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AUSTRALIAN DRUG TRENDS 2017
Findings from the
Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 181

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FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS)

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at: http://www.drugtrends.org.au/reports/?p=IDRS

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ABBREVIATIONS

ACT	Australian Capital Territory
ANSPS	Australian Needle and Syringe Program Survey
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Dataset
ATOD	Alcohol, Tobacco and Other Drugs
AUDIT-C	Alcohol Use Disorders Identification Test-Consumption
BBVI	Blood-borne viral infections
CPR	Cardiopulmonary resuscitation
DMT	Dimethyltryptamine
EDRS	Ecstasy and related Drugs Reporting System
GP	General Medical Practitioner
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
LSD	Lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
NT	Northern Territory
OST	Opioid substitution treatment
OTC	Over the counter
PBS	Pharmaceutical Benefits Scheme
QLD	Queensland
SA	South Australia
SCID	Structural Clinical Interview for DSM
SDS	Severity of Dependence scale
SPSS	Statistical Package for the Social Sciences
TAS	Tasmania
VIC	Victoria
WA	Western Australia

GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection
Frequency	The number of occurrences within a given time period
Half weight	0.5 gram
Illicit	Illicit refers to drugs not legally permitted e.g. heroin, and pharmaceuticals obtained from a prescription in someone else's name, e.g. buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the IDRS (see Method section for further details)
Licit	Licit refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, antidepressants) obtained by a prescription in the person'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
Mean	The average
Median	The middle value of an ordered set of values
Participant	In the context of this report refers to persons who participated in the IDRS survey in 2017
Point	0.1 gram although may also be used as a term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview
Sentinel group	A surveillance group that points towards trends and harms
Session	A period of continuous use
Use	Use via one or more of the following routes of administration –injecting, smoking, snorting and/or swallowing
*	Significant increase/decrease (p<0.05) from previous year (2016) compared with current year (2017).
**	Significant increase/decrease (p<0.01) from previous year (2016) compared with current year (2017).
***	Significant increase/decrease (p<0.001) from previous year (2016) compared with current year (2017).

Guide to days of use/injection

180 days	daily use/injection over preceding six months
90 days	use/injection every second day
24 days	weekly use/injection
12 days	fortnightly use/injection
6 days	monthly use/injection

EXECUTIVE SUMMARY

The Illicit Drug Reporting System (IDRS) identifies trends of local and national concern in illicit drug markets, and primarily consists of interviews with a sentinel group of people who regularly inject drugs, conducted in the capital cities of Australia.

Demographics of the sample

Eight hundred and eighty-eight participants were recruited to the 2017 IDRS survey. The mean age of the national sample was 43 years (range: 19–69 years) and 67% were male. The majority spoke English as their main language at home (98%), and 19% identified as being of Aboriginal and/or Torres Strait Islander descent. Eighty-four per cent of the sample were currently unemployed, 58% reported a previous prison history and 43% were currently in drug treatment, mainly methadone maintenance therapy. Overall, demographic characteristics were very similar to 2016; the only exception was an increase in the percentage of the sample who reported completing a trade/technical qualification (41% vs. 47% in 2016; $p<0.05$).

Drug of choice and frequency of use

- When looking at the four main drugs investigated in the IDRS (heroin, methamphetamine, cocaine and cannabis) across the whole sample (N=888), cannabis was the drug most commonly used on a 'weekly or more' and daily basis' (54% and 32%, respectively) with heroin the next most frequently used drug (43% of the total sample using 'weekly or more'; 17% of the total sample using 'daily').
- Heroin remained the most commonly nominated drug of choice in 2017 (46%), stable from 2016 (46%). One third (32%) of the sample reported methamphetamine (any form) as their drug of choice.
- This sentinel group of people who inject drugs do so on a frequent basis. Nearly half (46%) of the 2017 national sample reported injecting daily in the month preceding interview. There was a slight increase in the frequency of injecting over the previous year with fewer people reporting injecting 'weekly or more often but less than daily' than in 2016 (32% vs. 38% in 2016; $p<0.01$). There was no change in the drug most often injected in the last month (37% heroin; 40% methamphetamine; 12% morphine).

Drug classes

Heroin

- Over half (57%) of the national sample reported recent (last six month) heroin use, at a median frequency of 72 days.
- Recent use, frequency of use and daily use remained stable between 2016 and 2017.

Price, perceived purity and availability

- Nationally, heroin cost $50 per cap and $335 per gram ($50 and $330 in 2016).
- Reports of purity were mixed, with 22% reporting purity as 'high' and similar percentages reporting purity as 'low' (31%) or 'medium' (34%).
- As in previous years, the majority of participants reported that heroin was 'easy' or 'very easy' to obtain.
- The most common source among those who had bought heroin was through a friend or a known dealer.

Methamphetamine

- Methamphetamine was the most commonly injected drug in the preceding six months.

- Over two-thirds (71%) of the national sample reported any recent methamphetamine use at a median frequency of 38 days.
- Recent use of crystal decreased from 73% in 2016 to 68% in 2017; recent use of speed and base remained stable and was lower (20% and 10%, respectively).
- Frequency of recent use was 30 days for crystal, six days for speed and five days for base.
- Injecting was the main route of administration for all forms of methamphetamine.

Price, perceived purity and availability

- Methamphetamine was reported to cost $50 per point nationally for speed, base and crystal. Price varied by jurisdiction.
- Price was considered to have remained 'stable' for all three forms over the last six months by the majority of participants nationally. However, there was a significant decrease in the percentage reporting the price of crystal had remained 'stable' (61% vs 54% in 2016; $p<0.05$).
- The largest percentage of participants reported the purity of all three forms of methamphetamine as 'medium' and 'stable'.
- There was a significant decrease in the percentage of participants reporting purity of base having remained 'stable' between 2016 and 2017 (63% vs 41%; $p<0.05$).
- All forms of methamphetamine were generally considered 'easy' or 'very easy' to obtain in all jurisdictions. However, over one-quarter (27%) reported that base was 'difficult' to obtain. The availability was reported to have remained 'stable', although some jurisdictional variations were noted.
- The most common source among those who had bought any form of methamphetamine was through a friend or a known dealer.

Cocaine

- Thirteen per cent of the national sample reported recent cocaine use at a median frequency of three days.
- Substantial jurisdictional variation was evident, ranging from nine per cent reporting recent use in the NT to 21% in NSW (median 12 days of use).

Price, perceived purity and availability

- Small numbers (<10) in all jurisdictions except NSW were able to comment on the price, purity and availability of cocaine. The price of a gram and a cap of cocaine nationally remained stable at $380 and $50, respectively. The majority of participants also described the price of cocaine as having remained 'stable' over the last six months.
- The participant reports of cocaine purity were mixed with similar percentages reporting purity as 'low' (22%) and 'medium' (24%), whereas 46% reported purity as 'high'. Reports of changes in purity of cocaine were also mixed (38% 'stable' and 26% 'fluctuating') over the last six months.
- Fifty-nine per cent of the national sample (75% in NSW) reported the availability of cocaine as 'very easy' or 'easy' to obtain in the last six months.
- Seventy-four per cent nationally (67% in NSW) reported that the availability of cocaine had remained 'stable' in the last six months.
- The limited participant data on cocaine suggests that the market for cocaine among people who regularly inject drugs is smaller and less visible than the methamphetamine and heroin markets.
- The most common source among those who had bought cocaine was through a friend or a known dealer.

Cannabis

- Seventy-two per cent of the national sample reported recent cannabis use on a median of 140 days (45% daily use).

- Smoking of cannabis in cones was more common than joints, with people who used cannabis reporting having smoked a median of five cones on an average day in the last six months.
- Hydroponic (hydro) cannabis continued to dominate the market although the use of bush was also common.

Price, perceived purity and availability

- Nationally, an ounce of hydroponic cannabis (hydro) cost $280 and a gram $20. Bush cannabis was $250 an ounce and $20 for a gram. Prices for both forms were reported to have remained 'stable' in the six months preceding interview.
- Participants in all jurisdictions generally perceived the potency of hydro to be 'high' and bush was most commonly reported to be 'medium'. The potency for both forms was generally reported to have remained 'stable' over the last six months.
- Both forms were considered to be 'very easy' or 'easy' to obtain by the majority of participants. Around one-fifth (22%) reported that bush cannabis was 'difficult' to obtain. The availability of both forms was perceived to have remained 'stable' over the preceding six months.
- The most common source among those who had bought hydro and bush was through a friend or a known dealer.

Morphine

- The recent use of any form of morphine was reported by 29% of the national sample. Recent licit morphine use was reported by eight per cent of the sample compared to 24% for illicit morphine.

Price and availability

- The median price for each brand of morphine varied. Eighty per cent reported the price of illicit morphine had remained 'stable' over the past six months.
- Three-quarters (74%) of those who commented (n=137) reported the availability of illicit morphine as 'very easy' or 'easy' to obtain. The majority reported that availability had remained 'stable' over the six months preceding interview.
- The most common source among those who had bought illicit morphine was through a friend or a known dealer.

Oxycodone

- Two per cent of the national sample reported the recent use of licitly obtained generic oxycodone and nine per cent for illicitly obtained generic oxycodone.
- Two per cent of the national sample reported the recent use of licitly obtained OP oxycodone and nine per cent for illicitly obtained OP oxycodone.
- One per cent of the national sample reported the recent use of licitly obtained 'other' oxycodone and five per cent for illicitly obtained 'other' oxycodone.

Price and availability

- The median price for illicit 'generic or other' and 'OP' oxycodone varied. The majority reported the price of 'generic or other' and 'OP' oxycodone had remained 'stable' in the last six months (60% and 56%, respectively).
- The majority reported the availability of illicit 'generic or other' and 'OP' oxycodone as 'very easy' or 'easy' to obtain (60% and 61%, respectively), with most reporting the availability of 'generic or other' and 'OP' oxycodone as 'stable' over the last six months. Nonetheless, a significant increase was found for the change in availability as 'more difficult' for 'OP' oxycodone between 2016 and 2017 (8% vs 30%; $p<0.05$).
- The most common source among those who had bought illicit 'generic or other' or 'OP' oxycodone was through a friend.

Buprenorphine

- Five per cent of the national sample reported use of licitly obtained buprenorphine in the six months preceding interview and 10% reported recent use of illicit buprenorphine.

Price and availability

- Very small numbers were able to comment on the price of buprenorphine. Nationally, the median price for Subutex® 8mgs was $22.50. The majority reported the price of illicit buprenorphine had remained 'stable' over the last six months.
- Over half (52%) reported the availability of illicit buprenorphine as 'very easy' or 'easy' to obtain. The majority reported the availability of illicit buprenorphine had remained 'stable' over the last six months.
- The most common source among those who had bought illicit buprenorphine was through a friend.

Buprenorphine-Naloxone

- Twelve per cent of the national sample reported recently using licitly obtained buprenorphine-naloxone. Fourteen per cent reported using illicit buprenorphine-naloxone in the preceding six months, a significant increase from 2016 (11% vs 14%; $p<0.05$).

Price and availability

- Small numbers were able to comment on the price of illicit buprenorphine-naloxone 'film' (median price $20 per 8mg 'film'). The majority reported the price of illicit buprenorphine-naloxone 'film' remained 'stable' over the last six months.
- Among those who commented (n=58), just under three-quarters (73%) reported the availability of illicit buprenorphine-naloxone 'film' as 'very easy' or 'easy' to obtain. The majority reported the availability of illicit buprenorphine-naloxone 'film' had remained 'stable' over the last six months.
- The most common source among those who had bought illicit buprenorphine-naloxone 'film' was through a friend.

Methadone

- Twenty-six per cent of the national sample reported the use of licitly obtained methadone liquid in the six months preceding interview and 13% illicitly obtained methadone liquid.
- One per cent of the national sample reported the recent use of licitly obtained methadone tablets (Physeptone®) and eight per cent reported recent use of illicit methadone tablets.

Price and availability

- Of those who commented (n=47), the majority reported the price of illicit methadone syrup to be a median of $1 per one-millilitre and methadone tablets $20 per 10mg tablet nationally (small numbers commenting). The price of illicit methadone was mostly reported as 'stable' over the last six months.
- Among those who commented (n=64), 62% reported that it was 'easy' or 'very easy' to obtain illicit methadone and 33% reported availability as 'difficult'. The majority reported the availability of illicit methadone had remained 'stable' over the last six months.
- The most common source among those who had bought illicit methadone was through a friend.

Benzodiazepines

- Almost half (49%) reported recent use of licit or illicit benzodiazepines (including alprazolam) on a median of 48 days. Small numbers reported recently injecting benzodiazepines (5%) on a median of four days.
- One-fifth (18%) reported recently using alprazolam (licit or illicit), and four per cent reported recently injecting alprazolam.

Price and availability

- Small numbers commented on the median price of illicit benzodiazepines. The majority reported the price of illicit benzodiazepines had remained 'stable' over the last six months.
- Nationally, 42% reported that the availability of illicit benzodiazepines was 'difficult' and 37% reported availability as 'easy' to obtain. Fifty-nine per cent reported that the availability of illicit benzodiazepines remained 'stable' and 35% 'more difficult' over the last six months.
- The most common source among those who had bought illicit benzodiazepines was through a friend or a known dealer.

Other opioids

- Eight per cent of the national sample reported recently using fentanyl (licit or illicit) on a median of three days in the last six months.
- Fourteen per cent of the national sample reported using over the counter codeine (licit or illicit) on a median of seven days in the last six months.
- Eighteen per cent of the national sample reported recent use of 'other opioids' (licit or illicit) (i.e. those not elsewhere classified – mainly Panadeine Forte®).

Other drugs

- One-tenth (12%) reported recently using illicit Seroquel® on a median of four days.
- Fifty-six per cent reported recently using alcohol on a median of 24 days (13% daily use).
- The majority (88%) reported recent tobacco use, and most of these participants (89%) reported daily use.
- Fifteen per cent reported recent e-cigarette use on a median of six days.
- The number of participants who reported recent use of other drugs including ecstasy, hallucinogens, illicit pharmaceutical stimulants, steroids, NPS and inhalants were extremely low (n≤10).

Health-related trends associated with drug use

Overdose

- Forty-two per cent of the national sample reported a heroin overdose in their lifetime. Nationally, 11% of the IDRS participants had experienced a heroin overdose in the past 12 months and two per cent in the last month. The highest rates of self-reported overdose in the past year were in VIC (33%) and NSW (21%).
- Of the 19% of the sample who had ever overdosed on another drug (not including heroin, methadone, morphine and oxycodone), 28% had done so in the past year and nine per cent had done so in the month preceding interview.

Drug treatment

- Nearly half (43%) of the IDRS sample reported currently being in any form of drug treatment, for a median of 24 months.
- Forty-two per cent of the IDRS sample had been in opioid substitution treatment in the past year (mainly methadone maintenance treatment; 25%). Of this sample, 68% had started opioid substitution treatment one time in the past year.
- Eight per cent of the national sample started treatment for methamphetamine use in the past year on a median of one occasion.
- Thirty-two participants reported a hospital admission for methamphetamine psychosis in the past year, while 25 participants reported a hospital admission for 'other' methamphetamine related issues in the past year.

- Of the national sample, 13% of participants reported that they were unable to get into treatment in the last six months. The main drugs they had tried to access treatment for were heroin and methamphetamine.

Injecting risk behaviours

- Needle and Syringe Programs (NSP) were by far the most common source of needles and syringes in the preceding six months (94%), followed by vending machines (19%).
- Receptive sharing (borrowing) of needles/syringes was reported by seven per cent of participants in the month preceding interview, typically after a regular partner or close friend. Lending of needles/syringes was reported by 12% of participants.
- Past month sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was reported by 20% of participants, a significant decrease from 2016 (26%) ($p<0.01$).
- Thirty-seven per cent of participants reused their own needle in the last month.
- Forty-nine per cent of participants reported reusing their own injecting equipment in the last month, mainly spoons/mixing containers.
- Two-thirds of participants reported experiencing an injection-related problem in the month preceding interview, most commonly scarring or bruising and difficulty injecting (e.g. in finding a vein).
- The majority of participants reported last injecting in a private location (77%), with smaller percentages last injecting in a public location such as on the street, in a car, or in a public toilet.
- Fifteen per cent of the national sample reported 'never' swabbing the injection site with an alcohol swab before injecting.

Alcohol Use Disorders Identification Test – Consumption (AUDIT-C)

- Forty-six per cent of males and 38% of females scored five or more on the AUDIT-C, indicating the need for further assessment.

Opioid and Stimulant Dependence

- Consistent with such regular injecting behaviour, a large percentage of the sample are dependent on opioids (69%), with almost half dependent on methamphetamine (48%).

Mental health problems and psychological distress

- Forty-three per cent of the national sample self-reported experiencing a mental health problem in the last six months, mainly depression (72%), followed by anxiety (56%).
- Of those who reported a mental health problem (n=330), two-thirds (67%) reported seeing a mental health professional during the last six months.
- Fifty-nine per cent of participants who reported experiencing a mental health problem had been prescribed medication for this problem during the past six months, most commonly antidepressants (57%) and/or antipsychotics (38%).
- Higher levels of psychological distress, as measured by the Kessler Psychological Distress Scale (K10), were reported among the national sample compared to the general population. Nearly one-third (32%) reported 'high' distress (8.4% in the general population) and 26% reported 'very high' distress (3.2% in the general population). Those reporting a 'very high' level of distress possibly require clinical assistance.

Naloxone program and distribution

- Of those who commented (n=814), the majority (86%) had heard of naloxone, with nearly two-thirds (59%) of these participants reporting that naloxone was used to 'reverse heroin' and 35% reporting its use to 're-establish consciousness'.
- Fifty-three per cent reported that they had heard of the take-home naloxone program.
- A small percentage (5%) reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program.

- Eighteen per cent of those who commented (n=807) had completed training in naloxone administration and had received a prescription for naloxone. Of those who had completed the course (n=145), 41% had used the naloxone to resuscitate someone who had overdosed.
- Twenty-six per cent of those who commented (n=807) reported that they had heard about the rescheduling of naloxone (available OTC without a prescription).
- Three per cent reported that they had themselves obtained naloxone OTC without a prescription from a pharmacy and of these, four participants reported that they had resuscitated someone who had overdosed.

Driving risk behaviour

- Around half (47%) of the national sample reported driving a vehicle in the last six months.
- Thirteen per cent of those who had recently driven (n=337) reported driving while over the legal limit of alcohol.
- Seventy-five per cent of those who had recently driven drove within three hours of using an illicit drug.
- Fifty-one per cent of those who had recently driven had been breath tested for alcohol; 12 participants returned a positive result over the legal limit of alcohol.
- Twenty-eight per cent of those who had recently driven had been tested for drug driving; 34 participants returned a positive result.

Law enforcement-related trends associated with drug use

Reports of criminal activity

- Forty per cent of the national sample reported engagement in 'any' criminal activity in the preceding month (mainly drug dealing and property crime).

Arrests

- One-third (33%) of the sample reported having been arrested in the preceding 12 months, mainly for property crime.

Expenditure on illicit drugs

- Among participants who had spent money on illicit drugs on the day before interview (n=500), the median expenditure was $20.

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug monitoring system funded by the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The IDRS has been conducted in all states and territories of Australia since 2000. The purpose of the IDRS is to provide a coordinated approach to monitoring the use of illicit drugs – in particular, heroin, methamphetamine, cocaine and cannabis.

Using a similar methodology to the Ecstasy and related Drugs Reporting System (EDRS), the IDRS monitors the price, purity and availability of heroin, methamphetamine, cocaine, cannabis and other drugs. It also examines trends in the use and harms of these drugs. It does this by conducting annual surveys with people who inject illicit drugs regularly[1]. The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail.

Jurisdictional differences. To provide a greater understanding of some of the reasons for differences between jurisdictions, detailed reports describing drug trends in each jurisdiction can be obtained via the National Drug and Alcohol Research Centre, UNSW Australia, website www.ndarc.med.unsw.edu.au or www.drugtrends.org.au. These reports provide richer data and context around trends in each state/territory.

Ecstasy and related drug use. Although the IDRS is well able to monitor trends in established drug markets and document the emergence of drug use among people who regularly inject drugs, it cannot provide information on drug use and harms among all groups of people who use drugs. The Ecstasy and related Drugs Reporting System (EDRS), which has been funded in every jurisdiction in Australia since 2003, has documented patterns and trends in use among people who regularly use ecstasy and psychostimulants. The EDRS adopts the same methodology as the IDRS, and results are reported elsewhere (Uporova, Karlsson, Sutherland and Burns, 2018) (visit www.ndarc.med.unsw.edu.au or www.drugtrends.org.au for further details).

1.1 Study aims

In 2017, the specific aims of the IDRS were to:

1. Describe the characteristics of a sample of people who regularly inject drugs interviewed in each capital city of Australia;
2. Examine the patterns of drug use among this sample;
3. Document the current price, perceived purity and availability of illicit drugs across Australia;
4. Examine participants' reports of drug-related harm, including physical, psychological, and legal harms; and
5. Identify emerging trends in the illicit drug market that may require further investigation.

[1] In 2017, key expert interviews were not conducted, and secondary indicator data has not been presented.

2 METHOD

In 2017, face-to-face interviews with people who regularly use illicit drugs (mainly heroin, methamphetamine, cocaine and cannabis) was the main source of information used to document trends. These data were used to provide an indication of emerging trends in illicit drug markets and related issues. In 2017, secondary indicator data has not been presented in the national IDRS or EDRS reports, and key expert interviews were not included in the jurisdictional reports.

Further information on methodology in each jurisdiction in 2017 can be found in the jurisdictional reports, available from the Drug Trends website drugtrends.org.au.

2.1 Survey of people who regularly inject drugs

A total of 888 participants were interviewed during June–July 2017 (877 participants in 2016). The sample sizes in each jurisdiction were: VIC n=152; NSW n=151; SA n=100; ACT n=100; TAS n=100; QLD n=103; NT n=109 and WA n=73. The sample sizes reflect predetermined quotas. To be eligible to participate in the survey, participants needed to be at least 17 years of age (due to ethical requirements), to have injected at least monthly during the six months preceding interview, and to have been a resident for at least 12 months in the capital city in which they were interviewed. Participants were recruited using multiple methods, mostly through treatment agencies, needle and syringe programs (NSP) and peer referral. Participants were interviewed in locations convenient to them, such as NSP, treatment agencies, public parks and coffee shops. The recruitment remained consistent with the methodology used in previous years.

The interview schedule was administered to participants by trained research staff in all jurisdictions. Interviews took approximately 30 to 50 minutes to complete. Participants in all jurisdictions were reimbursed $40 for their time and expenses incurred. Informed consent to participate was obtained prior to interview. All participants were assured that all information they provided would remain confidential and anonymous.

The structured interview schedule administered to participants was similar to that administered in previous years, which was originally based on previous NDARC studies of people who use heroin and amphetamine (Darke et al., 1992, Darke, 1994). Survey items included demographics, drug use history, market characteristics (including price, perceived purity and availability) of the main drugs investigated by the IDRS, health-related trends associated with drug use (including injection-related harms, risk behaviours, overdose and mental health) and law enforcement-related harms associated with drug use (including recent criminal activity and arrests).

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

2.2 Data analysis

All data were analysed using the IBM SPSS Statistical Package for Windows, Version 24.0 (IBM, 2016). Percentages are calculated for categorical data (valid percent where data are missing); mean and standard deviation for continuous data; and median for skewed or count data. Between-group comparisons of categorical variables (e.g. gender and drug dependence) were analysed using chi-squared tests (χ^2), whilst confidence intervals were calculated using an excel spreadsheet available at http://www.cebm.net/index.aspx?o=1023 (Tandberg) to identify differences between 2016 and 2017 data for categorical variables.

Higher and lower confidence interval results which crossed over the value of zero were not significant. This calculation tool was an implementation of the optimal methods identified by Newcombe (1998). The Mann-Whitney U test was run to identify differences between 2016 and 2017 for count data. For individual jurisdictional significance testing results, please refer to jurisdictional reports.

More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the Drug trends website www.drugtrends.org.au.

3 DEMOGRAPHICS

Key points

- A total of 888 participants were interviewed for the IDRS survey in 2017.
- The mean age of the sample was 43 years (range: 19–69 years), stable from 2016 (43 years).
- Two-thirds were male (67%; 69% in 2016).
- Majority of the participants were unemployed (84%), with a mean income of $428 per week.
- Nearly half of the participants reported currently being in drug treatment (43%; 42% in 2016); mainly methadone maintenance.

3.1 Overview of the IDRS participant sample

A total of 888 IDRS participants were interviewed for the 2017 IDRS. The mean age of participants was 43 years (range: 19–69 years) with two-thirds of the sample being male (67%). The majority of the national sample spoke English as their main language at home (98%) and 19% identified as being of Aboriginal and/or Torres Strait Islander descent. More than three-quarters (84%) of the sample were unemployed. The main source of income was a government pension, allowance or benefit (87%). The mean weekly income was $428 nationally.

Nearly half (43%) of the participants were currently in some form of drug treatment, with 25% reporting the main treatment as methadone (including Biodone® and Physeptone®), 10% buprenorphine-naloxone (Suboxone®) and three per cent buprenorphine (Subutex®) maintenance treatment. Over the last six months, 48% of the sample had been in some form of drug treatment, and of those, methadone was the main treatment form (56%).

Demographic information by jurisdiction in the 2017 sample is shown in Table 1. Notable differences included the percentage identifying as Aboriginal and/or Torres Strait Islanders (ranging from 7% in SA to 28% in NSW) and completion of a university or college qualification (from 7% in VIC to 19% in the NT). Percentages reporting having no fixed address ranged from four per cent in WA to 27% in NSW, while unemployment status ranged from 77% in SA to 91% in NSW. Percentages reporting current drug treatment ranged from 16% in the NT to 57% in QLD.

Apart from the NT, substantial percentages from all jurisdictions were currently in treatment (usually pharmacotherapy treatment such as methadone or buprenorphine programs). It should be noted that the IDRS deliberately recruits a ‘sentinel’ population of people who regularly inject drugs who are current and active participants in illicit drug markets; as a result, participants who reported being in treatment may not be representative of treatment populations more generally.

Appendix A, Table A1 provides a demographic overview of the national sample from 2000 to 2017.

Table 1: Demographic characteristics of the national sample, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	N=151	N=100	N=152	N=100	N=100	N=73	N=109	N=103
	2016	**2017**								
Mean age (years)	43	**43**	44	43	42	41	45	43	45	43
% Male	69	**67**	66	72	73	60	61	60	62	75
% English speaking background	98	**98**	96	98	95	100	98	100	98	98
% Aboriginal and/or Torres Strait Islander	17	**19**	28	19	20	18	7	10	26	18
% Sexual identity										
Heterosexual	89	**87**	78	89	85	91	92	90	91	85
Gay male	2	**2**	5	0	1	0	0	4	1	3
Lesbian	1	**1**	1	2	0	1	4	3	1	0
Bisexual	7	**9**	13	8	11	8	3	3	6	12
Other	1	**2**	3	1	3	0	1	0	2	1
% Relationship status										
Married/de facto	13	**13**	13	12	9	8	17	22	10	17
Partner	18	**20**	20	10	22	24	20	21	19	20
Single	61	**60**	52	72	67	63	56	51	60	58
Separated	4	**3**	6	3	1	1	1	1	5	3
Divorced	2	**3**	5	3	1	3	5	4	5	1
Widow/er	1	**1**	3	0	1	1	1	1	1	1
Other	<1	**1**	2	0	0	0	0	0	1	0
Mean grade at school completed	10	**10**	10	10	10	10	10	10	10	10
% Completed trade/tech qualification	47	**41***	36	40	34	49	49	47	34	47
% Completed university/college	9	**11**	11	14	7	9	8	8	19	9
% Accommodation										
Own home *(inc. renting)*	69	**69**	60	85	49	82	83	75	73	61
Parents'/family home	6	**6**	4	3	10	6	6	12	5	4
Boarding house/hostel	8	**7**	7	2	12	2	4	8	4	13
Shelter/refuge	2	**2**	1	1	3	2	0	0	4	3
No fixed address	13	**15**	27	9	22	8	6	4	13	18
Other	2	**1**	1	0	3	0	1	0	3	2
% Unemployed	86	**84**	91	83	89	80	77	81	83	84
% Full-time work	3	**3**	1	4	1	3	6	4	6	3
% Gov't pension, allowance or benefit main income source	91	**87**	93	86	88	88	86	77	83	85
Mean income/ week ($)	(n=851) $418	**(n=874) $428**	(n=146) $377	(n=99) $397	(n=150) $419	(n=99) $468	(n=100) $427	(N=72) $405	(n=107) $522	(n=101) $421
% Current drug treatment[#]	43	**43**	44	47	50	44	30	48	16	57

Source: IDRS participant interviews

[#] Includes all types of pharmacotherapy treatment and drug counselling, detoxification, therapeutic community and narcotics anonymous

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

*Significant difference between 2016 and 2017 ($p<0.05$)

4 CONSUMPTION PATTERNS

Key points

- The mean age of first injection for the national sample was 20 years.
- Speed was reported as the drug first injected by nearly half of the sample.
- Nearly half of the national sample reported heroin as the drug of choice, followed by methamphetamine.
- The drug injected most often in the last month was methamphetamine (mainly crystal), followed by heroin.

4.1 Current drug use

Patterns of lifetime (i.e. ever having used a drug) and recent (i.e. last six months) use by participants of all drugs monitored in the IDRS are shown in Appendix A, Table A2. Routes of administration (ROA), including injecting, swallowing, snorting and smoking/inhaling are also provided in some detail.

The mean age of first injection of the overall sample was 20 years (SD 7.3; range: 6-57). Speed and then heroin were most commonly reported as the drug first injected, with smaller percentages nominating other drugs (Table 2). Heroin as the 'drug first injected' significantly decreased between 2016 and 2017 (38% versus 33%; $p<0.05$). Base also significantly decreased between 2016 and 2017 (2% versus 1%; $p<0.05$) (though these were based on small numbers, interpret with caution). No other significant differences were found for 'first drug injected'.

Table 2: Drug first injected and age at first injection, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=870	**n=882**	n=151	n=100	n=152	n=100	n=100	n=73	n=105	n=101
	2016	**2017**								
Mean age first injected	20	**20**	19	20	19	21	21	19	23	20
% Drug first injected										
Heroin	38	**33***	53	35	43	7	26	36	22	31
Methamphetamine^	53	**56**	41	55	53	67	63	57	56	59
Speed	*44*	***46***	*34*	*32*	*48*	*63*	*57*	*33*	*49*	*51*
Base	*2*	***1****	*2*	*0*	*0*	*0*	*0*	*0*	*0*	*1*
Crystal	*7*	***9***	*5*	*23*	*5*	*4*	*6*	*24*	*7*	*7*
Morphine	5	**6**	0	3	1	20	3	3	19	1
Cocaine	1	**1**	3	1	1	0	0	0	2	1
Methadone	<1	**1**	1	0	1	5	0	0	0	1
Other drugs	2	**2**	1	4	1	1	5	0	0	3

Source: IDRS participant interviews
^ Includes speed, base and crystal
*Significant difference between 2016 and 2017 ($p<0.05$)

4.1.1 Drug of choice

Heroin was nominated by nearly half (46%) of the national sample as the 'drug of choice', followed by methamphetamine (32%) and morphine (9%). Methamphetamine base as the 'drug of choice' significantly decreased between 2016 and 2017 (2% versus 0.3%; $p<0.05$) (based on small numbers, interpret with caution). No other statistically significant changes between 2016 and 2017 were observed (Table 3).

4.1.2 Drug last injected and injected most often in the last month

The 'drug last injected' and the 'drug injected most often in the last month' did not reflect the 'drug of choice' in the national sample. In 2017, methamphetamine (mainly crystal) was the most endorsed drug for 'last drug injected' (40%) and 'drug injected most often' (39%). This represents a change relative to 2015 IDRS and earlier years, where heroin had the highest endorsement for 'last drug injected' and 'drug injected most often' (Appendix B).

However, the predominance of heroin versus methamphetamine injection in the past month varied at the jurisdictional level. Participants in NSW, VIC and WA reported that heroin was most commonly the 'last drug injected' (53%, 62%, and 51%, respectively). In contrast, participants in the ACT, TAS, SA, and QLD reported methamphetamine (48%, 40%, 57%, and 41%, respectively), and participants in the NT reported morphine (52%; Table 3). This variation in jurisdiction-level findings is reflected for 'drug injected most often'. No significant change in reporting for these outcomes was observed from 2016 to 2017 at the national or jurisdictional level.

Twenty-nine per cent of participants in the national sample had injected a drug other than their drug of choice most often in the past month. The main reasons (among those who commented, n=255) for this were availability (37%), price (10%), their drug of choice was not injectable (generally cannabis; 10%), caused undesirable health effects (10%), being in drug treatment (9%) and purity (4%).

Table 3: Drug of choice, last drug injected, drug injected most often last month and injection frequency last month, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	N=151	N=100	N=152	N=100	N=100	N=73	N=109	N=102
	2016	2017								
% Drug of choice										
Heroin	46	**46**	62	47	65	23	38	62	14	47
Methamphetamine^	29	**32**	27	38	28	35	48	25	30	28
Speed	*7*	***8***	*1*	*3*	*6*	*18*	*16*	*3*	*12*	*8*
Base	*1*	***<1****	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*2*
Crystal	*21*	***24***	*26*	*35*	*22*	*17*	*31*	*22*	*18*	*18*
Morphine	8	**9**	1	0	0	20	4	3	38	7
Oxycodone	1	**1**	1	0	0	0	0	1	2	1
Methadone	3	**2**	0	1	0	13	0	1	1	4
Buprenorphine#	1	**1**	1	0	1	0	0	0	3	1
Cocaine	1	**1**	1	2	1	0	2	0	1	2
Cannabis	6	**5**	5	7	5	4	5	8	7	2
Other drugs	2	**2**	1	4	1	1	0	0	2	4
% Last drug injected										
Heroin	37	**36**	53	43	62	1	37	51	1	29
Methamphetamine^	41	**40**	35	48	34	40	57	38	39	41
Speed	*3*	***4***	*2*	*0*	*2*	*4*	*5*	*1*	*12*	*8*
Base	*1*	***<1***	*0*	*0*	*0*	*0*	*2*	*0*	*0*	*1*
Crystal	*37*	***36***	*33*	*48*	*32*	*36*	*50*	*37*	*27*	*32*
Morphine	11	**12**	1	2	1	30	3	1	52	8
Oxycodone	1	**1**	2	0	1	0	0	0	2	2
Methadone	5	**5**	1	2	0	22	0	3	3	10
Buprenorphine#	3	**3**	3	3	1	3	1	7	1	9
Cocaine	1	**<1**	1	0	0	0	0	0	0	0
Other drugs	1	**2**	3	2	1	3	1	0	0	2
% Drug injected most often										
Heroin	39	**37**	55	43	64	1	36	53	1	26
Methamphetamine^	40	**39**	36	49	34	39	56	35	33	43
Speed	*3*	***4***	*1*	*0*	*2*	*3*	*7*	*3*	*9*	*10*
Base	*1*	***0***	*0*	*0*	*0*	*0*	*2*	*0*	*0*	*1*
Crystal	*36*	***35***	*35*	*49*	*32*	*36*	*47*	*32*	*24*	*32*
Morphine	12	**12**	1	1	0	29	4	3	58	9
Oxycodone	1	**1**	1	0	0	0	0	0	2	2
Methadone	5	**5**	1	3	0	24	0	3	2	11
Buprenorphine#	3	**3**	2	2	1	3	1	7	1	7
Cocaine	<1	**<1**	1	0	0	0	0	0	0	0
Other drugs	0	**2**	3	2	1	3	2	0	2	3
% Injection frequency last month										
Not in last month	1	**2****	2	1	3	5	1	1	3	2
Weekly or less	17	**20**	10	15	28	17	18	22	25	27
More than weekly (but less than daily)	38	**32****	33	33	30	48	36	29	15	32
Once daily	16	**20**	17	23	15	23	19	18	27	17
2–3 times daily	22	**20**	27	23	15	6	23	19	30	15
> 3 times a day	6	**6**	11	5	9	1	3	11	1	8

Source: IDRS participant interviews
^ Includes speed, base and crystal
# Includes buprenorphine (Subutex®) and buprenorphine–naloxone (Suboxone®)
*Significant difference between 2016 and 2017 ($p<0.05$)
**Significant difference between 2016 and 2017 ($p<0.01$)

4.1.3 Lifetime use and recent use of drug forms

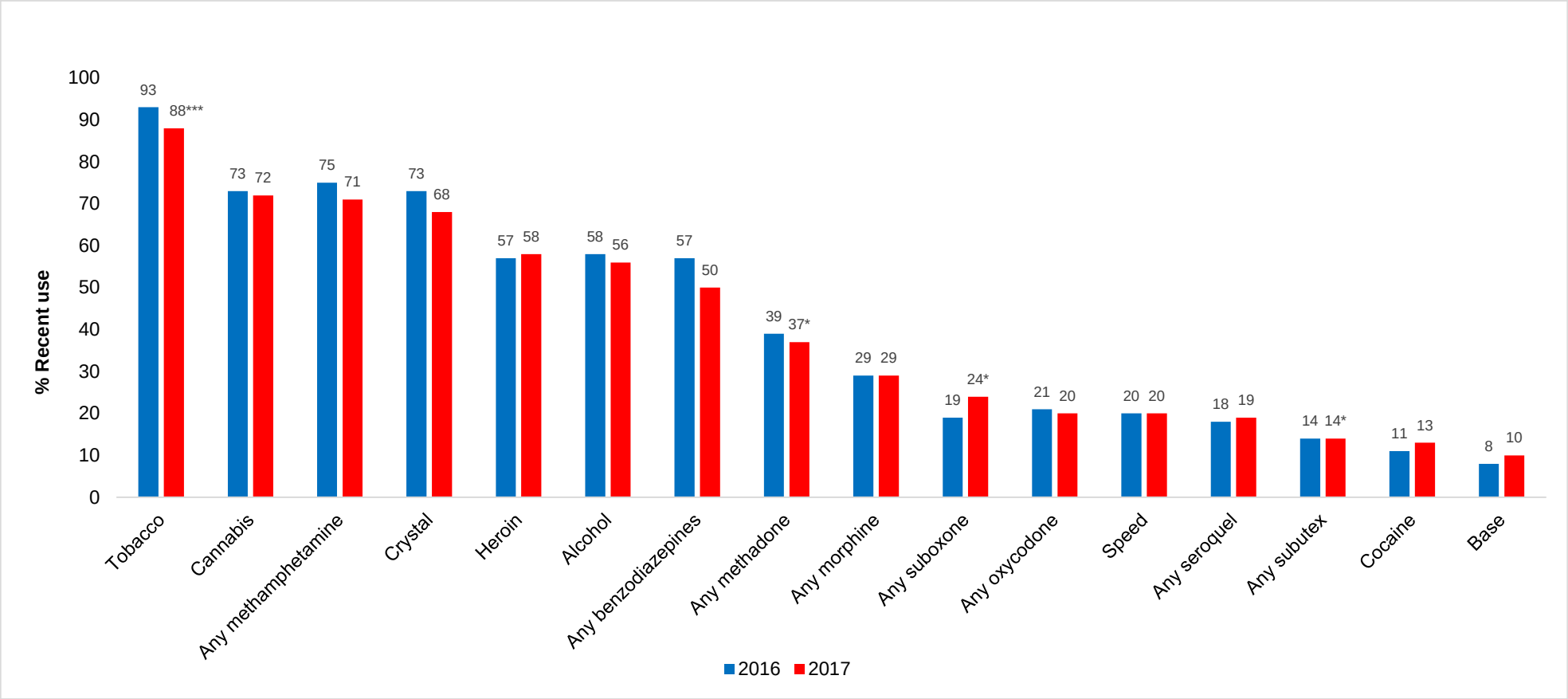
The median number of licit/illicit drugs used in their lifetime was 14 (range: 1–29 drugs), while the median number of licit/illicit drugs used recently was six (range: 1–24 drugs).

Table 4 presents data on the lifetime and recent use of drugs among the national sample and jurisdictions. The drugs most commonly used among the participants in the last six months were tobacco (88%), cannabis (72%), 'any' methamphetamine (71%) and heroin (58%; see Figure 1).

In 2017, there were a number of significant changes in the lifetime and recent use of certain drugs relative to 2016. With regards to lifetime use, there was a significant increase in the use of e-cigarettes (27% to 32%; $p<0.05$). There were significant decreases in lifetime use of licit physeptone® (13% to 9%; $p<0.01$), licit 'other' oxycodone (13% to 8%; $p<0.01$), methamphetamine powder (speed) (87% to 82%; $p<0.01$), hallucinogens (64% to 58%; $p<0.01$), illicit 'other' benzodiazepines (52% to 47%; $p<0.05$), illicit alprazolam (48% to 43%; $p<0.05$), alcohol (93% to 89%; $p<0.01$), NPS (9% to 6%; $p<0.05$) and synthetic cannabis (22% to 16%; $p<0.01$).

With regards to recent use, there was a significant increase in illicit suboxone® (11% to 14%; $p<0.05$) in 2017, relative to the 2016 sample. There were significant decreases in crystal methamphetamine (73% to 68%; $p<0.05$), illicit alprazolam (19% to 15%; $p<0.05$), 'other' illicit benzodiazepines (31% to 26%; $p<0.05$), tobacco (93% to 88%; $p<0.001$) and NPS (4% to 2%; $p<0.05$).

Figure 1: Drug use among the national sample in the six months preceding interview, 2017



Source: IDRS participant interviews

Note: 'Any heroin' includes heroin and homebake heroin. 'Any methamphetamine' includes speed, base, crystal and liquid amphetamine. 'Any methadone' includes licit (prescr.) and illicit (not prescr.) methadone liquid and Physeptone®. 'Any morphine', 'any buprenorphine', 'any oxycodone', 'any Seroquel®', 'any benzodiazepines' (including alprazolam), 'any buprenorphine' and 'any form buprenorphine-naloxone' includes licit and illicit tablet and film forms of the drug in any formulation unless otherwise specified. 'Use' refers to any form of administration and does not necessarily imply injection. Only those drugs reporting 10% or more are shown. For further information on routes of administration, please refer to Appendix A

*Significant difference between 2016 and 2017 ($p<0.05$)

***Significant difference between 2016 and 2017 ($p<0.001$)

Table 4: Lifetime and recent (last six months) drug use among participants, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	**n=151**	**n=100**	**n=152**	**n=100**	**n=100**	**n=73**	**n=104**	**n=103**
	2016	**2017**								
Heroin										
% ever used	86	**84**	97	89	94	62	81	88	62	88
% recent use	56	**57**	80	74	80	15	52	66	13	55
median days used	75	**72**	140	60	72	10	61	75	48	24
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-90)	(1-180)	(1-180)	(1-80)	(1-180)
Homebake										
% ever used	35	**34**	29	37	26	26	38	69	25	41
% recent use	7	**7**	6	6	4	8	7	19	1	6
median days used	3	**4**	-	-	-	-	-	10	-	-
(range)	(1-180)	**(1-180)**	-	-	-	-	-	(1-180)	-	-
Any heroin										
% ever used	86	**84**	97	89	94	65	82	88	62	88
% recent use	57	**58**	80	74	80	17	53	67	14	55
median days used	77	**72**	140	60	72	14	48	90	36	21
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-104)	(1-180)	(1-180)	(1-180)	(1-180)
Methadone - licit										
% ever used	55	**53**	60	59	74	50	43	51	18	55
% recent use	29	**26**	34	40	34	25	17	23	0	23
median days used	180	**180**	180	180	180	180	180	180	180	180
(range)	(1-180)	**(1-180)**	(3-180)	(72-180)	(1-180)	(18-180)	(30-180)	(3-180)	-	(8-180)
Methadone - illicit										
% ever used	44	**43**	45	35	39	69	36	32	27	55
% recent use	13	**13**	18	11	7	29	6	6	10	16
median days used	5.5	**5**	6	2	2.5	12	-	-	-	3.5
(range)	(1-180)	**(1-180)**	(1-84)	(1-48)	(1-12)	(1-180)	-	-	-	(1-150)
Physeptone® - licit										
% ever used	13	**9****	7	12	4	10	7	7	7	17
% recent use	2	**1**	1	2	0	3	0	1	3	1
median days used	12	**69**	-	-	0	-	0	-	-	-
(range)	(1-180)	**(2-180)**	-	-	0	-	0	-	-	-
Physeptone® - illicit										
% ever used	27	**25**	16	20	11	63	22	19	34	29
% recent use	7	**8**	3	4	1	32	0	3	14	7
median days used	4.5	**9**	-	-	-	10	0	-	4	-
(range)	(1-72)	**(1-180)**	-	-	-	(1-48)	0	-	(1-72)	-
Any methadone										
% ever used	75	**72**	79	73	84	79	63	63	50	78
% recent use	39	**37**	47	48	38	49	21	26	19	39
median days used	169	**175**	90	180	180	160	180	180	12	90
(range)	(1-180)	**(1-180)**	(2-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(0-180)
Buprenorphine – licit										
% ever used	31	**28**	21	17	41	22	24	21	25	48
% recent use	5	**5**	4	2	4	10	1	0	3	19
median days used	112	**180**	-	-	-	168	-	0	-	180
(range)	(1-180)	**(1-180)**	-	-	-	(1-180)	-	0	-	(6-180)
Buprenorphine – illicit										
% ever used	33	**31**	33	29	33	26	30	27	15	53
% recent use	10	**10**	13	14	6	9	7	10	1	25
median days used	7	**6**	12	6.5	-	-	-	-	-	7
(range)	(1-180)	**(1-180)**	(1-130)	(1-180)	-	-	-	-	-	(1-180)
Any buprenorphine										
% ever used	51	**47**	43	37	55	42	47	43	31	72
% recent use	14	**14**	15	16	9	19	8	10	3	36
median days used	12	**13**	12	19	14	30	-	-	-	60
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-180)	-	-	-	(1-180)
Buprenorphine Naloxone – licit										
% ever used	33	**30**	28	18	43	20	28	22	23	46
% recent use	11	**12**	12	7	18	8	9	12	12	18
median days used	90	**120**	81	-	136	-	-	-	90	180
(range)	(1-180)	**(1-180)**	(1-180)	-	(12-180)	-	-	-	(2-180)	(1-180)
Buprenorphine Naloxone – illicit										
% ever used	28	**30**	25	24	30	25	33	27	27	46

% recent use	11	**14***	14	13	11	14	14	16	10	24
median days used	6	**5.5**	7	3	5.5	2	9	27.5	5	8
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-60)	(1-180)	(1-180)	(1-180)	(1-180)
Any Buprenorphine Naloxone										
% ever used	48	**47**	40	37	59	40	50	44	40	63
% recent use	19	**24***	23	19	27	20	22	27	18	32
median days used	48	**36**	30	15	66	5	30	60	90	42
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)
Generic Oxycodone – licit										
% ever used	8	**10**	11	12	12	5	4	10	11	16
% recent use	2	**2**	5	4	3	0	0	0	2	2
median days used	30	**7.5**	-	-	-	0	0	0	-	-
(range)	(10-180)	**(1-180)**	-	-	-	0	0	0	-	-
Generic Oxycodone – illicit										
% ever used	30	**33**	44	16	34	35	25	40	23	41
% recent use	9	**9**	23	2	5	10	7	4	4	11
median days used	6	**5.5***	6.5	-	-	4.5	-	-	-	5
(range)	(1-180)	**(1-180)**	(1-180)	-	-	(1-60)	-	-	-	(2-75)
OP Oxycodone – licit										
% ever used	4	**6**	4	7	6	4	11	7	7	4
% recent use	1	**2**	2	2	2	1	3	1	3	1
median days used	90	**15**	-	-	-	-	-	-	-	-
(range)	(4-180)	**(2-180)**	-	-	-	-	-	-	-	-
OP Oxycodone – illicit										
% ever used	21	**21**	23	12	16	33	19	15	28	22
% recent use	9	**9**	11	6	5	16	3	7	11	10
median days used	3	**4****	3	-	-	5	-	-	12.5	2
(range)	(1-180)	**(1-96)**	(1-30)	-	-	(1-90)	-	-	(1-96)	(1-9)
Other Oxycodone – licit										
% ever used	13	**8****	3	4	5	9	24	12	5	8
% recent use	2	**1**	1	1	1	0	3	3	0	0
median days used	12	**7**	-	-	-	0	-	-	0	0
(range)	(1-180)	**(1-180)**	-	-	-	0	-	-	0	0
Other Oxycodone – illicit										
% ever used	30	**20**	8	10	5	49	31	29	21	22
% recent use	6	**5**	3	3	0	13	6	7	2	6
median days used	5	**4**	-	-	0	2	-	-	-	-
(range)	(1-180)	**(1-180)**	-	-	0	(1-60)	-	-	-	-
Any Oxycodone										
% ever used	64	**56**	56	43	49	74	64	59	51	55
% recent use	21	**20**	29	14	12	29	19	15	17	20
median days used	7	**6**	9.5	5	5	3	6.5	10	5.5	6.5
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-90)	(1-180)	(1-180)	(1-180)	(1-180)
Morphine – licit										
% ever used	26	**24**	22	18	14	16	33	16	40	36
% recent use	6	**8**	7	6	3	3	9	6	27	6
median days used	180	**90**	34	-	-	-	-	-	180	-
(range)	(1-180)	**(1-180)**	(1-180)	-	-	-	-	-	(12-180)	-
Morphine – illicit										
% ever used	61	**59**	49	52	54	85	54	47	70	66
% recent use	26	**24**	16	21	7	42	12	18	60	26
median days used	22	**24**	15	5	4	65	20	22	108	10
(range)	(1-180)	**(1-180)**	(1-96)	(1-48)	(1-24)	(2-180)	(1-180)	(1-180)	(1-180)	(1-180)
Any Morphine										
% ever used	69	**68**	60	63	62	90	69	56	79	70
% recent use	29	**29**	21	27	9	44	19	22	70	27
median days used	25	**30**	20	6	5	80	40	7	180	11.5
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(2-180)	(1-180)	(1-180)	(1-180)	(1-180)
Other Opioids (licit and illicit)										
% ever used	43	**47**	42	38	41	60	69	44	55	35
% recent use	15	**18**	17	11	7	26	32	23	24	9
median days used	7	**7**	12	14	-	7.5	5	10	7	-
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	-	(1-180)	(1-180)	(1-180)	(1-180)	-
OTC Codeine (licit and illicit)										

% ever used	38	**36**	25	38	33	61	49	29	23	32
% recent use	16	**14**	11	17	11	27	16	16	10	11
median days used	7	**7**	10.5	7	5	7	8.5	16	16	5
(range)	(1-180)	**(1-180)**	(2-180)	(1-90)	(1-42)	(2-180)	(3-180)	(2-180)	(1-180)	(2-24)
Methamphetamine Powder										
% ever used	87	**82****	70	66	94	93	94	78	66	90
% recent use	20	**20**	10	20	15	30	18	16	19	34
median days used	6	**6**	30	6	7.5	4	6	3.5	7	8
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)
Methamphetamine Base										
% ever used	44	**40**	50	34	24	42	54	29	21	61
% recent use	8	**10**	8	11	3	3	30	7	7	20
median days used	8	**5**	2	4	-	-	24.5	-	-	4.5
(range)	(1-180)	**(1-180)**	(1-10)	(1-150)	-	-	(2-180)	-	-	(1-50)
Methamphetamine Crystal										
% ever used	89	**86**	85	88	88	91	87	88	72	89
% recent use	73	**68***	69	79	63	65	72	69	60	69
median days used	30	**30**	48	60	24	15	72	27	48	20
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-180)	(2-180)	(1-180)	(1-180)	(1-180)
Any form Methamphetamine										
% ever used	95	**93**	89	94	96	97	98	90	79	96
% recent use	75	**71**	69	80	66	69	76	70	66	74
median days used	36.5	**38**	49.5	70	24	20	81	24	48	24
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)
Pharmaceutical Stimulants – licit										
% ever used	9	**10**	9	13	7	11	7	7	6	20
% recent use	2	**2**	3	2	1	1	0	1	0	5
median days used	130	**180**	-	-	-	-	0	-	0	-
(range)	(1-180)	**(4-180)**	-	-	-	-	0	-	0	-
Pharmaceutical Stimulants – illicit										
% ever used	34	**32**	15	23	39	60	33	38	18	34
% recent use	9	**7**	4	5	3	16	8	8	7	11
median days used	4	**4**	-	-	-	5	-	-	-	2
(range)	(1-180)	**(1-120)**	-	-	-	(1-90)	-	-	-	(1-48)
Any Pharmaceutical Stimulants										
% ever used	39	**37**	19	30	43	63	36	41	23	45
% recent use	10	**9**	6	7	5	17	8	10	7	13
median days used	5	**5**	-	-	-	5	-	-	-	5
(range)	(1-180)	**(1-180)**	-	-	-	(1-90)	-	-	-	(1-180)
Cocaine										
% ever used	63	**60**	76	59	57	51	56	62	48	64
% recent use	11	**13**	21	18	12	11	10	10	9	9
median days used	3	**3**	12	3	2.5	2	2.5	3	3	4
(range)	(1-180)	**(1-180)**	(1-180)	(1-50)	(1-28)	(1-14)	(1-12)	(1-6)	(1-40)	(1-180)
Hallucinogens										
% ever used	64	**58****	44	50	55	69	79	66	44	67
% recent use	6	**6**	5	8	4	6	3	8	7	6
median days used	2	**2**	-	-	-	-	-	-	-	-
(range)	(1-180)	**(1-30)**	-	-	-	-	-	-	-	-
Ecstasy										
% ever used	63	**62**	60	52	62	73	77	64	49	64
% recent use	8	**10**	13	15	3	14	7	18	6	6
median days used	2	**3**	4	2	-	2	-	2	-	-
(range)	(1-40)	**(1-30)**	(1-20)	(1-30)	-	(1-20)	-	(1-10)	-	-
Alprazolam – licit										
% ever used	22	**18**	19	11	22	10	18	12	21	26
% recent use	5	**5**	9	3	3	2	6	3	7	3
median days used	155	**41**	40	4	180	66	22	180	19.5	120
(range)	(1-180)	**(1-180)**	(1-180)	(2-180)	(20-180)	(2-130)	(2-180)	-	(6-180)	(2-180)
Alprazolam – illicit										
% ever used	48	**43***	43	23	55	51	38	34	37	52
% recent use	19	**15***	25	12	13	23	10	10	15	12
median days used	5	**5.5**	7.5	5	5	4	4.5	15	10	5.5
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-30)	(1-36)	(1-48)	(1-40)	(1-96)	(1-90)

Other Benzodiazepines – licit										
% ever used	56	**51**	38	41	70	59	57	47	25	70
% recent use	33	**30**	24	27	34	36	32	36	7	46
median days used	127.5	**168**	81	180	180	168	180	23.5	56	108
(range)	(1-180)	**(1-180)**	(1-180)	(2-180)	(1-180)	(2-180)	(1-180)	(4-180)	(7-180)	(2-180)
Other Benzodiazepines – illicit										
% ever used	52	**47***	44	46	55	61	49	41	28	48
% recent use	31	**26***	30	25	22	36	23	30	16	30
median days used	7	**10**	10	9	6	15	5	12	5	6
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-180)	(1-60)	(1-180)	(1-180)	(1-180)
Any Benzodiazepines (including Alprazolam)										
% ever used	80	**73**	64	67	88	82	74	59	56	85
% recent use	57	**50***	48	45	53	64	46	47	30	64
median days used	40	**48**	22	77.5	90	65	30	29	14.5	54
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(2-180)
Seroquel® – licit										
% ever used	22	**21**	24	17	24	18	16	26	12	32
% recent use	10	**8**	10	9	10	6	3	12	6	9
median days used	180	**180**	30	-	180	-	-	-	-	-
(range)	(1-180)	**(1-180)**	(1-180)	-	(2-180)	-	-	-	-	-
Seroquel® – illicit										
% ever used	31	**32**	31	32	37	39	25	40	20	33
% recent use	10	**12**	11	23	12	21	5	12	7	7
median days used	4	**4**	5	3	4	2	-	-	-	-
(range)	(1-180)	**(1-180)**	(1-180)	(1-24)	(1-180)	(1-60)	-	-	-	-
Any Seroquel®										
% ever used	47	**48**	48	46	54	53	39	55	32	55
% recent use	18	**19**	19	31	20	27	8	23	13	16
median days used	24	**12**	11	6.5	13	4	-	90	30	130
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-180)	-	(1-180)	(1-180)	(1-180)
Alcohol										
% ever used	93	**89****	91	87	82	98	96	90	74	94
% recent use	58	**56**	54	66	54	55	66	55	46	57
median days used	24	**24**	12	25	48	10	24	48	48	24
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-173)	(1-180)	(1-180)	(1-180)	(1-180)
Cannabis										
% ever used	94	**92**	95	90	94	96	99	92	76	95
% recent use	73	**72**	79	76	71	73	73	73	59	70
median days used	135	**140**	98	180	180	168	145	90	180	45
(range)	(1-180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(2-180)	(1-180)	(1-180)	(1-180)	(1-180)
Tobacco										
% ever used	98	**94**	92	96	96	97	96	96	79	98
% recent use	93	**88*****	89	93	92	88	90	92	73	89
median days used	180	**180**	180	180	180	180	180	180	180	180
(range)	(1-180)	**(1-180)**	(30-180)	(26-180)	(6-180)	(60-180)	(90-180)	(10-180)	(1-180)	(6-180)
E-Cigarettes										
% ever used	27	**32***	28	29	29	35	44	37	29	30
% recent use	14	**15**	13	15	14	17	29	21	6	12
median days used	3	**6**	6	17	2	24	3	7	-	8.5
(range)	(1-180)	**(1-180)**	(1-180)	(1-90)	(1-180)	(2-180)	(1-180)	(1-180)	-	(1-180)
Inhalants										
% ever used	22	**20**	17	25	20	25	25	19	16	18
% recent use	3	**2**	1	4	1	5	2	0	1	2
median days used	3	**7**	-	-	-	-	-	0	-	-
(range)	(1-180)	**(1-180)**	-	-	-	-	-	0	-	-
Steroids										
% ever used	7	**7**	8	8	9	8	7	4	6	8
% recent use	2	**2**	2	1	2	4	1	0	5	1
median days used	28	**6**	-	-	-	-	-	0	-	-
(range)	(1-180)	**(1-120)**	-	-	-	-	-	0	-	-
Fentanyl										
% ever used	25	**25**	34	24	15	13	29	18	34	33
% recent use	10	**9**	21	8	5	2	5	7	6	9
median days used	3.5	**3**	5	-	-	-	-	-	-	-
(range)	(1-180)	**(1-180)**	(1-180)	-	-	-	-	-	-	-

New drugs mimic amphet/cocaine										
% ever used	n/a	**6***	1	4	1	28	5	7	5	3
% recent use	n/a	**2***	0	3	0	9	2	0	2	1
median days used	n/a	**8**	0	-	0	-	-	0	-	-
(range)	n/a	**(1-30)**	0	-	0	-	-	0	-	-
Synthetic Cannabis										
% ever used	22	**16****	9	12	22	12	10	48	17	7
% recent use	8	**5**	3	8	10	5	3	12	3	1
median days used	1	**2**	-	-	2	-	-	-	-	-
(range)	(1-180)	**(1-80)**	-	-	(1-180)	-	-	-	-	-
New drugs mimic opioids										
% ever used	n/a	**1**	1	1	0	1	1	0	2	0
% recent use	n/a	**<1**	1	1	0	0	0	0	1	0
median days used	n/a	**1**	-	-	0	0	0	0	-	0
(range)	n/a	**(1-12)**	-	-	0	0	0	0	-	0
New drugs mimic ecstasy										
% ever used	n/a	**4**	2	6	1	14	4	4	2	3
% recent use	n/a	**1**	0	4	1	5	1	0	0	1
median days used	n/a	**2**	0	-	-	-	-	0	0	-
(range)	n/a	**(1-60)**	0	-	-	-	-	0	0	-

Source: IDRS participant interviews
- not published due to small numbers reported (n<10)
*Significant difference between 2016 and 2017 (p<0.05)
**Significant difference between 2016 and 2017 (p<0.01)
***Significant difference between 2016 and 2017 (p<0.001)

4.2 Heroin

Key points

- Heroin remained the most commonly reported drug of choice.
- Over half (57%) of the national sample reported recent heroin use, at a median frequency of 72 days.
- Recent use, frequency of use and daily use remained stable between 2016 and 2017.

