VICTORIAN DRUG TRENDS 2002

Findings from the Illicit Drug Reporting System (IDRS)

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

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EXECUTIVE SUMMARY

Background

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

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

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

The value of Victorian IDRS findings

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

Since 1997 in Victoria, the IDRS has been a strategic early warning mechanism concerning illicit drug trends because it has strived to supplement available secondary indicator data sources with *lead indicators* (such as that provided by direct surveys with sentinel groups IDU groups and expert key informants) of drug prices, purity, availability and current patterns of use. Findings from successive IDRS studies conducted in metropolitan Melbourne have informed health, law enforcement and community sector responses to illicit drugs in Victoria since 1997.[1] Some notable recent examples include:

- The implementation of a benzodiazepine module as part of the 2001 IDRS study in Victoria (adapted and implemented in 2002 as part of a Commonwealth Department of Health and Ageing funded benzodiazepine misuse study in NSW, Victoria, NT, Tasmania and QLD).
- Expansion of IDRS style illicit drug trend monitoring methods to focus on patterns and characteristics of psychostimulant use in Melbourne (to commence during 2003).

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

- Findings on methadone injection and other pharmacotherapy diversion currently being utilised in a policy review process being undertaken by Drugs Policy and Services Branch, Victorian Department of Human Services.
- To inform the development of research into benzodiazepine and pharmaceutical opiate misuse and links to crime in Victoria, Tasmania and NT (to commence during 2003).
- Routine provision of summary data for inclusion in the *Victorian Drug Statistics Handbook* (yearly drug trends monograph published by the Drugs Policy and Services Branch, Victorian Department of Human Services).
- Recent IDRS data utilised to inform policy development and training on issues related to psychostimulant use for front line alcohol and other drug workers (e.g. Clark, Logan, Doreian & Jones, 2003).

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

Summary of 2002 Victorian drug trends

Turning Point Alcohol and Drug Centre conducted the Melbourne arm of the 2002 IDRS study between June and October 2002. The project consisted of:

1. A structured survey of 156 current injecting drug users recruited from a number of sites across the Melbourne metropolitan area.
2. Semi-structured interviews with 49 key informants from a variety of professional settings, selected according to their knowledge about illicit drug use, and level of contact with illicit drug users during the six months preceding the survey.
3. Analysis of secondary illicit drug use indicators.

Data collected via these three methods were analysed in order to identify illicit drug related trends in Melbourne. Where appropriate, these data were also compared to findings from the 1997 to 2001 applications of the IDRS in Melbourne. The 2002 IDRS detected a number of trends of relevance during the preceding six to twelve months. Table A provides a summary of identified trends in price, availability, purity and prevalence of use for the four main illicit drug types explored in this study – heroin, methamphetamines, cocaine and cannabis. These are discussed in turn, along with summary details on other drug trends and drug related health and law enforcement trends.

Heroin trends in Melbourne

In comparison to the 2001 IDRS study, there was a reported increase in availability of heroin (easy – very easy 88%) in Melbourne in 2002. Associated with this increase in availability, the most frequently reported price of heroin decreased to $400 per gram (from $500 in 2001). 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 still constituted the most common route of administration (93%). Reports suggest that IDU source their heroin from mobile dealers, dealers' homes and increasingly 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 Melbourne heroin market, however it is clearly not at the levels it was at prior to 2001.

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

	Heroin	Methamphetamine (speed)	Cocaine	Cannabis
Price Cap Gram Ounce	• $ 50 (stable) • $ 400 (decreased) ----------	• $50 'point' (stable) • $200 (stable) • $700 (fluctuating)	• $50 (stable) • $250 (stable) ----------	---------- • $20 (stable) • $250 (stable)
Availability	• availability easy to very easy • stable	• speed readily available in last six months • purer forms more difficult to obtain	• availability difficult to very difficult • stable	• cannabis readily available • stable
Purity	• average purity 17% (range 1%-89%)[a] • purity increasing[a]	• average purity 20% (range <1% to 99%)[a] • purity fluctuates[a]	• average purity 38% (range 6% to 77%)[a] • purity fluctuates[a]	• purity medium - high[b] • stable[b]
Prevalence of use	• mostly rock form (76%) • slight increase in overall numbers • stable- increasing frequency of use	• prevalence of use among IDU quite high (stable) • stable frequency of use	• cocaine use infrequent among IDUs	• commonly used drug • increased frequency of use

[a] Based on the purity of drug seizures made by Victoria Police.

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

Methamphetamine trends in Melbourne

In 2002, the different forms of methamphetamine – speed, base, and ice – were separated out for the purposes of analyses, making comparison with previous years somewhat difficult. However, more comprehensive analyses will be possible in future years of the IDRS.

The 2002 IDRS study 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 6 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. Over half of the respondents (59%) also reported that the price of speed had been stable over the last six months. Although it is difficult to draw any conclusions about the price of base and ice from the small sample sizes who were able to respond to these questions (base n=4, ice n=13), 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.

Eighty-five percent 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. Only six people were able to comment confidently on the availability of base, however of these, three respondents thought it easy to obtain, and four people thought availability remained stable. Nine of the 13 IDU commenting on ice reported that it was difficult to very difficult to obtain. Five of the 13 people who could comment on ice reported that availability had remained stable, and another five that availability of ice had become more difficult in the last six months.

It is apparent from recent IDRS surveys 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.

Cocaine trends in Melbourne

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 study, however prevalence of cocaine use in 2002 still remains higher than it was prior to 2001. 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 apparent reduced availability in 2002 is one explanation for the decrease in reported use. Another explanation for the decreased prevalence of use may be that some IDUs who reported using cocaine in 2001, were actually novice methamphetamine users.

Information collected from IDUs, key informants and indicator sources suggest that there is some recent stability in the price of cocaine in Melbourne, however it is difficult to identify clear trends in cocaine prices due to the consistently small number of IDUs 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).

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. Cocaine remains a desirable drug, but still too expensive for most injecting drug users. It is likely that expansion of drug trend monitoring research to other sentinel groups will provide a clearer image of cocaine trends in Melbourne.

Cannabis trends in Melbourne

Cannabis use in Melbourne has remained relatively stable. Eighty-eight percent of IDU had used cannabis in the preceding six months (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. As in previous years, the overwhelming 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 and ounce amounts of cannabis remained unchanged since 2001. The price per ounce remained at $250, and per gram $20 in 2002. The modal price of a gram has remained stable since 1999, while the price per once appears to have now stabilised after a period of continued reduction from 1997-2001. A gram was the most popular purchase amount. Cannabis appears to be the most widely used illicit drug within Victoria, and is a common addition to the list of drugs used concurrently by injecting drug users.

Other drug trends in Melbourne

The 2002 Melbourne IDRS study has again provided evidence of significant prescription drug use by injecting drug users (e.g. benzodiazepines, morphine, buprenorphine, and anti-depressants).

The majority of IDUs (73%) reported having used benzodiazepines in the six months prior to interview and most of these people (71%) mainly obtained their benzodiazepines licitly. Reports from both key informants and IDU indicate that there has been a significant reduction in the prevalence of benzodiazepine injection in 2002. Twenty-one percent of IDU reported injecting benzodiazepines during the past six months, compared to 40% last year. This is probably due to the combined effects of the changes in legislation regarding the availability of temazepam gel caps, as well as a concerted education campaign aimed at prescribing doctors by the Victorian state government.

In contrast to the reduction in benzodiazepine injection, both IDU and key informants reported substantive increases in the use and injection of morphine in 2002. The majority of IDU reported obtaining morphine illicitly and key informants reported that each tablet sells for around $50. The high prevalence of morphine injection is a cause for concern and will continue to be monitored. Also of concern is the prevalence of buprenorphine diversion and injection among injecting drug users in Melbourne. Buprenorphine is not designed to be injected and can result in substantial negative health consequences such as vein damage and infections.

The reported prevalence of anti-depressant use appears to be stable with 28% of users saying they use these drugs. However, frequency of use during last six months has decreased from 165 days last year, to 90 days in 2002. There has also been a decrease in the number of IDUs reporting ecstasy use (39%-31%) and injection (21%-14%). The median price per tablet of ecstasy is $35-50 and has been stable over past six months.

Drug-related health and law enforcement trends

Reported recent experience of overdose and receipt of Narcan® decreased in 2002. However, other significant harms associated with injecting drug use (such as injection related health problems, hepatitis C virus transmission and other unsafe injecting behaviour) continue to be of major concern. Seventeen percent of IDUs reported that they had borrowed another person's used needle/syringe, 22% had passed on their own used needle/syringe and 49% had used other already used injection equipment in the last month.

Overall, it was seen that the level of self-reported criminal activity amongst IDUs was relatively stable. In comparison with 2001 IDRS data, reported involvement in property crime during the month prior to interview increased by 10%, and violent crime decreased by 6%. Key informants reported that the level of police activity had continued to decrease significantly from the previous IDRS studies, and that complaints about police activity directed towards IDU had also considerably decreased. IDU reports provided a variable picture of police activity during the six months prior to interview with 58% reporting that it had increased, 31% reporting no change and 3% reported less activity. The majority of IDU participants (72%) reported that police activity had had no effect on the difficulty in acquiring drugs recently.

Conclusions

The 2002 Victorian IDRS study has provided evidence of both changes, and stability, within the illicit drug market places of metropolitan Melbourne. As in previous Melbourne IDRS studies, the demographic characteristics of the 2002 IDU sample were strikingly similar to those reported in past years. Also consistent with previous surveys, the majority of the sample reported that heroin was the drug they injected most often (65%), the last drug they injected (63%) and their drug of choice (64%).

In comparison to the severe heroin reduction reported in the 2001 IDRS study, findings from the 2002 study suggest that heroin supply in Melbourne appears to be returning. In particular, it has been reported in the current study that the availability of heroin has increased and the price of heroin has decreased, although supply in Melbourne is clearly not at the levels it was at prior to 2001. This trend will continue to be monitored.

In terms of methamphetamines, there was a marked increase in the use of these drug types in 2001, and prevalence of use has remained at this level in 2002. Although the majority of IDU reported heroin as their drug of choice, and that it is easy to obtain, methamphetamine use persists in this injecting drug user group. In contrast, data from the 2002 IDRS study suggests that the prevalence of other psychostimulant use (i.e. cocaine and ecstasy) has decreased.

The 2002 Melbourne IDRS study has provided evidence of significant prescription drug use by injecting drug users (e.g. morphine, benzodiazepines and anti-depressants). There is also substantial evidence of misuse of these drug types. Of particular concern is the continuing increase in the prevalence and illicit use of morphine amongst injecting drug users. Similarly, the apparent illicit use and misuse of buprenorphine also presents a major concern. Further research is planned to investigate these issues in greater detail.

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

Implications of 2002 findings

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

The findings of the 2002 Melbourne IDRS study suggest the following priority areas:

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

Since 1997, the Melbourne arm of the national IDRS study has proven to be a reliable, cost-effective and informative mechanism for the monitoring of illicit drug trends in Victoria. It

yields data that are comparable from year-to-year and across jurisdictions, and it is a study that has much to offer health and law enforcement sectors in their efforts to respond more effectively to illicit drug trends.

1.0 INTRODUCTION

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

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

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

The *Victorian Drug Trends 2002* report summarises data collected during the months of June through October 2002 as part of the Melbourne arm of the 2002 IDRS study. The findings of this report pertain primarily to 2001/2002 financial year, unless otherwise indicated. The report provides an outline of the methods utilised in collecting data for this period, and then presents a socio-demographic and drug use history overview of the IDU sample. The main study findings are presented next for recent trends in heroin, methamphetamine, cocaine, cannabis and other drugs. Following this, indicator trends are identified for drug related harms and other issues of interest. The report concludes with a summary and discussion of the main findings and implications.

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

2.0 METHOD

This study replicates the IDRS methodology used annually since 1997 incorporating: a survey of injecting drug users; interviews with key informants recruited from a variety of professional settings; and analysis of secondary indicators of illicit drug trends in Victoria. The information provided by these three methods has been used to identify trends in the characteristics of and harms associated with illicit drug use in Victoria. These trends primarily relate to that observed within metropolitan Melbourne for the 2001/ 2002 financial year.

2.1 Injecting Drug User (IDU) Survey

Structured face-to-face interviews were conducted with injecting drug users (IDUs) recruited from metropolitan Melbourne between June and August 2002. To be eligible to participate respondents must have injected at least monthly in the six months prior to interview, and have resided in Melbourne for at least twelve months. Convenience sampling was facilitated by posted advertisements and recruitment notices distributed through Needle and Syringe Programs (NSPs), and snowballing methods (recruitment of friends and associates via word of mouth).

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

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

The structured interview schedule employed in this study comprised core questions used in previous IDRS studies conducted in Melbourne. The interview schedule contained questions relating to socio-demographics, drug use, price, purity and availability of drugs, crime, risk-taking behaviour, health and law enforcement trends. In 2002 the IDRS survey also included a separate module on benzodiazepine use (findings will be reported separately in a forthcoming report). The average duration of the interviews was approximately 45 minutes and participants were reimbursed $20 for their time and out-of-pocket expenses. Ethics approval for this study was obtained from the University of Melbourne, Human Research Ethics Committee. Data analysis was conducted using SPSS for Windows Version 10.1.

2.2 Key Informant Survey

A total of 49 key informants (27 male, 22 females) participated in telephone (n=12) and face-to-face (n=37) interviews between the months of June and September 2002. Eighteen (37%) participants were recruited from the pool of key informants who had taken part in either the 1998, 1999 and 2000 IDRS studies (Rumbold & Fry, 1999; Dwyer & Rumbold, 2000; Fry & Miller, 2001). Sixteen (33%) participants were recruited from the pool of key informants who had taken part in the 2001 IDRS study (Fry & Miller, 2002). All other participants in the current study were recruited either as replacements for previous participants drawn from the same agencies/services, or on the basis of referrals received from experienced professionals in the field.

Key informants enlisted for the current study included: NSP workers (n=8), drug treatment workers (n=8), user group representatives (n=6), general health workers (n=3), outreach workers (n=2), youth outreach workers (n=6), researchers (n=3), pharmacists (n=4), medical practitioners (n=5) and law enforcement personnel (n=4). Participants (excluding police) were selected on the basis of having had at least weekly contact with illicit drug users over the preceding six months, and/or contact with ten or more different illicit drug users during that period.

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

Heroin was nominated by a majority (n=38) of Melbourne key informants as the main illicit drug used by the people with whom they had most contact. However, many of these key informants also reported on combinations of opiate and methamphetamine use and opiate and benzodiazepine use, commenting that it was difficult to separate out reports on particular drugs due to the recent changes that had occurred in the drug markets they were familiar with. Indeed, twenty-eight key informants were able to nominate methamphetamines as a major drug group used by the people with whom they had contact. A further two key informants were able to report on MDMA / ecstasy as the main illicit drug used. Reports on primary cannabis users were received from 2 key informants. No key informants were able to report exclusively on cocaine use and nine key informants reported on benzodiazepine use. Four law enforcement personnel were also able to comment on trends in heroin, ecstasy, cocaine, methamphetamine and cannabis use in Victoria.

Key informant interviews took an average of 52 minutes to complete (range = 25-90 mins). Detailed notes were made by the interviewer during the interview, and raw data were transcribed and coded soon after the conclusion of the interview using Microsoft Excel 2000. Content analysis was used for open-ended responses (Kellehear, 1993). Categorical data for key informant estimates of drug price, purity and availability were analysed using Microsoft Excel 2000 and SPSS for Windows V9.01 (SPSS Inc., 1996) and analysed using standard descriptive statistics procedures.

2.2.1 Feedback seminar

Prior to preparation of the final Victorian Drug Trends 2002 report, a feedback seminar was held for key informants and the staff of participating recruitment and interview sites. The main purpose of this seminar was to provide timely dissemination of IDRS 2002 findings directly to those professionals in direct contact with illicit drug users. The seminar also served as an opportunity to test the validity of our preliminary analyses and interpretation of key informant and IDU reports about illicit drug use trends within Melbourne.

2.3 Indicator Data

Primary information collected from the IDU survey and key informant interviews was supplemented by data obtained from a number of secondary indicator sources of illicit drug use and related morbidity and mortality. Where possible, data relating to trends for the 2001/2002 financial year are reported, unless otherwise indicated. For secondary indicators where current data is not available, the most recently available data has been included.

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

Drug seizure purity levels

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

Surveys reporting on illicit drug use prevalence in Victoria

- Data on the prevalence of drug use in the community is typically derived from large-scale population surveys. The most recent household surveys from which estimates of heroin use within the community are available include: the 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002), the 1999 Victorian School Students and Drug Use survey (Victorian Department of Human Services, 2002b), and the quarterly Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2002). Only summary data from the Victorian Youth Alcohol and Drug Survey, conducted quarterly since 2002, is reported here as the timing of the other surveys fell outside the period of interest for this study.

Specialist drug treatment presentations

- The Victorian Department of Human Services funds community-based agencies to provide alcohol and drug treatment services across the state. The collection of client information is a mandatory requirement and occurs via a formalised client data collection system called the Alcohol and Drug Information System (ADIS). ADIS data for the period 2000/2001 is presented in this report. Data for 2001/2002 were not yet available at the time of writing.
- The Drugs and Poisons Unit of the Victorian Department of Human Services maintains a database that records all methadone and buprenorphine permits in Victoria. This is the major source of information regarding the characteristics of clients of the Victorian methadone program and is an important source of information regarding treatment for opiate dependence. Data from the quarterly phone census of client numbers for the period July 99 – July 02 is presented in the current report.
- DIRECT Line is a 24-hour specialist telephone service in Victoria (operated by Turning Point Alcohol & Drug Centre) that provides counselling, referral and advice about drug use and related issues. All calls to DIRECT Line are logged to an electronic database that can provide information about caller drugs of concern, calls from drug users, and calls about drug users. This report presents data for the 2000/2001 and 2001/2002 financial years.

Victorian Admitted Episode Dataset (VAED)

- A database of Victorian hospitalisations has been maintained by the Victorian Department of Human Services since 1987/88. The database records admissions (excluding elective admissions) from all public and private hospitals. A summary of findings for the 2001/2002 financial year reported in the Victorian Drug Statistics Handbook (Victorian Department of Human Services, in press) is presented here.

Ambulance attendances at non-fatal drug overdoses and other episodes

- An electronic drug related ambulance attendance database comprised of information obtained from Metropolitan Ambulance Service Patient Care Records is managed by Turning Point Alcohol and Drug Centre (Dietze, Cvetkovski, Rumbold, & Miller, 2000). Reliable data is available from June 1998 (with missing data for periods June 1999 and May-July 2001 due

to industrial disputes). Although the database includes overdose-related calls for all types of drugs, the data set is best suited to the monitoring of non-fatal heroin related overdose due to the availability of a biological marker of heroin involvement (i.e. the administration of Narcan® and subsequent patient response). Data for the period April 2001 to April 2002 are presented in this report.

