

# australian capital territory

**G. Campbell and L. Degenhardt**

**ACT DRUG TRENDS 2007  
Findings from the  
Illicit Drug Reporting System (IDRS)**

**Australian Drug Trends Series No. 3**



**AUSTRALIAN CAPITAL TERRITORY  
DRUG TRENDS  
2007**



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

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National Drug and Alcohol Research Centre  
University of New South Wales

**Australian Drug Trends Series No. 3**

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## ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACTGAL	Australian Capital Territory Government Analytical Laboratory
ACC	Australian Crime Commission
ADDInc	Assisting Drug Dependents Incorporated
ADHD	Attention Deficit Hyperactivity Disorder
ADP	Alcohol and Drug Program, ACT Health
AFP	Australian Federal Police (ACT Police)
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
ANU	Australian National University
BBVI	Blood-borne viral infections
EDRS	Ecstasy and related Drug Reporting System
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user(s)
IGCD	Intergovernmental Committee on Drugs
KE	Key expert(s)
MCDS	Ministerial Council of Drug Strategy
NCEPH	National Centre for Epidemiology and Population Health
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NSP	Needle and Syringe Programs
OD	Overdose(s)
SCON	Simple Cannabis Offence Notices

## **EXECUTIVE SUMMARY**

### **Demographic characteristics of participants**

In 2007, one hundred and one injecting drug users (IDU) were interviewed for the IDRS in the Australian Capital Territory (ACT). The majority of participants interviewed for the IDRS study were male (68%). On average respondents were aged 38 years, ranging from 19 to 60 years. In terms of education, participants had completed an average of 10 formal school years, 30% of respondents had trade or technical qualifications, and 13% reported having university or other tertiary qualifications. Fifty-five percent had a previous prison history. Approximately three-fifths (59%) of the 2007 respondents reported currently participating in some form of drug treatment. The most common form of drug treatment among participants in the 2007 ACT sample was opioid maintenance treatment with 71% of those in treatment engaged in methadone maintenance treatment and 17% in buprenorphine maintenance treatment. The demographic characteristics of the 2007 sample were very similar to those of the 2006 sample.

### **Patterns of drug use among participants**

In terms of the injection history of respondents, the mean age of first injection was 19 years. Heroin or methamphetamine (speed, base or crystal) were the drugs first injected by the majority of the 2007 sample. Heroin was the drug of choice for the majority of respondents (55%), followed by methamphetamine (30%) and cannabis (5%). The drugs injected most often by participants in the month preceding the interview were heroin (47%) and crystal methamphetamine ('crystal' 22%). Heroin was the last drug injected by 39% of respondents, followed by crystal (26%). In comparison, in 2006, equal proportions reported heroin and crystal as the drug injected most often (33%) and 32% reported crystal as the last drug injected, followed by heroin (30%). Consequently, although there appeared to have been an increase in the use and frequency of crystal use in 2006, over and above heroin, this pattern was not sustained in 2007.

Participants reporting daily or more frequent drug injection in the month preceding the IDRS survey remained stable, from 32% in 2006 to 27% in 2007. However, younger respondents aged 25 years or less were more likely to inject on a daily or more frequent basis (58%) than respondents aged over 25 (22%).

Polydrug use was almost universal amongst the 2007 sample (97%). Participants were most likely to use four or more of the following drug types: cannabis, heroin, methamphetamine, cocaine and other opioids (i.e. illicit oxycodone, morphine, methadone and/or buprenorphine) in the six months preceding interview. This was consistent with reports from KE who stated that many IDU were polydrug users and it was very unlikely for an IDU to be using only one drug.

## Heroin

A summary of heroin use, price, purity and availability is presented in Table 1. The proportion of participants reporting use of heroin in the six months preceding interview remained stable at 72% (71% in 2006), though this was still lower than previous years (86% in 2005 and 2004). In terms of the frequency of use, heroin use patterns varied from less than monthly to daily use. In the six months preceding interview, the median days of heroin use was 48 (approximately twice a week); this was up from a median of 24 days (approximately once a week) in 2006, though again, still markedly down from previous years (60 days in 2005, and 73 days in 2004). In terms of the frequency of heroin injection, 22% of recent heroin users had injected on a monthly or less frequent basis, 19% had injected heroin on a more than monthly to a weekly basis, 53% had injected heroin weekly to less than daily, and 6% injected on a daily basis.