4.2.1 Use of heroin

Over half (57%) of the national sample reported the use of heroin in the last six months on a median of 72 days (range: 1-180 days). Prevalence of heroin use varied by jurisdiction, with increases in recent use from 2016 to 2017 observed for TAS (7% to 15%), SA (37% to 52%), and the NT (7% to 13%).

At the jurisdictional level, median days of use were generally lower in 2017 compered to 2016, except for NSW, the NT and QLD. Nationally, 30% of people who recently used heroin reported daily use of heroin in the last six months. The highest percentage of people who used heroin daily (among those who recently used heroin (n=502)) was observed in NSW (42% of people reported recent heroin use; Table 5). Almost the entire sample of participants who had recently used heroin had injected heroin (99.6%).

For national data please refer to Appendix B, Figure B3 for recent heroin use and Figure B7 for median days of recent heroin use between 2000 and 2017. For a jurisdictional breakdown of heroin use patterns including daily use between 2000 and 2017, refer to Appendix C, Table C1.

Table 5: Recent use and median days of heroin use, by jurisdiction, 2016–2017

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Recent use									
2016	56	86	70	77	7	37	78	7	58
2017	**57**	**80**	**74**	**80**	**15**	**52**	**66**	**13**	**55**
Median days of use^									
2016	75	90	72	90	15	75	100	-	15
2017	**72**	**140**	**60**	**72**	**10**	**61**	**75**	**48**	**24**
% Daily use^									
2016	30	35	27	33	-	30	44	17	9
2017	**30**	**42**	**28**	**35**	**-**	**21**	**27**	**23**	**16**

Source: IDRS participant interviews
^Among those who had recently used heroin. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection
- not published due to small numbers reported (n<10)

4.2.2 Homebake

Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. Homebake use remains uncommon among the national IDRS sample. Recent homebake use remained stable (7% in 2016 and 2017), with low frequency of use (median: 4 days; range: 1-180 days; Appendix A, Table A2).

4.2.3 Heroin forms used

In 2017, 81% of participants who recently used heroin reported use of 'white/off-white' heroin in the preceding six months. Sixty per cent reported use of 'brown' heroin. Over two-thirds of people who used heroin reported that they had used 'white/off-white' heroin (70%) most often in the preceding six months. Three per cent of participants who had used heroin in the national sample reported homebake heroin or another colour of heroin as the form they had most used in the preceding six months, consistent with 2016 reports (Table 6).

The following information provides an indication of the appearance of heroin used by participants of the IDRS at the street level, though it is not possible to draw conclusions about its geographic origin, purity or the preparation method required for injection based on these data alone. Drug profiling data, however,

indicates the majority of analysed heroin seizures in Australia originate from South-East Asia (Australian Criminal Intelligence Commission, 2017).

Table 6: Reports of heroin forms used in the last six months among those who had recently used heroin, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	(n=492)	**(n=502)**	(n=121)	(n=74)	(n=122)	(n=15)	(n=52)	(n=48)	(n=13)	(n=57)
Used last 6 months (n)	2016	**2017**								
% White/off-white powder or rock	87	**81**	83	77	86	87	81	90	85	58
% Brown powder or rock	52	**60**	69	62	70	47	48	38	31	54
Form most used last 6 months	(n=489)	**(n=496)**	(n=118)	(n=74)	(n=121)	(n=17)	(n=49)	(n=48)	(n=13)	(n=56)
% White powder or rock	77	**70**	61	73	79	59	71	79	77	57
% Brown powder or rock	20	**25**	33	24	20	6	25	11	15	41
% Other colour or homebake	3	**3**	6	3	1	35	4	10	8	2

Source: IDRS participant interviews

4.2.4 Quantity of heroin use

Participants were asked about the quantity of heroin used on an average day in the last six months. The most common measure reported was points (n=272). Among participants who had used points, the median amount used on an average day was two points (range: 0.15–14 points) in the last six months.

4.3 Methamphetamine

Key points

- Methamphetamine was the most commonly injected drug in the preceding six months.
- Over two-thirds (71%) of the national sample reported any recent methamphetamine use at a median frequency of 38 days.
- Recent use of crystal decreased from 73% in 2016 to 68% in 2017; recent use of speed and base remained stable and was not as common among participants (20% and 10%, respectively).
- Frequency of recent use was 30 days for crystal, six days for speed and five days for base.
- Injecting was the main route of administration for all forms of methamphetamine.

4.3.1 Use of methamphetamine

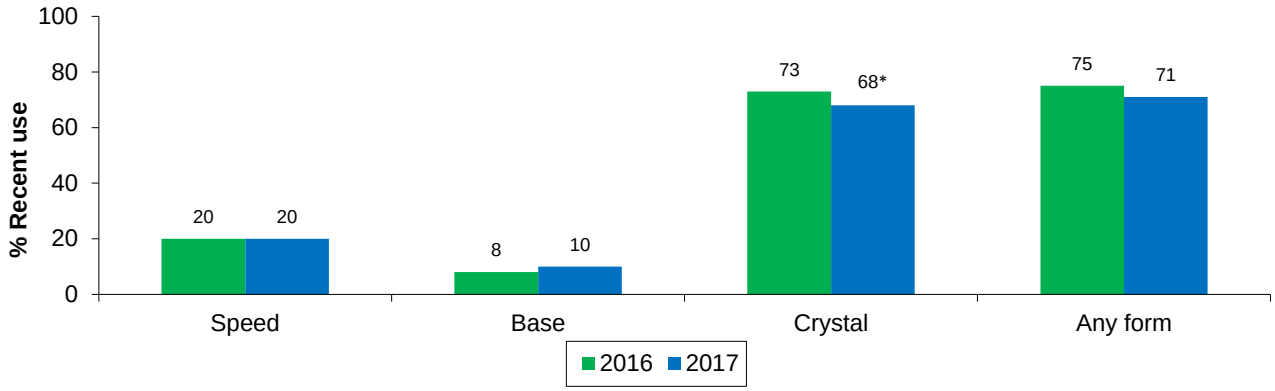
In 2017, 71% of the national sample reported using one or more forms of methamphetamine (speed, base, crystal or liquid amphetamine) in the six months preceding interview (75% in 2016). The percentage of participants reporting recent use and frequency of methamphetamine nationally over time is presented in Appendix B, Figure B3, Figure B4 and Figure B7. For a jurisdictional breakdown refer to Appendix C, Table C2 to C4.

Figure 2, Table 7, Table 8 and Table 9 show the percentage of participants who reported using the three different forms of methamphetamine nationally over time. Nationally, the recent use of speed remained stable at 20% in 2017, ranging from 10% in NSW to 34% in QLD. Nearly all (97%) participants who reported recent use of speed had injected speed; the median frequency of injection was six days (range: 1-180 days).

The recent use of base remained stable between 2016 and 2017 (8% in 2016 versus 10% in 2017), ranging from three per cent in VIC and TAS to 30% in SA. Nearly all (94%) participants who reported recent use had injected base; the median frequency of injection was six days (range: 1-180 days).

Nationally, the recent use of crystal decreased significantly to 68% in 2017 (73% in 2016; $p<0.05$). Recent use of crystal ranged from 60% in NT to 79% in the ACT. The majority (97%) of people who reported recent use had injected crystal; the median frequency of injection was 30 days (range: 1-180 days).

Figure 2: Recent use of methamphetamine (speed, base, crystal and any form), 2016–2017



Source: IDRS participant interviews
*Significant difference between 2016 and 2017 ($p<0.05$)

Table 7: Percentage of participants who reported use of speed in the preceding six months, by jurisdiction, 2004–2017

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2004	53	35	41	65	60	44	61	60	61
2005	60	38	59	75	76	39	61	69	65
2006	56	49	58	71	54	39	66	57	54
2007	55	35	55	65	63	42	61	58	62
2008	48	38	37	64	61	34	61	50	35
2009	48	33	46	65	56	33	54	50	46
2010	41	29	48	53	56	29	51	25	41
2011	44	30	46	49	67	36	43	43	40
2012	40	17	42	39	70	34	45	46	30
2013	34	14	29	23	61	40	48	31	37
2014	30	17	36	25	50	34	39	16	31
2015	25	13	15	18	49	32	34	25	27
2016	20	17	18	9	33	19	18	24	27
2017	**20**	**10**	**20**	**15**	**30**	**18**	**16**	**19**	**34**

Source: IDRS participant interviews

Table 8: Percentage of participants who reported use of base methamphetamine in the preceding six months, by jurisdiction, 2004–2017

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2004	38	31	25	11	72	46	45	26	60
2005	39	38	28	13	79	61	54	16	40
2006	38	43	32	15	55	52	37	25	53
2007	32	41	32	8	48	42	22	20	48
2008	22	33	18	5	25	37	13	10	34
2009	28	36	21	13	55	31	12	16	41
2010	21	29	18	3	40	43	8	6	30
2011	21	17	17	11	39	35	6	12	37
2012	18	15	15	11	43	32	6	7	21
2013	13	12	6	3	17	31	11	7	22
2014	12	12	4	3	19	30	8	4	22
2015	10	6	10	4	9	26	2	4	20
2016	8	11	5	0	4	24	3	6	14
2017	**10**	**8**	**11**	**3**	**3**	**30**	**7**	**7**	**20**

Source: IDRS participant interviews

Table 9: Percentage of participants who reported use of crystal methamphetamine in the preceding six months, by jurisdiction, 2004–2017

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2004	52	45	73	41	52	48	83	32	51
2005	43	38	62	29	50	46	68	21	36
2006	57	57	88	53	56	49	76	29	55
2007	46	50	80	43	38	41	56	29	39
2008	49	69	68	39	32	49	61	28	40
2009	37	46	57	32	26	30	43	15	46
2010	39	48	48	36	20	60	40	18	37
2011	45	53	57	53	26	44	46	28	50
2012	54	68	66	59	43	56	64	26	44
2013	55	74	61	55	45	57	59	30	50
2014	61	74	72	75	54	60	53	26	58
2015	6	65	79	71	59	70	64	60	62
2016	73	77	78	73	73	75	62	69	69
2017	**68***	**69**	**79**	**63**	**65**	**72**	**69**	**60**	**69**

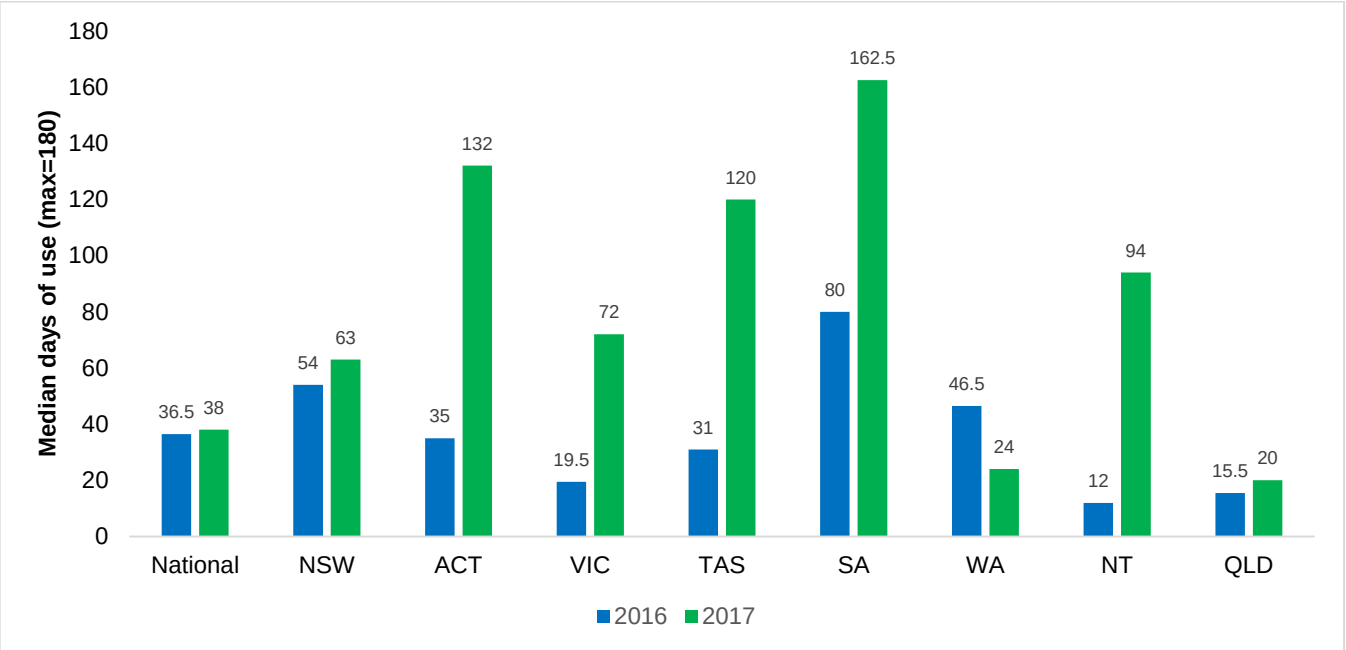
Source: IDRS participant interviews
*Significant difference between 2016 and 2017 (p<0.05)

4.3.2 Methamphetamine frequency of use

In 2017, the median number of days any form of methamphetamine was used by the national sample remained stable at 38 days (range: 1-180 days; 36.5 days in 2016) (Figure 3). The median frequency of use among those who reported recent methamphetamine use (n=625) was six days for speed (range: 1-180 days), five days for base (range: 1-180 days) and 30 days for crystal (range: 1-180 days). No significant difference was found between 2016 and 2017 for median frequency of use.

The percentage of all participants who reported using any form of methamphetamine 'daily' (among those who recently used (n=625)) remained stable in 2017 (14% vs. 13% in 2016). The daily use of speed (7% vs 5% in 2016), base (1% vs 4% in 2016) and crystal forms (12% vs. 11% in 2016) also remained stable in 2017.

Figure 3: Median days of methamphetamine (any form) use among participants who had used methamphetamine in the past six months, by jurisdiction, 2016–2017



Source: IDRS participant interviews
Note: Data includes liquid amphetamine. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection.

4.3.3 Methamphetamine form most used

The main form used most in the past six months, of those who had used methamphetamine (n=625), was crystal (92%; 94% in 2016), followed by speed (6%; 5% in 2016), base (1%; 1% in 2016) and liquid amphetamine (<1%). Crystal was the main form reported in all jurisdictions.

4.3.4 Quantity of methamphetamine use

Participants were asked about the quantity of speed, base and crystal used in the last six months on an average day. Points were the most common measure reported by participants for all three forms of methamphetamine.

4.3.4.1 Speed

Among participants who reported using points (n=124), the median amount used on an average day in the last six months was one point (range: 0.2–35 points).

4.3.4.2 Base

Among the sixty-five participants who reported using points, the median amount used on an average day in the last six months was two points (range: 0.5–8 points).

4.3.4.3 Crystal

Among participants who reported using points (n=501), the median amount of crystal used on an average day in the last six months was one point (range: 0.05–50 points).

4.4 Cocaine

Key points

- Thirteen per cent of the national sample reported recent cocaine use at a median frequency of three days.
- Substantial jurisdictional variation was evident, ranging from nine per cent reporting recent use in the NT to 21% in NSW (median 12 days of use).

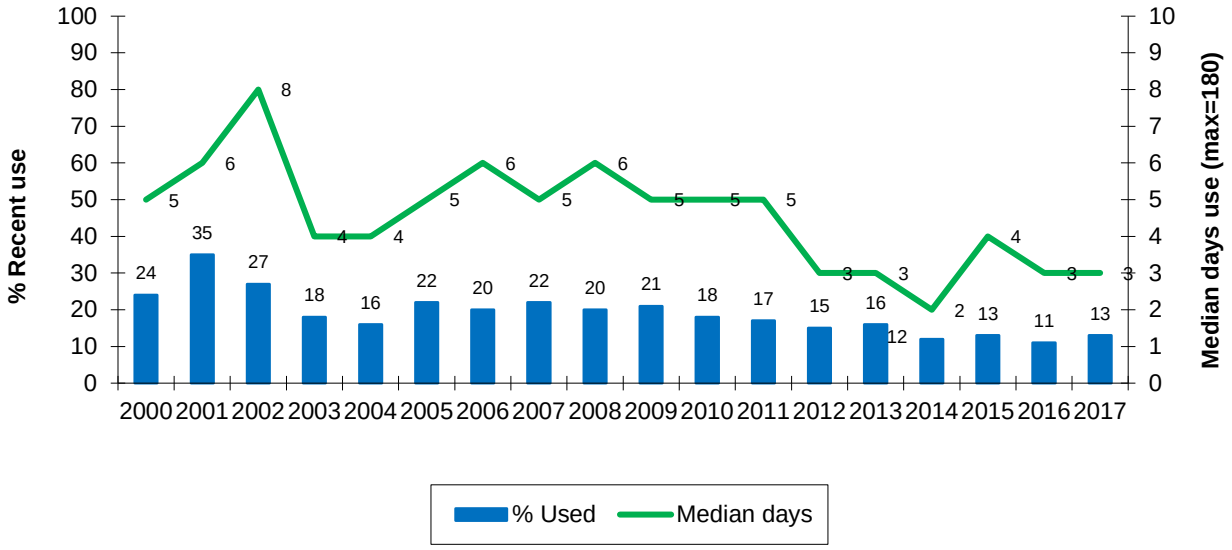
4.4.1 Use of cocaine

Thirteen per cent of the national sample reported recent use of cocaine, similar to that reported in 2016 (11%; Figure 4). Recent use of cocaine remained most common among participants in NSW (21%) and lower in other states ranging from nine per cent in the NT and QLD to 18% in the ACT.

The median frequency of use nationally was three days (12 days in NSW), with two per cent of the national sample reporting using cocaine 'weekly or more but less than daily'.

Please refer to Appendix B, Figure B3, Figure B7 and Figure B9 for national data between 2000 and 2017 and Appendix C, Table C5 for jurisdictional differences over time.

Figure 4: Percentage of participants in the national sample who reported recent cocaine use and median days of use, 2000–2017



Source: IDRS participant interviews
Note: Among those who reported recent use. Median days rounded to the nearest whole number. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection

4.4.2 Cocaine forms used

Ten per cent of the national sample reported use of powder cocaine in the preceding six months (19% in NSW). Small numbers reported using rock cocaine (4%) and crack cocaine (1%) in the last six months. Among participants who recently used cocaine, powder cocaine remained the form most commonly used in the preceding six months, followed by rock cocaine (72% and 21%, respectively).

4.4.3 Quantity of cocaine use

Participants were asked about the quantity of cocaine used on an average day in the last six months. The most common measure reported was in grams (n=56). Among participants who had used grams, the median amount used on an average day was one gram (range: 0.1–14 grams).

4.5 Cannabis

Key points

- Seventy-two per cent of the national sample reported recent cannabis use on a median of 140 days (45% daily use).
- Smoking of cannabis in cones was more common than joints, with participants reporting having smoked a median of five cones on an average day in the last six months.
- Hydroponic (hydro) cannabis continued to dominate the market although the use of bush was also common.

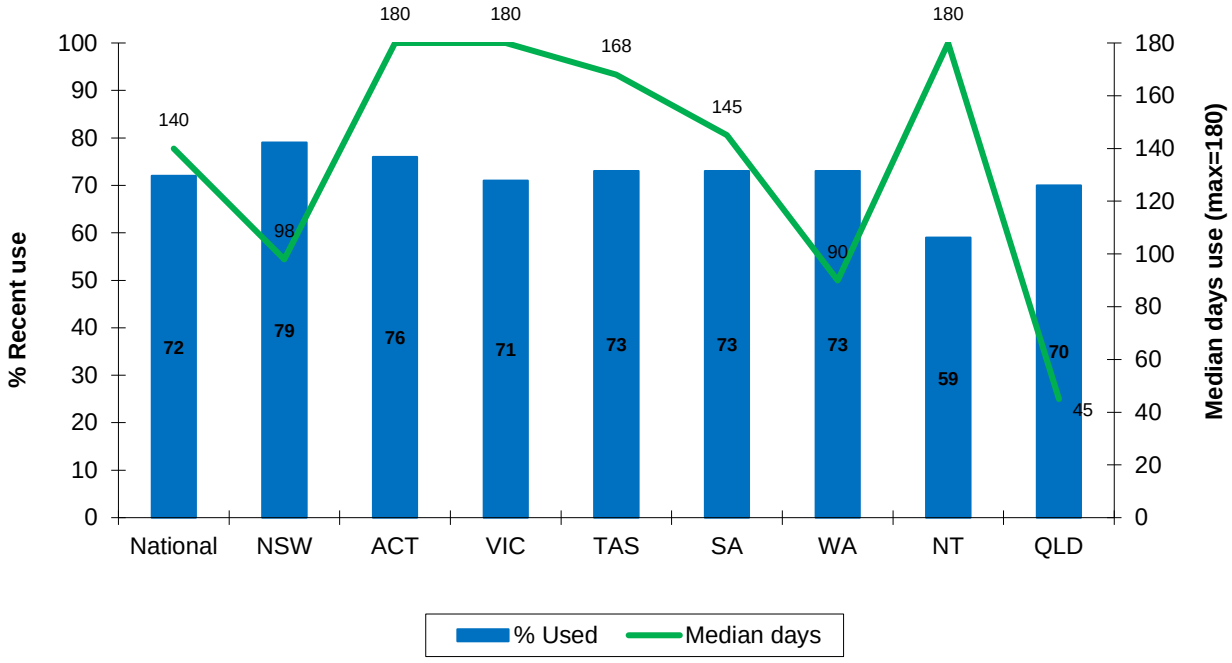
4.5.1 Use of cannabis

Seventy-two per cent of the national sample reported they had used cannabis in the six months prior to interview, ranging from 59% in the NT to 79% in NSW (Figure 5). No significant difference was found between 2016 and 2017 for recent cannabis use nationally (73% in 2016).

Nationally, the median number of days used among those who had recently used cannabis (n=635) was 140 days (range: 1-180 days; i.e., approximately 6 times per week), which was similar to frequency of use in 2016 (135 days; range: 1-180 days) (Figure 5). Nationally, 45% of participants who had recently used cannabis reported daily use, with jurisdictional rates of daily use ranging between 23% in QLD to 57% in the ACT.

For national data between 2000 and 2017 please refer to Appendix B, Figure B3, Figure B7 and Figure B9 and for jurisdictional differences over time Appendix C, Table C6.

Figure 5: Percentage of participants who reported recent cannabis use and median days of use, by jurisdiction, 2017



Source: IDRS participant interviews
Note: Among those who reported recent use. Median days rounded to the nearest whole number. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection

4.5.2 Cannabis forms used

Sixty-four per cent of the national sample reported use of hydroponic cannabis (hydro) in the preceding six months. One-third (33%) reported use of outdoor-grown 'bush' cannabis. Eight per cent had used hashish and a minimal percentage (6%) reported use of hash oil. Among participants who had recently used cannabis (n=635), hydro remained the form most commonly used in the preceding six months (85%), followed by bush (14%).

4.5.3 Quantity of cannabis use

Participants who recently used cannabis were asked how much cannabis they had smoked on an average day, as measured by the number of cones or joints. The most common measure reported was in cones (n=291). Among those who had smoked cones, on an average day, the median number used was five (range: <1 to 120 cones).

4.6 Other opioids

Key points

- Twenty-six per cent of the national sample reported the use of licitly obtained **methadone liquid** in the six months preceding interview and 13% illicitly obtained methadone liquid.
- One per cent of the national sample reported the recent use of licitly obtained **methadone tablets** (Physeptone®) and eight per cent reported the use of illicit methadone tablets.
- Five per cent of the national sample reported use of licitly obtained **buprenorphine** in the six months preceding interview and 10% reported use of illicit buprenorphine.
- Twelve per cent of the national sample reported recently using licitly obtained **buprenorphine-naloxone (Suboxone®).** Fourteen per cent reported using illicit buprenorphine-naloxone in the preceding six months, a significant increase from 2016 ($p<0.05$).
- The recent use of any form of **morphine** was reported by 29% of the national sample. Recent licit morphine use was reported by eight per cent of the sample compared to 24% for illicit morphine.
- Two per cent of the national sample reported the recent use of licitly obtained **generic oxycodone** and nine per cent for illicitly obtained generic oxycodone.
- Two per cent of the national sample reported the recent use of licitly obtained **OP oxycodone** and nine per cent for illicitly obtained OP oxycodone.
- One per cent of the national sample reported the recent use of licitly obtained **'other' oxycodone** and five per cent for illicitly obtained 'other' oxycodone.
- Eight per cent of the national sample reported recently using (licit or illicit) **fentanyl** on a median of three days in the last six months.
- Fourteen per cent of the national sample reported using (licit or illicit) **over the counter codeine** on a median of seven days in the last six months.
- Eighteen per cent of the national sample reported recent use of (licit or illicit) **'other' opioids** (i.e. those not elsewhere classified) – mainly Panadeine Forte®.

The IDRS investigates the use patterns, harms and market characteristics of a number of pharmaceutical opioids including methadone, buprenorphine, buprenorphine-naloxone, morphine and oxycodone. Use of these substances is broadly split into the following categories:

Use:

1. use of licitly obtained opioids, i.e. use of opioids obtained by a prescription in the person's name, through any route of administration (includes the use of these medications as prescribed);
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 licitly and illicitly obtained opioids;

Injection:

4. injection of licitly obtained opioids;
5. injection of illicitly obtained opioids; and
6. injection of any opioids.

For additional information on data covering the use of licitly obtained methadone, buprenorphine and buprenorphine-naloxone, please see *Drug treatment* section under *Heath-related trends associated with drug use*. For national differences between 2000 and 2017 refer to Appendix B and for jurisdictional differences refer to Appendix C.

4.6.1 Use of methadone

In 2017, over one-third (37%) of the national sample reported recent use of licitly and/or illicitly obtained methadone (including methadone tablets; Physeptone®), on a median of 175 days (range: 0-180 days) in the last six months. Among the national sample, 26% reported the use of licitly obtained methadone liquid (29% in 2016), and 13% reported the use of illicitly obtained methadone liquid (13% in 2016) in the six months preceding interview (Table 10). Licitly obtained methadone liquid was the form most used by 69% of those who reported methadone use (n=324); ranging from 51% in TAS to 90% in WA.

Among the national sample, one per cent reported the use of licitly obtained methadone tablets (Physeptone®) (2% in 2016) and eight per cent (7% in 2016) reported the use of illicitly obtained methadone tablets in the six months preceding interview (Table 10). Illicitly obtained methadone tablets were reported as the form of methadone 'most used' by seven per cent of the national sample who used methadone recently (7% in 2016). There were substantial jurisdictional differences among those who reported illicitly obtained methadone tablets as the form 'most used', ranging from no reports in NSW, VIC, SA and WA to 53% in the NT. Results should be interpreted with caution due to small numbers.

Table 10: Methadone (any form) recent use and median days, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	n=151	n=100	n=152	n=100	n=100	n=73	n=106	n=103
% Recent use	2016	**2017**								
Licit										
Liquid	29	**26**	34	40	34	25	17	23	0	23
Tablet	2	**1**	1	2	0	3	0	1	3	1
Illicit										
Liquid	13	**13**	18	11	7	29	6	6	10	16
Tablet	7	**8**	3	4	1	32	0	3	14	7
Median days used^										
Licit										
Liquid	180	**180**	180	180	180	180	180	180	180	180
Tablet	12	**69**	-	-	-	-	-	-	-	-
Illicit										
Liquid	5.5	**5**	6	2	2.5	12	-	-	-	3.5
Tablet	4.5	**9**	-	-	-	10	-	-	4	-
Any form (licit and/or illicit)	169	**175**	90	180	180	160	180	180	12	90

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
^Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection

4.6.1.1 Methadone injection

Sixteen per cent of the national sample reported recently injecting licitly and/or illicitly obtained methadone (including methadone liquid and tablets). The percentage of participants who reported having injected methadone in the preceding six months was lowest in SA (1%) and highest in TAS (44%).

The high rate of methadone injection recorded in TAS (which may be related to the difficulty in obtaining heroin in that jurisdiction) has been a consistent finding since the national monitoring began in 2000.

Nationally, those who reported injecting licitly obtained methadone liquid recently (n=52) had done so on a median of 48 days (range: 1-180 days) and illicitly obtained methadone liquid on a median of six days (range: 1-180 days). The injection of licitly and illicitly obtained methadone tablets (Physeptone®) was reported by few participants and typically on an infrequent basis (Table 11).

Table 11: Methadone (any form) recent injection and median days, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	N=151	N=100	N=152	N=100	N=100	N=73	N=109	N=103
	2016	**2017**								
% Recent injection										
Licit										
Liquid	8	**6**	7	9	1	18	1	1	0	12
Tablet	1	**1**	0	2	0	3	0	1	3	1
Illicit										
Liquid	9	**10**	15	8	2	26	1	3	8	14
Tablet	6	**7**	1	4	1	31	0	1	13	7
Median days injected^										
Licit										
Liquid	48	**48**	6.5	-	-	48	-	-	-	48
Tablet	–	**-**	-	-	-	-	-	-	-	-
Illicit										
Liquid	10	**6**	5	-	-	12	-	-	-	3.5
Tablet	5	**10**	-	-	-	10	-	-	4	-
Any form (licit and/or illicit)	24	**20**	6	30	-	36	-	-	8.5	20

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
^Among those who reported recent injection. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection

4.6.2 Use of buprenorphine[2]

Five per cent of the national sample reported recently using licit buprenorphine compared to 10% for illicitly obtained buprenorphine in the six months preceding interview (Table 12); the same percentages were recorded in 2016.

Use of licitly obtained buprenorphine ranged from being reported by no participants in WA to 19% in QLD, while for illicitly obtained buprenorphine, this figure ranged from one per cent in the NT to 25% in QLD (Table 12).

4.6.2.1 Buprenorphine injection

Three per cent of the national sample reported injection of licit buprenorphine and nine per cent reported injection of illicit buprenorphine in the six months preceding interview (Table 12). Injection of licitly obtained buprenorphine ranged from zero in the ACT to 16% in QLD, while injection of illicitly obtained buprenorphine ranged from one per cent in the NT to 24% in QLD (Table 12). Eleven per cent of the national sample had injected any form of buprenorphine (i.e. licitly or illicitly obtained).

Nationally, among participants who reported recent buprenorphine injection (regardless of licit or illicit obtainment) the median frequency of injection was nine days (range: 0-180 days; 10 days in 2016). For licit buprenorphine, this figure was 35 days (range: 2-180 days) (small numbers commenting) and six days for illicitly obtained buprenorphine (range: 1-180 days; six days in 2016) (Table 12).

Of those who had recently used buprenorphine (n=126), 65% reported illicit buprenorphine as the form used most compared to 35% reporting licit buprenorphine.

[2] Buprenorphine has been available for opioid substitution therapy (OST) in Australia since 2001. Initially mono-buprenorphine sublingual tablets (marketed as Subutex®) were introduced, followed by buprenorphine-naloxone sublingual tablets (marketed as Suboxone®) from 2006 (discontinued from September 2013), and buprenorphine-naloxone (Suboxone®) sublingual film from October 2011. There is jurisdictional variation in the policy regarding prescribing and uptake of the different forms (LARANCE, B., DIETZE, P., ALI, R., LINTZERIS, N., WHITE, N., JENKINSON, R. & DEGENHARDT, L. 2015. The introduction of buprenorphine-naloxone film in opioid substitution therapy in Australia: Uptake and issues arising from changing buprenorphine formulations. *Drug and Alcohol Review,* 34**,** 603–610 DOI: 10.1111/dar.12277).

Table 12: Buprenorphine use patterns, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	N=151	N=100	N=152	N=100	N=100	N=73	N=109	N=103
	2016	**2017**								
% Recent Use										
Licit	5	**5**	4	2	4	10	1	0	3	19
Illicit	10	**10**	13	14	6	9	7	10	1	25
Any form (licit and/or illicit)	14	**14**	15	16	9	19	8	10	3	36
Median days used^										
Licit	112	**180**	-	-	-	168	-	-	-	180
Illicit	7	**6**	12	6.5	-	-	-	-	-	7
Any form (licit and/or illicit)	12	**13**	12	19	14	30	-	-	-	60
% Recent injection										
Licit	3	**3**	2	0	2	4	1	-	1	16
Illicit	9	**9**	11	12	5	9	5	8	1	24
Any form (licit and/or illicit)	10	**11**	11	12	7	13	6	8	1	32
Median days injected^										
Licit	96	**35**	-	-	-	-	-	-	-	72
Illicit	6	**6**	11	19	-	-	-	-	-	8
Any form (licit and/or illicit)	10	**9**	12	19	5	6	-	-	-	8

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
^Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection

4.6.3 Use of buprenorphine-naloxone

In 2017, participants were asked about the use of buprenorphine–naloxone film. In previous years, participants were asked about any buprenorphine-naloxone, which included tablets and film.

Of the national sample, 24% reported recently using any form of buprenorphine-naloxone (12% licit use; 14% illicit use) on a median of 36 days (range: 1-180 days) in the last six months (Table 13). This was a significant increase from 19% in 2016 (p<0.05).

Table 13: Buprenorphine-naloxone recent use and median days, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	N=151	N=100	N=152	N=100	N=100	N=73	N=109	N=103
	2016	**2017**								
% Recent Use										
Licit	11	**12**	12	7	18	8	9	12	12	18
Illicit	11	**14***	14	13	11	14	14	16	10	24
Any form (licit and/or illicit)	19	**24***	23	19	27	20	22	27	18	32
Median days used^										
Licit	90	**120**	81	-	136	-	-	-	90	180
Illicit	6	**5.5**	7	3	5.5	2	9	27.5	5	8
Any form (licit and/or illicit)	48	**36**	30	15	66	5	30	60	90	42

Source: IDRS participant interviews
– Not published due to small numbers reported (n<10)
^Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page ix for guide for days of use/injection
*Significant difference between 2016 and 2017 (p<0.05)

4.6.3.1 Buprenorphine-naloxone injection

Of the national sample, 11% reported recently injecting any form of buprenorphine-naloxone (3% licit injection; 10% for illicit injection) on a median of ten days (range: 1-180 days) in the last six months (Table 14).

Table 14: Buprenorphine-naloxone recent injection and median days, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	N=151	N=100	N=152	N=100	N=100	N=73	N=109	N=103
	2016	**2017**								
% Recent Injection										
Licit	3	**3**	1	2	3	0	1	3	2	13
Illicit	8	**10**	12	10	5	12	5	14	5	19
Any form (licit and/or illicit)	10	**11**	12	11	7	12	6	15	6	24
Median days injected^										
Licit	48	**22**	-	-	-	-	-	-	-	60
Illicit	6	**8**	8	-	-	2.5	-	47.5	-	12
Any form (licit and/or illicit)	20	**10**	8	30	5.5	2.5	-	35	-	28

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
^Among those who reported recent injection. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection

4.6.4 Use of morphine

Twenty-nine per cent of the national sample had recently used morphine (including both licitly and illicitly obtained morphine; range: 9% in VIC to 70% in the NT) (Table 15). The recent use of licit morphine was reported by eight per cent of the sample (range: 2% in VIC and TAS to 27% in the NT), whilst the percentage reporting recent illicit morphine use remained stable at 24% in 2017 (26% in 2016). The use of illicitly obtained morphine was highest in the NT (60%) and TAS (42%), jurisdictions where traditionally heroin has not been readily available, and where methadone and morphine have dominated the markets (Table 15).

The median days of use for licitly obtained morphine (90 days; range: 1-180 days) were based on small numbers in most jurisdictions and, therefore, should be interpreted with caution.

Among those who recently used illicit morphine (n=213), no significant difference was found for the median number of days used between 2016 and 2017. By jurisdiction, the median frequency of illicitly obtained morphine use among participants who recently used morphine varied (Table 15).

4.6.4.1 Morphine injection

The percentage reporting recent injection of licitly obtained morphine was rare and stable. The percentage injecting illicitly obtained morphine remained stable at 23% (25% in 2016). The median number of days in which illicitly obtained morphine was injected was 24 days (range: 1-180 days) (Table 15).

Table 15: Morphine use patterns, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	N=151	N=100	N=152	N=100	N=100	N=73	N=109	N=103
	2016	**2017**								
% Recent Use										
Licit	6	**8**	7	6	3	3	9	6	27	6
Illicit	26	**24**	16	21	7	42	12	18	60	26
Any form (licit and/or illicit)	29	**29**	21	27	9	44	19	22	70	27
Median days used^										
Licit	180	**90**	34	-	-	-	-	-	180	-
Illicit	22	**24**	15	5	4	65	20	22	108	10
Any form (licit and/or illicit)	25	**30**	20	6	5	80	40	7	180	11.5
% Recent injection										
Licit	5	**7**	5	5	1	2	5	4	25	6
Illicit	25	**23**	15	21	6	42	11	18	60	23
Any form (licit and/or illicit)	27	**27**	19	26	7	43	14	21	70	25
Median days injected^										
Licit	125	**90**	-	-	-	-	-	-	180	-
Illicit	24	**24**	14	6	-	65	20	22	96	10
Any form (licit and/or illicit)	30	**30**	14	6	5	80	37.5	12.5	180	11.5

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
^Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection

Of those who reported recent morphine use (n=253), the majority (77%) reported illicit morphine as the form most used, ranging from 58% in SA to 93% in TAS. The most commonly used brand of morphine used in the preceding six months was MS Contin®, followed by Kapanol®.

4.6.5 Use of oxycodone

Twenty per cent of the national sample reported the use of 'any form' of oxycodone in the last six months (ranging from 12% in VIC to 29% in NSW and TAS). This was stable from 21% in 2016 (Table 16). The different forms included the 'generic' form of oxycodone (no tamper-resistant properties), oxycodone 'OP' (tamper-resistant properties) and 'other' forms of oxycodone[3]. Four per cent of the national sample reported recent use of licitly obtained oxycodone (any form) and 17% reported recent use of illicitly obtained oxycodone (any form). Similar to previous years, TAS reported the highest levels of recent illicit oxycodone use (29%; Table 16). No significant differences were found for recent licit or illicit oxycodone use between 2016 and 2017.

Among those who recently used 'any form' of oxycodone (n=172), the median days of use was six days (range: 1-180 days) in the last six months nationally (seven days in 2016, Table 16). Among those who recently used illicit 'generic' oxycodone (n=78), a significant difference was found for the median number of days used between 2016 and 2017 (p<0.05). A significant difference was also found for the median numbers of days used for illicit 'OP' oxycodone (p<0.01).

4.6.5.1 Oxycodone injection

Thirteen per cent of the national sample reported injecting 'any form' of oxycodone in 2017. The percentage reporting the recent injection of licitly obtained oxycodone (2%) was rare, while the percentage who recently injected illicitly obtained oxycodone was 12% (15% in 2016). Nationally, the median number of days in which 'any form' of oxycodone was injected was six days (range: 1-180 days) (Table 16).

[3] In April 2014 'Reformulated OxyContin®' (branded with an 'OP' on each tablet) was introduced designed to be tamper resistant. The 'original oxycodone' OxyContin®' (branded with an 'OC') was withdrawn. In September 2014 generic 'non-tamper-resistant oxycodone' was made available in Australia.

Table 16: Oxycodone recent use and median days, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	N=151	N=100	N=152	N=100	N=100	N=73	N=109	N=103
	2016	**2017**								
% Recent Use										
Licit	4	**4**	7	6	4	1	6	3	5	3
Illicit	18	**17**	27	9	8	29	13	14	14	18
Any form (licit and/or illicit)	21	**20**	29	14	12	29	19	15	17	20
Median days used^										
Any form (licit and/or illicit)	7	**6**	9.5	5	5	3	6.5	10	5.5	6.5
% Recent injection										
Licit	2	**2**	5	-	1	-	1	-	3	3
Illicit	15	**12**	24	3	6	20	9	7	12	13
Any form (licit and/or illicit)	16	**13**	26	3	7	20	9	7	13	14
Median days injected^										
Any form (licit and/or illicit)	6	**6**	9	-	-	4	-	-	5.5	6.5

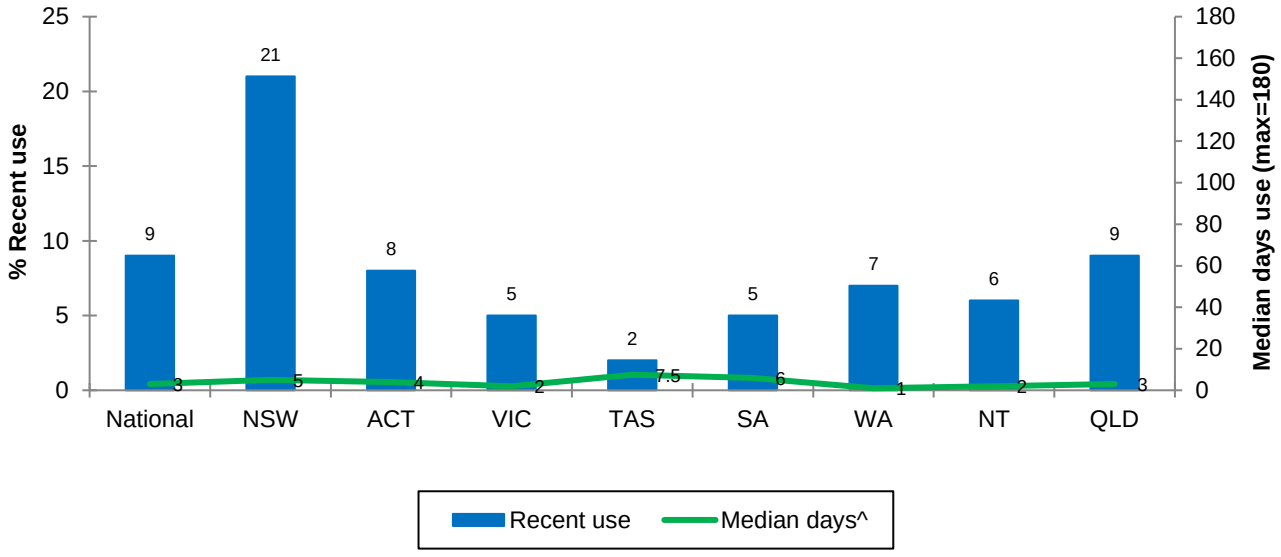
Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
^Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection

Of those who reported recent oxycodone use (n=172), the majority reported illicit oxycodone as the form most used; 84% for 'generic' oxycodone and 82% for 'OP' oxycodone and 'other' oxycodone, respectively. The most commonly used brand of 'other' oxycodone used in the preceding six months was Endone® (n=20).

4.6.6 Use of fentanyl

In 2017, 25% of the national sample reported using fentanyl (licit and/or illicit) in their lifetime (25% in 2016). Nine per cent reported recent use of fentanyl on a median of three days in the last six months (range: 1-180 days) (Figure 6). Fentanyl was injected by seven per cent of the national sample on a median of three days in the last six months (range: 1-180 days) (8% in 2016). Among those who recently used fentanyl (n=75), the form most used was illicit fentanyl (84%).

Figure 6: Recent use and median days of fentanyl#, by jurisdiction, 2017

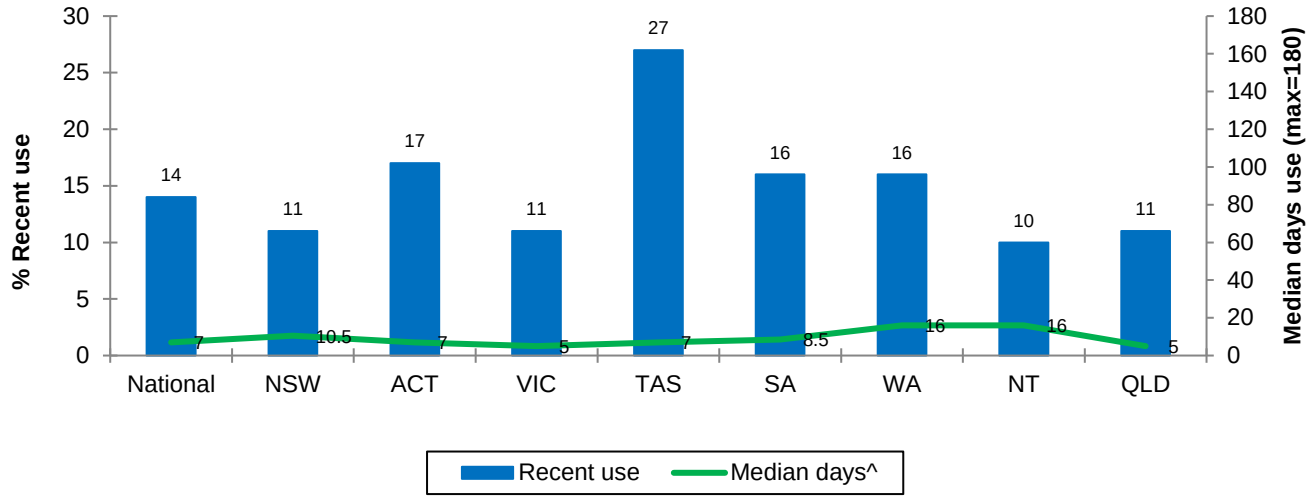


Source: IDRS participant interviews
Licit and/or illicit use
^Among those who recently used fentanyl
NB: Medians based on small numbers (n<10); interpret with caution

4.6.7 Use of over the counter codeine (non-medicinal use)

In 2017, 35% of the national sample reported using OTC codeine in their lifetime. Fourteen per cent reported using OTC codeine on a median of seven days in the last six months (range: 1-180 days) (16% in 2016; Figure 7). Among those who commented (n=102), the main brands used were Chemist own® pain tablets/capsules (23%), Panadeine® (20%) and Nurofen Plus® (15%). Three participants reported injecting OTC codeine recently on a median of five days (range: 2-7 days).

Figure 7: Recent use and median days of over the counter codeine use, by jurisdiction, 2017

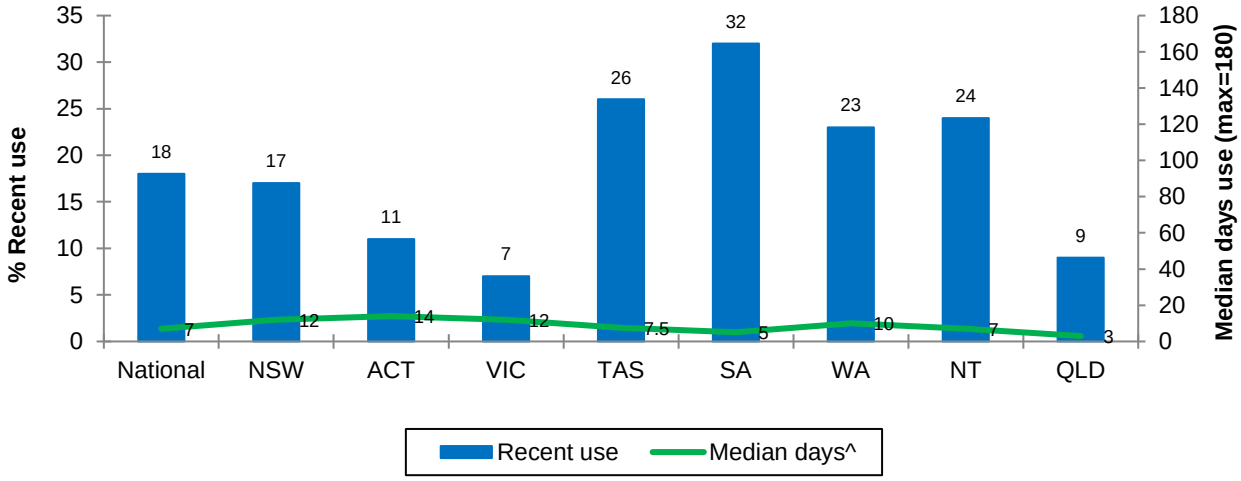


Source: IDRS participant interviews
* Among those who recently used OTC codeine
NB: Medians based on small numbers (n<10); interpret with caution

4.6.8 Use of other opioids (not elsewhere specified)

Other opioids include (but are not limited to) opium, pethidine and codeine phosphate (not including OTC codeine). Nearly half (47%) of the national sample reported the use of other opioids (licit and/or illicit) in their lifetime. The recent use of other opioids (any form) remained stable at 18% in 2017 (15% in 2016). In 2017, SA (32%), TAS (26%) and the NT (24%) reported the highest recent use of other opioids (Figure 8). Nine participants (1%) reported injecting other opioids on a median of four days in the last six months (range: 1-30 days).