Heroin-related fatalities

- Mortality information from illicit drug-related deaths was obtained from data collated by the Victorian Institute of Forensic Medicine (VIFM) and the Victorian State Coroner (Gerostamoulos, Staikos, & Drummer, 2000; Gerostamoulos & Drummer, 2001; Wallington, Gerostamoulos, & Drummer, 2002). This data contains the results of toxicology and pathology analyses conducted on homicides, suspicious deaths, suicide, drug-related deaths, motor vehicle and industrial fatalities. This report presents 2001 data. Data for 2002 were not yet available at the time of writing.

Blood borne virus surveillance data

- The Australian Needle and Syringe Program (NSP) Survey has been conducted yearly by the National Centre in HIV Epidemiology and Clinical Research since 1995. It is designed to supplement sentinel BBV surveillance efforts via a short questionnaire on demographic and behavioural characteristics of NSP clients and serological testing of finger-prick blood samples. In 2002, the survey obtained data from 340 clients across four NSPs in Melbourne.

- Blood borne viruses, and in particular HIV/AIDS and hepatitis B (HBV) and C (HCV) are a major health risk for individuals who inject drugs. The National Notifiable Diseases Surveillance System has been established in Australia for the purposes of monitoring the spread of these diseases (O'Brien et al., 1999). The Department of Human Services records statutory notifications of diagnoses of HIV, HBV and HCV in Victoria.

- All newly diagnosed cases of HIV are reported to the National Centre in HIV Epidemiology and Clinical Research and reported separately (National Centre in HIV Epidemiology and Clinical Research, 2002). There are problems with the interpretation of this data in terms of monitoring incidence trends. For example, many injecting drug users who have been exposed to HCV may not undergo routine testing. Further, it is difficult to determine whether the notifications represent new infections or repeat testing of prevalent cases. Nevertheless, this system is useful for surveillance purposes.

- HIV, HBV and HCV prevalence is also recorded for individuals who are seen at metropolitan sexual health centres who identify themselves as injecting drug users and for injecting drug users attending Needle Syringe Programs (National Centre in HIV Epidemiology and Clinical Research, 2002).

Drug-related arrest data

- Information pertaining to drug-related arrests in Victoria was obtained for IDRS purposes from data collated by the Australian Crime Commission (formerly the Australian Bureau of Criminal Intelligence (ABCI)), for the 2001/ 2002 financial year.

3.0 VICTORIAN DRUG TRENDS

3.1 Overview of IDU sample

A total of 156 current injecting drug users (IDUs) were interviewed. The sample was drawn from 52 suburbs across the inner, western, northern and outer south-eastern suburbs of Melbourne (see Figure 1). Most of the participants lived in close proximity to the five recruitment sites. The number of people recruited from each site were: St Kilda n=24; Dandenong n=26; Fitzroy n=32; Frankston n=38; and Footscray n=36.

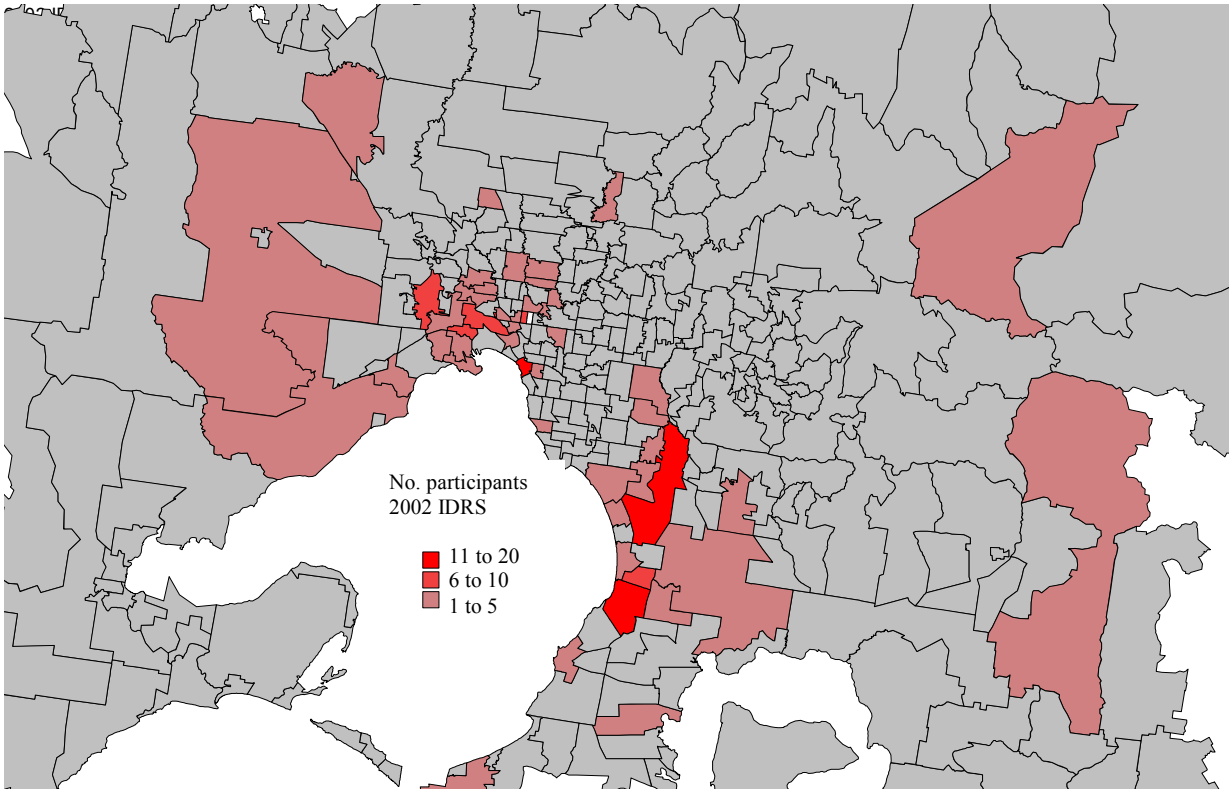


Figure 1. Residential postcodes of the 2002 IDU survey sample (N=156)

The demographic characteristics of the 2002 sample are summarised in Table 1. The majority of participants were male (60%) and ranged in age from 18 to 52 years with a mean age of 30 years (SD 7.25). The majority of respondents were securely accommodated either living at their own residence (56%) or parents home (16%), while 12% were residing at a boarding house or hostel and 6% were homeless at the time of interview. Most participants (84%) were not currently employed, however a significant proportion had acquired trade/technical qualifications (45%), and a smaller number university qualifications (5%) post secondary school. The majority of participants (97%) reported that English was the main language spoken at home, with only 3% indicating that they most commonly spoke other languages at home including Vietnamese (n=1), French (n=1), Italian (n=1) and Macedonian (n=1). Six percent (n=9) of participants identified as being Aboriginal or Torres Straight Islanders (ATSI).

Table 1. Demographic characteristics of the 2002 IDU survey sample (N= 156).

Sample characteristics	
Age (Mean years)	30 (range 18 to 52)
Gender (% Male)	60
Accommodation (%):	
Own house / flat (includes renting)	56
Parents house	16
Boarding house / refuge / hostel	12
No fixed address / homeless	6
Ethnicity (%):	
English main language spoken at home	97
'Other' main language spoken at home	3
Aboriginal or Torres Strait Islander	6
Employment (%):	
Not employed	84
Full time	3
Part time/casual	9
Student	1
Sex worker	3
School education (mean years)	11
Tertiary education (%):	
None	50
Trade/technical	45
University/college	5
Prison history (%)	49
Treatment history (%):	
Currently in treatment	38

A total of 90 participants (58%) had engaged in some form of treatment during the last six months prior to interview. Of these people, 72% had engaged in one type and 28% in two different types. Thirty-eight percent of the respondents were currently receiving drug treatment. The most common types of drug treatment for this group were buprenorphine treatment (63%), methadone maintenance (34%) and drug counselling (3%). For the group of respondents currently in treatment (n=59), the mean length of time that they had been engaged in their

current treatment type was 13.4 months, although this varied considerably (SD 27.15). Thirty-seven people (63%) had been in treatment six months or less, eleven people (19%) between six to 12 months, and eleven people (19%) for two years or more. A small proportion (4%, n=6) reported that they had used naltrexone in the past six months.

It is interesting to note that there has been a decrease in the number of people in longer-term treatment (> six months) from 51% (n=32) in 2001, to 37% (n=22) in 2002. This may be due to the fact that most of the respondents who are currently in treatment are on buprenorphine, and this drug has only been on the market in Victoria for a short period of time.

3.2 Drug use history of the IDU sample

3.2.1 Duration of injecting career

The mean reported age at first injection of a drug was in the late teens (17.8 years, SD 4.7), ranging from 9 to 35 years. The mean number of years since first injection to the present was 12.2 years (SD 7.5). There was considerable variation in the length of experience of injecting drug use among those surveyed (range 1 – 37 years). Over one third of participants (36%) first began injecting drugs within the last seven years, whereas 12% (n=18) had first started injecting 21 years ago or longer. The drugs most frequently used on the first injection occasion were amphetamines (51% compared to 41% in 2001, 60% in 2000 and 49% in 1999) and heroin (44% compared to 54% in 2001, 38% in 2000 and 46% in 1999).

3.2.2 Drug use history (last 4 weeks)

The majority of the sample reported that heroin was the drug they had most often injected in the past month (65%), the last drug that they had injected (63%), and their drug of choice (64%). Almost one quarter of the sample indicated that they had most often injected methamphetamine during the past month (24%, compared to 32% in 2001), and that methamphetamine was the last drug injected (28%). However, only 14% reported that methamphetamine was their drug of choice (compared to heroin, 64%). Smaller numbers of participants also nominated other drugs such as cannabis (12%), cocaine (4%) or ecstasy (3%) as their drugs of choice.

Table 2. Frequency of injection during the last month (IDU survey, N=155) [1].

Frequency of injection during last month	%
Weekly or less	23
More than weekly	32
Once a day	19
Two to three times per day	17
More than three times per day	9

[1] Missing data for one respondent

Table 3. Amount spent on illicit drugs on day prior to interview (IDU survey, N=155) [1].

Amount ($)	%
Nothing	39
Less than $20	4
$20-49	14
$50-99	17
$100-199	14
$200-399	7
$400 or more	5

[1] Missing data for one respondent

Forty-five percent of respondents had engaged in drug injection at least once a day during the month prior to interview (refer to Table 2), which is similar to the to 43% observed in 2001 (Fry & Miller, 2002). Table 3 shows that 61% of the sample had purchased illicit drugs on the day before interview. Of the respondents, 31% had spent $20 to $99, and 26% had spent more than $100.

Table 4 shows that 65% of the IDU sample reported that they had last injected in a private home, while others had injected in public locations such as public toilets (11%), the street/park or beach (13%), or in a car (9%). The usual or most frequent location of injection during the past month was private home (73%), car (8%), the street/park or beach (8%) and public toilets (8%).

Table 4. Location in which respondents had last injected (IDU survey, N=156).

Last injecting location	%
Private home	65
Public toilet	11
Street/park or beach	13
Car	9
Other (e.g. stairwell, flats)	25

The reported locations of last injection were similar to those reported in 2001 (Fry & Miller, 2002).

3.2.3 Drug use history (last six months & lifetime)

Table 5 shows the self-reported drug use history of the IDU survey sample over the six months prior to interview and lifetime, as well as routes of administration and recent frequency of use. The majority of respondents reported lifetime use of heroin (100%), tobacco (97%), amphetamines (96%), cannabis (97%), alcohol (96%), and benzodiazepines (92%).

Of the 19 drug classes included in Table 5 of the 2002 IDRS survey, the median number of drug classes ever used by respondents was thirteen, while a median of eight drugs had been used in the preceding six months. Tobacco (96%) and heroin (94%) were the drugs most frequently used during the previous six months. Significant numbers had also used cannabis (87%), benzodiazepines (73%), alcohol (71%) and amphetamines (73%) in this period. Reported lifetime poly-drug use increased in 2002, perhaps as result of the reduced heroin supply in late 2000 - early 2001, during which time IDUs may have experimented with new drug types. Also, the mean age of respondents at interview was 30 years in 2002 and 29 years in 2001, so another explanation might be that this study is following the same IDU cohort and over time they have experimented with more drugs.

A variety of drugs had been injected with a median of three types in the preceding six months, and six types ever. The most commonly reported drugs injected in the last six months were heroin (93%), amphetamines (71%), morphine (47%), benzodiazepines (21%), cocaine (15%) and ecstasy (14%).

Table 5. Drug use history of the 2002 VIC IDRS IDU sample (N=156).

Drug Class	Ever used %	Ever injected %	Injected last 6 months %	Ever smoked %	Smoked last 6 months %	Ever snorted %	Snorted last 6 months %	Ever swallowed %	Swallowed last 6 months %	Used last 6 months %	Median number of days used in last 6 months by those using the drug
1. Heroin	100	100	93	53	12	24	5	27	11	94	60
2. Methadone	74	22	3					73	27	27	170[#]
3. Morphine	75	71	47	4	1	2	1	41	26	51	10
4. Homebake	19	19	4	2	0	2	1	3	1	5	2
5. Other opiates	60	21	6	3	1	3	1	55	33	36	12
6. Speed	93	89	68	15	5	53	12	44	11	70	24
7. Amphet liquid	18	16	6					5	1	7	2
8. Base/point/wax	32	32	19	2	1	3	1	6	3	19	10
9. Ice/shabu/crystal	56	47	22	16	5	6	2	11	5	26	6
10. Cocaine	60	47	15	14	4	39	8	10	4	17	6
11. Hallucinogens	71	17	2	8	2	3	4	69	11	12	1
12. Ecstasy	62	36	14	2	1	8	5	56	28	31	4
13. Benzodiazepines	92	61	21	6	2	1	0	89	71	73	48
14. Alcohol	96	12	1					94	71	71	20.5
15. Cannabis	97									87	180
16. Anti-depressants	60	5	1					60	31	31	90
17. Inhalants	33									8	2.5
18. Tobacco	97									96	180
19. Buprenorphine	57	37	33	1	1	1	1	50	46	53	90*
Poly-drug use (Median drugs used)	13	6	3							8	

[#] For respondents currently engaged in methadone maintenance treatment (n=20)
***For respondents currently engaged in buprenorphine maintenance treatment (n=37)

4.0 HEROIN USE IN MELBOURNE

Price, purity and availability of heroin were identified from information obtained from the 93% of the IDU sample who felt confident to comment on heroin trends.

4.1 Price

Table 6a summarises the modal (most frequently reported) price of heroin in Melbourne reported by IDU participants across the 1997 - 2002 IDRS studies.

Table 6a. Modal prices of heroin in Melbourne reported by IDU survey respondents 1997-2002.

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

[a] The modal 'cap' price reported for 2000 refers to a larger quantity of heroin to that reported in previous years

These figures show current 'cap' prices in Melbourne have remained quite stable at $50 over the past three years. Table 6a also shows that the most frequently reported price per gram of heroin in 2002 had decreased to $400, from $500 in 2001. This apparent decrease in gram prices in 2002 (after an observed increase in 2001) may be indicative of significant returning supply to the Melbourne heroin market.

Table 6b shows the reported price of last amounts of heroin purchased by IDU survey participants during the six months prior to interview, for the various quantities of heroin purchased. Modal prices reported for 'cap' and gram amounts are consistent with those reported in Table 6a, although it is apparent that the range of prices reported for purchased quantities of heroin is quite variable.

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

Amounts of heroin purchased (last 6 months)	n	(%)	modal price ($)	price range ($)
last cap	116	(74)	50	25-100
last 1/8 gram	23	(15)	100	15-350
last ¼ gram	32	(21)	100	100-470
last ½ gram	53	(34)	200	100-460
last gram	41	(26)	400	50-600

The variability in reported prices indicates a general lack of stability in the heroin market place across Melbourne during the first half of 2002, however almost half of the sample (49%) reported that the price of heroin had been stable over the previous six months (compared to 23% who reported it as stable in 2001). Twenty-eight percent reported that the price had increased (down from 55% in 2001), and 10% that it had decreased (5% reported a decrease in 2001). A further 12% reported that heroin prices had fluctuated in this time. The reported price per gram of heroin appeared to have stabilized over the period 1999 to 2000, increased in 2001 (which was during the reported heroin drought) and then decreased again in 2002.

Heroin gram prices reported by IDU survey respondents were consistent with Victorian price data available from Australian Crime Commission (ACC) sources for 2001/2002 (Australian Crime Commission, in press).

Key informants reports on prices for cap (range $50-$100) and gram ($400-$450) quantities of heroin were generally consistent with those reported by IDU survey respondents. All key informants reported that the price had decreased increased over the past twelve months, however most key informants reported that prices fluctuated regularly.

4.2 Availability

The majority of IDU respondents reported heroin as either very easy (47%) or easy (41%) to obtain at the time of interview (June-August 2002), while a smaller number indicated that it was difficult (10%) to very difficult (1%) to access. When asked if heroin availability had changed during the past six months, over half reported that availability had been stable (53%). Twenty-one percent claimed it was easier to obtain, and 18% more difficult. Only 4% thought it fluctuated during that time.

Most participants reported that they usually scored/purchased heroin from street dealers (31%), or mobile dealers (26%). Others accessed heroin at the dealer's home (23%) or through friends (12%). Interestingly, there has been a decline in the number of IDUs scoring from mobile dealers compared to 2001 (38% and the dominant source of heroin for that period). The 2002 data for scoring from mobile dealers is similar to the 2000 data (24%), prior to the onset of the reduced heroin supply in Melbourne (Miller, Fry & Dietze, 2001).

Key informants reported that heroin was currently easy to access (60%), and that over the last six months the availability of heroin fluctuated regularly (n=35). It was reported by key informants that over the past twelve months availability of heroin has increased marginally. Key informants (n=37) explained that street-based market places throughout Melbourne had continued to decline and a significant proportion of heroin dealing had moved to home-based or mobile phone based market. Key informants describing the Melbourne CBD street heroin market explained that many users accessing this market were more novice users and they often spent a substantial amount of time trying to 'score'. It was also reported that they are more likely to be 'ripped off'. Whilst similar trends were reported in other street markets, each location also reported unique characteristics in terms of heroin availability and other drugs used. Most key informants observed that the number of people using heroin in last twelve months remained stable overall.

4.3 Form and purity

As in 2001, a higher proportion of the IDU sample reported that they had most commonly used heroin rock (76%), compared to powder (24%) in the previous six months (Fry & Miller, 2002). The most common route of administration was injection (93%), 12% also reported 'smoking' the drug (i.e. heating heroin and inhaling the resulting vapours) and 11% swallowing it in the preceding six months.

