

**NEW SOUTH WALES
DRUG TRENDS
2011**



**Findings from the
Illicit Drug Reporting System
(IDRS)**

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH&A	Australian Government Department of Health and Ageing
AIHW	Australian Institute of Health and Welfare
ANSPS	Australian Needle and Syringe Program Survey
AODTS	Alcohol & Other Drug Treatment Services
AUDIT-C	Alcohol Use Disorders Identification Test - Consumption
BBVI	Blood-borne viral infections
BNX	Buprenorphine-naloxone (Suboxone)
BOCSAR	NSW Bureau of Crime Statistics and Research
BPN	Buprenorphine (Subutex)
CI	Confidence Interval
CNMP	Chronic non-malignant pain
DATS	Drug and Alcohol Treatment Services
ED	Emergency Department
EDRS	Ecstasy and Related Drugs Reporting System
FDS	Family Drug Support
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human Immunodeficiency Virus
HSI	Heavy Smoking Index
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug Use
K10	10-item Kessler Psychological Distress Scale
KE	Key Expert(s)
MCS	Mental Component Score
MDMA	3,4-methylenedioxymethamphetamine
MH	Mental Health
MMT	Methadone maintenance treatment
MSIC	Medically Supervised Injecting Centre
NA	Narcotics Anonymous
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Program
NSW	New South Wales
NSW MDS	New South Wales Minimum Data Set
NSW MDS DATS	NSW Minimum Data Set for Drug and Alcohol Treatment Services

OP	Outpatient
OST	Opioid Substitution Treatment
OTC	Over the counter
PBS	Pharmaceutical Benefits Scheme
PCS	Physical Component Score
PDI	Party Drugs Initiative
PGSI	Problem Gambling Severity Index
PMA	Para-methoxyamphetamine
PO	Pharmaceutical opioids
PWI	Personal Wellbeing Index
PWID	People Who Inject Drugs
RDT	Roadside Drug Testing
REPIDU	Research and Education Program for Injecting Drug Users
SD	Standard Deviation
SDS	Severity of Dependence Scale
SF-12	Short Form 12-Item Health Survey
SNRI	Serotonin-norepinephrine reuptake inhibitor
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infection
THC	delta-9 tetrahydro-cannabinol

GLOSSARY OF TERMS

Cap	A small amount, typically enough for one injection
Cook up	The use of heat to dissolve in the preparation for injection
Central Sydney	In the PWID survey data refers to participants recruited in Kings Cross and Redfern; in the KE survey data refers to participants referring to these and/or surrounding suburbs in the inner city, e.g. Surry Hills, Darlinghurst
Days of use/injection	180 days: daily use/injection over preceding 6 months 90 days: use/injection every 2 nd day over preceding 6 months 24 days: weekly use/injection over preceding 6 months 12 days: fortnightly use/injection over preceding 6 months
Diverted/Diversion	The selling, trading, giving or sharing of one's medication to another person, including through voluntary, involuntary and accidental means.
Eightball	3.5 grams
Extra-medical use	Use of a prescribed medication without prescription, or not 'as directed' by a doctor but not excluding the possibility that use may be driven by medical reasons
Fit	Slang derived from 'outfit' referring to a needle-syringe
Fitpack	A small package of needle syringes and related injecting equipment dispensed by Needle Syringe Programs, vending machines, pharmacy or via Outreach
Halfweight	0.5 gram
Illicit	Illicit obtainment refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner. The definition does not distinguish between the inappropriate use of licitly obtained pharmaceuticals, such as the injection of methadone syrup or benzodiazepines, and appropriate use
Licit	Licit obtainment of pharmaceuticals refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, antidepressants) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting; smoking; snorting; and/or swallowing
Point	0.1 gram, although may also be used as a general term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (typically intravenous) on at least one occasion in the last six months

Recent use	Use in the last six months via one or more of the following routes of administration: injecting; smoking; snorting; and/or swallowing
South-West Sydney	In the PWID survey data refers to participants recruited in Liverpool and Canterbury; in the KE survey data refers to participants referring to these and/or surrounding suburbs, e.g. Fairfield, Cabramatta.
Use	Use via one or more of the following routes of administration: injecting; smoking; snorting; and/or swallowing
Score	To purchase or obtain drugs
Sentinel surveillance	In the context of the IDRS, systematic, ongoing collection and analysis of data from sub-populations (PWID) considered to have the potential to provide an early indication of emerging trends in illicit drug use and associated harms

EXECUTIVE SUMMARY

Common terms used throughout the report

People who inject drugs (PWID) regularly	A person or people who have injected a drug on six or more separate occasions in the previous six months
Recent use	Used at least once in the previous six months
Sentinel group	A surveillance group that point towards trends and harms
Median	The middle value of an ordered set of values
Mean	The average
Frequency	Number of occurrences within a given time period

Demographic characteristics of people who inject drugs (PWID)

In 2011, one hundred and fifty people participated in the IDRS survey. Sixty-five percent were male, eighty-four percent reported they were not currently working or were currently receiving income support (such as disability or sickness benefits or the New Start jobseeker's allowance) at the time of interview. The average age of respondents was 40 years (range 21-58 years). Seventeen percent of the sample identified as Aboriginal and/or Torres Strait Islanders¹. Eighty-nine percent of the sample identified English as the main language spoken at home. Seventy-four percent of the sample had completed year 10, and 17% had completed year 12 at high school. Forty-two percent had obtained a trade or technical qualification and 5% had completed a university or college qualification such as a degree. Fifty-two percent had not completed any further education after leaving school. The majority (71%) of participants reported previous prison history and the average age of first injection was 19 years (range 8-43).

Patterns of drug use among the PWID sample

Heroin

Following the trends of previous years, heroin was still the preferred drug of choice (70%), in 2011 and this remained stable with reports from last year (71% in 2010). Heroin was the drug most often injected in the month prior to interview (62%; 65% in 2010) and the drug people had injected most recently (61%; 62% in 2010). Eighty-seven percent of participants reported use on one or more occasions in the six months preceding interview (92% in 2010). The median days of recent heroin use also remained stable at 90 days i.e. every 2nd day (96 days in 2010). The proportion of participants reporting daily use also remained stable (28% versus 32% in 2010).

¹ Please note that Aboriginal and/or Torres Strait Islander proportion of sample is not indicative of numbers of Indigenous persons who regularly inject drugs.

The median price for a gram (\$300) decreased from the record price reported in 2010 (\$345) but the price for a cap of heroin (\$50) continued to remain stable. Prices continued to remain higher than those reported prior to the heroin shortage in 2001. Heroin remained accessible in 2011, with 82% (83% in 2010) of those who commented reporting that it was either 'easy' or 'very easy' to obtain. The majority of participants that commented (64%; 70% in 2010) on ease of availability reported it had remained stable.

Participant reports (among those who commented) on heroin purity continued to be mixed in 2011. Forty-two percent of the participants that commented reported current purity as low, which remained stable, just over one-third (37%; 31% in 2010) reported it as medium. Thirty-two percent (41% in 2010) of those commenting considered purity levels to have remained stable over the preceding six months, while just over one-third (37%; 36% in 2010) commented it had decreased.

Methamphetamine

The proportion reporting any recent methamphetamine use (speed powder, base, ice or liquid^{2,3}) remained stable in 2011 (60%; 57% in 2010). Among those reporting any recent use (speed, base, ice, liquid) the median number of days of use was 19 days which remained stable with 2010. The majority of users had used each form weekly or less over the six months preceding interview and the proportion (3% in 2011) of people reporting daily use of any type of methamphetamine over the past four years remained low relative to the proportion of daily heroin users.

A 'point' (0.1 of a gram) remained the most popular purchase amount for all three main forms of methamphetamine, and the median price remained stable at \$50 for speed powder, base and ice/crystal. Again in 2011, there were insufficient numbers of purchases of any form of methamphetamine to comment on price changes in amounts larger than points.

Speed and ice/crystal forms of methamphetamine were typically reported by the majority of users as 'very easy' or 'easy' to obtain, whereas the availability of base varied. Availability for all forms was typically reported to have remained stable over the six months preceding interview. In 2011 there was a significant ($p < 0.01$) decrease in the number of participants reporting ice/crystal as 'high' purity compared with 2010.

Cocaine

Recent cocaine use among PWID remained comparable to 2011 with 47% of the sample reporting recent use in 2011 (57% reporting use in 2010). The median days of use among users, also remained stable in 2010 at a median of 10 days (approximately fortnightly use). Daily cocaine use remained stable with 3% of users reporting daily use (5% in 2010). Reports of crack

² Methamphetamine powder (referred to as 'speed' or 'speed powder') is typically a fine-grained powder, generally white or off-white in colour, but may range from white through to beige or pink due to differences in the chemicals used to produce it. Base (which can also be known as 'pure', 'wax' or 'point') is the paste methamphetamine that is 'moist', 'oily' or 'waxy' and is often brownish in colour. Ice comes in crystalline form, in either translucent or white crystals (sometimes with a pink, green or blue hue) that vary in size. A fourth form, liquid amphetamine or 'oxblood', has also been identified, and is typically red/brown in colour.

³ In previous years, 'any form' of methamphetamine included pharmaceutical stimulants. In 2006 and 2007, they were considered separately from methamphetamine. Prevalence and frequency of pharmaceutical stimulant use have remained low and stable in NSW.

cocaine were once again almost non-existent among the PWID sample, a finding reflected in KE reports. There was a significant decrease ($p < 0.05$) in the number of PWID who could comment on cocaine from 2010. The majority (67%; also 67% in 2010) reported cocaine availability to be 'easy' or 'very easy'. The median price per gram and per 'cap' of cocaine remained stable in 2011 at \$300 and \$50 respectively. Very low numbers of participants reported purchases of other amounts.

Thirty-two percent of PWID reported cocaine purity as 'medium', which remained stable with reports from last year (36% in 2010).

Cannabis

The cannabis market continued to remain relatively unchanged since the commencement of the NSW IDRS in 1996. The majority of participants (81%; 72% in 2010) in the 2011 participant sample reported having used cannabis in the six months prior to interview. The median frequency of use among PWID remained at 180 days (daily use), which has been stable for the past 9 years.

In line with previous years, a large proportion of participants reported use of both the hydroponic ('hydro') and outdoor-grown ('bush') forms of cannabis, with hydro appearing to dominate the market. The number of participants reporting purchase of resin (hashish) and oil (hash oil) continued to remain very rare and infrequent. The price of hydroponic cannabis remained stable at \$20 per gram (the most popular purchase amount), and the majority of recent users (96%; 92% in 2010) reported that it was readily available, i.e. 'easy' or 'very easy' to obtain. The price per gram of bush cannabis was also \$20, but, as in previous years, larger purchase quantities of bush were slightly cheaper than for the equivalent quantity of hydro. Bush continued to be reported as less easily available than hydro, with fewer participants able to complete survey items on bush market characteristics (price, potency and availability). Potency of hydroponic cannabis continued to be reported as 'high', and bush continued to be as reported 'medium'.

Use of pharmaceuticals

The IDRS monitors the extra medical use patterns and market characteristics of opioid pharmaceutical medications including both those prescribed for opioid substitution treatment (OST; i.e. methadone, buprenorphine, buprenorphine-naloxone), and those prescribed for pain relief (i.e. morphine and oxycodone).

Non-prescribed methadone

Over one-quarter (23%) of participants reported use of illicitly obtained methadone syrup in the six months preceding interview, which is stable compared with 2010 (27%). Use remained stable and relatively infrequent (approximately monthly). Eighteen percent of participants reported injecting illicit methadone syrup in the preceding six months (20% in 2010), the frequency (median days) of injection also remained stable. The majority that could comment on the availability of non-prescribed methadone reported that it was 'very easy' or 'easy'. The median price of 50 cents per ml remained stable.

Recent use and injection of Physeptone obtained without prescription continued to remain uncommon.

Non-prescribed buprenorphine and buprenorphine-naloxone

The recent use and injection of non-prescribed buprenorphine in the preceding six months remained stable in 2011. The frequency of injection of non-prescribed buprenorphine over this period continued to remain low and stable.

Buprenorphine-naloxone (Suboxone) has been investigated by the IDRS since it was listed on the Pharmaceutical Benefits Scheme (PBS) in April 2006. Seven percent of the sample reported the use of non-prescribed buprenorphine-naloxone in 2011 and only 5% also reported recent injection.

Morphine

An increase in prevalence of any recent morphine use among the NSW IDRS PWID sample had been observed since 2001; however, in 2011 it remained comparable with 2010 (28% versus 35% in 2010). Recent use of non-prescribed morphine also remained relatively stable (21% versus 31% in 2010), as did recent injection (20% versus 28% in 2010). The median number of days non-prescribed morphine was injected was 10.

MS Contin remained the most common brand of morphine used. The median price for 100mg MS Contin tablets ('grey nurses') increased by \$10 in 2011 to median of \$40 per tablet. These results should be interpreted with caution due to small numbers commenting. Participants typically reported that it was 'very easy' or 'easy' to obtain. Availability was generally considered to have remained stable.

Oxycodone

Since 2005, a distinction has been made between prescribed and non-prescribed and other opioids in an effort to monitor the non-prescribed use of, and problems associated with, the diversion of oxycodone. Until 2005, oxycodone was included under 'other opioids'.

Thirty-eight percent of participants reported use of any (prescribed or non-prescribed) oxycodone in the six months preceding interview (36% in 2010) on a median of 6 days (i.e. monthly), the same frequency of use as 2010 and 2009 (also 6 days). Thirty-two of the sample reported injecting it in this time on a median of six days, which remained stable compared with 2010.

Twenty-two percent (33% in 2010) of the sample felt confident to comment on the price and/or availability of illicit oxycodone in 2011. As per previous years the most common purchase amounts were 80mg OxyContin tablets, bought for a median price of \$35 (range: \$30-\$40) each. The majority (78%; 64% in 2010) of participants commenting reported that availability was considered 'easy' or 'very easy', with availability generally considered to have remained stable.

Over the counter codeine

Since 2009 survey specific questions were asked about over the counter (OTC) codeine use and it was subsequently removed from the 'other opioids' classification. In 2011, thirty-eight percent of the sample reported recent use of OTC codeine, on a median of 5 days and no participants reported recent injection. Recent injection of other opioids also remained low (1%).

Benzodiazepines

Prevalence of benzodiazepine use remained relatively stable with 63% (78% in 2010) reporting use in the six months preceding interview, the frequency of use increased from a median of 37 days in 2010 to 90 days in 2011. The injection of benzodiazepines remained low with 3% (6% in 2010) reporting any injection on a median on six days in the past six months.

Nine percent had recently used 'licit' alprazolam on a median of 180 days while 37% had recently used 'illicit' alprazolam on a median of twenty-four days. Thirty percent of the NSW sample reported having used 'licitly' obtained other benzodiazepines on a median of 90 days in the last six months. While, thirty-five percent reported using 'illicitly' obtained other benzodiazepines on a median of 13 days in the six months preceding interview. Small proportions reported injecting alprazolam or other benzodiazepines in the last six months.

Excluding Alprazolam, the most commonly used brand of benzodiazepine was diazepam (including generic diazepam, Valium, Antenex) (67%), followed by oxazepam (Serepax) (8%), temazepam (6%) and alprazolam (Xanax) (5%).

Seroquel

Twenty-one percent of the sample had used Seroquel® in the last six months (9% licit, 13% illicit). 'Licit' Seroquel® has been used on a median of 180 days compared to four days for 'illicit' Seroquel®.

Other drugs

Hallucinogens, ecstasy and inhalant use were relatively low within this sample. No participants reported recent hallucinogen use in 2011. Although approximately one-half (53%) of the sample had tried ecstasy, recent use was reported by only 10% of the sample on a median of 2 days. Only four percent reported injecting it in the preceding six months on a median of one day. Prevalence of recent inhalant use (e.g. nitrous oxide, amyl nitrite) remained low at 3%.

Alcohol and tobacco

Sixty percent of participants had consumed alcohol in the preceding six months (58% in 2010) on a median of 24 days, i.e. approximately once per week. This remained stable with 2010. Eleven percent of participants reported daily use of alcohol.

Tobacco remained the most commonly used substance investigated by the IDRS, with virtually all participants (97%) reporting smoking tobacco in the six months preceding interview on a median of 180 days (i.e. daily); a finding that has remained consistent since 1996 when the project commenced. Unlike smoking prevalence in the general population (Australian Institute of Health and Welfare 2011) smoking among IDRS participants has not declined over time.

Health-related trends associated with drug use

One quarter of all participants reported non-fatal heroin overdose in the year prior to interview (22% in 2010). There were four reports of overdose in the last month (n=3 in 2010).

Participant reports of borrowing and lending of needles and syringes remained stable in 2011. There was a significant ($p<0.05$) decrease in the proportion of participants reporting having shared other injecting equipment.

The most commonly reported location for last injection remained a private home, this remained stable with 2010.

Again in 2011, participants were asked the site on their body for their last injection. The majority (72%) reported their arm and only small proportions reported neck, groin, leg or foot.

Just over one-half (56%) of PWID participants who had injected in the last month reported at least one injection-related problem during this time (50% in 2010). As per 2010, the most commonly reported problems were prominent scarring/bruising of injection sites (38%; 31% in 2010) and difficulty injecting (36%; 27% in 2010).

One-half (52%) of the sample reported experiencing a mental health problem, other than drug dependence, in the preceding six months (44% in 2010) and there was a significant ($p<0.01$) increase in the percentage (63%; 32% in 2010) who reported seeking advice from a mental health professional during this time. Depression continued to be the most commonly reported mental health problem (31%; 30% in 2010).

Again in 2010, the 10-item Kessler Psychological Distress Scale (K10) was administered. The K10 assesses recent levels of psychological distress (anxiety and depressive symptomatology). The majority of participants were found to be in the 'very high distress' level of psychological distress category, at a proportion higher than the Australian normative value.

Six percent of the entire sample had driven under the influence of *any* alcohol in 2011. One-fifth (21%) of the entire sample had driven 'soon' after taking (an) illicit drug(s), with heroin being the most common drug last taken before driving.

Law enforcement-related trends associated with drug use

The proportion of PWID participants that reported being arrested in the previous 12 months remained stable at 37% of the entire sample (44% in 2010). Self-reported crime trends continued to follow those reported in previous years with the two most commonly reported crimes in the month prior to interview being drug dealing (29%; 24% in 2010) and property crime (22%; 24% in 2010). The daily expenditure on drugs and alcohol (excluding tobacco and prescribed medication) remained stable at median of \$100 per participant (range: \$2.50-\$600).

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is Australia's federally funded national drug monitoring system. The purpose of the IDRS is to provide a standardised, comparable approach to the monitoring of data relating to the use of opiates, cocaine, methamphetamine and cannabis. The IDRS is intended to act as a strategic early warning system, identifying emerging drug problems of national concern. It is not intended to describe phenomena in detail, but rather, is designed to indicate the need for more detailed data collection by providing sensitive and timely data on emerging trends in illicit drug markets.

One component of the IDRS involves interviews with people who inject drugs (PWID) to obtain information on use patterns and drug markets. PWID participants are recruited as a sentinel group that are active in illicit drug markets. The information from the IDRS survey is, therefore, not representative of illicit drug use in the general population, nor is it indicative of all illicit drug use or of all people who inject drugs, but identifies emerging trends that require further monitoring.

The IDRS has operated in NSW since 1996. The data described in this report represent a summary of drug trends detected by the NSW IDRS in 2011. Results are summarised by drug type to provide the reader with an abbreviated picture of illicit drug markets and recent trends. NSW drug trends from previous years can be found in the annual *NSW Drug Trends* reports. All IDRS reports from previous years (in NSW and for all other jurisdictions) may be downloaded in full from the NDARC website <http://ndarc.med.unsw.edu.au> (under 'Drug Trends'). Quarterly bulletins are also produced on IDRS and related data (also available on the NDARC website), and IDRS results are also disseminated in a range of forums including national and international conferences and at the annual Drug Trends Conference. Details of all of these may also be found on the NDARC website.

A separate study monitoring trends in ecstasy and related drug use (the Ecstasy and related drugs reporting system, or EDRS, formerly known as the Party Drugs Initiative, or PDI) commenced in NSW in 2000 and has been conducted nationally since 2003. Findings are reported elsewhere (Dunn, Degenhardt et al. 2006; Stafford, Degenhardt et al. 2006). Copies of these reports may also be downloaded from the NDARC website: <http://ndarc.med.unsw.edu.au/> (under 'Drug Trends').

1.1 Study aims

As in previous years, the specific aims of the 2011 NSW IDRS were:

Aims of NSW IDRS

- to monitor the price, purity, availability and patterns of use of heroin, methamphetamine, cocaine, cannabis and other drugs; and
- to identify emerging trends in NSW illicit drug markets that require further investigation.

2 METHOD

The IDRS considers three main sources of information when documenting drug trends:

Main sources informing the NSW IDRS

- a quantitative survey of people who inject drugs (PWID) participants;
- a semi-structured interview with key experts (KE), who are professionals working in the illicit drug field, and have regular contact with and/or specialised knowledge of people who inject drugs, dealers or manufacture; and
- a collation of existing indicator data on drug-related issues.

Previous IDRS research has demonstrated that PWID participants located within main drug market areas are an appropriate sentinel group for detecting illicit drug trends and related issues, due to their high exposure to many types of illicit drugs. PWID participants also have first-hand knowledge of the price, purity and availability of the illicit drug classes considered. KE interviews are used to provide contextual information about drug use patterns and health-related issues, such as treatment presentations, and can provide a broader context against which the participant data may be compared. The collation of indicator data provides a precise and reliable measure of drug trends, often at a community level, which may have been detected by the participant and KE surveys.

Data from these three sources are triangulated against each other to determine the convergent validity of trends detected. The data sources complement each other in the nature of the information they provide. Data from the 2011 IDRS were also compared with IDRS findings from previous years to determine changes in drug trends and related issues over time.

2.1 Survey of people who inject drugs (PWID) regularly

In the 2011 NSW IDRS, the PWID survey consisted of face-to-face interviews with 150 PWID, conducted in Sydney during June 2011. Slightly over half (51%) of the sample was recruited from the inner city (Kings Cross and Redfern), and the remainder from Sydney's South-West (Liverpool, Canterbury). In previous years, interviews were conducted at Cabramatta rather than Liverpool; closure of the service at Cabramatta in mid-2003 resulted in the requirement to find a new interview site from 2004 onwards. As with the other locations where recruitment is conducted, Liverpool was selected as it is a key illicit drug market area, and it is in these markets that trends in illicit drug use are likely to first emerge. It should be noted that a shift in the site to South-Western Sydney (in close proximity to a pharmacotherapy treatment service) since 2004 is likely to have contributed to a slight over-representation of methadone and buprenorphine clients within the sample and this should be taken into consideration when interpreting our findings.

Participants were recruited from various sites offering Needle and Syringe Program facilities. Potential participants were screened for eligibility i.e. criteria for entry to the study were: (i) at least monthly injection of any drug in the six months preceding the interview; and (ii) resident in Sydney for the preceding twelve months, with no significant periods of incarceration, residential rehabilitation, therapeutic community or other time away during that period. This ensures current knowledge of the drug market.

The interview schedule included sections on demographics, drug use history, the price, purity and availability of illicit drugs, the colour of heroin, criminal activity, injection risk-taking behaviour, driving risk behaviour, experiences with drug detection dogs, health (mental and drug-related) and general drug trends. Participants were interviewed within the agencies that assisted with recruitment and were interviewed, where possible, at coffee shops and fast-food outlets close by. Interviews took about 40 minutes to conduct, were interviewer-administered and participants were reimbursed \$40 for their time and travel expenses. Descriptive analyses of the quantitative data derived from the PWID survey were conducted using SPSS Statistics for Windows, Release 19.0 (IBM 2010).

2.2 Survey of key experts (KE)

Eighteen KE who had regular contact with, and/or specialist knowledge of, people using illicit drugs⁴, drug dealers or drug manufacturers, were interviewed in October 2011. To be eligible, participants must have had at least weekly contact with people using or supplying illicit drugs, and/or contact with a minimum of ten different people using or supplying illicit drugs in the six months preceding the interview. As broad a range of KE as possible were interviewed in 2010 including drug treatment workers, therapeutic community and residential detoxification workers, law enforcement officers, registered nurses, clinical nurse consultants and user group representatives. KE are recruited from a range of geographical areas across Sydney, both within and outside the drug market areas in which PWID participants are recruited. KE selection is based upon a desire to interview persons who have contact with a broader group of people who use drugs, including people who inject drugs and who have knowledge of drug markets that is broader than the information that we obtain from our participants, and can give some indication of trends across Sydney and NSW.

The KE interview schedule was a semi-structured instrument, based on previous years of the IDRS, and covered similar topic areas to the PWID interview. The interview included sections on drug use patterns, drug price, purity and availability, criminal activity, and health and treatment issues. Interviews took approximately 30 minutes to conduct, and were conducted face-to-face. Notes were taken during the interview and content analysis conducted to identify recurring themes and patterns in the data.

2.3 Other indicators

To complement and validate data collected from the participant user and KE surveys, a range of secondary data sources were examined. These included health, survey and law enforcement data. The pilot study for the IDRS recommended that such data should be available at least annually, include 50 or more cases, be brief, be collected in the main study site (i.e. Sydney, New South Wales, for the present study), and cover the four main illicit drugs, i.e. heroin, methamphetamine, cocaine and cannabis.

Data sources that have been included in this report are:

⁴ The people who use illicit drugs to whom KE refer are typically, but not exclusively, injecting drug users.

Other indicators informing the NSW IDRS

- Alcohol and Drug Information Service – calls received regarding problematic drug use;
- Family Drug Support – telephone support service for family members affected by problematic drug use, and for people who use drugs themselves;
- Australian Bureau of Statistics – overdose data;
- Australian Crime Commission – purity data from police seizures;
- Australian Government Department of Health and Ageing, National Notifiable Diseases Surveillance System – notifications of hepatitis C and hepatitis B;
- Sydney Medically Supervised Injecting Centre – data on drugs injected at the centre;
- Kirketon Road Centre; Needle and Syringe Program data on last drug injected;
- National Centre in HIV Epidemiology and Clinical Research (NCHECR) – human immunodeficiency virus (HIV) and hepatitis C virus (HCV) seroprevalence data from the annual Needle and Syringe Program (NSP) Survey;
- NSW Bureau of Crime Statistics and Research – incidents recorded for possession/use;
- NSW Department of Health – drug-related visits to emergency departments, NSW ambulance callouts to overdoses, numbers registering for opioid pharmacotherapy treatment, number of units dispensed from public NSP and pharmacies, number of treatment episodes by drug type, drug-related inpatient hospital admissions and toxicology data from suspected drug users in which drugs were detected; and
- NSW Police – number of clandestine methamphetamine and
- 3,4-methylenedioxymethamphetamine (MDMA) laboratory detections.

3 DEMOGRAPHICS

3.1 Overview of people who inject drugs (PWID) regularly

The demographic characteristics of the 150 PWID participants who took part in the interview in 2011 are presented below (Table 1). The mean age of the sample was 40 years (range 21-58), 65% were male and 17% identified themselves as Aboriginal and/or Torres Strait Islander⁵. The vast majority identified as heterosexual (84%) and reported that English was the main language they spoke at home (89%). The educational status of the sample varied from the completion of year 4 (<1%) through to completion of year 12 (17%). Approximately three-quarters (74%) had completed year 10 or higher. Two-fifths (42%) had obtained a trade or technical qualification and 5% had completed a university or college qualification such as a degree. Fifty-two percent had not completed any further education after leaving school. The majority of the sample (84%) reported that they were currently not employed or receiving a government pension. Eighty-five percent of the sample reported that their main source of income over the preceding month had been a pension or government benefit, while 5% reported a wage or salary, 5% nominated criminal activity and 5% reported sex work. Forty-three (43%) of participants reported being single, while over one-quarter (28%) reported being married or de facto and one-fifth (20%) had a current partner. Smaller proportions reported being separated/divorced or widowed/widower (both 3%).

⁵ Please note that Aboriginal and/or Torres Strait Islander proportion of sample is not indicative of numbers of Indigenous persons who regularly inject drugs.

Table 1: Demographic characteristics of PWID participants, 2007-2011

Characteristic	2007 N=153	2008 N=151	2009 N=152	2010 N=154	2011 N=150
Age (mean years, range)	36.9 (18-60)	37.1 (19-57)	38.2 (19-52)	39.3 (19-58)	40.0 (21-58)
Sex (% male)	71	63	65	61	65
Employment (%):					
Not employed/on a pension	81	79	86	88	84
Full time	5	6	2	1	4
Part-time/casual	9	7	9	9	6
Home duties	3	5	3	1	2
Student	1	1	0	1	2
Aboriginal and/or Torres Strait Islander* (%)	24	19	20	22	17
Heterosexual (%)	84	86	88	84	84
Bisexual (%)	9	9	8	7	11
Gay or lesbian (%)	4	3	3	6	5
Other (%)	2	2	1	3	1
School education (mean no. years, range)	9.8 (0-12)	10 (1-12)	10 (5-12)	9.7 (3-12)	9.8 (4-12)
Tertiary education (%):					
None	61	48	57	55	52
Trade/technical	33	47	36	36	42
University/college	5	5	7	9	5
Currently in drug treatment^ (%)	53	50	47	67	72
Prison history (%)	63	62	65	69	71
Current relationship status (%):					
Married/de facto		37	21	26	28
Regular partner		19	16	16	20
Single		39	52	53	43
Separated/divorced		4	9	3	5
Widowed/widower		1	1	2	3

Source: IDRS PWID interviews

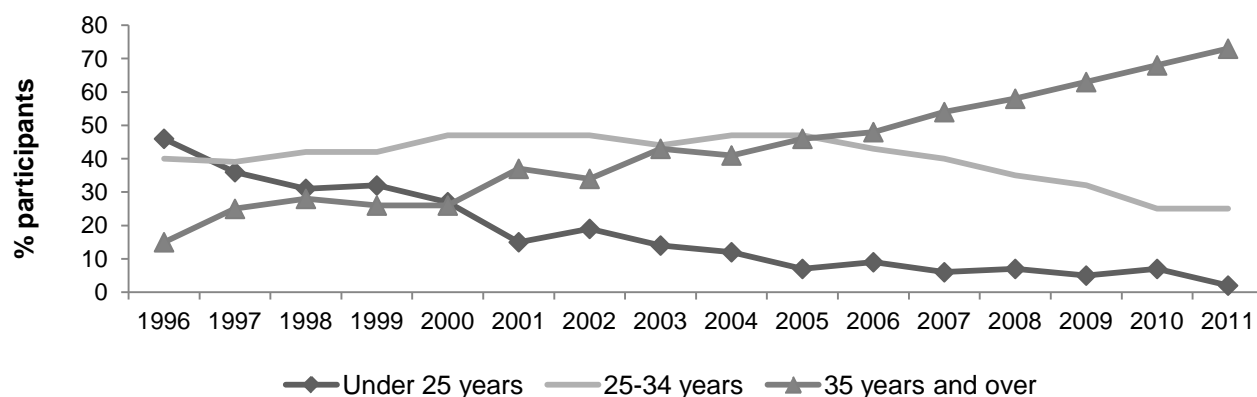
^ Refers to any form of drug treatment, including pharmacotherapies, counselling, detoxification, etc.

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

3.1.1 Age of the PWID sample over time

The mean age (40.0 years) of the sample continues to increase overtime. The 35 years and over age group, representing the majority (73%) of the sample has continued to increase over time. Correspondingly, since 1996 the proportion of younger users interviewed generally decreased over time (see Figure 1). There are several reasons that could contribute to this. First, it may be that fewer younger users are accessing NSP (where recruitment is conducted) in recent years, or are less willing to take part in research conducted at NSP. Second, in recent years, younger PWID are more likely to be using methamphetamine than their older counterparts (Deganhardt, Kinner et al. 2008), and some research has shown that methamphetamine users may be less likely to access health services such as NSP (Kelly, McKetin et al. 2005). Finally, there may simply be fewer young people beginning regular drug injection; some evidence has suggested that there have been lower numbers of hepatitis C infections among younger age groups in recent years, which would be consistent with this possibility (Day, Deganhardt et al. 2005). Further research is required to investigate these possibilities in greater detail.

Figure 1: Age distribution of PWID in the NSW (Sydney) IDRS samples, 1996-2011



Source: IDRS PWID interviews

3.1.2 Recruitment

Participants were asked if they had taken part in the IDRS or the EDRS in previous years, as shown in Table 1A. Only a small minority (4%) reported having been interviewed for the Ecstasy and related Drugs Reporting System (EDRS) previously. Just under one-third (32%) of participants in 2011 reported having taken part in the IDRS survey previously (between 1996 and 2010). The majority of participants had been recruited by way of advertisements placed in NSP, followed by word of mouth (Table 1A).

Table 1A: Previous participation in the IDRS and EDRS and source of participant recruitment, 2008-2011

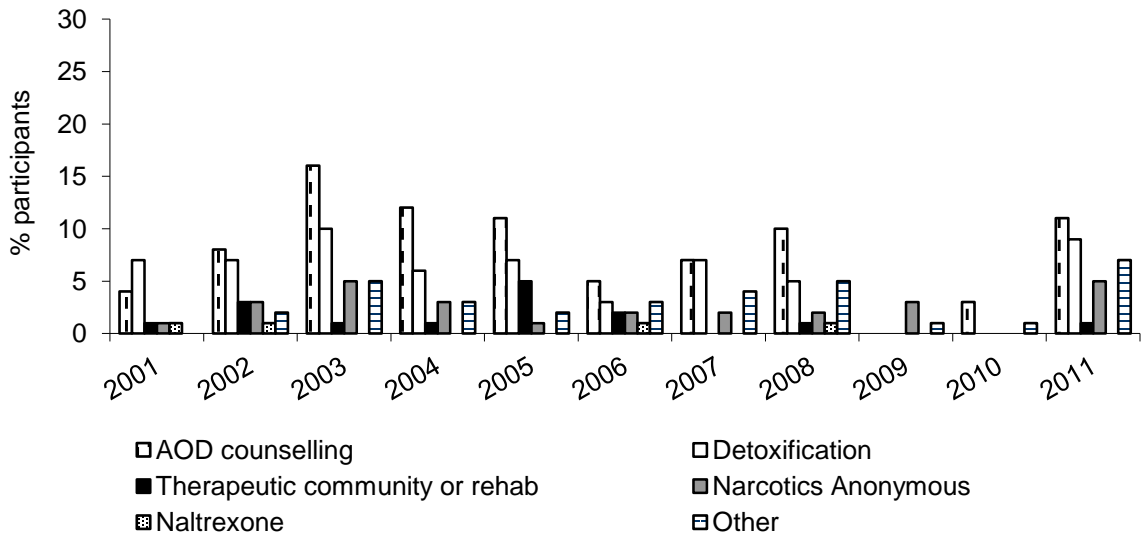
	2008 N=151	2009 N=152	2010 N=154	2011 N=150
Participated in IDRS in previous years (%)	12	22	30	32
Where found out about IDRS survey recruitment (%)				
Needle and Syringe Program (NSP)	62	60	53	57
Treatment provider	8	7	4	4
Advert in street press	1	1	0	0
Word of mouth	29	33	43	36
Participated in EDRS in previous years (%)	1	1	3	4

Source: IDRS PWID interviews

3.1.3 Current and previous drug treatment

Seventy-two percent of participants reported that they were currently in drug treatment. Of those participants currently engaged in treatment, 79% (57% of the entire sample) reported methadone/biodone as their main form of treatment, and nine participants (6% of the sample) reported buprenorphine and eleven participants (7% of entire sample) reported they were on buprenorphine-naloxone (Suboxone). Only one participant reported drug counselling and another one Narcotics Anonymous, (each <1% of entire sample). There were no current reports of naltrexone treatment, therapeutic community or detoxification. However, as participants were asked about the 'main' type of treatment they were currently receiving, it is important to note that participants who cited pharmacotherapy as their main form of drug treatment may also have been engaged in a number of treatments (e.g. counselling, detoxification, case management, etc.). Participants were also asked if they had been in treatment at any stage over the past six months (Figure 2); one-fifth (19%) reported 'not' having been in any form of drug treatment over this time.

Figure 2: Proportion of participants reporting treatments other than opioid replacement pharmacotherapy in the past six months, 2001-2011



Source: IDRS PWID interviews

NB: Multiple responses could be selected. Survey item was first included in 2001

4 CONSUMPTION PATTERNS

4.1 Drug use history and current drug use

The mean age of first injection was 19.44 years (SD 5.9, range 8-43) (Table 2). Similar to previous years, heroin was the first drug injected by the majority of participants (63%), followed by methamphetamine (33%) and cocaine (3%). Heroin remained the most commonly reported drug of choice (70%), remaining stable from 2010 and 2009 (71% and 72% respectively). In 2011, there was a statistically significant increase (both $p < 0.05$) in ice/crystal as the drug most often injected in the last month (18% versus 7% in 2010) and the last drug injected (15% versus 5% in 2010) (Table 2).

As in previous years, heroin remained the most commonly injected drug over the month preceding interview (63%), this is comparable with what was reported last year (65%; see Figure 3). In 2011, there was a statistically significant increase ($p < 0.05$) in ice/crystal as the drug most often injected in the last month compared with 2010. The slight decline from 2010 to 2011 in the percentage of people reporting cocaine as drug injected most in last month was not statistically significant. Overall, proportions nominating drugs other than heroin as the most commonly injected remained low and generally stable.

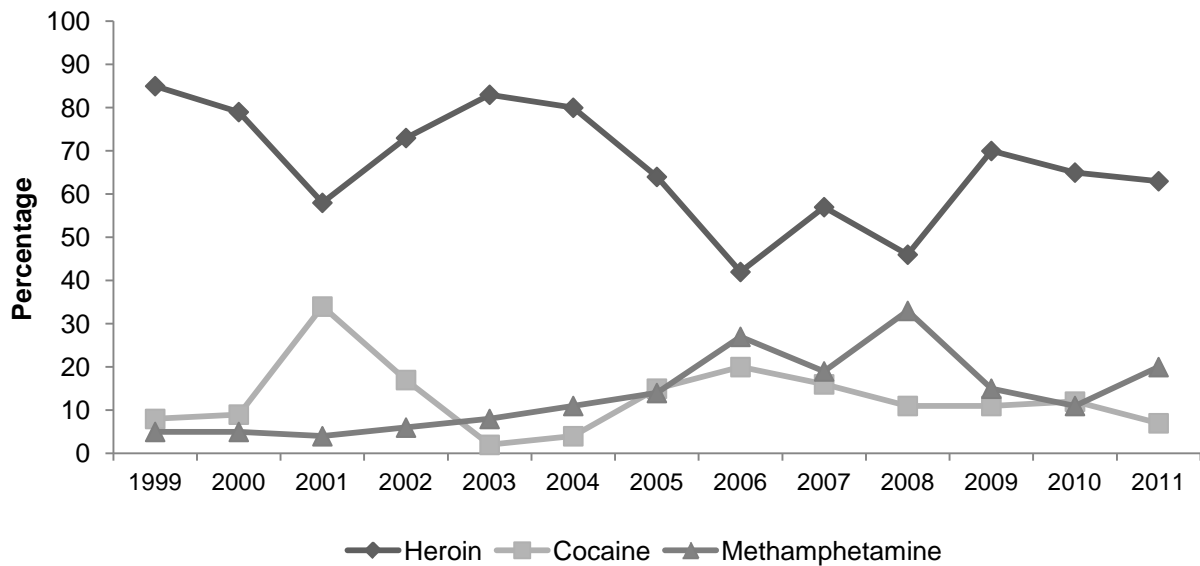
Table 2: Injection history, drug preferences and polydrug use of PWID participants, 2008-2011

Variable	2008 N=151	2009 N=152	2010 N=154	2011 N=150
Age first injection (mean years)	19.9	18.8	18.7	19.44
First drug injected (%)				
Heroin	54	58	61	63
Methamphetamines	37	34	33	33
Cocaine	5	5	3	3
Morphine	1	0	1	0
Drug of choice (%)				
Heroin	50	72	71	70
Cocaine	10	10	11	7
Methamphetamine (any form)	30	13	10	16
Speed	5	5	3	1
Base	1	1	0	1
Crystal methamphetamine (ice)	24	7	7	14
Benzodiazepines	1	1	0	1
Cannabis	3	3	3	3
Drug injected most often in last month (%)				
Heroin	46	70	65	63
Cocaine	11	11	12	7
Methamphetamine (any form)	33	15	11	20
Speed	6	5	3	1
Base	1	1	1	1
Crystal methamphetamine (ice)	26	9	7	18
Benzodiazepines	0	0	1	0
Morphine	3	3	5	1
Oxycodone	N/A	N/A	N/A	3
Most recent drug injected (%)				
Heroin	49	64	62	61
Cocaine	13	13	11	5
Methamphetamine (any form)	30	14	11	17
Speed	6	5	3	1
Base	1	3	3	1
Crystal (ice)	23	6	5	15
Benzodiazepines	0	1	2	0
Morphine	1	4	5	4
Oxycodone	N/A	N/A	N/A	3
Frequency of injecting in last month (%)				
Not injected in last month	1	0	1	1
Weekly or less	13	15	15	13
More than weekly, but less than daily	34	33	30	43
Once per day	21	17	18	14
2-3 times a day	25	24	26	23
>3 times a day	7	11	10	7

Source: IDRS PWID interviews

NB: Percentages do not equate to 100 as more than one response may have been selected

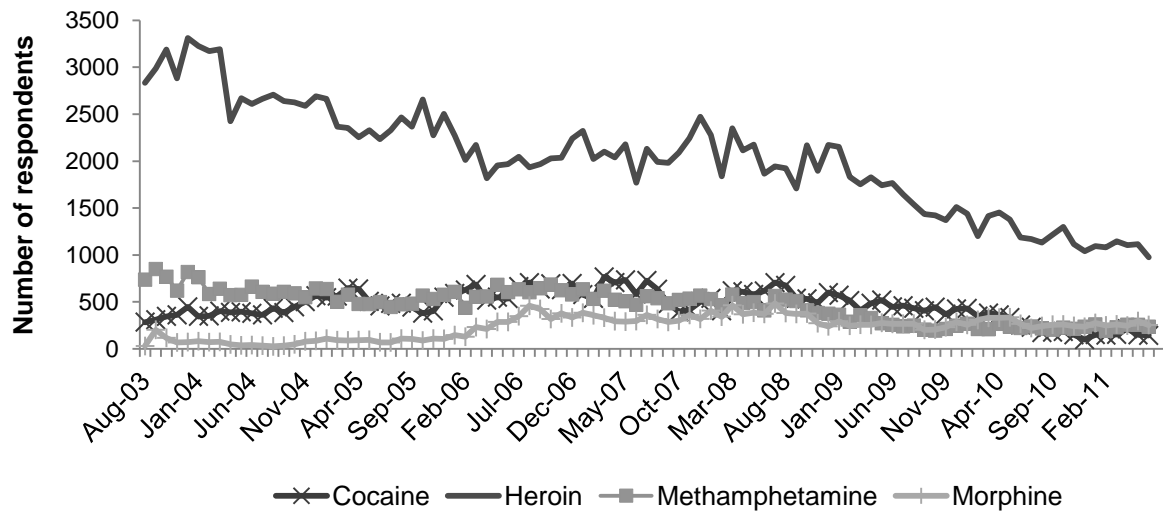
Figure 3: Drug injected most last month, 1999-2011



Source: IDRS PWID interviews
 NB: Survey item was first included in 1999

Figure 4 (below) illustrates the most recent drug injected as reported by respondents attending three inner city NSPs. Heroin continued to be reported as the last drug injected consistently by the majority of respondents. Despite occasional fluctuations, there has been an overall decline, in the numbers reporting heroin throughout the reporting period. This decline had continued in 2011, with two of lowest levels recorded since 2003 reported in the past 12 months (December 2010: 1,039 and June 2011: 976 respondents nominating heroin as the last drug injected). The numbers reporting methamphetamine (all forms) over the past 12 months is generally stable with the occasional fluctuation. The number of people nominating cocaine in the 12 months to June 2011 also declined to the lowest since 2003 (98 respondents in December 2010). The number of respondents nominating morphine had steadily increased since August 2004 (26 visits) peaking again at an all time high of 483 visits in July 2008 after a period of stabilisation in 2007. The last 12 months saw morphine remain stable.

Figure 4: Number of respondents attending three inner city NSPs reporting heroin, methamphetamine, cocaine and morphine as last drug injected, August 2003-June 2011



Source: Three inner city NSPs

The polydrug use histories of PWID participants, including routes of administration, are presented in Table 3. Recent use of the four main drugs monitored by the IDRS remained common: heroin (87%), cannabis (81%), methamphetamine (any form; 60%) and cocaine (47%). Further discussion of the use of these drugs may be found under the relevant section headings elsewhere in the report.