Figure 8: Recent use of other opioids# (not elsewhere specified), by jurisdiction, 2017



Source: IDRS participant interviews
Licit and/or illicit use
^Among those who recently used other opioids
NB: Medians based on small numbers (n<10); interpret with caution

Among those who reported recent other opioid use and commented (n=155), 59% reported mainly using licit ‘other opiates’ while 41% reported illicit use. It should be noted that due to the introduction of questions relating to oxycodone, OTC codeine and fentanyl, the figures for ‘other’ opioids will not be directly comparable to previous years. The most commonly used ‘other’ opioid reported among those who commented (n=148) was Panadeine Forte® (67% of people who recently used other opioids).

4.7 Other drugs

Key points

- Ten per cent of the national sample reported recent **ecstasy** use on a median of three days.
- Six per cent reported recent use of **hallucinogens** on a median of two days.
- Almost half (49%) reported recent use of licit and/or illicit **benzodiazepines** (including alprazolam) on a median of 48 days. Small numbers reported recently injecting benzodiazepines (5%) on a median of four days.
- One-fifth (18%) reported recently using **alprazolam** (licit and/or illicit), and four per cent reported recently injecting alprazolam.
- Seven per cent reported recently using illicit **pharmaceutical stimulants** on a median of four days.
- One-tenth (12%) reported recently using illicit **Seroquel®** on a median of four days.
- Eighteen participants reported recently using **steroids** on a median of six days.
- Five per cent reported recently using **synthetic cannabinoids** on a median of two days.
- Two per cent reported using **inhalants** in the last six months.
- Fifty-six per cent reported recently using **alcohol** on a median of 24 days (13% daily use).
- The majority (88%) reported recent **tobacco** use, and most of these participants (89%) reported daily use.
- Fifteen per cent reported recent **e-cigarette** use on a median of six days.

4.7.1 Ecstasy

Ten per cent of the national sample had used ecstasy in the six months preceding interview on a median of three days (range: 1-30 days). Three per cent injected it on a median of one occasion (range: 1-30 days) (see Appendix A, Table A2). No significant difference was found between 2016 and 2017 for recent ecstasy use nationally.

4.7.2 Hallucinogens

Recent use of hallucinogens was low, with six per cent reporting use on a median of two days (range: 1-30 days) (see Appendix A, Table A2). No difference was found between 2016 and 2017 for the recent use of hallucinogens.

Nationally, the main type of hallucinogen used in the last six months was lysergic acid diethylamide (LSD) (n=27). One per cent of the sample had injected hallucinogens in the last six months (range: 1-20 days) (see Appendix A, Table A2).

4.7.3 Benzodiazepines

Seventy-three per cent of the national sample had reported the use of any form (licit or illicit) of benzodiazepines at some stage in their lifetime. Fifty per cent reported the recent use of any form of benzodiazepines on a median of 48 days (range: 1-180 days) in the last six months. Among those who recently used any form of benzodiazepines (n=438), 33% reported using them daily in the last six months. Sixteen per cent of the national sample reported injecting any benzodiazepines in their lifetime. Small numbers reported recently injecting any benzodiazepines (5%) on a median of four days (range: 1-102 days) in the last six months (small numbers commenting; see Appendix A, Table A2).

Nationally, the recent use and the median days of use of any form of benzodiazepine remained stable between 2016 and 2017. For national differences between 2000 and 2017 refer to Appendix B, Figure B6 and Figure B8 and for jurisdictional differences refer to Appendix C, Table C12.

4.7.3.1 Alprazolam

From 2011 onwards, participants were asked about the use of alprazolam separately from 'other' benzodiazepine use (please see below). It was recognised that alprazolam was a benzodiazepine that was potent and may be prone to abuse. The abuse liability was recognised nationally with the

rescheduling of alprazolam from Schedule 4 to Schedule 8 from February 1, 2014 (http://www.tga.gov.au/book/part-scheduling-proposals-referred-march-2013-meeting-acms).

Fifty per cent of the national sample reported using some form of alprazolam in their lifetime (18% licit and 43% illicit). Eighteen per cent of the sample reported recently using any form of alprazolam. Five per cent had recently used licit alprazolam on a median of 41 days (range: 1-180 days) (155 days in 2016), while 15% had recently used illicit alprazolam, a significant decrease from 19% in 2016 (p<0.05) on a median of 5.5 days (range: 1-180 days) (Table 17).

A smaller percentage (11%) had injected alprazolam at some stage in their life (4% licit, 10% illicit), with four per cent injecting any form of alprazolam (<1% licit, 3% illicit) in the last six months.

At a national level, of those who reported recent alprazolam use (n=161), 82% stated that illicit alprazolam was the form they had used most in the preceding six months.

Table 17: Alprazolam use patterns, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	N=151	N=100	N=152	N=100	N=100	N=73	N=109	N=103
	2016	**2017**								
% Recent Use										
Licit	5	**5**	9	3	3	2	6	3	6	3
Illicit	19	**15***	25	12	13	23	10	10	15	12
Any form (licit and/or illicit)	23	**18**	29	13	16	25	13	12	17	14
Median days used^										
Licit	155	**41**	40	-	-	-	-	-	-	-
Illicit	5	**5.5**	7.5	5	5	4	4.5	-	10	5.5

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
*Significant difference between 2016 and 2017 (p<0.05)
^Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection

4.7.3.2 Benzodiazepines (excluding alprazolam)

Two-thirds (67%) of the national sample had used any form of benzodiazepine not including alprazolam in their lifetime (51% licit and 47% illicit). Under half (45%) reported recent use of any form of benzodiazepine (excluding alprazolam) (Table 18).

Thirty per cent of the national sample reported having used licitly obtained benzodiazepines (excluding alprazolam) on a median of 168 days (range: 1-180 days) in the last six months. Twenty-six per cent of the national sample reported the use of illicitly obtained benzodiazepines (excluding alprazolam), a significant decrease from 2016 (31%; p<0.05) on a median of ten days (range: 1-180 days) in the last six months. Reports of recent use of licitly and illicitly obtained benzodiazepines (excluding alprazolam) varied across jurisdictions (Table 18).

Percentages of respondents reporting the recent injection of benzodiazepines (any form – excludes alprazolam) in the last six months were relatively low at one per cent nationally (<1% licit, 1% illicit).

Of those who reported recent benzodiazepine (excluding alprazolam) use (n=396), over half (63%) stated that licit benzodiazepines (excluding alprazolam) were the form they had most used in the preceding six months.

Table 18: Benzodiazepines (excluding alprazolam) use patterns, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	N=151	N=100	N=152	N=100	N=100	N=73	N=109	N=103
	2016	**2017**								
% Recent Use										
Licit	33	**30**	24	27	34	36	32	36	6	46
Illicit	31	**26***	30	25	22	36	23	30	16	30

Any form (licit and/or illicit)	52	**45**	43	41	48	58	42	45	20	60
Median days used^										
Licit	127.5	**168**	81	180	180	168	180	23.5	-	108
Illicit	7	**10**	10	9	6	15	5	12	5	6

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
*Significant difference between 2016 and 2017 (p<0.05)
^Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection

Excluding alprazolam, diazepam (e.g. Valium®) was the main brand of benzodiazepine used in the preceding six months (64% of participants who recently used benzodiazepines) followed by oxazepam (e.g. Serapax®, 8% of participants who recently used benzodiazepines).

4.7.4 Pharmaceutical stimulants

In 2017, use and injection of pharmaceutical stimulants remained relatively low and infrequent in the national sample. A greater percentage of participants reported recently using (7%) or injecting (4%) illicitly obtained pharmaceutical stimulants compared to pharmaceutical stimulants obtained through licit means (2% use; 1% injection). Use of illicitly obtained pharmaceutical stimulants in the preceding six months was most common in TAS (16%), and QLD (11%; Table 19). Injection of illicitly obtained pharmaceutical stimulants was most common in the NT (86%), the ACT (80%) and VIC (80%) (based on small numbers <10). No significant difference was found between 2016 and 2017 for the recent use of licit or illicit pharmaceutical stimulants nationally. Among those who commented (n=67), 46% reported the main brand of pharmaceutical stimulant used was dexamphetamine (46%), followed by Ritalin® (36%).

Table 19: Pharmaceutical stimulant use patterns in the past six months, by jurisdiction, 2017

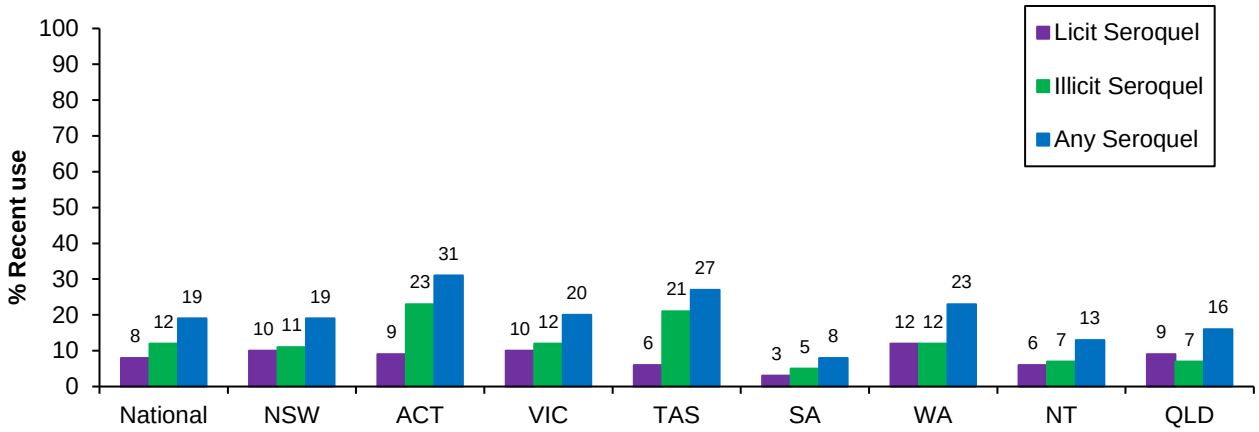
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	N=151	N=100	N=152	N=100	N=100	N=73	N=109	N=103
	2016	**2017**								
% Recent Use										
Illicit	9	**7**	4	5	3	16	8	8	6	11
Any form (licit and/or illicit)	10	**8**	6	7	5	17	8	10	6	13
Median days used^										
Illicit	4	**4**	-	-	-	5	-	-	-	2
Any form (licit and/or illicit)	5	**5**	-	-	-	5	-	-	-	5
% Recent injection										
Illicit	6	**4**	1	4	3	12	2	4	6	7
Any form (licit and/or illicit)	7	**5**	1	5	3	12	2	5	6	8
Median days injected^										
Illicit	3	**4**	-	-	-	5	-	-	-	-
Any form (licit and/or illicit)	4	**5**	-	-	-	5	-	-	-	-

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
^Among those who reported recent use or injection. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection
Note: Patterns of use of licitly obtained pharmaceutical stimulants are not shown due to fewer than ten participants responding to each item in each jurisdiction.

4.7.5 Seroquel® (quetiapine)

Of the national sample, nearly half (47%) reported a lifetime use of Seroquel® (quetiapine) (21% licit, 32% illicit). The recent use of any Seroquel® remained stable at 19% in 2017 (8% licit, 12% illicit) (Figure 9). licit Seroquel® had been used on a median of 180 days (range: 1-180 days) compared to four days (range: 1-180 days) for illicit Seroquel®.

Figure 9: Percentage of participants who reported use of licit (prescribed) and illicit Seroquel® in the preceding six months, by jurisdiction, 2017



Source: IDRS participant interviews

4.7.6 Steroids

Seven per cent of the national sample reported ever using steroids. Eighteen participants reported use on a median of six days (range: 1-120 days) in the six months preceding interview and eight participants reported recently injecting steroids on a median of three days (range: 1-42 days) (see Appendix A, Table A2).

4.7.7 New drugs that mimic the effects of amphetamines or cocaine

Six per cent of the national sample reported ever using new drugs that mimic the effects of amphetamines or cocaine, such as synthetic cathinones (e.g. mephedrone), tryptamines (e.g. dimethyltryptamine [DMT]) and phenethylamines (e.g. 2C-x class). Two per cent of participants reported the use of new drugs that mimic the effects of amphetamines or cocaine in the six months preceding interview on a median of eight days (range: 1-30 days). Two per cent reported recently injecting these drugs on a median of five and a half days (range: 1-20 days) (see Appendix A, Table A2). Due to the addition of this form of drug in 2017, no significance testing was carried out.

4.7.8 Synthetic cannabinoids

Sixteen per cent of the national sample reported ever using synthetic cannabinoids (e.g. K2, Spice). Five per cent of participants reported the use of synthetic cannabinoids in the six months preceding interview on a median of two days (range: 1-180 days). No participants reported injecting a synthetic cannabinoid (see Appendix A, Table A2). No significant difference was found between 2016 and 2017 for the recent use of synthetic cannabinoids nationally (8% in 2016).

4.7.9 New drugs that mimic the effects of opioids

One per cent of the national sample reported ever using new drugs that mimic the effects of opioids (e.g. W-18, carfentanil, U-447700). Three participants reported the use of new drugs that mimic the effects of opioids in the six months preceding interview on a median of one day. No participants reported injecting new drugs that mimic the effects of opioids in 2017 (see Appendix A, Table A2). Due to the addition of this form of drug in 2017, no significance testing was carried out.

4.7.10 New drugs that mimic the effects of ecstasy or psychedelic drugs

Four per cent of the national sample reported ever using new drugs that mimic the effects of ecstasy or psychedelic drugs (e.g. NBOMe, 2c-x). One per cent of participants reported the use of new drugs that mimic the effects of ecstasy or psychedelic drugs in the six months preceding interview on a median of two days (range: 1-60 days). No participants reported injecting new drugs that mimic the effects of ecstasy or psychedelic drugs (see Appendix A, Table A2). Due to the addition of this form of drug in 2017, no significant testing was carried out.

4.7.11 Inhalants

Twenty per cent of the national sample reported ever having inhaled volatile substances such as amyl nitrite, petrol, glue and/or lighter fluid in their lifetime. Two per cent of participants reported use in the six months preceding interview on a median of seven days (range: 1-180 days) (see Appendix A, Table A2). Nationally, no significant difference was found between 2016 and 2017 for the recent use of inhalants (3% in 2016).

4.7.10 Alcohol, tobacco and e-cigarettes

Fifty-six per cent of the national sample reported recently using alcohol (58% in 2016), on a median of 24 days (range: 1-180 days), indicating that frequency of use was approximately weekly among two-thirds of the sample (Table 20). Thirteen per cent of participants who recently consumed alcohol reported daily use of alcohol.

Eighty-eight per cent of the national sample reported recently using tobacco (Table 20) on a median of 180 days (range: 1-180 days), a significant decrease in the percentage reporting use in 2016 (93%; $p<0.001$). The majority of participants who recently used tobacco (89%) reported smoking daily over the preceding six months.

In 2017, participants were asked about their use of e-cigarettes. Of the national sample, under one-third (32%) reported ever trying an e-cigarette, with 15% recently using an e-cigarette on a median of six days (range: 1-180 days) (Table 20).

Table 20: Patterns of alcohol and tobacco use in the preceding six months, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	N=151	N=100	N=152	N=100	N=100	N=73	N=109	N=103
	2016	**2017**								
% Recent use										
Alcohol	58	**56**	54	66	54	55	66	53	44	57
Tobacco	93	**88*** **	88	93	92	88	90	89	70	89
E-cigarettes	14	**15**	13	15	14	17	29	21	-	12
Median days used by those who had used^										
Alcohol	24	**24**	12	25	48	10	24	48	48	24
Tobacco	180	**180**	180	180	180	180	180	180	180	180
E-cigarettes	3	**6**	6	17	2	24	3	7	-	8.5

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
***Significant difference between 2016 and 2017 ($p<0.001$)
^Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page ix for guide to days of use/injection

5 Drug Market: Price, purity, availability and purchasing patterns

This section contains information on the market characteristics (including price, perceived purity, availability and purchasing patterns) of various drugs. It should be noted that the price, purity and availability sections of the participant survey were not restricted to participants who had used the particular drug but to those who felt confident of their knowledge of these parameters of the market. Comparable findings from previous years on price, availability and perceived purity are shown in Appendix D.

5.1 Heroin

Key points

Price

- Nationally, heroin cost $50 per cap and $335 per gram ($50 and $330 in 2016).

Purity

- Reports of purity were mixed, with 22% reporting purity as 'high' and similar percentages reporting purity as 'low' (31%) or 'medium' (34%).

Availability

- As in previous years, the majority of participants reported that heroin was 'easy' or 'very easy' to obtain.

5.1.1 Price of heroin

The median price of heroin nationally was $335 per gram and $50 per cap (a small amount typically used for a single injection) (Table 21). The majority (75%) of those who commented (n=427) reported that price had remained 'stable' in the last six months.

Table 21: Median price of heroin, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Median Price ($)										
Per gram	350	**335**	350	300	250	-	400	-	-	400
Per cap	50	**50**	50	80	40	-	50	100	-	50
% Price changes (n)	(n=445)	**(n=427)**	(n=115)	(n=58)	(n=94)	(n=12)	(n=45)	(n=45)	(n=10)	(n=48)
Increased	9	**10**	18	21	2	0	7	4	0	6
Stable	76	**75**	77	72	68	75	78	78	80	79
Decreased	8	**9**	2	3	21	17	7	11	10	4
Fluctuated	7	**7**	4	3	9	8	9	7	10	10

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.1.2 Perceived purity of heroin

Participants were asked about their perception of current heroin purity or strength, and if there had been any change in purity in the six months preceding interview. Similar to 2016 results, reported purity varied with 22% reporting purity as 'high' and similar percentages reporting purity as 'low' (31%) or 'medium' (34%). This pattern of results was broadly seen across all jurisdictions. As in previous years, few participants in TAS and the NT were able to comment. Purity was most commonly reported to have remained 'stable' across the majority of jurisdictions (43% nationally) (Table 22).

Table 22: Perceived purity of heroin, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Current purity (n)	(n=451)	**(n=430)**	(n=113)	(n=61)	(n=91)	(n=12)	(n=46)	(n=45)	(n=11)	(n=51)
High	19	**22**	21	18	15	25	20	33	36	26
Medium	34	**34**	36	38	28	25	39	31	27	41
Low	33	**31**	27	34	40	25	37	13	18	31
Fluctuates	13	**14**	16	10	18	25	4	22	18	2
% Purity changes (n)	(n=444)	**(n=418)**	(n=114)	(n=58)	(n=90)	(n=11)	(n=45)	(n=44)	(n=9)	(n=47)
Increasing	19	**17**	17	22	13	0	4	16	-	36
Stable	45	**43**	41	48	38	55	49	46	-	38
Decreasing	17	**17**	23	12	14	9	29	11	-	9
Fluctuating	20	**23**	19	17	34	36	18	27	-	17

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.1.4 Availability of heroin

To obtain information on the availability of heroin, participants were asked 'How easy is it to get heroin at the moment?' and 'Has this changed in the last six months?' Of those who commented (n=449), 52% reported the availability of heroin as 'very easy' and 37% as 'easy', reflecting findings in 2016 (53% and 38%, respectively) (Table 23). The majority of those commenting on heroin availability reported that availability had remained 'stable' (83%) in the last six months (Table 23).

Table 23: Availability of heroin, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	**(n=457)**	**(n=449)**	(n=119)	(n=63)	(n=95)	(n=14)	(n=48)	(n=45)	(n=12)	(n=53)
Very easy	**53**	**52**	51	41	62	21	69	64	17	40
Easy	**38**	**37**	38	48	32	21	29	31	42	51
Difficult	**8**	**8**	10	10	6	29	0	2	25	9
Very difficult	**1**	**2**	1	2	0	29	2	2	17	0
% Availability changes (n)	**(n=452)**	**(n=441)**	(n=119)	(n=63)	(n=94)	(n=14)	(n=47)	(n=45)	(n=11)	(n=48)
More difficult	**8**	**8**	10	13	10	7	0	4	9	0
Stable	**81**	**83**	78	70	84	93	96	87	82	90
Easier	**7**	**7**	8	16	3	0	4	7	0	2
Fluctuates	**3**	**3**	3	2	3	0	0	2	9	8

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.1.5 Purchasing patterns of heroin

Participants were also asked to nominate one response to 'The last time you obtained heroin, who did you obtain it from?' and 'The last time you obtained heroin, what was the venue (location)?'. Of those who had bought heroin (n=438), the most common source was a known dealer (46%) or a friend (32%).

The most common place of purchase was at an agreed public location (35%). Nineteen per cent reported obtaining heroin from a dealer's home and 18% reported obtaining heroin by home delivery (Table 24).

Table 24: Purchasing patterns of heroin, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Last purchased from # (n)	(n=450)	**(n=438)**	(n=118)	(n=59)	(n=95)	(n=13)	(n=45)	(n=45)	(n=11)	(n=52)
Street dealer	10	**10**	14	2	19	0	4	7	0	6
Friends	33	**32**	25	49	21	46	27	31	55	44
Known dealer	49	**46**	52	44	48	15	53	49	36	31
Acquaintance	5	**6**	4	5	5	0	11	0	0	17
Unknown dealer	1	**3**	2	0	4	0	2	9	0	0
Mobile dealer	1	**0**	0	0	0	0	0	0	0	2
Other	1	**1**	2	0	0	8	0	0	0	0
% Most recent purchase place # (n)	(n=451)	**(n=438)**	(n=118)	(n=59)	(n=95)	(n=13)	(n=45)	(n=45)	(n=11)	(n=52)
Home delivery	15	**18**	18	17	12	23	31	13	18	19
Dealer's home	18	**19**	14	20	20	0	13	33	18	21
Friend's home	17	**15**	15	20	8	39	7	18	36	17
Acquaintance's house	2	**2**	2	0	2	0	2	2	0	4
Street market	12	**9**	18	0	18	0	7	0	0	0
Agreed public location	34	**35**	28	39	40	15	40	33	27	39
Other	1	**3**	6	3	0	23	0	0	0	0

Source: IDRS participant interviews
Only one response allowed

5.2 Methamphetamine

Key points

Price

- Methamphetamine was reported to cost $50 per point nationally for speed, base and crystal. Price varied by jurisdiction.
- Price was considered to have remained 'stable' for all three forms over the last six months by the majority of participants nationally. However, there was a significant decrease in the percentage reporting the price of crystal as remaining 'stable'.

Purity

- The largest percentage of participants reported the purity of all three forms of methamphetamine as 'medium' and 'stable'.
- There was a significant decrease in the percentage of participants reporting purity of base as 'stable' between 2016 and 2017.

Availability

- All forms of methamphetamine were generally considered 'easy' or 'very easy' to obtain in all jurisdictions. However, over one-quarter of participants reported that base was 'difficult' to obtain. The availability was reported to have remained 'stable', although some jurisdictional variations were noted.

5.2.1 Price of methamphetamine

The median price of the last purchase of speed, base and crystal are presented in Table 25.

5.2.1.1 Speed

A 'point' (0.1 gram) of speed cost a median of $50; a 'half-weight' was $200; and a 'gram' was $350 nationally. Fifty-seven per cent of those participants who commented (n=136) reported that the price of speed had remained 'stable' over the last six months (Table 25).

5.2.1.2 Base

As in previous years, a point (0.1 gram) was the most popular purchase amount and the median cost was $50 nationally. The median cost of a half-weight was $200 and a gram was $300 (small numbers commenting; interpret with caution). Forty-seven per cent of those who commented (n=62) reported that the price of base had remained 'stable' over the last six months (Table 25).

5.2.1.3 Crystal

As in previous years, a 'point' (0.1 gram) of crystal was the most popular purchase amount, typically ranging from $50 per point in NSW, the ACT, SA, QLD and VIC to $100 per point in TAS and the NT (median $50 nationally). Purchase of a half-weight or gram of crystal was not as common. The median price of purchase among these small numbers of participants was $200 and $350 nationally, respectively. Fifty-four per cent of participants who commented (n=507) reported that the price of crystal had remained 'stable' over the last six months (a significant decrease relative to 2016: 61%) (Table 25).

Table 25: Median price of methamphetamine, by jurisdiction, 2017

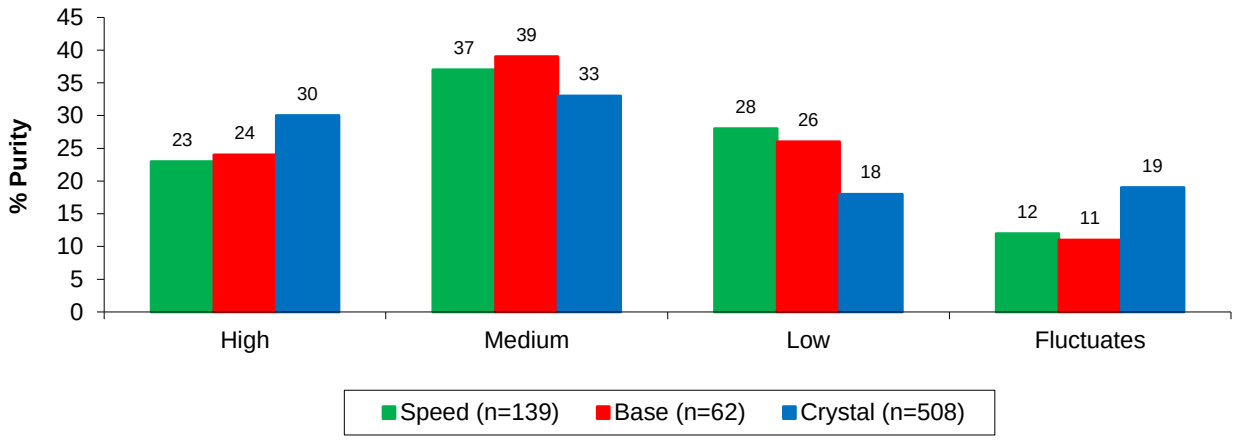
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Price ($) Speed										
Per point	50	**50**	50	-	-	77.5	-	-	100	50
Per gram	300	**350**	-	-	-	-	-	-	-	-
Price ($) Base										
Per point	50	**50**	-	-	-	-	50	-	-	-
Per gram	400	**300**	-	-	-	-	-	-	-	-
Price ($) Crystal										
Per point	50	**50**	50	50	50	100	50	75	100	50
Per gram	400	**350**	310	390	350	425	325	475	650	300
Price changes										
% Methamphetamine powder (n) (speed)	(n=112)	**(n=136)**	(n=20)	(n=15)	(n=6)	(n=27)	(n=11)	(n=11)	(n=22)	(n=24)
Increased	10	**14**	10	13	-	19	18	18	14	8
Stable	63	**57**	75	60	-	67	36	36	59	50
Decreased	20	**17**	15	20	-	4	27	27	14	25
Fluctuated	8	**12**	0	7	-	11	18	18	14	17
% Methamphetamine base (n) (base)	(n=43)	**(n=62)**	(n=9)	(n=6)	(n=1)	(n=3)	(n=28)	(n=0)	(n=4)	(n=11)
Increased	9	**23**	-	-	-	-	36	-	-	18
Stable	61	**47**	-	-	-	-	25	-	-	64
Decreased	16	**21**	-	-	-	-	25	-	-	18
Fluctuated	14	**10**	-	-	-	-	14	-	-	0
% Crystal methamphetamine (n) (crystal)	(n=525)	**(n=507)**	(n=89)	(n=62)	(n=63)	(n=67)	(n=70)	(n=40)	(n=59)	(n=57)
Increased	7	**17**	19	15	24	13	26	25	9	7
Stable	61	**54***	66	48	40	66	50	33	61	53
Decreased	25	**14**	8	18	11	16	11	24	10	25
Fluctuated	7	**15**	7	19	25	5	13	20	20	16

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis
*Significant difference between 2016 and 2017 (p<0.05)

5.2.2 Perceived purity of methamphetamine

In 2017, 37%, 39%, and 33% of participants who had used speed, base, and crystal, respectively, reported perceived purity of these substances as 'medium' (Figure 10, Figure 12, Table 26 and Table 27).

Figure 10: Participant reports of current perceived purity of speed, base and crystal among those able to comment, 2017



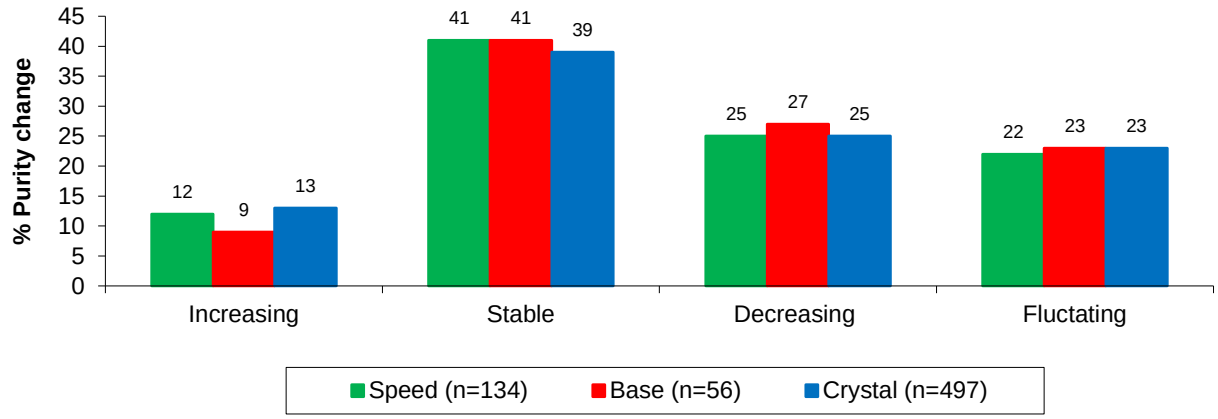
Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Significance testing was carried out on the current purity of speed, base and crystal for 'low', 'medium', 'high' and 'fluctuates' between 2016 and 2017. A significant decrease was observed from 2016 to 2017 in the percentage of participants reporting purity of crystal as 'high' (37% versus 30%; $p<0.05$) and a significant increase in the percentage reporting purity of crystal as 'fluctuating' (14% versus 19%; $p<0.05$). No other significant differences were found between 2016 and 2017 for all three forms of methamphetamine.

Participant reports of recent changes in purity for all forms of methamphetamine varied. The majority of participants who commented described the change in purity over the last six months for all forms as 'stable'. Smaller numbers reported the purity as 'increasing' in the last six months (Figure 11, Figure 13, Table 26 and Table 27).

Significance testing was carried out on the changes in purity for speed, base and crystal. There was a significant decrease in the purity of base remaining 'stable' in 2017 ($p<0.05$). No other significant differences were found between 2016 and 2017 for other forms of methamphetamine. Jurisdictional data are not presented for methamphetamine base due to <10 participants commenting in the majority of jurisdictions.

Figure 11: Participant reports of changes in purity of speed, base and crystal among those able to comment, 2017



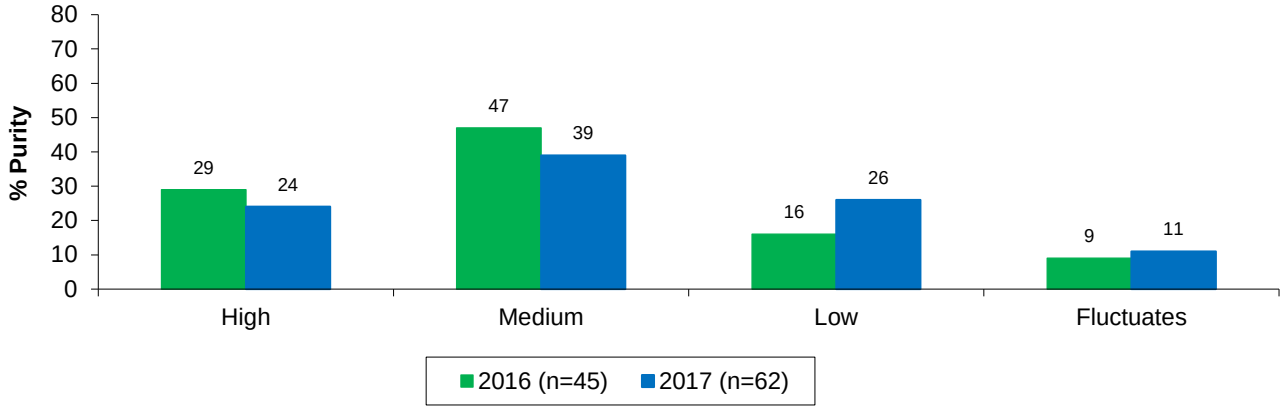
Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 26: Perceived purity of methamphetamine powder, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Current purity (n)	(n=112)	**(n=139)**	(n=20)	(n=16)	(n=5)	(n=28)	(n=11)	(n=10)	(n=25)	(n=24)
High	30	**23**	25	19	-	14	18	40	16	29
Medium	38	**37**	45	44	-	36	27	20	40	38
Low	19	**28**	20	31	-	36	36	10	36	21
Fluctuates	13	**12**	10	6	-	14	18	30	8	13
% Purity changes (n)	(n=108)	**(n=134)**	(n=18)	(n=16)	(n=5)	(n=28)	(n=11)	(n=10)	(n=22)	(n=24)
Increasing	17	**12**	17	19	-	0	0	30	5	17
Stable	45	**41**	44	63	-	43	27	10	50	33
Decreasing	18	**25**	39	6	-	29	46	0	18	33
Fluctuates	20	**22**	0	13	-	29	27	60	27	17

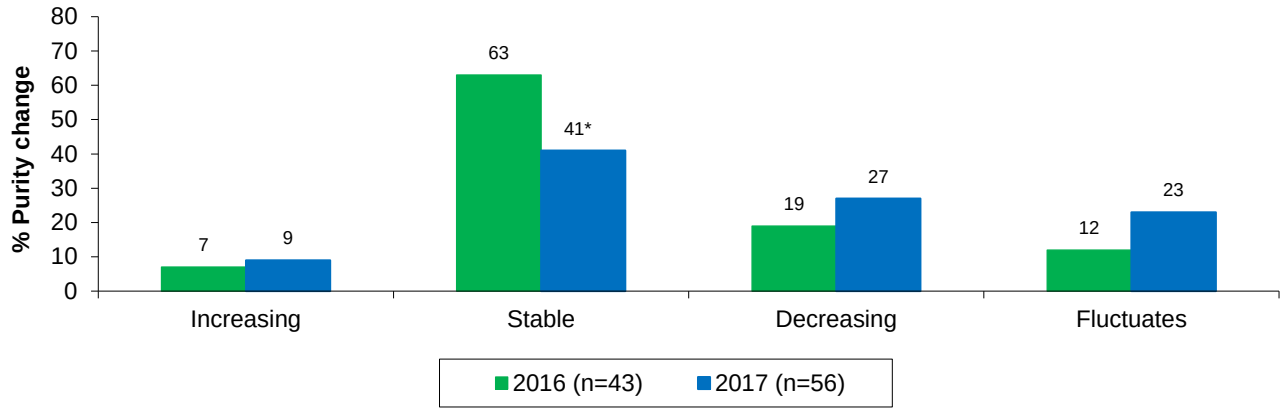
Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

Figure 12: Perceived purity of methamphetamine base last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Figure 13: Purity changes of methamphetamine base last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis
*Significant difference between 2016 and 2017 (p<0.05)

Table 27: Perceived purity of crystalline methamphetamine, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Current purity (n)	(n=525)	**(n=508)**	(n=90)	(n=63)	(n=61)	(n=65)	(n=69)	(n=41)	(n=62)	(n=57)
High	37	**30***	24	21	28	32	22	49	37	35
Medium	32	**33**	36	41	28	31	44	22	23	32
Low	16	**18**	16	22	26	14	16	10	16	26
Fluctuates	14	**19***	24	16	18	23	19	20	24	7
% Purity changes (n)	(n=510)	**(n=497)**	(n=88)	(n=64)	(n=61)	(n=63)	(n=66)	(n=41)	(n=59)	(n=55)
Increasing	13	**13**	14	14	2	18	9	20	14	13
Stable	42	**39**	34	31	44	40	38	44	48	40
Decreasing	24	**25**	38	23	26	24	24	22	9	27
Fluctuates	22	**23**	15	31	28	19	29	15	31	20

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis
*Significant difference between 2016 and 2017 (p<0.05)

2.4 Availability of methamphetamine

All forms of methamphetamine were generally considered 'easy' or 'very easy' to obtain in all jurisdictions. However, one-quarter (27%) reported that base was 'difficult' to obtain. Nationally, the

availability of all forms was reported as 'stable' in the last six months (Table 28, Table 29, Figure 14 and Figure 15**).** Jurisdictional data not presented for methamphetamine base due to <10 participants commenting in the majority of jurisdictions.

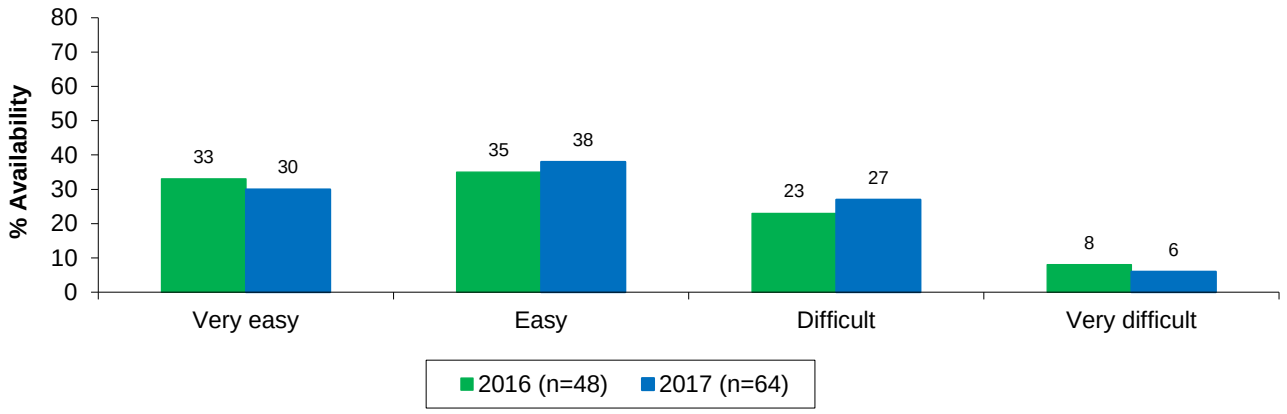
Significance testing was carried out on the current availability and changes in availability of speed, base and crystal between 2016 and 2017. Nationally, no significant differences were found.

Table 28: Availability of methamphetamine powder, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=119)	**(n=146)**	(n=20)	(n=18)	(n=6)	(n=28)	(n=12)	(n=11)	(n=26)	(n=25)
Very easy	39	**33**	30	28	-	18	33	64	46	36
Easy	36	**39**	35	44	-	43	33	18	42	40
Difficult	15	**20**	25	29	-	18	17	9	12	24
Very difficult	10	**8**	10	0	-	21	17	9	0	0
% Availability changes (n)	(n=118)	**(n=142)**	(n=19)	(n=18)	(n=6)	(n=27)	(n=12)	(n=11)	(n=24)	(n=25)
More difficult	15	**18**	32	17	-	22	17	9	13	12
Stable	73	**66**	58	67	-	59	83	73	71	60
Easier	9	**11**	11	11	-	11	0	18	8	20
Fluctuates	3	**5**	0	6	-	7	0	0	8	8

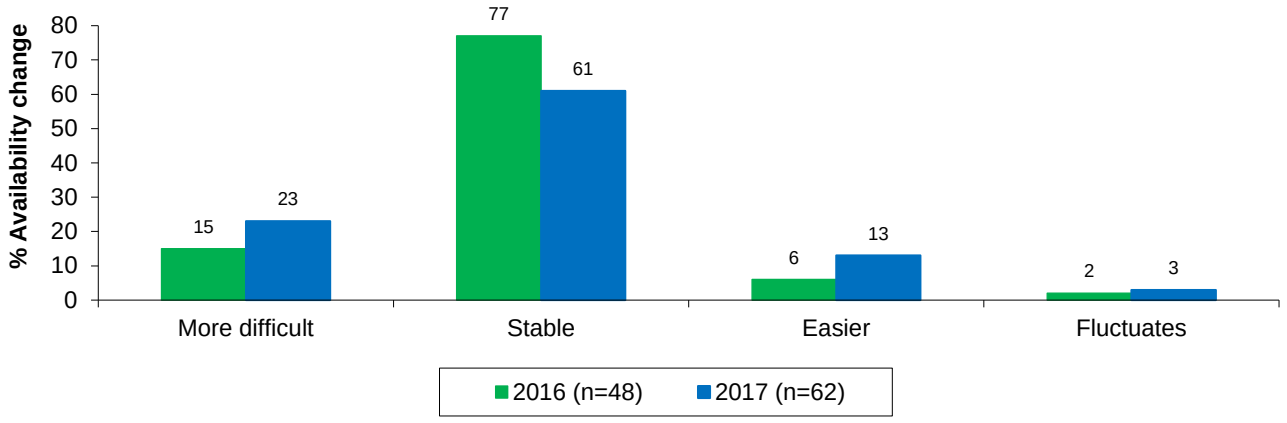
Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis
– not published due to small numbers reported (n<10)

Figure 14: Availability of methamphetamine base last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Figure 15: Availability changes of methamphetamine base last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 29: Availability of crystalline methamphetamine, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=545)	**(n=526)**	(n=92)	(n=65)	(n=63)	(n=68)	(n=73)	(n=42)	(n=62)	(n=61)
Very easy	58	**56**	57	51	54	62	52	79	52	53
Easy	38	**39**	37	45	41	37	45	19	40	38
Difficult	4	**5**	7	5	5	2	3	2	8	10
Very difficult	<1	**0**	0	0	0	0	0	0	0	0
% Availability changes (n)	(n=534)	**(n=521)**	(n=91)	(n=66)	(n=62)	(n=68)	(n=73)	(n=42)	(n=58)	(n=61)
More difficult	5	**6**	8	6	11	3	8	5	2	7
Stable	76	**75**	73	74	79	68	80	79	79	72
Easier	16	**15**	15	14	0	3	1	12	9	3
Fluctuates	3	**4**	4	6	0	3	1	5	9	3

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.2.5 Purchasing patterns of methamphetamine

5.2.5.1 Speed

Participants purchased speed from a variety of sources, most commonly from friends (43%) and known dealers (29%). Speed was purchased from a range of locations. Nationally, the most common responses were via home delivery (23%), an agreed public location (22%), a friend's home (21%) or a dealer's home (20%) (Table 30).

Table 30: Methamphetamine powder purchasing patterns, by jurisdiction, 2017

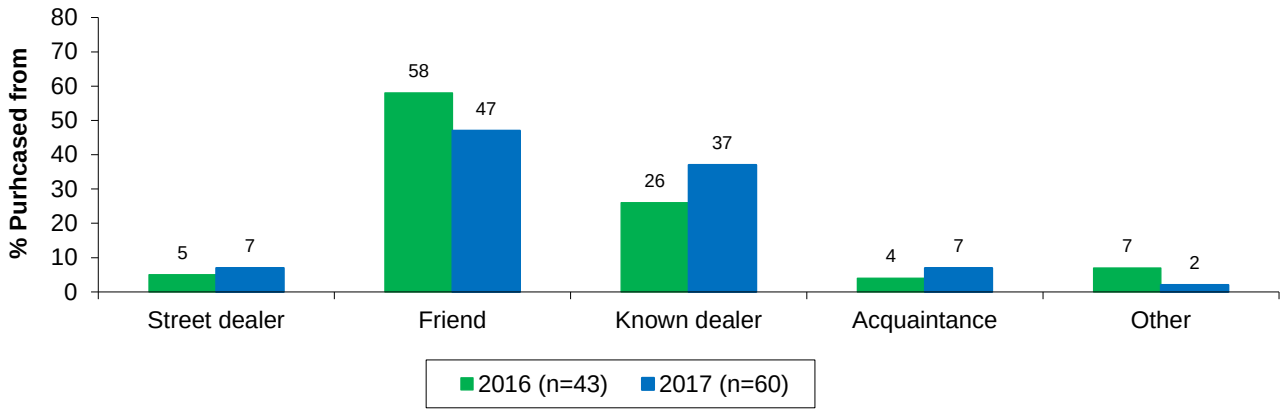
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Last purchased from # (n)	(n=111)	**(n=136)**	(n=19)	(n=17)	(n=6)	(n=25)	(n=10)	(n=11)	(n=24)	(n=24)
Street dealer	12	**10**	5	6	-	8	10	18	13	13
Friend	50	**43**	37	65	-	36	30	64	46	29
Known dealer	20	**29**	37	18	-	48	20	9	29	21
Acquaintance	13	**13**	16	12	-	4	20	0	4	33
Unknown dealer	3	**2**	5	0	-	0	10	0	0	0
Other	2	**1**	0	0	-	0	1	0	0	0
% Most recent purchase place # (n)	(n=111)	**(n=133)**	(n=19)	(n=17)	(n=6)	(n=25)	(n=9)	(n=11)	(n=24)	(n=22)
Home delivery	17	**23**	16	18	-	24	-	27	29	18
Dealer's home	11	**20**	21	12	-	36	-	18	17	14
Friend's home	30	**21**	21	24	-	20	-	27	29	14
Acquaintance's house	5	**6**	11	6	-	4	-	0	4	9
Street market	6	**5**	16	0	-	4	-	0	8	0
Agreed public location	27	**22**	11	35	-	12	-	27	13	41
Other	4	**2**	5	6	-	0	-	0	0	5

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
Only one response allowed

5.2.5.2 Base

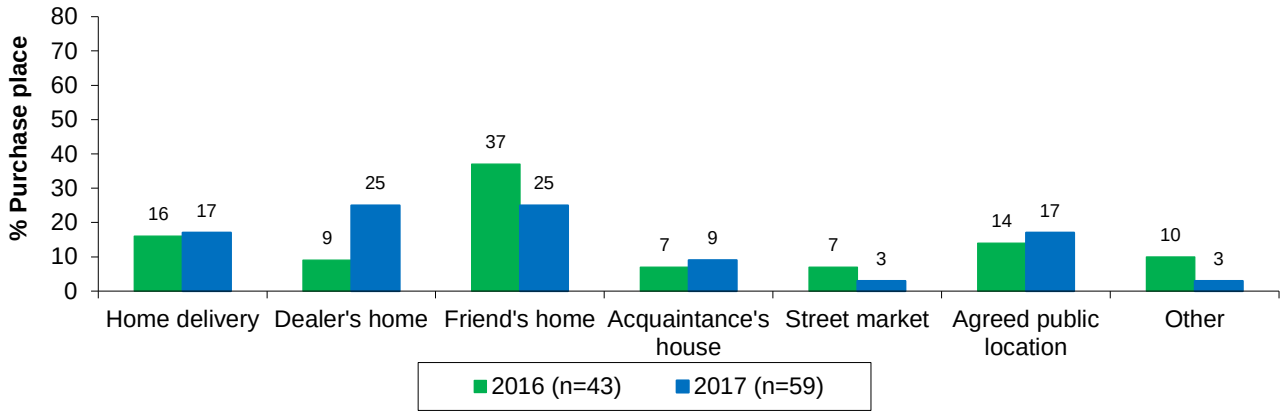
Small numbers reported on base and results therefore should be interpreted with caution. Base was most commonly obtained from a friend (47%) and/or a known dealer (37%; Figure 16). Again, locations of purchase were varied, with the most commonly reported being from a friend's home and a dealer's home (25%, respectively), via home delivery and/or at an agreed public location (17%, respectively) (Figure 17). Jurisdictional data not presented for methamphetamine base due to <10 participants commenting in the majority of jurisdictions.

Figure 16: Purchase source for methamphetamine base in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
Only one response allowed

Figure 17: Purchase place of methamphetamine base last six months, nationally, 2016–2017



Source: IDRS participant interviews
Only one response allowed

5.2.5.3 Crystal

Crystal was also obtained from a variety of sources, in a similar pattern to speed and base. Friends (43%) and known dealers (34%) were the most typical people from whom crystal had been purchased. An agreed public location (26%), a friend's home or via home delivery (21%, respectively), or at a dealer's home (20%) were reported as the most common locations of purchase (Table 31).

Table 31: Crystalline methamphetamine purchasing patterns, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Last purchased from # (n)	(n=530)	**(n=517)**	(n=91)	(n=66)	(n=63)	(n=65)	(n=69)	(n=42)	(n=62)	(n=59)
Street dealer	9	**8**	15	5	11	3	1	5	10	7
Friend	47	**43**	26	55	41	34	49	50	61	36
Known dealer	29	**34**	42	24	32	51	35	33	21	32
Acquaintance	12	**9**	7	11	11	6	9	5	5	19
Unknown dealer	2	**4**	8	6	5	2	3	0	2	2
Other	1	**0**	0	0	0	2	1	0	0	0
% Most recent purchase place # (n)	(n=526)	**(n=514)**	(n=91)	(n=65)	(n=62)	(n=65)	(n=69)	(n=42)	(n=62)	(n=58)
Home delivery	18	**21**	13	15	19	22	36	29	21	14
Dealer's home	16	**20**	21	23	10	32	20	17	16	14
Friend's home	25	**21**	13	23	13	22	23	38	34	14
Acquaintance's house	6	**4**	6	2	5	0	9	0	3	7
Street market	9	**6**	21	2	10	0	1	0	3	5
Agreed public location	24	**26**	23	26	44	23	10	17	21	43
Other	2	**3**	3	9	0	2	0	0	2	3

Source: IDRS participant interviews
Only one response allowed

5.3 Cocaine

Key points

Price

- Small numbers in all jurisdictions except NSW were able to comment on the price, purity and availability of cocaine. The price of a gram and a cap of cocaine nationally remained stable at $380 and $50, respectively. The majority of participants also described the price of cocaine as having remained 'stable' over the last six months.

Perceived purity

- The participant reports of cocaine purity were mixed with similar percentages reporting purity as 'low' (22%) and 'medium' (24%), whereas 46% reported purity as 'high'. Reports of changes in purity of cocaine were also mixed (38% 'stable' and 26% 'fluctuating') over the last six months.

Availability

- Fifty-nine per cent of the national sample (75% in NSW) reported the availability of cocaine as 'very easy' or 'easy' to obtain in the last six months.
- Seventy-four per cent nationally (67% in NSW) reported that the availability of cocaine had remained 'stable' in the last six months.
- The limited participant data on cocaine suggests that the market for cocaine among people who regularly inject drugs is smaller and less visible than the methamphetamine and heroin markets.

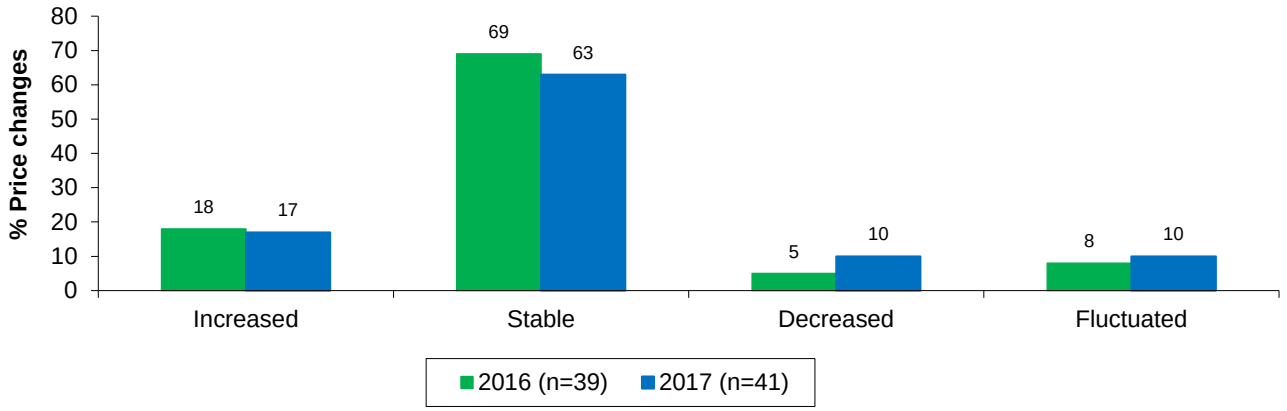
Only very small numbers have been able to report on cocaine price, purity and availability over the history of the IDRS, indicating limited use and availability of cocaine among IDRS participants outside of NSW. As very small numbers were able to comment in jurisdictions other than NSW, results in this chapter should be interpreted with caution.

Appendix F displays comparable findings on price, availability and perceived purity from previous years.

5.3.1 Price of cocaine

Fifteen participants (n=6 in NSW) reported a median of $380 per gram and ten participants (n=8 in NSW) reported a median of $50 per cap of cocaine in the past six months. The majority of participants nationally described the price of cocaine as having remained 'stable' over the last six months (63%) (Figure 18). Jurisdictional data are not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 18: Price changes of cocaine, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.3.2 Perceived purity of cocaine

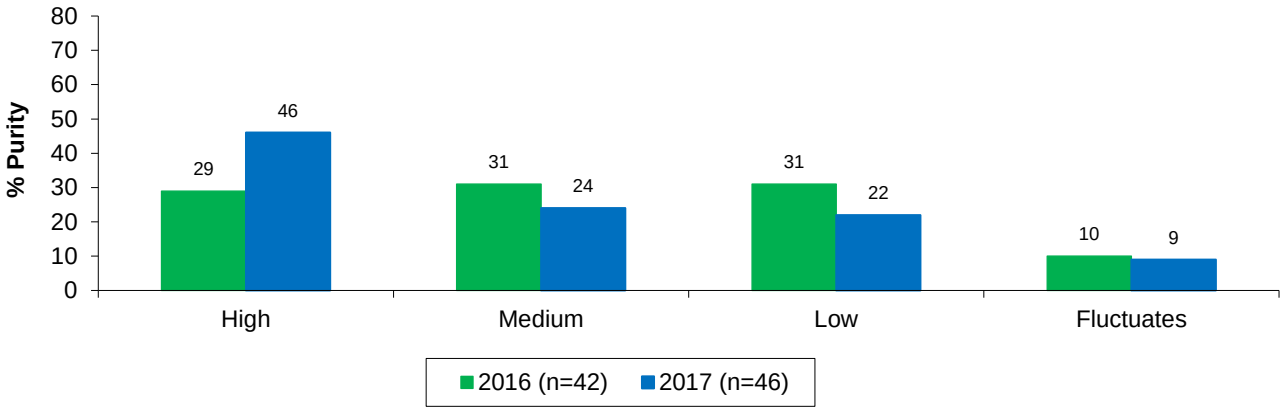
Participant reports of cocaine purity varied. In NSW, twenty-four participants were able to comment on the purity of cocaine, while five or fewer participants were able to comment in the other states. Of those

able to comment nationally, 46% reported the purity of cocaine as 'high'. Twenty-four per cent reported the purity of cocaine as 'medium' and 22% as 'low' (Figure 19). In NSW, the majority of participants reported the purity of cocaine as 'high' (46%). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Significance testing was carried out on the current purity of cocaine for 'low', 'medium', 'high' and 'fluctuates' between 2016 and 2017. Nationally, no significant differences were found.

