NSW to 75% in TAS and 76% in the NT. The vast majority of IDU in all jurisdictions who reported recent

use of illicit morphine reported that this was the form of morphine they had used most in the preceding six months, with the exception of the NT.

Other opiates

The proportions reporting recent use of 'other opiates' obtained licitly, such as pethidine and codeine, ranged from 0% in TAS to 32% in WA, and most of those that obtained 'other opiates' licitly reported them as the main form of 'other opiates' they had used.

Rates of recent use of other opiates obtained illicitly were highest in WA (32%) and SA (30%), and lowest in the NT (8%) and NSW and QLD (both 11%). Again, most of those who had used illicitly obtained 'other opiates' reported that these were the main form they had used. This suggests that there may be small numbers of IDU who obtain 'other opiates' illicitly as their main source of opiate drug, rather than there being a considerable number of IDU illicitly obtaining opiates.

Benzodiazepines

Between one third and one half of IDU in all jurisdictions reported the use of benzodiazepines obtained illicitly in the preceding six months, ranging from 30% in SA and the NT to 56% in TAS. In all jurisdictions except NSW and TAS, the minority of IDU reporting illicit benzodiazepine stated this was the main form they had used in the preceding six months. Many of those who obtain benzodiazepines illicitly, however, also obtain them licitly. Rates of recent use of licit benzodiazepines were high in all jurisdictions, ranging from 30% in NSW to 60% in WA.

Antidepressants

The proportions reporting recent use of licitly obtained antidepressants ranged from 13% in the ACT to 35% in WA, and all but one of those who had obtained licit antidepressants reported that this was the main form they had used. Rates of recent use of illicitly obtained antidepressants were very low (less than 10% in all jurisdictions), suggesting that these pharmaceuticals are not as likely to be abused.

3.2.10 Drugs used the day before the interview

Table 15 presents the drugs that had been used by IDU on the day preceding the interview, by jurisdiction. Small proportions of IDU in all jurisdictions (ranging from 1% in NT to 13% in QLD) had not used any drugs on the day preceding the interview.

As in previous years, rates of heroin use on the day preceding the interview were highest in NSW (70%), with over a third in QLD, VIC and the ACT reporting heroin use the day prior to interview. As in previous years, TAS and NT reported low rates of heroin use on the previous day.

The highest proportion of IDU reporting methamphetamine use on the day prior to interview was in SA and WA and the lowest, in NSW and the ACT. As in 2001, methadone use was much higher on the day preceding the interview in TAS than in all other jurisdictions; TAS and WA recorded higher rates of benzodiazepine use on the day before the interview. The use of morphine on the day preceding interview was high in the NT (74%) relative to other jurisdictions. The use of other opiates was generally low. Cannabis use on the day preceding interview was reported by over half of respondents in all jurisdictions but NSW and WA, with the highest in TAS (68%). Cocaine use on the day preceding the interview was reported by less than 1% in all jurisdictions but NSW.

3.2.11 Trends in drug use

In all jurisdictions, similar proportions of the samples in previous years reported using cannabis on the day prior to interview. Heroin use on the day prior to interview decreased for the overall sample in 2001 (49% in 2000 to 27% in 2001) and has remained at this level in 2002 (30%).

In contrast, methamphetamine increased from 2000 (13%) to 2001 (23%), and was 19% in 2002. Cocaine increased from 3% in 2000 to 10% in 2001, and then returned to 3% in 2002. This was mainly due to changes in NSW, from 18% in 2000 to 48% in 2001 and then back to 16% in 2002.

Morphine was not assessed separately in 2000, but was included in the category 'other opiates', so data are not directly comparable between the two years for this class of drugs. Similar proportions in 2001 and 2002 reported use of other opiates on the day prior to interview in all jurisdictions except WA, in which there was an increase from 0% in 2001 to 10% in 2002. Morphine use on the day preceding interview was reported by similar proportions in all jurisdictions in 2001 and 2002 except WA (increasing from 3% to 11%) and the NT (increasing from 62% to 74%).

Table 15: Drugs used the day before the interview by jurisdiction, 2002

Drug (%)	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
No drugs	7	5	5	12	6	3	8	1	13
Heroin	30	70	38	35	0	18	19	2	39
Methamphetamine*	19	4	14	17	19	37	27	21	23
Cocaine	3	16	0	1	0	1	1	0	0
Cannabis	53	39	57	56	68	56	43	62	47
Benzodiazepines	18	13	12	20	27	15	26	16	14
Other opiates	2	0	0	2	0	4	10	2	4
Methadone	22	18	30	9	47	14	12	5	25
Alcohol	15	22	22	20	22	21	26	23	19
Morphine	8	2	2	4	18	13	11	74	4

* Includes powder, base and ice

Table 16: Drugs used the day before the interview by jurisdiction, 2001

Drug (%)	Total sample N=951	NSW N=163	ACT N=100	VIC N=151	TAS N=100	SA N=100	WA N=100	NT N=135	QLD N=102
No drugs	9	3	11	15	7	7	12	6	16
Heroin	27	62	35	40	0	21	14	6	21
Methamphetamine	23	7	18	21	24	32	40	25	27
Cocaine	10	48	0	1	1	2	4	1	3
Cannabis	53	43	61	56	76	52	58	45	45
Benzodiazepines	18	12	15	33	33	16	14	13	10
Other opiates	2	1	2	3	0	4	0	2	0
Methadone	23	23	29	20	46	24	17	13	16
Alcohol	22	14	20	29	13	23	31	23	26
Morphine	13	0	0	3	17	15	3	62	0

4.0 HEROIN

The price purity and availability of heroin in 2002 by jurisdiction is reported in Table 17. At least half of IDU in all jurisdictions except SA, TAS and the NT provided comment on some aspect of heroin (NSW 96%; VIC 93%; ACT 83%; QLD, 78%; SA, 39%; WA 56%; NT 32%; TAS 21%). Comparable figures from 2001 are presented Appendix A.

Table 17: Price, purity and availability of heroin by jurisdiction, 2002

	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Median Price ($)									
per gram	-	300	350	400	350	475	550	500	350
per cap	-	50	50	50	90	50	50	85	50
Price changes									
(% who commented)	n=655	n=151	n=83	n=145	n=21	n=39	n= 99	n=36	n=81
Don't know	16	3	5	1	43	0	50	78	7
Decreased	22	8	27	59	0	5	28	3	12
Stable	41	52	46	49	43	59	13	8	42
Increased	14	31	12	28	14	33	4	11	31
Fluctuated	7	6	11	12	0	3	5	0	0
Median purity (%)*	-	n.a	21	15	-	22	20	-	19
Availability									
(% who commented)	n=654	n=151	n=83	n=145	n=20	n=39	n= 99	n=36	n=81
Don't know	11	0	1	1	15	0	44	69	0
Very easy	42	56	47	47	35	31	32	6	43
Easy	33	33	34	41	40	49	16	8	42
Difficult	13	11	18	10	10	15	6	11	15
Very difficult	1	0	0	1	0	5	1	6	0
Availability changes									
(% who commented)	n=654	n=151	n=83	n=145	n=20	n=39	n=99	n=36	n=81
Don't know	14	0	5	3	25	3	47	69	2
Easier	15	23	23	21	5	31	34	14	25
Stable	44	54	47	53	55	46	12	14	53
More difficult	24	19	19	18	5	18	5	3	17
Fluctuates	4	5	6	4	0	3	2	0	2
Place usually score									
(% use & commented)	n=569	n=147	n=81	n=142	n=14	n=10	n=60	n=35	n=79
Street dealer	21	28	15	32	0	11	3	10	18
Dealer's home	20	11	31	23	21	19	23	30	15
Mobile dealer	36	51	33	26	14	31	35	20	38
Friend`	13	3	11	13	50	19	20	20	19

Note: Purity data is provided by the ACC and reflects seizures by state police in each jurisdiction, AFP purity seizures by jurisdiction are reported in Table 2. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2001/02. Purity data is not yet available for NSW. No seizures of heroin were analysed for purity in TAS or the NT in 2001/02.

4.1 Price

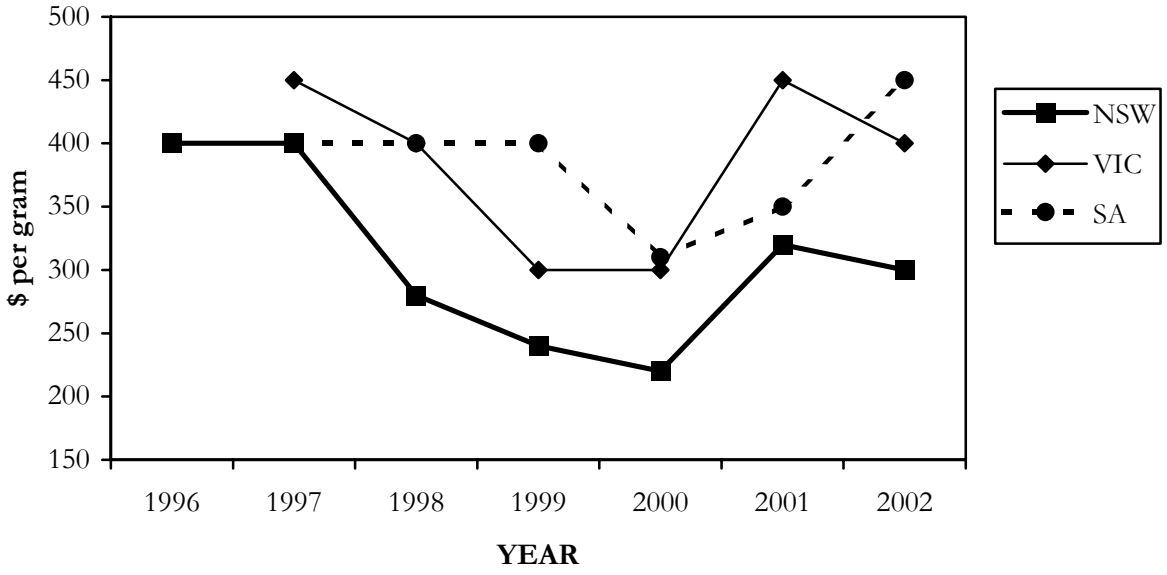
The prices in Table 17 represent the median price of the last purchases of heroin made by IDU in the six months preceding the interview. In 2001, the cost of heroin increased across all Australian jurisdictions with established heroin markets (i.e., excluding TAS and the NT). In 2002, the price of a gram of heroin decreased in all jurisdictions except SA, but prices did not return to the levels reported in 2000. Gram prices reported in the NT and TAS are based on small numbers of purchases and should be considered with caution.

In 2002, a gram of heroin remained cheapest in NSW ($300), although this price remained $80 higher than the median price reported by IDU in 2000 ($220). Heroin remained most expensive in WA ($550); this price represented a decrease of $200 relative to 2001. SA was the only state to report an increase in the median price of a gram of heroin from $350 in 2001 to $450 in 2002.

The price of a 'cap' of heroin (a small amount typically used for a single injection) remained at $50 in all jurisdictions but TAS and the NT. In NSW, the price doubled between 2000 ($25) and 2001 ($50) and did not return to the 2000 price this year.

Figure 1 shows IDU estimates of the price of a gram of heroin in NSW, SA and VIC over the six years of data collection of the IDRS. Since 1996, heroin prices had remained stable or decreased every year until 2001, when the IDRS detected increases in the cost of heroin for the first time. The price continued to increase in SA in 2002; it decreased in NSW and VIC, but did not return to 2000 levels.

Figure 1: IDU estimates of heroin price in NSW, VIC and SA, 1996-2002



Source: IDRS IDU interviews

4.2 Purity

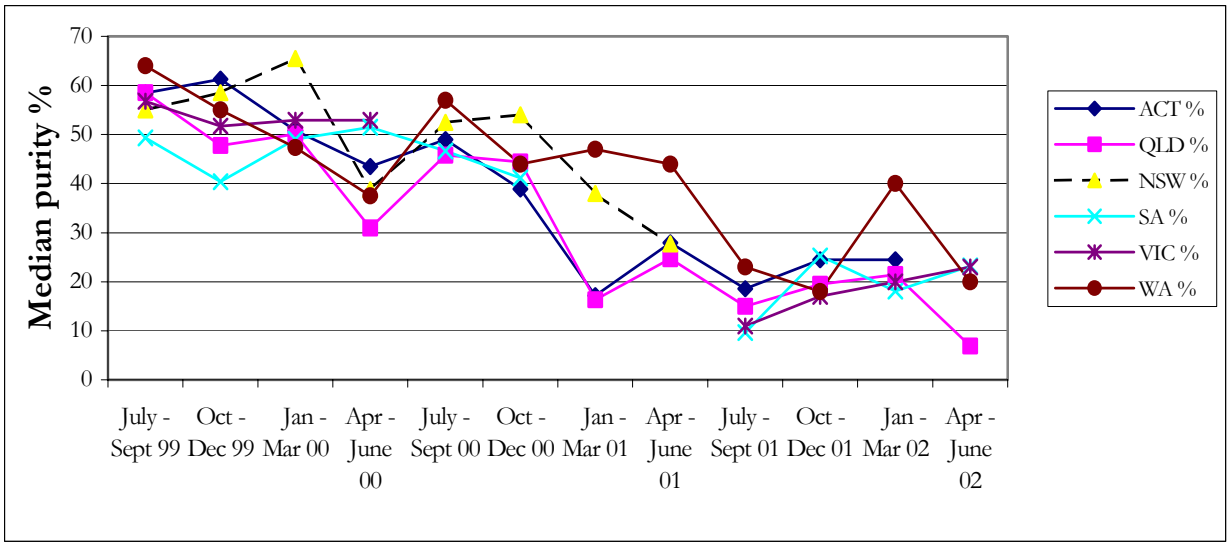
Not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter. The purity figures reported therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and this should be considered when drawing conclusions from the purity data presented. The purity figures for 2001/02 have been provided by the Australian Crime

Commission (2003) and previous data has been taken from the Australian Illicit Drug Reports (ABCI 2000, ABCI 2001, ABCI 2002).

Figures reported for VIC, QLD, the NT and the ACT represent the purity levels of drug seized during the relevant quarter. Figures reported include seizures ≤ 2 grams and >2 grams, reflecting street and larger seizures. Figures for SA, WA, TAS and those supplied by the Australian Forensic Laboratory in Sydney represent the purity level of drugs received at the laboratory during the quarter. The time between date of police seizure and date of laboratory receipt can vary from days to months. The NSW forensic lab was unable to provide purity information for NSW Police 2001/02 (ACC, 2003).

The median purity of analysed seizures of heroin made by the AFP and state law enforcement agencies in the 1999/00 to 2001/02 financial year by jurisdictions is displayed in Figure 2. No seizures of heroin were analysed for purity in TAS or the NT in 2001/02.

Figure 2: Median purity of heroin seizures analysed by State police by jurisdiction 1999-2002

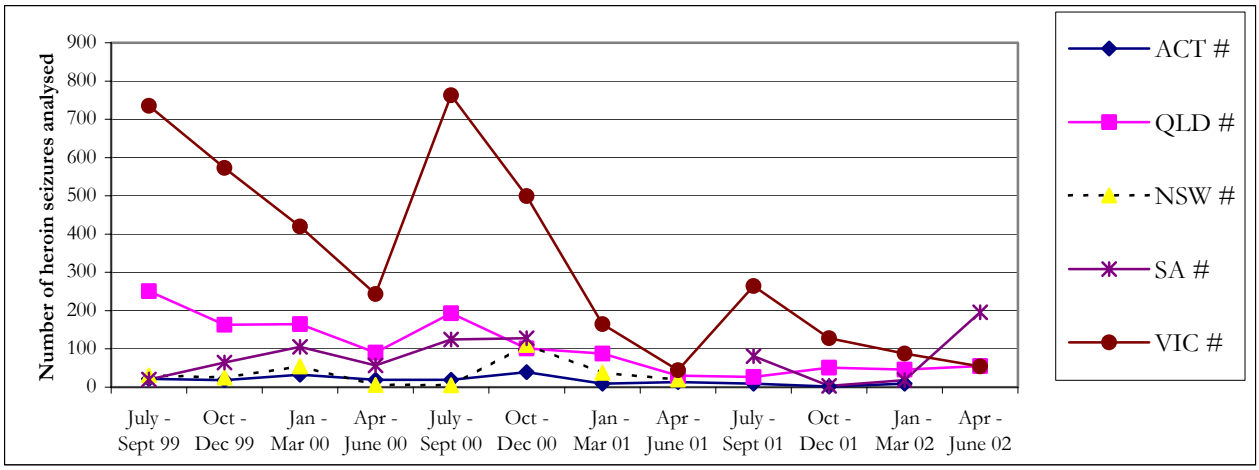


Source: ABCI 2001, 2002; ACC, in press.

There has been a steady decline in the median purity of heroin seizures by State police analysed from mid 1999 in all jurisdictions.

The number of State Police heroin seizures analysed for purity are presented in Figure 3.

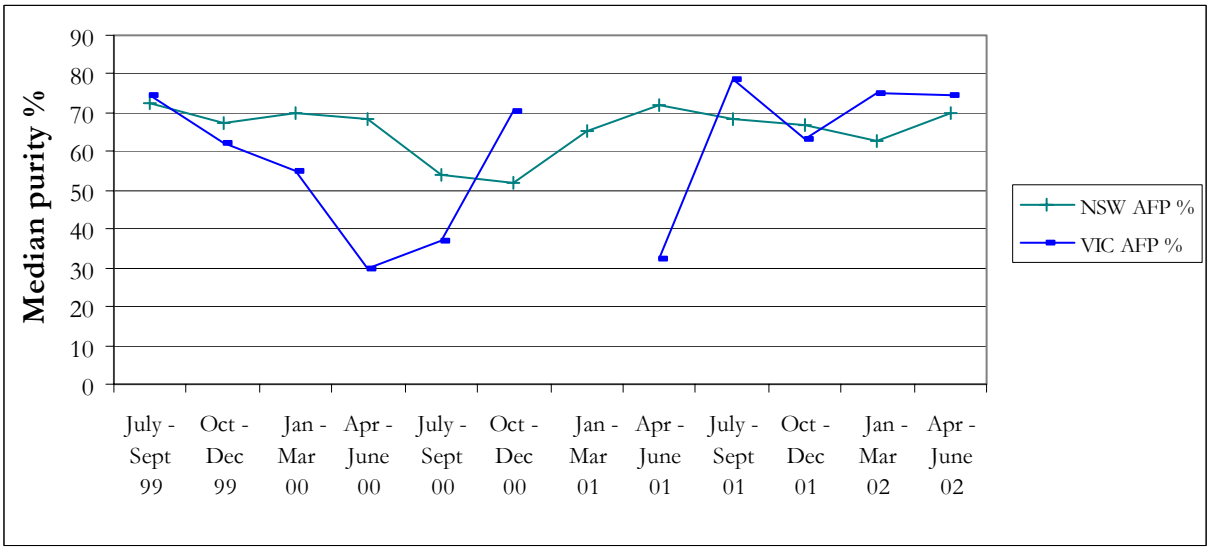
Figure 3: Number of State Police heroin seizures analysed by jurisdiction, 1999-2002



Source: ABCI 2001, 2002; ACC, 2003.

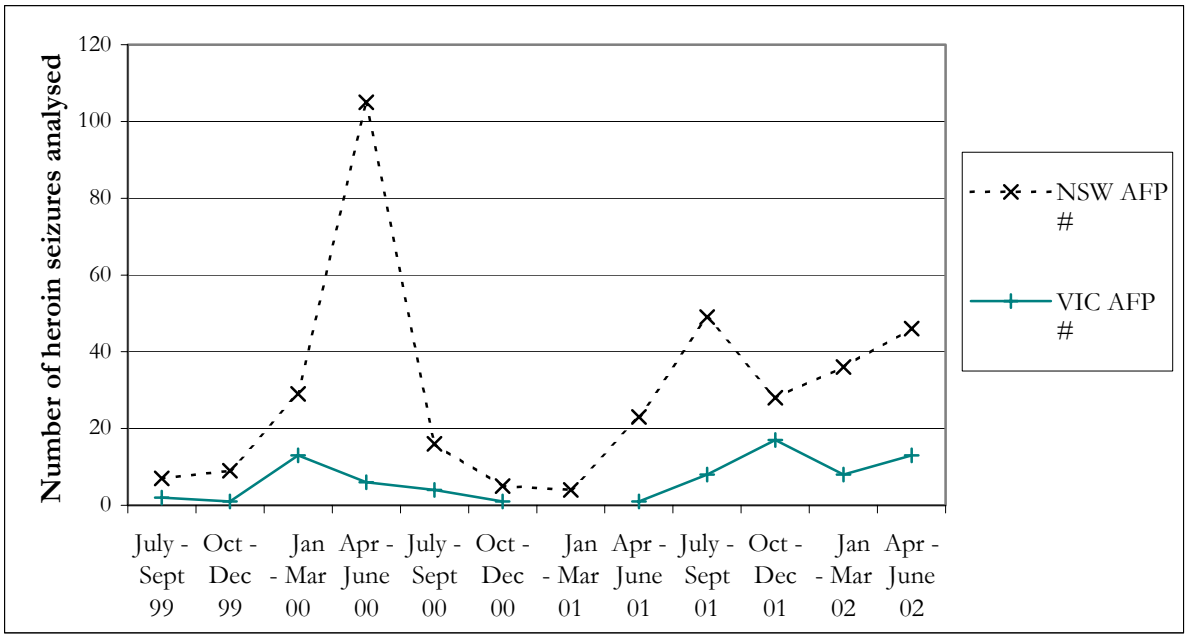
AFP seizures from NSW and VIC are also presented. There were few seizures analysed for other jurisdictions, with no seizures analysed for many quarters so they have not been included in the graph (for information on other jurisdictions see ABCI 2002, ACC 2003). As can be seen in Figure 4, the AFP seizures from NSW and VIC are of higher median purity than those of jurisdictional Police seizures, which is not surprising given that AFP seizures are likely to result from targeted, higher level operations than those of State Police agencies.

Figure 4: Median purity of heroin seizures analysed by AFP police in NSW and VIC 1999-2002



Source: ABCI, 2000, 2001, 2002; ACC, 2003.

Figure 5: Number of AFP heroin seizures analysed in NSW and VIC, 1999-2002



Source: ABCI, 2000, 2001, 2002; ACC, 2003.
There were no AFP seizures analysed in VIC in Jan- Mar 01. VIC AFP purity April -June 01 based on 1 seizure

4.3 Availability

In late 2000 or early 2001, an unexpected and dramatic reduction in the availability of heroin was experienced in all Australian jurisdictions in which heroin had been freely available (Topp et al 2002). In 2002 it appears that there has been an increase in the availability of heroin in most jurisdictions, however the availability has not returned to pre 2000 levels.

To collect information on the availability of heroin IDU were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?'. In 2002, a larger proportion of the national sample (42%) compared to the 2001 sample (28%) reported that it was very easy to obtain heroin. There have been increases between 2001 and 2002 in the proportion of IDU able to comment on heroin, and who described heroin as 'very easy' to obtain in NSW (46% to 56%), the ACT (23% to 47%), VIC (36% to 47%), WA (8% to 32%) and QLD (31% to 43%).

Larger proportions of the national 2002 sample commented that the availability of heroin was stable or had become easier to obtain in the last six months than reported in 2001.

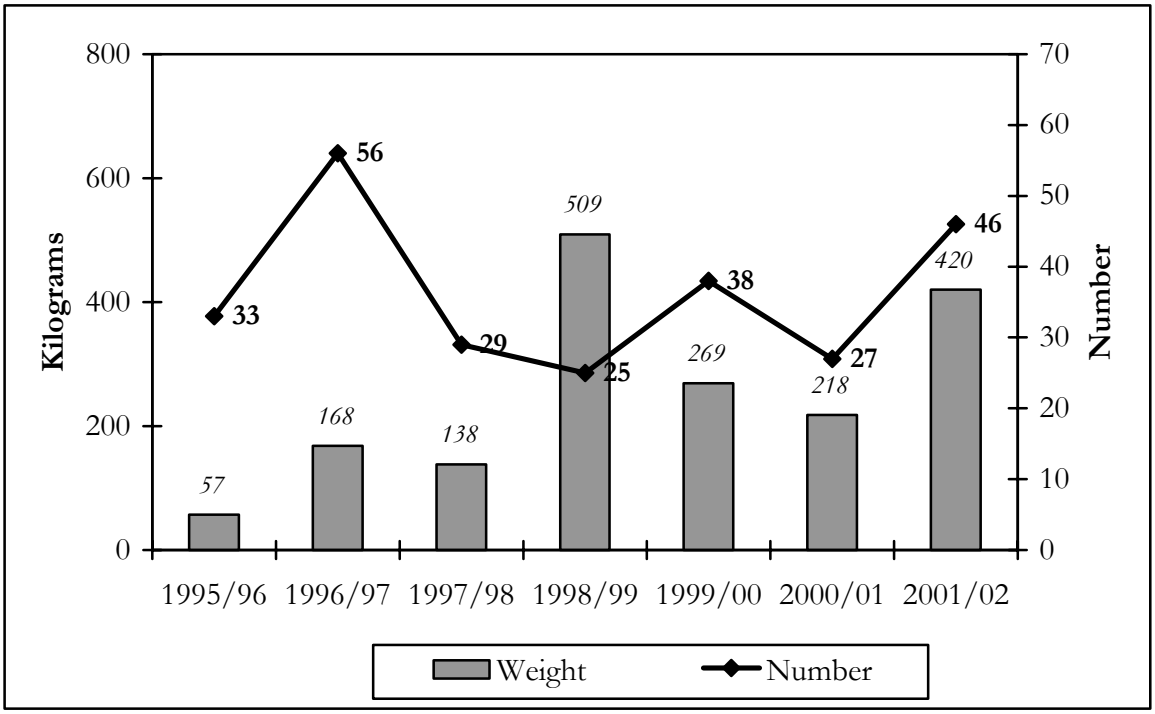
IDU were asked where they usually score their heroin. There was little change in the national sample from 2001, with about a third (36%) reporting they usually scored from a mobile dealer, 21% reporting they scored on the street and 20% usually scored from a dealer's home.

There was a decrease in NSW, from 38% of IDU in 2001 to 28% in 2002, in the proportion reporting they usually scored heroin on the street, and a concomitant increase in those reporting usually scoring from mobile dealers (31% in 2001 to 51% in 2002). This may be due to recent fluctuations in heroin availability, as a result of which IDU are more likely to rely on prearranged or known sources. It may also reflect changes in legislation and policing practices.

In the financial year 2001/02 there were 46 heroin seizures at or near the Australian Customs border, increasing from 28 seizures in 2000/01. The amount seized in 2001/02 (420kg) was also greater than the previous year and is second only to the weight seized in 1998/99 (509 kg). Of

the 46 detections at the border, the majority (31) were in NSW, however in contrast to 2000/01 they accounted for only 7.9% of the weight of heroin detected. This was due to a large single seizure in QLD of 378kg, which accounted for 91% of the weight of seizures nationally. However detections in NSW more than doubled suggesting that NSW remains the centre of heroin importation and distribution in Australia (ACC, 2003).

Figure 6: Weight and number of detections of heroin made at the border by the Australian Customs Service, 1995/96 - 2000/02



Source: Australian Customs Service

Researchers are currently investigating the causes and contributing factors of the reduction in heroin experienced throughout Australia in 2001. The findings are yet to be documented, but it may be that multi-agency and international cooperation, which has led to seizures of large amounts of heroin and other drugs, has played some role in reducing heroin availability. Previous analysis by the Australian Crime Commission of the Australian heroin market suggested that a large proportion of the supply market relied heavily on a centralised network based around a small number of key wholesale suppliers. It has been suggested that as these wholesalers rely on large sea cargo shipments and despite the centralised collaborative networks providing organisational support and security, there has been an increased risk of exposure through coordinated action by Australian law enforcement (ACC, 2003).

Despite a less reliable supply from wholesalers, the continued demand for heroin saw the heroin supply market shift from a reliance on major importations of centralised sources to smaller uncoordinated entrepreneurial importations (ACC, 2003).

4.4 Use

From 2000 to 2001, there was a decrease in the proportion of the overall IDU sample that reported heroin use in the preceding six months (78% to 66%). The reduction occurred in all jurisdictions except NSW. In 2002 the proportion of the national IDU sample that reported heroin use in the six months preceding interview (68%) remained at similar levels to 2001.

Consistent with previous years, a high proportion of IDU in NSW, VIC and the ACT reported recent heroin use while TAS and the NT reported lower proportions. In 2002 the proportion of IDU reporting recent heroin use remained at similar levels to 2001 in NSW, VIC, TAS and the ACT, and increased in QLD and WA. Further reductions in the proportion of IDU that reported recent heroin use occurred in SA and the NT.

Table 18: Proportion of IDU samples across jurisdictions who reported use of heroin in preceding six months, 2000-2002

Jurisdiction	2000	2001	2002
NSW	95	96	96
VIC	97	90	94
SA	75	65	48
QLD	82	63	81
WA	80	55	64
TAS	38	24	21
NT	56	36	22
ACT	92	83	89

Source: IDRS IDU interviews

The proportion of IDU reporting recent heroin use is not a highly sensitive indicator of changes in availability, as a single occasion of use in the preceding six months will be counted. A more sensitive indicator of availability is the frequency of use. Between 2000 and 2001, there was a considerable reduction in the frequency of heroin use in all jurisdictions, most notably VIC and the ACT (Table 19).

In 2002, the median number of days IDU reported using heroin remained stable or decreased slightly in most jurisdictions. However, increases in frequency of use were reported in NSW (158 to 180 days) and QLD (70 to 80 days). NSW was the only jurisdiction to report a return to frequency of use that was similar to 2000 levels (daily use). This supports the notion that the NSW heroin market was less severely affected by the changes in heroin availability than the other jurisdictions; and that there has perhaps been some return of availability experienced by regular, committed heroin users.

Table 19: Median days of heroin use among IDU who had used heroin in the preceding six months, by jurisdiction, 2000-2002.

Jurisdiction	2000	2001	2002
NSW	180	158	180
VIC	176	65	60
SA	60	30	24
QLD	100	70	80
WA	90	30	24
TAS	5	3.5	6
NT	28	6	0
ACT	160	50	48

Source: IDRS IDU interviews

Between 2000 and 2001, there were reductions in the proportion of heroin users reporting daily heroin use in the six months preceding interview in every jurisdiction, except TAS where there has consistently been no reports of daily heroin use (Table 20). The drops were most dramatic in VIC and the ACT, while NSW recorded only a moderate decline. In 2002, the proportion reporting daily heroin use increased in NSW and VIC, and to a lesser extent in QLD. NSW was the only jurisdiction in which the proportion returned to 2000 levels. Again, this may indicate that the heroin market in NSW was not as affected by the changes in availability of heroin, and therefore, use has returned to levels prior to the shortage more quickly than other jurisdictions.

There remains wide variation across jurisdictions in the proportion of daily heroin users, ranging from half the NSW sample (53%) to none of the IDU in TAS or the NT. In 2000 the proportion of daily heroin users was similar across the three major heroin markets (NSW, VIC and the ACT), however in the last two years the proportion of IDU that report daily heroin use in NSW is substantially higher.

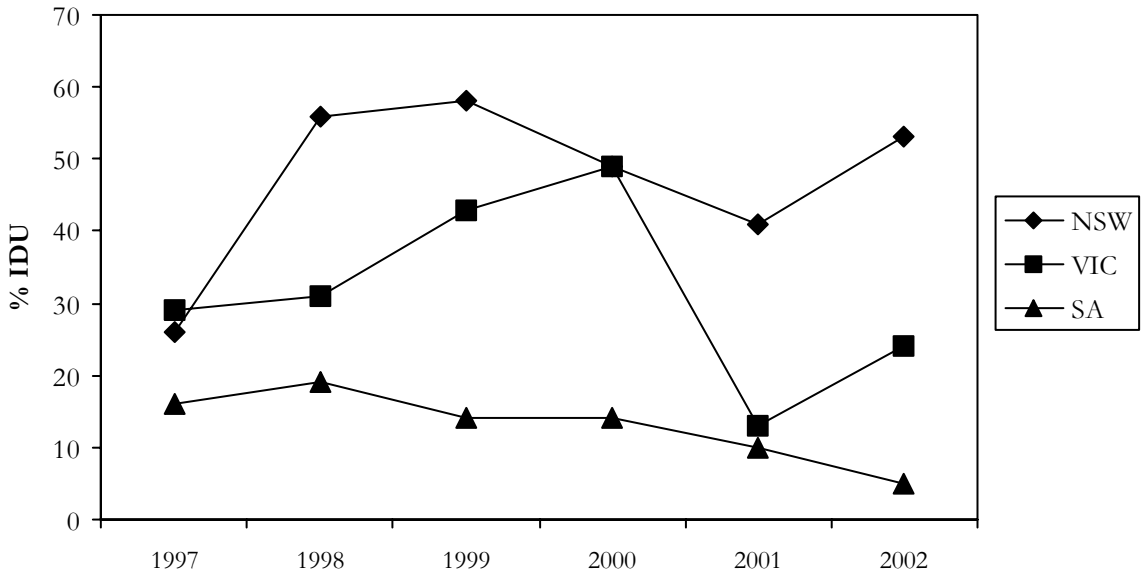
Table 20: Proportion of IDU samples across all jurisdictions who reported daily heroin use, 2000-2002

Jurisdiction	2000	2001	2002
NSW	49	41	53
VIC	49	13	24
SA	14	10	5
QLD	27	10	17
WA	22	2	5
TAS	0	0	0
NT	10	3	0
ACT	46	15	18

Source: IDRS IDU interviews

Figure 7 shows the increase in NSW and VIC in 2002 and the sustained gradual decline in SA in the proportion of participants who reported daily heroin use.

Figure 7: Proportion of IDU samples that reported daily heroin use by jurisdiction, 1997-2002



Source: IDRS IDU interviews

Behavioural indicators of heroin use are consistent with the reports of IDU and KIS, that there has been some return from 2001 to the use of heroin in some jurisdictions (NSW, VIC, ACT and QLD). Nevertheless, it does not appear that the heroin market has returned to levels reported in 2000.

Table 21: Heroin use patterns of IDU by jurisdiction, 2000-2002

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD	Total
Drug of choice - heroin (%)									
2000	81	78	78	36	56	57	44	62	63
2001	62	61	61	33	43	34	39	42	48
2002	72	69	64	40	30	48	46	63	56
Last injection - heroin (%)									
2000	78	81	92	4	56	54	9	62	58
2001	57	49	62	0	34	20	7	34	35
2002	74	74	63	2	25	25	2	45	42
Used last 6 mths (%)									
2000	96	92	97	43	75	80	56	85	78
2001	95	83	90	24	65	55	36	62	66
2002	96	89	94	21	48	64	22	81	68
Days used (median)									
2000	180	160	176	5	60	90	28	100	120
2001	158	50	65	3.5	30	30	6	70	60
2002	180	48	60	6	24	24	2	80	60
Daily users (%)									
2000	49	46	49	0	14	22	10	27	29
2001	41	15	13	0	10	2	3	10	13
2002	53	18	24	0	5	5	0	17	27

4.5 Jurisdictional trends in heroin use

4.5.1 NSW

The median price IDU paid for a gram of heroin on the last occasion of purchase was $300, a slight decrease from $320 in 2001. Although the price has decreased from 2001, it is still higher than the median amount paid for a gram in 2000 ($220), before the heroin shortage in Sydney. The median price paid for a cap of heroin ($50) remained the same as in 2001, and this was the most popular purchase amount.

Eighty eight percent of IDU thought heroin was easy to very easy to obtain (compared to 78% in 2001), and that availability had remained stable (54%) in the preceding six months. Twenty percent thought heroin had become more difficult to obtain. The comparable figures for 2001 are 32% (stable) and 37% (more difficult).

