

R. Jenkinson and B. O'Keeffe

**VIC DRUG TRENDS 2005
Findings from the
Illicit Drug Reporting System (IDRS)**

NDARC Technical Report No. 256

**VICTORIAN
DRUG TRENDS
2005**



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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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ABBREVIATIONS

| | |
|--------|---|
| ACC | Australian Crime Commission |
| ADIS | Alcohol and Drug Information Service |
| A&TSI | Aboriginal and/or Torres Strait Islander |
| BBVI | Blood-borne viral infections |
| BZD | Benzodiazepine |
| CREDIT | Court Referral & Evaluation for Drug Intervention & Treatment |
| HBV | Hepatitis B virus |
| HCV | Hepatitis C virus |
| IDRS | Illicit Drug Reporting System |
| IDU | Injecting drug user |
| KE | Key expert(s) |
| LAAM | Levo acetyl methadol |
| MAS | Metropolitan Ambulance Service |
| MDID | Major Drug Investigation Division |
| NDARC | National Drug and Alcohol Research Centre |
| NHMD | National Hospital Morbidity Database |
| NSP | Needle and Syringe Program |
| PCR | Patient Care Record |
| PDI | Party Drug Initiative |
| VIFM | Victorian Institute of Forensic Medicine |

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, methamphetamine, 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. 2004).
- Informed the development of research into cocaine markets in Victoria and New South Wales (Shearer, et al. 2005).
- Informed the development of research into the use of drugs amongst populations of at-risk youth in Melbourne (currently being undertaken).

¹ For specific examples of how previous Victorian IDRS findings have been utilized refer to: Fry & Miller, 2001& 2002; Jenkinson, Fry & Miller, 2003; Jenkinson, Miller & Fry, 2004; and Jenkinson & O'Keefe, 2005.

- Informed the development of research into benzodiazepine and pharmaceutical opiate misuse and links to crime in Victoria, Tasmania and NT (results pending).
- Informed research into the course and consequences of the heroin shortage in Victoria (Dietze, et al. 2003).
- Victorian IDRS data were utilised in the review of the Victorian Drug Treatment Service System (Ritter, et al. 2003).
- Victorian IDRS data has informed Stage One of Australia's Drug Policy Modelling Project (DPMP) (Moore, Caulkins, & Dietze, 2005).
- Victorian IDRS data have routinely been used in policy development, review activities, and inquiries conducted by the Victorian Government (Drug and Crime Prevention Committee, 2004; 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, 2005a).
- Victorian IDRS data has been disseminated widely via conferences, posters, magazine articles, and peer-reviewed publications.

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 ninth 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 2005 Victorian drug trends

Turning Point Alcohol and Drug Centre conducted the Melbourne arm of the 2005 IDRS study between June and October 2005. 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 50 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 2004/05 year. Where appropriate, these data were also compared to findings from the 1997 to 2004 applications of the IDRS in Melbourne.

The 2005 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

Over two-thirds (68%) of the IDU survey respondents reported that heroin was their main drug of choice, and 89% of the sample reported having used and injected the drug in the preceding six months. As in previous years, a higher proportion of the VIC IDU sample reported that they had most commonly used heroin rock (85%), compared to powder (15%) in the past six months.

Respondents reported using heroin on a median of 81 days in the past six months, with almost one-quarter (22%, n=29) reporting using heroin on a daily basis during that time. Frequency of heroin use appears to have been relatively stable during the past three years, and remains much lower than that reported prior to 2001.

In 2005, respondents reported that the current median price of a 'cap' of heroin was \$45; a quarter gram \$100; a half gram \$175; and a gram \$310. The reported price of heroin increased slightly in 2005. 'Caps' of heroin remained the most popular purchase amount (n=80), followed by half grams (n=71).

Current heroin purity was reported as low (49%) to medium (30%) by the majority of IDU respondents who commented (n=136), and most reported that purity had been stable or decreasing in the past six months. Most key experts reported that purity was generally medium, and that this had been stable for the past six months.

The majority of IDU respondents who could comment on the availability of heroin (n=136) reported it as either very easy (62%) or easy (30%) to obtain at the time of interview, and that availability had been stable (70%) over the past six months. Most participants reported that they usually scored/purchased heroin from mobile dealers or a dealer's home, and this has remained relatively stable since 2003. Key experts confirmed that heroin availability was easy to very easy, and that mobile dealing had become entrenched and is far more common than street dealing in most areas.

Eleven percent (n=16) reported having experienced a heroin overdose at least once within the previous six months, and 7% (n=10) had received Narcan® in that time. Most key experts noted that overall the level of non-fatal heroin overdose is reportedly low, and has been stable in the past six months.

In general, the 2005 findings suggest that heroin is very easy to access and availability is stable, purity levels are low and relatively stable, and the price is stable to increasing. These trends 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, 2005.

| | Heroin | Methamphetamine | Cocaine | Cannabis |
|---------------------|---|---|--|--|
| Price | | | | |
| <i>Cap</i> | \$45 (stable-increasing) | \$40-50 'point' (stable) | \$50 | ----- |
| <i>Gram</i> | \$310 (stable-increasing) | \$100-200 (stable) | \$300-400 | \$20 (stable) |
| <i>Ounce</i> | ----- | ----- | ----- | \$250 (hydro) \$200 (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 28% (range 19%-61%)^a • average purity stable^a • average purity stable-decreasing^b | <ul style="list-style-type: none"> • average purity 21% (range 5% to 40%)^a • purity fluctuates^a | <ul style="list-style-type: none"> • average purity 42% (range 8% to 79%)^a • purity relatively stable past five years^a | <ul style="list-style-type: none"> • purity high to medium^b • stable^b |
| Use | <ul style="list-style-type: none"> • mostly rock form (85%) • stable prevalence of use • stable-decreasing frequency of use | <ul style="list-style-type: none"> • prevalence of use of speed and base increased slightly among IDU, while use of ice decreased • frequency of use low and stable | <ul style="list-style-type: none"> • increased levels of recent injecting • cocaine use remains infrequent among IDU | <ul style="list-style-type: none"> • commonly used illicit drug • relatively stable frequency of use • used concurrently with other drugs |

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

^b Based on IDU estimates of purity/ THC potency.

Methamphetamine

Different forms of methamphetamine are currently available in Australia. Since 2002 the IDRS study has collected information on the use, price, purity and availability of the three main forms of methamphetamine: speed, ice and base. This data has been collected every year since, along with information on the use of amphetamine liquid and pharmaceutical stimulants (e.g. Dexamphetamine, Ritalin).

As in previous years, almost the entire sample (97%) of IDU survey respondents reported having used some form of methamphetamine (speed, base or ice) in their lifetime, and 79% had used methamphetamine in the past six months (speed 75%, ice 29%, base 13%). Prevalence of use of speed and base increased slightly in 2005, whilst the use of ice reportedly decreased. As in the 2004 IDRS, key experts commented that methamphetamine use is still very prevalent amongst the IDU in Melbourne, with the majority of key experts reporting that from one-third to 'most' heroin users were also using methamphetamines.

Injecting was reported to be the most commonly used route of administration of methamphetamine in the last six months (94%, n=112). Smaller numbers reported swallowing (25%, n=30), smoking (24%, n=28), and snorting (13%, n=15)

methamphetamine in that time. Those who had used methamphetamine in the preceding six months reported a median of 10 days, with 13 participants reporting using between every second day and daily. Of the key experts who were able to report on methamphetamine use, several reported that clients were using an average of three to five times per week, whilst others reported that their clients were daily users, often using 1-2 points of speed once to twice per day.

In 2005, the reported median prices for a point of each of the three forms of methamphetamine were: speed \$40; base \$45; and ice \$50 (the purer forms were slightly more expensive). Most reported that prices had been stable, although only small numbers were able to comment on the price of the purer forms (base and ice).

The majority reported that speed was easy to very easy to obtain at present (80%) and that availability had been stable in the six months preceding interview (69%). The purer forms (in particular ice) were reported to be more difficult to obtain at present, and availability had been stable, or had become more difficult in the past six months. In terms of source of methamphetamine, most people reported scoring from a friend (including gift from friend), dealer's home or mobile dealer.

Reports of methamphetamine purity were variable, particularly in the case of speed and base. Most reported that speed was of low to medium purity, although one-fifth also reported it was high. Base was generally perceived to be of medium to high purity, and most reported that the purity of ice was high.

Some key experts noted that there had been an increase in mental health issues associated with methamphetamine use. In particular, the use of ice and the availability of inexpensive, but poor quality methamphetamine, were seen to be related to the increase in mental health issues.

Cocaine

While close to two-thirds of respondents to the 2005 IDU survey reported lifetime use of cocaine (62%, n=93), only three participants (2%) identified cocaine as their main drug of choice.

Fifteen percent of the IDU surveyed reported having used cocaine in the previous six months, with the reported principal routes of administration being injecting (11%, n=16), and snorting (8%, n=12). Among those who reported using cocaine in the past six months, frequency of use was very low (median 3 days), suggesting irregular, opportunistic use patterns.

In 2005, seven participants commented on the current price of a gram of cocaine, reporting that this quantity currently costs \$300 (range \$300-400), and four participants reported that a cap of cocaine currently costs \$50 (range \$50-60). The majority of respondents who commented on cocaine purity reported that it was low (42%, n=5), to medium (33%, n=4) at present.

Twelve participants in the Melbourne study commented on the availability of cocaine, with over half (67%, n=8) reporting that cocaine was currently difficult or very difficult to access. Most (64%, n=7) reported that cocaine availability had been stable during the previous six months, or had become more difficult to access (27%, n=3). Respondents most commonly reported obtaining cocaine from a dealer's home, or mobile dealer.

Whilst the prevalence of recent cocaine use increased slightly in 2005 (15% compared to 10% in 2004), and nine key experts reported occasional use of cocaine by 'a few' of their client base, the use of cocaine among the IDU sample in Melbourne still remains low and infrequent. As indicated in previous years of the IDRS study in Melbourne, cocaine may

be seen as desirable, but too expensive or difficult to access, for the majority of primary heroin users who were interviewed. The expansion of drug trend monitoring research to other sentinel groups (e.g. psychostimulant users) will provide a clearer picture of cocaine trends in Melbourne.

Cannabis

Cannabis use in Melbourne remained relatively stable in 2005. Eighty-seven percent of IDU had used cannabis in the preceding six months (compared to 80% in 2004, and 88% in both 2003 and 2002) and the median number of days used in the last six months was 130. 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 who commented 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 increased slightly (hydro \$250; bush \$200). A gram was the most popular purchase amount, and cannabis was most commonly accessed through social networks.

Other drugs

The 2005 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 (73%) reported having used benzodiazepines in the six months prior to interview, and most of these people (60%) 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%), but decreased again in 2005 to 6% (the lowest proportion reported since the IDRS study commenced in Melbourne in 1997). The reduction in benzodiazepine injection observed in Melbourne since 2001 is most likely due to the combined effects of the changes in legislation regarding the availability of temazepam gel capsules, as well as a concerted education campaign by the Victorian state government (Breen et al., 2003). More recently (in March 2004) all gel-cap temazepam formulations were withdrawn from the market.

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. In 2005, approximately two-thirds of participants (63%) reported using buprenorphine in the past six months, and 76% of those had mostly obtained it licitly (i.e. with a prescription in their own name). In 2005, 63% of the respondents reported having injected buprenorphine in their lifetime, and 39% reported having injected the drug in the past six months.

Prevalence of anti-depressant use in 2005 appears to be stable, with 30% of IDU reporting that they used these drugs in the past six months. Median frequency of use during that time was 130 days. Almost one-third (30%) of respondents also reported ecstasy use within the last six months in 2005. The primary route of administration of ecstasy during that time was swallowing (25%), followed by injection (12%).

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 concern. Fifteen percent of IDU reported that they had borrowed another person's used needle/syringe, 23% had passed on their own used needle/syringe, and 50% had used other already used injecting equipment (such as spoon/mixing container or filter) in the last month.

Overall, it was seen that the level of self-reported criminal activity amongst IDU was relatively stable (to decreasing) in 2004. Key experts also reported that, in general, crime levels had remained stable. Both IDU and key experts reported that police activity had been stable to increasing (in some areas) in the past six months. The majority of IDU participants (68%) reported that police activity had had no effect on the difficulty in acquiring drugs recently.

Conclusions

The 2005 Victorian IDRS study has provided evidence of both changes and stability within the illicit drug marketplaces of metropolitan Melbourne. As in previous Melbourne IDRS studies, the demographic characteristics of the 2005 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 (68%), and their drug of choice (68%).

Findings from the 2005 IDRS study suggest that the heroin market in Melbourne has been relatively stable over the past 12 months. In particular, it has been reported in the current study that heroin is very easy to access and availability is stable, purity levels are low and relatively stable, and the price is stable to increasing. Heroin supply in Melbourne is clearly not at the levels it was at prior to 2001, however, and trends in heroin use and associated outcomes will continue to be monitored.

Findings from the 2005 study suggest that methamphetamine use was widespread among the injecting drug users interviewed in Melbourne; however, frequency of use remains lower than the levels reported in 2001-2002. As in 2004, these drugs (in particular speed) were reportedly easy to obtain and were predominantly sourced through social networks, dealers' homes, and mobile dealers. Some key experts noted that there had been an increase in mental health issues associated with methamphetamine use, and some IDU reported that they had experienced substance-related aggression following the use of these drugs. Given some of the potential harms associated with the use of methamphetamines, trends in 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, 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 Melbourne cannabis market and patterns of use continue to be relatively stable.

The 2005 study has again provided evidence of significant prescription drug use by injecting drug users (e.g. benzodiazepines, morphine, buprenorphine, and anti-depressants). There is also evidence of misuse of these drug types by some of the IDU surveyed. In 2005 some IDU also reported experiencing injection-related harms specific to these drug types.

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 Melbourne has shown that the IDRS is an effective drug trend monitoring system and is valuable for informing policy and research.

Implications of 2005 findings

While the aim of the IDRS study is to monitor emerging trends in illicit drug use and related outcomes, 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 2005 Melbourne IDRS study suggest the following priority areas:

1. Continued monitoring of illicit drug markets for trends in price, purity and availability, patterns of drug use, and related outcomes.
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 outcomes.
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 viral infections (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 this city. It yields data that are comparable from year-to-year and across jurisdictions, and it is a study that has much to offer health and law enforcement sectors in their efforts to respond more effectively to illicit drug trends.

1.0 INTRODUCTION

In 1998 the 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, methamphetamine, 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 2005* report summarises data collected during the months of June through October 2005 as part of the Melbourne arm of the 2005 IDRS study. The findings of this report pertain primarily to the 2004/2005 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 use of 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, 2005a). Readers are also referred to the forthcoming *Australian Drug Trends 2005* monograph for national IDRS data and jurisdictional comparisons (available from the National Drug and Alcohol Research Centre, University of New South Wales, Sydney).

2.0 METHOD

This study replicates the IDRS methodology used annually since 1997, incorporating: a survey of injecting drug users; interviews with key 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 those observed within metropolitan Melbourne for the 2004/2005 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 2005. 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:

- SHARPS, Frankston
- Health Information Exchange, St Kilda
- HealthWorks, Footscray
- South East Alcohol and Drug Services, Dandenong
- Turning Point Alcohol & Drug Centre, Fitzroy

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, the price, purity and availability of drugs, crime, risk-taking behaviour, health, and general trends. The average duration of the interviews was approximately 35 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, and the Peninsula Health Research and Ethics Committee. Data analysis was conducted using SPSS for Windows Version 11.5.1.

2.2. Survey of key experts (KE)

A total of 50 key experts (24 female, 26 male) participated in face-to-face interviews between the months of July and October 2005. Fifteen participants (30%) were recruited from the pool of key experts who had taken part in previous IDRS studies (Jenkinson, Fry & Miller, 2003; Fry & Miller, 2001, 2002; Dwyer & Rumbold, 2000; Rumbold & Fry, 1999). Nineteen participants (38%) were recruited from the pool of key experts who had taken part in the 2004 IDRS study (Jenkinson & O'Keeffe, 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 2005 study consisted of: NSP and/or outreach workers (n=14), drug treatment workers (n=5), drug and alcohol workers (n=1), crisis

accommodation workers (n=1), youth outreach workers (n=3), researchers (n=2), medical practitioners (n=2), mandated drug treatment workers (n=3), pharmacists (n=3), General health workers (n=2), Alcohol and drug clinicians (n=2), ambulance paramedics (n=1), forensic scientists (n=1) and law enforcement personnel (n=10). 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 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.

Heroin was nominated by most (n=38) of the Melbourne key experts as the main illicit drug used by people with whom they had the most contact. Several key experts identified amphetamines (n=5) or cannabis (n=5) as the main illicit drugs used by people with whom they had contact. One key expert identified illicit buprenorphine as the main drug of choice of clients, and another reported that heroin and buprenorphine were used equally amongst their clients. No key experts were able to report exclusively on cocaine use.

Key experts also reported that, in addition to their primary drug of choice, the clients they had contact with were using amphetamines (n=30), benzodiazepines (n=34), cannabis (n=27), buprenorphine (diverting and injecting) (n=9), morphine (n=7), ecstasy (n= 6) and cocaine (n=1). One key expert reported that a small percentage of clients were injecting methadone and another that a very small percentage of clients were injecting steroids.

Key expert interviews took an average of 60 minutes to complete (range= 30-90 mins). Detailed notes were made by the interviewer during the interview, and raw data were transcribed and coded soon after the conclusion of the interview using Microsoft Excel. 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.

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 2004/2005 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 2004 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2005), and

the 2004 Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2005).

Drug seizure purity levels

- The Drug Analysis Branch of the Victoria Police Forensic Services Department conducts purity analyses for all drug seizures made by the Victoria Police. Since 2001, the Victoria Police Forensic Services Department has provided drug purity data for inclusion in the IDRS report. This report presents data for the 2004/2005 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 2004/2005 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 2003/2004.
- 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 1999-2004.

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, October 2002-February 2003, and June-July 2004). 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 2003 to December 2004 are presented in this report.

NHMD (National Hospital Morbidity Database)

- 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. *Principal diagnosis* (the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital) has been reported. This report presents drug-related hospital admissions for Victoria and Australia, 2000-2004.

Heroin-related fatalities

- Mortality information from illicit drug-related deaths was obtained from data collated by the Victorian Institute of Forensic Medicine (VIFM) (Woods, et al., 2005). This report presents 2004 VIFM data.

Blood-borne viral infections surveillance data

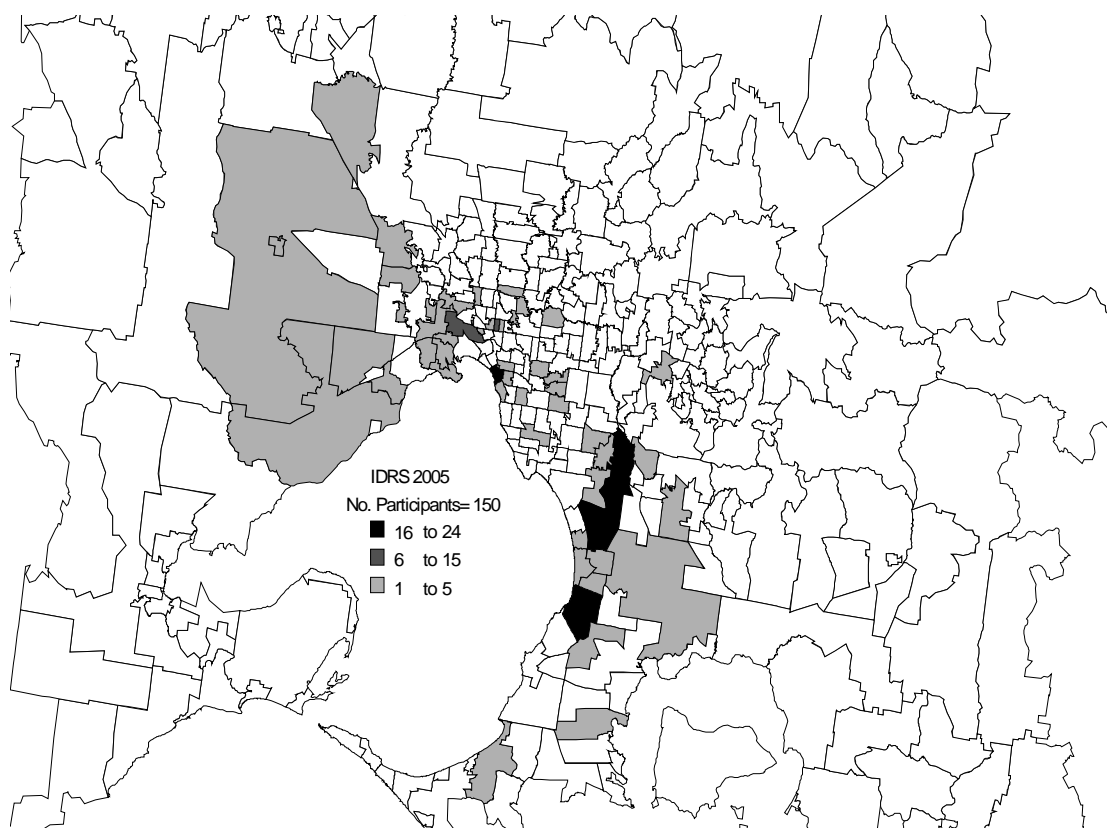
- Blood-borne viral infections (BBVI), in particular HIV/AIDS and hepatitis B (HBV) and C (HCV) are a major health risk for individuals who inject drugs. The Communicable Diseases Unit, Public Health Group, the Department of Human Services, records notifications of infectious diseases in Victoria. This 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 BBVI surveillance efforts via a short questionnaire on demographic and behavioural characteristics of NSP clients and serological testing of finger-prick blood samples. In 2004, the survey obtained data from 228 clients across five NSPs in Melbourne. (National Centre in HIV Epidemiology and Clinical Research, 2005).

3.0 RESULTS

3.1 Overview of the IDU sample

A total of 150 current injecting drug users (IDU) were interviewed in 2005. The sample was drawn from 53 suburbs across the inner, western, northern and outer south-eastern suburbs of Melbourne (see Figure 1). Most of the participants lived in close proximity to the five recruitment sites. The number of people recruited from each site were: St Kilda n=29; Dandenong n=30; Fitzroy n=32; Frankston n=27; and Footscray n=32.

Figure 1: Residential postcodes of the 2005 IDU survey sample (N=150)



The demographic characteristics of the 2005 sample are summarised in Table 1. The majority of participants were male (60%) and ranged in age from 20 to 49 years with a mean age of 31 years (SD 6.73). Over half of the respondents were securely accommodated either living at their own residence (43%) or parent's home (17%), while 27% were residing at a boarding house or hostel and 5% were homeless at the time of interview. Most participants (81%) were not currently employed; however, a significant proportion had acquired trade/technical qualifications (47%), and a smaller number university qualifications (7%) post-secondary school. The majority of participants (94%) reported that English was the main language spoken at home, with only 6% indicating that they most commonly spoke other languages at home including Vietnamese, Maltese, Macedonian, Croatian, Arabic and Filipino. Six percent (n=9) of participants identified as being Aboriginal and/or Torres Straight Islanders (A&TSI).

