

R. Jenkinson & B. O'Keeffe

VIC DRUG TRENDS 2004
Findings from the
Illicit Drug Reporting System (IDRS)

NDARC Technical Report No. 212

**VICTORIAN
DRUG TRENDS
2004**



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Illicit Drug Reporting System
(IDRS)**

Rebecca Jenkinson and Briony O’Keeffe

Turning Point Alcohol and Drug Centre Inc.

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EXECUTIVE SUMMARY

Background

In 1998 the Australian Government Department of Health and Ageing commissioned the National Drug and Alcohol Research Centre (NDARC) to implement a national Illicit Drug Reporting System (IDRS), following a successful pilot study in Sydney during 1996 and a multi-state trial in 1997 (Hando, O'Brien, Darke, Maher, & Hall, 1997; Hando & Darke, 1998; Hando, Darke, Degenhardt, Cormack, & Rumbold, 1998). The 1998 IDRS study was conducted in New South Wales, Victoria and South Australia (McKetin, Darke, Hayes, & Rumbold, 1999), with each state undertaking an IDU survey, key expert 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 expert 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 heroin, methamphetamines, cocaine and cannabis. The IDRS study provides nationally comparable data with respect to emerging trends in illicit drug use and related harms, and provides a basis for better informing future policy and research initiatives.

The value of Victorian IDRS findings

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

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

- Expansion of IDRS-style illicit drug trend monitoring methods to focus on patterns and characteristics of psychostimulant use in Melbourne (Johnston, et al. in press).
- Informed the development of research into cocaine markets in Victoria and New South Wales (currently being undertaken).
- Informed the development of research into benzodiazepine and pharmaceutical opiate misuse and links to crime in Victoria, Tasmania and NT (results pending).

¹ For specific examples of how previous Victorian IDRS findings have been utilized refer to: Fry & Miller, 2001& 2002; Jenkinson, Fry & Miller, 2003; and Jenkinson, Miller & Fry, 2004.

- Informed research into the course and consequences of the heroin shortage in Victoria (Dietze, et al. 2003).
- Victorian IDRS data was utilised in the recent review of the Victorian Drug Treatment Service System (Ritter, et al. 2003).
- Victorian IDRS data have routinely been used in policy development and review activities conducted by the Victorian Government (Di Natale & Ritter, 2003; Drug policy Expert Committee, 2000), and are routinely provided for inclusion in the *Victorian Drug Statistics Handbook* (Victorian Department of Human Services, 2004a).
- Victorian IDRS data has been disseminated widely via conferences, peer-reviewed publications and community reports.

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

Summary of 2004 Victorian drug trends

Turning Point Alcohol and Drug Centre conducted the Melbourne arm of the 2004 IDRS study between June and September 2004. The project consisted of:

1. A structured survey of 150 current injecting drug users recruited from a number of sites across the Melbourne metropolitan area.
2. Semi-structured interviews with 52 key experts from a variety of professional settings, selected according to their knowledge about illicit drug use, and level of contact with illicit drug users during the six months preceding the survey.
3. Analysis of secondary illicit drug use indicators.

Data collected via these three methods were analysed in order to identify illicit drug related trends in Melbourne for the 2003/04 year. Where appropriate, these data were also compared to findings from the 1997 to 2003 applications of the IDRS in Melbourne.

The 2004 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, methamphetamine, cocaine and cannabis. These are discussed in turn, along with summary details on other drug trends and associated harms/ drug related issues.

Heroin

Findings from the 2004 study suggest that the heroin market in Melbourne has stabilised since the reported shortage observed in 2001 (Fry & Miller, 2002).

In 2004, heroin was reportedly easy to very easy to access (91%) and availability had been stable. The reported prices of heroin decreased to \$40 per ‘cap’ and \$300 per gram in 2004, with a ‘cap’ being the most popular purchase amount. Respondent’s reports about their primary location for heroin scoring have remained relatively stable since 2003, with mobile dealers being accessed most often, followed by dealers’ homes.

As in 2003, a higher proportion of the IDU sample reported that they had mostly used heroin rock (87%) in the previous six months, and intravenous injection still constituted

the most common route of administration (86%). Purity of heroin was reported as medium (40%) to low (26%), and most believed it had been stable (25%) or increased (24%) recently.

In general, the 2004 findings suggest that heroin is very easy to access and availability is stable, purity levels are stable to increasing, and the price has decreased, however supply is clearly not at the levels it was at prior to 2001 (the peak of the street heroin market in Melbourne). The trend in heroin use will continue to be monitored.

Table A. Price, availability, purity and prevalence of use for heroin, methamphetamine, cocaine and cannabis in Melbourne, Victoria, 2004.

	Heroin	Methamphetamine	Cocaine	Cannabis
Price				
<i>Cap</i>	\$40 (stable-decreasing)	\$30-50 'point' (stable)	unknown	-----
<i>Gram</i>	\$300 (stable-decreasing)	\$180-200 (stable)	\$200 (relatively stable)	\$20 (stable)
<i>Ounce</i>	-----	-----	-----	\$240 (hydro) \$180 (bush); (stable)
Availability	<ul style="list-style-type: none"> • availability very easy to easy • stable 	<ul style="list-style-type: none"> • speed readily available in last six months • ice (purer form) slightly more difficult to obtain 	<ul style="list-style-type: none"> • availability variable 	<ul style="list-style-type: none"> • cannabis readily available • stable
Purity	<ul style="list-style-type: none"> • average purity 31% (range 14%-53%)^a • average purity increasing^a 	<ul style="list-style-type: none"> • average purity 31% (range 4% to 55%)^a • purity fluctuates^a 	<ul style="list-style-type: none"> • average purity 40% (range 26% to 95%)^a • purity relatively stable^a 	<ul style="list-style-type: none"> • purity high to medium^b • stable^b
Use	<ul style="list-style-type: none"> • mostly rock form (87%) • relatively stable prevalence of use • stable-increasing frequency of use 	<ul style="list-style-type: none"> • prevalence of use (particularly ice and base) decreased slightly among IDU • slight decrease frequency of use 	<ul style="list-style-type: none"> • cocaine use infrequent among IDU • decreased levels of recent injecting 	<ul style="list-style-type: none"> • commonly used illicit drug • stable frequency of use • used concurrently with other drugs

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

^b Based on IDU estimates of THC potency.

Methamphetamine

A distinction was made for the first time in 2002 between the different forms of methamphetamine (speed, base and ice) to improve the precision of data collection on the use, purity and availability of each of these forms. This data was collected again in 2003 and 2004, along with information on the use of amphetamine liquid and pharmaceutical stimulants.

Findings from the 2004 study suggest that the use of methamphetamine is widespread amongst the IDU surveyed, with 71% of participants reporting using some form (either speed, base or ice) in the preceding six months. However, prevalence of use and injection

of the various forms of methamphetamine, particularly ice and base, decreased slightly in 2004. Reported use of ice by Melbourne IDRS participants almost doubled between 2002 (26%) and 2003 (50%), but has since decreased to 41%. Reported use of base decreased from 18% in 2003, to 11% this year. Reported use of speed powder remains quite high (65%), but has also decreased slightly from past years (70% in both 2002 and 2003).

The median number of days on which speed had been used in the preceding six months was 10, while for ice it was 4, and base 3 days. Frequency of methamphetamine use has decreased since the 2002 and 2003 IDRS studies.

The most common quantity of all forms of methamphetamine purchased (speed, base and ice) was a 'point', and respondents paid \$30-50 for this amount. The reported price per gram of speed or ice was \$180-200, while for base respondents (n=2) reported paying \$100-150. Prices reported in 2004 were similar to those reported last year, and the majority of 2004 IDU respondents also reported that prices had been stable (speed 61%, base 50%, ice 53%).

The majority reported that all three forms (speed, base and ice) were easy to very easy to obtain at present and that the availability had been stable in the six months prior to interview. These drugs were predominantly sourced through social networks (speed 39%; base 50%; and ice 42%) or mobile dealers (speed 25%; base 25%; and ice 23%).

Cocaine

In 2004 the proportion of IDU reporting cocaine use in the preceding six months was 10%, with 2% reporting recent injection. Frequency of cocaine use was very low with a median of two days use in the preceding six months. These findings are low overall compared to other illicit drugs being reported on in the IDRS study, and lower than that reported in previous years.

The decreasing prevalence and frequency of cocaine use by the IDU interviewed as part of the IDRS study may be due to the lack of availability of this drug type, the cost, or possibly the widespread availability and use of other drug types in Melbourne.

In 2004 only two IDU respondents could confidently comment on trends in cocaine price, purity and availability. Both respondents reported that cocaine cost \$200 per gram and that the purity of this drug was high at present. However, it is difficult to identify clear trends due to the consistently small number of IDU and key experts who are able to comment on this drug type. The expansion of drug trend monitoring research to other sentinel groups (e.g. non-injecting groups) will provide a clearer picture of cocaine trends in Melbourne.

Cannabis

Cannabis use in Melbourne has remained relatively stable. Eighty percent of IDU had used cannabis in the preceding six months (compared to 88% in both 2002 and 2003) and the median number of days used in the last six months was 180 (daily use). In terms of the number of users, cannabis was the second the most widely used illicit drug by participating Melbourne IDU, and the most frequently used in terms of number of days.

As in previous years, the overwhelming majority of IDU commenting on cannabis thought it easy to very easy to obtain, and that availability had remained stable in the preceding six months. The price of a gram of cannabis has remained stable since 1998

(\$20 hydro, \$20 bush), while the price per ounce has been relatively stable for the past four years (\$240 hydro, \$180 bush). A gram was the most popular purchase amount.

Other drugs

The 2004 Melbourne IDRS study has again provided evidence of widespread prescription drug use by injecting drug users (e.g. benzodiazepines, buprenorphine, morphine and anti-depressants).

The majority of IDU (82%) reported having used benzodiazepines in the six months prior to interview and most of these people (61%) mainly obtained their benzodiazepines licitly. The proportion of Melbourne IDRS participants who reported benzodiazepine injection steadily rose from 1999 (19%) to 2001 (40%), however there was a considerable reduction in the number reporting injection during 2002 (21%) and 2003 (15%). In 2004 reported rates of injection remained stable (16%). The reduction in benzodiazepine injection observed since 2001 is probably due to the combined effects of the changes in legislation regarding the availability of temazepam gel capsules, as well as a concerted education campaign aimed at prescribing doctors by the Victorian state government (Breen et al., 2003).

IDU and key experts also reported use and injection of prescription drugs such as morphine and buprenorphine. Of the IDU who reported using morphine in the past six months, the majority reported obtaining the drug illicitly, and most reported paying \$50 for 100mg. Frequency of morphine use amongst this group was seen to be opportunistic rather than habitual. As in 2003, approximately one-third of participants reported using buprenorphine (licit or illicit) in the past six months. In 2004, over half (56%) of the respondents reported having injected buprenorphine in their lifetime, and 43% reported having injected the drug in the past six months.

Prevalence of anti-depressant use in 2004 appears to be stable, with 31% of users saying they used these drugs in the past six months. Frequency of use during that time was 108 days (or at least every two days). Almost one-quarter (23%) of respondents also reported ecstasy use within the last six months in 2004. The primary route of administration of ecstasy during that time was swallowing (19%), followed by injection (8%).

Associated harms/ Drug related issues

Self-reported recent experience of overdose and receipt of Narcan® has remained relatively stable since 2001. 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. Eleven percent of IDU reported that they had borrowed another person's used needle/syringe, 21% had passed on their own used needle/syringe and 46% had used other already used injection equipment in the last month.

Overall, it was seen that the level of self-reported criminal activity amongst IDU decreased slightly in 2004. Key experts reported that in general, crime levels had remained stable. Both IDU and key experts reported that there had been an increase in police activity in the past six months. The majority of IDU participants (71%) reported that police activity had had no effect on the difficulty in acquiring drugs recently.

Conclusions

The 2004 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 2004 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 (69%), the last drug they injected (63%) and their drug of choice (63%).

Findings from the 2004 IDRS study suggest that the heroin market in Melbourne has stabilised since the reported shortage observed in 2001 (Fry & Miller, 2002). In particular, it has been reported in the current study that heroin is very easy to access and availability is stable, purity levels are stable to increasing, and the price has decreased. Nevertheless, heroin supply in Melbourne is clearly not at the levels it was at prior to 2001 and the trend in heroin use will continue to be monitored.

Findings from the 2004 study suggest that methamphetamine use was widespread among injecting drug users in Melbourne, however frequency of use remains lower than the levels reported in 2001-2002. As in 2003, these drugs were reportedly easy to obtain and were predominantly sourced through social networks and mobile dealers. Given the potential harms associated with the use of this drug type, the trend in methamphetamine use will continue to be monitored.

Amongst the IDU surveyed in Melbourne, prevalence and frequency of cocaine use remains low. This may be due to the lack of availability, the cost, and possibly the widespread availability and use of other drug types in this city. In contrast, the Melbourne cannabis market and patterns of use continue to be relatively stable. In terms of the number of users, cannabis was the second the most widely used illicit drug by participating Melbourne IDU, and the most frequently used in terms of number of days.

The 2004 study has again provided evidence of significant prescription drug use by injecting drug users (e.g. morphine, buprenorphine, benzodiazepines and anti-depressants). There is also evidence of misuse of these drug types by the IDU surveyed. Given the potential health harms associated with the injection of these drug types, further research is planned to investigate these issues in greater detail.

Continuing trends in the level of injection equipment sharing and associated health problems experienced by IDU (such as vein damage, poor general health and hepatitis C) have again been reported. Further research is needed to investigate the reasons for the continued levels of unsafe injecting.

The experience in Victoria has shown that the IDRS is an effective drug trend monitoring system and is valuable for informing policy and research.

Implications of 2004 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 monitoring and/or in-depth investigation.

The findings of the 2004 Melbourne IDRS study suggest the following priority areas:

1. Continued monitoring of illicit drug markets for changes in price, purity and availability trends, and evidence of increasing harms.

2. Further research to monitor the characteristics and impact of psychostimulant/party drug use in Melbourne is required, along with consideration of the impact of these drug types upon both health and law enforcement sectors.
3. Expansion of Victoria's routine drug trend monitoring, through new methods and new sentinel groups, to improve the understanding of intersecting drug markets and related harms.
4. Research to explore the nature of prescription drug use among injecting drug users in Melbourne, the extent of prescription drug diversion, and the health harms associated with prescription drug misuse.
5. Further research to gain a better understanding of the determinants of unsafe injecting, particularly for those injecting practices that increase the risk of blood-borne virus transmission (e.g. HIV, HCV and HBV).

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

1. INTRODUCTION

In 1998 the Australian Government Department of Health and Ageing commissioned the National Drug and Alcohol Research Centre (NDARC) to implement a national Illicit Drug Reporting System (IDRS), following a successful pilot study in Sydney during 1996 and a multi-state trial in 1997 (Hando, O'Brien, Darke, Maher, & Hall, 1997; Hando & Darke, 1998; Hando, Darke, Degenhardt, Cormack, & Rumbold, 1998). The 1998 IDRS study was conducted in New South Wales, Victoria and South Australia (McKetin, Darke, Hayes, & Rumbold, 1999), with each state undertaking an IDU survey, key expert 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 expert 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 heroin, methamphetamines, cocaine and cannabis. The IDRS study provides nationally comparable data with respect to emerging trends in illicit drug use and related harms, and provides a basis for better informing future policy and research initiatives.

The *Victorian Drug Trends 2004* report summarises data collected during the months of June through September 2004 as part of the Melbourne arm of the 2004 IDRS study. The findings of this report pertain primarily to the 2003/2004 financial year, unless otherwise indicated. The report provides an outline of the methods utilised in collecting data for this period, and then presents a socio-demographic and drug use history overview of the IDU sample. The main study findings are then presented for recent trends in heroin, methamphetamine, cocaine, cannabis, and other drugs. Following this, drug related harms and other issues of interest are examined. The report concludes with a summary and discussion of the main findings and implications.

For details regarding illicit drug trends for the whole of Victoria, readers should refer to the annual *Victorian Drug Statistics Handbook* (Victorian Department of Human Services, 2004a). Readers are also referred to the forthcoming *Australian Drug Trends 2004* monograph for national data and jurisdictional comparisons (available from the National Drug and Alcohol Research Centre, University of New South Wales, Sydney).

2. METHOD

This study replicates the IDRS methodology used annually since 1997 incorporating: a survey of injecting drug users; interviews with key experts recruited from a variety of professional settings; and analysis of secondary indicators of illicit drug trends in Victoria. The information provided by these three methods has been used to identify trends and harms associated with illicit drug use in Victoria. These trends primarily relate to that observed within metropolitan Melbourne for the 2003/ 2004 financial year.

2.1. Survey of injecting drug users (IDU)

Structured face-to-face interviews were conducted with 150 current injecting drug users (IDU) recruited from metropolitan Melbourne between June and July 2004. 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 the previous 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, St Kilda
- SHARPS, Frankston
- HealthWorks, Footscray
- Turning Point Alcohol & Drug Centre, Fitzroy
- AIDS Prevention and Support Unit, 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 demographics, drug use, price, purity and availability of drugs, crime, risk-taking behaviour, health and general trends. The average duration of the interviews was approximately 40 minutes and participants were reimbursed \$30 for their time and out-of-pocket expenses. Ethics approval for this study was obtained from the Victorian Department of Human Services, Human Research Ethics Committee. Data analysis was conducted using SPSS for Windows Version 11.5.1.

2.2. Survey of key experts (KE)

A total of 52 key experts (25 female, 27 male) participated in face-to-face interviews (n=45) and one focus group (n=7) between the months of July and September 2004. Eighteen participants (35%) were recruited from the pool of key experts who had taken part in either the 1998, 1999, 2000, 2001 or 2002 IDRS studies (Jenkinson, Fry & Miller, 2003; Fry & Miller, 2001, 2002; Dwyer & Rumbold, 2000; Rumbold & Fry, 1999). Fifteen participants (29%) were recruited from the pool of key experts who had taken part in the 2003 IDRS study (Jenkinson, Miller & Fry, 2004). All other participants in the study were recruited either as replacements for previous participants drawn from the same agencies/services, or on the basis of referrals received from professionals in the field.

Key experts that took part in the 2004 study consisted of: NSP workers (n=7), drug treatment workers (n=10), user-group representatives (n=4), outreach workers (n=6), youth outreach workers (n=5), researchers (n=2), medical practitioners (n=2), mandated treatment workers (n=3), pharmacists (n=1), community health workers (n=2), ambulance paramedics (n=1) and law enforcement personnel (n=9). Excluding law enforcement personnel, participants were selected on the basis of having had average 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.

Whilst some key expert participants were screened after they had received sample copies of the key expert interview schedule, project information sheet and consent form – providing them with the opportunity to consider whether they were able to address questions from the interview schedule - other key experts were deemed eligible after telephone screening and did not wish to receive an advance copy of materials. The key expert interview schedule included sections on patterns of drug use, availability of drugs, criminal behaviour and health issues.

As in the 2003 IDRS study (Jenkinson, Miller and Fry; 2004) a focus group was conducted in this year's study. However, this year only one focus group was conducted at a single service (7 participants), with workers from a variety of backgrounds. This exercise was undertaken in an attempt to gain a broader range of information than is available in relation to an individual person's client load, while retaining the specific knowledge that comes from direct contact with clients that informs much of the key expert knowledge reported in previous IDRS. It was also noted that in the context of a focus group, different participants were able to supply different perspectives on the same topic and/or client group.

Heroin was nominated by most (n=43) of Melbourne key experts as the main illicit drug used by people with whom they had the most contact. However, as in 2003, most key experts again reported on combinations of opiate and methamphetamine use, opiate and benzodiazepine use and opiate and cannabis use. Some key experts also reported a combination of opiate and buprenorphine or methadone use, and two key experts identified that there may be a combination of opiate and ecstasy use, mainly with younger clients. In addition, several key experts commented that their client's primary drug of choice often depended on availability and opportunity, with heroin being used 'intermittently with other drugs' i.e. BZDs or morphine, and users 'jumping on and off heroin'. Though in slightly fewer numbers than the 2003 IDRS study, a large number of key experts were able to identify amphetamines (n=34) as a major drug group used by people with whom they had contact. Benzodiazepines (n=30) and cannabis (n=29) use also figured prominently in reports given by key experts around illicit drug use in 2004.

Reports on primary cannabis users were received from two key experts working within the youth sector, and two key experts reported that ecstasy was the primary drug of choice. No key experts were able to report exclusively on cocaine use.

Key expert interviews took an average of 60 minutes to complete (range= 30-120 mins). Detailed notes were made by the interviewer during the interview, and raw data was transcribed and coded soon after the conclusion of the interview using Microsoft Excel 2000. Content analysis was used for open-ended responses (Kellehear, 1993). Categorical data for key expert estimates of drug price, purity and availability were analysed using Microsoft Excel 2000.

2.3. Other indicators

Primary information collected from the IDU survey and key expert 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 2003/2004 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.

Surveys reporting on illicit drug use prevalence in Victoria

- Data on the prevalence of drug use in the community is typically derived from large-scale population surveys. The most recent household surveys from which estimates of illicit drug use within the community are available include: the 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002), and the 2003 Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2004).

Drug seizure purity levels

- The Victorian Forensic Science Centre conducts purity analyses for all drug seizures made by the Victoria Police. Since 2001, the Victorian Forensic Science Centre has provided drug purity data for inclusion in the IDRS report. This report presents data for the 2003/2004 financial year.

Drug-related arrest data

- Information pertaining to drug-related arrests in Victoria has been obtained from the Australian Crime Commission (ACC). The Victoria Police and the Australian Federal Police provide arrest data to the ACC for the Illicit Drug Data Report. This report presents drug-related arrest data for the 2003/2004 financial year.

Specialist drug treatment presentations

- The Victorian Department of Human Services funds community-based agencies to provide specialist 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). The ADIS data presented in this report represents courses of treatment (not client numbers) for the period 2002/2003.
- 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 consumers of the Victorian pharmacotherapy programs and is an important source of information regarding treatment for opiate dependence. Data from the quarterly phone census of client numbers for the period Jan 2000–Oct 2004 is presented in the current report.
- DirectLine is a 24-hour specialist telephone service in Victoria (operated by Turning Point Alcohol & Drug Centre) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database that can provide information about caller drugs of concern, calls from drug

users, and calls about drug users. This report presents unpublished data for the period 1999-2003.

Ambulance attendances at non-fatal drug overdoses and other episodes

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

NHMD (National Hospital Morbidity Data)

- The National Hospital Morbidity Database (NHMD) is compiled by the Australian Institute of Health and Welfare. It is a collection of electronic records for admitted patients in public and private hospitals in Australia. Both *principal diagnosis* (the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital) and *additional diagnoses* (include co-existing conditions and/or complications) have been reported. This report presents drug-related hospital admissions (per million) for Victoria and Australia, 2000-2003.

Heroin-related fatalities

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

Blood borne virus surveillance data

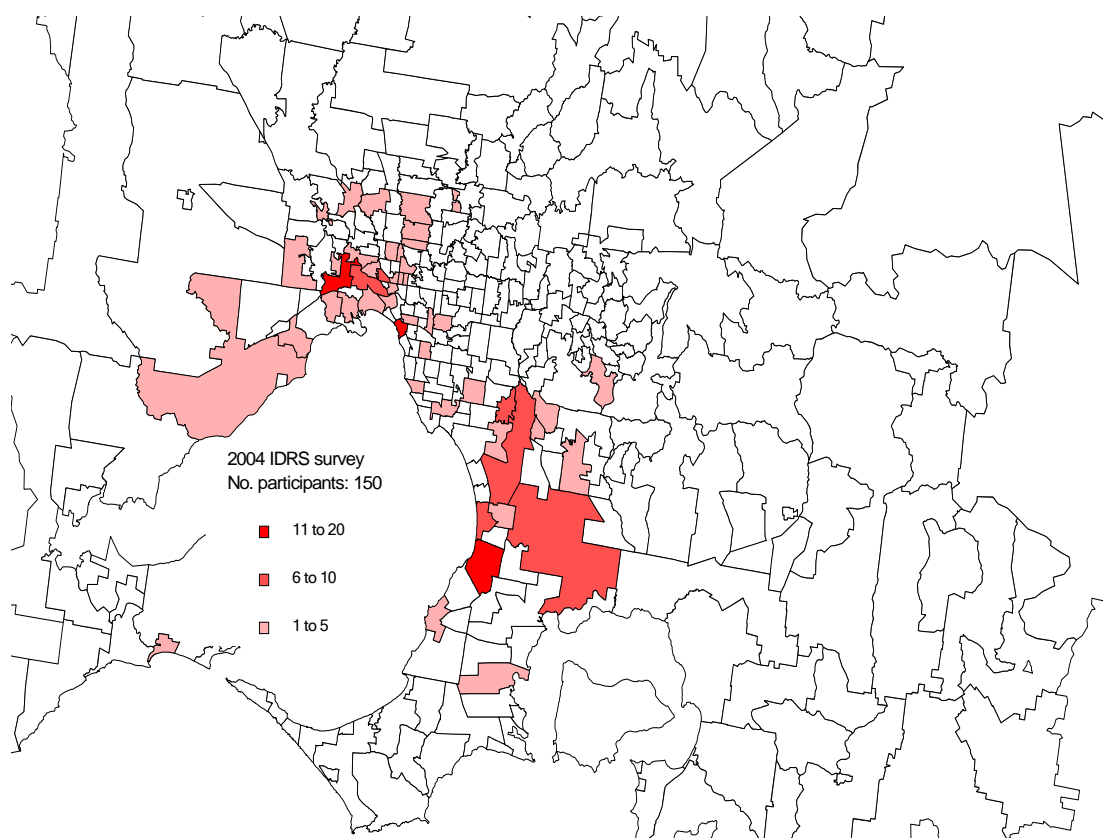
- Blood borne viruses, and in particular HIV/AIDS and hepatitis B (HBV) and C (HCV) are a major health risk for individuals who inject drugs. The Communicable Diseases Section, Public Health Group, the Department of Human Services, records notifications of infectious diseases in Victoria. This report presents findings from the Department of Human Services HIV and HCV surveillance data.
- The Australian Needle and Syringe Program (NSP) Survey has been conducted yearly by the National Centre in HIV Epidemiology and Clinical Research since 1995. It is designed to supplement sentinel BBV surveillance efforts via a short questionnaire on demographic and behavioural characteristics of NSP clients and serological testing of finger-prick blood samples. In 2003, the survey obtained data from 237 clients across four NSPs in Melbourne. (National Centre in HIV Epidemiology and Clinical Research, 2004).

3. RESULTS

3.1. Overview of the IDU sample

A total of 150 current injecting drug users (IDU) were interviewed in 2004. The sample was drawn from 49 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=32; Dandenong n=28; Fitzroy n=30; Frankston n=30; and Footscray n=30.