Although data was not available from NSW Police seizures, the purity of heroin seizures by the AFP remain relatively high, with a median purity of 64.6% for the financial year 2001/02.

Key informant comments on the price and availability of heroin were consistent with those of IDU with reports that heroin was easy to obtain and the availability stable.

4.5.2 The ACT

The median price of a gram of heroin decreased in 2002, compared with 2001 ($350 vs. $485). Similar decreases were noticed in the price of other amounts, with the exception of 'caps', which remained stable at $50.

The mean purity of heroin seizures made by the Australian Federal Police (ACT Policing) remained low, decreasing from the previous year.

IDU reported the availability of heroin was 'easy' or 'very easy' to obtain and the majority of those that commented thought that the availability had been stable in the preceding six months. There was a perception among key informants that the availability of heroin was increasing and as such, use of heroin was also on the rise. They noted that those IDU who had switched from heroin to amphetamines during the 'heroin shortage' had begun to move back to heroin again.

In the ACT in 2002 there was a marked increase in the proportion of IDU who reported heroin to be their drug of choice (69% in 2002 compared to 57% in 2001).

4.5.3 VIC

In comparison to the 2001 IDRS, a larger proportion of IDU in VIC (88%) reported the availability of heroin was easy or very easy to obtain in 2002. Associated with this increase in availability, the price of a gram of heroin decreased from $500 in 2001 to $400 in 2002. The price of a 'cap' remained stable at $50 and this was the most popular purchase amount.

There was a reported increase in the number of people using heroin on a daily basis although in general, frequency of use remained stable. As in 2001, a higher proportion of the IDU sample reported that they had mostly used heroin rock (76%) in the previous six months, and intravenous injection remained the most common route of administration (93%). Reports suggest that IDU source their heroin from mobile dealers, dealers' homes and increasingly, from street dealers.

The apparent increase in heroin availability and the proportion of respondents using the drug on a daily basis, along with a decrease in price, is indicative of a return of supply to the VIC heroin market, however not to the levels prior to 2001.

4.5.4 TAS

While the availability of heroin in the state appeared to have been slowly increasing during 1999 and 2000, data from the past two IDRS studies in TAS have suggested that heroin has been becoming increasingly difficult to access in recent years. In support of this proposition, use of heroin among both IDRS IDU respondents and clients of the State's Needle Availability program have steadily declined in the past three years, despite the drug remaining popular as a drug of choice among IDU. Additionally, IDU reported purchase prices of heroin ($50-100/'taste':0.05-0.15g and $350/gram) appear to be slightly higher than modal prices reported in 2001 ($50/'taste' and $300/gram), despite the majority opinion of IDU that prices had remained stable in the preceding six months. Perhaps due to the low availability of heroin, local IDU tend to use pharmaceutical opiate preparations such as morphine or Physeptone tablets of methadone which are more easily available.

4.5.5 SA

IDU reported that the price of the last purchase of heroin increased ($450 a gram) in 2002 compared with the 2001 IDRS ($350 a gram), and although the purity also increased, it did not appear to have returned to the levels observed before the heroin shortage. In SA, heroin appeared to be readily available, and this availability increased over the 12 months prior to the 2002 survey. The use of heroin overall decreased compared with previous years, although the rock form appeared to have increased in use and availability. The trend observed in the 2001 IDRS of the increase in the use of other drugs, predominantly methamphetamine and morphine, was also evident in the 2002 survey.

4.5.6 WA

Evidence obtained in the course of interviews with heroin using IDU, suggested that the availability of heroin in the Perth illicit drug market is again on the increase when compared to data collected in 2001. That said however, in terms of levels of availability, price and purity, these show no signs of reaching the levels reported 'pre-drought' in 2000 at this stage. Heroin prices are down according to seizure data and self reports from IDU who reported a drop in price of a gram of heroin from a median of $750 per gram in 2001 to $550 in 2002. Most (63%) IDU reported that the purity of heroin in Perth appears to have increased in the last six months. The median purity of analysed WA Police heroin seizures (19.5%) and AFP seizures in WA (36.3%) decreased from the 2000/01 financial year (ACC, 2003).

4.5.7 The NT

In the NT the proportion of IDU reporting recent heroin use has progressively dropped (50% in 2000; 36% in 2001; 22% in 2002), and in 2002 only 2% of the IDU sample reported heroin as the drug most frequently used. Nevertheless, the small proportion of those who do use heroin report that it is easily accessible, suggesting that availability is limited to particular networks. Recent reports by key informants suggest that availability may be increasing. The median reported price for a cap in 2002 was $85, and $500 for a gram.

4.5.8 QLD

Roughly equal proportions of IDU in 2002 reported using rock (79%) and powder (72%) forms of the drug, although rock was the form most used in the last six months by the majority. This is in contrast with the 2000 IDRS, in which IDU reported using the powder form of heroin most often in the past six months..

In QLD it appears that heroin use among IDU increased, with 81% reporting recent heroin use in 2002 compared to 63% in 2001. Frequency of heroin injecting also increased from a median of 70 days reported in 2001 to 80 days reported in 2002, although it has not returned to pre-2001 levels. During the heroin shortage in 2001, IDU seem to have increased their use of a range of alternative drugs, most notably methamphetamine, however the increase in heroin use in 2002 has not been matched by a commensurate decrease in methamphetamine use.

IDU who nominated heroin as their drug of choice were characterised by significant polydrug use, including cannabis, amphetamines, morphine, methadone and benzodiazepines. In 2002 IDU reported that heroin was cheaper and more available. The purity of heroin seizures by State Police in QLD has continued to decrease.

4.6 Heroin Related Harms

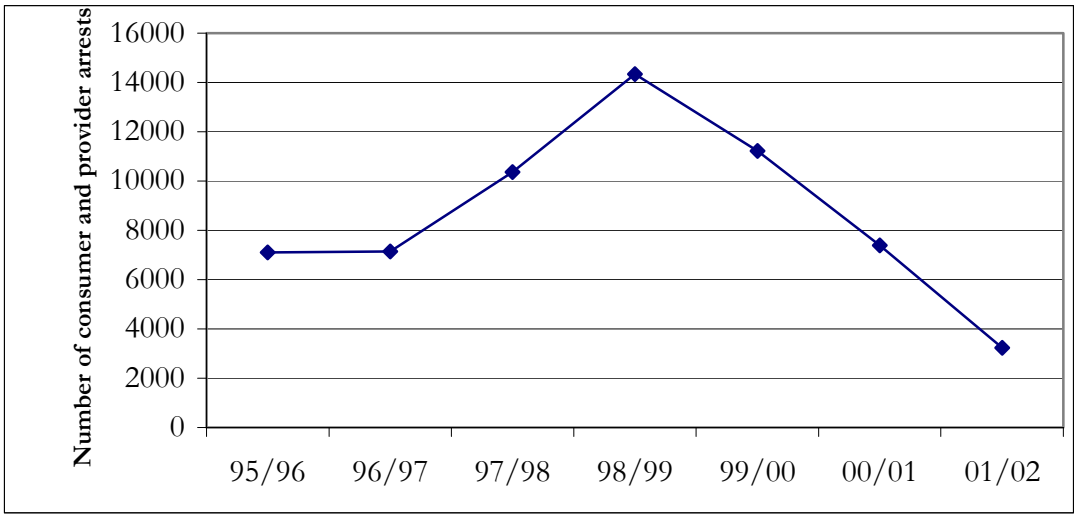
Other indicators suggest that heroin related harms have not returned to levels reported in 2000 prior to the heroin shortage.

4.6.1 Law enforcement

Arrest data can indicate changes in activity of users, the people involved in supplying illicit drugs, and 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 (ACC, 2003).

In 2001/02 there was a further reduction in the number of heroin and other opioids consumer and provider arrests Australia-wide from 7396 in 2000/01 to 3239. This represents a 56% reduction and follows a 34% decrease between 1999/00 and 2000/01 from 11223 to 7396 consumer and provider arrests (ACC, 2003; ABCI, 2002). This is consistent with the reduction in heroin availability and the behavioural indicators of decreased heroin use in this period.

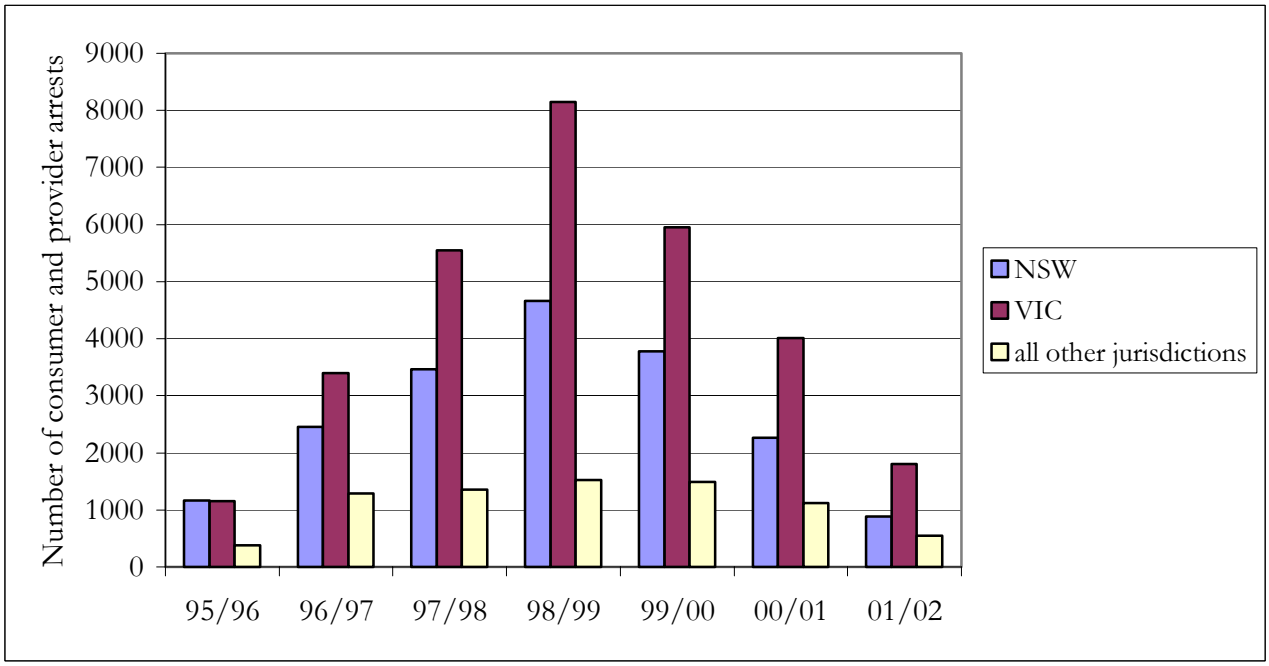
Figure 8: Total number of heroin and other opioids consumer and provider arrests, 1995/96 – 2001/02



Source: ABCI, 95-01; ACC 01-02

As can be seen from Figure 8 and 9, there was a peak in the number of consumer and provider arrests in 1998/99, with a steady decline since that time. All jurisdictions except TAS recorded a reduction in the number of persons arrested in the 2000-2002 period (Figure 8), with a 72% reduction in SA (from 228 arrests in 2000/01 to 63 in 2001/02) and a 92% reduction in the NT (from 24 arrests in 2000/01 to 2 in 2001/02), representing the decrease of the greatest magnitude. VIC has consistently had the highest number of consumer and provider arrests from 1995-2002.

Figure 9: Total number of heroin and other opioid consumer and provider arrest by jurisdiction, 1995-2002



Source: ABCI, 1996-2002; ACC 2003

4.6.2 Health

Opioid overdose

According to the 2001 Australian Bureau of Statistics (ABS) data on opioid overdose deaths (Degenhardt, 2002), there has been a significant reduction in the number of opioid-related deaths for the second year. Opioid related deaths among 15-44 year olds in Australia decreased from 958 in 1999 to 725 in 2000, and 306 in 2001. This followed an increase between 1998 (737) and 1999 (Table 22). Adjusted for population, this represents a 58% decrease compared to the overdose rate, from 84.8 per million persons in 2000 to 35.9 per million persons in 2001 (Figure 10). The primary reason for the dramatic decrease in 2001 is likely to be attributable to the reduction in heroin supply in 2001. Although the impact of the heroin shortage is currently being investigated, it is possible that the reduction in supply may have led to a number of consequences: fewer heroin users, less frequent heroin use or a reduced risk of heroin overdose due to a sizeable reduction in the purity of the available heroin. The continued expansion of access to a variety of treatments for opioid dependence (including maintenance treatments as well as detoxification and inpatient treatment programs) is also likely to contribute to the reduction in overdose deaths (Degenhardt, 2002).

In 2000, VIC recorded the highest number of deaths, but in 2001 almost half (45%) of the deaths occurred in NSW (138), with both NSW and VIC (61) contributing to over two thirds (65%) of all opioid-related deaths. In 2001, overdose rates decreased in all jurisdictions except the NT. In 2001, ACT had the highest overdose rate in Australia, with a rate of 58.6 per million persons (n = 9 overdoses) (Figure 10). The most dramatic reduction was in VIC, where the rate decreased from 163.4 in 1999 to 122.9 in 2000 to 28.7 in 2001 (a decrease from 263 deaths to 61 deaths). The results from the IDU component of the 2001 IDRS also suggested that VIC was most strongly affected by the reduction in the availability of heroin, as indicated by dramatically increased price and decreased use (Topp et al 2002).

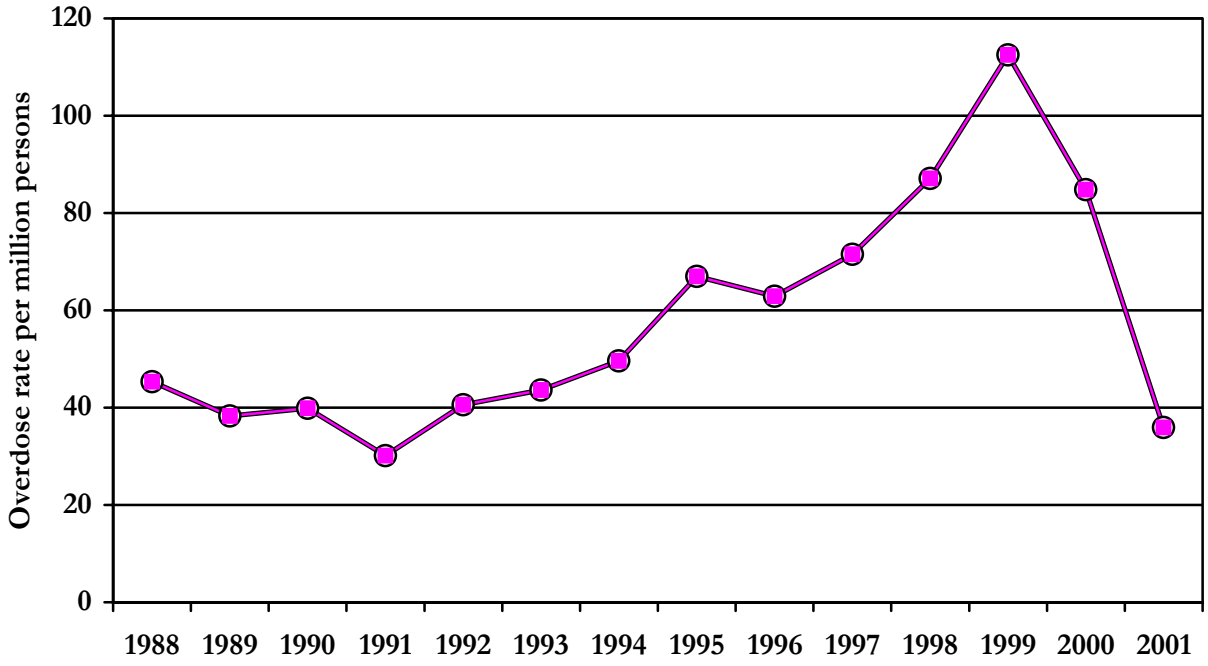
Table 22: Number of opioid deaths among those aged 15-44 by jurisdiction, 1998-2001

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUST
1988	201	99	15	12	18	0	0	2	**347**
1989	154	98	19	8	18	1	2	2	**302**
1990	193	78	8	18	14	5	0	0	**316**
1991	142	63	9	12	12	3	0	2	**243**
1992	178	77	18	28	21	0	1	4	**327**
1993	177	84	22	40	23	4	2	5	**357**
1994	201	91	34	32	38	4	5	1	**406**
1995	251	136	42	34	68	6	0	13	**550**
1996	244	142	27	30	61	5	2	15	**526**
1997	292	168	26	36	70	1	1	6	**600**
1998	358	210	38	457	59	7	10	10	**737**
1999	401	347	70	52	73	3	4	8	**958**
2000	249	263	113	40	43	5	2	10	**725**
2001	138	61	44	15	29	5	5	9	**306**

Source: Australian Bureau of Statistics

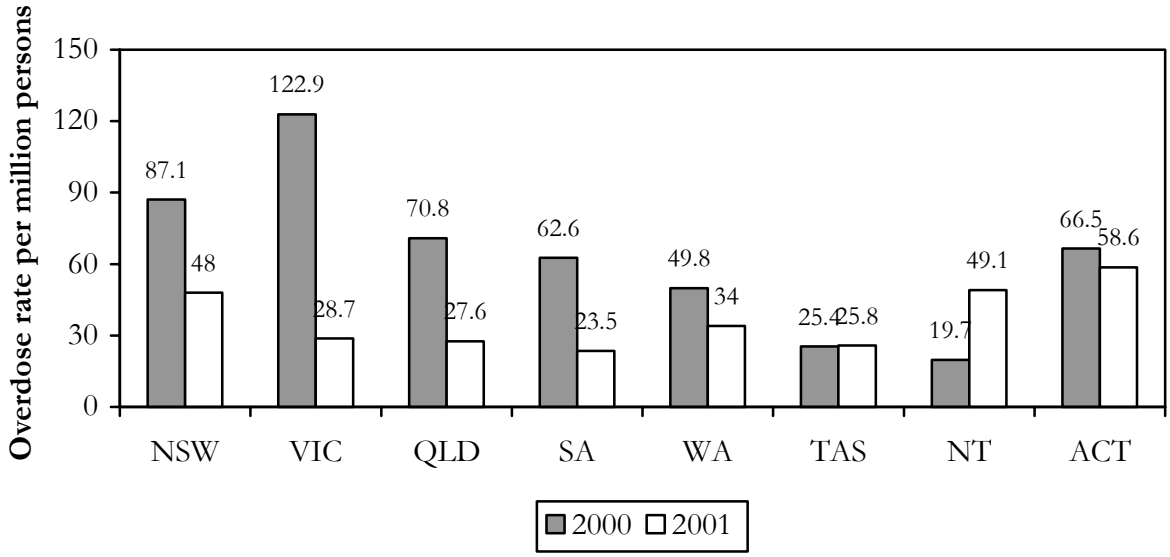
Earlier research has shown that the 'typical' fatal heroin overdose case is an opiate-dependent male in his early 30s, not in drug treatment, who has consumed other drugs in conjunction with heroin, primarily alcohol and/or benzodiazepines (Darke, Ross, Zador & Sunjic, 2000). Once again, the 2001 ABS figures accord well with these observations (Degenhardt, 2002): deaths in the 15 to 44 year age group made up 80% of all opioid overdose deaths in Australia (a decrease from 90% in 2000); males formed 77% of the group (Table 23); and the average age at death was 30.4 years.

Figure 10: Rates per million population of opioid overdose among those aged 15-44 years in Australia, 1988-2001



Source: ABS, Degenhardt 2002

Figure 11: Rates per million of population of opioid overdose among those aged 15-44 by jurisdiction, 2000-2001



Source: ABS, Degenhardt 2002

Table 23: Number of deaths attributed to opioids among those aged 15-44 years by gender and jurisdiction, 2001

	AUST	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
No. of deaths									
Males	235	107	9	48	2	8	23	5	33
Females	71	31	0	13	3	7	6	0	11

Source: ABS, Degenhardt 2002

Treatment for opioid dependence

The two major pharmacotherapies for the treatment of opioid dependence available in Australia are methadone and buprenorphine. Methadone maintenance treatment is an established form of treatment in all jurisdictions in Australia, except the NT. Until September 2002 (after the 2002 IDRS interviews were conducted) the NT did not have a methadone maintenance program. In February 2000, Territory Health Services (now the Department of Health and Community Services) introduced a 3-month methadone withdrawal program (Opiate Withdrawal and Management Program, OWMP) so methadone was available for withdrawal only at the time the 2002 data was collected.

In October 2000, Subutex® (buprenorphine hydrochloride) was registered in Australia by the Therapeutic Goods Administration (TGA) for the treatment of opiate maintenance and detoxification. In March 2001, the Pharmaceutical Benefits Advisory Committee (PBAC) recommended that buprenorphine be listed as a treatment for opiate dependence and it has been made available in all jurisdictions, except the NT, for this purpose. In the NT buprenorphine was endorsed for prescription by accredited prescribers for withdrawal but not maintenance. In September 2002 ministerial guidelines were approved for the prescription of buprenorphine for buprenorphine maintenance treatment. As with methadone, this occurred after the 2002 IDRS interviews were conducted.

The IDRS accesses a majority of IDU that are not involved in treatment, because it aims to interview active participants in the illicit drug market, and those in treatment are typically less active in illicit drug markets than their non treatment counterparts. However, as in previous years, substantial proportions of IDU in all jurisdictions reported involvement in pharmacotherapy treatment for opiate dependence. There were jurisdictional differences in those reporting current involvement in methadone treatment, ranging from 6% in the NT to 50% in TAS (Table 24).

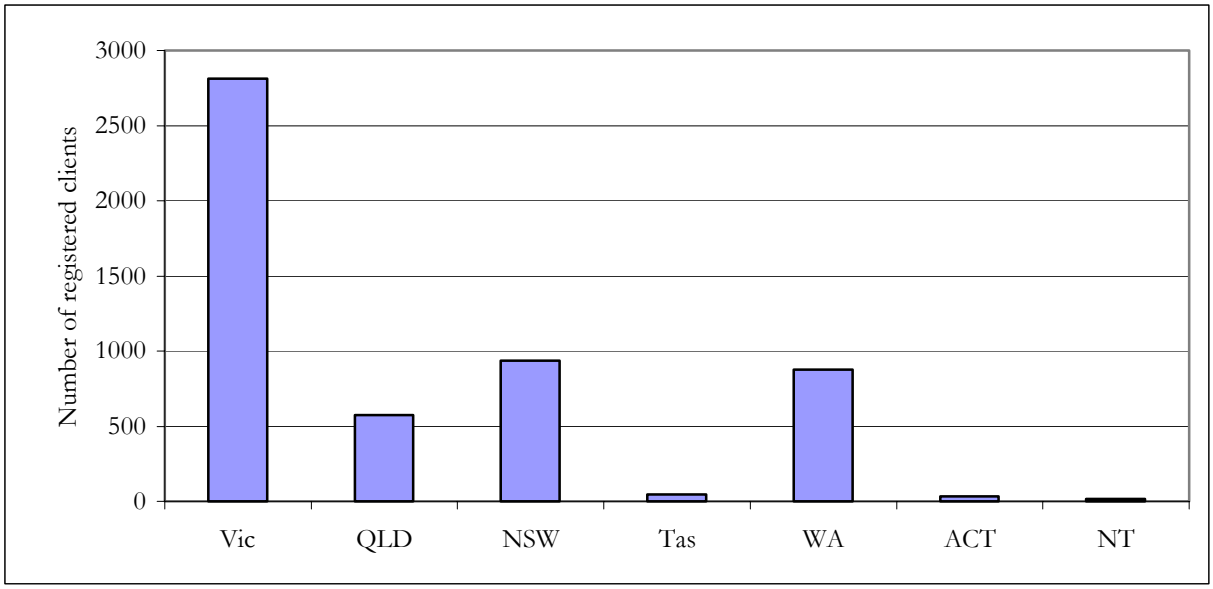
Table 24: Proportion of IDU that report current involvement in pharmacotherapy treatment, by jurisdiction, 2002

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD	ALL
Methadone (%)	29	35	13	50	19	17	6	35	25
Buprenorphine (%)	6	3	24	3	2	13	0	3	8

Source: IDRS IDU interviews

Smaller proportions of IDU in all jurisdictions, except VIC, reported involvement in buprenorphine compared to methadone treatment. This is not surprising as buprenorphine has only recently been registered as a treatment for opioid dependence in Australia. There is variation in the uptake of buprenorphine as a treatment option by jurisdiction, which may in part relate to the numbers of doctors that have been trained to prescribe buprenorphine. The majority of patients that have been registered on buprenorphine treatment and, therefore, the largest distribution of buprenorphine, has been in VIC, followed by NSW and WA (Figure 12).

Figure 12: Total number of registered buprenorphine clients as at June 30 2002



Source: Commonwealth Department of Health and Ageing. Data for SA were not available.

The diversion of methadone and buprenorphine are issues to be considered (see Section 8.1 and 8.2), however it should be noted that the majority of IDU that reported recent use of methadone and buprenorphine reported that they had used *licit* methadone and buprenorphine most in the preceding six months (i.e. they had used methadone or buprenorphine that was prescribed to them).

4.7 Summary of heroin trends

- Compared to 2001, the price of a gram of heroin decreased in all jurisdictions except SA. The prices of a 'cap' of heroin remained stable.
- Heroin remained cheapest in NSW, and most expensive in the NT
- There has been a gradual reduction in the median purity of analysed heroin seizures across Australia since 1999/2000. NSW and VIC AFP seizures recorded the highest median purity, which is likely to reflect the higher levels of the heroin distribution network at which AFP operations are typically targeted.
- Compared to 2001, the availability of heroin increased in most jurisdictions, particularly those in which heroin has traditionally been freely available. Larger proportions of samples in NSW, VIC, QLD and the ACT reported that access to heroin had become easier or was stable in the six months preceding interview.
- There were increases in the proportion of IDU that reported recent heroin use in QLD, WA and the ACT. The proportion that reported recent heroin use in NSW and VIC remained stable, while in SA the prevalence and frequency of heroin use decreased. As in previous years, heroin use remained uncommon in TAS and the NT.
- Except in NSW, the median number of days heroin was used had not returned to the levels reported in 2000.
- There were increases in the proportion of IDU that nominated heroin as their drug of choice in all jurisdictions but SA.
- There were increases in the proportion of IDU that nominated heroin as the drug they had last injected and the drug they had injected most often in the month preceding the interview in NSW, the ACT and QLD. In contrast the proportion decreased in SA.
- Indicator data, such as number of arrests, seizures and overdoses suggest that the level of heroin related harms has not returned to levels reported in 2000.

5.0 METHAMPHETAMINE

Prior to 2001, IDRS reports used the overarching term 'amphetamines' to refer to both amphetamine and methamphetamine. 'Amphetamine' is used to denote the sulfate of amphetamine which, throughout the 1980s, was the form of illicit amphetamine most available in Australia (Chesher, 1993). As a result of the legislative controls introduced in the early 1990s on the distribution of the main precursor chemicals (Wardlaw, 1993), illicit manufacturers were forced to rely on different recipes for 'cooking' amphetamine. Throughout the 1990s, the proportion of amphetamine-type substance seizures that were methamphetamine (rather than amphetamine sulfate) steadily increased, until methamphetamine dominated the market (ABCI, 2001) such that in the financial year 2000/01, the vast majority (91%) of all seizures of amphetamine were methamphetamine (ABCI, 2002).

Chemically, amphetamine and methamphetamine differ in molecular structure but are closely related. They exert their effects indirectly by stimulating the release of peripheral and central monoamines (principally dopamine, noradrenaline, adrenaline and serotonin), and both have psychomotor, cardiovascular, anorexogenic and hyperthermic properties (Seiden *et al.*, 1993). Compared to amphetamine, methamphetamine has proportionally greater central stimulatory effects than peripheral circulatory actions (Chesher, 1993), and is a more potent form with stronger subjective effects.

In Australia today, the powder traditionally known as 'speed' is almost exclusively methamphetamine rather than amphetamine. The more potent forms of this family of drugs, known by terms such as ice, shabu, crystal meth, base and paste, identified by the 2000 IDRS as becoming more widely available and used in all jurisdictions, are also methamphetamine. Therefore, the term methamphetamine was used from 2001 to refer to the drugs available that were previously termed 'amphetamines'.

The 2001 IDRS distinguished between the powder form of methamphetamine that has traditionally been available in Australia ('speed'), and the more potent forms (ice, shabu, crystal meth, base and paste) to collect more information on patterns of use. This was a change from the way methamphetamine was described in the 2000 IDRS report, when the overall class of amphetamines was assessed as a whole. In 2002 a further distinction was made between methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('ice') in an attempt to collect more comprehensive information on the use, price, purity and availability of each of the different forms. 'Speed' is typically manufactured in Australia and ranges in colour from white to yellow, orange, brown or pink, due to differences in the chemicals used to produce it. It is usually of relatively low purity. 'Base' (also called paste, wax, point or pure), is thought to be an oily or gluggy, damp, sticky, powder that often has a brownish tinge. Base is reported to be difficult to dissolve for injection without heating. Base is also thought to be manufactured in Australia. 'Ice' (also called shabu, crystal or crystal meth), is a crystal or course powder that ranges from translucent to white but may also have a green, blue or pink tinge. Ice is thought to be manufactured in Asia and imported (Topp and Churchill 2002).

A routine surveillance system such as the IDRS must balance between collecting comparable data over time while also responding to changes in dynamic illicit drug markets. As it became apparent that the methamphetamine forms were marketed differently and sold at differing price scales, it became necessary that the IDRS collect data to provide information on the different forms.

Since there is still some uncertainty among both users and researchers as to the characteristics of the different forms of methamphetamines that are marketed as 'speed', 'base', and 'crystal' (ice), the 2002 IDRS interviews incorporated the use of flashcards with colour photographs (Churchill and Topp, 2002). The results are discussed below in the section 'flashcard analysis'. A copy of the flashcard, with discussion of the groupings, is located on the NDARC website at http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.bulletins. There has also been a discussion of Australian methamphetamine markets by Topp and Churchill in the June 2002 issue of the *IDRS Bulletin*, accessible from the NDARC website.

5.1 Price

Table 25 displays the price, purity and availability of methamphetamine powder ('speed') in 2002 by jurisdiction. Table 26 displays the price and availability of the methamphetamine base in 2002 and Table 27 displays the price and availability of crystalline methamphetamine in 2002 by jurisdiction. Data from 2001 is presented in Appendix B and C.

5.1.1 Powder

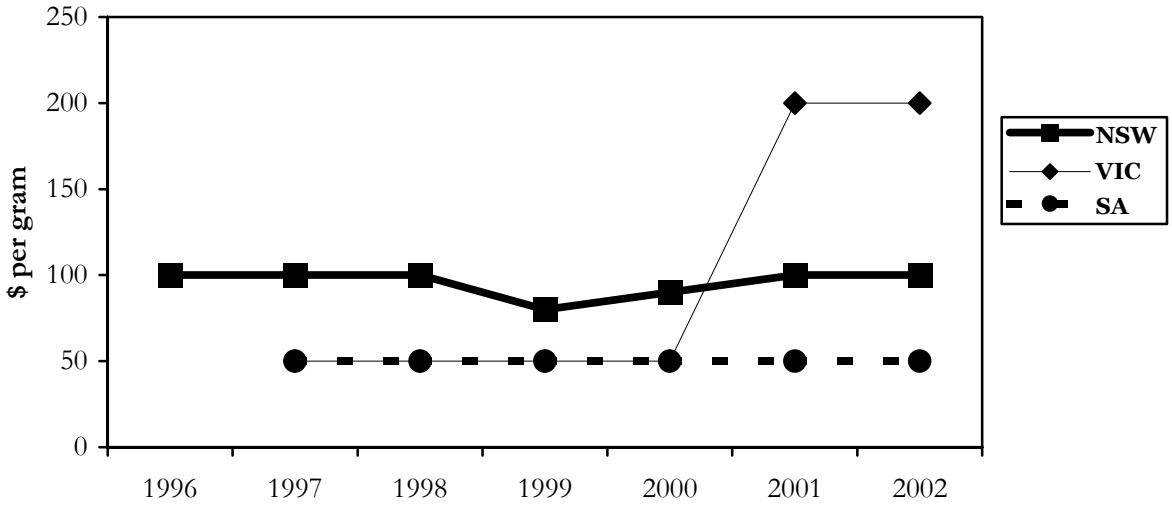
In 2002, the price of a gram of methamphetamine powder ranged from $50 in SA to $300 in the ACT (Table 25). The prices reported in 2002 were similar to those reported in 2001 in all jurisdictions. Between 2000 and 2001, there were marked increases reported in the price of a gram of methamphetamine in the ACT, VIC, WA, and QLD. The price remained relatively stable in the other jurisdictions.

The dynamic nature of Australia's methamphetamine markets, and the lack of consistency between reports of IDU and KIS about which the forms of methamphetamine being used, highlight the need for clarification regarding what form participants were referring to when they reported price. The 2002 IDRS therefore attempted to collect additional data on price to overcome some of these problems. However, as we are still in the process of learning about these markets, caution should be taken when drawing comparisons, both within jurisdictions over time, and between jurisdictions. It may be that an apparent increase or decrease in the price of a gram of methamphetamine powder reflects changes in the form of methamphetamine being sold or lack of clarity among users regarding forms they have purchased, rather than change in market price.

The price of methamphetamine may be influenced by many factors, including the quantities being locally produced as well as imported. In 2001/02 Customs detected the largest quantity (both number of seizures and weight) of amphetamine type stimulants on record, including the largest amount of crystalline methamphetamine detected at the border (ACC, 2003). Increased importation of high purity methamphetamine may place pressure on domestic manufacturers to produce higher quality powder methamphetamine. If this were the case, the price of domestically produced methamphetamine powder may be expected to rise.

An examination over five years of price data for NSW, SA and VIC shows that, unlike the price of heroin, the cost of methamphetamine remained relatively stable between 1996 and 2000, with slight variability recorded only in NSW. In VIC and SA, the price of methamphetamine powder ('speed') was consistently $50 per gram from 1997 to 2000, and the dramatic price increase recorded in VIC in 2001 was not reflected in either NSW or SA, where prices remained relatively stable. In 2002 IDU reported the price of a gram of methamphetamine powder remained stable in most jurisdictions, including VIC. It is not clear whether the product costing $200 in 2001-2002 is the same as that purchased in 1996-2000.

Figure 13: IDU estimates of price of methamphetamine powder in NSW, VIC and SA, 1996-2002



Source: IDRS IDU interviews

5.1.2 Base

In 2002, participants in all jurisdictions reported buying a 'point' (0.1 gram) of base in the six months preceding interview, with only small numbers reporting purchase in VIC (n=4) and the NT (n=9). As in 2001, a point was the most popular purchase amount. The price for a point of base was cheapest in SA ($25); followed by QLD ($30), VIC ($35), and $50 in the other jurisdictions. As 2002 was the first year the distinction was made between base and ice, comparisons with previous years are difficult. However, in 2001 when base and ice were combined into 'potent forms' of methamphetamine they were also reported to be cheapest in SA.

5.1.3 Ice

In 2002 participants in all jurisdictions reported buying a 'point' (0.1 gram) of ice in the six months preceding interview, with only small numbers in the NT (n=3) and the ACT (n=9). As in 2001 a point was the most popular purchase amount in 2002. The price for a point of ice was cheapest in SA ($25) and most expensive in the NT ($80). It was $50 in the other jurisdictions. As 2002 was the first year the distinction was made between base and ice, comparisons with previous years are difficult.