In 2007, participants were asked about different forms of heroin. The most common forms used were white/off-white heroin powder (82%), followed by homebake (36%) and white/off-white rock (34%). A significant minority reported that they had used either brown heroin powder (12%), or brown heroin rock (17%). This may require an additional step, involving citric acid, in the preparation for injection. The usual form used was predominantly white/off-white powder heroin (79%).

The median price of heroin remained relatively stable in 2007. The reported price for a cap of heroin remained stable from 2006 to 2007 at \$50; the reported price for a gram of heroin decreased slightly from \$340 in 2006 to \$300 in 2007. Respondents reported heroin to be 'very easy' (40%) to 'easy' (47%) to obtain in the ACT; this was an increase relative to the previous year, when 30% of participants reported heroin to be 'very easy' to obtain and 36% reported heroin to be 'easy' to obtain. There was a decrease in participant reports of heroin purity being 'low' from 60% in 2006, to 31% in 2007. In 2007, 36% reported heroin purity to be 'medium', and 16% reported purity to be 'high'.

KE reports were consistent with the reports of IDU. They reported that most IDU had used heroin in the six months preceding interview. However, most did note that there had been a general decline in availability and purity of heroin since 2005.

## Methamphetamine

The IDRS survey collects data on three different forms of methamphetamine: methamphetamine powder ('speed'), methamphetamine base ('base') and crystal methamphetamine ('crystal'). A summary of the 2007 findings is presented in Table 1 for the three forms of methamphetamine. In 2007, all participants reported lifetime use of any form of methamphetamine, and 83% of the sample reported the recent use of some form of methamphetamine. A summary of findings for each form of methamphetamine is presented below.

### ***Powder methamphetamine (speed)***

Over half (55%) of the sample reported the recent use of speed, similar to 2006 (58%). The majority of recent speed users used it infrequently in the six months prior to interview, with a median of 10 days of use reported during this period. There were no reports of daily use of speed. Injection was the most common route of administration, with all recent speed users

having injected it. The reported price for a point of speed remained stable from 2006 to 2007 at \$50 and the reported price for a gram of speed increased from \$175 per gram, in 2006, to \$235 per gram in 2007. Respondents reported speed to be ‘easy’ (41%) to ‘very easy’ (40%) to obtain in the ACT. In 2007, participants perceived the purity of speed to be currently ‘low’ (37%) to ‘medium’ (35%).

### ***Base methamphetamine (base)***

Methamphetamine base was the least used form of methamphetamine among the 2007 sample, with only 32% reporting recent use. Base users used this substance infrequently, with a median of six days of use in the six months preceding the interview, and 1% reporting daily use. As with speed, injection was the most common form of base administration, with all recent base users reporting injection as their route of administration. The reported price for a point of base remained stable from 2006 to 2007 at \$50 and the reported price for a gram of base decreased from \$250 in 2006, to \$200 in 2007. There were mixed reports regarding the current availability of base, possibly due to the small numbers who were able to comment on base. In 2007, respondents reported that base was ‘high’ (36%) to ‘medium’ (32%) purity.

### ***Crystal methamphetamine (crystal)***

In 2007, the use of crystal declined slightly from 88% in 2006 to 80% in 2007; however, this was still markedly higher than 62% in 2005. Nearly all recent crystal users had injected crystal (98%), with notable proportions also reporting they had smoked crystal in the six months preceding interview (26%). However, use remained infrequent, on average, with recent crystal users reporting a median of 15 days of use in the six months prior to the interview. Three percent of the sample reported daily use of crystal; this was markedly down from 12% in 2006.

The median price for a point of crystal remained stable in 2007 at \$50. The price for a gram decreased slightly from \$410 in 2006 to \$380 in 2007. Respondents reported crystal to be ‘very easy’ (44%) to ‘easy’ (42%) to obtain in the ACT. Interestingly, in 2007, there were mixed reports regarding current purity of crystal. It has been suggested that the lower purity form may be domestically produced crystal, with higher purity crystal imported (McKetin et al., 2005).

KE reports were consistent with the reports by IDU in the 2007 IDRS: they felt that although the use of speed and base had remained relatively low and stable, many IDU were using crystal. KE reported that many previous heroin users had begun to use crystal, since heroin was not as easy to obtain. However, the number of clients undergoing withdrawal from methamphetamine has continued to decrease since 2004, and this is inconsistent with an increase in use reported by IDU. However, consistent with IDU reports, there has been an increase in the number of hospital admissions where amphetamine was implicated as the primary diagnosis.