Table 1: Demographic characteristics of the IDU survey sample

| Characteristic | 2004 N=150 | 2005 N=150 |
|--|-----------------------|-----------------------|
| Age (yrs) | 31 (range 18 to 56) | 31 (range 20 to 49) |
| Sex (% male) | 60 | 60 |
| Accommodation (%): | | |
| Own house/flat (includes renting) | 50 | 43 |
| Parents house | 11 | 17 |
| Boarding house/hostel | 27 | 27 |
| Shelter/refuge | 4 | 3 |
| No fixed address/homeless | 8 | 5 |
| Employment (%): | | |
| Not employed | 85 | 81 |
| Full-time | 3 | 8 |
| Part-time/casual | 5 | 5 |
| Home duties | 4 | 4 |
| Student | 2 | 1 |
| Currently engaged in sex work (%) | 5 | 8 |
| A&TSI (%) | 5 | 6 |
| School education (yrs) | 10 | 10 |
| Tertiary education (%): | | |
| None | 58 | 47 |
| Trade/technical | 37 | 47 |
| University/college | 5 | 7 |
| Currently in drug treatment (%) | 38 | 40 |
| Prison history (%) | 51 | 53 |

Source: IDRS IDU interviews

A total of 114 participants (76%) had engaged in some form of treatment during the six months prior to interview. Of these people, 73% had engaged in one type of treatment and 27% in two or more different types in that period. Forty percent of the respondents were currently receiving drug treatment. The most common types of drug treatment for this group were buprenorphine treatment (55%), methadone maintenance (38%) and drug counselling (7%). For the group of respondents currently in treatment (n=60), the mean length of time that they had been engaged in their current treatment type was 20.8 months, although this varied considerably (SD 23.9). Nineteen people (32%) had been in treatment six months or less, 17 people (28%) between six to 18 months, and 24 people (40%) for two years or more.

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 (18.6 years, SD 5.2), ranging from 9 to 39 years. The mean number of years since first injection to the present was 12.5 years (SD 6.6). There was considerable variation in the length of experience of injecting drug use among those surveyed (range 1 - 36 years). One-quarter of participants (26%, n=38) first began injecting drugs within the last seven years, while 32% (n=48) had first started injecting 15 years ago or longer. The drugs most frequently used on the first injection occasion were heroin (53% compared to 43% in 2004, 45% in 2003, 44% in 2002, 54% in 2001, 38% in 2000 and 46% in 1999), and amphetamines (43% compared to 53% in 2004, 50% in 2003, 51% in 2002, 41% in 2001, 60% in 2000 and 49% 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 (68%), and their drug of choice (68%). Fewer respondents (19%) indicated that they had most often injected methamphetamine during the past month (compared to 13% in 2004, 26% in 2003, and 24% in 2002), and that methamphetamine was the last drug injected (15% compared to 15% in 2004 and 22% in 2003). Thirteen percent of the sample reported that methamphetamine was their drug of choice, while 12% reported that their preferred drug was cannabis. Smaller numbers of participants nominated other drugs as their drug of choice.

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

| Variable | 2004 N=150 | 2005 N=150 |
|--|--------------------|-------------------|
| Age first injection (years) | 18 (range 11 - 40) | 19 (range 9 - 39) |
| First drug injected (%) | | |
| Heroin | 43 | 53 |
| Amphetamine | 53 | 43 |
| Cocaine | - | 1 |
| Other opioids | 1 | 1 |
| Drug of choice (%) | | |
| Heroin | 63 | 68 |
| Methamphetamine | 11 | 13 |
| Cannabis | 14 | 12 |
| Morphine | 5 | 1 |
| Cocaine | 2 | 2 |
| Other drugs | 3 | 4 |
| Drug injected most often in last month (%) | | |
| Heroin | 69 | 69 |
| Methamphetamine | 13 | 19 |
| Morphine | 7 | 2 |
| Buprenorphine | 12 | 8 |
| Other drugs | - | 2 |

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

| Variable | 2004 N=150 | 2005 N=150 |
|---|---------------|---------------|
| Most recent drug injected (%) | | |
| Heroin | 63 | 68 |
| Methamphetamine | 15 | 15 |
| Morphine | 6 | 2 |
| Cocaine | - | 1 |
| Buprenorphine | 16 | 13 |
| Frequency of injecting in last month (%) | | |
| Weekly or less | 17 | 23 |
| More than weekly | 31 | 37 |
| Once a day | 17 | 14 |
| Two to three times per day | 27 | 17 |
| More than three times per day | 7 | 9 |
| Poly-drug use | | |
| Number of drug classes ever tried | 12 | 12 |
| Number of drug classes used last 6 mths | 7 | 8 |
| Number of drug classes ever injected | 5 | 5 |
| Number of drug classes inject last 6 mths | 3 | 3 |

Source: IDRS IDU interviews

Forty percent 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 slightly fewer than the 51% observed in 2004, and the 49% observed in 2003 (Jenkinson & O’Keeffe, 2005; 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 (100%), methamphetamines (97%), tobacco (99%), cannabis (99%), alcohol (99%), and benzodiazepines (91%).

Of the 18 drug classes included in the 2005 IDRS survey (methamphetamine forms have been collapsed into one class), the mean number of drug classes ever used by respondents was 12 (SD 2.5), while a mean of 8 drugs (SD 2.2) had been used in the preceding six months. Tobacco (98%), heroin (89%), cannabis (87%) and methamphetamines (79%) were the drugs most commonly used during the previous six months. Significant numbers also reported using benzodiazepines (73%), and alcohol (69%) during that time. Average reported poly-drug use in 2005 was similar to that reported in past years (Jenkinson & O’Keeffe, 2005; Jenkinson, Miller & Fry, 2004).

A variety of drugs had also been injected with a mean of 5 (SD2.4) types ever and 3 (SD 1.6) types injected in the preceding six months. The most commonly reported drugs injected in the last six months were heroin (89%), methamphetamines (75%), morphine (39%), buprenorphine (39%) and ecstasy (12%).

4.0 HEROIN

Price, purity and availability of heroin were identified from information obtained from the 91% of the IDU sample (N=136) 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 2005 respondents reported that the current median price of a 'cap' was \$45; a quarter gram \$100; a half gram \$175; and a gram \$310. The reported price of heroin increased slightly in 2005. 'Caps' of heroin remained the most popular purchase amount (n=80), followed by half grams (n=71).

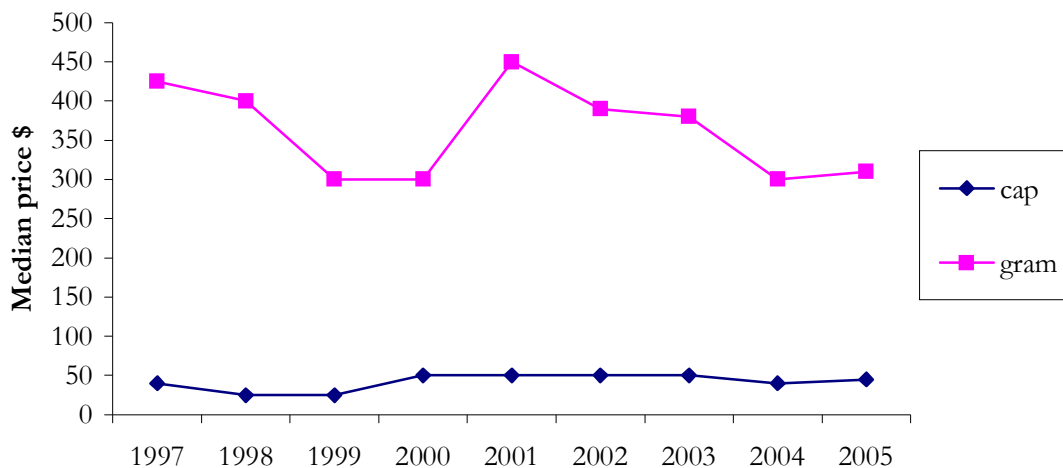
Table 4: Price of most recent heroin purchases by IDU, 2005

| Amount | Median price* \$ | Modal price* \$ | Price range* \$ | Number of purchasers* |
|--------------|---------------------|--------------------|----------------------|-----------------------|
| Cap | 45 (40) | 50 (40) | 20-100 (20-100) | 80 (77) |
| Quarter gram | 100 (100) | 100 (100) | 50-200 (80-200) | 22 (15) |
| Half gram | 175 (150) | 200 (150) | 100-300 (80-220) | 71 (65) |
| Gram | 310 (300) | 400 (300) | 200-400 (100-400) | 34 (30) |

Source: IDRS IDU interviews

* 2004 data is presented in brackets

Figure 2: Median price of a gram and cap of heroin estimated from IDU purchases, 1997-2005



Source: IDRS IDU interviews

The data presented in Figure 2 shows the most recent purchase price (median) of heroin in Melbourne from 1997-2005. The reported price of a 'cap' of heroin remained stable at \$50 between 2000-2003, decreased to \$40 in 2004, and then increased slightly to \$45 this year. The reported price per gram of heroin peaked at \$450 in 2001 (during the reported shortage), then decreased between 2002-2004, and, as with 'cap' and half gram prices, has increased slightly in 2005 (\$310).

Over half (61%) of those who could comment on the price of heroin reported that it had been stable over the previous six months (compared to 59% who reported it as stable in 2004, 66% in 2003, 49% in 2002, and 23% in 2001). Consistent with the prices reported, a greater proportion of participants in the 2005 sample reported that the price of heroin had increased recently (17% in 2005, compared to 9% in 2004, 14% in 2003, 28% in 2002 and 55% in 2001) and 11% reported that the price had recently decreased (compared to 21% in 2004, 13% in 2003, 10% in 2002 and 5% in 2001). A further 6% reported that heroin prices had fluctuated in this time.

Key experts reported that the price for a cap or foil ranged from \$20-100, which implies more movement and fluctuation in the market than in the 2004 report. Few key experts were able to comment upon the price per gram for heroin, but those that did reported that the price ranged between \$350 per gram, or from \$170-200 for half a gram. The majority of key experts reported that the price of heroin was stable. However, as with the 2004 report, three key experts reported that the price had decreased and one key expert reported that the price had increased.

4.2. Availability

The majority of IDU respondents who could comment on the availability of heroin (N=136) reported it as either very easy (62%) or easy (30%) to obtain at the time of interview (June-July 2005), with a smaller number indicating that it was difficult (6%) to access. When asked if heroin availability had changed during the past six months, the majority reported that availability had been stable (70%). Eighteen percent claimed it was more difficult to obtain, and 6% easier. Four percent thought it fluctuated during that time.

Most of the participants who commented on where they usually source their heroin (N=134) reported that they usually scored/purchased from mobile dealers (47%) or a dealer's home (24%). Others accessed heroin from street dealers (12%), through home delivery (9%), or through friends (8%). 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 was noted that in one instance this was a temporary situation due to a recent police operation. Two key experts remarked that although clients were reporting that heroin was easy to access, the need to travel for supply was built into that accessibility. The majority of key experts reported that the availability of heroin has remained stable for the past six months (n= 29) whilst a smaller number (n=3) reported that access to heroin has become easier. Two key experts reported that availability has fluctuated during this period. One of those key experts, a law enforcement officer, reported that this fluctuation was due to a momentary lapse in the CBD area when games and amusement parlours, which were being used for

trafficking, were closed down. This was not seen as having an impact on long-term trade, and the market recovered quickly. Six key experts reported that availability had become more difficult, with one key expert commenting that this was because more effort was involved as a result of dealing continuing to be mobile. As with last year's IDRS, patterns of heroin availability differed across different markets.

Key experts confirmed that mobile dealing has become entrenched and is far more common than street dealing in most areas, though several KE reported that trade in housing commission flats was 'still going strong'. Several KE reported that trade in the central area of Collingwood (particularly Smith Street) had decreased.

Heroin trafficking/importing

As noted in previous IDRS reports, street markets were reported to continue operating in the Melbourne Central Business District (CBD) (which had seen a spike of activity in the last 12 months), St Kilda, Fitzroy/Collingwood, Footscray, Springvale/Dandenong, Frankston, Box Hill and Richmond. Key experts reported that both the CBD and Richmond have seen a significant increase in activity in the past 12 months.

The vast majority of key experts felt unable to comment on the manufacture and importation of heroin. Of those that were able to comment, one key expert suggested that the quality of heroin imported had decreased, whilst another reported that 'South East Asian traffickers were bringing heroin down from Sydney'. However, it was strongly believed that heroin was being imported into Australia rather than produced in the country.

4.3. Purity

As in previous years, a higher proportion of the IDU sample reported that they had most commonly used heroin rock (85%), compared to powder (15%) in the previous six months (Jenkinson and O'Keeffe, 2005; Jenkinson, Miller, & Fry, 2004).

Current heroin purity was reported as low (49%), to medium (30%) by the majority of respondents who commented (N=136). Twelve percent reported that heroin purity had fluctuated, 6% reported that heroin purity was high, and 3% did not know the current purity of heroin. In 2005, a greater proportion of respondents reported the purity of heroin as being low (49% compared to 26% in 2004, 34% in 2003 and 45% in 2002) and fewer noted it was high (6% compared to 14% in 2004, 7% in 2003 and 10% in 2002).

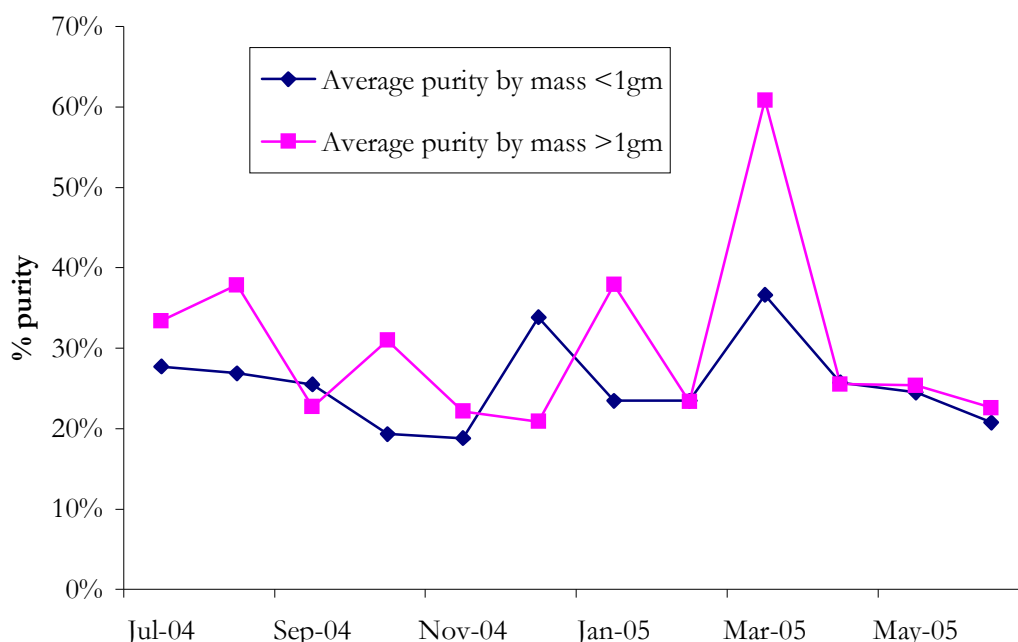
When asked about changes in heroin purity in the past six months, responses were variable. Approximately one-third perceived that heroin purity had mostly been stable (32%) or decreased (29%) in the previous six months, while others indicated that it had increased (13%) or fluctuated (19%) during that time. Seven 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 2004/2005 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 2004-June 2005 was 28% (range 19% to 61%). The purity of heroin seizures was relatively stable (between 20%-40%) over this period, although in March 2005 the purity of larger seizures (>1gm) increased to 61%. The average purity of heroin seizures made during 2004/2005 was similar to that observed in the previous two years (31% in 2003/2004; 26% in 2002/2003); 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 (Jenkinson & O’Keeffe, 2005).

Figure 3: Average purity of heroin seizures by Victorian law enforcement, July 2004-June 2005.



Source: Victoria Police Forensic Services Department.

Of the key experts that were able to report on the purity of heroin, the majority reported that purity was medium (n=15). A smaller percentage of KE suggested that purity was either low (n=8) – one law enforcement KE reported that some dealers had been temporarily selling plaster in place of heroin in the CBD at one stage – medium to low (n=1), medium to high (n=2), high (n=5) or fluctuating (n=8). Of the key experts that reported purity as being high, one expert added that this specifically related to heroin obtained from mobile, rather than street dealers.

When asked about any changes in purity in the past 6 months, the majority of key experts reported that the purity of heroin had remained stable (n=19), a change from the 2004 IDRS where the majority of KE stated that purity had increased. However, several key experts also reported that purity was fluctuating (n=9), five key experts reported that purity had increased and three key experts suggested that purity had decreased.

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.

The most recent survey of heroin use in the general community of Victoria was undertaken within the 2004 National Drug Strategy Household Survey. According to the

findings from this survey, 0.3% of the Victorian population aged 14 years and over had used heroin within the past 12 months (Australian Institute of Health and Welfare, 2005). A small proportion (0.2%) also reported using other opiates/opioids in that time. Findings reported in the 2004 survey also estimate that 0.4% of the Victorian population aged 14 years and over had injected drugs in the past 12 months (Australian Institute of Health and Welfare, 2005).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, 2005). In addition to finger-prick blood samples and self-reported risk behaviour information, the 2004 national survey of NSP clients collected self-report information regarding the last drug injected by participants. Over half (59%) of the 228 NSP clients recruited from five NSP sites in Victoria reported that they had last injected heroin (58% in 2003; 57% in 2002; 58% in 2001; 87% in 2000; and 87% in 1999), while 16% identified amphetamine (24% in 2003; 23% in 2002; 24% in 2001; 6% in 2000; and 7% in 1999). Eight percent (n=18) reported buprenorphine, and another nine percent (n=20) reported injecting more than one drug on the last occasion.

4.4.2. Current patterns of heroin use

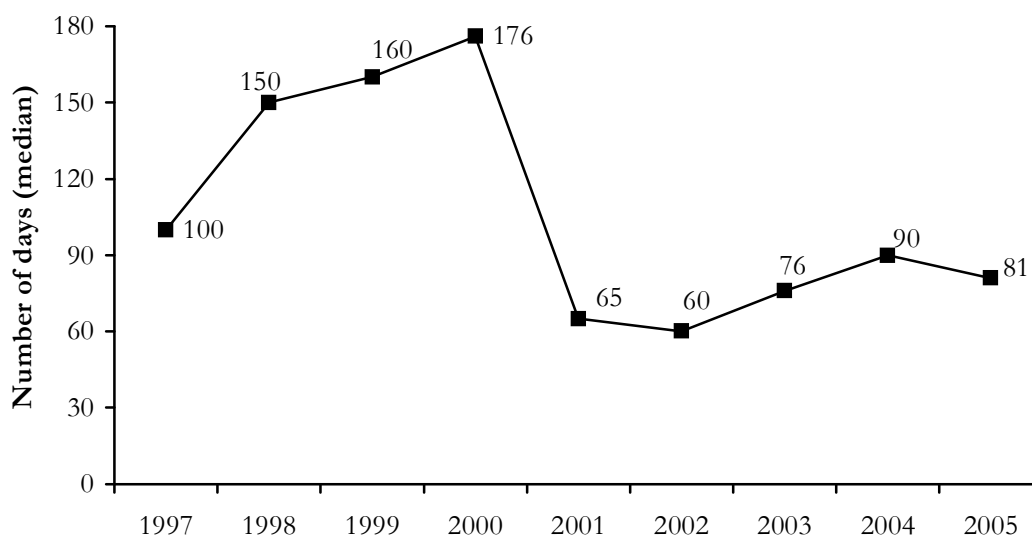
The most common route of heroin administration was injection (89%), with 11% reporting 'smoking' the drug (i.e. heating heroin and inhaling the resulting vapours) and 6% reporting swallowing it in the preceding six months.

As in the 2004 IDRS, the primary route of heroin 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.

The majority (68%) of IDU survey respondents reported that heroin was their main drug of choice, and 89% of the sample reported having injected the drug in the preceding six months. Respondents reported using heroin on a median of 81 days in the past six months, with almost one-quarter (22%, n=29) reporting using heroin on a daily basis during that time. Frequency of heroin use appears to have been relatively stable over the past three years, and remains much lower than that reported prior to 2001 (see Figure 4).

² Estimates based on small numbers of respondents

Figure 4: Number of days heroin use in preceding six months, 1997-2005



Source: IDRS IDU interviews

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 and their social circumstances. Several key experts also reported that clients who were in treatment – primarily on pharmacotherapy programs – were not using large quantities, but instead were more likely to buy a \$25 'taste' of heroin, or to use heroin infrequently.

Of the key experts who reported habitual use, most estimated that the majority of their clients were daily users, using anywhere between once and four times a day depending on the individual and using one cap of heroin per hit. Again, key experts commented that there was a huge range of usage patterns, ranging from 0.03 of a gram, to 1 gram, or from \$100 to \$400 per day. In addition, three key experts commented that there is also a contingent of recreational users, at one clinic estimated to be from 10-20%. One key expert described these users as 'pay day' users, who may use when financially 'flush', but then abstain for the fortnight between pay periods.

The demographic profile of heroin users as reported by key experts is similar to that reported in the 2004 IDRS in regard to age, ranging from 13-65 years and the majority being 25-35 years old; gender (again predominantly male 60-80%); level of education (majority left during or on completion of year 9 or 10); and employment (majority unemployed). However, two key experts reported that 50% of their clients were employed as a result of the CREDIT program, and another KE reported that clients on buprenorphine or other pharmacotherapies were more likely to be employed. Key expert reports with regard to ethnicity suggested that, although the majority of users were Caucasian and from English speaking backgrounds, there were a range of different nationalities, sometimes focused in specific locales. Several key experts noted a small but notable increase in African clients, primarily from the Horn of Africa.

Key experts also reported that many of the heroin users with whom they had contact had prison histories or had come into contact with the legal system – between 30-90% of men, with a lower percentage of women. A single key expert estimated that only 5-10%

of their young clients had been imprisoned. There is some suggestion that users accessed by outreach workers were slightly more likely to have been imprisoned than users accessing a NSP. KE drawn from the court system obviously reported a 100% contact rate with the criminal justice system.

Key experts reported a variety of trends in heroin use over the past six to twelve months, though, for the most part, patterns of heroin use have remained stable. Some key experts commented on the continuing difficulty that heroin users are experiencing in gaining timely access to detox or rehabilitation services, with two key experts commenting that there has been a slight shift from clients requesting counselling to clients requesting detox or rehabilitation to periodically control use, rather than with an aim to abstinence. There were also many reports of the frustration expressed by clients at the lack of places available for pharmacotherapy treatment. Though many key experts reported that requests for buprenorphine remain relatively stable (in fact, two KE reported that it had risen) there continues to be reports from many KE that clients are returning to methadone, and that methadone is continuing to be requested in preference to buprenorphine. One KE reported that there had been a slight shift in the uptake of natural therapies due to their availability in detox and rehabilitation, and one KE reported an increase in clients requesting the support of the CREDIT/BAIL program.

Several key experts commented on the changing trends resulting from the entrenchment of mobile trafficking, suggesting that heroin users are travelling distances to fixed sites to access syringes, whereas previously they would access 'backpackers' (outreach). This was seen to be a result of ongoing police operations. One key expert reported that this trend had resulted in a lack of contact with clients (particularly marginalised clients such as pregnant women) and, as a result, an inability to monitor the health of users and to provide referrals to health services.

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 2004-05 (Victoria and Australia). During that financial year over half (58%) of the arrests made in Australia for heroin and other opioid offences occurred in Victoria (data provided by the Australian Crime Commission)³. In Victoria the total number of consumer and provider arrests for heroin and other opioids remained relatively stable since 2003-04 (n=2079 in 2003-04).

Table 5: Heroin and other opioids: consumer and provider arrests, Victoria and national, 2004-2005

| | Victoria (n) | Australia (n) | % of national arrests |
|-----------------|-----------------|------------------|--------------------------|
| Consumer | 1156 | 2051 | 56.4 |
| Provider | 772 | 1207 | 64.0 |
| TOTAL* | 1928 | 3304 | 58.3 |

Source: Australian Crime Commission

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

³ Proportions (%) should be interpreted with caution due to the lack of uniformity across states and territories in the recording and storing of data on illicit drug arrests.