Table 25: Price, purity and availability of methamphetamine powder by jurisdiction, 2002

	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Price ($)									
per gram	-	100	300	200	75	50	250	80	200
Price changes									
(% who commented)	n=54	n=54	n=29	n=88	n=30	n=26	n=99	n=56	n=52
Don't know	18	11	14	8	3	12	33	32	8
Decreased	10	9	7	14	3	15	11	4	10
Stable	57	61	59	59	70	65	41	55	64
Increased	10	19	17	10	13	4	7	2	14
Fluctuated	6	0	3	9	10	4	7	7	6
Median purity*	-	n.a	7.1	15.0	24.8	14.6	23.0	5.5	19.7
Availability									
(% who commented)	n=432	n=54	n=29	n=87	n=30	n=26	n=98	n=56	n=52
Don't know	12	7	3	1	0	4	29	29	2
Very easy	45	33	52	33	43	39	56	29	77
Easy	32	37	24	52	40	35	12	41	19
Difficult	9	19	17	13	17	15	3	2	2
Very difficult	1	4	3	1	0	8	0	0	0
Availability changes									
(% who commented)	n=431	n=54	n=29	n=87	n=30	n=26	n=98	n=56	n=52
Don't know	13	9	7	3	0	0	28	30	4
Easier	13	17	17	12	13	15	11	2	6
Stable	60	61	55	66	67	81	43	59	69
More difficult	11	11	21	17	17	4	10	9	15
Fluctuates	3	2	0	2	3	0	7	0	6
Place usually score									
Street dealer	12	11	24	15	10	4	6	13	15
Dealer's home	27	19	24	35	35	42	21	14	35
Mobile dealer	19	20	24	14	28	15	8	13	21
Friend	20	22	17	28	21	8	17	27	12

Note: *Purity data is provided by the ACC and reflects analysed seizures by state police in each jurisdiction, AFP purity figures by jurisdiction are reported in Table 4. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2001/02. Purity data is not yet available for NSW. The purity figures do not differentiate between different forms of methamphetamine and therefore may incorporate powder, base and ice.

Table 26: Price and availability of methamphetamine base by jurisdiction, 2002

	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Price ($)									
per 'point'	-	50	50	35	50	25	50	50	30
Price changes	N=341	n=26	n=13	n=6	n=73	n=51	n=98	n=35	n=39
(% who commented)									
Don't know	29	12	15	17	15	6	53	71	8
Decreased	8	4	8	0	7	14	5	9	13
Stable	50	77	62	83	60	57	35	20	56
Increased	7	4	8	0	8	14	4	0	13
Fluctuated	6	4	8	0	10	10	3	0	10
Availability	N=337	n=26	n=13	n=6	n=73	n=51	n=96	n=35	n=39
(% who commented)									
Don't know	23	8	0	17	3	0	48	69	10
Very easy	45	27	54	0	58	73	34	9	56
Easy	24	42	23	50	34	18	12	23	28
Difficult	7	23	15	33	6	10	3	0	5
Very difficult	1	0	8	0	0	0	3	0	0
Availability changes	N=341	n=26	n=13	n=6	n=73	n=51	n=98	n=35	n=39
(% who commented)									
Don't know	26	8	0	17	6	4	52	71	8
Easier	12	15	8	0	12	22	6	9	18
Stable	52	73	69	67	73	65	31	20	59
More difficult	6	4	23	17	6	6	6	0	8
Fluctuates	4	0	0	0	4	4	5	0	8
Place usually score	N=339	n=26	n=13	n=6	n=73	n=51	n=98	n=35	n=39
Don't use	22	4	0	0	3	2	45	69	3
Street dealer	10	23	23	33	17	8	3	6	8
Dealer's home	21	23	31	0	17	29	21	6	31
Mobile dealer	19	15	15	0	31	16	17	17	23
Friend	20	23	23	50	25	31	7	14	21

Source: IDRS IDU interviews

Table 27: Price and availability of crystal methamphetamine (ice) by jurisdiction, 2002

	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Price ($)									
per 'point'	-	50	50	50	50	25	50	80	50
Price changes									
(% who commented)	N=274	n=27	n=14	n=13	n=13	n=43	n=98	n=32	n=34
Don't know	30	10	14	8	59	12	23	68	15
Decreased	6	5	0	0	0	19	7	4	3
Stable	45	73	50	70	42	57	41	24	53
Increased	12	14	29	0	0	7	18	4	24
Fluctuated	6	0	7	23	0	5	5	0	6
Availability									
(% who commented)	N=271	n=27	n=14	n=13	n=12	n=42	n=95	n=32	n=34
Don't know	21	5	0	0	8	0	18	68	6
Very easy	29	9	29	15	25	57	31	12	32
Easy	21	18	21	15	17	29	22	12	35
Difficult	21	41	21	46	25	14	25	8	15
Very difficult	9	27	29	23	25	0	4	0	12
Availability changes									
(% who commented)	N=272	n=22	n=14	n=13	n=13	n=42	n=81	n=25	n=34
Don't know	25	5	0	0	33	2	19	68	15
Easier	14	9	0	15	0	52	16	12	21
Stable	34	50	50	39	58	21	25	16	38
More difficult	20	27	50	39	0	10	30	4	24
Fluctuates	7	9	0	8	8	14	11	0	3
Place usually score	N=271	n=22	n=14	n=13	n=13	n=42	n=81	n=25	n=34
Don't use	22	9	0	0	0	5	14	68	3
Street dealer	7	27	14	15	9	19	5	8	12
Dealer's home	23	23	36	23	0	17	35	0	38
Mobile dealer	20	18	43	23	36	14	31	8	12
Friend	18	23	0	31	46	31	9	16	29

* In SA and WA, reported proportions are of the total sample
Source: IDRS IDU interviews

5.2 Purity

There are important caveats to consider when interpreting the purity data. The Australian Crime Commission (ACC, the agency that provides the purity figures for State Police and AFP seizures that have been analysed) combines the purity of all seizures of methamphetamine, regardless of form. Thus, it is not possible to distinguish the average purity of methamphetamine powder from the more potent forms, base and ice. Therefore, median methamphetamine purity figures for 2001/02 displayed in Table 25 reflect purity of seizures of all methamphetamine forms combined.

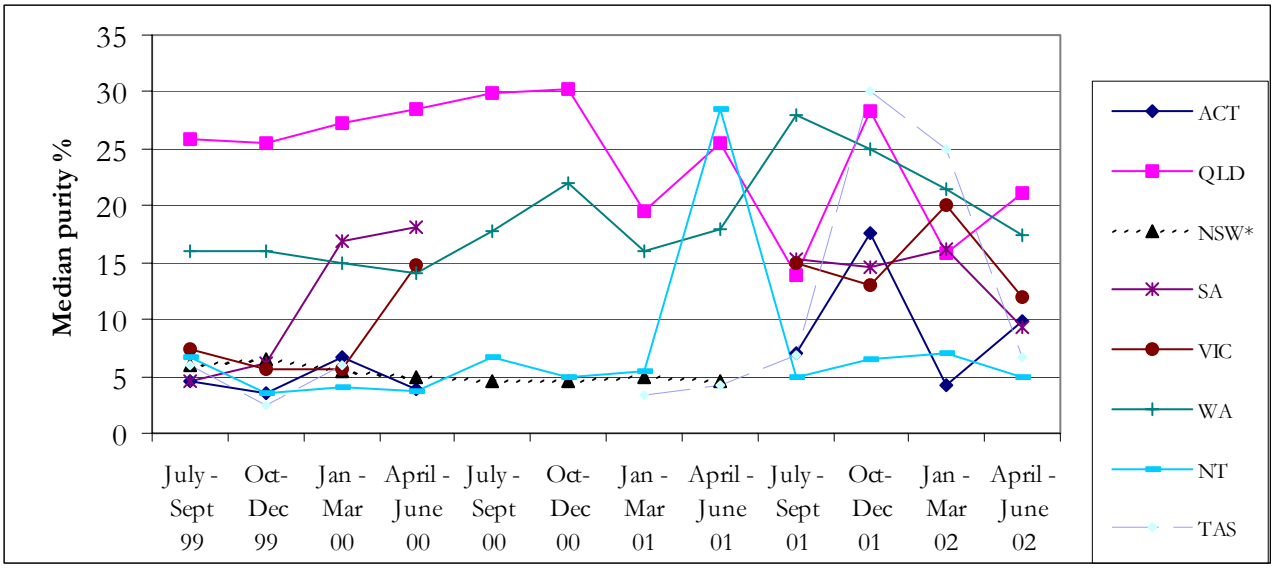
Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter, except in Victoria where all seizures are analysed. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from this purity data remains difficult (ACC, 2003).

Finally, the purity of methamphetamine 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 2001/02, forensic analysis of seizures of methamphetamine in Australia revealed purity levels ranging from less than 1% to 99% (ACC, 2003)

As with the heroin purity figures, the figures reported for VIC, QLD, NT and ACT represent the purity levels of drug seized during the relevant quarter. Figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. Figures for SA, WA, TAS and those supplied by the Australian Forensic Laboratory in Sydney represent the purity level of drugs received at the laboratory during the quarter. The time between date of police seizure and date of laboratory receipt may vary from days to months. The NSW forensic lab was unable to provide purity information for NSW Police 2001/02 (ACC, 2003).

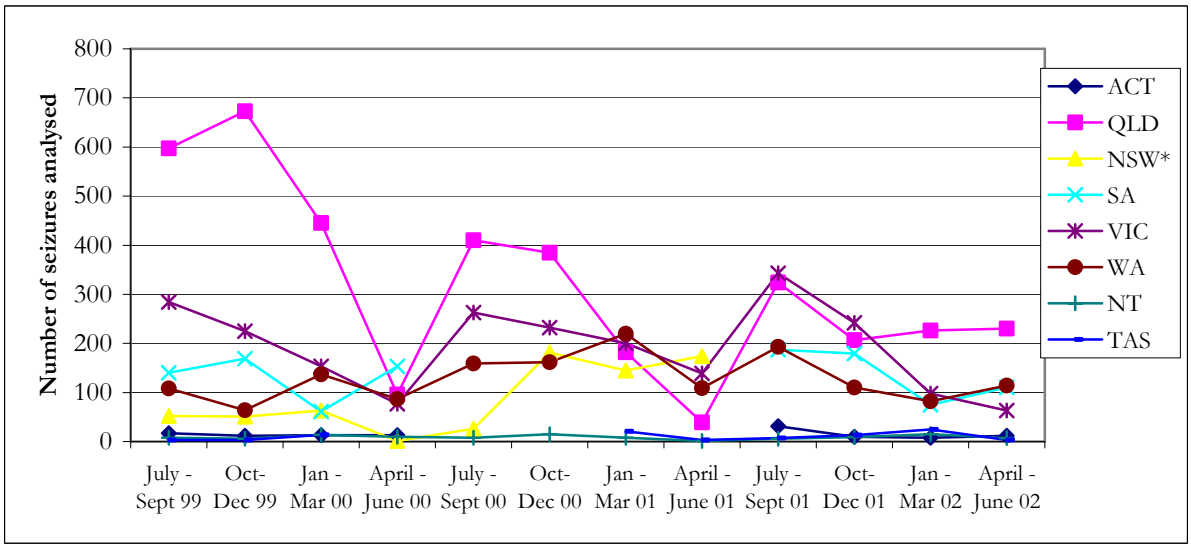
Figure 14 shows the median purity across jurisdiction of methamphetamine seizures by quarter from 1999/00. As there were few AFP seizures analysed in most jurisdictions, they were not included on the graph. As can be seen from the graph, there is no clear trend in the purity of methamphetamine although it is generally below 30%.

Figure 14: Median purity of methamphetamine seizures analysed by State police by jurisdiction, 1999-2002



Source: ABCI 2000, 2001, 2002; ACC 2003

Figure 15: Number of methamphetamine seizures analysed by State police by jurisdiction, 1999-2002



Source: ABCI 2000, 2001, 2002, ACC 2003

As can be seen from Figure 15, there has been a decrease in the number of methamphetamine seizures analysed in QLD from 1999 and no real clear patterns regarding the number of seizures analysed in other jurisdictions.

Although there was only one AFP seizure analysed in WA in 2001/02 (80%) in previous years more seizures were reported. There were only limited AFP seizures in other jurisdictions. In 2001/02 financial year, there were 22 AFP seizures analysed in VIC with a median purity for the year 19.4%. There were 10 AFP seizures analysed in QLD with a median purity of 2.3%. There was one AFP seizure analysed in SA in the Oct–Dec quarter of 2001 that was analysed with a purity of 2%. There were four AFP seizures analysed in the NT and 35 in the ACT (both with median purity of 80.3%). There were no AFP seizures analysed in TAS in 2001/02.

5.3 Availability

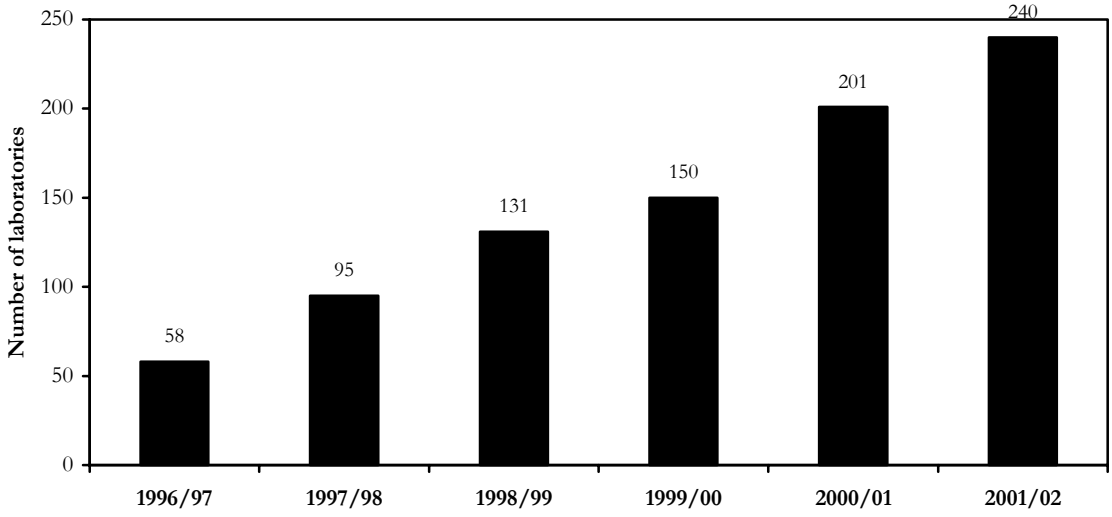
5.3.1 Powder

As in 2001, among those IDU who commented, methamphetamine powder ('speed') was considered 'easy' or 'very easy' to obtain in all jurisdictions. The majority of IDU who commented considered that the availability of methamphetamine powder had remained stable in the six months preceding interview (Table 25).

IDU obtained methamphetamine powder from a variety of sources. In NSW and TAS IDU were more likely to report purchasing methamphetamine powder from friends, dealer's homes or through a mobile dealer than on the street. In SA the most common purchase source was a dealer's home. Substantial proportions in all jurisdictions report obtaining methamphetamine powder from friends. Although there appears to be street based methamphetamine markets in some jurisdictions (24% in the ACT and 15% in both QLD and VIC reported usually scoring on the street), larger proportions in all jurisdictions purchase methamphetamine powder through prearranged transactions whether that was through a mobile dealer, the dealer's home or a friend.

It is likely that the majority of methamphetamine powder ('speed') available in Australia is locally manufactured. The ACC reported that clandestine domestic production continued to be the major source of supply to the Australian market in 2001/02. The number of clandestine laboratory detections has steadily increased in recent years with 240 laboratories detected nationally in 2001/02. In particular, the numbers of laboratories detected in QLD almost doubled from 77 in 2000/01 to 138 in the 20001/02 financial year (ACC, 2003).

Figure 16: Clandestine methamphetamine laboratory detections in Australia, 1996/97-2001/02



Source: ABCI 1996-2002, ACC 2003

5.3.2 Base

Among those IDU who commented, the majority of respondents nationally, considered base to be 'easy' or 'very easy' to obtain and availability was considered stable. There is however, some variability across jurisdiction among IDU reports regarding the availability of methamphetamine base. Three quarters (73%) of IDU in SA that commented on the availability of

methamphetamine base reported that it was 'very easy' to obtain and over half of respondents in TAS (58%) and QLD (56%) also considered it 'very easy'. Substantial proportions in NSW (23%), VIC (33%) and the ACT (15%) considered it 'difficult' to obtain. The numbers commenting on availability in the ACT (n=13), the NT (n=10) and VIC (n=6) were small, providing further indication of limited availability.

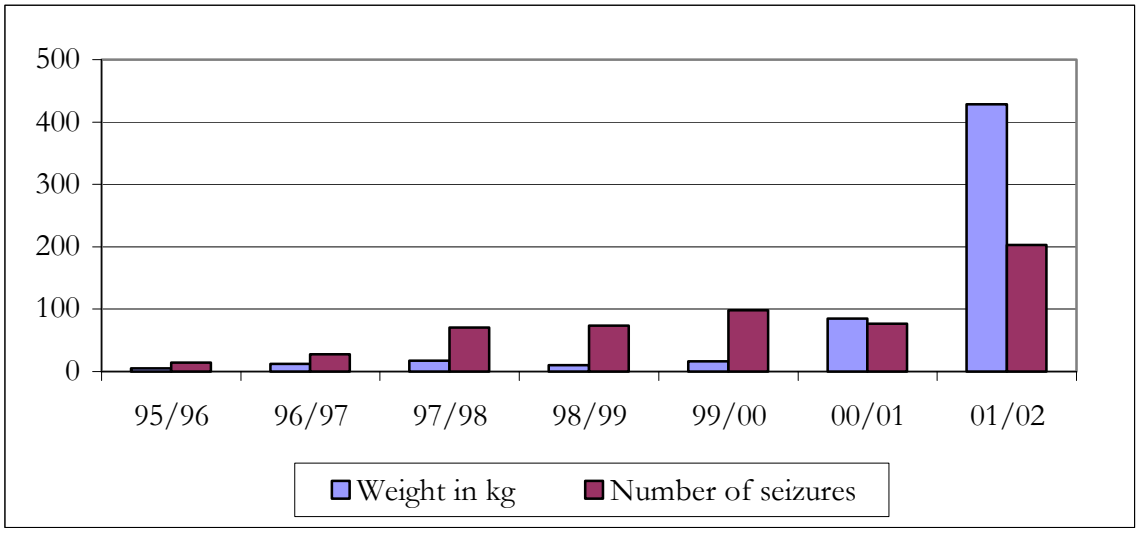
5.3.3 Ice

There was variation across jurisdiction regarding the availability of crystal methamphetamine. Similar to base, in some jurisdictions small numbers of IDU commented on the availability (VIC n=13, TAS n=12, and ACT n=14). Among those IDU who could comment on the availability of crystal methamphetamine, substantial proportions in SA (86%), QLD (67%) and WA (53%) reported that it was 'very easy' or 'easy' to obtain, while it was considered 'difficult' or 'very difficult' to obtain in NSW (68%), ACT (50%), VIC (69%) and TAS (50%).

Customs seizures

Data provided by the Australian Customs Service show increases in the total weight of methamphetamine detected at Australia's borders from 8.8 kilograms in 1999/00 to 428 kilograms in 2001/02, the highest total weight of methamphetamine detected by Customs to date (ACC, 2003).

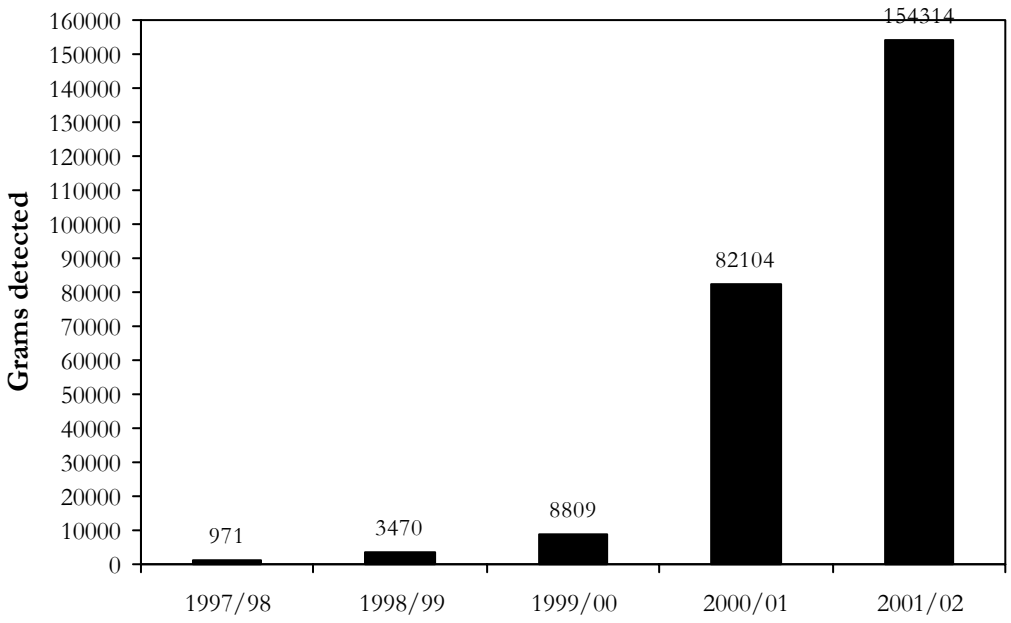
Figure 17: Total weight and number of amphetamine type stimulants* detected by the Australian Customs Service, 1995/96 - 2001/02



Source: Australian Customs Service * includes amphetamine and methamphetamine (including ice)

Figure 18 shows an increase in the weight of crystalline methamphetamine detected at the Australian border. In 2001/2002, there were 30 detections of crystalline methamphetamine, with the largest quantity detected at the border to date.

Figure 18: Total weight of crystalline methamphetamine detected by the Australian Customs Service, 1997/98 - 2000/01



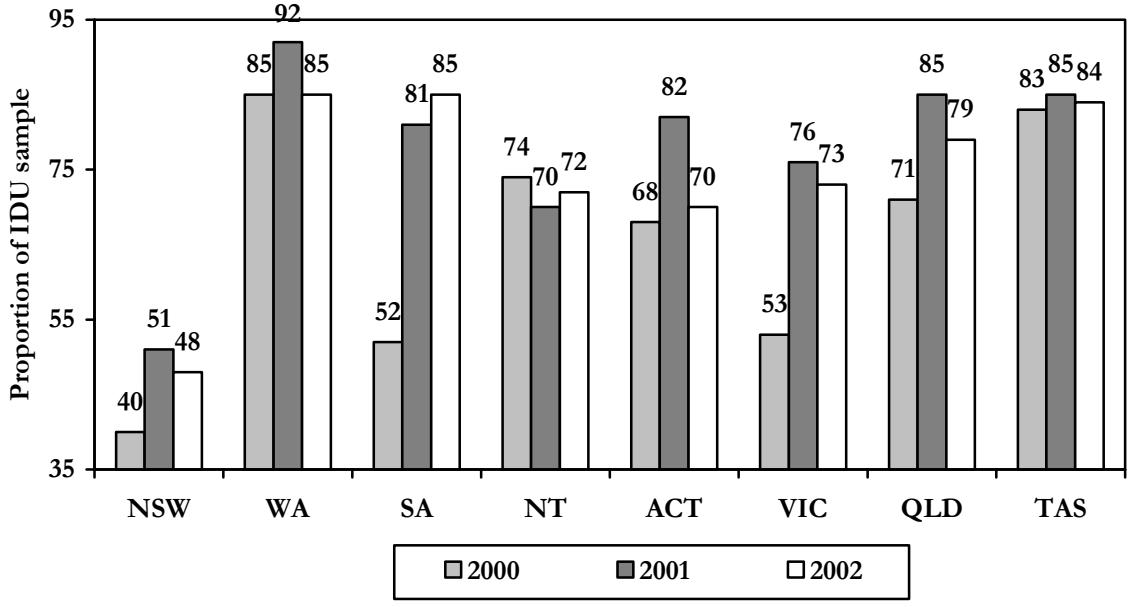
Source: Australian Customs Service

5.4 Use

5.4.1 Recent use among IDU

In 2002, 73% of the national IDU sample reported using a form of methamphetamine (powder, base or crystal) in the six months preceding interview. This is similar to the figure reported in 2001 (76%). Figure 19 indicates that the proportion of IDU reporting recent use of methamphetamine has stabilised or decreased in all jurisdictions.

Figure 19: Proportion of recent methamphetamine use among IDU by jurisdiction, 2000-2002



Source: IDRS IDU interviews

The proportion of IDU that reported using the different forms of methamphetamine varies across jurisdiction (Table 28). The proportion of IDU reporting recent use of methamphetamine powder has decreased or stabilised in all jurisdictions except SA, in which use increased from 47% in 2001 to 56% in 2002.

The proportion of IDU that reported recent use of methamphetamine base has decreased in VIC and QLD, and remained stable elsewhere. Although there appears to be an increase in the recent use of base in TAS, researchers suggest that this may be due to uncertainty in 2001 regarding the differences between the various forms. The recent use of crystal methamphetamine has decreased from 2001 in VIC, the ACT and QLD.

Table 28: Proportion of IDU reporting recent use of different forms of methamphetamine by jurisdiction, 2000-2002

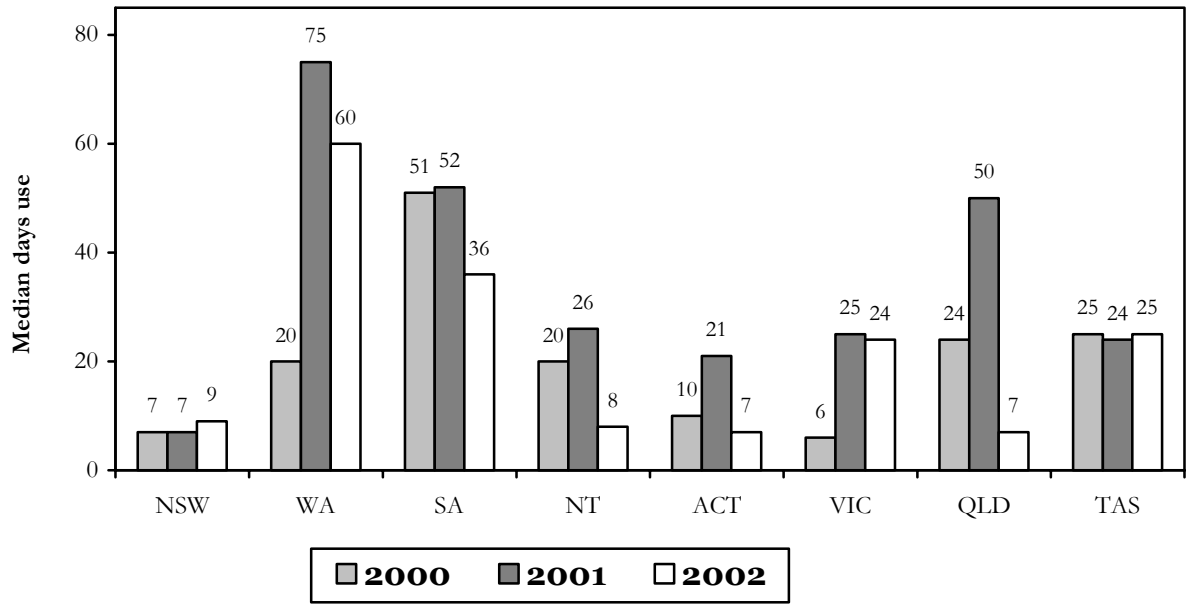
	POWDER			CRYSTAL			BASE*	
	2000	2001	2002	2000	2001	2002	2001	2002
NSW	32	42	39	14	29	25	23	23
SA	51	47	56	11	58	56	59	65
VIC	49	74	70	9	52	26	32	20
ACT	63	63	51	17	72	34	36	30
WA	81	87	77	51	85	74	56	56
QLD	58	80	55	13	75	39	75	42
TAS	77	45	35	6	56	20	52	74
NT	70	63	67	6	24	20	18	21

*did not ask about base in 2000

5.4.2 Frequency of use

Figure 20 shows the median number of days of methamphetamine use among those who used it in the six months preceding interview. It should be noted that in 2000 and 2001, IDU were asked how many days they had used speed in the last six months. In 2002, they were asked how many days they had used speed, base and ice separately, as well as overall number of days used any methamphetamine. The 2002 figure therefore represents *any* methamphetamine and may be an overestimate. However, as can be seen in the graph, there has been a stabilisation or decrease in the median number of days used in 2002. This is consistent with KI reports that suggest the frequency of methamphetamine use has decreased from 2001.

Figure 20: Median number of days of methamphetamine use among IDU who had used methamphetamine in the preceding six months, by jurisdiction, 2000-2002

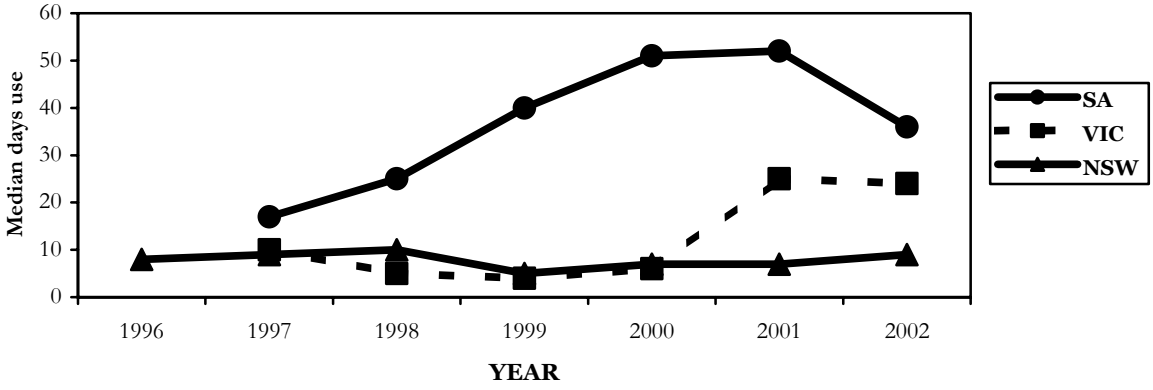


Source: IDRS IDU interviews

There was wide variation in the frequency of methamphetamine use across Australia. As in 2001, IDU in WA reported the most frequent use of methamphetamine, with IDU reporting using a median of 60 days. IDU in many jurisdictions reported using on significantly fewer days in 2002 compared to those in 2001. The decrease in frequency of methamphetamine use may in part be due to the increases in heroin use observed in 2002, as (consistent with KIS reports) users sought alternatives to heroin in 2001 when heroin was less available.

An examination of frequency of methamphetamine use data over a longer time period in NSW, SA and VIC, indicates that there has been a relatively low and stable frequency of use in NSW since 1996. SA recorded steady increases in frequency of methamphetamine use between 1998 and 2000, which appeared to stabilise between 2000 and 2001 and has declined in 2002. On the other hand, VIC had recorded low and stable frequencies of methamphetamine use until 2001, when frequency of use jumped from an average of once per month to once per week and has stabilised in 2002 (Figure 21).

Figure 21: Median number of days of methamphetamine use in preceding six months among methamphetamine users, in NSW, VIC and SA, 1996-2002



Source: IDRS IDU interviews

The 2002 IDU data suggest that there were decreases or stabilisation between 2001 and 2002 across the country in the availability and use of methamphetamine (Table 29).

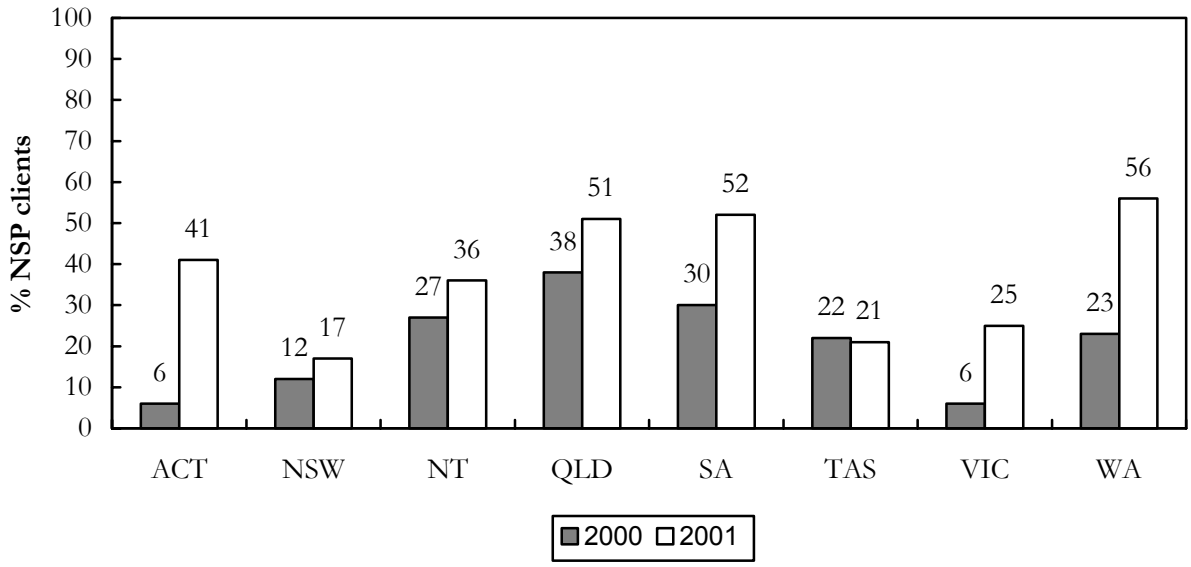
Table 29: Methamphetamine use patterns of IDU by jurisdiction, 2000-2002

	NSW	VIC	SA	QLD	WA	ACT	TAS	NT	ALL
*Drug of choice (%)**									
2000	5	5	30	24	23	8	20	21	16
2001	5	16	37	42	42	19	30	26	24
2002	6	14	52	25	32	10	23	18	21
*Last injection (%)**									
2000	5	6	34	34	41	16	31	30	23
2001	3	30	50	66	74	42	37	31	37
2002	4	28	60	60	54	15	32	22	30
*Used last 6 mths (%)**									
2000	40	53	52	71	85	68	83	74	64
2001	51	76	81	85	92	82	85	70	76
2002	34	36	81	57	71	49	75	33	52
*Daily users (%)**									
2000	1	6	10	1	1	2	4	1	3
2001	1	25	9	5	11	10	5	4	6
2002	5	5	5	5	0	6	0	6	4

* Any methamphetamine – i.e. powder, base or crystal

The jurisdictional differences in methamphetamine use are reflected in data sources other than the IDRS. The most recent NSP survey data available (provided by NCHECR) shows data from the 2001 Australian Needle and Syringe Program (NSP) Survey (Figure 22). The graph depicts the proportion of NSP clients that report amphetamine as the drug they had last injected by jurisdiction. The 2001 data reflect findings from last year's IDRS, in which there was an increase in methamphetamine injection, particularly in WA, VIC and the ACT. As in the past, IDRS and NSP Survey results have complimented each other (e.g., MacDonald, Robotin & Topp, 2001), and the two surveys thus serve to validate the findings of the other. The 2002 NSP survey results should continue to show jurisdictional differences in levels of amphetamine injection, and potentially show decreases in the proportion reporting amphetamine as the last drug injected.

Figure 22: Proportion of NSP clients reporting methamphetamine as drug last injected by jurisdiction, 2000 - 2001



Source: Australian NSP Survey, NCHECR

Law enforcement

In 2001/02, consumer and provider arrests for amphetamine type stimulants decreased slightly. Again, it should be noted that changes in patterns of arrest can reflect changes in the activity of police, as well as of the users or suppliers of illicit drugs. A number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (ACC, 2003).