Table 3: Polydrug use history of the PWID sample, 2011

Drug Class	Ever used %	Ever injected %	Injected last 6 mths %	Median days injected in last 6 months*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Median days in treatment* last 6 mths	Median days used^ in last 6 mths*
Heroin	98	98	88	85	57	13	25	3	20	5	87		90
Homebake heroin	29	25	10	8	3	2	1	1	2	1	11		9
Any heroin (inc. homebake)	98	98	88	90	58	13	26	3	22	5	87		90
Methadone (prescribed)	79	42	18	24					77	59	63	180	180
Methadone (not prescribed)	43	32	18	6					28	13	23		6
Physeptone (prescribed)	9	3	1	46	1	1	1	1	8	3	4	8	18
Physeptone (not prescribed)	23	15	3	27	1	1	1	1	12	3	4		11
Any methadone (inc. Physeptone)	87	57	31	6					85	64	69		180
Buprenorphine 'Subutex' (prescribed)	36	19	8	3	3	1	1	1	32	13	15		180
Buprenorphine 'Subutex' (not prescribed)	29	25	12	6	4	2	2	1	12	5	12		5
Any buprenorphine (exc. buprenorphine-naloxone)	49	35	16	4	4	2	2	1	37	16	23		21
Buprenorphine-naloxone 'Suboxone' (prescribed)	19	5	2	180	1	1	1	1	17	13	13		179
Buprenorphine-naloxone 'Suboxone' (not prescribed)	15	8	5	7	1	1	1	1	8	5	8		7
Any buprenorphine-naloxone	29	11	6	7	1	1	1		23	16	18		93
Morphine (prescribed)	24	13	4	19	1	0	0	0	12	5	7		14
Morphine (not prescribed)	42	38	20	10	1	1	1	1	18	7	21		10
Any morphine	59	48	23	11	2	1	1	1	28	11	28		12
Oxycodone (prescribed)	13	7	3	120	1	0	0	0	9	3	5		19
Oxycodone (not prescribed)	54	49	30	5	2	0	1	1	14	8	34		4
Any oxycodone	60	51	32	6	1	0	1	1	22	11	38		6
Other opioids (not elsewhere classified)	50	4	1	1	1	0	1	0	47	31	33		8

Table 3: Polydrug use history of the PWID sample, 2011 (continued)

Drug Class	Ever used %	Ever injected %	Injected last 6 mths %	Median days injected in last 6 months*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths ⁺ %	Used [^] last 6 mths %	Median days in treatment* last 6 mths	Median days used [^] in last 6 mths ⁺
OTC Codeine	50	2	0	0	0	0	0	0	49	38	38		5
Speed powder	78	71	28	8	9	2	35	6	33	4	30		10
Base/point/wax	52	45	16	3	10	2	8	1	12	1	17		2
Ice/shabu/crystal	75	69	52	12	40	17	6	1	14	5	53		12
Amphetamine liquid	22	16	1	91*					10	3	3		2
<i>Any form methamphetamine</i> [#]	89	85	58	16	44	18	37	7	41	10	60		19
Pharmaceutical stimulants (prescribed)	7	1	0		1	0	1	0	7	1	1		6
Pharmaceutical stimulants (not prescribed)	9	2	1		0	0	0	0	7	1	2		18
<i>Any form pharmaceutical stimulants</i>	14	3	1	18	1	0	1	0	12	2	3		12
Cocaine	78	73	46	10	17	4	35	12	8	1	47		10
Hallucinogens	47	7	0	0	1	0	0	0	44	0	0		0
Ecstasy	53	22	4	1	2	1	8	2	47	10	10		2
Alprazolam (prescribed)	16	1	0	0	0	0	1	1	15	9	9		180
Alprazolam (not prescribed)	41	5	2	5	1	1	3	2	39	37	37		24
Other benzodiazepines (prescribed)	45	5	1	7	1	0	0	0	44	30	30		90
Other benzodiazepines (not prescribed)	48	4	0	3	1	0	1	1	47	34	35		13
<i>Any form benzodiazepine</i>	73	11	3	6	2	1	3	3	73	62	63		90
Steroids	9	7	3	7	0	0	0	0	2	1	4		12
Seroquel (prescribed)	14	0	0	0	0	0	0	0	14	9	9		180
Seroquel (not prescribed)	25	1	0	0	1	0	0	0	24	13	13		4
Alcohol	85	5	0	0					85	60	60		24
Cannabis	98								22	6	81		180
Inhalants	18										3		2
Tobacco	97										97		180

Source: IDRS PWID interviews +

[^] Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

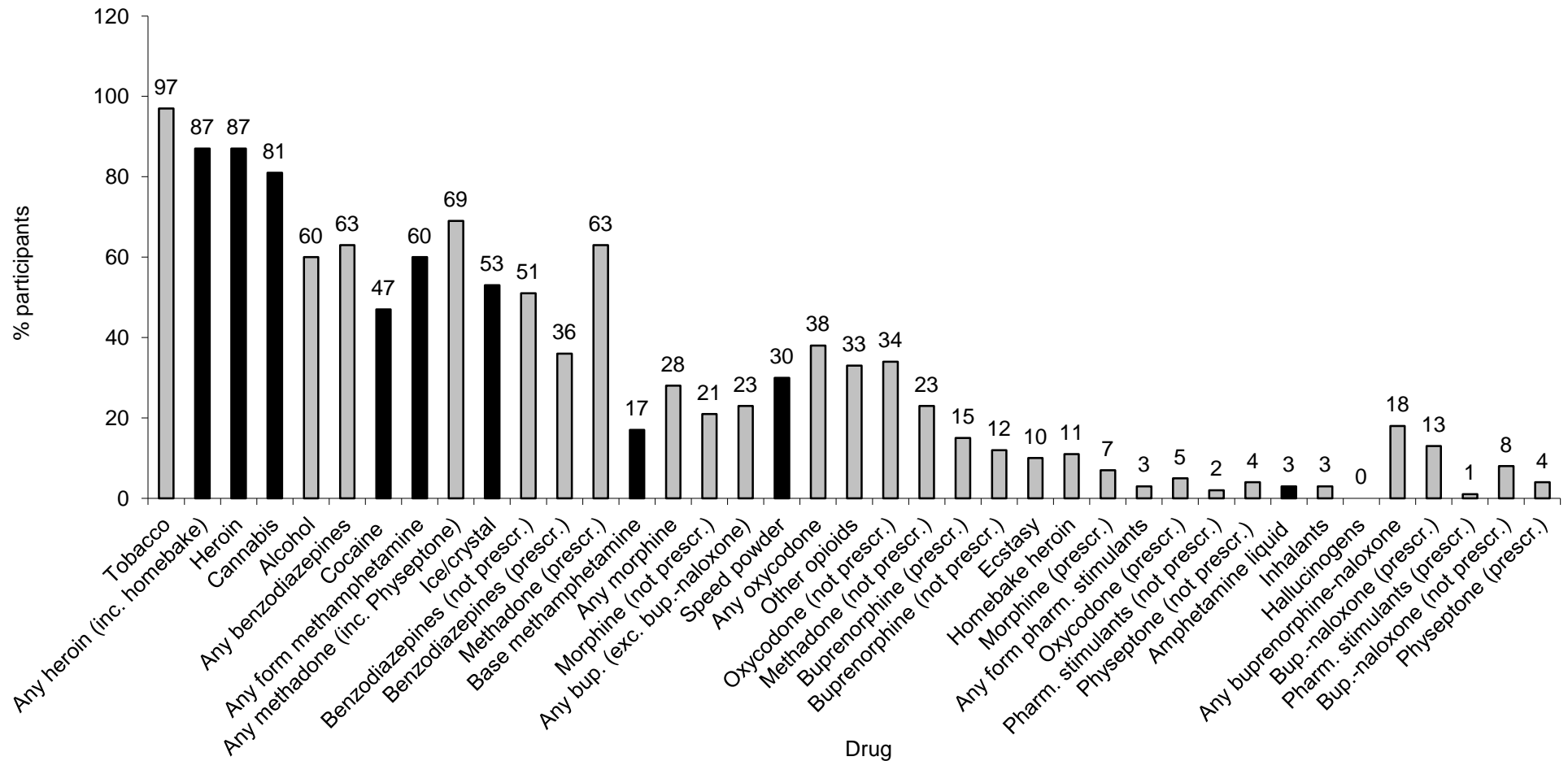
* Among those who had used/injected

+ Refers to/includes sublingual administration of buprenorphine (trade name Subutex) and buprenorphine-naloxone (trade name Suboxone)

NB: buprenorphine-naloxone was first listed on the Pharmaceutical Benefits Scheme (PBS) in April 2006

[#] Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood)

Figure 5: Prevalence of drug use in the six months preceding interview, NSW 2011*



Source: IDRS PWID interviews

* Key drugs investigated in the IDRS (i.e. heroin, methamphetamine, cocaine and cannabis) shown in black

NB: 'Any heroin' includes heroin and homebake heroin. 'Any form methamphetamine' includes speed powder, base, ice/crystal and liquid amphetamine. 'Any methadone' includes licit (prescr.) and illicit (not prescr.) methadone syrup and Physeptone. 'Any morphine', 'any buprenorphine', 'any oxycodone', 'any form pharmaceutical stimulants' and 'any form bup.-naloxone' include licit and illicit forms of the drug in any formulation unless otherwise specified. 'Other opioids' refers to opioids not elsewhere classified. 'Use' refers to any form of administration and does not necessarily imply injection - for further information on routes of administration, please refer to Table 3

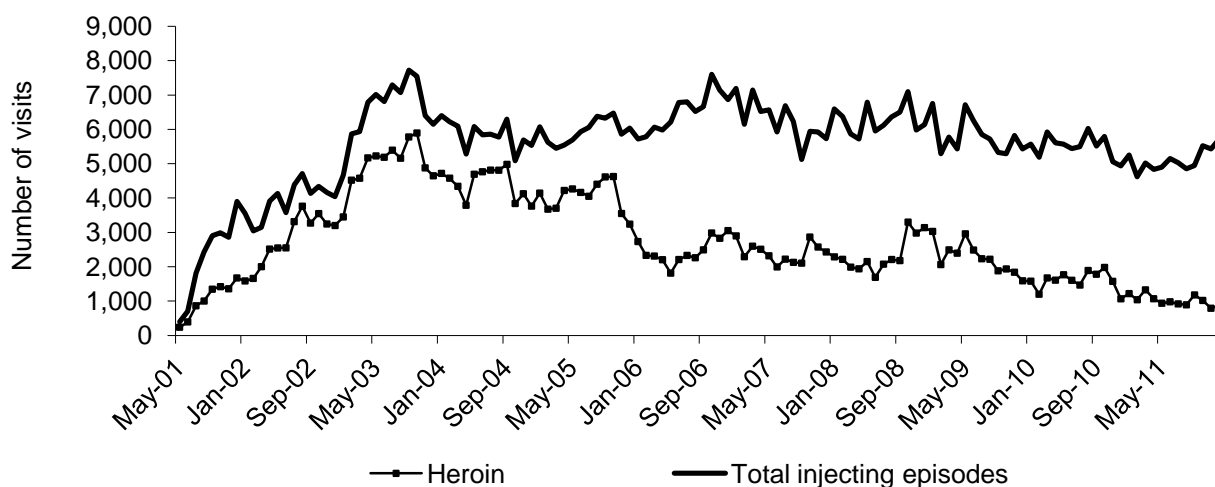
4.2 Heroin

4.2.1 Heroin use among PWID participants

The majority of participants (87%) had used heroin in the six months preceding interview, this remained stable with the 92% reported in 2010. Heroin remained the drug of choice for over two-thirds (70%) of the sample (Table 2) also remaining stable with the 74% reporting it in 2010. Heroin also remained the most commonly nominated for 'drug injected last' (61%), stable with the 62% reporting it in 2010. Similarly, heroin continued to be the 'drug injected most often in the last month' (63%), comparable with the 65% that reported it in 2010.

Figure 6 shows the number of attendances to the Sydney MSIC in Kings Cross where heroin was the drug injected (based on client reports) between 2001 and 2011. The following caveats need to be considered when interpreting these data. First, the hours of operation changed over the first two years of operation (increasing from four hours to twelve hours per day) and second, the number of individuals attending increased continuously over this period, as people who inject drugs (PWID) became aware of this new service. Heroin had been the drug most commonly injected since the centre opened, with the exception of July 2001-January 2002 where cocaine was equally or more commonly injected, and until more recently when 'other opioids' (predominantly oxycodone and morphine) were equally or more commonly injected (see Section 8). There has been a steady downward trend in attendances for heroin injection since 2009 and in the 12 months to December 2011 heroin has accounted for approximately 15-25% of all attendances to Sydney MSIC.

Figure 6: Number of attendances to Sydney MSIC where heroin was injected and total number of visits, May 2001-December 2011



Source: Sydney MSIC, Kings Cross

NB: Total visits refers to the total number of valid visits at which a response was given

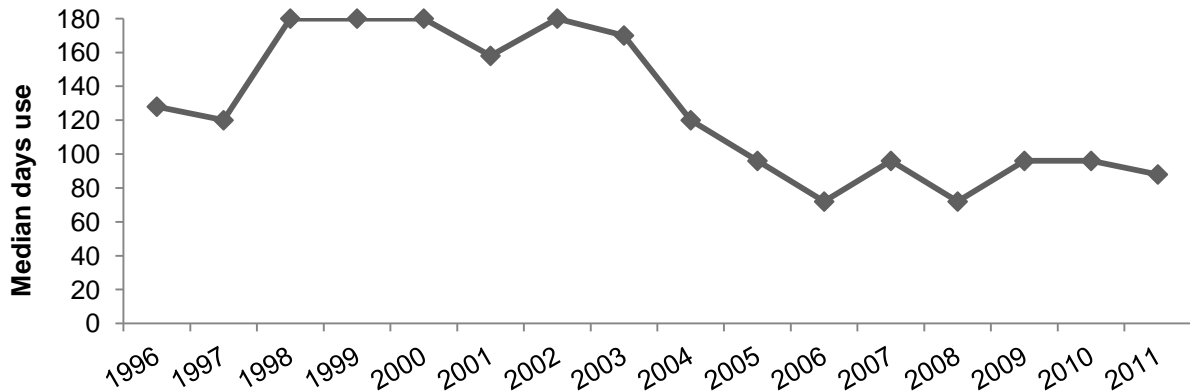
4.2.1.1 Homebake

Homebake use remained uncommon among the PWID sample of the NSW IDRS. Eleven percent of the sample reported use in the last six months (Table 3), which is a non-statistically significant increase from the 5% reported in 2010 and is comparable with the 15% reported 2 years prior in 2009. Ten percent reported injection in the last 6 months, a non-statistically significant increase from the 5% reported in 2010. Overall in 2011, it appears that recent injection of homebake has returned to levels reported prior to 2010 (2009: 15%; 2008: 12%).

4.2.2 Current patterns of heroin use

The median number of days of heroin use in the six months preceding interview remained stable in 2011 at 87, approximately every 2nd day. In comparison eight years earlier (2003) the median days use was almost daily (170 days) (Figure 7). Similarly the prevalence of recent heroin use reported in 2011 has also remained stable (88% versus 92% in 2010).

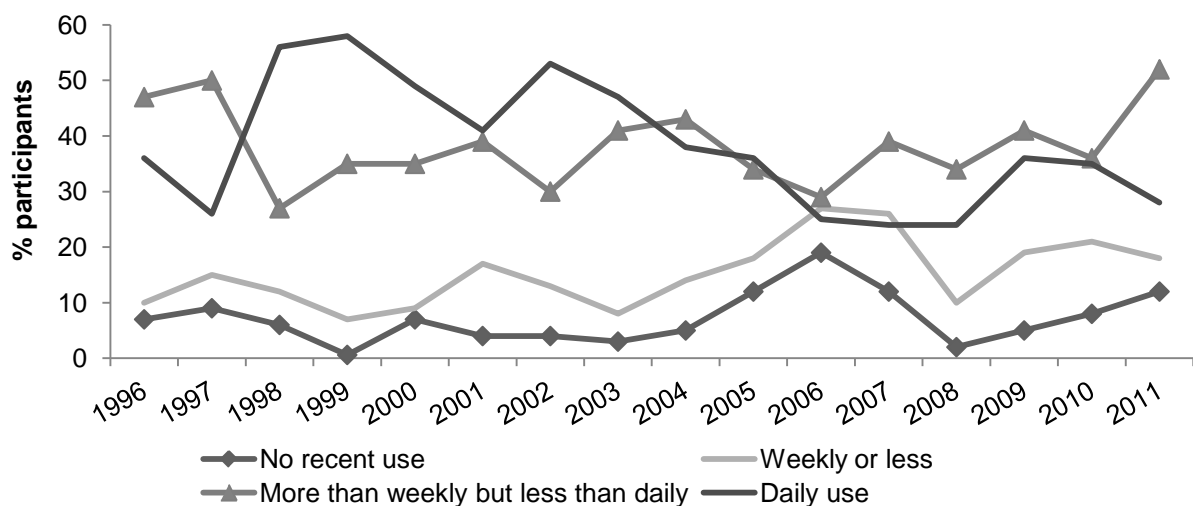
Figure 7: Median days of heroin use in the past six months, 1996-2011



Source: IDRS PWID interviews

Just over one-quarter of all participants (28%) reported daily use of heroin in 2011. A comparable proportion (35%) of all participants reported daily heroin use in 2010 (Figure 8). There was a significant increase ($p < 0.05$) reporting more than weekly, but less than daily use, up from 36% in 2010 to approximately half (52%) of all participants in 2011 (Figure 8). Approximately half (49%) of all participants reported (53% in 2010) reporting use on the day prior. Proportions that have used heroin weekly or less, also remained stable in 2011.

Figure 8: Patterns of heroin use, 1996-2011



Source: IDRS PWID interviews

4.2.3 Forms of heroin used

As in previous years, participants were asked about the forms of heroin they had used over the preceding six months. Eighty-nine percent of participants had reported recent use of heroin they described as white/off-white 'powder' or 'rock' (87% in 2010) and 67% reported recent use of heroin described as brown/beige 'powder' or 'rock' (72% in 2010). The form most used (over the preceding six months) among those who could comment was white/off-white 'powder' (38%; 35% in 2010), followed by white/off-white 'rock' (32%; 24% in 2010). Fifteen percent of those who could comment nominated beige/brown 'powder' (28% in 2010) and only 11% had used beige/brown 'rock' (12% in 2010) most often.

4.2.4 Heroin forms and preparation

Traditionally, Australia's heroin has originated from the Golden Triangle (Myanmar, Laos PDR and Thailand) (Ciccarone 2009; UNODC 2009) and has been white or off-white in colour. This form of heroin had an acidic (acetone/hydrochloride) base and was relatively easy to prepare for injection as it was quite refined and water soluble. In contrast, heroin produced in the Golden Crescent region (Afghanistan and Pakistan) is rarely seen in Australia (Ciccarone 2009), and is usually brown in colour and less refined. Typically brown heroin is alkaline and, therefore, requires heating and often citric or ascorbic acid to make it water soluble for injection. It is also considered more amenable to smoking as a route of administration.

More recently it has been demonstrated that heroin colour is not a reliable determinant of geographic origin (Zerell, Ahrens et al. 2005). Therefore, while the following information provides an indication of the appearance of heroin used by participants of the IDRS, it is not possible to draw conclusions about its geographic origin, purity or the preparation method required for its injection based on these data alone. Further research into this area is required before firmer conclusions can be drawn.

Brown heroin was first identified in NSW in 2006. Participants in the IDRS first commented on the presence of brown heroin in the same year. In 2007, the issue was investigated by asking participants to describe the colour forms of heroin they had used over the last six months, in addition to the 'form most used'.

Again in 2011, participants were asked if they had used heat and/or citric/ascorbic/acetic acid to prepare heroin for injection on the last occasion of injection. Fifty-one percent reported using heat on the last occasion, while only 9% reported using any form of citric/ascorbic/acetic acid. These both remain stable with 2010.

Participants were also asked to identify the colour of the heroin on the last occasion of injection where heat and/or citric/ascorbic/acetic acid had been used in preparation. Of those who reported using heat or acid on the last occasion the majority (56%) of respondents described the colour of heroin as brown/beige and two fifths (40%) described it as white/off-white in colour.

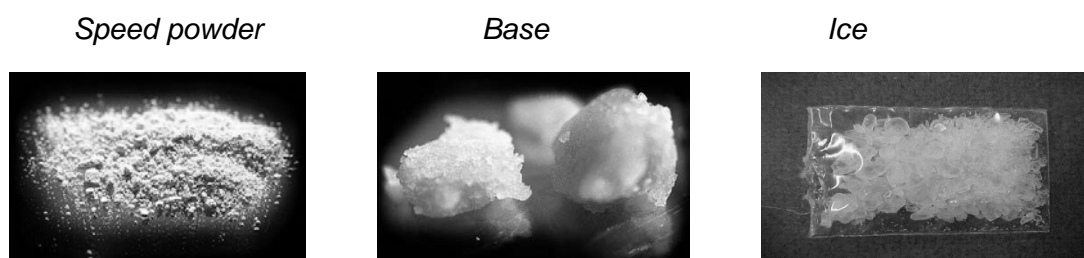
4.2.4.1 Homebake

The median number of days of homebake use in the preceding six months was 9 (i.e. use approximately once every 3 weeks, range 1-180 days) an increase from the 2 days reported in 2010 and comparable with the seven days reported in 2009. The median number of days on which it had been injected by users in this time also increased from 2 days in 2010 to 10 days (range 1-180 days) in 2011. Overall, it appears the use homebake in 2011 is returning to levels reported in 2009, after a decrease in 2010.

4.3 Methamphetamine

In response to the increasing diversification of the methamphetamine markets in Australia identified by the 2001 IDRS (Topp, Degenhardt et al. 2002), data were collected for three different forms of methamphetamine: methamphetamine powder (referred to here as 'speed' or 'speed powder'); methamphetamine base ('base'); and crystal methamphetamine ('ice' or 'crystal'). 'Speed' is also a generic term for methamphetamine; however, here it refers only to the powder form. It is typically a fine-grained powder, generally white or off-white in colour, but may range from white through to beige or pink due to differences in the chemicals used to produce it. Base (which can also be known as 'pure', 'wax' or 'point') is the paste methamphetamine that is 'moist', 'oily' or 'waxy' and is often brownish in colour. It can be difficult to dissolve for injection due to its oily consistency. Ice/crystal comes in crystalline form, in either translucent or white crystals (sometimes with a pink, green or blue hue) that vary in size. A fourth form, liquid amphetamine or 'oxblood', has also been identified, and is typically red/brown in colour. However, as it is used infrequently, PWID are not surveyed regarding its price, purity or availability. Previous research indicated that participants were able to differentiate between these forms when surveyed (Breen, Degenhardt et al. 2004), and clarification was made with participants that they and the interviewer were referring to the same forms of methamphetamine.

Photographs most commonly identified by PWID participants as being of speed powder, base and ice, NSW



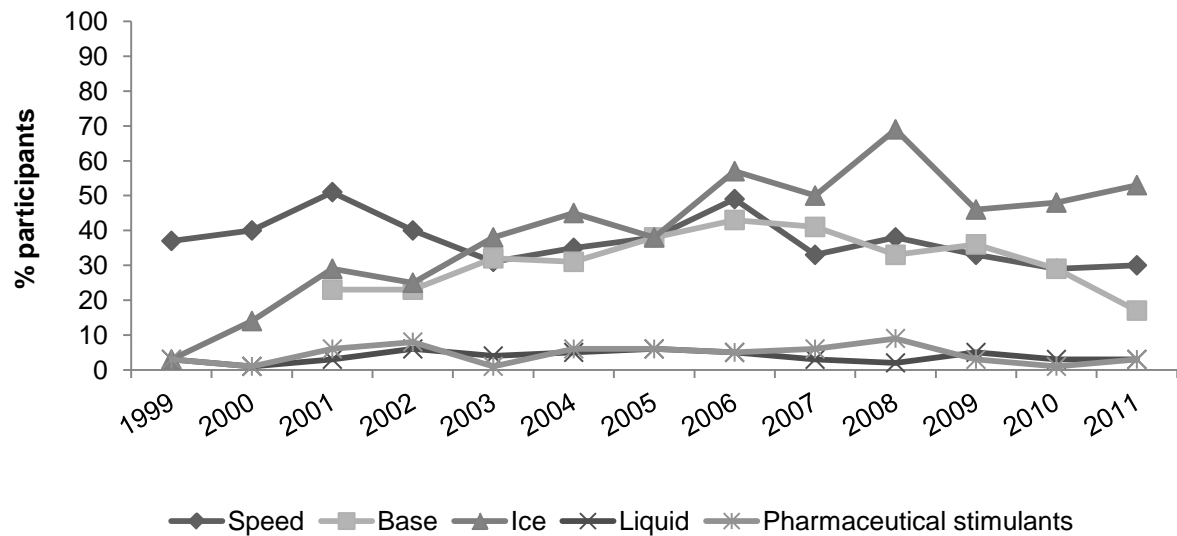
NB: For further information specific to the Sydney methamphetamine market, including supply, use patterns and harms, see McKetin, McLaren et al. (2005)

4.3.1 Methamphetamine use among PWID participants

The proportion (60%) reporting the use of any form of methamphetamine (speed, base, ice/crystal or liquid) remained stable in the six months preceding interview (57% in 2010). Considered separately, the most commonly used form was ice/crystal (53%, 48% in 2010), followed by speed (30%; 29% in 2010) and then base (17%; 29% in 2010). Liquid amphetamine (also known as 'oxblood') remained considerably less common, with only 3% (also 3% in 2010) of participants reporting use in the last six months (Figure 9). These figures indicate that recent crystal/ice and speed use remained stable in 2011. While there has been a decline in recent use of base it was not a statistically significant decrease.

Again in 2011, a distinction was made between the licit versus illicit use of pharmaceutical stimulants (including prescription amphetamines). Only one participant reported use of prescribed pharmaceutical stimulants in the six months preceding interview; while the use of non-prescribed pharmaceutical stimulants continued to remain low in 2011, with only 2% (1% in 2010) of participants reporting recent use. The recent use of any pharmaceutical stimulants by this group has remained at less than 10% since 1999 (Figure 9).

Figure 9: Proportion of PWID reporting methamphetamine and pharmaceutical stimulant use in the past six months, 1999-2011

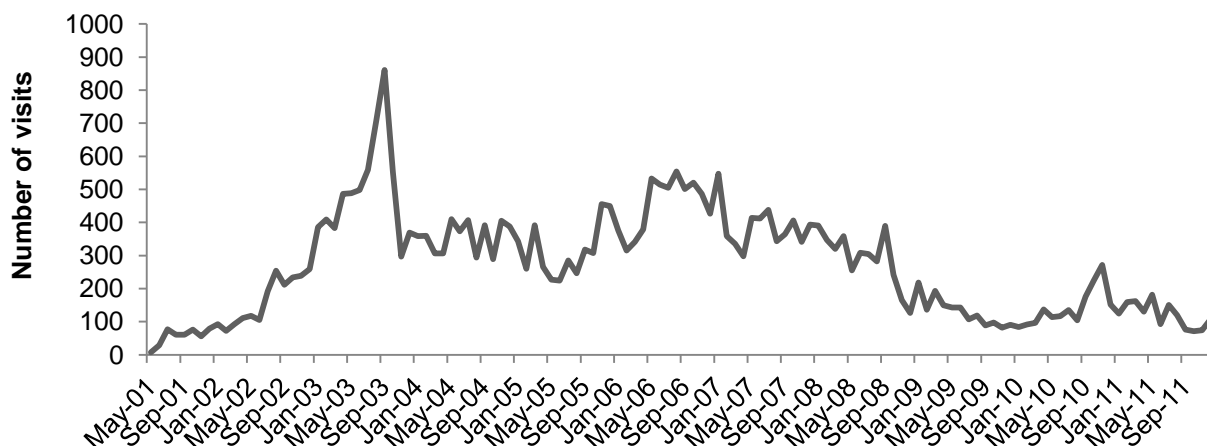


Source: IDRS PWID interviews
 NB: Pharmaceutical stimulants also include prescribed use

Figure 10 shows the number of attendances to the Sydney Medically Supervised Injecting Centre (MSIC) where methamphetamine was the drug injected⁶. Numbers reporting methamphetamine increased gradually since 2001, reaching a peak in September 2003 (861 visits that month and accounting for 11% of all visits), followed by a steep decline in subsequent months (Figure 10). Figures remained relatively stable between December 2003 and June 2007, accounting for between 5-7% of visits, increasing slightly in April 2006 to January 2007. In the 12 months to December 2011 there was a further decrease in the number of methamphetamine injections at MSIC, with a low of 71 attendances to inject methamphetamines in October 2011, the lowest recorded since 2001. Overall, attendances at MSIC for methamphetamine injection have remained under 5% of all attendances since October 2008.

⁶ The following caveats need to be considered when interpreting these data: 1) hours of operation changed over the first 2 years of operation (from four to up to twelve per day); and 2) the numbers of individuals attending increased continuously over the first 2 years of operation as PWID became aware of this new service.

Figure 10: Number of attendances to Sydney MSIC where methamphetamine was injected, May 2001-December 2011



Source: Sydney MSIC, Kings Cross

4.3.2 Current patterns of methamphetamine use

The proportion (60%; 57% in 2010) of participants reporting any recent methamphetamine use (speed, base, ice/crystal, base) remained stable in 2011. Among those reporting any recent use (speed, base, ice, liquid) the median number of days of use was 19 days (approximately fortnightly use); from 14 days (approximately fortnightly use) in 2010. The majority of users had used each form weekly or less over the six months preceding interview, followed by more than weekly, but less than daily (Table 4 and Figure 11). Overall, this represents little change from 2010, however, closer examination of various types of methamphetamine showed that there was a decline (17% versus 29% in 2010; Table 4) in the recent use of base this wasn't statistically significant and, therefore, should be interpreted with caution. It should be noted that the proportion (3% in 2011) of people reporting daily use of any type of methamphetamine over the past four years remained low relative to the proportion of daily heroin users (see Section 4.2.2 Current patterns of heroin use).

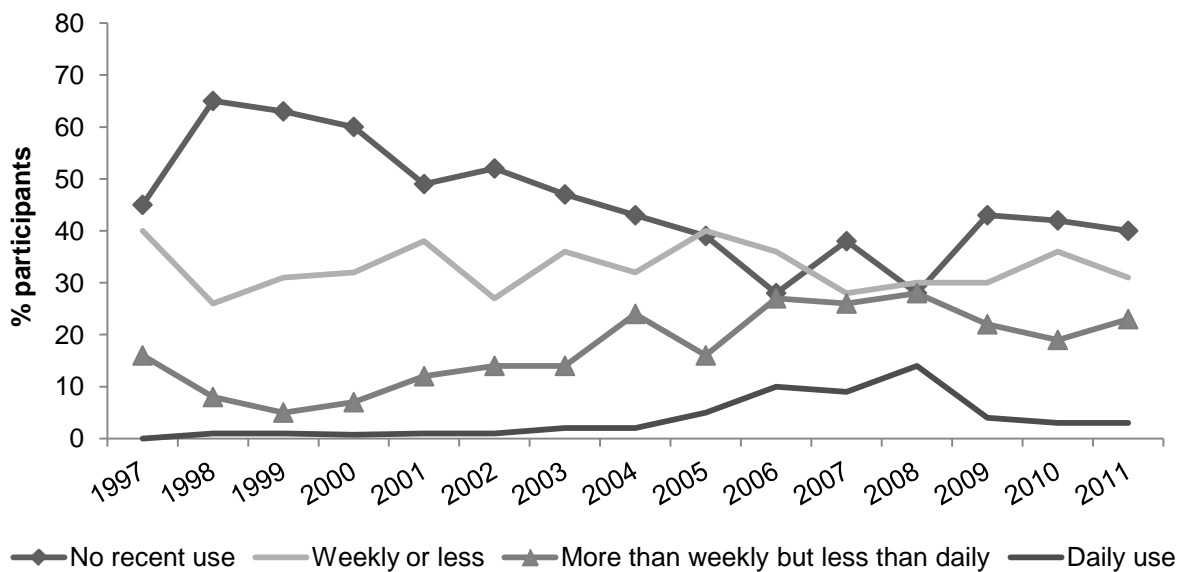
The use of any pharmaceutical stimulants (prescribed and non-prescribed) continues to remain very low (3% in 2011) among this sample of PWID and changes in patterns of use should be interpreted with caution. The median number of days of any recent pharmaceutical stimulant use was 12 days (fortnightly use; 4 days in 2010). Illicitly obtained pharmaceutical stimulants were used on a median of 18 days in the past 6 months (4 days in 2010). Only 1% of participants (0% in 2010) had recently used pharmaceutical stimulants that were prescribed to them on a median of 6 days (monthly use).

Table 4: Patterns of methamphetamine use in the last six months, by type, 2011

Form used	Among the entire sample		Among those who had used		
	% who had <u>not</u> used in the last 6 months	% who had used	% used weekly or less [^]	% used more than weekly, but less than daily	% used daily
Speed powder	70 [71]	30 [29]	72 [79]	23 [16]	5 [5]
Base	83 [71]	17 [29]	80 [93]	16 [7]	4 [0]
Ice/crystal	47 [52]	53 [48]	60 [64]	35 [36]	5 [1]
Any form of methamphetamine*	40 [43]	60 [57]	54 [62]	41 [32]	5 [6]

Source: IDRS PWID interviews
 * Also includes liquid methamphetamine
[^] Excludes those who had not used
 [] Indicates % used in previous year

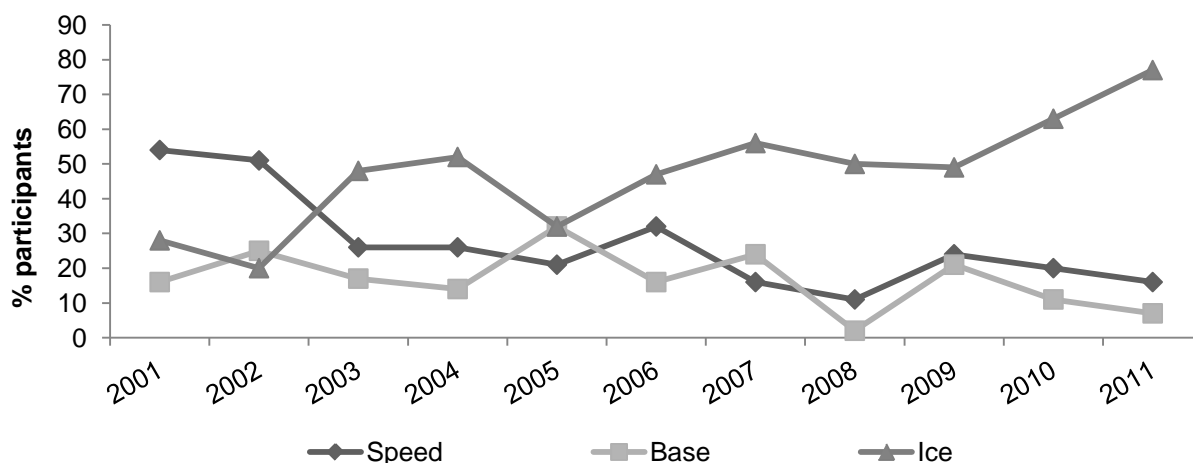
Figure 11: Patterns of methamphetamine use (any form) by PWID participants, 1997-2011



Source: IDRS PWID interviews

As in previous years, participants who had used methamphetamine were also asked which form they had used most often in the six months preceding interview. Seventy-seven percent of recent users (39% of entire sample) nominated ice/crystal (63% in 2010; 36% of entire sample), sixteen percent nominated speed powder (20% in 2010) and 7% nominated base (11% in 2010). Among those who had recently used methamphetamines there was a significant increase ($p < 0.05$) in 2011 in the proportion reporting recent use of ice, however, among the entire sample the recent use of ice remains stable with 2010 (Figure 12; Table 3).

Figure 12: Methamphetamine form most used in the preceding six months, among recent methamphetamine users, 2001-2011



Source: IDRS PWID interviews

NB: Data collection on the form most used commenced in 2001. Pharmaceutical stimulants included in figures between 2001 and 2005; excluded in data from 2006-2011

4.4 Cocaine

As stated previously, and comparable to previous years, it was difficult to find cocaine KE this year. This suggested that cocaine use was not typically widespread among PWID outside the main drug market areas in which the IDRS survey was conducted. It also suggested there may be hidden groups of users who are not coming to the attention of health services and/or law enforcement agencies in relation to their cocaine use. For more information on cocaine markets in Sydney see, (Shearer, Johnston et al. 2005; Shearer, Johnston et al. 2007)

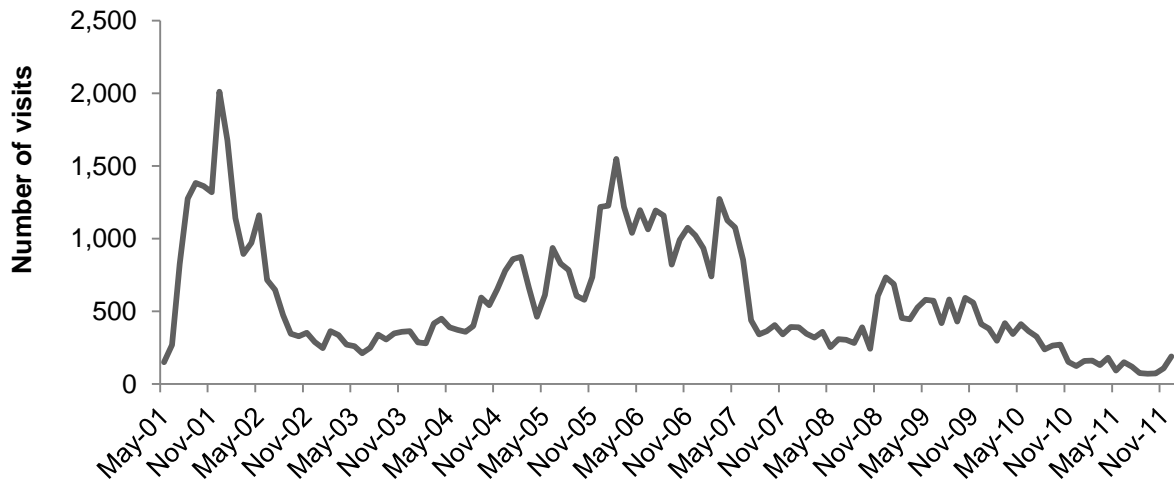
4.4.1 Cocaine use among PWID participants

Forty-seven percent of PWID participants in 2011 reported cocaine use in the preceding six months, a non-statistically significant decrease from 2010 (57%). Only five percent (8% in 2010) of the sample reported use of cocaine on the day prior to interview. Five percent also reported cocaine as the drug last injected (11% in 2010).

Figure 13 shows the number of attendances to the Sydney MSIC where cocaine was the drug injected⁷. Following a peak in use in December 2001 (2,010 visits), and a subsequent decline to less than 450 visits per month to inject cocaine, numbers reporting cocaine use remained relatively stable until the third quarter of 2004. From this time, numbers fluctuated, varying between 464 visits in April 2005 and 937 visits in June 2005 to inject cocaine, reaching a peak of 1,549 in February 2006. The 12 months to October 2011 saw a further decrease in attendances from the previous year.

⁷ The following caveats need to be considered when interpreting these data: 1) hours of operation changed over the first 2 years of operation (from four to up to twelve per day); and 2) the numbers of individuals attending increased continuously over the first 2 years of operation as PWID became aware of this new service.

Figure 13: Number of attendances to Sydney MSIC where cocaine was injected, May 2001-December 2011

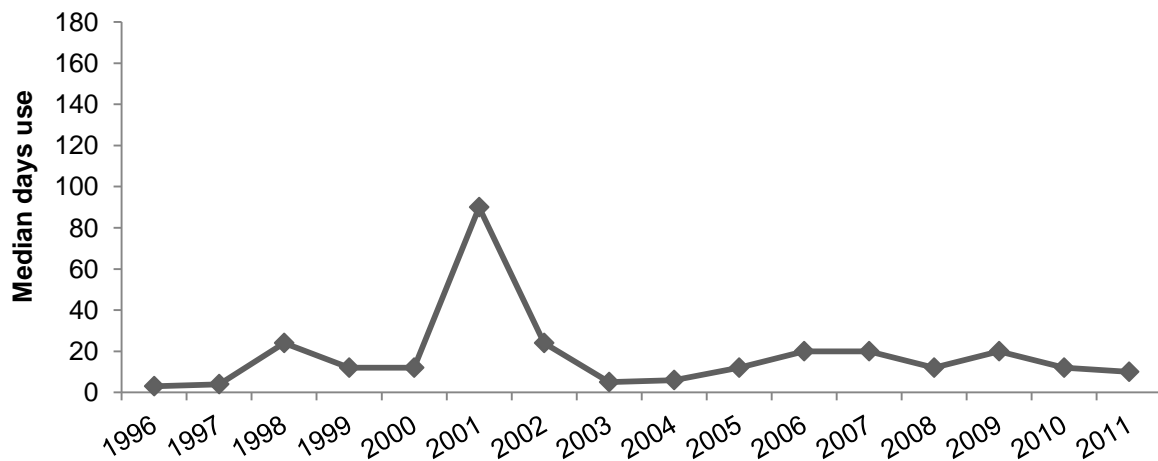


Source: Sydney MSIC, Kings Cross

4.4.2 Current patterns of cocaine use

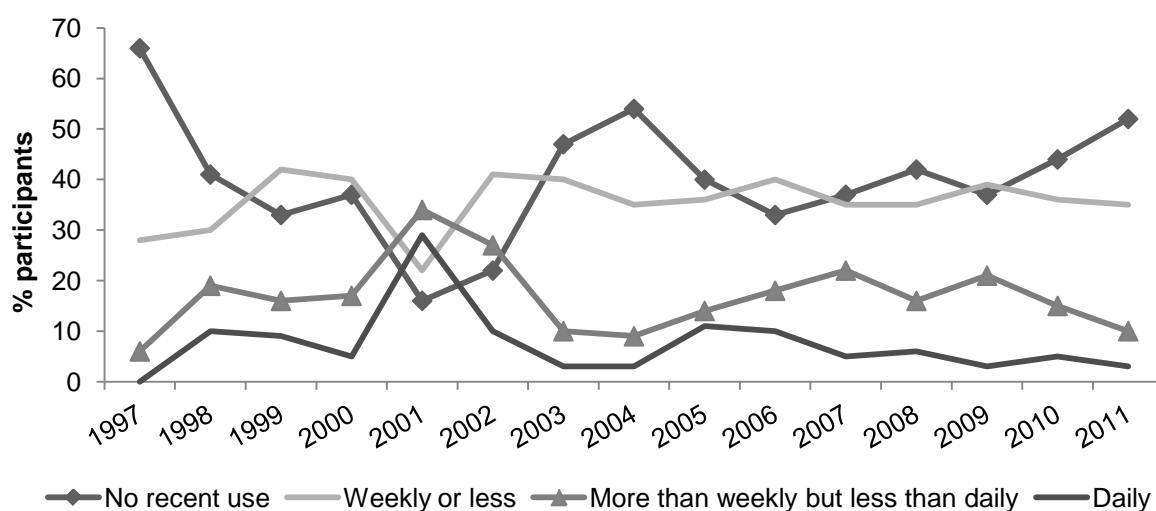
Frequency of cocaine use among PWID participants in the last six months remains stable in 2011. Cocaine was used on a median of 10 days (approximately fortnightly) in 2011 (12 days in 2010; Figure 14). Daily cocaine use remained stable with 3% (5% in 2010) of recent users (1% of all participants) reporting daily use (Figure 15).

Figure 14: Median days of cocaine use in the past six months, 1996-2011



Source: IDRS PWID interviews

Figure 15: Patterns of cocaine use, 1997-2011



Source: IDRS PWID interviews

Participants were also asked which form of cocaine they had used most often over the last six months. Eighty-three percent of participants who had recently used cocaine reported that powder was the form they had used most often in the last 6 months, which is stable from 2010 (86%). Sixteen percent of recent users reported rock cocaine as the form most used (14% in 2010), and there was only one participant reporting using crack cocaine as the form most used. Only 4% of recent users (also 4% in 2010) reported having used any crack cocaine in the six months preceding interview. No KE reported hearing about the use of crack cocaine, indicating that, similar to previous years, its use remained rare.

4.5 Cannabis

The IDRS has differentiated between hydro and bush prices since 2003, and since 2004 it has also differentiated between potency and availability of the two main forms used in Australia. Information on hashish (hash) and hash oil prices are collected but, as its use remained sporadic, information about potency and availability are not sought from PWID participants. Since 2007, participants have been asked whether they were able to distinguish between hydro and bush cannabis forms.

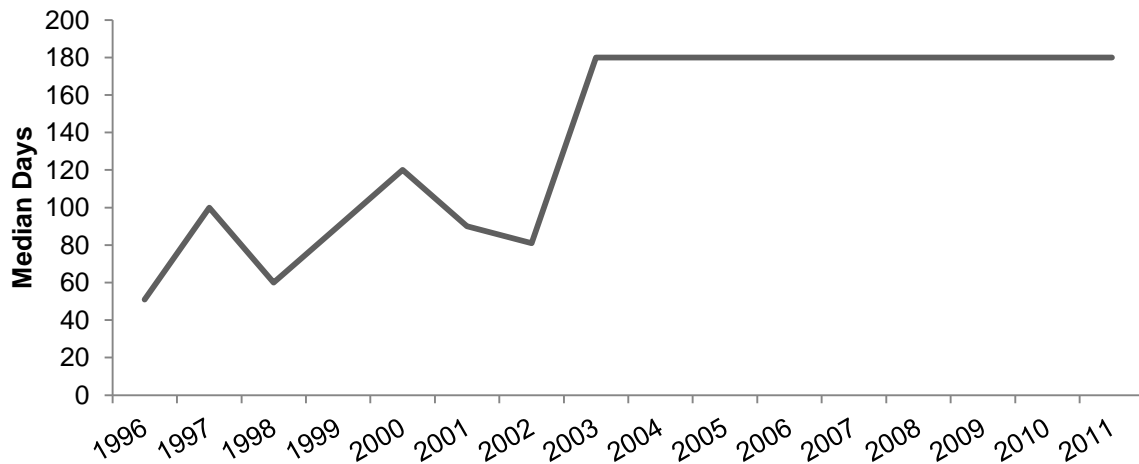
4.5.1 Cannabis use among PWID participants

Recent use of cannabis continued to remain high among participants in 2011. Eighty-one percent of participants reported the recent use of cannabis (72% in 2010 and 79% in 2009). While the proportion reporting cannabis use on the day prior to interview appeared to increase in 2011 the difference wasn't statistically significant (48% versus 34% in 2010).

4.5.2 Current patterns of cannabis use

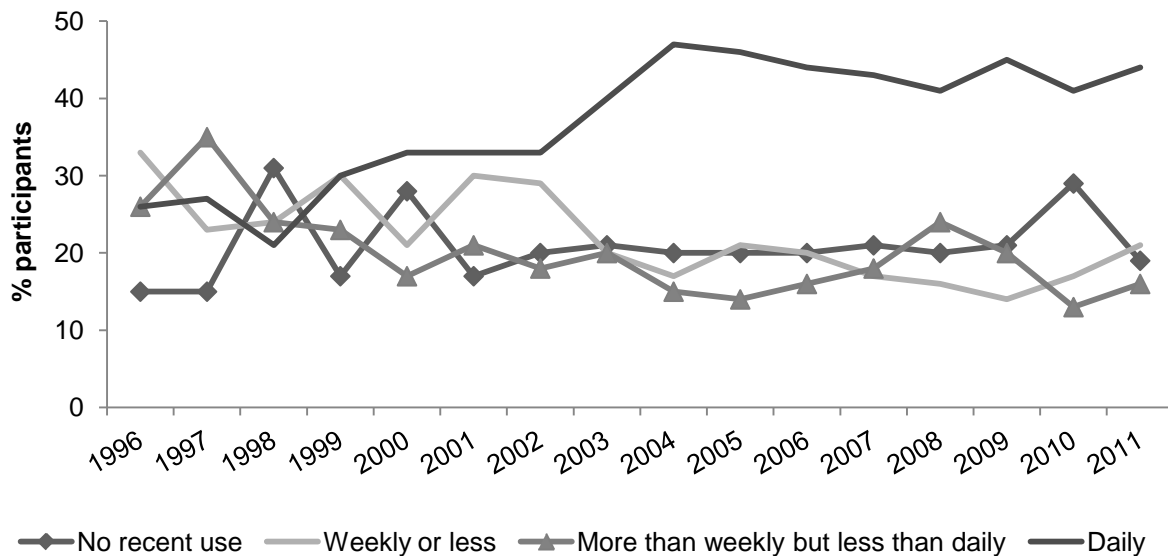
The median number of days of cannabis use, among those who used, was 180 in the preceding six months (i.e. daily). This had remained stable for the past nine years, with levels remaining substantially higher than pre-2002 inclusive (Figure 16). The proportion of recent consumers of cannabis reporting daily use of cannabis remained stable in 2011 (53%; 44% of entire sample). Participants who had smoked cannabis in the last six months were asked about the quantity used and methods of cannabis use on the last occasion.

Figure 16: Median number of days of cannabis use among those who had used cannabis in the past six months, 1996-2011



Source: IDRS PWID interviews

Figure 17: Patterns of cannabis use, 1996-2011



Source: IDRS PWID interviews

Ninety-five percent of respondents who had used cannabis, reported using hydro in the preceding six months (also 95% in 2010), and 48% of cannabis users reported using bush during this time (57% in 2010). Eight percent of recent cannabis users reported use of hashish (3% in 2010) and only 4% of participants (<1% in 2010) had used hash oil. When asked which form of cannabis they had ‘used most often’ in the last six months, the vast majority (88%) of recent users reported hydro, 10% reported bush and 2% reported hash oil. These changes remain stable with 2010.

4.6 Pharmaceutical Opioids

The IDRS monitors the extra-medical use (non-prescribed and/or not 'as directed' by a doctor) patterns and market characteristics of opioid pharmaceutical medications including both those prescribed for opioid substitution treatment (OST; i.e. methadone, buprenorphine, buprenorphine-naloxone), and those prescribed for pain relief (i.e. morphine and oxycodone) as these have been associated with a range of public health concerns, including toxicity, mortality, and where injected, injection-related problems such as vein damage and infections (O'Brien, Day et al. 2006). With regard to OST, it is imperative to consider that screening of participants ensured that those sampled had all been active in the illicit drug markets of the area, and thus they were able to provide meaningful data on market indicators.

While the majority (72%) of those sampled in 2011 were engaged in OST at the time of interview, responses presented are not representative of all clients engaged in drug treatment services.

Below in Table 5 are the definitions used when discussing opioids use.

Table 5: Definitions used when discussing opioid use

Pharmaceutical Opioids (including OST)

Use of these substances is broadly split into the following categories (Black, Roxburgh et al. 2008).

1. Use of licitly obtained opioids, i.e. use of opioids obtained by a prescription in the user's name, through any route of administration.
2. Use of illicitly obtained opioids, i.e. those obtained from a prescription in someone else's name, through any route of administration ('illicit use').
3. Use of any opioids, i.e. does not distinguish between licit and illicit methods of obtainment.

Injection

1. Injection of licitly obtained opioids.
2. Injection of illicitly obtained opioids.
3. Injection of any opioids.

NB: See Glossary for further details of terms. For information on data covering the use of licitly obtained methadone, buprenorphine and buprenorphine-naloxone, data on OST, please see also Section 6.3 Drug Treatment

4.6.1 Methadone

Methadone is prescribed for the treatment of opioid dependence. It is usually prescribed as a syrup preparation, and is often dosed under supervised conditions. Take-away doses are available for some patients depending on various state/territory regulations. Physeptone tablets are less common in Australia and are usually prescribed for people in methadone treatment who are travelling, or in a minority of cases, where the methadone syrup is not tolerated. As mentioned previously, illicit use of methadone and Physeptone was defined as the use of medication not obtained with a prescription in the participant's name. The participant may have bought the medication on the street or obtained it from a friend or acquaintance. See also Section 6.3: Drug Treatment for information on the use of prescribed methadone.

As in previous years, detailed data were collected in 2011 regarding the purchase, frequency of use and injection of illicit methadone syrup and Physeptone tablets. This was to provide further

clarification regarding the use of methadone prescribed for treatment and the diversion of prescribed methadone. Information on prescribed (licit) methadone may be found in Section 6.3 Drug Treatment.

Approximately one-quarter (23%) of all participants reported using non-prescribed methadone in the six months preceding interview (27% in 2010). The frequency of use among recent users was a median of six days (also 6 days in 2010). In response to the question 'what were the main reasons you used illicit methadone in the last 6 months' 46% of participants reported self treatment, 35% reported substitution for heroin or other opioids, 31% reported intoxication and no participants (0%) reported being away from home.

Eighteen percent of participants reported injecting illicitly obtained methadone in the preceding six months on a median of 6 days (i.e. approximately once a month), which was comparable to 2010 (25% of participants on a median of 6 days). Thirty-one percent of all participants reported injection of any form of methadone (i.e. syrup or Physeptone tablets; regardless of whether it was prescribed or non-prescribed) on a median of 6 days (approximately monthly use). While the proportion of participants reported injection of any form of methadone remained comparable to 2010 (24%) there was a decrease in the frequency of use (15 days in 2010).

Twelve percent of participants (14% in 2010) reporting recent methadone or physeptone use reported non-prescribed methadone syrup as the form most often used in the preceding six months. This remains stable with the 12% reported in 2010. Use of non-prescribed Physeptone use remained uncommon, with only 4% of participants reporting use in the preceding six months (1% in 2010) and only 3% reported injecting Physeptone in the 6 months prior to interview.