Consistent with IDU reports, the primary route of administration identified by key informants was injection. While some reported contact with people who smoked heroin most reported a substantial reduction in this behaviour from previous years.

Heroin purity was reported as low (45%), to medium (34%) by the majority of respondents in the IDU survey, with 10% reporting that heroin purity was high and 8% saying it had mostly fluctuated. In 2002, a much smaller proportion (45%) of respondents reported the purity as being low (compared to 75% in 2001). Participants perceived that heroin purity had mostly increased (37%) in the previous six months, while others indicated that it had been stable (24%), decreased (21%), or fluctuated (14%) during that time. This is a noteworthy change from 2001 when the majority reported that the purity of heroin had decreased (58%) or fluctuated (20%). These figures indicate an increase in the perceived quality of heroin since the 'drought'.

The average purity level of heroin seizures (for <1gm and >1gm amounts) made by law enforcement agencies in Victoria during the 2001/2002 financial year is shown in Figure 2. Purity figures shown here represent the purity levels of all heroin seizures made during this time period, except for May and June 2002 for which data were unavailable at the time of writing. Previous IDRS studies (see Fry & Miller, 2002) have reported that after peaking at around 70% during 1998, the purity of heroin in Victoria dropped to 40% in December 2000, followed by a sharp decline to 13% in February 2001.

The overall average purity level of seizures analysed between July 2001- May 2002 was 17% (range <1 to 89%), however Figure 2 suggests a trend of increasing purity over this period. Yearly heroin purity averages reported in past Vic IDRS studies undertaken during the height of the heroin supply in Melbourne were much higher: 68.5% in 1988; 60.3% in 1999; 47.3% in 2000; 34.4% in 2001.

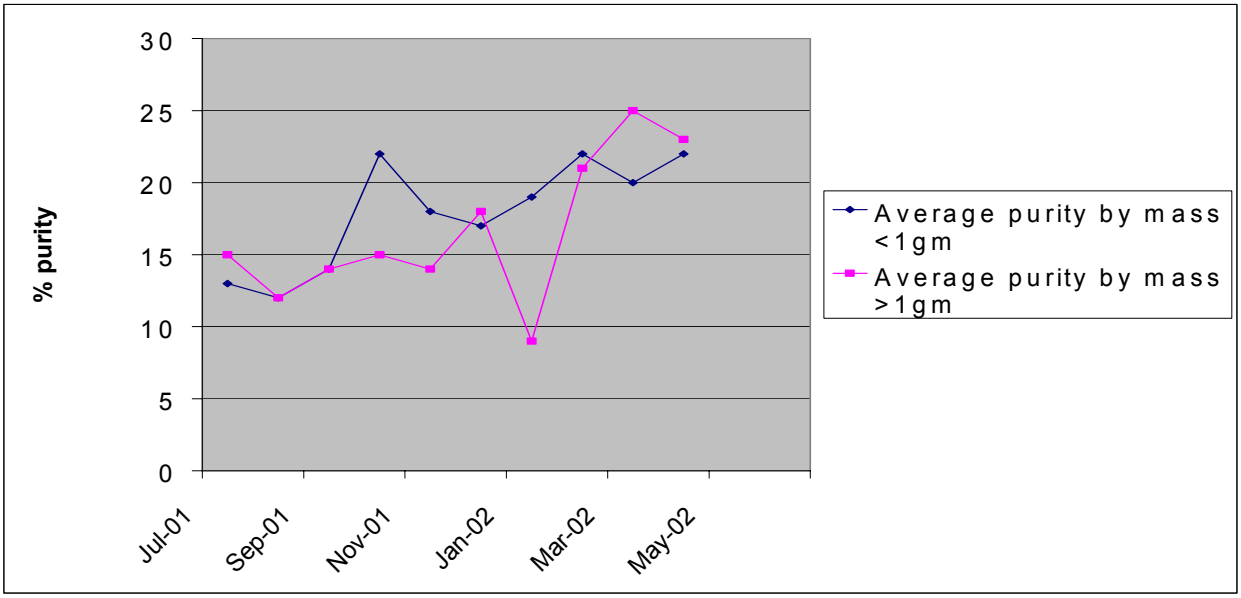


Figure 2. Average purity of heroin seizures by Victorian law enforcement, July 2001 – June 2002 (Victoria Forensic Science Centre).

By comparison, figures available from Australian Federal Police (AFP) seizures in Victoria during the period July 2001 to June 2002, show that the median level of purity for tested quantities of two grams or less was 75.4% (n=9 seizures), whereas 37 tested seizures of greater than two grams of heroin were on average 74.8% pure (median). The likely explanation for the large discrepancy in average purity levels of seizures made by AFP and Victorian law enforcement is that AFP operations target different sectors (i.e. closer to origin) of the heroin supply chain.

Most key informants reported that the purity of heroin was low to medium (n=25). The majority of key informants reported that heroin purity fluctuated. Most key informants reported that heroin purity had not returned to anywhere near the levels seen prior to the 'heroin drought'.

4.4 Patterns of heroin use

Prevalence of heroin use

The most recently published estimates of dependent heroin users in Australia is available for 1998, where Hall and colleagues (2000) put the figure at 74,000 (range 67,000 – 92,000), of which approximately 19,600 were in Victoria (27% of the national estimate). Hall and colleagues (2000) concluded that there had been an overall increase in the number of dependent heroin users in Australia during the 1990's.

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

Additional indicators of injecting drug use are available from the Australian NSP Survey conducted annually through the National Centre in HIV Epidemiology and Clinical Research, Sydney, NSW. In addition to the NCHECR finger-prick blood samples and self-reported risk behaviour information (refer to section 4.3.5 of this report), the 2001 national survey of NSP clients collected self-report information regarding the last drug injected by clients. Interestingly, 58% (compared to 87% in 2000) of the 340 NSP clients recruited from 4 NSP sites in Victoria reported that they had last injected heroin, and 24% identified amphetamine (6% in 2000). Two people reported that they last injected benzodiazepines, nine people (3%) reported morphine and five people (1%) cocaine.

Together, these data may be interpreted as showing a continuing decline in the prevalence of heroin use (although in NSP samples it is still high) and concomitant indications of increasing prevalence of use of methamphetamines.

Current patterns of heroin use

The majority (64%) of IDU survey respondents reported that heroin was their main drug of choice. A total of 93% of the sample reported having injected the drug in the preceding six months, with respondents reporting using the drug on a median of 60 days in that period (similar to the median of 65 days reported in 2001). However, in 2000 participants reported a median of 176 days heroin use in the last six months. The significant decrease in frequency of heroin use, first observed in 2001, is consistent with reports of a heroin shortage in Melbourne at that time. Interestingly however, reports from the IDUs surveyed in 2002 suggest that although the heroin market is currently more stable, frequency of use has not returned to the level it was at pre 2001.

[2] Estimates based on small numbers of respondents

Key informants reported that the amount and frequency of heroin used was dependent upon a number of factors including availability of money, route of administration and length of time using heroin. Twenty five key informants estimated that the regular heroin users with whom they were in contact consumed 1-2 caps per day (at a cost of $50 each), four believed that regular heroin users would consume greater amounts, ranging from one quarter of a gram per day ($100-$150) to half a gram per day ($150-$200). Eighteen key informants identified that the availability of heroin impacts markedly on the amount people are using the moment due to the shortage of high-quality heroin stating that although the heroin market is currently more stable, frequency of use has not returned to the level it was at pre 2001.

The demographic profile of heroin users described by the key informants was similar to that of the IDU sample in regard to age (majority 20 to 25 years, ranging from 11-60 years of age), gender (predominantly male 65%), ethnicity (mostly from English speaking backgrounds), level of education (average Year 10 completed) and employment status (low employment levels).

Key informants reported that there had been minor changes in heroin use over the past twelve months following the chronic shortage of heroin observed in the previous year, particularly in the early part of 2001. Changes observed included: little change in the number of people using heroin, a substantial decrease in the use of benzodiazepines, a small decrease in the use of methamphetamines by this group of people, a small return of street based trading of heroin, and no real change in the level of violence in the drug market. Key informant reports on changes in the demography of heroin users reflected localised trends.

Most key informants (n=23) observed no changes over the past six months and some (n=10) noted that the number of users engaging in sex work to pay for their heroin had stabilised. In addition, two key informants noted that the definition of sex work within this group of people was highly problematic because many younger vulnerable users traded sexual favours for either drugs, protection, or even somewhere to sleep.

Key informants (n=23) reported that the trends observed in the previous IDRS of less street dealing and more home-based and mobile phone dealing has mostly been continued with occasional increases in street activity. Three key informants reported that the street markets have now become more associated with inexperienced users, or those new to the area, and many clients in this market find it difficult to score, often being ripped off or only accessing poor quality heroin. In contrast to the 2001 IDRS study, key informants noted that there had been a modest increase in the purity of heroin over the past twelve months. All reported that the purity of heroin fluctuated substantially. Similarly, key informants report that the price of heroin fluctuated significantly over the past twelve months, remaining stable overall.

As with the previous IDRS studies, street markets were reported to be operating in the Melbourne Central Business District (CBD), St Kilda, Fitzroy/Collingwood, Footscray, Springvale/Dandenong, Richmond, Frankston and Box Hill. As previously noted, key informants reported that all of these markets have declined substantially since the heroin 'drought'. Key informants (n=13) also noted that although these sites were frequently displaced as a consequence of police activity, they would simply shift to adjoining streets or suburbs.

Key informants (n=8) remarked that the overt nature of heroin trading activities had not returned to 1999/2000 levels. Almost all (n=42) key informants commented that the bulk of street-based heroin dealing was 'on-selling' by users to finance their own habits and that the distinction commonly drawn between heroin 'users' and 'dealers' is often false. Police key informants (n=4) noted that there has been a significant decrease in the amount of heroin involved in larger transactions.

4.5 Summary of heroin trends

Table 7 contains a summary of trends in the price, purity, availability and use of heroin as ascertained in the 2002 Victorian IDRS study.

Heroin is reported as easy to obtain at present and availability has been stable over the past six months. The current price of gram amounts of heroin has fallen to $400 in 2002, while the price of a 'cap' has remained stable at $50 over the past few years. Purity of heroin is reported as low to medium, but generally appears to have increased recently.

Table 7. Summary of heroin price, availability, purity and use trends in Melbourne 2002.

Price (mode) Cap Gram	 • $ 50 (stable) • $ 400 (decreased)
Availability	• very easy (47%), easy (41%) • stable (53%)
Purity	• average purity 17% (range 1%-89%)[a] • low (45%) to medium (34%)[b] • increasing (37%), stable (24%)[b]
Use	• mostly rock form (76%) • slight increase in overall numbers • stable- increasing frequency of use

[a] Based on purity of drug seizures made by Victoria Police

[b] Based on IDU reports

5.0 METHAMPHETAMINE USE IN MELBOURNE

While the 2001 IDRS collected some data on crystal methamphetamine and methamphetamine base, for the first time in 2002 a distinction was made between the different forms of methamphetamine (speed, base and ice) to improve the precision of data collection on use, purity and availability of each of the forms.

The majority (96%) of IDU survey respondents reported lifetime use of methamphetamines (compared to 94% in 2001, and 90% in 2000) and almost three quarters (73%) had used methamphetamine in the last six months (powder 70%, liquid 8%, base 19% and ice 26%). Fifty-six percent of survey respondents were able to comment confidently on the price, purity and availability of speed, however only 4% could comment on base, and 8% on ice. Data collected from IDU responding to the base and ice sections have been included in this report, however it is difficult to draw any conclusions about the price, purity and availability of these forms of methamphetamine from such small sample sizes.

Most key informants (n=30) were able to comment on methamphetamine users, particularly as the majority of key informants reporting on heroin identify that their client group also use substantial amounts of methamphetamines.

Flashcard Analysis

In 2002, flashcards with colour photographs of the different forms of methamphetamines (Churchill & Topp, 2002) were used to begin clarifying more precisely the characteristics of the different forms of methamphetamines that are sold as "speed", "base", and "crystal". 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*, also accessible from the NDARC website http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.bulletins.

Photographs were grouped by Churchill and Topp (2002) *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 from the three 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. In the sections that follow, the most commonly identified pictures are shown.

Table 8 shows the reports from users of each of the forms of methamphetamine. Only those persons who reported use in the past 6 months are included in the table. For each form of methamphetamine, those who reported *any* use within the past 6 months, and those who reported *primarily* using each form, are presented. Notably, numbers reporting *primarily* using base and *primarily* using ice are small, so the results should be interpreted with caution.

Table 8. Reports from speed, base and ice users regarding the form of these drugs.

	Speed		Base		Ice	
	Any[1, 2] N = 109	Most common form used[2] N=97	Any[1, 2] N = 31	Most common form used[2] N=3	Any[1, 2] N = 43	Most common form used[2] N=11
% any A	81	94	3	-	-	-
% any B	8	4	68	67	23	18
% any C	1	1	10	-	67	45

1. Note that percentages are not additive as respondents could nominate more than one picture.
2. Note that percentages do not add to 100 due to missing data.

Speed

Of the participants who had used speed in the last six months (n=109), the majority (81%) identified pictures from the A class photographs. Within the A class category, almost two thirds (65%) reported using A1, 56% identified samples from A2, 42% identified A3, and 36% identified having used A4 in the last six months. Only 8% of those who reported using speed in the last six months identified pictures from the B class photographs, and one person identified pictures from the C class photographs.

When asked about which form of methamphetamine they had used the most in the preceding six months, participants were again asked to identify which picture resembled that form they had used. Among participants who had used speed the most in the preceding six months (n=97), 94% identified pictures from the A class, with A1 being the most identified photograph (44%). Only 4% of the B class photographs were identified and one participant identified pictures from the C class photographs.

A Class photographs

A1

A2

A3

A4

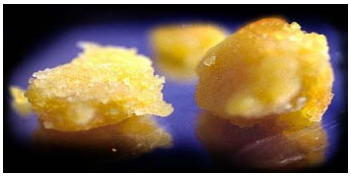
Base

Of the participants who had used base in the last six months (n=31), 68% identified pictures from the B class photographs as resembling the base they had used. Within that category, B3 and B5 were the photographs most identified (38% each). Smaller proportions identified samples from photographs in the C class (10%), and A class (3%).

Only a very small proportion of the VIC IDRS sample had used base the most in the last six months (N=3). Two respondents (67%) identified pictures from the B class photographs (one person B3 and the other person B5), while the third respondent did not nominate a photograph.

B Class Photographs (most identified)

B3



B5

Ice/crystal meth

Of the participants who had used ice in the last six months (n=43), the majority (67%) identified pictures from the C class photographs as resembling the ice they had used. Within that category, C2 was the photograph most identified (66%), with 21% identifying C1. Almost one quarter (23%) identified pictures from the B class photographs, while none of the A class photographs were identified.

Among participants who had used ice the most in the last six months (N=11), 45% identified pictures from the C class photographs, with C2 being the most identified photograph (60%).

C Class Photographs (most identified)

C2

C1

Summary

The above analysis provides support for the methamphetamine categories ascribed by Churchill and Topp (2002). As they hypothesised, the majority of speed users identified pictures from the A class photographs, the majority of base users from the B class photographs, and the majority of ice users identified C class photographs. Compared to speed however, there was greater ambiguity with respect to visual identification among base, and ice users in particular. Respondents identified pictures from both the B and C class photographs as the forms base and ice. This may be indicative of the dynamic nature of this illicit drug market.

5.1 Price

It is apparent that a wide range of prices have been reported for the most frequently purchased quantities of methamphetamine, however modal prices for all three forms of methamphetamine (i.e. speed, base and ice) are very similar. Also, prices reported are similar to those reported in 2001 (see Table 9).

Table 9. Modal prices of amphetamines in Melbourne reported by IDU survey sample 1997-2002.

	1997	1998	1999	2000	2001	2002[b]
Amphetamine						
$/point	-	-	-	-	50	50
$/gram	50	50	50	50	200	200
$/ounce	-	820	750	800	1075[a]	700

[a] based on n=4 reports ranging from $175 to $3500

[b] current modal price for speed only

Speed

The majority (56%) of respondents were able to comment on the current price, purity and availability of speed. The modal (most frequently reported) price per gram (n=57) was $200 (range $45-$400). The modal price per ounce (n=11) was $700 with a range from $700-$4000. Fifty-nine percent reported stable prices over the last six months, while 14% said there was a decrease in price, 10% an increase and 9% fluctuations.

Base

The modal price for a gram of base (n=5) was $200 (range $200-$300), and for a 'point' (n=6) $50 (range $30-$50). Most respondents (n=5) felt that the price of base had remained stable over the last six months (the other one respondent did not know).

Ice

The modal price for a gram of ice (n=7) was $220 (range $45-$500) and for a 'point' n=10, $50 (range $6-$50). The majority (n=9, 69%) reported that the price had remained stable over the last six months, with 23% (n=3) claiming that the price had fluctuated.

Price information obtained from IDU survey respondents was consistent with Victorian methamphetamine price data available from ACC sources for the period 2001/2002 (Australian Crime Commission, in press).

Methamphetamine prices reported by key informants were for a 'point' (range $30-$50) and a gram (range $200-$250). It was reported that methamphetamines were almost exclusively sold in 'points' (theoretically 0.1 of a gram) in comparison to previous IDRS where deals were sold in 'caps' or bags. Key informants reported that the price of methamphetamines had been mostly stable during the past twelve months.

5.2 Availability

Generally the availability of methamphetamine is stable for each form, although the purer forms (i.e. base and ice) are more difficult to obtain. In terms of source of methamphetamine, in 2002 most people reported scoring from a dealer's home or friend, and it is apparent that there has been a decrease in respondents using mobile dealers, compared with 2001 (Fry & Miller, 2002). The median amount of time required to score methamphetamine was about 30 minutes.

Key informants reported that methamphetamines were very easy to obtain at the moment and that availability had remained stable over the past twelve months.

Speed

An overwhelming majority of respondents reported that speed was either easy (52%), or very easy (33%) to obtain at present, with only 14% reporting difficulty in obtaining the drug. Most indicated that the availability had remained stable (65%), or gotten easier (17%) in the previous six months, with 11% reporting that it had become more difficult to score speed in the previous six months. The usual sources of obtaining speed in the last six months were dealer's home (35%), friend (28%), street dealer (15%), mobile dealer (14%), home delivery (4%) and as a gift (1%).

Base

Of the six respondents, three people reported that base was easy to score, two said it was difficult and one did not know. The majority (n=4) reported that the ease of access had remained stable over the last six months. Half (n=3) of the sample mainly scored from friends, two respondents bought off a street dealer, and one person made their own.