**Table 1: Summary of major drug trends reported by participants interviewed in the ACT, 2007**

	<b>Heroin</b>	<b>Methamphetamine</b>	<b>Cocaine</b>	<b>Cannabis</b>
<b>Use</b>	<ul style="list-style-type: none"> <li>- 72% of participants reported recently using heroin, 71% in the previous year</li> <li>- Median days of use increased from 24, in 2006 to 48 in 2007</li> </ul>	<ul style="list-style-type: none"> <li>- Speed use remained stable at 55%</li> <li>- Base use remained stable 32%</li> <li>- Crystal use decreased from 88% in 2006 to 80% in 2007</li> <li>- Frequency of use was low and sporadic for all forms</li> </ul>	<ul style="list-style-type: none"> <li>- Increase in use from 8% in 2006 to 18% in 2007</li> <li>- Median days of use remained low, at three in the preceding six months</li> </ul>	<ul style="list-style-type: none"> <li>- 83% of participants reported recent cannabis use, down from 90% in 2006</li> <li>- Median number of days remained relatively stable at 175</li> </ul>
<b>Price</b>	<ul style="list-style-type: none"> <li>- Price per cap remained stable at \$50</li> <li>- Price per gram decreased from \$340 in 2006 to \$300 in 2007</li> <li>- Price of heroin had remained stable</li> </ul>	<ul style="list-style-type: none"> <li>- Price per point for speed, base and crystal remained stable at \$50</li> <li>- Price per gram increased for speed (\$235) and decreased for crystal (\$380) and base (\$100)</li> <li>- Prices remained stable</li> </ul>	<ul style="list-style-type: none"> <li>- Price per cap remained relatively stable at \$55</li> <li>- Gram reported to be \$325 (small numbers)</li> </ul>	<ul style="list-style-type: none"> <li>- Price per gram of hydro and bush was \$20</li> <li>- Ounce for hydroponic remained stable (\$300), increased for bush to \$240 (\$190 in 2006)</li> </ul>
<b>Availability</b>	<ul style="list-style-type: none"> <li>- Participants reported heroin as ‘easy’ to ‘very easy’ to obtain</li> <li>- Availability remained stable</li> </ul>	<ul style="list-style-type: none"> <li>- Speed and crystal were ‘easy’ or ‘very easy’ to obtain, mixed reports for base</li> <li>- Availability remained stable</li> </ul>	<ul style="list-style-type: none"> <li>- IDU reported cocaine was ‘difficult’ to obtain</li> <li>- Availability remained stable</li> </ul>	<ul style="list-style-type: none"> <li>- Hydroponic was ‘easy’ to ‘very easy’ to obtain</li> <li>- Bush was ‘easy’ to obtain</li> <li>- Availability remained stable for hydroponic and bush</li> </ul>
<b>Purity/ Potency</b>	<ul style="list-style-type: none"> <li>- Participants reported that the current purity of heroin was ‘medium’ to low, compared to ‘low’ last year</li> <li>- Mixed reports on purity change</li> </ul>	<ul style="list-style-type: none"> <li>- Speed reported to have ‘low’ to ‘medium’ purity</li> <li>- Base, ‘medium’ to ‘high’ (small numbers)</li> <li>- Crystal mixed reports, decline in those reporting it high</li> <li>- Mixed reports on change in purity</li> </ul>	<ul style="list-style-type: none"> <li>- ‘Medium’ to ‘high’ purity</li> <li>- Purity had remained stable</li> </ul>	<ul style="list-style-type: none"> <li>- IDU reported hydroponic cannabis had a ‘high’ potency</li> <li>- Bush was reported to be ‘medium’</li> <li>- Potency remained stable for hydroponic and bush cannabis</li> </ul>

Source: ACT IDRS IDU interviews, 2007

## Cocaine

Cocaine was used by 18% of the sample in the six months preceding interview, up from 8% in 2006, but similar to 2005 (20%). Among those who had recently used cocaine in the ACT, the frequency of use was low, with a median of three days of use in the six months prior to interview (i.e. approximately once every two months). Among the participants who reported recent cocaine use, the most common routes of administration were injection and snorting.