Figure 1: Residential postcodes of the 2004 IDU survey sample (N=150)



The demographic characteristics of the 2004 sample are summarised in Table 1. The majority of participants were male (60%) and ranged in age from 18 to 56 years with a mean age of 31 years (SD 7.33). Almost two thirds of respondents were securely accommodated either living at their own residence (50%) or parents home (11%), while 27% were residing at a boarding house or hostel and 8% were homeless at the time of interview. Most participants (85%) were not currently employed, however a significant proportion had acquired trade/technical qualifications (37%), and a smaller number university qualifications (5%) post secondary school. The majority of participants (96%) reported that English was the main language spoken at home, with only 4% indicating that they most commonly spoke other languages at home including Vietnamese, Greek, Croatian and Mauritian. Five percent (n=7) of participants identified as being Aboriginal or Torres Straight Islanders (ATSI).

Table 1: Demographic characteristics of the IDU survey sample

Characteristic	2003 N=152	2004 N=150
Age (yrs)	30 (range 18 to 54)	31 (range 18 to 56)
Sex (% male)	60	60
Accommodation (%):		
Own house / flat (includes renting)	51	50
Parents house	13	11
Boarding house / hostel	21	27
Shelter/ refuge	1	4
No fixed address / homeless	7	8
Employment (%):		
Not employed	83	85
Full time	4	3
Part time/casual	9	5
Home Duties	-	4
Student	1	2
Currently engaged in sex work (%)	10	5
ATSI (%)	5	5
School education (yrs)	10	10
Tertiary education (%):		
None	48	58
Trade/technical	45	37
University/college	7	5
Currently in drug treatment (%)	38	38
Prison history (%)	41	51

Source: IDRS IDU interviews

A total of 88 participants (59%) had engaged in some form of treatment during the six months prior to interview. Of these people, 78% had engaged in one type and 15% in two different types in that period. Thirty-eight percent of the respondents were currently receiving drug treatment. The most common types of drug treatment for this group were buprenorphine treatment (60%), methadone maintenance (37%) and drug counselling (2%). For the group of respondents currently in treatment (n=57), the mean length of time that they had been engaged in their current treatment type was 27.7 months, although this varied considerably (SD 29.2). Seven people (12%) had been in treatment six months or less, 18 people (32%) between six to 12 months, and 25 people (44%) for two years or more.

There has been an increase in the number of people in longer-term treatment (> six months) from 37% (n=22) in 2002, to 56% (n=32) in 2003, and 88% (n=50) in 2004. This is possibly due to the fact that in all three years most respondents reporting that they were enrolled in treatment were on buprenorphine. Buprenorphine was still relatively new to the market in Victoria when respondents were interviewed in 2002, however by the time respondents were interviewed in 2004 the drug been available for approximately three years.

3.2. Drug use history and current drug use

3.2.1. Duration of injecting career

The mean reported age at first injection of a drug was in the late teens (18.2 years, SD 4.6), ranging from 11 to 40 years. The mean number of years since first injection to the present was 12.5 years (SD 6.7). There was considerable variation in the length of experience of injecting drug use among those surveyed (range 1 – 35 years). Over one quarter of participants (28%, n=42) first began injecting drugs within the last seven years, while 16% (n=24) had first started injecting 20 years ago or longer. The drugs most frequently used on the first injection occasion were amphetamines (53% compared to 50% in 2003, 51% in 2002, 41% in 2001, 60% in 2000 and 49% in 1999) and heroin (43% compared to 45% in 2003, 44% in 2002, 54% in 2001, 38% in 2000 and 46% in 1999).

3.2.2. Drug use history (last 4 weeks)

The majority of the sample reported that heroin was the drug they had most often injected in the past month (69%), that it was the last drug that they had injected (63%), and their drug of choice (63%). Fewer respondents (13%) indicated that they had most often injected methamphetamine during the past month (compared to 26% in 2003 and 24% in 2002), and that methamphetamine was the last drug injected (15% compared to 22% in 2003). Fourteen percent of the sample reported that cannabis was their drug of choice, while 11% reported that their preferred drug was methamphetamine. Smaller numbers of participants also nominated morphine (5%), cocaine (2%) or LSD (2%) as their drugs of choice.

Table 2: Injection history, drug preferences and poly-drug use of IDU

Variable	2003 N=152	2004 N=150
Age first injection (years)	18 (10 – 40)	18 (range 11 - 40)
First drug injected (%)		
Heroin	45	43
Amphetamine	50	53
Cocaine	1	-
Other opioids	1	1
Ecstasy	1	-
Drug of choice (%)		
Heroin	69	63
Methamphetamine	15	11
Cannabis	9	14
Morphine	2	5
Cocaine	2	2
LSD	1	2
Benzodiazepines	1	1
Drug injected most often in last month (%)		
Heroin	65	69
Methamphetamine	26	13
Morphine	2	7
Cocaine	-	-
Benzodiazepines	1	-
Buprenorphine	7	12

Most recent drug injected (%)		
Heroin	65	63
Methamphetamine	22	15
Morphine	3	6
Cocaine	1	-
Benzodiazepines	1	-
Buprenorphine	9	16
Frequency of injecting in last month (%)		
Weekly or less	18	17
More than weekly	34	31
Once a day	27	17
Two to three times per day	18	27
More than three times per day	4	7
Poly-drug use		
Number of drug classes ever tried	12	12
Number of drug classes used last 6 mths	8	7
Number of drug classes ever injected	6	5
Number of drug classes inject last 6 mths	3	3

Source: IDRS IDU interviews

Half (51%) of the 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 49% observed in 2003 (Jenkinson, Miller & Fry, 2004).

3.2.3. Drug use history (last six months & lifetime)

Table 3 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 (97%), methamphetamines (97%), tobacco (100%), cannabis (99%), alcohol (98%), and benzodiazepines (96%).

Of the 17 drug classes included in the 2004 IDRS survey (methamphetamine forms have been collapsed into one class), the mean number of drug classes ever used by respondents was 12 (SD 2.1), while a mean of 7 drugs (SD 2.0) had been used in the preceding six months. Tobacco (96%), heroin (86%), benzodiazepines (82%), and cannabis (80%) were the drugs most commonly used during the previous six months. Significant numbers had also used methamphetamines (71%) and alcohol (70%) in this period. Average reported poly-drug use in 2004 was the similar to that reported last year (2003; lifetime 12 drug classes, last six months 8 drug classes).

A variety of drugs had also been injected with a mean of 5 (SD2.2) types ever and 3 (SD 1.4) types injected in the preceding six months. The most commonly reported drugs injected in the last six months were heroin (86%), methamphetamines (70%), buprenorphine (43%), morphine (41%), benzodiazepines (16%), and ecstasy (8%).

Table 3. Drug use history of the 2004 VIC IDRS IDU sample (N=150).

Drug Class	Ever used %	Ever injected %	Injected last 6 months %	Median No. days inj last 6 mths by those inj the drug	Ever smoked %	Smoked last 6 months %	Ever snorted %	Snorted last 6 months %	Ever swallowed %	Swallowed last 6 months %	Used last 6 months %	Median No. days used in last 6 months by those using the drug
1. Heroin	97	97	86	90	49	9	18	1	19	4	86	90
2. Methadone- licit	63	13	1	1.5					63	21	21	180
2a. Methadone- illicit	28	13	4	6					23	7	10	2
2b. Physeptone- licit	1	1	0	0	0	0	0	0	1	0	0	0
2c. Physeptone- illicit	7	3	1	7	0	0	0	0	5	1	2	6
3. Morphine	80	77	41	5	3	1	1	0	38	18	43	6
4. Homebake	9	9	2	12	1	1	0	0	1	0	3	7
5. Other opiates	55	19	3	4	4	0	1	0	47	25	27	6
6. Speed powder	96	95	64	10	17	6	53	9	42	9	65	10
7. Amphet liquid	14	13	1	1					5	1	2	3
8. Base/point/wax	36	35	11	2.5	2	1	1	0	5	1	11	3
9. Ice/shabu/crystal	70	65	40	3.5	25	15	6	2	9	4	41	4
9a. Pharmaceutical stim	28	11	6	3	0	0	1	0	23	5	9	3
10. Cocaine	59	35	2	1	6	2	33	7	7	2	10	2
11. Hallucinogens	77	14	1	3.5	2	0	1	0	77	7	7	1
12. Ecstasy	64	33	8	2	2	2	7	1	55	19	23	2
13. Benzodiazepines	96	49	16	2.5	2	1	1	1	94	80	82	30
14. Alcohol	98	9	1	1					98	70	70	24
15. Cannabis	99										80	180
16. Anti-depressants	58	1	0	0					58	31	31	108
17. Inhalants	20										3	1
18. Tobacco	100										96	180
19. Buprenorphine- licit	54	35	21	150	0	0	0	0	52	28	35	90
19a. Buprenorphine- illicit	45	38	29	6	0	0	0	0	14	10	35	5
Poly-drug use (Mean drugs used)	12	5	3								7	

4. HEROIN

Price, purity and availability of heroin were identified from information obtained from the 86% of the IDU sample who felt confident to comment on heroin trends.

4.1. Price

Prices paid for heroin by Melbourne IDU on the last occasion of purchase are presented in Table 4. The median and modal (most frequently reported) price, price range, and the number of respondents who reported purchasing each amount in the past six months are reported.

In 2004 respondents reported that the current price of a 'cap' was \$40; a quarter gram \$100; a half gram \$150; and a gram \$300. The reported price of all quantities of heroin decreased in 2004 and prices reported are less variable than last year. 'Caps' of heroin remained the most popular purchase amount (n=77), followed by half grams (n=65).

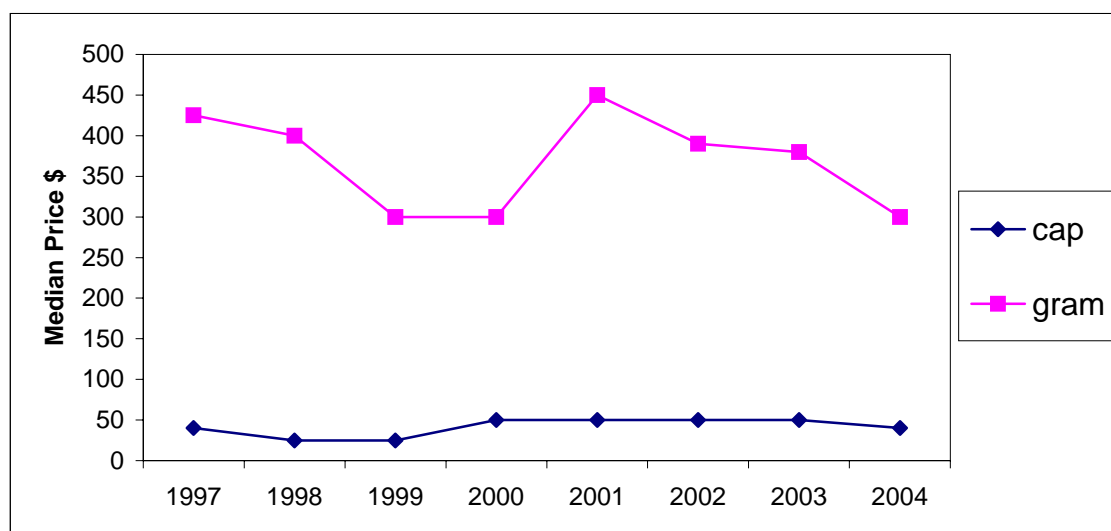
Table 4: Price of most recent heroin purchases by IDU, 2004

Amount	Median price* \$	Modal price* \$	Price range* \$	Number of purchasers*
Cap	40 (50)	40 (50)	20-100 (20-120)	77 (99)
Quarter gram	100 (110)	100 (110)	80-200 (60-150)	15 (27)
Half gram	150 (200)	150 (200)	80-220 (100-380)	65 (59)
Gram	300 (380)	300 (400)	100-400 (50-500)	30 (23)

Source: IDRS IDU interviews

* 2003 data is presented in brackets

Figure 2: Median price of a gram and cap of heroin estimated from IDU purchases, 1997 – 2004



Source: IDRS IDU interviews

The data presented in Figure 2 shows the most recent purchase price (median) of heroin in Melbourne from 1997-2004. The reported price of a 'cap' of heroin remained stable at \$50 between 2000-2003, decreasing to \$40 in 2004. The reported price per gram of heroin continues to decrease from the peak price of \$450 reported in 2001 (during the reported shortage). The reported price of \$300 per gram in 2004 is similar to prices reported in 1999 and 2000 (prior to the reported shortage), suggesting a return of heroin supply.

Over half of the sample (59%) reported that the price of heroin had been stable over the previous six months (compared to 66% who reported it as stable in 2003, 49% in 2002, and 23% in 2001). Consistent with the prices reported, a greater proportion of participants in the 2004 sample reported that the price of heroin had decreased recently (21% in 2004, compared to 13% in 2003, 10% in 2002 and 5% in 2001) and 9% reported that the price had increased (down from 14% in 2003, 28% in 2002 and 55% in 2001). A further 9% reported that heroin prices had fluctuated in this time.

Key experts reported that the price for a cap or foil ranged from \$40-60. Few key experts were able to comment upon the price per gram for heroin, but those that did reported that the price ranged between \$240-360. Prices reported by key expert were consistent with those reported by IDU survey respondents. The majority of key experts reported that the price of heroin was stable. However, three key experts reported that the price had decreased – although in one instance this was only for bulk buying – and two key experts reported that the price had increased. Other prices reported by law enforcement key experts included \$5,500-7,000 per ounce for low-grade or 'normal quality' heroin and \$10,000-13,000 per ounce for high-grade heroin.

4.2. Availability

The majority of IDU respondents reported heroin as either very easy (60%) or easy (31%) to obtain at the time of interview (June-July 2004), with a smaller number indicating that it was difficult (8%) to access. When asked if heroin availability had changed during the past six months, the majority reported that availability had been stable (72%). Ten percent claimed it was more difficult to obtain, and 9% easier. Five percent thought it fluctuated during that time.

Most participants reported that they usually scored/purchased heroin from mobile dealers (38%) or a dealer's home (24%). Others accessed heroin from street dealers (20%), through friends (13%), or through home delivery (4%). The main place participants report scoring their heroin from has remained relatively stable since 2003, with mobile dealers being accessed most often. Prior to this time, larger numbers of participants reported scoring from street dealers (31% and the dominant source of heroin in 2002) (Jenkinson, Miller, & Fry, 2004).

Most key experts reported that heroin was currently 'very easy' to access, though many also reported that it was 'easy' to access. Two key experts noted that heroin is more difficult to get at the moment, though it must be noted that these key experts were specifically referring to the Frankston area. The majority of key experts reported that the availability of heroin has remained stable for the past six months (n= 36), though one key expert noted that this stability may be affected by large events such as the Grand Prix, when policing efforts are increased. A smaller number (n=5) reported that access to heroin has become easier in some areas with one KE commenting that this may be attracting people back into the street market. Two key experts reported that availability has fluctuated during this period. Four key experts reported that availability had become

more difficult, commenting in one instance that this was because it was taking people longer to score, and in another that it is because dealing has not been as 'overt' as in the past. As with last year's IDRS, patterns of heroin availability differed across different markets. Key experts reported that street dealing has decreased in favour of mobile dealing in both Springvale and St. Kilda, whilst in Frankston there has been a general decrease in the availability of heroin. Several KE's noted an increase in the availability of heroin in the Melbourne CBD.

Most key experts reported (n=33), as they did in the 2003 IDRS, that the majority of dealing continues to be done via mobile phones and to a lesser extent in public housing, with a noticeable decrease in street dealing in St Kilda. One KE commented that it is becoming more difficult to detect dealers because of the mobile delivery system, while another KE reported that 'a couple' of dealers in their area had been imprisoned. One KE suggested that users are 'heading back to the old areas like Richmond and Springvale', while there is 'not much trade in Frankston'.

Heroin trafficking/importing

As noted in last years IDRS and all reports prior to that, street markets were reported to continue operating in the Melbourne Central Business District (CBD), St Kilda, Fitzroy/Collingwood, Footscray, Springvale/Dandenong, Richmond, Frankston and Box Hill. Several key experts commented that the markets in both Frankston and Springvale had weakened, almost totally evaporating in Frankston, whilst as noted previously, street trafficking in St Kilda was seen to be on the decrease. One key expert commented that the CBD market is the one that 'never goes away'.

Whilst a significant number of key experts felt unable to comment on the trafficking and importing of heroin, in some areas law enforcement key experts reported an 'enormous decrease in drug traffickers *and* users processed'. This was seen to be due to consistent and lengthy law enforcement campaigns in the area. However, one KE noted that traffickers had adapted to this environment by restricting their dealing to between 4-7pm, when police foot patrols had ceased. It was also reported that in some areas there is a 'high turnover of suppliers' that are able to replace any traffickers that may be arrested. It should also be noted that additional law enforcement KE's (n=3) reported a 'slight increase' in arrests for both 'users and traffickers'.

4.3. Purity

As in 2003, a higher proportion of the IDU sample reported that they had most commonly used heroin rock (87%), compared to powder (13%) in the previous six months (Jenkinson, Miller, & Fry, 2004). The most common route of administration was injection (86%), with 9% reporting 'smoking' the drug (i.e. heating heroin and inhaling the resulting vapours) and 4% reporting swallowing it in the preceding six months.

As in the 2003 IDRS, and again consistent with IDU reports, the primary route of administration identified by key experts was injection. Of the key experts who were aware of clients smoking heroin, estimates ranged from a proportion of 1% to 30% of all clients. The majority of these key experts also commented that smoking was more common in the Vietnamese community.

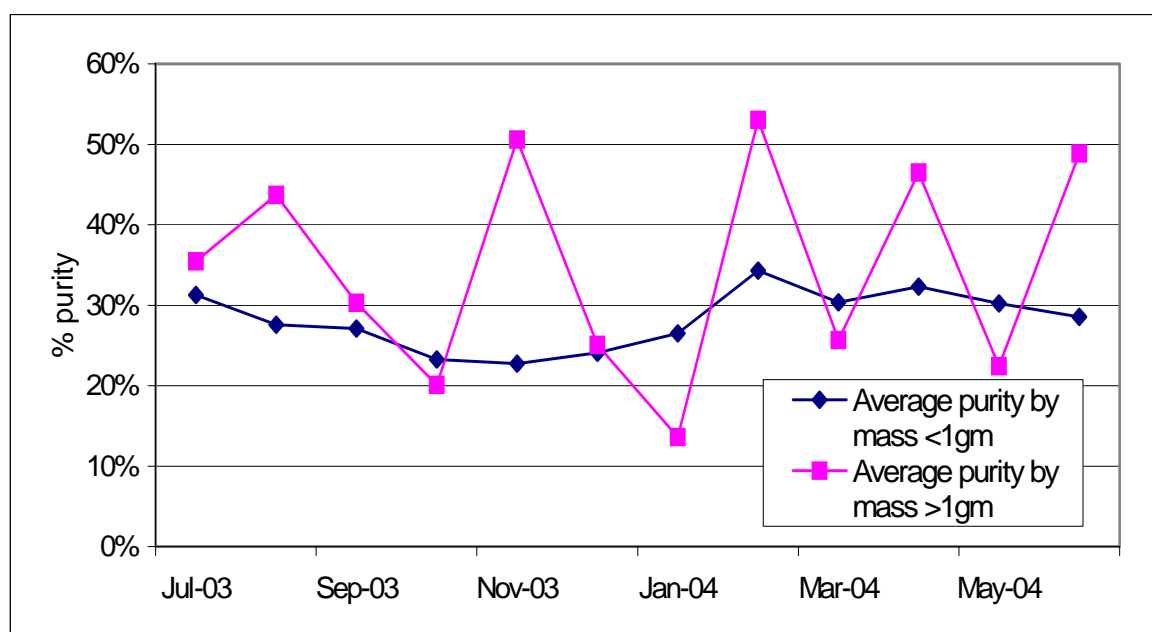
Current heroin purity was reported as medium (40%), to low (26%) by the majority of respondents in the IDU survey, with 14% reporting that heroin purity was high and 13% saying it had mostly fluctuated. In 2004, fewer respondents reported the purity of heroin as being low (26% compared to 34% in 2002 and 45% in 2002) and a larger proportion noted it was high (14% compared to 7% in 2003).

When asked about changes in heroin purity in the past six months responses were variable. Approximately one quarter perceived that heroin purity had mostly been stable (25%), increased (24%), or fluctuated (23%) in the previous six months, while others indicated that it had decreased (19%) during that time. Eight percent of respondents did not know if the purity had changed in the past six months.

The average purity level of heroin seizures (for <1gm and >1gm amounts) made by law enforcement agencies in Victoria during the 2003/2004 financial year is shown in Figure 3. Purity figures shown here represent the purity levels of all heroin seizures made during that time period.

The overall average purity level of seizures analysed between July 2003-June 2004 was 31% (range 14% to 53%). The purity of <1gm heroin seizures was stable over this period, while the purity of larger seizures (>1gm) fluctuated. The average purity of heroin seizures made during 2003/2004 was higher than that observed in the previous two years (26% in 2002/2003; 17% in 2001/2002), however purity still remains lower than that reported during the height of the heroin supply in Melbourne: 68% in 1988; 60% in 1999; 47% in 2000; 34% in 2001 (Jenkinson, Miller & Fry 2004).

Figure 3: Average purity of heroin seizures by Victorian law enforcement, July 2003–June 2004.



Source: Victoria Forensic Science Centre.

Most key experts reported that at present heroin purity is medium (n=22). A smaller percentage of KE's suggested that purity was either low (n=9) - with one KE commenting that purity was so low that users would no longer 'split hits' because it was 'not worth it' - or fluctuating (n=8). Four key experts suggested that heroin purity had increased.

When asked about any changes in purity in the past 6 months, the majority of key experts reported that the purity of heroin had increased (n=18), a change from the 2003 IDRS where the majority of KE's stated that purity was low to medium. However, many key experts also reported that purity had remained stable (n=13). Five key experts reported that purity was fluctuating, whilst two key experts suggested that purity had decreased. Law enforcement personnel were more likely to comment upon a perceived decrease in the purity of heroin.

4.4. Use

4.4.1. Prevalence of heroin use

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

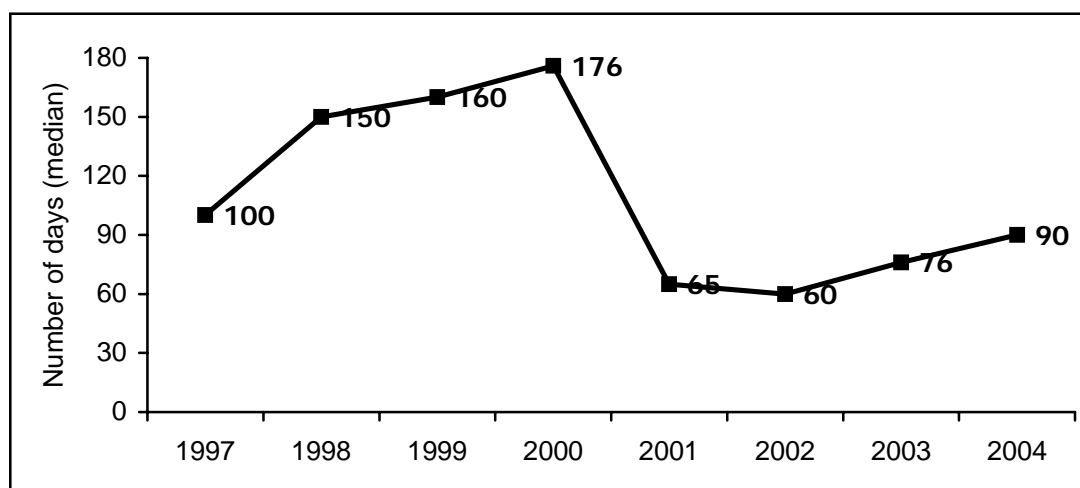
Figures reported in the 2001 National Drug Strategy Household Survey, estimate that the number of IDU in Victoria aged 14 and over in 2001 was 17,700, and that 35% had recently injected heroin, 54% amphetamines, 28% ecstasy, 24% cocaine and 32% other opiates (Australian Institute of Health and Welfare,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

Additional indicators of injecting drug use are available from the Australian NSP Survey conducted annually through the National Centre in HIV Epidemiology and Clinical Research (National Centre in HIV Epidemiology and Clinical Research, 2004). In addition to finger-prick blood samples and self-reported risk behaviour information, the 2003 national survey of NSP clients collected self-report information regarding the last drug injected by clients. Over half (58%) of the 237 NSP clients recruited from four NSP sites in Victoria reported that they had last injected heroin (57% in 2002, 58% in 2001, 87% in 2000 and 87% in 1999), while 24% identified amphetamine (23% in 2002, 24% in 2001, 6% in 2000 and 7% in 1999). Eight people (3%) reported buprenorphine, and another eight (3%) reported morphine as the last drug they had injected.

4.4.2. Current patterns of heroin use

The majority (63%) of IDU survey respondents reported that heroin was their main drug of choice. A total of 86% of the sample reported having injected the drug in the preceding six months, with respondents reporting using the drug on a median of 90 days in that period (compared to 76 days in 2003, 60 days in 2002, 65 days in 2001). Reports from the IDU surveyed in 2004 suggest that although the heroin market is currently more stable and median days of use has increased, frequency of use has not returned to the level it was at pre 2001 (176 days in 2000, see Figure 4).

Figure 4: Number of days heroin use in preceding six months, 1997-2004



Source: IDRS IDU interviews

² Estimates based on small numbers of respondents

Key experts reported that the amount of heroin used differed between clients and was affected by multiple variables such as a person's financial situation, their proximity to pay day, access to heroin or opportunity to purchase heroin. Most key experts estimated that the majority of their clients were daily users, using anywhere between once and three times a day, or more depending on the individual. Key experts commented that there was a huge range of usage patterns, ranging from 0.03 of a gram, to 1 gram, or from \$50 to \$400 per day, and consisting of a dynamism that allowed even regular users to 'jump on and off' according to the availability of drugs other than heroin. In addition, though the majority of key experts reported that they were commonly in contact with daily users, several KE's also stated that there are always clients who use less regularly, for example, clients who are using 2-3 times in a 7 day week or those whose use is more occasional or social.

The demographic profile of heroin users as reported by key experts is similar to that reported in the 2003 IDRS in regard to age, which ranged from 14-48 with the majority being 25-30 years old, gender (again predominantly male 60-80%), ethnicity (majority from English speaking backgrounds but with a range of different nationalities, sometimes focused in specific locales), level of education (majority left during or on completion of year 10) and employment (majority unemployed). One key expert noted that they were seeing more employed heroin users at their NSP 'after hours on a Friday night'. Key experts also reported that many of the heroin users with whom they had contact had prison histories – between 40-90% of men but with a significantly lower percentage of women – or had been involved in offending but not necessarily been incarcerated. Several KE's also noted that at any one time between 5-15% of their client base may be imprisoned.