4.6.2 Buprenorphine

Twelve percent of all participants (13% in 2010) reported the use of non-prescribed buprenorphine in the preceding six months. The frequency of use in 2010 remained stable with use occurring on a median of five days (also five in 2010). Twelve percent of participants reported injecting non-prescribed buprenorphine on a median of six days, which remained consistent compared to 2010 (10%, on a median of five days).

Sixteen percent of participants reported injecting any form of buprenorphine in the preceding six months (14% in 2010) on a median of 4 days (less than monthly use; 7 days in 2010). No participants reported an injection-related problem ('dirty hit') or overdose associated with buprenorphine. The prevalence and frequency of buprenorphine injection remained comparable with 2010.

4.6.3 Buprenorphine-naloxone (Suboxone)

Questions on buprenorphine-naloxone (Suboxone) have also been included in the PWID survey since 2006 when it was first listed on the Pharmaceutical Benefits Scheme. In 2011, seven percent (5% in 2010) of people interviewed reported being on Suboxone treatment at some stage in the last 6 months. Continuing trends from previous years, the injection of Suboxone in 2011 was extremely low. Only five percent (3% in 2010) reported injecting Suboxone that wasn't prescribed to them in the last 6 months (median 7 days), and only three percent had reported other routes of administration of Suboxone that wasn't directly prescribed to them.

4.6.4 Morphine

It should be noted that, in some cases, 'morphine' appears to be a generic term used by people who use or inject drugs to refer to opioid pills, a finding reported by KE and also reflected in PWID participant interviews, with some interviewers reporting initial participant confusion between drugs such as MS Contin (morphine) and OxyContin (oxycodone). However, in the majority of cases it was confirmed that participants were correctly referring to morphine rather than oxycodone.

In January 2006, changes were made to the legislation governing the prescription of morphine and a number of other opioids such as oxycodone (Pharmaceutical Services Branch, NSW Health, personal communication, January 2007). Previously, doctors could prescribe such drugs for up to two months, after which time they were required to obtain an authority to continue. Following the amendment, the two month requirement was removed with the exception of people determined to be drug dependent⁸, where the requirement still remained.

4.6.5 Use patterns

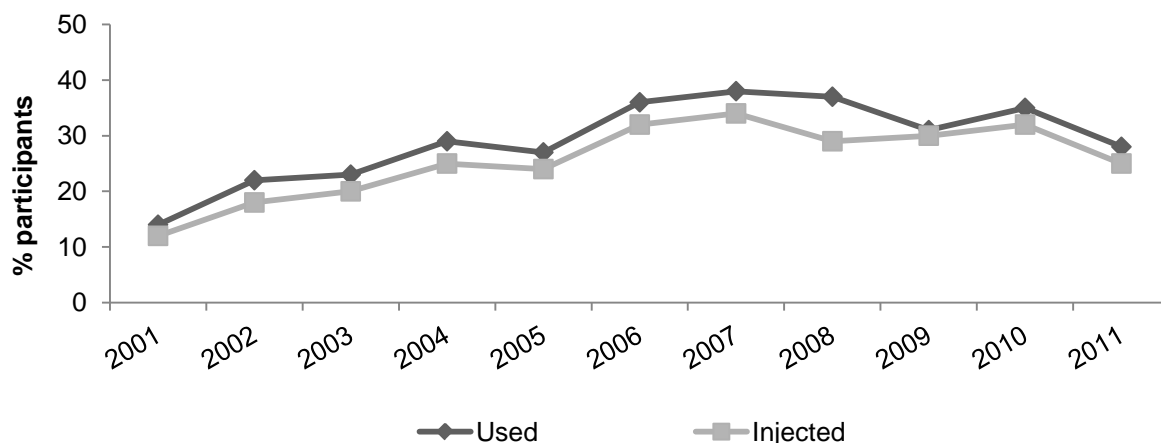
Since 2006, a distinction has been drawn between the use of morphine obtained via prescription and the use of non-prescribed morphine (Table 3). Twenty-one percent (31% in 2010) reported use of non-prescribed morphine on a median of 10 days (4 days in 2010). One-fifth (20%) of participants reported the recent injection of non-prescribed morphine on a median of 10 days (28% on a median of 4 days in 2010). The difference in the prevalence and injection of non-prescribed morphine use between 2010 and 2011 was not statistically significant. The frequency of non-prescribed morphine injection increased to a median of 10 days (4 days in 2010). In response to the question 'what were your main motivations for non-prescribed morphine use' 48% percent of recent users reported self treatment, 43% reported substitution for heroin and/or other opioids and 15% reported away from home.

The use of prescribed morphine was noticeably less prevalent (7% had recently used it; 4% had injected it in the same period) which remained comparable with 2010 (8% recently used; 6% recently injected). Frequency of use had also remained stable at a median of 14 days (9 days in 2010), though there was an increase in frequency of injection which occurred on a median of 10 days (4 days in 2010) in the six months proceeding interview.

To enable comparison with previous years, the following information refers to 'any' form of morphine, i.e. no distinction has been made between prescribed and non-prescribed morphine. In 2011, approximately one-quarter (28%; 35% in 2010) of participants reported using any morphine in the preceding six months on a median of 12 days (5 days in 2010). In terms of injection 23% (32% in 2010) reported injection of any morphine on a median of eleven days (4 days in 2010) in this time (Figure 18). The frequency of any morphine injection had increased from less than monthly use in 2010 to weekly use in 2011 (23 days versus 4 days in 2010).

⁸ 'Drug dependent' is defined as 'a person who has acquired, as a result of repeated administration: (a) a drug of addiction, or (b) a prohibited drug within the meaning of the *Drug Misuse and Trafficking Act 1985*, an overpowering desire for the continued administration of such a drug'. See the *Poisons and Therapeutic Goods Act 1966 No 31* for details.

Figure 18: Proportion of PWID reporting morphine use and injection in the past six months 2001-2011

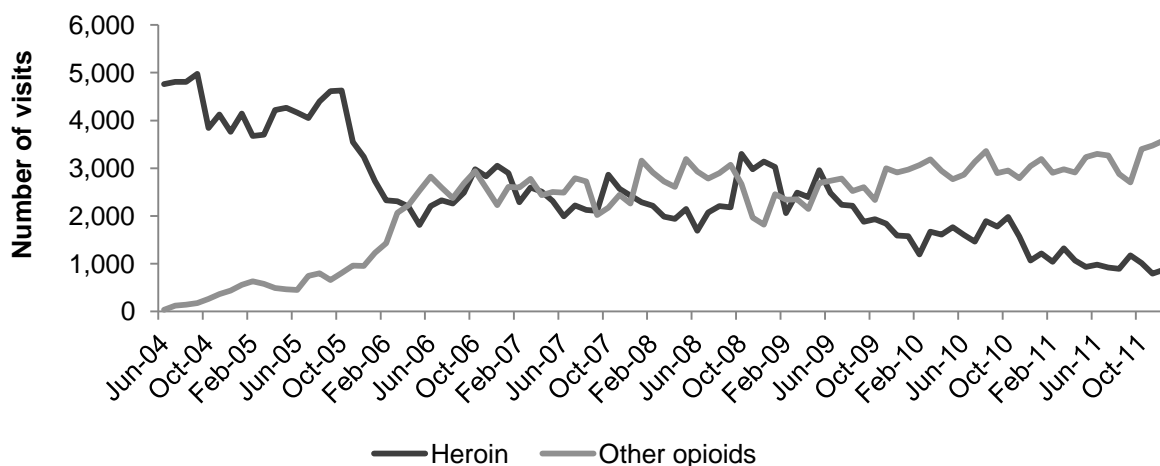


Source: IDRS PWID interviews
 NB: Prior to 2001, morphine was included under 'other opioids'

Five percent of recent users (1% of entire sample) reported daily morphine use, although the majority (73%; 19% of entire sample) reported using weekly or less often. Three participants (2% of entire sample) reported experiencing problems that they attributed to morphine injection in the past month. All three reported a 'dirty hit' attributed to morphine. No participants reported an overdose in the past month attributed to morphine.

The number of visits to Sydney MSIC where other opioids, including morphine and oxycodone were injected is presented in Figure 19. The number of attendances where other opioids were injected has increased since 2004, and, for the first time in May and June of 2006, other opioids accounted for a greater proportion of injections than heroin. From October 2006 to January 2007, heroin returned to accounting for the greater proportions of injections over other opioids. Figures then became relatively equal before other opioids again, accounted for the greater proportion of injections from May 2007 to September 2008. Since May 2009 other opioids have accounted for the greatest proportion of injections.

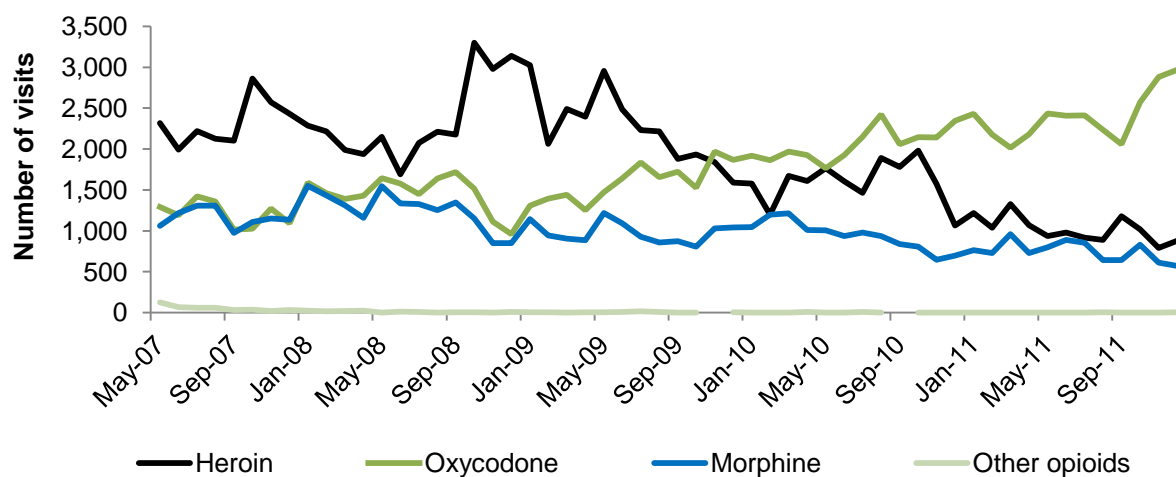
Figure 19: Number of attendances to Sydney MSIC where other opioids (including morphine)* and heroin were injected, June 2004-December 2011



Source: Sydney MSIC, Kings Cross
 * Excludes heroin and methadone, and includes morphine, oxycodone, Palfium and pethidine

Since January 2008 oxycodone has been the most prevalent pharmaceutical opioid injected in attendances to the Sydney MSIC. In the 12 months to October 2011 attendances for oxycodone injection at the Sydney MSIC continued to remain the most common opioid injected. Attendances for heroin injection at MSIC were characterised by a downward trend over the same period (Figure 20).

Figure 20: Number of attendances to Sydney MSIC where morphine, oxycodone and other opioids were injected, May 2007-December 2011



Source: Sydney MSIC, Kings Cross

4.6.6 Oxycodone

For information on changes to oxycodone prescribing legislation that became effective from January 2006, please see Section 5.7 Morphine.

4.6.7 Use patterns

This was the fifth year, in which a distinction was made between prescribed and non-prescribed oxycodone (e.g. OxyContin, Endone) and other opioids due to concerns that the use of non-prescribed, and problems associated with, diversion of oxycodone may be increasing. In previous years, oxycodone was included under 'other opioids'.

More than half (60%) of all participants reported having used oxycodone (whether obtained via prescription or other methods) at some stage in their lifetime, and 51% reported having ever injected it (Table 3). Thirty-eight percent of participants reported using any (prescribed or non-prescribed) oxycodone in the six months preceding interview on a median of six days (i.e. monthly use). This remains stable with 2010 (36% and also a median of 6 days). The recent injection of any oxycodone also remains stable in 2011 (32% versus 31% in 2010).

With regard to non-prescribed oxycodone use, one-third (34%; 33% in 2010) of participants reported use in the preceding six months, on a median of four days (6 days, in 2010). Only two percent (1% of entire sample) of participants reporting recent illicit use were daily users (180 days). The majority (83%; 26% of entire sample) of people reporting use in the last 6 months were using weekly or less often. Injection in the last six months was reported by 30% of the sample on a median of 5 days (29% on a median of 6 days in 2010). Overall, these figures suggested that prevalence of recent illicit oxycodone use is comparable with 2010.

In response to the question 'what were your main motivations for non-prescribed oxycodone use?' 50% of recent users reported self treatment and 47% substitution for heroin and/or other opioids.

With regard to prescribed oxycodone, 5% of participants reported use in the preceding six months, on a median of 19 days (10%; 7 days in 2010). Injection of prescribed oxycodone in the last six months was reported by 3% of the sample on a median of 120 days (4%; 54 days in 2010). These reports suggested that use of prescribed oxycodone had remained stable, while the frequency of injection had increased

Of those reporting any recent oxycodone use, the vast majority (89%; 33% of entire sample) used non-prescribed oxycodone rather than prescribed oxycodone, (see Section 8.3 Pharmaceutical opioids). The most common brand used was OxyContin (86%; 24% of entire sample). There were only small numbers reporting Endone (7%;2% of entire sample) as the brand most commonly used.

4.7 Over the counter codeine

Again in 2011, the IDRS survey included questions on the use of over the counter (OTC) codeine. One-half (50%) of participants reported that they had ever used OTC codeine. Thirty-eight percent of all participants reported that they had used OTC codeine in the six months prior to interview on a median of 5 days (51% on a median of 8 days in 2010). All recent OTC codeine users had swallowed it and no participants reported that they had recently injected it. The brands most commonly reported as being used were Nurofen Plus (51%) and Panadeine (14%) of recent users.

4.8 Other opioids

One half (50%) of participants reported that they had ever used opioids other than those listed above at least once in their lifetime, and 4% had ever injected them. In the six months prior to interview, 38% of participants reported the use of other opioids on a median of 5 days. Comparisons with data prior to 2009 should be interpreted with caution as OTC codeine wasn't included in its own section (See section 8.3) until 2009 rather under the category of other opioids. It should be also noted that 'other opioids' does not include homebake.

4.9 Other drugs

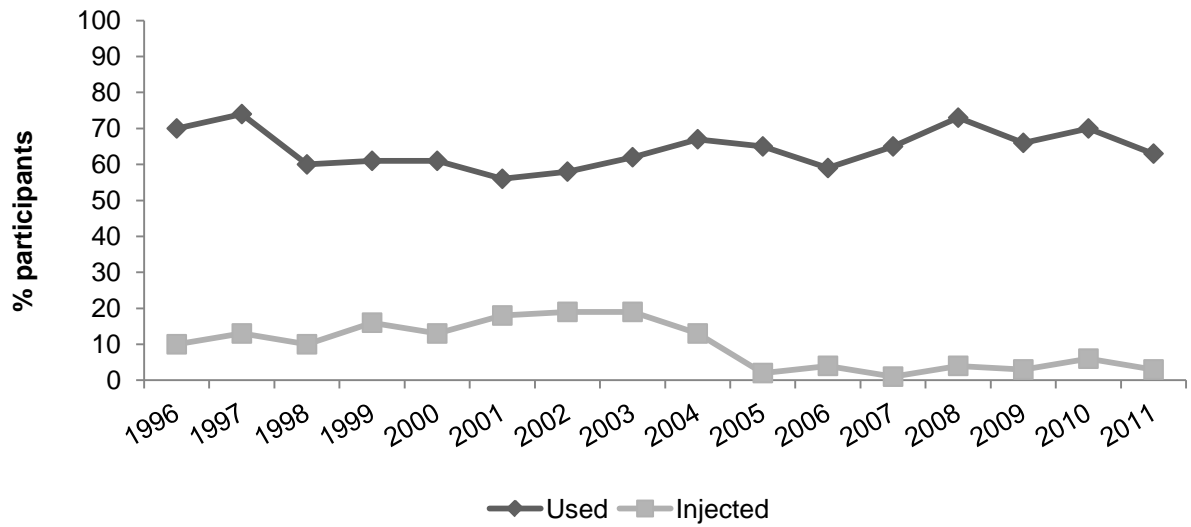
4.9.1 Benzodiazepines

Seventy-three percent of the NSW sample had reported the use of any benzodiazepines at some stage in their lifetime. Sixty-three percent (78% in 2010) reported the recent use of any benzodiazepines on a median of 90 days in the last six months (37 days in 2010) (Figure 21 and 22). Please note: the median days used in 2011 should be interpreted with caution as a number of changes were made to the questionnaire which might explain the increase. Among those who recently used any benzodiazepines, 36% reported using them daily in the last six months (Figure 23).

Only small numbers reported recently injecting any benzodiazepines (3%) on a median of six days in the last six months (Figure 21 and 22). Just over half (51%) of those who reported recent any benzodiazepine use stated that 'licit' benzodiazepines were the form they had most used in the preceding six months.

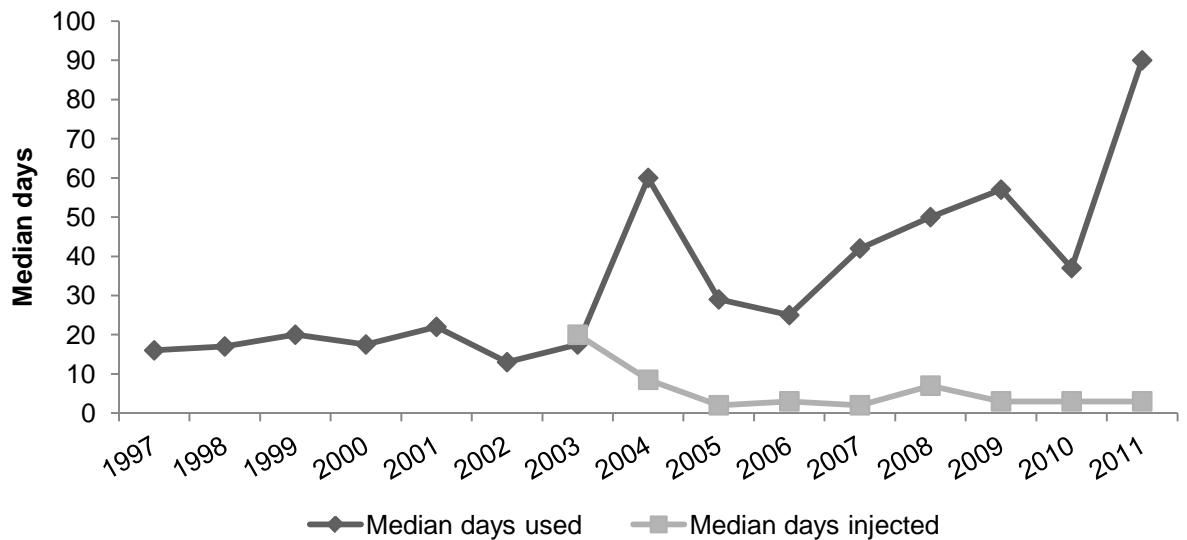
For the first time in 2011 participants were asked separately about the use of alprazolam and other benzodiazepines use (please see below).

Figure 21: Proportion of PWID participants reporting (prescribed and non-prescribed) benzodiazepine use and injection in the preceding six months, 1996-2011



Source: IDRS PWID interviews

Figure 22: Median days use and injection of (prescribed and non-prescribed) benzodiazepines in the past six months, 1997-2011

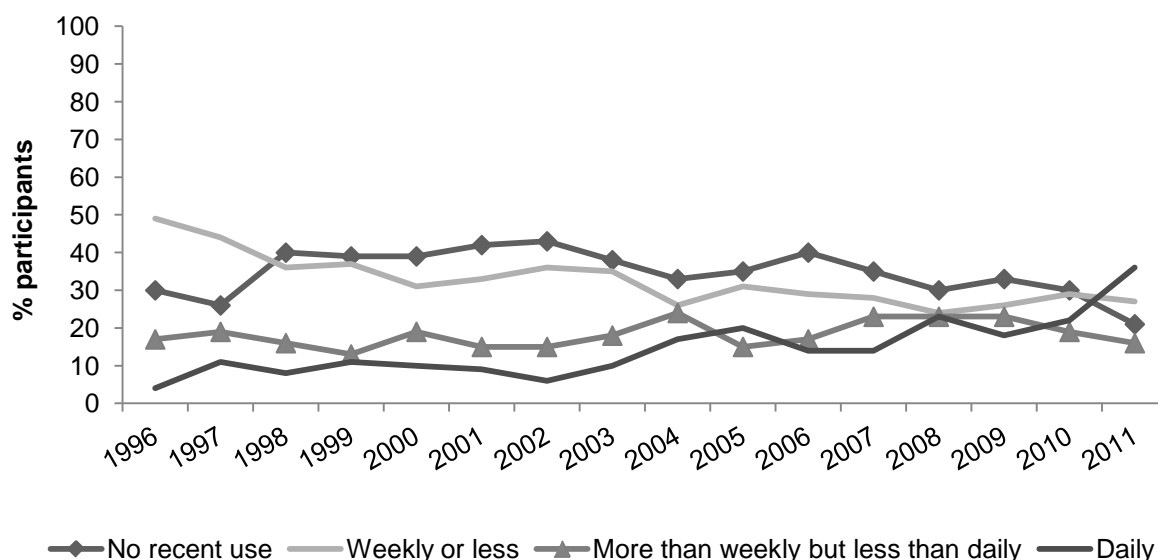


Source: IDRS PWID interviews

NB: Collection of data on the number of days injected commenced in 2003

The median days used in 2011 should be interpreted with caution as a number of changes were made to the questionnaire which might explain the increase.

Figure 23: Patterns of (prescribed and non-prescribed) benzodiazepine use, 1996-2011



Source: IDRS PWID interviews

4.9.1.1 Alprazolam

Forty-nine percent of the NSW sample reported using some form of alprazolam in their lifetime (16% licit and 41% illicit). Nearly half (43%) reported recently using any form of alprazolam on a median of 48 days in the last six months. Nine percent had recently used 'licit' alprazolam on a median of 180 days while 37% had recently used 'illicit' alprazolam on a median of twenty-four days (Table 6).

A smaller proportion (5%) had injected alprazolam at some stage in their life (1% licit, 5% illicit), with 2% injecting any form of alprazolam (0% licit, 2% illicit) in the last six months.

Table 6: Alprazolam use patterns, 2011

	NSW (n=150)
Recent use (%)	
Licit	9
Illicit	37
Any form (licit and/or illicit)	43
Median days used *	
Licit	180
Illicit	24
Any form (licit and/or illicit)	48

Source: IDRS PWID interviews

* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180.

4.7.3.2 Other benzodiazepines

Sixty-five percent of the NSW sample had used any form of other benzodiazepines not including alprazolam in their lifetime (45% licit and 48% illicit). Over half (51%) recently used any form of other benzodiazepines on a median of 60 days (approximately two and half times per week) (Table 7).

Thirty percent of the NSW sample reported having used 'licitly' obtained other benzodiazepines on a median of 90 days in the last six months. While, thirty-five percent reported using 'illicitly' obtained other benzodiazepines on a median of 13 days in the six months preceding interview (Table 7).

Proportions of respondents reporting the recent injection of other benzodiazepines (any form – excludes alprazolam) in the last six months was low at 1%.

Table 7: Other benzodiazepine (excludes alprazolam) use patterns, 6 2011

	NSW (n=150)
Recent use (%)	
Licit	30
Illicit	35
Any form (licit and/or illicit)	51
Median days used *	
Licit	90
Illicit	13
Any form (licit and/or illicit)	60

Source: IDRS participant interviews

* Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180.

Excluding Alprazolam, the most commonly used brand of benzodiazepine was diazepam (including generic diazepam, Valium, Antenex) (67%), followed by oxazepam (Serepax) (8%), temazepam (6%) and alprazolam (Xanax) (5%). Thirty percent of participants reported benzodiazepine use on the day prior to interview (21% in 2010).

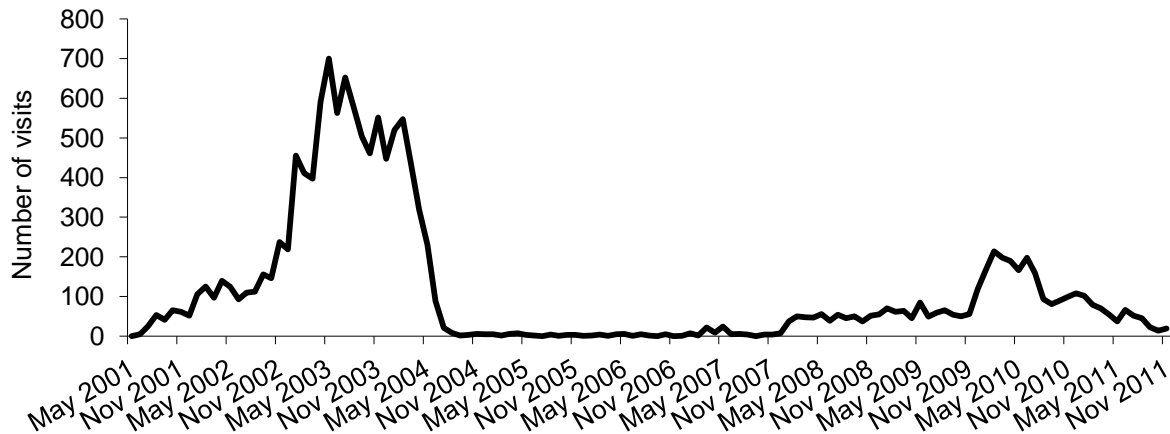
In previous years there had been concern relating to the injection of, and injection-related problems associated with, benzodiazepines, particularly temazepam gelatine capsules (Euhypnos, Nocturne, Normison and Temaze). These gel cap formulations were restricted on 1 May 2002, and subsequently removed completely from the pharmaceutical market at the end of March 2004. In 2011, the prevalence of benzodiazepine injection is comparable with recent years (3% in 2011; 6% in 2010; 3% in 2009; 4% in 2008). Overall, the prevalence of benzodiazepine injection and the frequency of injection has remained stable over the past few years.

4.9.1.3 MSIC data

Data from the Sydney MSIC show that the number of clients who injected benzodiazepines fell dramatically with the withdrawal of temazepam gelatine capsules from the Australian pharmaceutical market at the end of March 2004. Since the withdrawal of temazepam gelatine capsules from the market until early 2010 benzodiazepine injection at MSIC has remained low

and stable. In early to mid 2010, there was an increase in the number of attendances for benzodiazepine injections and the 12 months to October 2011 has been seen a decline in attendances⁹. The number of attendances to Sydney MSIC where benzodiazepines were injected is still less than that reported prior to the withdrawal of temazepam gelatine caps from the market at the end of March 2004.

Figure 24: Number of attendances to Sydney MSIC where benzodiazepines were injected, May 2001-December 2011



Source: Sydney MSIC, Kings Cross

For further discussion of benzodiazepine injection and related problems in Australia, including those associated with temazepam gelatine capsules use, see Breen et al. (2003) and (Wilce 2004).

4.9.2 Seroquel® (Quetiapine)

For the first time in 2011 participants were asked about the use of Seroquel® (quetiapine). Of the NSW sample 35% reported a lifetime use of Seroquel® (14% licit, 25% illicit). Twenty-one percent of the sample had used Seroquel® in the last six months (9% licit, 13% illicit). ‘Licit’ Seroquel® has been used on a median of 180 days compared to four days for ‘illicit’ Seroquel®. No participants reported injecting Seroquel® in the last six months.

4.9.3 Hallucinogens

Just under half (47%, also 47% in 2010) of PWID participants reported having used hallucinogens at some stage in their lifetime but there were no reports of recent use (Table 3). Seven percent of the sample had injected hallucinogens at some stage in the past (6% in 2010) and no participants reported having injected them in the last six months. These figures, overall, represented stability in the use of hallucinogens when compared with 2010.

⁹ The following caveats need to be considered when interpreting these data: 1) hours of operation changed over the first 2 years of operation (from four to up to twelve per day); and 2) the numbers of individuals attending increased continuously over the first 2 years of operation as PWID became aware of this new service

4.9.4 Ecstasy

Ecstasy use within this sample of participants in NSW continued to remain at relatively low levels. Fifty-three percent of participants reported use of ecstasy in their lifetime, and 10% reported having used it within the six months prior to interview (9% in 2010). Twenty-two percent of participants had reported ever injecting ecstasy, and only 4% (2% in 2010) reported having injected ecstasy in the six months preceding interview on a median of 1 day (see Table 3).

A separate monitoring system investigating trends in ecstasy and related drug use and related issues had been conducted in New South Wales since 2000 and across all Australian jurisdictions since 2003. This is called the Ecstasy and related Drugs Reporting System (EDRS; formerly known as the Party Drugs Initiative, or PDI). Information, reports and bulletins from this study are available from the NDARC website <http://ndarc.med.unsw.edu.au/> (under 'Drug Trends').

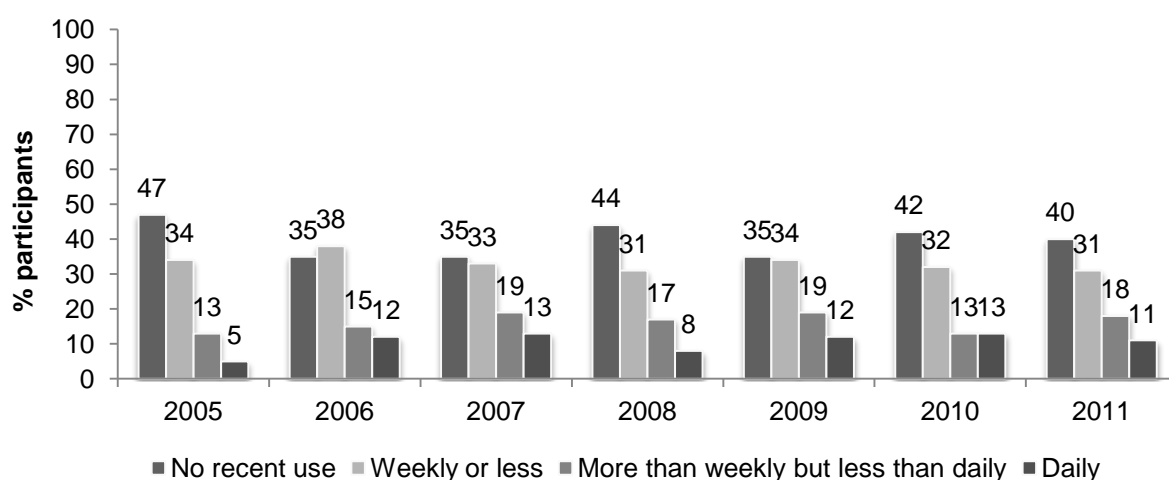
4.9.5 Inhalants

Eighteen percent of participants (16% in 2010) reported ever having inhaled volatile substances such as amyl nitrite, petrol, glue and/or lighter fluid (butane) (Table 3). Recent use (3%) remained low and stable as did the frequency of use (two days). The only form of inhalant reported being recently used by participants was amyl nitrite. There were no KE reports regarding use of inhalants.

4.9.6 Alcohol

More than one-half (60%) of the participants in the sample had consumed alcohol in the six months prior to interview on a median of 24 days (i.e. once per week; range 1-180). Both the recent use and the frequency of use remained stable (58% and also 24 days in 2010). Nineteen percent (11% of the entire sample) reported daily use of alcohol. These figures were generally consistent with levels reported over the last 3 years. Approximately one-half (52%; or 31% of all participants) drank weekly or less often (Figure 25). Rates of daily use (11%) were comparable with the general population aged 14 and over (7%), while rates of drinking weekly were lower than the general population (40%) (Australian Institute of Health and Welfare 2011).

Figure 25: Patterns of alcohol use, 2005-2011

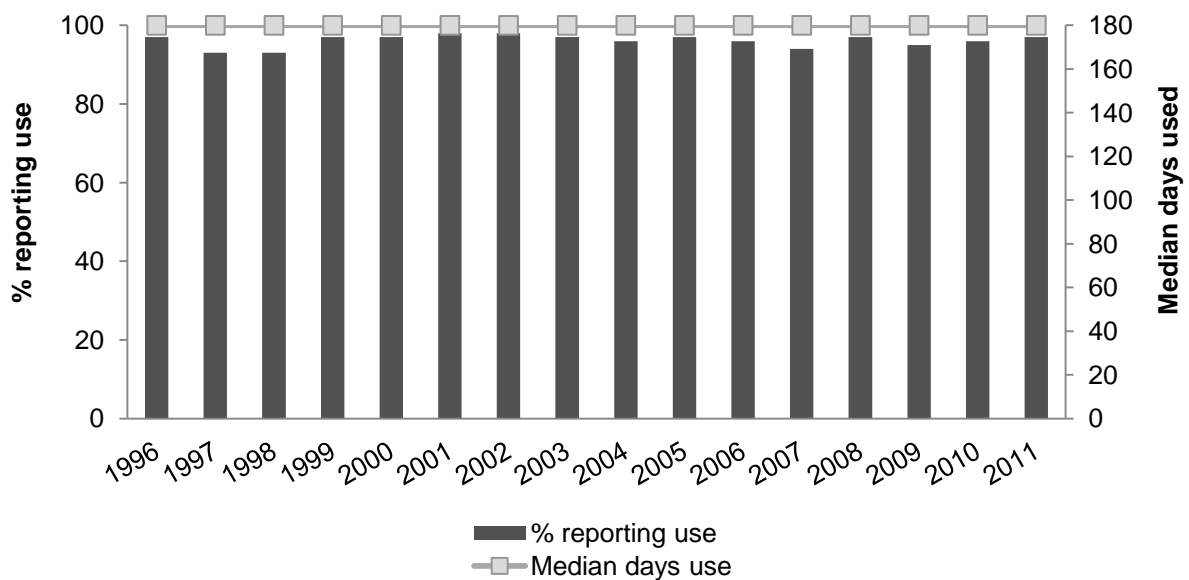


Source: IDRS PWID interviews

4.9.7 Tobacco

Tobacco continued to remain the most commonly used substance investigated by the IDRS. The vast majority of participants (97%) reported smoking tobacco in the last six months on a median of 180 days (Table 3), i.e. daily use (range 60-180). Ninety-three percent of the sample who had smoked tobacco in the preceding six months were daily smokers. High prevalence and frequency of tobacco use has been reported since 1996 (Figure 26). This figure continues to be substantially higher than among the general Australian population (15% of whom are daily smokers), and contrary to trends noted in the general population the prevalence of smoking among IDRS is not declining over time (Australian Institute of Health and Welfare 2011). The use of tobacco is the single most preventable cause of morbidity and mortality in Australia (Begg, Vos et al. 2007). Given the prevalence of smoking among the IDRS sample and that they are continuing to age over time (Figure 1) is of particular concern.

Figure 26: Participant reports of tobacco use in the last six months, 1996-2011



Source: IDRS PWID interviews

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

5.1 Heroin

When asked to comment on the price, purity and/or availability of heroin, 89% of the PWID sample felt confident to answer at least some of these survey items. The remaining 11% did not feel confident to answer any questions on the heroin market, and this is likely to reflect a proportion of people who inject drugs who do not use heroin, or come into contact with users, or dealers of, heroin regularly enough to be able to comment. Use of homebake heroin (a form of heroin made from pharmaceutical products, involving the extraction of diamorphine from pharmaceutical opioids such as codeine or morphine) is also discussed within this section; however, as its use remained uncommon, detailed market characteristics have not been obtained.

5.1.1 Heroin Price

The prices participants paid for heroin on the last occasion of purchase are shown in Table 8. Again in 2010, the median price reported for a cap of heroin remained unchanged at \$50 and has remained unchanged since 2002. A gram of heroin, however, decreased from the high of \$345 in 2010 to \$300 (Table 8). These prices continue to remain substantially higher than prices reported in 2000 (\$220 per gram; \$25 per cap), prior to the reported heroin shortage in 2001 (Figure 27).

Nineteen participants (13% of entire sample) reported buying heroin in points, an amount more commonly used in previous years to refer to purchase amounts of methamphetamine and cocaine. A 'point' traditionally referred to 0.1 gram, although anecdotal evidence suggests that, similar to a 'cap' or a 'deal', the term may be used to refer to a quantity used for one injection rather than as a description of the weight.

As shown in Table 8, price ranges were extremely wide. This may reflect purity/availability within that particular person's network and the numbers reporting.

Table 8: Price of most recent heroin purchases by PWID participants, 2010-2011

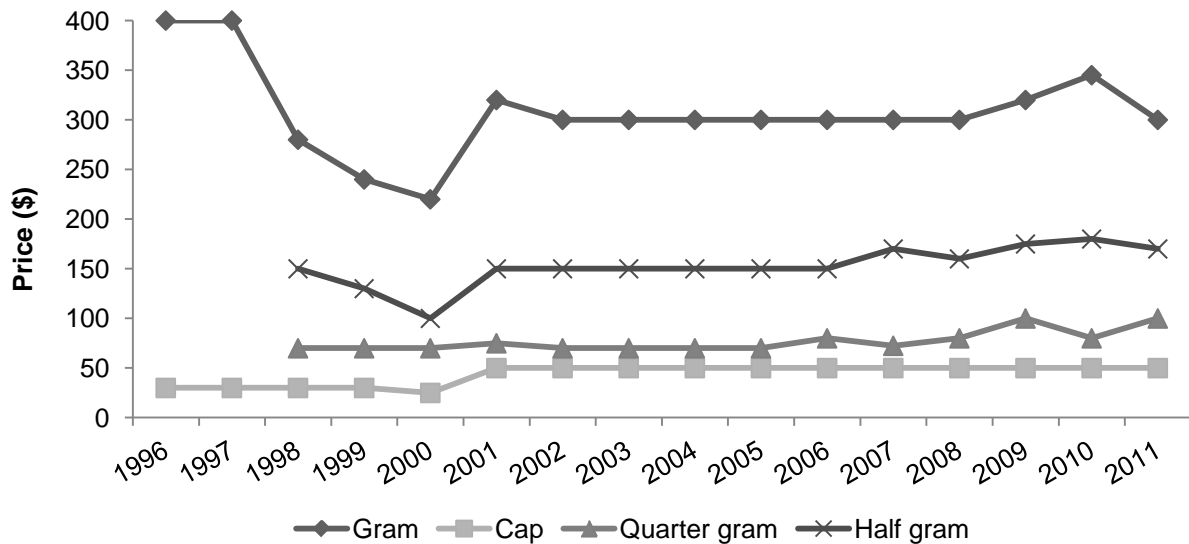
Amount	Median price* \$	Range \$	Number of purchasers*
Cap	50 (50)	20-100	81 (92)
Quarter gram	100 (80)	50-380	27 (30)
Half gram ('halfweight')	170 (180)	50-300	35 (49)
Gram	300 (345)	30-560	29 (24)

Source: IDRS PWID interviews

* 2010 data are presented in brackets

Heroin prices have remained relatively stable since 2002, with the exception of single gram amounts which have fluctuated in the last three years (Figure 27). It should be noted that participants and KE sometimes reported that the amount of a drug bought within a purchase amount (e.g. as a 'cap' or a 'fifty-dollar deal') had fluctuated or decreased over the past few years.

Figure 27: Median prices of heroin estimated from PWID purchases, 1996-2011



Source: IDRS PWID interviews

NB: Survey items relating to quarter and half grams were first included in 1998

In addition to survey items on last purchase price, participants were also asked whether they thought the price of heroin had changed over the last six months ('don't know', 'increasing', 'stable', 'decreasing' and 'fluctuating'). Three-quarters of participants that commented (75%) reported price stability over the preceding six months. Twenty-two percent of those who commented thought that price had increased over the preceding six months (comparable with 20% in 2010), with a smaller proportion nominating 'fluctuating' (3%, also 3% in 2010) and no participants reporting 'decreasing' heroin prices.

5.1.2 Availability

Participants were asked about current heroin availability (whether it was 'very easy', 'easy', 'difficult' or 'very difficult') and whether this had changed in the last six months ('easier', 'stable', 'more difficult' or 'fluctuates'). Again in 2011, the majority of participants reported that heroin was 'very easy' (50%) or 'easy' (32%) to obtain (Table 9; Figure 28). Sixteen percent reported that heroin was difficult to obtain (14% in 2010) and only 2% of participants claimed that heroin was 'very difficult' to obtain.

The vast majority (86%) of the sample were able to comment on heroin availability in the last 6 months, 64% reported that heroin availability over this time had remained stable. Smaller proportions of participants claimed that ease of access to heroin had become 'more difficult' (19%) or 'easier' (11%) to obtain (Table 9).

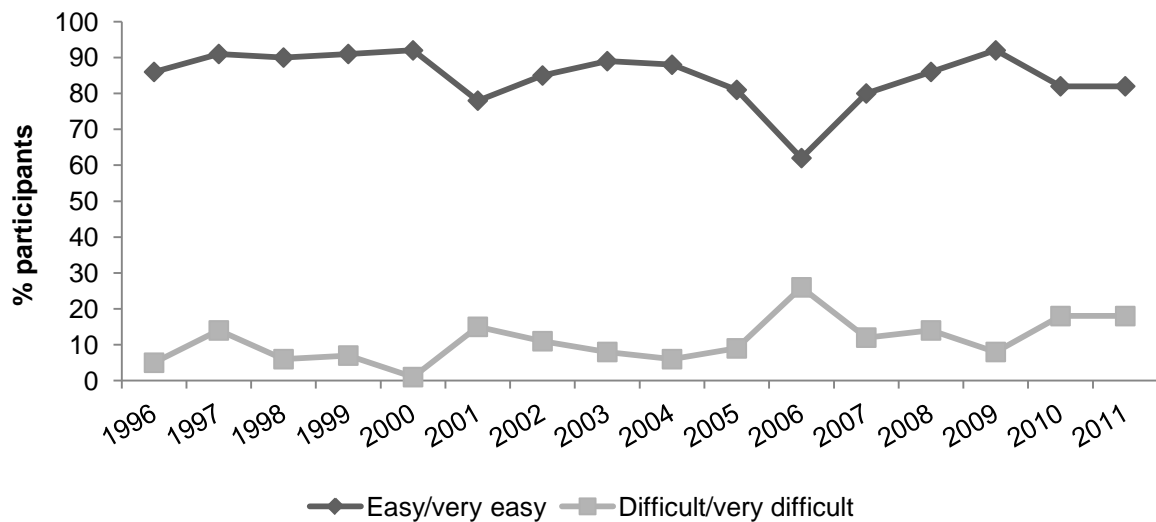
Table 9: Participants' reports of heroin availability in the past six months, 2008-2011

	2008 N=151	2009 N=152	2010 N=154	2011 N=150
Current availability				
Did not respond* (%)	17	6	8	13
Did respond (%)	83	94	92	87
Of those who responded:				
Very easy (%)	39	59	57	50
Easy (%)	46	33	26	32
Difficult (%)	13	8	14	16
Very difficult (%)	1	0	4	2
Availability change over the last six months				
Did not respond* (%)	17	6	8	14
Did respond (%)	83	94	92	86
Of those who responded:				
More difficult (%)	17	14	20	19
Stable (%)	67	72	70	64
Easier (%)	10	11	9	11
Fluctuates (%)	2	3	1	6

Source: IDRS PWID interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

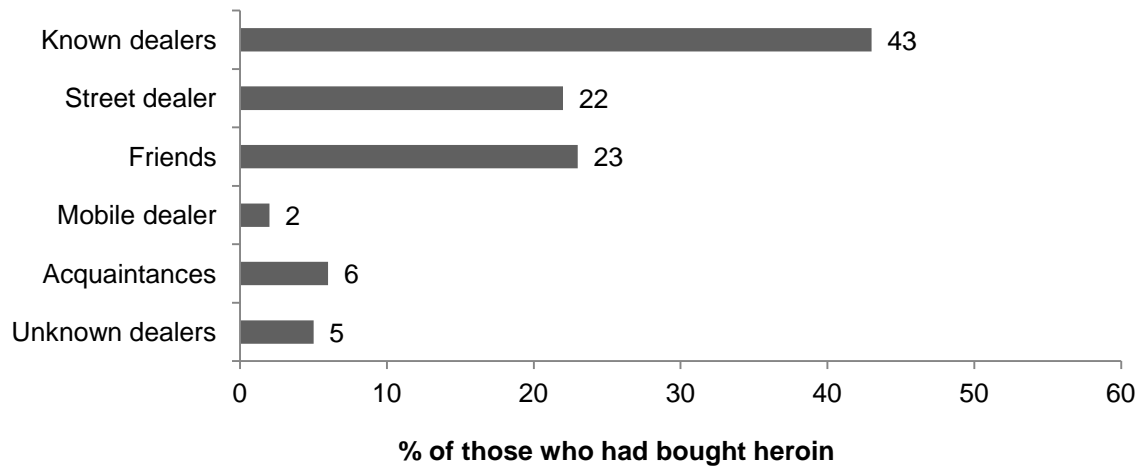
Figure 28: Participant reports of current heroin availability, 1996-2011



Source: IDRS PWID interviews

Of those participants that had purchased heroin in the last six months (86%), the most common sources of heroin on the last occasion of purchase were known dealers (43%), friends (23%) and street dealers (22%) (Figure 29). Participants reported scoring from a range of locations, both public (e.g. street market, agreed public location) and private (e.g. dealer's home, home delivery) with the most common remaining an 'agreed public location' (34%) (Figure 30).

Figure 29: People from whom heroin was purchased on the last occasion, 2011



Source: IDRS PWID interviews
 NB: More than one response could be selected

Figure 30: Locations where heroin was purchased on the last occasion, 2011

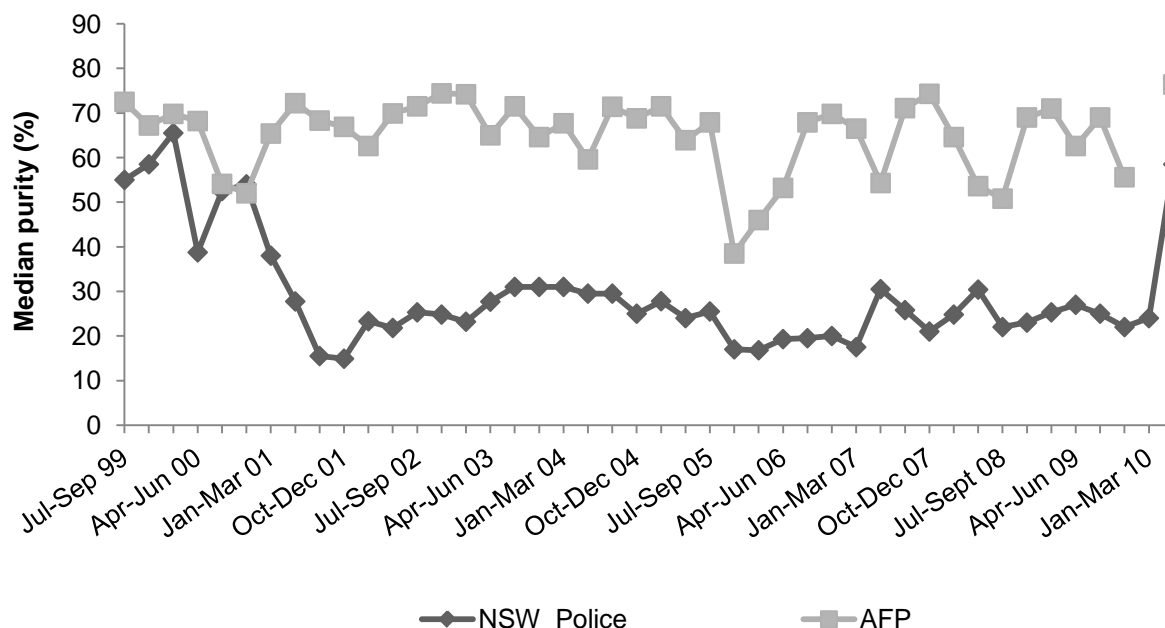


Source: IDRS PWID interviews
 NB: More than one response could be selected

5.1.3 Purity

Figure 31 shows the analysed median purity of NSW Police heroin seizures during the 1999/00 to 2009/10 period. The overall median purity in 2009/10 (24.5%; range: 1-80%) reported by NSW Police remained comparable with the 2008/09 reporting period (23.5% in 2008/09). Overall, the purity of Australian Federal Police (AFP) heroin seizures that were analysed during 2009/10 remained stable with a median of 67.8% in the 12 months to June 2011 (63.7% in 2008/09), despite fluctuations (range: 35.5-71.8%) across the period.