A small number (n=13) of participants commented on the price, purity and availability of cocaine in the ACT in 2007, with the majority reporting that cocaine was 'difficult' (54%) to obtain in the ACT. The median price for cocaine, in 2007, was reported to be \$55 for a cap, and \$325 for a gram, though these are based on small numbers so results must be interpreted with caution. Equal proportions of respondents reported that current purity was medium or high (39%). Again, small numbers reported on cocaine purity, so results must be interpreted with caution. Table 1 summarises the findings for cocaine in the ACT in 2007.

Consistent with IDU reports KE reported that cocaine use by IDU in the ACT was relatively low and infrequent.

## Cannabis

Cannabis use was widespread and frequent amongst the sample in 2007; this was consistent with reports from KE. Ninety-eight percent of the sample had ever tried cannabis and 83% reported the recent use of cannabis, though this was down from 90% reporting recent use in 2006. The majority of the sample used cannabis frequently in the six months preceding interview with a median of 175 days of use (approximately daily).

Participants commented on the price, purity and availability of two different forms of cannabis: outdoor-cultivated cannabis ('bush') and indoor-cultivated cannabis (hydroponic), as can be seen in Table 1. The median reported price of a gram of hydro remained stable from 2006 to 2007 at \$20, but increased slightly from \$15 in 2006, to \$20 in 2007 for bush cannabis. The median price of an ounce of bush cannabis in 2007 was reported to be \$240, while the median price for an ounce of hydro was \$300. The majority of participants perceived both bush and hydroponic cannabis to be 'easy' (45% and 47% respectively), with a further 46% reporting that hydroponic was 'very easy' to obtain. Participants also reported that availability had remained stable in the six months preceding interview. Participants commenting on the potency of bush cannabis believed it to be 'medium' (46%) and hydro to be 'high' (67%). As has been the case in previous years hydro remained the dominant form of cannabis on the market in the ACT.

## Other Opioids

'Illicit' methadone use is used in this report to refer to the use of methadone that was prescribed for someone else. The use of illicit methadone among the ACT sample in 2007 was similar to levels reported in the previous year: approximately one-third (33%) reported any recent use, a slight decrease from 38% in 2006. Among those who had recently used in the ACT, the frequency of illicit methadone use was very low with a median of 12 days (approximately twice a month) of use in the previous six months. Injecting (97%) and swallowing (21%) were the most common routes of illicit methadone administration. In 2007, twenty-eight percent of participants reported injecting their own methadone.

'Illicit' buprenorphine use refers to the use of buprenorphine that was prescribed for someone else. The use of illicit buprenorphine among the ACT sample decreased slightly from 34% in 2006 to 28% in 2007. The majority of participants used illicit buprenorphine infrequently, with a median of 11 days (approximately twice a month) of use in the six months prior to the interview. Injection (100%), followed by swallowing (21%), were the most common routes of administration for illicit buprenorphine use among the 2007 sample. In 2007, a small proportion of the sample (10%) reported using their licit oral buprenorphine via injection.

In the 2007 IDRS survey, participants were asked about use of licit and illicit forms of morphine. Use of illicit morphine refers to the use of morphine that was prescribed for someone else. Seventy-seven percent of participants reported that they had used illicit morphine at least once in their life. Fifty-three percent reported using illicit morphine in the preceding six months. The main route of administration for illicit morphine was injection (92%). Participants reported injecting illicit morphine on a median of four days (approximately once every two months) in the preceding six months. This indicates that use of illicit morphine remains low and sporadic. Nine percent of participants reported that they had used licit morphine in the preceding six months. Five percent reported the recent injection of their morphine. The median days of injected licit morphine was reported to be two days (approximately once every two months) in the preceding six months.

In 2007, forty-four percent of participants reported lifetime use of illicit oxycodone. Use of illicit oxycodone refers to the use of oxycodone that is prescribed to someone else. Twenty-three percent reported the recent use of illicit oxycodone, with 96% reporting injecting illicit oxycodone, and 13% reporting that they had swallowed illicit oxycodone. The median days of injected illicit oxycodone remained low, at 4.5 days (approximately once every two months). Three percent of participants reported the recent use of licit oxycodone, with one participant reporting injection of their oxycodone. Again, median days of injected remained low and infrequent at two days (approximately once every three months) in the preceding six months.

The use of 'other opioids' such as codeine by participants in the ACT was low with 36% reporting lifetime use of 'other opioids' and 14% reporting the recent use of 'other opioids'. The main route of administration was swallowing (71%), and median days of use was low at 2.5 (approximately just over once a month) in the preceding six months.