Ice

Of the 13 respondents, the majority of people reported that ice was either difficult (n=6) or very difficult to obtain (n=3), with the remainder claiming that it was either easy (n=2) or very easy (n=2). Five (38%) reported that the ease of access had remained stable over the last six months, while another five (38%) reported access as becoming more difficult. Two respondents said access had become easier, and one person that it had fluctuated. The usual source of ice was reported as a friend (n=4), dealer's home (n=3), mobile dealer (n=3), street dealer (n=2) and gift from a friend (n=1).

5.3 Form and purity

Participants used a variety of methamphetamine forms during the last six months, including speed powder 70% (74% in 2001), liquid 8% (7% in 2001), base 20% (32% in 2001) and ice 28% (52% in 2001). Although similar numbers of IDU used powder and liquid in both 2001 and 2002, it is evident from IDRS data that there has been a decrease in respondents using ice and base.

In terms of purity, generally respondents reported it as medium, however the majority believed that it had decreased in the past six months. This is in comparison with 2001 data where respondents felt purity had either increased or remained stable (Fry & Miller, 2002).

The most common route of administration of methamphetamine in the last six months was injecting, with smaller numbers swallowing and snorting. Those who had used methamphetamines in the preceding six months (73%) reported a median of 24 days (compared to 25 days in 2001, and 6 days in 2000).

Speed

The majority of respondents reported that the purity of speed was low (35%), to medium (32%), while 16% reported that it was high and 12% fluctuating. In 2002 most thought that purity had either decreased (31%) or remained stable (26%), while 22% thought that it had fluctuated and 16% increased.

Base

Of the six people who answered this section, three felt that the purity of base was medium, two reported that they didn't know about the purity, and one respondent claimed that the purity was low. Three people reported that the purity had decreased over the last six months and one person reported that it had remained stable (two did not know).

Ice

Nearly half (46%, n=6) of the respondents felt that the purity of ice was high, three people reported medium quality, and one respondent claimed the purity was low (three respondents did not know). Perceptions about the changes in purity of ice over the last six months were evenly spread amongst the ten respondents who had some knowledge of purity, with equal numbers (n=3) reporting that purity had been stable, decreasing or fluctuating, with only one respondent reporting an increase in purity.

Australian Bureau of Criminal Intelligence records of the purity of methamphetamine seizures made by the Australian Federal Police in Victoria show that the average purity of the small number of seizures tested (n=16 of ≤ 2gms) during July 2001-June 2002 was 79.9%.

The mean purity of <1gm and >1gm methamphetamine seizures by law enforcement agencies in Victoria during 2001/2002 financial year is shown in Figure 3. All Victorian seizures are tested for purity, however at the time of writing figures for May and June 2002 were not available. As shown in Figure 3, the average purity of <1gm methamphetamine seizures appears to have been relatively stable during the period of focus, compared to the larger variability seen in purity levels of >1gm seizures.

The mean purity of all seizures of methamphetamine analysed in Victoria during the 2001/2002 financial year was 20% (range <1 to 99%), compared to 21% reported for 2000/01 and 15% for 1999/00 (Fry & Miller, 2002).

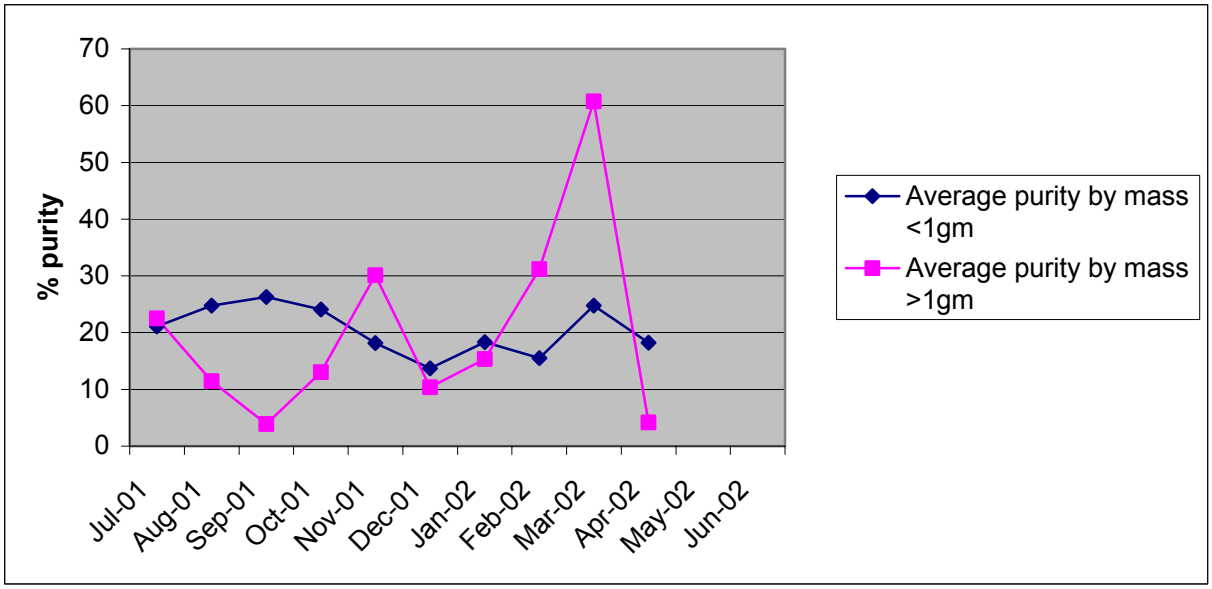


Figure 3. Average purity of methamphetamine seizures by Victorian law enforcement, July 2001 – April 2002 (Victoria Forensic Science Centre).

Most key informants (n=28) reported that methamphetamine purity was generally high, but fluctuated regularly during last six months. This represents a consolidation of the trend identified in the 2001 IDRS of higher methamphetamine purity.

5.4 Patterns of methamphetamine use

Prevalence of methamphetamine use

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

Preliminary data from the recent *Victorian Youth Alcohol and Drug Survey* (Premier's Drug Prevention Council, 2002) show that overall, 15 percent of the 18-24 year olds sampled reported having used amphetamines in their lifetime and, of these, 59 percent reported use in the 12 months prior to the survey and in turn, 44 percent of this group reported use in the month prior to the survey. Reported use appeared to increase with increasing age and a higher proportion of males reported use of these types of drugs than females.

Current patterns of methamphetamine use

The majority (96%) of IDU survey respondents reported lifetime use of methamphetamines (powder 93%, amphetamine liquid 18%, base 32% and ice 56%), compared to 94% in 2001 and 90% in 2000, while 14% nominated methamphetamines as their drug of choice.

The majority (73%) of IDU survey respondents reported using methamphetamine in the past six months (powder 93%, liquid 18%, base 19% and ice 56%). Those who had used the drug in the preceding six months reported a median of 24 days of use in this period (powder 24 days, liquid 2 days, base 10 days and ice 6 days).

Key informants in this survey overwhelmingly identified that the increase in methamphetamine use identified in the previous IDRS had consolidated into a regular feature of the Melbourne injecting drug scene. Most of them attributed this increase to the decreased availability of heroin. Key informants reported that the incidence and prevalence of polydrug use incorporating methamphetamines have increased markedly. It was also reported that this group who do engage in other polydrug use of drugs such as benzodiazepines, ecstasy and cannabis and this represented a significant shift in regular drug use patterns. In contrast to the findings of previous IDRS studies, some key informants (n=25) reported that methamphetamine use was a regular, daily occurrence, whereas in the past methamphetamine use was characterised as sporadic and binge-like in nature (Fry & Miller, 2001). Key informants identified that, in contrast to previous years and due to the heroin drought, there has been a consolidation of drug dealing with more heroin dealers now supplying methamphetamines than previously. Key informants reported that dealers were still likely to be users themselves.

While it is evident from the current findings that the 2002 IDU sample used methamphetamines (mainly the speed variety), the relatively low levels of use of other forms such as base and ice, indicates that other sentinel drug user groups will need to be recruited to gain clearer evidence regarding emergent trends in the use, availability and price of those forms.

5.5 Summary of methamphetamine trends

Trends in methamphetamine price, availability, purity and use are summarised in Table 10. Findings from the 2002 IDRS study suggest that the prevalence of methamphetamine (in particular speed) use among injecting drug users in Melbourne is quite high, and these drugs are predominantly sourced through social networks and home-based dealers.

Table 10. Summary of methamphetamine price, availability, purity and use trends in Melbourne, 2002.

	Powder	***Base***	***Ice***
Current Price (mode) Point Gram Ounce	• $50 • $200 • $700	• $50 • $200[a] [a] Multiple modes exist. The smallest value is shown.	• $50 • $220
Availability	• easy (52%) – very easy (33%) • stable (65%) • scored from dealer's home (35%), friend (28%)	• easy (50%) and difficult (33%) • stable (67%) • scored from friends (50%) and street (33%)	• difficult (46%) – very difficult (23%) • stable (38%) and more difficult (38%) • scored from friends (31%), dealer's home (23%) and mobile dealer (23%)
	• Purer forms more difficult to obtain • Generally stable availability for each form		
Purity	• purity low (35%) to medium (32%) • purity decreased (31%) and stable (26%)	• purity medium (50%) and unknown (33%) • purity decreased (50%) and unknown (33%)	• purity high (46%) to medium (23%) • purity stable (23%), decreasing (23%) and fluctuating (23%)
Use	• Level of use has remained relatively stable. • Decrease mobile dealing • Increase in scoring from dealers' home • Price has remained stable • Apparent increase in methamphetamine use in 2001, which has been fairly stable since.		

6.0 COCAINE USE IN MELBOURNE

Only nine percent of IDU survey respondents (n=14) were able to comment confidently on the price, purity and availability of cocaine. This is in contrast to the 2001 IDRS, where 18% (n=27) survey respondents were able to comment on cocaine trends.

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

6.1 Price

Table 11 summarises the modal price of cocaine in Melbourne reported by the injecting drug users who participated in the 1997 – 2002 IDRS studies. Eight (57%) of the 14 participants who were knowledgeable about cocaine reported that prices had remained stable during the past six months. Only one respondent reported that cocaine prices had increased, and one that they had fluctuated in this time. This data suggests that there is some recent stability in the price of cocaine in Melbourne, however it is not possible to identify clear trends due to the consistently small number of price reports obtained in each of the IDU surveys during this time period.

Table 11. Modal prices of cocaine in Melbourne reported by IDU survey respondents 1997-2002.

	1997	1998	1999	2000	2001	2002
Cocaine						
$/cap	-----	-----	65[a]	80[b]	50[c]	50[d]
$/gram	300	200	250	250	200	250[e]

[a] n=1
[b] n=3 (range $50-$250)
[c] n=5 (range $50-200)
[d] n=4 (range $40-$250)
[e] n=7 (range $150-$500)

Average prices reported by IDU survey respondents were consistent with the Victorian cocaine gram prices from ACC sources for 2001/2002, (Australian Crime Commission, in press). Key informants reported that the price of cocaine varied between $250 and $400 per gram and $50 per cap. It was reported that this price had remained stable over the past twelve months.

6.2 Availability

The majority of the respondents who were able to comment on the availability of cocaine (n=14) reported that it was difficult (43%, n=6) to very difficult (29%, n=4) to obtain. Fewer people reported that it was easy (14%, n=2) or very easy (14%, n=2) to obtain at present (compared to 56%, n=15 in 2001). The majority (79%, n=11) reported the availability of cocaine as being stable and two people (14%) reported that it had become more difficult to obtain over the past six months. For those who had used cocaine in the previous six months, the drug was most commonly obtained from mobile dealers (29%, n=4), friends (29%, n=4), or street dealers (14%, n=2). Thirty minutes was the median amount of time needed to score cocaine.

As with previous IDRS studies key informants reported that although in general cocaine was difficult to obtain, it was relatively easy for those who established and maintained appropriate contacts. It was reported that availability was fairly stable over the past twelve months. One key informant reported that cocaine was becoming increasingly available in the club scene.

6.3 Form and purity

Sixteen percent (n=25) of those who participated in the IDU survey reported having used cocaine in powder form in the past six months (compared to 31% in 2001), and 11 respondents (7%) reported using "crack" (a smokeable form of cocaine). As in 2001, the principal route of administration reported for recent cocaine use (last six months) was injecting (15%, n=23). This is a slight decrease on 2001 where 20% (n=30) of respondents reported injecting cocaine in the last six months, although still greater than in 2000 (6%, n=9) and 1999 (3%, n=3). In 2002, reported lifetime cocaine use (60%) was slightly less than in 2001 (64%), however still higher than 2000 (51%) and 1999 (46%). Reported lifetime injection of cocaine increased to 47% in 2002, from 46% in 2001, 36% in 2000 and 29% in 1999. Reported frequency of use was low for this time period (median 6 days), suggesting irregular use patterns.

Reports obtained on cocaine purity (from the 14 respondents who were knowledgeable) indicated that the majority of respondents (57%, n=8) believed that cocaine purity was 'high' at present, while 21% (n=3) reported it as 'medium' and 7% (n=1) 'low'. Two respondents (14%) did not know the purity of cocaine. Seven out of the 14 participants (50%) reporting on cocaine trends reported that the levels of cocaine purity had been stable during the last six months, while others reported that it had increased (21%, n=3), decreased (7%, n=1), or fluctuated (7%, n=1) during this period.

A total of 24 AFP cocaine seizures in Victoria were tested during the 2001/2002 financial year. The median purity recorded for these seizures was 72% (Australian Crime Commission, in press). The mean purity levels of cocaine seizures analysed by law enforcement agencies in Victoria during the 2001/2002 financial year are shown in Figure 4. At the time of writing data were not available for some months during this period. While purity levels of cocaine seizures have fluctuated substantially throughout this period, generally the purity levels of larger (>1gm) cocaine seizures are lower (average of 44%) than small seizures of <1gm (average of 32%).

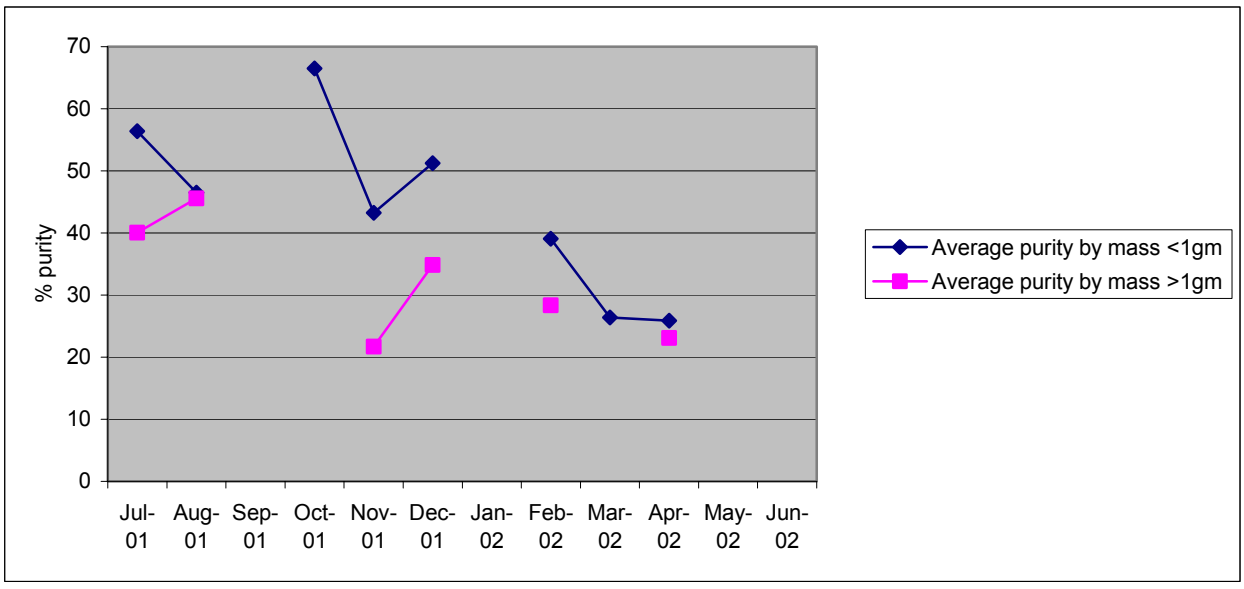


Figure 4. Average purity of cocaine seizures by Victorian law enforcement, July 2001 – April 2002 (Victoria Forensic Science Centre).

The mean purity of all seizures analysed during this period was 38% (range 6 to 77%), compared to 40% in 2000/01 and 53% in 1999/00. Purity levels of cocaine appear to be dropping, but have fluctuated since 1995/1996 (see Fry & Miller, 2002).

Two key informants reported that cocaine purity was medium and had remained stable over the past six months. One key informant from the Victoria Forensic Science Centre reported that purity of cocaine seizures had remained stable.

6.4 Patterns of cocaine use

Prevalence of cocaine use

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

Preliminary data from the recent *Victorian Youth Alcohol and Drug Survey* (Premier's Drug Prevention Council, 2002) indicate that of the 18-24 year olds sampled, reported use of cocaine was infrequent with only six percent of the sample reporting ever having used cocaine but, of these 54% reported use in the 12 months prior to survey.

Current patterns of cocaine use

Although more than half of the respondents in the IDU survey (60%, n=93) reported lifetime use of cocaine, only six people identified cocaine as their main drug of choice. Seventeen percent of IDUs surveyed reported having used cocaine in the previous six months and 15% reported having injected the drug in that time. With the supply of heroin reportedly more stable and a decrease in heroin prices in 2002, cocaine may now be seen as desirable but too expensive for the majority of primary heroin users in Melbourne.

The majority of key informants indicated that cocaine use was not prevalent within their respective client groups. However, two key informants reported that cocaine use in the sex worker population in St Kilda was more frequent, though still not common. Consistent with the previous IDRS studies, cocaine was typically characterised as desirable but too expensive for the majority of primary heroin users in Melbourne. Many key informants (n=17) reported that some of their clients who reported cocaine use were more likely to be confused about the drugs they were using and when the clients were questioned in greater depth about the drug they were using, indicators such effect, price and duration suggested methamphetamines. As with previous IDRS studies, the 2002 Melbourne IDRS was able to access few key informants who could comment on cocaine, suggesting that the drug is still not readily available within IDU networks in Melbourne.

The relatively low levels of cocaine use among Melbourne IDU participating in this study indicates that other sentinel groups need to be recruited to gain a clearer picture of the patterns and characteristics of the use of this drug. In 2003 Turning Point Alcohol and Drug Centre will conduct research focusing on psychostimulant use in Melbourne with a different sentinel group of drug users. It is likely that this expansion of drug trend monitoring will provide a clearer picture of cocaine trends in Melbourne.

6.5 Summary of cocaine trends

Trends in cocaine price, availability, purity and use are summarised in Table 12. In general, the evidence obtained suggests that cocaine use remains infrequent amongst IDUs in Melbourne. This appears to be mostly due to the lack of availability, cost and possibly also the availability of good quality methamphetamines.