Figure 31: Purity of heroin seizures analysed in NSW, by quarter, 1999/00-2009/10

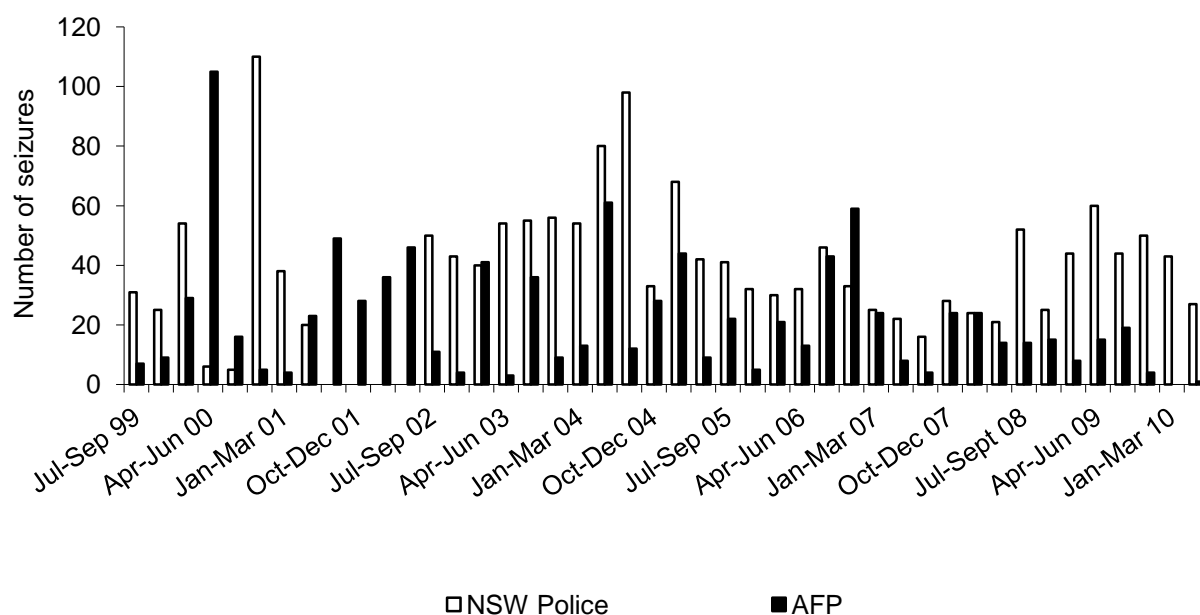


Source: (Australian Bureau of Criminal Intelligence 2001; 2002; Australian Crime Commission 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)

NB: Data were unavailable for 2010/11 at time of publication; no AFP seizure data for NSW January-March 2010

Figure 32 shows the number of heroin seizures upon which the above purity figures were based. It should be noted that not every seizure is analysed. In addition, the period between the date of seizure by police and the date of receipt at the laboratory can vary greatly, and no adjustment has been made to account for double-counting that may occur in joint operations between the AFP and NSW Police. The total number of heroin seizures analysed by NSW Police in 2009/10 was 164 (181 cases in 2008/09). There was a decline in the total number of heroin seizures analysed by the AFP from 52 to 24 cases in the same period (Figure 32).

Figure 32: Number of heroin seizures analysed in NSW, by quarter, 1999/00-2009/10



Source: (Australian Bureau of Criminal Intelligence 2001; 2002; Australian Crime Commission 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
 NB: NSW Police data for numbers of seizures for 2001/02 were unavailable. Data were unavailable for 2010/11 at time of publication

Participants were also asked to comment on their perception of the current purity of heroin. Forty-two percent of those who comment reported it to be low purity, 37% reported it to be medium and 13% believed it had fluctuated (Table 10). Since the commencement of the IDRS in 1996, only small proportions of participants have reported purity to be high, instead selecting 'medium' or 'low' most frequently (Figure 33). While this may reflect a change in purity, it may also reflect individual levels of tolerance to heroin.

Participant perceptions of purity change over the last six months varied, 37% reported that it had decreased (36% in 2010) while approximately one-third (32%) reported it had remained stable (41% in 2010). These results are comparable with 2010 (Table 10).

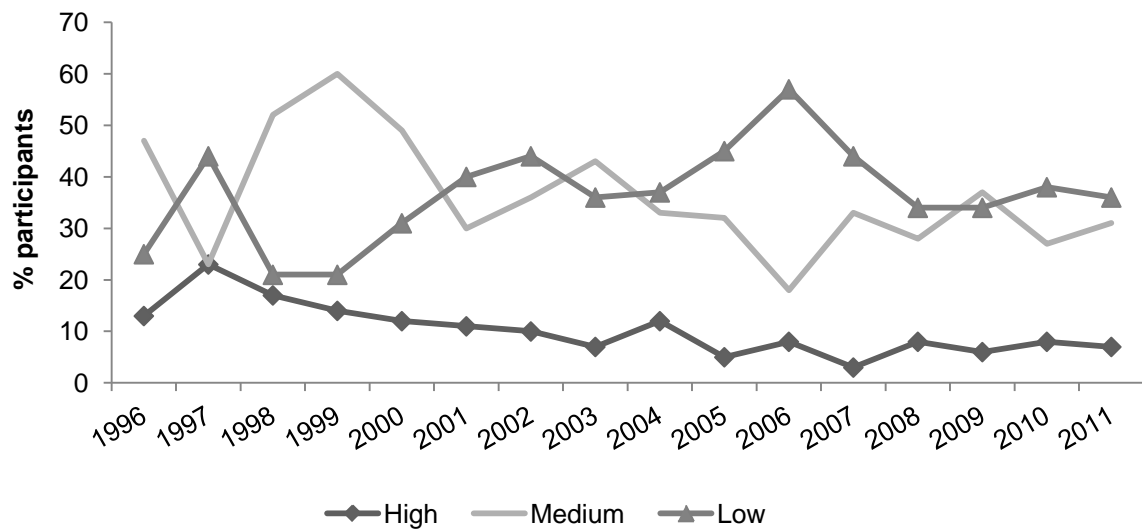
Table 10: Participants' perceptions of heroin purity in the past six months, 2008-2011

	2007 N=153	2008 N=151	2009 N=152	2010 N=154	2011 N=150
Current purity					
Did not respond* (%)	6	17	6	11	15
Did respond (%)	94	83	94	89	85
Of those who responded:					
High (%)	4	10	6	9	8
Medium (%)	35	34	39	31	37
Low (%)	47	42	40	43	42
Fluctuates (%)	11	8	13	18	13
Purity change over the last six months					
Did not respond* (%)	5	17	6	13	17
Did respond (%)	96	83	94	87	83
Of those who responded:					
Increasing (%)	13	18	16	7	11
Stable (%)	38	27	33	41	32
Decreasing (%)	22	37	30	36	37
Fluctuating (%)	19	10	18	17	20

Source: IDRS PWID interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

Figure 33: Proportion of PWID participants reporting current heroin purity as high, medium or low, 1996-2011



Source: IDRS PWID interviews

5.1.4 Trends in heroin use

As in previous years, the PWID survey contained a number of open-ended questions which asked participants about any general trends in drug use that they had noticed, for example in the number of users and the types of drugs used. As in previous years, comments on general trends in heroin use included several comments that the quality of heroin had decreased (this may be influenced, at least in part, by tolerance) and similar to comments from 2010 that there was an increasing number of younger people using heroin (this may be influenced, at least in part, by the participants themselves growing older).

5.1.5 Key expert comments

- Comments on heroin purity from KE were mixed; several commented that the current purity heroin had decreased with occasional fluctuations, while others commented that the quality had become more reliable but expectations of purity were generally lower than in the past. Several KE emphasized that quality was often dependent on PWID social networks.
- KE comments on patterns reflected findings in the PWID survey that heroin remained the drug of choice amongst this group, despite the continuing use of non-prescribed pharmaceutical opioids.
- The price of a cap of heroin was reported to be stable at \$50.
- Continuing trends from previous years KE commented again in 2011 that alkaline 'brown' heroin remained uncommon in Sydney.

5.2 Methamphetamine

Participants were asked if they were able to comment on the price, purity and/or availability of speed powder, base and/or ice. In 2011, twenty-nine percent of the PWID sample felt confident to answer at least some of the survey items regarding speed powder. Fifteen percent commented on base price, purity and/or availability, and 51% commented on ice/crystal. The remainder did not feel confident to answer any questions on one or more of these drug forms, and this was likely to reflect a proportion of users who did not use, or come into contact with, methamphetamine users or dealers regularly enough to be able to comment.

5.2.1 Price

5.2.1.1 Speed powder

As per previous years, and other drug types, the smaller amounts of speed were the most popular (in this case, points) and prices have continued to remain stable. In 2011, the number of people reporting amounts other than points remained low. Due to this, comparisons with 2010 for halfweights, grams and eightballs should be interpreted with caution due to the low number (n=<10) reporting. As shown in Table 11, price ranges were extremely wide. In most cases, this is likely to be a reflection of purity/availability within that particular person's network and various other circumstances which may influence the cost of a particular purchase.

Table 11: Price of most recent methamphetamine purchases by PWID participants, 2010-2011

Amount	Median price* \$	Range \$	Number of purchasers*
Speed powder			
Point (0.1 gram)	50 (50)	20-80	25 (17)
'Halfweight' (0.5 grams)	125 (50)	50-200	2^ (3^)
Gram	195 (175)	30-400	8^ (6^)
'Eightball' (3.5 grams)	700 (150)	220-1,200	2^ (1^)
Base			
Point (0.1 gram)	50 (50)	50-70	15 (19)
'Halfweight' (0.5 grams)	180 (175)	180	1^ (2^)
Gram	350 (100)	350	1^ (5^)
'Eightball' (3.5 grams)	220 (225)	220	1^ (2^)
Ice/crystal meth			
Point (0.1 gram)	50 (50)	25-100	46 (46)
'Halfweight' (0.5 grams)	250 (200)	150-400	9^ (8^)
Gram	400 (400)	35-700	14 (3^)
'Eightball' (3.5 grams)	900 (1150)	280-1,700	5^ (5^)

Source: IDRS PWID interviews

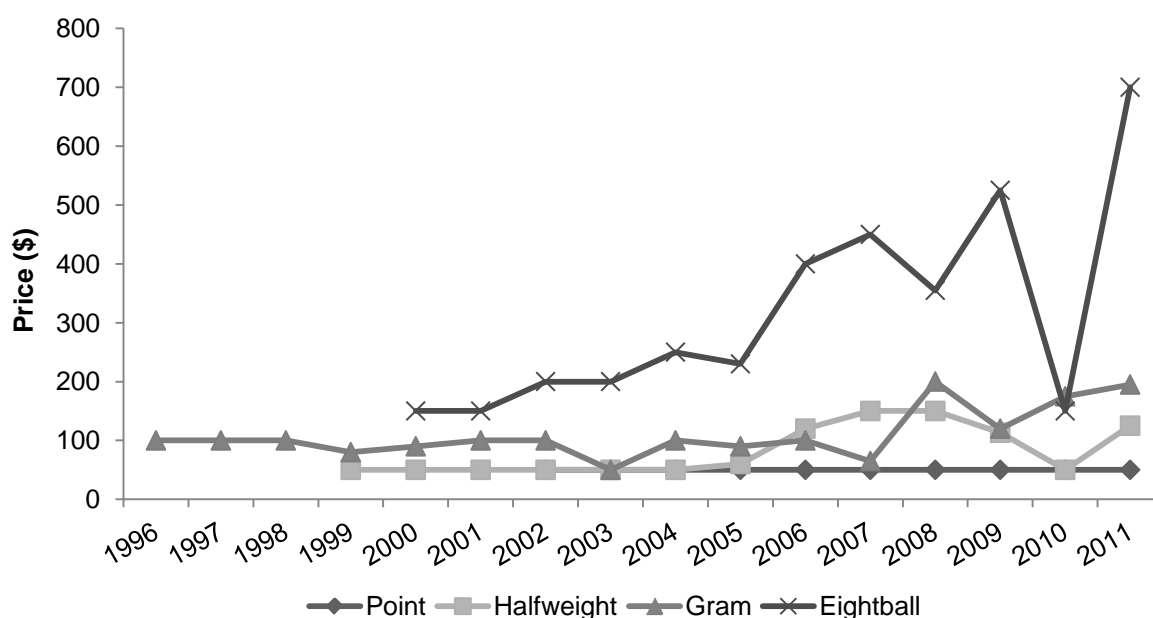
* 2010 data are presented in brackets

^ n=<10 results should be interpreted with caution

The median price per point of speed has remained the same since data were first collected on this purchase amount in 2002 (\$50). It is important to note, however, that comparisons with the 2010 data should be interpreted with caution due to the low number of reported purchasers for weights other than points this year.

Participants were also asked if the price of speed powder had changed in the last six months, and 70% of those who commented (20% of all participants) reported price stability over the last six months. This remained consistent with comments from 2010. Similarly the proportion of participants reporting an increase (19%; 5% of all participants) remained stable from 2010 (17%; and also 5% of all participants). Although no participants reported a decrease in prices in 2011 this remained comparable with previous years (1% of all participants in 2010 and 2009). Overall, this suggested prices had remained relatively stable over the period, however, for amounts larger than a point (Figure 34) trends in prices should be interpreted with caution due to small number of people reporting.

Figure 34: Median prices of speed powder estimated from PWID purchases, 1996-2011



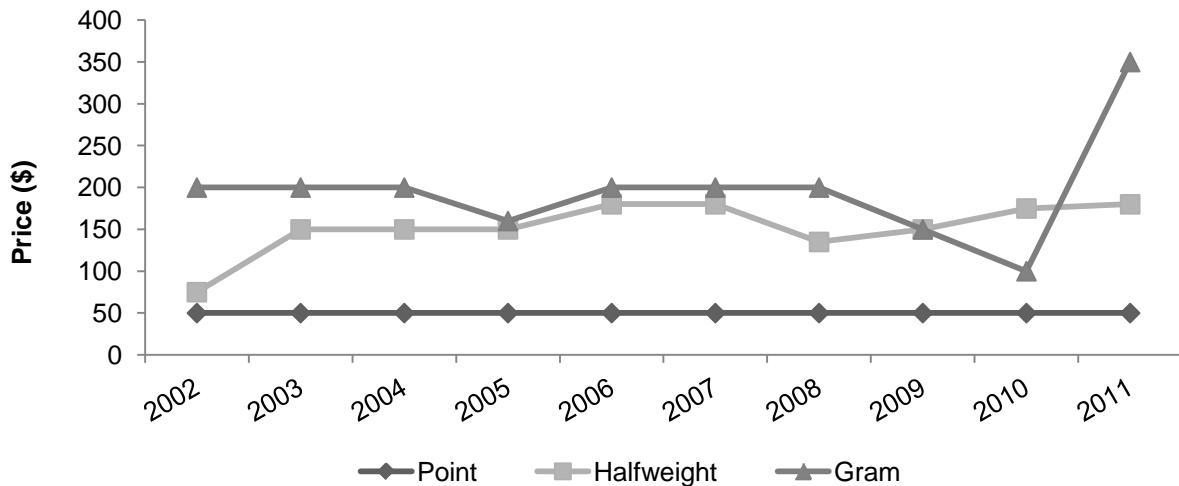
Source: IDRS PWID interviews

5.2.1.2 Base

The most popular purchase amount for base, as with all other forms of methamphetamine, continued to be a point, the smallest reported amount (Table 11). This has been a consistent finding over the preceding years of the IDRS in NSW. Ten percent of all participants reported buying base in points in the preceding six months, making it the most popular purchase amount. Fewer participants (n<10 for each amount) reported buying larger, more expensive amounts such as grams and eightballs.

The median price per point of base remained stable, while the median prices for other amounts were based on small numbers (ten responses or less) of participant responses, and should be interpreted with caution, particularly as the price ranges were fairly wide. Prices have remained fairly stable since 2002, with the exception of a gram of base (Figure 35).

Figure 35: Median prices of base estimated from PWID purchases, 2002-2011



Source: IDRS PWID interviews

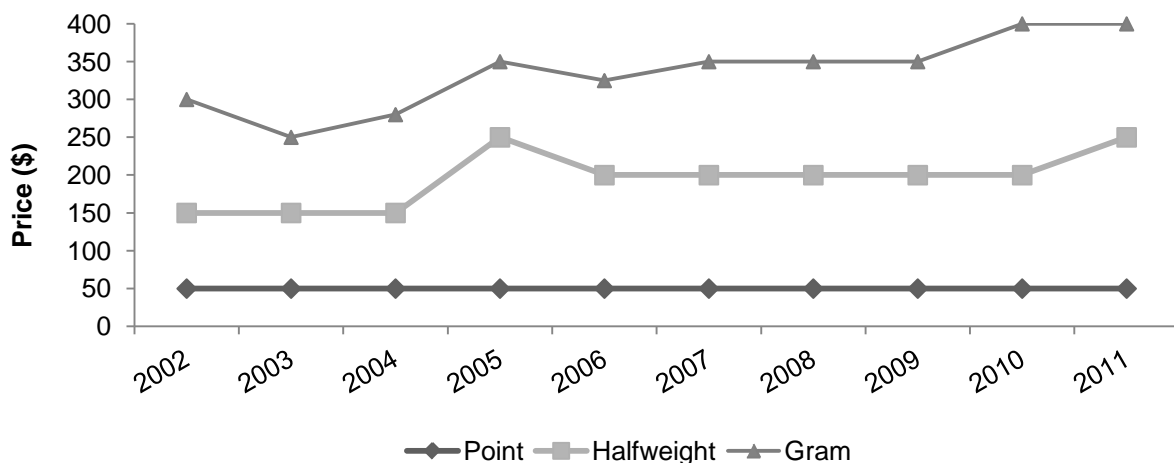
NB: Median price per eightball not shown due to small numbers reporting purchase

The majority of participants that commented on base generally thought that the price had remained stable over the preceding six months (57%; 9% of all participants). Twenty-two percent reported that it had increased (3% of entire sample) and 9% (1% of entire sample) reported it had fluctuated. No participants reported a decrease. Base prices, overall, remained comparable to 2010, with the exception of a gram.

5.2.1.3 Ice/crystal

Again, as with speed and base, the most commonly purchased amounts of ice/crystal were points (37% of participants reporting at least one purchase in the last 6 months). Seventeen percent of participants reported at least one purchase of ice/crystal in the last 6 months, where for all other amounts (halfweights and eightballs) only a small number of participants (n=>10) reported purchasing each type (Table 9). In 2011, prices for points ice/crystal have remained stable. Price comparisons between 2010 and 2011 for amounts other than points should be interpreted with caution due to the then low numbers reporting (Table 9).

Figure 36: Median prices of ice/crystal estimated from PWID purchases, 2002-2011



Source: IDRS PWID interviews

NB: Median price per eightball not shown due to small numbers reporting purchase

The majority of participants who commented on ice/crystal generally thought that the price had remained stable over the preceding six months (57%; representing 29% of the entire sample). Twenty-eight percent stated that it had increased (representing 14% of the entire sample), and 5% (3% of the entire sample) reported it had fluctuated in price. Only one participant reported a decrease in price. Overall, comments on price changes in 2011 are comparable with 2010.

5.2.2 Availability

5.2.2.1 Speed powder

Participants were asked 'how easy is it to get speed [powder] at the moment?' The response options available were 'very easy', 'easy', 'difficult', and 'very difficult'. Among those who could comment availability was reported as 'very easy' (44%), 'easy' (28%), 'difficult' (19%) or 'very difficult' (7%) to obtain (Table 12). The majority of the sample that commented reported availability in the preceding six months was stable (63%) comparable 83% in 2010.

One-quarter (29%) of participants reported purchasing speed powder in the six months preceding interview (25% in 2010), of those purchasing it was most commonly from friends (29%), known dealers (26%) and street dealers (21%), with only a small proportion report obtaining it from other sources. The locations at which participants had usually scored were friend's home (26%), street market (21%) and dealer's home (17%) (Figure 38).

5.2.2.2 Base

Base was reported to be 'easy' (35%), 'difficult' (30%) and 'very easy' 26% to obtain among those that could comment. Fifty-seven percent (9% of all participants) reported that availability over the past six months was 'stable' (Table 12).

Thirteen percent of the entire sample (29% in 2010) reported purchasing base in the six months preceding interview, of those that reported a purchase, it was most commonly from friends (30%), known dealers (22%) and street dealers (17%) (Figure 37). Locations that base had most commonly been purchased from included friend's home (27%), agreed public location (18%), and home delivery (14%) (Figure 38).

Table 12: Participants' reports of methamphetamine availability in the past six months, 2010-2011

	Powder		Base		Ice/Crystal	
	2010 (N=154)	2011 (N=150)	2010 (N=154)	2011 (N=150)	2010 (N=154)	2011 (N=150)
Current availability						
Did not respond* (%)	72	71	77	77	56	49
Did respond (%)	28	29	23	23	44	51
Of those who responded:						
Very easy (%)	38	44	27	26	44	47
Easy (%)	41	28	41	35	33	36
Difficult (%)	19	19	29	30	15	12
Very difficult (%)	2	7	3	0	8	1
Don't know^ (%)	0	2	0	9	0	4
Availability change over the last six months						
Did not respond* (%)	72	71	77	77	56	49
Did respond (%)	28	29	23	23	44	51
Of those who responded:						
More difficult (%)	14	23	38	17	12	17
Stable (%)	83	63	62	57	71	61
Easier (%)	2	5	0	4	14	17
Fluctuates (%)	0	7	0	13	3	1
Don't know^ (%)	0	2	0	9	0	4

Source: IDRS PWID interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

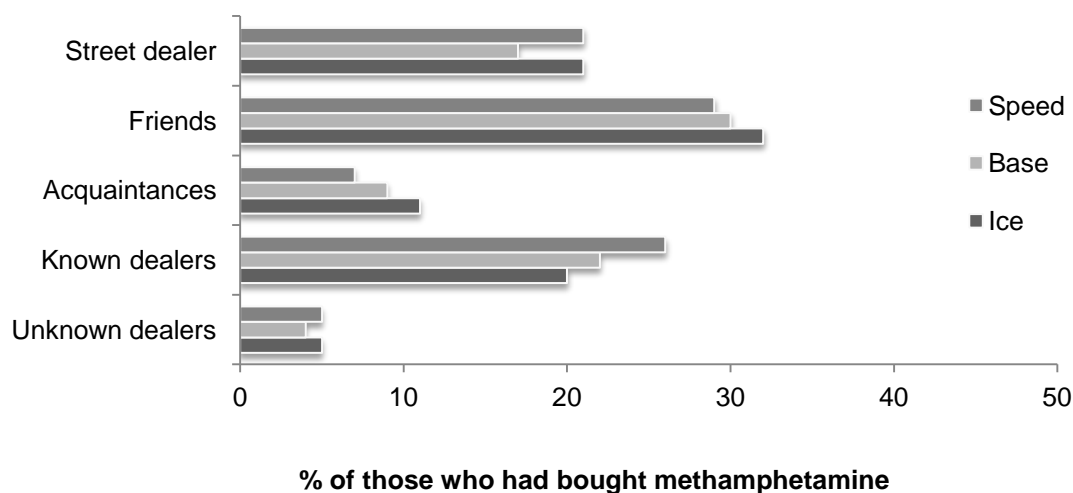
^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

5.2.2.3 Ice/crystal

Forty-seven percent of participants commenting on ice/crystal stated that it was 'very easy' (representing 24% of all participants) or 'easy' (36% or 18% of all participants) to obtain. This is comparable with 2010 (Table 11). The majority of participants (61%, or 31% of entire sample) reported that availability over the last six months had remained stable and equal amounts reported it had become 'easier' and 'more difficult' (both 17% or 6% of the entire sample) (Table 11). Only one percent (less than 1% of entire sample) of those who provided information about market indicators for ice/crystal (i.e. price, purity and/or availability) reported that availability had fluctuated in 2011.

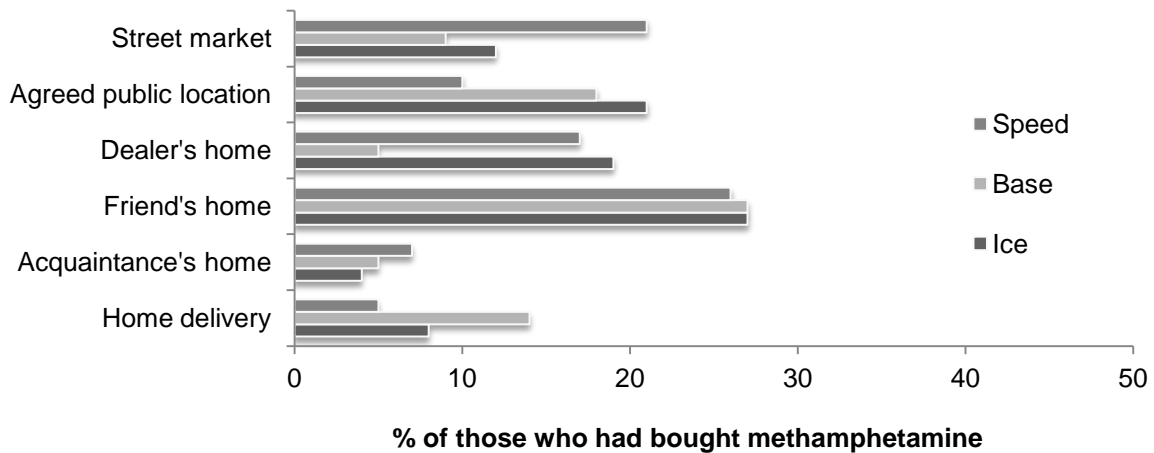
Forty-six percent of all participants had purchased ice in the six months preceding interview (42% in 2010). Among these, the most commonly reported sources were friends (32%), street dealers (21%), and known dealers (20%) (Figure 37). The most commonly reported locations of purchase were a friend's home (27%), an agreed public location (21%) and a dealer's home (19%) (Figure 38).

Figure 37: People from whom methamphetamine was purchased in the preceding six months, 2011



Source: IDRS PWID interviews
NB: More than one response could be selected

Figure 38: Locations where methamphetamine was scored in the preceding six months, 2011

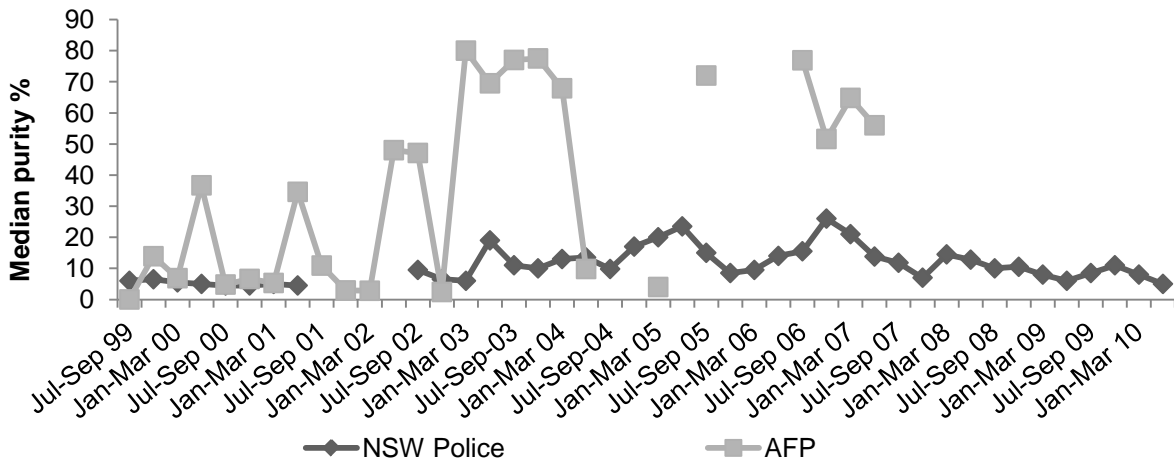


Source: IDRS PWID interviews
 NB: More than one response could be selected

5.2.3 Purity

Figure 39 shows the median purity of methylamphetamine seizures analysed in NSW for the period 1999/00 to 2009/10. Again in 2009/10 there were no seizures analysed by AFP in the 12 month period. As analysis by both NSW Police and the AFP has been sporadic since 2004 meaningful interpretation of methylamphetamine purity levels is difficult. The median purity of all seizures analysed by NSW Police remained stable in 2009/10 at 8% (range; 0.5-82.5%) with the 9% that was reported in the 2008/09. It should be noted that figures do not represent the purity levels of all methylamphetamine seizures – only those that have been analysed at a forensic laboratory. In addition, the period between the date of seizure by police and the date of receipt at the laboratory can vary greatly, and no adjustment has been made to account for double-counting from joint operations between the AFP and NSW Police.

Figure 39: Purity of methylamphetamine seizures analysed in NSW, by quarter, 1999/00-2009/10

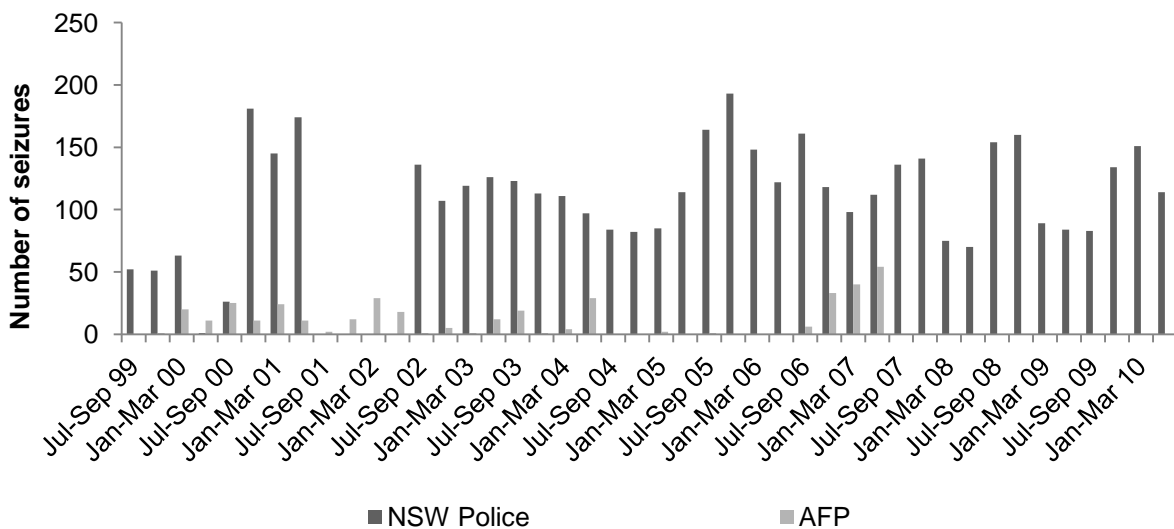


Source: (Australian Bureau of Criminal Intelligence 2001; 2002; Australian Crime Commission 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)

NB: NSW Police data for the financial year 2001/02 were unavailable. Data for 2010/11 were unavailable at time of publication

Figure 40 shows the number of methylamphetamine seizures upon which the above purity figures are based. As analysis of AFP seizures has been sporadic since 2004 and non-existent in the 3 years to June 2010, meaningful interpretation is difficult. The number of seizures analysed by NSW Police has remained stable in the 12 months to June 2011 (482 in 2009/10 versus 487 in 2008/09).

Figure 40: Number of methylamphetamine seizures analysed in NSW, by quarter, 1999/00-2009/10



Source: (Australian Bureau of Criminal Intelligence 2001; 2002; Australian Crime Commission 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)

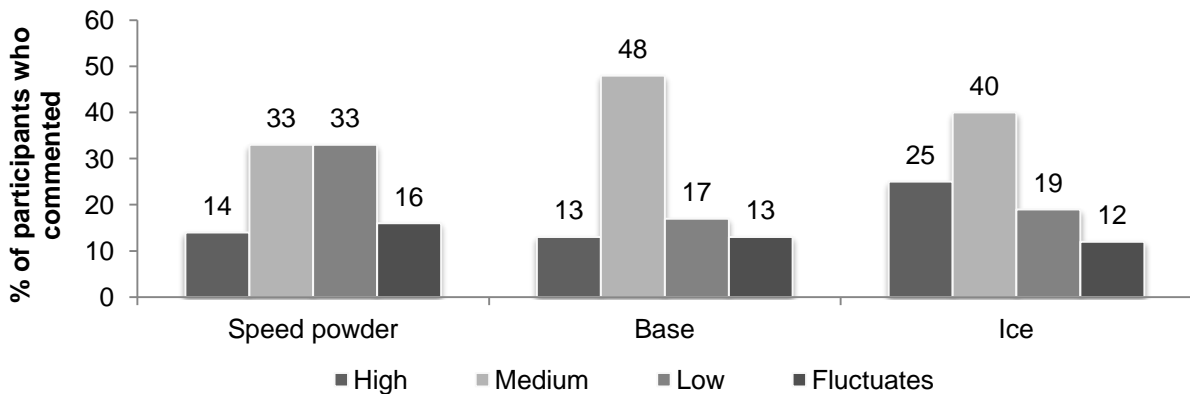
NB: NSW Police data for the financial year 2001/02 were unavailable. Data for 2010/11 were unavailable at time of publication

5.2.3.1 Speed powder

Twenty-seven percent of the sample commented on the perceived current purity of speed powder (26% in 2010). In 2011, comments on perceived purity were mixed. Equal amounts of participants described speed powder as ‘medium’ and ‘low’ (both 33% or 9% of all participants). Sixteen percent (5% of all participants) thought it ‘fluctuates’ and 14% (4% of all participants) thought that it was ‘high’ (Figure 41). This remains comparable with 2010.

Changes in speed purity were also mixed. While 35% of participants thought that speed purity had decreased (10% of entire sample) over the preceding six months, equal amounts commented it had ‘fluctuated’ and remained ‘stable’ (both 28%, or 8% of all participants). Only 2% (1% of entire sample) thought that it had increased. Overall, this remains comparable with 2010.

Figure 41: Participant perceptions of methamphetamine purity (speed powder, base and ice), among those who commented, 2011



Source: IDRS PWID interviews

5.2.3.2 Base

Forty-eight percent of recent users (7% of entire sample) commented that base was currently ‘medium’ purity. Seventeen percent (3% of entire sample) of participants that commented on base thought that it was currently ‘low’, while equal amounts (both 13%, 2% of all participants) reported it as currently ‘high’ purity and ‘fluctuating’ (Figure 41).

In reporting on changes in purity it was generally reported to have ‘decreased’ (57%; 9% of entire sample), with lesser amounts reporting it had ‘fluctuated’ (22%; 3% of entire sample) or had remained ‘stable’ (13%; 2% of the entire sample) over the six months preceding interview. No participants believed purity had ‘increased’. A statistically significant ($p < 0.05$) decline was noted in the proportion of participants reporting base purity as ‘stable’ in the 6 months prior to interview between 2010 and 2011.

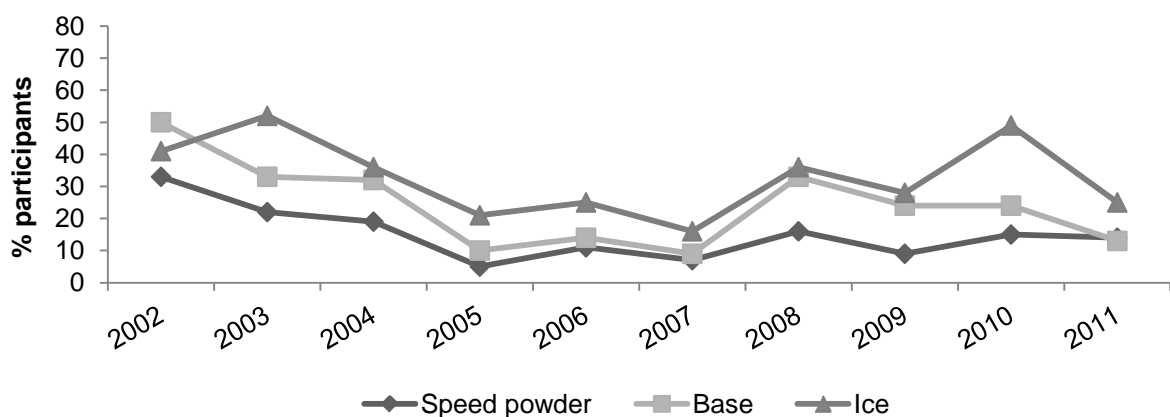
5.2.3.3 Ice/crystal

Forty-percent (20% of entire sample) of recent users reported the purity of ice/crystal was reported as ‘medium’. Twenty-five percent reported it as ‘high’, while 19% reported ‘low’ purity (13% and 9% of entire sample, respectively). Only 12% percent (6% of entire sample) of people reporting recent ice/crystal use commented it had fluctuated (Figure 41). In 2011, there was a statistically significant decrease ($p < 0.01$) in the number reporting ‘high’ purity ice (49% or 21% of entire sample in 2010) and a corresponding statistically significant ($p < 0.05$) increase in those reporting ‘medium’ purity (Figure 41).

When asked about whether purity had changed over the last six months, just over one-third of those responding (37%, 17% of all participants) believed that it remained 'stable' and 28% (14% of the entire sample) thought it had 'decreased'. One-fifth (20%; 10% of the entire sample) of recent ice/crystal users believed it had fluctuated. This remains comparable with 2010.

Figure 42 shows the proportion of PWID participants reporting the purity of each form of methamphetamine as 'high'. In 2011, there was a statistically significant decrease ($p < 0.01$) in the number reporting 'high' purity ice compared with 2010. The perceived purity of speed powder remained comparable with 2010, and differences in perceived base purity between 2010 should be interpreted with caution due to the low numbers commenting as 'high' purity (Figure 42).

Figure 42: Proportion of participants reporting speed powder, base and ice/crystal purity as 'high', 2002-2011



Source: IDRS PWID interviews
 NB: Data on all three forms commenced in 2002

5.2.4 Trends in methamphetamine use

All participants were asked at the end of the survey if they had observed any recent changes in drug use. A reoccurring theme was that use of ice/crystal had increased in the 6 months prior to interview.

5.2.5 Key Expert comments

- KE generally believed that the use of ice/crystal had increased among PWID in 2011
- The majority of KE that could comment on methamphetamine noted a decrease in the purity of ice/crystal.
- The prices across all amounts for both crystal/ice and speed remained stable according to KE.
- After a decrease in detections 2010 law enforcement KE noted an increase in detections in 2011 across all types of methamphetamine.

5.3 Cocaine

Thirty-eight percent of participants reported that they were able to comment on the price, purity and/or availability of cocaine in 2011 a statistically significant ($p < 0.05$) decrease from the 53% that could comment in 2010. The remainder did not feel confident to answer any questions on the cocaine market, and this is likely to reflect a proportion of users who do not use, or come into contact with users or dealers of, cocaine regularly enough to be able to comment.

5.3.1 Price

Prices paid for cocaine by PWID participants on the last occasion of purchase are presented in Table 13. The median price for caps, the most popular purchase amount, remained stable as did the prices for grams. Other amounts such as quarter grams and half weights remained uncommon with an insufficient number of participants ($n < 10$) able to comment on price (Table 13).

Table 13: Price of most recent cocaine purchases by PWID participants, 2010-2011

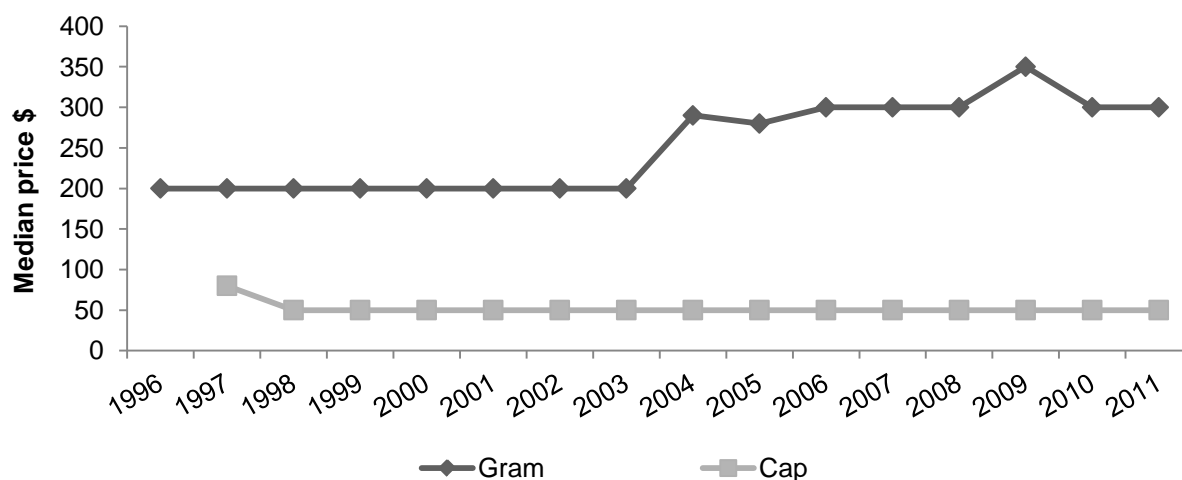
Amount	Median price*\$	Range (\$)	Number of purchasers*
Cap	50 (50)	40-100	30 (33)
Quarter gram	100 (100)	70-100	3 [^] (2 [^])
'Half weight'(0.5 grams)	150 (180)	120-220	5 [^] (9 [^])
Gram	300 (300)	50-450	15 (12)

Source: IDRS PWID interviews

*2010 data are presented in brackets

[^] $n < 10$ results should be interpreted with caution

Figure 43: Median price of a gram and cap of cocaine estimated from PWID participant purchases, 1996-2011



Source: IDRS PWID interviews

Price ranges for caps and grams were wide (Table 13), and this is likely in most cases to be a reflection of purity/availability within that particular person's network and various other circumstances which may influence the cost of a particular purchase. It has been noted anecdotally that, with drugs such as cocaine and heroin, it is sometimes possible to buy a \$50

cap or a \$100 cap, with the price determined by the amount (i.e. a \$100 cap contains more of the drug) and/or purity.

The majority of participants (64%; 24% of entire sample) that could comment on cocaine reported that the price had remained 'stable' in the preceding six months. Sixteen percent (6% of entire sample) of those commenting reported that cocaine prices had 'increased', 10 percent (3% of entire sample) reported it had 'fluctuated' in price and no participants reported it had 'decreased' over the past 6 months.

5.3.2 Availability

Forty-five percent (17% of entire sample) of participants commenting on cocaine market characteristics (price, purity and/or availability) thought that it was 'easy' and approximately one-quarter (27%; 10% of entire sample) thought it was 'very easy' to obtain cocaine (Table 14). Twenty-three percent (9% of entire sample) thought it was 'difficult' and only one participants reported that it was 'very difficult' to obtain (Table 14).

Sixty-seven percent of participants (21% of entire sample) commenting on cocaine reported that availability had remained 'stable' (67%; or 34% of the entire sample in 2010) (Table 13). Twenty-seven percent (10% of the entire sample) reported that it had become 'more difficult' to obtain over the last six months, and only 11% (4% of the entire sample) thought it had become 'easier' (Table 14).

Table 14: Participants' reports of cocaine availability in the past six months, 2008-2011

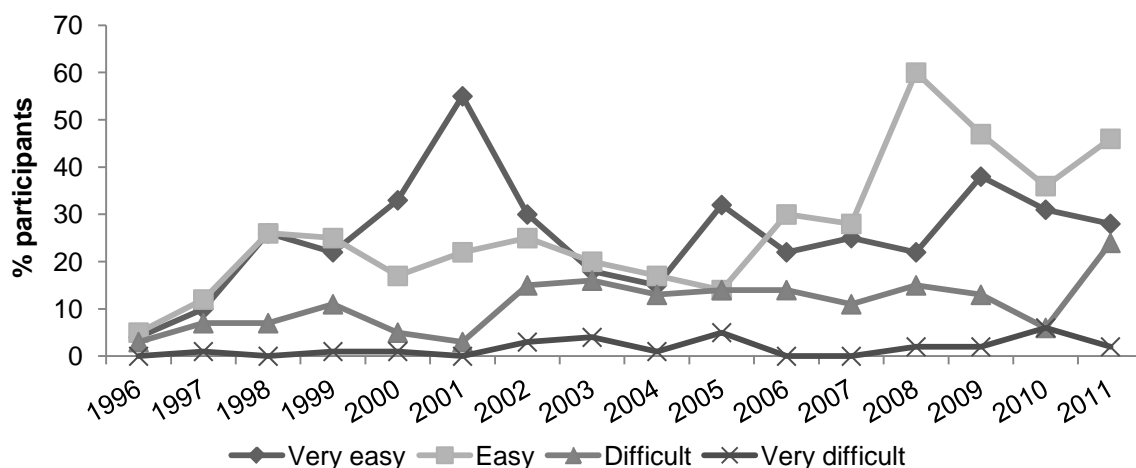
	2008 (N=151)	2009 (N=152)	2010 (N=154)	2011 (N=150)
Current availability				
Did not respond* (%)	56	44	47	63
Did respond (%)	44	56	53	37
Of those who responded:				
Very easy (%)	22	38	31	27
Easy (%)	60	47	36	45
Difficult (%)	15	13	27	23
Very difficult (%)	2	2	6	2
Don't know^ (%)	1	0	0	4
Availability change over the last six months				
Did not respond* (%)	56	44	49	63
Did respond (%)	44	56	51	37
Of those who responded:				
More difficult (%)	17	16	23	27
Stable (%)	64	62	67	55
Easier (%)	15	17	6	11
Fluctuates (%)	3	2	4	2
Don't know^ (%)	2	4	0	5

Source: IDRS PWID interviews

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the cocaine market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity of cocaine, but had not had enough contact with users/dealers to respond to items concerning availability

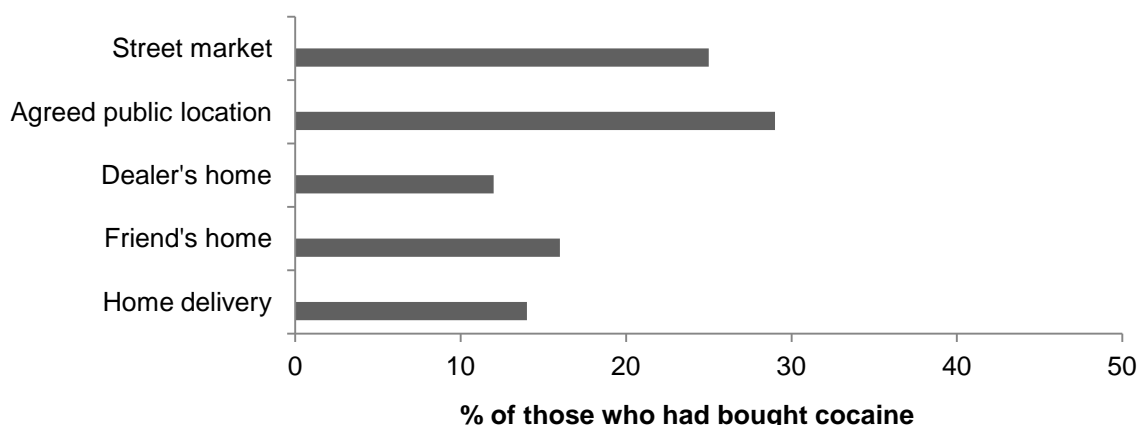
Figure 44: Participant reports of current cocaine availability, 1996-2011



Source: IDRS PWID interviews

The most common sources of purchasing cocaine over the preceding six months were friend (34%) followed closely by known dealers (32%) and street dealers (26%). Locations where these purchases were most commonly made were varied, with the most common venues being an agreed public location (29%), street market (25%) and friend's home (16%) (Figure 45).

Figure 45: Locations where cocaine was scored in the preceding six months, 2011

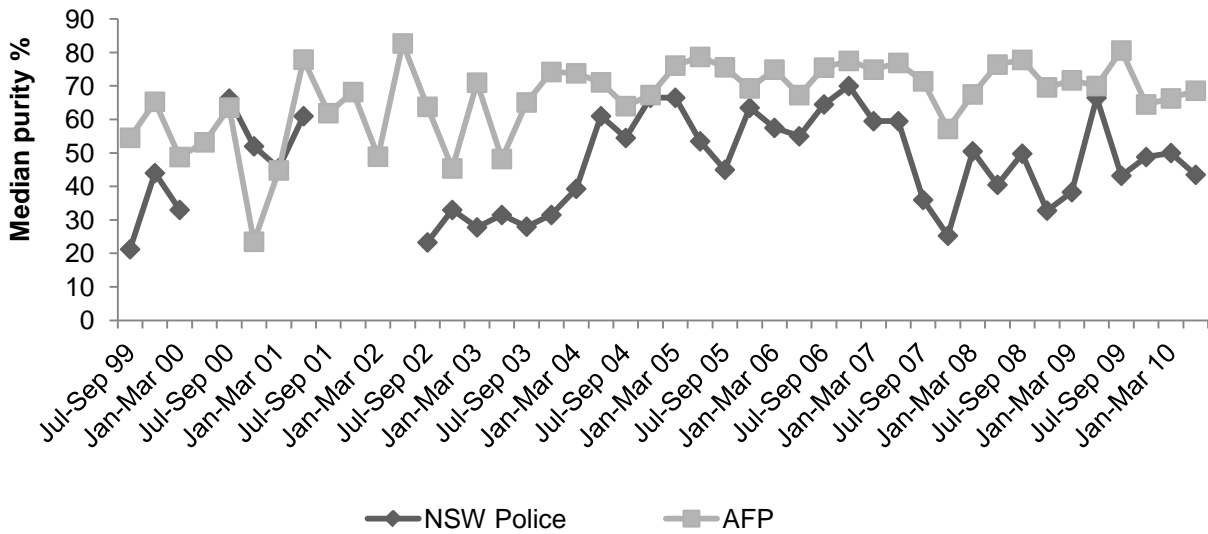


Source: IDRS PWID interviews
 NB: More than one response could be selected

5.3.3 Purity

Overall, the median total purity of cocaine seizures analysed by the NSW Police had remained stable (48%) in the 12 months to June 2010 compared with a 42% in 2008/09. Similarly, the overall total seizures analysed by the AFP remained relatively stable over the same period (Figure 46). The total median purity of cocaine analysed by the AFP was 67.3% (70.3% in 2008/09) (Figure 46). Purity figures, however, should be interpreted with caution, particularly where they are based on small numbers of seizures (refer to Figure 47). It should also be noted that figures do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double-counting from joint operations between the AFP and State/Territory Police.