4.5.2. Health

Self-reported overdose

Self-reported overdose experience data for the years 1997 to 2005 are summarised in Table 6. The majority (59%) of the 2005 respondents reported that they had experienced one or more heroin overdoses ever, 41% had been administered Narcan (a fast-acting opioid antagonist given to reverse the effects of heroin in the case of an overdose), and most respondents (85%) had witnessed 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 reported a median period of thirty months since they were last administered the drug. Of the respondents to the survey, 11% (n=16) 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 2005.

| Heroin overdose* | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|-----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Lifetime overdose | 138 (56%) | 148 (52%) | 83 (54%) | 83 (55%) | 88 (58%) | 96 (62%) | 90 (59%) | 89 (59%) | 89 (59%) |
| Lifetime receipt of Narcan | 51 (37%) | 99 (35%) | 52 (34%) | 64 (42%) | 68 (45%) | 80 (51%) | 75 (49%) | 75 (50%) | 62 (41%) |
| Overdose last 6 mths | 42 (17%) | 54 (19%) | 37 (24%) | 40 (27%) | 20 (13%) | 17 (11%) | 12 (8%) | 15 (10%) | 16 (11%) |
| Received Narcan last 6 mths | 25 (10%) | 37 (13%) | 25 (16%) | 29 (20%) | 19 (13%) | 14 (9%) | 8 (5%) | 10 (7%) | 10 (7%) |
| Have witnessed an overdose | 194 (76%) | 229 (78%) | 111 (72%) | 128 (85%) | 116 (77%) | 131 (85%) | 126 (83%) | 116 (77%) | 128 (85%) |

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), 2005 (N=150).

Table 6 shows that reported lifetime experience of heroin overdose by IDU respondents has been relatively stable between 1997 and 2005. 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 72%-85%).

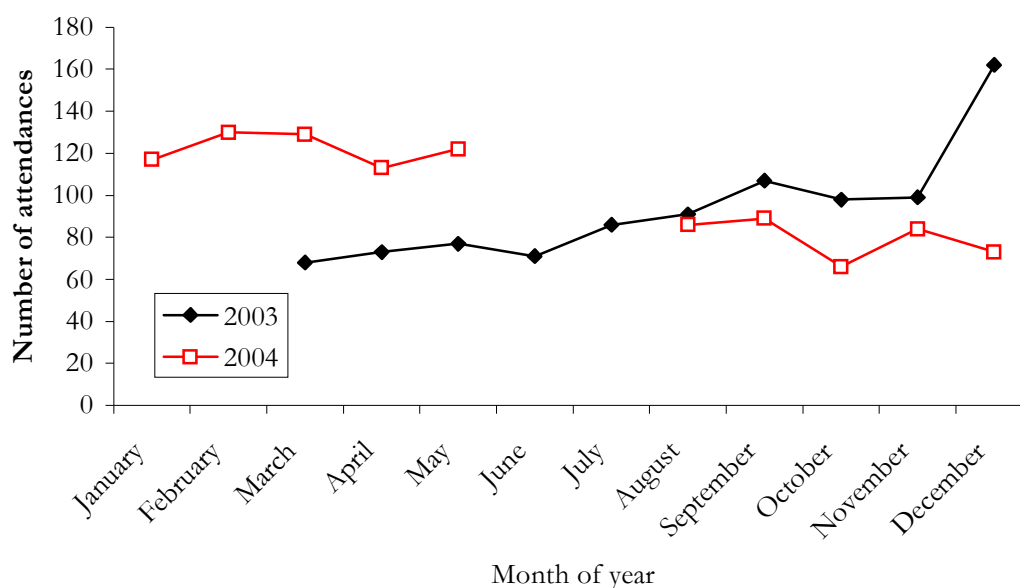
Non-fatal heroin overdose attended by ambulance

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 2003-December 2004 (excluding Jan-Feb 2003 & Jun-Jul 2004).

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 (2001). Since that time numbers have gradually increased, and in 2003-2004 there were approximately 70-130 non-fatal heroin overdoses attended each month. As at December 2004 (the most recent data available) the number of definite non-fatal heroin overdose episodes was 73.

Figure 5: Monthly totals of non-fatal heroin overdose in Melbourne, Jan 2003-Dec 2004 (excluding Jan-Feb 2003 & Jun-Jul 2004).



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

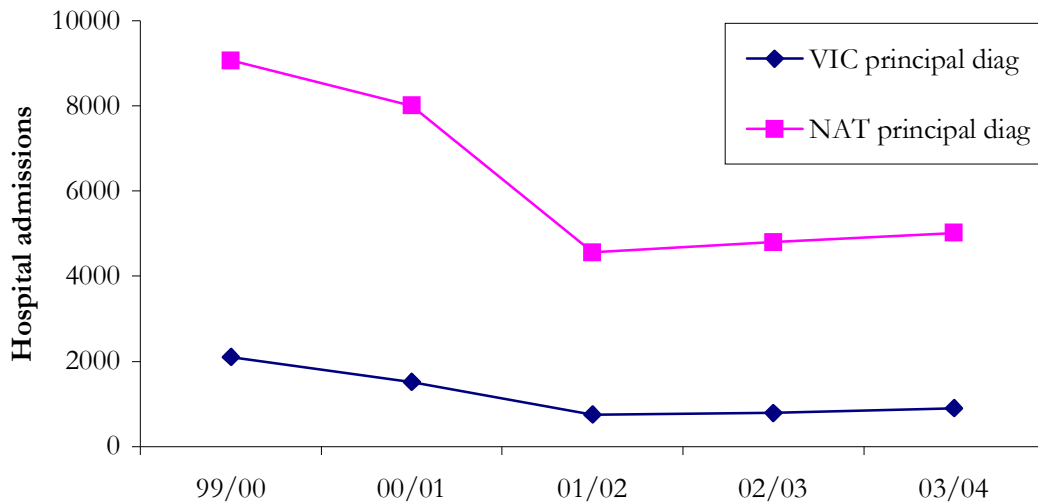
During 2004, there were 1009 non-fatal heroin overdoses attended by the Metropolitan Ambulance Service, and in 2003 there were a total of 932. In 2004 the average estimated age of cases was 31 years, and in 2003 it was 30 years (analysis by S. Cvetkovski, Turning Point Alcohol and Drug Centre).

Hospital admissions

The National Hospital Morbidity Database (NHMD) is compiled by the Australian Institute of Health and Welfare. Opioid-related hospital admissions 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.

It is evident from this data that the number of opioid-related hospital admissions, both in Victoria and nationally, decreased between 1999/00 – 2001/02. 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 increased slightly since that time (2001/02), both in Victoria and across Australia.

Figure 6: Opioid-related hospital admissions, Victoria and National, 1999/00-2003/04.

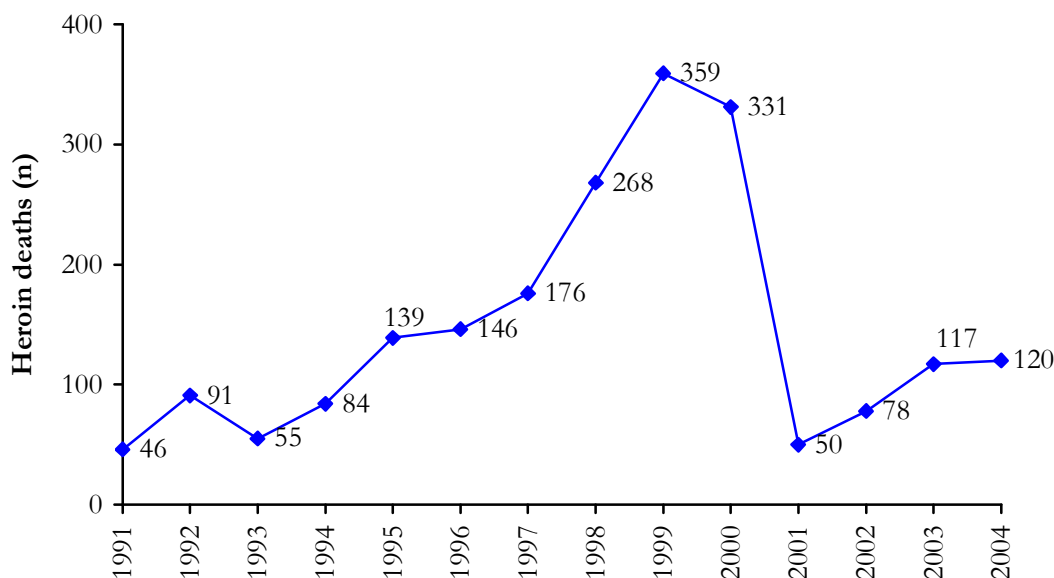


Source: Australian Institute of Health and Welfare.

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. 2005), 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). The number of heroin-related deaths has since increased to figures similar to those seen in the early-mid 1990s, but the number of deaths observed in 2004 (n=120) remains much lower than the peak of 359 reported in 1999.

Figure 7: Heroin-related deaths in Victoria, 1991-2004



Source: Victorian Institute of Forensic Medicine (Report No. 8: March 2005).

4.6. Treatment

Alcohol and Drug Information System (ADIS)

Data on people seeking treatment from specialist alcohol and drug agencies⁴ are collected via the Alcohol and Drug Information System (ADIS) in Victoria. During 2003/04, 49,615 courses of treatment were delivered to clients⁵ in Victorian specialist alcohol and drug services. Of this, 23% 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 22% 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.).

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.

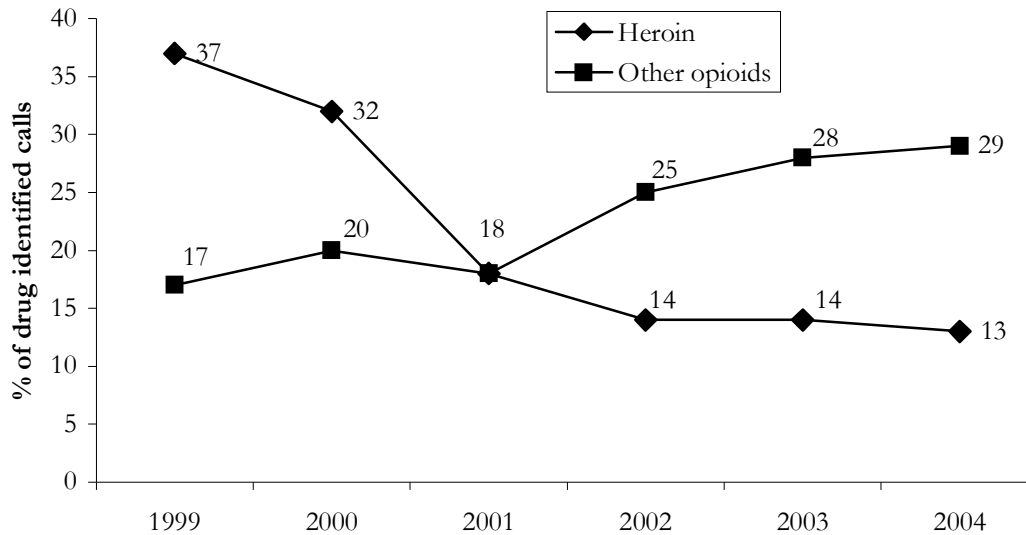
During 2004 DirectLine responded to 3550 calls where heroin was identified as a drug of concern. This represents 13% of all drug-identified calls to DirectLine in that year (Turning Point Alcohol and Drug Centre Inc., unpublished data). The proportion of drug-related calls where heroin was identified steadily decreased from 1999-2002, but has since stabilised (see Figure 8).

⁴ Federal and state government funded.

⁵ Clients in specialist alcohol and drug services include both drug users and non-users. Non-users may include partner, family or friends.

An additional 7798 calls were made in 2004 where other opioids were identified as a drug of concern. This represents 29% 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 generally over the period of analysis.

Figure 8: DirectLine calls where drug of concern identified as heroin or other opioids*, 1999-2004



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

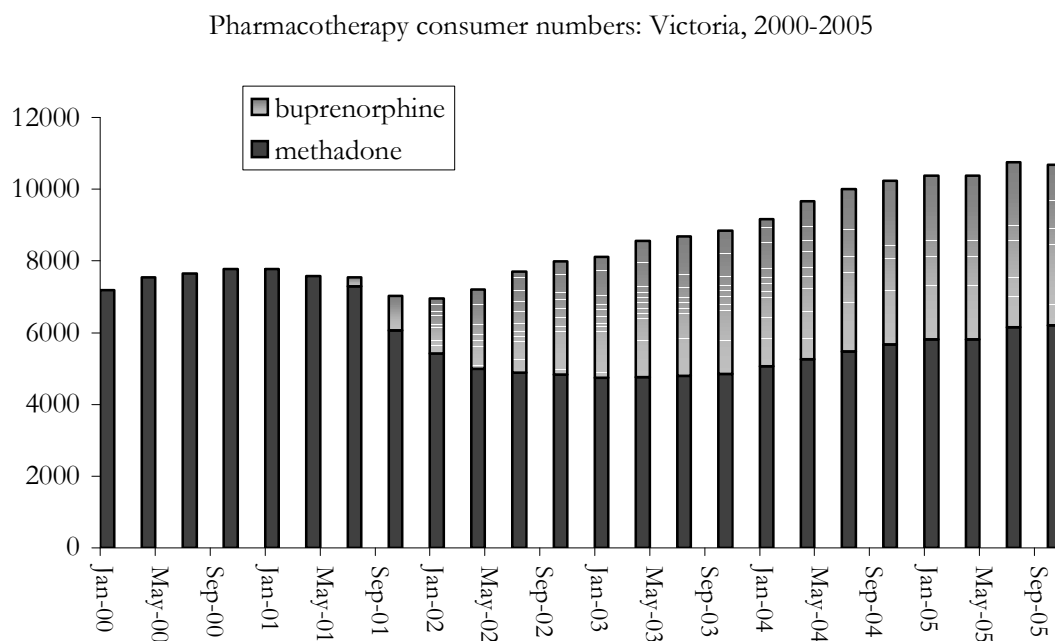
*Other opioids include methadone, buprenorphine, narcotic analgesics, LAAM and slow release oral morphine. It is important to note that methadone - and buprenorphine - related calls may be regarding licit use and not necessarily illicit use.

Pharmacotherapy Consumers

Data from the Victorian Department of Human Services Drugs and Poisons Unit (DPU) records of methadone and buprenorphine consumers in Victoria is shown in Figure 9. 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 2004-2005. The number of consumers registered on buprenorphine has been relatively stable since July 2004. In October 2005 there were 6206 consumers registered on methadone, and 4480 consumers registered on buprenorphine in Victoria.

Figure 9: Census estimate of the number of Victorian pharmacotherapy consumers (methadone and buprenorphine), Jan 2000 to Oct 2005



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

Key experts reported that a range of between 20-100% of clients were in treatment, with the primary treatments being pharmacotherapies and counselling, followed by detox/rapid detox, home-based withdrawal, long-term rehabilitation programs or day programs, and outreach services. Several KE reported that although there was demand for long-term rehabilitation, many clients were not able to follow through because it was 'such a difficult process'. Buprenorphine and methadone were reported to be the main forms of pharmacotherapy, with a small percentage of naltrexone use, in keeping with the previous year's IDRS report. As in 2004, some KE reported that clients are continuing to return to methadone, though buprenorphine numbers remain significant, and buprenorphine remains dominant at many services.

The majority of key experts noted no significant changes in treatment-seeking behaviour in the past six months. However, key experts continue to report a lack of pharmacotherapy places, with one KE reporting this had become more difficult again in the past six months. One KE reported, as in the 2004 report, that younger clients were seeking buprenorphine because it remained a viable treatment option when attending school or when clients were unable to tell their parents that they were accessing treatment. One key expert reported that in the last 12 months clients had been able to determine their own dosage of buprenorphine, *within parameters*, usually between 1mg and 8mg per day.

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 2005 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 2005 increased slightly to \$310 and \$45 respectively. Current purity of heroin is reported as low to medium.

Table 7: Summary of heroin price, availability, purity and use trends in Melbourne 2005.

| | |
|-----------------------------|--|
| Price Cap Gram | <ul style="list-style-type: none"> • \$45 (stable-increasing) • \$310 (stable-increasing) |
| Availability | <ul style="list-style-type: none"> • very easy (62%), easy (30%) • stable (70%) • mostly accessed through mobile dealers (47%) |
| Purity | <ul style="list-style-type: none"> • average purity 28% (range 19%-61%)^a • low (49%) to medium (30%)^b • stable (32%), decreased (29%), fluctuated (19%)^b |
| Use | <ul style="list-style-type: none"> • mostly rock form (85%) • stable prevalence of use • stable-decreasing frequency of use |

^a Based on purity of drug seizures made by Victoria Police (Victoria Police Forensic Services Department)

^b Based on IDU reports

5.0 METHAMPHETAMINE

Different forms of methamphetamine are currently available in Australia. Since 2002 the IDRS study has collected information on the use, price, purity and availability of three main forms of methamphetamine: speed, ice and base. This data has been collected every year since, along with information on the use of amphetamine liquid and pharmaceutical stimulants (e.g. dexamphetamine, Ritalin).

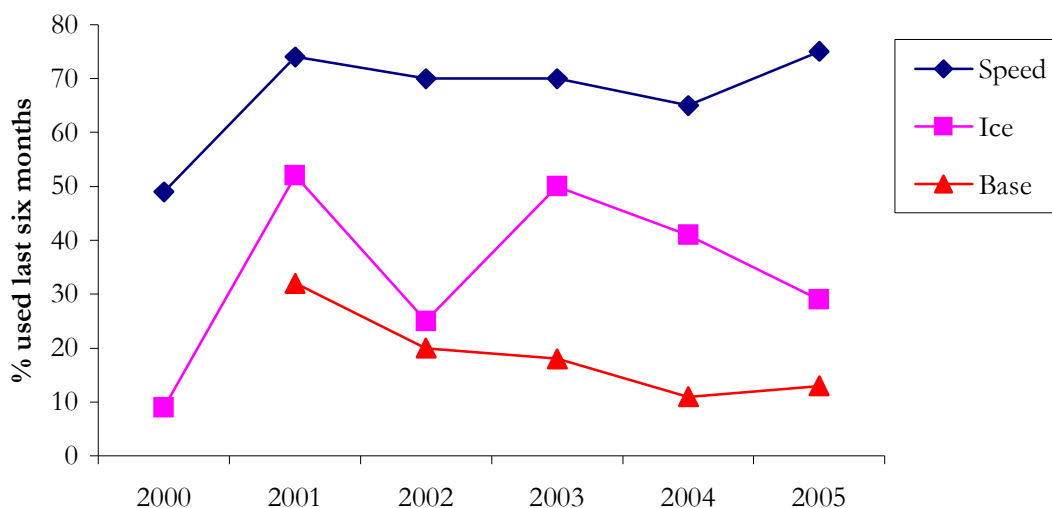
As in previous years, almost the entire sample (97%) of IDU survey respondents reported having used some form of methamphetamine (speed, base or ice) in their lifetime (compared to 97% in 2004, 100% in 2003, 96% in 2002, 94% in 2001, and 90% in 2000), and 79% (compared to 71% in 2004, and 79% in 2003) had used methamphetamine in the last six months (speed 75%, ice 29%, base 13%). Nine percent of the sample also reported recently using pharmaceutical stimulants, and five percent amphetamine liquid.

Lifetime injection of speed was reported by 93% of the sample, ice (57%), base (27%), liquid (10%) and pharmaceutical stimulants (7%). Recent injection of speed (last six months) was reported by 71% of the sample, ice (25%), base (13%), liquid (4%) and pharmaceutical stimulants (3%).

Prevalence of use of speed and base increased slightly in 2005, whilst the use of ice reportedly decreased (see Figure 10). Reported prevalence of use of speed powder by Melbourne IDRS participants was the highest (75%) since data collection commenced, while reported use of base increased slightly for the first time in four years. Reported use of ice by Melbourne IDRS participants decreased for the second year in a row, to levels observed in 2002.

Most key experts were able to make some comment on methamphetamine use (n=32), with concurrent or complimentary heroin and methamphetamine use being common amongst the majority of client groups. As with the 2004 IDRS, only five key experts identified methamphetamine as their client's primary drug of choice. It is also important to note that key experts are referring to speed when reporting on methamphetamine, unless otherwise stated.

Figure 10: Proportion of IDU reporting methamphetamine use in the past six months, 2000-2005



Source: IDRS IDU interviews

5.1. Price

Prices paid for the three forms of methamphetamine, 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 (55%, n=82) of the respondents were able to comment on the current price of speed. The median price of the most recent purchase of a 'point' of speed (n=33) was \$40 (range \$20-\$50), a half-gram (n=36) was \$100 (range \$70-\$180), and a gram (n=23) was \$200 (range \$100-\$250). Prices reported for all three quantities of speed have remained stable since 2003.

Half-grams were the most commonly purchased quantity of speed by respondents (n=36) in the last six months, followed by points (n=33) and grams (n=23). Sixty-seven percent of respondents who commented on the price of speed reported stable prices over the last six months, while 10% said there was an increase in price, 6% a decrease, and 4% reported that the price of speed fluctuated during that time. Thirteen 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=3) was \$150, and for a 'point' (n=2), \$45. Whilst reported purchase prices for base have increased slightly since 2004, it is important to note that very few participants reported purchasing these quantities in the past six months.

Of the respondents (n=11) who were able to comment on the price of base in the past six months, close to half (n=5) reported that the price had increased, and three reported that it had remained stable in that time. The other respondents reported that it had decreased (n=1), fluctuated (n=1) or they did not know if prices had changed (n=1).

Ice

On the most recent purchase occasion, the current median price for a gram of ice (n=4) was \$300 (range \$180-\$400) and for a 'point' (n=5), \$50 (range \$40-\$50). Prices reported for ice by IDU participants were relatively stable in 2005, although once again only very few participants reported purchasing these quantities in the past six months.

The majority of participants who responded to the questions regarding the price of ice (n=18) reported that it had remained stable over the last six months (78%, n=14). Eleven percent (n=2) reported that the price of ice had decreased and another 11% (n=2) did not know if the price had changed in that time.

Table 8: Price of most recent methamphetamine purchases by IDU, 2005

| Amount | Median price* \$ | Modal price* \$ | Price range* \$ | Number of purchasers* |
|------------------|---------------------|---|-----------------------------|-----------------------|
| Speed | | | | |
| Gram | 200 (180) | 200 (200) | 100-250 (100-220) | 23 (24) |
| Half gram | 100 (100) | 100 (100) | 70-180 (80-250) | 36 (27) |
| Point (0.1 gram) | 40 (40) | 50 (50) | 20-50 (20-50) | 33 (38) |
| Base | | | | |
| Gram | 150 (125) | 100^a (100 ^a) | 100-300 100-150 | 3 (2) |
| Point (0.1 gram) | 45 (35) | 40^a (30 ^a) | 40-50 (30-40) | 2 (2) |
| Ice | | | | |
| Gram | 300 (200) | 180^a (200) | 180-400 (100-300) | 4 (14) |
| Point (0.1 gram) | 50 (50) | 50 (50) | 40-50 (10-50) | 5 (19) |

Source: IDRS IDU interviews

* 2004 data is presented in brackets

^a Multiple modes exist. The smallest value is shown.

Only three key experts were able to report on the price of methamphetamines. Two KE reported that a point of speed ranged from \$30-50. One of those key experts was able to report on the price per pound for amphetamine, suggesting that the current price per pound was between \$60,000 and \$80,000, which signifies a \$10,000 lower bottom end than reports in 2004. One key expert reported that speed could be purchased for \$180-200 per gram. Methamphetamine continued to be sold in 'points' rather than 'caps' or 'bags'.

5.2. Availability

The majority reported that speed was easy to very easy to obtain at present and the availability had been stable in the six months preceding interview. The purer forms (in particular ice) were reported to be more difficult to obtain at present, and availability had been stable, or had become more difficult in the past six months. In terms of source of methamphetamine, most people reported scoring from a friend (including gift, dealer's

home or mobile dealer. The median amount of time required to score methamphetamine was 20-30 minutes.

All key experts who could comment reported that methamphetamines are currently either easy or very easy to obtain. The small number of key experts who were able to comment on changes in availability commented that it was stable (n=4), fluctuating (n=1) or easier to obtain (n=3). Three KE reported that ice remained difficult to obtain, though one key expert reported that the Mornington Peninsula had recently been 'flooded with ice'.