Key experts reported a variety of trends in heroin use over the past six to twelve months, though for the most part, heroin use has remained stable. Some key experts commented on the continuing difficulty that heroin users are experiencing in trying to pay for methadone or buprenorphine, causing them to get into debt with their pharmacy and as a result having to 'jump of and get back on the gear'. Others reported a stable practice of poly-drug use, but with an increase in pharmacotherapy focused poly-drug users. Other changes that were commented on were an increase in the health problems of older, high frequency users, an increase in both heroin users in treatment and heroin use in general, an increase in the availability and purity of speed in response to 'competition with ice', and an increase in morphine shopping. One key expert also reported that there had been a steady rise in the number of heroin overdoses, with an increase in fatal heroin overdoses associated with poly-drug use and with users coming back to the heroin market after having a break.

As with last year, key expert reports also reflected localised trends. For instance, key experts from Footscray reported a decrease in the number of people attending their service as a result of fear caused by an increased police presence. One key expert reported that this was impacting on the health of heroin users.

4.5. Heroin related harms

4.5.1. Law enforcement

Table 5 details consumer (e.g. possession/ use) and provider (e.g. trafficking/ manufacture) arrests for heroin and other opioids during 2003–04 (Victoria and Australia). During that financial year over half (56%) of the arrests made in Australia for heroin and other opioid offences occurred in Victoria (data provided by the Australian Crime Commission).

Table 5: Heroin and other opioids: consumer and provider arrests, Victoria and National, 2003-2004

	Victoria (n)	Australia (n)	% of National arrests
Consumer	1292	2390	54.1
Provider	787	1299	60.6
TOTAL*	2079	3691	56.3

Source: Australian Crime Commission

*Includes those offenders for whom consumer/provider status was not stated.

4.5.2. Health

Self-reported overdose

Self-reported overdose experience data for the years 1997 to 2004 are summarised in Table 6. The majority (59%) of the 2004 respondents reported that they had experienced one or more heroin overdoses ever, half (50%) 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 (77%) had witnessed another person's overdose. The respondents who had previously experienced an overdose reported a median of thirty-six months since they last overdosed, and a median of three overdoses in total. Those who had been administered Narcan® also reported a median period of thirty-six months since they were last administered the drug. Of the respondents to the survey, 10% (n=15) had experienced an overdose at least once within the previous six months and 7% (n=10) had received Narcan® in that time.

Table 6. Reported experience of heroin overdose for IDU survey respondents, 1997 to 2004.

Heroin Overdose*	1997	1998	1999	2000	2001	2002	2003	2004
Lifetime overdose	138 (56%)	148 (52%)	83 (54%)	83 (55%)	88 (58%)	96 (62%)	90 (59%)	89 (59%)
Lifetime receipt of Narcan®	51 (37%)	99 (35%)	52 (34%)	64 (42%)	68 (45%)	80 (51%)	75 (49%)	75 (50%)
Overdose last 6 mths	42 (17%)	54 (19%)	37 (24%)	40 (27%)	20 (13%)	17 (11%)	12 (8%)	15 (10%)
Received Narcan® last 6 mths	25 (10%)	37 (13%)	25 (16%)	29 (20%)	19 (13%)	14 (9%)	8 (5%)	10 (7%)
Have witnessed an overdose	194 (76%)	229 (78%)	111 (72%)	128 (85%)	116 (77%)	131 (85%)	126 (83%)	116 (77%)

Source: IDRS IDU interviews

* Proportion of all respondents in 1997 (N=254), 1998 (N=293), 1999 (N=154), 2000 (N=152), 2001 (N=151), 2002 (N=156), 2003 (N=152), 2004 (N=150).

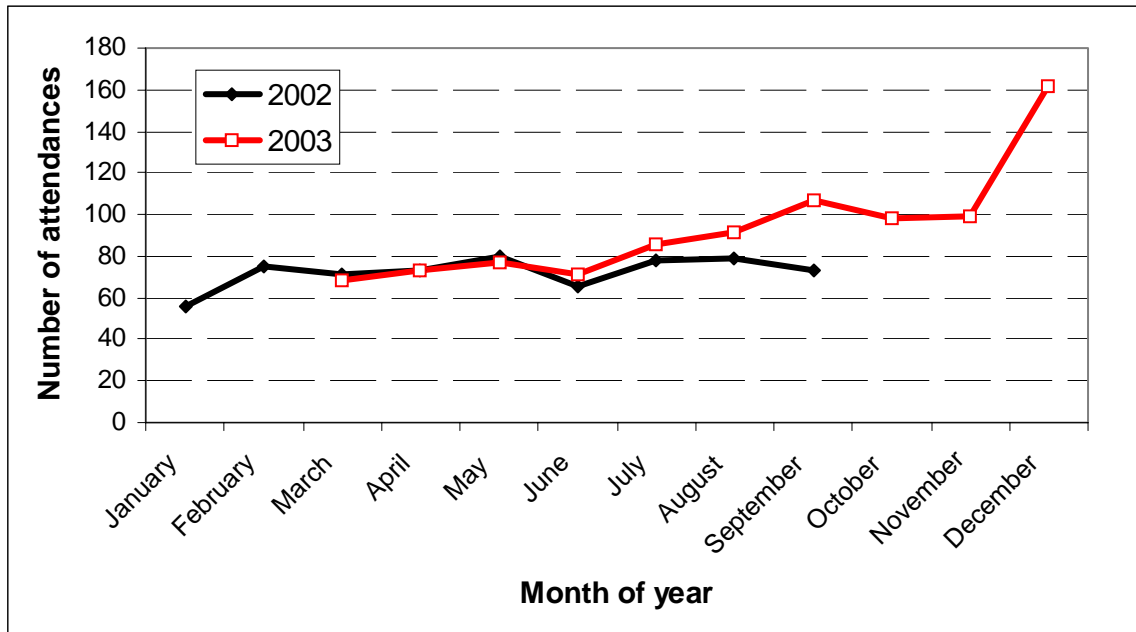
Table 6 shows that reported lifetime experience of heroin overdose by IDU respondents has been relatively stable between 1997 and 2004. Reported recent experience of overdose (within last six months) has decreased since 2000, as has receipt of Narcan®. For the most part, reports of having ever witnessed another person's overdose have been relatively stable in Melbourne since 1997 (between 75%-85%).

Non-fatal heroin overdose attended by ambulance

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 5 shows the monthly totals of non-fatal heroin overdose for the periods of January 2002-September 2002 and March 2003-December 2003 (excluding October 2002-February 2003).

Monthly numbers of non-fatal heroin overdoses attended by ambulances in Melbourne have declined sharply since the peak of 461 in December 1999 (Jenkinson, Miller & Fry, 2004). The sharpest decline in non-fatal overdose episodes was observed between December 2000 (n=294) and February 2001 (n=80). This time is regarded as the peak period of the severe reduction to Melbourne's heroin supply (Miller, Fry & Dietze, 2001). The number of non-fatal heroin overdoses then continued to decline from February 2001 until they reached a low of 31 in August that year. Since that time numbers gradually increased to between 60 and 80 per month. More recently (July-December 2003) an increasing trend in the number of non-fatal heroin overdoses has been observed. As at December 2003 (the most recent data available) the number of definite non-fatal heroin overdose episodes was 162.

Figure 5: Monthly totals of non-fatal heroin overdose in Melbourne, Jan 2002-Sept 2002 and Mar 2003-Dec 2003 (excluding Oct 2002-Feb 2003).



Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre.

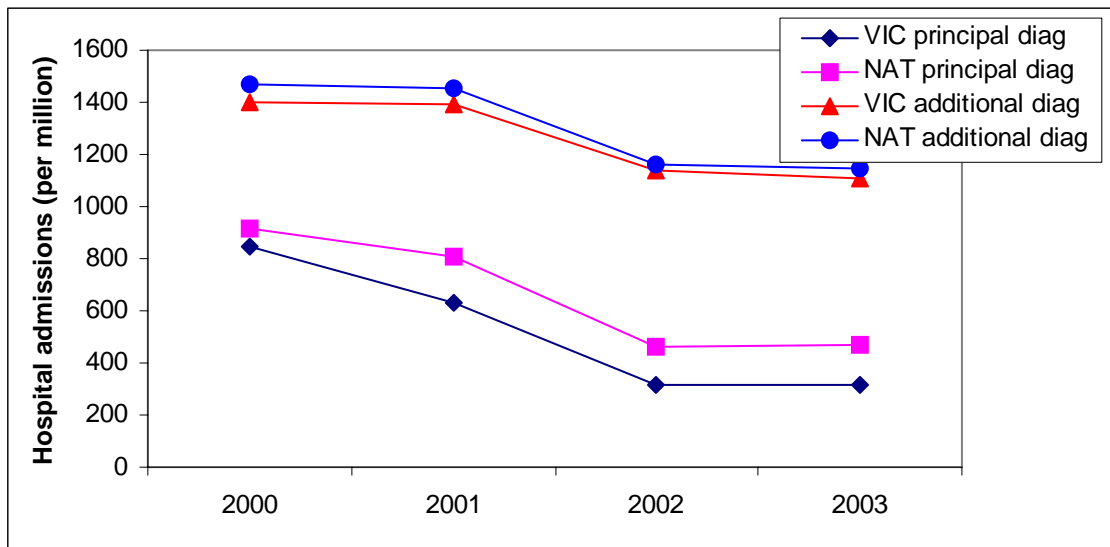
Between January and September 2002 there were 650 non-fatal heroin overdoses attended by the Metropolitan Ambulance Service and between March and December 2003 there were a total of 932. In both years the average estimated age of cases was 30 years (analysis by S. Cvetkovski, Turning Point Alcohol and Drug Centre).

Hospital admissions

The National Hospital Morbidity Database (NHMD) is compiled by the Australian Institute of Health and Welfare. Opioid-related hospital admissions (per million) for Victoria and Australia are presented in Figure 6. *Principal diagnosis* refers to the diagnosis established after study to be chiefly responsible for occasioning the patient’s episode of care in hospital, and *additional diagnosis* includes co-existing conditions and/or complications.

It is evident from this data that the number of opioid-related hospital admissions, both in Victoria and nationally, decreased between 2000-2002. This is consistent with both IDU and KE reports of a reduction in Melbourne’s heroin supply during that time (Jenkinson, Fry & Miller, 2004). The number of opioid-related hospital admissions has stabilised since this time, and Victorian rates are similar to those reported nationally.

Figure 6: Opioid-related hospital admissions (per million), Victoria and National, 2000-2003.

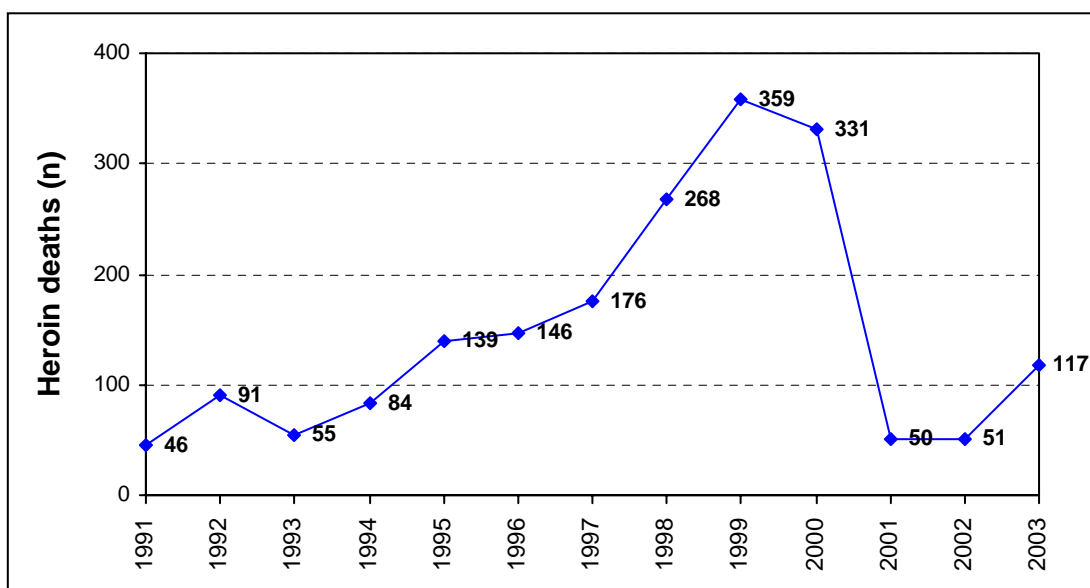


Source: Australian Institute of Health and Welfare

Heroin-related deaths

The data for trends in heroin-related mortality in Victoria are summarised in Figure 7. This figure, based on Victorian Institute of Forensic Medicine data (Woods, et al. 2004), shows an increasing trend in the number of heroin-related deaths in Victoria throughout the 1990s, before a dramatic decline in numbers between 2000 (n=331) and 2001 (n=50). The sharp decline in fatalities from 2000 to 2001 is consistent with the timing of what is known was a severe period of reduction in Melbourne's heroin supply (Miller, Fry & Dietze, 2001). While heroin-related deaths remained stable in 2002 (n=51), in 2003 this figure more than doubled to 117. The 117 heroin-related deaths observed in 2003 is a figure similar to those seen in the early 1990s, but is still much lower than the peak of 359 reported in 1999.

Figure 7: Heroin-related deaths in Victoria, 1991-2003



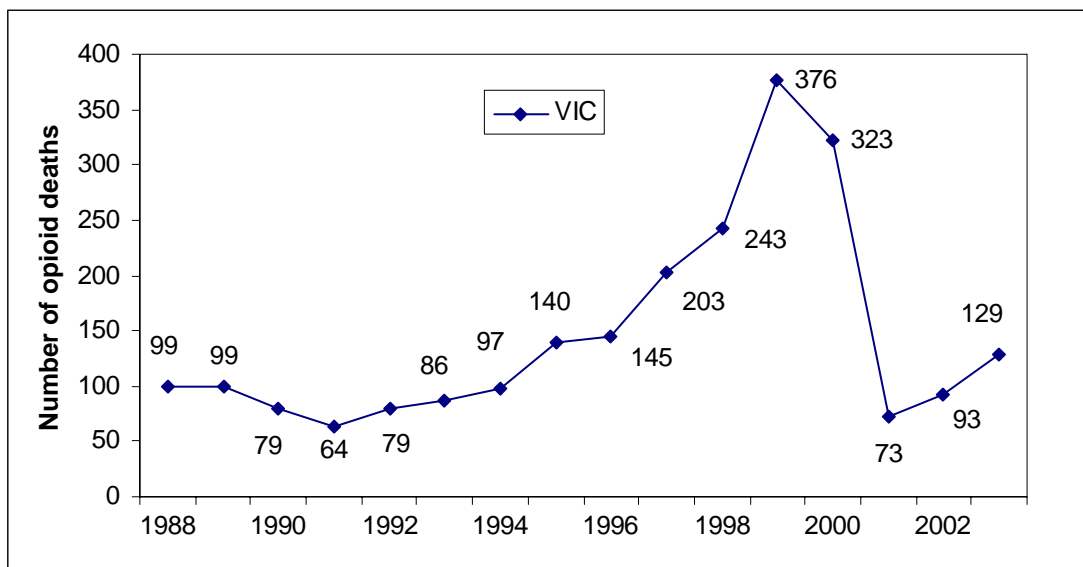
Source: Victorian Institute of Forensic Medicine (Report No. 7: March 2004).

Opioid-related deaths

Recently released Australian Bureau of Statistics data on opioid overdose deaths (accidental deaths due to poisoning by opioids, and accidental deaths due to opioid use) for 2003 (Degenhardt, Roxburgh & Black, 2004a) show that the Victorian overdose rate in 2003 was 45.9 per million persons aged 15-54 years (compared to 33.2 per million persons in 2002 and 26.4 per million persons in 2001). The Victorian 2003 rate was higher than the national rate of 31.5 per million persons aged 15 to 54 years.

Figure 8 shows that the number of accidental deaths due to opioids (where opioids e.g. heroin, morphine, pethidine, methadone, or codeine were primarily responsible for the person's death), declined dramatically from 2000 (n=323) to 2001 (n=73). There were increases in 2002 (n=93) and 2003 (n=129), however numbers and rates are still much lower than that observed in the late 1990s/2000. In 2003, 76% percent of Victorian deaths attributed to opioids among those aged 15-54 years were male.

Figure 8: Number of accidental deaths due to opioids among 15-54 year olds in Victoria, 1988-2003.



Source: Degenhardt, Roxburgh & Black, 2004a.

4.6. Treatment

Alcohol and Drug Information System (ADIS)

Data on people seeking treatment from specialist alcohol and drug agencies³ are collected via the Alcohol and Drug Information System (ADIS) in Victoria. During 2002/03, 47,860 courses of treatment were delivered to clients⁴ in Victorian specialist alcohol and drug services. Of this, 25% of the courses of treatment delivered to clients were for heroin-related problems, making heroin the most frequently occurring main presenting drug problem after alcohol. Approximately 21% of courses of treatment were for cannabis-related problems and 6% were for amphetamine-related problems (Source: ADIS Database, Victorian Department of Human Services, analysis by Turning Point Alcohol and Drug Centre Inc., unpublished data.).

³ Federal and state government funded.

⁴ Clients in specialist alcohol and drug services include both drug users and non-users. Non-users may include partner, family or friends.

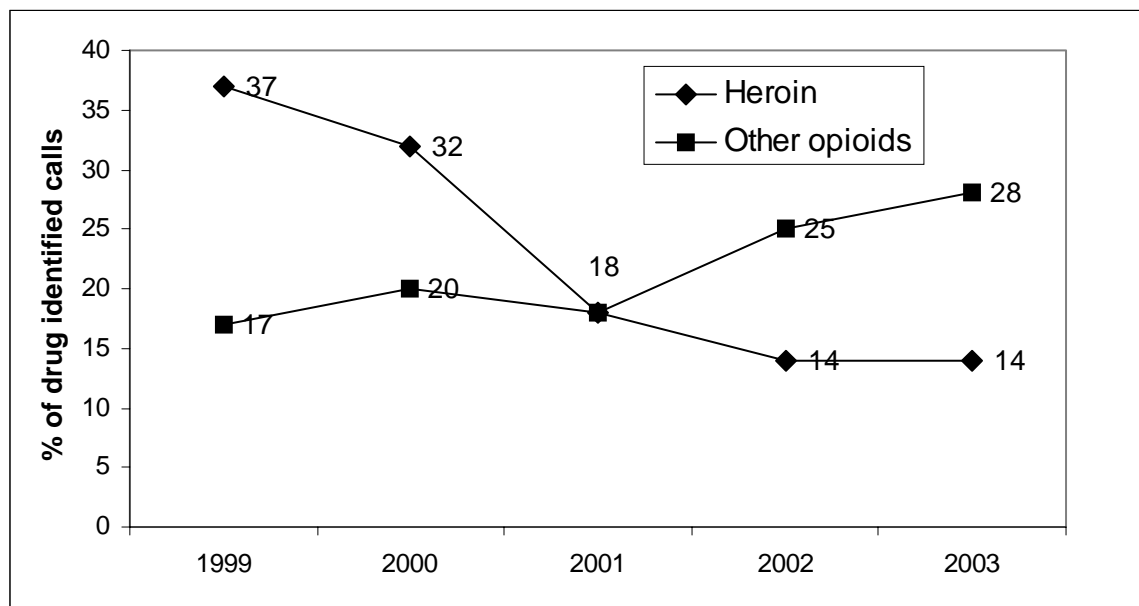
DirectLine Calls

DirectLine is a 24-hour specialist telephone service in Victoria (operated by Turning Point Alcohol & Drug Centre) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database that can provide information about caller drugs of concern, calls from drug users, and calls about drug users. Call numbers provide an indication of the level of concern about particular drug types.

During 2003 DirectLine responded to 3,440 calls where heroin was identified as a drug of concern. This represents 14% of all drug-identified calls to DirectLine in that year (Turning Point Alcohol and Drug Centre Inc., unpublished data). The proportion of drug-related calls where heroin was identified steadily decreased from 1999-2002, but has stabilised recently (see Figure 9).

An additional 6,950 calls were made in 2003 where other opioids were identified as a drug of concern. This represents 28% of all drug-identified calls in that year (Turning Point Alcohol and Drug Centre Inc., unpublished data). In comparison with heroin, the proportion of drug-identified calls regarding other opioids (including licit or illicit methadone, buprenorphine, narcotic analgesics, LAAM and slow release oral morphine) has increased over the period of analysis.

Figure 9: DirectLine calls where drug of concern identified as heroin or other opioids*, 1999-2003



Source: DirectLine, Turning Point Alcohol and Drug Centre Inc (unpublished data).

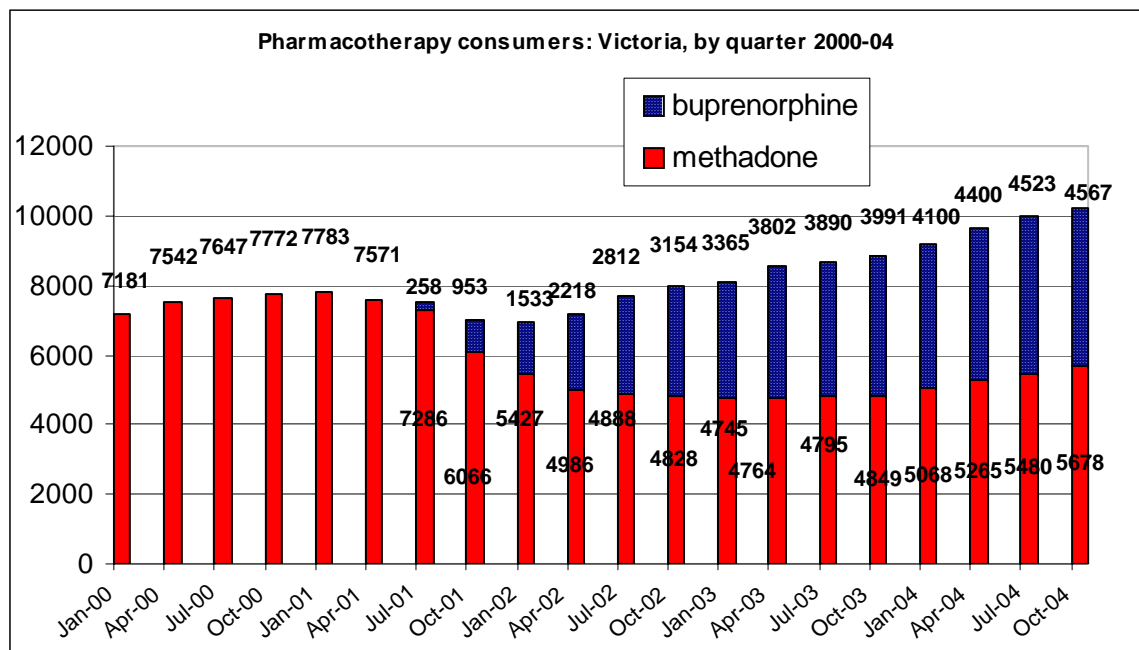
*Other opioids include methadone, buprenorphine, narcotic analgesics, LAAM and slow release oral morphine. It is important to note that methadone and buprenorphine related calls may be regarding licit use and not necessarily illicit use.

Pharmacotherapy Consumers

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 10. The DPU conducts a routine phone census of all pharmacies to monitor consumer numbers.

This demonstrates a relatively steady decrease in the number of consumers registered on the methadone maintenance program from April 2001 (n= 7571) to January 2003 (n= 4745), and a concomitant increase in the number of consumers registered on buprenorphine during that time (n= 3365 in January 2003). In 2003 the number of consumers registered on methadone maintenance stabilised at approximately 4800, before increasing again during 2004. The number of consumers registered on buprenorphine continued to gradually increase, peaking at 4567 in October 2004.

Figure 10: Census estimate of the number of Victorian pharmacotherapy consumers (methadone and buprenorphine), Jan 2000 to Oct 2004



Source: Drugs and Poisons Unit, Victorian Department of Human Services.

Key experts reported that a range between 20-90% of clients were in treatment, with the primary treatments being pharmacotherapies and detox/rapid detox followed by counselling, long term rehabilitation programs or day programs and access to outreach services. Several key experts commented that clients move in and out of treatment and that the percentage of clients in treatment will vary accordingly. Buprenorphine and methadone were reported to be the main forms of pharmacotherapy, with very little mention of naltrexone, in keeping with the previous year's IDRS report. One key expert reported that buprenorphine has replaced naltrexone as the most requested pharmacotherapy, but as previously discussed, the number of clients on buprenorphine are beginning to 'even up' slightly with methadone.

Although the majority of key experts noted no change in treatment seeking behaviour in the past six months, key experts still reported a slight increase in enquiries regarding buprenorphine, as clients are more familiar with buprenorphine as an alternative to other

forms of treatment. Two key experts reported that clients are ‘coming back’ to try buprenorphine ‘two and three times’ if they are initially not ‘successful’. It was also reported that clients are ‘interchanging with buprenorphine and methadone’ treatments. Younger clients were seen to be seeking buprenorphine because they ‘don’t have to miss a beat’: that is, it is seen as a more viable treatment option when attending school or when clients were unable to tell their parents that they were accessing treatment. In two services linkages with a dual diagnosis worker had led to an increase in people getting linked into services. One key expert reported an increase in clients presenting with heroin dependency. As in last years study, key experts noted a continuing lack of methadone and buprenorphine prescribers.

4.7. Summary of heroin trends

Table 7 contains a summary of trends in the price, purity, availability and use of heroin as ascertained in the 2004 Victorian IDRS study.

Heroin is reported as very easy to obtain at present and availability has been stable over the past six months. The reported prices of gram and ‘cap’ amounts of heroin in 2004 decreased to \$300 and \$40 respectively. Current purity of heroin is reported as medium.

Key experts also reported that heroin has been easy or very easy to access over the past six months, and that purity was medium, although some key experts reported that the heroin supply had also increased in purity in comparison with the previous six months. Prices were seen to remain stable at around \$40-60 per foil or cap. Key experts confirmed a continued trend of poly-drug use, incorporating both pharmacotherapy, and heroin based poly-drug use. In addition, KE’s identified the impact that pharmacotherapy pricing is having on the ability of users to access treatment, causing some users to jump back to using heroin after becoming indebted to their prescribing pharmacy. As with the previous years IDRS, the continued uptake of buprenorphine in the IDU population has also been accompanied by some IV use of this drug. Last year it was also noted that ‘non-fatal heroin overdose rates have remained at a low level (but) overdose rates have recently begun to increase’. According to several key experts in 2004, this trend seems to be continuing, with a small but noticeable increase in both non-fatal and fatal overdoses.

Table 7. Summary of heroin price, availability, purity and use trends in Melbourne 2004.