Table 12. Summary of cocaine price, availability, purity and use trends in Melbourne 2002.

Price (mode) Cap Gram	 • $50 (range $40-250) (stable) • $250 (range $150-500) (stable)
Availability	• difficult to very difficult (72%) • stable (79%)
Purity	• average purity 38% (range 6% to 77%)[a] • high purity (57%) , stable (50%)[b]
Use	• Decreased levels of use last 6 months, and low overall (17%) • Decreased levels of recent injecting (15%) • Sourced from mobile dealers and friends • Trends are not clear and require further research

[a] Based on purity of drug seizures made by Victoria Police

[b] Based on IDU reports

7.0 CANNABIS USE IN MELBOURNE

Cannabis was the second most commonly used illicit drug by IDU survey respondents (lifetime use 97%), with 87% of respondents having used cannabis during the previous six months. The majority (81%) were able to report on aspects of price, potency and availability.

All of the key informants reported some level of cannabis use within their client groups, and eight key informants were able to report on cannabis trends. One key informant reported exclusively on cannabis.

7.1 Price

Table 13a summarises the modal prices of cannabis in Melbourne reported by IDU survey participants in the 1997-2002 IDRS studies. This shows that the price per gram has been relatively stable over this period, while the price per ounce appears to have now stabilised after a period of continued reduction between 1997-2001, having dropped by $100 since 1997.

Table 13a. Modal prices of cannabis in Melbourne reported by IDU survey respondents 1997-2002.

	1997	1998	1999	2000	2001	2002
Cannabis						
$/gram	20-25	20-25	20	20	20	20
$/ounce	350	320	300	280	250	250

During the previous six months the majority of respondents reported purchasing grams (70%) and quarter ounces (56%). Other quantities purchased included 2 grams (34%), an ounce (31%), a half ounce (28%) and a 'bag' (27%). In terms of 'other amounts' being reported, a further 16% purchased 3 grams (often referred to as '3 for $50') in the last 6 months (see Table 13b).

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

Amounts of cannabis purchased (last 6 months)	%	modal price ($)	price range ($)
Gram	70	20	10-25
¼ ounce	56	80	60-250
2 grams	34	30	20-50
Ounce	31	250	170-350
½ ounce	28	120	100-180
Bag	27	50	20-280
Other (3 grams)	16	50	30-50

The majority of IDUs (67%) reported that the price of cannabis had not changed (stable) during the last six months, while 15% of IDUs indicated that prices had fallen and 7% that they had fluctuated during this time. The observed price ranges reported by participants for various amounts of cannabis were uniformly small, indicating the existence of an entrenched and stable cannabis market place in Melbourne.

Average prices reported by IDU survey respondents were consistent with the Victorian cannabis price averages and ranges available from ACC sources for 2001/2002, (Australian Crime Commission, in press).

Key informants reported $45-50 for a gram and $250-400 for an ounce of cannabis. The majority of IDU and key informants reported that the price had not changed in the last six months.

7.2 Availability

The overwhelming majority of the IDU sample who commented on trends reported that cannabis was easy or very easy to obtain (93%), and that the availability of cannabis had remained stable in the preceding six months (79%) or had been easier to obtain (9%). This group commonly obtained cannabis from a friend (38%), or dealer's home (35%). Smaller numbers of people had purchased from a street dealer (12%, n=15), or reported that they grew their own supply (4%, n=5).

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

7.3 Form and potency

Participants had used a variety of different forms of cannabis during the six months prior to interview, including: hydroponically grown cannabis (83%); outdoor grown cannabis (72%); hash (22%) and hash oil (8%). The types most commonly used were hydroponic (89%) and outdoor (11%).

The potency of cannabis was generally rated as high (63%, n=79) or medium (32%, n=40) by the IDU sample, with most respondents stating that the potency had remained stable (58%, n=73) or had been increasing (20%, n=25) over the previous six months. Thirteen percent of respondents reported that cannabis potency had fluctuated during this time.[3]

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

[3] A study is currently being conducted by the Victorian Forensic Science Centre to test tetrahydrocannabinol (THC) potency of seized cannabis samples in Victoria.

7.4 Patterns of cannabis use

Prevalence of cannabis use

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

Preliminary data from the recent *Victorian Youth Alcohol and Drug Survey* (Premier's Drug Prevention Council, 2002) show that, overall, 48 percent of the 18-24 year olds sampled reported lifetime use of cannabis. Of these, 51 percent reported use in the 12 months prior to the survey and, 59 percent of this group reported use in the month prior to the survey. Alcohol (29 percent) and tobacco (17 percent) were most commonly reported as being used at the same time as cannabis. Around 15 percent reported the use of no other drug while using cannabis.

Current patterns of cannabis use

IDU survey respondents were very frequent cannabis users, with a median of 180 days use during the last six months (daily use). In terms of illicit drugs being reported on in the IDRS, cannabis is the most frequently used drug.

Key informants who reported some level of cannabis use within their client groups believed that an average of 70% of their clients used cannabis. The cannabis users that key informants reported on were daily users although sporadic binge use was reported to be common among younger users, probably due to limited finances. Two key informants reported that for their client group, cannabis tends to produce mood problems, concentration problems and lethargy. Detoxification services reported more requests/contacts over the past six months, which was seen as possibly being related to state level television advertisements. The cannabis users with whom key informants were in contact were more likely to be male (65%), have an average age of between 17-22, an average education level of Year 9 and were predominantly unemployed.

Cannabis users were commonly characterized by key informants as poly-drug users who would often also use benzodiazepines, alcohol and occasionally heroin, methamphetamines and hallucinogens. Key informants were in contact with cannabis users as young as 14 years of age.

7.5 Summary of cannabis trends

A summary of cannabis trends is shown in Table 14. The Melbourne cannabis market and patterns of use continue to be relatively stable. Reported cannabis availability and perceived potency have remained relatively unchanged between 1997 and 2002. In terms of number of users, cannabis appears to be second the most widely used illicit drug in Melbourne, and the most frequently used in terms of number of days. Cannabis is also commonly used concurrently with a range of other illicit drugs by injecting drug users.

Table 14. Summary of cannabis price, availability, purity and use trends in Melbourne 2002.

Price (mode) Gram Ounce	 • $20 (stable) • $250 (stable)
Availability	• Readily available in last 6 months
Potency	• High (63%) to medium (32%)
Use	• Second most widely used illicit drug in terms of number of users • Increased frequency of use. • Most frequently used illicit drug in terms of number of days • Cannabis commonly used concurrently with other drugs • Accessed mostly through social networks

8.0 OTHER OPIATE USE IN MELBOURNE

8.1 Methadone

Seventy-four percent of the 2002 IDRS sample reported lifetime use of methadone (compared to 71% of the 2001 sample and 66% of the 2000 sample). Similarly, the number of IDUs reporting lifetime injection of methadone increased slightly to 22% in 2002 (n=35), from 21% in 2001 (n=32) and 17% in 2000 (n=26). While the apparent increase in reported lifetime injection of methadone is concerning, it is difficult to interpret these findings without more information regarding the circumstances of this use (e.g. state of residence, source of methadone, preparation methods, concurrent treatment). It is worth noting however that only 3% of the 2002 IDU sample reported injection of methadone during the last six months prior to interview (compared to 6% of the 2001 sample, 3% of the 2000 sample and 1% in 1999).

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. For the 20 people currently engaged in methadone maintenance treatment, the median number of days they had used methadone in the last six months was 170.

8.2 Buprenorphine

Of the 59 participants who were currently in treatment, the majority (63%) reported that the main type of drug treatment they were in was buprenorphine treatment. The other main treatment types were methadone (34%) and drug counselling (3%). These figures differ considerably to 2001 where 64% were in methadone programs and 14% in drug counselling. These changes in treatment for opioid dependence could be attributed to the introduction of buprenorphine in Victoria in late 2000, and the fact that there has been a rapid uptake in treatment with this drug in this State.

Over half (57%) of the IDRS respondents reported lifetime use of buprenorphine and 53% had used this drug in the last six months. A surprising 37% of the respondents had injected buprenorphine in their lifetime, and 33% in the last six months. Of the sample of 156 respondents, 50% had swallowed buprenorphine ever and 46% in the last 6 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.

Most of the key informants (n=46) reported having contact with clients on buprenorphine. Key informants reported that the introduction and uptake of buprenorphine has made a substantial difference to the injecting drug use scene in Melbourne. One major benefit identified by key informants is that many clients reported that they would not have entered the methadone program. It was proposed that buprenorphine is perceived differently by users and does not have the stigma attached to it that methadone does in terms of issues of dependence and negative health effects. Furthermore, they report that clients perceive that buprenorphine is particularly good for withdrawal therapy. It was also reported that users report being satisfied with the additional choice that the availability of buprenorphine supplies. It was also reported that clients like the fact that, in contrast to methadone, they do not have to pick up doses every day. Key informants also reported that clients found that buprenorphine does not make them feel drowsy and dopey like methadone and they report fewer side effects than methadone.

On the other hand, there were a number of problems identified with the widespread use of buprenorphine. The major issue is the prevalence of the injecting of buprenorphine and some associated diversion. As discussed elsewhere, buprenorphine is not designed to be injected and can result in substantial negative health consequences such as vein damage and infections. This is particularly the case because current procedures mean that the buprenorphine being injected has almost certainly been stored in the mouth of the recipient in the pharmacy. Whilst pharmacies crushing doses has reduced this practice somewhat, two key informants reported that clients were retaining crushed buprenorphine mixed with saliva and injecting it once they had left the pharmacy. Whilst this practice clearly constitutes a substantial health problem, key informants report that many clients do not inject buprenorphine for long and few find a substantial benefit in injecting it. Furthermore, key informants report that rates of buprenorphine injecting vary in different geographical areas and amongst different sub cultures. For example, key informants from the Frankston area identify buprenorphine injecting as one of their major issues in comparison to key informants in Footscray still identifying temazepam injecting as their major problem. Another major problem identified by key informants is that that there is not any harm reduction information available surrounding injecting buprenorphine, increasing the likelihood that users will experience negative consequences associated with injecting buprenorphine.

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

8.3 Morphine

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 IDUs 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. This compares to 41% ever swallowing and 26% swallowing 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 (a 16% increase in the number reporting injection and a 17% increase in the number who had swallowed the drug). 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 Capanlol®). 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 related 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.

8.4 Other opiates

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

Sixty percent of the IDU sample reported lifetime use of other opiates 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 IDUs 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.

9.0 OTHER DRUG USE IN MELBOURNE

9.1 Ecstasy

A total of 31% of respondents reported ecstasy use within the last six months, and 62% had used it at least once in their lifetime (compared to 65% in 2001, 51% in 2000 and 40% in 1999). Thirty six percent of IDUs interviewed reported that they had injected ecstasy before (31% in 2001, 15% in 2000), and 14% had done so within the six months prior to interview (21% in 2001, 8% in 2000). The primary route of administration of ecstasy for this group during the last six months was oral (28%).

The average purity level of ecstasy seizures analysed by law enforcement agencies in Victoria during the 2001/02 financial year was 31% (range 1% to 82%) which was similar to the previous three financial years: 2000/01 = 31%; 1999/00 = 33.8%; 1998/99 = 28%.

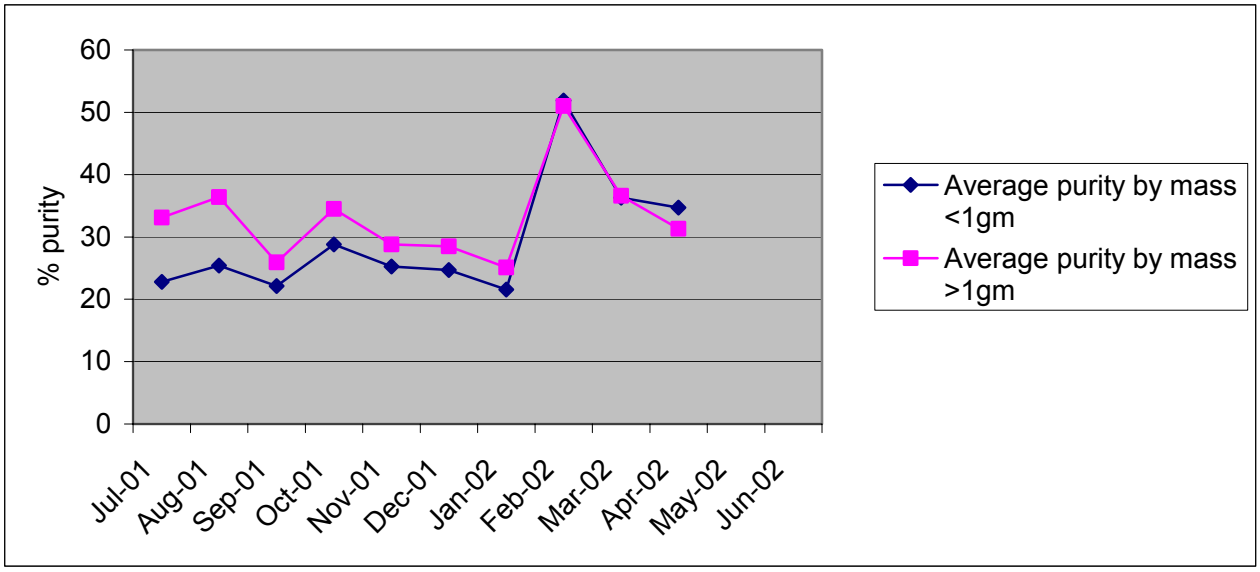


Figure 5. Purity of ecstasy seizures by Victorian law enforcement, July 2001 - April 2002 (Victoria Forensic Science Centre).

In contrast to the previous IDRS, which found that ecstasy use had increased, most key informants (n=32) reported that ecstasy use had declined in this group and cross overs between traditionally separate drug markets are reported to have declined. Most (n=32) key informants did not perceive ecstasy use to be common among primary heroin users and described most use as opportunistic. All key informants reported that a proportion of their client group had used ecstasy in the past six months. Three key informants reported exclusively on ecstasy use (one outreach worker, one user group representative, and one police officer). Ecstasy use was still perceived to be more prevalent among younger people who were involved in the dance party or "rave" scenes.

The ecstasy users reported on by key informants were primarily weekend users and other drug users used ecstasy when it was available and affordable, often as a substitute for heroin or

methamphetamines. The ecstasy users with whom key informants were in contact were more likely to be male (60%), with one key informant reporting an increase in the number of young women taking ecstasy use. Key informants reported an age range of 12 to 30 years old with an average of 20, similar to previous IDRS studies. Key informants reported an average education level of year 12 or university and that most ecstasy users were in full-time work or study. Whilst the four key informants noted that most ecstasy users experienced few problems associated with their drug use, and did not really consider themselves to be illicit drug users, two key informants reported that more clients were presenting with anxiety and panic attacks after long-term use (5-7 yrs). It was reported that the price and purity of ecstasy had remained stable, that it was easy to obtain and had become easier. Key informants reported that one ecstasy tablet cost $35-50 or $300 for 10 tablets. It was also reported that the purity of ecstasy remained low, however the advent of testing kits (EZ-test) had improved knowledge of what drug was being purchased. Victoria Police key informants reported that ecstasy has become of greater interest than in previous years and that greater resources are being allocated to its detection and seizure, particularly due to the heroin drought.

Ecstasy price reports available from ACC sources for 2001/2002 indicate that one tablet costs around $35, and that price discounts exist for purchases of larger tablet/pill quantities (Australian Crime Commission, in press).

While current IDU and key informants in this study have been able to provide some information about ecstasy trends in Melbourne, a clearer picture would be gained through contact with other sentinel groups. In 2003 Turning Point Alcohol and Drug Centre will conduct research focusing on psychostimulant use in Melbourne with a different sentinel group of drug users. It is likely that this expansion of drug trend monitoring will provide a clearer picture of ecstasy trends in Melbourne.

9.2 Benzodiazepines

Most participants (73%) had used benzodiazepines in the last six months, with 21% reporting intravenous use (compared to 40% in 2001, 36% in 2000 and 19% in 1999), and 71% oral routes of administration during this period. Of the group who had used benzodiazepines, the types most commonly used in the preceding six months were diazepam e.g. Valium® (62%), temazepam e.g. Temaze® (25%), and oxazepam e.g. Serepax® (8%). The percentage of IDUs reporting benzodiazepine injection steadily rose up to 2001, however there has been a considerable reduction in the number reporting benzodiazepine injection in the last six months. This reduction in benzodiazepine injection is probably reflective of changes made on May 1st 2002 to the prescribing authority for temazepam on the Pharmaceutical Benefits Scheme (PBS), and also the impact of the Victorian Department of Human Services, Temazepam Injection Prevention Initiative which was implemented in November 2001 (Dobbin, 2002). The Temazepam Injection Prevention Initiative is an education and information initiative for general practitioners, pharmacists and injecting drug users focused on temazepam misuse by injection.

In 2002 IDRS key informants reported a major decrease in the injecting of benzodiazepines. Whilst all areas have seen substantial reduction in use and injection of temazepam, key informants report that the overall use of benzodiazepine use orally has remained stable. On the whole this has been viewed by key informants as a positive development. Whilst the trade in Normison® (temazepam) was reported as being virtually non-existent in most areas, key informants in Footscray reported that there was still a market operating. This persistent market can be understood from the 2000 and 2001 IDRS findings that Normison® was being exchanged for heroin by many heroin dealers. Four key informants reported that it was usually users of Vietnamese descent, who do not access health services as often, that form the bulk of this group of persistent temazepam injectors. These key informants also noted that there was a continuing trend of Southeast Asians injecting into the groin, which they believed to be due to a desire to

hide signs (needle marks) of injecting drug use. Key informants reported that 20 Normison® tablets were being sold on the street for between $150 and $300. Another effect of the change in prescribing practices surrounding Normison® identified by key informants was the increased use of over-the-counter preparations such as Unisom®. Key informants expressed similar concerns in relation to vein damage for Unisom® as those noted for Normison®. More detailed findings can be found in the forthcoming IDRS benzodiazepine module. Key informants (n=6) suggested that benzodiazepines were accessed through "doctor-shopping" and through black market street-level selling.

Key informants reported that benzodiazepines were used either as a substitute when heroin was unavailable, for the relief of substance related symptoms (e.g. sleep disorders, withdrawal, anxiety), or to enhance or to supplement / heighten the effects of heroin or other drugs (when unable to purchase their preferred amount). This was particularly identified by key informants (n=6) as being the case for temazepam (Normison®).

Benzodiazepine module:

In 2002 a special benzodiazepine use module was administered as part of the main IDRS survey. In Victoria, 155 IDUs were questioned about their benzodiazepine use and 66% (n=102) of this sample had used benzodiazepines between January and April 2002. The main body of the benzodiazepine module was then administered to these 102 respondents. A full summary of findings from this module will be reported elsewhere.