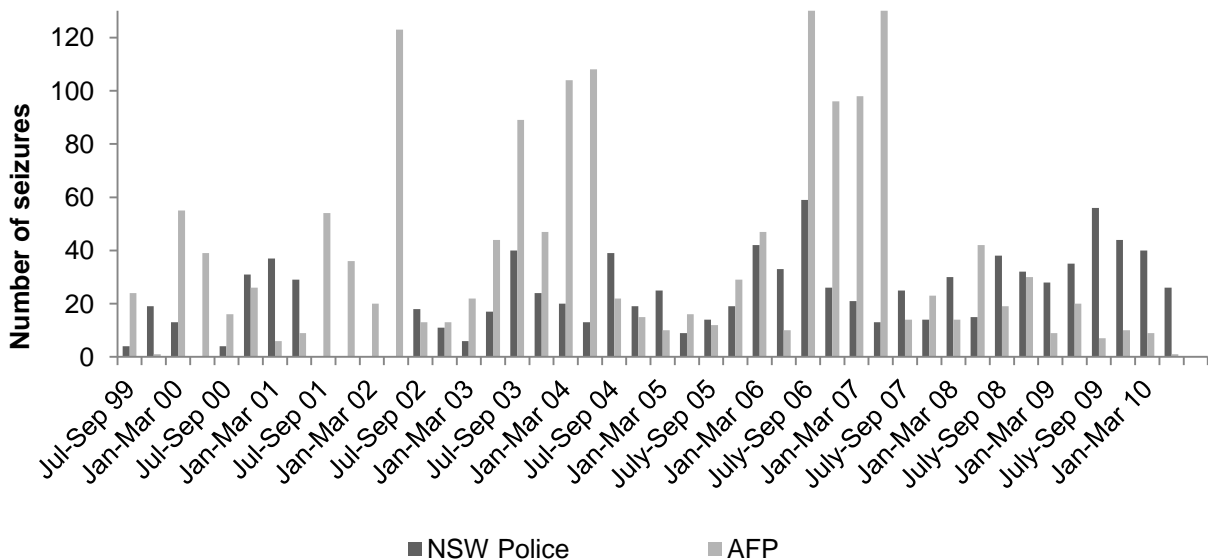
Figure 46: Purity of cocaine seizures analysed in NSW, by quarter, 1999/00-2009/10



Source: (Australian Bureau of Criminal Intelligence 2001; 2002; Australian Crime Commission 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
 NB: NSW Police data for the financial year 2001/02 were unavailable. Data for 2010/11 were unavailable at time of publication

Figure 47 shows the number of seizures analysed in NSW between 1999/00 and 2009/10. The number of seizures analysed by NSW Police increased in the 12 month period until June 2010 (166 cases in 2009/10 versus 133 cases in 2008/09). The number of cases analysed by the AFP declined again in same period from 78 cases in 2008/09 to 27 cases in 2009/10 (Figure 47). Data for 2010/11 were unavailable at the time of publication.

Figure 47: Number of cocaine seizures analysed in NSW, by quarter, 1999/00-2009/10



Source: (Australian Bureau of Criminal Intelligence 2001; 2002; Australian Crime Commission 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010; 2011)
 NB: NSW Police data for the financial year 2001/02 were unavailable. Data for 2010/11 were unavailable at time of publication

Approximately one-third (36%) of all participants could comment on current purity of cocaine. Of these, 38% (14% of entire sample) reported cocaine to be currently be 'low' purity. Thirty percent of those who could comment (11% of entire sample) reported purity to be currently 'medium' and 'high' purity was only reported by 11% (4% of entire sample) (Table 15). Comments on purity changes in the 6 months prior to interview were mixed. One-third (32% or 12% of entire sample) believed it had 'decreased' while 29% (11% of entire sample) commented it had remained 'stable'.

Table 15: Participants' perceptions of cocaine purity in the past six months, 2008-2011

	2008 (N=151)	2009 (N=152)	2010 (N=154)	2011 (N=150)
Current purity				
Did not respond* (%)	56	44	50	64
Did respond (%)	44	56	50	36
Of those who responded				
High (%)	30	28	25	11
Medium (%)	24	39	36	30
Low (%)	36	18	26	38
Fluctuates (%)	6	12	13	18
Don't know^ (%)	5	4	0	4
Purity change over the last six months				
Did not respond* (%)	56	44	47	64
Did respond (%)	44	56	53	36
Of those who responded				
Increasing (%)	18	19	12	13
Stable (%)	34	28	44	29
Decreasing (%)	30	18	23	32
Fluctuating (%)	12	24	21	20
Don't know^ (%)	6	12	0	7

Source: IDRS PWID interviews

*'Did not respond' refers to participants who did not feel confident enough in their knowledge of the cocaine market to respond to survey items

^'Don't know' refers to participants who responded to survey items on price and/or availability of cocaine, but had not had enough contact with users and/or dealers, or had not used often enough to feel able to respond to items concerning purity

5.3.4 Trends in cocaine use

In response to general, open-ended questions on changes in drug use, there were very few participants able to comment on cocaine.

5.3.5 Key expert comments

- The common theme among KE was cocaine was viewed as expensive by PWID and use generally remained sporadic.
- Of the few KE who could comment on cocaine in detail it was generally believed that cocaine use among PWID had decreased in 2011 and use was often opportunistic.

5.4 Cannabis

Participants were asked if they were able to comment on the price, potency and/or availability of hydroponic ('hydro') and/or outdoor-grown ('bush') cannabis, and in 2011, seventy percent of the sample felt confident to answer at least some of the survey items on hydro. By contrast, only 30% of participants were able to report on bush price, purity and/or availability, supporting previous years' findings that indicated hydro tends to dominate the Sydney market.

5.4.1 Price

Prices paid for hydro and bush by PWID participants on the last occasion of purchase are presented in Table 14. As in previous years, hydro appeared to be the more popular form of cannabis with fewer participants reporting the purchase of bush. Purchase of the resin (hashish) and oil (hash oil) forms remained uncommon.

5.4.1.1 Hydroponic Cannabis

Participants were surveyed concerning the price paid the last time they had bought hydro. The median price paid for a gram of hydro was \$20, the same as in previous years (Table 14). In 2011, the median price of a quarter ounce and an ounce of hydroponic cannabis increased by \$10 to \$100 and \$300 respectively in 2011. Insufficient numbers of people reported on half ounces to comment on price (Table 14).

As in previous years, and comparable with other drugs surveyed (e.g. heroin, cocaine, methamphetamine), the most popular purchase amount of hydro was the smallest generally available, i.e. grams (n=55), followed by quarter ounces (n=36).

Participants were also asked whether they thought that prices had changed over the six months preceding interview. Though there was an increase in the median price of hydro for amounts larger than a gram, the majority of PWID participants who commented (80%; 54% of entire sample) reported that the price was 'stable', with smaller proportions stating that it had 'increased' (11%; 7% of entire sample), or 'fluctuated' (9%; 6% of the entire sample). No participants reported a decrease in prices. These figures were stable compared to those presented in 2010.

5.4.1.2 Bush Cannabis

In 2011, the median prices for bush cannabis remained stable (grams and quarter ounces) among those amounts with sufficient number of people commenting (≥ 10) (Table 16). The number of reported purchases for all other amounts was low (< 10) so results should be interpreted with caution (Table 16).

The most popular purchase amount for bush remained at a gram (n=20), consistent with previous years, excluding 2006 when an ounce was reported as the most purchased amount. There was a tendency for larger quantities of bush to be slightly cheaper than for hydro, continuing a consistent pattern since 2003.

The majority of participants who commented (68%; 17% of the entire sample) thought prices of bush cannabis had remained 'stable', 13% believed it had 'fluctuated', 11% believed it had 'increased', and 8% believed it had 'decreased'.

Again in 2011, price ranges for larger quantities of hydroponic and bush cannabis were wide (Table 16). This is likely to be a reflection of potency/availability within that particular person's network and various other circumstances which may influence the cost of a particular purchase.

Table 16: Price of most recent cannabis purchases by PWID participants, 2010-2011

Amount	Median price* \$	Range	Number of purchasers*
Hydro			
Gram	20 (20)	10-50	55
Quarter ounce	100 (90)	70-150	36
Half ounce	160 (155)	150-250	19
Ounce	300 (290)	180-380	26
Bush			
Gram	20 (20)	5-25	20
Quarter ounce	80 (80)	70-110	12
Half ounce	150 (160)	75-320	9^
Ounce	260 (250)	100-300	9^

Source: IDRS PWID interviews

*2010 median prices are in brackets

^n<10 results should be interpreted with caution

5.4.1.3 Hash and Hash Oil

Only two participants reported buying hash in the six months preceding interview and prices varied considerably. No one reported purchasing hash oil in last 6 months. This indicated that the use of these forms of cannabis remained sporadic.

5.4.2 Availability

5.4.2.1 Hydroponic Cannabis

The majority of participants commenting on hydro availability thought it was 'very easy' (63%; 43% of all participants) or 'easy' (32%; 22% of all participants) to obtain (Table 17). The majority (83%; 57% of all participants) reported availability as 'stable' over the preceding six months. Note that prior to 2004, no distinction was drawn between hydro and bush availability, with participants instead being surveyed about cannabis availability generally. From 2000 until 2004, approximately half of all respondents reported that cannabis was 'very easy' to obtain.

5.4.2.2 Bush Cannabis

The majority of participants reported bush cannabis to be 'easy' (37%; 11% of entire sample) or 'very easy' (35%; 10% of entire sample) to obtain. While one-quarter (26%; 7% of entire sample) reported it to be 'difficult' to obtain (Table 17). Three-fifths (68%; 17% of entire sample) reported that availability had remained 'stable' in the six months preceding interview. It appeared that the availability of bush cannabis has remained stable compared with 2010 (Table 17; Figure 48).

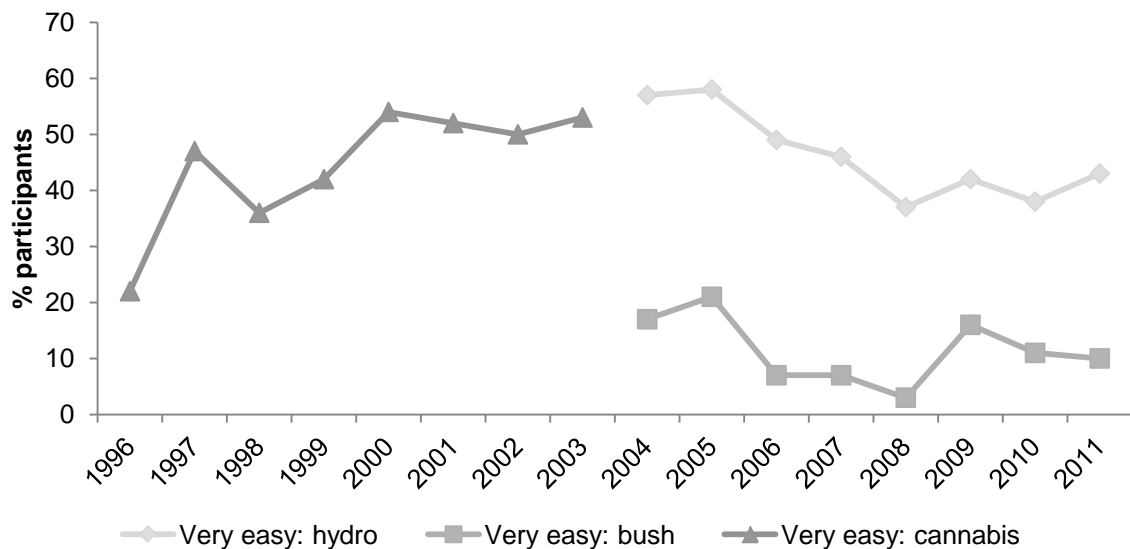
Table 17: Participants' reports of cannabis availability in the past six months, 2010-2011

	Hydro		Bush	
	2010 (N=154)	2011 (N=150)	2010 (N=154)	2011 (N=150)
Current availability				
Did not respond* (%)	42	32	71	71
Did respond (%)	58	68	29	29
Of those who responded:				
Very easy (%)	66	63	39	35
Easy (%)	26	32	32	37
Difficult (%)	8	3	27	26
Very difficult (%)	1	1	2	2
Availability change over the last six months				
Did not respond* (%)	42	33	72	71
Did respond (%)	58	67	28	29
Of those who responded:				
More difficult (%)	8	8	14	16
Stable (%)	79	83	74	68
Easier (%)	9	5	7	11
Fluctuates (%)	4	4	5	5

Source: IDRS PWID interviews

*'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items. Changes were made to the administration of the cannabis section of the survey in 2006, resulting in differences between response rates

Figure 48: Participant reports of current cannabis availability, 1996-2011

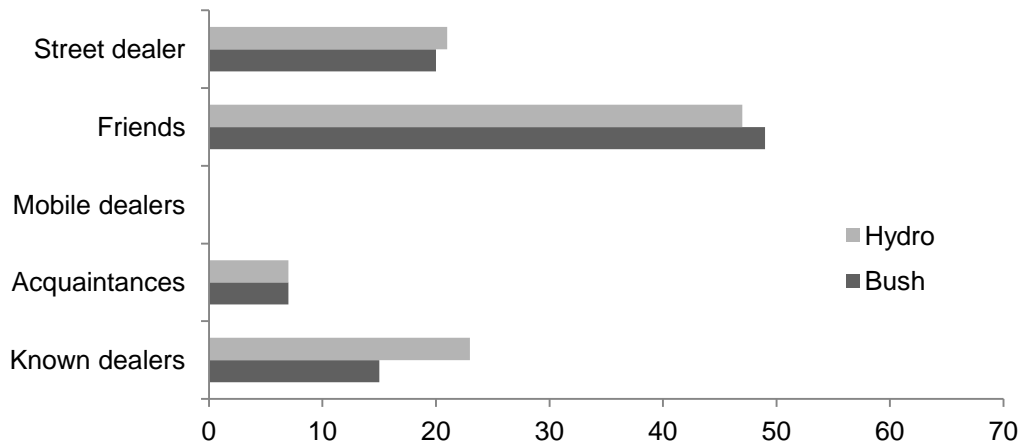


Source: IDRS PWID interviews

NB: A distinction between hydroponic and bush cannabis was introduced in 2004. Prior to this time survey items referred to any form of cannabis

Seventy percent of all participants had purchased hydro in the preceding six months and 30% of participants had purchased bush. Patterns of purchase of hydro and bush were similar, with those who had purchased in the last six months predominantly obtaining it through friends, from known dealers and/or from street dealers (Figure 49). Locations where cannabis was scored were varied, including public and private locations (Figure 50).

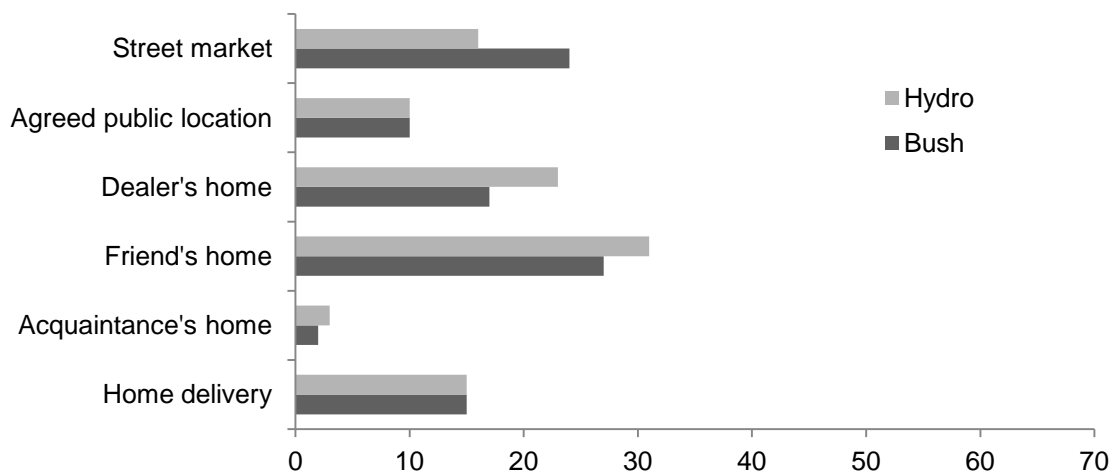
Figure 49: People from whom cannabis was purchased in the preceding six months, 2011



% of those who had bought cannabis

Source: IDRS PWID interviews
 NB: More than one response could be selected

Figure 50: Locations where cannabis was purchased in the preceding six months, 2011



% of those who had bought cannabis

Source: IDRS PWID interviews
 NB: More than one response could be selected

5.4.3 Potency

Participants were questioned about their perceptions of current potency of hydro and bush (whether it was 'low', 'medium', 'high', 'fluctuates' or that they 'did not know'), and whether they thought that the potency had changed over the last six months (response options were 'stable', 'increasing', 'decreasing' and 'fluctuating').

5.4.3.1 Hydroponic Cannabis

The majority of participants commenting on hydro reported it as currently being of 'high' potency (59%; 41% of the entire sample), followed by 30% (21% of the entire sample) who rated it as being of 'medium' potency. Only 3% (2% of the entire sample) thought that it was of 'low' potency, and 7% (5% of the entire sample) believed that it had 'fluctuated'. The majority (67% of those commenting; 45% of the entire sample) believed that potency had remained 'stable' in the preceding six months, with smaller proportions reporting that it had 'fluctuated' (14%; 9% of the entire sample) or 'increased' (12%; 8% of the entire sample) or 'decreased' (7%; 5% of the entire sample). Overall, these figures followed a similar pattern to 2010.

5.4.3.2 Bush Cannabis

Among those who commented, 60% (17% of entire sample) thought bush was of 'medium' potency, 24% (7% of entire sample) thought it was of 'high' potency, and 14% (4% of all participants) thought it was of 'low' potency. Only 2% (1% of all participants) thought it fluctuated. When asked about whether potency had changed over the last six months, sixty-three percent of the respondents that commented (17% of all participants) reported that potency had remained 'stable'. Smaller proportions commented that it had 'increased' (20%; 5% of all participants), 'decreased' (12%; 3% of all participants) or 'fluctuated' (5%; 1 % of all participants).

Overall, these findings indicated that, according to PWID perceptions, hydroponic cannabis appeared to dominate the market, and was generally seen as being higher in potency than outdoor-grown 'bush' cannabis. Potency of both forms was generally perceived to have remained stable in 2011.

No routine data is currently collected on cannabis potency in Australia. Therefore, KE were only able to comment based on perceptions and anecdotal reports.

5.4.4 Cannabis trends

As in previous years, there were minimal participant comments on open-ended survey items on general drug trends with reference to cannabis. This may in part be due to lack of noticeable changes occurring among this group.

5.4.5 Key expert comments

- Again in 2011, very few KE were able to comment on cannabis.
- There was consensus among health KE that the prevalence of use remained high for this group, although it was not primarily the drug of concern.
- Cannabis remained the most detected drug (use/possession and trafficking) in NSW according to law enforcement KE.

5.5 Methadone

As with other drug types, all participants were asked about the price, purity and availability of non-prescribed methadone. Thirty-two percent of the sample (33% in 2010), were able to comment on the price, purity and/or availability of illicit methadone. Among participants who had used any form of methadone in the preceding six months, the median price for methadone liquid was reported to be 50 cents per ml, which is stable with the data from previous years.

Only one participant was able to comment on the price of Physeptone tablets with a report price of \$10 for 10 mg tablet.

In response to the question 'has the price of illicit methadone changed in the past six months?' the majority of those commenting (64%; 17% of the entire sample) reported that the price had remained 'stable' during this time. Twenty-two percent (6% of the entire sample) reported prices had 'increased'. Smaller proportions of people stated that the price had 'fluctuated' (10%; representing 2% of the entire sample) and 5% of participants (1% of entire sample) reported it had 'decreased'. Overall, this remained consistent with 2010.

With regard to the current availability of non-prescribed methadone, among those who commented 85% thought it was 'very easy' (46%) to 'easy' (39%) to obtain. Twelve percent (3% of the entire sample) thought it was 'difficult' to obtain with only 2% (<1% of entire sample) reported it was 'very difficult' to obtain. Overall, this remains stable with 2010.

When asked whether availability had changed over the preceding six months, the majority of those commenting (74%; 19% of the entire sample) reported that it had remained 'stable'. Thirteen percent (3% of all participants) reported that it had become 'more difficult' to obtain in the preceding six months, 8% (2% of entire sample) reported it had 'fluctuated' and five percent (1% of entire sample) of participants reported that access to illicit methadone had become 'easier'.

Overall, the findings suggest that the illicit methadone market has remained relatively stable in terms of price and availability over the past few years. Approximately one-quarter (23%; 27% in 2010, 36% in 2009, 24% in 2008, and 18% in 2007) of participants reported buying illicit methadone in the past six months. Of those that had bought methadone it was most commonly purchased from friends (70%), acquaintances (19%), with smaller amounts purchased from street dealers (11%). The most commonly reported locations of purchase were street market (33%), agreed public location (22%) friend's home (19%), home delivery (15%) or at an acquaintance's home (7%).

5.6 Buprenorphine

Sixteen percent of participants (15% in 2010) commented on the price and/or availability of non-prescribed buprenorphine, suggesting that while they may not have personally used it during this time, they were aware of some market characteristics. Buprenorphine (Subutex) is available in 0.4mg, 2mg and 8mg tablets (MIMS 2007).

Non-prescribed buprenorphine was reportedly sold for a median price of \$20 per 8mg tablet (also \$20 in 2010) (range \$10-50). There were insufficient numbers (n=<10) of people commenting on both 0.4mg and 2mg tablets. The majority (84%; 11% of entire sample) of those commented reported current availability was 'very easy' or 'easy' (26% and 58% respectively), while only 16% claimed it was 'difficult' or 'very difficult' (11% and 5% respectively)

The majority (82%; 9% of entire sample) commented that availability of buprenorphine had remained 'stable' over the preceding 6 months; while equal amounts (6%; <1% of entire sample)

believed it had become 'easier', 'more difficult' or had 'fluctuated'. Overall, these findings suggested that while there was a market for non-prescribed buprenorphine, it was less available than non-prescribed methadone in NSW.

A question was added in 2007 that asked participants about the last occasion on which they used buprenorphine that wasn't prescribed to them, and what their main reasons for doing so were. In 2011, the main responses were for self-treatment (64%) and as a substitute for heroin/other opioids (33%).

5.7 Morphine

Twenty-six percent of participants felt confident enough to respond to survey items concerning price and/or availability of illicit morphine, (also 26% in 2010). MS Contin continued to remain the most common brand of morphine used.

The median price for 100mg MS Contin tablets ('grey nurses') increased in 2011 to a median of \$40 per tablet (range: \$20-50; \$30 in 2010). However, this price increase should be interpreted with caution as only two percent of all participants commented on the price of 100mg MS Contin tablets in 2010 compared with 12% of all participants in 2011. Only five participants commented on 60mg MS Contin (median price \$20) and only two participants each were able to comment on 100mg and 50mg prices of Kapanol (median prices \$35 and \$12 respectively), therefore, results should be interpreted with caution.

The majority (60%; 13% of entire sample) of those commenting on the market for non-prescribed morphine reported that the price had remained 'stable' over the preceding six months (65% in 2010). Approximately one-third (36%; 8% of entire sample) of these participants believed that it had 'increased' (30% in 2010) and one participant believed it had 'fluctuated'. No participants reported that it had 'decreased'. Overall, these figures are comparable to 2010.

The majority (68% or 17% of entire sample; also 68% in 2010) commented that non-prescribed morphine was 'very easy' or 'easy' (35% and 32% respectively) to obtain. One-quarter (24%; 6% of the entire sample) believed it to be 'difficult' (26% in 2010) and 8% that reported it as 'very difficult'. This remained stable with 2010. Fifty-seven percent (53% in 2010) of those commenting stated that availability had remained 'stable' over the preceding six months.

Again in 2011 morphine was most commonly purchased from friends (41% of those commenting), street dealers (32%) and acquaintances (17%). These figures remained comparable with reports from 2010. The most commonly reported locations of purchase were from a street market (56%), an agreed public location (27%) or a friend's home (8%).

5.8 Oxycodone

In 2011, twenty-two percent of all participants were confident enough to complete survey items concerning the market for non-prescribed oxycodone. As per previous years, the most commonly purchased amounts were 80mg tablets (OxyContin), bought for a median of \$35 each (range \$30-40). Again in 2011, there were insufficient purchases of Endone to report on prices. The overall price for oxycodone was reported as having been 'stable' over the past six months (56% of those commenting), with 33% stating that it had 'increased', and a further 7% reporting that it had 'fluctuated'. This remains comparable with 2010.

One-half (50% of those who could comment) thought that current availability of Oxycodone was 'easy' and 28% thought it 'very easy', while one-fifth (20%) thought it 'difficult' and only one participant commented that it currently was 'very difficult'. Availability was reported by the

majority of those commenting (61%) to have remained 'stable' over the preceding six months, while 29% reported it had become 'more difficult'. Seven-percent reported it had fluctuated and only one participant believed it had become 'easier'.

Oxycodone remained most commonly purchased from friends (47%) and street dealers (34%), with small proportions reporting known dealers (9%) and acquaintances (6%). The most commonly cited locations for purchase were the street market (47%) an agreed public location (25%) or a friend's home (13%).

5.8.1 Key expert comments

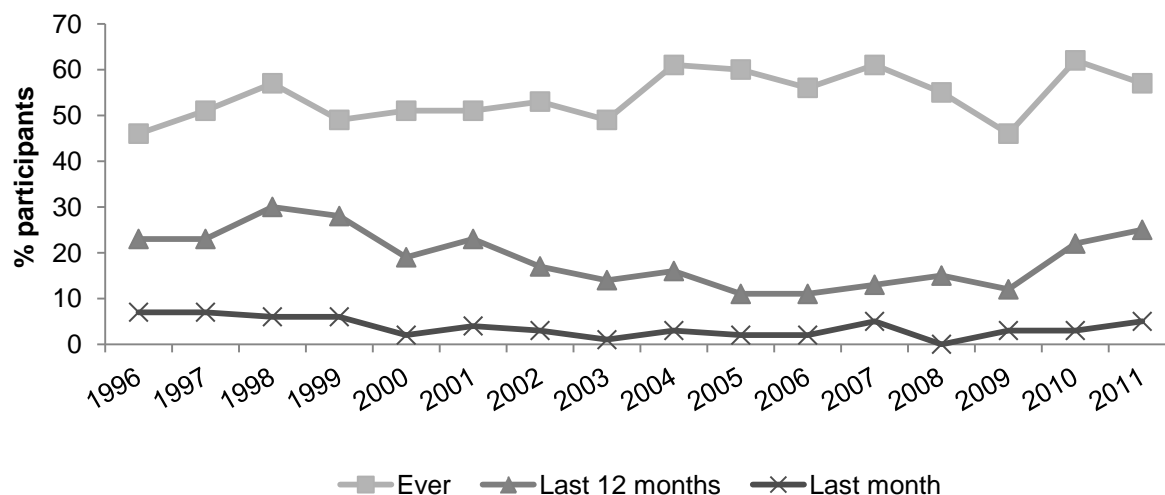
- The majority of health KE were able to comment on pharmaceutical opioids.
- Oxycodone remained the most frequently used pharmaceutical, followed by morphine according to health KE. However, it was repeatedly noted that heroin remained the first drug of choice for these users.
- Following comments from previous year's poor quality heroin, known dosage and price (cheaper than a cap of heroin) were all identified as reasons for the popularity of pharmaceutical opioids (PO) among PWID.
- Health KE noted a high level of misinformation among clients about the safest way to prepare pharmaceutical opioid tablets for injection
- A recurring theme among health KE was the prohibitive costs to their service of purchasing pill filters.
- Use of oxycodone as was noted by health KEs was disproportionately concentrated among older people with a more established history of injecting drug use, than younger users.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

6.1 Overdose and drug-related fatalities

One-quarter (25%) of all participants reported overdosing on heroin in the last twelve months, and there were four reports of overdose in the last month (3 in 2010) (Figure 51).

Figure 51: Proportion of PWID participants who had ever overdosed, overdosed in the past 12 months, and the past month, on heroin 1996-2011

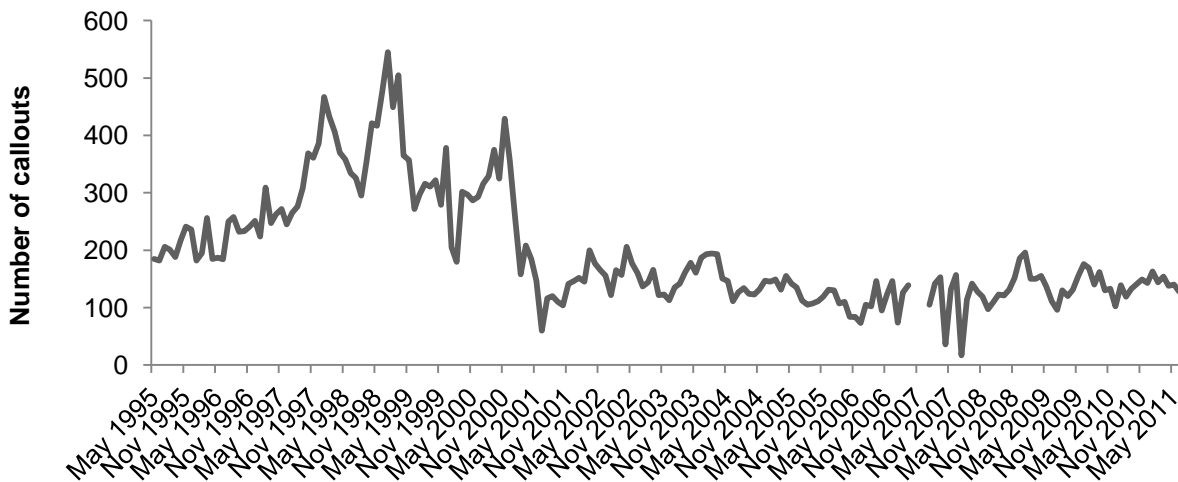


Source: IDRS PWID interviews

Twenty-three percent of participants (16% in 2010) reported that they had accidentally overdosed on other drugs excluding heroin and morphine an average of once in their lifetime. Only 7% reported they had accidentally overdosed on other drugs excluding heroin and morphine in the 12 months prior to interview (4% in 2010) and only one participant reported accidental overdose on other drugs in the past month.

NSW ambulance callouts to overdoses had remained stable in the 12 months to June 2011. Seasonal trends in the months of November and January continued to record the highest number of calls (149 and 163 respectively) in the period. The number of calls decreased dramatically in late 2000, and had not returned to levels recorded prior to 2000 (Figure 51). For further information on ambulance callouts to overdoses in Inner Sydney see (National Centre in HIV Epidemiology and Clinical Research 2007).

Figure 52: Number of ambulance callouts to overdoses May 1995-June 2011

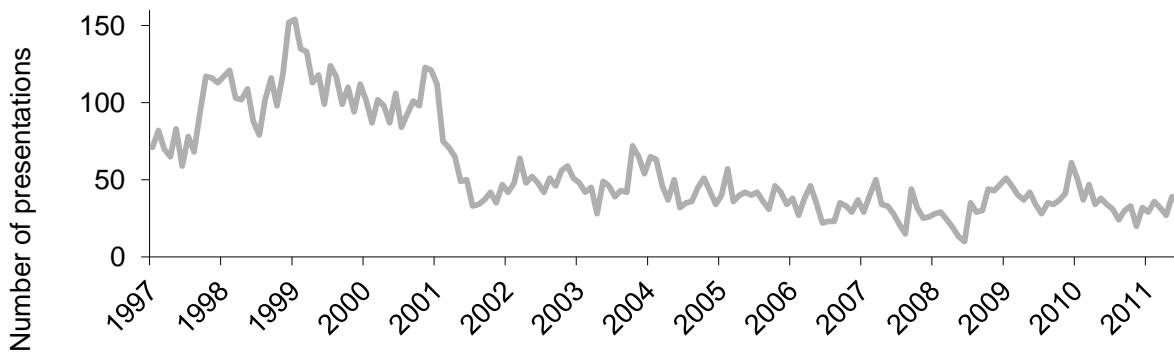


Source: Ambulance Service of NSW case sheet database

6.1.1 Heroin

Apart from a spike in December 2009 (61 presentations) heroin overdose presentations to NSW emergency departments were recorded at 50 per month or under since March 2005. Figures have remained low following a decrease in heroin overdose presentations in 2001 (Figure 53).

Figure 53: Heroin overdose presentations to NSW emergency departments, January 1997-June 2011



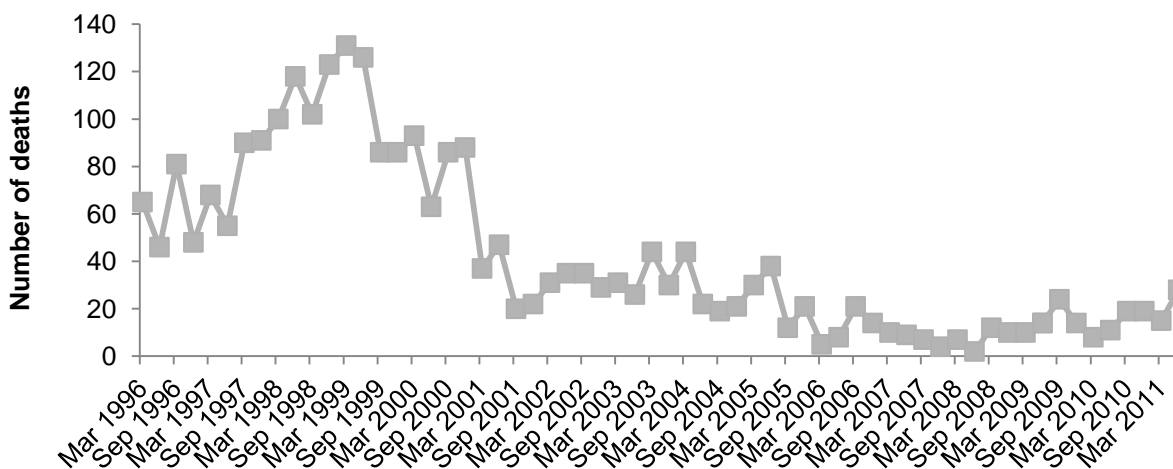
Source: Emergency Department Information System, NSW Department of Health
 NB: Figures refer to overdose only and do not include presentations for use disorders

6.1.1.1 Fatal Overdose

The Australian Bureau of Statistics (ABS) has changed the way it collates deaths data, making comparisons to earlier overdose bulletins published by the National Drug and Alcohol Research Centre (Degenhardt and Roxburgh 2007a; 2007b) difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS). It was in 2006, that the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. In addition, a number of jurisdictions, notably NSW and QLD, reported backlogs in cases that had been finalised by the coroner (i.e. cases where the coroner had determined the cause of death), but not yet loaded onto NCIS. This is likely to have an impact on the number of opioid-related deaths recorded at a national level in 2006, given that NSW and QLD recorded the highest number of opioid-related deaths in Australia during the period 2000 to 2005¹⁰. Accordingly, drug-related deaths have not been reported here. The following findings relate to numbers of drug-related deaths recorded *at the time of closure* of the 2007 ABS deaths data file. These figures *may not be complete* due to changes in methodology.

During the period 2010/11, there were relatively few deaths of people suspected of drug use (as determined by police or pathologists) in which morphine was detected (Figure 54). There was, however, a spike in fatalities in June 2011 with 28 deaths reported, the highest number since mid-2005. Figures reached a peak in the late 1990s and have gradually decreased since 2000/01. As noted by other data sources, morphine-related deaths decreased dramatically in early 2001.

Figure 54: Number of suspected drug-related deaths in which morphine was detected post-mortem, by quarter, 1996-2011



Source: Forensic Toxicology Laboratory database, Division of Analytical Laboratories, NSW Department of Health
 NB: These numbers relate to deaths in which morphine (a metabolite of heroin) was detected; however, there may have also been other drugs present

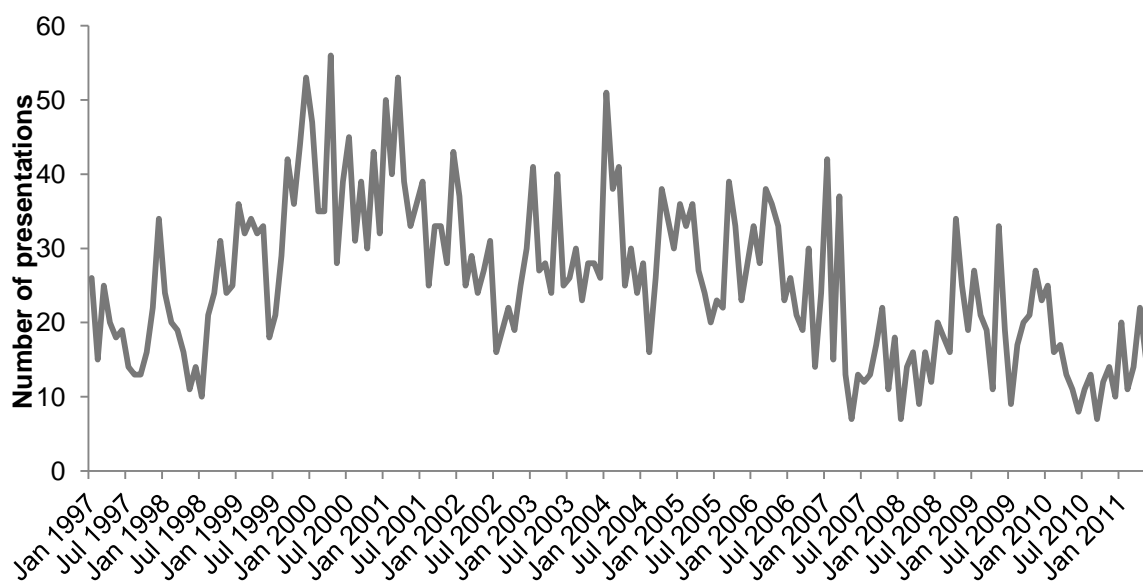
¹⁰ Excerpt taken from: Roxburgh, A. and L. Burns (2012). Drug-related hospital stays in Australia, 1993-2009. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

6.1.2 Methamphetamine

6.1.2.1 Non-fatal Overdose

The total number of amphetamine overdose presentations to NSW emergency departments fluctuated again in 2010/11, accounting for between 7 (September 2010) and 22 (April 2011) presentations in each month (Figure 55). The low recorded in September 2010 was equal with the 7 presentations recorded in May 2007 the lowest recorded number of overdose amphetamine presentations in NSW since 1997.

Figure 55: Amphetamine overdose presentations to NSW emergency departments, January 1997-June 2011



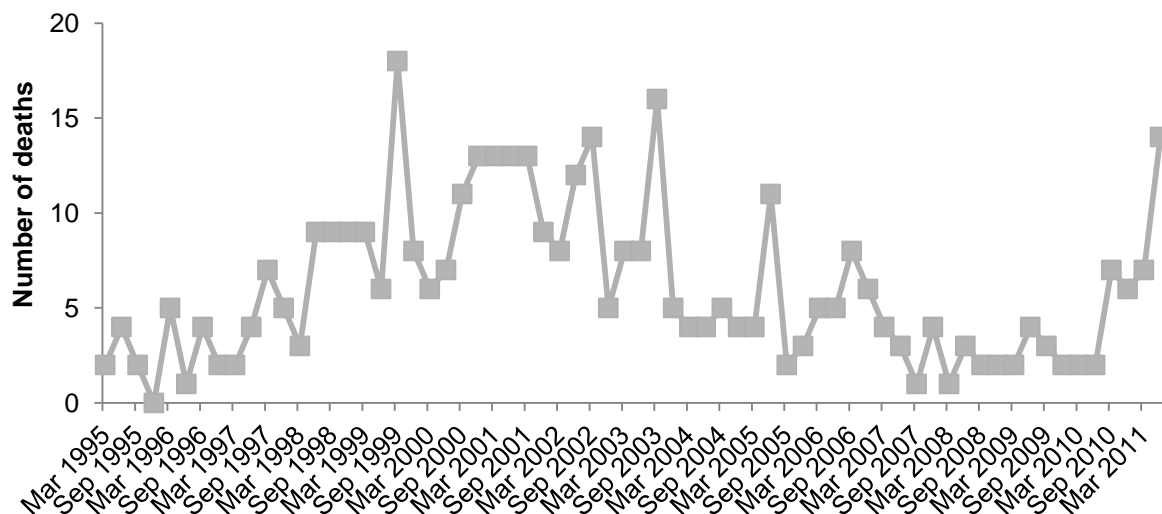
Source: Emergency Department Information System, NSW Department of Health

NB: Figures refer to overdose only and do not include presentations for use disorders

6.1.2.2 Fatal Overdose

The number of deaths of individuals suspected of drug use where amphetamines were detected post mortem in NSW fluctuated in 2010/11, peaking June 2011 with 14 deaths, the highest number recorded since September 2003. Overall fatal overdose had generally declined over time (Figure 56). It is important to note that these figures do not include methylenedioxymethamphetamine, methylenedioxyamphetamine, or p-methoxy-amphetamine. Pseudoephedrine and ephedrine are also excluded as only deaths related to illicit amphetamines are presented.

Figure 56: Number of deaths of individuals suspected of drug use, in which illicit amphetamines were detected post-mortem, NSW, by quarter, 1995-2011



Source: Forensic Toxicology Laboratory database, Division of Analytical Laboratories

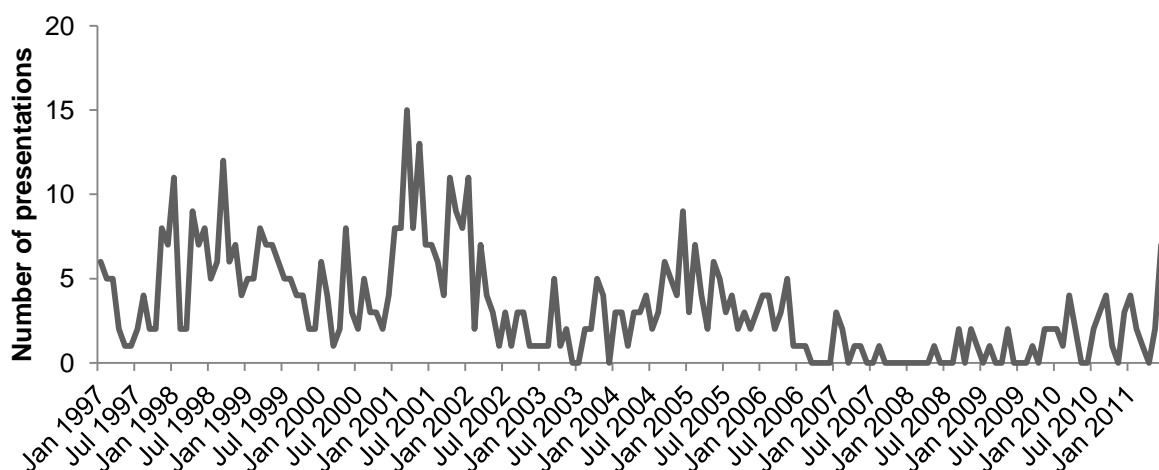
NB: These numbers relate to deaths in which amphetamines, including methamphetamine, were detected; however, there may have also been other drugs present

6.1.3 Cocaine

6.1.3.1 Non-fatal Overdose

The number of cocaine overdose presentations to NSW emergency departments has remained at less than ten per month since February 2002 (Figure 57). In the 12 months to June 2011, there were a total of 29 recorded presentations (range: 0-7 in 2011; 14 in 2010).

Figure 57: Cocaine overdose presentations to NSW emergency departments, January 1997-June 2011



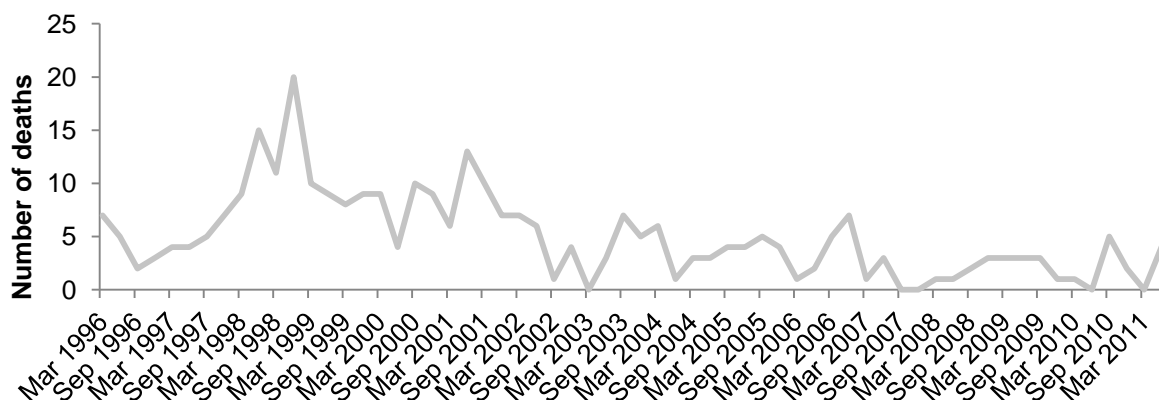
Source: Emergency Department Information System, NSW Department of Health

NB: Figures refer to overdose only and do not include presentations for use disorders

6.1.3.2 Fatal Overdose

The number of drug-related deaths in which cocaine was detected post-mortem has remained low over the last twelve months (range: 0-5; Figure 58), following a peak in the late 1990s. These deaths have not exceeded 20 in any given quarter over the past 12 years and have remained at five or less per quarter since 2007.

Figure 58: Number of deaths of individuals suspected of drug use, in which cocaine was detected post-mortem, NSW, by quarter, 1996-2011



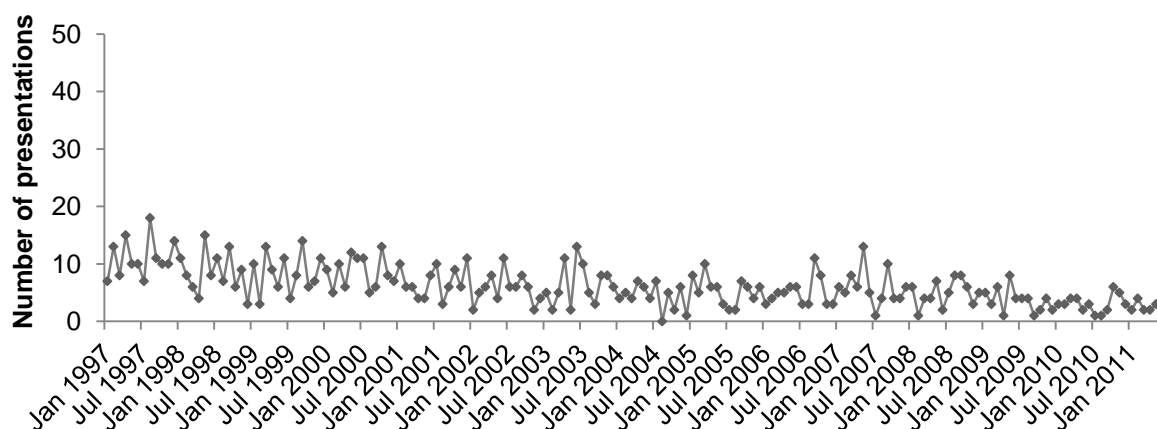
Source: Forensic Toxicology Laboratory database, Division of Analytical Laboratories

NB: These numbers relate to deaths in which cocaine was detected; however, there may have also been other drugs present

6.1.4 Cannabis

The number of cannabis toxicity presentations to emergency departments has remained at less than twenty per month since 1997 and this remained stable in 2011 (Figure 59).

Figure 59: Cannabis toxicity presentations to NSW emergency departments, January 1997-June 2011



Source: Emergency Department Information System, NSW Department of Health

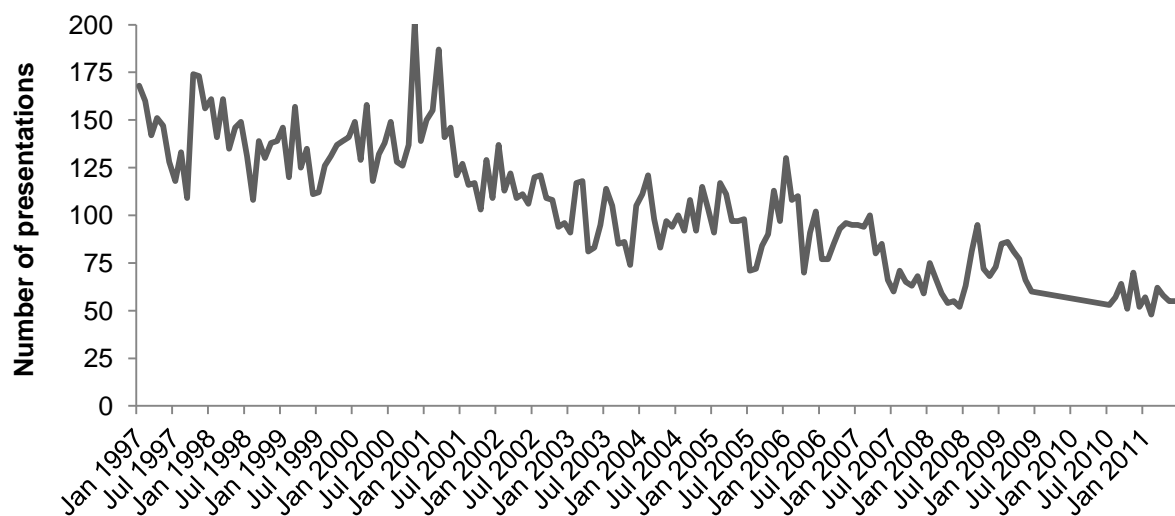
NB: Figures refer to overdose only and do not include presentations for use disorders

6.1.5 Benzodiazepines

6.1.5.1 Non-fatal Overdose

The number of benzodiazepine overdose presentations to NSW emergency departments has fluctuated over the past twelve months (range: 48-70; Figure 60) and continues to decline over time. It is important to note, however, that the majority of overdose presentations occurred among older women and people who may have intentionally overdosed; it is likely that people who use/inject drugs form only a minority of suspected overdoses at emergency departments.