Price	
Cap	• \$ 40 (stable-decreasing)
Gram	• \$ 300 (stable-decreasing)
Availability	<ul style="list-style-type: none"> • very easy (60%), easy (31%) • stable (72%)
Purity	<ul style="list-style-type: none"> • average purity 31% (range 14%-53%)^a • medium (40%) to low (26%)^b • stable (25%), increased (24%), fluctuated (23%)^b
Use	<ul style="list-style-type: none"> • mostly rock form (87%) • relatively stable prevalence of use • stable-increasing frequency of use

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

^b Based on IDU reports

5. METHAMPHETAMINE

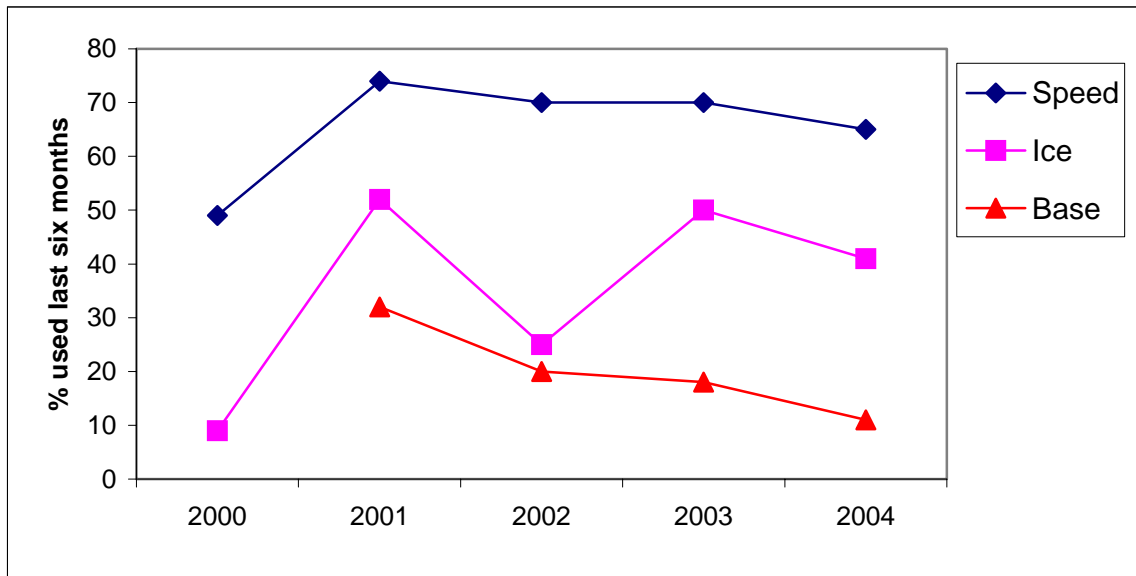
A distinction was made for the first time in 2002 between the different forms of methamphetamine (speed, base and ice) to improve the precision of data collection on the use, purity and availability of each of these forms. This data was collected again in 2003 and 2004, along with information on the use of amphetamine liquid and pharmaceutical stimulants (e.g. Dexamphetamine, Ritalin), although price, purity and availability data was not collected on these two drug types.

Almost the entire sample (97%) of IDU survey respondents reported having used some form of methamphetamine (speed, base or ice) in their lifetime (compared to 100% in 2003, 96% in 2002, 94% in 2001, and 90% in 2000), and 71% (compared to 79% in 2003) had used methamphetamines in the last six months (powder 65%, ice 41%, base 11%). Nine percent of the sample also reported recently using pharmaceutical stimulants, and two percent amphetamine liquid.

Lifetime injection of speed was reported by 95% of the sample, ice (65%), base (35%), liquid (13%) and pharmaceutical stimulants (11%). Recent injection of speed (last six months) was reported by 64% of the sample, ice (40%), base (11%), liquid (1%) and pharmaceutical stimulants (6%).

Prevalence of use and injection of the various forms of methamphetamines, particularly ice and base, decreased slightly in 2004 (see Figure 11). Reported use of ice by Melbourne IDRS participants almost doubled between 2002 (26%) and 2003 (50%), but has since decreased to 41%. Reported use of base decreased from 18% in 2003, to 11% this year. Reported use of speed powder remains quite high (65%), but has also decreased slightly from past years (70% in both 2002 and 2003).

Figure 11: Proportion of IDU reporting methamphetamine use in the past six months, 2000–2004



Source: IDRS IDU interviews

Fifty-three percent of survey respondents were able to comment confidently on the price, purity and availability of speed, 21% could comment on ice, while only 3% could comment on base.

Most key experts were able to make some comment on methamphetamine use (n=35), with concurrent or complimentary heroin and amphetamine use being common amongst the majority of client groups. However, only five key experts identified methamphetamines as their client's primary drug of choice. It is also important to note that this year key experts found it difficult to distinguish between speed, base and ice, therefore comments are generally directed at speed use unless otherwise stated.

5.1. Price

Prices paid for the three forms of methamphetamines i.e. speed, base and ice, by Melbourne IDU on the last occasion of purchase are presented in Table 8. The median and modal (most frequently reported) price, price range, and the number of respondents who reported purchasing each quantity in the past six months are reported.

Speed

Just over half (53%) of the respondents were able to comment on the current price, purity and availability of speed. The median price of the most recent purchase of a 'point' of speed (n=38) was \$40 (range \$20-\$50), a half-gram (n=27) was \$100 (range \$80-\$250), and a gram (n=24) was \$180 (range \$100-\$220). Prices reported for all three quantities of speed have remained stable since 2003.

'Points' were the most commonly purchased quantity of speed by respondents (n=38) in the last six months, followed by half-grams (n=27) and grams (n=24). Sixty-one percent of respondents reported stable prices over the last six months, while 13% said there was an increase in price, 11% a decrease, and 6% reported that the price of speed fluctuated during that time. Nine percent did not know if the price had changed in the past six months.

Base

On the most recent purchase occasion, the median price of a gram of base (n=2) was \$125, and for a 'point' (n=2), \$35. Whilst reported purchase prices for base have decreased slightly since 2003, it is important to note that only two participants reported purchasing these quantities in the past six months.

Of the respondents (n=4) who were able to comment on the price, purity and availability of base in the past six months, half (n=2) reported that the price had remained stable, one reported that it had increased, and the other respondent did not know.

Ice

On the most recent purchase occasion, the current median price for a gram of ice (n=14) was \$200 (range \$100-\$300) and for a 'point' (n=19), \$50 (range \$10-\$50). Prices reported for ice by IDU participants were relatively stable in 2004.

The majority of participants who responded to the questions regarding the price, purity and availability of ice reported that the price had remained stable over the last six months (53%, n=17), while 28% (n=9) reported that it had increased and 16% (n=5) did not know if the price had changed.

Table 8: Price of most recent methamphetamine purchases by IDU, 2004

Amount	Median price* \$	Modal price* \$	Price range* \$	Number of purchasers*
<i>Speed</i>				
Gram	180 (200)	200 (200)	100-220 (50-300)	24 (24)
Half gram	100 (100)	100 (100)	80-250 (25-200)	27 (41)
Point (0.1 gram)	40 (40)	50 (50)	20-50 (20-50)	38 (55)
<i>Base</i>				
Gram	125 (200)	100^a (200)	100-150 (200)	2 (2)
Point (0.1 gram)	35 (40)	30^a (50)	30-40 (20-50)	2 (4)
<i>Ice</i>				
Gram	200 (250)	200 (200)	100-300 (150-350)	14 (16)
Point (0.1 gram)	50 (50)	50 (50)	10-50 (30-50)	19 (24)

Source: IDRS IDU interviews

* 2003 data is presented in brackets

^a Multiple modes exist. The smallest value is shown

Key experts reported that the price of methamphetamine ranged between \$150-\$250 per gram or between \$32-50 for a point. One KE commented that in the past twelve months users had been able to access two points of speed for \$50 from some dealers but that this may have changed recently. Law enforcement key experts reported that methamphetamines were being sold for around \$3500-4500 per ounce, or \$70-80,000 per pound. Key experts were not able to distinguish between prices for speed, ice and base. Concurrent with the 2003 IDRS, methamphetamine continued to be sold in points rather than ‘caps’ or bags.

5.2. Availability

Generally the availability of methamphetamine is easy to very easy for each form and has reportedly been stable in the past six months (although a number of respondents did report that methamphetamines had become more difficult to obtain recently). In terms of source of methamphetamine, most people reported scoring from a friend or mobile dealer (as in 2003). The median amount of time required to score methamphetamine was 30 minutes.

All key experts reported that methamphetamines are currently very easy to obtain and that availability has become easier in the past twelve months, but there were contrasting reports about the availability of speed and ice. Two key experts reported that ice was very easy to obtain, and that it had become easier to obtain in the past twelve months. In contrast, another key expert reported that whilst the availability of speed has increased, the availability of ice has decreased. Two additional key experts agreed that in the past 6 months ice has become less available.

Speed

The overwhelming majority of respondents reported that speed was either easy (51%), or very easy (34%) to obtain at present, with 15% reporting difficulty in obtaining the drug. Most indicated that the availability had remained stable (65%), or had become more difficult (20%) in the previous six months, with 8% reporting that it had fluctuated and 6% become easier to score speed in that time. The usual sources of obtaining speed in the last six months were friend (39%), mobile dealer (25%), dealer's home (18%), street dealer (11%), and home delivery (5%).

Base

Of the four respondents, half (n=2) reported that base was very easy to score, and the other half (n=2) reported that it was easy. All four respondents reported that the ease of access of base had remained stable over the last six months. Respondents reported scoring from a friend (n=2) or mobile dealer (n=1).

Ice

Of the 31 respondents to this question, the majority of people reported that ice was easy (n=13, 42%), or very easy (n=7, 23%) to obtain at present, while 26% (n=8) reported it as difficult, and 3% (n=1) very difficult. Fifty-two percent (n=16) reported that the ease of access had remained stable over the last six months, while seven participants (23%) reported access as becoming more difficult and four participants (13%) that it had become easier. The usual source of ice was reported as a friend (n=13, 42%), mobile dealer (n=7, 23%), street dealer (n=6, 19%), or dealer's home (n=4, 13%).

Methamphetamine Trafficking/importation

Key experts from the MDID reported that there have been some 'big ice busts' overseas in the past six to twelve months. These busts did not impact on the Australian market and cause a reduction in supply as expected, which is most likely due to the fact that around 60% of ice is now locally produced, with around 40% being imported into the country, primarily from Europe and Asia. MDID key experts went on to report that methamphetamine busts 'outdo' heroin busts every year, with methamphetamine production seen as a 'growth industry'. Methamphetamines are reported to be primarily pseudoephedrine based. Key experts stated that there have been no real changes in the trafficking and importation of methamphetamines in the past 12 months, but that there is a movement towards producing local methamphetamines in country, rather than city labs.

5.3. Purity

Participants used a variety of methamphetamine forms during the last six months, including speed powder 65% (70% in 2003, 70% in 2002), ice 41% (50% in 2003, 26% in 2002), base 11% (18% in 2003, 19% in 2002), liquid 2% (5% in 2003, 7% in 2002) and prescription amphetamine 9% (6% in 2003). Whilst the use of speed remains high amongst the IDRS sample, there was a decrease in the number of respondents reporting use of the different forms of methamphetamine in 2004 (71% in 2004, 79% in 2003).

Reports of methamphetamine purity were variable. Most reported that speed was of low to medium purity, while base and ice were perceived to be of high purity. Participants generally reported that the purity of base and ice had been stable over the past six months, however reports of changes in speed purity were more variable in 2004 than last year.

The most common route of administration of methamphetamine reported in the last six months was injecting (n=107), with smaller numbers smoking (n=26), swallowing (n=21) and snorting (n=14). Those who had used methamphetamines (speed, base, ice, liquid amphetamine or pharmaceutical stimulants) in the preceding six months reported a median of 12 days (compared to 13 days in 2003, 24 days in 2002, 25 days in 2001, and 6 days in 2000).

Speed

Just over one third of respondents reported that the current purity of speed was low (34%), with 24% reporting it as medium, 23% as high, and 15% that the purity fluctuated. In 2004 most thought that purity of speed had remained stable (29%), decreased (27%), or fluctuated (25%) over the past six months. Smaller numbers (11%) reported that purity had increased during the past six months and 8% did not know if there had been changes.

Base

All four respondents to this question felt that the current purity of base was high, and most (n=3) reported that this had been stable over the past six months. One respondent did not know if the purity of base had changed over that time.

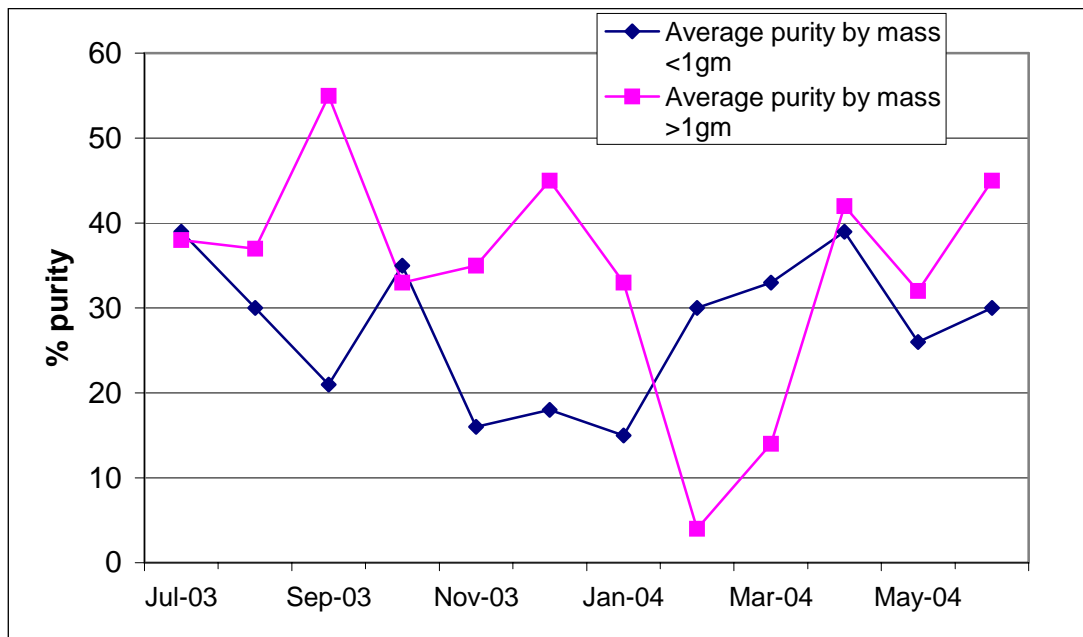
Ice

Most (68%, n=21) of the respondents felt that the purity of ice was high, 19% reported medium quality, and 7% claimed the purity was low. Another 7% reported that the purity of ice currently fluctuated. Over half of the respondents (52%, n=16) reported that the purity of ice had been stable over the last six months, while 13% believed it had increased during that time, and another 13% that it had fluctuated. Ten percent reported that purity had decreased recently, and 13% did not know if the purity had changed over the past six months.

The mean purity of <1gm and >1gm methamphetamine seizures by law enforcement agencies in Victoria during 2003/2004 financial year is shown in Figure 12. All Victorian seizures are tested for purity. As shown in Figure 12, there is some variability in the average purity of methamphetamine seizures over the 12-month period, with the larger (>1gm) seizures generally being of greater purity.

The mean purity of all seizures of methamphetamine analysed in Victoria during the 2003/2004 financial year was 31% (range 4% to 55%), compared to 33% reported for 2002/2003, 20% reported for 2001/2002, 21% for 2000/2001 and 15% for 1999/2000 (Jenkinson, Miller & Fry, 2004).

Figure 12: Average purity of methamphetamine seizures by Victorian law enforcement, July 2003 – June 2004



Source: Victoria Forensic Science Centre.

Key expert reports about the purity of methamphetamines in 2004 are varied, moving away from the 2003 IDRS where there was a consensus amongst KE's that purity was generally high. Several key experts reported that purity fluctuated considerably; others reported that purity was low, and a handful of key experts suggested that purity was high.

A number of law enforcement key experts commented there has been an increase in poor quality methamphetamine labs, which in turn have been producing poor quality methamphetamine. Several key experts added that there has been an increase in users presenting with mental health issues as a result of the poor quality of speed. However, one key expert reported that there has been a 'steady increase in the purity and availability' of methamphetamines in the past six to twelve months.

5.4. Use

5.4.1. Prevalence of methamphetamine use

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

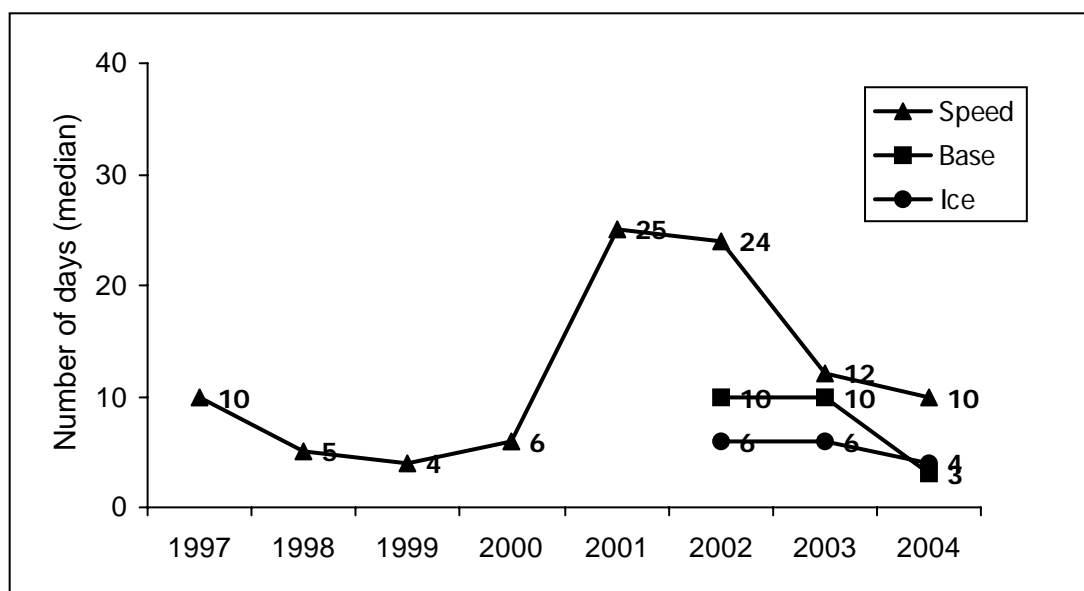
Data from the 2003 Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2004), found that of the 16-24 year olds surveyed (n=6052), 16% reported having used amphetamines in their lifetime and 10% reported use in the 12 months prior to the survey. The main forms of amphetamines used were powder (85%) and crystal (23%) and most respondents reported snorting (73%) or swallowing (57%) these drug types (Premier's Drug Prevention Council, 2004).

5.4.2. Current patterns of methamphetamine use

Almost all 2004 IDU survey respondents reported lifetime use of methamphetamines (powder 96%, ice 70%, base 36%, amphetamine liquid 14% and pharmaceutical stimulants 28%), while 11% nominated methamphetamines as their drug of choice.

Approximately three quarters (73%, n=109) of IDU survey respondents reported at least one form of methamphetamine in the past six months (powder 65%, ice 41%, base 11%, liquid 2% and pharmaceutical stimulants 9%). Those who had used the drug in that time reported a median of 12 days of use (powder 10 days, ice 4 days, base 3 days, liquid 3 days, and pharmaceutical stimulants 3 days; see Figure 13). Only two respondents to the 2004 survey reported using methamphetamine every day in the last six months (180 days).

Figure 13: Number of days used past six months (median) by IDU participants- speed, base and ice, 1997-2004*



Source: IDRS IDU interviews

* Data not available for base and ice prior to 2002

As with the 2003 IDRS, key experts in this study commented that methamphetamine use is still very prevalent amongst the IDU in Melbourne, although there were varied reports about whether that use had increased or decreased in the past twelve months, with some reports suggesting that speed use had increased ‘across the board’ and others commenting that ‘some heroin users are drifting away from speed use’. One key expert identified two distinct groups of users; one group consisting of heavy methamphetamine users who use speed daily and then ‘take a couple of days off’ and the other consisting of primarily poly-drug users who combine alcohol, cannabis and speed, with speed use being less regular, perhaps once per week or once per fortnight. In addition, another key expert reported that there is always a ‘core group who use heroin, a secondary group of amphetamine users and a ‘middle group’ who float between heroin and methamphetamine use’. Key experts also reported a rise in the use of ice by increasingly younger clients, with two KE’s commenting that this was especially the case in the ‘past few months’, with fifteen and sixteen year olds who were injecting ice presenting to services.

While it is evident that the use of methamphetamines (mainly the speed and ice varieties) is widespread amongst the IDU surveyed, prevalence and frequency of use of this drug type has decreased over the past two years. This reduction use may be associated with the heroin market currently being more stable, and the fact that the IDU surveyed are able to access their drug of choice (namely heroin) more readily.

5.5. Methamphetamine related harms

5.5.1. Law enforcement

Table 9 details consumer (e.g. possession/ use) and provider (e.g. trafficking/ manufacture) arrests for amphetamine-type stimulants, during 2003–04 (in Victoria and Australia). During that financial year just under one-quarter (23%) of the arrests made in Australia for amphetamine-type stimulant offences occurred in Victoria (data provided by the Australian Crime Commission).

Table 9: Amphetamine-type stimulants: consumer and provider arrests, Victoria and National, 2003-2004

	Victoria (n)	Australia (n)	% of national arrests
Consumer	1418	6734	21.1
Provider	822	2805	29.3
TOTAL*	2240	9593	23.3

Source: Australian Crime Commission

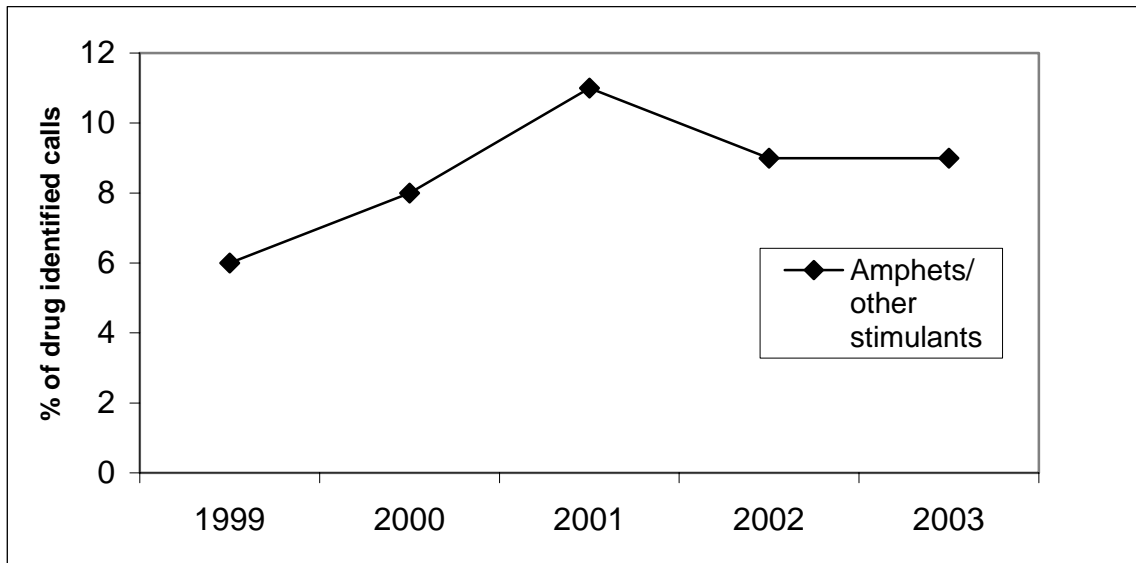
*Includes those offenders for whom consumer/provider status was not stated.

5.5.2. Health

DirectLine calls

During 2003 DirectLine responded to 2201 calls where amphetamines and other stimulants were identified as a drug of concern. This represents nine percent of all drug-identified calls to DirectLine in that year (Turning Point Alcohol and Drug Centre Inc., unpublished data). The proportion of drug-related calls where amphetamines and other stimulants have been identified has remained relatively stable over the past five years (see Figure 14).

Figure 14: DirectLine calls where drug of concern identified as amphetamines and/or other stimulants, 1999 - 2003

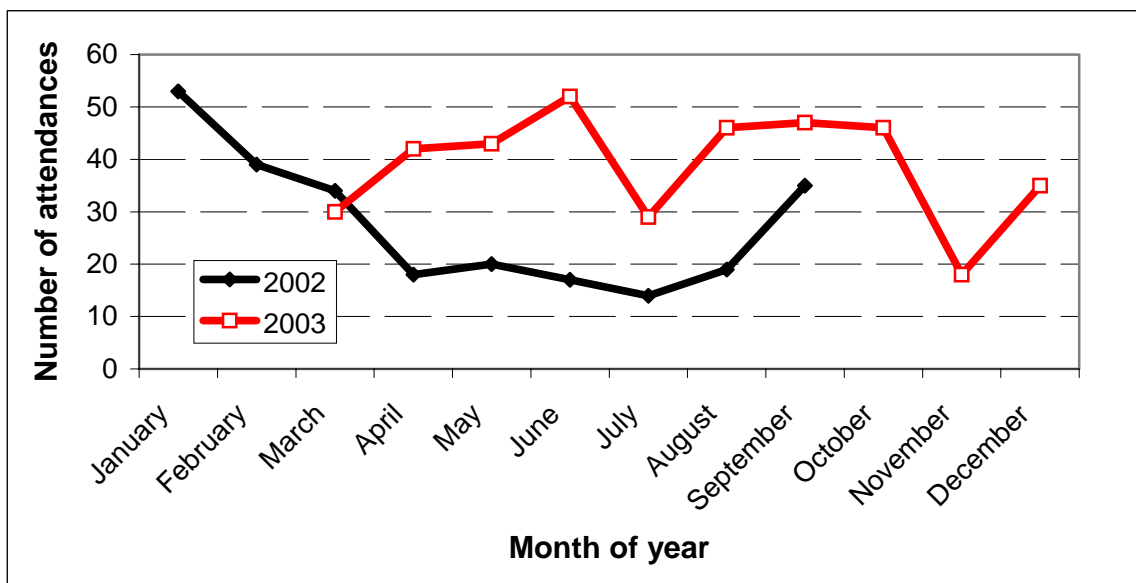


Source: DirectLine, Turning Point Alcohol and Drug Centre Inc (unpublished data).

Amphetamine-related events attended by ambulance

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

Figure 15: Monthly totals of ambulance attendance where amphetamines were mentioned in Melbourne, Jan 2002-Sept 2002 and Mar 2003-Dec 2003 (excluding Oct 2002-Feb 2003).