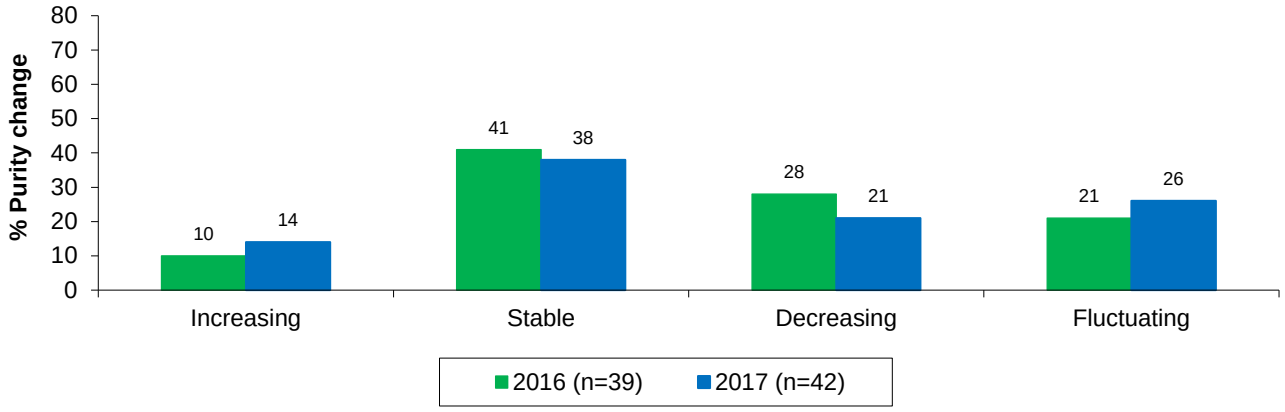
Participant reports regarding the changes in cocaine purity varied between jurisdictions. Of those who commented in the 2017 national sample (n=42), over one-third reported the purity of cocaine as 'stable' (38%), while 26% reported the purity of cocaine as 'fluctuating' over the last six months (Figure 20). Significance testing was carried out on the changes in purity of cocaine for 'increasing', 'stable', 'decreasing' and 'fluctuating' between 2016 and 2017. Nationally, no significant differences were found.

Figure 19: Perceived purity of cocaine last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Figure 20: Purity change of cocaine last six months, nationally, 2016–2017

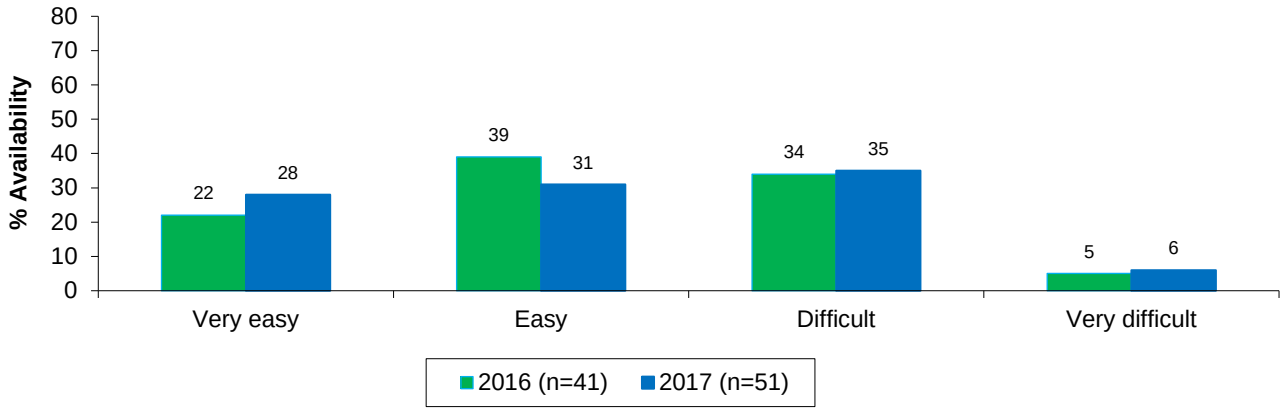


Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.3.4 Availability of cocaine

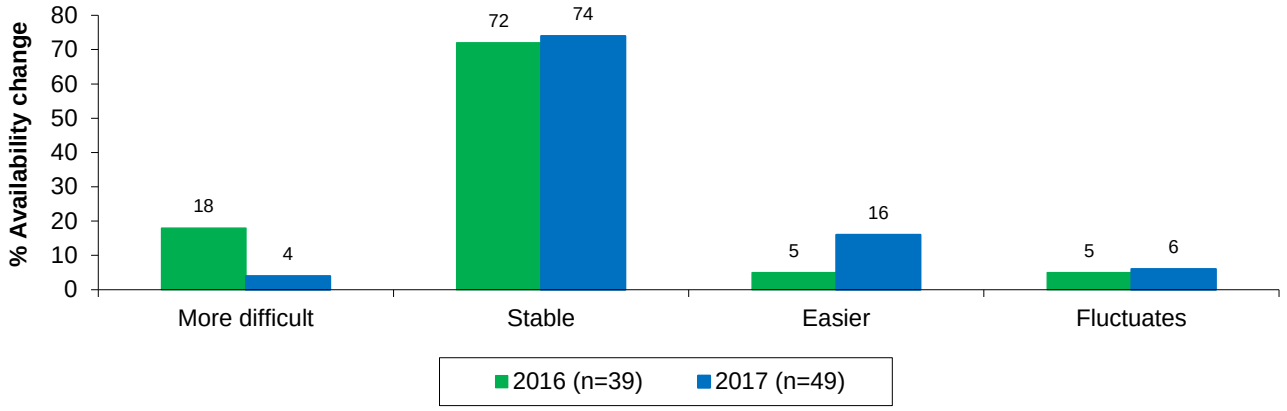
In jurisdictions other than NSW, only small numbers of participants were able to comment on the availability of cocaine, which suggests that the drug is not widely available. Of those who commented in NSW (n=24), 75% (59% nationally) described cocaine as 'easy' or 'very easy' to obtain (Figure 21). Nationally, the availability of cocaine in the six months preceding interview was generally thought to be 'stable' (74%) (Figure 22). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions. No significant changes in reporting of perceived availability between 2016 and 2017 were identified.

Figure 21: Perceived availability of cocaine last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Figure 22: Availability changes of cocaine last six months, nationally, 2016–2017

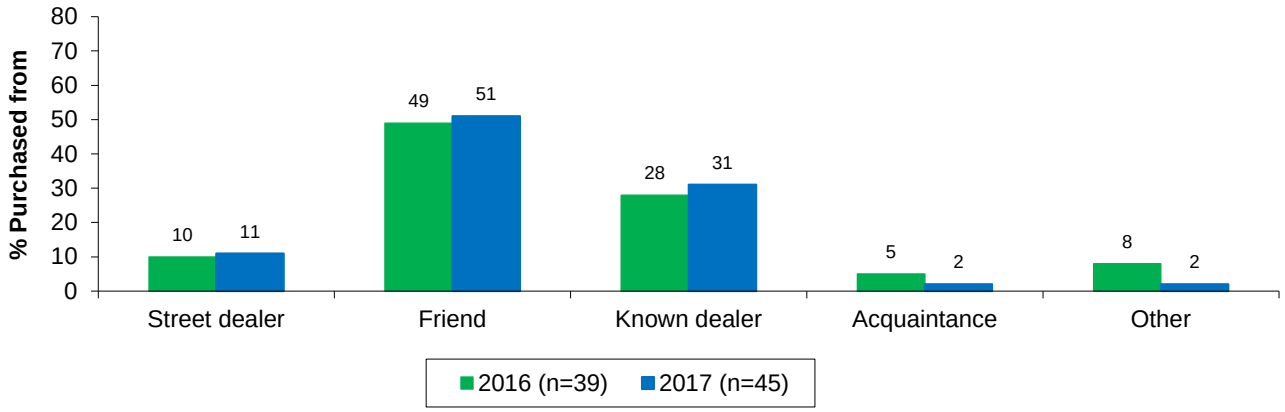


Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.3.5 Purchasing patterns of cocaine

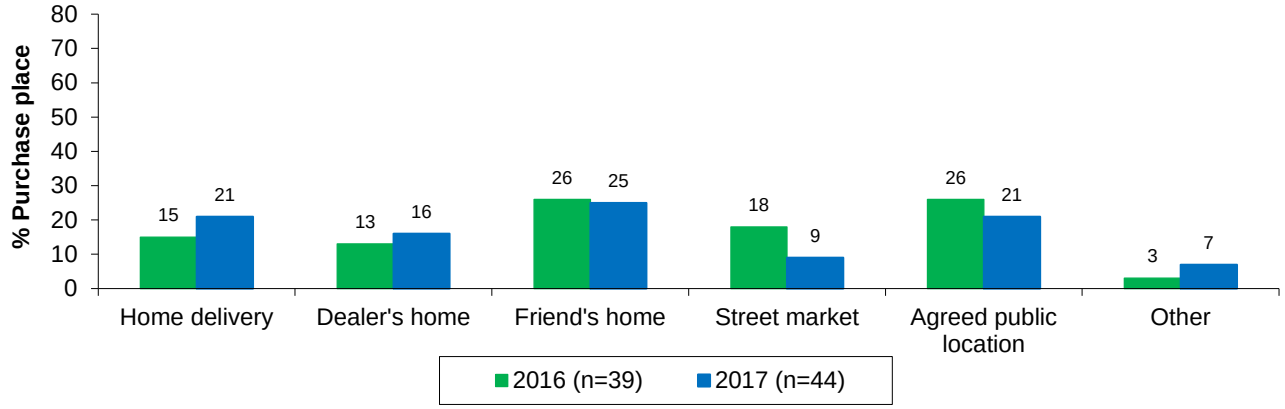
Again, only small numbers reported having purchased cocaine in the preceding six months with the exception of NSW. Purchasing cocaine from a friend, a known dealer, or from a street dealer were the most popular in NSW and nationally (51%, 31%, and 11%, respectively; Figure 23). A friend's home, an agreed public location, or home delivery were reported as the most common purchase locations (25%, 21%, and 21%, respectively; Figure 24). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 23: Purchase source for cocaine in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
[#] Only one response allowed

Figure 24: Purchase place of cocaine in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
[#] Only one response allowed

5.4 Cannabis

Key points

Price

- Nationally, an ounce of hydroponic cannabis (hydro) cost $280 and a gram $20. Bush cannabis was $250 an ounce and $20 for a gram. Prices for both forms were reported to have remained 'stable' in the six months preceding interview.

Perceived Potency

- Participants in all jurisdictions generally perceived the potency of hydro to be 'high' and bush was most commonly reported to be 'medium'. The potency for both forms was generally reported to have remained 'stable' over the last six months.

Availability

- Both forms were considered to be 'very easy' or 'easy' to obtain by the majority of participants. Around one-fifth reported that bush cannabis was 'difficult' to obtain. The availability of both forms was perceived to have remained 'stable' over the preceding six months.
- The most commonly reported sources of hydro and bush nationally were from a friend or known dealer.

Survey items on price, potency, availability and supply of cannabis have distinguished between indoor-cultivated hydroponic cannabis 'hydro' and outdoor cultivated 'bush' cannabis since 2003, following reports of different market characteristics of each. Appendix G provides comparable data for previous years.

In 2017, participants were asked if they were able to differentiate between hydroponic and bush cannabis in terms of price, perceived potency, availability and supply. Substantial percentages in most jurisdictions reported that they could make a distinction: 70% in NSW; 67% in the ACT; 26% in VIC; 78% in TAS; 59% in SA; 69% in WA; 58% in the NT; and 41% in QLD.

5.4.1 Price of cannabis

Table 32 contains the median price of the last purchase made by participants in the preceding six months for cannabis. Prices for grams and ounces for bush cannabis tended to be equal to or lower than prices for hydroponic. In 2017, an ounce of hydro cost a median of $280 and a gram cost $20 nationally. In comparison, nationally, bush cannabis cost $250 for an ounce and $20 for a gram.

Overall, participants reported that the price of hydro and bush remained 'stable' over the preceding six months (84% and 78%, respectively) (Table 32).

Table 32: Median price of cannabis and price changes, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Price ($) HYDRO										
Per gram	20	**20**	20	20	20	20	-	25	30	22.5
Per ounce	280	**280**	300	290	250	265	200	320	450	290
Price ($) BUSH										
Per gram	20	**20**	20	20	-	20	-	-	30	-
Per ounce	250	**250**	-	230	-	-	-	-	375	-
Price changes										
% HYDRO (n)	(n=442)	**(n=415)**	(n=95)	(n=49)	(n=37)	(n=62)	(n=41)	(n=45)	(n=50)	(n=36)
Increased	7	**8**	7	12	0	8	10	4	6	11
Stable	87	**84**	82	69	92	89	85	91	82	86
Decreased	3	**2**	2	2	5	2	2	0	2	3
Fluctuated	4	**6**	8	16	3	2	2	4	10	0
% BUSH (n)	(n=160)	**(n=174)**	(n=23)	(n=34)	(n=3)	(n=32)	(n=31)	(n=14)	(n=22)	(n=15)
Increased	4	**8**	0	9	-	9	13	7	5	7
Stable	86	**78**	83	65	-	75	81	86	86	80
Decreased	5	**5**	9	6	-	6	3	0	5	7
Fluctuated	5	**9**	9	21	-	9	3	7	5	7

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.4.2 Perceived potency of cannabis

Over half (55%) of the national sample who commented perceived that hydro potency was 'high' (ranging from 41% in the NT to 68% in WA and SA) and one-third (33%) described it as 'medium' (ranging from 21% in WA and QLD, respectively, to 41% in the NT). By contrast, over half (52%) reported the potency of bush cannabis as 'medium'. The potency of hydro and bush cannabis was generally reported to have remained 'stable' over the preceding six months (66% and 67%, respectively) (Table 33 and Table 34). No significant change in perceived potency were observed from 2016 to 2017.

Table 33: Perceived potency of hydroponic cannabis, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Current potency (n)	(n=447)	**(n=418)**	(n=98)	(n=51)	(n=37)	(n=61)	(n=44)	(n=47)	(n=46)	(n=34)
High	57	**55**	54	49	54	54	68	68	41	50
Medium	31	**33**	32	37	35	38	23	21	41	35
Low	4	**4**	7	4	3	2	2	2	4	3
Fluctuates	9	**9**	7	10	8	7	7	9	13	12
% Potency changes (n)	(n=443)	**(n=413)**	(n=96)	(n=51)	(n=36)	(n=61)	(n=43)	(n=43)	(n=48)	(n=35)
Increasing	11	**9**	9	10	6	12	7	12	10	9
Stable	68	**66**	68	71	69	69	65	67	46	71
Decreasing	6	**7**	9	2	11	7	5	7	8	9
Fluctuating	15	**17**	14	18	14	13	23	14	35	11

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 34: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Current potency (n)	(n=168)	**(n=181)**	(n=27)	(n=35)	(n=3)	(n=33)	(n=30)	(n=15)	(n=22)	(n=16)
High	26	**30**	30	31	-	24	37	33	32	25
Medium	61	**52**	56	49	-	55	50	60	41	63
Low	10	**12**	11	14	-	18	3	0	23	13
Fluctuates	4	**6**	4	6	-	3	10	7	5	0
% Potency changes (n)	(n=165)	**(n=174)**	(n=25)	(n=34)	(n=3)	(n=30)	(n=31)	(n=14)	(n=22)	(n=15)
Increasing	8	**13**	24	12	0	23	7	14	5	7
Stable	70	**67**	60	65	67	53	74	71	82	73
Decreasing	8	**4**	4	0	0	10	3	7	0	7
Fluctuating	14	**16**	12	24	33	13	16	7	14	13

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.4.3 Availability of cannabis

Ninety-two per cent of participants commenting on hydro in all jurisdictions described it as 'very easy' or 'easy' to obtain. Although reports on bush were more mixed, bush was most commonly reported as 'very easy' or 'easy' to obtain (75%). A smaller number of participants were able to comment on bush cannabis, suggesting that it continued to be less available than hydro in many jurisdictions. The majority of participants who commented perceived that the availability of hydro and bush cannabis had remained 'stable' over the six months preceding interview (85% and 70%, respectively) (Table 35 and Table 36).

Nationally, a significant decrease between 2016 and 2017 was found for the percentage of participants endorsing availability as 'stable' for bush cannabis (81% versus 70%; $p<0.05$). Conversely, a significant increase was found for the percentage of participants reporting 'easier' access to bush cannabis between 2016 and 2017 (6% versus 15%; $p<0.05$). No other statistically significant changes were found.

Table 35: Availability of hydroponic cannabis, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=447)	**(n=426)**	(n=97)	(n=51)	(n=37)	(n=62)	(n=46)	(n=47)	(n=50)	(n=36)
Very easy	49	**54**	58	53	76	52	54	51	46	42
Easy	43	**38**	38	39	19	47	37	38	44	33
Difficult	8	**8**	3	8	5	0	9	11	10	25
Very difficult	1	**1**	1	0	0	2	0	0	0	0
% Availability changes (n)	(n=448)	**(n=421)**	(n=97)	(n=50)	(n=37)	(n=62)	(n=46)	(n=46)	(n=47)	(n=36)
More difficult	8	**6**	7	6	5	2	7	2	4	19
Stable	83	**85**	84	82	92	90	89	87	83	75
Easier	6	**4**	5	6	0	5	2	7	4	3
Fluctuates	3	**4**	4	6	3	3	2	4	9	3

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 36: Availability of outdoor-grown 'bush' cannabis, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=166)	**(n=181)**	(n=25)	(n=34)	(n=3)	(n=34)	(n=32)	(n=15)	(n=22)	(n=16)
Very easy	33	**37**	32	32	-	38	47	40	41	25
Easy	45	**38**	16	50	-	50	38	27	41	25
Difficult	19	**22**	44	15	-	12	9	33	18	44
Very difficult	4	**3**	9	3	-	0	6	0	0	6
% Availability changes (n)	(n=166)	**(n=177)**	(n=26)	(n=34)	(n=2)	(n=33)	(n=32)	(n=14)	(n=21)	(n=15)
More difficult	11	**11**	27	9	-	3	13	14	5	13
Stable	81	**70***	62	68	-	76	69	57	76	73
Easier	6	**15***	12	12	-	18	19	29	10	7
Fluctuates	2	**5**	0	12	-	3	0	0	10	7

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis
*Significant difference between 2016 and 2017 (p<0.05)

5.4.4 Purchasing patterns of cannabis

Like previous years, the most commonly reported sources of hydro nationally were from a friend (53%) or a known dealer (29%). Similarly, for bush cannabis, friends (63%) and known dealers (18%) were the most commonly reported source in the national sample and across most jurisdictions. The most commonly reported locations of purchase among those who had bought cannabis were at a friend's home (hydro 33%; bush 43%), a dealer's home (hydro 20%; bush 16%), home delivery (hydro 19%; bush 21%), and/or an agreed public location (hydro 18%; bush 15%) (Table 37 and Table 38).

Table 37: Hydroponic cannabis purchasing patterns, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Last purchased from [#] (n)	(n=434)	**(n=416)**	(n=95)	(n=49)	(n=37)	(n=58)	(n=44)	(n=47)	(n=50)	(n=36)
Street dealer	7	**6**	6	0	5	3	2	4	20	8
Friend	55	**53**	44	65	54	38	68	68	56	42
Known dealer	24	**29**	40	22	35	40	18	15	18	36
Acquaintance	9	**6**	2	6	3	9	7	6	4	11
Unknown dealer	1	**2**	4	2	3	0	0	4	0	0
Partner	1	**0**	0	0	0	0	0	2	0	0
Relative	3	**2**	3	4	0	5	2	0	0	3
Other	0	**1**	0	0	0	5	2	0	0	0
% Most recent purchase place [#] (n)	(n=435)	**(n=414)**	(n=95)	(n=49)	(n=37)	(n=58)	(n=43)	(n=47)	(n=50)	(n=35)
Home delivery	16	**19**	13	14	32	14	33	30	16	11
Dealer's home	21	**20**	20	22	24	33	5	11	18	20
Friend's home	33	**33**	30	31	14	26	47	40	48	26
Acquaintance's house	6	**3**	2	4	3	7	2	2	4	3
Street market	6	**5**	13	0	8	0	5	0	6	3
Agreed public location	16	**18**	19	27	19	12	9	17	8	34
Other	0	**3**	4	2	0	9	0	0	0	3

Source: IDRS participant interviews
[#] Only one response allowed

Table 38: Outdoor-grown 'bush' cannabis purchasing patterns, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Last purchased from [#] (n)	(n=434)	**(n=416)**	(n=95)	(n=49)	(n=37)	(n=58)	(n=44)	(n=47)	(n=50)	(n=36)
Street dealer	(n=160)	**(n=174)**	(n=25)	(n=34)	(n=2)	(n=32)	(n=30)	(n=15)	(n=20)	(n=16)
Friend	5	**4**	4	0	-	6	0	7	10	6
Known dealer	59	**63**	56	71	-	56	73	67	60	56
Acquaintance	16	**18**	16	12	-	28	10	13	25	25
Unknown dealer	8	**5**	4	6	-	3	7	0	0	13
Partner	1	**2**	0	6	-	0	0	7	0	0
Relative	2	**0**	0	0	-	0	0	0	0	0
Other	3	**4**	12	6	-	0	0	7	5	0
% Most recent purchase place [#] (n)	6	**4**	8	0	-	6	10	0	0	0
Home delivery	(n=160)	**(n=173)**	(n=25)	(n=34)	(n=2)	(n=32)	(n=29)	(n=15)	(n=20)	(n=16)
Dealer's home	18	**21**	8	15	-	22	31	33	15	25
Friend's home	14	**16**	8	12	-	31	3	7	30	13
Acquaintance's house	37	**43**	48	41	-	38	55	47	30	44
Street market	6	**2**	0	3	-	3	3	0	0	6
Agreed public location	4	**2**	8	0	-	0	0	0	0	6
Other	16	**15**	20	29	-	6	3	13	25	6

Source: IDRS participant interviews
[#] Only one response allowed

5.5 Methadone

Key points

Price

- Of those who commented (n=47), the majority reported the price of illicit methadone syrup to be a median of $1 per one-millilitre.
- The price of illicit methadone was mostly reported as 'stable' over the last six months.

Availability

- Among those who commented (n=103), 62% reported that it was 'easy' or 'very easy' to obtain illicit methadone and 33% reported availability as 'difficult'. The majority reported the availability of illicit methadone had remained 'stable' over the last six months.
- The most common source among those who had bought illicit methadone was through a friend.

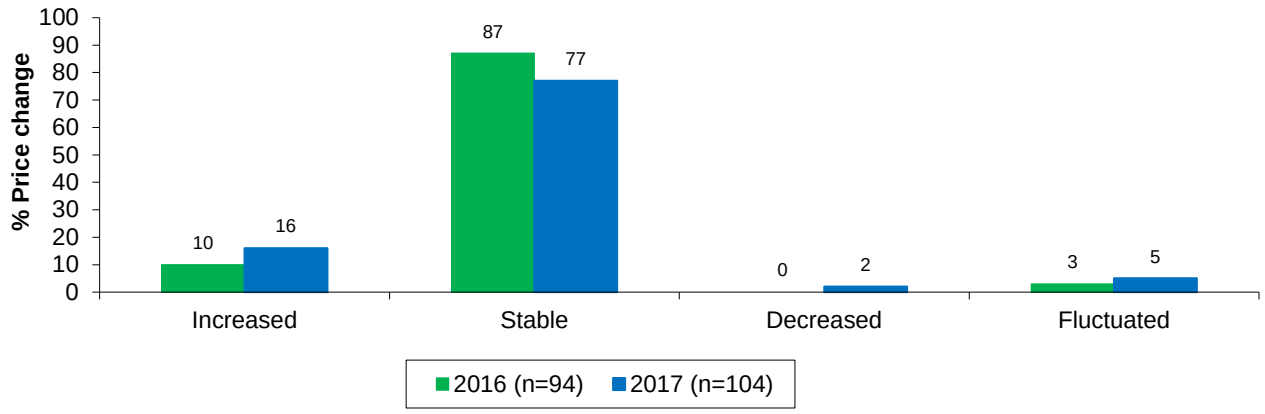
5.5.1 Price of illicit methadone

Forty-seven participants in the national sample reported a median of $1 for one-millilitre (1ml) of methadone.

The 28 participants (3% of the national sample) who bought 10mg methadone tablets paid between $6.50 and $50 per tablet (median $20, nationally).

Seventy-seven per cent of those who commented (n=104) reported that the price of illicitly obtained methadone had remained 'stable' in the last six months (Figure 25). Jurisdictional data not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 25: Price change of illicit methadone last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.5.2 Availability of illicit methadone

Among those who commented on availability (n=103), 42% reported that it was 'easy' to obtain illicit methadone and 33% reported availability as 'difficult'. Seventy-four per cent reported that the availability of illicit methadone had remained 'stable' in the six months preceding interview (Table 39). No statistically significant changes in perceived availability nationally were identified between 2016 and 2017.

Table 39: Availability of illicit methadone, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=98)	**(n=103)**	(n=28)	(n=9)	(n=0)	(n=38)	(n=3)	(n=2)	(n=8)	(n=15)
Very easy	13	**20**	39	-	-	11	-	-	-	13
Easy	46	**42**	50	-	-	29	-	-	-	60
Difficult	33	**33**	11	-	-	55	-	-	-	27
Very difficult	8	**5**	0	-	-	5	-	-	-	0
% Availability changes (n)	(n=97)	**(n=100)**	(n=28)	(n=10)	(n=1)	(n=35)	(n=3)	(n=2)	(n=6)	(n=15)
More difficult	14	**16**	0	0	-	31	-	-	-	13
Stable	81	**74**	86	90	-	60	-	-	-	87
Easier	2	**7**	11	10	-	6	-	-	-	0
Fluctuates	2	**3**	4	0	-	3	-	-	-	0

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.5.3 Purchasing patterns of illicit methadone

Of those who had bought illicit methadone (n=86), the most common source was a friend (62%) or an acquaintance (19%). The most common place of purchase was a friend's home (29%) or an agreed public location (27%) (Table 40).

Table 40: Purchasing patterns of illicit methadone, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Last purchased from [#] (n)	(n=79)	**(n=86)**	(n=25)	(n=7)	(n=0)	(n=30)	(n=2)	(n=1)	(n=8)	(n=13)
Street dealer	8	**5**	8	-	-	3	-	-	-	0
Friend	63	**62**	60	-	-	63	-	-	-	54
Known dealer	8	**13**	20	-	-	7	-	-	-	8
Acquaintance	19	**19**	8	-	-	27	-	-	-	31
Other	2	**1**	4	-	-	0	-	-	-	0
% Most recent purchase place [#] (n)	(n=79)	**(n=85)**	(n=25)	(n=6)	(n=0)	(n=30)	(n=2)	(n=1)	(n=8)	(n=13)
Home delivery	11	**13**	16	-	-	13	-	-	-	8
Dealer's home	6	**5**	4	-	-	0	-	-	-	0
Friend's home	22	**29**	36	-	-	30	-	-	-	15
Acquaintance's house	6	**6**	0	-	-	10	-	-	-	0
Street market	6	**12**	20	-	-	7	-	-	-	23
Agreed public location	22	**27**	20	-	-	27	-	-	-	54
Other	4	**2**	4	-	-	0	-	-	-	0

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
[#] Only one response allowed

5.6 Buprenorphine[4]

Key points

Price

- Very small numbers were able to comment on the price of buprenorphine. Nationally, the median price for Subutex® 8mgs was $22.50. The majority reported the price of illicit buprenorphine as 'stable' over the last six months.

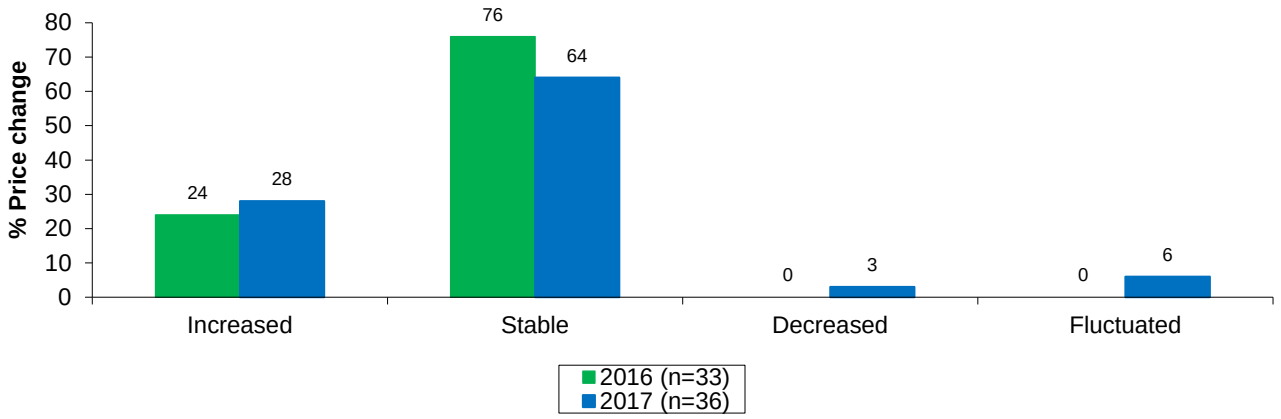
Availability

- Over half (52%) reported the availability of illicit buprenorphine as 'very easy' or 'easy' to obtain. The majority reported the availability of illicit buprenorphine remained 'stable' over the last six months.
- The most common source among those who had bought illicit buprenorphine was through a friend.

5.6.1 Price of illicit buprenorphine

Less than ten participants in each jurisdiction except NSW and QLD (n=12, respectively) were able to comment on the price of illicit buprenorphine (Subutex®) and therefore results should be interpreted with caution. Only seven participants commented on the price of Subutex® 2mgs tablets, ranging from $10 to $20. The median price for Subutex® 8mgs was $22.50 (range: $10–$50 per tablet). Participants were asked if the price of buprenorphine had changed in the last six months. Among those who commented (n=36), the majority (64%) reported the price of illicit buprenorphine had remained 'stable' over the last six months (Figure 26). Jurisdictional data is not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 26: Price changes of illicit buprenorphine in the last six months, nationally, 2016–2017



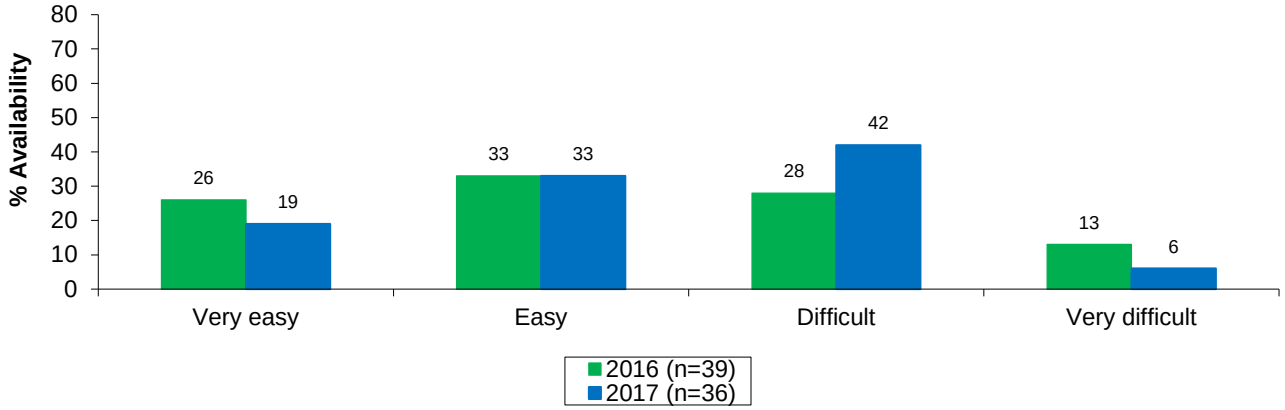
Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.6.2 Availability of illicit buprenorphine

Of those participants in the IDRS sample who were able to comment (n=36 nationally), 33% reported the availability of illicit buprenorphine as 'easy', 19% as 'very easy' and a further 42% reported availability as 'difficult' (Figure 27). Sixty-nine per cent of the national sample reported availability had remained 'stable' in the last six months (Figure 28). Jurisdictional data is not presented due to <10 participants commenting in the majority of jurisdictions, and no statistically significant change in perceived availability nationally was observed from 2016 to 2017.

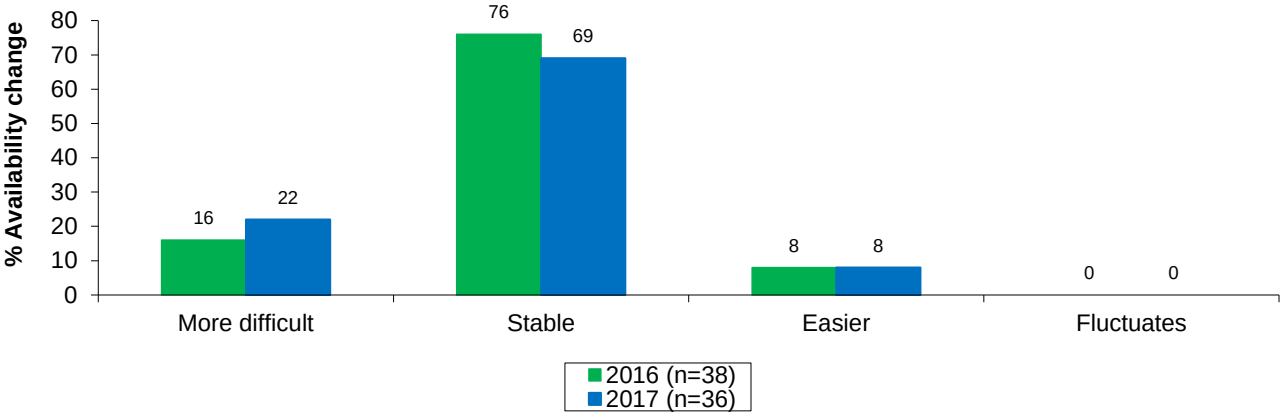
[4] Buprenorphine has been available for opioid substitution therapy (OST) in Australia since 2001. Initially mono–buprenorphine sublingual tablets (marketed as Subutex®) were introduced, followed by buprenorphine–naloxone sublingual tablets (marketed as Suboxone®) from 2006 (discontinued from September 2013), and buprenorphine–naloxone (Suboxone®) sublingual film from October 2011. There is jurisdictional variation in the policy regarding prescribing and uptake of the different forms (LARANCE, B., DIETZE, P., ALI, R., LINTZERIS, N., WHITE, N., JENKINSON, R. & DEGENHARDT, L. 2015. The introduction of buprenorphine-naloxone film in opioid substitution therapy in Australia: Uptake and issues arising from changing buprenorphine formulations. *Drug and Alcohol Review,* 34**,** 603–610 DOI: 10.1111/dar.12277).

Figure 27: Availability of illicit buprenorphine in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Figure 28: Availability changes of illicit buprenorphine in the last six months, nationally, 2016–2017

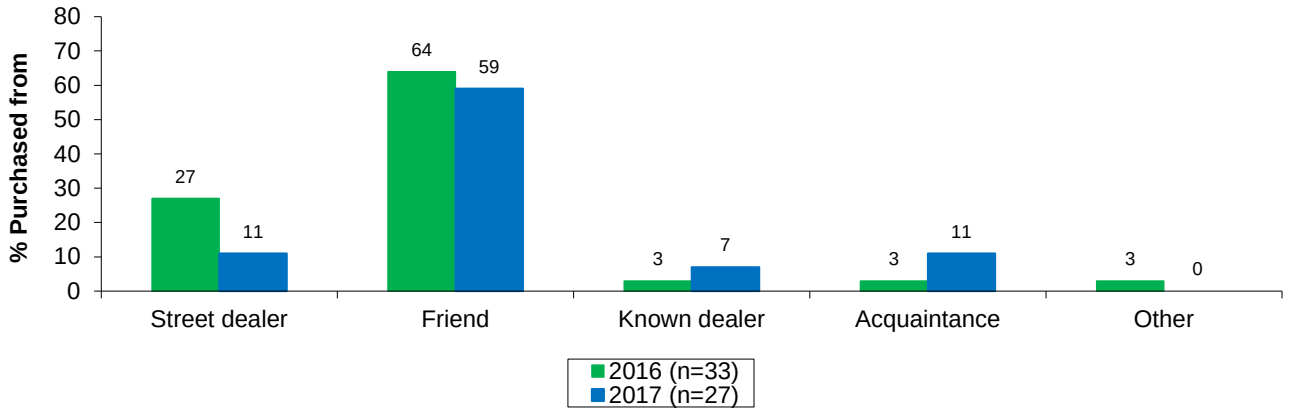


Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.6.3 Purchasing patterns of illicit buprenorphine

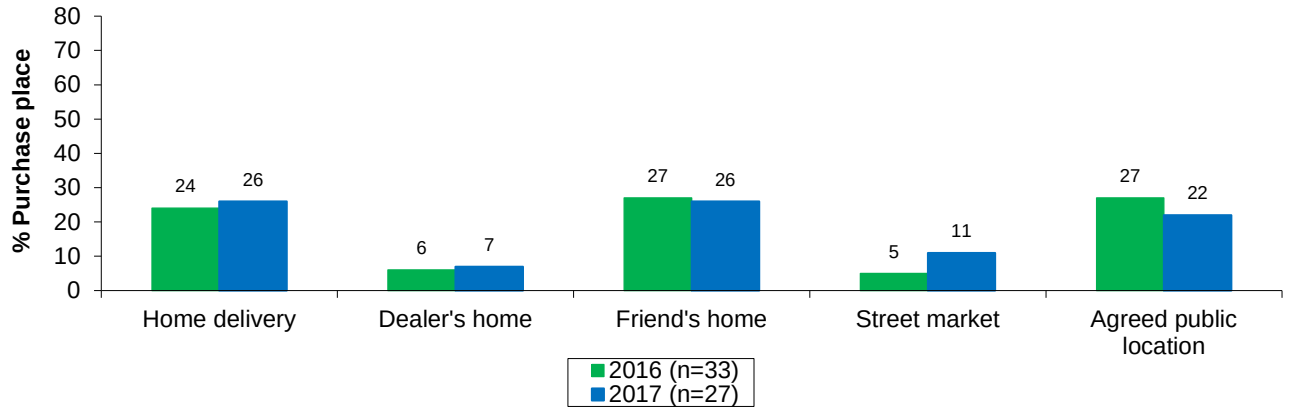
Of those who had bought illicit buprenorphine (n=27 nationally, <10 in all jurisdictions), the most common source was a friend (59%) (Figure 29). The most common place of purchase for illicit buprenorphine was a friend's home or home delivery (26%, respectively) (Figure 30). Jurisdictional data is not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 29: Purchase source for illicit buprenorphine in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: Only one response allowed

Figure 30: Purchase place of illicit buprenorphine in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: Only one response allowed

5.7 Buprenorphine-naloxone

Key points

Price

- Small numbers were able to comment on the price of illicit buprenorphine-naloxone 'film' (median price $20 per 8mg 'film'). The majority reported the price of illicit buprenorphine-naloxone 'film' had remained 'stable' over the last six months.

Availability

- Among those who commented (n=79), just under three-quarters (73%) reported the availability of illicit buprenorphine-naloxone 'film' as 'very easy' or 'easy' to obtain. The majority reported the availability of illicit buprenorphine-naloxone 'film' had remained 'stable' over the last six months.
- The most common source among those who had bought illicit buprenorphine-naloxone 'film' was through a friend.

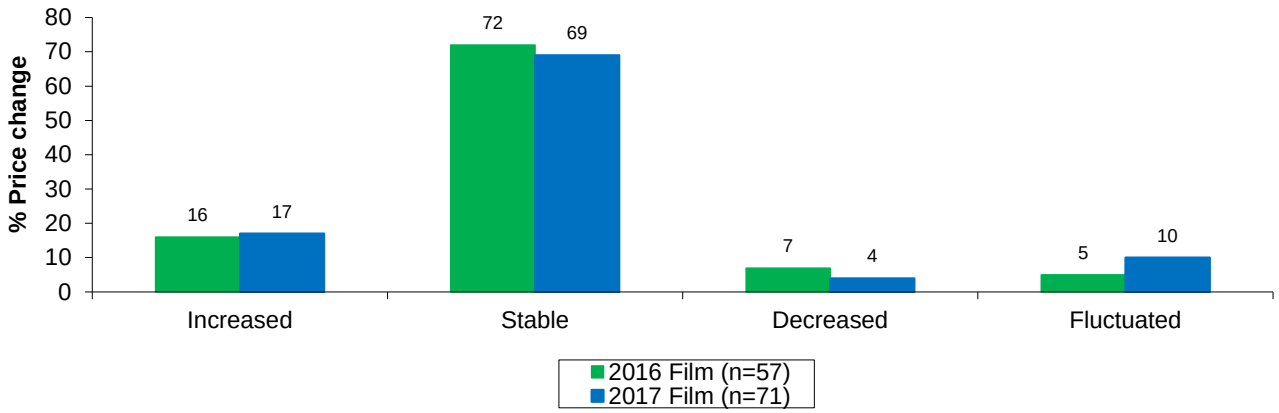
5.7.1 Price of illicit buprenorphine-naloxone (Suboxone®)

In 2017, due to the decline in use of buprenorphine-naloxone 'tablet' form, participants were asked questions in relation to buprenorphine-naloxone 'film' only.

Fourteen participants commented on the price of Suboxone® 2mg 'film', reporting a median price of $10 (range: $1.50-$35). The median price for Suboxone® 8mg 'film' was $20 (range: $5-$80) (47 participants commenting). Note: all price results are based on small numbers; interpret with caution.

Participants were asked if the price of Suboxone® 'film' had changed in the last six months. Of those who commented (n=49), the majority of participants reported that the price of Suboxone® 'film' had remained 'stable' over the preceding six months (69%) (Figure 31). Jurisdictional data is not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 31: Price changes of illicit buprenorphine-naloxone 'film' in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.7.2 Availability of illicit buprenorphine-naloxone

Of those participants in the IDRS sample who were able to comment (n=79 nationally), 44% reported the availability of illicit buprenorphine-naloxone 'film' as 'easy', and 29% reported availability as 'very easy'. Of those who commented, 69% reported availability had remained 'stable', with smaller percentages reporting that it had become 'more difficult' (15%) or 'easier' (13%) to obtain in the last six months (Table 41). No statistically significant changes in perceived availability nationally were observed from 2016 to 2017.

Table 41: Availability of illicit buprenorphine-naloxone 'film', by jurisdiction, 2017

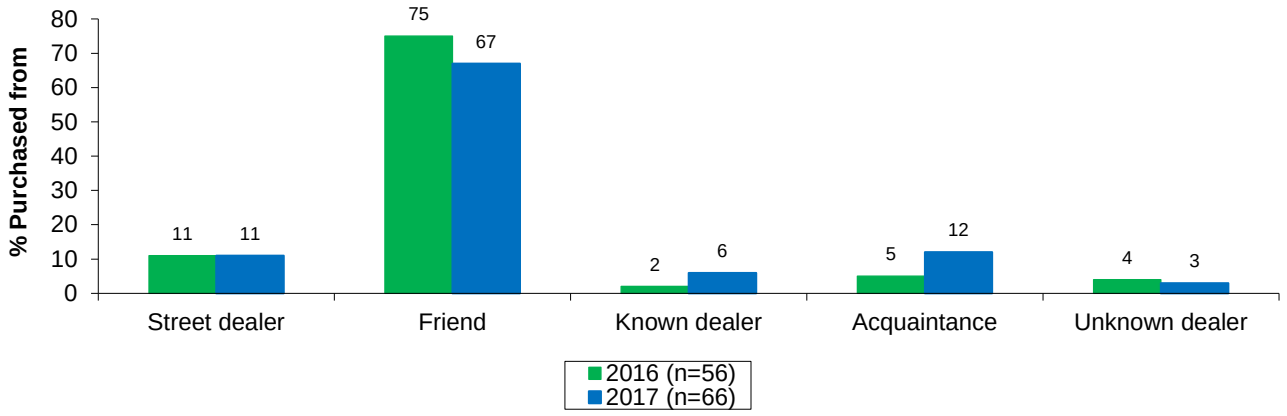
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=65)	**(n=79)**	(n=12)	(n=6)	(n=5)	(n=9)	(n=11)	(n=11)	(n=10)	(n=15)
Very easy	32	**29**	8	-	-	-	18	46	20	47
Easy	46	**44**	58	-	-	-	55	55	30	40
Difficult	19	**23**	33	-	-	-	18	0	50	13
Very difficult	3	**4**	0	-	-	-	9	0	0	0
% Availability changes (n)	(n=60)	**(n=76)**	(n=12)	(n=6)	(n=5)	(n=9)	(n=11)	(n=10)	(n=9)	(n=14)
More difficult	10	**15**	25	-	-	-	18	0	-	7
Stable	82	**68**	58	-	-	-	64	60	-	79
Easier	7	**13**	8	-	-	-	18	30	-	14
Fluctuates	2	**4**	8	-	-	-	0	10	-	0

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.7.3 Purchasing patterns of illicit buprenorphine-naloxone

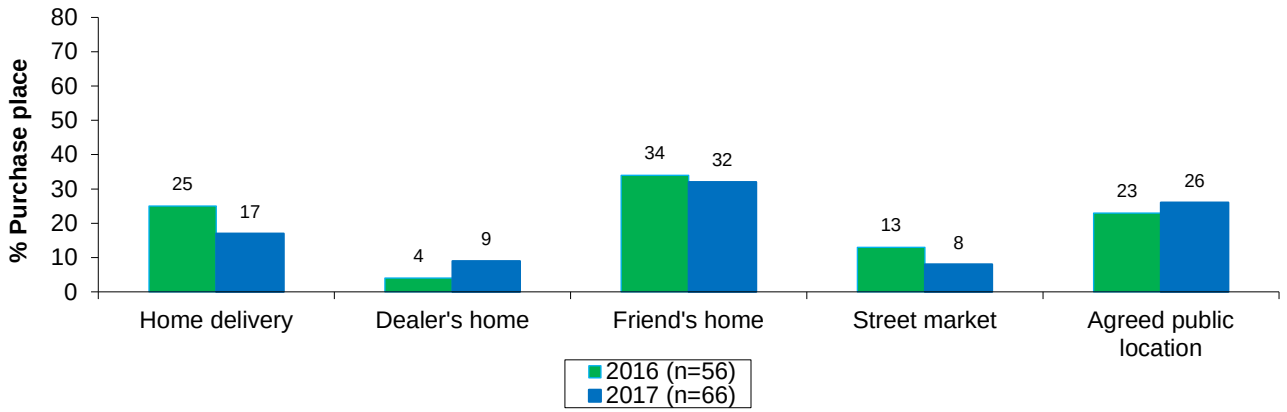
Of those who had bought illicit buprenorphine-naloxone 'film' (n=66 nationally; <10 in all jurisdictions except for NSW, WA and QLD) the most common source was through a friend (67%) (Figure 32). The most common place of purchase was a friend's home (32%) (Figure 33). Jurisdictional data is not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 32: Purchase source for illicit buprenorphine-naloxone 'film' in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: Only one response allowed

Figure 33: Purchase place of illicit buprenorphine-naloxone 'film' in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: Only one response allowed

5.8 Morphine

Key points

Price

- The median price for each brand of morphine varied. Eighty per cent reported the price of illicit morphine had remained 'stable' over the past six months.

Availability

- Three-quarters (74%) of those who commented (n=186) reported the availability of illicit morphine as 'very easy' or 'easy' to obtain. The majority reported that availability had remained 'stable' over the last six months preceding interview.
- The most common source among those who had bought illicit morphine was through a friend or a known dealer.

5.8.1 Price of illicit morphine

Participants were asked to comment on the current price of different brands of morphine tablets. The median price for each brand varied among the jurisdictions, but nationally was generally equivalent to less than $1/mg (Table 42). Among those who commented (n=177), over three-quarters (80%) reported that the price of illicit morphine had remained 'stable' over the past six months and 14% reported that it had 'increased' recently.

Table 42: Median price of illicit morphine and price changes, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Median price ($)										
MS Contin® 60mgs	50	**50**	20	30	-	60	30	50	50	27.5
MS Contin® 100mg	80	**80**	45	50	45	100	40	50	80	50
Kapanol® 50mgs	40	**40**	30	50	-	50	25	-	40	-
Kapanol® 100mgs	70	**80**	50	50	-	100	50	70	80	40
% Price changes (n)	(n=175)	**(n=177)**	(n=18)	(n=5)	(n=2)	(n=48)	(n=11)	(n=7)	(n=68)	(n=18)
Increased	12	**14**	28	-	-	13	27	-	9	17
Stable	83	**80**	61	-	-	85	73	-	87	56
Decreased	1	**2**	6	-	-	2	0	-	2	6
Fluctuated	3	**4**	6	-	-	0	0	-	3	22

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.8.2 Availability of illicit morphine

Of those participants in the IDRS sample who were able to comment (n=186), 46% reported that illicit morphine was 'easy' to obtain, 28% reported it 'very easy' to obtain, and 21% reported availability of illicit morphine as 'difficult'. Sixty-five per cent of the national sample reported availability had remained 'stable' in the last six months (Table 43). No statistically significant change in perceived availability nationally from 2016 to 2017 was observed.

Table 43: Availability of illicit morphine, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=180)	**(n=186)**	(n=17)	(n=10)	(n=4)	(n=46)	(n=12)	(n=9)	(n=69)	(n=19)
Very easy	32	**28**	41	20	-	37	17	-	23	26
Easy	44	**46**	35	40	-	33	67	-	58	32
Difficult	19	**21**	6	40	-	26	17	-	15	37
Very difficult	4	**5**	18	0	-	4	0	-	4	5
% Availability changes (n)	(n=175)	**(n=185)**	(n=17)	(n=10)	(n=4)	(n=47)	(n=12)	(n=8)	(n=68)	(n=19)
More difficult	13	**20**	24	10	-	21	0	-	18	42
Stable	74	**65**	65	80	-	70	75	-	63	42
Easier	5	**6**	0	10	-	2	17	-	4	11
Fluctuates	8	**9**	12	0	-	6	8	-	15	5

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.8.3 Purchasing patterns of illicit morphine

Of those who had bought illicit morphine, the most common source was through a friend (47%) or a known dealer (30%). The most common place of purchase for illicit morphine was at a friend's home (28%) followed by a dealer's home (22%) (Table 44).

Table 44: Purchasing patterns of illicit morphine by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Last purchased from [#] (n)	(n=170)	**(n=173)**	(n=16)	(n=9)	(n=4)	(n=38)	(n=11)	(n=9)	(n=68)	(n=18)
Street dealer	13	**12**	19	-	-	11	0	-	15	17
Friend	46	**47**	6	-	-	32	55	-	53	56
Known dealer	24	**30**	50	-	-	47	9	-	25	28
Acquaintance	12	**9**	19	-	-	11	27	-	3	0
Unknown dealer	4	**1**	0	-	-	0	0	-	2	0
Other	1	**1**	0	-	-	0	0	-	3	0
% Most recent purchase place [#] (n)	(n=169)	**(n=173)**	(n=16)	(n=9)	(n=4)	(n=38)	(n=11)	(n=9)	(n=68)	(n=18)
Home delivery	14	**15**	6	-	-	8	18	-	15	11
Dealer's home	16	**22**	13	-	-	45	9	-	24	6
Friend's home	27	**28**	6	-	-	24	36	-	32	33
Acquaintance's house	2	**6**	0	-	-	8	0	-	6	0
Street market	11	**8**	44	-	-	0	9	-	6	11
Agreed public location	26	**19**	19	-	-	16	18	-	16	39
Other	4	**3**	13	-	-	0	9	-	2	0

Source: IDRS participant interviews
[#] Only one response allowed
– not published due to small numbers reported (n<10)

5.9 Oxycodone

Key points

Price

- The median price for illicit 'generic or other' and 'OP' oxycodone varied. The majority reported the price of 'generic or other' and 'OP' oxycodone had remained 'stable' in the last six months (60% and 56%, respectively).

Availability

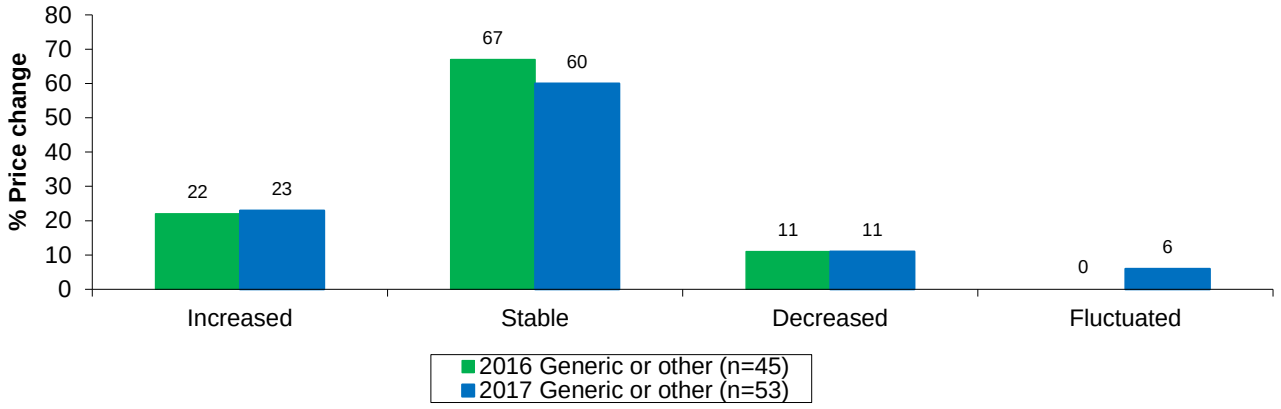
- The majority reported the availability of illicit 'generic or other' and 'OP' oxycodone as 'very easy' or 'easy' to obtain (60% and 61%, respectively), with most reporting the availability of 'generic or other' and 'OP' oxycodone had remained 'stable' over the last six months. Nonetheless, a significant increase was found for the change in availability as 'more difficult' for 'OP' oxycodone between 2016 and 2017.
- The most common source among those who had bought illicit 'generic or other' or 'OP' oxycodone was through a friend.