Consumer and provider arrests Australia-wide decreased slightly to 8063 in 2001/2002, returning to levels similar to those prior to the heroin shortage (which were 8083 in 1999/2000) (ACC, 2003). The slight decrease in the number of consumer and provider arrests in 2001/02 is consistent with the IDRS IDU data, which suggests that although substantial proportions of IDU continue to use methamphetamines, frequency of use has stabilised or decreased. As in previous years, NSW accounted for the most amphetamine-type stimulant consumer and provider arrests (ACC, 2003).

Despite the overall decrease, some jurisdictions recorded an increase in arrests for methamphetamines. VIC, TAS and the ACT all reported increases, with the most significant being VIC, increasing from 1263 arrests in 2000/01 to 1608 in 2001/02. There has been a gradual increase in consumer and provider arrests in VIC since 1996/97 (ACC, 2003).

Table 30: Amphetamine-type stimulants: consumer and provider arrests, by jurisdiction, 2001–02

State/territory	Consumer	Provider	Total
NSW	1 611	431	2 043
VIC	1 067	541	1 608
QLD	1 507	500	2 007
SA	259	216	475
WA	1 231	494	1 725
TAS	71	18	89
NT	21	–	56
ACT	48	12	60
Total	**5 815**	**2 212**	**8 063**

Source: ACC, 2003

5.5 Flashcard Analysis

Photographs were grouped by Churchill and Topp (2002) into three categories, which they hypothesised *a priori* to correspond to the three types of methamphetamines. Category A types were thought to represent speed, category B represented base, and category C represented ice. Those participants who reported using speed, base or ice were shown a flashcard containing photos of the different categories, and asked to identify the picture(s) that resembled what they had used. There were a number of pictures in each category, and participants could nominate any number of photos from any category.

Table 31 shows the reports from users of each of the forms of methamphetamine. Only those participants who reported use in the past six months are included in the table. The patterns for those who reported *primarily* using each form are not presented, however, they were similar to the patterns displayed in Table 31.

Table 31: Photographs identified by IDU that reported use of speed, base and ice, by jurisdiction *, 2002

	NSW			ACT			VIC			TAS			SA#			WA			QLD#		
	% Any			% Any			% Any			% Any			% Any			% Any			% Any		
	A	**B**	**C**	**A**	**B**	**C**	**A**	**B**	**C**	**A**	**B**	**C**	**A**	**B**	**C**	**A**	**B**	**C**	**A**	**B**	**C**
Speed	**86**	16	14	**41**	10	8	**81**	8	1	**100**	-	-	**52**	-	-	**97**	-	1^	**28**	12	5
Base	22	**70**	24	3	**43**	13	3	**68**	10	46	**71**	23	-	**54**	-	-	**98**	2^	5	**36**	7
Ice	3	8	**90**	3	6	**41**	-	23	**67**	5^	-	**95**	-	-	**54**	-	-	**95**	-	5	**48**

* NT data not collected

Note that IDU could nominate more than one picture and therefore percentages do not add up to 100%.

the majority of respondents in QLD and substantial proportions in SA who reported using each form did not choose a picture, indicating that there is uncertainty about the forms used.

^ based on small numbers (n≤5) and therefore should be interpreted with caution.

It should be noted that over half of the respondents in QLD, across all forms of methamphetamine, did not choose a photograph. Interviewers noted that this was because respondents did not feel confident enough to identify the form that they had used. In SA and the ACT a substantial proportion of respondents also did not identify photographs and there may be several reasons for this including; lack of confidence on the respondent's part, the absence of photographs on the flashcard that resembled what respondents had used, or inconsistencies in data collection. Accordingly, in Table 31 there are several lines that contain figures less than 100%, indicative of missing data. Methamphetamine users that identified photographs in SA and QLD did so in a manner consistent with Church and Topp's hypotheses about which photographs represented each form of methamphetamine.

5.5.1 Powder (speed)

As can be seen from Table 31, the largest proportion of respondents in all jurisdictions nominated pictures from the A category as representing the speed powder they had used, ranging from 100% in TAS to 28% in QLD. The vast majority of speed users in TAS, WA, NSW and VIC chose pictures that Churchill & Topp had categorised as speed powder. The smaller proportions in the ACT, QLD and SA reflect missing data. The pictures most often chosen from the A class of photographs were A1 and A2.

A1

A2

5.5.2 Base

A similar pattern was found for the base users, with the largest proportion in all jurisdictions identifying pictures from the B category as representing the base they had used in the preceding six months. However, there appears to be a bit more ambiguity among base users in NSW and TAS regarding the photographs that represented the base they had used, with substantial proportions in both states choosing pictures from the A and C categories as well. The most common pictures identified as base were B3, B4 and B5.

B3

B4

B5

5.5.3 Ice/crystal methamphetamine

As with the other forms of methamphetamine, the largest proportion of ice users identified pictures from Category C as representing the ice they had used. The most commonly identified photographs from the C Class were C2 and C1.

C1

C2

5.5.4 Summary

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

There was greater ambiguity among base users in NSW and TAS with respect to its visual identification, with substantial numbers identifying pictures from both the A class and C class photographs. This may be indicative of suppliers' use of the term 'base' for a variety of forms of methamphetamine, and perhaps of the use of this term for methamphetamine products that may not be easily characterised as either powder ('speed') or crystalline ('ice') methamphetamine.

Although the 2002 IDRS provided some clarification of the different forms of methamphetamine there is still some ambiguity among users and researchers alike. There were differences across jurisdictions regarding the terms that methamphetamine users employ, as well as variation in what the drug looks like. However, with continued monitoring and more specific methamphetamine research, greater clarification should be achieved.

5.6 Jurisdictional trends in methamphetamine use

5.6.1 NSW

The proportion of IDU that reported methamphetamine use remains stable from 2001, however the use of ice has increased since 1999 (when data was first collected). Speed continues to be the predominant form of methamphetamine used. The 2001 IDRS documented a trend from IDU regarding a shift to the more potent forms of methamphetamine, but few reports of this were documented in 2002. Last year's trend may, in part, be attributable to the heroin shortage, during which many IDU moved from heroin to other drugs including cocaine and methamphetamine. KIS reported they had heard little about base or ice in the past 12 months; this was in accordance with IDU reports of their availability. The majority of IDU commenting reported that ice was 'difficult' (37%) or 'very difficult' (22%) to obtain and 23% of IDU commenting thought base was 'difficult' to obtain.

Despite the reduced availability of both base and ice, KIS report concerns regarding drug-induced psychosis, abscesses and infections from injecting, and the continued sharing of

injecting equipment among methamphetamine users. Indicator data show that an increase in number of calls to the ADIS regarding amphetamines occurs at the height of the heroin shortage, in conjunction with decreases in the number of calls regarding heroin.

5.6.2 The ACT

In the ACT, the price of methamphetamine powder generally increased, while the price of crystal methamphetamine remained stable. The price of a 'point' was $50 across all three types (methamphetamine powder, crystal methamphetamine and base methamphetamine). A gram of methamphetamine powder was $300, crystal methamphetamine $335 and base methamphetamine $250. The average purity of AFP (ACT Policing) methamphetamine seizures increased slightly (ACC, 2003).

There was a significant decrease in the proportion of IDU who had used any form of methamphetamine in the previous six months (from 82 per cent to 70 per cent) compared to the 2001 survey. Of those who had used methamphetamine in the previous six months, the proportions reporting the use of methamphetamine powder and base methamphetamine remained relatively stable (at 73% and 43% respectively), however there was a significant decrease in the proportion reporting use of crystal methamphetamine (down from 87% to 49%). It would appear that as the use of heroin increased, the use of methamphetamine decreased, supporting the perception among key informants that many of the IDU who switched from heroin to methamphetamine the previous year are now retuning to heroin.

5.6.3 VIC

Findings from the 2002 IDRS suggest that levels of methamphetamine (in particular speed) use among injecting drug users in Melbourne are quite high, and these drugs are predominantly sourced through social networks and home-based dealers.

The 2002 IDRS found that 73% of IDU had used some form of methamphetamine (either speed, base or ice) in the preceding six months, a proportion comparable to that of the 2001 IDRS (76%). Separating out the forms of methamphetamine, 70% reported using speed, 19% reported using base and 26% reported using ice in the preceding six months. The median number of days on which speed had been used in the preceding six months was 24, while for base it was 10, and ice six days.

The most common quantity of speed purchased was a 'point', and the majority of respondents paid $50 for this amount. The most frequently reported price per gram of speed was $200, and these prices have remained the same since 2001. The majority reported that the price of speed had been stable over the last six months. Small numbers reported on the price of base and ice and therefore the figures should be interpreted with caution. The most commonly purchased amount of both forms of methamphetamine was a 'point', and the median prices reported by IDU were; base $35 and ice $50.

The majority of IDU commenting on speed thought that it was 'easy' or 'very easy' to obtain and 65% thought availability had remained stable in the preceding six months. Small numbers reported on the availability of base and ice.

It appears that there has been a cross over between the traditionally separate heroin and methamphetamine drug markets, and that the recent reduced heroin supply created favourable conditions for this. While current IDU in this study have been able to provide some information

about methamphetamine trends in Melbourne, a clearer picture would be gained through contact with other sentinel groups such as primary methamphetamine users.

5.6.4 TAS

It is clear that the increased availability of higher-purity methamphetamine, identified as an emerging trend in the 2000 Tasmanian IDRS, has further stabilised and expanded in 2002. The relatively high potency and ease of access to the drug appears to have made use of methamphetamine increasingly attractive among local IDU, with almost all of those surveyed (89%) using the drug in the six months prior to interview, despite the participants predominantly preferring opioids.

The majority of IDU (74%) reported most commonly using the waxy, sticky gel/powder 'base/paste' form of methamphetamine that appears to be very easily available locally, although its potency and presentation fluctuates substantially. Despite the declining popularity of the traditional low-purity powder methamphetamine amongst IDU respondents over the past three years of the IDRS (declining from 45% in 2001 to 35% in 2002), reports from Tasmania Police suggest that this form remains the most common preparation of methamphetamine in the Tasmanian market. Use of pharmaceutical stimulants within the Tasmanian IDU sample was also common, and had doubled from 22% in the 2001 cohort to 44% of the 2002 participants.

The sustained, ready availability of relatively high potency methamphetamine was regarded as being responsible for anecdotal descriptions of an increasing number of people using methamphetamine, and continued suggestions of the drug attracting opiate users away from that market. These suggestions of increases in use of the drug were matched by increases in both seizures and arrests related to methamphetamine in the past year (seizures up 3% to 3211g, arrests increasing by 27 to 89 in 2001/02). Despite these suggestions and indications of expanding levels of use, there was little change in either the proportion of the Tasmanian IDRS cohort using methamphetamine in the preceding six months (85% in 2001, 89% in 2002) or the median frequency of use of the drug class (24 days out of 180 in 2001, 25 days in 2002).

5.6.5 SA

Methamphetamine in SA was readily available, and IDU reported that the price per point was lower than in the 2001 IDRS. The stronger forms of methamphetamine (paste, base, ice, crystal) have increased in use and availability since 1999, and recent methamphetamine use among the IDU was much greater than for heroin. The use of methamphetamine generally appears to have increased in recent years, in particular among younger people.

5.6.6 WA

There was a slight fall from 92% in 2001 to 85% in 2002 in the numbers of IDU that reported recent use of any form of methamphetamine in the six months prior to interview. The prices of methamphetamine reported by IDU remained relatively stable from 2001, with the median price of a gram of powder being $250. The median price reported for 'crystal meth' or 'paste' was $250 per gram, while crystal was $350 per gram. The majority of IDU able to comment said that speed powder and base/paste methamphetamine was 'very easy' to obtain.

The median purity of illicit methamphetamine seizures analysed in WA has generally increased since the 1998/1999 financial year, and in 2001/2002 this trend continued (ACC, 2003). However, this appears to be largely due to the peak reached in the third quarter of 2001, and

purity data from more recent quarters was seen to drop sharply. Most IDU rated the purity of crystal meth as high and stable over the previous 6 months.

5.6.7 The NT

Of the three main forms of methamphetamine, speed powder was the most widely and most frequently used among the 2002 IDU sample. It was used by two thirds of the sample in the preceding six months and was reported to be easily accessible. This was consistent with reports from key informants. Methamphetamine base was used by one in five of the 2002 IDU sample, as was crystal, though access to crystal was reported to be more restricted than base.

The proportion of IDU that report recent methamphetamine use has remained relatively stable since 2000, but frequency of use has fluctuated, rising in 2001 and dropping back in 2002 to levels below those in 2000. Eighteen percent of IDU in 2002 reported methamphetamine as their preferred drug and more than half of the 2002 IDU respondents who used methamphetamine used it less than once a fortnight during the preceding six months. Among IDU in 2002 who named methamphetamine as the drug most frequently injected, only one in two injected daily or more (compared with nine out of ten of those who most frequently inject morphine).

Prices for speed powder have remained stable with a median reported price of $50 a point, $250 an eightball and $80 a gram, but purity has fluctuated, and is generally reported as medium or low. The purity of base and crystal methamphetamine is reported to be higher and more stable than speed powder.

Polydrug use was high among IDU methamphetamine users: morphine users were reported to use methamphetamine when morphine became less accessible, and conversely, it was suggested that increased use of morphine had resulted from low purity of methamphetamine.

5.6.8 QLD

More IDU reported use of powder (55%) than base (42%) in the last six months, with a smaller proportion reporting the use of ice (39%). The pattern of use among those who reoprted using each form was remarkably similar, with the majority of users of each form reporting injecting. Although it is possible that ice may be smoked, this does not seem to be the case among IDU in QLD. Given that ice may be up to 80% pure, the intravenous use of this form of methamphetamine is of particular concern.

In 2002, the form most used by IDU was base (30%), while 25% reported mostly using powder and 22% mostly using ice. Five percent of IDU in 2002 reported mostly using a liquid form of the drug; however, the precise composition and potency of this form is unclear. The possibility remains that IDU may themselves be unclear about what form of methamphetamine they are taking.

5.7 Summary of methamphetamine trends

- All forms of methamphetamine remained cheapest in SA.
- Across all jurisdictions methamphetamine base and crystal methamphetamine were more expensive per gram than methamphetamine powder.
- The 2001/02 median purity of state police seizures of methamphetamines analysed across Australia varied greatly within and between jurisdictions.
- The median purity of state police seizures analysed for 2001/02 ranged from 5.5% in the NT to 24.8% in TAS. Figures were similar to those reported in 2000/01.
- The median purity of AFP seizures analysed was generally higher than state police seizures with the highest median purity in the ACT and the NT (80.3%)
- Methamphetamine powder was considered 'easy' to obtain in all jurisdictions and the availability was stable.
- Among IDU who could comment, methamphetamine base was considered 'easy' to obtain and the availability was reported to be stable.
- Substantial proportions in SA, WA and QLD reported that crystal methamphetamine was 'easy' to obtain while it was considered 'difficult' in NSW, ACT, VIC and TAS.
- Substantial proportions of IDU in all jurisdictions continue to use all forms of methamphetamine, with either a decrease or stabilisation in the proportion that used methamphetamine powder in all jurisdictions except SA.
- The frequency of methamphetamine use decreased from 2001 in all jurisdictions except NSW, VIC and TAS where it remained stable.

6.0 COCAINE

Table 32 displays the price, purity and availability of cocaine in 2002 by jurisdiction. As in previous years, a higher proportion of IDU in NSW (75%) than in other jurisdictions commented on aspects of the price, purity and availability of cocaine (SA 17%; VIC 9%; ACT 7%; QLD 7%; WA 14%; TAS 5%). Data on cocaine was not collected in the NT. As small numbers were able to comment in some jurisdictions, the results should be interpreted with caution. The fact that only small numbers were able to report on cocaine is an indication of the limited use and availability among IDU outside of NSW. Appendix D displays comparable figures from the 2001 IDRS.

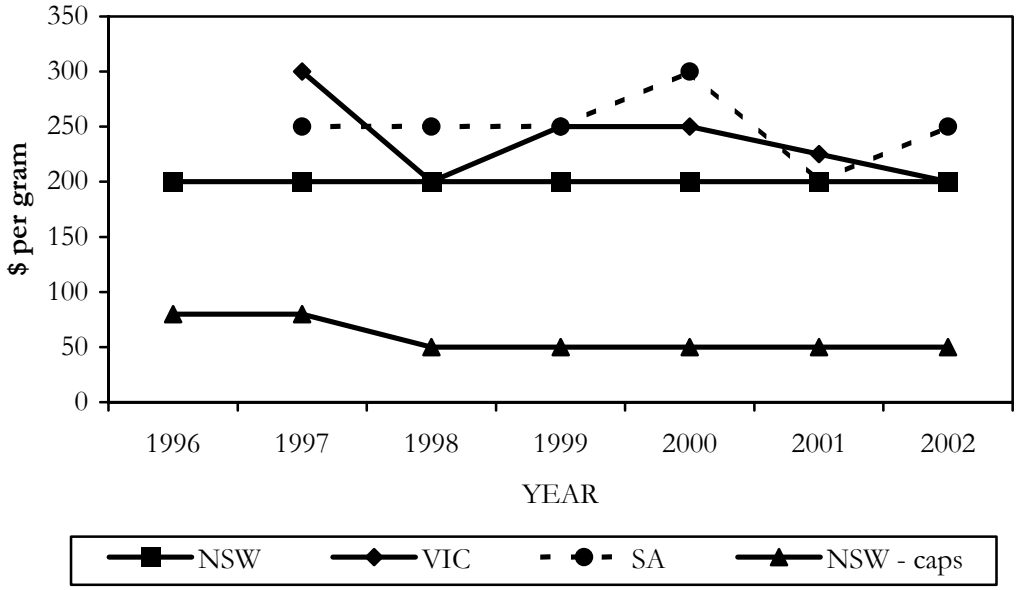
6.1 Price

Prices in Table 32 represent the median prices of purchases made by IDU in the preceding six months. NSW was the only state in which a substantial number of IDU could comment on the price of a gram of cocaine (40%), 33% of whom had purchased a gram of cocaine in the preceding six months. The figures for the other jurisdictions were estimated from small numbers of purchases and should be interpreted cautiously (VIC n=7, SA n= 8, QLD & WA n=5). Although few IDU in jurisdictions other than NSW commented on changes in the price of cocaine, the majority of IDU who commented reported that the price had remained stable.

Eighty four participants in NSW bought caps in the last six months; small numbers reported doing so in VIC (n=4), the ACT (n=2) and SA (n=1). The median price for a cap was $50.

Figure 23 indicates that the price of a gram and a cap of cocaine have remained stable in NSW since 1996. As small numbers commented on price in SA and VIC it is difficult to make firm conclusions about trends in the price of cocaine in these states.

Figure 23: IDU estimates of cocaine price in NSW, VIC and SA, 1996-2002



Source: IDRS IDU interviews

Table 32: Price, purity and availability of cocaine by jurisdiction, 2002*

	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	QLD N=104
% of sample used cocaine in last 6 months	27	79	18	17	12	26	17	15
Median Price ($) per gram	-	200	250	200	200	250	350	220
Price changes								
(% who commented)	n=353	n=118	n=7	n=14	n=5	n=17	n=98#	n=7
Don't know	35	5	14	29	40	29	94	29
Decreased	7	5	29	0	20	6	1	14
Stable	41	67	57	57	40	59	2	43
Increased	11	16	0	7	0	6	3	0
Fluctuated	7	7	0	7	0	0	0	14
Median purity^ (%)	-	n/a	36	37	44	-	31	55
Availability								
(% who commented)	n=353	n=118	n=7	n=14	n=5	n=17	n=92	n=7
Don't know	28	3	14	0	0	0	88	14
Very easy	24	41	0	14	0	12	2	29
Easy	27	33	14	14	20	41	1	29
Difficult	16	20	43	43	60	35	4	29
Very difficult	5	3	29	29	20	12	4	0
Availability changes								
(% who commented)	n=353	n=118	n=7	n=14	n=5	n=17	n=97	n=7
Don't know	31	3	29	7	40	0	91	29
Easier	14	5	0	0	40	12	3	14
Stable	42	64	71	79	20	65	2	29
More difficult	7	25	0	14	0	12	2	14
Fluctuates	6	3	0	0	0	12	2	14
Place usually score	n=353	n=118	n=7	n=14	n=5	n=17	n=97	N=6
Don't use	29	6	29	0	0	6	85	0
Street dealer	20	36	29	14	0	6	5	0
Dealer's home	12	13	14	7	20	12	2	50
Mobile dealer	15	38	0	29	0	12	0	17
Friend	13	3	29	36	20	65	7	33

* The IDU in NT were not asked the questions on cocaine due to interview error

^ Purity data is provided by the ACC and reflects seizures by state police in each jurisdiction, AFP purity seizures by jurisdiction are reported in Table 6. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2001/02. Purity data is not yet available for NSW.

WA numbers are higher as they include participants that did not answer the section as well as those that did not know the answer to the specific question

6.2 Purity

As previously mentioned, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from purity data remains difficult (ACC, 2003). Furthermore, purity data for NSW Police were not available, and there were no seizures analysed by QLD Health Scientific Services, or seizures by the AFP in TAS, the NT and the ACT. There was one TAS police cocaine seizure analysed (44%) and one NT police seizure analysed (24%). Five seizures by the ACT local police were analysed with a median of 35.9%.

There was an overall reduction in the median purity of seizures of cocaine analysed across Australia in 2001/02 from 2000/01. The AFP generally seizes cocaine at the border, with higher purity (ACC, 2003).

Table 33: Median purity of cocaine seizures by jurisdiction 1999/00 -2000/01

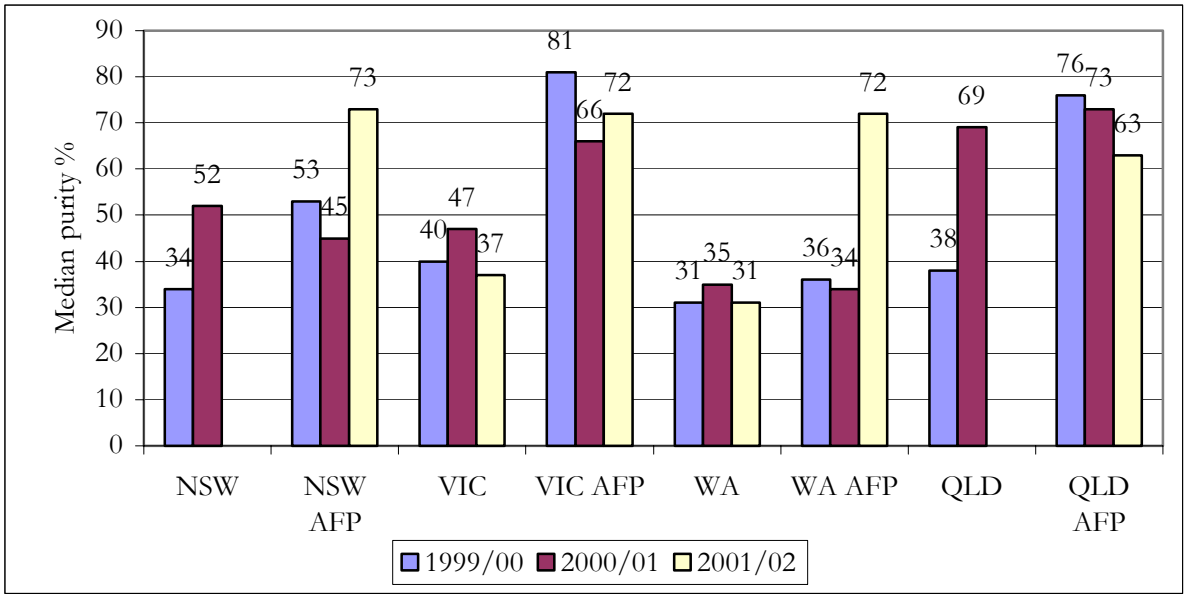
	Median Purity %					
	State Police			AFP		
	99/00	00/01	01/02	99/00	00/01	01/02
NSW	34.0 n=36	52.0 n=101	n.a	53.3 n=119	44.9 n=57	73.0 n=233
SA	-	68.6 n=21	-	-	66.9 n=94	-
VIC	40.1 n=72	47.0 n=101	37.0 n=47	80.7 n=21	65.7 n=21	72.4 n=24
ACT	-	-	35.9 n=5	25.9 n=2	35.9 n=2	-
WA	30.5 n=10	35.0 n=25	30.5 n=16	35.8^ n=1	33.8 n=3	72.4 =4
QLD	38.4 n=45	68.8 n=31	-	76.3 n=33	72.7 n=11	63.1 n=15
TAS	-	44.6^ n=1	44.0^ n=1	-	-	-
NT	-	-	24.0^ n=1	-	-	-

Source: ABCI 2000, 2001, 2002; ACC 2003

^ purity based on one seizure only accordingly, these figures should be interpreted with caution.

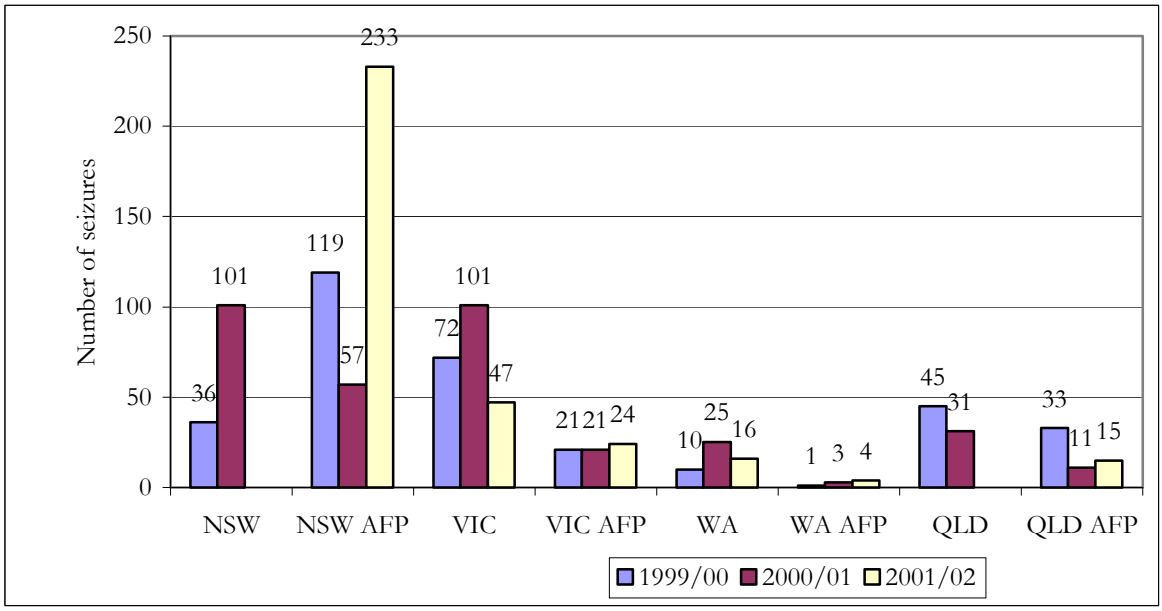
The median purity of total (<2g and > 2g) cocaine seizures by state police and AFP for NSW, VIC, WA and QLD are presented in Figure 25. The other states are not included in the figures as there were only a limited number of seizures in these jurisdictions. There were no AFP seizures in the NT or TAS for all three financial years, one TAS police seizure (44.6% median purity) in 2000/01 and one in 2001/02 (44%). One NT police seizure was analysed in 2001/02 (24%). There were two cocaine seizures in the ACT in 1999/00 (25.9%) and 2000/01 (35.9%), and five in 2001/02 (35.9%). There were 21 cocaine seizures by state police in SA in 2000/01 with a median purity of 68.6% and ninety four by the AFP in SA with a median purity of 66.9%. As can be seen from these purity figures, there is variation regarding the purity of cocaine within and between jurisdictions.

Figure 25: Median purity of analysed cocaine seizures by state police and AFP, 1999/00 – 2001/02



Source: ABCI 2000, 2001, 2002; ACC 2003

Figure 26: Number of cocaine seizures by state police and AFP, 1999/00 – 2001/02



Source: ABCI 2000, 2001, 2002; ACC 2003

6.3 Availability

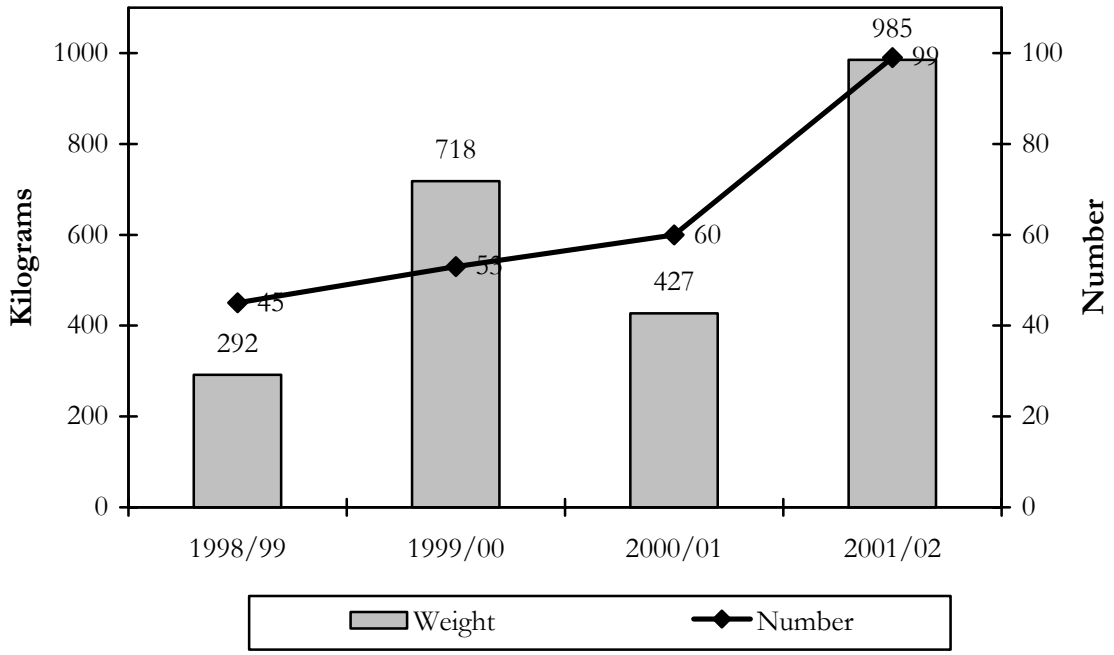
In jurisdictions other than NSW, only a minority of IDU commented on the availability of cocaine, which in itself suggests that the drug is not widely available in those jurisdictions. As in previous years, cocaine appeared to be freely available only in NSW, where 75% of IDU commented on the drug. Of those that commented in NSW, 74% described it as 'easy' or 'very easy' to obtain. Cocaine was also considered to be 'easy' or 'very easy' to obtain in QLD, while substantial proportions in the other jurisdictions reported cocaine as 'difficult' to obtain. Availability in the six months preceding interview was generally thought to be stable (Table 32).

Small numbers reported on where they usually scored cocaine, and it appears that NSW remains the only jurisdiction in which a significant street-based cocaine market exists, with 36% of those that commented in NSW reporting that they usually scored from a street dealer. A further 38% scored from a mobile dealer.

Again, as in previous years, NSW recorded the highest number and weight of domestic seizures of cocaine in 2001/02 (ACC, 2003), continuing a trend noted for the past five years and supporting the contention that cocaine is more available in that state than in all other jurisdictions.

During 2001/02, the Australian Customs Service made 99 detections of cocaine at the Australian border, the highest number of detections to date. The detections weighed a total 985 kilograms, an increase from 427.7 kilograms in 2000/01 (Figure 27). The majority of the 99 detections were from NSW, followed by VIC (12), WA (6) and QLD (4). The largest seizure was in WA in July 2001, accounting for 938kg.

Figure 27: Number and weight of detections of cocaine made at the border by the Australian Customs Service, 1998/99 - 2001/02



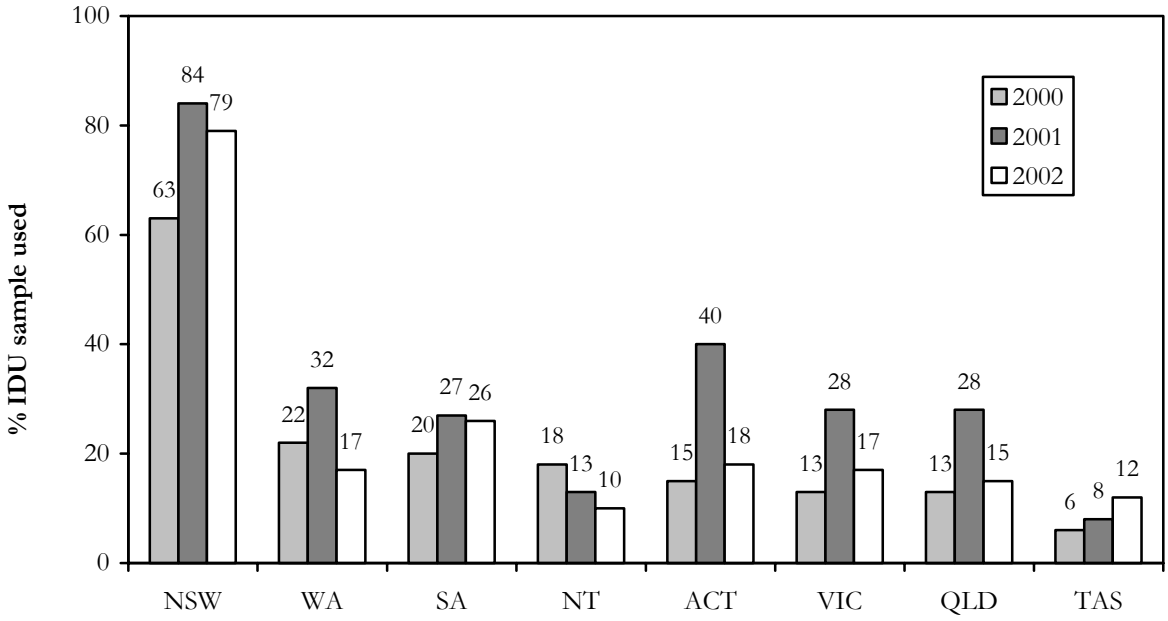
Source: Australian Customs Service

6.4 Use

6.4.1 Powder cocaine

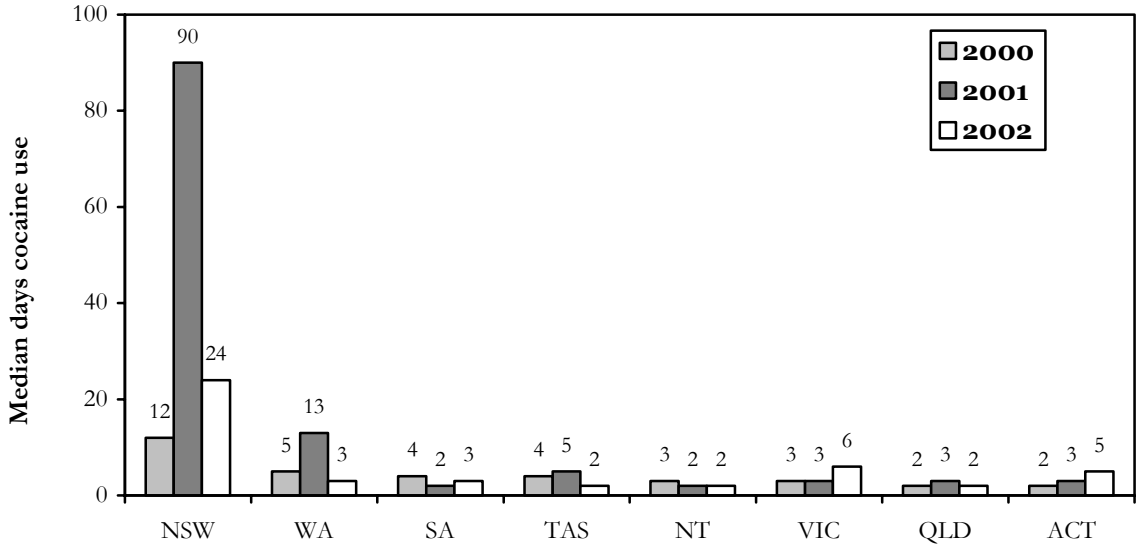
The proportion of IDU that reported recent cocaine use decreased in the overall national sample from 35% in 2001 to 27% in 2002. The decrease was most notable in the ACT, WA, QLD and VIC (Figure 28). The frequency of recent cocaine use remained sporadic in jurisdictions other than NSW, where IDU reported a median frequency of once a week, and in VIC, the median frequency of recent cocaine use was once a month (Figure 29).