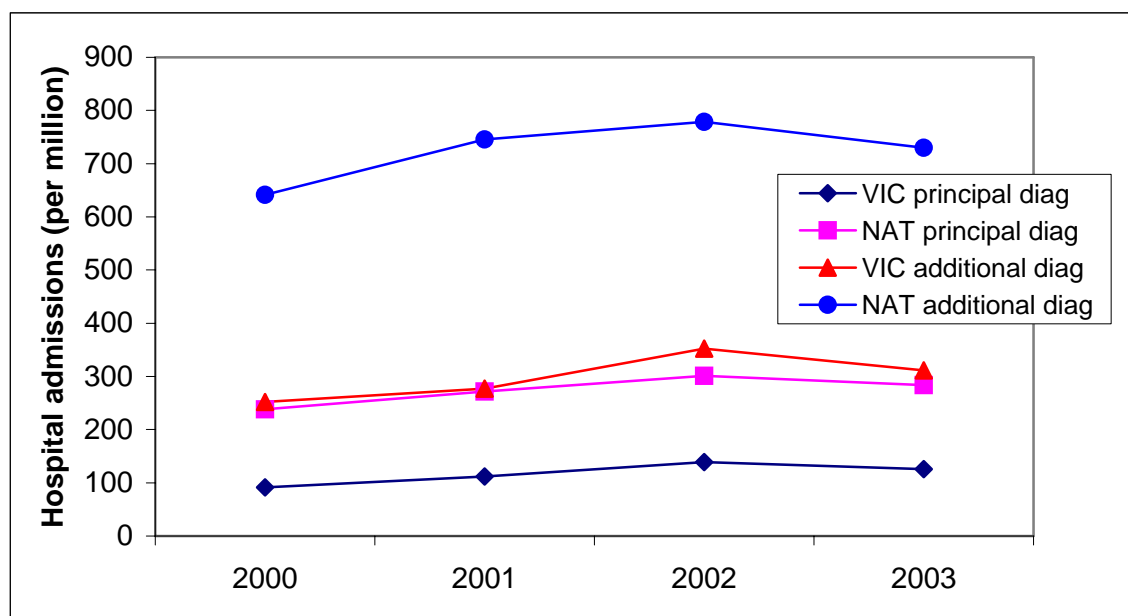
Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre.

Figure 15 reports the monthly totals of ambulance attendances where amphetamine use was mentioned in Melbourne, January-September 2002 and March-December 2003 (excluding October 2002-February 2003). Ambulance attendances where amphetamine use was recorded ranged between approximately 20-50 per month during this time. In 2002 there were a total of 249 attendances where amphetamine use was mentioned and in 2003 there were a total of 388. In 2002 the average estimated age of cases was 27yrs and in 2003 it was 28yrs (analysis by S. Cvetkovski, Turning Point Alcohol and Drug Centre).

Hospital admissions

The National Hospital Morbidity Database (NHMD) is compiled by the Australian Institute of Health and Welfare. Amphetamine-related hospital admissions (per million) for Victoria and Australia are presented in Figure 16. It is evident from this data that the number of amphetamine-related hospital admissions, both in Victoria and nationally, has been relatively stable between 2000-2003. Interestingly, the rate of amphetamine-related hospital admissions in Victoria is much lower than the national rate (for both principal and additional diagnoses).

Figure 16: Amphetamine-related hospital admissions (per million), Victoria and National, 2000-2003.



Source: Australian Institute of Health and Welfare

Methamphetamine-related deaths

In 2003 there were a total of 50 accidental drug-induced deaths where methamphetamines were mentioned, among those aged 15–54 years in Australia. Sixteen percent (n=8) of these deaths occurred in Victoria (54%, n=27 occurred in NSW). The rate of methamphetamine-related deaths per million persons among those aged 15-54 years in Australia remains unchanged (Degenhardt, Roxburgh & Black, 2004b).

5.6. Summary of methamphetamine trends

Trends in methamphetamine price, availability, purity and use are summarised in Table 10. Findings from the 2004 IDRS study suggest that the prevalence of methamphetamine use among injecting drug users in Melbourne is high, however frequency of use remains lower than the levels reported in 2001-2002. As in 2003, these drugs were predominantly sourced through social networks and mobile dealers.

Key experts reported that in general methamphetamine use – particularly speed - had been stable since the previous IDRS. However, many key experts reported that the availability of ice had decreased in the past six to twelve months. One Key expert suggested that this was a result of increased police operations targeting methamphetamine production, particularly in the ‘criminal underworld’. This KE reported that anecdotal evidence from clients suggested that there was a level of fear associated with accessing ice due to a perception that the phones of ice dealers were being tapped and that there was an increased risk of being caught purchasing or arranging purchase of the drug. It was reported that users have become more astute about ‘where and who ice is coming from’. It was further reported that when ice was available, there had been a decrease in quality.

Table 10. Summary of methamphetamine price, availability, purity and use trends in Melbourne, 2004.

	Powder	Base	Ice
Last price paid			
<u>Point</u>	\$40	\$35	\$50
Median	\$50	\$30 ^a	\$50
Mode			
<u>Gram</u>	\$180	\$125	\$200
Median	\$200	\$100 ^a	\$200
Mode			
Availability	n=79 <ul style="list-style-type: none"> easy (51%) – very easy (34%) stable (65%) scored from friend (39%), mobile dealer (25%) 	n=4 <ul style="list-style-type: none"> easy (50%) -very easy (50%) stable (100%) scored from friend (50%), mobile dealer (25%) 	n=31 <ul style="list-style-type: none"> easy (42%), difficult (26%), very easy (23%) stable (52%) and more difficult (23%) scored from friends (42%), mobile dealer (23%)
	<ul style="list-style-type: none"> ice (purer form) slightly more difficult to obtain generally stable availability for each form 		
Purity	n=79 <ul style="list-style-type: none"> current purity variable: low (34%), medium (24%), high (23%) purity stable (29%), decreased (27%), fluctuated (25%) 	n=4 <ul style="list-style-type: none"> purity high (100%) purity stable (75%) 	n=31 <ul style="list-style-type: none"> purity high (68%) to medium (19%) purity stable (52%)
Use	<ul style="list-style-type: none"> Prevalence of use of the various forms (particularly ice and base) decreased slightly in 2004 Most score from friends or mobile dealers Price has remained stable Slight decrease in frequency of use 		

6. COCAINE

Whilst 10% of IDU survey respondents (n=15) reported using cocaine in the last six months, only two respondents were able to comment confidently on the price, purity and availability of this drug. In past IDRS studies slightly larger numbers of respondents were able to comment on cocaine trends (n=4 in 2003, n=14 in 2002; n=27 in 2001). Data collected from the two IDU who were able to comment on cocaine have been included in this report, however it is difficult to draw any conclusions about the price, purity and availability of this drug from such a small sample size. Cocaine use by IDU in Melbourne appears to be fairly opportunistic.

As with the 2003 IDRS, no key experts were able to report exclusively on cocaine use, and further, they were also unable to make any comment on terms of use, terms of availability, price, purity or patterns of use.

6.1. Price

Table 11 summarises the price of cocaine in Melbourne reported by the injecting drug users who participated in the 1997–2004 IDRS studies. The two participants who responded to these questions in 2004 reported that a gram of cocaine currently costs \$200, and both respondents reported having bought this amount in the past six months. Neither respondent could comment on the price of a cap of cocaine. One respondent reported that the price of cocaine had remained stable during the past six months while the other reported that the price had increased during that time. Although data collected in Melbourne over the past eight years suggests that the price of a gram of cocaine ranges from \$200-300, 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. Prices of last purchase of cocaine in Melbourne reported by IDU survey respondents 1997-2004.

Cocaine	1997	1998	1999	2000	2001	2002	2003	2004
Cap								
median (\$)	60	80	60	80	100	65	---	----
mode	50 ^a	50 ^a	60	80	100	30 ^a		
range (\$)	50-200	50-100	----	----	50-200	30-110		
No. purchasers (n)	3	3	1	1	5	4		
Gram								
median (\$)	325	220	230	238	225	200	250	200
mode	400	200	220 ^a	250	200	150 ^a	250	200
range (\$)	200-500	175-400	220-240	150-250	200-500	150-450	----	200
No. purchasers (n)	12	21	2	6	15	7	1	2

Source: IDRS IDU interviews

^a Multiple modes exist. The smallest value is shown

6.2. Availability

There was disparity amongst the two respondents who were able to comment on the availability of cocaine. One respondent reported that cocaine was easy to obtain at present and availability had been stable, whilst the other reported that cocaine was currently very difficult to obtain, and had become more difficult over the past six

months. Respondents reported obtaining cocaine from a friend (n=1), or home delivery (n=1). Seventeen minutes was the median amount of time needed to score cocaine.

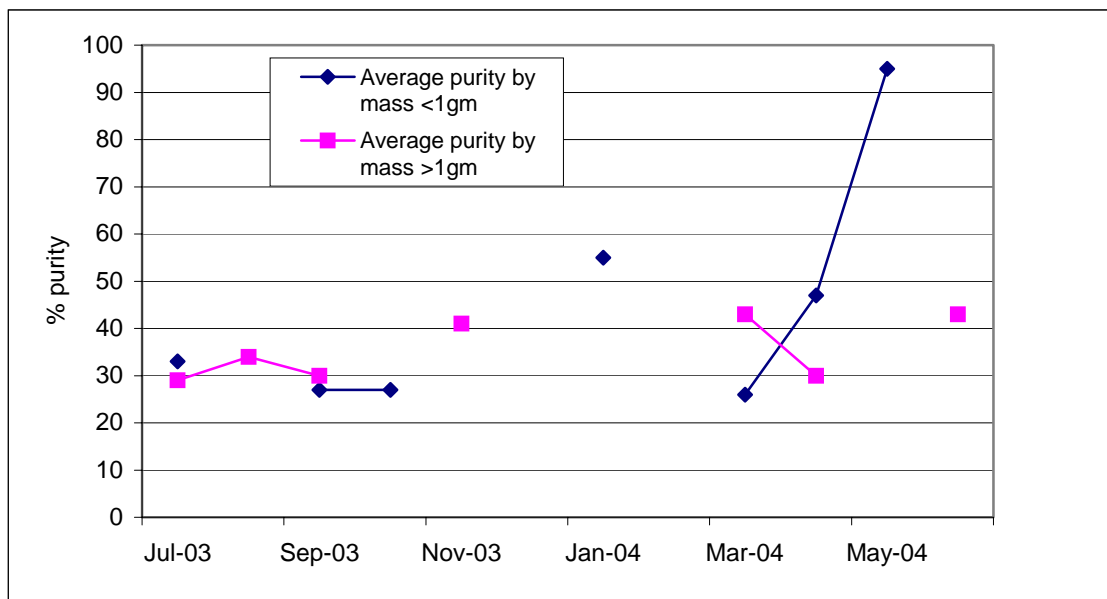
6.3. Purity

Seven percent (n=11) of those who participated in the IDU survey reported having used cocaine in powder form in the past six months (compared to 13% in 2003, 16% in 2002, 31% in 2001), and 2 respondents (1%) reported using “crack” (a smokeable form of cocaine). The principal route of administration reported for recent cocaine use (last six months) was snorting (7%, n=10). Reported cocaine injection (past six months) decreased to 2% (n=3) in 2004; down from 10% (n=15) in 2003, 15% (n=23) in 2002, and 20% (n=30) in 2001.

The two participants who commented on cocaine purity reported that it was high at present, with one respondent reporting that purity had been stable over the past six months and the other that it had fluctuated.

The mean purity levels of cocaine seizures analysed by law enforcement agencies in Victoria during the 2003/2004 financial year are shown in Figure 17. In some months during this period there were no seizures of cocaine.

Figure 17: Average purity of cocaine seizures by Victorian law enforcement, July 2003 – June 2004



Source: Victoria Forensic Science Centre.

The mean purity of all seizures analysed during this period was 40% (range 26% to 95%), compared to 27% in 2002/03, 38% in 2001/02, 40% in 2000/01 and 53% in 1999/00. Hence, average purity of cocaine seizures in Victoria have ranged from approximately 30-50% since 1999/00 (Jenkinson, Miller & Fry, 2004).

6.4. Use

6.4.1. Prevalence of cocaine use

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

Data from the recent Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2004) indicates that of the 16-24 year olds sampled (n=6052), reported use of cocaine was infrequent with 7% reporting ever having used cocaine, and 3% reporting use in the 12 months prior to survey.

6.4.2. Current patterns of cocaine use

Although more than half of the respondents to the IDU survey (59%, n=89) reported lifetime use of cocaine, only three people identified cocaine as their main drug of choice. Ten percent of the IDU surveyed reported having used cocaine in the previous six months and 2% reported having injected the drug during that time. Among those who reported using cocaine in the past six months, frequency of use was very low (median 2 days), suggesting irregular, opportunistic use patterns. As indicated in previous years of the IDRS study in Melbourne, cocaine may be seen as desirable, but too expensive for the majority of primary heroin users in Melbourne.

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

6.5. Cocaine related harms

6.5.1. Law enforcement

Table 12 details consumer (e.g. possession/ use) and provider (e.g. trafficking/ manufacture) arrests for cocaine, during 2003–04 (in Victoria and Australia). During that financial year approximately one-quarter (26%) of the arrests made in Australia for cocaine offences occurred in Victoria (data provided by the Australian Crime Commission).

Table 12: Cocaine: consumer and provider arrests, Victoria and National, 2003-2004

	Victoria (n)	Australia (n)	% of national arrests
Consumer	34	153	22.2
Provider	51	175	29.1
TOTAL*	85	328	25.9

Source: Australian Crime Commission

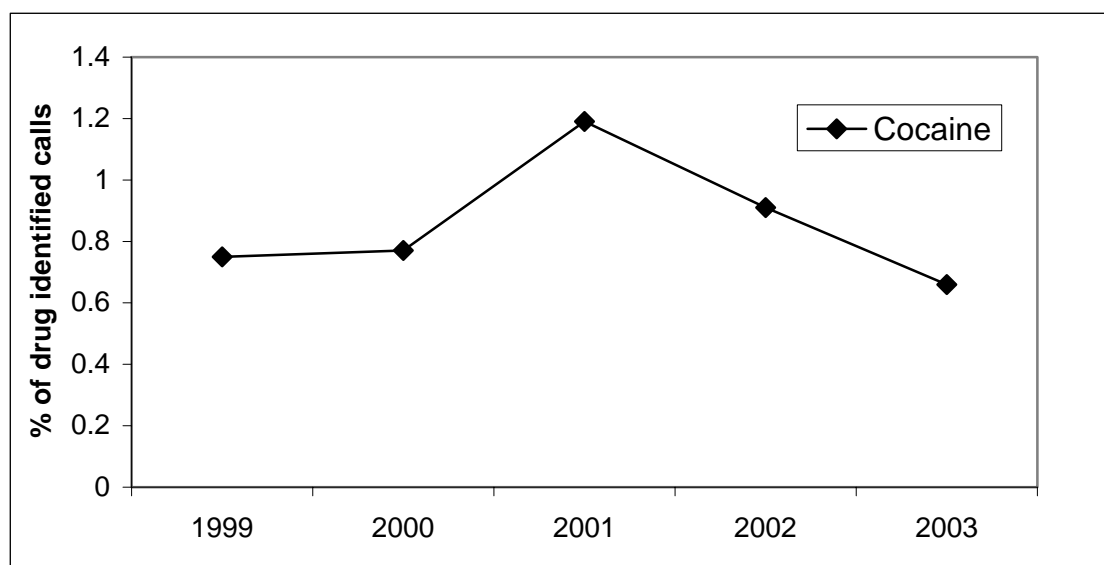
*Includes those offenders for whom consumer/provider status was not stated.

6.5.2. Health

DirectLine calls

During 2003 DirectLine responded to 165 calls where cocaine was identified as a drug of concern. This represents less than one percent of all calls made to DirectLine during that year where a drug of concern was cited (Turning Point Alcohol and Drug Centre Inc., unpublished data). The proportion of drug-related calls where cocaine was identified has remained very low ($\leq 1\%$) during the past five years (see Figure 18).

Figure 18: DirectLine calls where drug of concern identified as cocaine, 1999-2003



Source: DirectLine, Turning Point Alcohol and Drug Centre Inc (unpublished data).

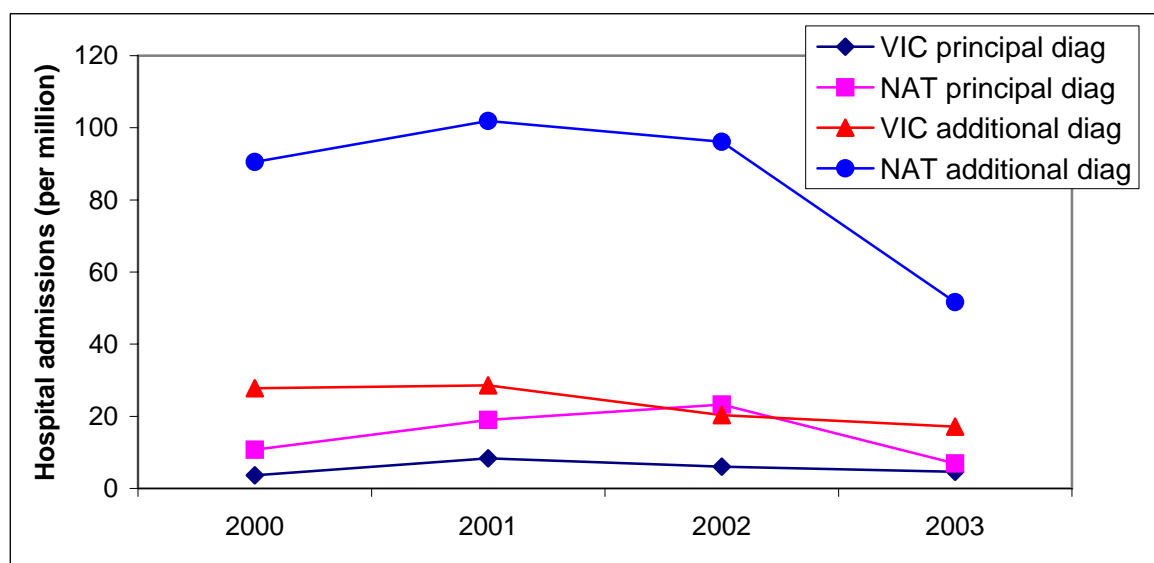
Cocaine-related events attended by ambulance

In 2003 there were a total of 23 ambulance attendances in Melbourne where cocaine use was mentioned (17 in 2002). The estimated average age of cases in 2003 was 29.32 years (25.25 years in 2002) (analysis by S. Cvetkovski, Turning Point Alcohol and Drug Centre). As in previous years (Jenkinson, Miller & Fry, 2004), these numbers are too small to provide clear trends, but generally indicate that those people who are using cocaine in Melbourne are not coming into contact with the ambulance service.

Hospital admissions

The National Hospital Morbidity Database (NHMD) is compiled by the Australian Institute of Health and Welfare. Cocaine-related hospital admissions (per million) for Victoria and Australia are presented in Figure 19. It is evident from this data that the number of cocaine-related hospital admissions in Victoria has been relatively stable between 2000-2003, whilst nationally rates decreased in 2003. The number of cocaine-related hospital admissions is much lower than for opioids or amphetamines.

Figure 19: Cocaine-related hospital admissions (per million), Victoria and National, 2000-2003.



Source: Australian Institute of Health and Welfare

Cocaine-related deaths

In Australia in 2003 there were 15 cocaine-related deaths among those aged 15–54 years, all of which occurred in New South Wales. The rate of cocaine-related deaths per million persons among those aged 15-54 years in Australia remains unchanged (Degenhardt, Roxburgh & Black, 2004b).

6.6. Summary of cocaine trends

Trends in cocaine price, availability, purity and use are summarised in Table 13. In general, it appears that cocaine use remains infrequent amongst IDU in Melbourne (only two people could comment on the price, purity and availability of this drug). This may be due to the lack of availability, the cost, and possibly the widespread availability and use of other drug types in Melbourne.

Table 13. Summary of cocaine price, availability, purity and use trends in Melbourne 2004.

Price Cap Gram	<ul style="list-style-type: none"> • unknown • \$200
Availability	<ul style="list-style-type: none"> • easy (50%), very difficult (50%) • stable (50%), more difficult (50%)
Purity	<ul style="list-style-type: none"> • average purity 40% (range 26% to 95%)^a • stable (50%) , fluctuated (50%)^b
Use	<ul style="list-style-type: none"> • Slight decrease in level of use last 6 months, and low overall (10%) • Decreased levels of recent injecting (2%) • Sourced from friends or home delivery • Trends are not clear and require further research

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

^b Based on IDU reports

7. CANNABIS

Cannabis was the second most commonly used illicit drug by IDU survey respondents in the last six months (80%, n=120), with 99% of respondents reporting having used cannabis in their lifetime. Over three-quarters of respondents to the 2004 survey (79%) were able to report on aspects of cannabis price, potency and availability.

For the past two years questions related to cannabis have been asked separately for hydroponic cannabis and bush/naturally grown cannabis. Most respondents to the 2004 survey (74%) had used hydroponic cannabis in the last six months, while 46% reported having used bush/ naturally grown cannabis in that time.

The majority of key experts reported that cannabis use within their client groups was prevalent, with varied patterns of use. Cannabis was seen to be most commonly used as a secondary drug in combination with heroin and/or methamphetamine use. However, only one key expert was able to report on price.

7.1. Price

Prices paid for hydroponic and bush cannabis on the last occasion of purchase by Melbourne IDU are presented in Table 14. The median and modal (most frequently reported) price, and the number of respondents who reported purchasing each quantity in the past six months are reported.

Table 14: Price of most recent cannabis purchases by IDU, 2004

Amount	Hydro Median price* (\$)	Hydro Modal price* (\$)	Hydro No. of purchasers*	Bush Median price* (\$)	Bush Modal price* (\$)	Bush No. of purchasers*
Ounce	240 (280)	250 (250)	33 (35)	180 (250)	200 (250)	9 (19)
Half ounce	140 (150)	150 (150)	17 (27)	130 (170)	160 (160)	4 (2)
Quarter ounce	80 (80)	80 (80)	62 (66)	70 (75)	80 (80)	8 (9)
Three grams	50 (50)	50 (50)	44 (53)	50 (50)	50 (50)	11 (13)
Gram	20 (20)	20 (20)	72 (90)	20 (20)	20 (20)	20 (45)

Source: IDRS IDU interviews

*2003 data in brackets

Hydroponic cannabis

Median prices reported for hydroponic cannabis on the most recent occasion of purchase were: gram \$20; three grams \$50; quarter ounce \$80; half ounce \$140; and ounce \$240. Prices reported for hydroponic cannabis have remained stable since 2003.

During the previous six months the majority of respondents reported purchasing grams (48%), and quarter ounces (41%) of hydroponic cannabis. Other quantities of hydro purchased included 3 grams, often referred to as '3 for \$50' (29%), and ounces (22%).

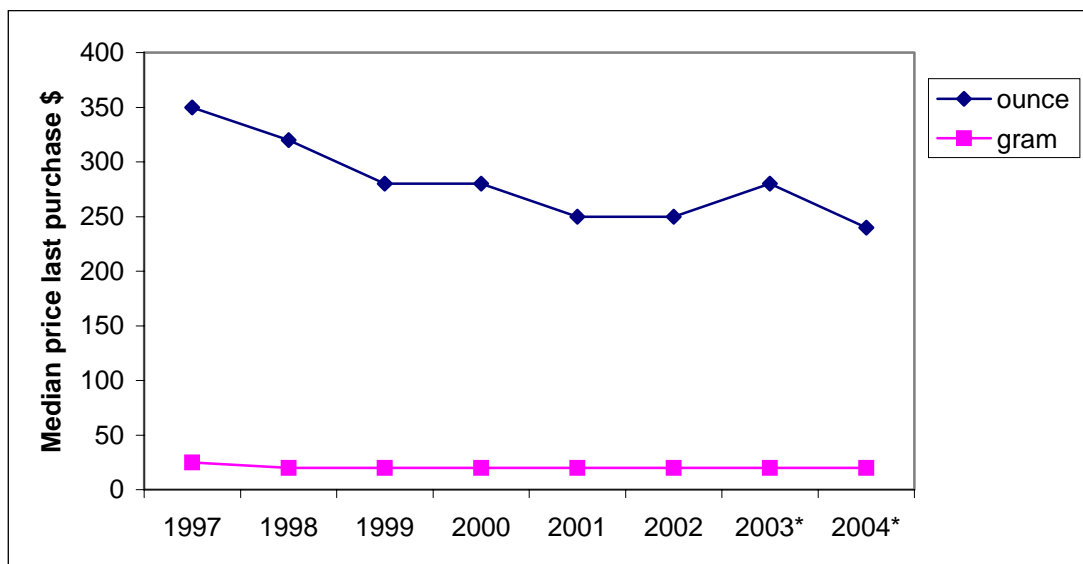
The majority of IDU who commented on trends reported that the price of hydroponic cannabis had not changed (74%, stable) during the last six months, while smaller numbers indicated that prices had decreased (9%), or fluctuated (6%) during that time.

Bush/ naturally grown cannabis

In terms of bush/ naturally grown cannabis, median prices reported on the most recent occasion of purchase were: gram \$20; three grams \$50; quarter ounce \$70; half ounce \$130; and ounce \$180. Most respondents reported purchasing grams (13%), 3 grams (7%), or ounces (6%) in the past six months.

Half (49%) of those able to comment on bush/ naturally grown cannabis reported that prices had been stable in the past six months, and 11% reported a decrease in that time. Almost one third of respondents (32%) did not know if the price of bush/ naturally grown cannabis had changed during the past six months.

Figure 20: Price of cannabis* in Melbourne reported by IDU survey respondents 1997-2004.



Source: IDRS IDU interviews

* 2003 and 2004 prices reflect those for hydroponic cannabis only (the form used most often). Any increase may be due to this distinction.

Prices of cannabis in Melbourne reported by IDU survey participants in the 1997-2004 IDRS studies are shown in Figure 20. This shows that the reported price of a gram of cannabis has been stable over this period, while the price per ounce has stabilised after a period of continued reduction between 1997-2001.

A single key expert was able to comment on the price of cannabis, and reported that the price per gram was generally \$20, the price per quarter ounce was \$80, \$150-180 for half an ounce and \$240-280 per ounce. This key expert also reported that prices had been stable in the preceding six months.

7.2. Availability

Hydroponic cannabis

The overwhelming majority of the IDU sample who commented on trends reported that hydroponic cannabis was easy or very easy to obtain (90%), and that the availability of cannabis had remained stable in the preceding six months (81%). This group commonly obtained cannabis from a friend (43%), dealer's home (25%), or mobile dealer (15%). Smaller numbers of people had purchased from a street dealer (10%), or grew their own supply (2%).