## Patterns of other drug use

Benzodiazepine use remained high among the sample in 2007. Approximately two-thirds (68%) reported using benzodiazepines in the six months preceding interview. Whilst 39% of respondents reported licit benzodiazepine use, 51% reported illicit use, such as the use of someone else's prescription. Injection of benzodiazepines (whether illicit or illicitly obtained) was low (11%). The frequency of use for licit benzodiazepines was 72 days (approximately three times a week) and only eight days for illicitly obtained benzodiazepines (approximately once a month). Recent benzodiazepine users reported swallowing as the primary route of administration (94%).

Participants were asked to comment about their use of pharmaceutical stimulants (or prescription amphetamines). This included drugs such as dexamphetamine and methylphenidate, which are medications most commonly prescribed for Attention Deficit Hyperactivity Disorder (ADHD). Approximately one-quarter (28%) of the sample reported the recent use of illicit pharmaceutical stimulants, with injection followed by swallowing being the main routes of administration. Median days of illicit pharmaceutical stimulants use was five days (i.e. approximately once a month) in the preceding six months. Two percent of participants reported the use of licit pharmaceutical stimulants in the preceding six months. The majority of recent pharmaceutical stimulant users are, therefore, using pharmaceutical stimulants that are prescribed to someone else.

Alcohol was used by over three-quarters (75%) of the sample in the ACT in 2007. Recent alcohol users reported a median of 27 days (approximately once a week) of use in the six months prior to the interview. The majority of participants (98%) reported the recent use of tobacco, and 87% were daily smokers.

## Associated harms

Seventeen percent of participants reported that they had injected with a syringe after someone in the past month, higher than 6% in 2006; 21% of participants reported that they had lent a syringe in the past month, compared to 12% in 2006. Women were significantly more likely to use a syringe after someone else (10% *vs.* 7%,  $p < 0.05$ ), and the majority reported that one person had used the syringe before them ( $n=15$ ) and these people were most likely to be close friends ( $n=8$ ) or regular sex partners ( $n=7$ ). The proportion of participants that reported sharing injecting equipment (e.g. spoons, mixing containers, water and swabs) remained relatively stable at 33% in 2007, similar to 38% in 2006, though levels of injection-related risk-taking behaviour remained sufficiently high to warrant concern. Given the implication of this for the transmission of Hepatitis C Virus (HCV), the sharing of injecting equipment remains a concern.

There was a marked increase in the proportion of participants reporting at least one injection-related problem in the preceding month, from 45% in 2006 to 76% in 2007. In 2007, the most commonly reported difficulties were scarring/bruising and difficulty injecting. A significant minority also reported injection-related harms associated with methadone (31%), morphine (20%) and buprenorphine (19%) in the month preceding interview.

In the 2007 IDRS sample, 41% reported recently experiencing mental health problems in the six months preceding interview. The most commonly reported mental health problems were depression and anxiety. Of those who reported suffering a mental health problem, 81% had attended a mental health professional. Furthermore, in 2007, participants were administered the Kessler Psychological Distress Scale (K10). One-quarter (25%) scored at levels which were considered high risk for psychological distress, and a further 58% were at moderate risk for psychological distress. The scores amongst this sample were much higher than those of the general population.

Participants were asked about driving while under the influence of drugs. Nearly all (96%) of those participants who had driven in the preceding six months (n=44) had driven under the influence of drugs. Participants most commonly reported driving while under the influence of: heroin, cannabis, and crystal.

The proportion of participants who reported having been arrested in the last year remained relatively stable (46% in 2006 compared to 42% in 2007). In 2007, there was an increase in the proportion of participants reporting committing at least one crime in the month preceding interview (38% in 2006; 55% in 2007). The most common crimes committed, as reported by participants in the month prior to interview, was involvement in drug dealing and property crime. The majority of the sample perceived police activity towards IDU in the ACT as 'stable' to 'increasing'. However, the majority of participants reported that recent police activity had not made it more difficult for them to score drugs in the six months preceding the interview.