Figure 28: Proportion of IDU samples that reported using cocaine in preceding six months, by jurisdiction, 2000-2002



Source: IDU interviews

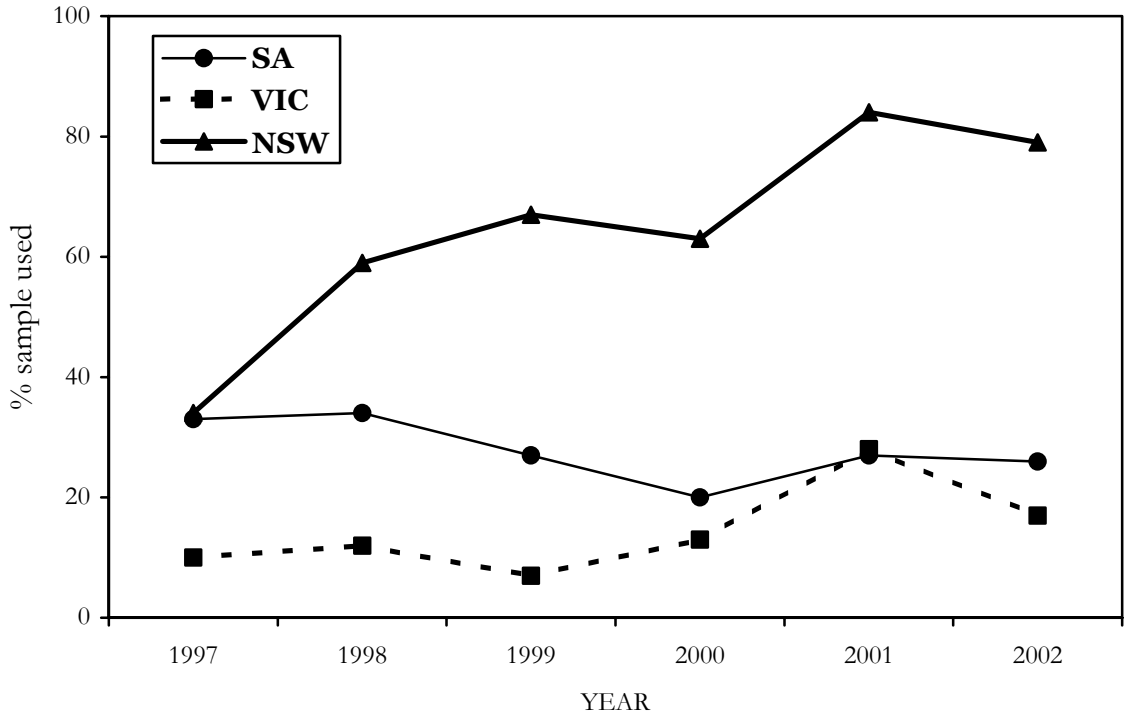
Figure 29: Frequency of cocaine use among IDU that reported using cocaine in preceding six months, by jurisdiction, 2000-2002



Source: IDU interviews

Examining patterns of cocaine use among IDU since 1997 in NSW, VIC and SA (Figure 30), it is clear that the proportion of IDU in NSW that reported cocaine use in the preceding six months increased markedly in 1998, stabilised between 1999 and 2000, increased again in 2001 and stabilised in 2002. Reports of both IDU and KIS in NSW strongly indicated that the increase in 2001 was associated with a change in drug use patterns in response to the reduced availability of heroin. In 2002, KIS reported there was less cocaine being injected by IDU, a finding that was supported by indicator data. In VIC and SA there have been lower rates of recent cocaine use, with the increase in proportions reporting cocaine use between 2000 and 2001 in VIC representing the most marked change in cocaine use in that state since the IDRS was instituted (Figure 30). In 2002 the proportion reporting cocaine use in VIC decreased and stabilised in SA.

Figure 30: Proportions of IDU samples reporting cocaine use in preceding six months by jurisdiction, 1997-2002



Source: IDU interviews

6.4.2 Crack cocaine

As in 2001, small proportions of IDU in some jurisdictions reported the recent use of crack cocaine, although for the majority of them it was probably not real crack (freebase). Crack cocaine, a rocky crystalline substance created by heating cocaine hydrochloride to remove its hydrochloride base, is only bioavailable when smoked (Platt, 1997). Of the 39 participants in the 2002 national sample that reported using crack in the preceding six months (4% of the total sample), only six of them (15%) reported smoking as a route of recent administration. Four of these participants were from NSW and two from VIC.

Given that the chemical process of deriving crack cocaine is relatively simple when there is a ready supply of quality cocaine hydrochloride (Platt, 1997) it is possible that it could be available in Australia. However, as in the previous year, there were no reported seizures of crack cocaine in Australia in 2001/02 (ACC, 2003). Ongoing monitoring and investigation is required to be able to confidently comment on the availability and use of crack in Australia.

Table 34: Cocaine use patterns of IDU by jurisdiction, 2000-2002

	Total	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Drug of choice (% Cocaine)									
2000	3	10	0	1	1	4	3	2	2
2001	7	29	1	2	1	6	5	2	0
2002	6	19	4	4	5	4	3	0	1
Last injection (% Cocaine)									
2000	2	11	1	0	1	0	0	0	0
2001	7	37	0	1	1	2	2	0	0
2002	3	16	1	0	0	0	0	0	6
Used cocaine (%)									
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
Days used (median)									
2000	5	12	2	3	4	4	6	3	2
2001	7	90	4	3	5	2	13	2	3
2002	8	24	5	6	2	3	3	2	2
Daily users (%)									
2000	1	5	1	0	0	0	0	0	0
2001	5	29	0	0	0	1	1	1	1
2002	2	10	0	1	0	1	0	0	0

Source: IDU interviews

Law enforcement

In 2000/01, there was an increase in the total number of consumer and provider arrests across Australia for cocaine, from 433 in 1999/00 to 651 in 2000/01. In 2001/02 the number of cocaine consumer and provider arrests has remained relatively stable at 612 (ACC, 2003). The majority of these (75%) were in NSW, which is consistent with IDRS reports of the predominance of cocaine use in NSW relative to other jurisdictions. NSW had 304 consumer arrests and 158 provider arrests (ACC, 2003).

Table 35: Cocaine consumer and provider arrests, by jurisdiction, 2001–02

State/territory	Consumer	Provider	Total
NSW	304	158	462
VIC	44	43	87
QLD	13	7	20
SA	4	8	12
WA	8	17	25
TAS	1	–	1
NT	2	–	2
ACT	2	1	3
Total	**378**	**234**	**612**

Source: ACC 2003

6.5 Jurisdictional trends

6.5.1 NSW

The price of cocaine has remained stable in NSW in 2002, with a gram of cocaine reported to cost $200 and a cap $50. The purity of analysed AFP seizures in NSW was relatively high (80%) in June 2002. The majority of IDU reported that cocaine was of low (52%) to medium (32%) purity and a third felt that purity had remained stable in the preceding six months. Cocaine was not as readily available in 2002, with 20% of IDU reporting it was 'difficult' to obtain.

A small proportion of IDU reported that cocaine use was "widespread" even after the return of heroin availability, and this trend is apparent in the proportion of IDU that reported recent cocaine use, which remained relatively stable from 2001 to 2002. However, frequency of cocaine use appears to have decreased, with the median number of days used in the preceding six months dropping from 90 days in 2001 to 24 days in 2002.

Indicator and KIS data reflect these patterns, with fewer calls to drug and alcohol services, fewer recorded incidents of possession and use, and fewer clients presenting with cocaine-related health problems.

6.5.2 The ACT

As has been reported in the ACT Drug Trends Series, cocaine is not a drug that is widely used by IDU in the ACT. The price of a cap of cocaine rose from $50 to $65, and a gram from $165 to $250, however there were very few IDU who purchased cocaine in the ACT, so care should be exercised in interpreting these figures. Less than one in five IDU had used cocaine in the previous six months, and the majority of those who had had used it five days or less. The availability of cocaine was believed to be 'difficult' or 'very difficult'.

6.5.3 VIC

Information collected from IDU, key informants and indicator sources suggest that there is some recent stability in the price of cocaine in VIC, but it is difficult to identify clear trends in cocaine prices due to the consistently small numbers of IDU and key informants who are able to

comment on price. In 2002, grams were the most commonly reported purchase amount ($250), followed by caps ($65).

Seventy-two percent of IDU thought that cocaine was 'difficult' to 'very difficult' to obtain, compared to 2001 where the majority reported availability as 'easy' to 'very easy' (56%).

The proportion of IDU reporting cocaine use in the preceding six months dropped from 28% in 2001 to 17% in 2002. Reported recent injection also decreased from 20% in 2001 to 15% in 2002. These findings are low overall compared to other illicit drugs being reported on in the IDRS, however prevalence of cocaine use in 2002 still remains higher than it was prior to 2001. Frequency of cocaine use was low with a median number of six days use in the preceding six months, suggesting irregular use patterns by the IDU sampled.

6.5.4 TAS

It appears that the availability and use of cocaine in TAS continues to be very low, at least within the populations surveyed in the current study or accessing government services. Only a very small proportion of the sample reported recent use of the drug (12%), which locally is almost exclusively a crystalline powder. IDU considered cocaine as 'difficult' to access, a situation that had remained stable in recent months. Such patterns do not appear to have changed over the past few years, however, it is noteworthy that, between 2000 and 2002, increasing proportions of the TAS IDU sample have reported lifetime use (39% and 47%, respectively) and recent use (6% and 12%, respectively) of cocaine.

6.5.5 SA

The reported availability of cocaine was inconsistent, with around half of IDU stating it was 'easy' to obtain, and half reporting that it was 'difficult'. The price of cocaine was higher compared with the 2001 IDRS. The purity was reported as 'medium' to 'high' by IDU, and there were no seizures of cocaine by either SAPOL or AFP that were analysed in 2001/02. The use of cocaine appears low in South Australia compared with other drugs, but key informant reports over the last couple of years have suggested that use is increasing.

6.5.6 WA

As in previous years, the proportion of IDU reporting the use of cocaine in WA in the last six months remained low. In 2002 17% of the IDU sample reported recent use of cocaine, representing a fall from the 32 in 2001 who reported they had used it. This suggests the apparent 'preliminary evidence of an increase in the use and injection of cocaine among IDU in Perth' during 2001 (Hargreaves & Lenton, 2002), has not continued in 2002. Among those who had used, the frequency of use remains very low with none using more than seven days out of the last six months.

6.5.7 The NT

There was little cocaine use among IDU in the NT. The prevalence of reported cocaine use by the IDU sample has dropped each year (18% in 2000; 13% in 2001; 10% in 2002), with one in 10 IDU using cocaine in the preceding six months in 2002.

6.5.8 QLD

Key informants provided valuable information on the patterns of cocaine use in QLD. Two KI reported that cocaine was 'difficult' to obtain in QLD and two reported that it was particularly expensive, however three KI noted that cocaine use was common among the 'rich set' and professionals on the Gold Coast, and two commented on the use of cocaine in the rave scene. Three KI in 2002 noted an increase in intravenous use of cocaine in QLD, however three KI noted that most cocaine users snorted the drug.

6.6 Summary of cocaine trends

- Small numbers in all jurisdictions but NSW reported purchasing cocaine and therefore, price comparisons should be considered with caution. However, with this reservation noted, gram prices in VIC, TAS and QLD were similar to prices in NSW, where cocaine has remained stable at $200/ gram.
- There was an overall reduction in the median purity of seizures of cocaine analysed across Australia in 2001/02 from 2000/01.
- Purity of cocaine seizures analysed ranged from less than one percent to 80% by state police and to 89.9% by the AFP. The AFP generally seize cocaine at the border with higher purity.
- Cocaine was considered 'easy' or 'very easy' to obtain in NSW, but was considered 'difficult' or 'very difficult' by substantial proportions in other jurisdictions.
- The proportion of IDU reporting recent cocaine use decreased from 2001 in ACT, QLD, WA and VIC.
- There was a significant decrease in the median number of days that IDU reported using cocaine in NSW, from 90 days in 2001 to 24 days in 2002.

7.0 CANNABIS

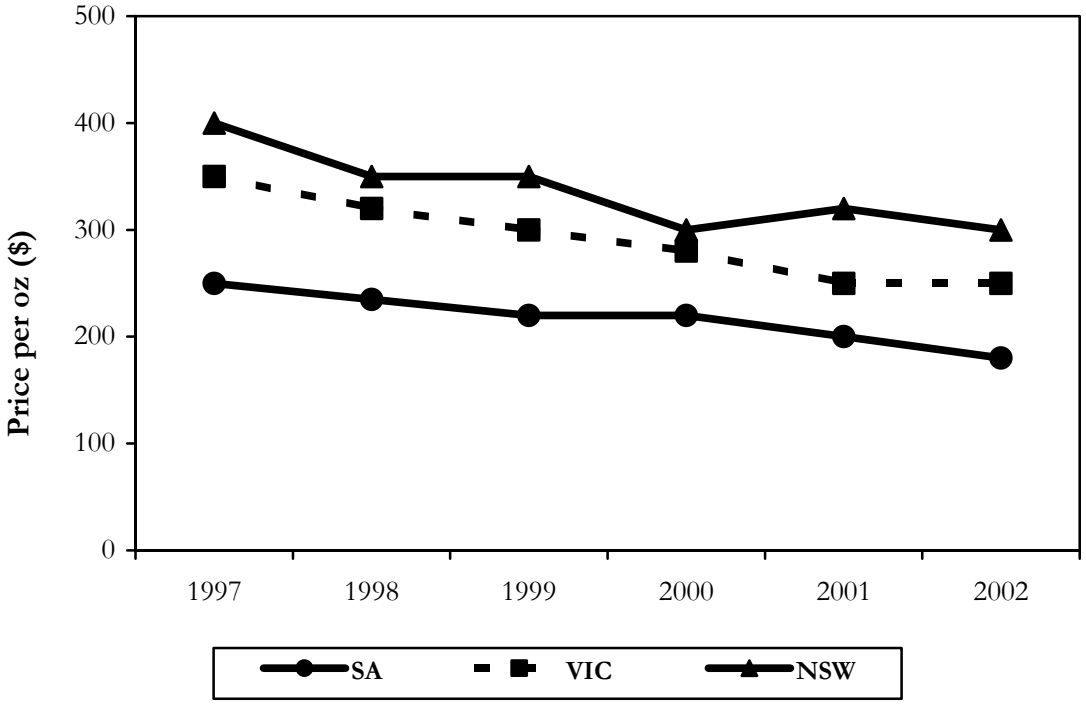
Eighty percent of the overall IDU sample felt confident enough of their knowledge to comment on the price, potency and availability of cannabis (Table 36). The proportions across jurisdictions ranged from 71% in NSW to 93% in TAS. Comparable figures from 2001 are presented in Appendix E.

7.1 Price

Prices in Table 36 represent the median price of the last purchase made by IDU in the preceding six months. As in 2001, there was little variation in the price of cannabis across jurisdictions in 2002, with ounces costing between $180 (SA) and $300 (NSW, QLD and the NT), and grams costing $20 to $25, except in SA, where $25 buys two grams. The price of an ounce declined from 2001 by $20-30 in NSW, SA, the ACT, QLD and TAS, although the majority of IDU in all jurisdictions reported that the price of cannabis had remained stable in the six months preceding interview.

Consistent with the results of the IDRS in previous years, cannabis remained cheapest in SA (Figure 31) and the price of an ounce of cannabis has gradually declined in VIC, NSW and SA since 1997.

Figure 31: Price of an ounce of cannabis by jurisdiction, 1997-2002



Source: IDRS IDU interviews

7.2 Potency

IDU were asked 'how strong would you say cannabis is at the moment?' and whether the strength of cannabis had changed in the last six months. The descriptions of the potency (Table 36) of cannabis reflect these responses. As in previous years, in 2002 the potency of cannabis

was perceived in all jurisdictions to be 'high' or 'medium' to 'high', and to have remained stable over the preceding six months.

Table 36: Price, potency and availability of cannabis by jurisdiction, 2002

	Total sample N=929	NSW N=158	ACT N=100	VIC N=156	TAS N=100	SA N=100	WA N=100	NT N=111	QLD N=104
Price ($)									
per ounce	-	300	250	250	250	180	250	300	300
per gram	-	20	20	20	25	25* (2g)	25	25	25
Price changes									
(% who commented)	N=73	n=112	n=74	n=126	n=92	n=77	n=97	n=81	n=80
Don't know	10	4	3	3	8	10	33	16	4
Decreased	8	5	12	15	10	5	6	0	8
Stable	70	82	70	67	66	70	56	75	74
Increased	7	5	7	8	5	9	2	6	11
Fluctuated	6	5	8	7	11	5	3	3	4
Potency	High-medium	High	High	High	High	High	Medium-high	Medium - high	High
Availability (% who commented)	N=73	n=112	n=74	n=126	n=92	n=77	n=97	n=81	n=80
Don't know	6	1	0	0	1	1	27	15	0
Very easy	65	71	72	56	86	69	62	48	60
Easy	24	23	26	37	11	18	9	37	31
Difficult	5	5	1	6	2	12	2	0	8
Very difficult	<1	0	1	2	0	0	0	0	1
Availability changes (% who commented)	N=73	n=112	n=74	n=126	n=92	n=77	n=98	N=80	n=80
Don't know	6	1	1	2	2	3	27	15	0
Easier	6	5	4	10	5	4	7	3	9
Stable	79	86	84	79	90	79	57	78	78
More difficult	6	7	8	8	1	8	5	4	9
Fluctuates	3	2	3	2	1	7	4	1	5
Place usually score	N=73	n=112	n=73	N=126	n=90	n=77	n=95	N=80	n=79
Street dealer	13	28	10	12	12	10	0	15	10
Dealer's home	29	21	47	35	28	17	30	25	35
Friend (gift)	32 (5)	16 (5)	25 (4)	38	41	44 (16)	25(12)	38 (1)	35 (3)
Grow your own	4	1	8	4	9	7	3	1	0
Production source	N=716	n=110	n=69	N=125	n=88	n=75	n=92	N=79	n=77
Don't know	30	29	32	31	21	23	24	56	32
Smalltime/ backyard	35	21	28	30	51	52	51	35	19
Large scale cultivator	30	49	32	34	23	19	21	9	47

7.3 Availability

As in previous years, cannabis was described as 'very easy' to obtain in all jurisdictions, and the majority of those IDU who commented perceived the availability of cannabis to be stable over the six months preceding the interview (Table 36). As in 2001, most IDU purchased cannabis from a friend or at a dealer's home. In NSW, almost a third of IDU had purchased cannabis from a street dealer, and at least 10% in the other jurisdictions (except WA) also reported street dealer as their last purchase source, indicating the presence of street based cannabis markets.

Less than 10% of IDU in any jurisdiction reported growing their own cannabis. Although the majority of IDU reported recent use of cannabis, very few consider cannabis their primary drug of choice, and this in itself may account for the low proportions that reported growing their own cannabis. It may be that among a population of primary cannabis users, a higher proportion would grow their own cannabis than was reported among the IDU interviewed, for whom cannabis is one in a range of drugs used in conjunction with their primary drug(s) of choice.

In 2002, IDU were asked where they thought the cannabis they had last used was sourced from. In the overall national sample similar proportions reported that they did not know (30%), that the cannabis came from a smalltime 'backyard' user/grower (35%) as opposed to a large scale cultivator or supplier(30%), such as a bikie gang or organised crime syndicate. In all jurisdictions substantial proportions were uncertain where the cannabis was originally sourced from (23% in WA to 56% in the NT). There was some variation across jurisdiction with half in TAS (51%), SA (52%) and the NT (51%) reporting that the cannabis they had last used was from a small time supplier, while in NSW (49%) and QLD (47%) IDU reported that their cannabis was sourced from a large scale cultivator. The majority of IDU in all jurisdictions reported they were 'very sure' or 'moderately sure' of their answers.

7.4 Use

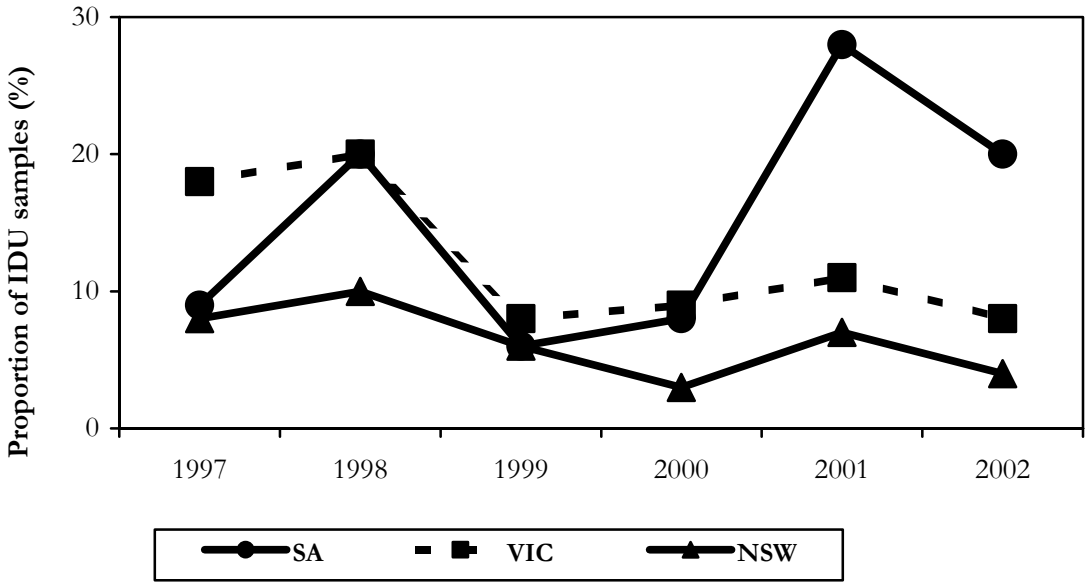
7.4.1 Cannabis use among IDU

The majority of cannabis smoked among IDU is hydroponically grown 'head' (the flowering tops of *cannabis sativa*); cannabis leaf is available but it is not as sought after. In all jursidictions but SA and QLD, hydroponic cannabis was reported by the majority of respondents as the form they had used most in the preceding six months. In SA and QLD, naturally grown (outdoor crop) cannabis was the form most used (88% and 85% respectively).

High rates of the use of outdoor crop cannabis were reported in all jurisdictions, with between 54% (NSW) and 82% (WA) of IDU in all jurisdictions reporting the use of outdoor cannabis in the six months preceding the interview (see Table forms most used).

Substantial minorities in all jurisdictions reported recent use of hash and hash oil. Consistent with previous years, the prevalence of recent hash use among IDU was highest in SA (38%) and lowest in NSW (14%) and VIC (15%). The proportion of IDU reporting recent use of hash oil also remained lowest in NSW (4%) and highest in SA (20%) and the NT (23%).

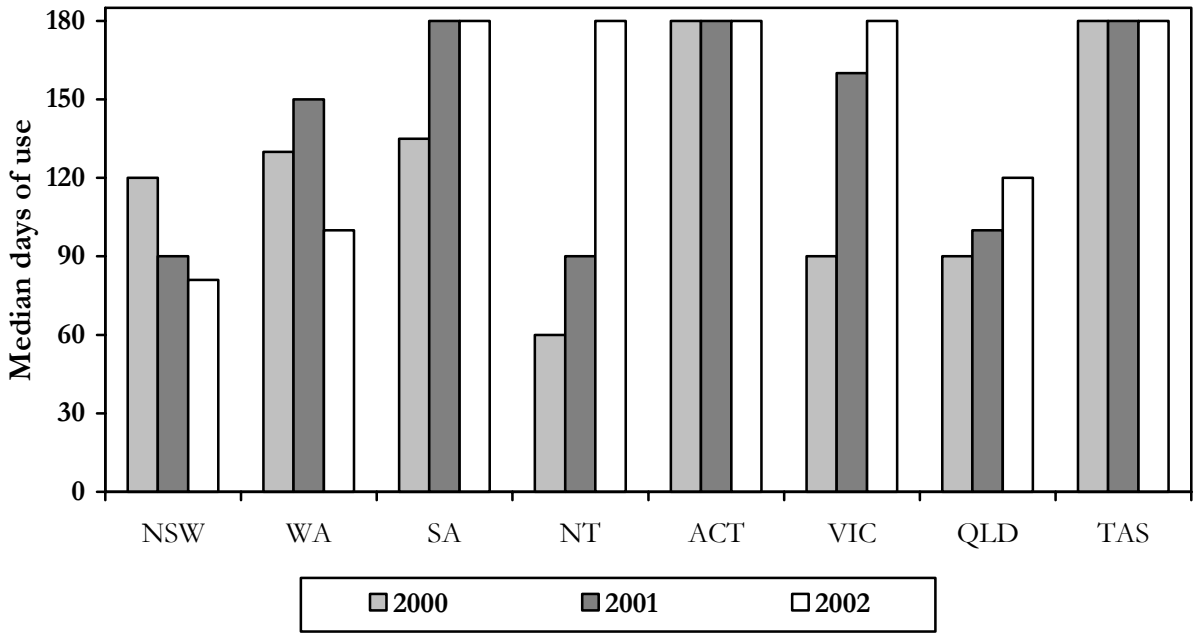
Figure 32: Proportion of IDU reporting recent hash oil use among IDU by jurisdiction, 1997-2002



Source: IDRS IDU interview

The median number of days that IDU reported using cannabis varied across jurisdictions and, in some cases, within jurisdictions over time. The frequency of cannabis use has decreased in NSW and WA from 2000, and appears to have increased in VIC, QLD and the NT. Over the three years of data collection, daily use has been reported by the majority of IDU cannabis users in the ACT and TAS.

Figure 33: Frequency of recent cannabis use among IDU who reported cannabis use of in the six months preceding interview, 2000-02



Source: IDRS IDU interviews

Frequency of cannabis use among a population such as IDU, few of whom nominate cannabis as their drug of choice, may be related to the availability and cost of their drug(s) of choice as much as the availability and cost of cannabis itself. Extrapolating from the patterns of use of cannabis among IDU to the entire population of cannabis smokers is problematic, and should not be considered a valid basis for policy decisions.

KI reported that cannabis was sometimes used to cope with drug withdrawal or to ease the comedown from a stimulant binge. This is consistent with the findings of the 2001 National Drug Strategy Household Surveys (NDSHS), which found that those who reported heroin use within the past year were most likely to report that they used cannabis if they could not obtain heroin (AIHW, 2002).

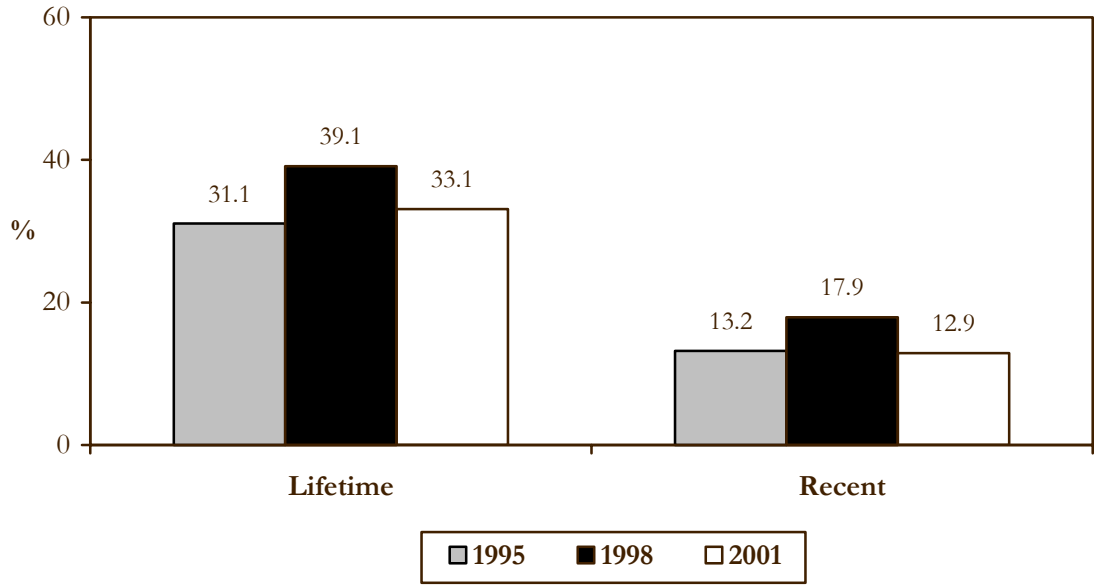
7.4.2 Cannabis use in the general population

Previous research has suggested that young persons in Australia have been increasingly likely to use cannabis (Degenhardt *et al,* 2000; Lynskey *et al.*, 2000). The findings of the National Drug Strategy (NDS) Household Surveys of drug use have suggested that cannabis use is also most likely among young persons.

The 2001 NDSHS altered the way in which the questions were phrased from have you 'ever tried' to 'ever used'. There were apparent decreases in the prevalence of lifetime and recent cannabis use; the changes in wording may have been responsible, in part, for these trends, due to some persons reporting that they had never 'used' cannabis (when they may have reported that they had 'tried' it).

The 2001 survey found that around one third of Australians aged 14 years and older reported using cannabis at some point in their lives, with one in eight reporting such use within the past year (Figure 34).

Figure 34: Prevalence of lifetime and recent cannabis use in Australia, 1995-2001



Source: IDRS IDU interviews

Table 37 shows the prevalence of cannabis use according to age and gender, estimated from the 2001 NDSHS. As can be seen, those aged 20-29 years were most likely to report that they had

used cannabis at some point in their lives, with almost six in ten reporting such use. One in three of those aged 14-19 years (34%) reported lifetime cannabis use.

The difference between these two age groups was less marked for past year cannabis use. One in four 14-19 year olds (25%) and 29% of those aged 20-29 years reported past year cannabis use. This means that although more 20-29 year olds have *ever* used cannabis, the 14-19 year olds are more likely to have been *recently* doing so: 72% of 14-19 year olds who had ever used cannabis had also done so within the past year, compared to 50% of 20-29 year olds who had ever used cannabis.

The NDS Household Surveys also indicate that the prevalence of having ever used cannabis is related to gender as well as age. In the 2001 survey, around 16% of males reported using cannabis within the past year, compared to 10% of females.

Table 37: Prevalence of lifetime and 12-month cannabis use by age and gender, 2001 NDS Household Survey general population data

	14-19 years	20-29 years	30-39 years	40+ years	Males	Females	Persons
Lifetime Use (%)	34.3	58.9	49.8	18.6	36.9	29.4	33.1
12 Month Use (%)	24.6	29.3	16.1	4.1	15.8	10.0	12.9

Source: NDS Household Survey

7.5 Jurisdictional trends in cannabis use

7.5.1 NSW

Cannabis remains readily available, with the majority of IDU reporting that it is 'very easy' or 'easy' to obtain. Prices for larger amounts of cannabis have dropped fairly steadily since 1996, while prices for smaller amounts have remained relatively stable. IDU report that the potency of cannabis remains 'high'. Hydroponic cannabis continues to dominate the market although some IDU continue to use leaf. The proportion of IDU (80%) that report recent cannabis use has remained stable. Frequency of use has also remained stable with one third of IDU reporting daily use.

KIS reported an increase in clients presenting for problematic cannabis use, and some reported an increase in mental health problems associated with such use. ADIS data suggest an increasing number of calls about problematic cannabis use, with cannabis now comprising the most commonly cited drug of concern for ADIS calls.

7.5.2 The ACT

The availability of cannabis remained 'very easy' and users estimated the potency to be 'high'. The median price for an ounce of cannabis in the ACT was $250 – a slight decrease from $280 in 2000–2001. The price of a gram of cannabis remained stable at $20. There were slight decreases in the price of larger quantities of cannabis, although the majority of users believed the price to have been stable. Hydroponic cannabis remained the dominant form in the market, and the use of hash and hash oil decreased.

In the ACT, cannabis was used daily by most injecting drug users as an adjunct to their other illicit drug use. Cannabis was 'very easy' to obtain and IDU described the potency as 'high'.

7.5.3 VIC

As in previous years, the majority of IDU commenting on cannabis thought it 'easy' to 'very easy' to obtain (93%), with 79% reporting that availability had remained stable in the preceding six months.

The modal price for both gram ($20) and ounce ($250) amounts of cannabis remained unchanged since 2001. The modal price of a gram has remained stable since 1999, while the price per ounce appears to have stabilised after a period of continued reduction from 1997-2001. A gram was the most popular purchase amount.

Cannabis use in VIC has remained relatively stable. Eighty-eight percent of IDU had used cannabis in the preceding six months (87% in 2001) and the median number of days used in the last six months was 180 (daily use), compared to 160 days in 2001.

7.5.4 TAS

Most aspects of the cannabis market and patterns of use appear to be relatively stable despite the continued expansion of the Illicit Drug Diversion Initiative within Tasmania, indicating that any perceived lessening of the potential personal cost associated with possession of small amounts of cannabis has not had any negative impact in terms of expansion of the local cannabis market. Among the IDU surveyed, cannabis use continued to be almost ubiquitous, with 96% using the drug in the preceding six months, and the majority of these individuals using the drug daily. Reported purchase prices, similarly, appear to have remained stable in 2002 ($25 per gram, $80 per quarter-ounce).

Hydroponically-cultivated cannabis head remains the form most commonly smoked by IDU, (71% of those who used cannabis), although substantial proportions reported using both hydroponically-grown (95%) and outdoor cannabis (85%) in the preceding six months. In concert with this, intelligence reports from Tasmania police indicate an increasing trend toward indoor or hydroponic cultivation of the drug, with increasing proportions of cannabis seizures being indoor or hydroponic in origin, and reports from all three state Drug Investigation Services branches suggesting that outdoor plantations of cannabis seem to be on the decrease.

IDU reported most commonly purchasing cannabis through friends, and, in alignment with this, when asked about the cultivator of their purchases the majority (66%) believed it to have been grown by small-time 'backyard' user/growers, rather than cultivated by larger scale suppliers (for example, a 'crime syndicate': 26%).

7.5.5 SA

Cannabis was highly available, and the prices were identical or slightly lower than those reported in the 2001 IDRS. The potency was high according to both IDU and key informants, and the majority of cannabis in South Australia was sold as 'hydroponic'. The use of cannabis appears to be relatively stable in South Australia.

7.5.6 WA

Very little change in the profile of cannabis was observed between the 2001 and 2002 IDRS. The median price of an ounce remained at $250, and the vast majority (85%) of IDU indicated that cannabis remained 'very easy' to obtain and was 'high' in potency. New in 2002 were questions relating to the original source of cannabis purchased. Most (67%) IDU said their cannabis came from a small time back-yard grower, while 27% said a large scale cultivator/supplier such as a crime syndicate or bikie gangs. Sixty six percent said they were 'very sure' about this and 26%, 'moderately sure'.

7.5.7 The NT

Cannabis was reported to be very easily available in the NT and was used by 80% of IDU in the 2002 sample in the preceding six months, half of whom had used cannabis daily. The prevalence of use was almost identical to that in previous years, but frequency of cannabis use was higher in the 2002 sample than in previous years. Key informants also spoke of widespread use of cannabis. Most of the cannabis used is reported to be hydroponically grown. The price of cannabis has remained stable at $25 a gram, and the IDU report that the potency is 'high'.