Speed

The overwhelming majority of respondents who commented on the availability of speed (n=83) reported that it was either very easy (45%), or easy (35%) to obtain at present, with 17% reporting difficulty in obtaining the drug. Most indicated that the availability had remained stable (69%) in the previous six months, with 12% reporting that it had become more difficult, 8% that it had become easier, and 5% that it fluctuated in that time. The usual sources of obtaining speed in the last six months were friend (29%), dealer's home (27%), mobile dealer (26%), street dealer (10%), and home delivery (6%).

Base

Of the 11 respondents who were able to comment on the availability of base, 46% (n=5) reported that base was easy to score, while 36% (n=4) reported that it was difficult. Most (73%, n=8) reported that the ease of access of base had remained stable over the last six months, with two respondents reporting that it had become more difficult, and one that it had fluctuated. Respondents reported usually scoring from a friend (n=3), dealer's home (n=2), or mobile dealer (n=2).

Ice

Of the 18 respondents to this question, the majority of people (56%, n=10) reported that ice was difficult to obtain at present (a larger proportion than in the previous two years). Five respondents (28%) reported that ice was very easy to obtain, and two others (11%) that it was easy. Forty-four percent (n=8) reported that the ease of access had remained stable over the last six months, while six participants (33%) reported access as becoming more difficult, and three participants (17%) that it had become easier. The usual source of ice for those who had purchased this drug in the past six months was reported as a friend (n=9, 56%), dealer's home (n=3, 19%), or mobile dealer (n=2, 13%).

Methamphetamine trafficking/importation

One law enforcement key expert reported that the detection of home-based methamphetamine laboratories is on the increase and that, although there are fewer labs in Victoria than in Queensland, for example, they are producing a much bigger volume of methamphetamine. It has been reported that some labs are capable of producing 2-5 kg of methamphetamine per "cook". There has also been an increase in the number of organised crime/syndicate-based labs in Victoria, and a move to larger labs, with manufacturers renting houses and then turning the entire property into a laboratory. However, supply still consists of a mix of locally manufactured and imported amphetamine, and some importation of methamphetamine tablets. Detection of the tablet presses used in methamphetamine production has also increased. One key expert reported that there has been a move towards marketing amphetamines as a tablet, because it is easier for traffickers to make a profit by providing a small amount of amphetamine in the pill, and selling it to buyers as ecstasy or MDMA.

5.3. Purity

Participants used a variety of methamphetamine forms during the last six months, including speed powder 75% (65% in 2004, 70% in 2003, 70% in 2002), ice 29% (41% in 2004, 50% in 2003, 26% in 2002), base 13% (11% in 2004, 18% in 2003, 19% in 2002), liquid 5% (2% in 2004, 5% in 2003, 7% in 2002) and prescription amphetamine 9% (9% in 2004, 6% in 2003). The prevalence of use of speed remains high amongst the IDRS sample, and has increased in 2005, while use of the other forms remained relatively stable or, in the case of ice, decreased. Overall, there was a slight increase in the number of respondents reporting use of the different forms of methamphetamine in 2005 (79% in 2005, 71% in 2004, 79% in 2003).

Reports of methamphetamine purity were variable, particularly in the case of speed and base. Most reported that speed was of low to medium purity, although one-fifth also reported it was high. Base was generally perceived to be of medium to high purity, and most reported that the purity of ice was high. Participants generally reported that the purity of speed and base had been stable to decreasing (although many also reported that purity had fluctuated), and that ice had been stable or increased over the past six months.

Injecting was reported to be the most commonly used route of administration of methamphetamine (94%, n=112), by those who had used this drug type in the last six months (n=119). Smaller numbers reported swallowing (25%, n=30), smoking (24%, n=28), and snorting (13%, n=15) methamphetamine in that time. Those who had used methamphetamine (speed, base, ice, liquid amphetamine or pharmaceutical stimulants) in the preceding six months reported a median of 10 days of use (compared to 12 days in 2004, 13 days in 2003, 24 days in 2002, 25 days in 2001, and 6 days in 2000).

Speed

Reports on the current purity of speed were variable. Of those who commented (n=83), almost one third (32%) reported that the current purity was medium, 29% reported it was low, 20% reported that it was high, and 13% reported that the purity fluctuated. In 2005 most thought that purity of speed had remained stable (32%), decreased (22%), or fluctuated (24%) over the past six months. Smaller numbers (11%) reported that purity had increased during the past six months, and another 11% did not know if there had been changes.

Base

There was also variability in reports on the purity of base. Of the 11 respondents to this question, three (27%) felt that the current purity of base was medium, and another three (27%) felt it was high. Others reported it was low (18%, n=2), or fluctuated (18%, n=2). Almost half (n=5) reported that the purity of base had been stable over the past six months, with two respondents reporting it had decreased, and another two that it had fluctuated. One respondent did not know if the purity of base had changed over that time.

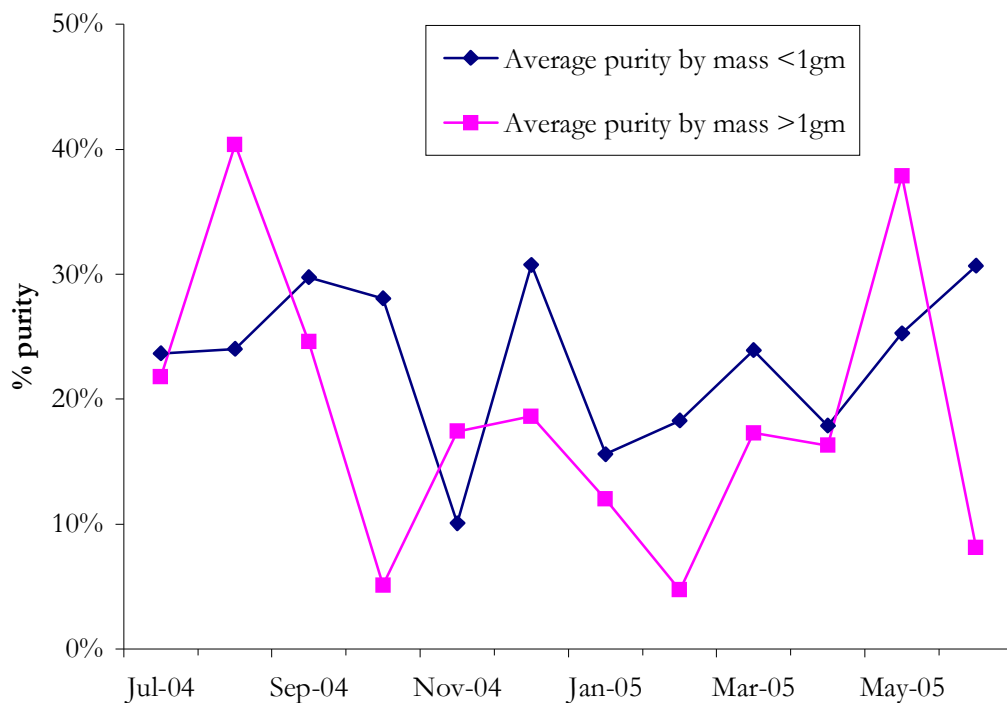
Ice

There was less variability in reports on the purity of ice. Of the 18 people who commented on this section, most (67%, n=12) reported that the purity of ice was high, while 17% (n=3) reported that it was medium, and another 17% (n=3) that it was low. Almost three-quarters of the respondents (72%, n=13) reported that the purity of ice had been stable over the last six months, while 17% believed it had increased during that time, and another 6% that it had decreased.

The mean purity of <1gm and >1gm methamphetamine seizures by law enforcement agencies in Victoria during 2004/2005 financial year is shown in Figure 11. All Victorian seizures are tested for purity. As shown in Figure 11, there is variability in the average purity of methamphetamine seizures over the 12-month period, more so in the larger (>1gm) seizures.

The mean purity of all seizures of methamphetamine analysed in Victoria during the 2004/2005 financial year was 21% (range 5% to 40%), compared to 31% reported in 2003/2004; 33% reported in 2002/2003; 20% reported in 2001/2002; 21% in 2000/2001; and 15% in 1999/2000 (Jenkinson & O’Keeffe, 2005).

Figure 11: Average purity of methamphetamine seizures by Victorian law enforcement, July 2004 - June 2005



Source: Victoria Police Forensic Services Department.

In contrast to the 2004 IDRS, key experts this year reported that there has been a reduction in the quality of speed, with one key expert specifically reporting that speed was seen by clients as being ‘dirty’ and cut with other substances or as badly ‘cooked’. However, quality is seen to be fluctuating rather than stable, with purity potentially on the increase. No key experts were able to report specifically on the quality of ice.

One law enforcement key expert estimated that ‘crystalline’ methamphetamine ranged between 40-85% purity in the last 6-12 month period, whilst powder averaged a purity of 10% (but could go as high as 35%). Pseudoephedrine-based methamphetamine is still the most common form, although police are starting to see some ‘cooks’ using P2P (phenyl2propanone). One KE noted that the increase in powder purity – though still low – might be due to a desire to compete with ‘ice’.

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 2004 National Drug Strategy Household Survey. According to the findings of this survey, 2.8% of the Victorian population aged 14 years and over had used methamphetamines (non-medical) within the past twelve months (Australian Institute of Health and Welfare, 2005).

Data from the 2004 Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2005), found that, of the 16-24 year olds surveyed (N=6005), 15% 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 (87%) and crystal (19%) and most respondents reported snorting (72%) or swallowing (59%) these drug types (Premier's Drug Prevention Council, 2005).

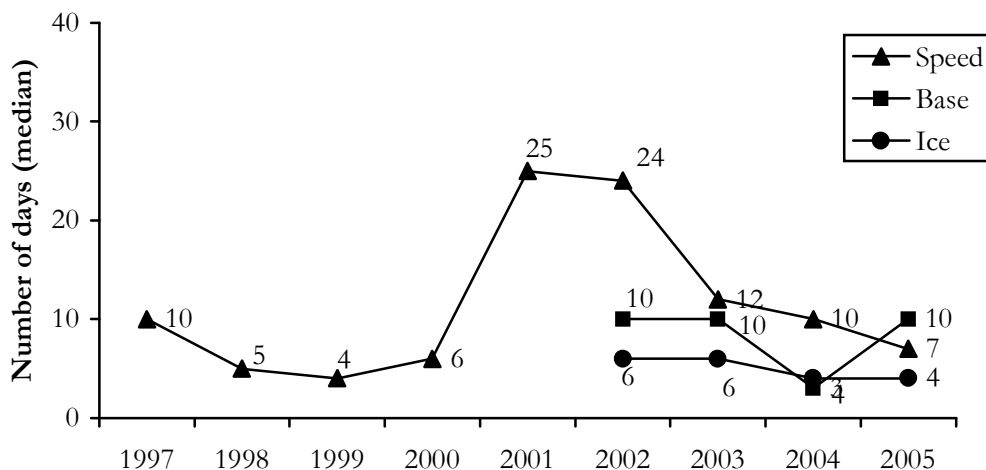
5.4.2. Current patterns of methamphetamine use

Almost all 2005 IDU survey respondents reported lifetime use of methamphetamine (speed 97%, ice 64%, base 28%, amphetamine liquid 15% and pharmaceutical stimulants 20%), while 13% nominated methamphetamine as their drug of choice.

Over three-quarters (79%, n=119) of IDU survey respondents reported using at least one form of methamphetamine in the past six months (speed 75%, ice 29%, base 13%, liquid 5% and pharmaceutical stimulants 9%). Those who had used the drug in that time reported a median of 10 days of use (speed 7 days, ice 4 days, base 10 days, liquid 6 days, and pharmaceutical stimulants 4 days; see Figure 12). Five respondents to the 2005 survey reported using methamphetamine every day in the last six months (180 days).

While it is evident that the use of methamphetamine (mainly the speed variety) is widespread amongst the IDU surveyed, frequency of use of this drug type remains much lower than that reported during 2001-2002 (the time of the reported heroin shortage). This reduction in frequency of use may be associated with the heroin market currently being more stable, and the fact that the IDU surveyed are able to access their drug of choice (namely heroin) more readily.

Figure 12: Number of days used past six months (median) by IDU participants – speed, base and ice, 1997-2005*



Source: IDRS IDU interviews

* Data not available for base and ice prior to 2002

Of the key experts who were able to report on methamphetamine use, several reported that clients were using an average of three to five times per week, whilst others reported that their clients were daily users, often using 1-2 points of speed once to twice per day. One key expert reported that the clients of their service were bingeing on speed, using it whilst ‘clubbing’ on Friday nights and then continuing to use speed for two to four days afterwards. The ‘club scene’ was seen to be popular amongst this particular group of users. One key expert reported that there was a perception amongst clients that speed was useful if the client was homeless. Speed was seen as being able to keep clients alert so that they felt able to walk around all night, which then enabled them to feel alert to potential threats to their safety.

As with the 2004 IDRS, key experts in this study commented that methamphetamine use is still very prevalent amongst the IDU in Melbourne, with the majority of key experts reporting that from one-third to ‘most’ heroin users were also using methamphetamines.

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 2004–05 (in Victoria and Australia). During that financial year just over one-fifth (22%) of the arrests made in Australia for amphetamine-type stimulant offences occurred in Victoria (data provided by the Australian Crime Commission)⁶. In Victoria the total number of consumer and provider arrests for amphetamine-type stimulants remained relatively stable since 2003-04 (N=2240 in 2003-04).

⁶ Proportions (%) should be interpreted with caution due to the lack of uniformity across states and territories in the recording and storing of data on illicit drug arrests.

Table 9: Amphetamine-type stimulants: consumer and provider arrests, Victoria and national, 2004-2005

| | Victoria (n) | Australia (n) | % of national arrests |
|---------------|-----------------|------------------|--------------------------|
| Consumer | 1515 | 7285 | 20.8 |
| Provider | 659 | 2696 | 24.4 |
| TOTAL* | 2174 | 10,056 | 21.6 |

Source: Australian Crime Commission

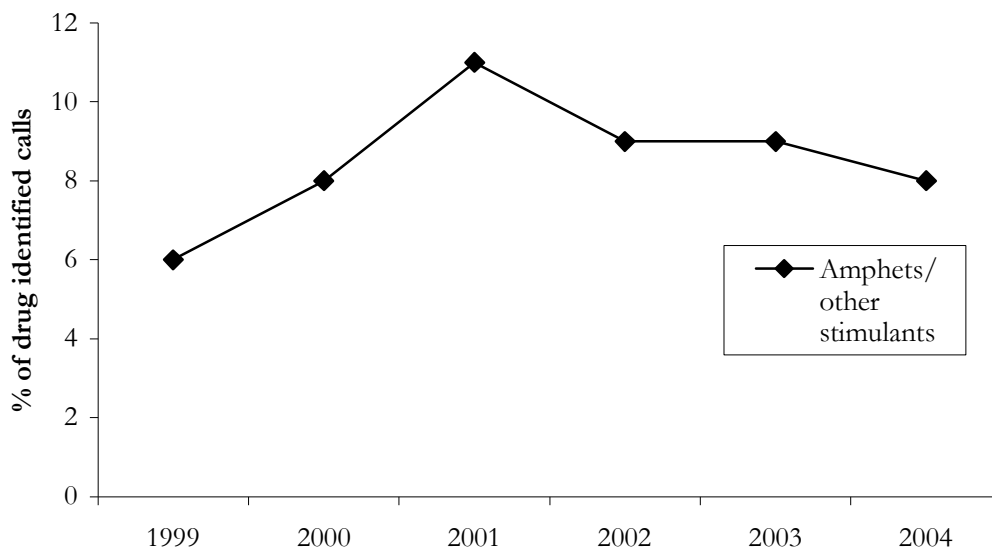
*Includes those offenders for whom consumer/provider status was not stated.

5.5.2. Health

DirectLine calls

During 2004 DirectLine responded to 2251 calls where amphetamines and other stimulants were identified as a drug of concern. This represents eight 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 three years (see Figure 13).

Figure 13: DirectLine calls where drug of concern identified as amphetamines and/or other stimulants, 1999-2004



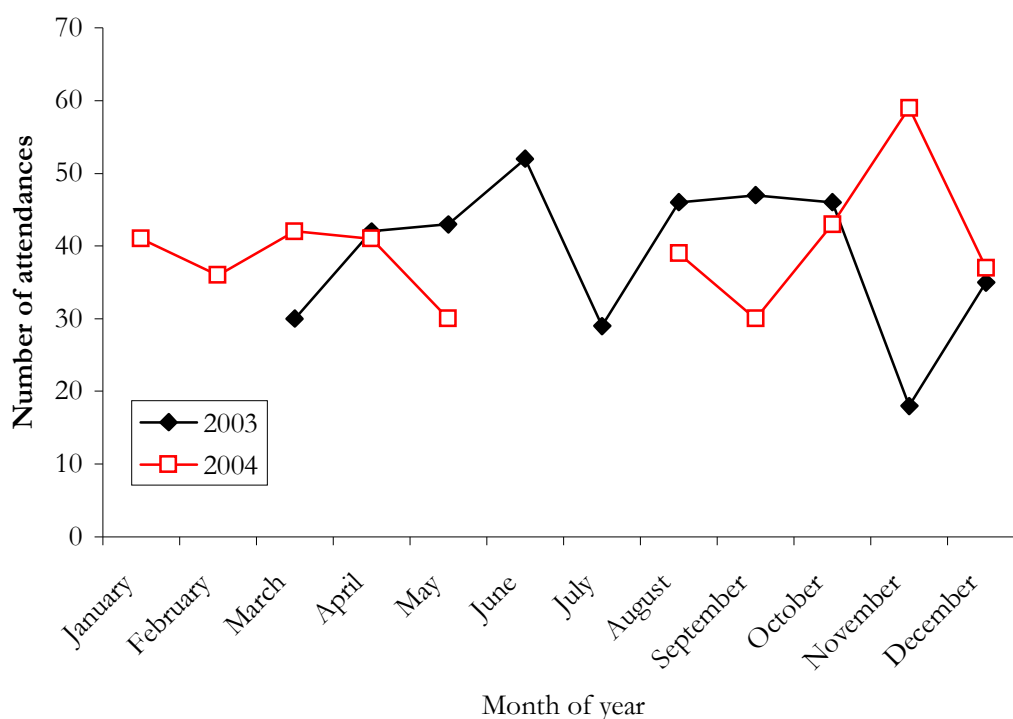
Source: DirectLine, Turning Point Alcohol and Drug Centre Inc (unpublished data).

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 14: Monthly totals of ambulance attendance where amphetamines were mentioned in Melbourne, Jan 2003-Dec 2004 (excluding Jan-Feb 2003 & Jun-Jul 2004).



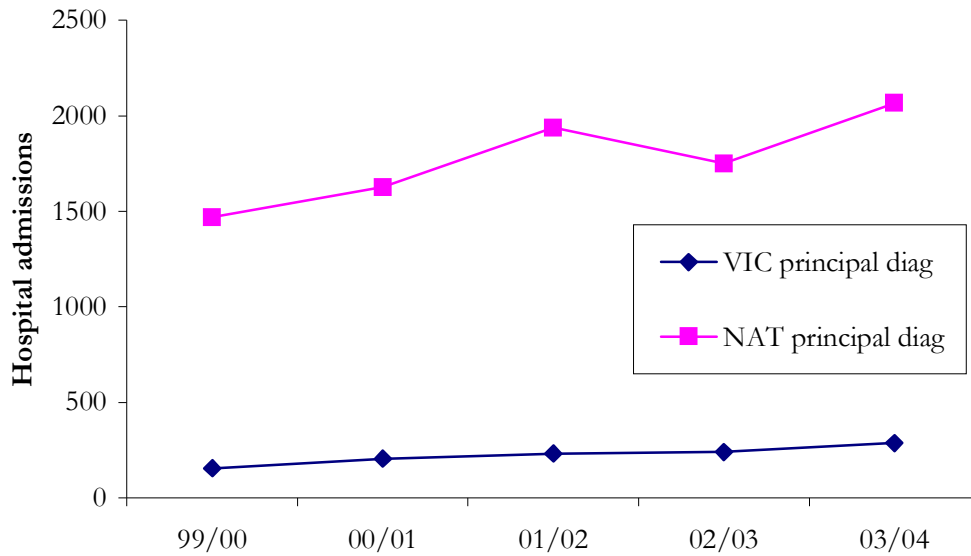
Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre.

Figure 14 reports the monthly totals of ambulance attendances where amphetamine use was mentioned in Melbourne, January 2003-December 2004 (excluding Jan-Feb 2003 & Jun-Jul 2004). Ambulance attendances where amphetamine use was recorded ranged between approximately 20-60 per month during this time. In 2004 there were a total of 398 attendances where amphetamine use was mentioned and in 2003 there were a total of 388. In 2004 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 for Victoria and Australia are presented in Figure 15. It is evident from this data that the number of amphetamine-related hospital admissions, both in Victoria and nationally, has been stable to increasing between 1999/00-2003/04.

Figure 15: Amphetamine-related hospital admissions, Victoria and national, 1999/00-2003/04.



Source: Australian Institute of Health and Welfare

5.6. Summary of methamphetamine trends

Trends in methamphetamine price, availability, purity and use are summarised in Table 10. Findings from the 2005 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 2004, these drugs were predominantly sourced through social networks (friends), dealers' homes, and mobile dealers.

Table 10: Summary of methamphetamine price, availability, purity and use trends in Melbourne, 2005.

| | Speed | Base | Ice |
|------------------------|---|--|---|
| Last price paid | | | |
| <u>Point</u> | | | |
| Median | \$40 | \$45 | \$50 |
| Mode | \$50 | \$40 ^a | \$50 |
| <u>Gram</u> | | | |
| Median | \$200 | \$150 | \$300 |
| Mode | \$200 | \$100 ^a | \$180 ^a |
| Availability | n=83 <ul style="list-style-type: none"> very easy (45%) - easy (35%) stable (69%) scored from friend (29%), dealer's home (27%), mobile dealer (26%) | n=11 <ul style="list-style-type: none"> easy (46%), difficult (36%) stable (73%) scored from friend (33%), dealer's home (22%), mobile dealer (22%) | n=18 <ul style="list-style-type: none"> difficult (56%), very easy (28%) stable (44%), more difficult (33%) scored from friend (56%), dealer's home (19%), mobile dealer (13%) |
| | <ul style="list-style-type: none"> speed easy to obtain purier forms slightly more difficult to obtain generally stable availability for each form | | |
| Purity | n=83 <ul style="list-style-type: none"> current purity variable: medium (32%), low (29%), high (20%) purity stable (32%), decreased (22%), fluctuated (24%) | n=11 <ul style="list-style-type: none"> purity medium (27%), high (27%), low (18%) purity stable (45%), decreased (18%), fluctuated (18%) | n=18 <ul style="list-style-type: none"> purity high (67%) to medium (17%), low (17%) purity stable (72%) |
| Use | <ul style="list-style-type: none"> Prevalence of use speed and base increased slightly in 2004, prevalence of use of ice decreased for the second year in a row Most score from friends, dealers' homes or mobile dealers Price has remained stable Slight decrease in frequency of use | | |

^a Multiple modes exist. The smallest value is shown.

6.0 COCAINE

Fifteen percent of the Melbourne IDRS survey respondents (n=23) reported using cocaine in the last six months, and 12 respondents were able to comment on the price, purity and availability of this drug. Data collected from the twelve IDU who were able to comment on cocaine have been included in this report; however, it is difficult to draw many conclusions, or identify clear trends in the price, purity and availability of this drug from such a small sample. Cocaine use by IDU in Melbourne still appears to be fairly opportunistic.

As with the 2004 IDRS, no key experts were able to report *exclusively* on cocaine use. However, despite the fact that the price of cocaine remained prohibitive for many drug users, nine key experts nevertheless reported occasional use of cocaine by 'a few' of their client base in 2005. One key expert reported that adolescent clients were reporting access to coke but may be 'being ripped off and just getting speed', whilst another key expert confirmed that one user who believed they were getting cocaine also reported actually receiving methamphetamine. In addition, one key expert reported that, whilst there had been a dealer working in their local area for a while, cocaine remained 'a yuppie drug' which was generally quite rare and expensive. A final key expert reported that they had had contact with a couple of clients who 'mainly use coke' but was unable to provide further details regarding cocaine use other than that the purity of cocaine was seen to be high.