In 2017, oxycodone was divided into two separate groups for price, purity and availability. These groups included 'generic or other' oxycodone and 'OP' reformulated oxycodone.[5]

5.9.1 Price of illicit oxycodone

Nationally, a small number of participants were able to comment on the 40mg and 80mg oxycodone 'OP' reformulation and generic 80mg oxycodone. The median price for illicit oxycodone 40mg 'OP' was $30 (range: $10-$40; n=17, nationally), oxycodone 80mg 'OP' $40 (range: $15-$80; n=18, nationally) and the generic oxycodone 80mg tablets $50 (range: $25-$100; n=17 nationally). The majority reported the price of illicit 'generic and other' oxycodone and oxycodone 'OP' had remained 'stable' over the last six months (60% and 56%, respectively) (Figure 34 and Figure 35). Jurisdictional data is not presented due to <10 participants commenting in the majority of jurisdictions.

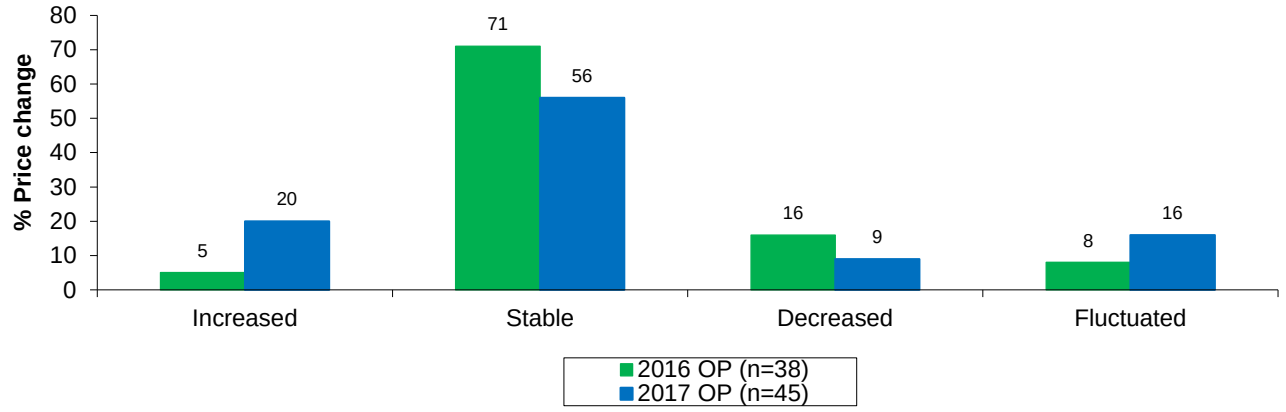
Figure 34: Price changes of illicit 'generic or other' oxycodone in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

[5] In April 2014 'Reformulated OxyContin®' (branded with an 'OP' on each tablet) was introduced designed to be tamper resistant. The 'original oxycodone' OxyContin® (branded with an 'OC') was withdrawn. In September 2014 generic 'non-tamper-resistant oxycodone' was made available in Australia.

Figure 35: Price changes of illicit 'OP' oxycodone in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

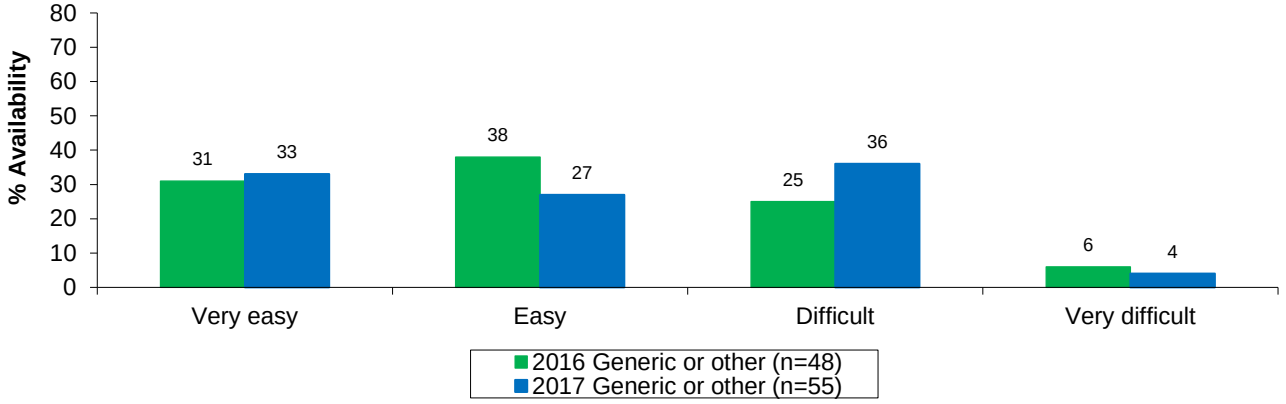
5.9.2 Availability of illicit oxycodone

Of those participants in the IDRS sample who were able to comment (n=55 nationally), 27% reported the availability of illicit 'generic or other' oxycodone as 'easy', 33% 'very easy' and 36% as 'difficult'.

Regarding oxycodone 'OP' (n=46 nationally), 41% reported availability as 'easy', 20% 'very easy' and 39% 'difficult' (Figure 36 and Figure 37). The majority reported the availability of 'generic or other' oxycodone and oxycodone 'OP' had remained 'stable' over the last six months (55% and 61%, respectively) (Figure 38 and Figure 39**).** Jurisdictional data is not presented due to <10 participants commenting in the majority of jurisdictions.

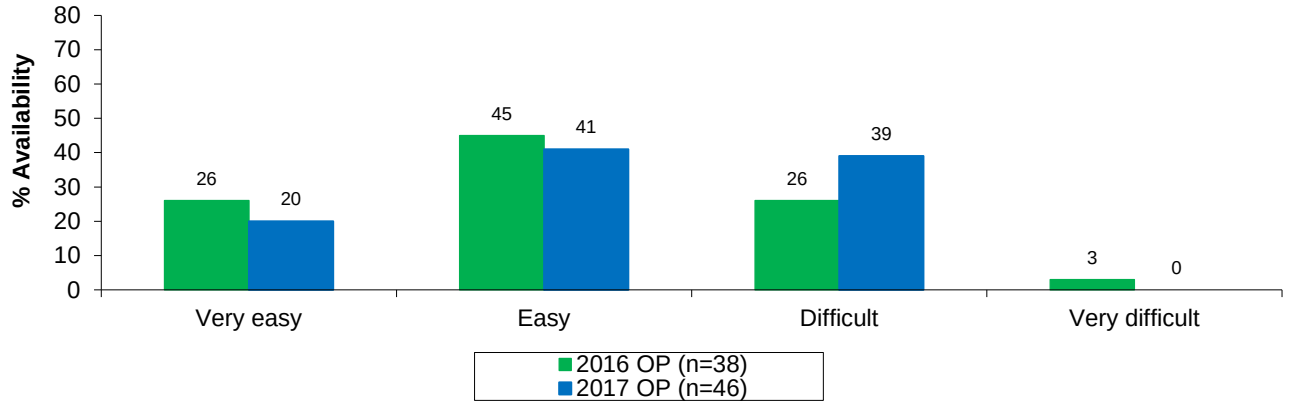
Significance testing was carried out on the current availability and changes in availability of illicit 'Generic or other' and 'OP' oxycodone between 2016 and 2017. Nationally, a significant increase was found for the change in availability as 'more difficult' for 'OP' oxycodone between 2016 and 2017 (p<0.05). No other significant differences were found.

Figure 36: Availability of illicit 'generic or other' oxycodone in the last six months, nationally, 2016–2017



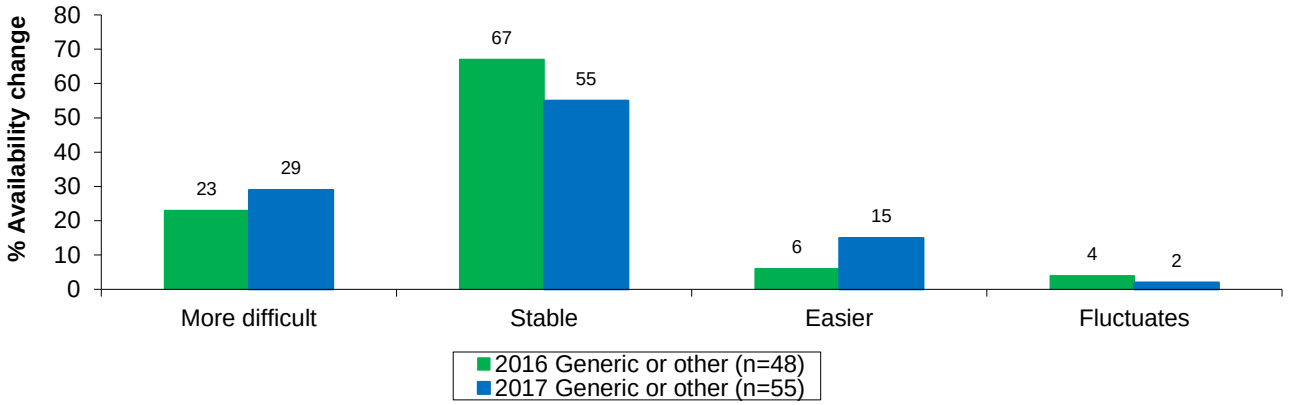
Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Figure 37: Availability of illicit 'OP' oxycodone in the last six months, nationally, 2016–2017



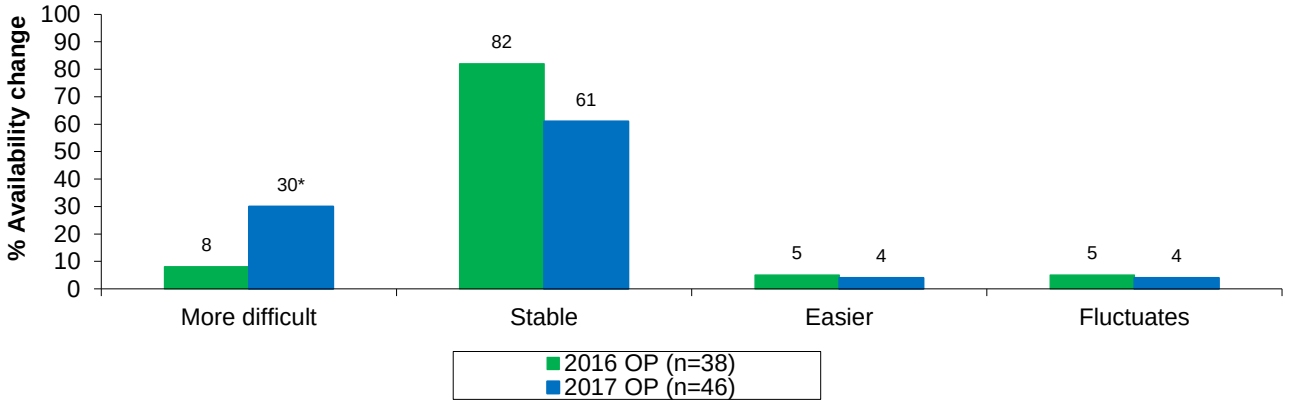
Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Figure 38: Availability changes of illicit 'generic or other' oxycodone in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Figure 39: Availability changes of illicit 'OP' oxycodone in the last six months, nationally, 2016–2017

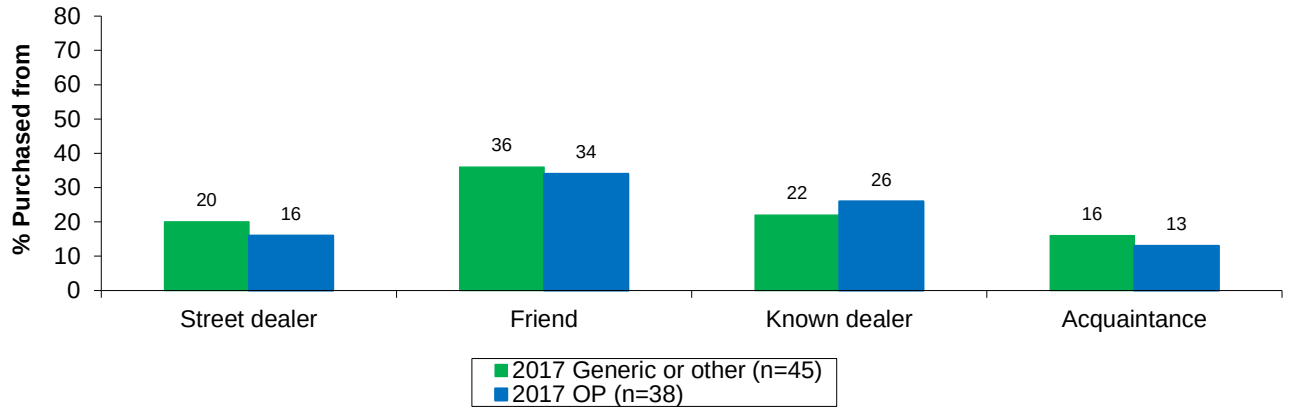


Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis
*Significant difference between 2016 and 2017 (p<0.05)

5.9.3 Purchasing patterns of illicit oxycodone

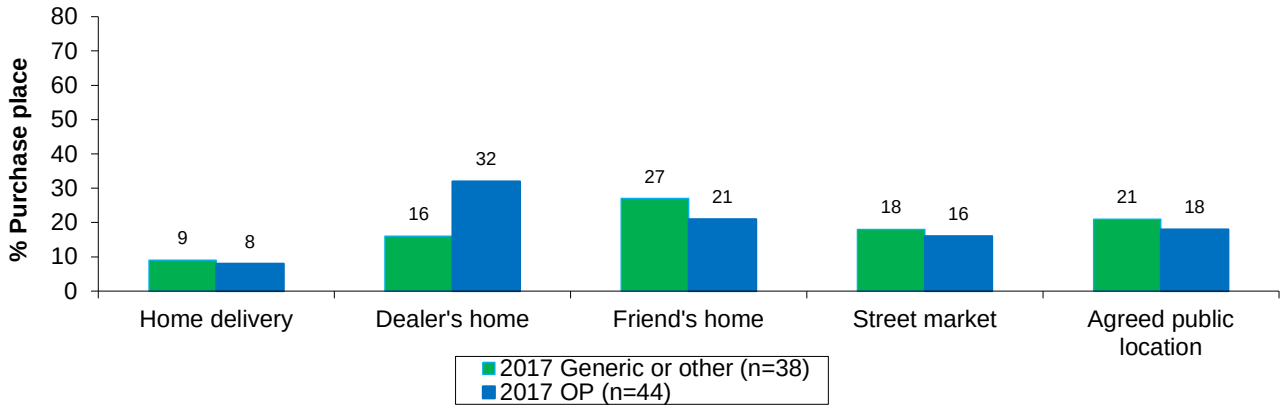
Of those who had bought illicit 'generic or other' or 'OP' oxycodone, the most common source was through a friend (36% and 34%, respectively). The most common place of purchase was a friend's home (27%) for 'generic or other' oxycodone and a dealer's home (32%) for 'OP' oxycodone (Figure 40 and Figure 41). Jurisdictional data is not presented due to <10 participants commenting in the majority of jurisdictions.

Figure 40: Purchase source for illicit oxycodone in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
[#] Only one response allowed

Figure 41: Purchase place of illicit oxycodone in the last six months, nationally, 2016–2017



Source: IDRS participant interviews
[#] Only one response allowed

5.10 Benzodiazepines

Key points

Price

- Small numbers commented on the median price of illicit benzodiazepines. The majority reported the price of illicit benzodiazepines had remained 'stable' over the last six months.

Availability

- Nationally, 42% reported that the availability of illicit benzodiazepines was 'difficult' and 37% reported availability as 'easy' to obtain. Fifty-nine per cent reported that the availability of illicit benzodiazepines had remained 'stable' and 35% 'more difficult' over the last six months.
- The most common source among those who had bought illicit benzodiazepines was through a friend or a known dealer.

5.10.1 Price of illicit benzodiazepines

Small numbers commented on the median price of benzodiazepines. Nationally, the median price for an illicit diazepam 5mg pill was $5 (range: $1-$100) and for an illicit alprazolam 2mg pill $5 (range: $1-$150). The majority (61%) reported the price of illicit benzodiazepines had remained 'stable' over the last six months (Table 45).

Table 45: Median price of illicit benzodiazepines and price changes, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Median price ($)										
Diazepam per pill	2	**5**	2	2.5	1	40	1	3	-	2
Alprazolam per pill	10	**5**	5	-	1	10	10	-	-	-
% Price changes (n)	(n=126)	**(n=88)**	(n=26)	(n=8)	(n=5)	(n=33)	(n=4)	(n=3)	(n=1)	(n=8)
Increased	35	**33**	31	-	-	36	-	-	-	-
Stable	60	**61**	65	-	-	58	-	-	-	-
Decreased	1	**0**	0	-	-	0	-	-	-	-
Fluctuated	5	**6**	4	-	-	6	-	-	-	-

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.10.2 Availability of illicit benzodiazepines

Of those participants in the IDRS sample who were able to comment, 42% reported the availability of illicit benzodiazepines as 'difficult', 37% reported availability as 'easy' and 14% as 'very easy' to obtain. Over half (59%) of those who commented (n=92) reported availability had remained 'stable' and 35% as 'more difficult' to obtain in the last six months (Table 46). No statistically significant changes in perceived availability nationally between 2016 and 2017 were observed.

Table 46: Availability of illicit benzodiazepines, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=130)	**(n=94)**	(n=27)	(n=8)	(n=5)	(n=35)	(n=4)	(n=4)	(n=1)	(n=10)
Very easy	12	**14**	15	-	-	6	-	-	-	20
Easy	36	**37**	37	-	-	29	-	-	-	60
Difficult	46	**42**	33	-	-	57	-	-	-	20
Very difficult	5	**7**	15	-	-	9	-	-	-	0
% Availability changes (n)	(n=129)	**(n=92)**	(n=26)	(n=8)	(n=5)	(n=34)	(n=4)	(n=4)	(n=1)	(n=10)
More difficult	34	**35**	31	-	-	44	-	-	-	20
Stable	59	**59**	58	-	-	50	-	-	-	70
Easier	3	**4**	8	-	-	3	-	-	-	10
Fluctuates	4	**2**	4	-	-	3	-	-	-	0

Source: IDRS participant interviews
– not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.10.3 Purchasing patterns of illicit benzodiazepines

Of those who had bought illicit benzodiazepines, the most common source was through a friend (61%). The most common places of purchase were a friend's home (32%) or via home delivery (22%) (Table 47).

Table 47: Purchasing patterns of illicit benzodiazepines, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Last purchased from [#] (n)	(n=118)	**(n=90)**	(n=27)	(n=6)	(n=5)	(n=34)	(n=4)	(n=4)	(n=1)	(n=9)
Street dealer	10	**7**	22	-	-	0	-	-	-	-
Friend	63	**61**	22	-	-	77	-	-	-	-
Known dealer	10	**12**	22	-	-	12	-	-	-	-
Acquaintance	14	**10**	11	-	-	12	-	-	-	-
Unknown dealer	1	**4**	11	-	-	0	-	-	-	-
Other	2	**2**	7	-	-	0	-	-	-	-
% Most recent purchase place [#] (n)	(n=117)	**(n=90)**	(n=27)	(n=6)	(n=5)	(n=34)	(n=4)	(n=4)	(n=1)	(n=9)
Home delivery	12	**22**	22	-	-	21	-	-	-	-
Dealer's home	3	**4**	7	-	-	3	-	-	-	-
Friend's home	33	**32**	4	-	-	47	-	-	-	-
Acquaintance's house	3	**2**	0	-	-	6	-	-	-	-
Street market	18	**12**	37	-	-	0	-	-	-	-
Agreed public location	27	**21**	19	-	-	21	-	-	-	-
Other	4	**6**	11	-	-	3	-	-	-	-

Source: IDRS participant interviews
[#] Only one response allowed
– not published due to small numbers reported (n<10)

5.11 Other drugs

In 2017, participants were asked about the price, purity, availability and purchasing patterns of a variety of drugs including antidepressants, antipsychotics, tapentadol, fentanyl, pharmaceutical stimulants, hallucinogens, steroids and ecstasy. Only those drugs with ten or more participants commenting were reported below.

5.11.1 Fentanyl

Sixteen participants commented on the availability and purchasing patterns for illicit fentanyl. Of those who commented (n=14), 12 participants reported on Duragesic® patches and the remainder reported on Fenpatch along with 'other' forms of fentanyl. Eight participants reported the availability of fentanyl as 'easy', three participants as 'very easy', three participants as 'difficult' and one participant as 'very difficult' to obtain. Nine participants reported the availability of fentanyl over the previous six months had remained 'stable', two participants reported it as 'more difficult' and a further two participants reported that it was 'easier' to obtain.

5.11.2 Pharmaceutical stimulants

Seventeen participants (2% of the national sample) commented on the availability and purchasing patterns for illicit pharmaceutical stimulants (mainly dextroamphetamine).

Of those who commented (n=17), 18% reported the availability of pharmaceutical stimulants as 'very easy', 35% as 'easy', 35% as 'difficult' and 12% as 'very difficult' to obtain. The majority (47%) reported the availability of pharmaceutical stimulants had remained 'stable' over the last six months.

5.11.3 Hallucinogens

Twelve participants commented on the price, purity, availability and purchasing patterns of hallucinogens (mainly LSD). Four participants reported the current purity as being 'high', five participants as 'medium' and two participants as 'low'. The majority of participants (44%; n=4) reported the purity of hallucinogens had remained 'stable' over the last six months. Four participants reported the availability of hallucinogens as 'very easy' to obtain while another three participants reported availability as 'difficult'. Four participants reported purchasing through a friend from a friend's home (n=3).

5.11.4 Ecstasy

Twenty-one participants (2% of the national sample) were able to comment on the price, purity, availability and purchasing patterns for ecstasy. Of those who commented (n=10), the median price for an ecstasy pill was $25 (range: $15-$120). The majority (n=9) reported the price had remained 'stable' over the last six months.

Eighteen participants commented on the purity of ecstasy. Four participants reported the purity as 'high', nine participants as 'medium' and three participants as 'low'. The majority (n=7) commented that the purity of ecstasy had 'decreased' in the last six months.

Twenty-one participants commented on the availability of ecstasy. Seven participants reported the availability of ecstasy as 'very easy', 12 participants reported it as 'easy', one participant reported it as 'difficult' and a further one participant reported it as 'very difficult' to obtain. The majority (n=15) reported the availability of ecstasy had remained 'stable' over the last six months. Of those who commented (n=19), nine participants reported purchasing ecstasy from a friend and five participants reported purchasing ecstasy from a known dealer. Participants reported that ecstasy was either home delivered, from a friend's home or from an agreed public location (n=4, respectively).

4.11.5 Antipsychotics

Ten participants commented on the availability and purchasing patterns for illicit antipsychotics. Nine participants reported using quetiapine and one participant reported using olanzapine. Four participants reported the availability of antipsychotics as 'very easy', three participants as 'easy', one participant as 'difficult' and a further one participant as 'very difficult' to obtain. Seven participants reported the availability of antipsychotics had remained 'stable', and one participant reported it as 'more difficult' to

obtain over the last six months. Eight participants reported obtaining antipsychotics through friends, mostly from a friend's home (n=5).

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

Overdose

- Forty-two per cent of the national sample reported a heroin overdose in their lifetime. Nationally, 11% of the IDRS participants had experienced a heroin overdose in the past 12 months and two per cent in the last month. The highest rates of self-reported overdose in the past year were in VIC (33%) and NSW (21%).
- Of the 19% who had ever overdosed on another drug (n=152) (not including heroin, methadone, morphine and oxycodone), 28% (n=43) had done so in the past year and nine per cent (n=13) had done so in the month preceding interview.

Drug treatment

- Nearly half (43%) of the IDRS sample reported currently being in any drug treatment for a median of 24 months.
- Forty-two per cent of the IDRS sample had been in opioid substitution treatment in the past year (mainly methadone maintenance treatment; 25%). Of this sample, 68% had started opioid substitution treatment one time in the past year.
- Eight per cent of the national sample started treatment for methamphetamine use in the past year on a median of one occasion.
- Thirty-two participants reported a hospital admission for methamphetamine psychosis in the past year, while 25 participants reported a hospital admission for 'other' methamphetamine related issues in the past year.
- Of the national sample, 13% of participants reported that they were unable to get into treatment in the last six months. The main drugs they had tried to access treatment for were heroin and methamphetamine.

Injection risk behaviours

- Needle and Syringe Programs (NSP) were by far the most common source of needles and syringes in the preceding six months (94%), followed by vending machines (19%).
- Receptive sharing (borrowing) of needles/syringes was reported by seven per cent of participants in the month preceding interview, typically after a regular partner or close friend. Lending of needles/syringes was reported by 12% of participants.
- Past month sharing of injecting equipment such as filters, water and mixing containers (e.g. spoons) was reported by 20% of participants, a significant decrease from 2016 (26%).
- Thirty-seven per cent of participants reused their own needle in the last month.
- Forty-nine per cent of participants reported reusing their own injecting equipment in the last month, mainly spoons/mixing containers.
- Two-thirds of participants reported experiencing an injection-related problem in the month preceding interview, most commonly scarring or bruising and difficulty injecting (e.g. finding a vein).
- The majority of participants reported last injecting in a private location (77%), with smaller percentages last injecting in a public location such as on the street (8%), in a car (5%), or in a public toilet (5%).
- Fifteen per cent of the national sample reported 'never' swabbing the injection site with an alcohol swab before injecting.

Alcohol Use Disorders Identification Test

- Forty-six per cent of males and 38% of females scored five or more on the AUDIT-C, indicating the need for further assessment.

Opioid and stimulant dependence

- Of those who had recently used an opioid drug (mainly heroin) (n=687), the median SDS score was seven, with 69% scoring five or above (indicating possible dependence).
- Of those who had recently used a stimulant drug (mainly methamphetamine) (n=590), the median SDS score was three, with 48% scoring four or above (indicating possible dependence).

Mental health problems and psychological distress

- Forty-three per cent of the national sample self-reported experiencing a mental health problem in the last six months, mainly depression, followed by anxiety.
- Of those who reported a mental health problem (n=330), two-thirds (67%) reported seeing a mental health professional during the last six months.
- Fifty-nine per cent of participants who reported experiencing a mental health problem had been prescribed medication for this problem during the past six months, most commonly antidepressants (57%) and/or antipsychotics (38%).
- Higher levels of psychological distress, as measured by the Kessler Psychological Distress Scale (K10) were reported among the national sample compared to the general population. Nearly one-third (32%) reported 'high' distress (8.4% in the general population) and 26% reported 'very high' distress (3.2% in the general population) Those reporting a 'very high' level of distress possibly require clinical assistance.

Naloxone program and distribution

- Of those who commented (n=814), the majority of participants (86%) had heard of naloxone, with nearly two-thirds (59%) of these participants reporting that naloxone was used to 'reverse heroin' and 35% reporting that it was used to 're-establish consciousness'.
- Fifty-three per cent reported that they had heard of the take-home naloxone program.
- A small percentage (5%) reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program.
- Eighteen per cent of those who commented (n=807) had completed training in naloxone administration along with a prescription for naloxone. Of those who had completed the course (n=145), 41% had used the naloxone to resuscitate someone who had overdosed.
- Twenty-six per cent of those who commented (n=807) reported that they had heard about the rescheduling of naloxone (available OTC without a prescription).
- Three per cent reported that they had themselves obtained naloxone OTC without a prescription from a pharmacy and of these, four participants reported that they had resuscitated someone who had overdosed.

Driving risk behaviour

- Around half (47%) of the national sample reported having driven a car, motorcycle or other vehicle in the last six months.
- Thirteen per cent of those who had recently driven (n=337) reported driving while over the legal limit of alcohol.
- Seventy-five per cent of those who had recently driven drove within three hours of using an illicit drug.
- Fifty-one per cent of those who had recently driven had been breath tested for alcohol; 12 participants returned a positive result over the legal limit of alcohol.
- Twenty-eight per cent of those who had recently driven had been tested for drug driving; 34 participants returned a positive result.

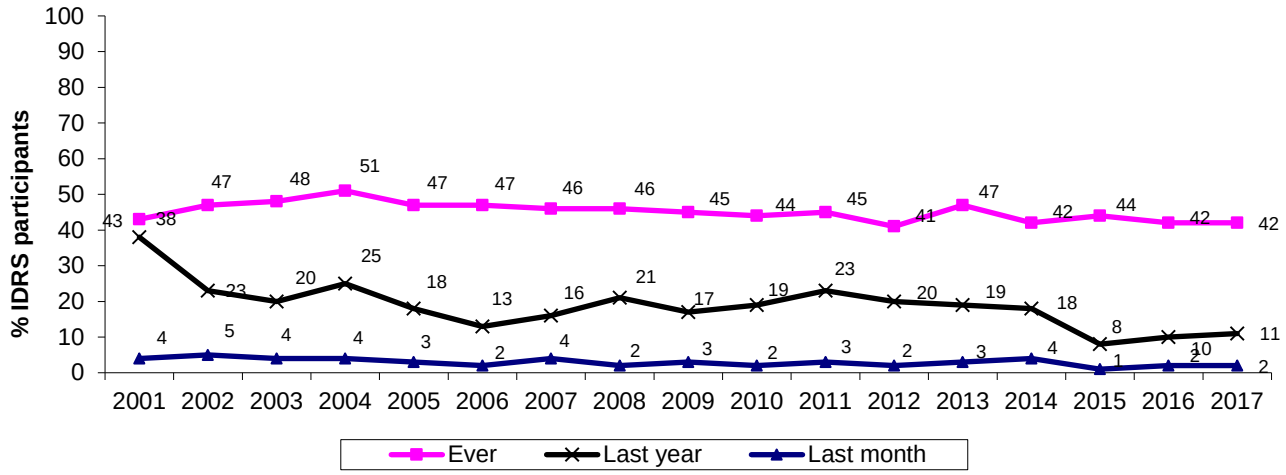
6.1 Overdose

6.1.1 Heroin and other opioids

6.1.1.1 Non-fatal overdose

Participants were asked how many times they had overdosed on heroin and the length of time since their last heroin overdose. Forty-two per cent of the sample reported a heroin overdose in their lifetime. Nationally, 11% reported overdosing in the last year and two per cent in the last month (Figure 42).

Figure 42: The prevalence of heroin overdose nationally, 2001–2017



Source: IDRS participant interviews
Note: Data may differ to previous national and jurisdictional reports due to the method of data analysis

Participants who had ever overdosed on heroin had done so on a median of three occasions in their lifetime (range: 1-100 occasions), ranging from a median of one time in the NT to four times in QLD.

Heroin overdose in the last year among those who had ever overdosed on heroin (n=336) was highest in VIC (33%) followed by NSW (21%). Percentages reporting overdose in the last year have remained lower than 2001 levels in all jurisdictions (Table 48).

Table 48: **Heroin overdose in the year preceding interview among those who had ever overdosed on heroin, by jurisdiction, 2001–2017**

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	38	45	23	46	33	40	50	17	39
2002	24	32	22	29	13	12	31	3	23
2003	20	28	30	21	7	14	29	2	13
2004	25	26	47	30	17	5	28	9	20
2005	18	19	19	29	9	15	14	3	21
2006	13	20	15	12	10	9	14	7	9
2007	16	22	10	22	0	16	6	3	25
2008	21	27	19	32	0	19	28	0	10
2009	17	24	19	12	4	9	25	4	21
2010	19	22	19	24	0	14	17	10	24
2011	23	25	21	28	5	21	29	10	21
2012	20	14	26	16	0	24	36	5	29
2013	19	21	23	29	6	3	18	4	16
2014	15	28	13	20	6	17	20	0	16
2015	20	28	15	19	7	33	30	3	15
2016	24	27	12	34	12	13	33	6	17
2017	**25**	**21**	**13**	**33**	**2**	**9**	**8**	**2**	**11**

Source: IDRS participant interviews
Note: Data may differ to previous national and jurisdictional reports due to the method of data analysis

Participants were also asked about the treatment they had received at the time of a recent (past year) heroin overdose (n=85). Twenty-five per cent (n=21) of those who overdosed on heroin in the last year reported not receiving any treatment and 45% reported receiving Narcan®. Forty-four per cent had an ambulance attend, 20% attended the hospital emergency department, nine per cent received oxygen, seven per cent reported receiving cardiopulmonary resuscitation (CPR) from a friend/partner/peer, and five per cent reported receiving CPR from a health professional.

Participants were also asked about the treatment or information they received after the most recent heroin overdose. Of those who had overdosed in the past year and commented (n=84), 76% did not receive any information or treatment after the most recent overdose, seven per cent received information

from a drug health service, seven per cent received information from a generalist health service and four per cent from a counsellor.

6.1.2 Methadone

Of those who had ever used methadone and commented (n=833), two per cent reported a methadone overdose in their lifetime on a median of one occasion (range: 1-20 occasions). Of those who had ever overdosed on methadone (n=18), two participants reported overdosing on methadone in the last year (both of which had overdosed in the past month).

6.1.3 Morphine

Of those who reported ever using morphine and commented (n=839), four per cent had overdosed on morphine in their lifetime on a median of one occasion (range: 1-15 occasions). Of those who had ever overdosed on morphine (n=35), nine participants reported overdosing on morphine in the last year. One participant reported overdosing on morphine in the last month.

6.1.4 Oxycodone

Of those who had ever used oxycodone and commented (n=852), one per cent reported an oxycodone overdose in their lifetime on a median of four occasions (range: 1-10 occasions). Of those who had ever overdosed on oxycodone (n=9), one participant reported overdosing in the last year, but not within the last month.

6.1.5 Other drugs

6.1.5.1 Non-fatal overdose

In addition to heroin, methadone, morphine and oxycodone overdose, participants were asked whether they considered themselves to have ever accidentally overdosed on any other drug(s).

Nationally, 19% of the IDRS sample who commented (n=804) reported an overdose on a drug other than heroin, methadone, morphine and oxycodone in their lifetime on a median of two occasions (range: 1-100 occasions). Of those who had ever overdosed on another drug (n=152), 28% had done so in the past year, and nine per cent had done so in the month preceding interview. These results were not significantly different from the 2016 findings (Table 49).

Fifty-one per cent of those who had overdosed in the past year (n=22) reported they had last overdosed on crystal methamphetamine, while 19% believed they had overdosed on other opiates, 19% alcohol, 16% benzodiazepines, 12% cannabis and five per cent fentanyl and ecstasy, respectively.

Among those who had overdosed on another drug in the last year and commented (n=42), 43% reported receiving no treatment at the time of overdose, while 26% had an ambulance attend and 41% attended a hospital emergency department. Small numbers received Narcan® (10%) and oxygen (5%).

Table 49: Overdose on other drugs (excluding heroin, methadone, morphine or oxycodone), by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=786	**n=804**	n=125	n=88	n=133	n=98	n=100	n=68	n=101	n=91
	2016	**2017**								
% Ever overdosed on other drugs	18	**19**	15	18	6	18	28	25	30	18
	(n=141)	**(n=152)**	(n=19)	(n=16)	(n=8)	(n=18)	(n=28)	(n=17)	(n=6)	(n=16)
% Overdose last 12mth *	37	**28**	32	25	-	39	39	29	-	31
% Overdose last month *	10	**9**	5	6	-	6	18	6	-	13

Source: IDRS participant interviews
*Among those who had ever overdosed on other drugs
– Data not published due to small numbers commenting (n<10)

Of those who had overdosed on other drugs in the past year and commented (n=42), 60% did not receive any information or treatment, while 12% received information from a drug health service, seven

per cent from a generalist health service or user group/organisation, five per cent from a counsellor, and two per cent from a GP, psychologist or psychiatrist, respectively.

6.2 Drug treatment

6.2.1 IDRS participant survey

The IDRS recruits participants who regularly inject drugs; it does not specifically target those who are engaged in treatment programs because it aims to interview active participants in the illicit drug market. Those in treatment tend to be less active in illicit drug markets. However, as in previous years, substantial percentages of participants in all jurisdictions reported involvement in OST (38% nationally), although jurisdictional variations were observed. In the 2017 national IDRS sample, one-quarter (25%) were currently involved in methadone maintenance, 10% in buprenorphine-naloxone and three per cent were in buprenorphine treatment and drug counselling, respectively (Table 50).

Participants interviewed for the IDRS who were currently in any drug treatment (43%) were asked a number of questions about their treatment. Participants reported being in their current treatment for a median of 24 months (range: one month to 30 years). Those in current methadone treatment (25% of the sample) reported being in their treatment for a median of 36 months (range: one month to 30 years). Thirty-nine per cent of participants in current treatment reported that they had been in treatment for 12 months or less.

Participants were asked 'What forms of treatment have you been in over the last six months?' Of those participants who commented (n=310): 56% reported previous methadone treatment, 26% buprenorphine-naloxone treatment, 18% drug counselling, nine per cent buprenorphine treatment, three per cent detoxification, and two per cent therapeutic community and narcotics anonymous, respectively.

In 2017, participants were specifically asked about opioid and methamphetamine treatment in the past year. Forty-two per cent of the IDRS sample had been in opioid substitution treatment in the past year. Of this sample (n=346), 68% had started opioid substitution treatment once in the past year.

Among those who commented (n=876), eight per cent (n=71) started treatment for methamphetamine use in the past year on a median of one occasion (range: 1-12 occasions). Of those who started treatment for methamphetamine use in the past year (n=71), 63% had counselling, 30% underwent pharmacotherapy and 20% undertook assessment and detoxification, respectively. Thirty-two participants reported a hospital admission for methamphetamine psychosis in the past year (fifteen participants reported one hospital admission; median two; range: 1-5 admissions). Twenty-five participants reported a hospital admission for 'other' methamphetamine-related issues in the past year (fifteen participants reported one hospital admission; median one; range: 1-5 admissions).

Participants were then asked if they had tried to get into treatment but were unable to in the last six months. Of the national sample, 13% responded 'yes' (ranging from 7% in WA to 16% in VIC). Of those who responded (n=112), 44% reported that they had tried to access treatment for heroin and 29% for methamphetamine. Thirty-two per cent reported that they had tried to access a rehabilitation service, 28% detoxification, 25% an opioid substitution program, 25% an opioid substitution doctor, 23% a GP, 19% a counsellor, 11% a psychiatrist, eight per cent an Alcohol, Tobacco and Other Drugs (ATOD) worker, eight per cent a psychologist and five per cent 'other' treatment.

There were mixed reports regarding the availability of treatment and reports varied by state. Thirty-seven per cent of the those who commented (n=876) reported that it was 'easy' to get into treatment, 23% reported that it was 'difficult', 13% 'very difficult' and 12% 'very easy'. Fourteen per cent did not know.

6.2.2 Heroin

6.2.2.1 Opioid substitution treatment

Methadone maintenance treatment is an established form of opioid substitution treatment (OST) in all jurisdictions in Australia. In 2000, Subutex® (buprenorphine hydrochloride) was registered in Australia

and listed on the Pharmaceutical Benefits Scheme (PBS) in March 2001. Suboxone® (buprenorphine-naloxone) was registered in Australia in 2005 and listed on the PBS in April 2006.

Table 50: Current involvement in opioid substitution treatment (OST), by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=877	**N=888**	n=151	n=100	n=152	n=100	n=100	n=73	n=109	n=103
	2016	**2017**								
% Methadone	28	**25**	31	39	31	27	16	25	1	28
% Buprenorphine-naloxone	8	**10**	9	7	12	7	7	12	7	15
% Buprenorphine	3	**3**	1	1	4	7	1	0	2	9
% Any OST	39	**38**	41	47	47	41	24	37	10	52

Source: IDRS participant interviews

6.3 Injecting risk behaviours

6.3.1 Injecting drug use in the general population

It has been estimated that a very low percentage of the Australian general population aged 14 years and over have ever injected or recently (in the past year) injected drugs. Data from the National Drug Strategy Household Survey report that in 2016, 1.6% of the population aged 14 years or older had injected a drug in their lifetime, with 0.3% having injected a drug in the past year. Males who were aged 14 and older were more likely to have recently injected drugs in the past year than females who were aged 14 years and older (0.4% versus 0.2%) (Australian Institute of Health and Welfare, 2014).

6.3.2 Access to needles and syringes

In 2017, 859 participants in the national IDRS sample commented on the source for accessing needles. Needle and syringe programs (NSP) were by far the most common source of needles and syringes in the preceding six months (94%), followed by NSP vending machines (19%). Chemists were used by 16% of participants nationally. The percentage of participants reporting a friend, partner and/or dealer as the main source to access needles and syringes varied by jurisdiction. Hospitals and outreach/peer workers were also accessed (Table 51). Of the national sample who commented (n=850), 91% reported no difficulties in accessing new sterile needles and syringes in the last month.

Table 51: Main sources of needles and syringes in the preceding six months among those who commented, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=860	**n=859**	n=142	n=98	n=146	n=99	n=100	n=70	n=106	n=98
	2016	**2017**								
% NSP	94	**94**	87	96	95	97	96	90	95	95
% NSP vending machine^	14	**19**	46	34	12	15	17	0	9	7
% Chemist	14	**16**	22	25	12	23	11	13	4	13
% Partner	2	**1**	4	1	0	2	1	0	0	1
% Friend	9	**12**	20	20	8	11	14	4	7	6
% Dealer	3	**4**	8	7	2	1	4	4	2	2
% Hospital	2	**3**	16	1	1	1	0	1	0	0
% Outreach/peer worker	4	**3**	2	1	12	0	4	1	0	1

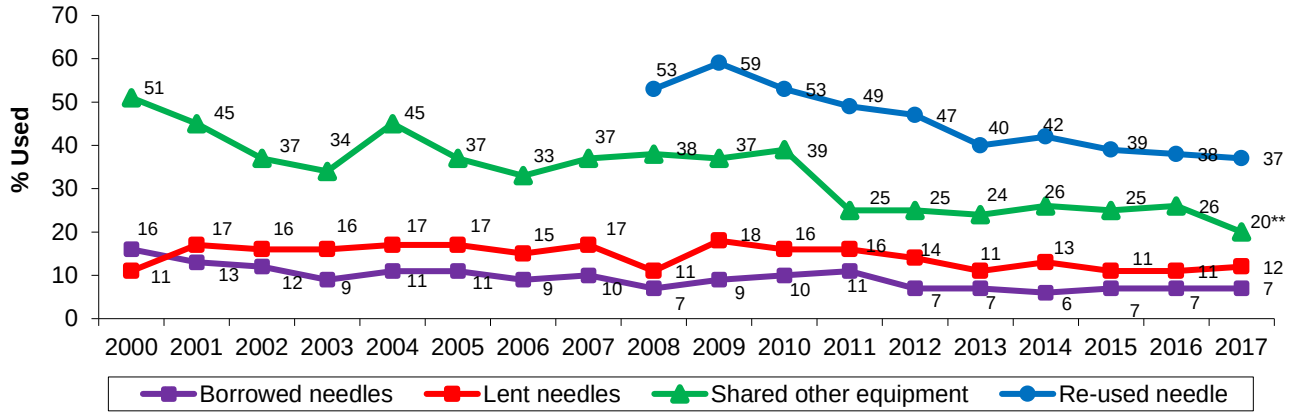
Source: IDRS participant interviews
^Vending machines not available in all jurisdictions
Note: Multiple responses allowed

6.3.3 Sharing of injecting equipment

The sharing of injecting equipment remains a concern due to the risk of transmission of blood-borne viral infections (BBVI) such as human immunodeficiency virus (HIV) and hepatitis C virus (HCV). Percentages reporting that someone had used a needle after them (i.e. 'lent') and those reporting that they had used a needle after someone else (i.e. 'borrowed') in the last month remained stable in 2017 at 12% and seven per cent, respectively (11% and 7% in 2016) (Figure 43). For national trends over time for borrowing of needles, lending of needles and sharing of injecting equipment, please refer to Appendix H.

Percentages reporting borrowing needles varied by jurisdiction, from two per cent in the ACT and SA to 11% in NSW (Table 52 and Figure 44), while lending of needles ranged from seven per cent in the ACT and the NT to 21% in WA (Table 52 and Figure 45). Similar jurisdiction-level variation was evident for distributive sharing (Figure 46).

Figure 43: Borrowing and lending of needles and sharing of injecting equipment in the month prior to interview, 2000–2017



Source: IDRS participant interviews
Note: Data collection for 'reused own needle' started in 2008
**Significant difference between 2016 and 2017 (p<0.01)

Participants who had used a needle after someone else in the last month (n=56) had typically used after a regular partner (45%), a close friend (27%), or an acquaintance (7%). These participants had usually borrowed a needle on one or two occasions during that time (64%). Twenty-three per cent reported 'borrowing' a needle on 3–5 occasions in the last month.

Almost one-third (32%) of the national sample reported injecting either a partner or friend after injecting themselves with either a new or used needle in the last month. Fifteen per cent reported that somebody else injected them after injecting themselves with either a new or used needle in the last month (Table 52). Receptive sharing of injecting equipment significantly decreased from 2016 (26%) to 20% in 2017 (p<0.01) (Figure 43, Table 52).

IDRS participants were also asked if they had reused their own needle, due to the known risks associated with reusing needles including increased risk of infection. Reusing of their own needle remained stable between 2017 (37%) and 2016 (38%) (Table 52).

Participants were also asked about the reuse of injecting equipment (not including needles). Forty-nine per cent of the national sample reported reusing their own injecting equipment in the last six months, mainly spoons/mixing containers (75%) and tourniquets (39%) (Table 52).

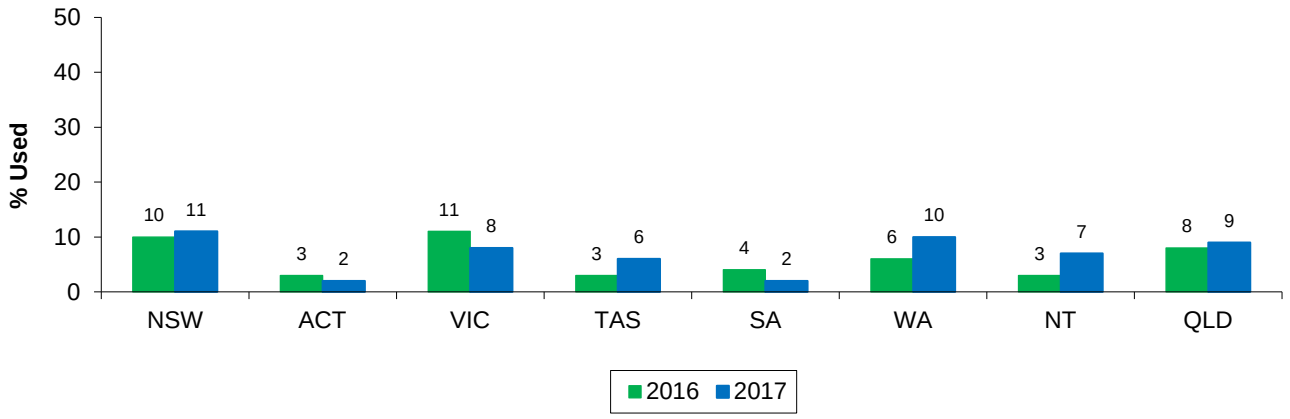
Participants were also asked 'The last time you injected what was the injection site (on the body)?' Of those who commented (n=857), the majority (72%) reported having injected in the arm, while 14% reported the hand and five per cent the leg and the neck, respectively (Table 52).

Table 52: Sharing needles and injecting equipment in last month, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=860	**n=859**	n=142	n=98	n=147	n=99	n=100	n=70	n=106	n=98
	2016	**2017**								
% Borrowed a needle	7	**7**	11	2	8	6	2	10	7	9
% Lent a needle	11	**12**	16	7	15	9	10	21	7	11
% Shared any injecting equipment ^ (n)	26 (n=219)	**20** n=171)**	24 (n=34)	24 (n=23)	13 (n=19)	10 (n=10)	23 (n=23)	22 (n=15)	25 (n=27)	20 (n=20)
Shared spoon/mixing container	74	**75**	91	87	90	20	70	60	70	75
Shared filter	20	**22**	35	4	16	10	13	20	30	35
Shared tourniquet	25	**35***	29	13	5	50	44	27	56	60
Shared water	27	**35**	47	13	26	50	39	33	30	40
Shared swabs	5	**12***	12	4	0	0	9	7	26	30
Shared wheel filter	2	**6**	6	0	0	0	0	0	22	15
% Reused own needle	38	**37**	47	47	36	29	35	48	25	33
% Reused own injecting equipment ^ (n)	55 (n=475)	**49 (n=421)**	53 (n=75)	53 (n=49)	37 (n=54)	33 (n=33)	61 (n=61)	51 (n=35)	60 (n=63)	52 (n=51)
Reused own spoon/missing container	79	**75**	91	86	76	46	64	69	81	73
Reused own filters	11	**11**	20	4	15	15	7	14	3	14
Reused own tourniquets	39	**39**	24	16	22	55	51	51	54	47
Reuse own water	16	**19**	35	27	15	15	16	14	5	16
Reused own swabs	5	**6**	8	6	4	6	2	14	5	8
Reused own wheel filter	2	**5**	7	2	0	9	3	6	3	10
% Last site of injection (n)	(n=857)	**(n=857)**	(n=142)	(n=98)	(n=146)	(n=99)	(n=100)	(n=70)	(n=104)	(n=98)
Arm	74	**72**	63	84	77	66	78	74	65	71
Leg	5	**5**	6	2	3	4	4	6	14	3
Hand/wrist	11	**14**	19	12	10	19	10	13	14	12
Foot	2	**1**	1	0	1	2	1	1	2	2
Groin	3	**2**	3	1	3	6	0	0	2	2
Neck	5	**5**	7	1	6	3	7	4	3	8
Other	1	**1**	1	0	1	0	0	1	0	1
% Injected partner/friend after injecting self **(with either a new or used needle)**	31	**32**	31	31	26	32	35	27	39	32
% Somebody else injected them after injecting themselves **(with either a new or used needle)**	17	**15**	14	9	9	22	19	14	19	20
In the last month, median number of:										
Times injected	28	**25**	30	30	20	15	20	27.5	30	20
Times obtained new sterile needles/syringes	2	**3**	4	4	4	3	2	2	2	2
New sterile needles/syringes obtained	90	**75**	60	75	60	35	80	100	100	62.5
New sterile needles/syringes sold/given away	10	**10**	5	10	7	5	18	20	10	10
Needles/syringes collected for self	35	**20**	20	16	15	11	40	52.5	27.5	25
New sterile needles/syringes stored away	10	**10**	10	7	4	5	13	40	5	10

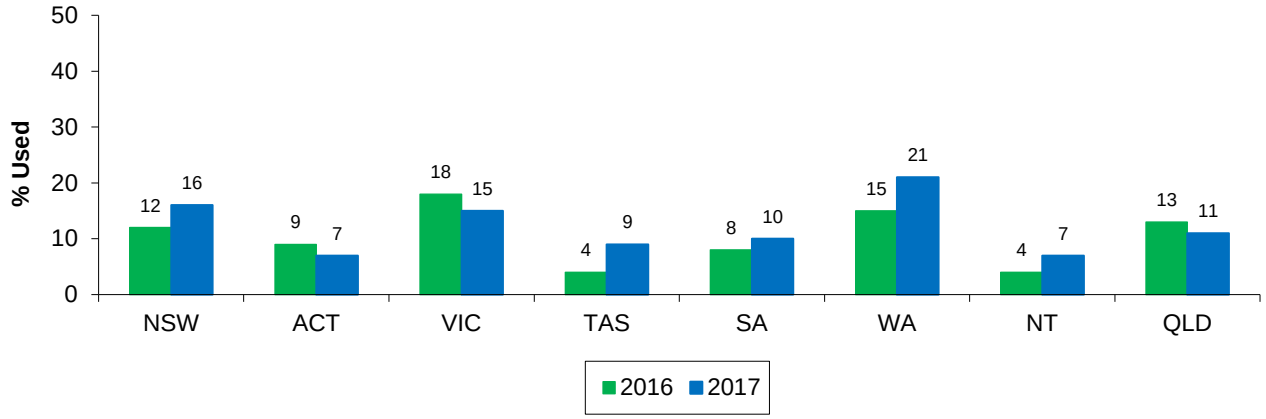
Source: IDRS participant interviews
^ Includes spoons, water, tourniquets and filters; excludes needles/syringes
* Significant difference between 2016 and 2017 ($p<0.05$)
**Significant difference between 2016 and 2017 ($p<0.01$)
Note: 'Borrowed' – used a needle after somebody else; and 'Lent' – used a needle before somebody else

Figure 44: Self-reported borrowing of used needles and/or syringes in the past month, by jurisdiction, 2016–2017



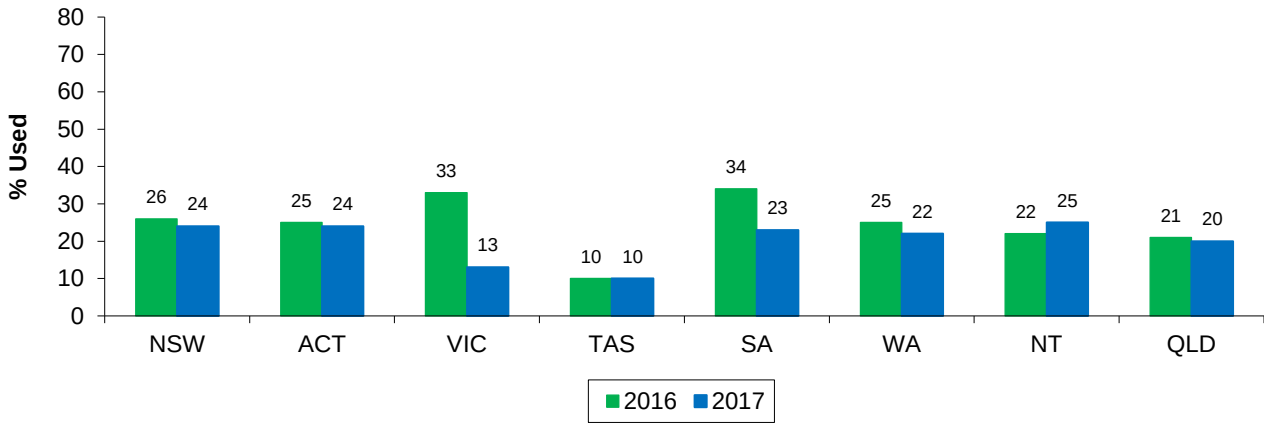
Source: IDRS participant interviews

Figure 45: Self-reported lending of used needles and/or syringes in the past month, by jurisdiction, 2016–2017



Source: IDRS participant interviews

Figure 46: Self-reported sharing of used injecting equipment other than needles/syringes in the past month, by jurisdiction, 2016–2017



Source: IDRS participant interviews

In 2017, participants were asked questions about the use of needles and syringes in the last month. Of those who commented (n=850), 91% reported no difficulties in accessing new sterile needles and syringes in the last month. Nationally, the median number of times participants had injected in the last month was 25 times (range: 0-720 times). New sterile needles/syringes were obtained from any source on a median of three occasions in the last month (range: 0-280 occasions). Participants reported a median of 75 new sterile needles/syringes obtained (range: 0-900) and a median of 10 new sterile needle/syringes were sold/given away in the last month (range: 0-800). Participants collected a median of 20 needle/syringes for themselves (range: 0-900) and stored away a median of 10 new sterile needle/syringes in the last month (range: 0-700) (Table 52).