Bush/ naturally grown cannabis

Forty-eight percent of those who were able to comment on the availability of bush/ naturally grown cannabis, reported that it was easy to very easy to obtain at present. Seventeen percent reported that it was difficult to obtain, and 5% very difficult to obtain at present. Thirty percent of respondents to this section reported that they did not know how available bush cannabis was at present. Over half (52%) reported that availability had been stable, 13% reported that it had become more difficult, and 3% reported that bush cannabis had become easier to obtain over the past six months. This group commonly obtained bush cannabis from a friend (42%), dealer's home (8%), or mobile dealer (8%). Other respondents had purchased from a street dealer (7%), home delivery (3%), or grew their own supply (3%).

As in 2003, key experts reported that cannabis was very easy to obtain and that other than a 'dip after Christmas', which quickly righted itself, availability has remained stable. Cannabis is still primarily sourced through private social and drug networks

Cannabis Trafficking/ dealing

MDID key experts reported that emerging intelligence suggests that Victorian heroin syndicates have begun branching into hydroponic cannabis production. It is suspected that cannabis is exported to Sydney in exchange for heroin that is then shipped back to Victoria. However, this is preliminary research and there are no solid figures on this early trend as yet.

7.3. Potency

Participants had used a variety of different forms of cannabis during the six months prior to interview, including: hydroponically grown cannabis (74%), bush/ naturally grown cannabis (46%), hash (9%) and hash oil (4%). The type most commonly used was hydroponic (91%).

Hydroponic cannabis

The potency of hydroponic cannabis was generally rated as high (60%, n=70), or medium (28%, n=33) by the IDU sample, with most respondents stating that the potency had remained stable (61%, n=72), or had been increasing (14%, n=16) over the previous six months. Twelve percent of respondents reported that the potency of hydroponic cannabis had fluctuated during this time.

Bush/ naturally grown cannabis

The potency of bush/ naturally grown cannabis was generally rated as medium (44%, n=28) by the IDU sample, with most respondents stating that the potency had remained stable (52%, n=33) over the previous six months.

Key experts were not able to comment on potency.

7.4. Use

7.4.1. Prevalence of cannabis use

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

Data from the 2003 Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2004) show that cannabis is the most frequently and widely used illicit drug by the 6052 young people surveyed. Approximately half (53%) of the 16-24 year olds sampled reported lifetime use of cannabis and almost one third of the sample (31%) also reported use in the 12 months prior to the survey. Alcohol and tobacco were most commonly reported as being used at the same time as cannabis by the respondents.

7.4.2. Current patterns of cannabis use

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

Key experts reported that at any one time between 80-99% of all clients are using cannabis, but that a minimal amount of clients received treatment primarily for cannabis use. For most clients cannabis was used as part of a poly-drug use regime. Further, it was reported that there are a variety of usage patterns ranging from daily use to more occasional or opportunistic use. Daily users may smoke between 1-3 grams per day, though two key experts commented that people using cannabis at dance parties may use smaller amounts, perhaps 0.5 of a gram per day. It was reported that here was a fairly even mixture between the use of joints and bong, with predominantly hydroponic cannabis being used. One key expert commented that 20% of their client group may ingest cannabis orally in order to preserve their health and fitness – this was connected with the dance party community.

Key experts reported that people were using cannabis for a variety of reasons. Some female clients were using cannabis daily to control morning sickness, and there was also a suggested link between methamphetamine and cannabis use, with cannabis being used to 'balance' people's methamphetamine use. Several key experts reported that the use of cannabis at dance parties had increased, with a switch from people using cannabis only to 'come down' to more regular daily use. Again, this group of people were said to be using less cannabis than other regular cannabis users. Several key experts commented that cannabis is used as a means of self-medicating in clients who are trying to either control heroin use or abstain from heroin use altogether. Interestingly, one key expert confirmed last years report that cannabis use increases as heroin use decreases and vice versa. Two key experts commented that cannabis use is primarily anglo-centric and that it is less common amongst other ethnic groups, for example, Vietnamese clients. One key expert reported that there were 'generational patterns of use', where an entire family are cannabis users. Key experts from law enforcement commented that they often found cannabis during drug raids for other substances.

Several key experts commented that cannabis use is rarely mentioned by clients because it is 'not really considered a drug'.

7.5. Cannabis related harms

7.5.1. Law enforcement

Table 15 details consumer (e.g. possession/ use) and provider (e.g. trafficking/ manufacture) arrests for cannabis, during 2003–04 (in Victoria and Australia). During that financial year 13% of the arrests made in Australia for cannabis offences occurred in Victoria (data provided by the Australian Crime Commission).

Table 15: Cannabis: consumer and provider arrests, Victoria and National, 2003-2004

	Victoria (n)	Australia (n)	% of national arrests
Consumer	5249	46,891	11.2
Provider	2371	9235	25.7
TOTAL*	7620	56,747	13.4

Source: Australian Crime Commission

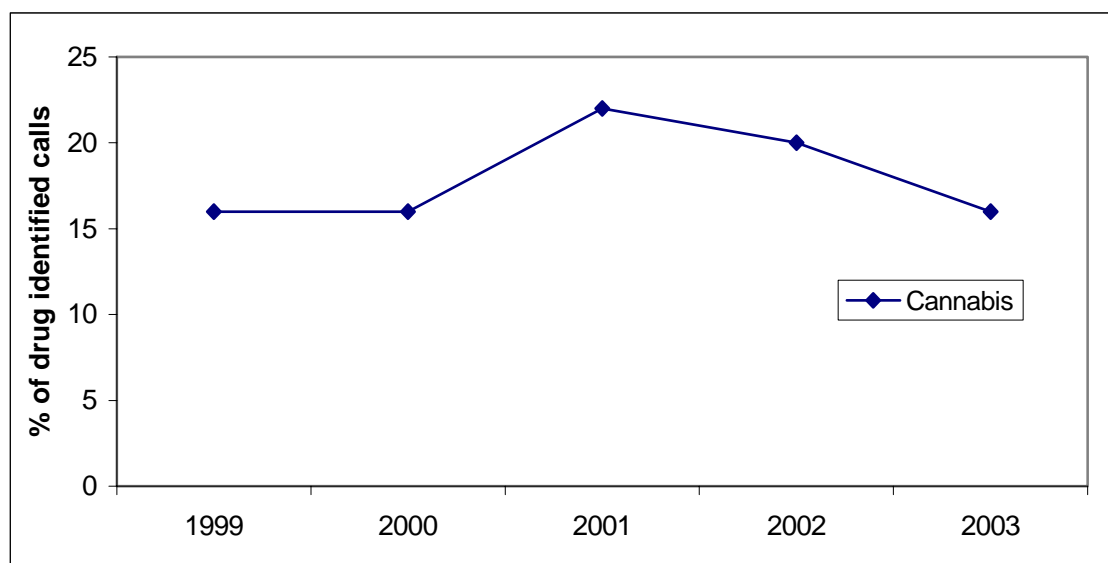
*Includes those offenders for whom consumer/provider status was not stated.

7.5.2. Health

DirectLine calls

During 2003 DirectLine responded to 4,002 calls where cannabis was identified as a drug of concern. This represents 16% of all drug-identified calls to DirectLine in that year (Turning Point Alcohol and Drug Centre Inc., unpublished data). The proportion of drug-related calls where cannabis was identified has gradually decreased since 2001 where it peaked at 22 per cent (see Figure 21).

Figure 21: DirectLine calls where drug of concern identified as cannabis, 1999 - 2003

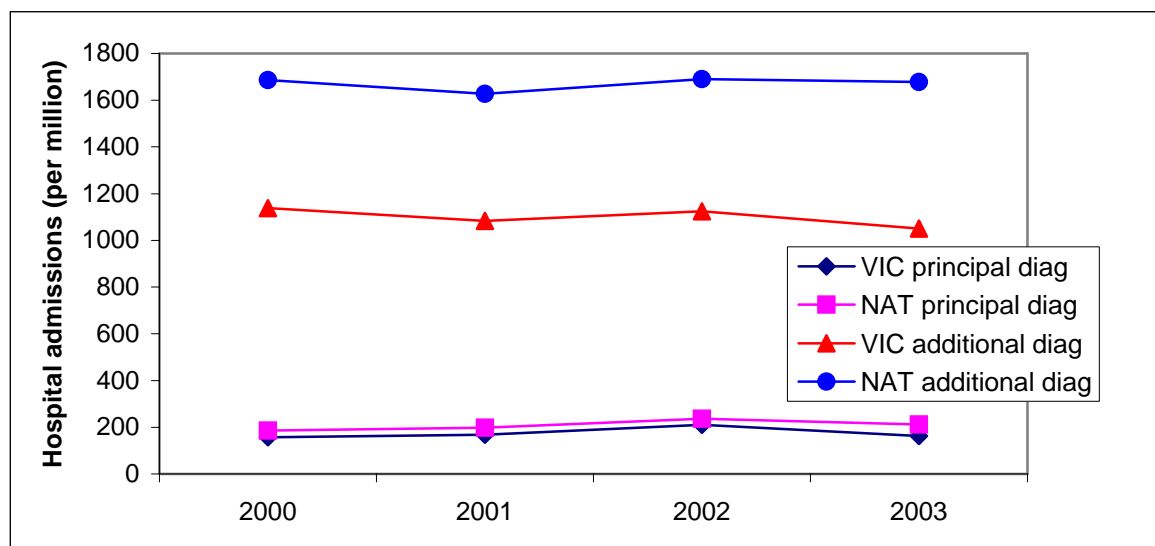


Source: DirectLine, Turning Point Alcohol and Drug Centre Inc (unpublished data).

Hospital admissions

The National Hospital Morbidity Database (NHMD) is compiled by the Australian Institute of Health and Welfare. Cannabis-related hospital admissions (per million) for Victoria and Australia are presented in Figure 22. It is evident from this data that the number of cannabis-related hospital admissions, both in Victoria and nationally, has been relatively stable between 2000-2003. The rate of hospital admissions where cannabis is identified as an additional diagnosis is much higher than for principal diagnosis.

Figure 22: Cannabis-related hospital admissions (per million), Victoria and National, 2000-2003.



Source: Australian Institute of Health and Welfare

7.6. Summary of cannabis trends

A summary of cannabis trends is shown in Table 16. The Melbourne cannabis market and patterns of use continue to be relatively stable. Reported cannabis availability and perceived potency remained relatively unchanged between 1997 and 2004. In terms of the number of users, cannabis was the second the most widely used illicit drug by participating Melbourne IDU, and the most frequently used in terms of number of days.

Table 16. Summary of cannabis price, availability, purity and use trends in Melbourne 2004.

Price (median)	<ul style="list-style-type: none"> • \$20 (hydro and bush) • \$240 (hydro), \$180 (bush) • Prices stable
Availability	<ul style="list-style-type: none"> • Hydro readily available last 6 months (easy–very easy 90%), stable (81%) • Bush easy to very easy (58%) and stable (52%)
Potency	<ul style="list-style-type: none"> • Hydro high (60%) to medium (28%) • Bush medium (44%)
Use	<ul style="list-style-type: none"> • Second most widely used illicit drug by IDU sample (prevalence 80%) • Stable frequency of use • Most frequently used illicit drug in terms of number of days • Cannabis commonly used concurrently with other drugs • Accessed mostly through social networks

8. OPIOIDS

8.1. Methadone

Seventy-four percent of the 2004 IDRS sample reported lifetime use of methadone, which is identical to the past two years. One quarter of respondents (25%, n=37) reported lifetime injection of methadone, a proportion also similar to past years (22% in both 2003 and 2002), however fewer respondents (5%, n=8) reported injection of methadone during the six months prior to interview (2% in 2003, 3% in 2002, 6% in 2001).

Licit methadone syrup was reported to have been used by 21% of respondents (n=32) and illicit methadone syrup by 10% of respondents (n=15) in the previous six months. Three respondents reported using illicit Physeptone tablets during that time. Of those who reported using methadone in the past six months, the majority (69%) mostly used licit methadone syrup, followed by illicit syrup (29%) and illicit Physeptone tablets (2%). The median number of days use for those who reported using methadone in the past six months was 90 (n=43), and for those who were enrolled in methadone treatment during that time (n=32) a median of 180 days (i.e. daily) use was reported.

Only three respondents were able to answer questions about the price and availability of illicit methadone. One participant reported having purchased 100ml of methadone syrup for \$20, and a 10mg physeptone tablet for \$10 in the past six months from a friend. Another respondent who purchased from a friend bought 2x10ml barrels for \$40 during that time. The third respondent to this section purchased 10ml of methadone syrup for \$20 in the past six months from a street dealer. Of the two respondents who commented on the availability of illicit methadone, one reported that it was difficult to obtain, while the other stated it was very easy.

8.2. Buprenorphine

Of the 57 participants who were currently in treatment, the majority (60%) reported that the main type of drug treatment they were in was buprenorphine treatment. The other main treatment types were methadone (37%) and drug counselling (2%). These figures are similar to the past two Melbourne IDRS studies. There was a rapid uptake in treatment with buprenorphine in Victoria after its introduction in late 2000, which appears to have been sustained.

In 2004 respondents were asked about both licit and illicit use of buprenorphine. In terms of use in the last six months, prevalence was the same, with 35% of the sample reporting having used licit buprenorphine and 35% having used illicit buprenorphine in that time. Close to half (45%) of the respondents who reported using buprenorphine in the past six months had mostly obtained it illicitly.

Overall over three quarters (77%) of the IDRS respondents reported lifetime use of buprenorphine (licit or illicit) and 59% had used this drug in the last six months. Of the sample of 150 respondents, 62% had swallowed buprenorphine ever and 35% had done so recently (in the last 6 months).

Over half (56%) of the respondents reported injecting buprenorphine in their lifetime (51% in 2003; 37% in 2002), and 43% reported doing so in the last six months (39% in 2003; 33% in 2002). For those who injected prescribed buprenorphine (21%, n=31) a median of 150 days (out of 180 days) was reported, while a median of 6 days (or once a month) was reported for those injecting illicit buprenorphine (29%, n=44).

As in 2003, most key experts reported having contact with clients on buprenorphine (n=41), reporting that 30-35% of clients were involved in treatment. The use of buprenorphine was reported as being primarily licit, with a small amount of diversion and injecting still happening amongst users. Eighteen key experts reported that injection of buprenorphine is occurring in around 15-30% of clients. This was particularly commented on in the Frankston area, where one key expert reported that buprenorphine was 'replacing heroin in social terms – instead of a heroin market it has become a bupe market'. In other areas this was seen to be less of a problem. Key experts also reported that younger clients were increasingly 'starting off' on buprenorphine, with a higher proportion of older clients remaining on methadone. One key expert reported that her female clients were favouring buprenorphine 'because they feel a lot more stable and it is easier to get off', although another key expert expressed concern that pregnant women were favouring buprenorphine over methadone despite guidelines recommending that the latter was safer for use during pregnancy. It was reported that buprenorphine was also being used as part of detox, and that the use of this pharmacotherapy was more encouraged by doctors than it used to be. One key expert commented that buprenorphine was being used as a 'backup' by clients. Some clients were missing days and as a result recommencement of treatment was occurring fairly regularly.

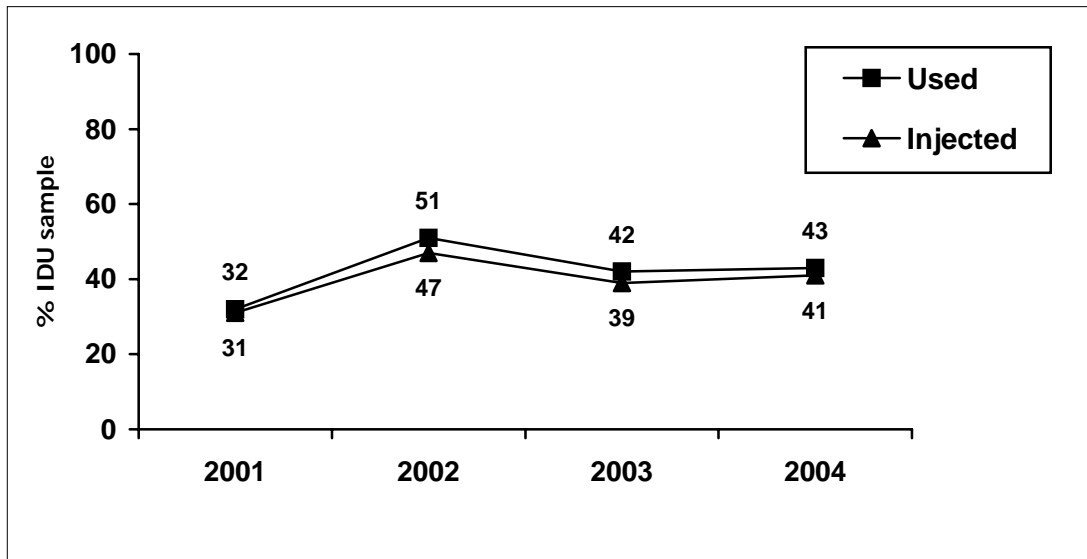
However, continuing the trend identified in the previous year's IDRS, several key experts reported that in the past year methadone has become more popular again, with a decrease in the amount of people commencing use of buprenorphine. Some of the reasons given for this were that people were 'backing off' buprenorphine because it was causing them to feel unwell, or because for those facing prison sentences, the possibility of being 'stood over' in prison was less likely with methadone than with buprenorphine. One key expert estimated that the balance of methadone versus buprenorphine use had returned to something like 60% (methadone) and 40% (buprenorphine).

8.3. Morphine

Over three quarters (80%) of the IDU surveyed reported lifetime use of morphine and 43% reported using it in the last six months. The preferred method of use of morphine amongst the 2004 IDRS sample was injecting, with 77% reporting lifetime injection and 41% reporting injecting it in the last six months. This compares to 38% ever swallowing and 18% swallowing in the last six months.

Reported use and injection of morphine in the last six months was similar to that reported last year (42% and 39% respectively in 2003; see Figure 23). Frequency of morphine use in the last six months also remained stable since 2003, with a median of 6 days or 'once a month' reported (7 days in 2003). Frequency of morphine injection was 5 days (median) in 2004 (6 days 2003).

Figure 23: Proportion of IDU reporting morphine use and injection in the past six months 2001–2004



Source: IDRS IDU interviews

Thirty-six percent of the 2004 IDRS sample reported using illicit morphine in the past six months, and 9% had used prescribed morphine in that time. Of the group who had used morphine in the past six months, the majority (84%) mostly used illicitly obtained morphine. The types of morphine most commonly used by IDRS respondents were MS Contin® (59%), Kapanol® (25%), and OxyContin® (5%).

Twenty-six percent of the sample (n=39) felt confident enough to comment on the price and availability of illicit morphine. Most respondents reported that 100mg of morphine costs \$50 (range \$20-\$50). Ten people reported having purchased 100mg of illicit MS Contin® for \$50, while another two purchased 100mg of illicit Kapanol® for that price in the last six months. Respondents purchased other dosages of MS Contin® for \$10 (30mg) and \$20 (60mg), and Kapanol® for \$20 (50mg). Almost two-thirds (63%, n=24) of those who could comment reported that the price of illicit morphine had been stable in the past six months. Twenty-nine percent (n=11) reported that they did not know if the price had changed in that time.

Almost half (45%) of the respondents reported that illicit morphine was easy to obtain at the time of interview, although 32% also felt it was difficult and 8% that it was very difficult. Fifty-five percent believed availability had been stable over the past six months. The majority of respondents usually sourced their illicit morphine from friends (62%) or street dealers (14%).

A substantial number of key experts (n=41) reported contact with clients who were using morphine, primarily MS Contin® and Kapanol® but also Oxycodone® and Anamorph®, however it was reported by several key experts that MS Contin® has become more difficult to get in the past 6 months. The majority of key experts estimated that between 1-10% of clients were using morphine, though a single key expert estimated use to be as high as 50-60% of all clients, with morphine ‘relacing benzos’ for some people. Of the average 1-10% of clients using morphine, one key expert reported that 20-30% were using licitly and ingesting orally, whilst 10% were using illicitly and injecting. Morphine use is widely reported to be sporadic and opportunistic rather than habitual, although two key experts reported that they occasionally have clients who are daily users or who are seeking treatment for morphine dependency. One key expert went

on to report that those clients who used morphine daily were more likely to be using licitly rather than illicitly.

Many key experts reported a marked increase in the availability and use of morphine in the last six months, and one key expert added that the growing black market in morphine and the active illicit trade has been growing in the past 12-24 months. One key expert sees this 'definite increase' in the availability of morphine on the black market as a continuing result of heroin 'going quiet a few years ago'. It should be noted that the increase in availability of morphine on the black market is not seen by key experts to affect the way in which morphine is used: opportunistically, and as a supplement to heroin when the latter is difficult to access for financial or other reasons, but *has* produced an increase in the use of morphine in general.

8.4. Other opioids

Over one quarter (27%) of the IDU interviewed reported the use of other opiates in the preceding six months. The main type of other opiate used by these respondents was Panadeine forte® (67%). Others reported Codeine® (21%), Codeine Phosphate® (5%) and Mersyndol® (3%) as the main type of other opiate they use. The majority (70%) of respondents mostly used licit opiates in the last six months, with 30% reporting mostly obtaining them illegally.

Over half (55%) of the IDU sample reported lifetime use of other opiates with 19% ever injecting them and 3% injecting them in the last six months. Lifetime use via oral routes of administration was reported by almost half (47%) of the IDU interviewed and oral use in the last six months by one quarter (25%). As reported in past years, overall frequency of use during the last six months was low, with a median of 6 days or 'once a month'.

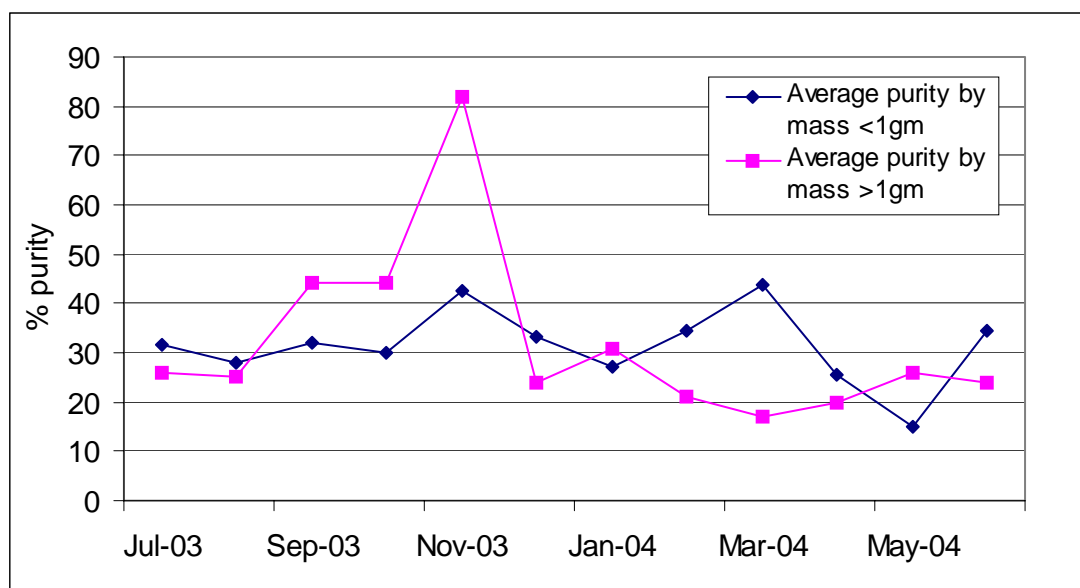
9. OTHER DRUGS

9.1. Ecstasy and other related drugs

Close to two thirds (64%) reported having used ecstasy at least once in their lifetime and almost one quarter (23%) reported ecstasy use within the last six months (compared to 25% in 2003, 31% in 2002, 39% in 2001). Thirty-three percent of IDU interviewed reported that they had injected ecstasy before (44% in 2003, 36% in 2002, 31% in 2001, 15% in 2000), and 8% had done so within the six months prior to interview (12% in 2003, 14% in 2002, 21% in 2001, 8% in 2000). The primary route of administration of ecstasy for this group during the last six months was oral (19%).

The average purity level of ecstasy seizures analysed by law enforcement agencies in Victoria during the 2003/04 financial year (see Figure 24) was 32% (range 15% to 82%), which was similar to the previous five financial years: 30% in 2002/03; 31% in 2001/02; 31% in 2000/01; 34% in 1999/00; 28% in 1998/99.

Figure 24: Purity of ecstasy seizures by Victorian law enforcement, Jul 2003-Jun 2004



Source: Victoria Forensic Science Centre.

As in the 2003 IDRS, many key experts reported that the vast majority of the clientele with whom they worked continued to engage in extensive poly-drug use, however, few reported that ecstasy use was common amongst their clients (n=5). Ecstasy use was reported to be primarily amongst younger clientele and used only occasionally or recreationally. One key expert reported that ecstasy was the primary drug of choice of their clients, but that within that group clients were sometimes leaning towards methamphetamine use because of doubts about the contents and quality of pills. Key experts commented that the small number of clients who used ecstasy did so orally, with a tiny proportion snorting or injecting. Law enforcement key experts reported that some heroin dealers may have ecstasy on their person when arrested, and that they see ecstasy use as a growing trend amongst younger users. One key expert reported that ecstasy tabs may not contain much MDMA, whilst another key expert suggested that methamphetamine is beginning to be marketed as ecstasy.

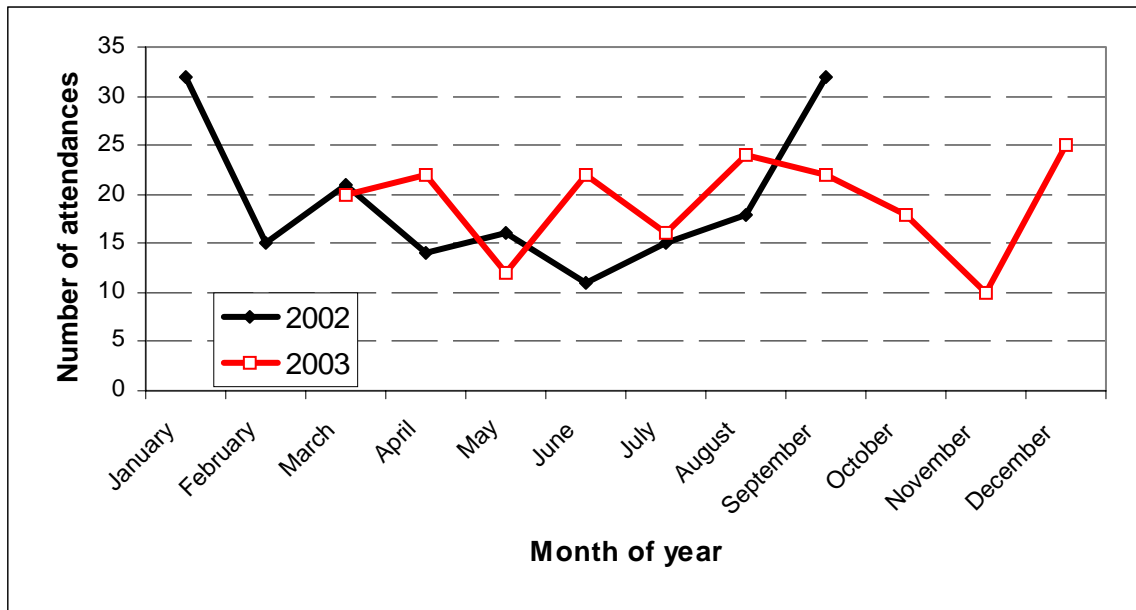
9.1.1. Health

Ecstasy-related events attended by ambulance

Figure 25 reports the monthly totals of ambulance attendances where ecstasy use was mentioned in Melbourne, January 2002-September 2002 and March 2003-December 2003 (October 2002-February 2003). Ambulance attendances where ecstasy use was recorded ranged between approximately 10-30 per month during 2002-2003, peaking in January and September 2002. This perhaps reflects a relationship between use and the holiday periods, which are the peak times of year for large dance parties and music festivals.