7.5.8 QLD

Reports from IDU, key informants and indicator data agree that cannabis is the most commonly used illicit drug in QLD. The majority of IDU (82%) had used cannabis in the last six months and this has changed little since 2000, although the frequency of use appears to have increased in the last two years. According to the 2001 NDSHS almost 13% of QLD householders aged 14 and over have used cannabis in the last twelve months, including 28% of persons aged 14-24 years, 20% of persons aged 25-39 and only 3.2% of persons aged 40 years or older.

Around three quarters of IDU reported having used both hydroponic and bush cannabis in the last six months, and the majority used mostly hydroponic. There was, however, evidence in 2002 of increased use of hydroponic cannabis and decreased use of bush, hash and hash oil.

In 2002 there was a 9% drop in the proportion of IDU who had used bush in the last six months, and a 40% drop in the proportion reporting that they used bush cannabis the most. Similar reductions in the use of hash and hash oil were also reported. In 2002, the preference for hydroponic cannabis among IDU seems even stronger than in previous years.

7.6 Summary of cannabis trends

- Prices of an ounce of cannabis ranged from $180 in SA to $300 in NSW, QLD and the NT. The price of a gram of cannabis was also cheapest in SA. Over all years of the IDRS, SA has consistently recorded lower market prices for cannabis than the other jurisdictions
- The price of an ounce of cannabis decreased from 2001 by $20-$30 in NSW, SA, the ACT, QLD and TAS
- As in all years of the IDRS, the potency of cannabis was estimated by IDU and KIS in all jurisdictions as 'high' or 'medium' to 'high', and the potency was perceived to have remained stable.
- Cannabis was considered 'very easy' or 'easy' to obtain in all jurisdictions and the availability was perceived to have remained stable
- Hydroponically grown cannabis continues to dominate the market, with over 70% of IDU in all jurisdictions reporting hydroponic as the form most used.
- Over half of IDU in all jurisdictions reported the recent use of outdoor crop cannabis and substantial proportions reported the use of hash.

8.0 OPIOIDS

8.1 Methadone

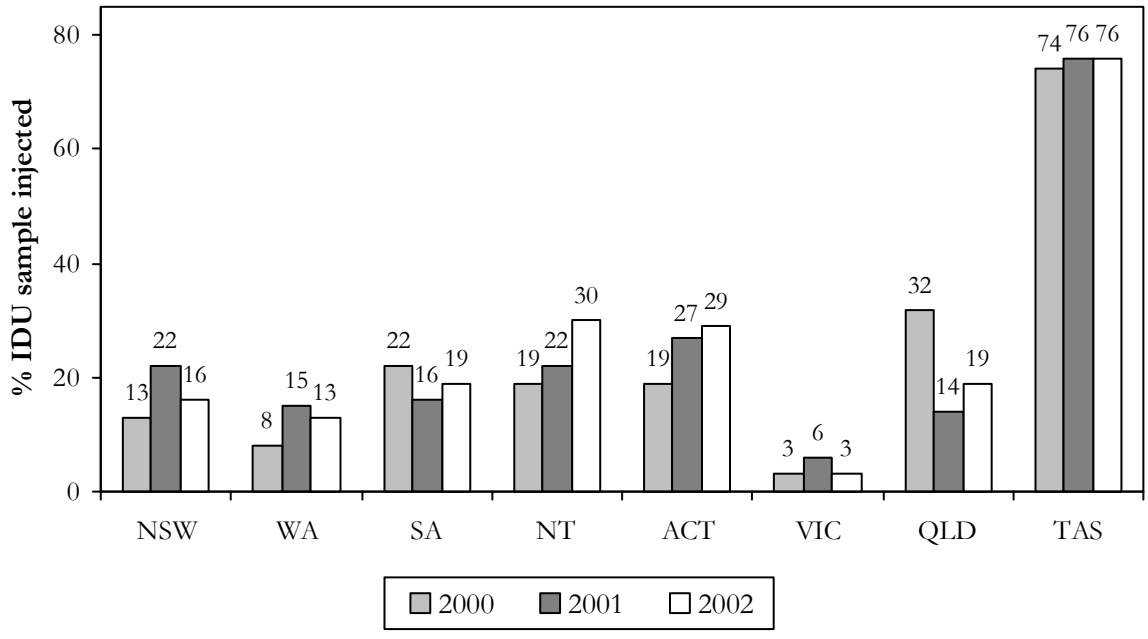
8.1.1 Methadone Injection

Almost half (46%) of the national sample reported recent injection of methadone. The proportions of IDU who reported having injected methadone in the preceding six months continued to be lowest in VIC (3%) and highest in TAS (76%) (Figure 32). The high rate of methadone injection in TAS, which is probably partly related to the difficulty in obtaining heroin in that jurisdiction, is cause for concern, given that the injection of methadone in either syrup or tablet form is associated with vascular damage and increased risk of overdose (Darke, Ross & Hall, 1996).

Other data from the IDU survey suggest that there is more methadone use in TAS than in other jurisdictions. Significantly higher proportions of IDU in TAS than in all other jurisdictions had injected methadone in the preceding six months (76% in TAS compared to 17% in other jurisdictions χ^2_1=167.2; p<.001) and more IDU in TAS nominated methadone as their drug of choice (13% in TAS compared to 1% or less in other jurisdictions). Higher proportions of IDU in TAS reported methadone as the drug they had last injected (36% in TAS compared to 8% or less in other jurisdictions), and as the drug they had injected most often in the preceding month (39% in TAS compared to 9% or less in other jurisdictions) (Table 10).

It should be noted that the majority of methadone injected by IDU in TAS is in the form of Physeptone tablets or licit methadone syrup that has been prescribed to them. The majority of those accessing methadone by illicit means in TAS were primarily using Physeptone tablets. In contrast, across all jurisdictions the majority of those reporting methadone use report that licit methadone (i.e. methadone on a script in their name) is the form they had most used.

Figure 35: Proportion of IDU samples that reported injecting methadone in preceding six months, by jurisdiction, 2000-2002



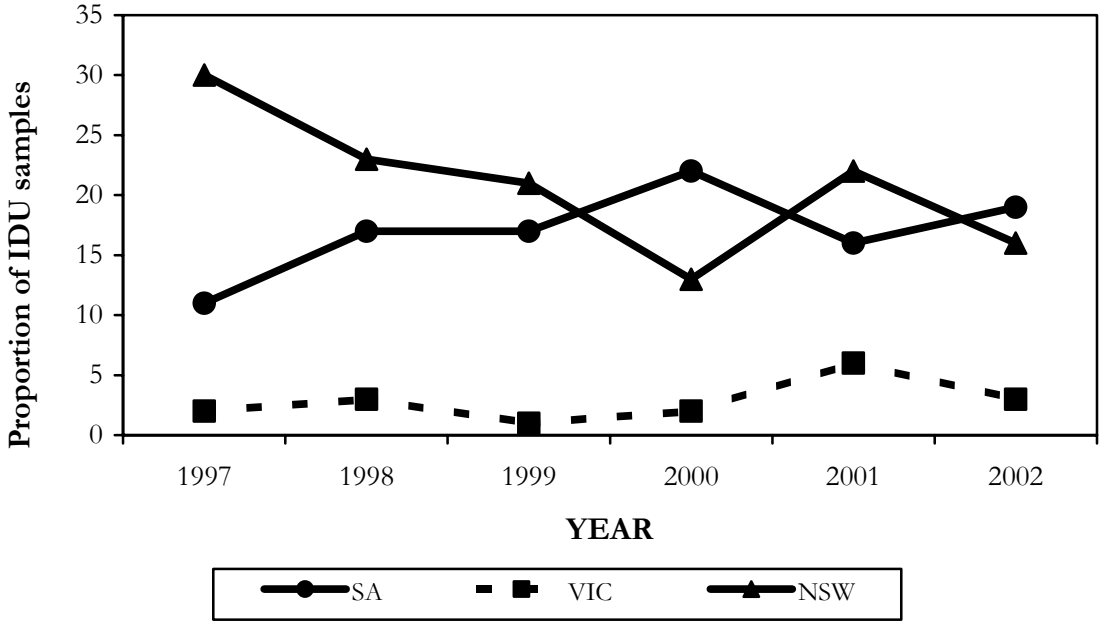
Source: IDRS IDU interviews

In the NT, the other jurisdiction in which heroin has not been traditionally freely available, the proportion of IDU that reported the recent injection of methadone has gradually increased from 19% in 2000 to 30% in 2002. Methadone injection is also an issue in the ACT, with a gradual increase in the proportion reporting methadone injection in the six months preceding interview, from 19% in 2000 to 29% in 2002.

Figure 36 indicates decreases or stabilisation in 2002 in the proportion of IDU that injected methadone in most jurisdictions. Between 2000 and 2001 there were substantial increases in the proportion of IDU reporting recent injection of methadone in NSW, WA and the ACT, and decreases in SA and QLD. In SA and QLD in 2002 there were slight increases in the proportion reporting methadone injection but it has not returned to levels reported in 2000, particularly in QLD.

In 2002, in NSW and WA the proportion of IDU reporting recent methadone injection decreased from 2001, but remains higher than the 2000 level. Some IDU and KIS in NSW suggested that the increase in methadone injection in 2001 was related to the reduced availability of heroin. VIC also recorded a slight increase between 2000 and 2001 in the proportion reporting recent methadone injection, returning in 2002 to the 2000 level. Methadone injecting in VIC among IDRS IDU has consistently been lower and more stable than in other jurisdictions (Figure 36).

Figure 36: Methadone injection among IDRS IDU samples in preceding six months in NSW, VIC and SA, 1997-2002

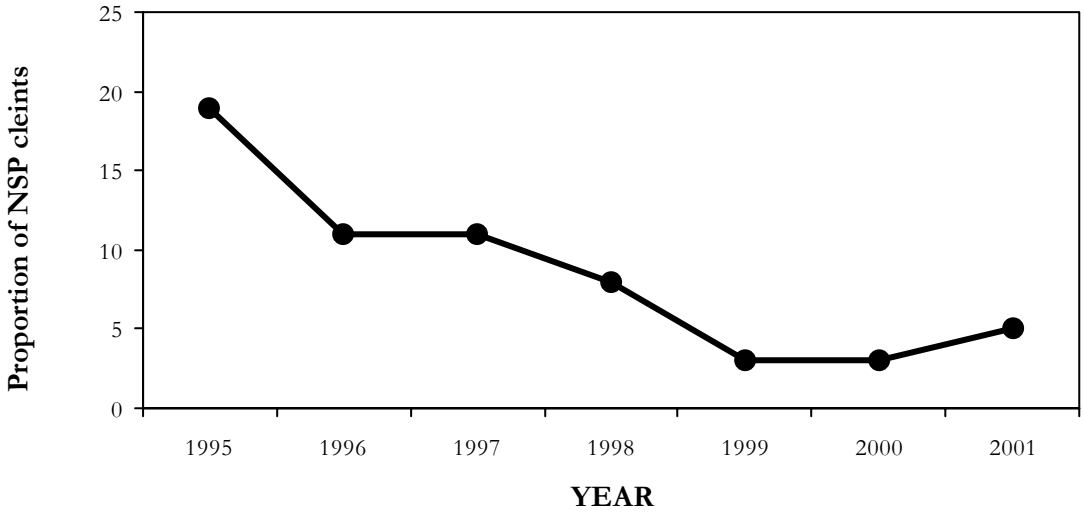


Source: IDRS IDU interviews

Despite the high rates of methadone injection in TAS, the Annual NSP Surveys (NCHECR, 2002) have shown that, overall, methadone injection decreased markedly between 1995 and 2000 among clients of NSPs throughout Australia, from 19% to 3% with a slight increase to 5% reported in 2001 (Figure 37). The decrease between 1995 to 2000 can be attributed mainly to decreases in the rates in NSW. The increase reported in the 2001 Annual NSP survey was expected as there was an increase recorded by the IDRS in methadone injecting in NSW in 2001 (Topp et al 2002) and there has been a high concordance between the IDRS and the Annual NSP Surveys in the past (MacDonald et al, 2001, MacDonald et al, 2002). The TAS rates

reported in the NSP survey have been consistently higher than the overall national figures with 28% reporting methadone as the last drug injected in 2001, although it should be noted that the TAS sample size is relaitvely small (n<30 since 1999).

Figure 37: Last injection reported as methadone among clients of NSPs, Australia, 1995-2001



Source: Australian NSP Survey, NCHECR

8.1.2 Jurisdictional trends in methadone use

8.1.2.1 NSW

Of the 43% of IDU who had used methadone in the preceding six months, 10% had not been registered in methadone maintenance treatment during this period. In 2001, 23% of methadone users were not in treatment, indicating that there was substantially more methadone being diverted to untreated users in 2001, which is consistent with the reduced availability of heroin at that time.

Overall, 20% of IDU (47% of methadone users) reported the use of illicit methadone in the preceding six months (25% reported illicit use in 2001), 11% of whom were engaged in methadone treatment during this period. This finding is indicative that diversion of prescribed methadone to both treated and untreated heroin users continues to occur. Eleven percent of IDU (25% of methadone users) stated that methadone from illicit sources was primarily used in the preceding six months. Methadone syrup continued to be the predominant form used, with only 3% of IDU (6% of methadone users) reporting use of physeptone tablets, all of which were obtained illicitly in the preceding six months.

Sixteen percent of IDU had injected methadone in the last six months, a slight decrease from 22% in 2001, and a continuation of the decrease from a high of 31% in 1997. The slight decrease from 2001 is consistent with the finding of increased heroin injection among this sentinel group, and suggests that IDU may be returning from illicit methadone to heroin injection with the slight increase in heroin availability. Of those injecting methadone, over half (56%) reported being in current methadone maintenance treatment, a third (36%) reported receiving no treatment, and the remaining 8% were in other forms of treatment.

IDU data indicate a slight decrease in numbers injecting methadone, a decrease in the numbers reporting illicit use and a decline in the diversion of methadone to untreated heroin users. However, diversion of methadone to both treated and untreated heroin user continues to occur.

8.1.2.2 ACT

The use of diverted methadone was widespread among ACT injecting drug users, with 64 per cent of the sample having used methadone in the previous six months and almost three in ten (29%) injecting methadone in the previous six months. Despite this, only 45 per cent of the sample indicated that they had been enrolled in the methadone program during that period. Of those who had used methadone in the previous six months, two in five (42%) indicated that they had bought diverted methadone at least once during that period.

8.12.3 VIC

The injection of methadone in VIC remained low, with 3% of the IDU sample reporting recent methadone injection. Licit methadone syrup was used by 21% of respondents (n=33) and illicit methadone syrup by 8% of respondents (n=12) in the previous six months. None of the respondents used Physeptone tablets during that time.

8.1.2.4 TAS

Overall, patterns of use and availability of methadone seem to have generally remained stable since the 2000 IDRS, with 80% of the 2002 cohort reporting some use of methadone in the six months prior to interview (55 of these 80 individuals were enrolled in MMT). The median frequency of use of opioids in the preceding six months within the 2002 IDU sample did show a slight shift from 2001, with methadone use (amongst the 25 individuals who were not in MMT) increasing from 6 days in the 2001 sample to 24 in 2002. As the reported use of methadone (Physeptone®) tablets had also increased in 2002 (used by 56% of the sample, up from 42% in 2001 and 30% in 2000), the upward trend in frequency of methadone use is likely to reflect the increased availability and use of Physeptone® tablets rather than any substantial increase in the diversion of methadone syrup. In support of this, the majority of those accessing methadone by illicit means reported primarily using Physeptone tablets.

Virtually all of those using methadone tablets had accessed them from illicit sources in the six months prior to interview, indicating that access to these products is primarily not coming via doctor shopping from the users themselves.

8.1.2.5 SA

In SA, 36 (36%) IDU reported using methadone in the previous six months, with 19% having injected it during this time. This is similar to that reported in previous IDRS surveys (16% in 2001 and 22% in 2000). There were no IDU in 2002 reporting that methadone was the last drug they had injected. A very small percentage reported last injecting methadone in 2001 (4%).

Recent use was mainly licit, in syrup form (61%), with 44% having used illicitly. Physeptone tablets were only used illicitly, with 17% reporting use in the previous six months. The mean number of days that methadone was used in the previous six months was 100 (range: 1-180 days). Although there was some evidence of illicit use of methadone, licit forms were most often used in the previous six months, by 61% of IDU. Methadone syrup obtained illicitly was the form most often used by 36%, and physeptone tablets used illicitly by 3%.

8.1.2.6 WA

In WA, the proportion of IDU that reported recent methadone use remained the same as 2001 (29%). Licit methadone remained the most commonly identified form of methadone used. Substantial proportions reported illicit methadone (16%) and illicit Physeptone (11%) use. There was no difference between 2001(13%) and 2002 (15%) in the proportion of IDU that reported injecting methadone in the six months preceding interview.

8.1.2.7 NT

During the period that the IDRS IDU component has been conducted in the NT, methadone was available as a treatment for withdrawal, but not for maintenance. Prevalence of methadone use in the NT has remained steady during the past two years of the IDU survey, following an increase since 2000 (used by 23% in 2000; 36% in 2001; 37% in 2002), though frequency of use was low. A higher proportion of IDU in the 2002 sample were using physeptone tablets, both licitly obtained and diverted, though the majority were diverted.

8.1.2.8 QLD

There was some evidence in 2002 of an increase in the use of methadone, with 51% of IDU (compared to 38% in 2001) reporting having used methadone in the last six months. However given that the IDU sample in 2002 was somewhat older and included more heroin users than the sample in 2001, and contained more persons in treatment, this is not surprising. Of concern, 4% of IDU in 2002 reported that methadone was the drug they had injected most in the last month (compared to 3% in 2001), and 6% of IDU in 2002 reported methadone as the last drug injected (compared to 3% in 2001).

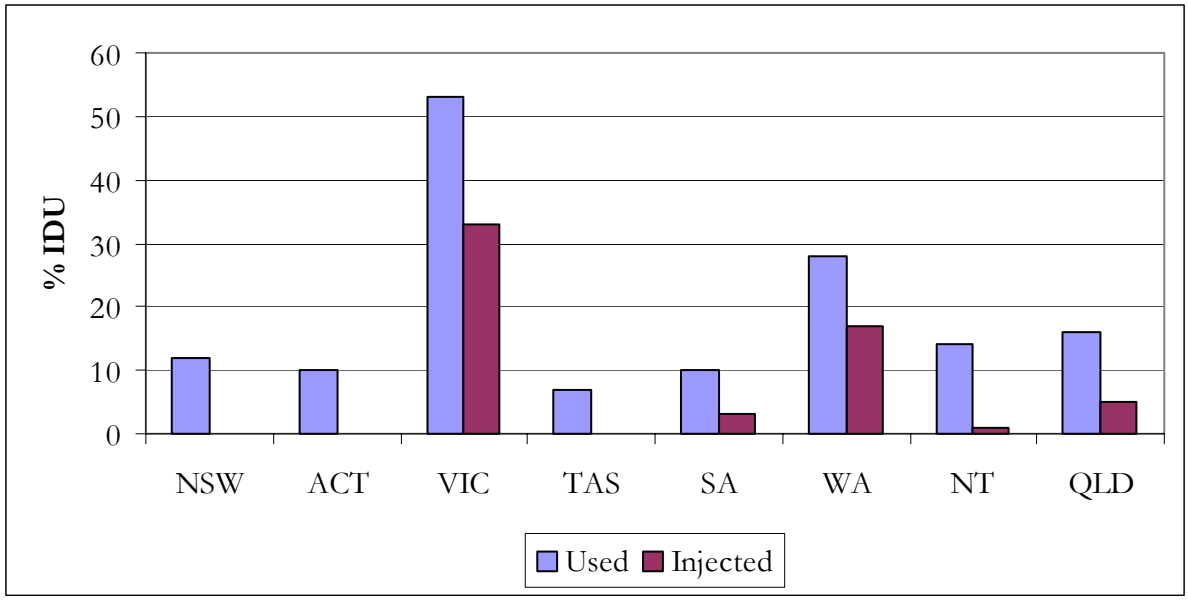
As in 2001, more IDU in 2002 reported using methadone syrup than Physeptone® tablets. Among those who used syrup in the last six months, licit use was more common than illicit use (36% vs. 24%), whereas among Physeptone® users the reverse was true: Illicit use was more common than licit use (12% vs. 8%). This pattern is again consistent with IDU reports from 2001, although in 2002 a larger proportion of methadone users reported illicit use of both syrup (24% vs. 14%) and Physeptone® tablets (12% vs. 6%) in the last six months.

8.2 Buprenorphine

The 2002 IDU survey found that there is variation between jurisdictions in the proportion of IDU that reported recent use of buprenorphine. VIC had the highest proportion that had used buprenorphine (53%) and TAS the lowest (7%) (Figure 38).

There was jurisdictional variation in the proportion of IDU that reported buprenorphine injection reflecting the level of buprenorphine use, with substantial proportions in VIC (33%) and WA (17%), reported having recently injected buprenorphine. As buprenorphine is designed to be taken sublingually, the injection of such a preparation is an issue of concern due to the potential for vascular damage.

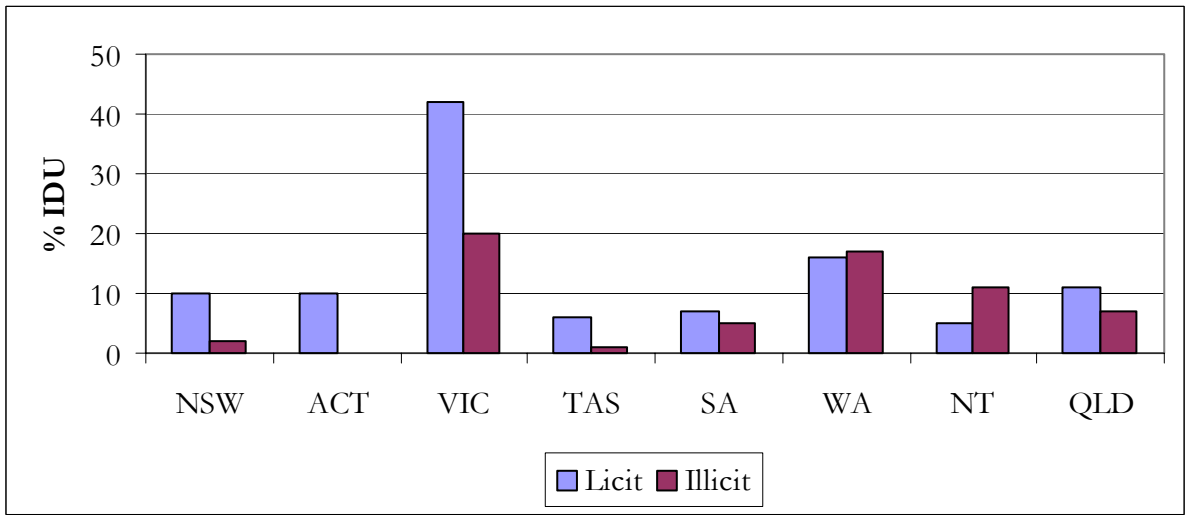
Figure 38: Proportion of IDU that reported recent use and injection of buprenorphine, by jurisdiction, 2002



Source: IDRS IDU interviews

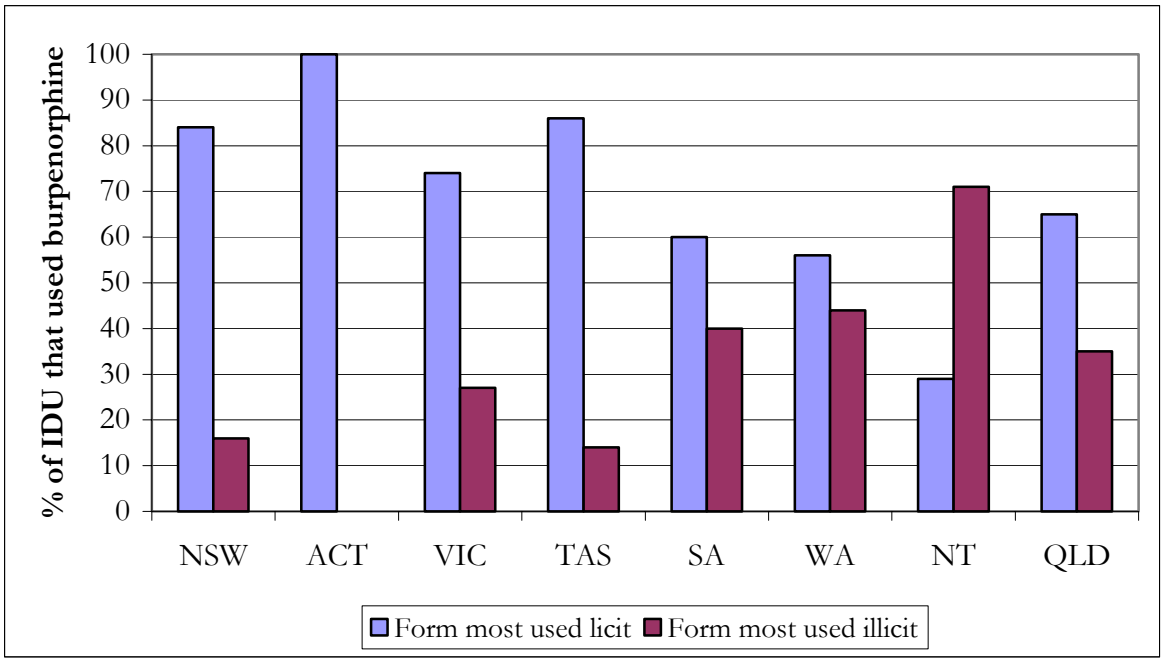
As with methadone, the majority of buprenorphine use was licit. Higher proportions in most jurisdictions, except WA and the NT, reported that they had used licit buprenorphine (i.e. from a script in their own name) as opposed to illicit buprenorphine (i.e. from a script in someone else's name). However, diversion does appear to be an issue in some jurisdictions with 20% in VIC and 17% in WA reporting recent illicit buprenorphine use. IDU were also asked whether they had used licit or illicit buprenorphine most often in the preceding six months. In all jurisdictions but the NT the majority had used licit buprenorphine. The issue of buprenorphine diversion and injection requires further investigation. The 2002 IDRS data does not give any indication of the frequency of buprenorphine injection among those that reported injecting.

Figure 39: Proportion of IDU that report recent licit and illicit use of buprenorphine, by jurisdiction, 2002



Source: IDRS IDU interviews

Figure 40: Form most used of buprenorphine among those that reported recent buprenorphine use, by jurisdiction, 2002



Source: IDRS IDU interviews

8.2.1 Jurisdictional trends in buprenorphine use

8.2.1.1 NSW

Only 3% of IDU had used buprenorphine illicitly in the preceding six months, none of whom reported receiving buprenorphine treatment during this period. Only 1 IDU in NSW had ever injected buprenorphine, and there was no recent intravenous use reported. These findings indicate that there is currently very little diversion of buprenorphine occurring among this group.

8.2.1.2 ACT

The National Pharmacotherapy data shows that there were 36 clients in the ACT who were undertaking buprenorphine treatment on the 30th June 2002 (Commonwealth Department of Health and Ageing, 2002). Only 13 per cent (n=13) of the IDU sample reported that they had ever used buprenorphine (with 10 respondents having used it in the previous six months). All respondents who had ever used buprenorphine reported that they had only ever swallowed it, and of those who had used it in the previous six months, all reported that they had used licitly obtained buprenorphine

8.2.1.3 VIC

Over half of the IDU sample (53%) had used buprenorphine in the last six months. A surprising 33% had injected buprenorphine in the last six months. Of the IDU surveyed, 42% had used prescribed buprenorphine in the last 6 months and 20% had used buprenorphine obtained illicitly. In terms of the form used most often, over one quarter (26%) of respondents had mostly obtained buprenorphine illicitly.

Key informants in VIC reported that the introduction and uptake of buprenorphine has made a substantial difference to the injecting drug use scene. Benefits identified by key informants are that many clients reported that they would not have entered the methadone program, clients perceive that buprenorphine is particularly good for withdrawal therapy, that users report being

satisfied with the additional choice that the availability of buprenorphine supplies, that clients like that they do not have to pick up doses every day and that buprenorphine does not make them feel drowsy and dopey like methadone and they report fewer side effects than methadone. There were also problems identified including the injecting of buprenorphine and some associated diversion. Buprenorphine is not designed to be injected and can result in substantial negative health consequences such as vein damage and infections.

8.2.1.4 TAS

In the Tasmanian cohort of IDU, only 8 reported ever using buprenorphine, with 7 using the drug in the preceding six months, and all of these only ever reporting swallowing the drug. Buprenorphine appears to have made little impact on the illicit opioid market in Tasmania, with only one individual participating in the 2002 survey reporting illicit use of the drug (and using it only once). The other 6 IDU reporting recent use of the drug had been receiving buprenorphine as a maintenance treatment in this time.

8.2.1.5 SA

In the 2002 IDRS, 18% of IDU reported having used buprenorphine, and 10% had used in the previous six months. Only 6% reported ever having injected buprenorphine, and 3% had injected in the previous six months (30% of those who had used it in that time). The majority had swallowed it (90% of those who had used it in the previous six months). The median number of days used was 33 (range 2-120 days). Of those who had used buprenorphine in the previous six months, 70% had used it licitly, and 50% illicitly. However, the majority (60%) reported that they had *mainly* used it licitly.

8.2.1.6 WA

In 2002 about a third (28%) of the WA IDU reported recent use of buprenorphine. The majority reported oral administration however 17% reported injecting. Roughly equal numbers reported licit and illicit buprenorphine as the form most often used, with 15 IDU reporting licit as the primary form used and 12 IDU reporting illicit.

8.2.1.7 NT

Buprenorphine was introduced to the NT for withdrawal treatment in July 2001. Of the 14% of IDU respondents who reported using buprenorphine in the preceding six months, two thirds had used it illicitly. Only one person had injected buprenorphine and frequency of use was low.

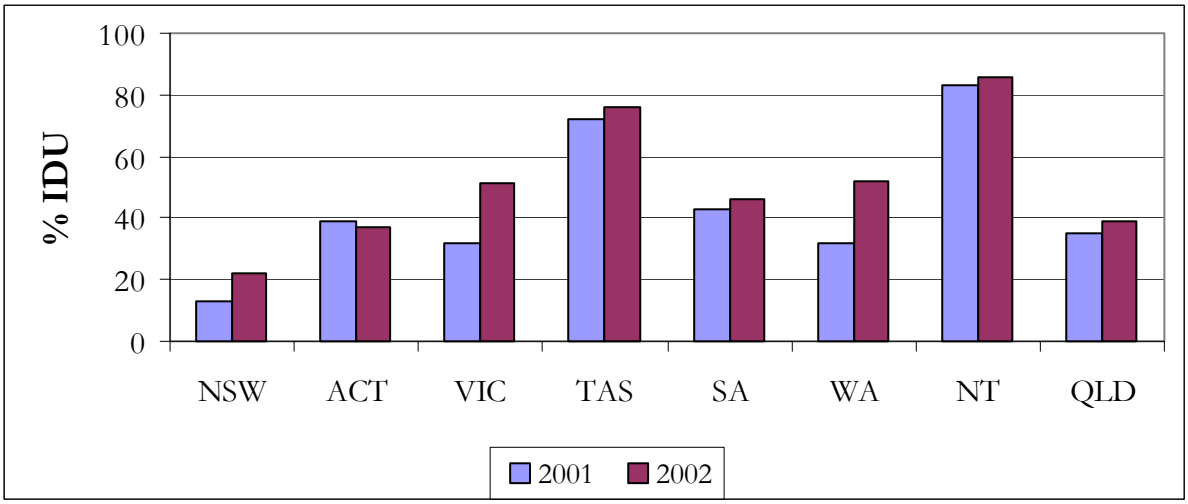
8.2.1.8 QLD

Fifteen percent of IDU in 2002 reported having used buprenorphine in the last six months, with 5% having injected at least once. Thirteen percent of IDU reported swallowing buprenorphine in the last six months, however it is unclear from this data whether their use was licit or illicit. Eleven percent of IDU in 2002 had used buprenorphine licitly in the last six months, while 6% reported illicit use. One third of those who had used buprenorphine in the last six months reported that they mostly used the drug illicitly.

8.3 Morphine

Consistent with reports in previous years of the IDRS, the use of morphine was primarily an issue in the NT and, to a lesser extent, in TAS. In these jurisdictions heroin has traditionally not been freely available and methadone and morphine have dominated the markets. However in 2002 there have been increases in the proportion of IDU that reported the recent use of morphine in NSW, VIC, SA, WA and QLD (Figure 41).

Figure 41: Proportion of IDU that reported recent use of morphine, by jurisdiction, 2001-2002

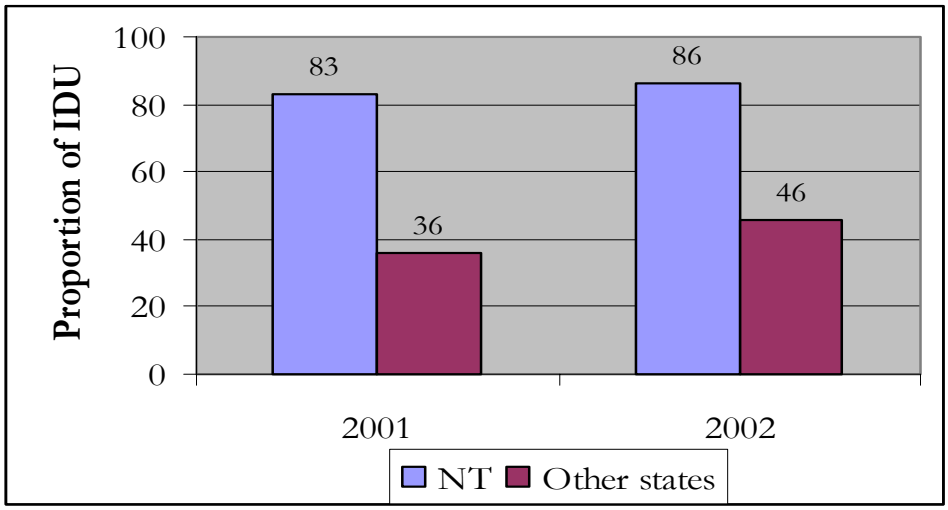


Source: IDRS IDU interviews

As in 2001, in the NT in 2002, the largest proportion of IDU reported that heroin was the preferred opioid (46%), but morphine was reported to be the last drug injected by 69%of IDU and the drug most often injected (74%)(Table 10). Relative to other jurisdictions, there was a significantly higher proportion (45% national compared to 86% in the NT; $\chi^2_1=63.8$, $p<0.001$) and frequency of recent morphine use among IDU in the NT (10 days in the national compared to 180 in the NT; $U=4633.5$, $p<0.001$) (Figure 41 and 42).