6.3.4 Injecting equipment use in the last month

Participants in the IDRS survey were asked questions about the use and reuse of injecting equipment for 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).

In Table 53, four-fifths (80%) of the national sample who commented reported the use of a 1ml needle and syringe in the last month followed by a detached needle (17%) (Table 53). The reuse of a 1ml needle and syringe was reported by 31% of the IDRS sample who commented (Table 54). Results from 2016 and 2017 IDRS were similar.

Of those who commented (n=765), 53% reported that they were able to access cotton filters, 49% were able to access wheel filters and 28% were able to access cigarette filters.

Table 53: Use of injecting equipment in the last month among those who commented, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Injecting equipment used in the last month * (n)	(N=853)	**(n=852)**	(n=141)	(n=96)	(n=146)	(n=99)	(n=97)	(n=70)	(n=106)	(n=97)
0.5ml needle/syringe	5	**5**	16	8	0	0	8	3	2	1
01ml needle/syringe	79	**80**	87	78	98	51	84	96	57	83
3ml syringe (barrel)	18	**16**	11	9	4	22	11	9	41	23
5ml syringe (barrel)	14	**14**	10	6	1	19	7	4	58	8
10ml syringe (barrel)	7	**9**	7	7	1	29	7	9	5	12
20ml syringe (barrel)	6	**6**	4	5	0	25	0	1	2	14
50ml syringe (barrel)	<1	<1	0	3	0	0	0	0	0	0
Detached needle (tip)	15	**17**	10	9	3	30	14	7	45	23
Winged view infusion set (butterfly)	15	**14**	7	9	0	57	7	3	12	27
Wheel filter	12	**12**	9	13	1	26	12	3	26	7
Other commercial cotton filter	18	**22**	27	29	19	9	19	6	18	47

Source: IDRS participant interviews
* More than one item could be selected

Table 54: Reuse of injecting equipment in the last month among those who commented, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Injecting equipment used in the last month * (n)	(N=851)	**(n=850)**	(n=141)	(n=93)	(n=147)	(n=99)	(n=100)	(n=69)	(n=103)	(n=98)
0.5ml needle/syringe	1	**3**	6	3	1	0	3	3	5	1
01ml needle/syringe	32	**31**	40	34	39	15	29	45	10	31
3ml syringe (barrel)	3	**2**	1	0	1	2	1	1	9	5
5ml syringe (barrel)	2	**3**	4	0	0	4	1	0	18	1
10ml syringe (barrel)	2	**2**	1	1	0	4	2	1	0	4
20ml syringe (barrel)	1	**2**	1	2	0	8	0	0	0	4
50ml syringe (barrel)	0	**0**	0	0	0	0	0	0	0	0
Detached needle (tip)	1	**3**	4	2	0	3	1	1	5	5
Winged view infusion set (butterfly)	2	**3**	2	2	0	10	1	3	1	5

Source: IDRS participant interviews
* More than one item could be selected

6.3.5 Location of injection

Consistent with previous years, the majority of participants (77%) in the national sample reported that they had last injected at a private home; this remained the most commonly reported location of last injection across all jurisdictions, ranging from 59% in VIC to 92% in SA (Table 55). Thirteen per cent of participants in NSW reported last injecting at the Sydney Medically Supervised Injecting Centre (MSIC).

Table 55: Location of last injection, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=853	**n=856**	n=142	n=98	n=144	n=99	n=100	n=70	n=105	n=98
	2016	**2017**								
% Private home	80	**77**	62	85	59	88	92	74	91	78
% Car	6	**5**	1	6	5	6	3	10	5	4
% Street/car park/beach	6	**8**	4	4	27	2	2	1	4	6
% Public toilet	4	**5**	4	4	5	4	0	10	0	12
% Other	4	**2**	21	0	1	0	3	4	0	0

Source: IDRS participant interviews
Note: MSIC is included under 'other' in NSW

6.3.6 Self-reported injection-related health problems

Sixty-five per cent of participants in the national sample had experienced an injection-related health problem in the month preceding interview. Of those who commented (n=865), the most prominent problems were scarring/bruising (45%) and difficulty injecting (41%), most likely indicating poor vascular health among a percentage of this group. Ten per cent reported that they had experienced a 'dirty hit' (i.e. a hit that made them feel sick) in the month preceding interview. Thrombosis and non-fatal overdose remained rare during this period (Table 56).

Table 56: Percentage of injection-related issues in last month, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=850	**n=865**	n=144	n=100	n=149	n=94	n=100	n=71	n=105	n=102
	2016	**2017**								
% Any injection related problem	66	**65**	67	65	60	62	61	73	63	71
% Problem										
Scarring/bruising	47	**45**	49	47	39	47	48	42	39	53
Difficult injecting	41	**41**	42	46	38	39	34	54	35	44
Dirty hit	7	**10**	6	8	7	6	10	10	20	15
Infection/abscess	8	**7**	6	8	5	5	10	6	8	10
Thrombosis	4	**5**	7	2	5	4	7	6	9	4
Overdose	4	**3**	3	2	3	0	5	1	2	4

Source: IDRS participant interviews

6.3.7 Swabbing practices

In 2017, IDRS participants were asked a number of questions related to their swabbing practices. Of those who commented (n=850), over half the national sample (58%) reported that they had swabbed the injection site 'every time' before injecting. Fourteen per cent reported swabbing the injection site 'more than half of the time but not every time', and 14% reported swabbing the site 'less than half the time'. Fifteen per cent of the national sample reported 'never' swabbing the injection site before injecting.

Seventy-four per cent of those who commented (n=853) reported that they had used an alcohol swab the last time they injected. Participants most commonly reported obtaining the swab from a NSP (93%). Of those who did not use an alcohol swab the last time and commented (n=211), 'don't bother using swabs' was the most common reason for not using a swab (43%). Other reasons included 'didn't have a swab on me' (17%), and 22% reported that they had 'no particular reason' for not using a swab.

6.4 Alcohol Use Disorders Identification Test-Consumption

People who regularly inject drugs are particularly at risk of alcohol-related harms due to a high prevalence of HCV. Over half (51%) of the participants interviewed in the Australian NSP Survey 2016 were found to have HCV antibodies (Memedovic et al., 2017). 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 and depressant overdose (Coffin et al., 2007, Schiff and Ozden, 2004, Darke, 2000, Darke et al., 2007), it is important to monitor risky drinking among people who inject drugs.

The information on alcohol consumption currently available in the IDRS includes the prevalence of lifetime and recent use and number of days of use over the preceding six months. Participants in the IDRS were asked the AUDIT-C as a valid measure of identifying heavy drinking (Bush 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 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 risky drinking.

Among IDRS participants who drank alcohol in the past year and commented (n=569), 45% reported drinking monthly or less. Almost three-quarters (74%) of those who drank alcohol in the past year reported drinking six or more standard drinks within that time. The overall mean score on the AUDIT-C was 4.4 (median=4; range: 0–12). Males scored higher than females on the AUDIT-C (4.6 versus 4.0), however this difference was not statistically significant.

According to Dawson and colleagues (2005) and Haber and colleagues (2009), a cut-off score of five or more indicated that further assessment was required. Forty-three per cent of the participants who drank in the past year scored five or more on the AUDIT-C, ranging from 35% in NSW and the NT to 51% in TAS. Almost half of males (46%) and 38% of females scored five or more indicating the need for further assessment (Table 57).

Table 57: AUDIT-C among people who injected drugs and drank alcohol in the past year, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Mean AUDIT-C score SD (range)	5.3 3.5 (1–12)	**4.4** **3.6** **(0-12)**	4.0 3.4 (0-12)	4.7 3.4 (0-12)	4.1 4.0 (0-12)	4.9 3.4 (0-12)	5.0 3.3 (0-12)	4.5 3.5 (0-12)	3.6 3.8 (0-12)	4.5 3.4 (0-12)
% Score of 5 or more^ (n)	(n=557)	**n=569)**	(n=102)	(n=89)	(n=110)	(n=70)	(n=83)	(n=54)	(n=78)	(n=71)
All participants	50	**43**	35	48	39	51	49	46	35	45
Males	50	**46**	36	58	40	52	57	41	35	46
Females	50	**38**	34	24	36	50	38	55	33	44

Source: IDRS participant interviews
^Among those who drank alcohol in the past year

6.5 Opioid and stimulant dependence

In 2017, the participants in the IDRS were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids. Understanding whether participants are dependent is an important predictor of harm, and provides information to complement quantity and frequency of use measures.

The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Dawe et al., 2002).

Previous research has suggested that a cut-off value of four is indicative of dependence for people who use methamphetamine (Topp and Mattick, 1997) and a cut-off value of three for cocaine (Kaye and Darke, 2002). No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of five for the presence of dependence.

Of those who had recently used an opioid and commented (n=687), the median SDS score was seven (mean 6.9; range: 0–15), with 69% scoring five or above, indicating possible dependence. There were no significant differences between males and females. The majority of participants who scored five or more (n=687) were male (69%). Of those who scored five or above (n=475), 52% reported specifically attributing their responses to heroin, 18% to methadone and morphine, respectively, seven per cent to buprenorphine and two per cent to oxycodone.

Of those who had recently used a stimulant and commented (n=590), the median SDS score was three (mean 4.2; range: 0–15), with 48% scoring four or above, indicating possible dependence. There were no significant differences between males and females. The majority of participants who scored four or more (n=590) were female (52%). Of those who scored four or above (n=284), 94% reported specifically attributing their responses to methamphetamine, three per cent to cocaine and one per cent to pharmaceutical stimulants.

6.6 Mental health problems and psychological distress

6.6.1 Self-reported mental health problems

The IDRS includes items regarding self-reported experience of mental health problems and health service utilisation for such problems, including obtaining of prescription medications. It is important to note that the following data refer to participants' perceptions of their mental health and were not confirmed by a formal diagnosis (although the participant may have received such a diagnosis from a health professional during the course of treatment).

In the IDRS, 43% of participants self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence). Of those who reported a mental health problem (n=330), two-thirds (67%) reported seeing a mental health professional during the last six months. This remained stable between 2016 and 2017. See Table 58 for a breakdown of these results by jurisdiction.

Of those who reported attending a mental health professional (n=220), 62% reported visiting a GP, 31% visited a psychiatrist, 25% a psychologist, 17% a counsellor, 10% a mental health nurse, seven per cent a psychiatric ward, six per cent a social worker and five per cent a hospital emergency department and a community nurse, respectively.

Of those who commented (n=326), the most common mental health problem was reportedly depression (72%), followed by anxiety (56%). Eighteen per cent reported post-traumatic stress disorder (PTSD), 14% reported bipolar disorder and 11% reported schizophrenia. Mania, phobia, panic, obsessive-compulsive disorder, paranoia, personality disorder, drug-induced psychosis and psychosis (not drug induced) were each reported by nine per cent or less of those reporting a mental health problem.

Table 58: Self-reported mental health problems experienced in the preceding six months, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=863	**n=773**	n=113	n=79	n=132	n=92	n=95	n=70	n=101	n=91
	2016	**2017**								
% Any self-reported mental health problem in the last six months	43	**43**	42	47	49	52	41	30	29	50
% Self-reported mental health problem^	(n=373)	**(n=330)**	(n=47)	n=37	n=62	n=48	n=39	n=21	n=27	n=45
Depression	66	**72**	75	62	77	75	80	71	82	53
Anxiety	52	**56**	53	41	52	60	54	71	67	64
Manic-depression/Bipolar	12	**14**	4	16	7	17	13	33	26	16
Schizophrenia	12	**11**	15	22	3	17	8	5	19	4
Post-traumatic stress disorder	16	**18**	19	14	10	21	5	19	22	38
Panic	12	**9**	4	3	3	10	10	14	26	13
Paranoia	10	**9**	4	11	3	15	13	10	15	7
% Attended health professional for mental health problem^	67	**67**	72	65	69	65	62	67	75	62
% Health Professional attended^	(n=251)	**(n=220)**	(n=33)	(n=24)	(n=44)	(n=31)	(n=24)	(n=14)	(n=20)	(n=28)
General Practitioner	71	**62**	39	54	66	90	67	71	55	57
Psychiatrist	26	**31**	42	50	32	16	29	21	30	25
Psychologist	27	**25**	33	8	36	23	25	14	30	18
Counsellor	22	**17**	18	17	18	19	17	29	5	11
Community nurse	4	**5**	15	4	2	7	4	0	5	0
Mental health nurse	6	**10**	6	13	11	3	4	7	15	18
Emergency Department	2	**5**	3	0	2	13	4	14	5	0
Psychiatric ward	6	**7**	3	4	9	10	8	7	5	7
Social worker	9	**6**	9	4	5	3	4	0	5	14
Other	4	**4**	3	17	5	0	4	0	5	0

Source: IDRS participant interviews.
^Among those who reported a mental health issue.

Among those who reported a recent mental health problem and commented (n=320), 59% reported having been prescribed medication for this problem during this time period. Of those who were prescribed medication (n=188), 57% were prescribed antidepressants, most commonly mirtazapine (n=16; e.g. Avanza®), followed by sertraline (n=10; e.g. Zoloft®). Thirty-eight per cent of those with a

mental health problem had been prescribed an antipsychotic, most commonly quetiapine (n=43; e.g. Seroquel®) and olanzapine (n=7; e.g. Zyprexa®). Seven per cent of those with a self-reported mental health problem were prescribed a mood stabilizer, most commonly sodium valproate (n=3; e.g. Epilim®).

6.6.2 The K10 psychological distress scale

The Kessler Psychological Distress Scale 10 (K10) was also administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM–5)/the Structured Clinical Interview for DSM (SCID) disorders (American Psychiatric Association, 2013, Kessler and Mroczek, 1994, Kessler et al., 2002). The K10 relates to the level of anxiety and depressive symptoms a person may have felt in the preceding four week period (Australian Institute of Health and Welfare, 2014).

The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress) (Andrews and Slade, 2001). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews and Slade, 2001, Furukawa et al., 2003). Among IDRS participants who completed the full scale (n=797), the mean score was 23.8 (median 23; SD 8.9; range: 10–50). Over one-quarter (26%) of the national sample scored 30 or more, indicating 'very high levels' of distress.

The 2016 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2017) and the 2014–15 National Health Survey (Australian Bureau of Statistics, 2015), provided the most recent Australian population scores available for the K10, and used four categories to describe degrees of distress: scores from 10–15 were considered to be 'low'; 16–21 as 'moderate'; 22–29 as 'high'; and 30–50 as 'very high'. Using these categories, IDRS participants reported greater levels of 'high' and 'very high' distress compared to the general population (Australian Institute of Health and Welfare, 2017, Australian Bureau of Statistics, 2015) (Table 59). People reporting 'very high' levels of distress have been identified as possibly requiring clinical assistance.

Table 59: K10 scores (percent), by jurisdiction (method used in National Drug Strategy Household Survey and National Health Survey), 2017

K10 Category	National Drug Strategy Household Survey 2016 (%)	National Health Survey 2014-2015 (%)	IDRS (%)									
			National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
			n=825	**n=797**	n=130	n=89	n=132	n=94	n=97	n=70	n=97	n=88
			2016	**2017**								
No or low distress (score 10–15)	67.7	68.0	18	**21**	13	24	14	19	27	26	34	22
Moderate distress (score 16–21)	20.7	19.5	25	**21**	22	18	19	26	25	17	22	21
High distress (score 22–29)	8.4	8.0	30	**32**	35	29	35	33	34	31	23	32
Very high distress (score 30–50)	3.2	3.7	27	**26**	29	29	33	22	14	26	22	26

Source: IDRS participant interviews; (Australian Institute of Health and Welfare, 2017, Australian Bureau of Statistics, 2015)
Note: The extent to which cut-offs derived from population samples can be applied to the IDRS population is yet to be established and, therefore, these findings should be taken as a guide only

6.7 Naloxone program and distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids, particularly in the case of overdose. In Australia, naloxone has largely been available for use by medical doctors (or those auspiced by medical doctors such as nurses and paramedics) for overdose response. In 2012, a take-home naloxone program commenced in the ACT through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose, as part of a comprehensive overdose response package. This program was shortly followed by similar programs in NSW, VIC, and WA. In early 2016, the Australian Therapeutic Goods

Administration (TGA) effectively placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased over-the-counter (OTC) at pharmacies without a prescription (Lenton et al., 2016), but dual listing means it is still available at a reduced cost via prescription.

Since 2013, the IDRS has included a series of questions about take-home naloxone and naloxone more broadly. Of the participants who commented in 2017 (n=814), 86% had heard of naloxone (ranging from 73% in SA to 94% in VIC). Nearly two-thirds (59%) of those who had heard of naloxone (n=669) reported that naloxone was used to 'reverse heroin', and 35% reported that naloxone was used to 're-establish consciousness'. Eighteen per cent said naloxone was used to 'help start breathing' and 22% gave 'other' reasons (Table 60).

Participants were then asked if they had heard about take-home naloxone programs. Among the national sample who commented (n=808), 53% reported that they had heard of take-home naloxone programs (ranging from 27% in TAS to 70% in the ACT and VIC) (Table 60). Nationally, five per cent reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program (ranging from 1% in SA and TAS, to 12% in the ACT).

Of the national sample who commented (n=807), 18% reported that they had completed training in naloxone administration and had received a prescription for naloxone (ranging from 1% in TAS to 44% in VIC; nationally 18% in 2017). Of those who had completed the course (n=145), 41% had used naloxone to resuscitate someone who had overdosed. The mean number of people they attempted to resuscitate was three (range: 1-12 people).

In 2017, participants were asked if they had heard about the rescheduling of naloxone (which is now available OTC without a prescription). Of the national sample who commented (n=807), 26% reported that they had heard about the rescheduling (Table 60). Participants were then asked if they had been resuscitated with naloxone by someone who had obtained naloxone OTC from a pharmacy. One per cent (n=11) reported that they had been resuscitated with naloxone which was obtained OTC at a pharmacy. Three per cent (n=22) reported that they had themselves obtained naloxone OTC without a prescription from a pharmacy (mainly in QLD).

Of those who had obtained naloxone OTC from a pharmacy (n=22), four participants reported that they had resuscitated someone who had overdosed. The median number of people attempted to resuscitate by injecting them with naloxone purchased OTC was two.

Participants who had <u>not</u> obtained naloxone OTC without a prescription from a pharmacy were asked: 'Now that naloxone is available OTC, would you purchase it from a pharmacy?' Of the national sample who commented (n=763), 60% reported that they would purchase naloxone OTC. Participants were asked if they would (a) carry naloxone on your person? (b) administer naloxone after witnessing someone overdose? and (c) stay with someone after giving them naloxone? Sixty-four per cent of those who commented (n=374) reported that they would carry the naloxone on their person, 97% reported that they would administer naloxone after witnessing someone overdose and 96% reported that they would stay after giving the naloxone.

Table 60: Take-home naloxone program and distribution (among those who commented), by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=792	**n=814**	n=131	n=96	n=124	n=97	n=100	n=68	n=103	n=95
	2016	**2017**								
% Heard of naloxone	86	**86**	93	89	94	83	73	75	87	83
% Naloxone description (n)	(n=697)	**(n=669)**	(n=116)	(n=81)	(n=115)	(n=75)	(n=69)	(n=50)	(n=85)	(n=78)
Reverses heroin	60	**59**	45	49	76	63	59	74	39	74
Help start breathing	15	**18**	14	7	30	9	10	8	31	24

Re-establish consciousness	29	**35**	44	28	41	28	19	26	41	44
Other	19	**22**	28	26	11	21	38	12	29	12
% Heard of the take-home naloxone program (n)	(n=830)	**(n=808)**	(n=131)	(n=96)	(n=124)	(n=97)	(n=100)	(n=66)	(n=100)	(n=94)
Yes	49	**53**	63	70	70	27	34	61	55	40
No	51	**47**	37	30	30	72	66	39	45	60
% Heard of the naloxone rescheduling^ (n)	(n=827)	**(n=807)**	(n=130)	(n=96)	(n=124)	(n=97)	(n=100)	(n=66)	(n=99)	(n=95)
Yes	13	**26**	29	18	28	22	20	26	36	27
No	86	**74**	70	81	71	78	80	74	64	73

Source: IDRS participant interviews
^naloxone over the counter from a pharmacy without a prescription

6.8 Driving risk behaviour

Of the national sample, almost half (47%) had driven a car, motorcycle or vehicle in the last six months. Of those who had driven recently (n=337), 69% had a full driving licence and 25% reported no current driving licence. Thirteen per cent of those who had recently driven reported driving while over the legal limit of alcohol on a median of two occasions/days in the last six months.

A large percentage (75%) of those who had recently driven a vehicle drove within three hours of using an illicit or illicitly obtained drug on a median of 24 occasions (range: 1-180 occasions). Participants reported driving a median of 30 minutes after taking an illicit drug (range: 0-2.5 days). The drugs most commonly reported (not including prescribed) were crystal methamphetamine (43%), followed by heroin (39%) and cannabis (36%). The main drugs taken on the 'last' occasion before driving were crystal methamphetamine (36%), heroin (30%), and cannabis (28%) (Table 61).

Random breath testing assesses blood alcohol content and roadside saliva drug testing determines the presence of cannabis, methamphetamine and MDMA. Drivers undergo confirmatory laboratory testing if found to be positive. Random breath testing (RBT) for alcohol has been widely implemented in Australia for some time and saliva drug testing is becoming more common. In 2017, 51% (n=170) of those who had driven in the last six months had been breath tested for alcohol. Of those tested, 12 participants reported a positive result over the legal limit of alcohol.

Participants who drove in the last six months were also asked about experience with drug driving testing. Twenty-eight per cent (n=95) of those who had driven recently reported having been saliva drug tested on the roadside at least once. Thirty-four participants reported a positive result: 64% for amphetamines, 39% for cannabis and 24% for opiates.

Table 61: Driving behaviour, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=721	**n=712**	n=114	n=87	n=92	n=99	n=99	n=69	n=72	n=80
	2016	**2017**								
% Driven in the last six months (n)	51 (N=383)	**47 (N=337)**	32 (n=36)	39 (n=34)	42 (n=39)	58 (n=57)	53 (n=52)	57 (n=39)	57 (n=40)	49 (n=39)
% Driven over the legal alcohol limit in the last six months^	9	**13**	8	15	8	12	23	13	15	10
% Driven soon after using an illicit drug(s) last six months^	71	**75**	61	79	74	77	83	80	73	67
Drug(s) taken LAST occasion before driving in the last six months^^ (n)	(n=271)	**(n=248)**	(n=22)	(n=27)	(n=28)	(n=44)	(n=43)	(n=30)	(n=28)	(n=26)
% Heroin	37	**30**	41	37	50	2	30	50	4	46
% Crystal	28	**36**	36	44	39	36	44	30	21	31
% Cannabis	26	**28**	46	33	21	39	33	13	21	12

% Morphine	13	**14**	5	0	0	27	9	3	57	4
% Speed	6	**3**	0	0	4	5	2	7	7	0
% Benzodiazepines	4	**5**	0	7	4	9	0	3	4	15
% Methadone	3	**5**	5	11	0	16	0	0	4	4
% Bup-naloxone	2	**<1**	5	0	0	0	0	0	0	0
% Oxycodone	2	**0**	0	0	0	0	0	0	0	0
% Base	1	**1**	0	0	0	0	2	0	4	0
% Buprenorphine	1	**<1**	0	0	0	0	0	3	0	0
% Cocaine	1	**1**	9	0	0	0	0	0	4	0

Source: IDRS participant interviews

^Among those who drove in the last six months

^^Among those who had driven within three hours after taking an illicit drug. Refers to the last occasion of driving under the influence of an illicit drug

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

Reports of criminal activity

- Forty per cent of the national sample reported engagement in 'any' criminal activity in the preceding month (mainly drug dealing and property crime).
- Over half of the participants had a prison history (58%; 55% in 2016).

Arrests

- One-third (33%) of the sample reported having been arrested in the preceding 12 months, mainly for property crime.

Expenditure on illicit drugs

- Among participants who had spent money on illicit drugs on the day before interview (n=500), the median expenditure was $20.

7.1 Reports of criminal activity

Table 62 illustrates self-reported criminal activity in the month preceding interview by jurisdiction. Two-fifths (40%) of the national sample had engaged in at least one of the listed criminal activities in the preceding month, with the most commonly reported activities being drug dealing (25%) and property crime (21%). Small percentages (5%) reported being the perpetrator of violent crime but 14% reported being a victim of violent crime in the past month, a significant increase from 10% in 2016 ($p<0.05$). Percentages reporting engaging in drug dealing ranged from 17% in VIC to 34% in SA, and percentages reporting engaging in property crime ranged from 13% in SA to 30% in QLD. Violence and fraud were less commonly reported among the jurisdictional samples. Refer to Appendix I, Figure 1 for comparable data over time nationally.

Almost three-fifths (58%) of the sample reported a lifetime prison history, with substantial variation noted across jurisdictions (41% in WA to 73% in NSW).

Table 62: Self-reported criminal activity in the month preceding the interview, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=857	**n=857**	n=139	n=95	n=149	n=100	n=98	n=70	n=108	n=98
	2016	**2017**								
% Crime in the last month										
Drug dealing	26	**25**	23	33	17	23	34	27	20	31
Property	19	**21**	23	18	24	18	13	20	20	30
Fraud	4	**4**	4	4	2	3	0	7	7	7
Violence	4	**5**	7	3	5	1	8	1	3	7
% Any crime	39	**40**	42	40	37	34	41	36	35	53
% Victim of crime in last month	10	**14***	13	24	15	9	16	7	8	19
% Prison history	(n=858) 55	**(n=862) 58**	73	54	66	50	46	41	54	61

Source: IDRS participant interviews
*Significant difference between 2016 and 2017 ($p<0.05$)

7.2 Arrests

Thirty-three per cent of the 2017 national sample reported having been arrested in the 12 months preceding interview, ranging from 20% in the NT to 44% in VIC (Table 63 and Figure 47). For national trends over time, please refer to Appendix I, Figure I2.

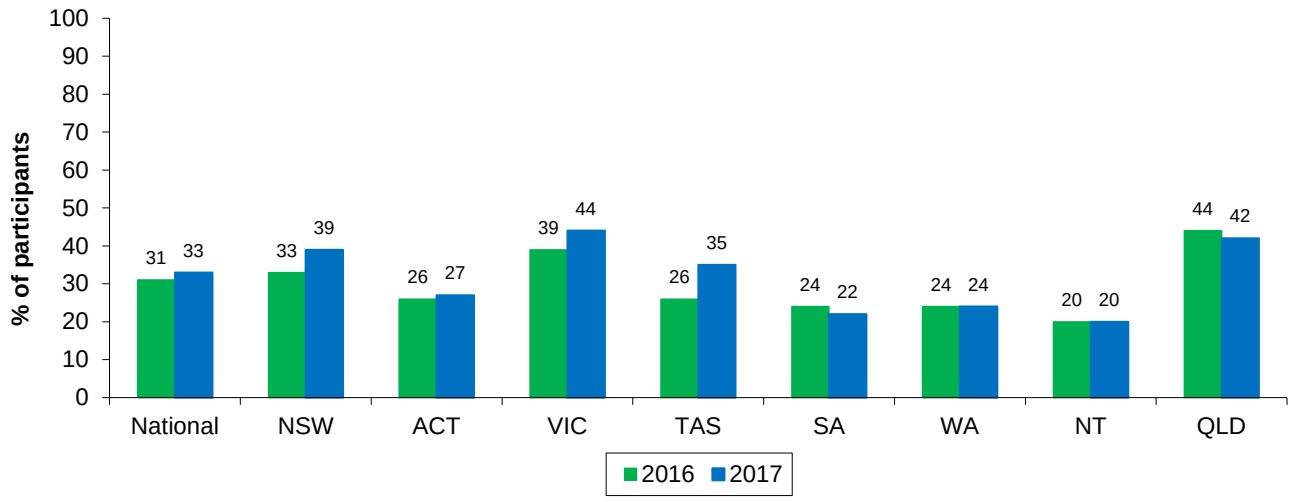
Among participants who commented and reported being arrested in the last year (n=275), around one-third reported being arrested for property crime (32%), 23% reported being arrested for use/possession of drugs and 15% reported being arrested for a crime involving violence (Table 63). Fifteen per cent reported being arrested for an 'other offence', which was a significant decrease from 27% in 2016 (p<0.001).

Table 63: Main reasons for arrest in the last 12 months, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=857	**n=858**	n=140	n=95	n=149	n=100	n=98	n=71	n=108	n=97
	2016	**2017**								
% Arrested last 12 months	31	**33**	39	27	44	35	22	24	20	42
% Reason for arrest^ (n)	(n=263)	**(n=275)**	(n=55)	(n=24)	(n=61)	(n=35)	(n=21)	(n=17)	(n=22)	(n=40)
Use/Possession drugs	24	**23**	31	13	20	6	10	41	23	35
Property crime	28	**32**	29	17	38	29	19	35	46	35
Violent crime	18	**15**	16	29	8	9	19	18	9	18
Driving offence	8	**11**	7	8	3	20	38	12	18	5
Use/Possession of weapons	4	**6**	7	0	8	6	5	12	5	5
Other offence	27	**15*** **	18	25	15	9	14	12	18	13

Source: IDRS participant interviews
^ Among those arrested in the last 12 months. Multiple responses allowed
***Significant difference between 2016 and 2017 (p<0.001)

Figure 47: Arrested in the preceding 12 months, by jurisdiction, 2016–2017



Source: IDRS participant interviews

7.3 Expenditure on illicit drugs

Among the national sample who commented, 43% reported *not* spending money on illicit drugs the day prior to interview. The median amount spent by those who had purchased drugs was $20 nationally, ranging from $20 in TAS to $50 in NSW, SA and WA (Table 64).

Table 64: Expenditure on illicit drugs on the day preceding interview among those who commented, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=870	**n=882**	n=151	n=100	n=152	n=100	n=100	n=73	n=105	n=101
	2016	**2017**								
% Nothing	42	**43**	33	32	51	41	38	41	53	53
% Less than $20	4	**4**	3	7	3	6	1	1	2	5
% $20 to $49	8	**9**	9	11	9	19	7	6	3	7
% $50 to $99	17	**16**	21	20	9	17	24	12	11	13
% $100 to $199	18	**17**	20	20	14	11	22	16	13	17
% $200 to $399	9	**8**	9	5	11	6	5	12	11	4
% $400 or more	3	**4**	6	5	3	0	3	11	7	2
Median expenditure ($) *	90	**20**	50	30	0	20	50	50	0	0

Source: IDRS participant interviews
* Among those who spent money on illicit drugs

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APPENDICES

Appendix A: Demographic characteristics and lifetime use, 2000–2017

Table A1: Demographic characteristics of the national sample, 2000–2017

	2000 N=910	2001 N=951	2002 N=929	2003 N=970	2004 N=948	2005 N=943	2006 N=914	2007 N=909	2008 N=909	2009 N=881	2010 N=902	2011 N=868	2012 N=924	2013 N=887	2014 N=898	2015 N=888	2016 N=877	2017 N=888
Mean age in years (range)	28.8 (14–64)	30.1 (14–58)	30.1 (15–57)	32.9 (16–62)	33.1 (16–56)	34.1 (16–63)	34.5 (16–63)	35.8 (16–60)	36.7 (17–62)	36.7 (18–63)	37.6 (18–64)	38.38 (17–65)	39.27 (17–71)	40.28 (18–66)	40.94 (18–67)	42.41 (17–71)	**43 (19–72)**	**43 (19-69)**
% Male	68	67	64	64	66	64	64	66	66	64	65	66	66	64	69	67	**69**	**67**
% English speaking background	94	95	96	97	95	97	97	95	94	96	98	96	97	96	96	98	**98**	**98**
% Aboriginal and/or Torres Strait Islanders	11	14	14	14	10^	12	13	15	11	11	14	14	16	17	16	20	**17**	**19**
% Sexual identity																		
Heterosexual	n.a.	n.a.	n.a.	n.a.	n.a.	86	86	87	89	88	88	87	90	89	90	92	**89**	**87**
Gay male	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	2	1	3	2	2	1	2	1	1	**2**	**2**
Lesbian	n.a.	n.a.	n.a.	n.a.	n.a.	2	1	2	1	2	2	2	1	1	1	1	**1**	**1**
Bisexual	n.a.	n.a.	n.a.	n.a.	n.a.	9	9	7	8	7	7	8	7	7	7	5	**7**	**9**
Other	n.a.	n.a.	n.a.	n.a.	n.a.	1	2	2	1	1	1	1	1	2	1	1	**1**	**2**
% Relationship status (%)																		
Married/de facto	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	25	19	19	21	17	18	17	19	**13**	**13**
Partner	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	18	22	22	20	19	22	18	16	**18**	**20**
Single	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	49	51	54	54	58	53	56	58	**61**	**60**
Separated	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4	4	2	2	3	3	4	3	**4**	**3**
Divorced	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2	2	1	2	3	3	4	2	**2**	**3**
Widow/er	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1	1	1	1	1	1	1	1	**1**	**1**
Other	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1	1	<1	<1	0	1	0	1	**<1**	**1**
Mean years school education (range)	10.4 (0–16)	10.3 (0–14)	10.3 (0–13)	10.1 (1–13)	10.1 (2–13)	9.9 (0–12)	9.9 (3–12)	10.0 (0–12)	10.1 (0–12)	10.1 (3–13)	10.0 (3–12)	10 (4–12)	10 (0–12)	10 (0–12)	10 (2–12)	10 (0–12)	**10 (0–12)**	**10 (0-12)**
% Completed trade/technical qualification	31	37	37	49	37	36	39	36	40	43	37	40	43	40	46	48	**47**	**41**
% Completed university/college	12	9	10	10	10	11	9	11	12	9	9	12	10	9	9	9	**9**	**11**
% Accommodation																		
Own home *(inc. renting)*	n.a.	56	63	67	62	69	69	65	67	70	61	65	69	68	72	74	**69**	**69**
Parents'/family home	n.a.	15	14	11	11	11	9	10	10	8	8	9	8	8	8	7	**6**	**6**
Boarding house/hostel	n.a.	8	8	10	14	11	11	11	11	10	9	11	12	9	7	7	**8**	**7**
Shelter/refuge	n.a.	–	–	–	–	–	–	–	–	2	2	1	2	1	1	2	**2**	**2**
No fixed address	n.a.	9	7	6	8	6	6	11	9	8	10	10	8	12	11	8	**13**	**15**
Other	n.a.	12	8	6	5	3	5	4	3	2	10	4	2	4	1	3	**3**	**1**
% Unemployed/on a pension	68	73	73	76	77	73	77	79	77	78	81	79	84	89	83	83	**86**	**84**
% F/T student	5	4	3	2	2	3	2	<1	1	1	1	1	1	<1	1	1	**1**	**1**
% Prison history	43	44	45	43	46	50	51	51	52	53	52	55	54	56	55	53	**53**	**58**
% Currently in drug treatment	34	36	37	40	46	48	44	43	47	45	47	49	44	47	47	47	**43**	**43**

Source: IDRS participant interviews (see also Topp et al., 2002, McKetin et al., 2000, Topp et al., 2001, Stafford et al., 2005, Stafford et al., 2006, Breen et al., 2003, Breen et al., 2004, O'Brien et al., 2007, Black et al., 2008, Stafford et al., 2009, Stafford and Burns, 2010, 2011, 2012, 2013, 2014, 2015, Stafford and Breen, 2016, Stafford and Breen, 2017)
^ Information not obtained in NSW for 2004
n.a. Data not available

Table A2: Drug use history of the national sample, 2017

	Ever used %	Ever injected %	Injected last six months %	Median days injected in last six months [a]	Smoked last six months %	Snorted last six months %	Swallowed last six months %	Used last six months [c] %	Median days used in last six months [a, c]
Heroin	83	83	56	72	6	1	1	57	72
Homebake heroin	34	32	6	4	<1	<1	<1	6	4
Any heroin (inc. homebake)	**84**	**83**	**57**	**72**	**6**	**1**	**1**	**57**	**72**
Methadone (licit/prescribed)	53	23	6	48			24	25	180
Methadone (illicit/not prescribed)	42	30	10	6			5	13	5
Physeptone® (licit/prescribed)	8	4	1	48	0	0	<1	1	69
Physeptone® (illicit/not prescribed)	25	21	7	10	0	0	1	7	9
Any methadone (inc. Physeptone®)	**72**	**45**	**16**	**20**	**0**	**0**	**<1**	**37**	**175**
Buprenorphine (licit/prescribed)	28	14	3	35	<1	<1	4	5	180
Buprenorphine (illicit/not prescribed)	31	25	9	6	<1	<1	3	10	6
Any buprenorphine	**46**	**30**	**11**	**9**	**1**	**1**	**6**	**14**	**13**
Buprenorphine-naloxone (licit/prescribed)	29	11	3	22	<1	0	11	12	120
Buprenorphine-naloxone (illicit/not prescribed)	29	21	10	8	1	0	6	14	5.5
Any buprenorphine-naloxone	**47**	**25**	**11**	**10**	**1**	**0**	**16**	**23**	**36**
Morphine (licit/prescribed)	24	16	7	90	0	0	3	8	90
Morphine (illicit/not prescribed)	59	55	23	24	0	0	3	24	24
Any morphine	**68**	**59**	**27**	**30**	**0**	**0**	**5**	**29**	**30**
Any oxycodone	**55**	**44**	**13**	**6**	**0**	**0**	**9**	**19**	**6**
Fentanyl	25	20	7	3	0	<1	<1	8	3
Over the counter codeine	35	5	<1	5	<1	0	14	14	7
Other opioids (not elsewhere classified)	47	5	1	4	<1	0	17	18	7

Source: IDRS participant interviews
Note: Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection
[a] Among those who had used/injected (as applicable)
[b] Refers to/includes sublingual administration of buprenorphine (trade name Subutex®) and buprenorphine-naloxone (trade name Suboxone®)
[c] Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting
[d] Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week

Table A2: Drug use history of the national sample, 2017 (continued)

	Ever used %	Ever injected %	Injected last six months %	Median days injected in last six months [a]	Smoked last six months %	Snorted last six months %	Swallowed last six months %	Used last six months [c] %	Median days used last six months [a, c]
Speed	81	75	19	6	3	2	2	19	6
Base/point/wax	39	37	10	6	2	1	1	10	5
Crystal	86	84	66	30	25	2	3	68	30
Methamphetamine liquid	28	26	4	5.5			1	4	5
Any methamphetamine [e]	**92**	**90**	**69**	**30**	**25**	**4**	**5**	**70**	**38**
Pharmaceutical stimulants (licit/prescribed)	10	3	1	37	0	<1	2	2	180
Pharmaceutical stimulants (illicit/not prescribed)	31	18	4	4	0	<1	4	7	4
Any pharmaceutical stimulants	**37**	**20**	**5**	**5**	**0**	**<1**	**5**	**8**	**5**
Cocaine	60	42	8	3	1	7	1	13	3
Hallucinogens	58	12	1	1	1	<1	4	6	2
Ecstasy	62	27	3	1	<1	1	8	10	3
Alprazolam (licit/prescribed)	18	4	1	7	0	0	4	5	41
Alprazolam (illicit/not prescribed)	43	10	3	3.5	<1	<1	13	15	5.5
Other benzodiazepines (licit/prescribed)	51	5	<1	3	<1	<1	30	30	168
Other benzodiazepines (illicit/not prescribed)	47	5	1	2	0	<1	26	26	10
Any benzodiazepines	**72**	**16**	**5**	**4**	**<1**	**<1**	**48**	**49**	**48**
Seroquel® (Licit/prescribed)	21	1	<1	51	0	0	8	8	180
Seroquel® (illicit/not prescribed)	32	1	<1	40	<1	<1	12	12	4
Any Seroquel®	**47**	**2**	**<1**	**40**	**<1**	**<1**	**19**	**19**	**12**
Alcohol	88	6	1	3.5			55	56	24
Cannabis	92				71		4	72	140
Inhalants	20							2	7
Steroids	7	6	1	3	0	0	1	2	6
New Psychoactive Substances	6	4	2	5.5	<1	<1	<1	2	8
Synthetic cannabis	16	<1	0	0	5	<1	<1	5	2
Tobacco	93				88			88	180
E-cigarette	32				15			15	6
New drugs mimic opioids	1	1	<1	1	0	<1	0	<1	1
New drugs mimic ecstasy or psychedelic drugs	4	1	<1	2	<1	<1	1	1	2

Source: IDRS participant interviews

Note: Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

[a] Among those who had used/injected (as applicable)

[b] Refers to/includes sublingual administration of buprenorphine (trade name Subutex®) and buprenorphine-naloxone (trade name Suboxone®)

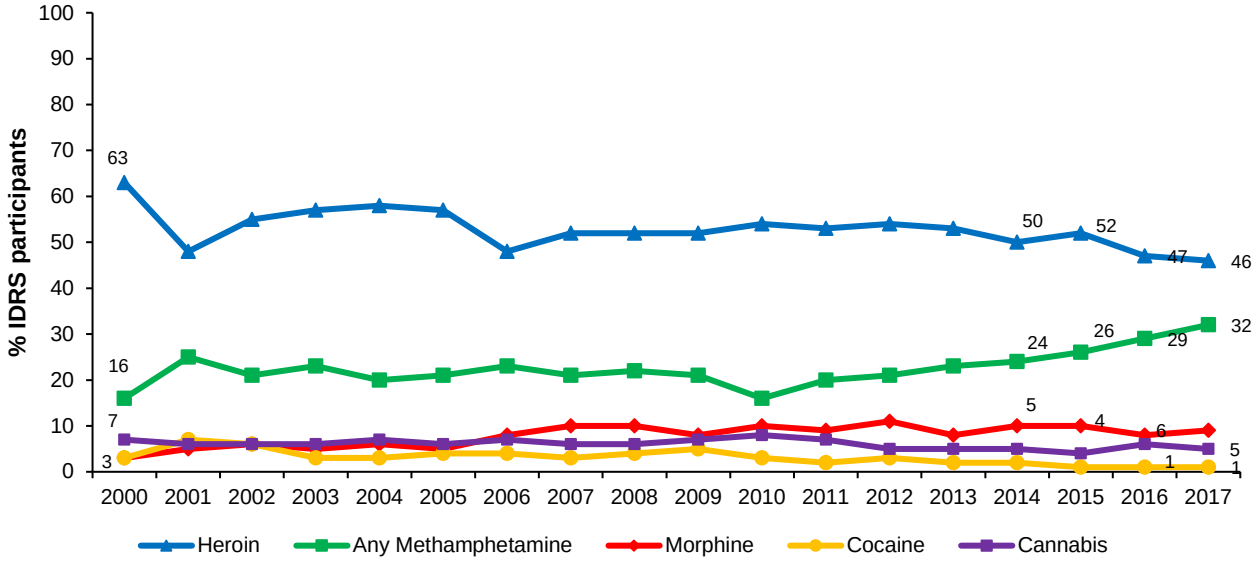
[c] Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

[d] Buprenorphine and buprenorphine-naloxone can be administered daily, every second day or three times per week

[e] Category includes speed, base, crystal and amphetamine liquid (oxblood). Prior to 2006, the 'methamphetamine' category also included pharmaceutical stimulants in this table. Pharmaceutical stimulants have comprised their own category since 2006

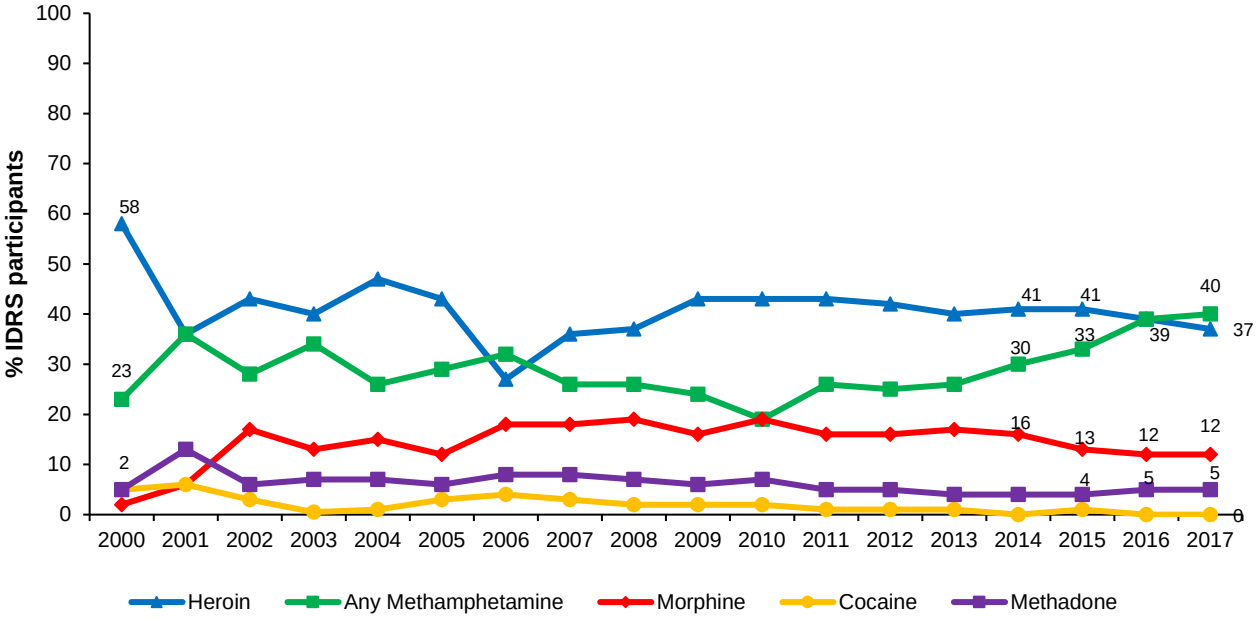
Appendix B: National drug use history, 2000–2017

Figure B1: Drug of choice, nationally, 2000–2017



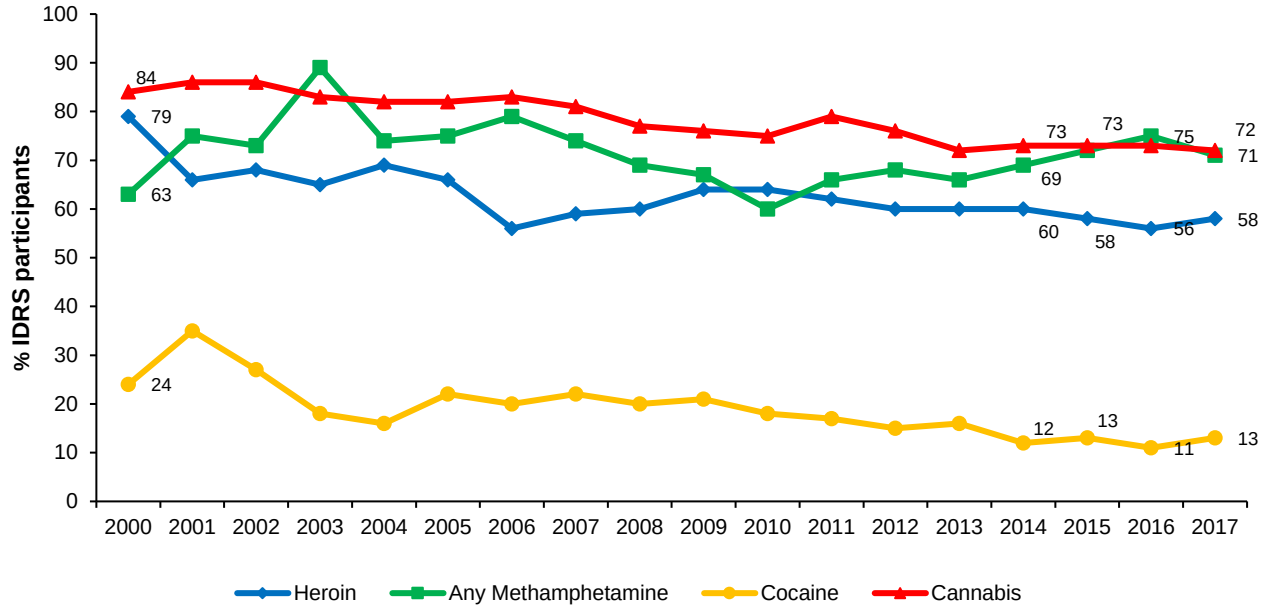
Source: IDRS participant interviews

Figure B2: Drug injected most often in the last month, nationally, 2000–2017



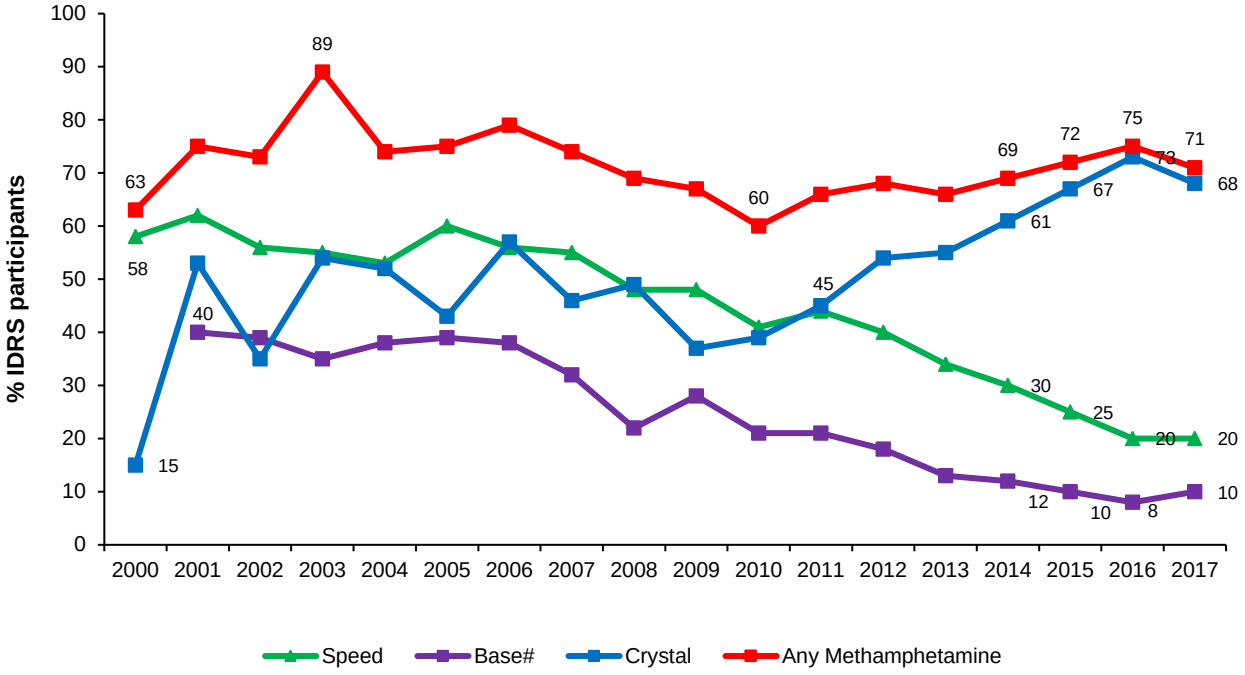
Source: IDRS participant interviews

Figure B3: Recent use of heroin, any methamphetamine, cocaine and cannabis, nationally, 2000–2017



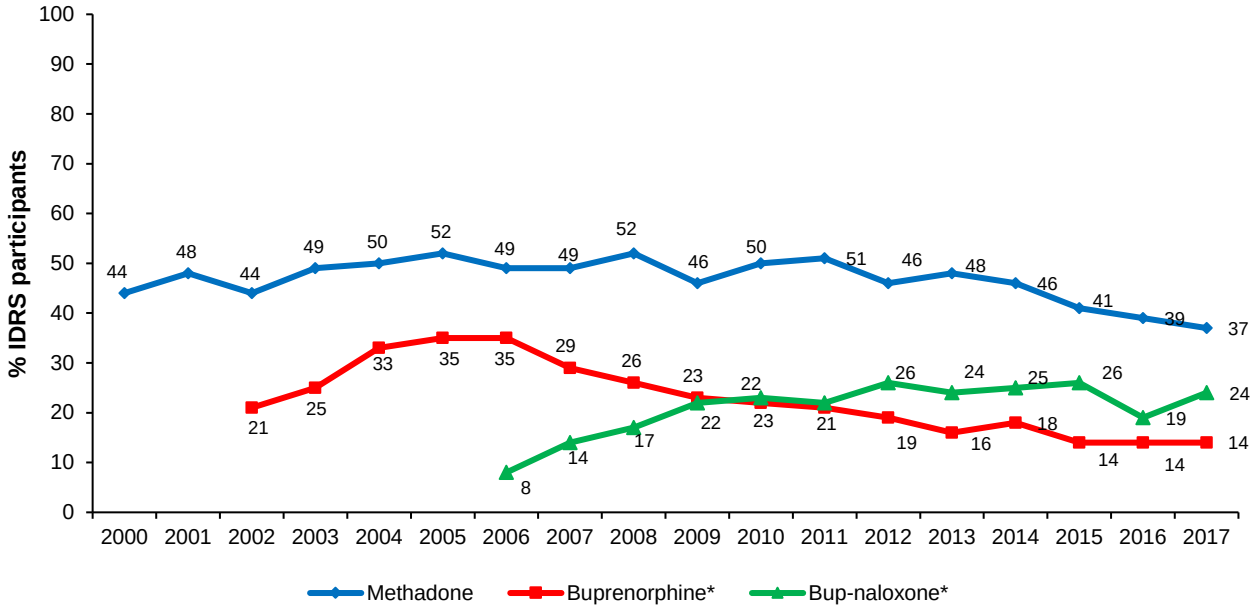
Source: IDRS participant interviews

Figure B4: Recent use of any methamphetamine, speed, base and crystal, nationally, 2000–2017