In 2002 there were a total of 174 attendances where ecstasy use was mentioned and in 2003 there were a total of 191. In 2002 the average estimated age of cases was 24yrs and in 2003 it was 25yrs (analysis by S. Cvetkovski, Turning Point Alcohol and Drug Centre).

Figure 25: Monthly totals of ambulance attendance where ecstasy was mentioned in Melbourne, Jan 2002-Sept 2002 and Mar 2003-Dec 2003 (excluding Oct 2002-Feb 2003).



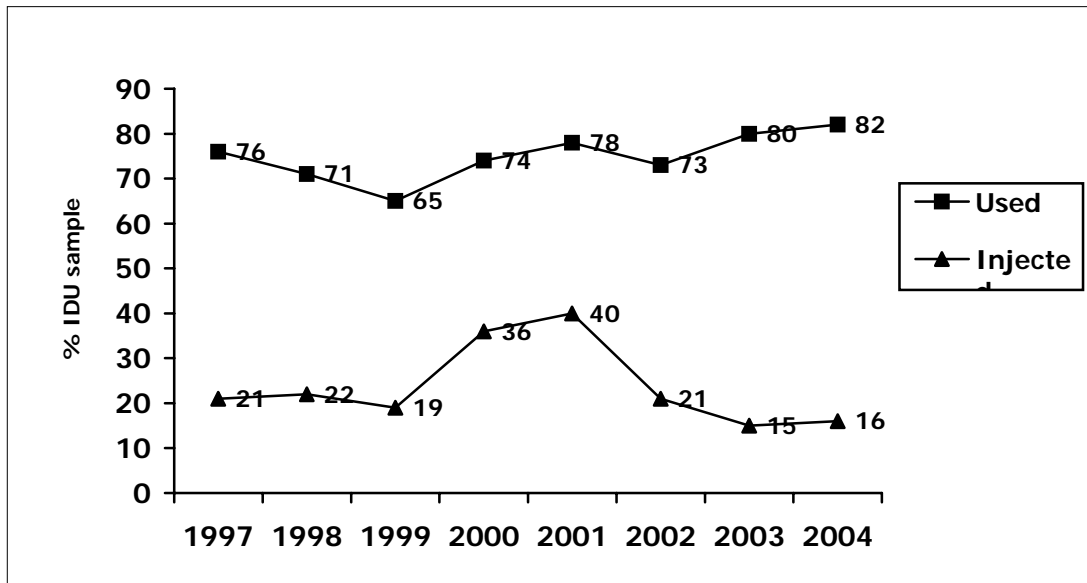
Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre.

While the IDU surveyed in the 2004 IDRS study were able to provide some information about ecstasy trends in Melbourne, a clearer picture of ecstasy use can be gained through contact with other sentinel groups, such as ‘party drug’ users. In 2003 and 2004 a Party Drugs Initiative, which employs a similar methodology to the IDRS study, was also conducted in every state and territory across Australia. One component of this study involves the collection of information from regular ecstasy users on party drugs such as ecstasy, methamphetamine, cocaine, GHB and ketamine. Results from this study will be available in early 2005.

9.2. Benzodiazepines

Most participants (82%) had used benzodiazepines in the last six months, with 16% reporting intravenous use (see Figure 26), and 80% oral routes of administration during this period.

Figure 26: Proportion of IDU reporting benzodiazepine use and injection in the preceding six months 1997-2004



Source: IDRS IDU interviews

It is evident that the percentage of IDU who reported benzodiazepine injection steadily rose from 1999 to 2001, however there was a considerable reduction in the number reporting injection during 2002 and 2003. In 2004 reported rates of injection remained stable. The reduction in benzodiazepine injection in 2002 was probably reflective of changes made on May 1st 2002 to the prescribing authority for temazepam on the Pharmaceutical Benefits Scheme (PBS) (Breen et al., 2003), and also the impact of the Victorian Department of Human Services, Temazepam Injection Prevention Initiative which was implemented in November 2001 (Dobbin, 2002).

Of the group who had used benzodiazepines, the types most commonly used in the preceding six months were diazepam e.g. Valium® (65%), oxazepam e.g. Serepax® (11%), and temazepam e.g. Temaze® (2%). Prevalence and frequency of use remained relatively stable in 2004 (82% compared to 80% in 2003; 30 days compared to 25 days in 2003). Benzodiazepines had been injected on a median of 2.5 days by the 24 respondents who reported injecting in the past six months (compared to 5 days in 2003).

Over half (58%, n=87) of the IDU sample reported using prescribed benzodiazepines in the past six months and 47% (n=70) reported using illicitly obtained benzodiazepines in that time. Of those who reported using benzodiazepines in the past six months, over one third (39%, n=48) reported mostly acquiring them illicitly.

The majority of key experts (n=50) reported that they were in contact with clients using benzodiazepines. It was estimated that between 25-90% of all clients are using BZDs, with the most common forms being Diazepam®, Valium®, Xanax® and Trammel®. Key experts reported that temazepam, Serepax®, Normison® and Rohypnol® had become more difficult to obtain. As reported in the previous IDRS report, changes to legislation regarding the availability of temazepam gel caps, and a concerted education campaign aimed at the prescription of temazepam, had a noticeable impact on intravenous use. Key experts in 2004 report that the reduction in injection of BZDs has maintained stable in general, with use being *primarily* oral. However it is important to note that there are still a significant proportion of clients – key expert reports suggest that the

numbers are still between 20-50% - who are using BZDs intravenously. Key experts also report that frequency and quantity of BZDs use varies from daily to occasional use, with some binge using occurring. Some key experts distinguished between licit and illicit use patterns of BZDs, suggesting that licit users of BZDs may be using daily, whilst illicit use may vary from daily to more sporadic use. One key expert reported that amongst ecstasy users BZDs use is significantly less prevalent, with use restricted to a niche group who may use BZDs when available to assist in 'coming down'.

Although several key experts have reported that there has been a 'steady decrease of benzodiazepine use and availability in the past twelve months that has continued in the past six months', it was more common for key experts to report that BZD use in 'still embedded in the drug repertoire' of their clients. The reports around a decrease in availability seem mainly to relate to the continuing difficulty in obtaining temazepam – one key expert commented that the period of time when temazepam was freely available and injected has become 'folklore' – and the related decrease in its injection as a result. Key experts have also reported that there has been a decrease in health related problems with regard to the intravenous use of BZDs, coinciding with an increased knowledge by clients about the health risks of injecting, and the follow-on effect of clients 'taking out more 3ml barrels, filters and D.I.Y supplies' in order to enact safer injecting practices. In the past six to twelve months some reports also suggest that prescribers are not giving out BZDs as much with GPs having become more knowledgeable about drug use.

More commonly, key experts have suggested that it 'seems to have gotten easier to get Benzos again, especially Valium® and Serepax®' and that there are 'a lot more Benzos than there were 6 months ago'. There was particular focus on the availability and use of Xanax®. One key expert reported that the demand for street Xanax® had increased about eight months ago, and that there were a lot more clients coming in with Xanax®, both prescribed and from the black market. Another key expert suggested that Xanax® was 'becoming the drug of choice in the way Royhpnol® used to be'. Yet another key expert commented that Xanax® is the 'new Valium®', with lots of doctors prescribing it. This key expert reported that Xanax® was 'making people angry and dissociative, with a greater lack of responsibility' and an increase in 'trouble in the service' caused by clients who were using it. In addition, one key expert reported that Trammel® has become popular for use in home detoxification, whilst several KEs reported that, as with last years IDRS, there is less Normison® around. Four key experts reported that there is still a significant amount of 'doctor shopping' to obtain benzodiazepines. Law Enforcement key experts reported a decrease in the visibility of BZDs use on the streets, reporting that this was more common six months ago; however, two key expert said that they believed there was more 'legal' or prescribed use of BZDs occurring.

9.3. Anti-depressants

Almost one-third (31%) of IDU reported that they had used anti-depressants during the preceding six months and 58% reported lifetime use. The median number of days of use for this group in the previous six months was 108 (compared to 160 in 2003, 90 in 2002, 165 in 2001, and 120 in 2000). A wide variety of anti-depressants were reported to have been used, including Avanza® (17%), Efexor® (15%), Zoloft® (15%), Deptran® (11%), and Endep® (9%).

Most respondents used antidepressants acquired through licit means in the last six months (n=42), although four people also reported obtaining these drugs illicitly.

Almost all key experts (n=48) reported the use of antidepressants amongst their clients. This is in keeping with the trend identified in the 2003 IDRS report, which noted that the

prescribing of anti-depressants has increased dramatically in recent years. Key experts estimated that between 20-80% of all clients are using or have been using anti-depressants, with only one key expert estimating that in their experience it was as low as 5-10% of clients. Use was seen to be overwhelmingly licit, with daily prescribed doses taken as directed. However, one key expert estimated that around 30% may inject anti-depressants, and a further key expert reported that there is 'some abuse of anti-depressants, but not really a trade in them'. There were several key experts who expressed concern at a perceived over-prescribing of anti-depressants, with one key expert suggesting that GPs were prescribing them 'willy nilly'. Anti-depressants were also seen to have a role in specific treatment situations, for example when a client may be 'coming off benzos' or when clients are attempting to 'wean themselves off heroin' and 'find that that they are still depressed'. One key expert reported that there has been some reduction in anti-depressant use in clients who are using buprenorphine. In addition, one key expert suggested that there has been an increase in the use of anti-psychotic medication rather than anti-depressants to treat anxiety.

9.4. Other drugs

Twenty percent of IDU respondents reported ever having used inhalants however only a very small number of respondents (3%) had used inhalants during the six months prior to survey (3% in 2003, 8% in both 2002 and 2001). The main type of inhalant used in the last six months was paint.

Seventy-seven percent of the sample reported lifetime use of hallucinogens, and 14% had injected this drug type at some time in the past. However, only small numbers of respondents reported having used LSD/trips (3%) or hallucinogenic mushrooms (5%) in the previous six months. Reported frequency of use of hallucinogens was very low with a median of one day during the last six months.

Several key experts reported the use of Ketamine by some clients. One key expert reported that more and more people are learning how to use Ketamine to their satisfaction and therefore in some instances it has replaced the use of ecstasy because of a perception that it's effects are more predictable. Ketamine was also reported by two key experts to be replacing the use of GHB, the use of which was seen to have declined significantly, with only two key experts reporting on minimal amounts of use.

One key expert reported that some clients had been opportunistically injecting anti-psychotic drugs, another key expert reported that 15-20% of their clients were occasionally injecting Ritalin®. One key expert reported the use of over the counter anti-histamine sleeping formulations, whilst another reported that a very small percentage of clients – 'a couple of people' – were using dimethyltryptamine. Finally, two key experts reported the use of drugs that are analogues of benzodiazepines.

Key experts estimated that between 2-20% of clients were using inhalants, with those services in contact with youth populations reporting the higher percentage of use. Of those mostly younger clients using, use was reported to be daily or weekly. Two key experts reported that chroming had gotten worse in the past six months. One key expert reported concerns about health issues causing by inhalant use with some users reportedly burning their mouths and freezing their throats. There was also an increased risk of falls and accidents as a result of intoxication. One key expert reported that their service is beginning to see a lot of cognitive impairment after being in contact with clients who have been regularly using inhalants over a three to four year period. Further, it was

reported that inhalant use is linked with a particularly marginalised group of young people with a dysfunctional family background who are 'in and out of protective care'.

Two key experts reported an increase in the use of nitrous oxide in the party drug scene.

10. ASSOCIATED HARMS/ DRUG RELATED ISSUES

10.1. Sharing of injecting equipment among IDU

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-one percent of respondents (n=32) reported lending a used needle to someone else in the past month, and 11% (n=17) reported borrowing someone else's used needle. With respect to borrowing another person's used needle, all 17 participants 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=32), most had done so once (41%) or twice (38%), while 9% had done so six or more times. The 2004 findings suggest that reports of both borrowing and loaning used needles are comparable to that observed in the previous IDRS survey (see Table 17).

Table 17. Self-reported IDU sample injecting risk practices during past month 1997-2004.

Risk practice (past month)	1997	1998	1999	2000	2001	2002	2003	2004
Borrowed a used N/S (%)	21	22	9	19	15	17	10	11
Lent a used N/S (%)	26	33	22	35	24	22	24	21
Used spoon/mixing container after someone else (%)	--	--	38	46	38	43	41	41
Used filter after someone else (%)	--	--	17	18	12	15	24	13
Used tourniquet after someone else (%)	--	--	7	11	12	13	7	13
Used water after someone else (%)	--	--	--	33	17	23	24	32
Used any injecting equipment after someone else (%)	--	--	43	53	47	49	43	46

Source: IDRS IDU interviews

Respondents also reported relatively stable rates of sharing of other types of injecting equipment in 2004, although the use of filters after someone else decreased by 11% (to levels observed in previous years) and water increased by 8%. In total 46% of the sample reported using other injecting equipment after someone else in the past month, most commonly spoons (41%), and water (32%).

10.2. Blood borne viruses

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 Communicable Diseases Section, Public Health Group, Department of Human Services records notifications of infectious diseases in Victoria. Table 18 shows the trend in notifications of diagnoses of HIV where injecting drug use was identified as an exposure factor in Victoria by year of diagnosis, 1992 to the end of 2003. This table shows that throughout this period there have been a consistently low proportion of HIV diagnoses where injecting drug use was identified as an exposure factor. At the end of 2003, injecting drug use had been identified as an exposure factor in only 4% of all Victorian HIV infections (Victorian Department of Human Services, 2004b).

Table 18. Annual number of notifications of HIV diagnoses in Victoria where injecting drug use has been identified as the likely exposure factor, 1992 to 2003.

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Number	20	23	20	15	14	15	13	6	10	11	5	10
% of HIV diagnoses	8	10	9	8	7	8	9	5	7	5	2	4

Source: (Jenkinson, Miller & Fry, 2004; Victorian Department of Human Services, 2004b)

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 2003, in which less than one percent of 237 respondents provided blood tests that were found to be HIV positive (see Table 19) (National Centre in HIV Epidemiology and Clinical Research, 2004).

In contrast, the situation with regard to hepatitis C virus (HCV) infection among injecting drug users in Victoria is of major concern. There is evidence of a continuing high level of prevalence of HCV infection among this group of injecting drug users. This is demonstrated in the findings of the sentinel surveillance data for attendees at fixed site metropolitan Needle and Syringe Programs in Victoria in 2003 in which 66% of the sample (58% in 2002, 70% in 2001, 62% in 2000) were found to have antibodies to HCV (see Table 19) (National Centre in HIV Epidemiology and Clinical Research, 2004).

Table 19. Prevalence of HCV and HIV infection among NSP clients in Victoria, 2000-2003.

	2000			2001			2002			2003		
	Male n=177	Female n=115	Total n=293*	Male n=214	Female n=117	Total n=333*	Male n=151	Female n=91	Total n=244*	Male n=144	Female n=90	Total n=237*
HCV %	64	59	62	69	73	70	55	63	58	66	66	66
HIV %	0.6	0	0.3	0.9	0	0.6	0.7	0	0.4	0.7	1.1	0.8

Source: National Centre in HIV Epidemiology and Clinical Research, 2004

*Total includes people whose sex was not reported or reported as transgender

The Communicable Diseases Section, Public Health Group, Department of Human Services also collects data on notifications received for HCV infection (newly acquired and not further specified). The Communicable Diseases Section received 3036 notifications of Hepatitis C infection in 2004, 3696 notifications in 2003, and 4005 in 2002 (Victorian Department of Human Services, 2005).⁵ The number of Hepatitis C infection notifications decreased between 2002 and 2004, however carriage rates at the levels observed remain unacceptably high, and indicative of persisting levels of unsafe injecting practices amongst IDU.

10.3. Location of injections

Table 20 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 the street/park or beach (15%), public toilets (10%), or in a car (7%). The usual or most frequent location of injection during the past month was private home (71%), the street/park or beach (13%), car (9%), and public toilets (4%).

Table 20. Location in which 2004 IDU respondents had last injected (N=150).

Last injecting location	%
Private home	65
Public toilet	10
Street/park or beach	15
Car	7
Other (e.g. squat)	3

Source: IDRS IDU interviews

The reported locations of last injection were similar to those reported in previous IDRS studies (Jenkinson, et al, 2004; Jenkinson et al, 2003), providing further confirmation of the absence of an established open street based illicit drug market in Melbourne.

10.4. Injection related health problems

Reports by the participants in the IDU survey of injection related health problems in the previous month, are summarised in Table 21. Three quarters (75%, n=112) of respondents had experienced at least one type of these problems, with scarring/bruising (51%), and difficulty injecting (43%) being the most common problems reported. The median number of injection-related health problems was two.

⁵ Numbers do not necessarily reflect the true incidence of the disease

Table 21. Injection-related health problems reported by participants in the 2004 IDU survey (N=150).

Type of problem	%
Prominent scarring/bruising	51
Difficulty injecting	43
Dirty hit (made me feel sick)	26
Thrombosis	9
Overdose	3
Abscesses/infections from injecting	12

Source: IDRS IDU interviews

Reported injection related problems in 2004 were, for the most part, similar to the 2003 figures (Jenkinson, Miller & Fry 2004). There has however been a 12% increase in reported 'dirty hits' (26% in 2004, 14% in 2003), most commonly involving heroin (40%), or buprenorphine (29%).

In 2004 participants were also asked if they had injected benzodiazepines, methadone, buprenorphine or morphine in the last month, and if so, if they had experienced any injection-related problems specific to those drug types in that time. The number of participants who reported recently injecting those drug types, and the proportion who reported experiencing problems are shown in Table 22.

Table 22. Injection-related health problems specific to each drug type, last month, 2004.

Injection problems (%)	Benzodiazepines (n=12)	Methadone (n=5)	Buprenorphine (n=44)	Morphine (n=34)
No problems	17	40	25	12
Abscess/ infection	8	-	11	12
Dirty hit	8	-	23	15
Scarring/ bruising	17	-	52	44
Thrombosis	8	-	2	6
Swelling of arm	25	40	39	32
Swelling of leg	17	-	4	3
Swelling of hand	8	-	14	12
Swelling of feet	8	-	2	-
Dependence	17	-	25	32
Difficulty finding veins to inject into	50		50	44

Source: IDRS IDU interviews

In contrast to the previous years, where the injection rate of benzodiazepines was higher, this year many key experts have reported a decrease in the incidence of venous damage caused by intravenous drug use. Damage is most definitely still occurring, with key experts reporting problems such as vein collapse, abscesses and infections - one key expert also reported a single incidence of serious complication almost resulting in the amputation of a client's leg in the past twelve months - but key experts have reported a decrease in injection related problems in general and specifically a decrease in injection related problems associated with the use of Temazepam® and Normison®. This is seen to be due to an increase in education around injection related harms, particularly where benzodiazepines are concerned, and the decreased availability of these two BZDs.

However, one key expert reported that there was a risk of vein collapse specifically related to the injecting of morphine, and another reported that there are significant injection related problems associated with the intravenous use of buprenorphine. One key expert reported that workers have come across a few clients with a 'bacterial fungus of the eye from injecting bupe'. Further, it was reported that the consequences of injecting buprenorphine can range from a simple eye infection to replacement of an entire groin muscle in one particular case.

One key expert reported that anecdotally there seems to be an increase in endocarditis, a bacteria that can be contracted via intravenous drug use that enters the bloodstream and causes inflammation of the heart tissue. One key expert reported that although they perceived a slight increase in venous damage caused by intravenous drug use, it was unclear whether this was associated with heroin or benzodiazepine use. Several key experts noted that the sharing of needles was still widespread, particularly between partners, and that as a result the risk of contracting a blood borne virus remained high. One key expert reported that clients were using clean kits more often.

Two key experts made a distinction between the injecting behaviour of older and younger clients, although the two accounts differed markedly. One key expert reported that older clients saw younger users as 'risk taking and extreme', whereas older users saw themselves as more knowledgeable about injecting and more politically astute about disposal of kits etc. In contrast, a second key expert reported that younger users were more careful about injecting, washing etc, whilst older users were 'stuck in their ways' in terms of their methods of usage. Further, younger users were 'appalled' by older users' improper disposal of kits.

10.5. Recent use and expenditure on illicit drugs

IDU survey respondents were asked about their drug use on the preceding day. Their responses are summarised in Table 23. Ninety-five percent of respondents reported using at least one drug type on the day preceding interview (median two drug types, range one-five) with the most commonly used drugs being cannabis (51%) and heroin (49%). Sixty-eight percent of survey respondents who had used drugs on the day prior to their interview, had used two or more different drugs. Further analyses revealed that 21% of the IDU sample had used heroin in conjunction with either benzodiazepines, morphine, alcohol, other opiates, methadone, or buprenorphine on the previous day.

Table 23. Drugs used on day prior to interview (IDU survey, N=150).

Type of drug	% ¹
Heroin	49
Cannabis	51
Benzodiazepines	39
Buprenorphine	25
Methadone	13
Alcohol	26
Antidepressants	12
Speed	10
Base	0
Ice	1
Cocaine	1
Morphine	7
Other Opiates	4

Source: IDRS IDU interviews

¹ Respondents were permitted to report more than one drug type

Sixty-eight percent of the sample reported purchasing illicit drugs on the day prior to interview. In terms of their illicit drug expenditure, 30% had spent \$20 to \$99, and 33% had spent more than \$100 (see Table 24).

Table 24. Amount spent on illicit drugs on day prior to interview (IDU survey, N=150).

Amount (\$)	%
Nothing	32
Less than \$20	5
\$20-49	17
\$50-99	13
\$100-199	23
\$200-399	5
\$400 or more	5

Source: IDRS IDU interviews

10.6. Substance related aggression

For the first time in 2004 participants were asked about substance-related aggression (verbal and physical) in the month preceding interview. Twenty-eight percent (n=42) of the sample reported that they had become verbally aggressive (threatening, shouting, abusive) following the use of alcohol and/or any other drug in the last month, while 71% (n=106) reported that they had seen someone else they know become verbally aggressive after using drugs during that time. Seventeen percent (n=26) reported having become physically aggressive (shoving, hitting, fighting), and 59% (n=88) had seen someone else they know become physically aggressive following the use of drugs in the past month. Participants were asked which drug/s had been used prior to becoming aggressive, with most reporting heroin, alcohol, speed and benzodiazepines (see Table 25).

Table 25. Substance related aggression in the month preceding interview: after which drugs?

Drugs used prior (%)	Self verbal aggression (n=42)	Others verbal aggression (n=106)	Self physical aggression (n=26)	Others physical aggression (n=88)
Heroin	62	44	61	47
Alcohol	19	40	23	41
Speed	19	36	19	34
Benzodiazepines	17	23	19	23
Ice	9	13	4	18
Cannabis	12	11	4	14
Cocaine	-	1	-	1
Ecstasy	-	1	-	-
Morphine	9	6	-	4
Buprenorphine	7	6	4	6
Methadone	3	5	-	1

Source: IDRS IDU interviews

10.7. Mental health issues

Thirty percent of IDU reported attending a health professional for a mental health problem other than drug dependence in the last six months. Health professionals consulted by these participants (n=45) included general practitioners (41%), counsellors (19%), psychiatrists (16%), psychologists (7%), and community health nurses (6%). The most commonly reported mental health problem was depression (40%), followed by anxiety (19%), schizophrenia (9%) and manic-depression (7%).

The majority of key experts (n=49) reported that mental health issues had remained stable over the past six to twelve months, with estimates suggesting that between 10-15% and 60-80% of all clients experience mental health issues. A significant proportion of key experts (n=47) identified major depression and anxiety as the most dominant forms of mental illness. Key experts also identified other dominant mental health issues, including Post-traumatic Stress Disorder – primarily affecting survivors of child sexual assault and sexual assault, women who had experienced domestic violence and refugees – Personality Disorders (including Anti-Social Personality Disorder and Borderline Personality Disorder), Psychosis, including methamphetamine induced psychosis, self-harm, and increased risk of suicidality; a small amount of clients were suffering from Schizophrenia, Obsessive Compulsive Disorder or from Manic Depressive symptoms. One key expert

reported that their service had seen a slight increase in Borderline Personality Disorder in the past six months, whilst another key expert reported an increase in psychotic episodes. Several key experts noted an increase in methamphetamine-induced psychosis. One key expert reported a slight increase in the incidence of panic attacks.

The increased capability of dual-diagnosis workers to diagnose mental health issues was reported by three key experts to be a consistently positive development. Four key experts commented, as was reported in the previous IDRS, that mental health issues existed prior to substance abuse issues and were often masked by clients self-medicating with heroin and benzodiazepines.

10.8. General health care

Key experts have reported a variety of general health care issues for the population with which they have contact, with two key experts reporting an increase in general health questions by clients and an increase in general health referrals. Four key experts have reported an increase in overdoses in the past six months, with one key expert suggesting this is due to an increase in the availability and purity of heroin combined with a decrease in price. Heroin is still not seen to be as pure as 'before the drought' but nevertheless is having an impact on overdose numbers. However, three key experts also reported a decrease in overdoses in the past six months, with one KE attributing the drop to an increase in education around overdose by IDU's. It was also noted that this trend has not only been occurring in the past six months, but 'as part of a general trend' over the past few years.

Two key experts have reported an increase in aggression with the use of Xanax® in the past six months, one key expert reporting that this is particularly where people are using Xanax® when coming off methamphetamines. Two key experts noted an increase in people needing dental treatment in the past six months, with one service in particular referring a very high number of clients for dental care. One key expert reported an increase in homelessness and domestic violence for female clients and another that clients are needing more extensive links to mental health and housing services. Other general health issues reported by key experts included weight loss issues with the use of buprenorphine and an increase in nutritional problems. In Frankston, two key experts noted that access to medical treatment has become particularly difficult for their clients as there are only two bulk billing doctors available, both of whom have no specialist knowledge of drug use.

One key expert reported that there has been an increase in complications arising with clients who have contracted Hepatitis C. As the population ages, problems such as liver failure and diabetes are on the increase.