Figure 60: Benzodiazepine overdose presentations to NSW emergency departments, January 1997-June 2011



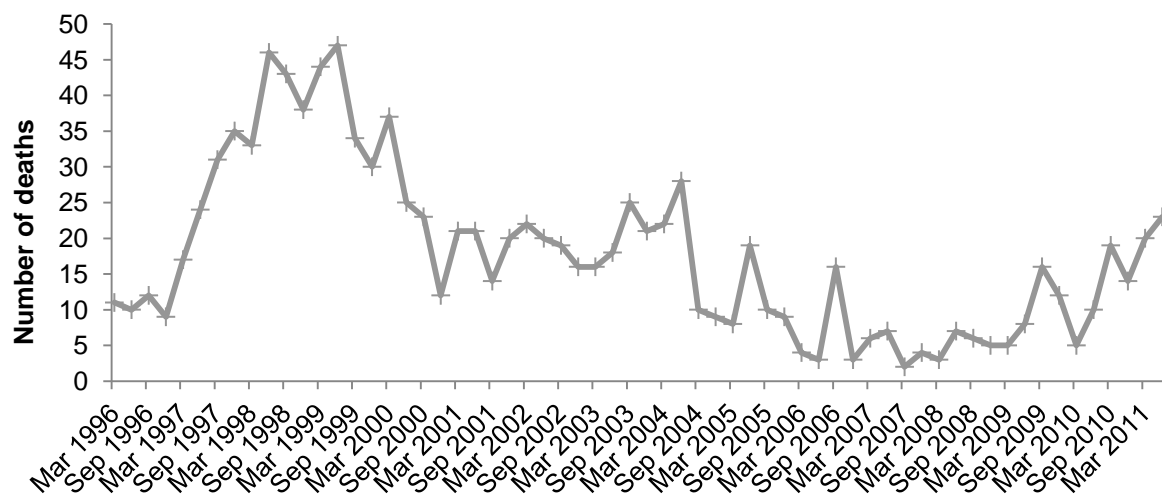
Source: Emergency Department Information System, NSW Department of Health

NB: Figures refer to overdose only and do not include presentations for use disorders

6.1.5.2 Fatal Overdose

The suspected number of deaths of people who use drugs in which benzodiazepines were detected post-mortem had fluctuated over the last 12 years (Figure 61); however, there had been a decline in numbers since early 2000. During 2010/11, figures continued to fluctuate (range: 14-23).

Figure 61: Number of deaths of individuals suspected of drug use, in which benzodiazepines were detected post-mortem, NSW, by quarter, 1996-2011



Source: Forensic Toxicology Laboratory database, Division of Analytical Laboratories

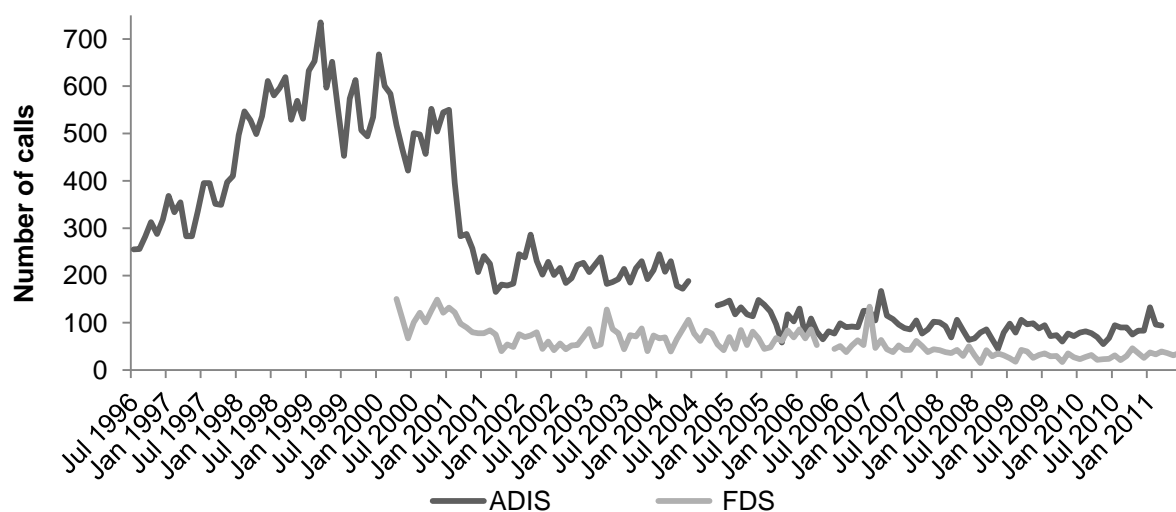
NB: These numbers relate to deaths in which benzodiazepines were detected; however, there may have also been other drugs present

6.2 Calls to telephone helplines

6.2.1 Heroin

Figure 62 shows the number of calls to the Alcohol and Drug Information Service (ADIS) where heroin was mentioned as any drug of concern, and to the Family Drug Support (FDS) line regarding heroin as the primary drug of concern. The number of enquiries to FDS regarding heroin were lower than numbers received at ADIS until recently, reflecting the different sizes and target groups of these services. The number of calls to both services regarding heroin in 12 months to June 2011 remained comparable with 2010, ranging between 75-106 calls a month for ADIS and 21-46 calls a month to FDS.

Figure 62: Number of enquiries to ADIS and FDS regarding heroin, July 1996-June 2011



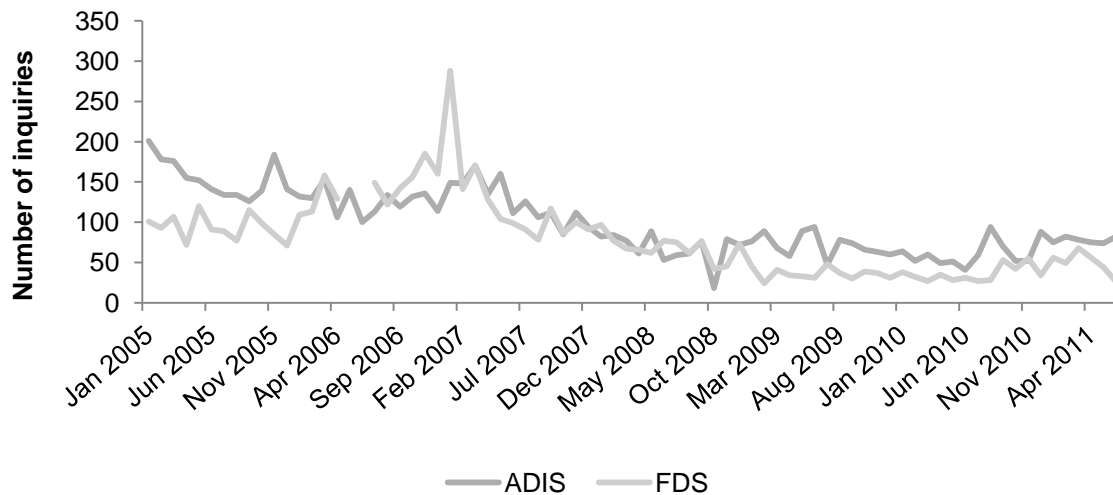
Source: ADIS and FDS

NB: FDS data were only available on a monthly basis from April 2000 and refer to calls where any mention of heroin was made. FDS is based in NSW but data may include some calls from interstate. ADIS data refer to the number of calls where heroin was mentioned as any drug of concern. ADIS data were unavailable for the period July-October 2004 and FDS data were unavailable for the period May-June 2006

6.2.2 Methamphetamine

Figure 63 shows the number of calls to the ADIS and FDS lines regarding methamphetamines. The numbers of enquiries to both ADIS and FDS has remained low over the past few years and have fluctuated in the last 12 months (ADIS range: 52-88; FDS range: 26-68).

Figure 63: Number of inquiries to ADIS and FDS regarding methamphetamines including 'crystal/ice', January 2005-June 2011

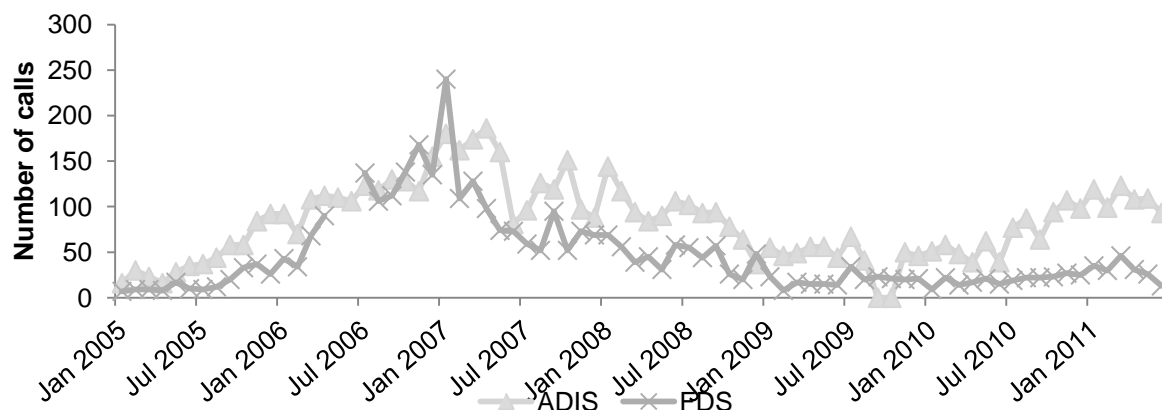


Source: NSW Alcohol and Drug Information Service and Family Drug Support

NB: Family Drug Support data refer to calls where any mention of amphetamines was made. ADIS data refer to the number of calls where amphetamines were mentioned as any drug of concern. FDS data were unavailable for the period May-June 2006

Figure 64 shows the number of calls to the ADIS and FDS lines regarding ice/crystal methamphetamine. Calls to ADIS have been increasing from mid-2009 onward while those to FDS have remained relatively stable over the same period.

Figure 64: Number of enquiries to ADIS and FDS regarding ice/crystal methamphetamine, January 2005-June 2011



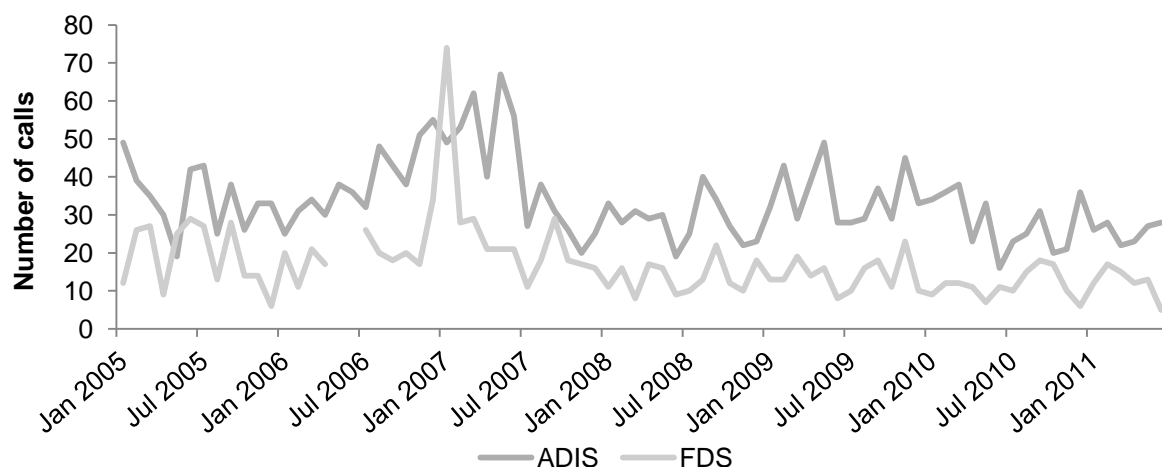
Source: NSW Alcohol and Drug Information Service

NB: FDS data were only available on a monthly basis and refer to calls where any mention of cannabis was made. FDS is based in NSW but data may include some calls from interstate. ADIS data refer to the number of calls where cannabis was mentioned as any drug of concern. ADIS data were unavailable for the period July 2009-June 2010 and FDS data were unavailable for the period May-June 2006.

6.2.3 Cocaine

Figure 65 shows the number of calls to the ADIS and FDS lines regarding cocaine. The number of calls per month to both ADIS and FDS have remained relatively stable (ADIS range: 20-31; FDS range: 5-17) over the 12 months to June 2011.

Figure 65: Number of enquiries to ADIS and FDS regarding cocaine, January 2005-June 2011



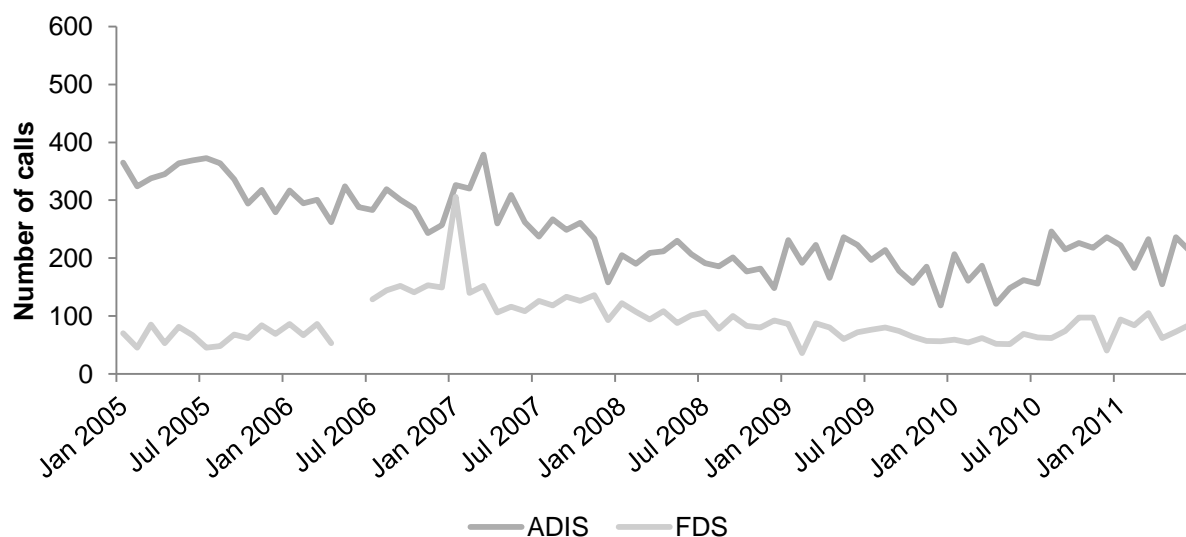
Source: NSW ADIS and FDS

NB: FDS data were only available on a monthly basis and refer to calls where any mention of cannabis was made. FDS is based in NSW but data may include some calls from interstate. ADIS data refer to the number of calls where cannabis was mentioned as any drug of concern. ADIS data were unavailable for the period July 2009-June 2010 and FDS data were unavailable for the period May-June 2006.

6.2.4 Cannabis

The number of calls to ADIS and FDS regarding cannabis has remained relatively stable in the 12 months to June 2012 (Figure 66).

Figure 66: Number of enquiries to ADIS and FDS regarding cannabis, January 2005-June 2011



Source: ADIS and FDS

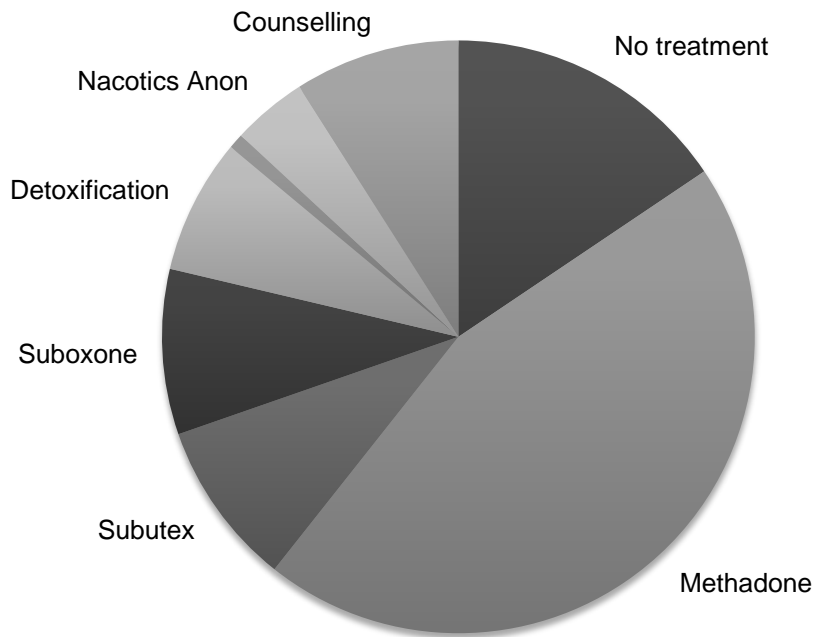
NB: FDS data were only available on a monthly basis and refer to calls where any mention of cannabis was made. FDS is based in NSW but data may include some calls from interstate. ADIS data refer to the number of calls where cannabis was mentioned as any drug of concern. ADIS data were unavailable for the period July 2009-June 2010 and FDS data were unavailable for the period May-June 2006.

6.3 Drug Treatment

6.3.1 Forms of treatment

The majority (72%) of all PWID participants were in some form of treatment at the time of interview (68% in 2010). Of those currently in drug treatment 70% reported being currently in a form of OST, with the majority (79%, 57% of all participants) of those currently on OST receiving methadone and smaller amounts receiving buprenorphine-naloxone (Suboxone) (10%; 7% of entire sample) or buprenorphine (8%; 6% of entire sample). Eighty-one percent of all participants had been in some form of treatment in the past six months. Of these, 67% (55% on entire sample) had been on methadone maintenance treatment (MMT), 14% (11% of entire sample) reported drug counselling and equal amounts reporting buprenorphine-naloxone (Suboxone) and buprenorphine (both 13% or 11% of entire sample). Other treatments accessed over the past 6 months by participants were detoxification treatment (11%; 9% of entire sample) and Narcotics Anonymous (6%; 5% of entire sample). Only two participants (1% of entire sample) reported treatment at therapeutic communities in the six months prior to interview (Figure 67).

Figure 67: Proportion of participants reporting any form of drug treatment in last 6 months, 2011

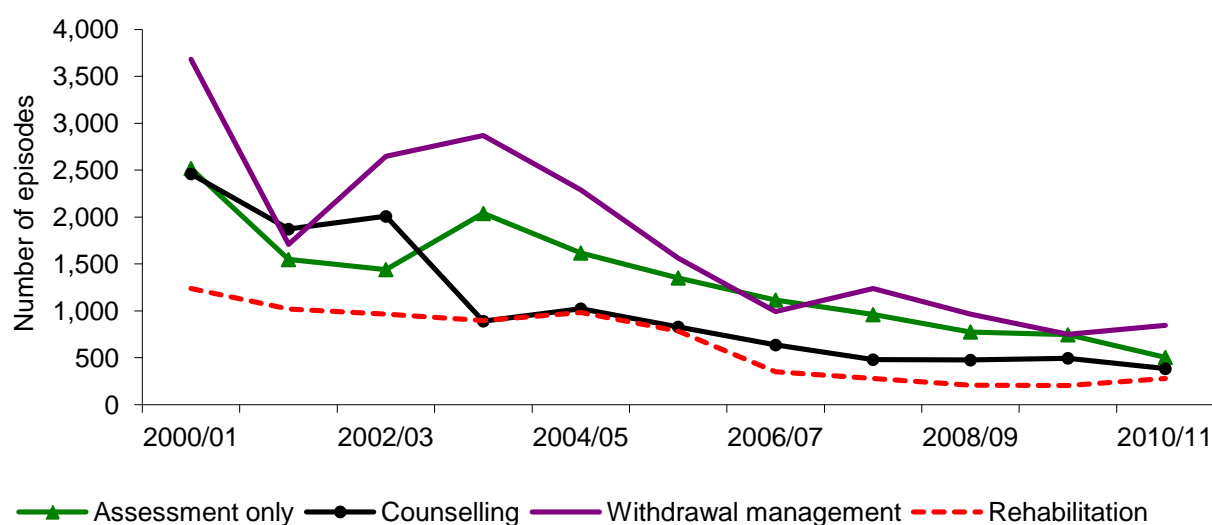


Source: IDRS PWID interviews
NB: More than one form of treatment could be nominated

6.3.2 Heroin treatment

Figure 68 shows the number of closed treatment episodes based on the date of commencement by treatment type where the principal drug of concern was heroin. Numbers entering for 'assessment only' have fluctuated over the past few years, with a decrease during 2000/2001-2001/2002, a subsequent increase in 2003/04 and a low, but steady decrease over the last seven years. Numbers entering residential rehabilitation have also gradually declined from 1,237 in 2000/2001 to 280 in 2010/2011. Numbers entering counselling continued to decline, and have remained lower over the past six years than previously. It is important to interpret these data with caution as they are based on closed episodes and episodes may be excluded if not completed in the period.

Figure 68: Number of heroin treatment episodes by treatment type, NSW 2000/01-2010/11

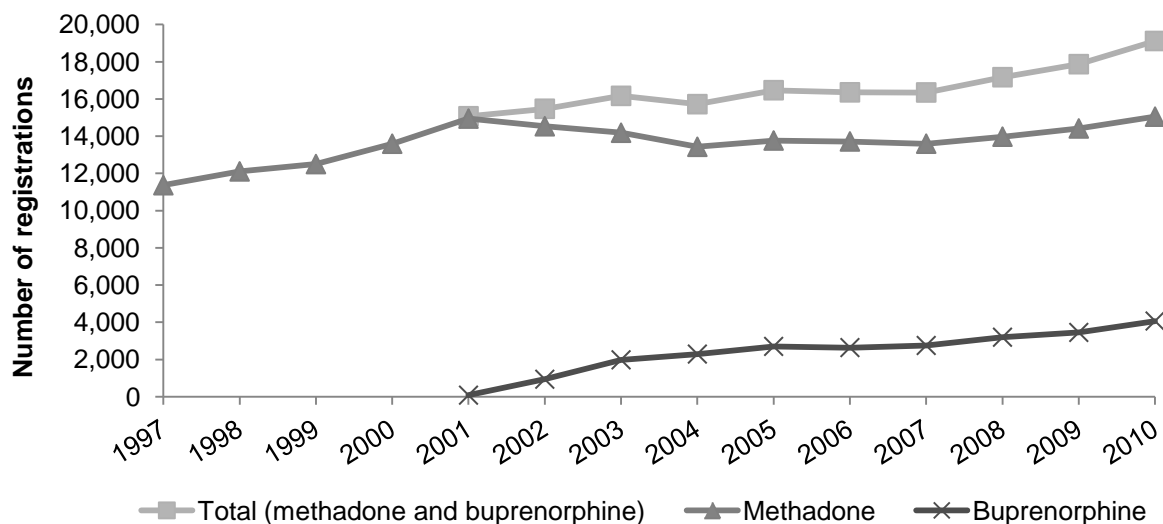


Source: NSW Minimum Data Set (NSW MDS) for Alcohol and other Drug Treatment Services (AODTS), NSW Department of Health.

NB: The NSW MDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period. Numbers are based on the date of commencement.

Figure 69 shows that the number of people receiving all forms opioid substitution treatment in NSW increased from 11,365 on the 30th June 1997 to 19,114 on the 30th June 2010. Overall, in 12 months to the end of June 2010 there was an increase in the total numbers registered. The vast majority of opioid pharmacotherapy clients received methadone. The number of people receiving buprenorphine has generally increased since its introduction in 2000. As of June 2010 thirty-three percent of Australia's 2,200 pharmacotherapy sites were located in NSW and were dosing 19,114 clients. The vast majority of sites (601) were pharmacies, with smaller amounts of public clinics (37), private clinics (12) or correctional settings (1). Fifty-five percent of opioid pharmacotherapy clients obtained their treatment through a private provider, 32% received it through a public prescriber, 11% were in correctional facilities and 2% obtained their treatment through a public/private prescriber (i.e. a prescriber in a private clinic which receives some public funding). Data for 2010 was not available at the time of publication (Australian Institute of Health and Welfare 2010; Australian Institute of Health and Welfare 2011)

Figure 69: Number of registrations for opioid substitution treatment on the 30th June each year, NSW, 1997-2010



Source: (Australian Institute of Health and Welfare 2011)

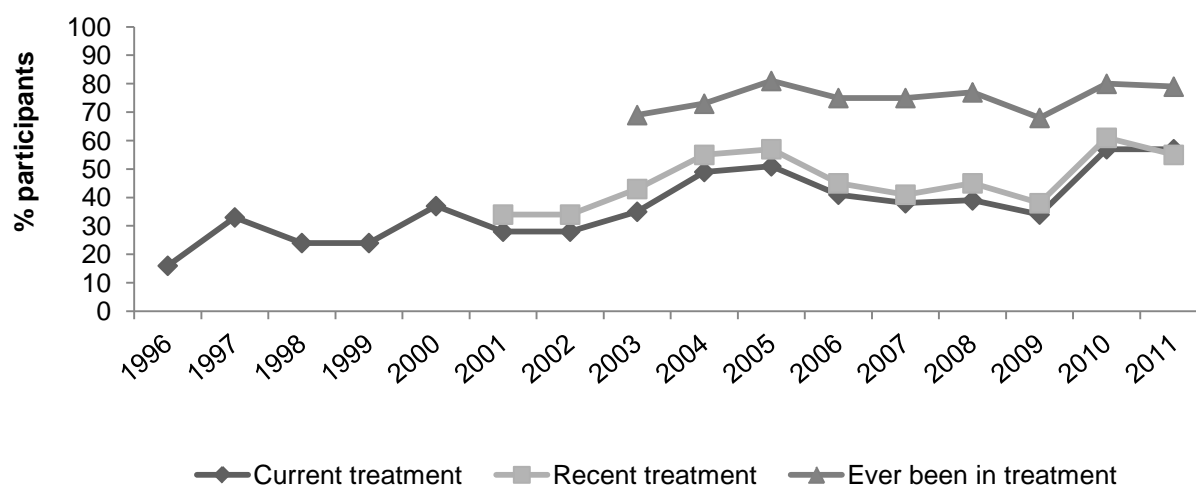
NB: Buprenorphine pharmacotherapy was introduced in NSW in 2000. Data for 2011 were unavailable at the time of publication. In NSW, unlike all other jurisdictions, clients prescribed buprenorphine/naloxone (Suboxone) are counted under buprenorphine.

6.3.3 Methadone treatment

A distinction was made between the use of prescribed (where the prescription was in the participant's name) and non-prescribed (where the prescription was in someone else's name) methadone and Physeptone (a tablet form of methadone). This section discusses the use of prescribed methadone and Physeptone only.

Sixty-three percent of participants had used methadone that had been prescribed for them in the preceding six months (61% in 2010) and 18% reported injecting prescribed methadone during this time. Only 4% of participants reported recent use of prescribed Physeptone tablets. Overall, there has been a steady increase in the proportion of PWID participants reporting current engagement in a methadone maintenance treatment (MMT; Figure 70). Approximately one-half (55%) of PWID reported receiving methadone treatment at some point in the preceding six months (61% in 2010). As in previous years, methadone syrup was the predominant form of OST used.

Figure 70: Proportion of participants reporting methadone treatment, 1996-2011



Source: IDRS PWID interviews

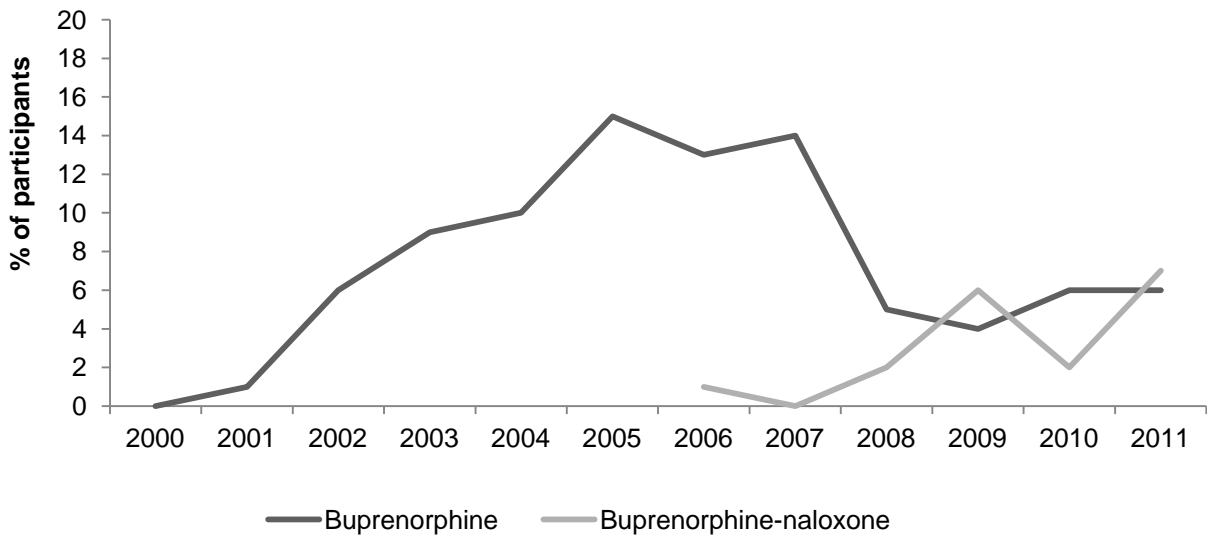
Amongst those who had been on a methadone program in the six months preceding interview, the median number of days of use in the preceding six months was 180 days, i.e. daily use (the same as 2010). Sixty-nine percent of methadone users (43% of entire sample) reported daily use, which remains comparable to 2010 (75%). It should be noted that the IDRS deliberately recruits a ‘sentinel’ population of people who inject drugs and are current and active participants in illicit drug markets. As a consequence, those in the PWID samples who report being in treatment may not be representative of treatment populations more generally, particularly those who withdraw from injecting drug use and/or illicit drug market activity once engaged in treatment. Similarly, as regular injecting drug use is a requirement for participation in the IDRS survey, participants who are also engaged in methadone treatment – of whom there is a substantial proportion in the 2011 IDRS – may not be representative of methadone clients generally.

6.3.4 Buprenorphine treatment (including buprenorphine-naloxone)

As with methadone, a distinction was made between the use of prescribed and non-prescribed buprenorphine. Following the listing of buprenorphine-naloxone (Suboxone) on the Pharmaceutical Benefits Scheme in April 2006, questions were also included on this drug.

Approximately one-third (36%) of the sample reported ever having been prescribed buprenorphine (Subutex). Fifteen percent of participants reported using it in the preceding six months which is stable with the 11% reported in 2010. Six percent stated they were currently participating in buprenorphine treatment (also 6% in 2010) (Figure 71). Among those who used prescribed buprenorphine, the median number of days of use in the last six months was 66 days, (median 96 days in 2010 and 30 days in 2009). When used as a maintenance treatment, buprenorphine can be dosed daily or every two days. The median days in treatment increased to 180 days (i.e. daily; range 3-180 days; 64 in 2010). Please note that buprenorphine may also be prescribed during opioid detoxification.

Figure 71: Proportion of participants reporting current buprenorphine treatment, 2000-2011



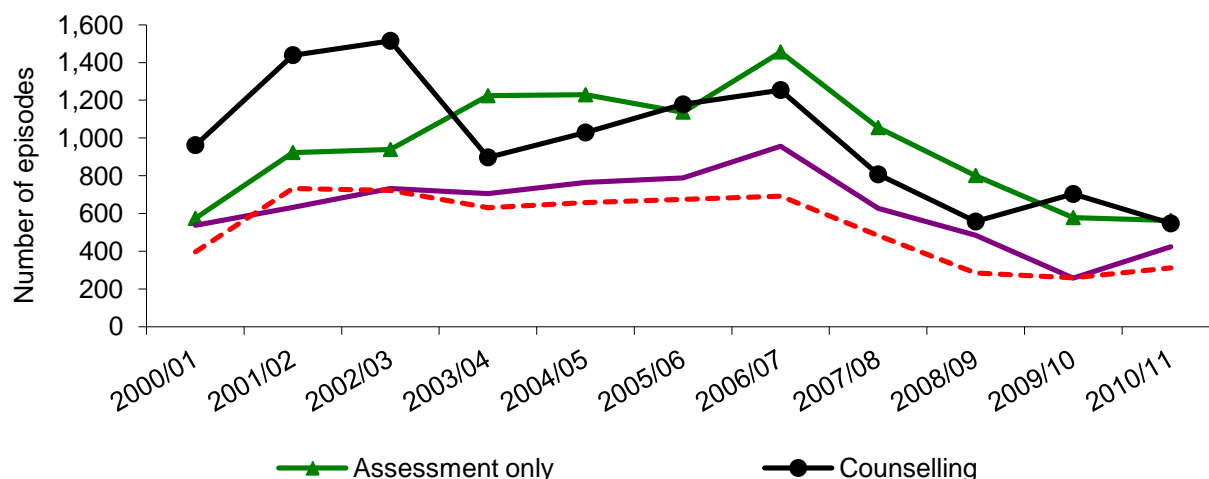
Source: IDRS PWID interviews
 NB: Buprenorphine-naloxone (Suboxone) item first included in 2006

Approximately one-fifth (19%) of participants reported ever being prescribed buprenorphine-naloxone (Suboxone) with 13% reporting a prescription in the last 6 months. Seven percent of participants had a prescription at the time of interview. The median number of days of use in the last six months was 179 (i.e. approximately daily; 64 days in 2010) while the median number of days in treatment was 180 (daily). Eight percent of participants reported injecting prescribed Suboxone, in the preceding six months on a median of 3 days (i.e. once every 2 months).

6.3.5 Methamphetamine treatment

There were mixed results in the number of closed treatment episodes, based on the date of commencement where the principal drug of concern was amphetamines, over the past twelve months for all four of the main forms of treatment (Figure 72). It is important to interpret these data with caution as they are based on closed episodes and episodes maybe excluded if not completed in the period. Prior to 2006/07, there was a steady increase in numbers receiving 'assessment only' and 'withdrawal management', while both 'assessment only' and 'rehabilitation' remained relatively stable. As noted above these changes should be interpreted with caution.

Figure 72: Number of amphetamine treatment episodes by treatment type, NSW, 2000/01-2010/11



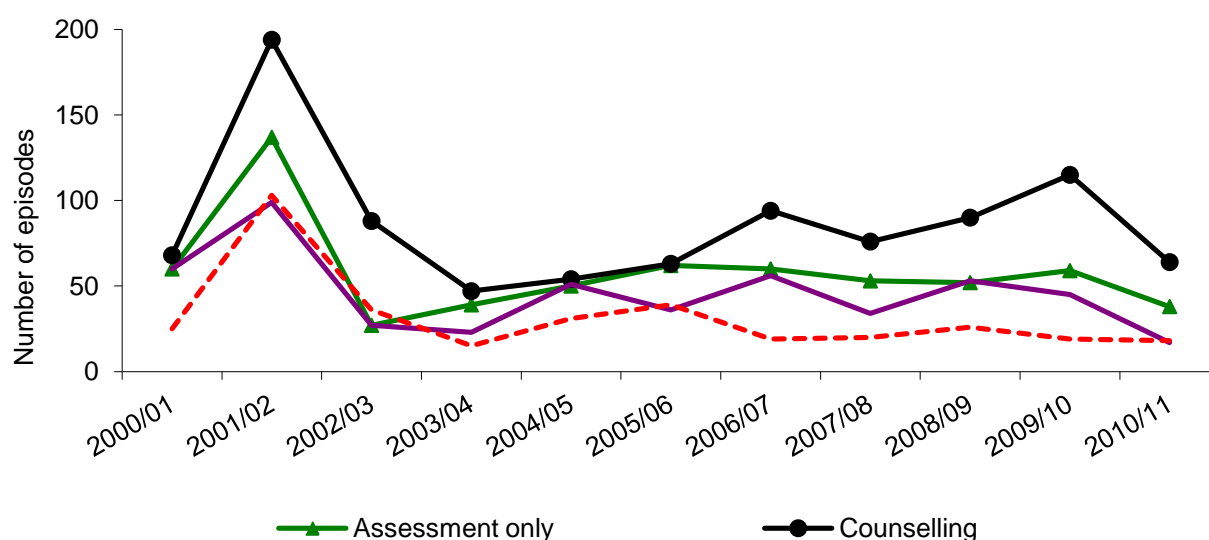
Source: NSW Minimum Data Set for Drug and Alcohol Treatment Services (MDS AODTS), NSW Department of Health.

NB: The NSW MDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period. Numbers are based on the date of commencement.

6.3.6 Cocaine treatment

Apart from a spike in 2009/10 in 'counselling' the number of closed treatment episodes based on the date of commencement where the principal drug of concern was cocaine has remained at less than 100 per treatment type since 2002/03. In 2010/11, there was a decrease in all main forms of treatment types, except 'residential rehabilitation' which remained stable (Figure 73). It is important to interpret these data with caution as they are based on closed episodes, and episodes maybe excluded if not completed in the period.

Figure 73: Number of cocaine treatment episodes by treatment type, NSW, 2000/01-2010/11



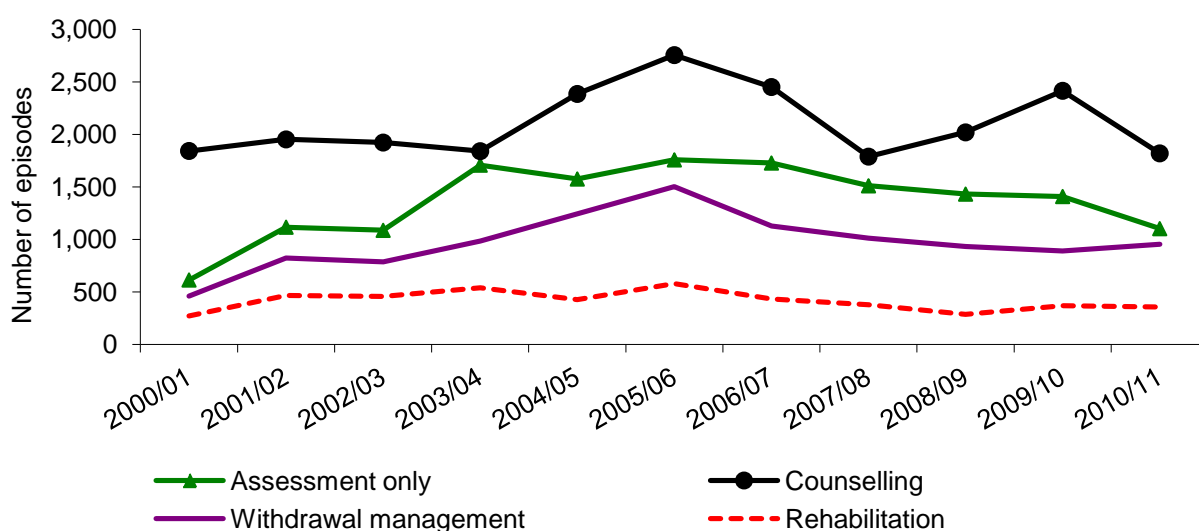
Source: NSW MDS AODTS, NSW Department of Health.

NB: The NSW MDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period. Numbers are based on the date of commencement.

6.3.7 Cannabis treatment

Figure 74 shows the number of closed treatment episodes based on the date of commencement where the principal drug of concern was cannabis, by treatment type. Numbers entering for 'assessment only' have declined gradually over the past few years. Similarly, numbers entering 'withdrawal management' have increased since 2000/2001, peaking in 2005/2006 (1,502 episodes) and subsequently have decreased slightly in the past 5 years. As noted above it is important to interpret these data with caution as they are based on closed episodes and episodes may be excluded if not completed in the period. Numbers commencing 'residential rehabilitation' have remained relatively stable since 2001/2002 at 400 or more per year (this figure was 270 in 2000/2001), peaking in 2005/06, gradually declining since to stabilise over the last two years (Figure 74).

Figure 74: Number of cannabis treatment episodes by treatment type, NSW, 2000/01-2010/11



Source: NSW MDS AODTS, NSW Department of Health.

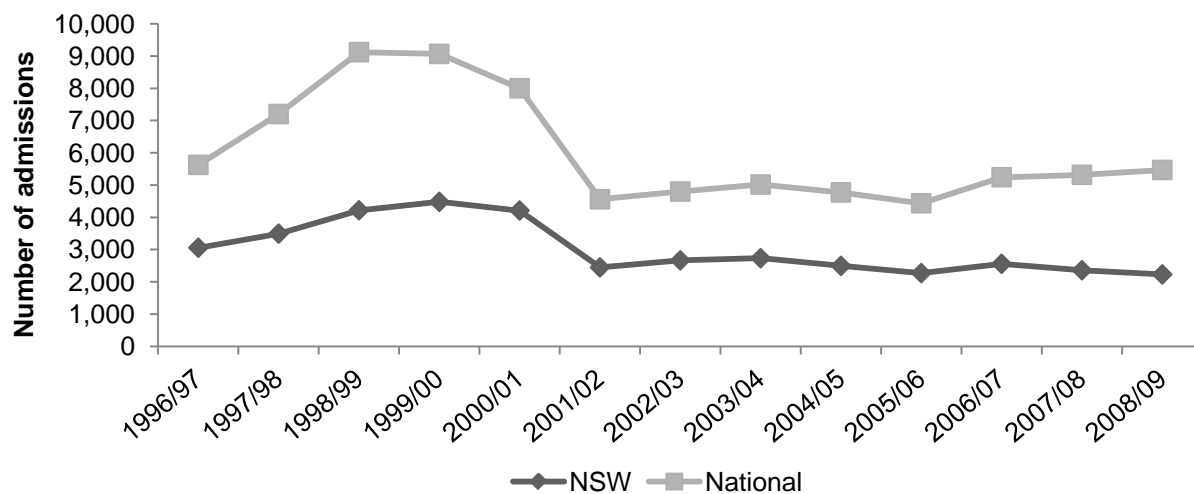
NB: The NSW MDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period. Numbers are based on the date of commencement

6.4 Hospital admissions

6.4.1 Heroin

The number of hospital separations among persons aged 15-54 years in which the principal diagnosis was opioid-related is shown in Figure 75. A principal diagnosis that is opioid-related is recorded where opioids are established (after discharge) to be chiefly responsible for occasioning the patient's episode of care. Figures decreased around 2001/02, coinciding with a reduction in the availability of heroin, and since this time have remained low and relatively stable.

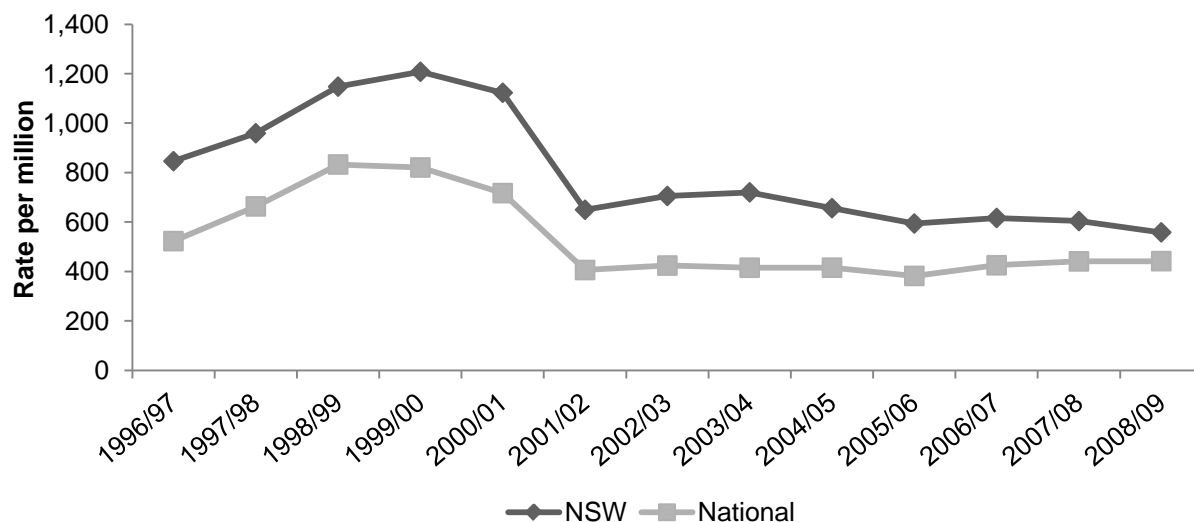
Figure 75: Number of principal opioid-related hospital admissions among people aged 15-54, NSW and Australia, 1996/97-2008/09



Source: (Roxburgh and Burns 2012)

Figure 76 shows the number per million persons aged 15-54 years of opioid-related hospital admissions. Numbers have remained relatively stable over the past twelve months, following a slight increase between 2001/02 and 2003/04 in NSW. New South Wales figures have consistently remained higher than the national figures. The number of admissions per million persons in both NSW and nationally remain substantially lower than in previous years and NSW continued to account for approximately half of all opioid-related hospital admissions in Australia.

Figure 76: Number per million persons of principal opioid-related hospital admissions among people aged 15-54 years, NSW and nationally, 1996/97-2008/09



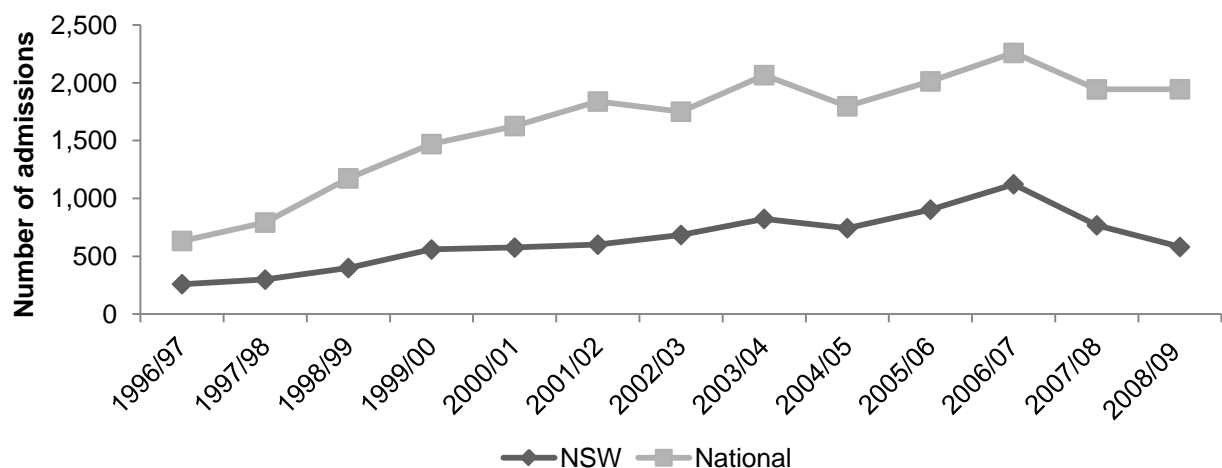
Source: (Roxburgh and Burns 2012)

6.4.2 Methamphetamine

6.4.2.1 Hospital admissions

The number of inpatient hospital admissions among persons aged 15-54 years in which the principal diagnosis was amphetamine-related is shown in Figure 77. Despite minor fluctuations figures have steadily increased across time, both in NSW and nationally. However, in 2008/09, the most recent data available at the time of publication, the NSW (581) figure declined slightly from 768 in 2007/08.

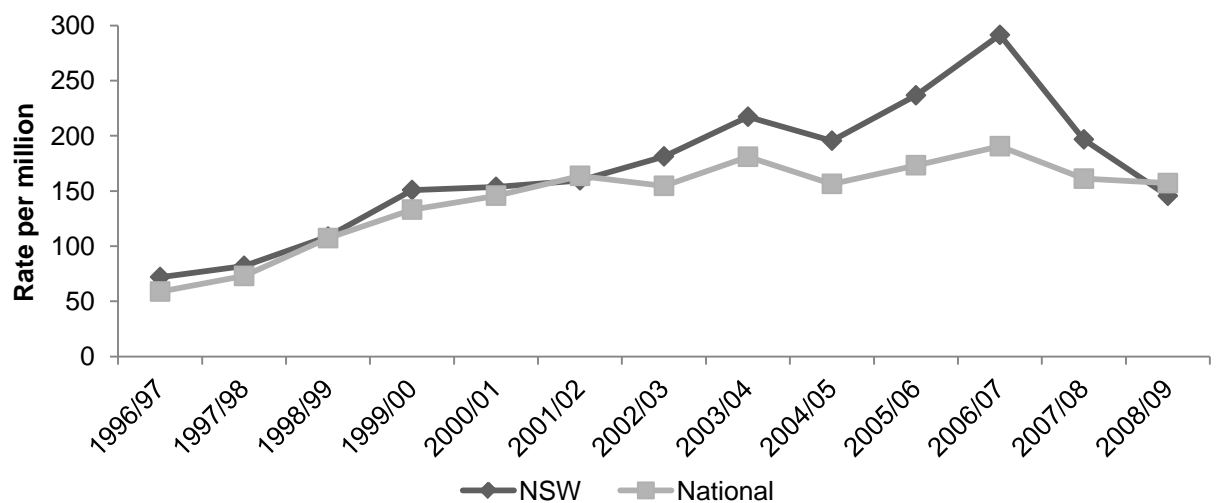
Figure 77: Number of principal amphetamine-related hospital admissions among persons aged 15-54, NSW and nationally, 1996/97-2008/09



Source: (Roxburgh and Burns 2012)

Figure 78 shows the number per million persons of hospital admissions in which the principal diagnosis was amphetamine-related. Numbers in both NSW and nationally have increased over time; however, since 2007/08 there has been a decrease in both NSW and national admissions.