6.1 Price

In 2005, seven participants commented on the current price of a gram of cocaine, reporting that this quantity currently costs \$300 (range \$300-400), and four participants were able to comment on cap prices, reporting that these currently cost \$50 (range \$50-60). Fewer participants reported having actually purchased these quantities in the previous six months. Three respondents reported purchasing a gram(s) in that time for a median of \$350, and one respondent reported purchasing a cap(s) of cocaine in the previous six months for \$50. In 2005, five of the 12 respondents to this section (42%) reported that the price of cocaine had remained stable during the past six months. Others reported that the price had increased (17%, n=2), decreased (17%, n=2), fluctuated (8%, n=1), or that they did not know if the price had changed in the past six months (17%, n=2).

Table 11 summarises the last purchase price of cocaine in Melbourne reported by the injecting drug users who participated in the 1997-2005 IDRS studies. Although data collected in Melbourne over the past nine years suggests that the price of a cap of cocaine ranges from \$50-100, and gram of cocaine ranges from \$200-400, 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 1997-2005.

| Cocaine | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|------------------|-----------------|-----------------|------------------|---------|---------|------------------|-------|-------|------------------|
| Cap (\$) | | | | | | | | | |
| median | 60 | 80 | 60 | 80 | 100 | 65 | ----- | ----- | 50 |
| mode | 50 ^a | 50 ^a | 60 | 80 | 100 | 30 ^a | | | 50 |
| range | 50-200 | 50-100 | ----- | ----- | 50-200 | 30-110 | | | ----- |
| purchasers (n) | 3 | 3 | 1 | 1 | 5 | 4 | | | 1 |
| Gram (\$) | | | | | | | | | |
| median | 325 | 220 | 230 | 238 | 225 | 200 | 250 | 200 | 350 |
| mode | 400 | 200 | 220 ^a | 250 | 200 | 150 ^a | 250 | 200 | 270 ^a |
| range | 200-500 | 175-400 | 220-240 | 150-250 | 200-500 | 150-450 | ----- | 200 | 270-400 |
| purchasers (n) | 12 | 21 | 2 | 6 | 15 | 7 | 1 | 2 | 3 |

Source: IDRS IDU interviews

^a Multiple modes exist. The smallest value is shown.

6.2. Availability

Over half (58%, n=7) of the 12 participants who responded to this section reported that cocaine was currently difficult to access, and one other respondent reported that it was very difficult. The remaining four respondents reported that cocaine was currently easy (27%, n=2), or very easy (27%, n=2) to access. Most of the 11 respondents who commented on changes (64%, n=7) reported that availability had been stable during the previous 12 months, while others reported that it had become more difficult (27%, n=3), or that they did not know if there had been changes (9%, n=1).

Respondents most commonly reported obtaining cocaine from a dealer's home (40%, n=4) or mobile dealer (30%, n=3). Thirty minutes was the median amount of time needed to score cocaine.

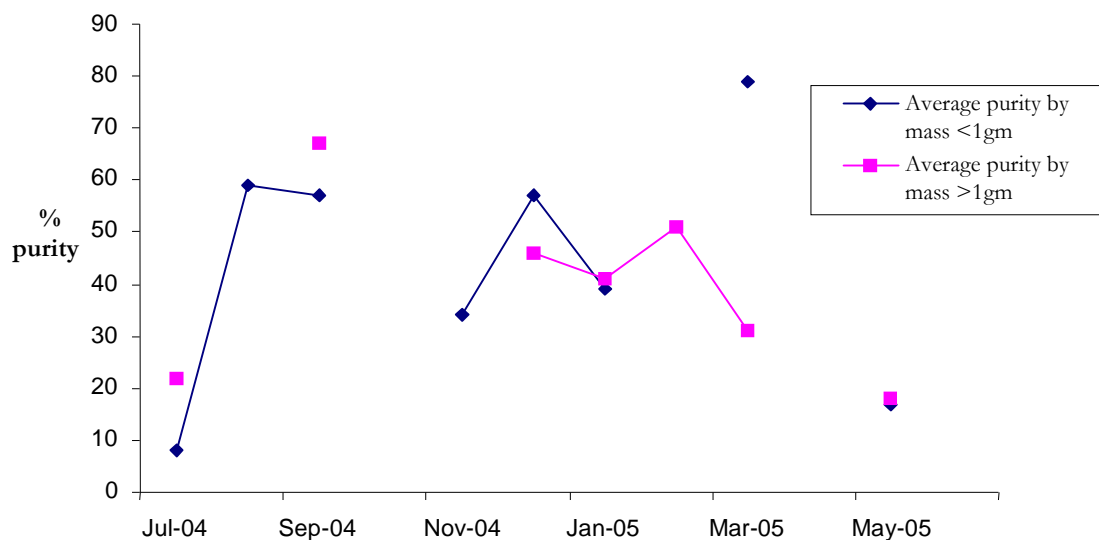
6.3. Purity

Fourteen percent (n=21) of those who participated in the IDU survey reported having used cocaine in powder form in the past six months (compared to 7% in 2004, 13% in 2003, 16% in 2002, 31% in 2001), and 3 respondents (2%) reported using "crack" (a smokeable form of cocaine). The principal routes of administration reported for recent cocaine use (last six months) were injecting (11%, n=16) and snorting (8%, n=12). Reported cocaine injection (past six months) increased from 2% (n=3) in 2004, and is more comparable to that observed prior to that year (10% in 2003, 15% in 2002, and 20% in 2001).

The majority of respondents who commented on cocaine purity reported that it was low (42%, n=5), to medium (33%, n=4) at present. Others reported that it was high (8%, n=1), it fluctuated (8%, n=1), or that they did not know the current purity (8%, n=1). Most reported that cocaine purity had decreased (50%, n=6) or been stable (33%, n=4) in the previous six months. Others thought that it had fluctuated (8%, n=1), or reported that they did not know if there had been changes (8%, n=1).

The mean purity levels of cocaine seizures analysed by law enforcement agencies in Victoria during the 2004/2005 financial year are shown in Figure 16. In some months during this period there were no seizures of cocaine.

Figure 16: Average purity of cocaine seizures by Victorian law enforcement, July 2004 - June 2005



Source: Victoria Police Forensic Services Department.

The mean purity of all seizures analysed during this period was 42% (range 8% to 79%), compared to 40% in 2003/04; 27% in 2002/03; 38% in 2001/02; 40% in 2000/01; and 53% in 1999/00. Hence, whilst there was variability in the purity of cocaine seized by Victoria Police in 2004/05 (see Figure 16), the average purity of cocaine seizures in this jurisdiction has generally ranged from approximately 30-50% since 1999/00 (Jenkinson & O’Keeffe, 2005).

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 2004 National Drug Strategy Household Survey. The findings of this survey suggest a low level of cocaine use within the Victorian community, with 1.2 % of the Victorian population aged 14 years and over reporting use of this drug within the past 12 months (Australian Institute of Health and Welfare, 2005).

Data from the recent Victorian Youth Alcohol and Drug Survey (Premier’s Drug Prevention Council, 2005) indicates that, of the 16-24 year olds sampled (N=6005), reported use of cocaine was infrequent, with 6% 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 close to two-thirds of the respondents to the IDU survey (62%, n=93) reported lifetime use of cocaine, only three people (2%) identified cocaine as their main drug of choice. Fifteen percent of the IDU surveyed reported having used cocaine in the previous six months and 11% 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 3 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.

Whilst the prevalence of recent cocaine use increased slightly in 2005 (15% compared to 10% in 2004), and nine key experts reported occasional use of cocaine by ‘a few’ of their client base, the use of cocaine amongst the IDU sample in Victoria still remains low and infrequent.

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 2004–05 (in Victoria and Australia). During that financial year approximately one-fifth (21%) of the arrests made in Australia for cocaine offences occurred in Victoria (data provided by the Australian Crime Commission)⁷. In Victoria the total number of consumer and provider arrests for amphetamine-type stimulants remained relatively stable since 2003-04 (n=85 in 2003-04).

Table 12: Cocaine: consumer and provider arrests, Victoria and national, 2004-2005

| | Victoria (n) | Australia (n) | % of national arrests |
|-----------------|-----------------|------------------|--------------------------|
| Consumer | 54 | 257 | 21.0 |
| Provider | 37 | 164 | 22.6 |
| TOTAL* | 91 | 425 | 21.4 |

Source: Australian Crime Commission

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

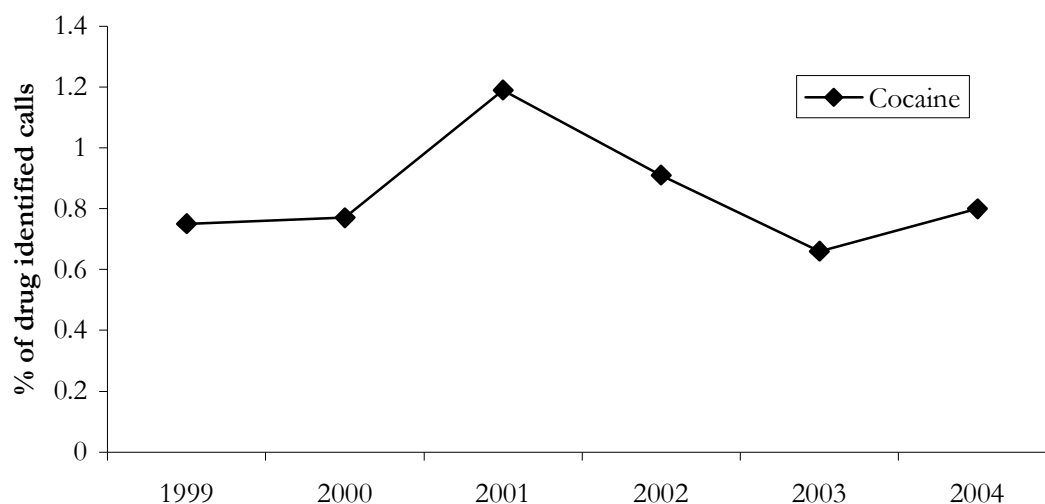
6.5.2. Health

DirectLine calls

During 2004 DirectLine responded to 216 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 six years (see Figure 17).

⁷ Proportions (%) should be interpreted with caution due to the lack of uniformity across states and territories in the recording and storing of data on illicit drug arrests.

Figure 17: DirectLine calls where drug of concern identified as cocaine, 1999-2004



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

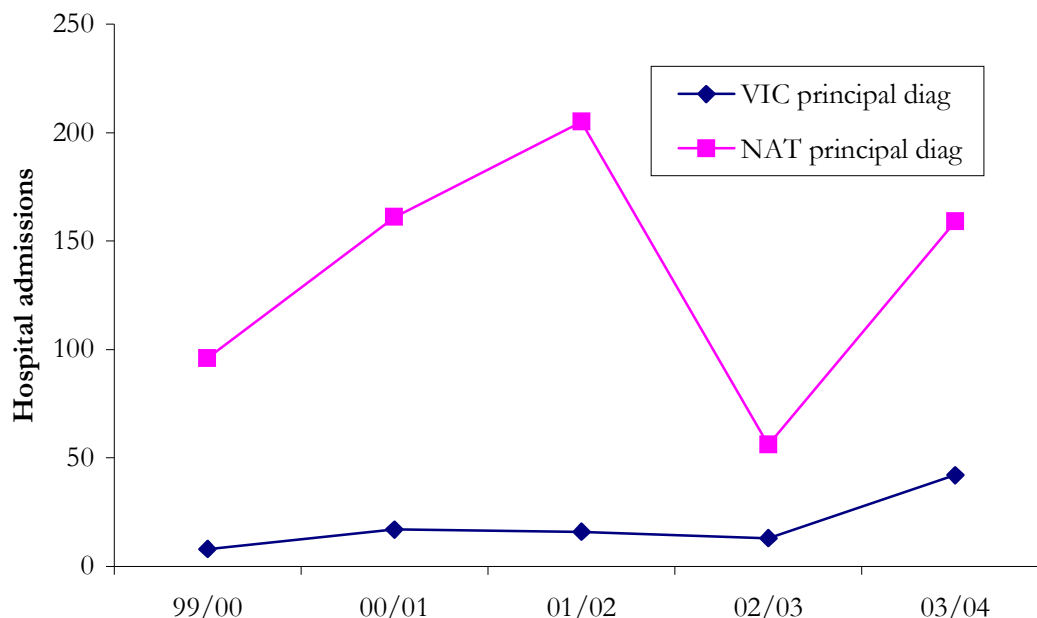
Cocaine-related events attended by ambulance

In 2004 there were a total of 26 ambulance attendances in Melbourne where cocaine use was mentioned (23 in 2003). The estimated average age of cases in 2004 was 29.62 years (29.32 years in 2003) (analysis by S. Cvetkovski, Turning Point Alcohol and Drug Centre). As in previous years (Jenkinson & O’Keeffe, 2005; 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 for Victoria and Australia are presented in Figure 18. It is evident from this data that the number of cocaine-related hospital admissions in Victoria was relatively stable between 1999/00-2002/03, but increased in 2003/04. Nationally, the number of cocaine-related hospital admissions increased between 1999/00 and 2001/02, then decreased significantly in 2003, and increased again in 2003/04. The number of cocaine-related hospital admissions is much lower than for opioids or amphetamines.

Figure 18: Cocaine-related hospital admissions, Victoria and National, 1999/00-2003/04.



Source: Australian Institute of Health and Welfare

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 (and only 12 people (8%) 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 2005.

| | |
|---------------------|---|
| Price | |
| Cap | <ul style="list-style-type: none"> • \$50 |
| Gram | <ul style="list-style-type: none"> • \$300-400 |
| Availability | <ul style="list-style-type: none"> • difficult (58%) • stable (64%), more difficult (27%) |
| Purity | <ul style="list-style-type: none"> • average purity 42% (range 8% to 79%)^a • decreased (50%), stable (33%)^b |
| Use | <ul style="list-style-type: none"> • Slight increase in prevalence of use last 6 months (15%), increased levels of recent injecting (11%) • Very low frequency of use (median 3 days out of 180), suggesting opportunistic use patterns • Sourced from dealer's home or mobile dealer • Trends are not clear and require further research |

^a Based on purity of drug seizures made by Victoria Police (Victoria Police Forensic Services Department)

^b Based on IDU reports

7.0 CANNABIS

Cannabis was the second most commonly used illicit drug by IDU survey respondents in the last six months (86%, n=129), with 99% of respondents reporting having used cannabis in their lifetime. Approximately three-quarters of respondents to the 2005 survey (73%) were able to report on aspects of cannabis price, potency and availability.

For the past three years questions related to cannabis have been asked separately for hydroponic cannabis and bush/naturally grown cannabis. Most respondents to the 2005 survey had used hydroponic cannabis in the last six months (79%), while 42% reported having used bush/naturally grown cannabis in that time.

Five key experts reported that cannabis was the primary drug of choice amongst the drug users with whom they had the most contact. In addition, many key experts (n=27) 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.

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, 2005*

| Amount | Hydro median price (\$) | Hydro modal price (\$) | Hydro no. of purchasers | Bush median price (\$) | Bush modal price (\$) | Bush no. of purchasers |
|---------------|-------------------------|---------------------------------|-------------------------|------------------------|--------------------------------|------------------------|
| Ounce | 250 (240) | 250 (250) | 30 (33) | 200 (180) | 200 (200) | 4 (9) |
| Half ounce | 130 (140) | 120^a (150) | 22 (17) | 140 (130) | 70^a (160) | 3 (4) |
| Quarter ounce | 70 (80) | 70 (80) | 55 (62) | 60 (70) | 60 (80) | 7 (8) |
| Three grams | 50 (50) | 50 (50) | 37 (44) | 50 (50) | 50 (50) | 2 (11) |
| Gram | 20 (20) | 20 (20) | 75 (72) | 20 (20) | 20 (20) | 20 (20) |

Source: IDRS IDU interviews

*2004 data in brackets

^a Multiple modes exist. The smallest value is shown.

Hydroponic cannabis

Median prices reported for hydroponic cannabis on the most recent occasion of purchase were: gram \$20; three grams \$50; quarter ounce \$70; half ounce \$130; and ounce \$250. Prices reported for these quantities of hydroponic cannabis remained stable in 2005.

During the previous six months, the majority of respondents who reported having used hydroponic cannabis (n=118) reported purchasing grams (64%), and quarter ounces (47%). Other quantities of hydro purchased included 3 grams, often referred to as '3 for \$50' (31%), and ounces (25%).

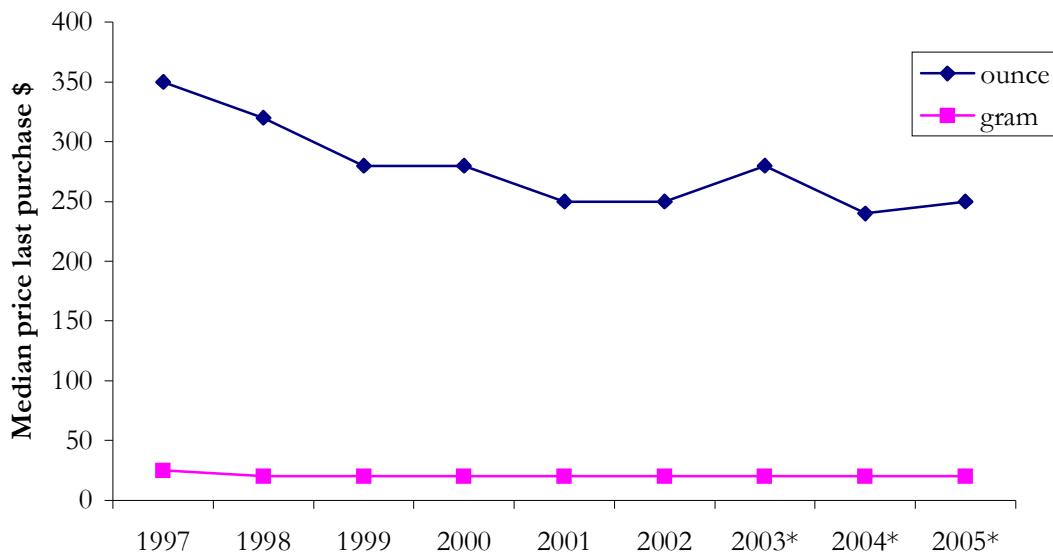
The majority of IDU who commented on trends reported that the price of hydroponic cannabis had not changed (77%, stable) during the last six months, while smaller numbers indicated that prices had decreased (11%), or fluctuated (5%) during that time.

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 \$60; half ounce \$140; and ounce \$200. Most respondents who reported having used bush/naturally grown cannabis in the past six months (n=63), reported purchasing grams (32%), quarter ounces (11%), or ounces (6%) in that time.

Over half (59%) of those able to comment on bush/naturally grown cannabis reported that prices had been stable in the past six months, and 8% reported a decrease in that time. Almost one-third of respondents (30%) did not know if the price of bush/naturally grown cannabis had changed during the past six months.

Figure 19: Price of cannabis* in Melbourne reported by IDU survey respondents 1997-2005.



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 1997-2005 IDRS studies are shown in Figure 19. 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.

Four key experts commented on the price of cannabis. Two key experts reported that the price for a quarter of an ounce ranged between \$70-\$80, though one of those key experts commented that prices could be slightly higher for inexperienced buyers; for example, between \$80-\$90 per quarter ounce. One key expert reported that price could vary depending on the potency of the cannabis, from as little as \$10 per gram to \$40 per gram. This price was also reportedly affected by location, with cannabis being less expensive when it was purchased closer to areas where ‘bush’ cannabis was being grown. One key expert reported that ‘half a bud’ could be purchased for \$20. Finally, one key expert reported that a lot of cannabis users were moving into growing their own personal supply. The price of cannabis was reported to be stable by all four key experts.

7.2. Availability

Hydroponic cannabis

The overwhelming majority of the IDU sample who commented on the availability of hydroponic cannabis (n=106), reported that it was very easy (71%) or easy (26%) to obtain, and that the availability of cannabis had remained stable in the preceding six months (84%). This group commonly obtained cannabis from a friend (48%), dealer’s home (32%), or mobile dealer (8%). Smaller numbers of people had purchased from a street dealer (6%), home delivery (4%), or grew their own supply (3%).

Bush/naturally grown cannabis

Approximately half of those who were able to comment on the availability of bush/naturally grown cannabis (n=62), reported that it was very easy (34%) to easy (19%) to obtain at present. Sixteen percent reported that it was difficult to obtain, and 2% very difficult to obtain at present. Close to one-third of respondents to this section (29%) reported that they did not know how available bush cannabis was at present. Over half (58%) reported that availability had been stable, 3% reported that it had become more difficult, and 3% reported that bush cannabis had become easier to obtain over the past six months. Over one-third of respondents (34%) did not know if the price of bush cannabis had changed during the past six months. This group commonly obtained bush cannabis from a friend (47%), dealer’s home (34%), or a street dealer (9%).

As in 2004, key experts reported that cannabis was very easy to obtain and that availability has remained stable. Purity was also seen to be high and stable. Cannabis is still primarily sourced through private social and drug networks, though it has been reported that some users are producing cannabis solely for their own personal use.

Cannabis trafficking/dealing

Two key experts reported that clients were dealing cannabis to support their own cannabis use, and one key expert reported that one client was dealing cannabis to support a heroin habit. One key expert reported an increase of parents (in this case mothers) coming through the court system after dealing cannabis (sometimes to their children).

7.3. Potency

Participants had used a variety of different forms of cannabis during the six months prior to interview, including: hydroponically grown cannabis (79%), bush/naturally grown cannabis (42%), hash (6%) and hash oil (2%). As in previous years, the type most commonly used was hydroponic (89%).

Hydroponic cannabis

The potency of hydroponic cannabis was generally rated as high (68%, n=72), or medium (25%, n=27) by the IDU sample who could comment (n=106), with most respondents stating that the potency had remained stable (66%, n=70), or had been increasing (16%, n=17) over the previous six months. Seven percent of respondents reported also that the potency of hydroponic cannabis had decreased (n=8), or fluctuated (7%, n=8) during this time.

Bush/naturally grown cannabis

The potency of bush/naturally grown cannabis was generally rated as medium (42%, n=26) by the respondents who commented on this section (n=62), while others reported that it was currently high (11%), or low (10%). Most respondents stated that the potency had remained stable (53%, n=33) over the previous six months, although over one third (37%, n=23) did not know if the potency of bush cannabis had changed in that time.

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 2004 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 9.8% of the Victorian population aged 14 years and over reporting use of the drug within the past 12 months (Australian Institute of Health and Welfare, 2005).

Data from the 2004 Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2005) show that cannabis is the most frequently, and widely used illicit drug by the 6005 young people surveyed. Approximately half (48%) of the 16-24 year olds sampled reported lifetime use of cannabis, and over one-quarter of the sample (27%) reported use in the 12 months prior to the survey. Alcohol and tobacco were reported to be the drugs most commonly used at the same time as cannabis.

7.4.2. Current patterns of cannabis use

IDU survey respondents who reported cannabis use in the past six months (n=129) reported using this drug on a median of 130 days during that period (between daily and every second day), with 44% (n=57) reporting using cannabis on 180 days (or every day). In terms of illicit drugs being reported on in the IDRS, cannabis remains the most frequently used drug.

The five key experts who reported on cannabis as a primary drug of choice stated that most clients were daily smokers, using from a quarter of a gram to three grams of cannabis per day, or, alternatively, up to twenty 'cones' per day. This amount could often increase depending on availability.

One key expert also reported that although most users with whom they are in contact are constant smokers (up to 80%), others use cannabis just a few times a day whilst some clients used cannabis on a social or recreational basis on the weekends.