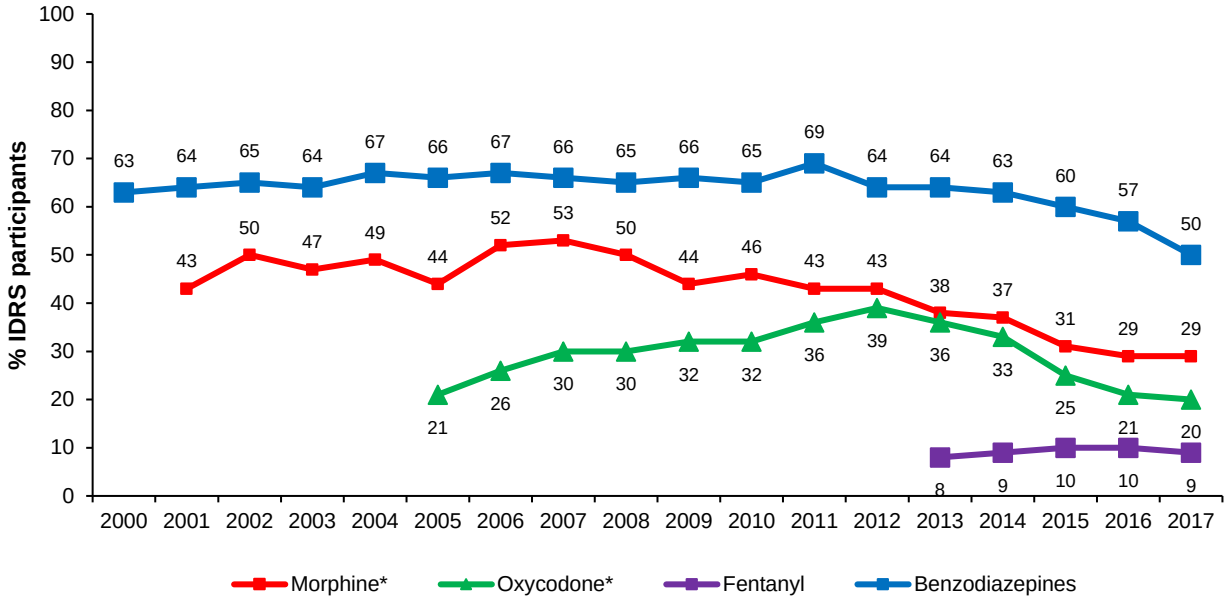
Source: IDRS participant interviews
* Base asked separately from 2001 onwards

Figure B5: Recent use of methadone, buprenorphine and buprenorphine–naloxone, nationally, 2000–2017



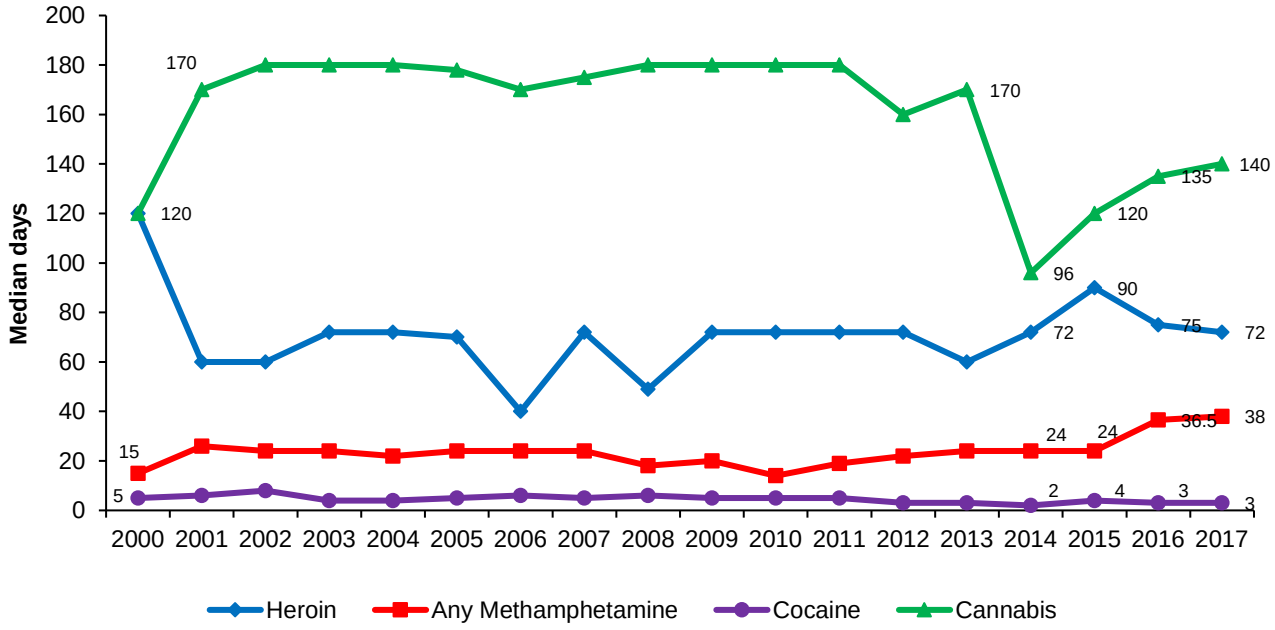
Source: IDRS participant interviews
* Data collection started in 2002 for buprenorphine and 2006 for buprenorphine-naloxone

Figure B6: Recent use of morphine, oxycodone, fentanyl and benzodiazepines, nationally, 2000–2017



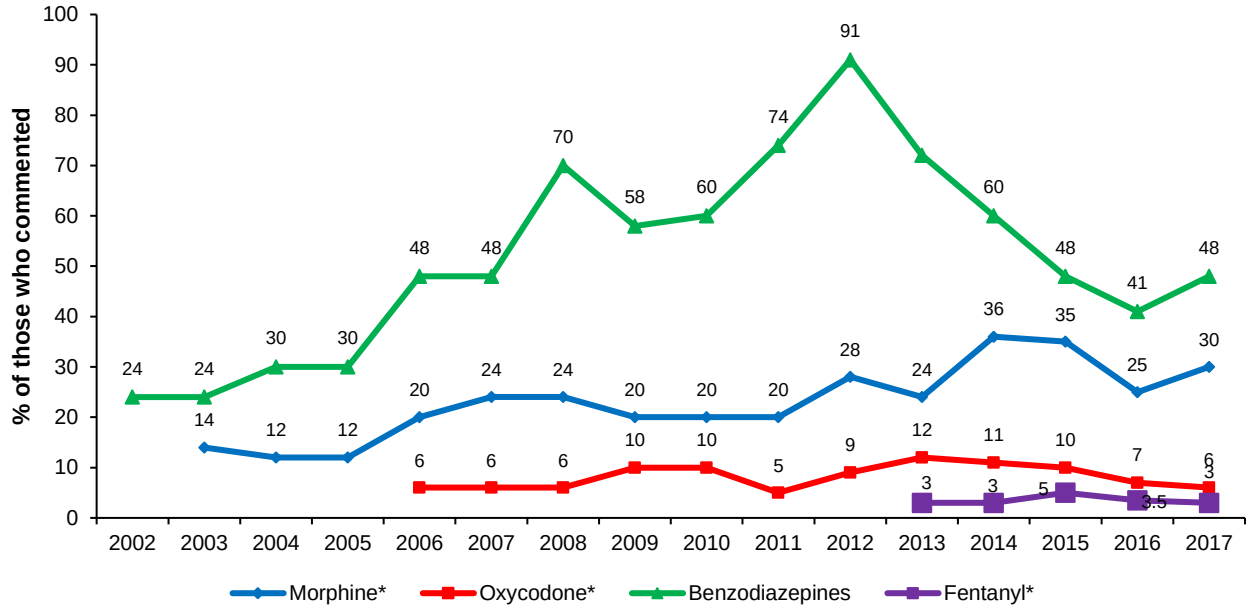
Source: IDRS participant interviews
* Data collection started in 2001 for morphine, 2005 for oxycodone and 2013 for fentanyl

Figure B7: Median days of heroin, methamphetamine (any form), cocaine and cannabis use among participants who had recently used, nationally, 2000–2017



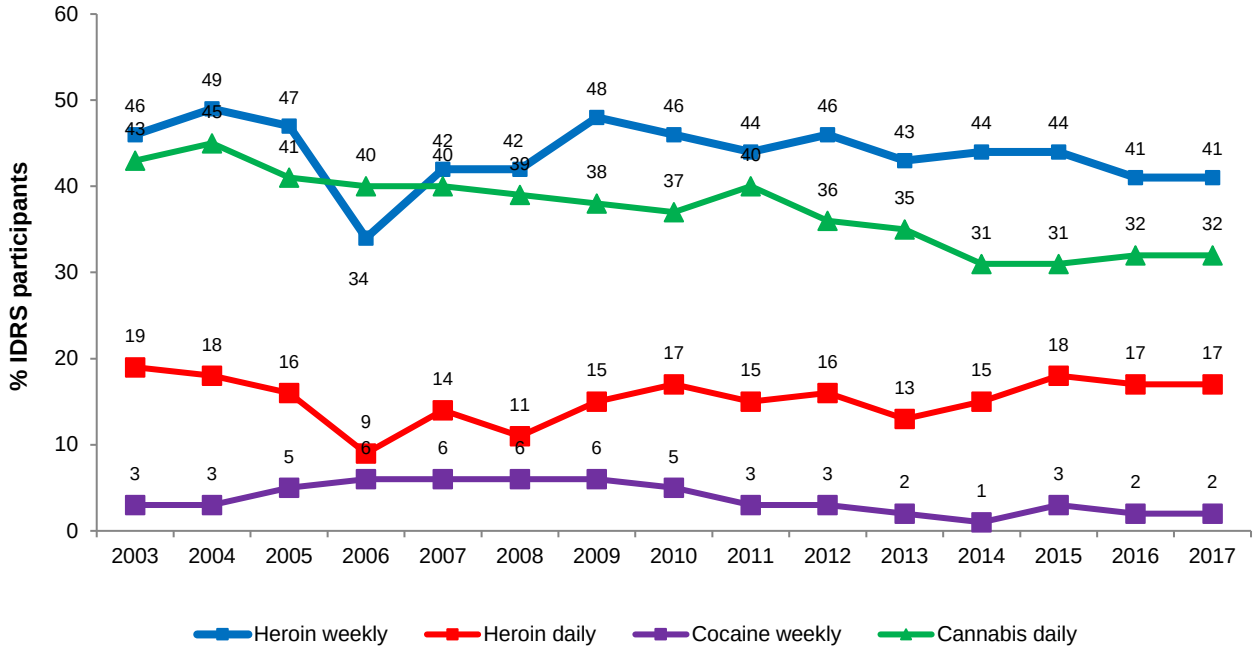
Source: IDRS participant interviews

Figure B8: Median days of morphine, oxycodone, benzodiazepines and fentanyl use among participants who had recently used, nationally, 2002–2017



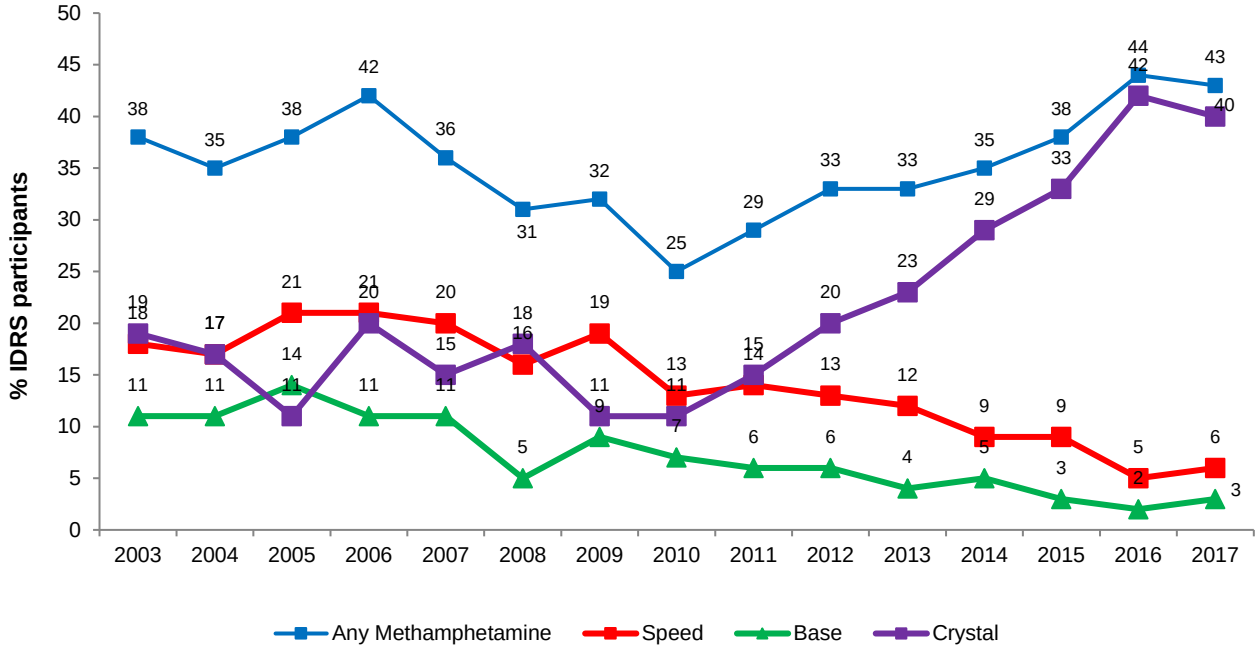
Source: IDRS participant interviews
* Data available from 2003 for morphine, 2006 for oxycodone and 2013 for fentanyl

Figure B9: 'Weekly or more but less than daily' and 'daily' use of heroin, cocaine and cannabis among participants in the last six months, nationally, 2003–2017



Source: IDRS participant interviews

Figure B10: 'Weekly or more but less than daily' use of methamphetamines among participants in the last six months, nationally, 2003–2017



Source: IDRS participant interviews
* includes speed, base, crystal and liquid forms

Appendix C: Jurisdictional drug use history, 2000–2017

Table C1: Heroin use patterns, by jurisdiction, 2000–2017

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Used last six months									
2000	79	95	92	97	38	73	80	56	86
2001	66	96	83	90	24	65	55	36	62
2002	68	96	89	94	21	48	64	22	81
2003	65	97	88	90	26	55	63	16	64
2004	69	95	91	86	19	60	69	34	79
2005	66	88	86	89	19	61	69	24	64
2006	56	81	71	76	9	60	53	12	63
2007	59	88	72	85	5	67	57	7	65
2008	60	83	86	85	5	51	59	14	74
2009	64	94	78	79	12	72	71	13	75
2010	64	92	78	85	8	64	69	5	81
2011	62	87	79	81	19	57	79	9	65
2012	60	89	74	84	9	52	80	11	65
2013	60	83	75	83	10	41	75	17	72
2014	60	85	75	83	13	43	79	7	66
2015	58	91	79	74	5	49	75	14	50
2016	56	86	70	77	7	37	78	7	58
2017	**57**	**80**	**74**	**80**	**15**	**52**	**66**	**13**	**55**
Median days used*									
2000	120	180	160	176	5	60	90	28	100
2001	60	158	50	65	3.5	30	30	6	70
2002	60	180	48	60	6	24	24	2	80
2003	72	170	93	76	4.5	72	20	5	49
2004	72	120	72	90	4	48	48	5	26
2005	70	96	60	81	6	28	60	4	52
2006	40	72	24	56	6^	19	20	13	52
2007	72	96	48	90	4^	48	72	30^	28
2008	49	72	60	81	2	48	48	6	48
2009	72	96	48	51	6	30	96	17	72
2010	72	96	60	74	3	24	55	4^	90
2011	72	90	66	63	4	72	68	21^	66
2012	72	96	72	72	6^	48	90	4.5	72
2013	60	90	50	72	3	72	54	3	30
2014	72	120	60	48	3	108	72	11^	48
2015	90	120	70	96	3^	72	95	22	48
2016	75	90	72	90	15	75	100	–	15
2017	**72**	**140**	**60**	**72**	**10**	**61**	**75**	**48**	**24**
% Daily use among people who recently used heroin*									
2000	29	49	47	47	0	14	22	10	27
2001	13	41	15	13	0	10	2	3	10
2002	18	53	18	24	0	5	5	0	17
2003	19	47	32	20	1	17	9	0	13
2004	25	38	24	25	0	13	16	1	16
2005	24	42	23	22	0	11	23	12	22
2006	17	31	7	21	0	2	11	0	16
2007	23	27	6	31	0	18	29	14	24
2008	18	24	18	25	0	16	15	7	5
2009	23	36	17	16	0	10	36	8	25
2010	27	36	17	33	0	10	23	0	33
2011	24	32	26	21	0	25	16	22	21
2012	28	39	26	25	0	29	26	14	19
2013	22	26	23	30	0	20	15	7	18
2014	25	41	20	18	8	33	25	17	11
2015	31	43	28	27	0	30	31	14	19
2016	30	35	27	33	0	30	44	17	9
2017	**30**	**42**	**28**	**35**	**0**	**21**	**27**	**23**	**16**

Source: IDRS participant interviews

– not published due to small numbers reported (n<10)

* Among those who reported recent use. Maximum number of days, i.e. daily use = 180. See page xiii for guide to days of use/injection

Table C2: Recent use of speed, by jurisdiction, 2000–2017

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	58	32	63	49	77	51	81	70	58
2001	62	42	63	74	45	47	87	63	80
2002	56	39	51	70	35	56	77	67	55
2003	55	31	48	70	51	53	71	60	58
2004	53	35	41	65	60	44	61	60	61
2005	60	38	59	75	76	39	61	69	65
2006	56	49	58	71	54	39	66	57	54
2007	55	35	55	65	63	42	61	58	62
2008	48	38	37	64	61	34	61	50	35
2009	48	33	46	65	56	33	54	50	46
2010	41	29	48	53	56	29	51	25	41
2011	44	30	46	49	67	36	43	43	40
2012	40	17	42	39	70	34	45	46	30
2013	34	14	29	23	61	40	48	31	37
2014	30	17	36	25	50	34	39	16	31
2015	25	13	15	18	49	32	34	25	27
2016	20	17	18	9	33	19	18	24	27
2017	**20**	**10**	**20**	**15**	**30**	**18**	**16**	**19**	**34**

Source: IDRS participant interviews

Table C3: Recent use of base methamphetamine, by jurisdiction, 2001–2017*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	40	23	36	32	52	59	56	18	75
2002	39	23	30	20	74	65	56	21	42
2003	35	32	13	18	46	51	40	30	50
2004	38	31	25	11	72	46	45	26	60
2005	39	38	28	13	79	61	54	16	40
2006	38	43	32	15	55	52	37	25	53
2007	32	41	32	8	48	42	22	20	48
2008	22	33	18	5	25	37	13	10	34
2009	28	36	21	13	55	31	12	16	41
2010	21	29	18	3	40	43	8	6	30
2011	22	17	17	11	39	35	6	12	37
2012	18	15	15	11	43	32	6	7	21
2013	13	12	6	3	17	31	11	7	22
2014	12	12	4	3	19	30	8	4	22
2015	10	6	10	4	9	26	2	4	20
2016	8	11	5	0	4	24	3	6	14
2017	**10**	**8**	**11**	**3**	**3**	**30**	**7**	**7**	**20**

Source: IDRS participant interviews
* Base asked separately from 2001 onwards

Table C4: Recent use of crystal methamphetamine, by jurisdiction, 2000–2017

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	15	14	17	9	6	11	51	6	13
2001	53	29	72	52	56	58	85	24	75
2002	35	25	34	26	20	56	74	20	39
2003	54	38	65	50	69	48	80	34	60
2004	52	45	73	41	52	48	83	32	51
2005	43	38	62	29	50	46	68	21	36
2006	57	57	88	53	56	49	76	29	55
2007	46	50	80	43	38	41	56	29	39
2008	49	69	68	39	32	49	61	28	40
2009	37	46	57	32	26	30	43	15	46
2010	39	48	48	36	20	60	40	18	37
2011	45	53	57	53	26	44	46	28	50
2012	54	68	66	59	43	56	64	26	44
2013	55	74	61	55	45	57	59	30	50
2014	61	74	72	75	54	60	53	26	58
2015	67	65	79	71	59	70	64	60	62
2016	73	77	78	73	73	73	75	62	69
2017	**68**	**69**	**79**	**63**	**65**	**72**	**69**	**60**	**69**

Source: IDRS participant interviews

Table C5: Recent use of cocaine, by jurisdiction, 2000–2017

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	24	63	15	13	6	20	22	18	13
2001	35	84	40	28	8	27	32	13	28
2002	27	79	18	17	12	26	17	10	15
2003	18	53	13	13	9	13	10	5	16
2004	16	47	10	10	4	6	15	10	10
2005	22	60	20	15	8	16	19	10	11
2006	20	67	8	19	12	8	10	8	9
2007	22	63	18	22	5	7	16	9	15
2008	20	58	18	24	4	4	15	3	13
2009	21	61	22	15	2	10	12	12	15
2010	18	57	6	14	5	12	15	4	13
2011	17	47	8	17	7	12	10	1	13
2012	15	44	16	9	11	7	15	4	4
2013	16	41	16	11	5	9	15	7	11
2014	12	32	15	10	8	7	7	2	9
2015	13	34	12	9	2	13	11	4	8
2016	11	25	8	10	6	6	10	4	9
2017	**13**	**21**	**18**	**12**	**11**	**10**	**10**	**9**	**9**

Source: IDRS participant interviews

Table C6: Recent use of cannabis (any form), by jurisdiction, 2000–2017

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	84	72	84	85	90	88	90	84	84
2001	86	83	85	88	94	85	91	81	82
2002	86	80	89	87	91	85	98	83	82
2003	83	79	86	88	88	80	81	83	76
2004	82	80	85	81	87	83	84	75	75
2005	82	80	89	86	87	80	76	79	76
2006	83	80	90	83	88	77	80	84	85
2007	81	79	83	83	87	81	69	83	84
2008	77	80	80	74	86	75	64	78	82
2009	76	79	81	79	89	61	72	79	69
2010	75	72	81	81	79	66	70	72	77
2011	79	81	87	85	78	69	71	71	79
2012	76	72	81	85	81	61	79	71	70
2013	72	80	75	80	71	61	61	67	67
2014	73	77	74	75	82	75	69	62	70
2015	73	79	81	76	73	74	60	72	60
2016	73	76	69	77	74	73	70	72	64
2017	**72**	**79**	**76**	**71**	**73**	**73**	**73**	**59**	**70**

Source: IDRS participant interviews

Table C7: Recent use of methadone (any form), by jurisdiction, 2000–2017

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	45	54	51	41	80	39	28	31	35
2001	48	52	61	44	83	43	29	36	38
2002	44	43	64	27	80	36	29	37	51
2003	49	53	62	31	85	48	34	51	37
2004	50	69	51	29	84	38	44	42	42
2005	52	64	66	34	71	47	40	50	43
2006	49	61	61	37	75	47	45	34	32
2007	49	54	57	47	75	40	50	44	28
2008	52	57	62	52	84	36	32	52	39
2009	46	59	59	47	78	32	25	35	22
2010	50	70	57	51	69	37	38	35	27
2011	51	69	56	52	65	39	51	34	33
2012	46	62	56	55	58	27	45	29	27
2013	48	68	55	47	60	36	53	19	33
2014	46	57	65	59	54	22	43	24	35
2015	41	56	50	49	48	25	30	29	28
2016	39	49	44	42	55	22	31	19	36
2017	**37**	**47**	**48**	**38**	**49**	**21**	**26**	**19**	**39**

Source: IDRS participant interviews

Table C8: Recent use of buprenorphine (any form), by jurisdiction, 2002–2017*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2002	21	13	10	53	7	10	28	14	16
2003	25	26	10	53	7	23	28	20	19
2004	33	24	28	59	8	35	38	25	36
2005	35	29	33	63	11	36	49	27	27
2006	35	33	44	50	9	32	41	26	47
2007	29	34	40	40	14	27	23	10	36
2008	26	21	37	30	13	28	20	23	33
2009	23	25	30	33	19	15	17	8	38
2010	22	18	35	28	9	23	22	12	30
2011	21	23	28	25	7	11	16	13	38
2012	19	20	28	22	13	11	16	12	29
2013	16	15	19	12	18	8	14	21	25
2014	18	24	17	14	15	6	22	17	27
2015	14	11	16	15	18	7	10	12	26
2016	14	15	9	7	19	6	13	17	34
2017	**14**	**15**	**16**	**9**	**19**	**8**	**10**	**3**	**36**

Source: IDRS participant interviews
* Data collected from 2002 onwards

Table C9: Recent use of buprenorphine-naloxone (any form), by jurisdiction, 2006–2017*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2006	8	1	1	16	0	8	17	1	18
2007	14	1	12	25	1	14	19	7	30
2008	17	6	16	35	8	7	21	10	25
2009	22	12	19	29	11	21	37	14	35
2010	23	8	19	39	9	20	34	21	33
2011	22	18	20	43	8	11	29	19	22
2012[#]	26	22	17	37	19	32	35	13	33
2013	24	18	21	31	18	15	33	22	34
2014	25	23	23	25	21	20	31	31	28
2015	26	11	25	33	21	23	28	27	36
2016	19	16	16	27	12	14	20	16	31
2017**	**24**	**23**	**19**	**27**	**20**	**22**	**27**	**18**	**32**

Source: IDRS participant interviews
* Data collected from 2006 onwards
[#] Includes 'tablet' and 'film' forms from 2012-2016
** Includes only 'film' form in 2017

Table C10: Recent use of morphine (any form), by jurisdiction, 2001–2017*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	42	13	39	32	72	43	32	83	35
2002	50	22	37	51	76	46	52	86	39
2003	47	23	50	42	72	43	41	82	42
2004	49	29	40	43	62	42	46	87	50
2005	44	28	37	42	59	37	52	80	32
2006	52	36	57	35	62	51	55	81	53
2007	53	38	56	41	68	44	50	82	59
2008	50	37	40	41	81	35	34	89	54
2009	44	31	43	33	82	24	37	70	42
2010	46	35	43	35	74	25	30	91	42
2011	43	28	34	34	75	23	36	81	41
2012	43	23	36	29	66	28	49	77	39
2013	38	21	29	21	66	27	39	80	40
2014	37	29	17	25	71	22	29	85	34
2015	31	21	24	13	48	26	25	73	33
2016	29	18	16	12	51	25	17	76	36
2017	**29**	**21**	**27**	**9**	**44**	**19**	**22**	**70**	**27**

Source: IDRS participant interviews
* Data collected from 2001 onwards

Table C11: Recent use of oxycodone (any form), by jurisdiction, 2005–2017*

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2005	21	16	17	19	31	17	41	11	19
2006	26	20	26	27	30	22	44	11	27
2007	30	28	26	29	42	20	46	12	39
2008	30	31	31	27	54	15	27	31	29
2009	32	28	30	27	56	11	33	41	35
2010	32	36	14	32	61	21	26	33	29
2011	36	38	25	41	47	26	33	32	39
2012	39	50	35	29	59	30	53	22	35
2013	36	43	20	25	62	27	39	28	44
2014	33	44	21	25	49	26	30	24	40
2015	25	25	17	24	28	28	25	26	26
2016	21	25	14	14	28	21	20	20	25
2017	**20**	**29**	**14**	**12**	**29**	**19**	**15**	**17**	**20**

Source: IDRS participant interviews
* Data collection commenced in 2005

Table C12: Recent use of benzodiazepines (any form), by jurisdiction, 2000–2017

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	63	61	67	74	81	65	72	29	80
2001	64	56	66	78	85	57	51	53	64
2002	65	57	62	73	83	57	77	53	56
2003	64	62	62	80	88	53	67	54	48
2004	67	67	59	82	85	55	72	56	57
2005	66	65	62	73	86	63	73	53	51
2006	67	60	60	71	83	73	75	51	69
2007	66	65	68	67	87	67	71	52	50
2008	65	73	66	69	85	49	56	56	61
2009	66	66	70	80	79	51	64	54	59
2010	65	70	68	74	74	49	61	52	62
2011	69	63	64	85	81	50	64	61	76
2012	64	64	63	82	73	46	82	36	62
2013	64	66	50	70	76	56	82	39	72
2014	63	59	49	77	79	58	70	39	67
2015	60	53	53	69	66	56	70	54	62
2016	57	53	51	66	68	54	56	29	69
2017	**50**	**48**	**45**	**53**	**64**	**46**	**47**	**30**	**64**

Source: IDRS participant interviews

Appendix D: Heroin price, perceived purity and availability, 2000–2017

Table D1: Median price of heroin per gram, by jurisdiction, 2000–2017

Price $ per gram

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	220	320	300	300	300	300	300	300	300	320	345	300	350	350	400	400	350	**350**
ACT	300	485	350	350	300	300	340^	300	300	320	300	300	300	300	300	300	300	**300**
VIC	300	450	400	380	300	310	350	350	300	310	325^	250	300	250	250	250	220	**250**
TAS	300	325	350	350	350^	360^	#	#	#	#	#	400^	#	#	450^	#	300^	**300^**
SA	320	350	450	425	320^	400^	400^	390^	250^	400^	360^	400^	400	420^	400	400	400	**400^**
WA	450	750	550	550	500	550^	550	650^	600^	525	600	650^	600	600	600	600	600	**600^**
NT	600	600	500	#	400^	500^	600^	150^	400^	300^	100^	550^	125^	275^	#	200^	#	**500^**
QLD	350	450	350	400	380	400	400	400	400	400	400	400^	400	380	400	350^	350^	**400^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
# Represents no purchases
Note: National data not shown

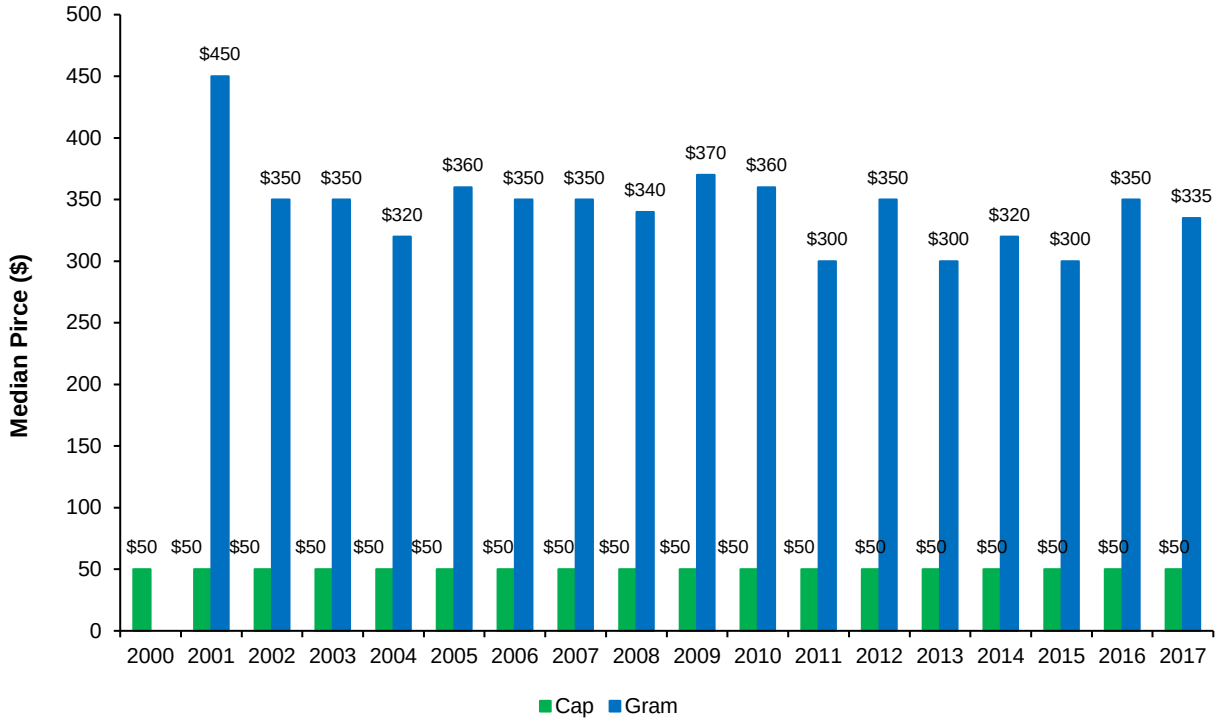
Table D2: Median price of heroin per cap, by jurisdiction, 2000–2017

Price $ per cap

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	25	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	**50**
ACT	50	50	50	50	50	50	50	50	50^	50	50^	50	50	50	50	50	80	**80**
VIC	50	50	50	50	40	45	40	50	47.50	50	50	50	50	50	50	50	40	**40**
TAS	50	50	82.5^	50	50^	90^	#	50^	50^	#	#	75^	50^	50^	#	40^	71^	**100^**
SA	50	50	50	50	50	50	50	100	100	100	100	100	100	100	50	50	50	**50**
WA	50	50	50	50	50	50	50^	50^	100^	50	50^	100^	100^	100^	75^	100	100	**100**
NT	50	100	85^	50	53	80^	50^	50^	100^	80^	#	80^	110^	100^	#	80^	#	**100^**
QLD	50	50	50	50	50	50	50	50	50	50	50	50	50	50^	50^	50	50	**50**

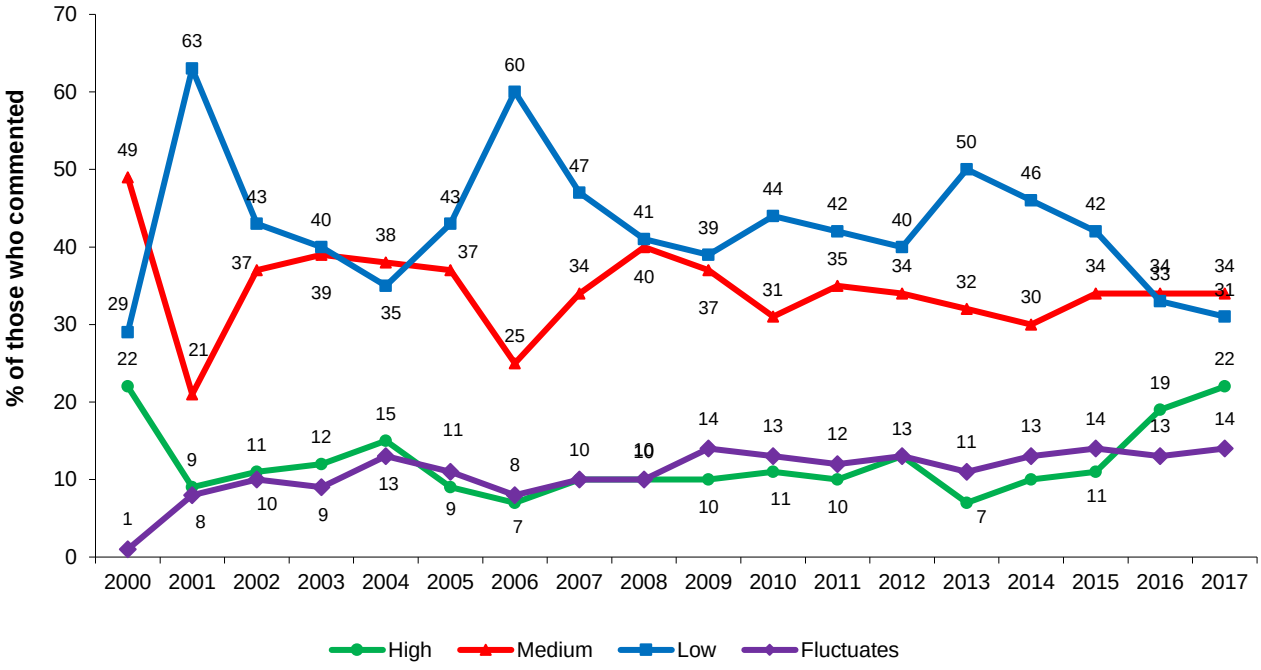
Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
# Represent no purchases
Note: National data not shown

Figure D1: Median price of heroin per cap and gram, nationally, 2000–2017



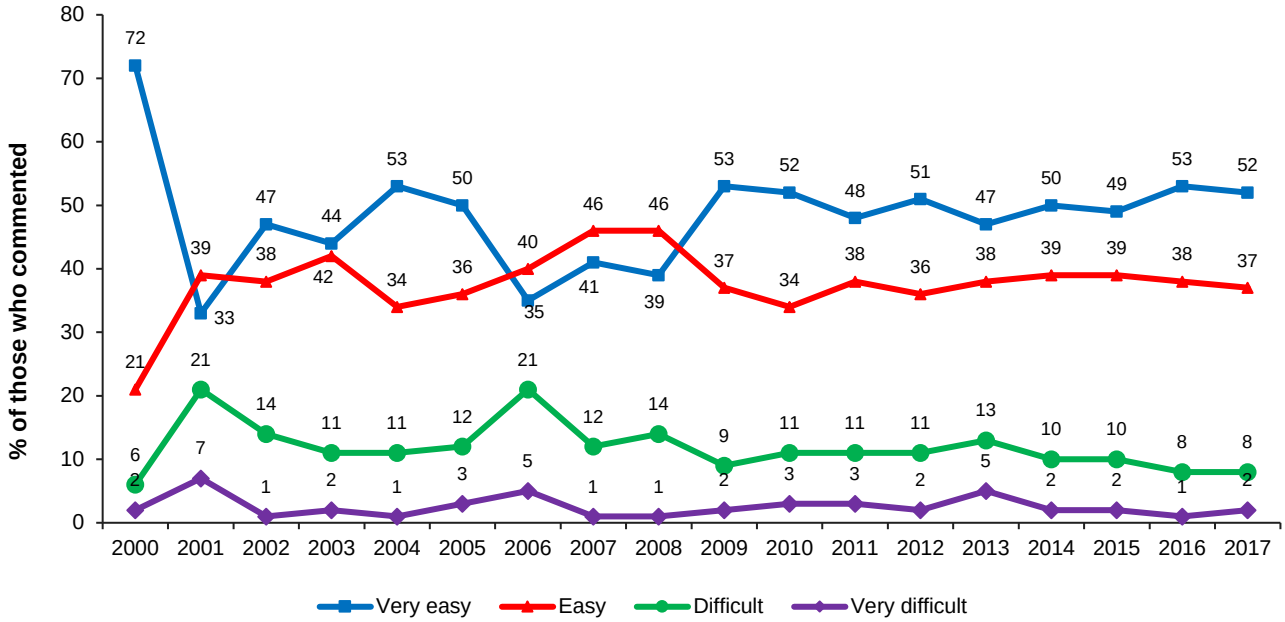
Source: IDRS participant interviews
Note: In 2000 cap is a 'rock'. No data available for gram in 2000

Figure D2: Current purity of heroin, nationally, 2000–2017



Source: IDRS participant interviews
Note: The response 'Don't know' was excluded from analysis

Figure D3: Current availability of heroin, nationally, 2000–2017



Source: IDRS participant interviews
Note: The response 'Don't know' was excluded from analysis

Appendix E: Methamphetamine price, purity and availability, 2002–2017

Table E1: Median price per gram of speed, by jurisdiction, 2002–2017

Price $ per gram

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	100	50^	100^	90	100	65^	200	120^	175^	190^	675^	300	350^	350^	350^	**250^**
ACT	300	175^	200^	125	175^	235	200^	250	250	235	250	200^	275	250^	150^	**#**
VIC	200	200	180	200	200	200	200	200	200^	200	200	160^	175	100^	#	**400^**
TAS	75	215^	290^	300	300^	300^	300^	300^	300	300	300	300	300^	300^	250^	**350^**
SA	50	100	50^	200	150^	175^	50^	425^	400^	#	350^	550	600^	450^	465^	**350^**
WA	250	260	260	300	300	400^	350^	400	400	550^	700^	350^	700^	475^	#	**450^**
NT	80	100	200	280	250	300	300	350	450^	400	275^	400^	420^	400^	550^	**375^**
QLD	200	200	200	200	200	200	200	200	250^	400^	775^	500^	450^	500^	400^	**350^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
# Represents no purchases
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Table E2: Median price per point of speed, by jurisdiction, 2002–2017

Price $ per point

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	50	50	50^	50	50	50	50	50	50	50	50	50	50	50	50^	**50^**
ACT	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	**65^**
VIC	40	40	40	40	35	50	40	50	50	50	100	50^	50	55^	40^	**50^**
TAS	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	**77.5^**
SA	20^	25	27.5^	41.5	50	50	50^	50	50	100	100	100	100	50	50	**50^**
WA	50	50	50	50	50	50	50	50	50	100	100	100	100	100^	50^	**50^**
NT	50	50	50	50	60	50	60	50	100^	100	150	100	100^	100	100	**100**
QLD	40	50	50	50	50	50	50	50	50	100	100^	100	65^	100	50	**50**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Table E3: Median price per gram of base, by jurisdiction, 2002–2017

Price $ per gram

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	200^	200^	200^	160^	200	200^	200^	150^	100^	350^	250^	100^	150^	100^	200^	**200^**
ACT	250^	210^	220^	280^	250^	100^	#	275^	250^	250^	200^	475^	#	250^	#	**300^**
VIC	250^	200^	152^	150^	180^	150^	200^	200^	#–	800^	450^	220^	#	#	#	**500^**
TAS	350	300^	300^	352	300	300^	300^	300^	300^	300^	300	300^	300^	#	#	**#**
SA	200	200	180^	200	200	200^	#	425^	210^	700^	700^	450^	550^	450^	400^	**300^**
WA	275	275	250	300	325^	175^	425^	#	400^	#–	#	#	#–	#	#	**#**
NT	240^	250^	300	250^	250^	300^	400^	400^	250^	700^	#	700^	700^	#	#	**#**
QLD	200	200	200	200^	200	200	200	200	200^	300^	550^	400^	350^	425^	450^	**400^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
# Represents no purchases
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Table E4: Median price per point of base, by jurisdiction, 2002–2017

Price $ per point

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	50	50	50	50	50	50	50	50	50	50^	50	50	50	50^	50^	**50^**
ACT	50	50^	50^	50	50	50	40^	50	50^	50^	20^	65^	#	80^	70^	**40^**
VIC	35^	40^	35^	45^	50^	#	#	50^	#	90^	#	75^	100^	80^	#	**50^**
TAS	50	50	50	50	50	50	50	50	50	50	50	50^	50^	80^	#	**50^**
SA	25	30	25	50	50	50	50	50	100	75	100	100	100	100	50	**50**
WA	50	50	50	50	50	50^	50^	#	50^	#	100^	100^	75^	#	#	**#**
NT	50	50	50	50^	60	50^	100^	75^	100^	150^	100^	50^	90^	#	#	**100^**
QLD	50	50	50	50^	50	50	50^	50	50^	80	75^	100	100^	70^	50^	**50^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
# Represents no purchases
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Table E5: Median price per gram of crystal, by jurisdiction, 2002–2017

Price $ per gram

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	300^	250^	280^	350^	325	350^	350	350^	400^	400	400	388	475	330	400	**310**
ACT	335^	300	300^	300^	410	380	450^	450^	275^	600^	575	700	500	500	500	**390**
VIC	220^	250	200^	300^	200^	350^	370^	380^	450^	800	500	300^	500	350	350	**350**
TAS	400^	350^	400^	340^	300^	340^	300^	300^	400^	#	350	#	325^	725^	272^	**425^**
SA	190	200	190^	300^	215^	220^	350^	600^	260^	575^	500^	650^	600	450	400	**325^**
WA	350	300	350	400	400	400^	400^	400	500^	600^	750^	700^	675^	700^	450^	**475^**
NT	300^	300^	300^	250^	800^	400^	1200^	800^	1350^	1000^	700^	800^	1050^	925^	500^	**650^**
QLD	235	200	250	200^	275	275	275	320	450^	400^	725^	600^	550^	500^	400	**300^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
# Represents no purchases
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

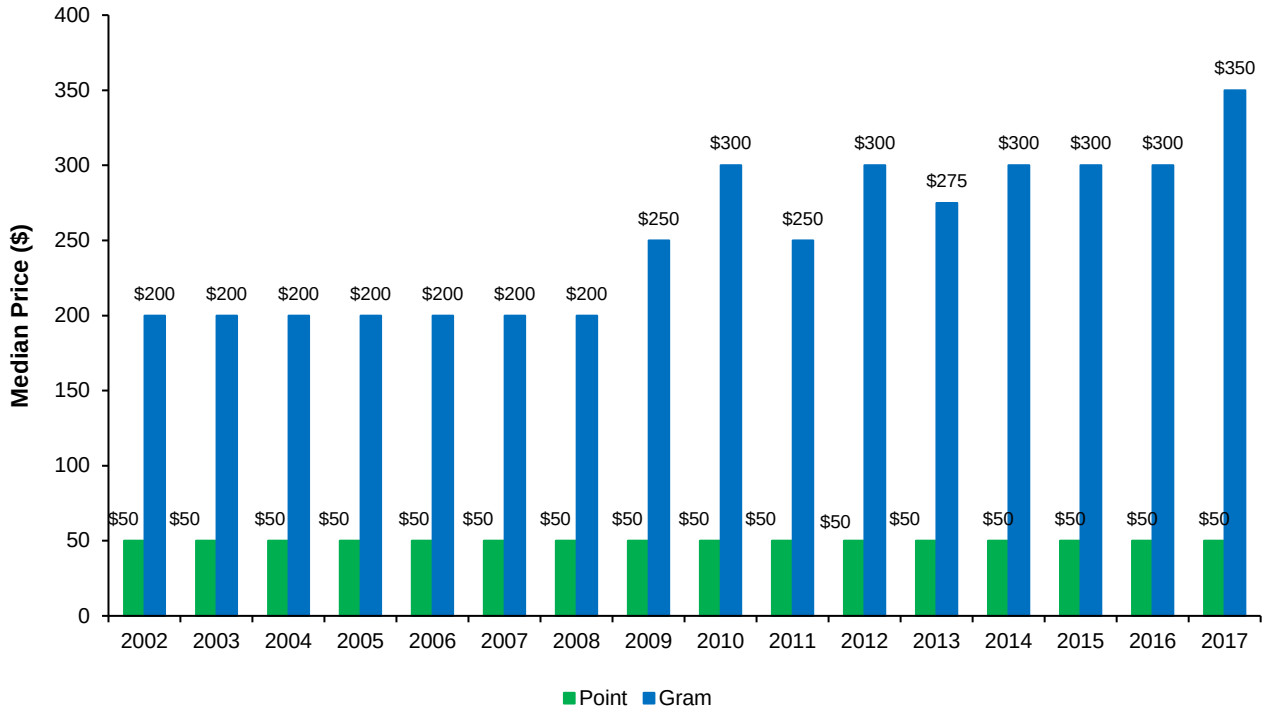
Table E6: Median price per point of crystal, by jurisdiction, 2002–2017

Price $ per point

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	**50**
ACT	50	50	50	50	50	50	50	50	50	92.5	100	100	#	100	85	**50**
VIC	50	50	50	50^	50	50	50	50^	100	100	100	100	100^	50	50	**50**
TAS	50	50	30	50	50	50	50	50	50^	50	60	100	50^	100	100	**100**
SA	25	50	30^	30^	50	50	50	50	75	75	100	100	100	100	50	**50**
WA	50	50	50	50	50	50	50	50	100	100	100	100	75^	100	100	**75**
NT	80	50	50	65^	90	100	125^	100^	200^	150	150	140	90^	150	100	**100**
QLD	50	35	50	50^	50	50	50	50	100^	100	100	100	100^	100	50	**50**

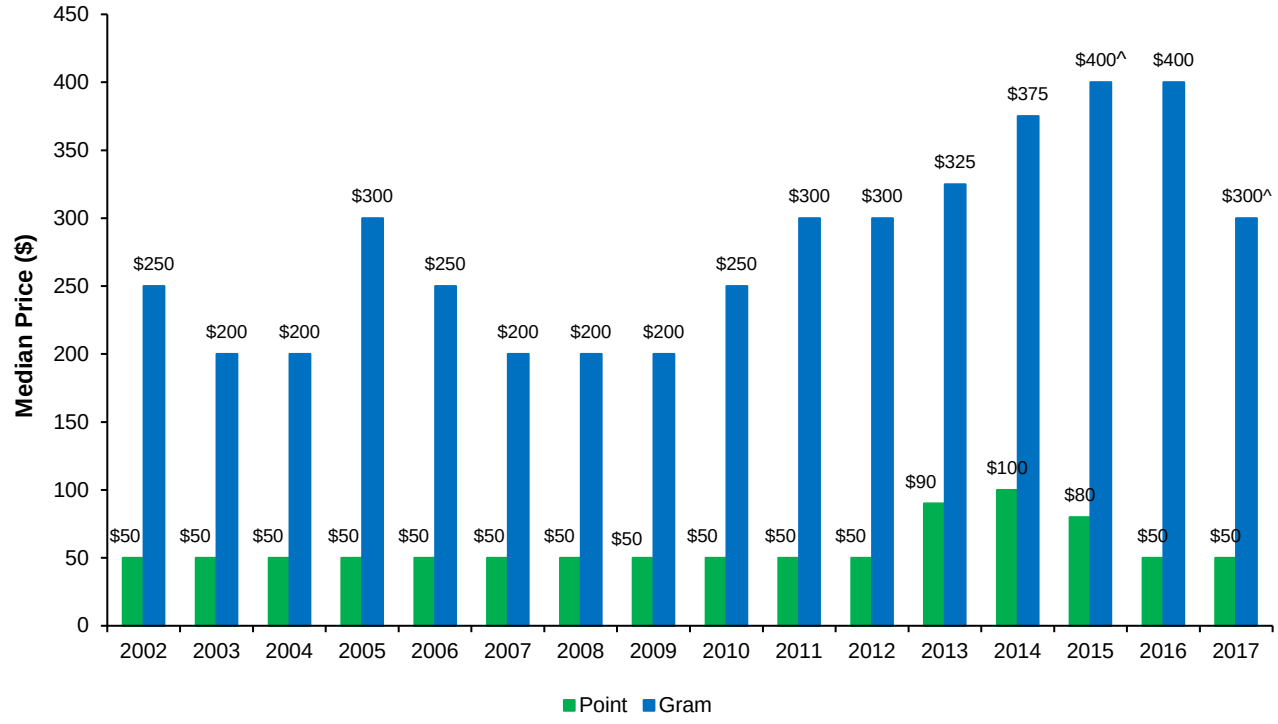
Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
# Represents no purchases
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards

Figure E1: Median price of speed per point and gram, nationally, 2002–2017



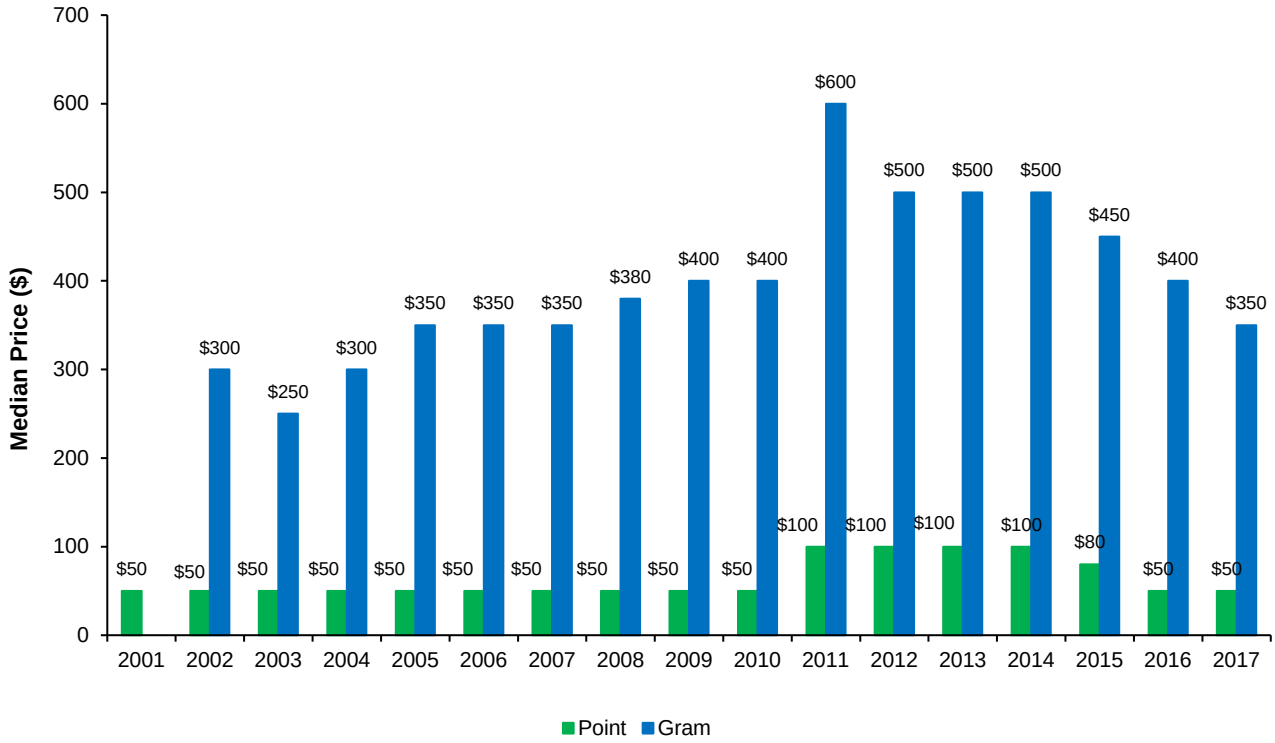
Source: IDRS participant interviews

Figure E2: Median price of base per point and gram, nationally, 2002–2017



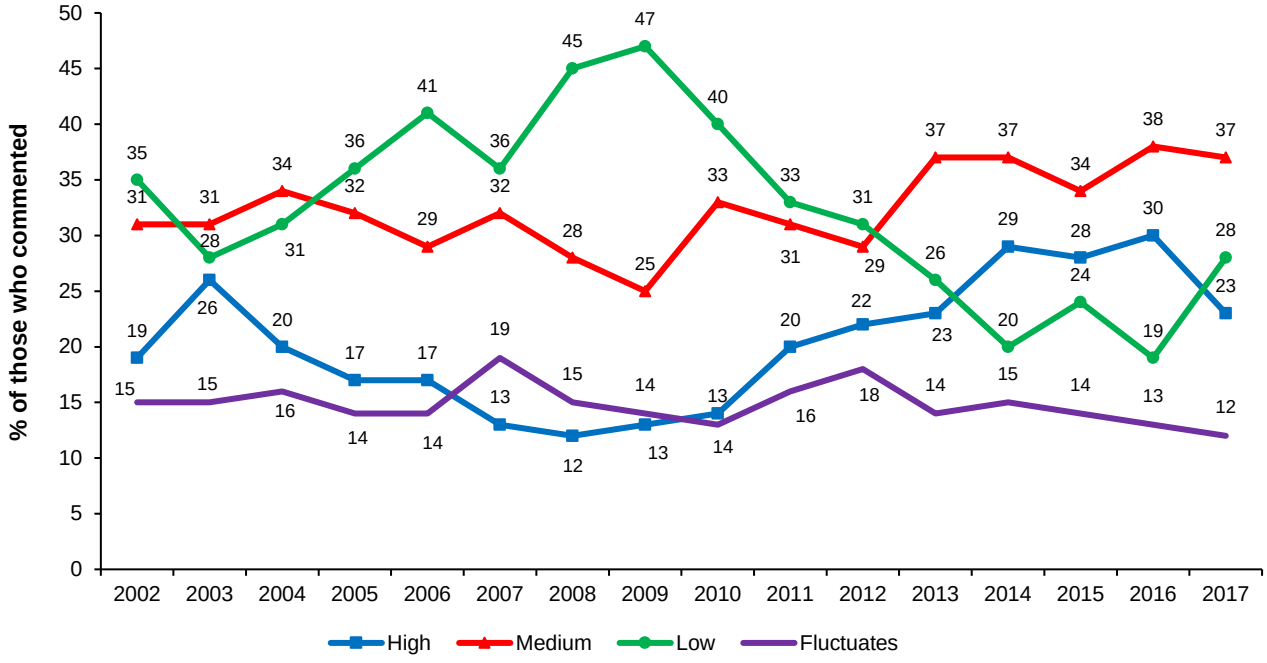
Source: IDRS participant interviews
^ small numbers commenting; interpret with caution