Of the 102 respondents, 46% (n=47) reported lifetime injection of benzodiazepines and 40% (n=41) had injected benzodiazepines between January and April 2002. Almost all (96%, n=98) of the respondents had swallowed benzodiazepines between January and April 2002. Survey respondents were also questioned about their benzodiazepine use in the month prior to interview. Of the 102 questioned, 82% (n=84) had used benzodiazepines in the last month. Of these respondents, 18% (n=15) had injected benzodiazepines in the last month and 99% (n=83) had swallowed them.

In both time periods (i.e. Jan-Apr 2002 and Last Month), the majority of respondents were using Valium®, Temaze® and Serepax®, although there was a significant reduction in the proportion of respondents using temazepam; Temaze® (49% Jan-Apr to 27% Last Month) and Normison® (23% Jan-Apr to 6% Last Month). Overall there was also a decrease in the number of respondents using most types of benzodiazepines in the last month and the main reason reported (61%) for not using was that they wanted to stop.

There were similar proportions of users sourcing their benzodiazepines from the Doctor in both Jan-Apr 2002 (72%) and Last Month (the month prior to interview) (71%). There was however, a slight increase in the proportion of users attending with genuine symptoms (60% to 63%) and a decrease in the number attending with pretend or fake symptoms (12% to 8%). There was also a slight increase in users sourcing benzodiazepines from friends (21% to 24%).

The majority (87%) of the 102 respondents reported that their preferred method of use of benzodiazepines was oral, with 13% reporting injecting. Of those who did inject benzodiazepines in the last month, 67% mostly injected into their arms. The majority (87%) of those who had injected in the last month had experienced problems related to benzodiazepine injection in their life and 53% has experienced problems in the last month. The main problems reported by benzodiazepine injectors were scarring/ bruising, difficulty finding veins and swelling of arm.

9.3 Anti-depressants

Almost one third (31%) of IDUs reported that they had used anti-depressants during the preceding six months and (60%) reported lifetime use. The median number of days of use for

this group in the previous six months was 90 (compared to 165 in 2001, and 120 in 2000). A wide variety of different types of anti-depressants were reported, including Deptran® (18%), Efexor® (18%), Zoloft® (16%), Cipramil® (11%) and Aropax® (9%).

Almost all (n=48) key informants reported the use of antidepressants among the populations with who they were in contact, in contrast to two key informants in 2000 IDRS study and half (n=15) of the key informants in the 2001 IDRS. This would appear to be a notable increase over the past three years. However, most reported only small increases over the past six months.

9.4 Other drugs

Thirty-three percent of IDU respondents reported ever having used inhalants however only a small number of respondents (8%) had used inhalants during the six months prior to survey (8% in 2001).

Seventy one percent of the sample reported lifetime use of hallucinogens, and 17% had injected this drug type at some time in the past. Eight percent of respondents reported having used LSD/trips in the previous six months, while only 4% reported having used hallucinogenic mushrooms within this period. Reported frequency of use was low at a median of once during the last six months.

Four key informants reported the use of Ketamine within the party drug scene and another two key informants reported the use of antipsychotics. Three key informants identified that Ketamine use is problematic primarily because of its dose-response rate which means that there is a very fine line between the users desired effect and an overdose. Three key informants reported the use of GHB (gamma-hydroxy-butanate – sometimes referred to as Grievous Bodily Harm) and one referred to Fantasy. These were primarily being used in the rave scene. One key informant who specialised in the rave scene noted that an issue of major concern was the involvement of some minor tranquillisers, such as rhohypnol, in cases of date rape. This key informant also noted the increased use of 'sexasty', a combination of ecstasy and Viagra®.

9.5 Summary of other drug trends

The 2002 Melbourne IDRS study has provided evidence of significant prescription drug use by injecting drug users (e.g. morphine, benzodiazepines and anti-depressants). There is also substantial evidence of misuse of these drug types. Of particular concern is the continuing increase in the prevalence and illicit use of morphine amongst injecting drug users. Similarly, the apparent illicit use and misuse of buprenorphine also presents a major concern. Further research is planned to investigate these issues in greater detail.

10.0 DRUG-RELATED ISSUES

10.1 IDU Survey

10.1.1 Injection related health problems.

Injection related health problems reported by the participants in the IDU survey in the previous month are summarised in Table 15. Three quarters (75%, n=117) of respondents had experienced at least one type of these problems, with scarring/bruising (48%), and difficulty injecting (46%) being the most common problems reported. The median number of injection-related health problems was two.

Table 15. Injection-related health problems reported by participants in the IDU survey (N=155) [1].

Type of problem	%
Prominent scarring/bruising	48
Difficulty injecting	46
Dirty hit (made me feel sick)	17
Thrombosis	21
Overdose	5
Abscesses/infections from injecting	10

[1] Missing data for one respondent

Reported injection related problems for 2002 are, for the most part, similar to the 2001 figures (Fry &Miller, 2002). There has however been an 11% increase in reported thrombosis (21% in 2002, 10% in 2001).

10.1.2 Heroin-related overdose

Self-reported overdose experience data for the years 1997 to 2002 are summarised in Table 16. The majority (62%) of the 2002 respondents reported that they had experienced one or more heroin overdoses ever, more than half (51%) had been administered Narcan® (a fast-acting opioid antagonist given to reverse the effects of heroin in the case of an overdose), and most respondents (85%) had witnessed an overdose. The respondents who had previously experienced an overdose reported a median of twenty-four months since they last overdosed, and a median of two overdoses in total. Those who had been administered Narcan® reported a median period of twenty-four months since they were last administered the drug. Of those participants who had used heroin, 11% (n=17) had experienced an overdose at least once within the previous six months and 9% (n=14) had received Narcan® in that time.

Table 16. Reported experience of heroin overdose for IDU survey respondents 1997 to 2002.

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

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

Table 16 shows that reported lifetime experience of heroin overdose by IDU respondents has been relatively stable between 1997 and 2002. Reported recent experience of overdose (within last six months) has decreased however from 27% in 2000, and 13% in 2001, to 11% in 2002, as has receipt of Narcan® (20% in 2000, 13% in 2001 and 9% in 2002). More IDU survey respondents in 2002 (85%) reported having ever witnessed another person's overdose compared to the previous Melbourne IDRS study.

Table 17. Drugs used on day prior to interview (IDU survey, N=156).

Type of drug	%[1]
Heroin	35
Cannabis	56
Benzodiazepines	20
Buprenorphine	14
Methadone	9
Alcohol	20
Antidepressants	10
Speed	16
Base	1
Cocaine	1
Morphine	4
Other Opiates	2

[1] Respondents were permitted to report more than one drug type

IDU survey respondents were asked about their drug use on the preceding day. Their responses are summarised in Table 17. The median number of drugs used yesterday was two with the most common drugs used being cannabis (56%) and heroin (35%). Further analyses revealed that 13% of the IDU sample had used heroin in conjunction with either benzodiazepines, alcohol, methadone, morphine or other opiates on the previous day. Sixty-nine percent of survey respondents who had used drugs on the day before their interview had used two or more different drugs.

10.1.3 Injection equipment sharing

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

Twenty-two percent of respondents reported lending a used needle to someone else in the past month, and 17% reported borrowing someone else's used needle. With respect to borrowing another person's used needle, 25 of the 27 participants (93%) who reported doing this in the last month indicated that the borrowed needle had been used by only one other person (usually a sexual partner or close friend). For those people who had loaned their own used needles to other people during the last month (n=34), most of this group (59%) had done so only once. The 2002 findings suggest that the level of needle sharing among the individuals who participated in the IDU survey are comparable to that observed in the previous IDRS survey (see Table 18).

Table 18. Self-reported IDU sample injecting risk practices during past month 1997-2002.

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

Respondents reported generally higher rates of sharing of other types of injecting equipment in 2002. Almost half (49%) reported using other injecting equipment after someone else in the past month, most commonly spoons (43%), filters (15%), tourniquets (13%) and water (23%).

10.1.4 Criminal activity

Sixty-three percent of participants reported involvement in some type of criminal activity in the preceding month, and 59% reported that they had been arrested in the previous twelve months. Among those arrested in the previous twelve months (n=92), 32% of arrests were in relation to property crime, 15% were in relation to use or possession, 8% related to violent crime and 6% for dealing/trafficking. Thirty-three percent of respondents who had been arrested in the last 12 months reported multiple (two or three) types of charges (mostly combinations of property crime and use/possession charges).

As shown in Table 19, dealing (41%) and property crime (39%) were the most common crimes reported in the last month, with fewer respondents reporting involvement in fraud (14%) or violent crime (9%). In comparison with the 2001 IDRS data, there has been a ten percent increase in property crime and a six percent decrease in violent crime (Fry & Miller, 2002).

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

Type of Crime	2001 (N=151)	2002 (N=155)[1]
Property crime (%)	29	39
Dealing (%)	37	41
Fraud (%)	15	14
Violent crime (%)	15	9
Any Crime (%)	60	63

[1] Missing data for one respondent

10.1.5 General Trends

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

Sixty percent of the IDU sample surveyed claimed that there had been recent changes in the number or type of people using drugs. Of this 60%, the main changes reported were: an increase in younger people (37%), an overall increase in the number of people using drugs (23%), and also a decrease in the number of people using drugs (19%).

Forty-two percent had observed changes in the frequency and quantity of drugs that people use. The major trend reported was that people are using more in terms of quantity (38%), and more often (23%). A number of people also noted however, that people were using less quantity (25%) and less often (5%). Six percent of those who reported changes noted that there were fluctuations in the quantity and frequency that people use.

Thirty-nine percent stated that there had been recent changes in the types of drugs their friends had been using. Of this group, many (29%) reported that their friends had moved from heroin

to speed. Others reported a shift to morphine (18%), or benzodiazepines and other 'pills' (10%). Another 15% reported a general increase in the use of speed (15%) and buprenorphine (11%).

10.1.6 Perception of police activity

Respondents were asked a number of questions regarding their perceptions of changes in police activity in the past six months and the impact of these changes. Most of the respondents (58%) believed that there had been an increase in police activity over this period however significant numbers also reported that this had been stable (31%). Only three percent of respondents reported that there had been less activity in this period.

Thirty-eight percent of respondents also reported that more of their friends had been arrested recently, while most (61%) indicated that things had been stable in this regard. Interestingly, the majority of participants (72%) reported that police activity had had no effect on the difficulty of acquiring drugs recently, whereas 28% reported that it had.

10.2 Key Informant Survey

10.2.1 Heroin-related issues

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

Many key informants (n=43) also reported on the extent of venous damage among the people with whom they were in contact. This was attributed to significant numbers of IDUs injecting into inappropriate sites such as the neck or groin and the injection of prescription drug preparations (in particular oil-based temazepam and more recently buprenorphine) not intended for intravenous use, mostly attributed to the shortage of heroin. Some key informants (n=2) commented that their client populations were knowledgeable about the health risks associated with injection of benzodiazepines and buprenorphine. As has been the case in each of the previous six years of the Melbourne IDRS, the prevalence of hepatitis C virus (HCV) infection among injecting drug users was identified as a significant concern.

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

Most key informants reported that lack of access to secure accommodation was a major problem – an issue also raised in the previous IDRS studies. Twelve key informants reported that the general health of their client group has improved overall following the shortage of heroin. However, seven key informants noted that a major issue associated with the reduced availability of heroin and subsequent methamphetamines use has been a sustained increase in the incidence of mental health issues such as self-mutilation and psychotic episodes. They explained that users who previously used heroin to self-medicate some of their mental health symptoms, the use of

methamphetamines and/or cannabis as a substitute leads to an exacerbation of their symptoms. This was identified as a major factor in increasing the chaotic nature of this group of IDUs.

The majority of key informants (n=33) reported that there had been substantial improvements in the number of available treatment places. However, it was also pointed out that this was only for a number of treatment options such as detoxification and pharmacotherapies and other options such as residential rehabilitation and intensive support models remain difficult to access. Key informants also noted that there was a continuing lack of methadone and buprenorphine prescribers available. All key informants reported that naltrexone treatment had declined in popularity and was now rarely used.

Overall, key informants reported that in general crime levels had remained stable over the past twelve months. Drug dealing, property crimes and fraud have remained stable and violent crime has stabilised following increases noted at the beginning of the heroin shortage. Most key informants reported that increases in violence among their client populations noted in the previous IDRS had remained at higher levels. The key informants identified this increase as being related to the increase in methamphetamine use and increased levels of desperation due to the heroin shortage. Two key informants reported that there had been a recent increase in the number of heroin users dealing.

Key informants reported that levels of police activity focused on heroin users had continued to decrease significantly from the previous IDRS, mostly due to the heroin drought and that this trend had been stable over the past six months. Police activity was characterised as a combination of uniformed police presence on the streets and undercover operations. As with reports from previous IDRS studies, police operations or "blitzes" were described as largely serving to shift participants in the heroin markets to adjoining locations resulting in a temporary reduction in availability of heroin in the targeted markets. Complaints about police activity towards IDU, reported by key informants, had significantly decreased.

10.2.2 Methamphetamine-related issues

Key informants reported that methamphetamine use had decreased marginally following substantial increases noted in the previous IDRS associated with the heroin drought. It was further reported that this trend of polydrug use has now become entrenched. As noted in the 2001 IDRS study, methamphetamine use was now characterised as regular among some IDU. Key informants reported that there were significant problems associated with this move towards more regular methamphetamine use. These problems included: clients presenting with anxiety and panic attacks, violence, potential suicide, homelessness and psychotic episodes. In particular, psychological and psychiatric well-being is significantly compromised. Overall, the key informant reports suggested an increasing shift towards methamphetamine use carried with it significant problems, particularly higher levels of violence and psychotic/psychological disturbances.

10.2.3 Cannabis-related issues

Reports by key informants who had contact with cannabis users within a treatment setting suggested a continuing trend in cannabis-related problems was an increase in the number of cannabis users self presenting with more psychological disturbances. In particular, an increased incidence of paranoia and motivational problems were identified by key informants. Two key informants suggested recent increases in contacts may have been influenced by current Victorian State government television advertisements. Some key informants reported that access to detoxification and rehabilitation services for cannabis users remains an important issue, as there are insufficient resources to deal with this problem. Similarly, key informants identify that there are few different treatment options available. This is particularly the case for programs to deal with contributing factors associated with this client group, such as; their inability to deal with emotional problems, in particular depression, and the client's propensity to blame the drug for all

their problems. In addition, user perceptions that there are few problems associated with cannabis use tend to compound the trend that cannabis users who experience problems ultimately do not receive treatment.

10.3 Other Indicators

There is a range of data sources that are useful secondary indicators of illicit drug use and related health and other harms. Data from select indicator sources are presented in this section, including: specialist drug treatment service utilisation; drug related ambulance attendances; heroin-related fatalities; BBV transmission; and drug-related arrest data.[4]

10.3.1 Specialist drug treatment presentations

Alcohol and Drug Information System (ADIS)

In the 2000/2001 financial year, there were 8009 individuals (40% of total) receiving treatment at specialist alcohol and drug agencies[5] for opioid-related problems, making opioids the most frequently occurring main presenting drug problem. There were also 3691 individuals (18% of total) receiving treatment for cannabis-related problems, 863 individuals (4% of total) receiving treatment for amphetamine-related problems, and 479 individuals (2% of total) receiving treatment for tranquilliser-related problems.

Pharmacotherapy Patients

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

This demonstrates a relatively steady decrease in clients on the methadone maintenance therapy (MMT) program from a peak of 8026 in the April 2001 to 4888 in the July 2002 quarter, and a concomitant increase in buprenorphine clients from 276 (July 2001 quarter) to 2812 (36% of all pharmacotherapy clients) in July 2002.

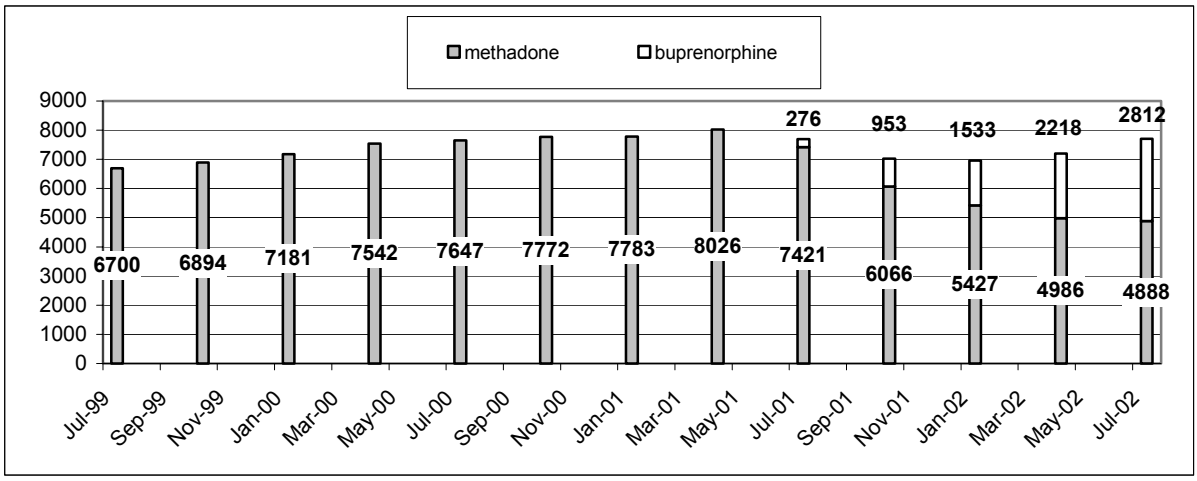


Figure 6. Census estimate (quarterly) of the number of Victorian pharmacotherapy clients (methadone and buprenorphine), July 1999 to July 2002 (Source: Drugs and Poisons Unit, Victorian Department of Human Services).

[4] Readers are referred to the Victorian Drug Statistics Handbook (Victorian Department of Human Services, in press) for a comprehensive discussion of available sources of Victorian illicit drug indicator data.

[5] Funded by federal and state government

DirectLine Calls

Figure 7 shows calls made to DirectLine during the 2000/01 and 2001/02 financial years for the drug categories; amphetamines/ other stimulants, benzodiazepines/ major tranquillisers, cannabis, heroin, cocaine, ecstasy, inhalants, buprenorphine, methadone, antidepressants and analgesics. Call numbers provide an indication of the level of concern about particular drug types.