Another KE stated that clients who were working tended to smoke cannabis at lunch-time, after work, and then through the night. This key expert also reported that most cannabis users had partners and/or older kids who were also smoking cannabis and that some younger clients had parents who were dealing cannabis. Key experts again confirmed that many cannabis users were also selling cannabis to support their own use.

One key expert reported that chroming (inhaling chemicals, mainly household products, to produce a high feeling) was sometimes an alternative to cannabis for younger users, depending on their financial situation.

The majority of cannabis users were said to be smoking with the use of home-made bong, with some smoking of joints. One KE reported that older males favoured the use of joints, although there was no clear pattern of preferences. A few cannabis users were said to be producing cookies and also brewing cannabis as a tea, though the latter was seen to be a very small percentage of users.

With regard to those drug users whose primary drug of choice was not cannabis, key experts reported that a high percentage of all clients were 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.

As with the 2004 IDRS, one or two 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 2004–05 (in Victoria and Australia). During that financial year 14% of the arrests made in Australia for cannabis offences occurred in Victoria (data provided by the Australian Crime Commission)⁸. In Victoria the total number of consumer and provider arrests for cannabis remained relatively stable since 2003-04 (N=7620 in 2003-04).

Table 15: Cannabis: consumer and provider arrests, Victoria and national, 2004-2005

| | Victoria (n) | Australia (n) | % of national arrests |
|-----------------|-----------------|------------------|--------------------------|
| Consumer | 5064 | 44,248 | 11.4 |
| Provider | 2157 | 8626 | 25.0 |
| TOTAL* | 7221 | 53,053 | 13.6 |

Source: Australian Crime Commission

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

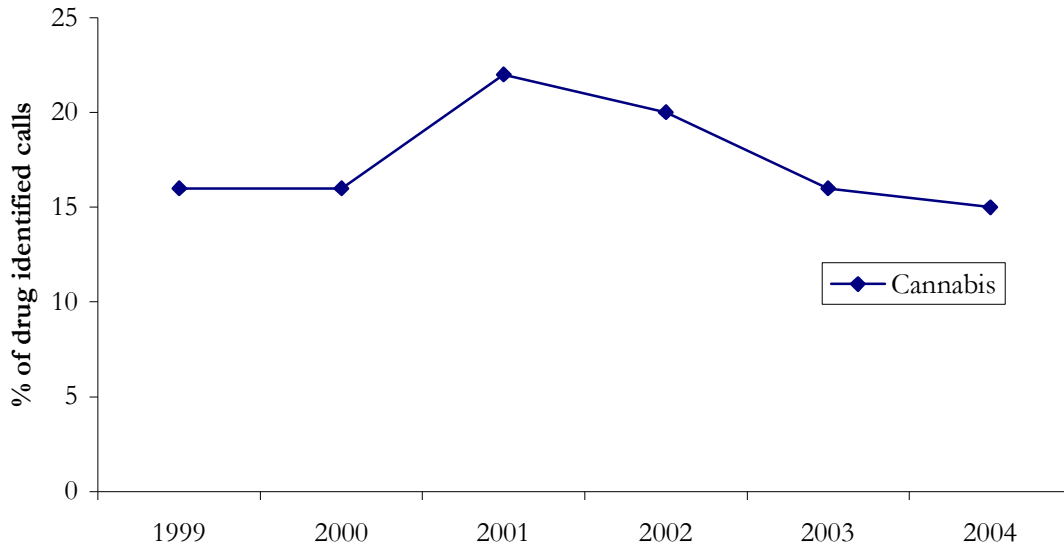
7.5.2. Health

DirectLine calls

During 2004, DirectLine responded to 3980 calls where cannabis was identified as a drug of concern. This represents 15% 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 was stable since 2003 (see Figure 20).

⁸ Proportions (%) should be interpreted with caution due to the lack of uniformity across states and territories in the recording and storing of data on illicit drug arrests.

Figure 20: DirectLine calls where drug of concern identified as cannabis, 1999-2004

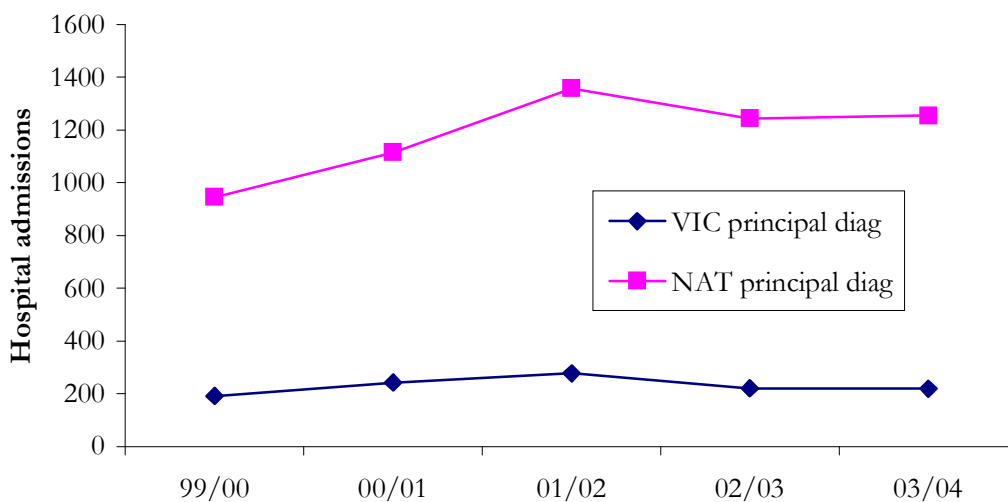


Source: DirectLine, Turning Point Alcohol and Drug Centre Inc (unpublished data).

Hospital admissions

The National Hospital Morbidity Database (NHMD) is compiled by the Australian Institute of Health and Welfare. Cannabis-related hospital admissions for Victoria and Australia are presented in Figure 21. It is evident from this data that the number of cannabis-related hospital admissions peaked in 2001/02, both in Victoria and nationally, then decreased slightly in 2002/03, and have been relatively stable since.

Figure 21: Cannabis-related hospital admissions, Victoria and national, 1999/00-2003/04



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 2005. In terms of the number of users, cannabis was the second 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, 2005.

| | |
|-----------------------|---|
| Price (median) | <ul style="list-style-type: none"> • \$20 (hydro and bush) • \$250 (hydro), \$200 (bush) • Prices stable |
| Availability | <ul style="list-style-type: none"> • Hydro readily available last 6 months (easy–very easy 97%), stable (84%) • Bush very easy to easy (53%) and stable (58%) |
| Potency | <ul style="list-style-type: none"> • Hydro high (68%) to medium (25%)^a • Bush medium (42%)^a |
| Use | <ul style="list-style-type: none"> • Second most widely used illicit drug by IDU sample (prevalence 86%) • Relatively stable frequency of use • Most frequently used illicit drug in terms of number of days • Cannabis commonly used concurrently with other drugs • Accessed primarily through social networks |

^a Based on IDU estimates of THC potency

8.0 OPIOIDS

8.1 Methadone

Seventy percent of the 2005 IDRS sample reported lifetime use of methadone, which is similar to the past three years. Approximately one-fifth of respondents (19%, n=29) reported lifetime injection of methadone, a proportion also similar to past years (25% in 2004, 22% in both 2003 and 2002). Very few respondents (3%, n=4) reported injection of methadone during the six months prior to interview (5% in 2004, 2% in 2003, 3% in 2002, 6% in 2001).

Licit methadone syrup was reported to have been used by 27% of respondents (n=41) in the previous six months, and illicit methadone syrup by 10% of respondents (n=15) in that time. Only one respondent reported using licit Physeptone tablets in the past six months, and another one respondent reported using illicit Physeptone tablets during that time. Of those who reported using any form of methadone in the past six months (n=51), the majority (83%) reported mostly using licit methadone syrup. The median number of days use for those who reported using methadone in the past six months (n=51) was 60 days, and for those who were enrolled in methadone treatment during that time (i.e. during last six months, n=40) a median of 80 days use was reported.

Only four respondents (3%) were able to answer questions about the price and availability of illicit methadone. Two participants reported that 1ml of solution costs \$1, and that they had purchased 20ml for \$20 in the past six months. Another participant reported having exchanged 10 benzodiazepine tablets for 40ml of methadone solution in that time. Two respondents reported that they sourced this methadone from friends, and all four respondents reported that prices had been stable. Three of the four respondents who commented on the availability of illicit methadone reported that it was currently difficult to obtain, while the other respondent stated that it was easy. Most reported that the availability of illicit morphine had been stable during the past six months (n=3), with one respondent reporting that it had become more difficult to access in that time (n=1).

8.2 Buprenorphine

Of the 60 participants who were currently in treatment, the majority (55%) reported that the main type of drug treatment they were in was buprenorphine treatment. The other main treatment types were methadone (38%) and drug counselling (7%). These figures are similar to the past three 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 2005, most (85%, n=128) of the IDRS respondents reported lifetime use of buprenorphine, and 63% (n=94) reported using this drug in the last six months. In 2005 respondents were again asked about both licit and illicit use of buprenorphine. In terms of use in the last six months, 49% of the sample reported having used licit buprenorphine, and 29% reported having used illicit buprenorphine in that time. This is a change from 2004, when fewer (35%) reported licit use, and slightly more (35%) reported illicit use in the last six months. Over three-quarters (76%) of the respondents who reported using buprenorphine in the past six months had mostly obtained it licitly (i.e. with a prescription in their own name), and this proportion has increased since last year (55% in 2004).

Of the sample of 150 IDU respondents, 79% had swallowed buprenorphine ever and 53% had done so recently (in the last 6 months). The median numbers of days of buprenorphine use in the last six months was 90 days (or every two days).

Close to two-thirds (63%) of the respondents reported injecting buprenorphine in their lifetime (56% in 2004; 51% in 2003; 37% in 2002), and 39% reported doing so in the last six months (43% in 2004; 39% in 2003; 33% in 2002). For those who injected their prescribed buprenorphine (26%, n=39), a median of 26 days (out of 180 days) was reported (a large decrease from a median 150 days in 2004), while a median of 10 days (6 in 2004) was reported for those injecting illicit buprenorphine (23%, n=35).

As in 2004, most key experts reported having contact with clients on buprenorphine (n=37). Nine key experts specifically reported that they had experience with clients using buprenorphine illicitly, one key expert reported that buprenorphine was their clients' primary drug of choice, and a final key expert reported that heroin and buprenorphine injection were equally prevalent amongst their clients.

Again, the illicit use of buprenorphine was particularly commented on in the Frankston area, with two key experts drawn from the area indicating that buprenorphine had become a primary drug of choice. In 2004, key experts in that area had reported that buprenorphine was 'replacing heroin in social terms – instead of a heroin market it has become a bupe market' and this appears to have been sustained in 2005. In contrast, many other key experts reported that only a small percentage of clients were injecting buprenorphine in other locales throughout Melbourne. There was not seen to be a 'market' for diverted buprenorphine per se, rather 'people injecting their own diverted bupe'.

One key expert commented that there are concerns amongst services regarding the crushing of buprenorphine tablets. Clients are reporting that their buprenorphine dose is not holding them through a 24-hour period, and that they feel that they are losing some of the powder by swallowing it. For example, 'when the powder mixes with the saliva in their mouths they lose track of where it all is and so can accidentally swallow it rather than it being absorbed the correct way'.

Consolidating the trend identified in both the 2003 and 2004 IDRS reports, many key experts reported that the balance between enrolment in methadone and buprenorphine programs was becoming relatively equal, though several services continued to report an increase in requests for buprenorphine, with one KE commenting that most new clients to their service continued to request it.

There continued to be reports of vein damage amongst clients injecting buprenorphine, with NSP services continuing to promote the use of wheel filters. One service reported seeing a few cases of blood poisoning from the re-use of wheel filters.

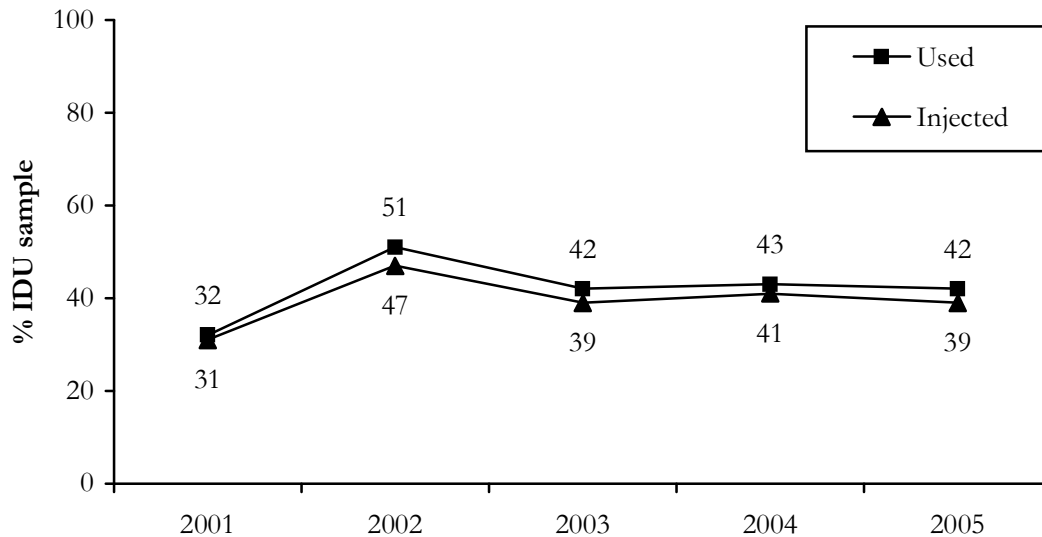
8.3. Morphine

Over three-quarters (78%) of the IDU surveyed reported lifetime use of morphine, and 42% reported using it in the last six months. The preferred method of use of morphine amongst the 2005 IDRS sample was injecting, with 75% reporting lifetime injection and 39% reporting injecting it in the last six months. Forty-one percent of the sample reported ever swallowing morphine, and 16% reported doing so in the last six months.

Reported prevalence of use and injection of morphine in the last six months has remained stable for the past three years (see Figure 22). Frequency of morphine use in the last six months has also remained stable since 2003, with a median of 5 days or

around ‘once a month’ reported (6 days in 2004, 7 days in 2003). The median frequency of morphine injection in 2005 was also 5 days (5 days in 2004, 6 days 2003).

Figure 22: Proportion of IDU reporting morphine use and injection in the past six months 2001-2005.



Source: IDRS IDU interviews

Thirty-seven percent of the 2005 IDRS sample reported using illicit morphine in the past six months, and 6% had used prescribed morphine in that time. Of the group who had used morphine in the past six months, the majority (87%) mostly used illicitly obtained morphine. The types of morphine most commonly used by IDRS respondents were MS Contin® (55%), and Kapanol® (27%).

Fifteen percent of the sample (n=23) 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). Five people reported having purchased 100mg of illicit MS Contin for \$35-50 in the past six months, another two purchased 60mg for \$20-30, and one person reported purchasing 30mg for \$25. Two people reported purchasing 50mg of illicit Kapanol for \$20-50 in the past six months, and another three people bought 20mg for \$10-50 in that time. One person also reported purchasing 30mg of illicit Anamorph® for \$10. Close to two-thirds (65%, n=15) of those who could comment on the price and availability of illicit morphine, reported that the price had been stable in the past six months. Others reported that it had decreased (13%, n=3), or that they did not know if the price had changed in that time (22%, n=5).

Almost half (48%) of the respondents reported that illicit morphine was difficult to obtain at the time of interview, although 26% also felt it was easy, and 22% that it was very easy to obtain. Fifty-two percent (n=12) believed availability had been stable over the past six months, while 22% (n=5) reported that it had become more difficult, and 13% (n=3) that it had become easier to obtain in that time. The majority of respondents usually sourced their illicit morphine from friends (65%), or a dealer’s home (24%).

In 2005 there was a significant reduction in the number of key experts (n=21) who reported contact with clients who were using morphine, and a reduction in the estimation of how much and how often clients were using morphine, with the general consensus being that morphine use was 'low level and constant' rather than persistently heavy. MS Contin and Kapanol were reported to be the most popular products, though clients were also using Oxycontin.

All key experts reported that morphine was being used both licitly and illicitly, with illicit use primarily consisting of the injection of prescribed medication. There were two reports of GPs prescribing morphine to deal with heroin dependence or withdrawal and for chronic pain, and as with the 2004 IDRS report, there was confirmation that morphine is also available on the 'black market'. One KE commented that there appeared to be an increase in the variety of ways that clients could acquire morphine, suggesting that 'doctor-shopping' was supplemented by obtaining morphine from a friend or from the black market. One key expert reported that the acquisition of morphine via the black market in regional centres such as Shepparton and Mildura had increased in the '30-plus' age group.

As with the 2004 IDRS study, morphine use was widely reported to be sporadic and opportunistic rather than habitual, although one key expert had experience with a client who was using 200mg of morphine per day.

8.4. Oxycodone

For the first time in 2005, participants were asked about their use of oxycodone. Approximately one-third (30%) of the IDU surveyed reported lifetime use of oxycodone, and 17% (n=28) reported using it in the last six months. Fifteen percent of the 2005 sample reporting injecting oxycodone in the last six months and 11% reported swallowing the drug during that time. Frequency of oxycodone use in the last six months was very low, with a median of 4 days (out of 180) reported. The median frequency of oxycodone injection in 2005 was also 4 days.

The majority (82%, n=23) of the 28 participants who reported using oxycodone in the past six months reported having mostly used illicit oxycodone during that time, while 18% (n=5) reported having mostly used licit oxycodone. The main brand of oxycodone used by respondents was Oxycontin.

8.5. Other opioids

Twelve percent of the IDU interviewed (n=18) reported the use of other opiates in the preceding six months (27% in 2004). The main type of other opiate used by these respondents was Panadeine forte® (91%), with some reporting Tramal® (9%) as the main form they use. Over half (56%, n=9) of respondents mostly used licit opiates in the last six months, with 44% (n=7) reporting mostly obtaining these drugs illicitly.

Close to one-third (30%) of the IDU sample reported lifetime use of other opiates with 13% ever injecting them and 2% injecting them in the last six months. Lifetime use via oral routes of administration was reported by 16% of the IDU interviewed, and oral use in the last six months by 11%. As reported in past years, overall frequency of use during the last six months was low, with a median of 4 days reported (or less than once a month).

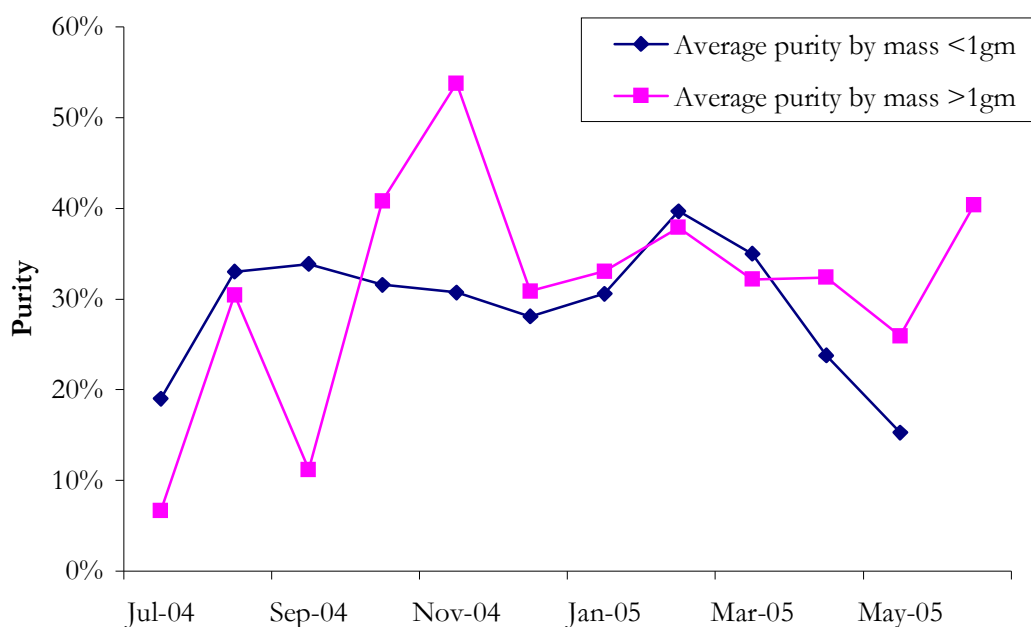
9.0 OTHER DRUGS

9.1 Ecstasy

Close to three-quarters (71%) reported having used ecstasy at least once in their lifetime and almost one-third (30%) reported ecstasy use within the last six months (compared to 23% in 2004, 25% in 2003, 31% in 2002, 39% in 2001). Thirty-seven percent of IDU interviewed reported that they had injected ecstasy before (33% in 2004, 44% in 2003, 36% in 2002, 31% in 2001, 15% in 2000), and 12% had done so within the six months prior to interview (8% in 2004, 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 (25%), and the median numbers of days on which ecstasy was used during that time was 5 days.

The average purity level of ecstasy seizures analysed by law enforcement agencies in Victoria during the 2004/05 financial year (see Figure 23) was 30% (range 7% to 54%), which was similar to the previous six financial years: 32% in 2003/04; 30% in 2002/03; 31% in 2001/02; 31% in 2000/01; 34% in 1999/00; 28% in 1998/99.

Figure 23: Purity of ecstasy seizures by Victorian law enforcement, Jul 2004-Jun 2005.



Source: Victoria Police Forensic Services Department.

As in the 2004 IDRS, many key experts reported that the vast majority of the clientele with whom they worked continued to engage in extensive poly-drug use, with an increase in the number of KE who reported that ecstasy use was common amongst their clients (n=27). However, ecstasy continued to be used primarily amongst younger clientele and used only occasionally or recreationally by 'a few' clients.

One key expert reported that ecstasy was the primary drug of choice of their clients, who were also heavy amphetamine users. Key experts commented that the small number of clients who used ecstasy did so orally.

Law enforcement KE reported that there has been an increase in the practice of producing amphetamines (speed) in pill form and selling it to users as ecstasy. KE report that this is being done because it is easier for traffickers to make a profit this way, with only a small amount of MDMA in the pill, if at all.

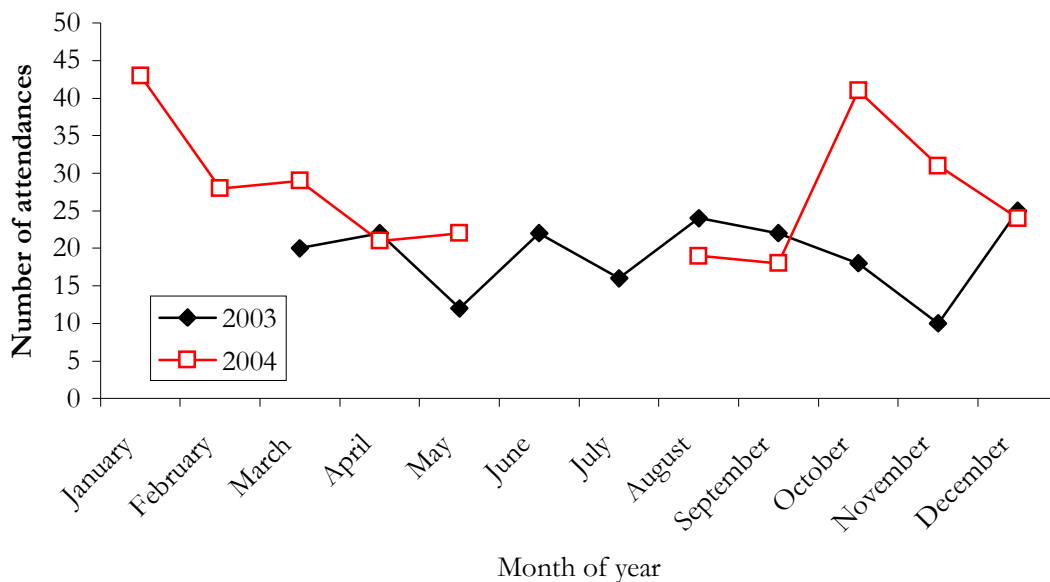
9.1.1. Health

Ecstasy-related events attended by ambulance

Figure 24 reports the monthly totals of ambulance attendances where ecstasy use was mentioned in Melbourne, January 2003-December 2004 (excluding Jan-Feb 2003 & Jun-Jul 2004). Ambulance attendances where ecstasy use was recorded ranged between approximately 10-40 per month during 2003-2004, peaking in January and October 2004. 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 2004 there were a total of 276 attendances where ecstasy use was mentioned, a larger number than in 2003 (n=191), and 2002 (n=174). In 2004 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 24: Monthly totals of ambulance attendance where ecstasy was mentioned in Melbourne, Jan 2003-Dec 2004 (excluding Jan-Feb 2003 & Jun-Jul 2004).