Figure E3: Median price of crystal per point and gram, nationally, 2001–2017



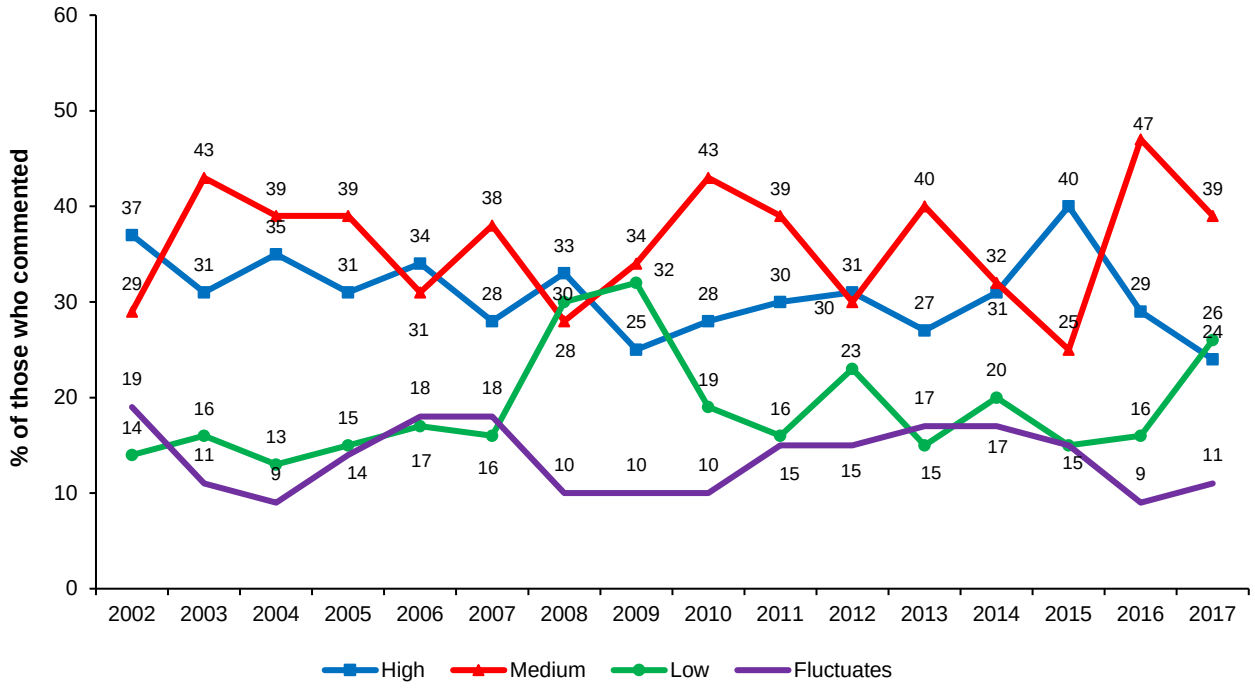
Source: IDRS participant interviews
Note: No data available for gram in 2001

Figure E4: Current purity of speed, nationally, 2002–2017



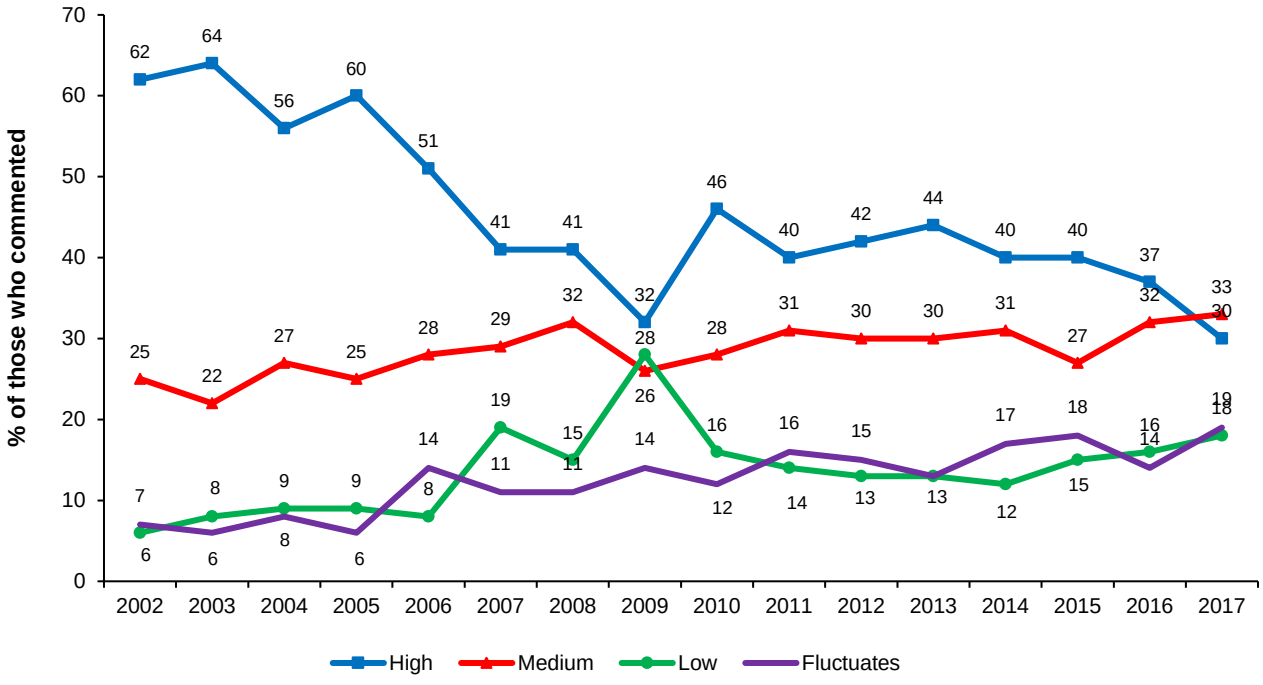
Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure E5: Current purity of base, nationally, 2002–2017



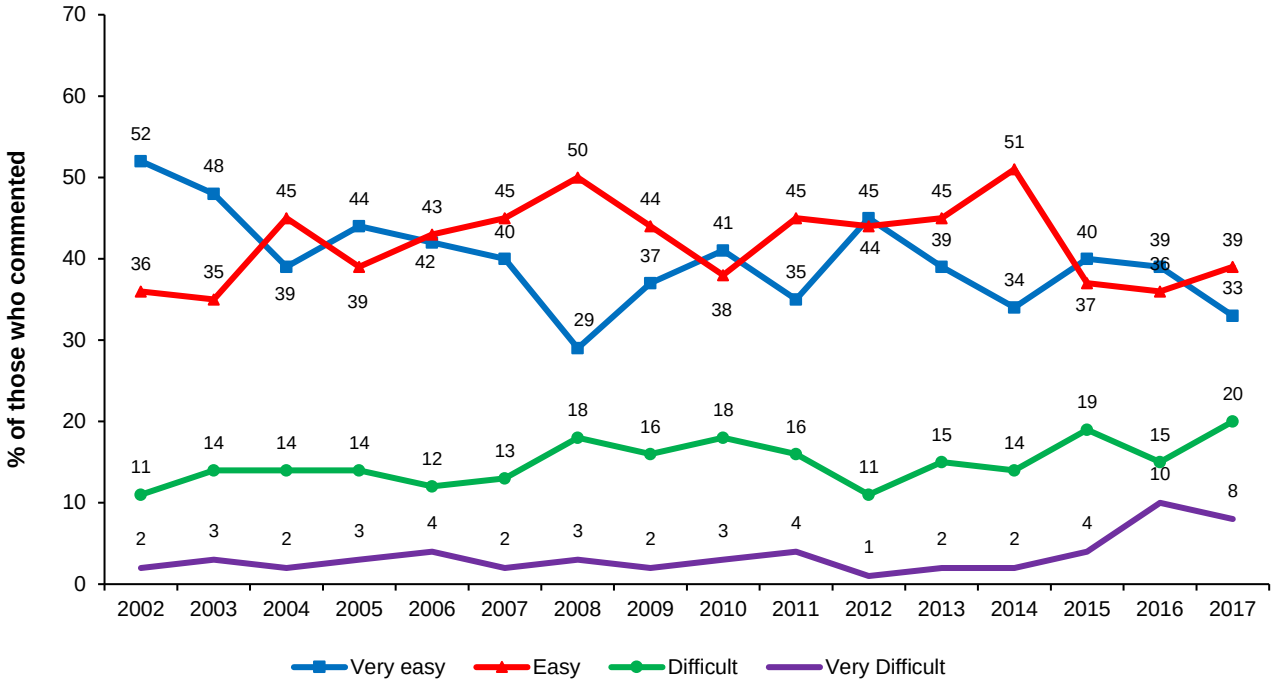
Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure E6: Current purity of crystal, nationally, 2002–2017



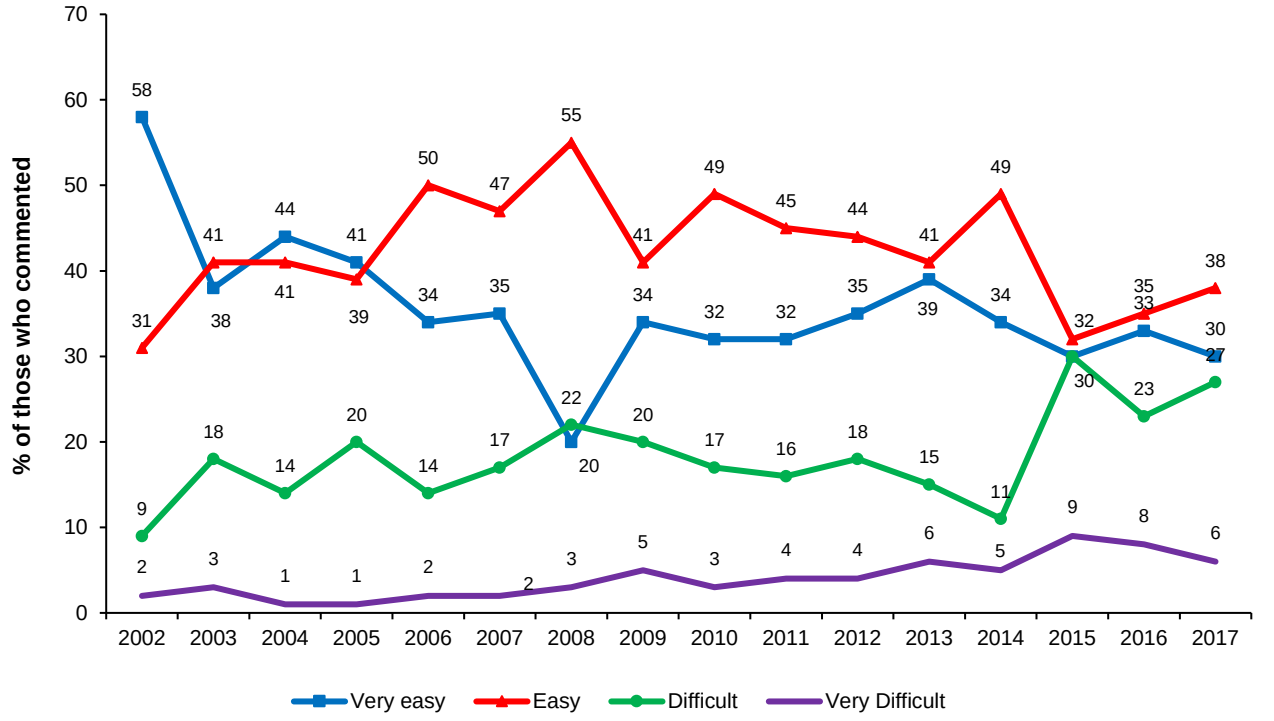
Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. **The response 'Don't know' was excluded from analysis**

Figure E7: Current availability of speed, nationally, 2002–2017



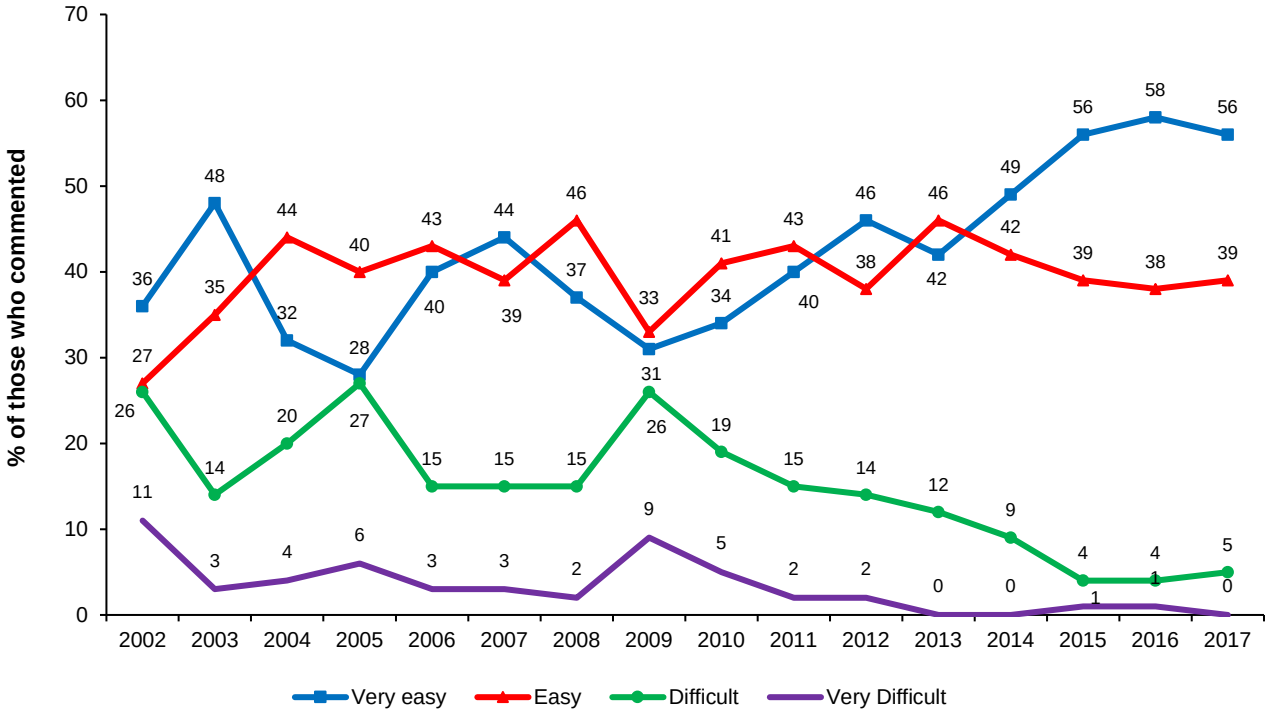
Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. **The response 'Don't know' was excluded from analysis**

Figure E8: Current availability of base, nationally, 2002–2017



Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. The response 'Don't know' was excluded from analysis

Figure E9: Current availability of crystal, nationally, 2002–2017



Source: IDRS participant interviews
Note: Methamphetamine asked separately for the 3 different forms from 2002 onwards. **The response 'Don't know' was excluded from analysis**

Appendix F: Cocaine price, perceived purity and availability, 2000–2017

Table F1: Median price of cocaine per gram, by jurisdiction, 2000–2017

Price $ per gram

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	n.a.	n.a.	200	200	290^	280^	300	300	300	350	300	300	375^	300	400	400	350^	**302.5^**
ACT	n.a.	n.a.	250^	200^	350^	250^	#	325^	310^	250^	#	330^	350^	350^	417^	300^	#	**#**
VIC	n.a.	n.a.	200^	250^	200^	350^	400^	375^	#	325^	400^	400^	500^	400^	300^	350^	#	**#**
TAS	n.a.	n.a.	200^	250^	325^	400^	#	#	350^	#	400^	#	400^	#	#	190^	#	**300^**
SA	n.a.	n.a.	250^	250^	190^	315^	400^	340^	225^	700^	250^	300^	#	#	#	350^	275^	**400^**
WA	n.a.	n.a.	350^	250^	#	475^	350^	400^	#	450^	325^	#	#	700^	#	#	#	**#**
NT	n.a.	n.a.	50	#	250^	250^	250^	200^	#	250^	#	#	#	#	#	#	#	**400^**
QLD	n.a.	n.a.	220^	300^	200^	300^	#	350^	450^	350^	1000^	290^	#	300^	350^	450^	400^	**250^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
# Represents no purchases
Note: The response 'Don't know' was excluded from analysis

Table F2: Median price of cocaine per cap, by jurisdiction, 2000–2017

Price $ per cap

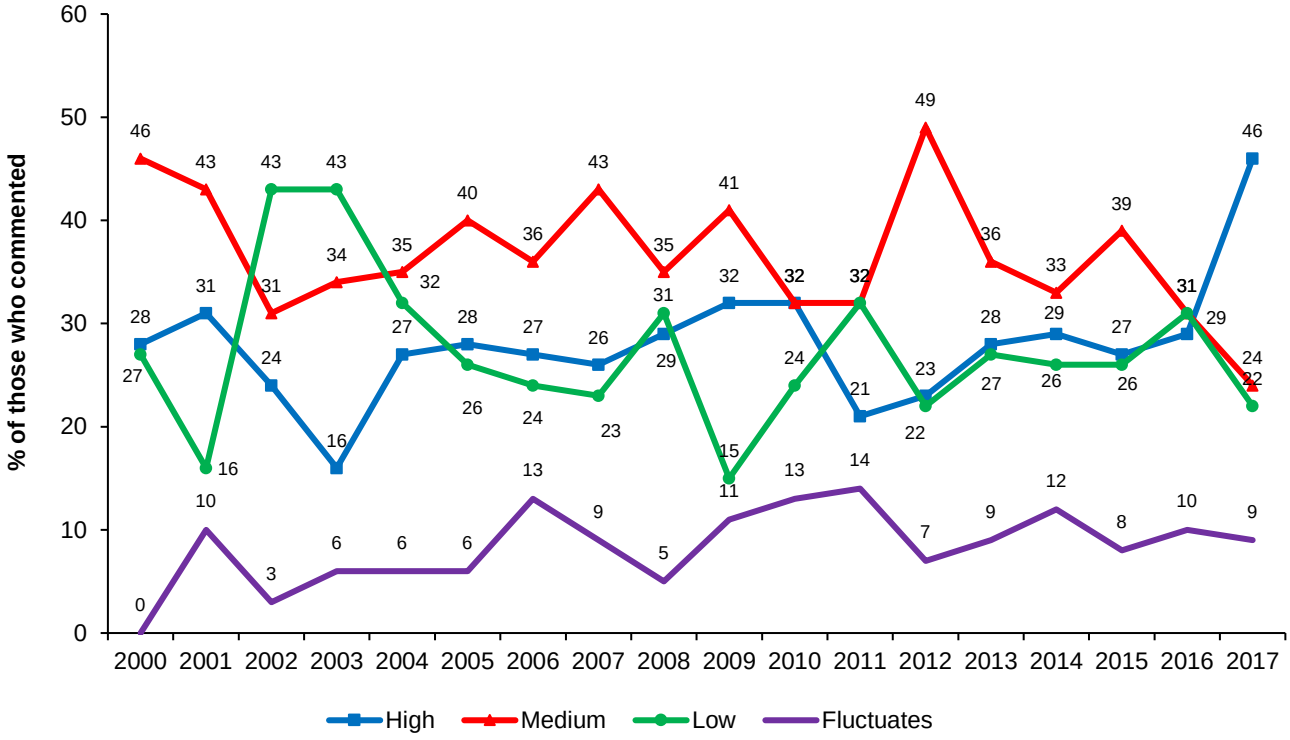
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	**50^**
ACT	#	50^	65^	50^	#	50^	#	55^	70	50^	#	50^	50^	50^	50^	#	77^	**#**
VIC	80^	50^	65^	#	#	50^	#	#	100	50^	50^	#	50^	90^	75^	100^	#	**#**
TAS	50^	#	#	#	#	60^	#	#	#	#	#	#	80^	140^	#	#	#	**#**
SA	87.5	50^	50^	#	50^	60^	#	#	#	250^	#	50^	#	50^	#	#	#	**#**
WA	50^	#	#	#	#	50^	#	#	#	#	40^	#	#	#	#	#	#	**#**
NT	#	110^	30	#	60^	100^	125^	#	#	80^	#	#	#	#	#	#	#	**250^**
QLD	#	57.5^	#	#	150^	#	50^	75^	#	#	#	#	#	#	#	#	#	**40^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
# Represents no purchases
Note: The response 'Don't know' was excluded from analysis

Figure F1: Median price of cocaine per cap and gram, nationally, 2000–2017

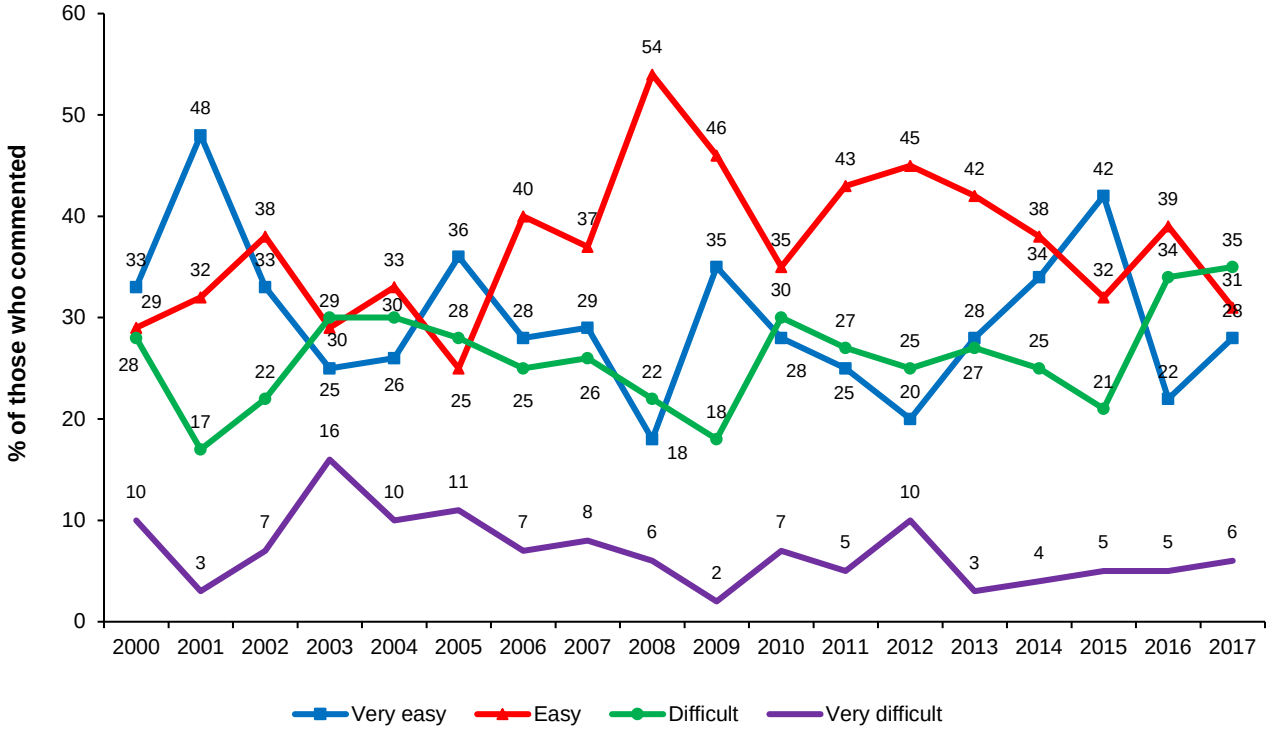
Source: IDRS participant interviews

Figure F2: Current purity of cocaine, nationally, 2000–2017



Source: IDRS participant interviews
Note: The response 'Don't know' was excluded from analysis

Figure F3: Current availability of cocaine, nationally, 2000–2017



Source: IDRS participant interviews
Note: The response 'Don't know' was excluded from analysis

Appendix G: Cannabis price, perceived potency and availability, 2000–2017

Table G1: Median price of hydroponic cannabis per gram, by jurisdiction, 2000–2017

Price $ per gram

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	**20**
ACT	25	25	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	**20**
VIC	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	**20**
TAS	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	22.5	**20**
SA	–	10^	10^	10^	25^	25^	25^	25	17.5	–	25^	25^	25#	25#	25#	25#	25*	**11#**
WA	25^	22.5^	25	25	25	25	25	22.5^	25^	25	25	25^	25	28	25	25^	25	**25^**
NT	–	25	25	25	25	25	30	30	30	30	30	30	30	30	30	30	30	**30**
QLD	–	25	25^	25	25	25	25	25	25	25	25	25	25	20	25	23^	25	**22.5^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
– Represents no purchases
SA purchase is per bag instead of per gram
Note: The response 'Don't know' was excluded from analysis. **Data before** 2002 included both hydro and bush cannabis

Table G2: Median price of hydroponic cannabis per ounce, by jurisdiction, 2000–2017

Price $ per ounce

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	n.a.	n.a.	300^	310^	300	300	285	290	300	320	290	300	320	300	300	300	300	**300**
ACT	n.a.	n.a.	250	322.5	280	290	300	300	295	300	280	300	290	300	280	300	250	**290**
VIC	n.a.	n.a.	250	280	240	250	200	240	250	250	250	250	250	250	250	250	250	**250**
TAS	n.a.	n.a.	250	300	280	290	250	250	300	300	300	300	250	280	260^	280	295	**265^**
SA	n.a.	n.a.	180	200	200	200	200	200^	210	225	220	210	220	200	210	200	220	**200**
WA	n.a.	n.a.	250	270	250	300	280	300^	350^	350	350	350	350	350	350	350	325	**320**
NT	n.a.	n.a.	300	305	300	300	300	350	350	400	450	450	420	450	450	450	450	**450**
QLD	n.a.	n.a.	300	310	300	300	290	300	300	300	355	300	300^	300^	280^	280	320^	**290^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
Note: The response 'Don't know' was excluded from analysis. Data before 2002 included both hydro and bush cannabis

Table G3: Median price of bush cannabis per gram, by jurisdiction, 2003–2017

Price $ per gram

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	20	20	20	20^	20	20	20	20	20	20	20	20	20	20	**20^**
ACT	20	20	20	15	20	20	20	20	20	20	20	12.5^	20^	20	**20**
VIC	20	20	20	10^	20	20	20	20^	20^	20^	#	20	20^	20^	**20^**
TAS	25	25	22.5	15^	25	25^	25	20^	25^	25	20	20	25^	20	**20^**
SA	15^	25^	25^	25^	25	#	#	25^	25^	25[#]	25[#]	25[#]	25[#]	25*	**10[#]**
WA	20	25	25	25^	10^	27.5^	25^	25^	20^	25	30^	25^	#	25^	**25^**
NT	25	23	25	25^	30	30^	30^	30	15^	30	30^	30^	30	30^	**30^**
QLD	15	20	25	20^	20	20	20	20	25^	25^	20^	20^	25^	20^	**22.5^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
# Represents no purchases
[#] SA purchase is per bag instead of per gram
Note: The response 'Don't know' was excluded from analysis. Data before 2003 included both hydro and bush cannabis

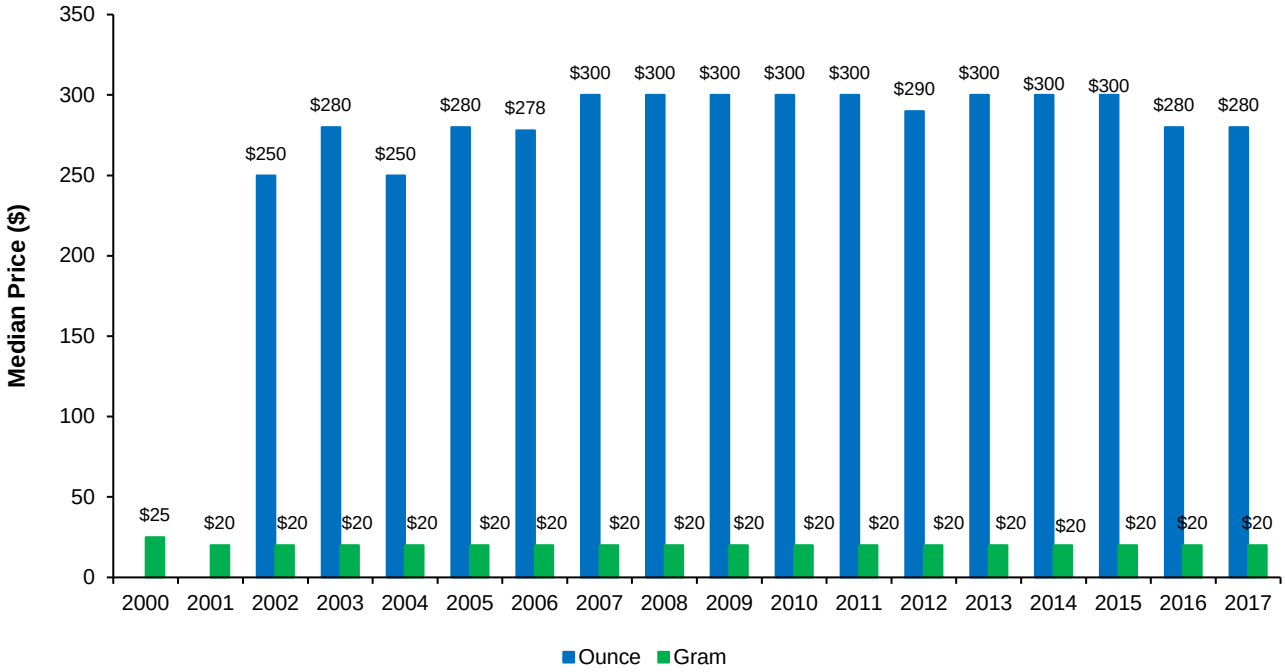
Table G4: Median price of bush cannabis per ounce, by jurisdiction, 2003–2017

Price $ per ounce

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	**2017**
NSW	225^	175	200	200^	200	200^	229	250^	260^	280^	240	220^	250^	280^	**245^**
ACT	200	200	250	190	240	200^	250	250^	240	220^	265	210^	250^	255^	**230^**
VIC	250	180	200	#	240^	200^	225	220^	210^	240^	150^	230^	210^	260^	**#**
TAS	150	180	200	170	200^	200	200	200	200	200^	245^	200^	225^	200^	**200^**
SA	180	180	200	160^	180^	190^	200^	200^	220	180^	205^	190	220	210^	**180^**
WA	200	200	232.5	200	225^	200^	290	250	300^	250^	200^	250^	250^	#	**250^**
NT	200^	200	200	200^	200^	250	175^	300	210^	300^	300^	350^	300^	250^	**375**
QLD	240	200	230	250^	200	220	280	280	195^	60^	225^	250^	180^	250^	**290^**

Source: IDRS participant interviews
^ Reports based on small numbers (n<15) therefore should be interpreted with caution
# Represent no purchases
Note: The response 'Don't know' was excluded from analysis. Data before 2003 included both hydro and bush cannabis.

Figure G1: Median price of hydroponic cannabis per ounce and gram, nationally, 2000–2017

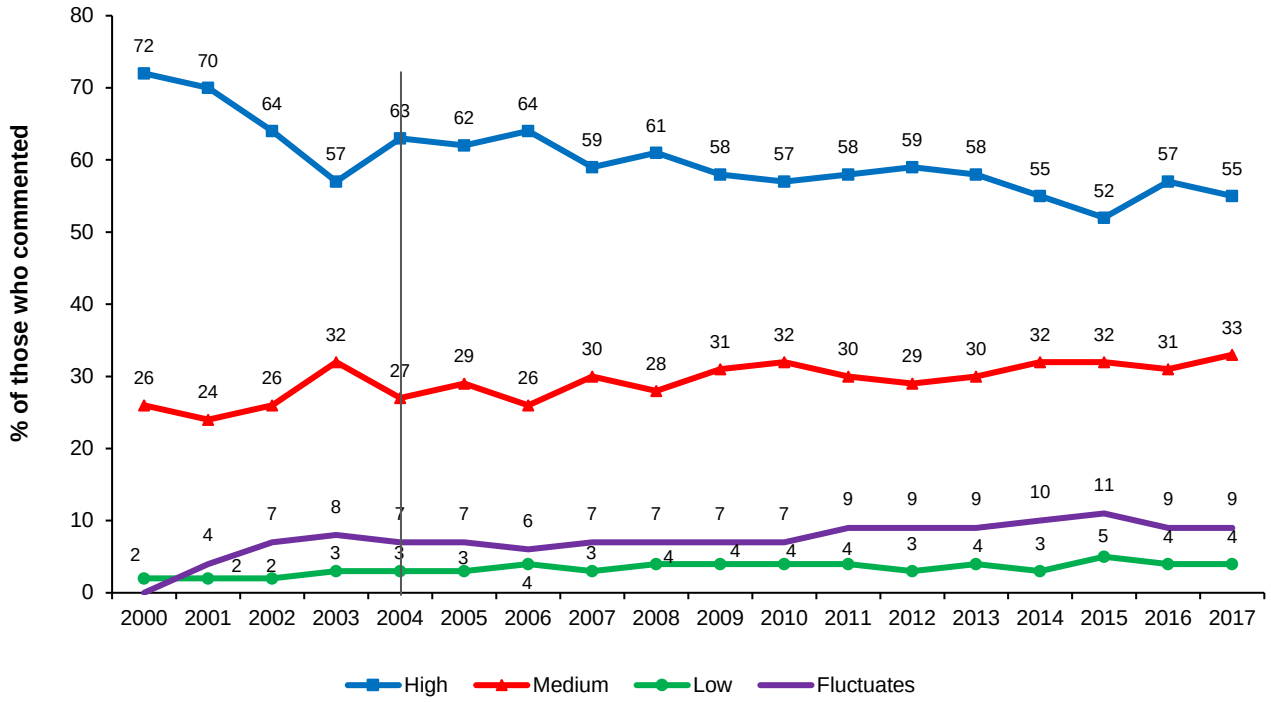


Source: IDRS participant interviews
Note: From 2003 onwards hydroponic and bush cannabis data collected separately. No data available for ounce in 2000 and 2001

Figure G2: Median price of bush cannabis per ounce and gram, nationally, 2003–2017

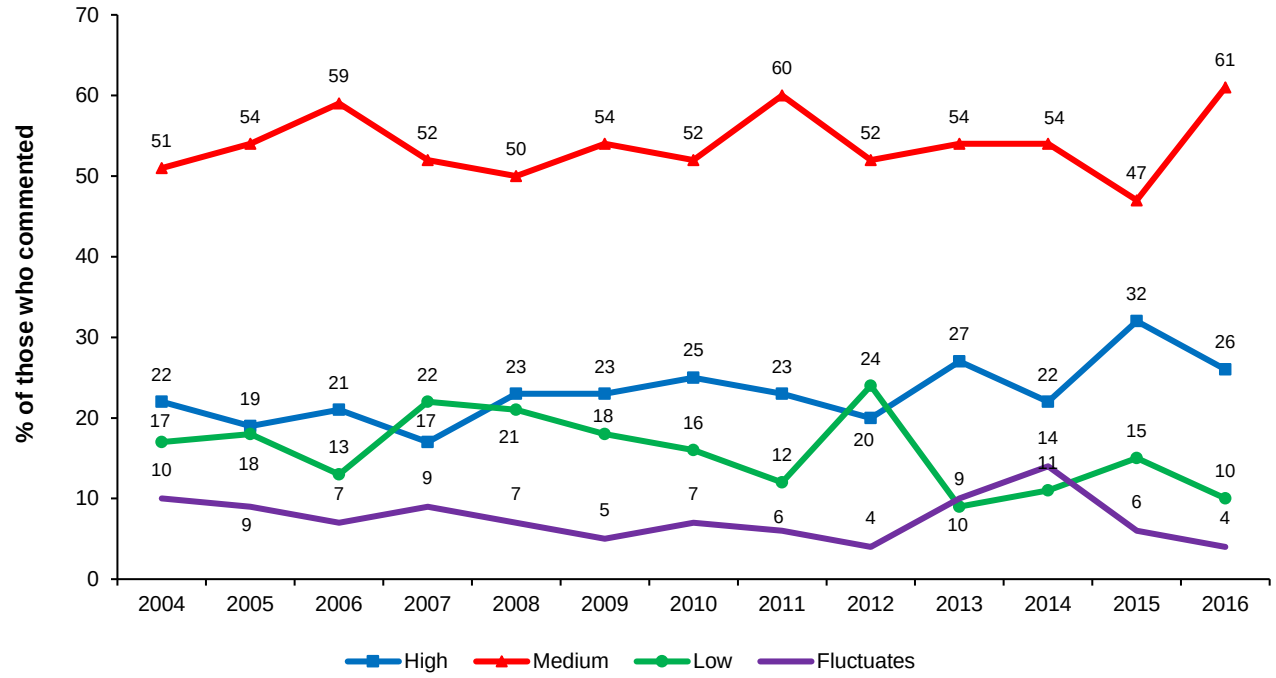
Source: IDRS participant interviews
Note: Data collection from 2003 onwards

Figure G3: Current potency of hydroponic cannabis, nationally, 2000–2017*



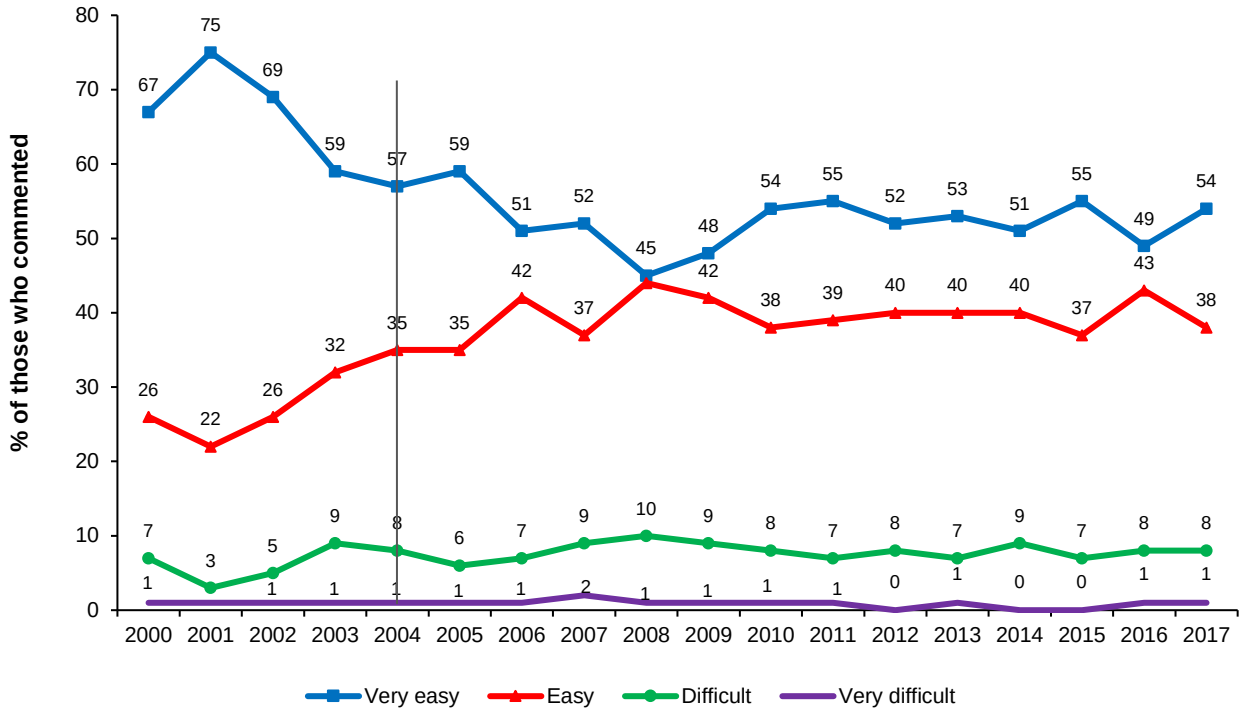
Source: IDRS participant interviews
* Hydroponic and bush cannabis data collected separately from 2004 onwards
Note: The response 'Don't know' was excluded from analysis

Figure G4: Current potency of bush cannabis, nationally, 2004–2017*



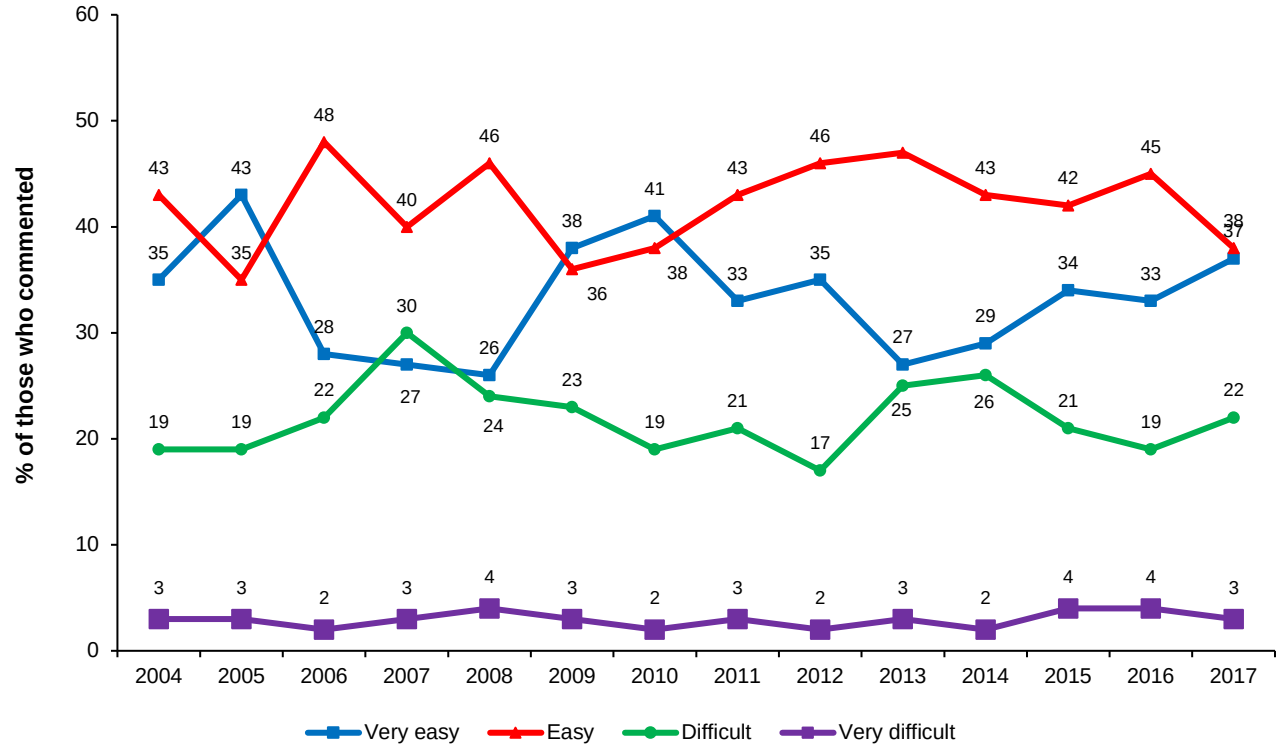
Source: IDRS participant interviews
***** Hydroponic and bush cannabis data collected separately from 2004 onwards
Note: The response 'Don't know' was excluded from analysis

Figure G5: Current availability of hydroponic cannabis, nationally, 2000–2017*



Source: IDRS participant interviews
* Hydroponic and bush cannabis data collected separately from 2004 onwards

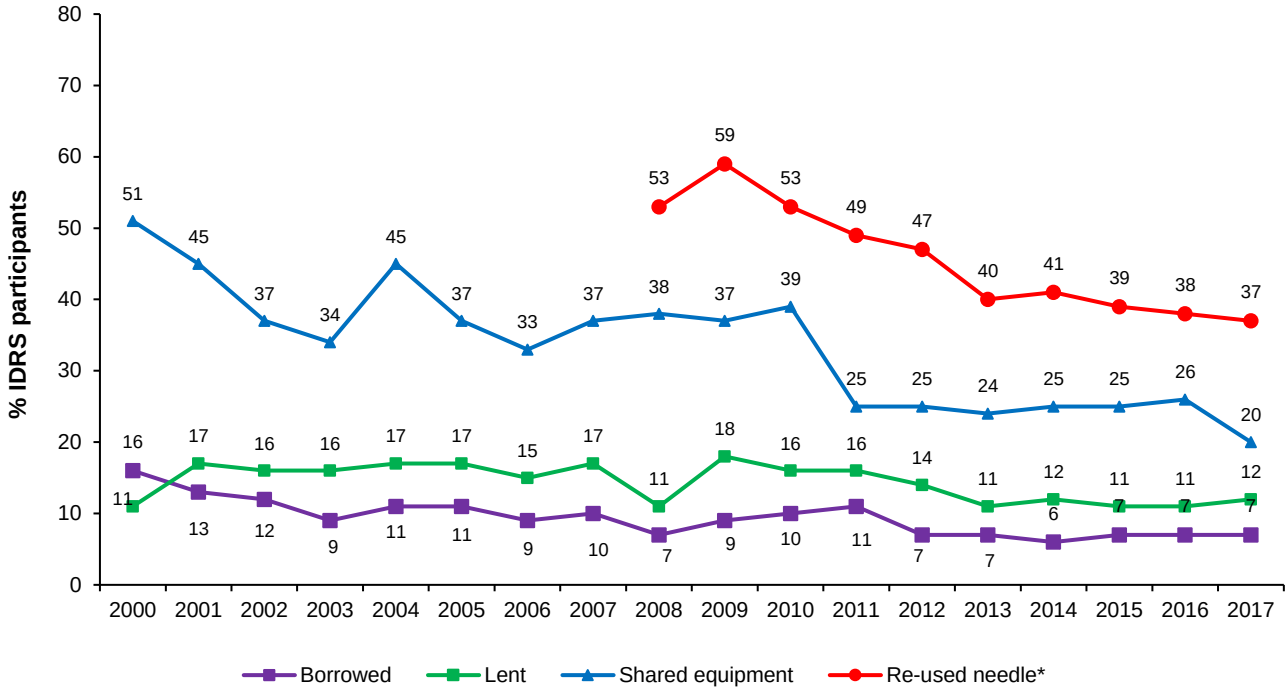
Figure G6: Current availability of bush cannabis, nationally, 2004–2017*



Source: IDRS participant interviews
* Hydroponic and bush cannabis data collected separately from 2004 onwards

Appendix H: Injecting risk behaviours, 2000–2017

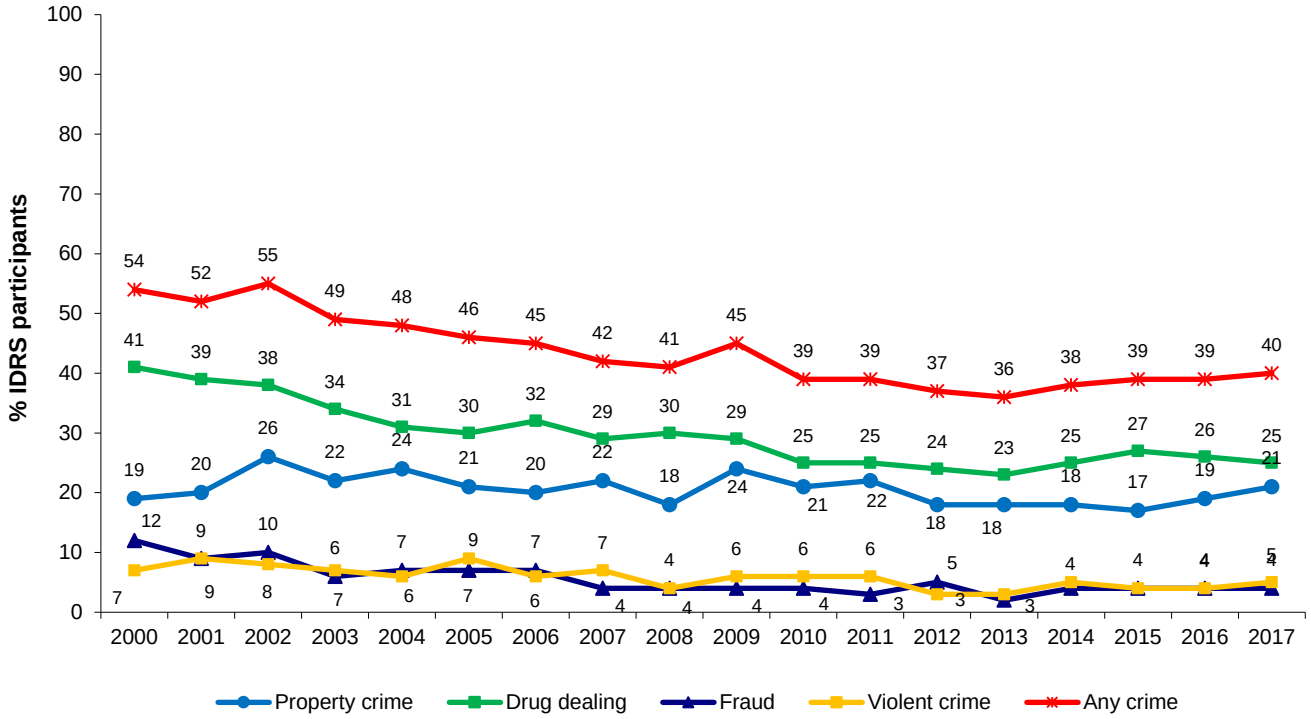
Figure H1: Injecting risk behaviours in the last month, nationally, 2000–2017



Source: IDRS participant interviews
* Data collection started in 2008

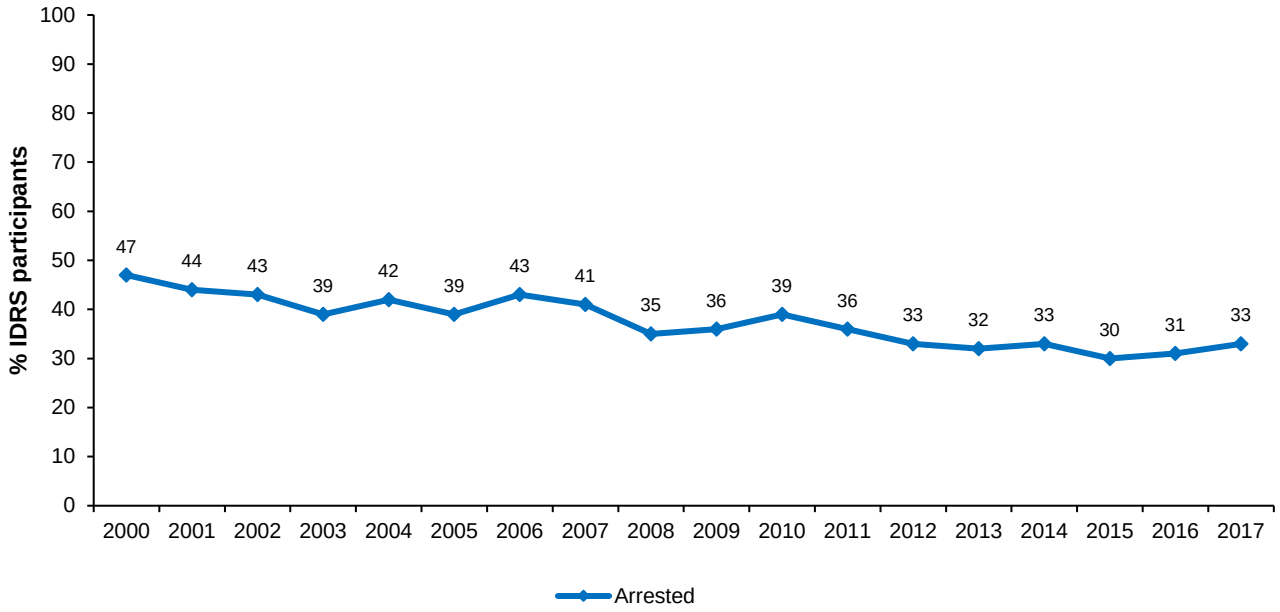
Appendix I: Crime, 2000–2017

Figure I1: Self–reported criminal activity, nationally, 2000–2017



Source: IDRS participant interviews

Figure I2: Arrested in the last 12 months, nationally, 2000–2017



Source: IDRS participant interviews