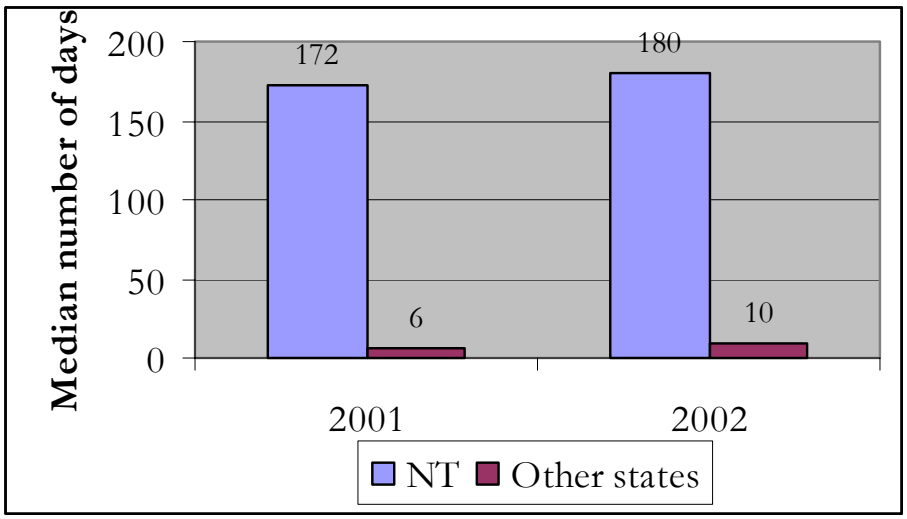
Comments from key informants in the NT reflected the IDU reports that overall availability of morphine is 'easy', but with ongoing temporary fluctuations influenced by the prescribing behaviour of individual doctors, and by seasonal fluctuations with new people coming to the NT from interstate. The general impression was that morphine had very recently become more difficult to access. Reports from IDU and key informants whose clients were mainly morphine users also indicated high levels of poly-drug use. KI all reported that most morphine users use cannabis. In addition, with the perceived recent difficulty in accessing morphine, KI reported that morphine users were increasingly substituting methadone, heroin, speed or benzodiazepines.

Figure 42: Prevalence of recent morphine use among IDU in the NT and other jurisdictions, 2001-2002



Source: IDRS IDU interviews

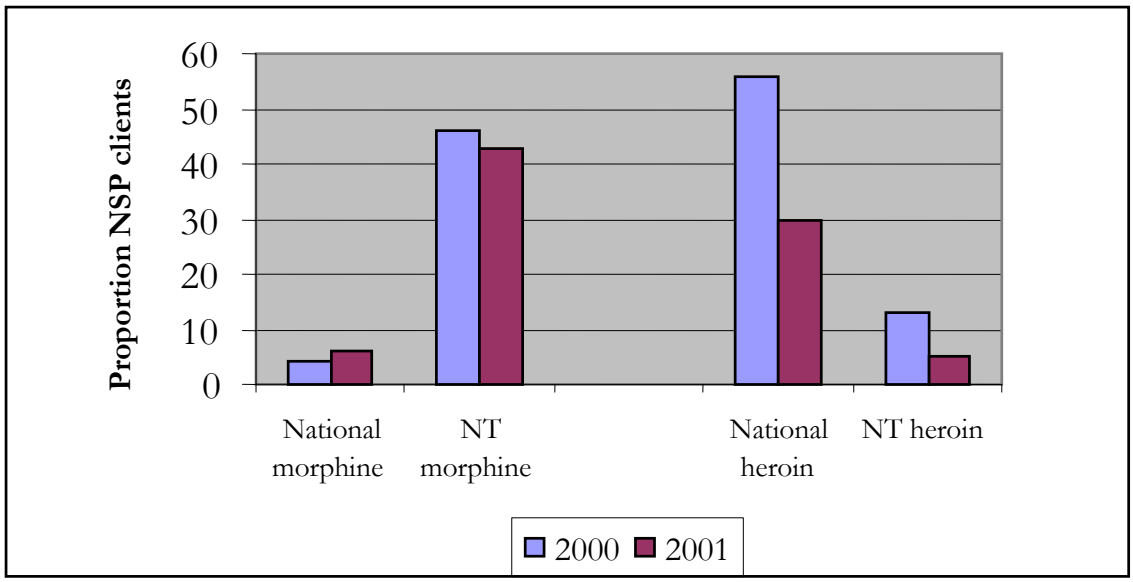
Figure 43: Frequency of recent morphine use among IDU in the NT and other jurisdictions, 2001 -2001



Source: IDRS IDU interviews

A higher prevalence of morphine injection among IDU in the NT compared to those in other jurisdictions has also been documented by the Annual NSP Surveys (NCHECR, 2002). Figure 44 depicts the proportion of NSP clients surveyed that report morphine and heroin as the last drug injected in the NT and other jurisdictions in 2000 and 2001, the most recent NSP Survey results available. The figure shows that morphine is the most commonly injected opioid in that jurisdiction, but is much less commonly injected in other jurisdictions. The figure also reflects the decrease in the reporting of heroin in 2001, an indicator of the reduced availability.

Figure 44: Proportion of NSP clients in the NT and the national sample that reported heroin and morphine as the last drug injected in the Australia NSP Survey, 2001-2002



Source: Australian NSP survey, 2001 (NCHECR, 2002)

8.3 Jurisdictional trends in morphine use

8.3.1 NSW

Twenty-two percent of IDU reported using morphine in the preceding six months, 18% of whom had injected it. These figures represent an increase from the 2001 IDRS in which 13% reported recent use and 12%, recent injection. Morphine was predominantly obtained from illicit sources, with 80% of morphine users reporting having done so and only 17% reporting licit obtainment in the past six months. Among morphine users, the most common type used was MS Contin (26%) followed by Kapanol (15%). Frequency of morphine use has remained relatively stable with the median number of days used in the past six months being 5 (median days used in 2001 was 4).

8.3.2 ACT

More than four in five (83%) IDU had used morphine at least once, and more than three-quarters (78%) had ever injected it (both significant increases from the previous year, $p<.05$). In the previous six months one-third (34%) had injected morphine, and one in five (20%) had swallowed it. Among the IDU who had used morphine in the previous six months (n=37), the mean number of days use was 14 (median four).

Of those who had used morphine in the previous six months (n=37), the majority (97.2%, n=35) had used illicitly obtained morphine at least once during that period, and 94.4 per cent (n=32) reported that they had mainly used illicitly obtained morphine during that period. Two-thirds (67.6%, n=25) of recent morphine users nominated MS Contin® as the brand that they had mainly used during the last six months.

8.3.3 VIC

Due to the consistent increase in morphine use being reported over the past IDRS studies, separate questions were included for morphine and other opiates in the 2001 and 2002 IDRS surveys. Three quarters (75%) of IDU surveyed reported lifetime use of morphine and half (51%) had used it in the last six months. It is apparent that the preferred method of use of morphine is injecting with 71% reporting lifetime injection and 47% having injected it in the last six months. In comparison with 2001 data, there has been an overall increase of 19% (32% in 2001 to 51% in 2002) in the number of people who have used morphine in the last six months. Frequency of morphine use was low (median 10 days) in 2002, but had doubled from the previous year (Fry & Miller, 2002).

Forty key informants reported that their client base used other opiates such as morphine (and in particular MS contin® and Capanol®). Key informants reported that between 5% and 70% of their client base regularly used morphine, however the most common estimate of morphine use (n=11) was 10-15%. Most key informants report substantial increases in the use of morphine in the past twelve months, continuing the trend observed in the previous IDRS. Each tablet sells for around $50. Some key informants reported that changes in the legislation relating to the availability of temazepam have resulted in clients moving to morphine. A number of key informants (n=5) reported that the administration of morphine is a cause for concern because users do not know how to filter properly and do not have access to adequate filtering systems. However, it was reported that the injection of morphine does not generally result in as much vein damage as some benzodiazepines.

8.3.4 TAS

Use of morphine within Tasmanian IDU cohorts remained high in the 2002 study, with 76% of the IDU sample reporting use of morphine in the six months prior to interview, similar to the 72% of participants in 2001. However, reported frequency of use of morphine had decreased among the 2002 IDU cohort in comparison to the previous year (dropping from 31 days in 2001 to 24 days in the current cohort), matched by an increase in frequency of use of methadone, predominantly Physeptone® tablets.

MS Contin® remains the most commonly used formulation of morphine, with modal prices for the most common purchase amounts remaining stable since the 2001 survey ($50 per 60 mg tablet and $80 per 100 mg). However, reported use of Ordine, a liquid preparation of the drug, has steadily been increasing over the past three years. Virtually all of those using morphine had accessed the drug solely from illicit sources in the six months prior to interview, indicating that access to these products is primarily not coming via doctor shopping from the users themselves.

8.3.5 SA

In 2002, almost half (46%) of IDU reported recent morphine use. This is similar to the 2001 IDRS, where 43% of the sample had recently used morphine, but is significantly higher than in the 2000 survey, where only 12% of the sample reported that morphine was the main type of other opiate they had used in the previous six months.

The majority of IDU in the 2002 survey who used morphine had injected it (96%), and 48% had swallowed it. No IDU reported either smoking or snorting. Morphine was also the last drug injected by 14% of the total sample (and by 30.4% of those who had used it in the previous six months), preceded only by heroin and methamphetamine. This trend was also observed in the 2001 IDRS, where morphine was the last drug injected by 11% of the total sample. In

comparison, only 3% of IDU in the 2000 IDRS had last injected other opiates, preceded by heroin, the amphetamines and methadone. This difference was statistically significant.

8.3.6 WA

Half (52%) of the 2002 IDU sample in WA reported recent use of morphine, an increase from 31% in 2001. The majority of those reporting recent use had injected it and the majority also reported the morphine they used was from illicit sources. IDU reported using morphine on an average of 33 days in 2002. The frequency of morphine use was 15 days in 2001. MS Contin was overwhelmingly the most common brand used, reflecting KI reports of the brand of morphine used. Only 8% reported morphine as their drug of choice

8.3.7 NT

Morphine (most frequently 100mg MS Contin) was the most commonly injected drug among the IDU sample, (used by 74% in 2000, 84% in 2001; 86% in 2002) and high rates of morphine use were confirmed by key informants and other data. During the three years of the IDU survey increasing proportions of respondents named morphine as the drug most frequently injected (53% in 2000; 65% in 2001; 74% in 2002), with high rates of injection. In 2002, 9 out of 10 of those using morphine used it at least daily, most 2-3 times a day. Overall, access to morphine remained 'easy', but with temporary fluctuations; a third of users alternated between obtaining their supply from doctors or illicitly. Morphine users also used a wide range of other drugs. Key informants reported use of methamphetamine, benzodiazepines and more recently methadone, when morphine became scarce. The median price of morphine remained stable at $50 for 100mg of MS Contin, with fluctuations depending on availability.

8.3.8 QLD

From 2001 to 2002, there was a considerable increase in the proportion of IDU reporting morphine as the drug most often injected in the last month, and there was a significant increase in the proportion of IDU reporting morphine as the drug last injected. There were also increases in the proportion that reported recent morphine use. Among those who had used morphine in the last six months, IDU in 2002 reported using more often than those in 2001. This trend was echoed by 10 key informants, three of whom explained that IDU were moving to morphine due to poor quality and limited availability of heroin. The 2002 IDRS identified an increase in the use and injection of morphine among IDU, with MS Contin® being the favoured brand.

8.4 Homebake

'Homebake' is a term used to describe the end product of an illicit drug manufacturing process, usually within domestic kitchens, using codeine-based pharmaceuticals to make heroin and/or morphine. The manufacturing process involves the initial extraction of codeine from these pharmaceuticals, which produces a crystalline powder that is subsequently converted to morphine. Further processing turns the morphine into heroin in the form of a dark paste that requires dilution to enable injection. Depending upon the skill of the 'cook' the end result is usually a combination of heroin, morphine and codeine, although varying amounts of hazardous chemicals used in the manufacturing process may also be present (Reynolds *et al.,* 1997).

Use of homebake appears to have been predominantly restricted to opioid users in WA. The reasons for this appear to be three-fold: demand for heroin during times of limited supply of powder heroin; geographical isolation; and historical and social factors, notably the community knowledge about homebake manufacture which was carried by immigrants from New Zealand in

the late 1980's (Reynolds *et al.,* 1997). A reduction in the reported use of homebake was noted in the mid 1990s as the availability of heroin increased in WA (Reynolds *et al.,* 1997).

In 2002, WA had the highest proportion of users reporting recent use of homebake with close to a third (30%) reporting use in the six months preceding interview. This was similar to the proportion reporting recent use in 2001 (34%). The frequency of use also remained stable, with homebake users in WA using an average of 19 days in 2002 compared to 22 days reported in 2001. All but one participant, who swallowed it, reported injecting homebake. Small proportions in the other jurisdictions reported use ranging from 3% in the NT to 11% in the ACT.

8.5 Other opioids

As in 2001, other opioids were asked about separately from morphine. Other opioids included codeine preparations, opium and pethidine. Twenty eight percent of the national sample reported recent use of other opioids, with 22% reporting that they had swallowed them and 8% reporting injecting them. Of those that used other opioids, 55% reported that they mainly used from licit sources with the remainder reporting illicit obtainment. The most commonly used other opioids were Panadeine Forte™ (50%), codeine 14%, opium 7% and pethidine 6%.

8.5.1 Jurisdictional trends in other opioid use

8.5.1.1 NSW

Twenty-three percent of IDU reported using other opioids such as Panadeine Forte™, pethidine etc in the preceding six months (compared with 13% in 2001), 6% of whom had injected them (2% reported intravenous use in 2001). The most commonly used opioid was Panadeine Forte™ (15%) followed by pethidine (4%).

8.5.1.2 ACT

Almost three in five (59%) IDU reported using other opioids at least once (a significant increase from the 31% reported the previous year), and more than one in five (23%) had ever injected them(compared to 11% the previous year). In the previous six months almost one-quarter of IDU had used other opioids, the most common preparation being Panadeine Forte ™ (53%, n=9).

8.5.1.3 VIC

Over one third (36%) of the IDU interviewed reported the use of other opioids in the preceding six months. The main type of other opioid used by these respondents was Panadeine Forte® (85%). Others reported Pethidine® (8%), Mersyndol Forte® (6%) and Codeine Phosphate® (2%) as the main type of other opioid used. The majority (74%) of respondents mostly used licit opioids in the last six months, with just over one quarter (26%) mostly obtaining them illicitly.

Sixty percent of the IDU sample reported lifetime use of other opioids, with 21% ever injecting them and 6% injecting them in the last six months. Lifetime use via oral routes of administration was reported by over half (55%) of the IDU interviewed and oral use in the last six months by one third (33%). Overall frequency of use during the last six months was low with a median of 12 days.

8.5.1.4 TAS

Continuing the trend seen in the 2001 IDRS, both use of preparations of alkaloid poppies and the number of poppy crop thefts remained low in 2002, marking a sustained reduction from levels seen in 2000. In 2002, only 14% of IDUs reported using some alkaloid poppy preparation, with 16,000 poppy capsules stolen, in comparison to the 34% reporting use and 62,500 capsules stolen in 2000.

8.5.1.5 SA

Fifty-three percent of IDU reported ever using other opioids, and 28% reported use in the previous six months. This is comparable with previous years, with 23% reporting recent use in the 2001 IDRS and 22.4% in 2000. However, the 2000 survey did not have morphine as a separate category. Excluding morphine, 15% of IDU in 2000 reported using other opioids in the previous six months. There has therefore been an increase in the use of other opioids in the 2002 and 2001 samples, although this was not statistically significant.

The majority of IDU who reported using other opioids in the previous six months used them orally (64%), while 46% said they had injected them. This is much higher than in the 2001 IDRS, where only 26% who had recently used other opioids had injected them. Only four IDU had recently smoked other opioids, and one reported snorting. The median number of days used in the previous six months was six (mean=11.5, range 1-48 days). No IDU reported daily use. The majority used less than once per week (86%), with the remaining 14.3% using at least once per week. Other opioids were used licitly by 36% of IDU who had used them in the previous six months, and illicitly by 85.7%. The majority (79%) reported that they had *mainly* used other opioids illicitly. This differs from the 2001 survey where the majority (65%) reported licit use.

8.5.1.6 WA

Half (49%) of IDU in WA reported recent use of other opioids (including codeine and opium), an increase of 10% from 2001. Higher frequencies of use were recorded in 2002 with a mean of 26 days of use reported in the last six months. The majority (71%) reported swallowing other opioids, and 40% had injected them. A wide variety of other opioids were mentioned, with prescription codeine being nominated by seventeen, and OTC codeine preparations by seven IDU.

8.5.1.7 NT

Use of other opioids (most frequently Panadeine Forte) was higher in the 2002 IDU sample than in previous years (2% in 2000; 7% in 2001; 24% in 2002). The majority reported obtaining other opioids licitly.

9.0 OTHER DRUGS

9.1 Ecstasy

Almost a third (29%) of the national IDU had used ecstasy in the six months preceding interview on a median of 4 days. The IDRS is not designed to monitor trends in ecstasy and other party drug use as the frequency and prevalence of use among IDU is low.

The use of ecstasy and other party drugs was monitored using a separate monitoring system in SA, QLD and NSW in 2000 and 2001, and in SA and NSW in 2002. The separate component was based on previous NDARC research into ecstasy use (Topp *et al.*, 1998; 1999) and the findings are reported elsewhere (Longo *et al.*, 2002; Topp *et al.,* 2002, Rose *et al* 2002).

9.2 Benzodiazepines

In recent years there has been growing concern among health professionals about the rising incidence of harm associated with the injection of benzodiazepines, particularly temazepam capsules. The injection of benzodiazepines is associated with high levels of injection related health problems including significant scarring, bruising of injection sites and difficulty injecting (indicative of vascular damage). Continued benzodiazepine injection can also lead to more serious health issues including gangrene and sometimes amputation.

Due to increasing concern over adverse health effects associated with the injection of temazepam capsules, the Australian Pharmaceutical Advisory Council recommended that the availability of capsules be restricted under the Pharmaceutical Benefits Scheme (PBS). The Pharmaceutical Benefits Advisory Committee accepted the recommendation and from May 1st 2002, temazepam 10mg capsules (Euhypnos, Nocturne, Normison, & Temaze) required an Authority prescription (i.e. prior approval from the Health Insurance Commission). Temazepam 10mg tablets remained an unrestricted PBS benefit and temazepam 20mg capsules remained available without authority as a non-PBS item (i.e. they can still be prescribed by any doctor and purchased without subsidy).

To further investigate benzodiazepine use among IDU and assess the impact of this restriction, an additional study occurred in NSW, NT, QLD, TAS and VIC. These jurisdictions were chosen as they had reported the highest levels of benzodiazepine injection in the 2001 IDRS (Topp et al 2002). The detailed results will be reported elsewhere (Breen et al, 2003).

As in previous years of the IDRS, in 2002 about two thirds (65%) of the national sample had used benzodiazepines on a median of 24 days in the six months preceding interview. Similar proportions reported recent swallowing (23%) and injecting (21%) benzodiazepines.

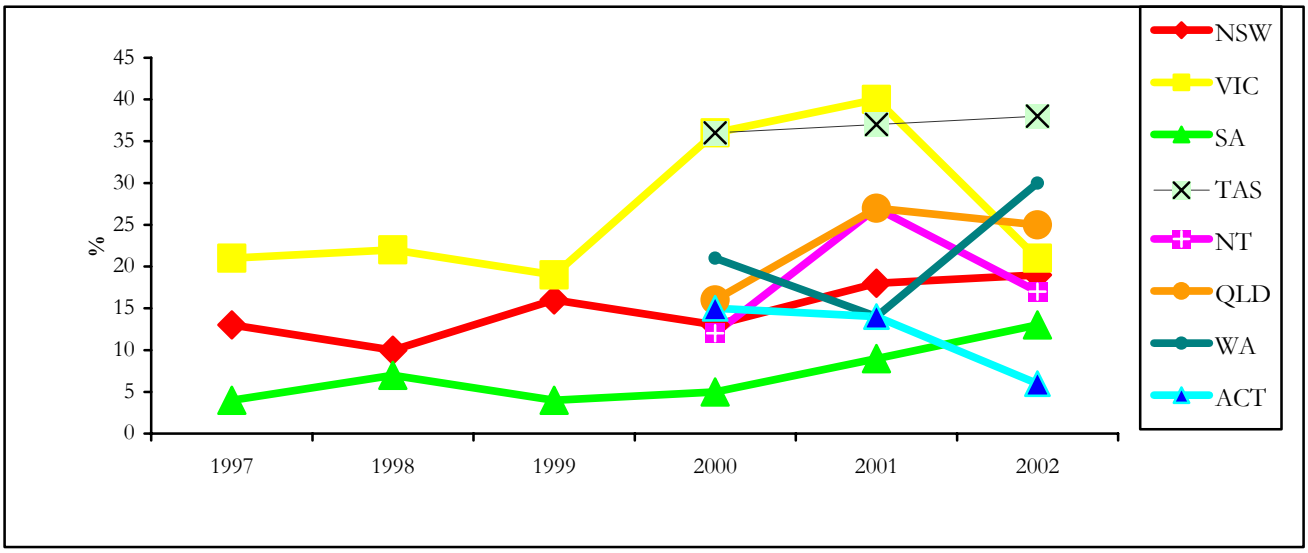
In 2002, TAS, WA and VIC had the highest proportion of IDU who reported having used benzodiazepines in the preceding six months, with variation reported between jurisdictions, ranging from 53% in NT to 83% in TAS (Table 38). Rates of recent injection also varied widely from 9% of IDU in SA to 38% in TAS. In VIC there was a marked decrease in the proportion that reported recent injection from 2001 to 2002, and in WA an increase reported.

Table 38: Proportion of IDU samples reporting benzodiazepine use and injection in preceding six months by jurisdiction, 2000-2002

	Used (%) 2000	Injected (%) 2000	Most common benzo type 2001	Used (%) 2001	Injected (%) 2001	Most common benzo type 2002	Used (%) 2002	Injected 2002 %
NSW	61	13	Diazepam	56	18	Diazepam	57	19
SA	65	5	Diazepam	57	9	Diazepam	57	13
VIC	74	36	Temazepam	78	40	Diazepam	73	21
QLD	60	16	-	64	27	Diazepam	56	25
WA	72	21	Diazepam	51	14	Diazepam	77	30
TAS	78	36	Diazepam	85	37	Diazepam	83	38
NT	29	12	Temazepam	53	27	Diazepam	53	17
ACT	77	15	Diazepam	66	14	Diazepam	62	6

Source: IDRS IDU interviews

Figure 46: Benzodiazepine injection in preceding six months by jurisdiction, 1997-2002



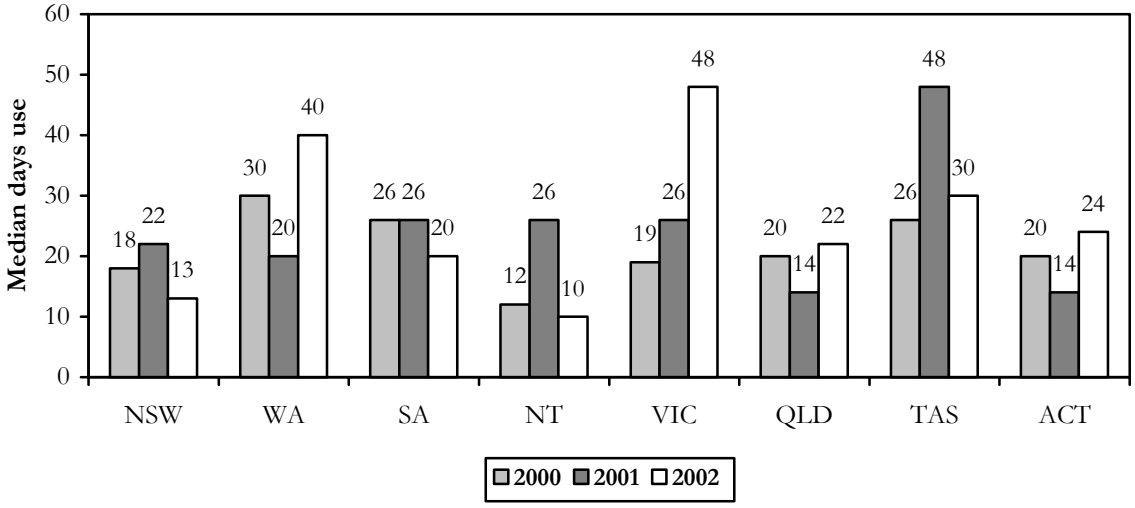
Source: IDRS IDU interviews

As can be seen in Figure 46, there has been a significant decrease in the proportion of IDU that reported injecting benzodiazepines in 2002 in VIC. There was a marked increase between 1999 and 2000 in the proportion of the VIC IDU sample that reported injecting in the preceding six months, from 19% to 36% stabilising at 40% in 2001 and then reducing to 21% in 2002. In contrast, over the years of the IDRS, the injection of benzodiazepines has remained lower and relatively stable in NSW and high and stable in TAS.

The relatively high rates of benzodiazepine injection in some Australian jurisdictions are cause for concern because, like the injection of methadone syrup, intravenous benzodiazepine use is associated with increased drug-related harm, including vascular damage, blood clots and increased risk of overdose (Darke, Ross & Hall, 1995; Ross, Darke & Hall, 1997).

There were also marked jurisdictional differences in average frequency of recent benzodiazepine use (Figure 47), ranging from just over once a month in the NT to two days per week in VIC. There were also differences in frequency of use within jurisdictions over time; increases in frequency of use between 2001 and 2002 were recorded in VIC, WA, QLD and the ACT while decreases were recorded in the other jurisdictions (Figure 47).

Figure 47: Median days benzodiazepine use among IDU that used benzodiazepines in preceding six months, by jurisdiction, 2000-2002



Source: IDRS IDU interviews

9.3 Antidepressants

The proportion of IDU that reported recent antidepressant use has remained relatively stable within jurisdictions since 2001. Decreases in prevalence between 2000 and 2001 were recorded in QLD, NSW and the ACT. There was also less jurisdictional variation in the use of anti-depressants among IDU than in the use of methadone and benzodiazepines. Rates of recent anti-depressant use ranged from 15% in the ACT to 33% in WA (Table 39). Very few IDU reported injecting antidepressants both ever (<5%) or in the last six months (<3%) across all jurisdictions.

Table 39: Proportion of IDU samples reporting anti-depressant in preceding six months by jurisdiction, 2000 -2002

	2000	2001	2002
NSW	17	10	16
VIC	27	28	31
SA	11	15	20
QLD	51	28	28
WA	32	28	33
TAS	22	25	28
NT	24	27	21
ACT	26	16	15

Source: IDRS IDU interviews

In summary, there was wide variation both between jurisdictions, and within jurisdictions over time, in the use and injection of other drugs such as methadone, other opioid preparations and benzodiazepines (Table 40).

Table 40: Patterns of other drug use* among IDU by jurisdiction, 2000-2002

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD	ALL
Methadone									
Injected (%)									
2000	13	19	3	74	22	8	19	32	22
2001	22	27	6	76	16	15	22	14	23
2002	16	29	3	76	19	13	30	19	
Morphine									
Used (%)									
2001	13	39	32	72	43	32	83	35	42
2002	22	37	51	76	46	52	86	39	50
Injected (%)									
2001	12	33	31	72	34	32	84	35	40
2002	18	34	47	73	44	49	85	32	46
Benzodiazepines									
Used (%)									
2000	61	67	74	81	65	72	29	80	63
2001	56	66	78	85	57	51	53	64	64
2002	57	62	73	83	57	77	53	56	65
Injected (%)									
2000	13	15	36	37	5	21	12	16	21
2001	18	14	40	37	9	14	27	27	24
2002	19	6	21	38	13	30	17	25	21
Buprenorphine									
Injected (%)									
2002	0	0	33	0	3	17	1	5	8
Homebake									
Used (%)									
2002	6	11	5	6	9	30	3	9	9
Injected (%)									
2002	6	9	4	5	8	30	3	7	8

* recent use – i.e. used in the last six months

9.4 Summary of other drug trends

- There are significant jurisdictional differences in the rates of recent injection of methadone.
- TAS recorded significantly higher rates of methadone use and injecting than other jurisdictions. The majority of methadone injected by IDU in TAS is in the form of Physeptone tablets or licit methadone syrup that has been prescribed to them. The majority of those accessing methadone by illicit means in TAS were primarily using Physeptone tablets
- VIC recorded significantly higher rates of buprenorphine injection than other jurisdictions.
- The NT recorded significantly higher rates of morphine activity than other jurisdictions.
- There was an increase in the proportion of IDU reporting morphine use in WA.
- Substantial proportions of IDU continued to use homebake in WA, however only small numbers in other jurisdictions reported recent use.
- Over half (53%-83%) of IDU in all jurisdictions reported recent use of benzodiazepines. Rates of recent benzodiazepine injection varied from 6% in the ACT to 38% in TAS.
- There were marked differences within jurisdictions in the rates of injection of preparations designed for oral administration, such as methadone and benzodiazepines
- Rates of recent anti-depressant use were less variable across jurisdictions, ranging from 15% in the ACT to 33% in WA, with limited numbers reporting injection in all jurisdictions.

10.0 DRUG-RELATED ISSUES

10.1 Injection-related issues

The sharing of injecting equipment remains an issue of concern with substantial minorities in every jurisdiction reporting sharing injecting equipment. Of the overall national IDU sample, 12% reported they had used a needle after someone else ('borrowed') and 16% reported someone had used a needle after them ('lent') in the month preceding interview. The highest rate of borrowing needles or syringes was recorded in WA (19%), followed by QLD (18%) and VIC (17%) (Table 41). The highest rates of lending used needles or syringes were recorded in QLD, VIC and WA. These same three jurisdictions also recorded the highest rates of lending in 2000 and 2001.

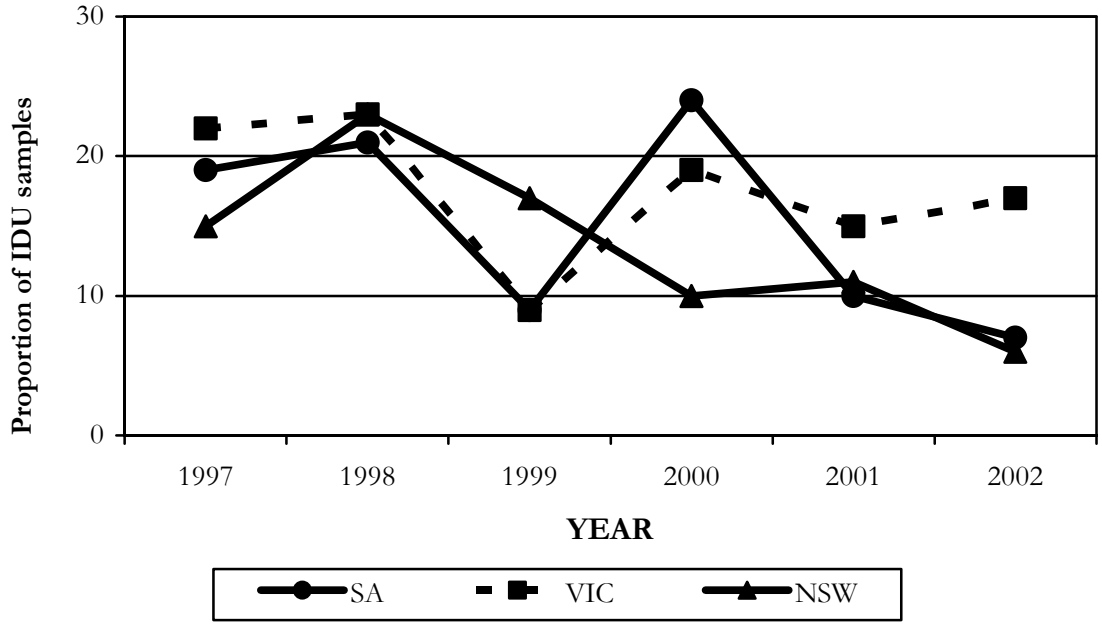
About two thirds (63%) of the national IDU sample reported that they had not shared any injecting equipment in the last month. Again there were jurisdictional differences with TAS having the largest proportion that reported not having shared any equipment (85%) and WA reporting the lowest (28%), with the majority of IDU in WA sharing spoons/mixing containers, filters and water in the month preceding interview.

Table 41: Injection-related issues in last month among IDU by jurisdiction, 2002

	Total sample N=929	NSW n=158	ACT n=100	VIC N=156	TAS n=100	SA n=100	WA n=100	NT n=111	QLD n=104
Needle sharing (%)									
Borrowed	12	6	12	17	10	7	19	6	18
Lent	16	17	16	22	1	5	19	9	34
Other injecting equipment sharing (%)									
Shared no equipment	63	62	72	51	85	72	28	78	61
Spoon/mixing container	31	37	25	43	1	21	69	15	33
Filter	17	17	9	16	1	13	58	10	18
Tourniquet	12	8	4	13	14	12	22	16	11
Water	20	23	11	23	1	11	66	7	19

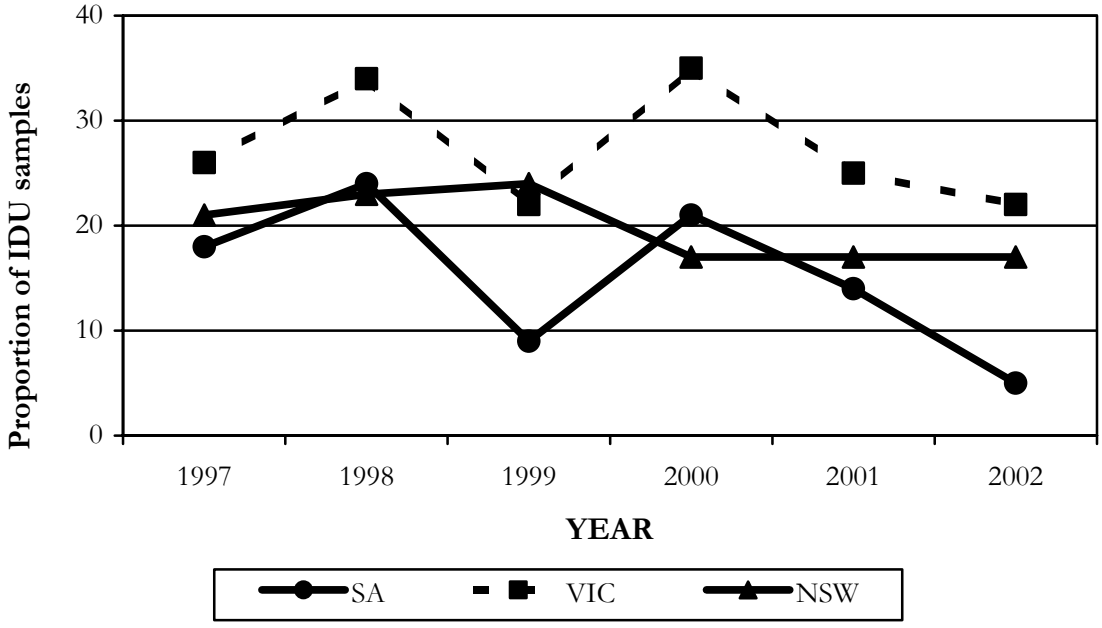
In SA, VIC and NSW, where comparable data has been collected since 1997, there is variation both across jurisdiction and within jurisdiction over time (Figures 44 and 45). In the last two years it appears that self-reported borrowing of needles or syringes among IDU has decreased in SA and NSW, while the levels of IDU reporting having lent used needles or syringes has decreased in SA and VIC, and stabilised in NSW. However it may be that the issue of used injecting equipment is one that is difficult to assess in a valid and reliable manner through self-report due to social desirability biases.