10.9. Criminal and police activity

10.9.1. Self-reported criminal activity

Fifty-three percent of participants (n=79) reported involvement in some type of criminal activity in the preceding month, and 55% (n=82) reported that they had been arrested in the previous twelve months (47% in 2003). Among those arrested in the previous twelve months, 56% of arrests were in relation to property crime, 20% related to violent crime, 16% were in relation to use or possession, 9% for a driving offence, 7% for fraud, and 6% for dealing/trafficking. Twenty-six percent of respondents who had been arrested in the last 12 months reported multiple (two or more) types of charges (mostly combinations of property crime and use/possession charges).

As shown in Table 26, dealing (30%) and property crime (28%) were the most common crimes reported in the last month, with fewer respondents reporting involvement in violent crime (8%) or fraud (8%). Self-reported crime prevalence has decreased slightly since 2003.

Table 26. Criminal activity reported by IDU during the last month, 2001-2004.

Type of Crime	2001 (N=151)	2002 (N=155) ¹	2003 (N=150) ²	2004 (N=147) ³
Property crime (%)	29	39	35	28
Dealing (%)	37	41	40	30
Fraud (%)	15	14	7	8
Violent crime (%)	15	9	10	8
Any Crime (%)	60	63	59	53

Source: IDRS IDU interviews

¹ Missing data for one respondent; ² Missing data for two respondents; ³ Missing data for three respondents

The majority of key experts reported that crime levels have remained stable over the past twelve months, with no significant change in the levels of property crime, low-level dealing, fraud or violent crime. However, several key experts (n=7) noted that there has been a shift in the type of property crime that clients are committing. It was noted that there are fewer residential burglaries taking place, and instead clients are more likely to be involved in shop theft or theft from businesses, as well as opportunistic crimes such as bag snatching or ‘just grabbing things when they see them’. One key expert reported that anecdotally it took ‘too much organisation’ to commit burglaries on residential properties which has contributed to a changing pattern of theft related offences. One key expert reported that there had been a reduction in crime because of ‘access to and injection of buprenorphine’ and one key expert reported an increase in ‘old style heroin related’ charges such as burglary and deception. Another key expert expressed concern that although the levels of sex work that clients were involved in had not risen, there was some evidence that the ages of young women involved in sex work were falling. Most key experts reinforced the notion put forward in the previous years IDRS that the majority of crime committed by IDU was petty crime such as shoplifting.

In general it was also reported that there was no change in the levels of violent crime, however one key expert reported an increase in armed robberies and an increase in women’s involvement in armed robberies, as well as an increase in women’s violence towards other women and men in general. One key expert expressed concern that levels of sexual assault within the client population were rising, and that there had been a slight increase in the incidence of assault amongst alcohol and poly-drug users who were affected by benzodiazepines. Two law enforcement key experts reported a decrease in all crime in the past 12 months across the board, with one key expert reporting a possible increase in violence within ‘trafficking families’.

10.9.2. Trafficking

Key experts reported that trafficking activity has been stable in the past twelve months, with the exception of the Springvale area, where key experts have reported an ‘enormous decrease in the number of drug traffickers processed’. Law enforcement KE’s estimate that the decrease has been as significant as 50%, and that there has been a corresponding decrease in the number of drug users processed at the station as well. The use of mobile phones to traffic heroin was reported to continue to be entrenched in many areas. In the Fitzroy area, two forensic key experts reported an increase in clients presenting with trafficking offences. One key expert commented on the increasingly popular practice of importing MDMA, cutting and diluting the substance, then re-pressing before trafficking.

10.9.3. Perception of police activity

IDU survey 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 respondents (60%) believed that there had been an increase in police activity over this period, however significant numbers also reported that this had been stable (26%). Only three percent of respondents reported that there had been less activity in this period (see Table 27). The majority of participants (71%) reported that police activity had had no effect on the difficulty of acquiring drugs recently, while 27% reported that it had.

Table 27: Police activity as reported by IDU, 2003 – 2004

	2003 N=152	2004 N=150
<i>Police activity in last 6 months %</i>		
More activity	59	60
Stable	32	26
Less activity	3	3
Don't know	6	11
<i>More difficult to obtain drugs recently %</i>		
Yes	20	27
No	76	71

Source: IDRS IDU interviews

In contrast to the previous years IDRS study, an overwhelmingly majority of key experts have reported an increase in police activity. This has included an increase in the street presence of both undercover and uniformed police, an increase in raids and locally directed operations, an increase in the enforcement of bail exclusion zones, an increase in the use of police dogs or ‘Passive Alert Drug Detection Dogs’ (in certain areas) and an increased focus on the party drugs scene.

Key experts report that the relationship between police and clients is still problematic, with many key experts perceiving an increase in activities such as public strip searching, policing around Needle Syringe Programs and drug and alcohol agencies and an undue focus on clients, in some cases particularly Vietnamese clients. Several key experts commented that police operations have not been lessening the use of heroin or heroin dealing, but are succeeding in making it difficult for clients to attend services. It was reported that as a result clients do not have access to clean injecting equipment and support, leading to a higher risk of blood borne virus infection. The enforcement of bail exclusion zones was also making it difficult for some clients to access their prescribing pharmacy to pick up daily pharmacotherapy doses. As noted in previous IDRS reports,

police operations focused on trafficking have also had the effect of shifting heroin markets to adjoining locations.

In Footscray key experts reported that the use of police dogs, which once reassured the public that ‘something was being done’, now have the effect of ‘insinuating there is something wrong with Footscray’ and are a daunting presence for clients. One key expert reported that there has been an increase in the scrutiny of sex workers in St. Kilda

Several key experts reported that although police operations and presence has increased, there is a much more active co-operation between the police and services, and an increased willingness and sensitivity on the behalf of the police in terms of devising new ways of identifying and handling drug users. One key expert gave the example of a recent incident where rather than arresting an intoxicated client, the police involved called her Mother and she was brought into the service rather than the police station. Two key experts in Frankston reported that the establishment of a ‘mini police station’ in close proximity to the train station had had a positive effect by decreasing the amount of anti-social behaviour in the area.

Finally, MDID and other law enforcement key experts also reported that there had been an increase in drug related policing, with a focus on local issues as a result of local policing priorities. Several key experts reported that police were changing the way they approached policing in this area, with a focus on more major offenders rather than users in particular locales. It was also reported that the ‘Investigators Guide to Pharmaceutical Drug Trafficking and Use’ was assisting police in dealing with pharmaceutical abuse rather than solely heroin or amphetamine abuse.

One key expert reported that there were some new initiatives being put in place around methamphetamine production, with the potential for an operation which profiled methamphetamine cooks and laboratories. This would be partnered with a continued focus on pseudoephedrine diversion and a national awareness campaign involving methamphetamines on ‘Crime Stoppers’. There was also likely to be a focus on child protection issues arising in conjunction with methamphetamine labs.

10.10. Services requested

Again, as in last year’s IDRS study and every IDRS study previously, unstable accommodation and difficulty in accessing long-term accommodation was the major problem raised by clients. There were repeated reports of a lack of public housing, and of clients having to reside in boarding houses whilst they waited for public housing. One key expert commented on the difficulty of working with clients on their issues whilst they are living in this environment. This ‘crisis’ in housing was seen to affect vulnerable populations even more profoundly, with clients who are unemployed, who don’t have references, or who are unable to produce bond money being affected more seriously. Three key experts also mentioned that clients of Vietnamese background have further difficulty accessing accommodation because of a perceived racial discrimination; it was also reported that there were cultural issues with Vietnamese clients using boarding houses, in that group living was more culturally appropriate for this group, but not happening in the current climate.

One key expert reported that there was a demand for more pharmacotherapy prescribers in the Footscray region, and this was echoed by key experts from Fitzroy and Frankston. Several other key experts remarked upon the difficulty that clients are experiencing in

paying for their pharmacotherapies, and that there had been an increase in ‘these type of lack of service/financial issues’.

According to one key expert, a service that has been positively embraced and requested by clients in the past six months is the direct debit system set up by Centrelink whereby Centrelink pays a clients’ pharmacotherapy costs directly to the providing service or pharmacy. Clients can ring up and cancel the arrangement at any time. The only concern expressed by this key expert was that services are also able to contact Centrelink directly to find out if a client has cancelled the arrangement and may then refuse to supply the client’s pharmacotherapy unless paid in person.

Six key experts also identified legal support as a substantial service requested by client groups.

10.11. General trends

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

Fifty-nine percent of the IDU sample claimed that there had been recent changes in the number or type of people using drugs. The main changes reported by these participants were: an increase in younger people using (41%), an increase in the overall number of people using (23%), a decrease in the number of people using (14%), and reports of a more diverse range of people using (12%).

Thirty-four percent had observed changes in the frequency and quantity of drugs that people use. The major trend reported was that people were using more in terms of quantity (41%), and more often (39%). Smaller numbers noted that people were using less (12%), or that the frequency and quantity of drugs used fluctuated (6%).

Forty-four percent stated that there had been recent changes in the types of drugs their friends had been using. Of this group, many (30%) reported a general increase in the use of speed or ice, while others (17%) noted an increase in the use of prescription drugs (such as morphine and benzodiazepines), or an increase in the use of buprenorphine (17%). Smaller numbers (9%) noted an increase in the use of ‘party drugs’ (namely ecstasy and GHB).

10.12. Summary of associated harms/ drug-related issues

The main drug-related issues to emerge from the Melbourne arm of the 2004 IDRS study include:

- The majority of IDU were poly-drug users. Sixty-eight percent of survey respondents who had used drugs on the day prior to interview had used two or more different drugs.
- 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).

- Substance-related aggression reported by many and most commonly attributed to the use of heroin, alcohol, speed and benzodiazepines.
- Mental health issues (most commonly depression and anxiety) stable amongst this group.
- Criminal activity stable to decreasing and IDU reported that police activity had had no effect on the difficulty of acquiring drugs recently.
- Key experts note that the most commonly requested services/ issues raised by clients include access to stable accommodation, access to pharmacotherapy treatment and legal support.

11. DISCUSSION

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 experts and the secondary indicator data. In general there was good agreement between the data sources for the four main drugs of focus – heroin, methamphetamines, cocaine and cannabis. Most trends are supported primarily by IDU and key expert 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.

11.2. Heroin

Table 28. Heroin trends endorsed (✓) by injecting drug user reports (IDU), key expert reports (KE), and other indicator sources (OTHER).

HEROIN TRENDS	IDU	KE	OTHER
Price stable to decreasing last six months	✓	✓	
\$40 deals minimum purchase amount	✓	✓	
Availability very easy to easy	✓	✓	
Medium to low purity	✓	✓	✓
Purity stable/ increasing last six months	✓	✓	✓
Frequency of use currently more stable although has not returned to the levels it was at pre-2001	✓	✓	
Number of people using heroin relatively stable	✓	✓	
Injection primary route of administration	✓	✓	
Source mobile dealers or dealers' homes	✓	✓	

The proportion of IDU reporting recent heroin use was relatively stable in 2004, however both the frequency of heroin use and the number of daily heroin users increased. Heroin is reported as very easy to obtain at present and availability has been stable over the past six months. The reported prices of gram and 'cap' amounts of heroin in 2004 decreased to \$300 and \$40 respectively. Current purity of heroin is reported as medium.

In general, the heroin market appears to have stabilised in Melbourne in 2004, however supply is clearly not at the levels it was at prior to 2001 and the trend in heroin use will continue to be monitored.

11.3. Methamphetamine

Table 29. Methamphetamine trends endorsed (✓) by injecting drug users (IDU), key experts (KE) and other indicators (OTHER).

METHAMPHETAMINE TRENDS	IDU	KE	OTHER
Prevalence of methamphetamine use high among Melbourne IDU	✓	✓	✓
Price of methamphetamines stable (\$40-50 'point', \$180-200 gram)	✓	✓	
'Point' most commonly purchased weight	✓	✓	
Methamphetamines easy to obtain	✓	✓	
Purity variable	✓	✓	✓
Predominantly sourced through social networks	✓	✓	

Findings from the 2004 IDRS study suggest that the prevalence of methamphetamine use among injecting drug users in Melbourne is high. Whilst frequency of methamphetamine use was relatively low, the trend in use will continue to be monitored, given the potential harms associated with the use of this drug type. As in 2003, these drugs were reportedly easy to obtain and were predominantly sourced through social networks and mobile dealers.

11.4. Cocaine

Table 30. Cocaine trends endorsed (✓) by injecting drug users (IDU), key expert reports (KE), and other indicators (OTHER).

COCAINE TRENDS	IDU	KE	OTHER
Price of cocaine stable	✓	-	
Prevalence and frequency of use low	✓	-	✓
Principal route of administration snorting	✓	-	
Purity medium to high and stable	✓	-	✓
Sourced from friends or home delivery (established contacts)	✓	-	

Amongst the IDU surveyed in Melbourne, prevalence and frequency of cocaine use remains low. This may be due to the lack of availability, the cost, and possibly the widespread availability and use of other drug types in this city. In 2004 very few injecting drug users and no key experts were able to comment on cocaine trends in Melbourne. Those who could comment reported that purity was generally high and the price was relatively stable. These trends remain unclear however and require further in-depth investigation.

11.5. Cannabis

Table 31. Cannabis trends endorsed (✓) by injecting drug users (IDU), key experts (KE) and other indicators (OTHER).

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

The Melbourne cannabis market and patterns of use continue to be relatively stable. Reported cannabis availability and perceived potency remained relatively unchanged between 1997 and 2004. In terms of the number of users, cannabis was the second the most widely used illicit drug by participating Melbourne IDU, and the most frequently used in terms of number of days.

11.6. Other opioids

The 2004 Melbourne IDRS study has yet again provided evidence of significant prescription drug use by injecting drug users. There is also evidence of misuse of these drug types by the IDU surveyed. Given the potential health harms associated with the injection of these drug types, further research is planned to investigate these issues in greater detail.

Table 32. Trends in other opiate use endorsed (✓) by injecting drug users (IDU), key experts (KE) and other indicators (OTHER).

OTHER OPIATE TRENDS	IDU	KE	OTHER
Reported methadone use stable to increasing (licit)	✓	✓	✓
The rapid uptake in buprenorphine treatment has been sustained	✓	✓	✓
Reported diversion and injection of buprenorphine	✓	✓	
Stable use of other opiates (mostly licit) e.g. <i>Panadeine Forte</i> ®	✓		
Widespread use of illicit morphine	✓	✓	
Frequency of morphine use low, opportunistic	✓	✓	

11.7. 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 2004, as has the prevalence of benzodiazepine injection. As with cocaine, ecstasy use is infrequent amongst this group.

Table 33. Trends in other drug use endorsed (✓) by injecting drug users (IDU), key experts (KE) and other indicators (OTHER).

OTHER DRUG TRENDS	IDU	KE	OTHER
Benzodiazepine injection stable	✓	✓	
Large proportion of IDU using anti-depressants	✓	✓	
Use of inhalants among young people		✓	
Use of ketamine by some people		✓	
Recent ecstasy use decreased in this user group	✓	✓	
Primary route of ecstasy administration oral	✓	✓	
Purity of ecstasy stable			✓

11.8. Drug-related health and law enforcement trends

Table 34. Drug related health and law enforcement trends identified in injecting drug user reports (IDU), key expert reports (KE), and other indicator sources (OTHER).

DRUG-RELATED ISSUES	IDU	KE	OTHER
Large proportion of IDU experiencing injection-related health problems	✓	✓	
Continuing levels of unsafe injecting behaviour	✓	✓	✓
Increasing trend in the number of non-fatal overdoses		✓	✓
Crime levels stable to decreasing	✓	✓	
Incidence of mental health issues (most commonly depression and anxiety) stable	✓	✓	

Significant harms associated with injecting drug use continue to be of major concern. There has been an increasing trend in the number of non-fatal heroin overdoses and the majority of IDU reported experiencing at least one type of injection-related health problem. The incidence of mental health issues remains stable, while the level of criminal activity amongst IDU was relatively stable to decreasing.

12. STUDY LIMITATIONS

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

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

Further, the IDRS study principally gathers evidence on emerging trends among people in contact with drug treatment, health and other services. As this population is not necessarily representative of all illicit drug users (e.g. those who do not routinely access such services, and 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.

13. IMPLICATIONS

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 monitoring and/or in-depth investigation.

The findings of the 2004 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.

The IDRS study has demonstrated its value as an informative and reliable drug trend monitoring study. It provides standardised comparable data relating to illicit drug use and related harms, in a timely and cost-effective manner. Data from recent years have highlighted the dynamic nature of the illicit drug markets in Melbourne and the need to monitor fluctuations and the way these may impact on patterns of drug use. For example, if heroin continues to be very easy to access, purity increases and prices decrease further (a trend observed in 2004), both patterns of drug use, and in turn health-related issues and treatment seeking behaviours may change. The continued monitoring of illicit drug markets is therefore vital and will add to our understanding of patterns of drug use and our ability to inform strategic policies and to limit harms.

2. Further research to monitor the characteristics and impact of psychostimulant/ party drug use in Melbourne is required, along with consideration of the impact of these drug types upon both health and law enforcement sectors.

Whilst the IDRS study is able to monitor trends in these drug types among regular injecting drug users, it cannot provide information on psychostimulant/ party drug use and related harms among all sentinel groups of interest. Both the national Party Drugs Initiative (PDI) and the Cocaine Markets Study (currently being conducted in Victoria and New South Wales) will provide important additional information about these drug markets in other sentinel groups of drug users (i.e. regular ecstasy users, regular cocaine users). However, given the evidence among the IDRS sample of widespread use of methamphetamine, and the anecdotal reports that the use of these drug types could be associated with negative effects (such as methamphetamine-induced psychosis and substance related aggression), further research is required to gain a greater understanding of these drug types. In turn, health and law enforcement professionals working with drug using populations may be required to develop informed strategies to manage people who may experience negative side effects due to the use these drugs.

3. Expansion of Victoria's routine drug trend monitoring, through new methods and new sentinel groups, to improve the understanding of intersecting drug markets and related harms.

Experience in Victoria and nationally has shown that the IDRS methodology can be extended to other sentinel groups of drug users for the purpose of monitoring trends in different market segments. For example, the IDRS drug trend monitoring methods have been successfully adapted for the purpose of exploring benzodiazepine use amongst IDU (Breen, et al. 2003), and to explore patterns of drug use amongst party drug/ psychostimulant users (Johnston, et al. 2004; Johnston, et al. in press). Expansion of core methods from existing monitoring systems to other important groups of drug users (e.g. such as at-risk young people or new initiates to intravenous drug use) or drug market settings not currently included in such monitoring (e.g. rural/regional markets) should also be investigated. Further, the feasibility of incorporating new data collection methods such as web-based surveys (successfully trialed recently in the Victorian Psychostimulant Monitoring Project)⁶ might also be considered as a means of enhancing sampling and market coverage of existing core monitoring systems.

4. Research to explore the nature of prescription drug use among injecting drug users in Melbourne, the extent of prescription drug diversion, and the health harms associated with prescription drug misuse.

Given the continuing reports of diversion and injection of prescription pharmaceuticals (e.g. benzodiazepines, prescribed opioids) by some participants of the illicit drug market, further research into patterns of use, and factors that would reduce the harms associated with the injection of these drug types is needed.

⁶ Johnston J, Laslett A-M, Miller P, Jenkinson R, Fry, C, Dietze P. (in press).

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).

Given that injection equipment sharing and associated health problems have again been reported by IDU in 2004, and hepatitis C carriage rates remain unacceptably high, emphasis on strategies to reduce the rates of needle/syringe and other injection equipment sharing is needed, and the development and dissemination of harm reduction resources should be a priority.

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.

14. REFERENCES

- Australian Institute of Health and Welfare. (2002). *2001 National Drug Strategy Household Survey: State and Territory supplement*. AIHW cat. no. PHE 37. Canberra: AIHW (Drug Statistics Series No.10).
- Breen, C., Degenhardt, L., Roxburgh, A., Bruno, R., Fry, C., Duquemin, A., Fischer, J., Gray, B., & Jenkinson, R. (2003). *The impact of changes in the availability of publicly subsidised 10mg temazepam gel caps in Australia*. NDARC Technical Report No. 158. Sydney: National Drug and Alcohol Research Centre.
- Clark, N., Gospodarevskaya, E., Harris, A., & Ritter, A. (2003). *What's the deal? The cost of heroin use in Victoria*. The Premier's Drug Prevention Council. Victorian Government Department of Human Services, Melbourne, Victoria.
- Crofts, N., Aitken, C. K., & Kaldor, J. M. (1999). The force of numbers: why hepatitis C is spreading among Australian injecting drug users while HIV is not. *Med J Aust*, 171(3), 165-166.
- Degenhardt, L., Roxburgh, A. & Black, E. (2004a). *2003 Australian Bureau of Statistics data on accidental opioid induced deaths*. Sydney: National Drug and Alcohol Research Centre.
- Degenhardt, L., Roxburgh, A. & Black, E. (2004b). *Cocaine and amphetamine mentions in accidental drug-induced deaths in Australia 1997-2003*. Sydney: National Drug and Alcohol Research Centre.
- Dietze, P. M., Cvetkovski, S., Rumbold, G., & Miller, P. (2000). Ambulance attendance at heroin overdose in Melbourne: The establishment of a database of ambulance service records. *Drug and Alcohol Review*, 19(1), 27-33.
- Dietze, P., Miller, P., Clemens, S., Matthews, S., Gilmour, S., & Collins, L. (2003). *The course and consequences of the heroin shortage in Victoria*. Sydney, Australia: University of NSW.
- Di Natale R, Ritter A (2003). *The costs and benefits associated with methadone take-away doses*. Melbourne: Drugs Policy and Services Branch, Victorian Department of Human Services. Protected Document.
- Dobbin, M. (2002). *The Victorian Temazepam Injection Prevention Initiative*. The Health of Victorians - The Chief Health Officer's Bulletin, 2(1), 13-16.
- Drug Policy Expert Committee (2000). *Drugs: Meeting the Challenge*. Melbourne: Drug Policy Expert Committee.
- Dwyer, R., & Rumbold, G. (2000). *Victorian Drug Trends 1999: Findings from Illicit Drug Reporting System (IDRS)* (National Drug and Alcohol Research Centre, Technical Report No 89). Sydney: University of NSW.
- Fry, C., & Miller, P. (2001). *Victorian Drug Trends 2000: Findings from the Melbourne arm of the Illicit Drug Reporting System (IDRS) Study*. National Drug and Alcohol Research Centre Technical Report No. 108. Sydney: National Drug and Alcohol Research Centre.
- Fry, C., & Miller, P. (2002). *Victorian Drug Trends 2001: Findings from the Melbourne arm of the Illicit Drug Reporting System (IDRS) Study*. National Drug and Alcohol Research Centre Technical Report No. 129. Sydney: University of NSW.

- Hando, J., & Darke, S. (1998). *NSW Drug Trends 1997. Findings from the Illicit Drug Reporting System (IDRS) National Drug and Alcohol Research Centre Technical Report 56*. Sydney: National Drug and Alcohol Research Centre, University of NSW.
- Hando, J., Darke, S., Degenhardt, L., Cormack, S., & Rumbold, G. (1998). *Drug Trends 1997: A comparison of drug use and trends in three Australian states (NDARC monograph no. 36)*. Sydney: National Drug and Alcohol Research Centre.
- Hando, J., O'Brien, S., Darke, S., Maher, L., & Hall, W. (1997). *The Illicit Drug Reporting System Trial: Final Report. National Drug and Alcohol Research Centre Monograph 31*. Sydney: National Drug and Alcohol Research Centre, University of NSW.
- Jenkinson, R., Fry, C., & Miller, P. (2003). *Victorian Drug Trends 2002: Findings from the Illicit Drug Reporting System (IDRS)*. NDARC Technical Report No. 145. Sydney: National Drug and Alcohol Research Centre.
- Jenkinson, R., Miller, P., & Fry, C. (2004). *Victorian Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS)*. NDARC Technical Report No. 175. Sydney: National Drug and Alcohol Research Centre.
- Johnston J, Laslett A-M, Jenkinson R, Miller P, Fry C (2004). *Victorian Party Drug Trends 2003: Findings from the Party Drug Initiative (PDI)*. National Drug and Alcohol Research Centre, Technical Report No. 183. Sydney: University of NSW.
- Johnston J, Laslett A-M, Miller P, Jenkinson R, Fry, C, Dietze P. (in press). *Victorian Psychostimulant Monitoring Project: Trialing Enhanced Drug Trend Monitoring of Melbourne Psychostimulant Markets*. Fitzroy: Turning Point Alcohol & Drug Centre.
- Kellehear, A. (1993). *The Unobtrusive Researcher: A Guide to Methods*. St. Leonards, NSW, Australia: Allen & Unwin.
- McKetin, R., Darke, S., Hayes, A., & Rumbold, G. (1999). *Drug Trends 1998. A comparison of drug use and trends in three Australian states: Findings from the Illicit Drug Reporting System (IDRS). National Drug and Alcohol Research Centre Monograph No. 41*. Sydney: National Drug and Alcohol Research Centre University of NSW.
- Miller, P., Fry, C., & Dietze, P. (2001). *A study of the impact of the heroin 'drought' in Melbourne: Results of the Drug Availability Monitoring Project (DAMP)*. Melbourne: Turning Point Alcohol and Drug Centre Inc.
- National Centre in HIV Epidemiology and Clinical Research. (2004). *Australian NSP Survey, National Data Report 1999-2003*. National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney, NSW.
- Premier's Drug Prevention Council (2004). *Victorian Youth Alcohol and Drug Survey: 2003*. Victorian Government Department of Human Services, Melbourne, Victoria.
- Ritter, A., Berends, L., Clemens, S., Devaney, M., Richards, J., Bowen, K., & Tiffin, R. (2003). *Pathways: A review of the Victorian drug treatment service system*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre.
- Rumbold, G., & Fry, C. (1999). *Victorian Drug Trends 1998: Findings from the Melbourne Trial of the Illicit Drug Reporting System (IDRS) (NDARC Technical Report 73)*. Sydney: National Drug and Alcohol Research Centre.

- Victorian Department of Human Services. (2004a). *The Victorian Drug Statistics Handbook 2003: Patterns of drug use and related harm in Victoria*. Victorian Government Publishing Service.
- Victorian Department of Human Services. (2004b). *Victorian Infectious Diseases Bulletin*; Volume 7, Issue 2, September 2004.
- Victorian Department of Human Services. (2005). *Notifications of Infectious Diseases. Victorian Summary Report- 1 January to 14 January 2005*. Communicable Diseases Section, Public Health Group, Department of Human Services.
- Woods, J., Staikos, V., Gerostamoulos, J., & Drummer, O. (2004). *Heroin Deaths in Victoria: 2002 & 2003*. Report No. 7: March 2004. Victorian Institute of Forensic Medicine & Department of Forensic Medicine, Monash University.