## Implications

- Whilst the prevalence of heroin remained stable in the ACT in 2007, there was an increase in the frequency of use, from approximately once a week to approximately twice a week. There was also a decrease in the proportion of participants reporting current purity of heroin to be low. This indicates that there has been an increase in heroin purity a position supported by KE. Many KE have expressed concern that an increase in heroin purity may be associated with an increase in heroin overdoses, due to users' lack of use of a higher purity heroin. This trend needs to be monitored to see if it is indicative of a permanent change in the patterns of heroin use by IDU in the ACT. There have also been increases in reports of brown heroin, of which future monitoring is needed, and education of the acidic preparation.
- The continuing high levels of methamphetamine use by IDU in the ACT is expected to be associated with a corresponding rise in problems associated with the use of methamphetamine, such as psychosis, methamphetamine dependence, paranoia, cardiac difficulties, and aggressive behaviour (Degenhardt and Topp, 2003). Consequently, health and law enforcement professionals who work regularly with drug-using populations may need to develop and implement strategies for dealing with individuals who are agitated and aggressive due to methamphetamine intoxication. Moreover, there is likely to be an increase in demand for treatment services as people seek help for problems associated with the consequences of methamphetamine use.
- In 2007, participants completed the K10. One-quarter reported high levels of psychological distress and just over half reported moderate levels of psychological distress. These scores were much greater than those of the general population. Comorbidity is a huge issue amongst people who are dependent on drugs and/or alcohol and a much more tailored treatment program (incorporating drug and alcohol treatment as well as mental health treatment) is necessary in order to adequately treat someone suffering from comorbidity.
- In 2007, participants were asked about drug driving. Findings indicated that approximately two-fifths of the sample had recently driven soon after (within one hour) of taking illicit drugs. The most common drugs taken by participants before driving in the six months preceding interview were heroin, cannabis, and methamphetamine (specifically crystal). Use of drugs in combination with alcohol and polydrug use is associated with increased driving impairment and risk of driving accidents (Kelly et al., 2002). Increasing the awareness of risks associated with drug driving is important among IDU populations.
- Levels of injection-related risk-taking behaviour remain sufficiently high to warrant concern. In 2007, there was an increase in the proportion of participants reporting lending and borrowing needles and approximately one-third of the 2007 sample reported sharing injecting equipment (e.g. spoons, mixing containers, water and swabs). Given the implication of this for the transmission of HCV, and the recent increase in prevalence of HCV, the sharing of injecting equipment is of concern. Increasing awareness of the harms associated with sharing injecting equipment other than needles is important.

## 1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is a research project that monitors trends in the illicit drug market in Australia. The IDRS was implemented nationally in Australia, following a successful pilot study in Sydney in 1996 (Hando et al., 1997) and trials in New South Wales, Victoria and South Australia in 1997 (Hando and Darke, 1998). In the year 2000, the IDRS study was carried out in all Australian states and territories, with each jurisdiction conducting a survey with injecting drug users (IDU), interviewing key experts (KE) and incorporating routinely collected indicator data from secondary sources. The IDRS is conducted annually in each Australian state and territory.

The IDRS triangulates three forms of data: a) a survey of approximately 100 IDU, b) interviews with KE working as professionals with illicit drug users or in the area of drug dependence, and c) indicator data sources relating to illicit drug trends in the Australian Capital Territory (ACT). In 2007, the IDRS was funded by the Australian Government Department of Health and Ageing. The authors would like to acknowledge this organisation for contributing the funding for the 2007 IDRS study.

In the ACT, the IDRS project was implemented for the first time in 1999 as a joint project conducted by the National Centre for Epidemiology and Population Health (NCEPH) and the Australian Institute of Criminology (AIC). In its initial year, the survey of IDU was not included in the ACT study. For the next three years (from 2000 to 2002), the ACT arm of the IDRS was conducted solely by the AIC. The results of previous IDRS studies for the years 1999 to 2002 can be found (in chronological order) in National Drug and Alcohol Research Centre (NDARC) technical reports no. 82 (McKetin et al., 2000), no. 105 (Topp et al., 2001), no. 128 (Williams, 2002) and no. 150 (Rushforth, 2003). In 2003, the coordination of the ACT arm of the IDRS became the responsibility of the School of Psychology at the Australian National University (ANU), where the survey of IDU and KE interviews were performed. IDRS findings from 2003 are presented in NDARC technical report no. 180 (Ward and Proudfoot, 2004). Findings from the 2004 IDRS can be found in NDARC technical report no. 217 (Buckingham et al., 2005). Findings from the 2005 IDRS can be found in NDARC technical report no. 257 (Buckingham et al., 2006). Findings from the 2006 IDRS can be found in NDARC technical report no. 269 (Campbell and Degenhardt, 2007). In 2006 and 2007 the ACT arm of the IDRS was conducted by NDARC of the University of New South Wales. In continuing to conduct a project of this kind, we cannot help but build on the previous ACT IDRS reports. We are grateful to the authors of the previous ACT IDRS reports and would like to acknowledge their contribution to the 2007 report.