Figure 48: Self-reported borrowing of used needles and/or syringes in preceding month by IDU by jurisdiction, 1997-2002



Source: IDRS IDU interviews

Figure 49: Self-reported lending of used needles and/or syringes in preceding month by jurisdiction, 1997-2002



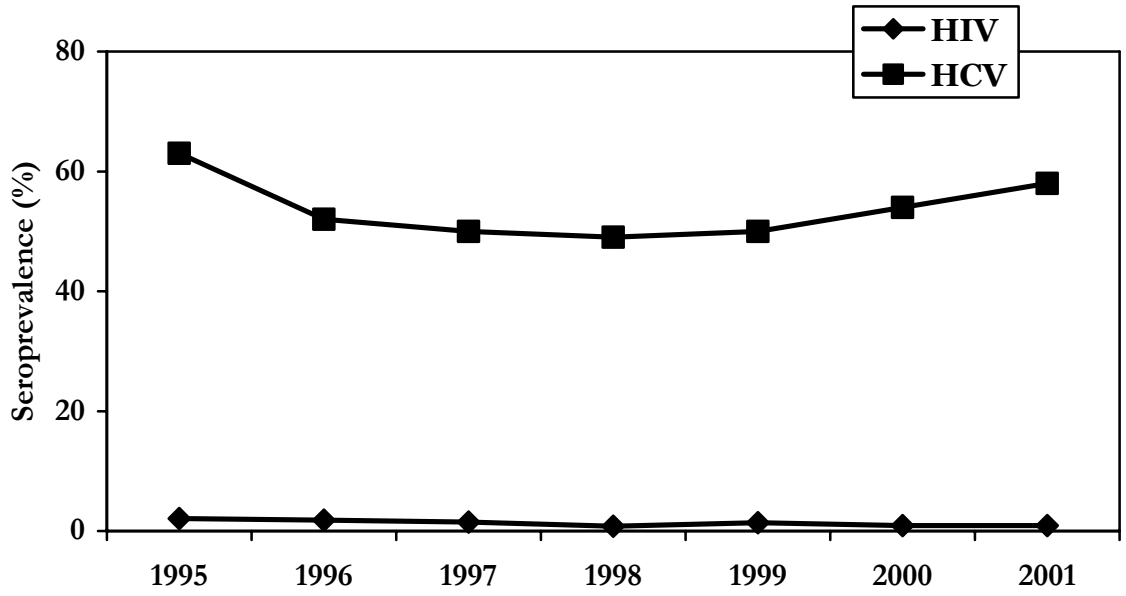
Source: IDRS IDU interviews

Over recent years the Annual NSP Survey has documented a general decrease in the sharing of needles and syringes, which has contributed to Australia's consistently low prevalence of HIV among IDU (HIV antibody seroprevalence decreased from 2.1% in 1995 to 0.9% in 2001) (NCHECR, 2002).

However, the high rates of sharing of other injecting equipment such as spoons, filters, water and tourniquets may explain, at least in part, Australia's consistently high prevalence of Hepatitis

C (HCV) among IDU, which decreased from 63% in 1995 to 49% in 1998 and then gradually increased to 58% in 2001 (NCHECR, 2002).

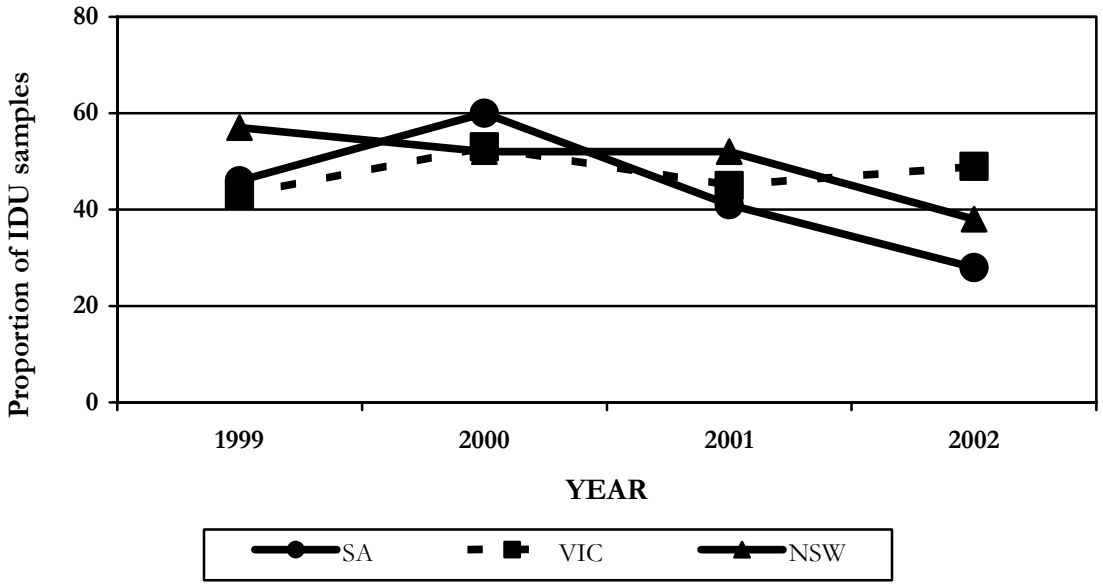
Figure 50: HIV and HCV seroprevalence among IDU recruited for the Australian NSP Survey, 1995-2001



Source: Australian NSP survey, NCHECR

Items relating to the sharing of injecting equipment other than needles and syringes were added to the IDRS IDU survey in 1999. Although there appears to be variability both within and between jurisdictions, in 2002 there were decreases in the proportion of IDU in both NSW and SA from 2001 that reported sharing injecting equipment including spoons, mixing containers, filters, tourniquets and water.

Figure 51: Self-reported sharing of used injecting equipment other than needles/syringes in preceding month by jurisdiction, 1999-2002



Source: IDRS IDU interviews

Table 42: Injection-related issues in last month among IDU by jurisdiction, 2002

	Total sample N=929	NSW n=158	ACT n=100	VIC n=156	TAS n=100	SA n=100	WA n=100	NT n=111	QLD n=104
Injection problems (%)									
Infection/abscess	10	13	4	10	8	2	9	12	15
'Dirty hit'	16	17	11	17	18	5	22	18	18
Scarring/bruising	48	48	49	48	53	32	55	44	52
Difficulty injecting	42	41	36	46	48	40	52	31	44
Thrombosis	9	6	6	21	5	12	5	5	11
Location of last injection (%)									
Home	70	50	62	65	80	82	75	92	68
Street/park	11	32	14	13	0	2	4	3	9
Car	8	3	9	9	5	11	12	4	11
Public toilet	8	3	12	12	12	4	8	2	10
Shooting room	<1	2	0	1	0	0	1	0	0

The majority (68%) of IDU in the national sample had experienced injection-related health problems in the month preceding the interview. Close to half (48%) of the national sample reported significant scarring/bruising, and 42% reported difficulty injecting (indicating poor vascular health). TAS recorded the lowest frequency of injecting in the month preceding the interview, with the majority of IDU (81%) reporting less than daily injection (Table 42), however TAS recorded the second highest rates (after WA) of both scarring/bruising and difficulty injecting. As has been suggested in previous years, the relatively high rates of these problems among TAS IDU may be related to the high proportion of the TAS sample that reported having recently injected pharmaceutical preparations that are not designed for injection.

The majority of IDU (70%) in the national sample reported that they had last injected at home, which is consistent with previous years. There were however, jurisdictional differences with regards to the location of the last injection. NSW reported the lowest proportion (50%) of IDU that injected at a private home (their own or someone else's), while close to two thirds in all other jurisdictions and 92% in the NT reporting they had last injected at home. Substantial proportions in all jurisdictions reported public injecting, including injecting in locations such as on the street, a park, a public toilet or a car. Rates of public injecting during the last injecting occasion ranged from 9% in the NT to 38% in NSW. In NSW 9% of the sample reported they had last injected at the Medically Supervised Injecting Centre. Very few IDU in any jurisdiction reported that they had last injected in a 'shooting room' (i.e., a commercial premises rented for a short time for the purpose of injecting).

10.2 Criminal activity

IDU were asked about the types of crime they had committed in the month preceding interview., and Table 43 shows self-reported criminal activity among IDU during this period, by jurisdiction. As in previous years, more than half (55%) of the overall national sample had engaged in at least one criminal activity in the preceding month, most often drug dealing (38%) and property crime (26%). Recent self reported crime rates were highest in WA (81%) and SA (63%), and were comparable elsewhere.

As in the previous two years, close to half (43%) of the overall national IDU sample had been arrested in the preceding twelve months, most often for property crime and drug dealing, reflecting the crimes most reported.

Table 43: Self-reported criminal activity among IDU in the month preceding the interview, by jurisdiction, 2002

	Total sample N=929	NSW n=158	ACT n=100	VIC N=156	TAS n=100	SA n=100	WA n=100	NT n=111	QLD n=104
Property crime (%)	26	31	17	39	28	16	31	14	24
Drug dealing (%)	38	32	24	41	34	34	70	32	40
Fraud (%)	10	11	4	14	2	5	21	13	10
Violent (%)	8	9	7	9	6	6	8	12	7
Any crime (%)	55	42	40	63	50	44	81	42	56
Arrested last 12 months (%)	43	41	40	59	41	39	38	22	58

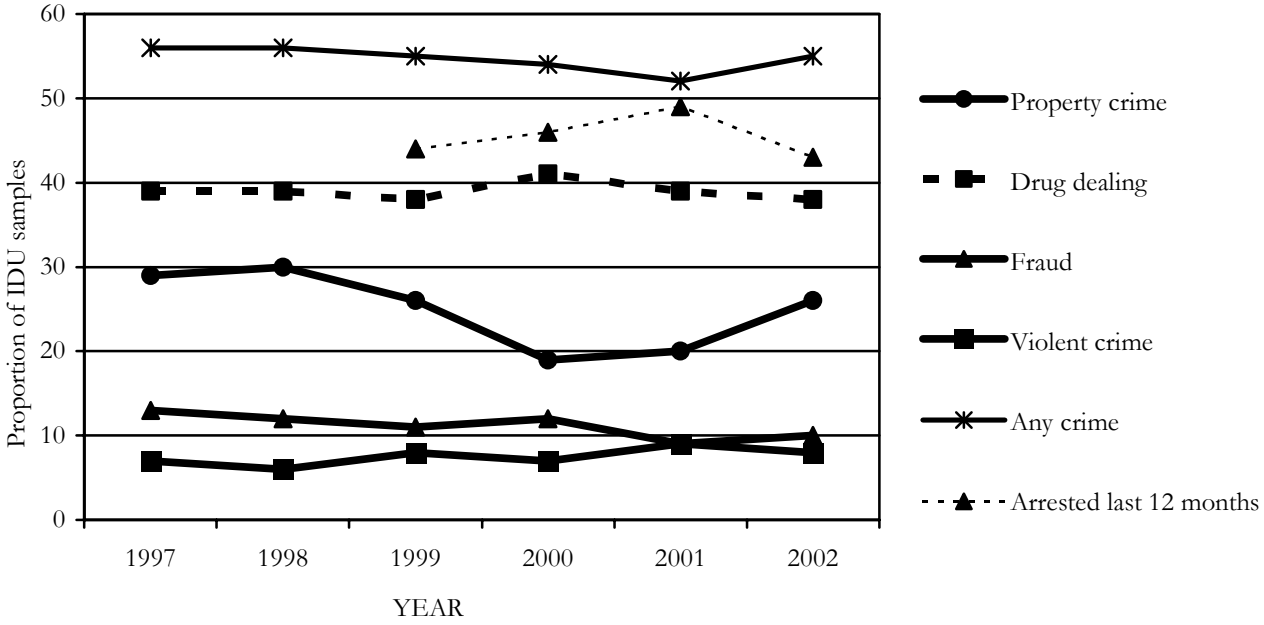
Source: IDRS IDU interviews

Table 44: Frequency of self-reported criminal activity among IDU in the month preceding the interview and type of arrest, by jurisdiction, 2002

	Total sample N=929	NSW n=158	ACT n=100	VIC n=156	TAS n=100	SA n=100	WA n=100	NT n=111	QLD n=104
Property crime (%)									
No property crime	74	69	83	61	72	85	69	86	76
Less than weekly	12	10	7	18	14	9	19	5	12
Weekly	5	5	2	9	10	2	6	2	3
More than weekly	6	8	8	8	1	3	6	3	6
Daily	4	9	0	4	3	1	0	5	4
Drug dealing (%)									
No drug dealing	62	68	77	59	66	66	30	69	61
Less than weekly	12	8	6	10	17	8	28	11	13
Weekly	7	6	4	10	5	11	7	9	5
More than weekly	10	8	5	12	7	9	18	8	15
Daily	8	11	8	9	5	5	16	4	7
Fraud (%)									
No fraud	90	89	96	86	98	95	79	87	90
Less than weekly	8	7	4	8	2	4	17	11	7
Weekly	2	2	0	4	0	0	2	2	1
More than weekly	1	2	0	2	0	0	2	0	0
Daily	<1	<1	0	<1	0	1	0	0	2
Violent crime (%)									
No violent crime	92	91	93	91	94	94	92	88	93
Less than weekly	6	7	6	7	6	3	6	9	5
Weekly	1	<1	0	<1	0	2	2	2	2
More than weekly	<1	1	1	1	0	1	0	0	0
Daily	<1	0	0	0	0	0	0	1	0
Arrested for (%):									
Property crime	17	11	14	32	25	12	14	5	16
Use/possession	11	6	4	15	8	5	15	5	28
Dealing/trafficking	3	5	0	6	1	1	3	1	2
Violent crime	8	8	7	8	14	12	2	5	9
Fraud	3	3	3	4	0	1	6	1	7

* percentages rounded to nearest whole number

Figure 52: Self-reported criminal activity among IDU in month preceding interview, 1997-2002



Source: IDRS IDU interviews

10.3 Drug Expenditure

There is a significant correlation between involvement in criminal activity and expenditure on illicit drugs on the day preceding interview (Spearman's r=0.153, p<.01). Over a third (39%) of the national sample reported they had not spent any money on illicit drugs on the day prior to interview. There was a wide range in the amount participants reported spending on illicit drugs the previous day ($2.80 - $1500) however, most spent between $50 and $199. Twenty eight percent of the overall IDU sample had spent $100 or more, and 13% had spent more than $200 (Table 45).

As in 2001, between a third and a half of IDU in all jurisdictions except NSW had spent nothing on illicit drugs on the day preceding the interview. NSW had the lowest proportion (18%) that reported not spending any money the day prior to interview and the highest median expenditure among IDU that had spent money ($150). The expenditure in NSW was significantly higher than the other states (median $150 vs. $65, U=35975; p<0.001). Given that NSW has the highest proportion of IDU that reported using heroin and cocaine recently, and the highest frequency of use of these drugs, this finding is not surprising.

Table 45: Expenditure on illicit drugs on the day preceding the interview, by jurisdiction, 2002

Expenditure ($)	Total sample N=929	NSW n=158	ACT n=100	VIC n=156	TAS n=100	SA n=100	WA n=100	NT n=111	QLD n=104
Nothing	39	18	51	39	43	42	51	44	31
Less than $20	4	1	9	4	6	2	6	3	7
$20 - $49	12	8	8	14	16	15	14	9	11
$50 - $99	18	20	12	17	20	17	14	16	23
$100 - $199	15	22	8	14	10	11	9	20	19
$200 - $399	9	22	11	7	3	8	3	7	4
$400 0r more	4	10	1	5	1	5	3	1	5
Median expenditure* ($)	75	150	50	80	52.50	50	50	92.50	70

* of those that reported spending money on illicit drugs
Source: IDRS IDU interviews

10.4 Summary of drug-related issues

- Substantial minorities of IDU in all jurisdictions reported sharing needles and/or syringes or other injecting equipment in the month preceding interview.
- The prevalence of HIV among clients of NSP programs remained low in 2002 (0.9%) whereas the prevalence of HCV remained high (58%).
- Large proportions of IDU reported injection-related health problems in all jurisdictions.
- Substantial proportions in all jurisdictions but the NT reported public injecting. The largest proportions of IDU reported engaging in public injecting in NSW.
- Self-reported criminal activity was high in all jurisdictions, and comparable to the rates recorded in earlier years.
- Expenditure on illicit drugs was significantly higher in NSW than in other jurisdictions, which may relate, at least in part, to the higher proportion and frequency of heroin and cocaine use in that state.

11.0 SUMMARY AND IMPLICATIONS

The *Australian Drug Trends 2002* report presents the findings of the third year in which the complete IDRS was conducted in all jurisdictions. This allows the opportunity to present trends over time of standardised, directly comparable data relating to illicit drug use and markets collected in every jurisdiction in Australia. Following the marked and sustained reduction in the availability of heroin in most jurisdictions in 2001, the 2002 IDRS data highlight what has happened in illicit drug markets following this reduction.

As in previous years of the IDRS, there were jurisdictional differences regarding the use of different drugs or different forms of drugs that stand out as jurisdictional specific issues. Cocaine continues to be widely used among IDU in NSW, with sporadic use reported in other jurisdictions. In 2002, there were increases in the use of morphine reported in some jurisdictions, although the NT continues to have the largest proportion of IDU reporting recent morphine use. The injection of buprenorphine emerged in 2002 as an issue that requires further investigation. Methadone injection, particularly the injection of Physeptone tablets, remains a significant issue in TAS. Some of these issues may require further jurisdiction specific research.

The IDRS provides an opportunity to examine trends between and within jurisdictions with the aim to inform further research and policy decisions. The continued monitoring of illicit drug markets across Australia for changes in the price, purity, availability, use patterns and the associated harms of different drugs will add to our understanding of the markets and our ability to inform strategic policies to limit harms.

11.1 Heroin

In late 2000/early 2001 there was a reported reduction in the availability of heroin observed in all jurisdictions in which heroin had previously been freely available. This reduction was sustained throughout the first half of 2001 and reported in the findings of the 2001 IDRS. The change in availability was associated with increases in the price, marked decreases in the prevalence and frequency of use among IDU, and moderate declines in purity. Changes in the patterns of use of other drugs were also associated with the shortage, particularly methamphetamine and cocaine (Topp et al 2002). Although there appeared to be some return to heroin use in 2002, in some jurisdictions, the level of use and associated harms have not returned to levels reported in 2000.

Compared to the 2001 IDRS, the availability of heroin increased in most jurisdictions, particularly in those in which heroin has traditionally predominated. In 2002, the majority of IDU reported that heroin was easy of very easy to obtain and higher proportions of IDU reported that access had become easier or was stable. The price of a gram of heroin decreased in all jurisdictions except SA, whereas the price of a cap of heroin remained stable. Heroin remained cheapest in NSW and most expensive in the NT.

Although IDU data indicated some return to heroin use, the purity and number of heroin seizures analysed decreased in 2001/02. The majority of IDU in the national sample reported the heroin purity was medium or low.

The proportion of IDU that reported recent heroin use increase in QLD, WA and the ACT. The frequency of use was generally stable, with increases in NSW and QLD. VIC reported an increase in the proportion that reported daily heroin use. These data are indicative of some return to heroin, which is consistent with reports by key informants, although use patterns have not returned to the levels reported prior to shortage in the supply of heroin. Law enforcement

and health indicator data also reflect downward trends, with further decreases in overdoses and consumer and provider arrests for heroin.

Continued monitoring of the heroin markets across Australia by the IDRS will provide further information on the trends of the markets and differences within and between jurisdictions over time. Research is currently being conducted to investigate the causes and the impact of the heroin shortage in Australia; the findings of this project will be available at the end of 2003.

11.2 Methamphetamine

The 2002 IDRS attempted to obtain more information on the different forms of methamphetamine used throughout the country. All forms of methamphetamine remained cheapest in SA. Methamphetamine powder and base were considered to be 'easy' to obtain and the availability stable. Crystal methamphetamine was more difficult to obtain in some jurisdictions.

The use of methamphetamine among IDU has stabilised or decreased in most jurisdictions in 2002. Use of powder has decreased or stabilised in all jurisdictions but SA, the proportion that used base was stable in most jurisdictions with decreases in VIC and QLD. The frequency of use of methamphetamine stabilised (NSW, VIC, and TAS) or decreased (WA, SA, the NT, ACT and QLD) in all states.

Indicator data is mixed regarding methamphetamine market. The Australian Customs Service recorded the largest quantity of crystal methamphetamine seized to date. There were decreases in the numbers of seizures analysed and no clear patterns in the purity of seizures.

Key informants identified that the mental and physical health implications of sustained methamphetamine use was an issue of concern. There was also a perception among the key informants that some of those that had switched from methamphetamine to heroin in 2001 had returned to heroin use. In QLD, there was an association between the increase in heroin use and decrease in methamphetamine use, however the decrease in methamphetamine was not as substantial as the increase in heroin.

Further research targeting primary methamphetamine users is needed. Examination of patterns of the use of methamphetamine by other sentinel groups, such as party drug users, is also of interest. A comparison of these groups may provide further information on the harms associated with methamphetamine use on a wider population of users.

There is a lack of treatment options for methamphetamine users in Australia. The 2002 IDRS data suggest a stabilisation of methamphetamine use, particularly of the potent forms of methamphetamine, which was reported in the 2000 IDRS. Research into effective treatment options is therefore needed to address this.

11.3 Cocaine

In 2002, cocaine use decreased in frequency and prevalence among IDU in NSW, and in other jurisdictions it remained relatively uncommon and infrequent. There was an association in NSW between increased heroin supply and decreased cocaine use.

The numbers of IDU that commented on the price, purity and availability of cocaine in all jurisdictions, except NSW, were small another indication of limited use among IDU in most

states. Decreases in the price of a gram were recorded in VIC, SA and QLD. The price of both grams and caps remained stable in NSW. Cocaine was considered to easy or very easy to obtain in NSW and QLD but difficult or very difficult elsewhere. The availability of cocaine was considered stable by the majority of IDU that responded.

The median purity of domestic cocaine seizures analysed was lower than in 2000/01 while the median purity AFP border seizures were higher. In 2001/02 the number of cocaine consumer and provider arrests has remained relatively stable (ACC, 2003). The majority of consumer and provider arrests were in NSW, which is with an apparent predominance of cocaine use among IDU in NSW relative to other jurisdictions.

The IDRS provides information about cocaine use among a sentinel group of IDU, information on price, purity, availability and patterns of use among a different group requires further investigation and may provide interesting data from which to compare the IDU samples. There may be interesting jurisdictional differences regarding cocaine use among a different group of cocaine users, such as recreational party drug users.

11.4 Cannabis

As in previous years, the cannabis market proved the most stable of Australia's illicit drug markets. It remained easy to obtain in all jurisdictions. Declines in price were noted from 2001 to 2002 in NSW, SA, the ACT and QLD. Hydroponically grown cannabis continued to dominate the market. However, the use of bush, hash, and hash oil was noted in all jurisdictions.

Prices of an ounce of cannabis ranged from $180 in SA to $300 in NSW, QLD and the NT. The price of a gram of cannabis was also cheapest in SA. Over all years of the IDRS, SA has consistently recorded lower market prices for cannabis than the other jurisdictions. The price of an ounce of cannabis decreased from 2001 by $20-$30 in NSW, SA, the ACT, QLD and TAS.

As in all years of the IDRS, the potency of cannabis was estimated by IDU and KIS in all jurisdictions as 'high' or 'medium' to 'high', and the potency was perceived to have remained stable.

Cannabis was considered 'very easy' or 'easy' to obtain in all jurisdictions and the availability was perceived to have remained stable.

The cannabis market in Australia appears to be a stable market with cannabis widely used among IDU.

It could be useful to introduce the regular testing of the purity of cannabis given there is a lot public interest regarding the strength of cannabis and currently there is no objective reporting of the purity.

11.5 Other drugs

There were differences across jurisdictions in the use and injection of pharmaceuticals including methadone, buprenorphine, morphine and benzodiazepines. Of particular concern, due to the negative health implications are the reports of substantial proportions of IDU injecting pharmaceuticals that are not designed for injection.

There were increases or stabilisation in the proportion of IDU that reported recent morphine use, with substantial proportions of IDU in all jurisdictions and over half of IDU in the NT and TAS reporting recent morphine use.

The injection of methadone is cause for concern, given that the injection of methadone syrup is associated with vascular damage and increased risk of overdose (Darke, Ross & Hall, 1996). About half of the national sample reported recent injection of methadone. The proportions of IDU who reported having injected methadone in the preceding six months continued to be lowest in VIC 3% and highest in TAS 76%. The majority of methadone injected by IDU in TAS is in the form of Physeptone tablets or licit methadone syrup that has been prescribed for maintenance treatment. The majority of those accessing methadone by illicit means in TAS were primarily using Physeptone tablets.

As the injection of buprenorphine was reported where it is most available, careful monitoring of the diversion of buprenorphine is required. It may be that efforts to reduce diversion, such as greater supervised dosing, are required. Appropriate safe injecting messages should be provided to reduce any harm associated with the injection of buprenorphine.

In 2002 about two thirds (65%) of the national sample had used benzodiazepines which is consistent with previous years. Rates of recent injection varied widely from 9% of IDU in SA to 38% in TAS. In VIC there was a marked decrease in the proportion that reported recent injection from 2001 to 2002 and in WA a marked increase was reported. Benzodiazepine injection is a cause for concern because, like the injection of methadone syrup tablets, intravenous benzodiazepine use is associated with increased drug-related harm, including vascular damage, blood clots and increased risk of overdose (Darke, Ross & Hall, 1995; Ross, Darke & Hall, 1997). The continued monitoring of the injection of benzodiazepines is required, particularly to examination the recent change in policy regarding the restriction of temazepam capsules; a study examining the effects of the change in scheduling will be published shortly (Breen et al., in preparation).

Further investigation into the injecting of pharmaceutical preparations such as benzodiazepines, morphine, methadone and buprenorphine is warranted. Research into prescribing practices and policies regarding the distribution of these medicines may also be warranted.

Specific research into the injection of pharmaceuticals, and factors that may reduce the harms associated is required. Information on the negative consequences associated with such use and strategies IDU could use to reduce these harms should be disseminated to IDU through NSP's and peer information networks.

11.6 Drug related issues

In 2002, substantial minorities of IDU in all jurisdictions reported sharing needles and/or syringes or other injecting equipment in the month preceding interview. Large proportions of IDU in all jurisdictions reported injection-related health problems. As IDU continue to report injection related health problems and the sharing of injecting equipment, there is a need for research into the factors contributing to unsafe injecting practices as well as the an ongoing need for harm reduction strategies to reduce the spread of blood borne virus transmission.

Substantial proportions in all jurisdictions but the NT reported public injecting; this was most common in NSW. As public injecting is an issue that can contribute to unsafe injecting practices and equipment disposal, further research into limiting public injecting may be beneficial.

Self-reported criminal activity was high in all jurisdictions, and comparable to the rates recorded in earlier years. Specific research regarding crime may be of interest, particularly an examination of the characteristics of IDU that report committing crime compared to those that do not.

Expenditure on illicit drugs was significantly higher in NSW than in other jurisdictions, which may relate, at least in part, to the higher proportion and frequency of heroin and cocaine use in that state.

11.6 Methodological considerations

As previously mentioned, the IDRS is not designed to provide information regarding illicit drug use in the general population, nor does it provide information that is representative of all illicit drug users. However, the IDRS does provide directly comparable data relating to illicit drug use and markets, collected in every Australian jurisdiction on a sentinel group of IDU in an attempt to detect emerging trends in illicit drug markets. The IDU survey is a key component of the IDRS, providing the most accurate data available on drug prices and availability, data that cannot be collected as efficiently in any other way. The inclusion of the IDU survey in all Australian jurisdictions since 2000, and the examination of comparable data over time represents continued progress in the monitoring of illicit drug trends.

The IDRS is designed to detect emerging trends and inform future research, it therefore cannot and does not intend to answer detailed research questions such as the impact of a shortage in a particular drug or the harms associated with the injection of another. However, the IDRS can provide background information issues related to illicit drug markets such as levels of use of a certain drug among a group of IDU and changes over time.

As there are differences between jurisdictions in the availability and patterns of use of various drugs, detailed jurisdictional findings of the IDRS and discussion of their implications are available in the jurisdictional *Drug Trends 2002* reports, available from NDARC.

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13.0 APPENDICES

Appendix A: Price, purity and availability of heroin by jurisdiction, 2001

	Total sample N=951	NSW N=163	ACT N=100	VIC N=151	TAS N=100	SA * N=100	WA * N=100	NT N=135	QLD N=102
Median Price ($)									
per gram	-	320	485	450	325	350	750	550	500
per cap	-	50	50	50	50	50	50	100	50
Price changes (% who commented)									
Don't know	18	1	5	2	15	45	51	33	3
Decreased	5	9	2	5	5	1	2	0	7
Stable	24	23	17	23	60	29	7	45	27
Increased	43	54	65	55	10	21	36	14	46
Fluctuated	11	12	11	15	10	4	4	8	17
Average purity (%)	44	51	40	46	-	45	49	42	39
Availability (% who commented)									
Don't know	16	1	5	3	0	46	49	14	6
Very easy	28	46	23	36	5	24	8	8	31
Easy	32	37	50	41	35	15	16	16	43
Difficult	18	13	21	17	45	11	21	32	13
Very difficult	6	3	1	2	15	4	6	30	7
Availability changes (% who commented)									
Don't know	18	2	4	2	5	47	51	30	6
Easier	12	16	14	14	10	6	33	8	17
Stable	29	32	35	25	55	17	10	50	40
More difficult	30	37	37	33	30	20	3	4	29
Fluctuates	12	12	11	26	0	10	3	8	9
Place usually score									
Street dealer	21	38	15	31	10	4	2	25	19
Dealer's home	18	22	25	18	10	7	17	15	20
Mobile dealer	30	31	43	38	25	32	15	10	33
Friend	11	7	10	9	30	14	10	15	16

Note: no seizures of heroin were analysed for purity in TAS in 2000/01

* In SA and WA, reported proportions are of the total sample

Appendix B: Price, purity and availability of methamphetamine powder by jurisdiction, 2001

	Total sample N=951	NSW N=163	ACT N=100	VIC N=151	TAS N=100	SA * N=100	WA * N=100	NT N=135	QLD N=102
Median Price ($) per gram	-	100	250	200	70	50	250	80	180
Price changes (% who commented)									
Don't know	25	6	27	8	13	73	23	13	13
Decreased	7	4	5	16	13	2	4	3	9
Stable	53	76	56	60	56	22	50	65	60
Increased	9	4	7	8	8	2	19	11	11
Fluctuated	6	10	5	5	10	1	4	8	7
Average purity (%)	22	12	12	24	6	15	23	11	29
Availability (% who commented)									
Don't know	20	0	25	3	5	74	20	2	0
Very easy	43	52	33	43	51	13	63	43	59
Easy	30	26	38	49	33	11	11	45	32
Difficult	7	22	5	4	10	2	5	9	9
Very difficult	1	0	0	1	0	0	1	1	0
Availability changes (% who commented)									
Don't know	23	4	33	9	10	74	20	9	7
Easier	16	12	23	32	13	3	18	8	21
Stable	49	68	45	50	67	16	49	66	55
More difficult	8	14	0	5	5	7	9	10	11
Fluctuates	3	2	0	3	5	0	4	7	5
Place usually score									
Street dealer	12	22	8	15	28	2	4	19	6
Dealer's home	21	25	15	24	25	4	21	23	38
Mobile dealer	18	25	21	26	15	9	22	12	18
Friend	25	18	31	33	28	11	26	30	31

* In SA and WA, reported proportions are of the total sample

Appendix C: Price and availability of methamphetamine (base and ice) by jurisdiction, 2001

	Total sample N=951	NSW N=163	ACT N=100	VIC N=151	TAS N=100	SA * N=100	WA * N=100	NT N=135	QLD N=102
Median Price ($)									
per 'point'	-	50	50	50	50	30	50	50	50
Price changes									
(% who commented)									
Don't know	22	8	40	23	7	33	28	19	12
Decreased	8	5	9	8	4	11	9	6	10
Stable	48	65	36	53	48	39	46	50	54
Increased	15	16	11	14	22	11	15	16	16
Fluctuated	7	5	4	3	20	6	2	9	8
Availability									
(% who commented)									
Don't know	13	0	16	10	1	31	23	6	1
Very easy	44	46	31	27	63	40	51	19	54
Easy	30	38	47	45	23	23	17	38	31
Difficult	11	11	6	12	10	6	7	31	12
Very difficult	3	5	0	7	2	0	2	6	1
Availability changes									
(% who commented)									
Don't know	18	8	36	10	5	32	24	9	5
Easier	19	14	24	35	20	10	26	9	7
Stable	49	60	31	37	60	45	42	44	72
More difficult	9	19	2	15	6	6	5	25	11
Fluctuates	6	0	7	4	10	7	3	13	5
Place usually score									
Street dealer	10	19	8	14	18	5	5	16	4
Dealer's home	25	24	18	25	29	22	18	31	36
Mobile dealer	23	41	18	30	18	22	22	9	26
Friend	26	8	33	22	28	21	29	28	32

* In SA and WA, reported proportions are of the total sample

Appendix D: Price, purity and availability of cocaine by jurisdiction, 2001

	Total sample N=951	NSW N=163	ACT N=100	VIC N=151	TAS * N=100	SA * N=100	WA * N=100	NT N=135	QLD N=102
Price ($)									
per gram	-	200	165	225	-	200	300	300 [1]	200
Price changes									
(% who commented)									
Don't know	52	7	54	15	99	89	90	44	20
Decreased	5	7	14	4	0	1	2	0	10
Stable	33	72	25	48	1	6	4	11	60
Increased	7	10	7	22	0	2	4	11	5
Fluctuated	4	4	0	11	0	2	0	33	5
Average purity									
(%)	53	49	36	65	45	61	33	-	59
Availability									
(% who commented)									
Don't know	47	0	53	11	99	89	85	33	0
Very easy	26	69	7	19	0	3	2	11	20
Easy	17	28	23	37	0	6	6	11	20
Difficult	9	4	13	33	1	2	3	22	60
Very difficult	2	0	3	0	0	0	4	22	0
Availability changes									
(% who commented)									
Don't know	50	2	50	11	99	90	89	44	15
Easier	11	24	20	7	0	1	1	0	10
Stable	32	64	17	56	1	7	9	33	40
More difficult	5	6	10	7	0	1	1	0	30
Fluctuates	3	3	3	19	0	1	0	22	5
Place usually score									
Street dealer	15	36	11	15	0	1	2	22	5
Dealer's home	13	27	7	23	0	3	4	11	15
Mobile dealer	15	28	14	31	0	6	3	11	10
Friend	11	7	14	27	1	9	5	0	50

Note: no seizures of cocaine were made in the NT in 2000/01

* In SA, WA and TAS, reported proportions are of the total sample

[1] Estimated from a single purchase

Appendix E: Price, potency and availability of cannabis by jurisdiction, 2001

	Total sample N=951	NSW N=163	ACT N=100	VIC N=151	TAS N=100	SA * N=100	WA * N=100	NT N=135	QLD N=102
Price ($)									
per ounce	-	320	280	250	280	200	250	300	320
per gram	-	20	20	20	25[1]	25[2]	25[1]	25	25
Price changes (% who commented)									
Don't know	9	3	7	3	2	23	23	3	9
Decreased	8	6	10	16	10	10	7	1	5
Stable	73	84	77	67	76	60	63	80	74
Increased	6	5	4	7	4	3	4	11	11
Fluctuated	4	2	3	7	8	4	3	5	1
Potency	High Stable	High Stable	High Stable	High Stable	High Stable	High Stable	High Stable	Med-High Stable	High Stable
Availability (% who commented)									
Don't know	6	0	1	0	1	20	20	2	1
Very easy	70	73	80	72	90	58	63	71	55
Easy	21	25	18	25	9	15	11	25	40
Difficult	2	1	1	3	0	5	5	2	2
Very difficult	1	1	0	0	0	2	1	0	1
Availability changes (% who commented)									
Don't know	7	1	4	2	2	21	19	5	2
Easier	6	7	5	10	4	1	4	4	8
Stable	80	89	89	80	90	68	66	82	74
More difficult	4	3	0	6	1	8	6	3	7
Fluctuates	3	1	3	1	2	2	5	7	8
Place usually score									
Street dealer	11	35	0	7	10	2	1	21	2
Dealer's home	25	23	35	22	31	8	14	37	27
Friend	36	23	45	36	36	47	41	22	42
Grow your own	4	1	10	3	8	8	2	2	2

* In SA and WA, reported proportions are of the total sample

[1] Approximately 1.5 grams [2] Approximately 2 grams