Figure 78: Number per million persons of principal amphetamine-related hospital admissions among people aged 15-54 years, NSW and nationally, 1996/97-2008/09

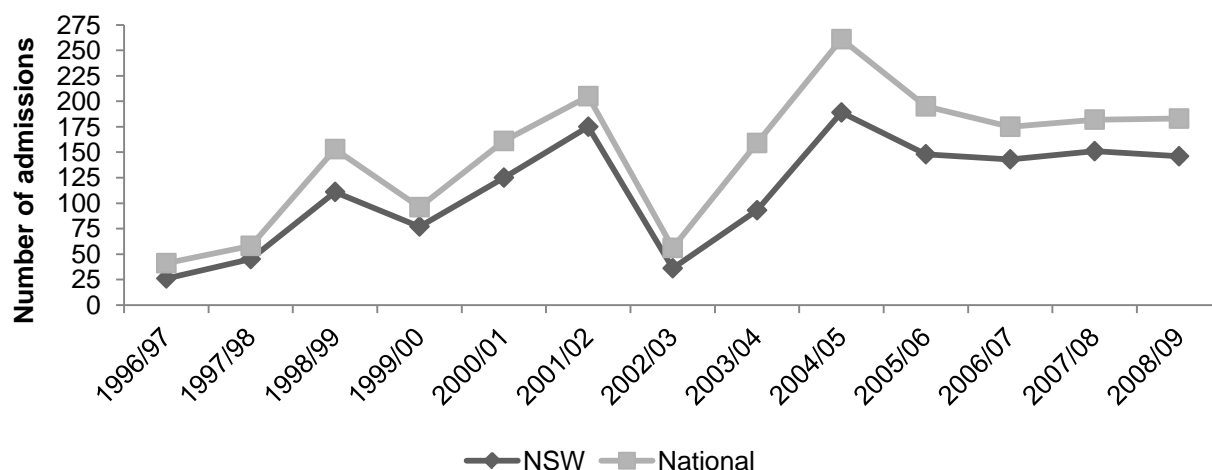


Source: (Roxburgh and Burns 2012)

6.4.3 Cocaine

The numbers of inpatient hospital separations in which the principal diagnosis was cocaine-related are shown in Figure 79. Figures increased both in NSW and nationally from 2002/2003 to 2004/2005; however, these figures have decreased from 2004/2005 to 2006/07 and for the last two years have remained stable.

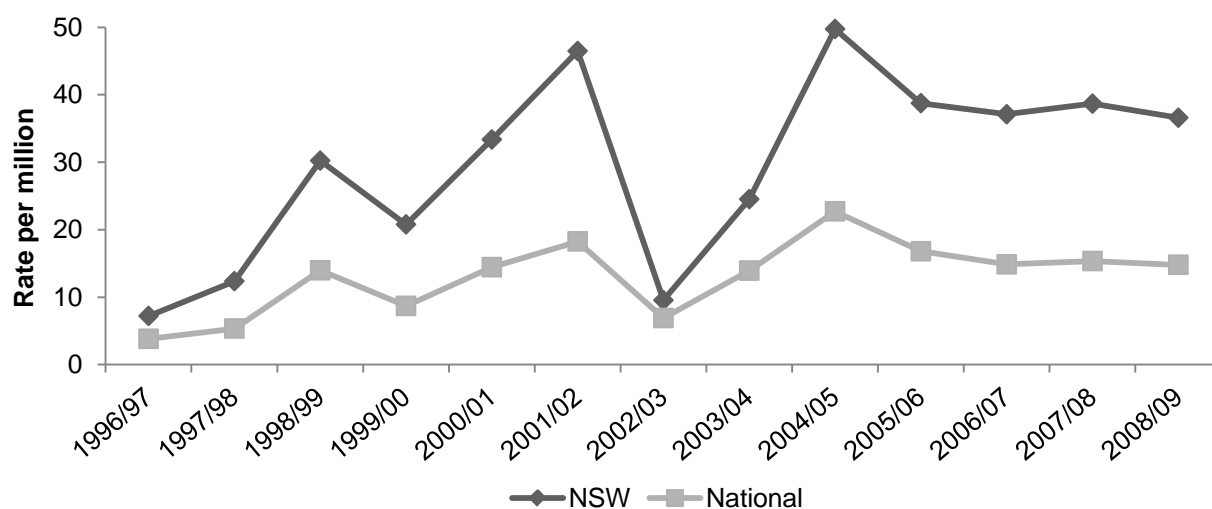
Figure 79: Number of principal cocaine-related hospital admissions among persons aged 15-54, NSW and nationally, 1996/97-2008/09



Source: (Roxburgh and Burns 2012)

The number per million persons of cocaine-related hospital admissions are shown in Figure 80. Numbers in NSW have fluctuated across time; numbers peaked in 2001/02, decreased quite markedly between 2001/02 and 2002/03, and increased again to the highest recorded within the study period in 2004/05 (49.73 in NSW and 22.71 nationally). A decrease was observed in 2005/06 and figures have remained relatively stable in the 3 years to 2008/09, both nationally and in NSW.

Figure 80: Number per million persons of principal cocaine-related hospital admissions among people aged 15-54 years, NSW and nationally, 1996/97-2008/09

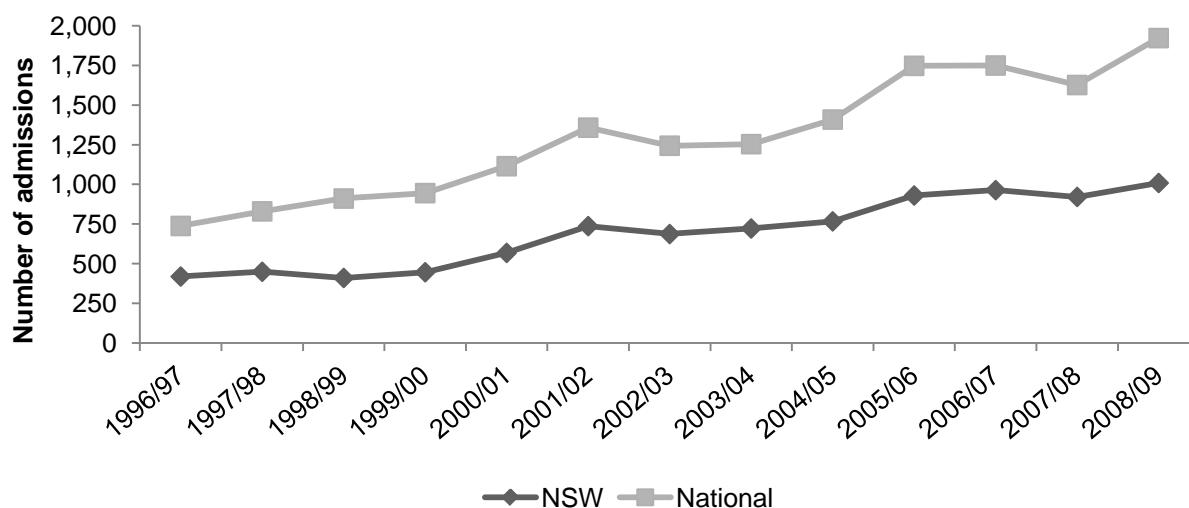


Source: (Roxburgh and Burns 2012)

6.4.4 Cannabis

The number of hospital admissions in which the principal diagnosis was cannabis-related is shown in Figure 81. Across time, figures have gradually increased both in NSW and nationally. Figures observed in NSW in 2008/09 remained relatively stable.

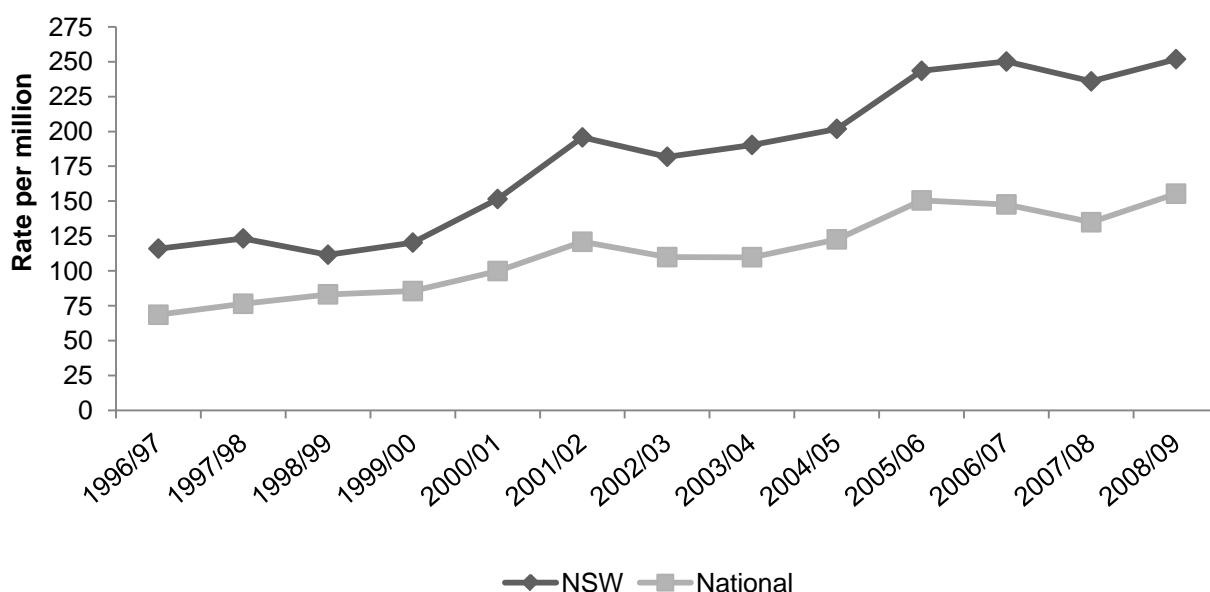
Figure 81: Number of principal cannabis-related hospital admissions among persons aged 15-54, NSW and nationally, 1996/97-2008/09



Source: (Roxburgh and Burns 2012)

Figure 82 shows the number per million persons of cannabis-related hospital admissions among people aged 15-54 years. Both nationally and in NSW, numbers increased during 1996/97 and 2001/02, and remained relatively stable during 2001/02 and 2002/03. Since 2005/06, numbers have remained relatively stable in both NSW and nationally.

Figure 82: Number per million persons of principal cannabis-related hospital admissions among people aged 15-54 years, 1996/97-2008/09



Source: (Roxburgh and Burns 2012)

6.5 Injecting risk behaviours

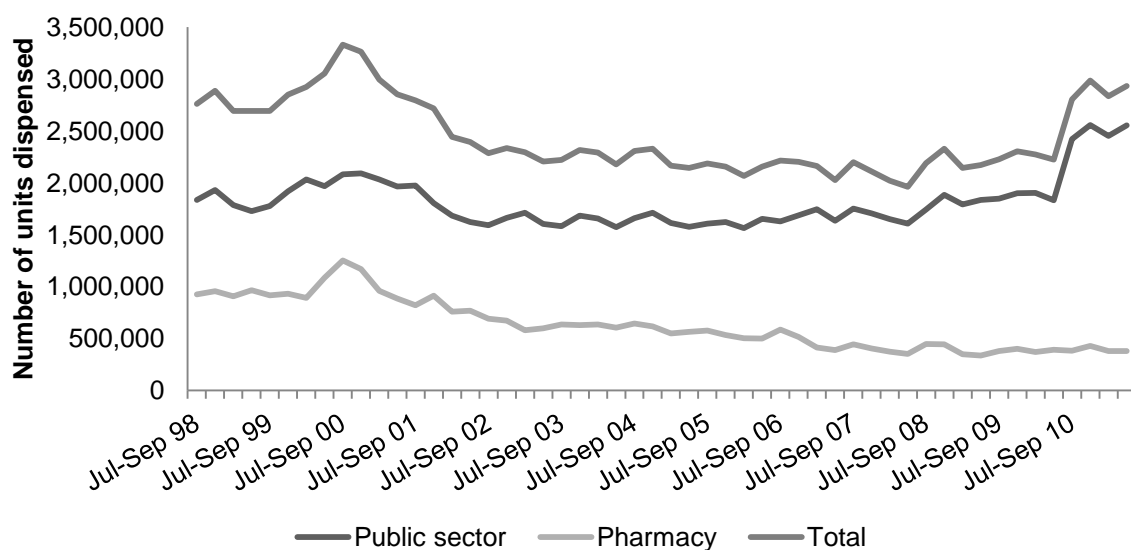
6.5.1 Sharing of injecting equipment by PWID participants

6.5.1.1 Needle syringe programs

There are 33 primary NSP outlets across the state, which typically provide PWID with a range of injecting equipment including needles and syringes, advice on safer injecting, and referral to other services such as drug treatment programs. Primary outlets also undertake a range of other activities such as community liaison and education. There are also over 300 secondary outlets, e.g. in hospital emergency departments and community health centres, which also provide injecting equipment and educational material. Primary and secondary outlets also provide condoms on request. Equipment obtained through secondary outlets is typically in the form of a Fitpack[®] containing needles/syringes, swabs, sterile water, spoon, information on safer injecting and referral. The Fitpack[®] also functions as a safe disposal container. There are approximately 160 NSP-maintained Fitpack[®] automatic dispensing machines across New South Wales which provide greater availability (typically 24-hour access) to a broad range of people across a range of locations. A large number of pharmacies (approximately 375) are also involved in providing NSP services, further expanding availability across a broader range of people and locations. Pharmacies currently distribute less than 15% of equipment across the state, down from a peak of 35% in 2000/01. The number of needles and syringes dispensed in New South Wales by NSPs has increased over the last year after remaining relatively stable over the seven years prior (Figure 83). The number of needles and syringes dispensed by pharmacies over the same period has decreased and most of the equipment provided through the NSW NSP is dispensed from public NSP (HIV/AIDS and Infectious Diseases Branch; NSW Department of Health 2012).

In 2011, participants in the IDRS were asked from what sources they obtained their needle and syringes over the last 6 months. Results showed the vast majority of participants (86%) obtained needles and/or syringes from the NSP (public sector). It is important to note that this number may also be high due to the method of IDRS recruitment via advertisements at NSP sites. Approximately one-third of all participants reported they obtained needles and/or syringes from a chemist/pharmacy (31%). The third most popular source was NSP vending machines (19%). Other sources reported included hospital (11%), MSIC (5%), friend (4%), outreach/peer worker, partner or dealer (all 2%).

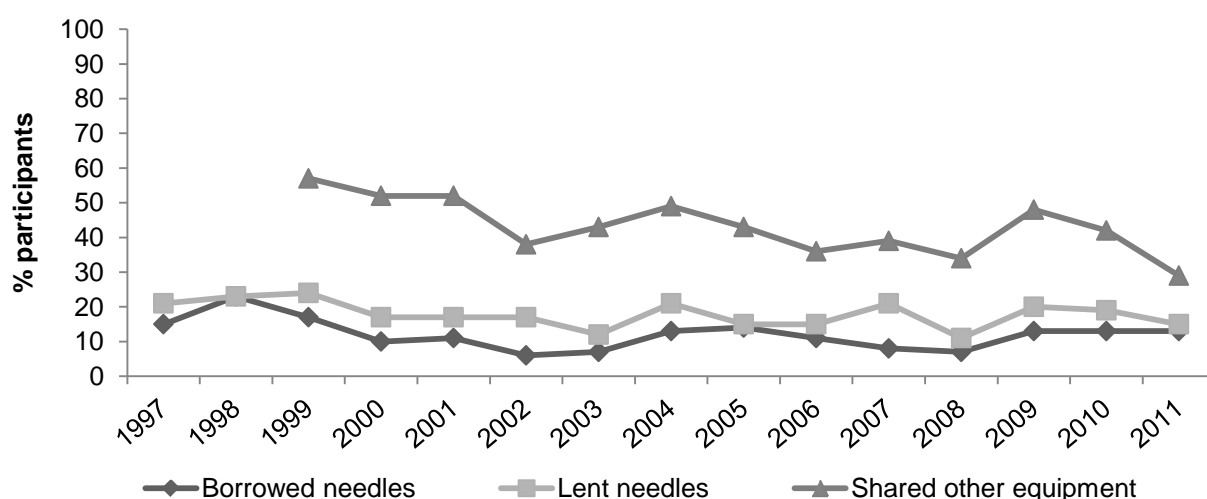
Figure 83: Number of units dispensed from public NSP and pharmacies, NSW, July 1998-June 2011



Source: NSW Department of Health; HIV/AIDS and Infectious Diseases Branch

In line with previous data, 100% of participants reported that they had injected on at least one occasion in the month preceding interview. Thirteen percent of these participants reported using a needle that had already been used by someone else ('borrowed needle'). This remained stable with the 13% also reported in 2010 and 2009 (Figure 84). Fifteen percent of those who had injected in the last month reported passing needles on to other PWID ('lent needle') in 2011, which remained stable with the 19% reported in 2010.

Figure 84: Proportion of PWID reporting sharing injecting equipment in the month preceding interview, 1997-2011

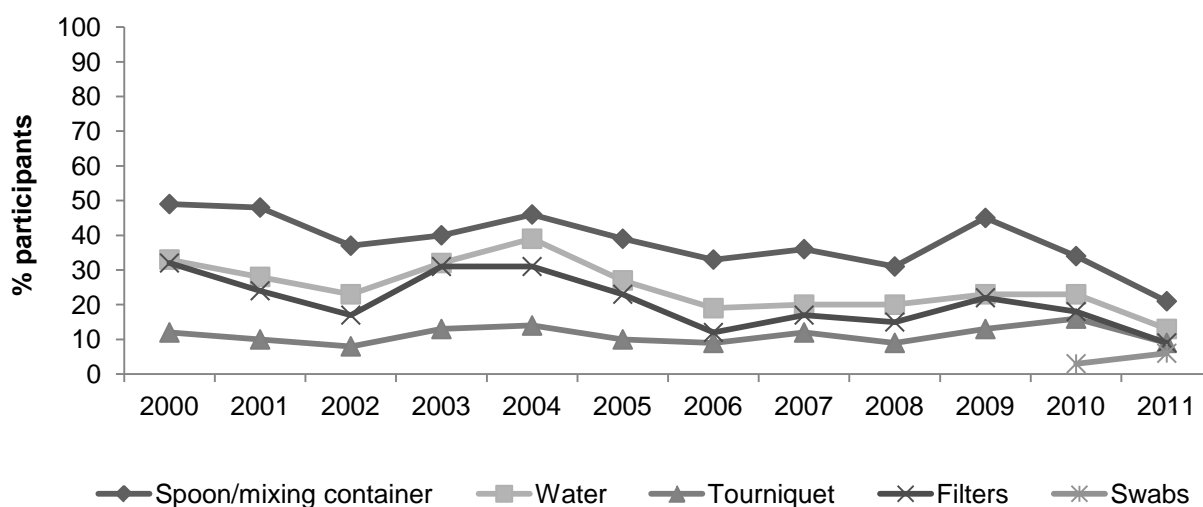


Source: IDRS PWID interviews

NB: Survey items on other injecting equipment (including spoons, water, filters and tourniquets) were first included in 1999. Figure excludes participants who had not injected in the last month (in 2003 n=1; 2004 n=1; 2005 n=4; 2006 n=1; 2007 n=2; 2008 n=2) were excluded. In 2009 (n=152), 2010 (n=154) and 2011 (n=150) all participants reported injection in month prior to interview

As in previous years, sharing of injecting equipment was more common than sharing of needles and syringes. Twenty-nine percent reporting sharing a filter, spoon, water, tourniquet and/or other item of injecting paraphernalia in the month preceding interview a statistically significant decrease ($p < 0.05$) from the 42% reported in 2010. Figure 85 shows a breakdown of the types of injecting equipment PWID participants reported sharing. Among those reporting any sharing in the past month, spoons/mixing containers remained the most commonly shared item (71%; 21% of entire sample), followed by water (46%; 13% of entire sample), filters and tourniquets (both 30%; 9% of entire sample), and swabs (21%; 6% of entire sample). Overall there has been statistically significant decrease ($p < 0.05$) in sharing since 2010 and significant decrease in the sharing of spoons and mixing containers ($p < 0.05$), water ($p < 0.05$) and filters ($p < 0.05$).

Figure 85: Proportion of PWID participants reporting sharing other injecting equipment by type, 2000-2011



Source: IDRS PWID interviews

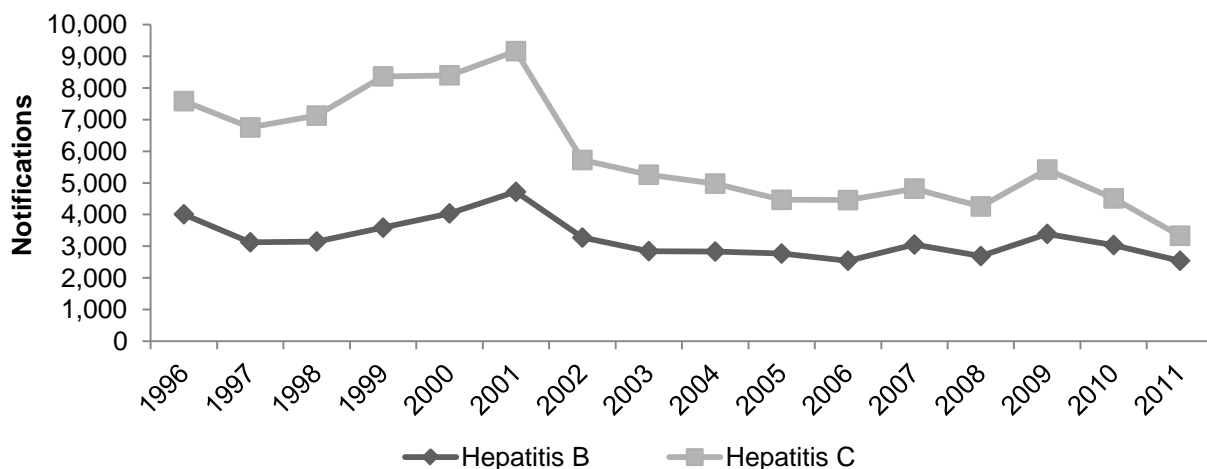
NB: Survey items on other injecting equipment (including spoons, water, filters and tourniquets) were first included in 1999 and swabs in 2010. Figure excludes participants who had not injected in the last month (in 2003 $n=1$; 2004 $n=1$; 2005 $n=4$; 2006 $n=1$; 2007 $n=2$; 2008 $n=2$) were excluded. In 2009 ($n=152$), 2010 ($n=154$) and 2011 ($n=150$) all participants reported injection in month prior to interview

6.5.2 Blood-borne viral infections

People who inject drugs are at greater risk of acquiring blood-borne viral infections (BBVI) such as hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV) than the general population through the sharing of needles, syringes and other equipment. For more detailed information on BBVI, please see the Australian NSP Survey (Kirby Institute May 2011).

Figure 86 shows the total number of notifications for HBV and HCV in NSW. Incident (newly acquired) infections and unspecified infections (i.e. notifications where the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV, with the number of notifications decreasing in the 12 months to 2011 (3,329 notifications). HBV notifications have remained relatively stable since 2003 (2,844 notifications versus 2,539 in 2011). Notifications for both HCV and HBV still remained lower than levels reported in 2001.

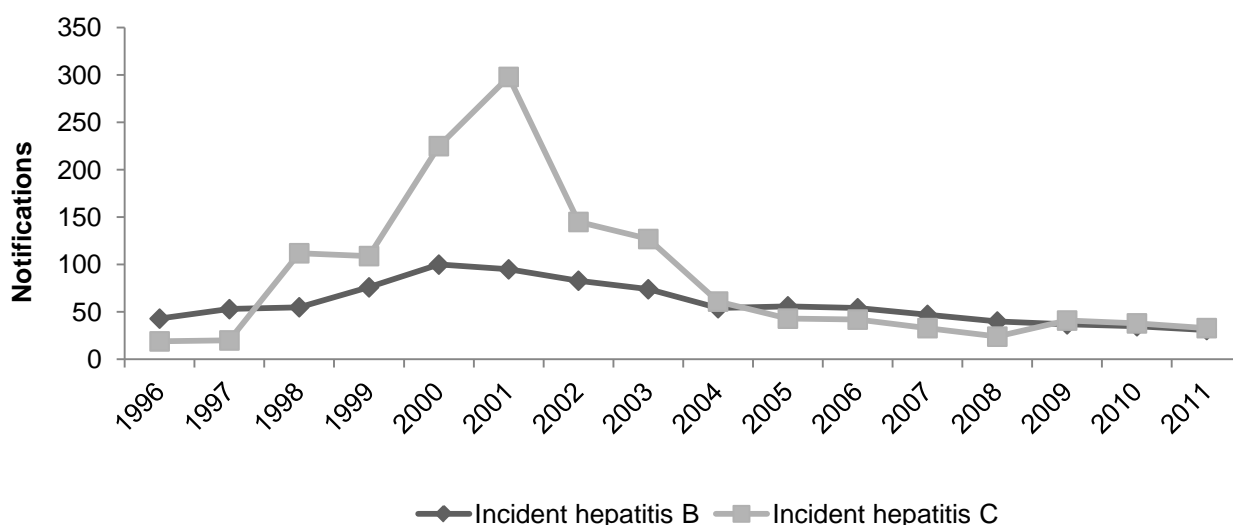
Figure 86: Total notifications for (unspecified and incident) HBV and HCV infections, NSW, 1996-2011



Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System (NNDSS)¹¹

Trends in the number of incident notifications for HBV and HCV in NSW are shown in Figure 87. HBV incident reporting had remained stable and low; recorded as 35 in 2010 and 31 in 2011. A steady decline had been observed in the number of HCV incident notifications, from 298 in 2001 to 24 in 2008, however, in the 12 months to 2011 it remained stable at 33 notifications (38 in 2010).

Figure 87: Total notifications for incident HBV and HCV infection, 1996-2011

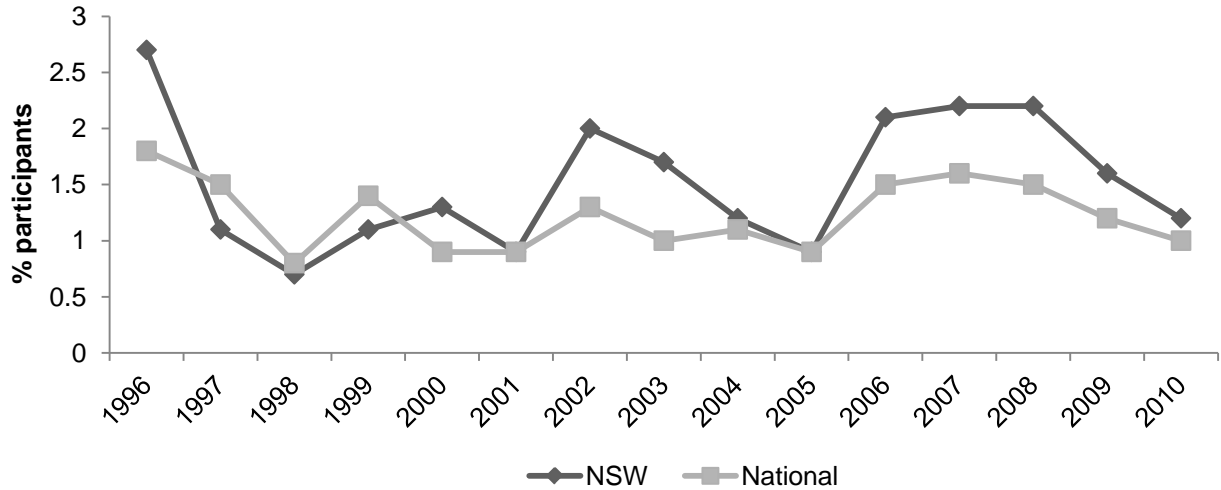


Source: Communicable Diseases Network – Australia – NNDSS¹¹

¹¹ There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to represent only a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time.

HIV antibody prevalence among NSP participants continued a downward trend in 2010, both in NSW (1.2%) and at a national level (1.0%). Both these figures are the lowest recorded since 2005 (both 0.9%) (Figure 88).

Figure 88: Prevalence of HIV antibody among NSP survey participants, 1996-2010

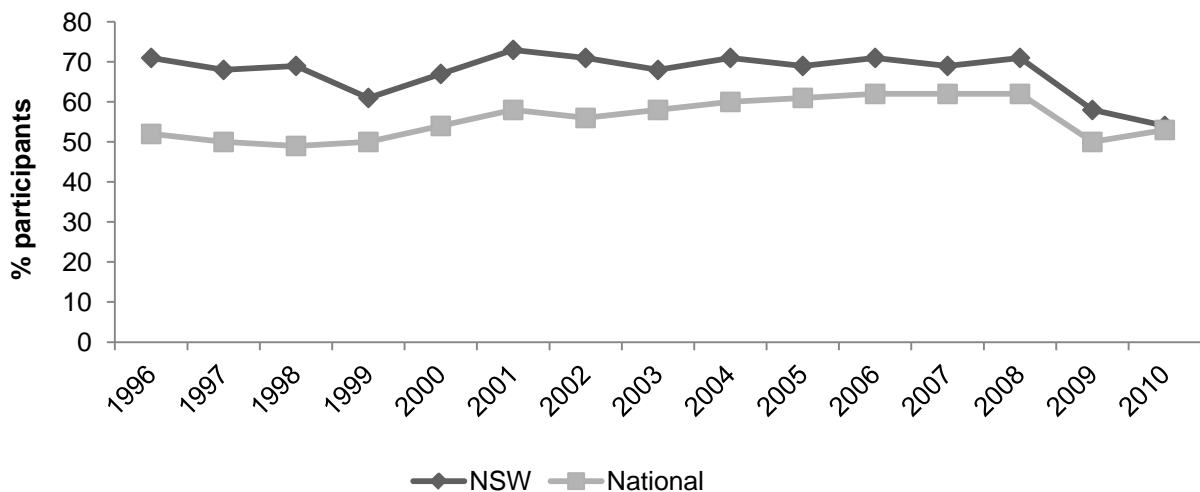


Source: NCHECR

NB: Data for 2011 was unavailable at the time of publication

Detection of Hepatitis C (HCV) antibody in capillary blood tests (finger-prick samples) conducted on NSW participants continued to remain high in 2010. In 2010, the downward trend continued and the prevalence (54%) is now comparable with the national figure (53%; Figure 89).

Figure 89: Prevalence of HCV antibody among NSP survey participants, 1996-2010



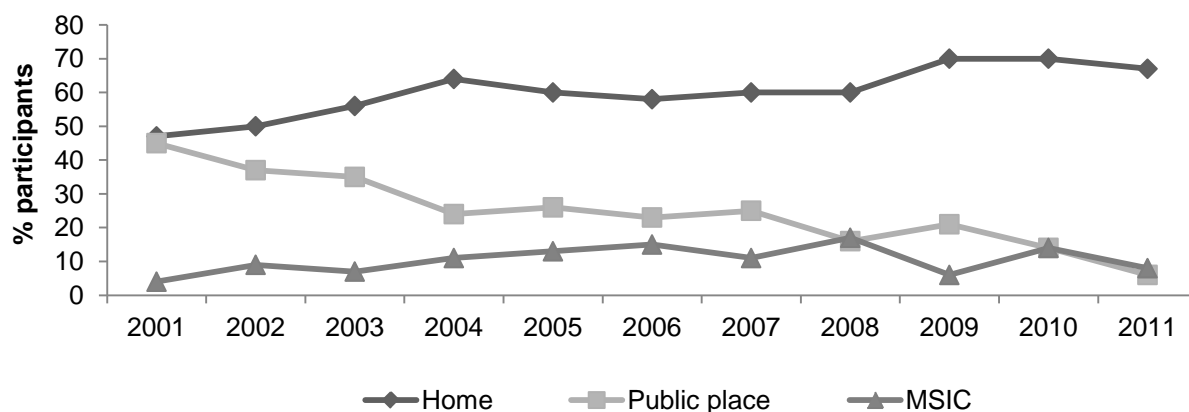
Source: NCHECR

NB: Data for 2011 were unavailable at the time of publication

6.5.3 Location of injections

The most commonly reported location for last injection remained at a private home (67%; 70% in 2010). Eight percent reported Sydney MSIC (14% in 2010) and only 6% reported public place (14% in 2010) as the locations of their most recent injection (Figure 90).

Figure 90: Last location for injection, 2001-2011



Source: IDRS PWID interviews

NB: Excludes those who had not injected in the last month (in 2003 n=1; 2004 n=1; 2005 n=4; 2006 n=1; 2007 n=2; and 2008 n=2) were excluded. In 2009 (n=152), 2010 (n=154) and 2011 (n=150) all participants reported injection in month prior to interview

6.5.4 Injection sites

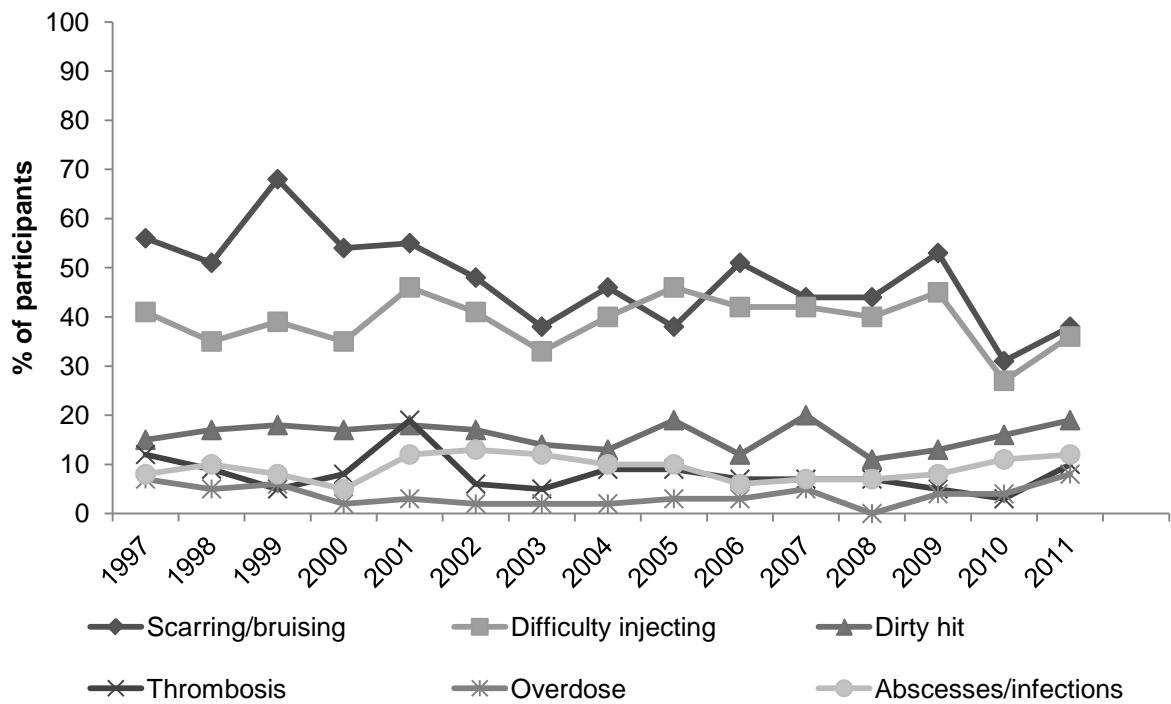
Again in 2011 participants were also asked questions about the site on their body where they had last injected. Seventy-two percent of participants reported that they last injected in their arm. Twelve percent of participants reported last injecting in their hand or wrist, 5% reported their groin and equal amounts reported last injecting in their leg or neck (both 4%). This remained stable with 2010.

6.5.5 Injection-related health problems

Participants were asked whether they had experienced any of the following injection-related problems in the month before interview: overdose; a dirty hit; prominent scarring and/or bruising; thrombosis/blood clots; difficulty injecting; and/or abscesses or infections. Just over half (56%) of PWID participants who had injected in the last month reported at least one injection-related problem during this time (50% in 2010). As in previous years, the most commonly reported problems were prominent scarring/bruising of injection sites (38%) and difficulty injecting (36%). Nineteen percent reported experiencing a 'dirty hit' that made them feel sick, smaller proportions, in line with previous years, reported problems of abscesses or infections associated with injecting (12%), thrombosis (10%) and overdose (8%).

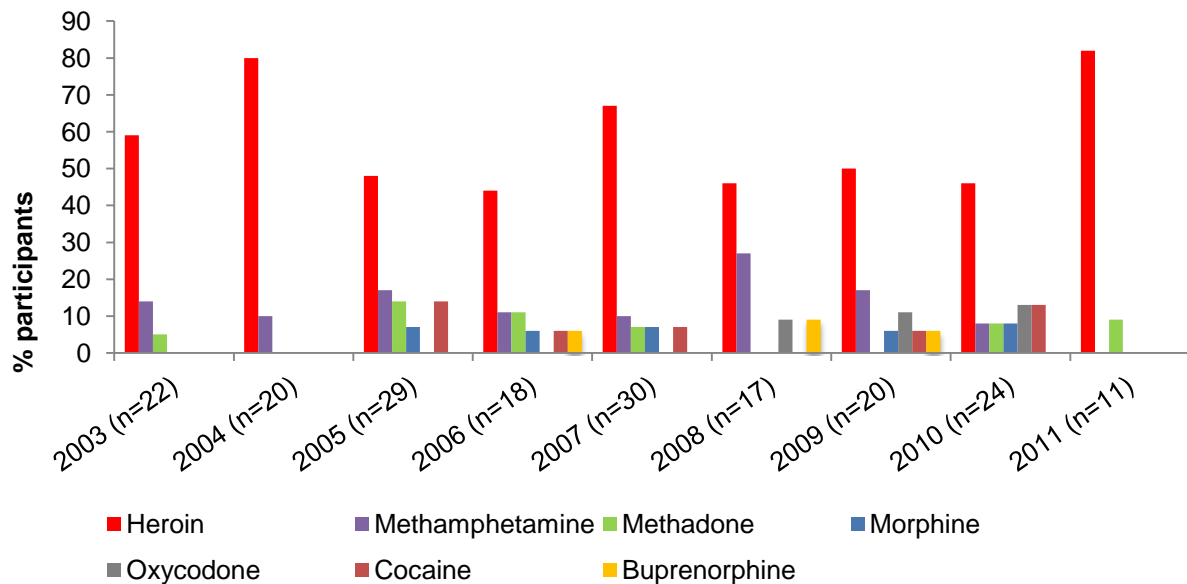
Figure 91 shows that while the proportion reporting prominent 'scarring or bruising' has remained the most commonly reported injection-related problem since 1997 (with the exception of 2005), since 2007 the issue of having 'difficulty injecting' has risen to almost equal levels in proportion of prevalence reported. Reports of thrombosis and abscesses/infections have continued to remain low and relatively stable. For the past 10 years overdose has remained the least commonly reported injection-related problem and this continues in 2011. For further information on overdose, see also Section 6.1 Overdose and drug-related fatalities.

Figure 91: Proportion of PWID reporting injection-related problems in past month, by problem type, 1997-2011



Source: IDRS PWID interviews
NB: Includes all participants

Figure 92: Main drug causing dirty hit in last month, 2003-2011



Source: IDRS PWID interviews

As with overdose, participants, who had experienced a 'dirty hit' in the last month, were asked what they considered to have been the main drug they would attribute it to, and whether they had been using any other drugs at the time (polydrug use). The majority of participants who had experienced a dirty hit (n=11) continued to attribute it to heroin (82%; representing 6% of the entire sample). The number of participants that reported experiencing a 'dirty hit' in the past month had declined significantly ($p<0.05$) in 2011 (n=11 versus n=24 in 2010; Figure 92).

6.6 Mental and physical health problems and psychological distress

One-half (52%) of all participants reported experiencing a mental health problem other than drug dependence in the preceding six months (44% in 2010). As in previous years, the most commonly reported problem was depression (66%; 31% of all participants). Of those reporting a mental health problem 49% (25% of all participants) reported anxiety, 24% (13% of all participants) reported schizophrenia, 14% (7% of entire sample) reported manic-depression/bipolar disorder, 10% (5% of entire sample) reported drug induced psychosis, 7% reported any personality disorders (4% of entire sample) and 6% reported panic (3% of entire sample).

Sixty-three percent of the sample had attended a health professional for a mental health problem during this time, which was a significant ($p<0.01$) increase from the 32% reported in 2010. Of those that reported a mental health problem in the six months prior to interview, 69% (17% of all participants) reported receiving prescribed antidepressant medication for treatment of that condition. Among the most commonly prescribed antidepressant medication for treatment were Avanza (mirtazapine), followed by Celapram (citalopram), and then smaller amounts reporting Zoloft (sertraline), Lexapro (escitalopram), Endep (amitriptyline), Deptran (doxepin), generic fluoxetine, Efexor (venlafaxine), Surmontil (trimipramine) and Lovan (fluoxetine). Sixty-five percent (16% of all participants) reported receiving prescribed antipsychotic medications for treatment of their mental health issue (50% or 13% of all participants in 2010). The most commonly reported antipsychotic medications for treatment were Seroquel (quetiapine), Zyprexa (olanzapine), Abilify (aripiprazole) and smaller amounts of Largactil (chlorpromazine), Risperdal (risperidone) and Solian (amisulpride). Twenty-eight percent (6% of entire sample) reported being prescribed benzodiazepines for mental health issues in the six months prior to interview. For more information on use of benzodiazepines see Section 4.9.1.

6.6.1 Psychological Distress measure

The 10-item Kessler Psychological Distress Scale (K10) (Kessler, Andrews et al. 2002) was first included in the IDRS in 2007. The K10 is a questionnaire designed to yield a global measure of 'psychological distress' based on questions about the level of anxiety and depressive symptoms experienced in the most recent 4-week period. The normative values for the Australian population, in conjunction with the scoring categories for distress, were available from the 2010 National Drug Strategy Household Survey (Australian Institute of Health and Welfare 2011). K10 scores were classified in accordance with the following 10 to 15 'low' levels of psychological distress, 16 to 21 as 'moderate' levels of psychological distress, 22 to 29 as 'high' levels of psychological distress, and 30 to 50 as 'very high' levels of psychological distress.

Of those that answered this section (n=148), the mean score was 25.99 (median 26; SD 9.81; range 10-48). As is evident below, IDRS participant scores vastly differed from those reported among the Australian general population, with a larger proportion reporting 'high' and 'very high' distress (Table 18). However, it should be noted that these categories were developed from studies of the general population and the extent to which they would apply to the IDRS sample has not been established.

Table 18: Kessler 10 scores in the 2010 National Drug Strategy Household Survey and NSW PWID participant sample 2008-2011

K10 category	National Drug Strategy Household Survey 2010	IDRS 2008 N = 149	IDRS 2009 N=149	IDRS 2010 N=154	IDRS 2011 N=148
% reporting no or low distress	70	13	13	15	16
% reporting moderate distress	21	26	22	24	19
% reporting high distress	7	27	32	29	28
% reporting very high distress	2	34	34	32	37

Source: PWID participant interviews; (Australian Institute of Health and Welfare 2008; 2011)

6.7 Driving risk behaviour

Since 2005, participants have been surveyed on drug driving risk and additional questions were added on driving under the influence (i.e. over the limit) of alcohol in 2006. In 2007, further questions were added relating to the last occasion in which drug driving occurred, specifically, the drug that was taken, along with the waiting time before driving, as well as perceived driving ability while under the influence of illicit drugs. A question was also added in 2007, in light of legislation in NSW that allows NSW Police to conduct random roadside tests for driving under the influence of illicit drugs.

6.7.1 Driving and Alcohol

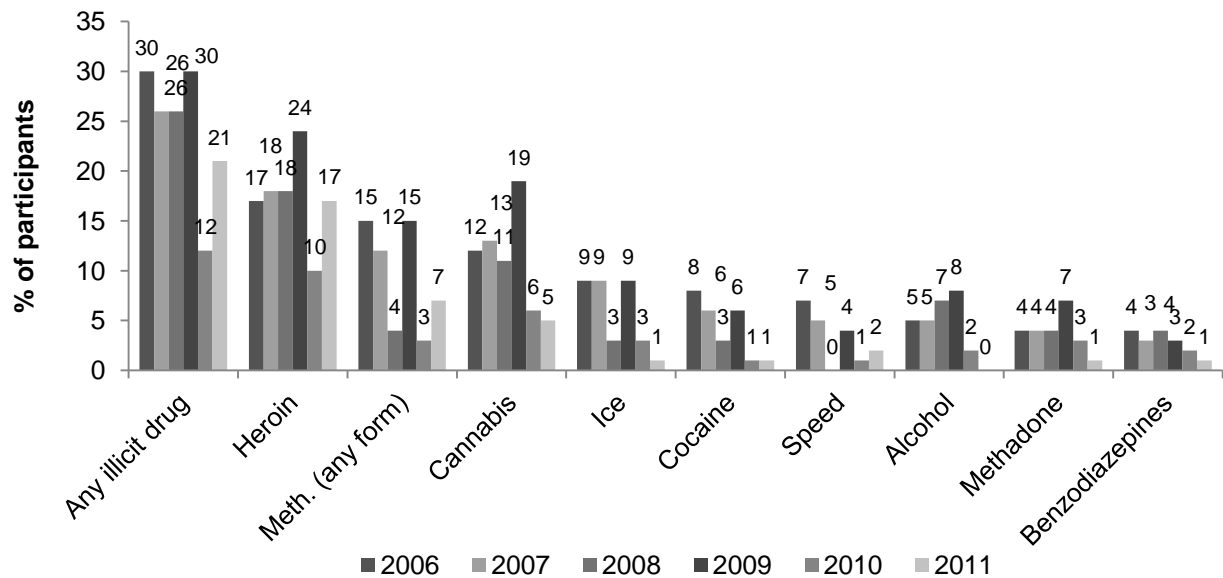
Twenty-nine percent of the sample (n=43) had driven a motor vehicle in the six months preceding interview, and, of these, 21% (6% of the entire sample) had driven under the influence of *any* alcohol. Of those reporting driving under the influence 33% (2% of entire sample) reported that they believed they had driven while they were over the legal limit¹² of alcohol on a median of three occasions (range: 2-3 times).

6.7.2 Driving and illicit drugs

Of those who had driven a car in the past six months, 74% (21% of the entire sample) had driven 'soon' after taking (an) illicit drug(s). As shown in Figure 93, heroin remained the drug nominated most by participants (78% of those who had driven under the influence of drugs, 17% of the entire sample); followed by cannabis (47%, 5% of entire sample), and ice/crystal (22%, or 1% of the entire sample).

¹² Note that these figures are based on self-report, and should be interpreted with caution.

Figure 93: Driving under the influence among the entire PWID sample, by drug type, 2006-2011

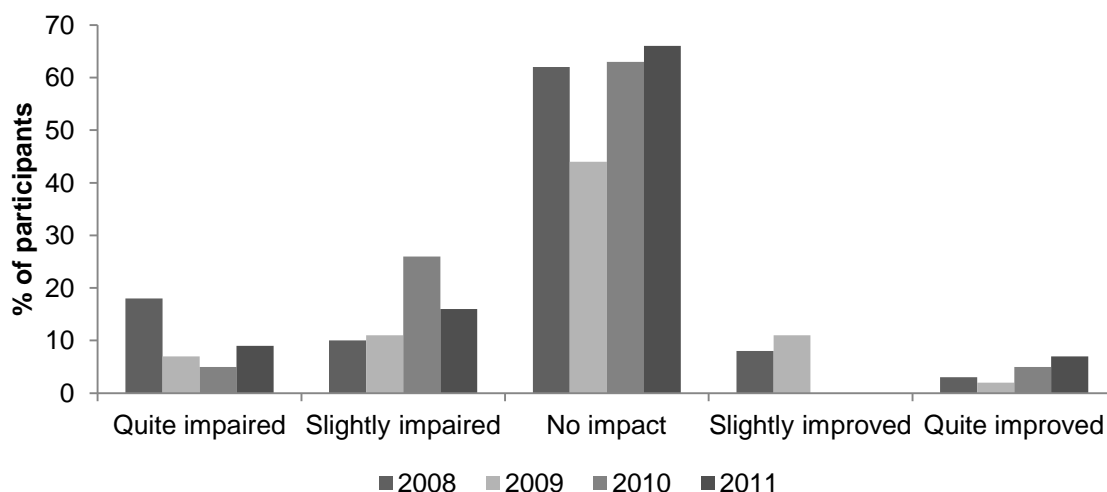


Source: IDRS PWID interviews

Again in 2011, participants that reported driving while under the influence of drugs other than alcohol, were also asked about the last occasion on which that occurred, what specific drug had they taken, and on average how much time they left between taking the drug(s) and driving. Results of the ‘last drug taken’ closely resembled trends observed in Figure 93, heroin was the drug reported by the majority of participants (63%; 13% of all participants) who had driven under the influence of illicit drug(s) in the six months prior to interview. Heroin was followed by cannabis (25%; 5% of all participants), and equally methadone, oxycodone, ice/crystal (6%; 1% of all participants). Participants waited an average of 30 minutes after taking drug(s) and then driving (15 minutes in 2010). One-third (34%; 7% of the entire sample) of participants responded that they usually waited 5 minutes or less after taking illicit drug(s) and driving a motor vehicle.