This *ACT Drug Trends 2007* report presents findings from the 2007 ACT IDRS study. The report commences with a summary of the methodology used in data collection for the IDRS, and then provides an overview of the demographics and drug use history of the IDU respondents. The report presents findings on recent drug use trends pertaining to the use, price, purity and availability of heroin, methamphetamine, cocaine, cannabis and other drugs. The report then discusses harms associated with injecting drug use, as well as mental health issues, drug driving and criminal activity among the 2007 IDU sample. The IDRS report concludes with a discussion of the implications of the findings for 2007.

## 1.1 Study aims

The IDRS is designed to act as a strategic early warning system to monitor trends and issues emerging from illicit drug markets in Australia. The first aim of the IDRS is to collect data to monitor the price, purity, availability and use of four major illicit drug classes – heroin, methamphetamine, cocaine and cannabis. The IDRS supplements existing sources of data on illicit drug trends, and thus supports a multifaceted approach to the task of monitoring the Australian illicit drug market. The second aim of the IDRS is to highlight issues of concern in relation to drug trends that may require further investigation. The government receives the national IDRS results through the Intergovernmental Committee on Drugs (IGCD) and the Ministerial Council on Drug Strategy (MCDS). The findings for each jurisdiction, in addition to a national overview, are presented in the *Australian Drug Trends 2007* monograph (available from NDARC) and are also presented at the National Drug Trends Conference each year.

## **2.0 METHOD**

In order to document emerging trends in the illicit drug market, the IDRS triangulates three data sources, with data collection involving: a) a survey of IDU; b) a semi-structured interview with KE working as professionals in the drug field; and c) the collection of routine indicator data that provides information on illicit drug trends and other drug-related issues. These data sources are triangulated against each other to determine if the information obtained is valid, and are then compared to the results of previous years to detect the emergence of trends.

### **2.1 Survey of injecting drug users (IDU)**

In July of 2007, a structured interview was administered face to face to 101 current IDU in the ACT. The interview collected information on the demographic characteristics and drug use history of the sample, as well as the price, purity and availability of heroin, methamphetamine, cocaine and cannabis. The survey also contained questions about criminal activity, risk-taking behaviour, health, and police activity. In 2007, there were a number of additions to the interview schedule: for the first time, respondents were asked about their experiences with sniffer dogs and they completed the Kessler Psychological Distress Scale (K10), as well as being asked about prescription of mental health medication.

The IDRS interviews were conducted by NDARC research staff and took, on average, approximately 45 minutes to administer. All participants were recruited through Directions ACT, which is an organisation that provides a Needle and Syringe Program (NSP) and drop-in facilities for IDU in the ACT. Posters were placed at Directions ACT asking potential participants to come to Directions ACT to be screened (according to the selection criteria which required participants to have injected at least monthly in the past six months, to have lived in the ACT for the previous 12 months and be at least 17 years of age) and, if they were eligible, make an appointment for the next week. Ethics approval for the ACT arm of the IDRS was obtained from the University of New South Wales ethics committee.

### **2.2 Survey of key experts (KE)**

Between August and October 2007, twenty-one professionals were interviewed as KE for the IDRS. Eight interviews were conducted with drug and alcohol treatment workers, five were conducted with NSP workers, two each were conducted with law enforcement and social workers and one each was conducted with a user group representative, a mental health worker, and an outreach worker. KE had contact with a minimum of 10 different IDU in the six months prior to interview.

Interviews were over the phone and took approximately 30-40 minutes to administer. The KE interviews followed the same semi-structured format as used in previous IDRS studies. The interview included sections on: the demographic characteristics of illicit drug users; patterns of use; price, purity and availability of the different drugs; criminal and police activity; and health and treatment issues.

## 2.3 Other indicators

Data collected from IDU surveys and KE interviews were supplemented by routinely collected Australian indicator data sources relating to illicit drug use and other drug-related issues. The entry criteria for indicator data are listed below.

- The data should be available at least annually.
- The data should include 50 or more cases.
- The data should provide details of illicit drug use.
- The data should be collected in the main study site (i.e. the ACT).
- The data should include details on at least one of the four main illicit drugs under investigation.