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

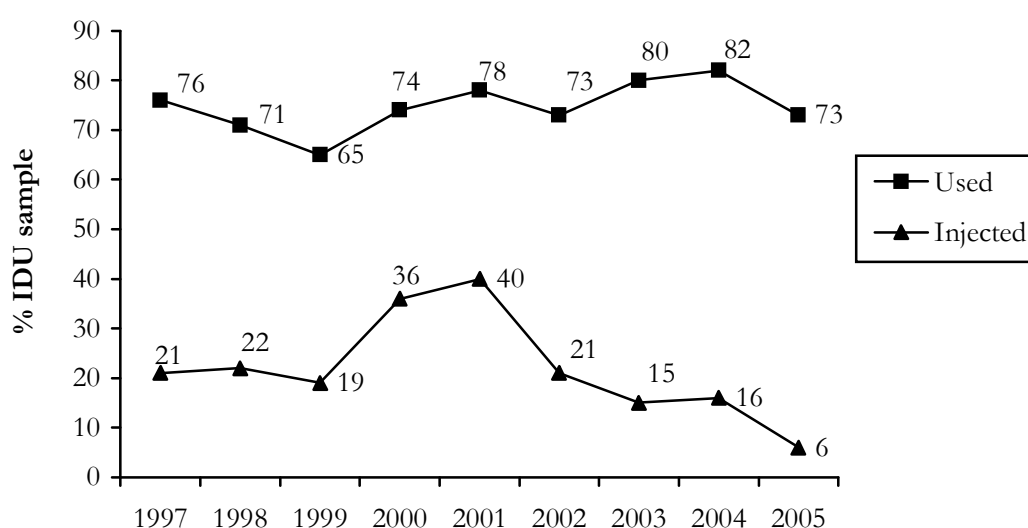
While the IDU surveyed in the 2005 IDRS study were able to provide some information about ecstasy trends in Melbourne, a clearer picture of ecstasy use can be gained through contact with other sentinel groups, such as psychostimulant or ‘party drug’ users. For the past three years the Party Drugs Initiative, which employs a similar methodology to the IDRS study, has been conducted in every Australian jurisdiction. 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 the 2005 PDI study will be available in early 2006.

9.2. Benzodiazepines

Most participants (73%) had used benzodiazepines in the last six months, with 6% reporting intravenous use (see Figure 25), and 73% oral routes of administration during this period.

Figure 25: Proportion of IDU reporting benzodiazepine use and injection in the preceding six months 1997-2005



Source: IDRS IDU interviews

The percentage of IDU who reported benzodiazepine injection steadily rose from 1999 to 2001; however, since that time there has been a considerable reduction in the number of respondents reporting using this mode of administration. In 2005, reported rates of injection were the lowest reported (6%, n=9) since the IDRS study commenced (in 1997). 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). More recently (in March 2004) all gel-cap temazepam formulations were withdrawn from the market (Wilce, 2004).

Of the group who had used benzodiazepines, the types most commonly used in the preceding six months were diazepam e.g. Valium® (62%); oxazepam e.g. Serepax® (16%); and alprazolam e.g. Xanax® (8%). Prevalence and frequency of use decreased slightly in 2005 (73% compared to 82% in 2004; 24 days compared to 30 days in 2004). Benzodiazepines had been injected on a median of 7 days (or about once a month) by the 9 respondents who reported injecting these drugs in the past six months.

Close to half (47%, n=71) of the IDU sample reported using prescribed benzodiazepines in the past six months and 49% (n=73) reported using illicitly obtained benzodiazepines in that time. Of those who reported using benzodiazepines in the past six months (n=108), 60% (n=65) reported mostly obtaining them licitly, and 40% (n=43) reported mostly acquiring them illicitly.

The majority of key experts (n=37) reported that they were in contact with clients using benzodiazepines. It was estimated that between a 'few' and 'most' clients were using BZDs, with the most common forms being Xanax® and Valium®, followed by Rivotril® Serepax® and Mogadon®. Several KE mentioned that Xanax® had become the 'benzo of choice' for drug users and that its popularity was continuing to increase, in terms of both licit and illicit use. One KE added that demand for Rivotril had decreased, and another that Normison® had become less available. The latter is due to the Australian manufacture of gel-cap temazepam formulations (including Normison) ceasing in March 2004.

The majority of key experts in 2005 report that the reduction in the injection of BZDs has remained stable in general, with use being primarily oral, though one KE suggested that BZD injection had increased again in the past six months. Several KE commented on the fact that users are far more aware of the dangers of injecting BZDs, a result of a substantial education program. However, it is important to note that there are still a proportion of clients – reports suggest that the numbers vary anywhere from 10-50% – who are using BZDs intravenously.

In addition, some of the concerns that KE expressed regarding the licit use of BZDs were that clients were continuing to forget conversations and appointment times, which caused difficulties in the effective provision of services.

It was suggested by the majority of key experts that the use of benzodiazepines ranged from daily use – sometimes with a daily dispensing regime from a pharmacy – to more sporadic or monthly use. As in the 2004 IDRS, 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. It was reported that some clients were using BZDs to assist in abstinence from heroin use, whilst others were using BZDs to 'economise' their heroin use; that is, to reduce heroin intake by substituting with BZDs. One key expert commented that the clients whom they had contact with who were using BZDs were more likely to be women who had been provided with BZDs as part of home-based withdrawal and had continued to use afterwards. Several KE reported that there was still a healthy trade in BZDs, and that clients continued to 'doctor-shop' to obtain BZDs.

9.3. Anti-depressants

Almost one-third (30%) of IDU reported that they had used anti-depressants during the preceding six months and 55% reported lifetime use. The median number of days of use for this group in the previous six months was 120 (compared to 108 in 2004; 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 Zoloft® (17%), Avanza® (14%), Efexor® (11%), Endep® (11%), Deptran® (9%) and Aropax® (9%).

Almost all respondents used anti-depressants acquired through licit means in the last six months (n=43), although three people also reported obtaining these drugs illicitly.

The majority of key experts (n=31) reported the use of anti-depressants amongst their clients. This is in keeping with the trend identified in the 2004 IDRS report, with high

numbers of clients using anti-depressants. Eleven key experts estimated that a 'few' clients were using or have been using anti-depressants, 12 KE reported that 'half' of their clients were using anti-depressants, five KE reported that 'most' clients were using anti-depressants, and three KE commented that between one-quarter and one-third of all clients were using anti-depressants. Again, use was seen to be overwhelmingly licit, with daily prescribed doses taken as directed.

However, some concerns were still raised by key experts regarding anti-depressant use. Though there was only one report of a client injecting their prescribed dose, other key experts reported concern around spasmodic use of anti-depressants, with clients not complying with dosing regimes, or, as one key expert reported, clients attempting suicide by taking their entire anti-depressant dose. One key expert also reported that dosages of anti-depressants were often very high for drug users. In addition, it was also reported that clients go 'on and off' anti-depressants after becoming dissatisfied at 'having to wait three weeks before feeling an effect' when they are used to 'instant responses from their drugs'. It was also reported that particular cultural groups (though unspecified) are reluctant to take anti-depressants. One key expert suggested that they were seeing evidence of the findings of some UK research, which suggested that there has been an increase in the number of young people on anti-depressants, and the emergence of some 'real problems with cannabis and anti-depressants'.

One key expert reported that one anti-depressant, Avanza®, was working particularly well for clients, in that it also helped with sleep as well as producing an increased appetite.

9.4. Other drugs

Nineteen percent of IDU respondents reported ever having used inhalants; however, only a very small number of respondents (2%) had used inhalants during the six months prior to interview (3% in both 2004 and 2003; 8% in both 2002 and 2001). 'Petrol' and 'spray paint' were the two types of inhalants used in the last six months.

Sixty-three percent of the sample reported lifetime use of hallucinogens, and 7% had injected this drug type at some time in the past. Only small numbers of respondents reported having used LSD/'trips' (2%) or hallucinogenic mushrooms (1%) in the previous six months. Reported frequency of use of hallucinogens was very low with a median of 1.5 days during the last six months.

Several key experts reported that the use of steroids has become more prominent in the past 12 months amongst a small group of clients, with one KE reporting that use had remained stable in the past two months. Clients were reported to be injecting steroids obtained from the black market. One KE drawn from a NSP service reported that the clients who presented for syringes in order to inject steroids intramuscularly were in fact a separate group of users who were not using heroin or on a pharmacotherapy program. Instead, it was reported that these clients may be continuing to use steroids after a period of incarceration. There was some concern amongst key experts reporting on steroid use that because this group of people used NSP services differently – 'they don't come and hang out' for example – it was very difficult to communicate safe using messages or instructions, and therefore this group were at increased risk of injection-related harms. Use of steroids amongst this group of people increased around the time of major sporting events. It was predicted that the Commonwealth Games in Melbourne in March 2006 would be one of those occasions.

In addition, in Frankston it has been reported that there has been a minor trend (as few as five clients) using a combination of buprenorphine and steroids, with clients seeing

steroid use as 'healthy' and contributing to 'getting their life back together'. One key expert reported that one client on the buprenorphine program had been approached to begin dealing in steroids. The availability of steroids is also seen as something that is 'well known in the injecting community'.

Two key experts reported that the injection of Unisom® amongst the South-East Asian community had increased, particularly since the gel-cap temazepam formulations became unavailable. There was concern expressed regarding a lack of knowledge about the consequences and harms of long-term Unisom® injection. This practice may be important to monitor in the 2006 IDRS report.

There was some comment on the use of GHB, with one KE reporting an increase in use in the last six months in the 'rave scene' amongst 21-35 year olds, but also an increase in the use of GHB amongst heroin users. In contrast, one KE reported that there had been a reduction in the use of both GHB and 'Special K', or ketamine, amongst people with whom they were in contact.

One key expert reported that there had been a few clients presenting to hospital with non-fatal overdoses arising from the concomitant use of heroin and anti-psychotic medication.

Finally, it was also reported by a key expert that there had been a 'huge' increase in the number of young women disclosing drink spiking and related sexual assault. This is another issue that it will be important to monitor in 2006.

10.0 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 BBVI such as HIV, and hepatitis B and C (HBV, HCV) (Crofts, Aitken, & Kaldor, 1999).

Twenty-three percent of respondents (n=35) reported lending a used needle to someone else in the past month, and 15% (n=22) reported borrowing someone else's used needle. With respect to borrowing another person's used needle, almost all participants (91%, n=20) who reported doing this in the last month indicated that the borrowed needle had been used by only one other person (usually a regular sexual partner or close friend). For those people who had loaned their own used needles to other people during the last month (n=35), 40% had done so once, 20% twice, 23% three to five times, and 17% had done so six or more times. The 2005 findings suggest that reports of both borrowing and loaning used needles are generally comparable to that observed in previous IDRS surveys (see Table 17).

Table 17: Self-reported IDU sample injecting risk practices during past month 1997-2005.

| Risk practice (past month) | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|------|------|------|------|------|------|------|------|------|
| Borrowed a used N/S (%) | 21 | 22 | 9 | 19 | 15 | 17 | 10 | 11 | 15 |
| Lent a used N/S (%) | 26 | 33 | 22 | 35 | 24 | 22 | 24 | 21 | 23 |
| Used spoon/mixing container after someone else (%) | -- | -- | 38 | 46 | 38 | 43 | 41 | 41 | 46 |
| Used filter after someone else (%) | -- | -- | 17 | 18 | 12 | 15 | 24 | 13 | 27 |
| Used tourniquet after someone else (%) | -- | -- | 7 | 11 | 12 | 13 | 7 | 13 | 11 |
| Used water after someone else (%) | -- | -- | -- | 33 | 17 | 23 | 24 | 32 | 33 |
| Used any injecting equipment after someone else (%) | -- | -- | 43 | 53 | 47 | 49 | 43 | 46 | 50 |

Source: IDRS IDU interviews

In 2005 respondents also reported relatively stable rates of sharing of other types of injecting equipment, although the use of filters after someone else increased to the highest levels seen since the IDRS study commenced in Melbourne (27%). In total, 50% (n=75) of the sample reported using other injecting equipment after someone else in the past month, most commonly spoons (46%), and water (33%).

10.2. Blood-borne viral infections

Blood-borne viral infections (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 December 2004. 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 2004, injecting drug use had been identified as an exposure factor in only 4% of all Victorian HIV infections (Victorian Department of Human Services, 2005b).

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 2004.

| | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 |
|---------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Number | 20 | 23 | 20 | 15 | 14 | 15 | 13 | 6 | 10 | 11 | 5 | 10 | 8 |
| % of HIV diagnoses | 8 | 10 | 9 | 8 | 7 | 8 | 9 | 5 | 7 | 5 | 2 | 4 | 4 |

Source: Jenkinson & O’Keeffe, 2005; Victorian Department of Human Services, 2005b

The evidence of low rates of HIV infection among IDU is reinforced by the results of a study of attendees at five fixed-site metropolitan Needle and Syringe Programs in Victoria in 2004, in which less than one percent of 189 respondents provided blood tests that were found to be HIV positive (see Table 19) (National Centre in HIV Epidemiology and Clinical Research, 2005).

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 2004, in which 69% of the sample (66% in 2003; 58% in 2002; and 70% in 2001) were found to have antibodies to HCV (see Table 19) (National Centre in HIV Epidemiology and Clinical Research, 2005).

Table 19: Prevalence of HCV and HIV infection among NSP clients in Victoria, 2001-2004.

| | 2001 | | | 2002 | | | 2003 | | | 2004 | | |
|--------------|---------------|-----------------|-----------------|---------------|----------------|-----------------|---------------|----------------|-----------------|---------------|----------------|-----------------|
| | 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* | Male n=122 | Female n=65 | Total n=189* |
| HCV % | 69 | 73 | 70 | 55 | 63 | 58 | 66 | 66 | 66 | 67 | 74 | 69 |
| HIV % | 0.9 | 0 | 0.6 | 0.7 | 0 | 0.4 | 0.7 | 1.1 | 0.8 | 0.8 | 0 | 0.5 |

Source: National Centre in HIV Epidemiology and Clinical Research, 2005

*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 3046 notifications of Hepatitis C infection in 2005, 3030 notifications in 2004, and 3655 notifications in 2003 (Victorian Department of Human Services, 2006).⁹ The number of Hepatitis C infection notifications was stable in 2005, with carriage rates remaining

⁹ Numbers do not necessarily reflect the true incidence of the disease

unacceptably high, and indicative of persisting levels of unsafe injecting practices amongst IDU.

10.3. Location of injections

Table 20 shows that 56% 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 (11%), or in a car (16%). The usual or most frequent location of injection during the past month was private home (74%), car (11%), the street/park or beach (9%), and public toilets (5%).

Table 20: Location in which 2005 IDU respondents had last injected (N=149)¹.

| Last injecting location | % |
|---------------------------------|----|
| Private home | 56 |
| Public toilet | 11 |
| Street/park or beach | 15 |
| Car | 16 |
| Other (e.g. abandoned building) | 1 |

Source: IDRS IDU interviews

¹ Missing data for one respondent

The reported locations of last injection were similar to those reported in previous IDRS studies (Jenkinson & O’Keeffe, 2005; Jenkinson, et al, 2004), although in 2005 slightly fewer reported last injecting in a private home (65% in 2004), and slightly more in a car (7% in 2004).

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. Over two-thirds (69%, n=103) of respondents had experienced at least one type of these problems, with scarring/bruising (48%), and difficulty injecting (46%) being the most common problems reported. The median number of injection-related health problems was two.

Table 21: Injection-related health problems reported by participants in the 2005 IDU survey (N=149) ¹.

| Type of problem | % |
|-------------------------------------|----|
| Prominent scarring/bruising | 48 |
| Difficulty injecting | 46 |
| Dirty hit (made me feel sick) | 19 |
| Thrombosis | 7 |
| Abscesses/infections from injecting | 7 |
| Overdose | 1 |

Source: IDRS IDU interviews

¹ Missing data for one respondent

Reported injection-related problems in 2005 were similar to the 2004 figures (Jenkinson & O’Keeffe, 2005). In 2005 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, 2005.

| Injection problems (%) | Benzodiazepines (n=6) | Methadone (n=2) | Buprenorphine (n=47) | Morphine (n=27) |
|---|-----------------------|-----------------|----------------------|-----------------|
| No problems | 33 | 50 | 36 | 52 |
| Abscess/infection | - | - | 2 | 4 |
| Dirty hit | 17 | - | 21 | 4 |
| Scarring/bruising | 50 | 50 | 28 | 22 |
| Thrombosis | - | - | 8 | 4 |
| Swelling of arm | 17 | 50 | 17 | 15 |
| Swelling of leg | - | - | - | - |
| Swelling of hand | 17 | - | 13 | - |
| Swelling of feet | - | - | 2 | - |
| Dependence | 33 | 50 | 28 | 4 |
| Difficulty finding veins to inject into | 33 | | 38 | 19 |

Source: IDRS IDU interviews

A single key expert suggested that needle sharing rates in 2005 are 'quite good', due to service-run vein care clinics, and that there have been no noticeable increases in injection-related problems. However, the majority of key experts reported a continuing problem with the sharing of injecting equipment. There were also many reported incidences of venous damage caused by intravenous drug use. Key experts reported problems such as vein collapse, abscesses – which three key experts reported had increased markedly and one key expert reported had decreased – infections (particularly in groins), and problems with injecting sites. One key expert reported that there had been two very serious cases of groin injury, with two young South East Asian men requiring an orchidectomy – the surgical removal of the testicles - in this case due to gangrenous infection. One key expert also reported that endocarditis – inflammation of the heart tissue due to bacterial infection – was more prevalent than overdose amongst the injecting population.

Many key experts reported a continued high demand for the supply of wheel/pill filters, though several also reported that a significant problem was that clients were reusing the filters due to the prohibitive cost (\$1.50 per filter), or because they were unable to access the filters outside business hours.

Of note in 2005 was the comment of two key experts that vein care issues were particularly visible amongst the Somali population, and amongst younger users, who were inexperienced with injecting in the groin or neck.

Another key expert reported that the sharing of injecting equipment continued to be a problem within the prison population, with an extreme risk of HCV infection amongst incarcerated drug users. The tolerance of heroin users who had been incarcerated was also low, increasing the chance of overdose amongst this population, both inside prison and upon release. In addition, it was reported that there was a significant increase in unsafe injecting practices and related health issues for women drug users upon entering prison. Even when clients were undertaking safe injecting practices on the 'outside', these practices were compromised by the unavailability of syringes whilst incarcerated. Clients were constructing 'home-made' injecting equipment as an alternative and then sharing that equipment with a number of other drug users.

Three key experts commented on the use of Unisom® in 2005, with one key expert suggesting that, though they were aware of its use, they were not seeing the same problems with injection-related health as they had with gel-cap temazepam. Another key expert reported seeing 'limping' in clients due to venous damage arising from femoral injection of Unisom®. They also reported tendon damage precipitated by 'poor injecting practices and hasty injecting'. This key expert reported that the levels of venous damage amongst this group are 'almost back to pre-2000', when levels of damage were very high. As noted earlier, there is also some concern about a lack of knowledge regarding the long-term implications of injecting Unisom.

Six key experts also reported on the injection of buprenorphine. In some areas, such as Frankston, injection of buprenorphine was relatively high, and services were continuing to provide 'lots of wheel filters for buprenorphine injection'. One key expert said there had been an increase in people inquiring about and buying filters in the past 6-12 months. Though those clients may have already been diverting and injecting their dose, they were now seen to be doing so more safely. Nevertheless, it was also reported that there were 'lots of bupe injecting-related problems', including groin injuries. One key expert said that people who were 'sick of travelling to the city to get heroin' had begun injecting buprenorphine, and that a significant amount of vein damage was occurring due to those clients having already sustained significant vein damage before injecting

buprenorphine. It was also reported that clients injecting buprenorphine were developing abscesses. One key expert reported that although their client base had begun to inject buprenorphine, they had yet to notice any issues with venous health.

In addition to issues with venous health, key experts reported that there were other harms related to injection such as fungal eye infections, and a high risk of HCV infection due to unsafe injecting practices.

Finally, three key experts commented on the injecting behaviour of older and younger clients, with one suggesting that there had been an increase in unsafe injecting and unsafe sex practices amongst younger users, whilst older users may be more mature, more stable, in long-term relationships, and thus less likely to use unsafely. A second KE reported seeing older users beginning to inject in the neck, and a third KE reported that young people were sharing needles more often, especially when they were 'hanging out' or required needles outside NSP service hours. Several key experts suggested that the provision of vending machines outside business hours would contribute significantly to a decrease in the sharing of syringes.

10.5. Driving risk behaviour

For the first time, in 2005, survey respondents were asked about driving risk behaviour. Sixty-three percent (n=95) of the 2005 IDU sample reported that they had driven a car in the past six months. Of those, 75% (n=71) reported that they had driven soon after (within one hour of) taking an illicit drug during that time. There were no differences between the proportions of males and females who reported that they had driven soon after taking an illicit drug. Most reported that they had driven soon after taking heroin (80%, n=57), cannabis (49%, n=34) or speed (29%, n=20).

10.6. Recent use and expenditure on illicit drugs

IDU survey respondents were asked about their drug use on the preceding day. Their responses (along with those reported in 2004) 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 to six) with the most commonly used drugs being cannabis (48%) and heroin (45%). Seventy-four 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 33% of the IDU sample had used heroin in conjunction with cannabis, benzodiazepines, alcohol, or anti-depressants.

Table 23: Drugs used on day prior to interview (IDU survey, 2004 & 2005)¹.

| Type of drug | 2004 (N=150) % | 2005 (N=150) % |
|------------------|----------------------|----------------------|
| Heroin | 49 | 45 |
| Cannabis | 51 | 48 |
| Benzodiazepines | 39 | 27 |
| Buprenorphine | 25 | 25 |
| Methadone | 13 | 12 |
| Alcohol | 26 | 25 |
| Anti-depressants | 12 | 14 |
| Speed | 10 | 9 |
| Base | 0 | 0 |
| Ice | 1 | 0 |
| Cocaine | 1 | 1 |
| Morphine | 7 | 7 |
| Other opiates | 4 | 0 |

Source: IDRS IDU interviews

¹Respondents were permitted to report more than one drug type.

Sixty percent of the sample reported purchasing illicit drugs on the day prior to interview. In terms of their illicit drug expenditure, 27% of the 2005 sample had spent \$20 to \$99, and 25% had spent more than \$100 (see Table 24). The median amount spent on illicit drugs on the day prior to interview was \$70.

Table 24: Amount spent on illicit drugs on day prior to interview (IDU survey, 2004 & 2005).

| Amount (\$) | 2004 (N=150) % | 2005 (N=150) % |
|----------------|----------------------|----------------------|
| Nothing | 32 | 40 |
| Less than \$20 | 5 | 7 |
| \$20-49 | 17 | 12 |
| \$50-99 | 13 | 15 |
| \$100-199 | 23 | 13 |
| \$200-399 | 5 | 8 |
| \$400 or more | 5 | 4 |

Source: IDRS IDU interviews

10.7. Substance-related aggression

In 2005 participants were asked about substance-related aggression (verbal and physical) in the six months preceding interview. Thirty-one percent (n=46) of the sample reported that they had become verbally aggressive (threatening, shouting, abusive) while under the influence of alcohol and/or any other drug in the last six months, and 33% (n=49) had done so while withdrawing/coming down from one or more drugs during that time. Thirteen percent (n=20) reported having become physically aggressive (shoving, hitting, fighting) while under the influence of alcohol and/or any other drug in the last six months, and 17% (n=26) had done so while withdrawing/coming down from one or more drugs during that time. Participants were asked which drug/s had been used prior to becoming aggressive, with most reporting heroin, speed, alcohol and benzodiazepines (see Table 25).