This data shows that for both time periods calls mostly concerned cannabis (n= 3360 in 2000/01, n=5150 in 2001/02). Calls concerning heroin (n= 4894 in 2000/01, n=3330 in 2001/02) were next most common, although a large decrease was observed in 2001/02. Heroin was the only drug type to record a decrease in total call numbers in 2001/02. A large proportion of calls concerning methadone were also taken and an increase in calls concerning both pharmacotherapy treatment drugs (i.e. methadone and buprenorphine) was observed in 2001/02. Total DirectLine calls concerning methamphetamines/ other stimulants, and benzodiazepines/ major tranquillisers also increased in 2001/02. Fewer total calls were received concerning other drug types, however all recorded increases in number from 2000/01 to 2001/02.

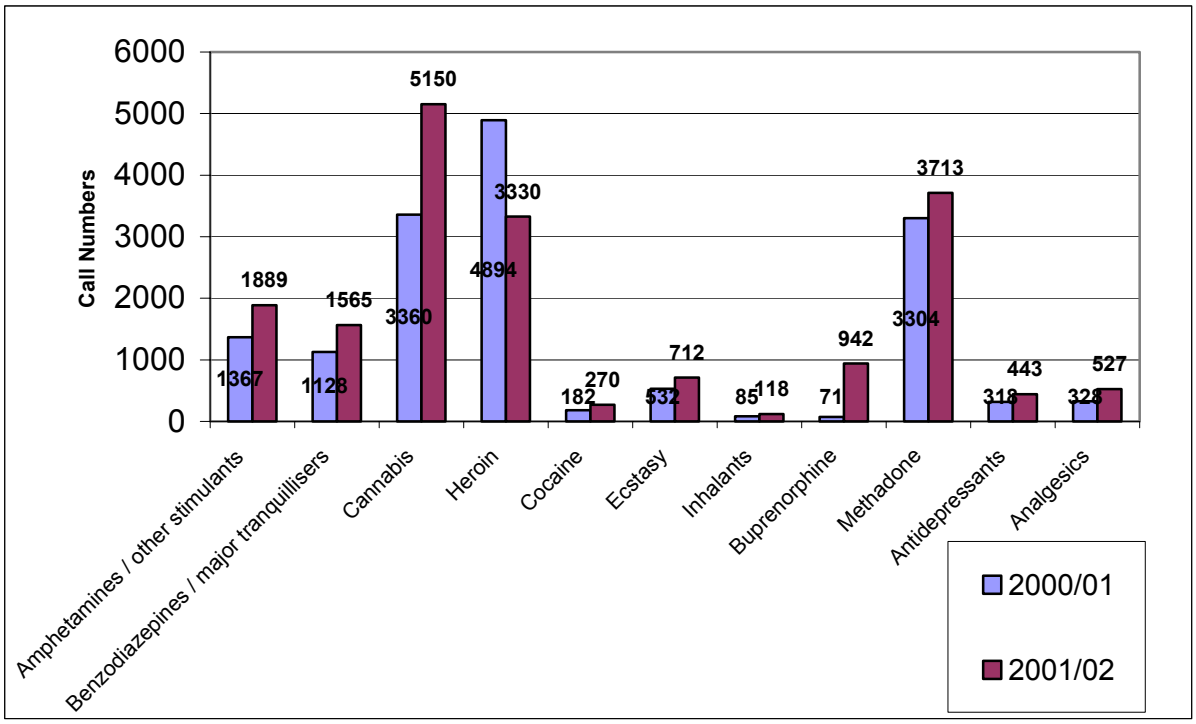


Figure 7. DirectLine calls where drug of concern identified, 2000/01 and 2001/02 (Source: DirectLine, Turning Point Alcohol and Drug Centre Inc.)

10.3.2 Hospitalisations (Victorian Admitted Episode Dataset)

Opioid-related

The VAED records for 2000/2001 show that of a total of 1815 opioid related hospital admissions, 44% (n=796) were for dependent use. This represents fewer total admissions compared to the 1999/00 total of 2318, which also consisted of relatively more cases due to dependence (n=1199, 52%) and harmful use (34% compared with 24% during 2000/01).

Stimulant-related

Amphetamines and methamphetamines are included in the general stimulant diagnostic category within VAED records. These records show that the number of stimulant related inpatient hospitalisations in Victoria have increased from 174 in 1998/99 to 281 in 1999/00 and 347 in 2000/2001. Most people hospitalised during 1999/00 were male (67%) and aged between 20-30 years, and around 52% of hospitalisations were for intoxications/poisoning[6] (compared to 50% in 1999/2000) rather than dependence (12% compared to 13% in 1999/2000) or withdrawal (5%). A further 27% (compared to 31% in 1999/2000) of stimulant related hospitalisations during this period were for psychotic, mental and behavioural disorders (Victorian Department of Human Services, in press).

Cannabis-related

Cannabis related hospitalisations in Victoria in 2000/01 totalled 465. Psychotic disorders associated with cannabis use accounted for 44% (n=206) of cases (a decrease since 1999/00). These cases and dependency (n=126, 27%) and harmful use (n=77, 17%) accounted for the majority of hospitalizations in Victoria during 2000/01. The majority (68%) of people hospitalised were male and aged between 15-30 years.

Benzodiazepine-related

VAED records reveal a steady increase since 1993/94 (n=1386) in the number of benzodiazepine related hospitalisations over the 1990s, peaking at 2436 in 2000/01. Case characteristics have remained consistent, where most admissions (61%) were female and aged 25-50 years, however the 1999/00 financial year figures showed slightly more younger males hospitalised compared to previous years (Victorian Department of Human Services, in press).

10.3.3 Drug-related Ambulance attendances

Non-fatal heroin-related overdose

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

Monthly numbers of non-fatal heroin overdoses attended by ambulances in Melbourne have declined sharply since the peak of 294 in December 2000. As at April 2002 (the most recent data available) the number of definite non-fatal heroin overdose episodes was 73. The December 2000 to February 2001 period (where the sharpest decline in non-fatal overdose episodes is

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

observed) is regarded as the peak period of the severe reduction to Melbourne's heroin supply (Miller, Fry & Dietze, 2001).

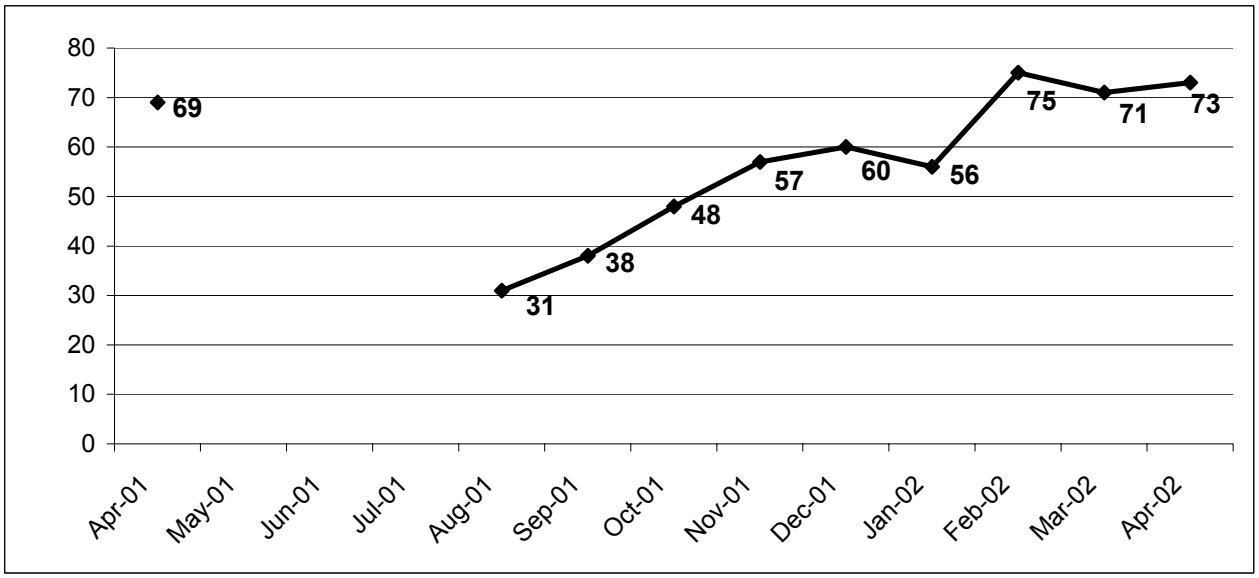


Figure 8. Monthly totals of non-fatal heroin overdoses in Melbourne, April 2001 to April 2002. (Source: Cvetkovski, Dietze & McElwee, 2003).

Further analyses conducted by Cvetkovski et al., (2003) comparing ambulance data for the Jan – Apr 02 and Jan – Apr 01 periods revealed the following:

- A significantly lower average daily overdose rate of 2 per day (*SD* 1.65) during Jan-Apr 02 compared to 3 per day (*SD* 2.31) in Jan-Apr 2001.
- Overdose victims in Jan-Apr 02 were significantly older (*M* 29.76, *SD* 8.04) than those in Jan-Apr 01 (*M* 26.73, *SD* 7.11).
- A majority of overdoses occurred in public spaces in both periods.
- A similar proportion of male overdose cases in Jan-Apr 2002 (70%) and Jan-Apr 2001 (68%).
- A similar proportion of police attendances in Jan-Apr 2002 (18%) and Jan-Apr 2001 (21%).
- And a similar proportion of overdose victims transported to hospital by ambulances during the Jan-Apr 2002 (23%) and Jan-Apr 2001 (26%) periods.

Amphetamine/methamphetamine mentions

The database maintained by Turning Point also records and other drugs are mentioned in a patient care record (PCR). However, in contrast to heroin overdose, where there are definitive clinical symptoms of overdose (such as pinpoint pupils and a positive response to naloxone), these cases only report when the drug names are recorded by the ambulance officers on the PCR. Therefore, the figures reported here and in the following sections can only be interpreted as indicators and would significantly under report the actual number of people seen by ambulance officers who had used these drugs. In addition, reports by ambulance officers of amphetamine involvement do not include methamphetamine.

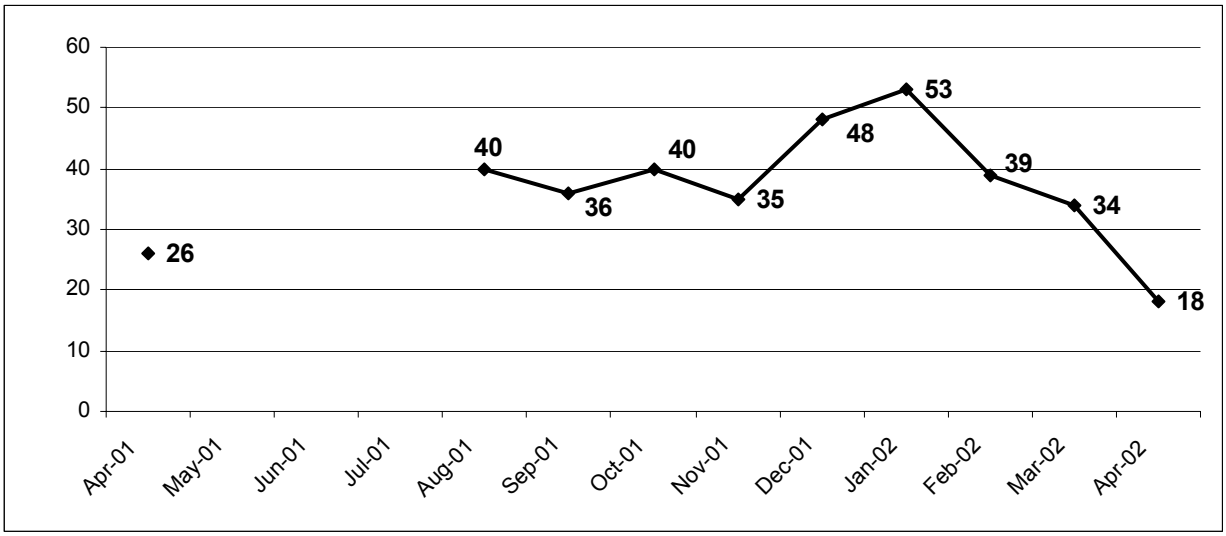


Figure 9. Monthly totals of ambulance attendances where amphetamines were mentioned in Melbourne, April 2001 to April 2002. (Source: Cvetkovski, Dietze & McElwee, 2003).

Figure 9 reports the monthly totals of ambulance attendances where amphetamine use was mentioned in Melbourne, April 2001 to April 2002. It can be seen that ambulance attendances where amphetamine use was recorded has fluctuated between August 2001 and January 2002, and then decreased to April 2002. This is broadly consistent with the pattern observed in previous comparison periods (see Fry & Miller, 2002) and may reflect seasonal patterns of amphetamine usage that peak in the Christmas summer holiday period and decline thereafter.

Cocaine mentions

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

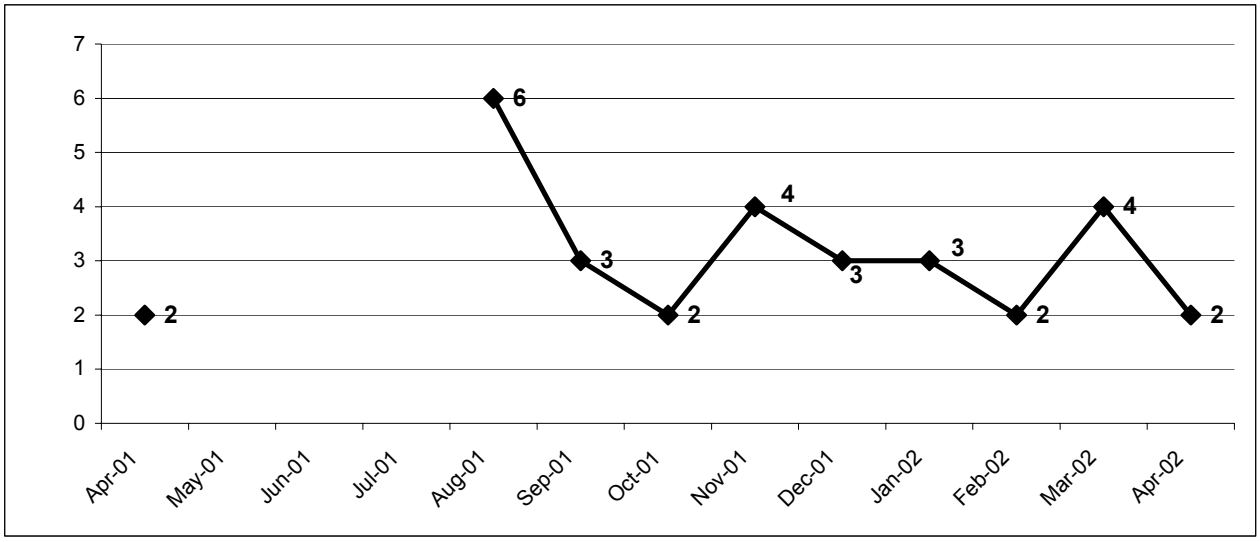


Figure 10. Monthly totals of ambulance attendances where cocaine was mentioned in Melbourne, April 2001 to April 2002. (Source: Cvetkovski, Dietze & McElwee, 2003).

Ecstasy mentions

Figure 11 reports the monthly totals of ambulance attendances where ecstasy use was mentioned in Melbourne, April 2001 to April 2002. As observed with amphetamines, it can be seen that ambulance attendances where ecstasy use was recorded peaked during the December 2001-January 2002 period, perhaps reflecting a relationship between use, morbidity and seasonality. This summer holiday period is well recognised as the peak time of year for large dance parties and music festivals.

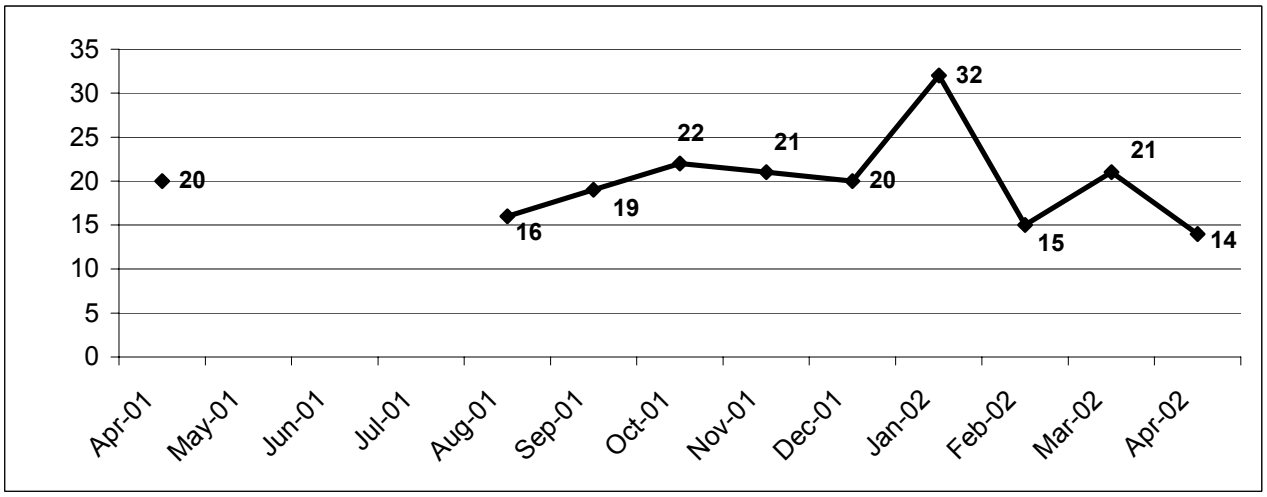


Figure 11. Monthly totals of ambulance attendances where ecstasy was mentioned in Melbourne, April 2001 to April 2002. (Source: Cvetkovski, Dietze & McElwee, 2003).

10.3.4 Drug deaths

Heroin-related

The data for trends in heroin-related mortality in Victoria are summarised in Figure 12. This figure, based on Victorian Institute of Forensic Medicine data, shows an increasing trend in the number of heroin-related deaths in Victoria throughout the 1990s and a dramatic decline in numbers of heroin-related fatalities from 331 in 2000 to 49 for 2001. This trend continued during 2002, where there were 59 heroin-related fatalities (final figure to be revised). The sharp decline in fatalities from 2000 to 2001 is consistent with the timing of what is now known was a severe period of reduction in Melbourne's heroin supply (Miller et al, 2001).