Perceived driving ability (i.e. level of impairment) was asked about on the last occasion in which driving under the influence of illicit drug(s) had occurred. The majority of participants reported that they perceived there was no impact from the drug(s) on their driving (68% of those who drove under the influence of illicit drugs, 14% of all participants); 16% percent (3% of all participants) reported that they believed their driving was ‘slightly impaired’, 10% (2% of entire sample) commented that their driving was ‘quite impaired’ and 7% (1% of entire sample) commented it was ‘quite improved’ (Figure 94).

Figure 94: Perceived driving ability (i.e. level of impairment) of PWID participants under the influence, 2008-2011



Source: IDRS PWID interviews

December 2006, saw the introduction of legislation that allowed NSW Police the power to conduct roadside drug (driving) testing (RDT). The drugs that can be detected by the saliva sample include Delta-9-tetrahydro-cannabinol (THC), the active component of cannabis, methamphetamine ('ice', 'speed', 'base' etc) and Methylene-dioxymethylamphetamine (MDMA or 'ecstasy'). It is also considered an offence to drive with the presence of cocaine or morphine (heroin) in blood or urine (unless prescribed). Penalties for positive results of driving under the influence of these illicit drugs include gaol sentences of up to nine months, unlimited licence suspensions and fines of \$2,200.

Participants were asked if they had been roadside drug tested, and of the result. Five percent of the sample reported ever being subject to a roadside drug test and only 2% of the entire sample reported being subject to test in the 6 months prior to interview. Of those ever subject to a test less than one-half (43%; 2% of the entire sample) ever reported a positive result. No participants reported being arrested for driving under the influence of drugs other than alcohol in the past 12 months.

6.15.1 Key expert comments

The most reoccurring themes in relation to health-related trends among KE were:

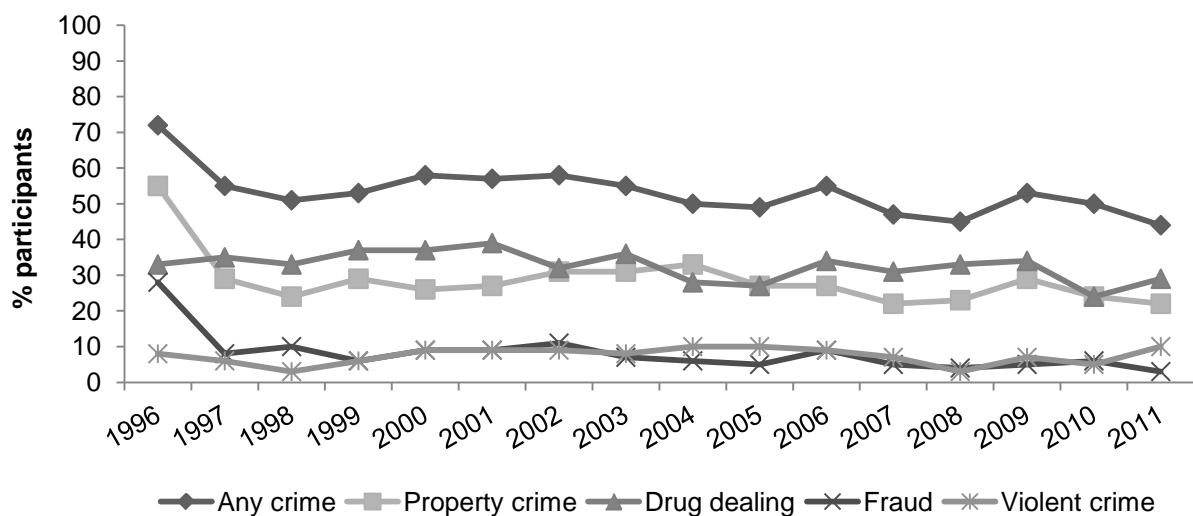
- mental health issues continue to be a major problem for PWID and there was ongoing issues engaging and referring clients into mental health (MH) services;
- dental health and stable housing remained ongoing areas of health concern for this population;
- ongoing issues with long waiting lists and bureaucratic hurdles for accessing OST, particularly MMT;
- access to HCV treatment has become more available;
- increased levels of chronic pain maybe be associated in part to ageing population of PWID;
- polydrug use, particularly the use of benzodiazepines with opioids and/or alcohol was a recurring issue in the management of overdoses;
- non-fatal overdoses remained low and stable; and
- vein care issues are becoming more pronounced among this population that maybe in part associated with the increase use of pharmaceutical opioids designed for oral consumption.

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

7.1 Reports of criminal activity among PWID

Forty-four percent of participants reported engaging in any form of crime in the month prior to interview. This remains stable with the proportion reporting any crime in the month prior to interview, which has remained between 45-50% since 2003 (Figure 95). Trends continued to follow those reported in previous years with the two most commonly reported crimes being drug dealing and property crime (29% and 22% of the entire sample respectively). Ten percent of PWID participants reported engaging in violent crime (5% in 2010) and 3% reported fraud (6% in 2010).

Figure 95: Proportion of participants reporting engagement in criminal activity in the last month by offence type, 1996-2011



Source: IDRS PWID interviews

The percentage of PWID participants that reported being arrested in the previous twelve months remained relatively stable at 37% of the entire sample (44% in 2010) (Table 19). The most commonly cited reasons for arrest in the last 12 months were possession/use of a prohibited drug (15%; 16% in 2010), property crime (14%; 13% in 2010). Reported arrests for reasons pertaining to violent crime (includes assault, violence in a robbery, armed robbery, sexual assault) remain stable (4%; 7% in 2010). Small proportions reported having been arrested for drug dealing/trafficking (3%), or a driving offence (2%).

Table 19: Criminal activity as reported by PWID participants, 2005-2011

Criminal and police activity	2005 N=154	2006 N=152	2007 N=153	2008 N=151	2009 N=152	2010 N=154	2011 N=150
Criminal activity in last month (%)							
Dealing	27	34	31	33	34	24	29
Property crime	27	27	22	23	29	24	22
Fraud	5	9	5	4	5	6	3
Violent crime	10	9	7	3	7	5	10
Any crime (%)	49	55	46	45	53	50	50
Arrested in last 12 months (%)	44	39	41	36	42	44	37

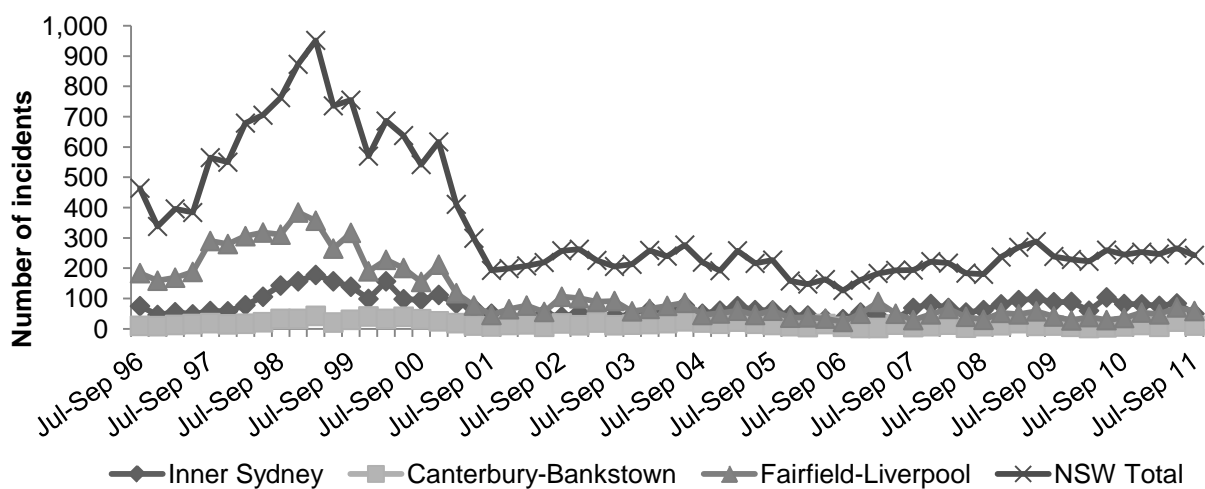
Source: IDRS PWID interviews

7.2 Arrests

7.2.1 Heroin

Figure 96 illustrates the number of police recorded criminal incidents for narcotics (heroin, methadone and opium) possession/use by quarter in the Inner Sydney area, the Fairfield-Liverpool area, the Canterbury-Bankstown area, and NSW as a whole from July 1996-September 2011¹³. As can be seen below, the numbers of incidents declined throughout 2001 and have remained relatively stable at lower levels since that time. Since the April-June quarter 2010, the number of incidents has remained stable across the NSW and Inner Sydney, and Canterbury-Bankstown while Fairfield-Liverpool has since an increase in police incidents.

Figure 96: Recorded incidents of narcotic possession/use by geographic area per quarter, July 1996-September 2011



Source: NSW Bureau of Crime Statistics and Research (unpublished data accessed through the Crime Trends Tool at <http://bocd.lawlink.nsw.gov.au/bocd/cmd/crimetrends/lnit> accessed 13th march 2012

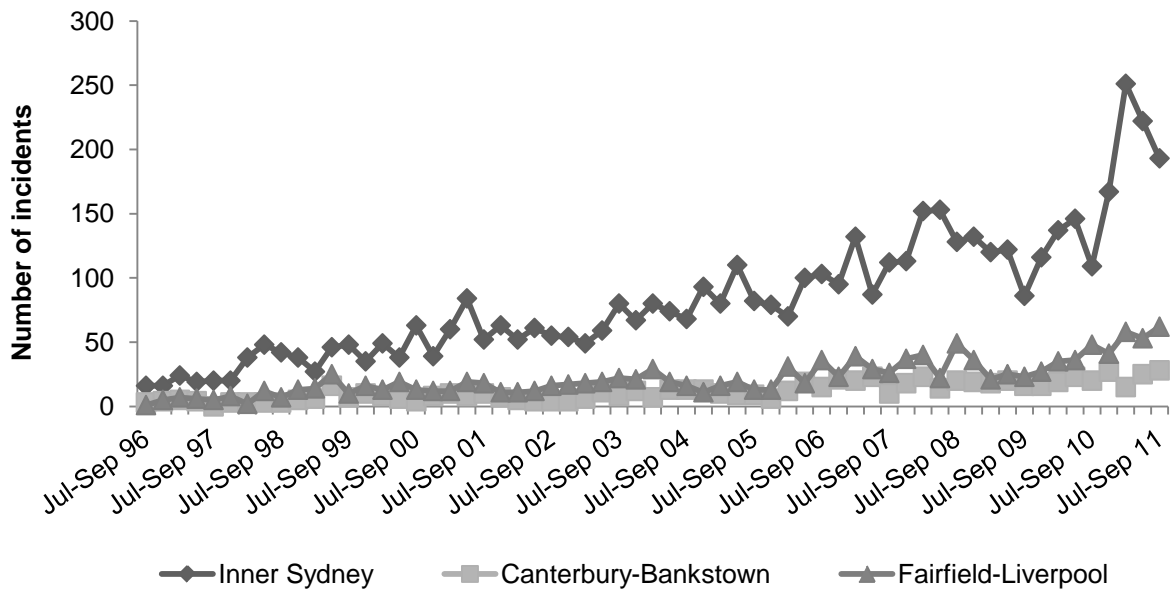
NB: Changes in the number of recorded incidents may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

¹³ The regions Inner Sydney, Fairfield-Liverpool and Canterbury-Bankstown refer to ABS Statistical Subdivisions.

7.2.2 Methamphetamine

Figure 97 shows the number of criminal incidents per quarter for amphetamine possession/use across Sydney. Recorded incidents in the Canterbury-Bankstown area continued to remain relatively stable overall. Across NSW and the areas of Inner Sydney and Fairfield-Liverpool there was a notable increase in police incidents.

Figure 97: Recorded incidents of amphetamine possession/use by geographic area per quarter, July 1996-September 2011

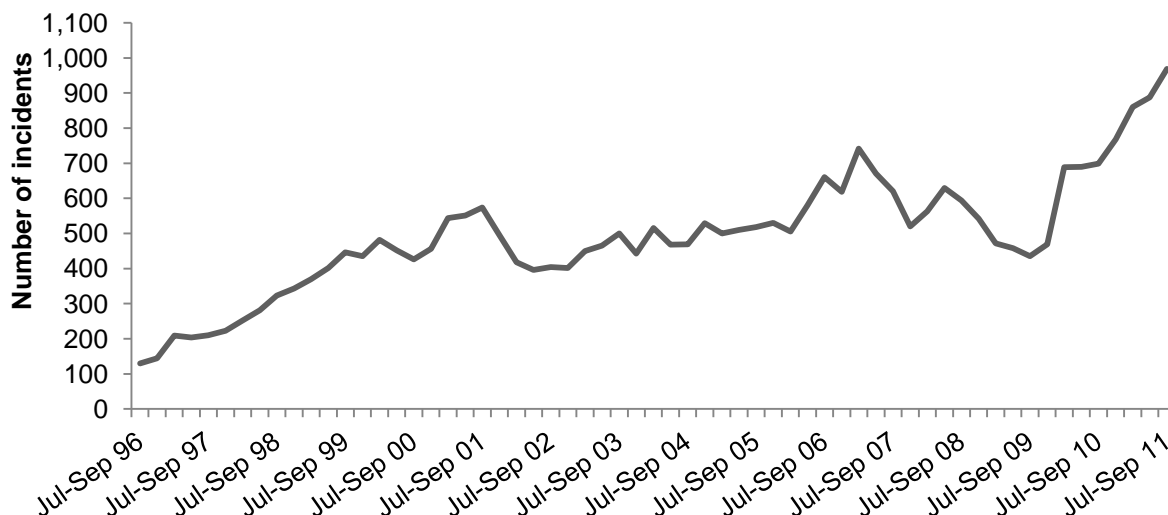


Source: NSW Bureau of Crime Statistics and Research (unpublished data accessed through the Crime Trends Tool at <http://bocd.lawlink.nsw.gov.au/bocd/cmd/crimetrends/lnit> accessed 13th march 2012

NB: Changes in the number of recorded incidents may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

State-wide there has been an overall upward trend in police record incidents of amphetamine possession/use since 1996. This trend has continued with the 12 months to September 2011 recording the highest number of incidents since 1996 (Figure 98).

Figure 98: Recorded incidents of amphetamine possession/use (whole of NSW) per quarter, July 1996-September 2011

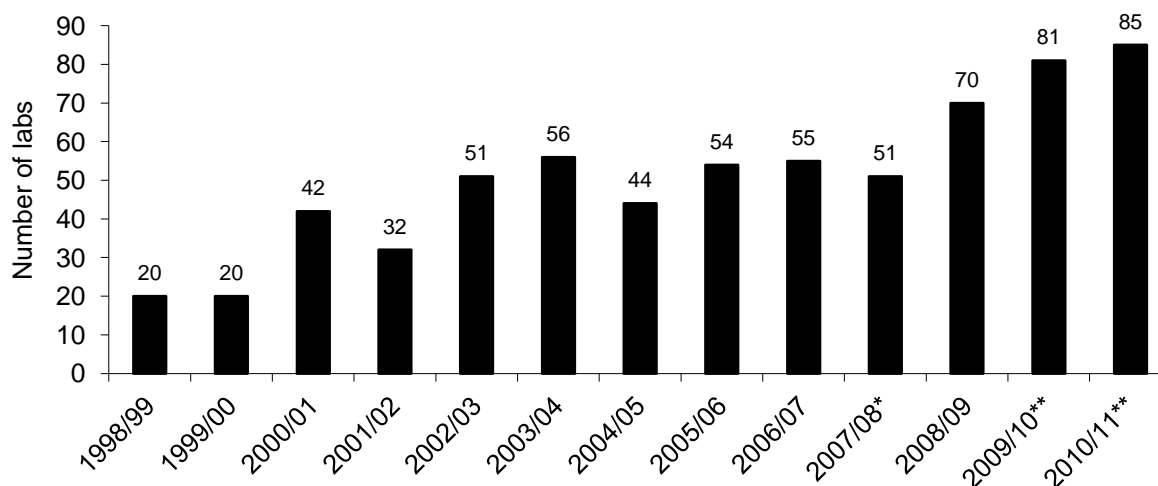


Source: NSW Bureau of Crime Statistics and Research (unpublished data accessed through the Crime Trends Tool at <http://bocd.lawlink.nsw.gov.au/bocd/cmd/crimetrends/lnit> accessed 13th march 2012

NB: Changes in the number of recorded incidents may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

In 2010/11, there were 85 detections of clandestine laboratories detected in NSW, of which approximately three-quarters were storage sites, one-quarter where inactive and the remainder were a combination of active or historical storage sites (Figure 99).

Figure 99: Number of clandestine methamphetamine and MDMA laboratories detected by NSW Police 1998/99-2010/11



Source: NSW Police

NB: data may include active, non-active and historical laboratories as well as storage sites

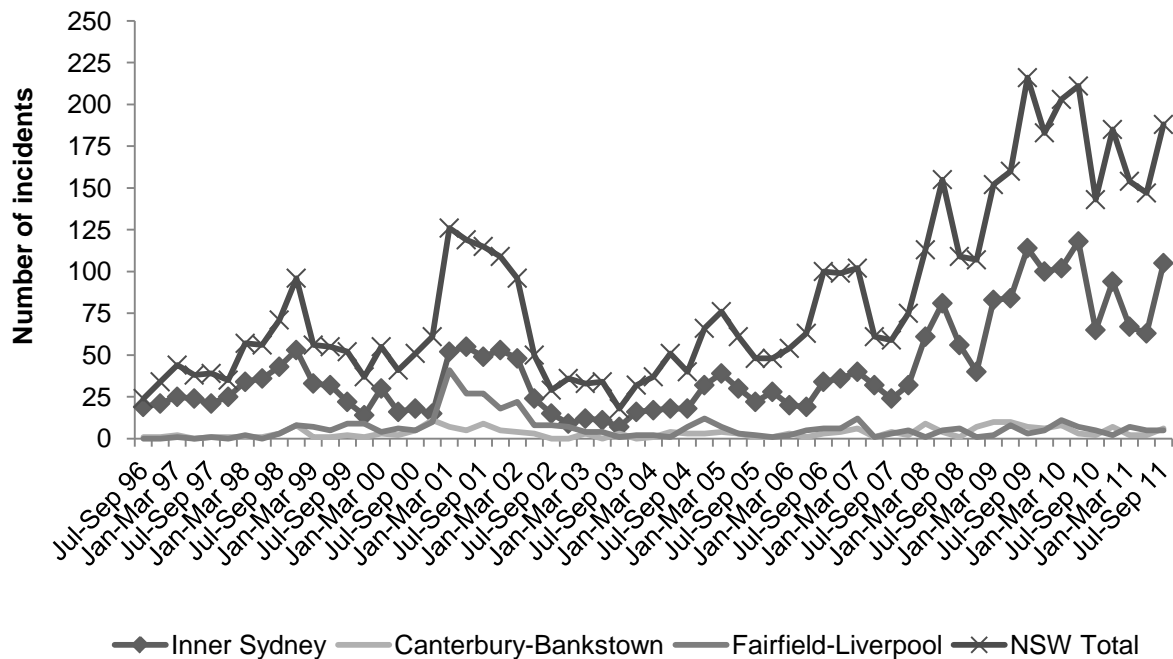
* Includes 2 para-methoxyamphetamine (PMA) laboratories

**Includes 1 PMA laboratories

7.2.3 Cocaine

Figure 100 shows the number of police recorded criminal incidents for cocaine possession/use in Inner Sydney, Fairfield-Liverpool, Canterbury-Bankstown and NSW as a whole. Incidents of cocaine possession/use recorded in the Inner Sydney area peaked in 1998, 2001 and 2010. Levels have remained higher in Inner Sydney than in the South-West areas of Fairfield-Liverpool and Canterbury-Bankstown. The April-June quarter of 2010 had the highest number of incidents recorded in Inner Sydney since data started being collected in 1996/97 and trends have remained stable over the 12 months to September 2011.

Figure 100: Recorded incidents of cocaine possession/use by geographic area per quarter, July 1996-September 2011

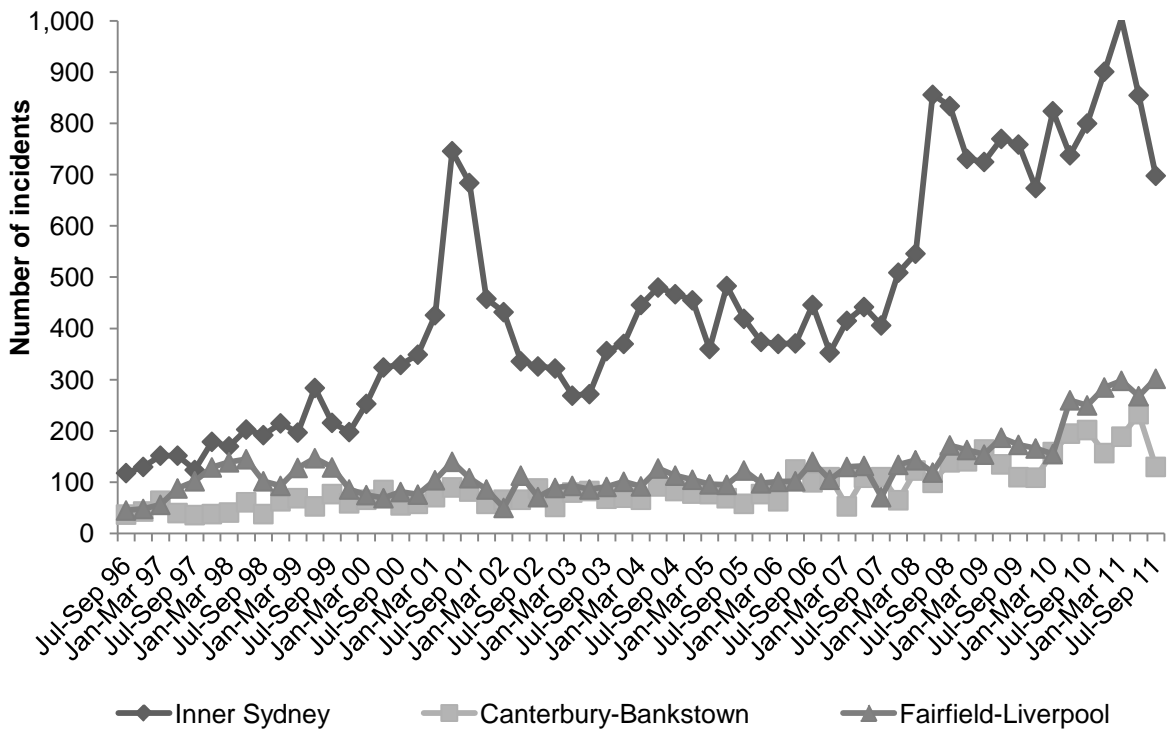


Source: NSW Bureau of Crime Statistics and Research (unpublished data accessed through the Crime Trends Tool at <http://bocd.lawlink.nsw.gov.au/bocd/cmd/crimetrends/lnit> accessed 13th march 2012)
 NB: Changes in the number of recorded incidents may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

7.2.4 Cannabis

Figure 101 shows the number of police recorded criminal incidents of cannabis possession/use per quarter in the Inner Sydney, Fairfield-Liverpool and Canterbury-Bankstown areas. Upward trends continued across Inner Sydney, Fairfield-Liverpool Canterbury-Bankstown areas and NSW overall over the 12 months to September 2011. The numbers of incidents recorded in the Fairfield-Liverpool and Canterbury-Bankstown areas are lower than inner city figures, yet similar to Inner Sydney, there has been an upward trend in the number of incidents.

Figure 101: Recorded incidents of cannabis possession/use by geographic area per quarter, July 1996-September 2011

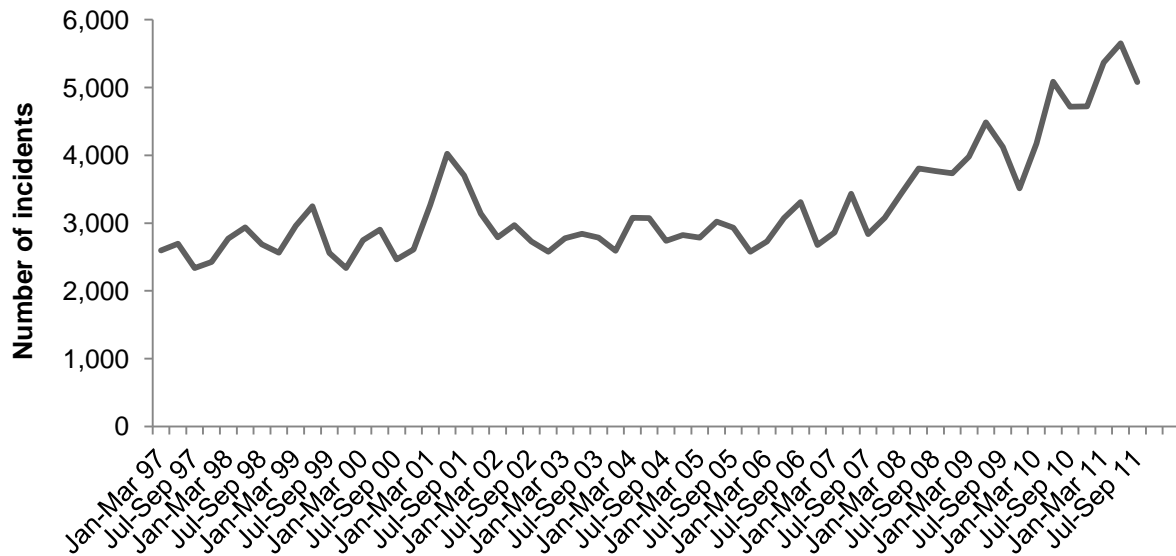


Source: NSW Bureau of Crime Statistics and Research (unpublished data accessed through the Crime Trends Tool at <http://bocd.lawlink.nsw.gov.au/bocd/cmd/crimetrends/lnit> accessed 13th march 2012

NB: Changes in the number of recorded incidents may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

In the 12 months to September 2011 there has been an increase in the number of recorded incidents of cannabis possession/use per quarter across NSW (Figure 102). A peak occurred in the second quarter of 2001 (April-June; 4,110 incidents) and for the 12 months to September 2011 incidents had increased to, record number (5,651 April-June 2011).

Figure 102: Recorded incidents of cannabis possession/use (whole of NSW) per quarter, January 1997-September 2011



Source: NSW Bureau of Crime Statistics and Research (unpublished data accessed through the Crime Trends Tool at <http://bocd.lawlink.nsw.gov.au/bocd/cmd/crimetrends/lnit> accessed 13th march 2012

NB: Changes in the number of recorded incidents may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

7.3 Expenditure on illicit drugs

Ninety-five percent of participants reported purchasing drugs on the day prior to interview, spending a median of \$100 (range \$2.50-600). This remains stable with 2010 (also median of \$100; by 99% of participants). Among participants who had bought drugs on the day before interview, 29% had spent between \$100-199, 22% between \$50-99, 8% between \$20-49 and only 3% spent less than \$20. Comparable to previous years only small amounts of participants (5%; 3% in 2010) reported spending \$300 or more on drug purchases on the day prior to interview. One-quarter (25%; 24% of entire sample) of those that reported purchasing drugs on the day prior to interview reported spending nothing (\$0) in the transaction.

7.3.1 Key expert comments

The most reoccurring themes in relation to law enforcement-related trends among KE were:

- an increase in clandestine laboratory detections, this, however, reflected a coordinated response in detection intelligence from law enforcement rather than reflecting an actual increase in laboratories;
- an increase in heroin prices was noted at the street and mid-level (amounts up until about an ounce) but no increase in prices at the top-end of the market;
- overall decline in the purity of heroin was noted over the 6 months prior to interview;
- noted increase in the age over time of those charged with heroin offenses (combined use/possession and supply);
- After a reduction in detections in 2009, 2010/11 saw an increase in the number of detections for all types of methamphetamines.

8 SPECIAL TOPICS OF INTEREST

8.1 Heavy Smoking Index nicotine dependence

For the first time in 2011, participants who smoked daily were asked two questions from the Fagerstrom test for nicotine dependence, known as the Heavy Smoking Index (HSI) (n=136). These questions included 'How soon after waking do you smoke your first cigarette?' and 'How many cigarettes a day do you smoke?' The responses were then scored on a four category scheme (0,1,2,3) for both time to the first cigarette of the day (≤ 5 , 6-50, 31-60 and 61+ minutes) and average daily consumption of cigarettes (1-10, 11-20, 21-30, 31+ cigarettes). The sum of these scores was computed and a cut-off score of 4 or more was used to indicate high nicotine dependency (Heatherton, Kozlowski et al. 1989).

One-half (50%) of recent smokers (91% of entire sample) reported smoking their first cigarette within five mins of waking and one-third (32%) between five to 30 mins of waking. Thirty-eight percent of daily smokers reported smoking between 11-20 cigarettes a day and one-third (33%) smoked 10 or less cigarettes a day. The mean HSI score was 3.3 and one-half (49%) of daily smokers scored 4 or above indicating high nicotine dependence (Table 20).

Table 20: Heavy Smoking Index for nicotine dependence

	NSW 2011
Time till first cigarette	n=136
Within 5 minutes (%)	50
5-30 mins (%)	32
31-60 mins (%)	11
60+ mins (%)	7
Number of cigarettes smoked a day	n=136
10 or less cigarettes (%)	33
11-20 cigarettes (%)	38
21-30 cigarettes (%)	19
31 or more cigarettes (%)	10
High Dependence* (%)	49
Mean score	3.3

Source: IDRS participant interviews

* Scored 4 or above

8.2 Alcohol Use Disorders Identification Test-Consumption

Recently a lot of media attention has focused on young people and alcohol. However, there has been less focus on alcohol use amongst people who inject drugs (PWID) regularly. People who regularly inject drugs are particularly at risk for alcohol related harms due to a high prevalence of the hepatitis C virus (HCV). Half of the participants interviewed in the Australian NSP Survey 2010 (n=2,396) were found to have HCV antibodies (Kirby Institute May 2011). Given that the consumption of alcohol has been found to exacerbate HCV infection and to increase the risk of both non-fatal and fatal opioid overdose and depressant overdose (Darke, Ross et al. 1996; Schiff and Ozden 2004; Coffin, Tracy et al. 2007; Darke, Dufrou et al. 2007) it is important to monitor risky drinking among PWID.

The information on alcohol consumption currently available in the IDRS includes the prevalence of lifetime and recent use, number of days of use over the preceding six months. Participants in the IDRS were asked the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) as a valid measure of identifying heavy drinking (Bush, Kivlahan et al. 1998). The AUDIT-C is a three item measure, derived from the first three consumption questions in the AUDIT. Dawson

and colleagues (Dawson, Grant et al. 2005) reported on the validity of the AUDIT-C finding that it was a good indicator of alcohol dependence, alcohol use disorder and risk drinking.

Among IDRS participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 5.5 (range 1-12). According to Dawson and colleagues (Dawson, Grant et al. 2005) and Haber and colleagues (Haber, Lintzeris et al. 2009) '*Guidelines for the Treatment of Alcohol Problem's* a cut-off score of five or more indicated that further assessment was required.

One-half (49%) of the participants who drank in the past year scored 5 or over on the AUDIT-C. Forty-eight percent of males and 49% females scored 5 or more indicating the need for further assessment (Table 21).

Table 21 AUDIT-C among people who inject drugs and drank alcohol in the past year, 2011

	NSW 2011
Mean AUDIT-C score	5.5
SD (range)	3.6 (1-12)
Score of 5 or more* (%)	n=97
All participants (%)	49
Males (%; n=417)	48
Females (%; n=209)	49

Source: IDRS participant interviews

*Among those who drank alcohol in the past year

8.3 Pharmaceutical opioids

Since the heroin shortage (2001) the Illicit Drugs Reporting System (IDRS) has noted an increase in the use and injection of morphine and oxycodone. Over the same period the age of people who inject drugs (PWID) has also increased. The Australian Needle Syringe Program (NSP) survey (Kirby Institute May 2011) noted similar findings over the same period. We know from a number of Australian and international studies that PWID experience excess morbidity and mortality when compared to those in the general population (English, Holman et al. 1995; Hulse, English et al. 1999; Randall, Degenhardt et al. 2001; Vlahov, Wang et al. 2004) and that prescribers are often reluctant to prescribe opioid analgesics to people with a history of injecting drug use (Merrill and Rhodes 2002; Baldacchino, Gilchrist et al. 2010). This section aimed to examine the complex interplay among PWID, pain management and the extra-medical use of pharmaceutical opioids (PO).

In 2011, participants in the IDRS were asking questions about the use of PO and pain. Pharmaceutical opioids included morphine, oxycodone and other PO such as fentanyl, pethidine and tramadol. Excluded were methadone, buprenorphine and buprenorphine-naloxone. Forty-six percent reported the use of PO in the last six months (Table 22). Among those who recently used PO (n=69), 58% reported using them for pain relief, 22% to treat self-dependence and equal amounts (both 17%) because they were cheaper than heroin or they couldn't score heroin. Participants were asked if they were refused PO medications for pain due to injecting history. Of those who commented 24% reported 'yes' and 15% 'hadn't sought pain relief' (Table 22).

Table 22: Pharmaceutical opioids use among people who inject drugs, 2011

	NSW 2011
Used pharmaceutical opioids in the last 6 months (%)	46
Reason for using pharmaceutical opioids*	n=69
Treat self-dependence (%)	22
Seek an opioid effect (%)	13
Pain relief (%)	58
Know what dose to expect (%)	6
Cheaper than heroin (%)	17
Current heroin purity (%)	6
Couldn't score heroin (%)	17
Refused pharmaceutical opioids medications for pain due to injecting history	n=67
Yes (%)	24
Haven't sought pain relief (%)	15
Prescribed pharmaceutical opioids[#]	n=57
For pain last six months (%)	39
Trouble obtaining pain relief from doctor	43
Informed doctor about drug use	n=41
Yes (%)	44
Yes, but not all (%)	2
Doctor already knew (%)	22
Pharmaceutical opioids prescribed by^{##}	n=22
Pain specialist (%)	27
Hospital doctor (%)	41
OST specialist (%)	0
GP (%)	36

Source: IDRS participant interviews

* Among those who recently used. Multiple responses were allowed

Among those who sought pain relief

Among those who were prescribed PO for pain in the last six months

8.4 Over the counter codeine

In Australia, codeine available over the counter (OTC) is combined with simple analgesics including paracetamol and non-steroidal anti-inflammatory drugs (NSAID) such as ibuprofen and aspirin. Prolonged use of codeine has the potential to produce tolerance and create a dependence liability, often leading to dose escalation (Sproule, Busto et al. 1999; National Prescribing Service Ltd 2009).

In 2011, participants in the IDRS survey were asked questions about the use of over the counter (OTC) codeine for medical and non-medical purposes. One-half (50%) of participants reported the use of OTC codeine in their lifetime, with 38% using OTC codeine in the last six months on a median of eight days. The most common brand reported was Nurofen Plus[®].

Forty-one percent of participants reported using OTC codeine for medical purposes in the last six months. The main type medical purpose was short-term pain (88%) and only five percent of participants reported the use of OTC codeine for non-medical purposes (Table 23).

Table 23: Over the counter Codeine use and pain, 2011

	NSW (n=150)
Ever used OTC codeine (%)	50
Recently used OTC codeine (%)	38
Median days used OTC codeine in the last six months*	8
Use OTC codeine for medical purposes in the last six months (%)	41 (n=60)
Acute/short-term	88
Chronic non-malignant	7
Chronic malignant	2
Used OTC codeine for non-medical purposes (%)	5 (n=8)
To feel numb	25
To go to sleep	50
Substitute for heroin	63
Substitute for pharmacotherapy	0
Supplement pharmacotherapy	0
Other	22

Source: IDRS participant interviews

* Among those who recently used

8.5 Injecting equipment use in the last month

In 2011, participants in the IDRS survey were asked questions about the use of injecting equipment, the re-use and cleaning of a range of items used for injecting in the last month. These questions were from the 2008 Australian Needle and Syringe Program Survey (ANSPS) conducted by The Kirby Institute, University of New South Wales (National Centre in HIV Epidemiology and Clinical Research 2009).

Outlined in, Table 24, Table 25 and Table 26, are the results from the NSW IDRS survey compared to the National NSP survey (National Centre in HIV Epidemiology and Clinical Research 2009). The IDRS found similar results to the 2008 ANSPS survey.

Eighty-two percent (76% in the ANSPS survey) of participants who commented reported the use of 1ml needle and syringes in the last month followed by a 5ml syringe (19%; 17% in the ANSPS survey) (Table 24). The re-use of 1ml needle and syringes was reported by 46% of the IDRS sample who commented (32% in the ANSPS survey; Table 25).

Table 24: Use of injecting equipment in the last month among those who commented, 2011

	Australian NSP Survey 2008	NSW 2011
Injecting equipment used in the last month* (%)		n=149
1ml needle/syringe	76	82
3ml syringe (barrel)	22	14
5ml syringe (barrel)	17	19
10ml syringe (barrel)	9	7
20ml syringe (barrel)	6	5
50ml syringe (barrel)	n.a.	1
Detached needle (tip)	19	12
Winged view infusion set (butterfly)	12	9
Wheel filter	11	6

Source: IDRS participant interviews

* More than one item could be selected

n.a. not applicable

Table 25: Re-use of injecting equipment in the last month among those who commented, 2011

	Australian NSP Survey 2008	NSW 2011
Injecting equipment reused in the last month* (%)		n=145
1ml needle/syringe	32	46
3ml syringe (barrel)	7	3
5ml syringe (barrel)	6	3
10ml syringe (barrel)	4	3
20ml syringe (barrel)	3	1
50ml syringe (barrel)	n.a.	0
Detached needle (tip)	4	2
Winged view infusion set (butterfly)	5	3
Wheel filter	4	<1

Source: IDRS participant interviews

* More than one item could be selected

n.a. Not applicable

Of those who commented (N=142), 46% reported cleaning 1ml needle/syringes (30% in the ANSPS survey) and 74% reported a 1ml needle and syringe as the last item cleaned (Table 26).

Table 26: Injecting equipment cleaned in the last month among those who commented, 2011

	Australian NSP Survey 2008	NSW 2011
Cleaning of injecting equipment in the last month* (%)		n=142
1ml needle/syringe	30	46
3ml syringe (barrel)	8	4
5ml syringe (barrel)	6	2
10ml syringe (barrel)	4	3
20ml syringe (barrel)	3	2
50ml syringe (barrel)	n.a.	0
Detached needle (tip)	5	2
Winged view infusion set (butterfly)	4	4
Wheel filter	3	<1
Last injecting item cleaned** (%)		n=72
1ml needle and syringe (%)	n.a.	74
3ml syringe (barrel) (%)	n.a.	13
5ml syringe (barrel) (%)	n.a.	3
10ml syringe (barrel) (%)	n.a.	4
20ml syringe (barrel) (%)	n.a.	0
Detachable needle (tip) (%)	n.a.	3
Winged vein infusion set (butterfly) (%)	n.a.	3
Wheel filter (%)	n.a.	0

Source: IDRS participant interviews

* More than one item could be selected

** Among those who cleaned equipment in the last month

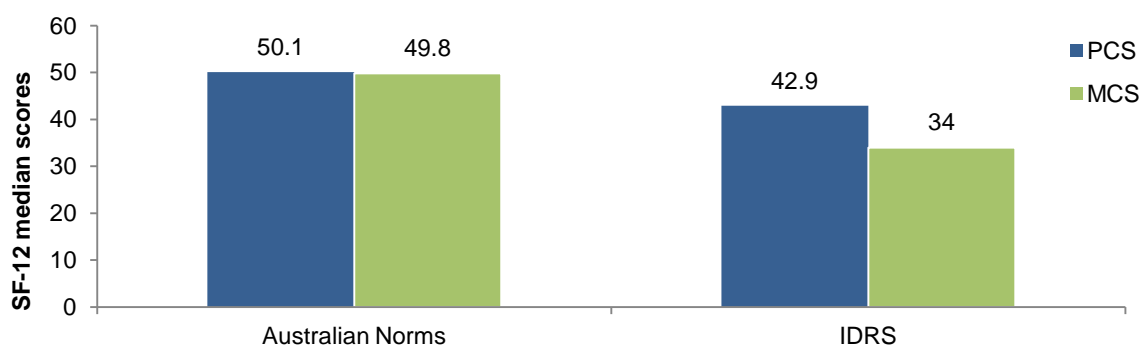
n.a. Not applicable

8.6 Mental and physical health problems

The Short Form 12-Item Health Survey (SF-12) is a questionnaire designed to provide information on general health and wellbeing and includes 12 questions from the SF-36 (Ware, Snow et al. 1993). The SF-12 was administered for the first time in the IDRS in 2011. The SF-12 includes twelve questions and measures health status across eight dimensions concerning physical functioning, role limitations due to physical health problems, bodily pain, general health, energy/fatigue, social functioning, role limitations due to emotional problems and psychological distress and wellbeing. The scores generated by these eight components are combined to generate two composite scores, the physical component score (PCS) and the mental component score (MCS) (Ware, Kosinski et al. 1995; Ware, Kosinski et al. 1996). A higher score indicates better health.

The SF-12 scoring system was developed to yield a mean of 50 and a standard deviation of 10. Participants scored a mean of 34 for the MCS and 42.9 for the PCS (Figure 103).

Figure 103: SF-12 scores for NSW IDRS participants compared with the general Australian population (ABS), 2011



Source: IDRS participant interviews , (Australian Bureau of Statistics 1995)

8.7 Health service access

Participants in the 2011 IDRS were asked about access to health services in the previous four weeks. Table 27 looks at the median number of occasions a participant visited a particular health service and, of those occasions, how many were related to drug use.

For example, 24 participants reported visiting a hospital emergency department (ED)/Casualty in the last four weeks on a median of one occasion (range: 1-20 occasions). Of those who had visited a hospital ED/Casualty, 58% had visited on one occasion in the last four weeks. One-third (36%) that had visited a hospital in the past month reported visiting on one or more occasions for reasons related to their drug use. Sixty-five percent of participants reported visiting a GP in the last four weeks on a median of one occasion (range: 1-30 occasions). Of those who had visited a GP in the last month 48% reported visiting on one occasion for reasons related to their drug use (Table 27).

Table 27: Health Service Access in the last four weeks, NSW, 2011

NSW	Number of occasions visited					Number of visits due to substance use*			
	Median	1	2	3	4 or more	0	1	2	3 or more
Hospital ED/Casualty (n=24)	1 (1-20)	58	29	4	9	64	18	14	5
Hospital Outpatient (n=19)	1 (1-28)	58	5	5	32	72	6	11	11
Hospital Inpatient (n=14)	1 (1-4)	86	7	0	7	85	15	0	0
GP visit (n=85)	1 (1-30)	65	16	4	15	52	34	7	7
Specialist (n=21)	1 (1-6)	71	24	0	5	67	17	11	5
Dentist (n=15)	1 (1-1)	0	0	0	100	85	15	0	0
Other health professional (n=5)	2 (1-4)	40	40	0	20	40	20	0	20
Ambulance (n=10)	1 (1-7)	70	10	0	20	22	56	11	11
Psychiatrist (n=16)	1 (1-2)	69	31	0	0	60	27	13	0
Psychologist (n=10)	1 (1-4)	60	30	0	10	67	11	11	11
Social/welfare worker (n=29)	1 (1-12)	66	10	3	21	55	35	0	10
Drug/alcohol counsellor (n=30)	1 (1-5)	73	7	0	20	11	68	4	17
Other (n=28)	1 (1-28)	60	20	0	20	25	25	25	25

Source: IDRS participant interviews

*Among those who reported accessing a health service

8.8 Online activities

The use of the internet has become part of everyday life. The internet is used to find out information, communicate with others, and to undertake commercial transactions. Those who use illicit drugs may undertake these types of activities in respect to their drug use. There is huge potential for the internet and other electronic mediums to be used as a way of relating health and safety messages (Belenko, Dugosh et al. 2009). The success of such messages will rely heavily on an increased understanding of the online drug market.

Therefore, a set of one-off questions about online activity was asked in the 2011 IDRS. Of those who commented (n=141), 65% reported that they 'never' used the internet (went 'online') in the last month, while 16% reported at least weekly internet use and 12% daily (Table 28).

Of those who had used the internet in the last month, 19% (6% of entire sample) reported going 'online' to get information about drugs. Only small numbers went 'online' to post information about drugs, buy drugs or ingredients or to sell drugs (Table 28).

Participants in the EDRS were also asked questions about online activity related to drug use. For a comparison please refer to the National EDRS report 2011 (Sindicich and Burns 2012) available through the NDARC website: www.ndarc.med.unsw.edu.au

Table 28: Proportion of PWID that online activity related to drug use, 2011

	NSW
How often did you go online last month (%)	n=141
Never	65
Daily	12
At least weekly	16
At least fortnightly	2
At least monthly	5
In the last six months did you go online to (%)	n=48
Get information about drugs	19
Post information about drugs	2
Buy ingredients to make drugs	0
Buy drugs	0
Sell drugs	0
Didn't go online for these activities	n=41
	73
Favourite drug site* (%)	n=12
Don't use websites	50
Pill reports	8
Erowid	0
Wikipedia	17
Actions taken due to information found online (%)	n=10
Tried new drug	10
Altered drug dose	0
Used new drug combination or ROA	20
Stopped using a drug	10
Other	0
Text messaging as preferred medium for obtaining drugs (%)	n=37
	49
Bought substances sold as 'legal highs' in last six months (%)	n=9
	78

Source: IDRS participant interviews

*websites listed are the three highest proportions reported

n.a. Not applicable

8.9 Policy

Public opinion can play an important role in determining social policy and informing political processes (Matthew-Simmons, Love et al. 2008). The vast majority of public opinion data regarding attitudes to drug policy in Australia is collected at the broader population level. In 2011, additional questions in the IDRS were asked to provide data about how PWID themselves perceive Australian drug policy, as a starting point for further investigation as part of the wider Drug Policy Modelling Program (DPMP) project "Public opinion and drug policy: engaging the 'affected community'".

The policy questions were drawn from the National Drug Strategy Household Survey (Australian Institute of Health and Welfare 2008) to ensure comparability with general population responses. Participants in the 2011 IDRS were asked three policy questions (1) Thinking about the problems associated with heroin use, to what extent would you support or oppose measures such as.....', (2) To what extent would you support or oppose the personal use of the following drugs being made legal?' and (3) To what extent would you support or oppose the increased penalties for sale or supply of the following drugs?'. Table presents the 'support' response findings from participants in the IDRS. The majority of NSW IDRS participants commented (n=148), with 97% supporting needle and syringe programs to reduce problems associated with heroin use. The majority of the participants also supported methadone/buprenorphine

maintenance programs, treatment with drugs (not including methadone) and regulated injecting rooms.

The majority of the NSW IDRS sample also supported the legalisation of cannabis (85%) for personal use and just over half (56%) supported the legislation of heroin for personal use (Table 29).

Small numbers supported the increased penalties for sale or supply of cannabis (15%). Nearly half (45%) supported the increased penalties for methamphetamine, 39% supported penalty increases for ecstasy and around one-third for heroin or cocaine (Table 29). These findings are preliminary and part of a wider investigation of the attitudes of PWID towards drug policy in Australia, and further quantitative and qualitative analysis is pending. See Lancaster, K., Ritter, A. & Stafford, J. (under review) *Public opinion and drug policy in Australia: engaging the 'affected community'* or contact DPMP (<http://www.dpmp.unsw.edu.au/>) for more information.

Table 29: Support for measures to reduce problems associated with heroin, for legalisation of illicit drugs and the increase of penalties for illicit drugs, by jurisdiction, 2011

	NSW
Support measures to reduce problems associated with heroin use:	n=147
Needle syringe programs (%)	97
Methadone/Buprenorphine maintenance program (%)	92
Treatment with drugs (not methadone) (%)	84
Regulated injecting room (%)	81
Trial of prescribed heroin (%)	76
Rapid detoxification therapy (%)	65
Use of naltrexone (%)	57
Support legalisation (personal use) of:	n=148
Cannabis (%)	85
Heroin (%)	56
Methamphetamine (%)	24
Cocaine (%)	27
Ecstasy (%)	19
Support increased penalties for sale or supply of illicit drugs:	n=148
Cannabis (%)	15
Heroin (%)	32
Methamphetamine (%)	45
Cocaine (%)	36
Ecstasy (%)	39

Source: IDRS participant interviews

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