Table 25: Substance related aggression in the six months preceding interview: after which drugs?

| Drugs used prior (%) | Verbal aggression-under influence (n=46) | Verbal aggression-withdrawing/coming down (n=49) | Physical aggression-under influence (n=20) | Physical aggression-withdrawing/coming down (n=26) |
|-----------------------------|---|---|---|---|
| Heroin | 63 | 71 | 45 | 65 |
| Speed | 17 | 27 | 30 | 31 |
| Alcohol | 33 | 4 | 35 | 15 |
| Benzodiazepines | 24 | 4 | 20 | 12 |
| Ice | 7 | 8 | 20 | 12 |
| Base | 4 | 6 | 15 | 8 |
| Cannabis | 11 | 10 | 10 | 12 |
| Cocaine | 2 | 2 | - | - |
| Ecstasy | - | 2 | 5 | - |
| Morphine | 2 | 4 | 5 | 4 |
| Buprenorphine | 2 | 6 | - | 4 |
| Methadone | - | 2 | - | 8 |

Source: IDRS IDU interviews

10.8. Mental health issues

Almost half (47%, n=71) of the IDU survey respondents reported that they had experienced a mental health problem/s other than drug dependence in the last six months, most commonly depression (72%, n=51), anxiety (31%, n=22), schizophrenia (16%, n=8), and paranoia (14%, n=7). Eighty percent of the IDU who reported having experienced a mental health problem/s in that time reported having attending a health professional for this. Health professionals consulted by these participants (n=57), included general practitioners (67%), counsellors (30%), psychologists (23%), psychiatrists (21%), and social workers (16%).

Of the thirty-nine key experts who commented on mental illness, twenty reported that mental health had remained stable in the past 6-12 months. Twelve key experts reported that there had been an increase in mental health issues, and seven key experts felt unable to comment. There were a variety of reasons given regarding the increase in mental health issues. In three cases it was seen to be either because of the introduction of a dual diagnosis worker, clients becoming aware of the existence of a service, or clients turning

to a service after another organisation had closed down. Thus, the increase tended to be in the number of clients seen, rather than in mental health issues per se.

However, a significant number of the key experts who reported that there had been an increase in mental health issues reported an increase in episodes of drug-induced psychosis and schizophrenia in connection with either cannabis or amphetamine use. As a result there had been an increase in admissions to psychiatric institutions. In the Mornington Peninsula, this was seen to be due to a sudden influx of ice in the area. In other areas, the availability of inexpensive, but poor quality methamphetamine was seen to be a factor in the increase in mental health issues in the past six months. One key expert reported that there had been an increase in psychotic episodes specifically relating to young ice users, though this was seen to have stabilised in the past six months. Another service reported referring four to five clients to psychiatric services per week in the last twelve-month period. The same service had also noticed an emerging problem with Borderline Personality Disorder in the same twelve-month period. Two key experts reported that the increase in mental health issues may have been seasonal, worsening in winter periods, and one key expert suggested that there had been an increase in clients whose mental health was not being managed because of their drug use. One KE reported an increase in the number of people presenting with Bi-polar Disorder in the past six months.

A significant proportion of key experts (n=34) identified major depression and anxiety as the most dominant forms of mental illness. Key experts also identified other dominant mental health issues, including personality disorders (including Anti-Social Personality Disorder and Borderline Personality Disorder), drug-induced psychosis, schizophrenia, Bi-polar disorder, Obsessive Compulsive Disorder and Post-traumatic Stress Disorder (PTSD)– in this last instance one service reported that PTSD occurred primarily amongst their clients who had recently immigrated to Australia.

10.9. General health care

Key experts reported a variety of general health care issues for the population with whom they have contact. Whilst two key experts reported an improvement in the general health of their clients – which they attributed to the establishment of Primary Health Care Centres – the majority of KE reported that the poor health of this population was an ongoing issue, though it has recently been stable. Some of the ongoing health problems identified were poor nutrition or malnutrition, being underweight, suffering from low-level infections, cellulitis, soft tissue injuries and non-healing ulcers. One key expert hypothesised that the incidence of non-healing ulcers amongst their client group may have been a result of poor circulation caused by previous temazepam injecting. Finally, one KE noted that there was a high incidence of asthma amongst this population, whilst another reported a recent spate of problems with pancreatitis in clients aged in the 30s and 40s as a result of alcohol consumption.

Most key experts reported that the incidence of overdose in the past six months had been stable, with one key expert reporting a spike at the beginning of the year that had now stabilised. Three key experts reported a slight increase in non-fatal or ‘walking’ overdoses, with one key expert attributing this to the use of benzodiazepines. In addition, one key expert had seen 16 overdoses in a month and a half, but the majority of these overdoses were related to a combination of alcohol and benzodiazepines, or were overdoses on psychiatric medication. Overall the level of overdose was reportedly very low.

One key expert in the Fitzroy area commented that the people in this injecting population are beginning to speak up about the harms connected to the injection of buprenorphine. This has been as a result of specific health promotion campaigns being run by the service. In particular, clients have begun asking questions about Candida eye infections – which may occur when people inject buprenorphine that has been in the mouth of another person. Candida eye infections manifest in the small vessels of the eye and can cause blindness. This key expert reiterated that the issue has potentially been a problem for users for a longer period of time, but has been becoming more visible to health workers in the past 6-12 months.

In addition, two key experts suggested that topical issues or ‘awareness weeks’ (focused around hepatitis C infection for example) draw more inquiries from clients and have the potential to impact on health. Rates of hepatitis C infection were seen to be stable, but very high, with one KE estimating that between 60-80% of their clients were infected with HCV.

Other general health issues reported by key experts included a small increase in clients becoming psychotic due to a ‘cocktail’ of buprenorphine and benzodiazepines, with admission to a psychiatric hospital (n=1), and a small increase in mental health problems/psychosis related to the use of ice (n=1).

10.10. Criminal and police activity

10.10.1. Self-reported criminal activity

Forty-eight percent of participants (n=70) reported involvement in some type of criminal activity in the preceding month, and 53% (n=78) reported that they had been arrested in the previous twelve months (55% in 2004). Among those arrested in the previous twelve months, 58% of arrests were in relation to property crime, 20% related to violent crime, 17% were in relation to use or possession, 8% for dealing/trafficking, 5% for fraud, and 4% for a driving offence. Twenty-five 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 violent crime).

As shown in Table 26, property crime (26%) and dealing (25%) were the most common crimes reported in the last month, with fewer respondents reporting involvement in violent crime (7%) or fraud (4%). Self-reported crime prevalence has been relatively stable (to decreasing) since 2004.

Table 26: Criminal activity reported by IDU during the last month, 2001-2005.

| Type of crime | 2001 (N=151) | 2002 (N=155) ¹ | 2003 (N=150) ² | 2004 (N=147) ³ | 2005 (N=147) ³ |
|--------------------|-----------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Property crime (%) | 29 | 39 | 35 | 28 | 26 |
| Dealing (%) | 37 | 41 | 40 | 30 | 25 |
| Fraud (%) | 15 | 14 | 7 | 8 | 4 |
| Violent crime (%) | 15 | 9 | 10 | 8 | 7 |
| Any crime (%) | 60 | 63 | 59 | 53 | 48 |

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, or fraud. However, several key experts (n=6) noted that there has been an increase in violent crime, with four of those KE reporting that there had been an increase of violent crime against drug users – particularly when clients were ‘out of it’ – and against drug traffickers. One KE commented that there had been an increase in ‘stand-overs’ where vulnerable dealers, in particular young women, were being targeted. Small numbers of both health and law enforcement key experts reported that drug users were experiencing an increased amount of property crime committed against them, particularly theft of wallets and mobile phones whilst intoxicated.

Other minor changes noted by key experts included a small increase in people obtaining property to sell for profit (n=1), an increase in house burglaries to support drug use in one specific area (n=1), an increase in young people carrying weapons to protect themselves whilst engaging in trafficking (n=1) and a slight increase in property crime in order to support drug use (n=1). One key expert reported their service becoming more aware of minor fraud, with clients misusing material aid vouchers. Also, as noted earlier, one key expert noted that there had been an increase in the incidence/reporting of drink spiking and sexual assault against women clients.

10.10.2. Trafficking

Key experts reported overwhelmingly that trafficking activity has been stable in the past twelve months. The use of mobile phones to traffic heroin continued to be entrenched in many areas. One key expert reported an increase in clients presenting at their local court with trafficking offences.

Two law enforcement key experts reported an increase in heroin trafficking in one particular area, and there was also anecdotal evidence to suggest that one group was also beginning to traffic in ice. This was seen as a growing trend in the area in question, which will need monitoring over the coming 12-month period.

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. Approximately half of the respondents (52%) believed that there had been an increase in police activity over this period; however, significant numbers also reported that police activity had been stable (35%). Only three percent of respondents reported that there had been less activity in this period (see Table 27). Over two-thirds of the participants (68%) reported that police activity had had no effect on the difficulty of acquiring drugs recently, while 30% reported that it had.

Table 27: Police activity as reported by IDU, 2003–2005

| | 2003 N=152 | 2004 N=150 | 2005 N=150 |
|--|---------------|---------------|---------------|
| <i>Police activity in last 6 months %</i> | | | |
| More activity | 59 | 60 | 52 |
| Stable | 32 | 26 | 35 |
| Less activity | 3 | 3 | 3 |
| Don't know | 6 | 11 | 10 |
| <i>More difficult to obtain drugs recently %</i> | | | |
| Yes | 20 | 27 | 30 |
| No | 76 | 71 | 68 |

Source: IDRS IDU interviews

In contrast to the 2004 IDRS study, in which an overwhelmingly majority of key experts reported an increase in police activity, this year the number of KE who have perceived there to be an increase in activity has reduced, and many reported that police activity had been stable. However, a significant number of key experts continued to report an increase in the street presence of both undercover and uniformed police, an increase in raids and locally-directed operations, an increase in the use of police dogs or 'Passive Alert Drug Detection Dogs' (in certain areas) an increase in the use of surveillance cameras and an increase in the use of mounted police, the latter especially notable in the North Richmond and CBD area.

Key experts also report that the relationship between their clients and the police remains problematic, with many key experts perceiving an increase in negative behaviour towards drug users, and a number continuing to report policing around Needle and Syringe Programs and drug and alcohol agencies. One key expert commented that clients are wary of attending services to obtain syringes for several days after police attention, whilst another reported that the number of people accessing one NSP had dropped from 9000 to 5500 per month due to a police 'blitz'; a significant reduction in numbers.

Several key experts commented that they had noted a rise in the number of clients who alleged they had been assaulted or felt that they had received undue attention from police. In particular, there were seen to have been some serious incidents in the Footscray area, though it has been suggested that these interactions may not have occurred with the 'local' police force, with whom relations have improved (see below). Four key experts noted that an increase in negative incidents was particularly noticeable in the CBD area, with an increase in strip searches and arrests. One key expert commented that there had been an increase in operations in the CBD in preparation for the Commonwealth Games in March, with more clients being arrested for begging. Another key expert reported several incidences in an outer suburb where clients had been arrested for possession of 'their own buprenorphine'. There have also been three reports that policing has been racially focused, with particular attention given to 'South-East Asian faces'. In addition, as noted in previous IDRS reports, police operations focused on trafficking have also had the effect of shifting heroin markets to adjoining locations.

In contrast to this, there has been a major increase in the number of key experts reporting improved and positive relations with law enforcement personnel. Several key experts reported that there has been a marked increase in the number of drug diversion referrals given by police, with police being more prepared to provide offenders with a caution or a referral to a drug and alcohol program. This was seen as a positive outcome for clients; one example given was that police prosecutors are less likely to oppose bail

for people who have been charged with an offence if there is evidence of involvement in a diversion program. There were also many reports of positive and fruitful relationships between drug and alcohol services and police, which was categorised by one key expert as a change in ‘cultural view’ within the police force. One key expert reported that the involvement of police in a local drug action group was a positive development.

Finally, the Major Drug Investigation Division (MDID) and other law enforcement key experts have also reported some increases in drug-related policing. In the CBD area there had been an increase in prosecutions for trafficking, and an increase in arrests in general, whilst in Footscray there had been several major operations that had resulted in the arrest of large numbers of people. Police maintained a high presence in both areas and reported that residents and traders in these locales are benefiting from this action. One key expert reported that, although large police operations were successful, crime returned to pre-operation levels once concentrated police activity had ceased. It was also reported that the introduction of a new law enabling people to be charged with ‘loitering with intent to commit an indictable offence’ (e.g. possession or trafficking) may be of assistance to police in the future, but had yet to be tested in isolation in court.

In the Frankston area it was reported that law enforcement personnel were participating in an ‘integrated approach’ to the local issues of chroming and squatting amongst the youth population. This approach involved working with drug and alcohol agencies and local government to devise strategies to assist youth offenders, and was having positive results.

One key expert reported that the detection of methamphetamine clandestine laboratories had increased, with the MDID operating individual drug-specific ‘crews’ in this area. Police focus has also been on restricting access to precursor chemicals to inhibit local manufacture of methamphetamine, alongside police ‘diversion desks’ that are capable of monitoring the movement of precursor chemicals.

All law enforcement key experts reported that crime was stable, apart from a ‘spate of attacks’ with syringes in the CBD around 8-10 months ago, which had since ceased.

10.11. Services requested

Again, as in last year’s IDRS study and every IDRS study previously, unstable accommodation and difficulty in accessing long-term and emergency accommodation were perceived as major problems facing clients, alongside profoundly inefficient dental services. Key experts reported that clients’ dental issues were often chronic by the time they received treatment due to long waiting lists, and that this issue was not improving. The need for refuge accommodation for women also continued to be high, and the difficulty of placing women due to over-demand was seen as growing issue.

Several key experts suggested that demand for workshops around HCV prevention and vein care also remained high. In addition, one key expert reported having five clients who were on a waiting list for a liver transplant. These clients were older, HCV positive long-term users who had become seriously ill.

As in 2004, several key experts remarked upon the difficulty that clients are experiencing in paying for pharmacotherapy treatment, wheel filters and sterile water, which was seen to be having a negative impact on both treatment and safe injecting practices. In addition, three key experts remarked upon the lack of long-term residential rehabilitation services, for which older clients in particular are expressing a particular demand. Further, one key expert commented that there continued to be a lack of pharmacies dispensing pharmacotherapies.

As mentioned previously, several key experts reported that the demand for needle and syringe vending machines operating outside business hours was continuing to grow, and that the lack of availability of needles and syringes in these hours was compromising clients' health. Finally, one key expert highlighted a demand for childcare that was not being met, with clients missing court appearances or being unable to undertake detox due to a lack of childcare options.

10.12. General trends

IDU survey participants were also asked about any recent changes (last six months) 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.

Forty-seven 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 the overall number of people using (36%), an increase in younger people using (36%), a decrease in the number of people using (17%), and reports of a more diverse range of people using (17%).

Thirty-three 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, often because the quality of some drugs, particularly heroin, was seen as poor (53%), and were using more frequently (43%). Smaller numbers noted that people were using less frequently (12%).

Forty-four percent stated that there had been recent changes in the types of drugs their friends had been using. Of this group, many (47%) reported a general increase in the use of speed or ice, while others (23%) noted an increase in the use of prescription drugs (such as buprenorphine, morphine and benzodiazepines). Twenty percent also noted an increase in the use of 'party drugs' (most commonly ecstasy).

10.13. Summary of associated harms/drug-related issues

The main drug-related issues to emerge from the Melbourne arm of the 2005 IDRS study include:

- The majority of IDU were poly-drug users. Seventy-four 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, speed, alcohol and benzodiazepines.
- Mental health issues (most commonly depression and anxiety) stable to increasing 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 noted that the most commonly requested services/issues raised by clients continue to be access to stable accommodation, access to (affordable) pharmacotherapy treatment and access to dental services.

11.0 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, methamphetamine, 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 increasing) last six months | ✓ | ✓ | |
| Median price of cap \$45 (range \$20-100) | ✓ | ✓ | |
| Availability very easy to easy | ✓ | ✓ | |
| Medium to low purity | ✓ | ✓ | ✓ |
| Purity stable (to decreasing) 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 | ✓ | ✓ | |

Findings from the 2005 IDRS study suggest that the heroin market in Melbourne has been relatively stable over the past 12 months. In particular, it has been reported in the current study that heroin is very easy to access and availability is stable, purity levels are low and relatively stable, and the price is stable to increasing. Heroin supply in Melbourne is clearly not at the levels it was at prior to 2001, however, and trends in heroin use and associated outcomes 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', \$200 gram) | ✓ | ✓ | |
| 'Point' most commonly purchased weight | ✓ | ✓ | |
| Speed very easy/easy to obtain, purer forms more difficult | ✓ | ✓ | |
| Purity low/variable | ✓ | ✓ | ✓ |
| Predominantly sourced through social networks | ✓ | ✓ | |

Findings from the 2005 IDRS study suggest that the prevalence of methamphetamine use (in particular speed) 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 2004, these drugs were reportedly easy to obtain and were predominantly sourced through friends, dealers' homes, 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 relatively stable | ✓ | - | |
| Prevalence and frequency of use low | ✓ | ✓ | ✓ |
| Availability variable | ✓ | | |
| Principal routes of administration injecting and snorting | ✓ | - | |
| Purity medium to high and stable | ✓ | ✓ | ✓ |
| Sourced from dealer's home or mobile dealer | ✓ | - | |

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 2005, 12 injecting drug users and only a few key experts were able to comment on cocaine trends in Melbourne. Those who could comment reported that purity was generally medium 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 | ✓ | ✓ | |
| 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 2005. In terms of the number of users, cannabis was the second 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 2005 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 (licit) stable (to increasing) | ✓ | ✓ | ✓ |
| Number of consumers in buprenorphine treatment appears to have stabilised | ✓ | ✓ | ✓ |
| Reported diversion and injection of buprenorphine | ✓ | ✓ | |
| Decreased use of other opiates 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 anti-depressants are also widely used by injecting drug users. Prevalence of use of these drug types has remained relatively stable in 2005, although the prevalence of benzodiazepine injection has decreased to the lowest levels observed since the Melbourne IDRS commenced in 1997. As with cocaine, ecstasy use is relatively infrequent amongst this group, although may be increasing.

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 decreased | ✓ | ✓ | |
| Large proportion of IDU using anti-depressants | ✓ | ✓ | |
| Use of inhalants among young people | | ✓ | |
| Use of ketamine by some people | | ✓ | |
| Recent ecstasy use stable to increasing in this user group | ✓ | ✓ | |
| Primary route of ecstasy administration oral | ✓ | ✓ | |
| Purity of ecstasy relatively 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 | ✓ | ✓ | ✓ |
| Number of non-fatal overdoses relatively stable | ✓ | ✓ | ✓ |
| Self-reported crime levels stable to decreasing | ✓ | ✓ | |
| Incidence of mental health issues stable (to increasing) | ✓ | ✓ | |

Significant harms associated with injecting drug use continue to be of concern. While the number of non-fatal heroin overdoses remained relatively stable, the majority of IDU (69%) reported experiencing at least one type of injection-related health problem, and the incidence of mental health issues was stable to increasing.

12.0 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.

13.0 IMPLICATIONS

While the aim of the IDRS study is to monitor emerging trends in illicit drug use and related outcomes, 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 2005 Melbourne IDRS study suggest the following priority areas:

1. Continued monitoring of illicit drug markets for trends price, purity and availability, patterns of drug use, and related outcomes.

The IDRS study has again demonstrated its value as an informative and reliable drug trend monitoring study. It provides standardised comparable data relating to illicit drug use and related outcomes, 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 methamphetamine powder (speed) continues to be very easy to access and prevalence of use increases, and in turn heroin purity starts to decrease and prices increase (a trend observed in 2005), 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 outcomes among all sentinel groups of interest. The annual national Party Drugs Initiative (PDI), and the Cocaine Markets Study (completed in 2005) 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-related mental health issues 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 outcomes.

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 (Stoovè, Laslett & Barratt, 2005; Johnston, et al. 2004). In 2006 the IDRS methodology will also be adapted for a research study with at-risk young people living in Melbourne (the YDRS Study). Expansion of core methods from existing monitoring systems to other important groups of drug users (e.g. 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 implemented in the Victorian Psychostimulant Monitoring Project and the Cocaine Markets Study)¹⁰ 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 by some participants, further research into patterns of use, and factors that would reduce the harms associated with the injection of these drug types, is needed.

¹⁰ Johnston, et al., 2004; Shearer, et al., 2005.

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 viral infections (e.g. HIV, HCV and HBV).

Given that injection equipment sharing and associated health problems have again been reported by IDU in 2005, 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.

REFERENCES

- Australian Institute of Health and Welfare. (2005). *2004 National Drug Strategy Household Survey: State and Territory supplement*. AIHW cat. no. PHE 61. Canberra: AIHW.
- 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.
- 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.
- Drugs and Crime Prevention Committee (2004). *Inquiry into Amphetamine and 'Party Drug' Use in Victoria – Final Report*. Melbourne, DCPC, Parliament of Victoria.
- Dwyer, R., & Rumbold, G. (2000). *Victorian Drug Trends 1999: Findings from the 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.
- Jenkinson, R. & O'Keeffe, B. (2005). *Victorian Drug Trends 2004: Findings from the Illicit Drug Reporting System (IDRS)*. NDARC Technical Report No. 212. Sydney: National Drug and Alcohol Research Centre.
- Johnston J., Laslett A-M., Miller P., Jenkinson R., Fry, C., & Dietze P. (2004). *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.
- Moore, T., Caulkins, J. & Dietze, P. (2005). Bulletin No. 8: Illicit drugs in Australia: What do we know about the role of price? *DPMP Bulletin Series*. Fitzroy: Turning Point Alcohol and Drug Centre.
- National Centre in HIV Epidemiology and Clinical Research. (2005). *Australian NSP Survey, National Data Report 2000-2004*. National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney, NSW.
- Premier's Drug Prevention Council (2005). *Victorian Youth Alcohol and Drug Survey: 2004: Illicit Drug Findings*. 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.

- Shearer, J., Johnston, J., Kaye, S., Dillon, P., & Collins, L. (2005). *Characteristics and dynamics of cocaine supply and demand in Sydney and Melbourne*. National Drug Law Enforcement Research Fund, Monograph Series No. 14.
- Stoovè, M.A., Laslett, A-M., Barratt, M.J. (2005). *Victorian trends in ecstasy and related drug markets 2004: Findings from the Party Drugs Initiative (PDI)*. NDARC technical report no. 226. Fitzroy, Victoria, Turning Point Alcohol and Drug Centre.
- Victorian Department of Human Services. (2005a). *The Victorian Drug Statistics Handbook 2004: Patterns of drug use and related harm in Victoria*. Victorian Government Publishing Service.
- Victorian Department of Human Services. (2005b). *Victorian Infectious Diseases Bulletin*; Volume 8, Issue 2, September 2005.
- Victorian Department of Human Services. (2006). *Notifications of Infectious Diseases. Victorian Summary Report 1 January to 24 January 2006*. Communicable Diseases Section, Public Health Group, Department of Human Services.
- Woods, J., Wallington, J., Staikos, V., Gerostamoulos, J., & Drummer, O. (2005). *Heroin Deaths in Victoria: 2004*. Report No. 8: March 2005. Victorian Institute of Forensic Medicine & Department of Forensic Medicine, Monash University.
- Wilce, H. (2004). Temazepam capsules: what was the problem? *Australian Prescriber*; 27: 58-9.