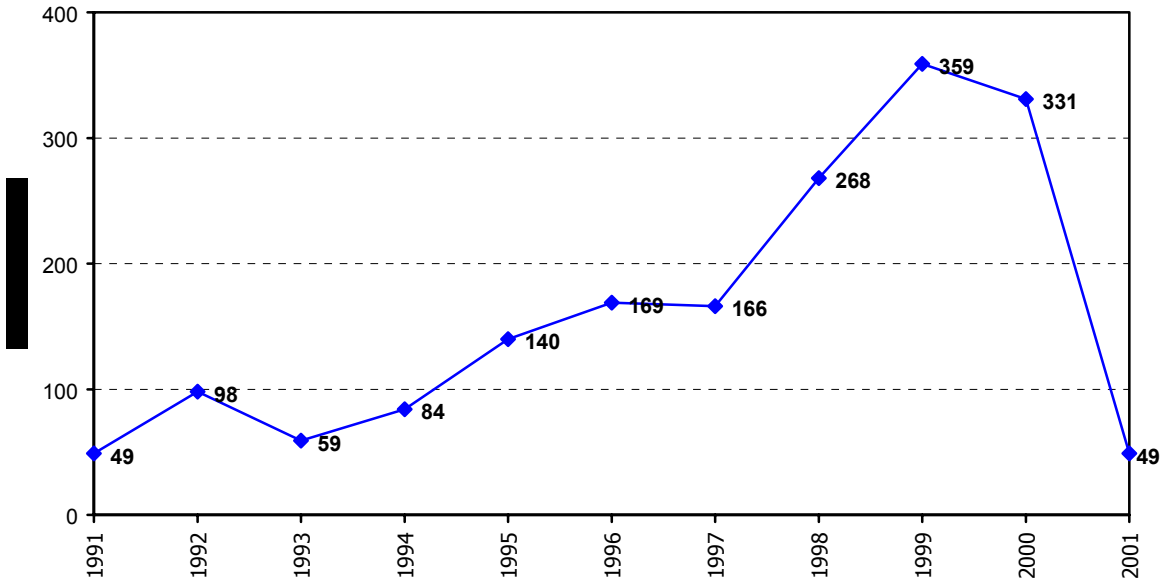


Figure 12. Yearly heroin overdose deaths in Victoria, 1991 - 2001. (Source: Victorian Institute of Forensic Medicine).

Victorian Institute of Forensic Medicine data (Wallington, Gerostamoulos & Drummer, 2002) showed that heroin fatalities in Victoria during 2001 were typically male (73% compared to 81% in 2000) with an average age of 29. These data also show that in 2001, 65% of fatalities were HCV positive and 43% unemployed. Of further note was that toxicological findings showed that benzodiazepines were detected in 71% of all cases in 2001 (an increase from 55% in 2000), and a decrease in the proportion of fatalities involving cannabis use in addition to heroin use (22% compared to 34% in 2000). The use of amphetamines also increased in 2001 from the past four years (1997-99), with 22% of 2001 fatalities involving amphetamine use with heroin.

Recently released Australian Bureau of Statistics data on opioid overdose deaths (accidental poisoning by opioids and deaths due to opioid abuse and dependence) for 2001 (Degenhardt, 2002) show that the Victorian overdose rate in 2001 was 28.7 per million persons aged 15-44 years (compared to 122.9 per million persons in 2000). Figure 13 shows that the 2001 rate and numbers (n=61) has declined dramatically compared to 2000 and 1999 levels. The Victorian 2001 rate was lower than the national rate of 35.9 per million persons aged 15 to 44 years. Seventy-nine percent of Victorian deaths attributed to opioids among those aged 15-44 years were males.

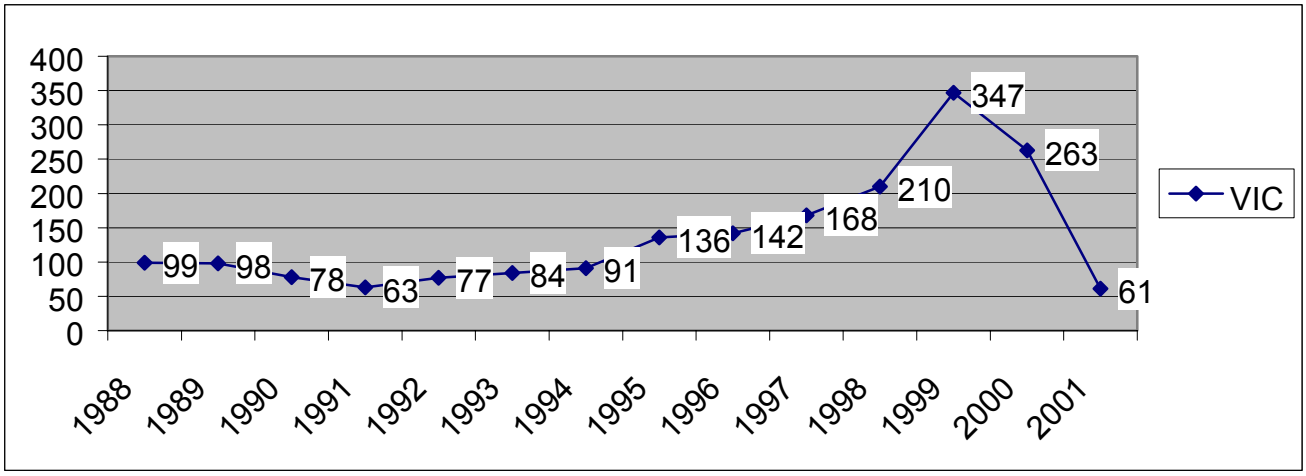


Figure 13. Number of opioid overdose deaths among 15-44 year olds in Victoria, 1988-2001 (Source: Degenhardt, 2002).

10.3.5 Blood borne virus transmission

Blood borne viruses (HIV, hepatitis B and C) represent a major health risk for individuals who inject drugs. An integrated surveillance system has been established in Australia for the purposes of monitoring the spread of these diseases. The sharing of equipment for injecting illicit drugs has infrequently resulted in HIV transmission in Australia, but transmission of the hepatitis C virus continues to occur at very high rates among people who inject drugs. The Victorian Department of Human Services records notifications of diagnoses of HIV and hepatitis B and C in Victoria.

Table 20 shows the trend in notifications of diagnoses of HIV where injecting drug use was identified as an exposure factor[7] in Victoria by year of diagnosis, 1991 to end of 2001. This table shows that throughout this period there has been a consistently low proportion of HIV diagnoses where injecting drug use was identified as an exposure factor (Victorian Department of Human Services, 2002a).

At the end of 2001, injecting drug use had been identified as an exposure factor in 5% of all Victorian HIV infections. The evidence of low rates of HIV infection among IDU is reinforced by the results of a study of attendees at four fixed-site metropolitan Needle Syringe Programs in Victoria in 2001 in which less than one percent of 339 respondents provided blood tests that were found to be HIV positive (National Centre in HIV Epidemiology and Clinical Research, 2002, see Table 21).

Hocking and Crofts (2001) reported that in 2000, 198 new cases of HIV were diagnosed in Victoria (89% male). They noted that this was the highest annual number of notifications since 1994 and a 41% increase on the 1999 total of 140. Keenan, Hellard and Crofts (2002) have observed that this increase continued during 2001 with 11 new cases diagnosed in people whose main exposure was injecting drug use (compared to 5 in 1999 and 11 in 2000).

[7] Includes the exposure categories of *injecting drug use* and *homosexual/ bisexual and injecting drug use*

Table 20. Annual number of notifications of HIV diagnoses in Victoria where injecting drug use has been identified as the likely exposure factor, 1991 to 2001.

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Number	22	20	23	20	15	14	15	13	6	10	11
% of HIV diagnoses	7	8	10	9	8	7	8	9	5	7	5

Source: Victorian Department of Human Services, 2002a

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

Table 21. Prevalence of HCV and HIV infection among NSP clients in Victoria 1998-2001.

	1998			1999			2000			2001		
	Male (n=193) %	Female (n=90) %	Total %	Male (n=135) %	Female (n=69) %	Total %	Male (n=177) %	Female (n=115) %	Total %	Male (n=218) %	Female (n=119) %	Total %
HCV	54	53	54	60	58	60	64	59	62	69	73	69
HIV	0.0	0.0	0.0	1.5	0	1.0	0.6	0	0.3	0.9	0	0.6

Source: National Centre in HIV Epidemiology and Clinical Research

Figure 14 presents summary data on notifications received for HCV infection diagnosis between 1992–2001 in Victoria. The majority of these infections have occurred as a result of injecting drug use. The data does demonstrate large numbers of diagnoses in Victoria throughout the 1990s with a peak in 1998 (n=6710) and thereafter a decline in actual numbers of HCV notifications to 5219 in 2001. However, carriage rates at the levels observed here remain unacceptably high, and indicative of persisting levels of unsafe injecting practices amongst IDU.

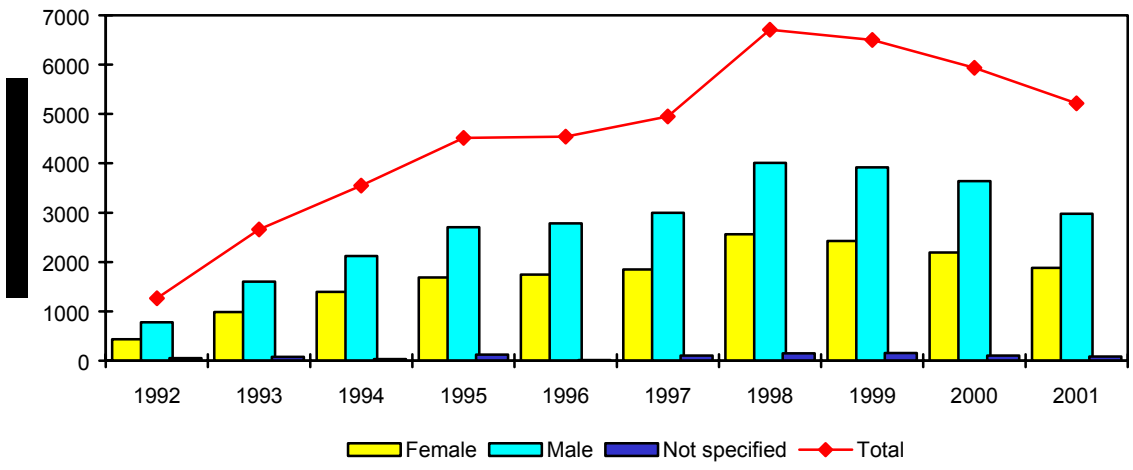


Figure 14. Victorian hepatitis C notifications by gender, 1992-2001 (Source: Communicable Diseases Section, Victorian Department of Human Services)

10.3.6 Arrest data

Data pertaining to drug-related arrests in Victoria during 1996/97 to 2001/02 are shown in Table 22. Data reported for the 1999/00 and 2000/01 periods were obtained from the Victoria Police Law Enforcement Assistance Program (LEAP) database, whereas data reported for all other financial years were obtained from the Australian Crime Commission (formerly ABCI).

Table 22. Number of arrests for cannabis, heroin, amphetamine and cocaine related offences in Victoria, 1996/97-2001/02.

Type of offences	1996/97[a]	1997/98[a]	1998/99[a]	1999/00[b]	2000/01[b]	2001/02[a]
Cannabis offences	9121	9034	9286	7354	6800	6692
Heroin offences	3396	5537	8153	5952	4418	1808
Amphetamines	NA	744	1028	910	1274	1608
Cocaine	29	32	70	42	117	87

[a] Source: Australian Crime Commission (formerly Australian Bureau of Criminal Intelligence)
[b] Source: Law Enforcement Assistance Program database (LEAP), Victoria Police, Statistical Services Branch

These data show an apparent continuing decrease from 1998/99 to 2000/02 in the number of arrests for cannabis and heroin offences, after a period of increase since 1996/97. A decrease in cocaine related offences was also observed in 2002, however an increase in amphetamine related offences was reported in the past year. This would appear to be in line with other trend data reported in this study which has indicated that amphetamine related issues are increasing.

Table 23 illustrates that the proportion of consumer arrests as a proportion of all drug-related arrests in Victoria, has remained relatively stable from 2000/01 to 2001/02.

Table 23. Consumer arrests as a proportion of all drug-related arrests in Victoria, 1997/98-2001/02.

	% Consumers				
Drug Type	**1997/98[a]**	**1998/99[a]**	**1999/00[b]**	**2000/01[b]**	**2001/02[a]**
Cannabis	65	85	86	65	69
Heroin	66	75	69	62	61
Amphetamines	69	74	69	62	66
Cocaine	--	--	--	23	51
All illicit drugs	66	79	77	64	67

[a] Source: Australian Crime Commission (formerly Australian Bureau of Criminal Intelligence)
[b] Source: Law Enforcement Assistance Program database (LEAP), Victoria Police, Statistical Services Branch

10.4 Summary of drug-related issues

The main drug-related issues to emerge from the Melbourne arm of the 2002 IDRS study include:

- Reported lifetime experience of heroin overdose by IDU respondents has been relatively stable between 1997-2002. Recent experience of overdose (last six months) however, has decreased since 2001.
- The majority of IDU were poly-drug users. Sixty-nine percent of survey respondent who had used drugs on the day prior to interview had used two or more different drugs.
- Opioids remain the most frequently occurring main presenting drug problem at specialist alcohol and drug agencies.
- There has been a significant uptake in treatment with buprenorphine in Melbourne and a concomitant decrease in methadone clients. There are reports of buprenorphine diversion and injection.
- High rates of hepatitis C virus infection among injecting drug users, coupled with persistent unsafe injecting behaviour.
- Continuing reports of injecting-related health problems (e.g. prominent scarring/ bruising, difficulty injecting).
- Self-reported crime remained stable and IDU reported that police activity had had no effect on the difficulty of acquiring drugs recently.
- Cannabis, heroin and cocaine related offences decreased in 2002, however an increase in amphetamine related offences were reported in the past year.

11.0 SUMMARY OF FINDINGS

11.1 Comparison of data from different sources

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

11.1.1 Heroin trends

Table 24. Heroin trends endorsed (✓) by injecting drug user reports (IDU), key informant reports (KI), and other indicator sources (OTHER).

HEROIN TRENDS	IDU	KI	OTHER
Price decreased over last six months (although reports variable)	✓	✓	✓
$50 deals minimum purchase amount	✓	✓	✓
Availability easy and stable	✓	✓	
Low to medium purity	✓	✓	✓
Purity variable last six months	✓	✓	✓
Frequency of use currently more stable although has not returned to the levels it was at pre-2001	✓	✓	✓
Number of people using heroin stable overall	✓	✓	
Injection primary route of administration	✓	✓	
Source mobile dealers, dealers' homes and increases in street dealing	✓	✓	

The Melbourne heroin market appears to be slowly returning following the reduction in supply reported in the 2001 IDRS study (Fry & Miller, 2002). In particular it has been reported in the current study that the availability of heroin has increased and the price of heroin has decreased, however it is clearly not at the levels it was at prior to 2001. This trend will continue to be monitored.

11.1.2 Methamphetamine trends

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

METHAMPHETAMINE TRENDS	IDU	KI	OTHER
Prevalence of methamphetamine use (particularly speed) high among Melbourne IDU	✓	✓	
Price of methamphetamines stable ($50 'point', $200 gram)	✓	✓	✓
'Point' most commonly purchased weight	✓	✓	✓
Price stable last six months	✓	✓	
Methamphetamine ('speed') easy to obtain	✓	✓	
Methamphetamines availability stable last six months	✓	✓	
Purity low-medium (fluctuates)	✓		✓
Predominantly sourced through social networks and home-based dealers	✓	✓	

Whilst the reported price, purity and availability of methamphetamines remained stable across the first four years of the Victorian IDRS, the 2001 study identified a major change in the use of methamphetamines in Melbourne (Fry and Miller, 2002). Findings from the 2001 IDRS study suggested that the prevalence of methamphetamine use among injecting drug users in Melbourne increased markedly, and that the drug, whilst predominantly sourced through social networks and home-based dealers, was being increasingly traded in street markets. In 2002 the prevalence of use, availability and price of methamphetamines remained relatively unchanged from the 2001 reports.

11.1.3 Cocaine trends

Table 26. Cocaine trends endorsed (✓) by injecting drug users (IDU), key informant reports (KI), and other indicators (OTHER).

COCAINE TRENDS	IDU	KI	OTHER
Price of cocaine stable ($50 'cap', $250 per gram)	✓	✓	✓
Prevalence and frequency of use low	✓	✓	
Availability difficult (stable)	✓	✓	
Purity medium to high	✓	✓	✓
Purity stable last six months	✓	✓	
Sourced from mobile dealers and friends (established contacts)	✓	✓	

Few key informants and injecting drug users were able to comment on Melbourne cocaine trends in 2002. Of those who could, the majority reported that prevalence and frequency of use was low and availability was difficult. Purity was medium to high and the price has remained stable. These trends remain unclear however and require further in-depth investigation.

11.1.4 Cannabis trends

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

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

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

11.1.5 Other opiate trends

The 2002 Melbourne IDRS study has yet again provided evidence of significant prescription drug use by injecting drug users. Of particular concern is the apparent increase identified in the prevalence of morphine use and injection amongst injecting drug users, along with reports of buprenorphine diversion and injection. The existence of a street-based black-market for other opiates in Melbourne was also reported.

Table 28. Trends in other opiate use endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

OTHER OPIATE TRENDS	IDU	KI	OTHER
Rapid uptake in buprenorphine treatment by IDU	✓	✓	✓
Reported diversion and injection of buprenorphine	✓	✓	
Increased use of other opiates (mostly licit) e.g. *Panadeine Forte*®	✓	✓	
Apparent increase in morphine diversion and injection	✓	✓	
Existence of a street-level black market in morphine	✓	✓	
Frequency of morphine use low but increasing	✓	✓	

11.1.6 Other drug trends

Other prescription drugs such as benzodiazepines and antidepressants are also widely used by injecting drug users. Prevalence of use of these drug types has remained relatively stable in 2002, although a significant decrease in benzodiazepine injection was reported in 2002. As with cocaine, reported ecstasy use and injection declined in 2002.

Table 29. Trends in other drug use endorsed (✓) by injecting drug users (IDU), key informants (KI) and other indicators (OTHER).

OTHER DRUG TRENDS	IDU	KI	OTHER
Ecstasy use decreased in this user group	✓	✓	
Price of ecstasy stable ($35 per tablet)		✓	✓
Purity of ecstasy stable		✓	✓
Decrease in benzodiazepine injection (especially since changes to temazepam prescribing in May 2002)	✓	✓	✓
Recent prevalence and frequency of inhalant and hallucinogen use low	✓	✓	
Large proportion of IDU using anti-depressants	✓	✓	

11.1.7 Drug-related health and law enforcement trends

Table 30. Drug related health and law enforcement trends identified in injecting drug user reports (IDU), key informant reports (KI), and other indicator sources (OTHER).

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

Reported recent experience of overdose and receipt of Narcan® decreased in 2002. However, other significant harms associated with injecting drug use continue to be of major concern and the majority of IDU experienced at least one type of inject-related health problem. Overall the level of criminal activity amongst IDUs was relatively stable.

11.2 Study limitations

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

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

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

11.3 Implications of the findings for future research

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

The findings of the 2002 Melbourne IDRS study suggest the following priority areas:

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

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

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