The indicator data sources meeting the above criteria included in the 2006 IDRS study are described below.

- ***Purity of drug seizures.*** In 2006, the Australian Crime Commission (ACC) provided data on the median purity of illicit drug seizures made by local police in the ACT. This report presents the purity of drug seizures from the 1999/2000 financial year to 2005/2006.
- ***Number and weight of drug seizures.*** Data on the number and weight of drug seizures made by ACT state police were provided by the ACC. Data includes number of seizures and amount seized in grams from 1999/2000 to 2005/2006, by each drug type.
- ***Drug-specific arrests.*** The ACC provided data on the number of consumer (user-type offences) and provider (supply-type offences) arrests made by the Australian Federal Police (AFP) and ACT local police. This report provides the number of arrests for each drug type from 1997/1998 to 2005/2006.
- ***Simple Cannabis Offence Notices (SCON).*** Data for this report on the number of SCON issued in the ACT from 1997/1998 to 2005/2006 were provided by the ACC.
- ***Drug withdrawal services.*** The number of clients participating in detoxification programs with the Arcadia House Withdrawal Centre is presented by quarter, for each drug type from 1997/1998 to 2006/2007. Assisting Drug Dependents Incorporated (ADDInc) provides these data.
- ***ACT Drug and Alcohol Program 'closed treatment episodes'.*** ACT Health provided information on the number of clients in closed treatment episodes (i.e. a period of contact with defined commencement and cessation dates, between a client and treatment agency) where heroin, amphetamines, cannabis, alcohol and cocaine were the principal drug of concern. Data in this report are presented for 2006/2007.
- ***Urine analysis data.*** Urine test data from methadone maintenance programs in the ACT were analysed by Australian Capital Territory Government Analytical Laboratory (ACTGAL) and provided by the ACT Health. This report presents data by quarter from October 2000 to June 2007 for morphine- and methamphetamine-positive test results.
- ***Non-fatal overdoses.*** The number of non-fatal overdoses in the ACT attended by the ACT Ambulance Service is presented. The data are provided by ACT Ambulance Service and include the number of non-fatal heroin overdoses per financial year and quarter 1998/1999 to 2006/2007.
- ***Hospital admissions.*** The 2006 IDRS study includes data on the number of hospital admissions due to opioids, methamphetamines, and cannabis among those aged 15 to 54

years from 1999/2000 to 2006/2007. These data are provided by the Australian Institute of Health and Welfare (AIHW).

- ***HIV, HBV and HCV surveillance data.*** Data pertaining to the prevalence of blood-borne viral infections (BBVI) in the ACT are derived from the *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia, Annual Surveillance Report 2007* and the *Australian NSP Survey National Data Report 2000-2007* provided by the National Centre in HIV Epidemiology and Clinical Research (National Centre in HIV Epidemiology and Clinical Research, 2005a, National Centre in HIV Epidemiology and Clinical Research, 2005b).
- ***Pharmacotherapy clients.*** The number of clients in pharmacotherapy (i.e. methadone and buprenorphine maintenance treatment) in the ACT as at 30<sup>th</sup> June 2006 is presented. The data are provided by the AIHW.

## 3.0 RESULTS

### 3.1 Overview of the regular IDU sample

A total of 101 regular IDU were interviewed in the ACT in 2007. The demographic characteristics of the sample are summarised in Table 2 below. In 2007, the mean age of the sample was 38 years (range 19-60 years, SD=8.5), and approximately two-thirds (68%) were male. There was no significant difference between the mean age of male and female respondents in the 2007 sample. Almost all of the respondents reported English as the main language spoken at home and 12% identified as Aboriginal and/or Torres Strait Islander.

The mean number of formal school years completed was 10 (range 3-12 years, SD=2.0). Thirty percent of participants reported that they had trade or technical qualifications, and 13% reported that they had university or other tertiary qualifications. The majority (77%) of participants interviewed in 2007 were unemployed, 8% were currently employed full-time and 12% were employed on a casual or part-time basis. The majority of respondents (75%) reported living in their own house or flat (includes renting).

In 2007, fifty-five percent of participants reported that they had a prison history. There was no significant difference between the proportion of males and females reporting a prison history in the 2007 ACT sample (61% versus 41% respectively,  $p>0.05$ ).

Fifty-nine percent of participants indicated that they were currently involved in some form of drug treatment. The most common form of drug treatment in the 2007 ACT sample was opioid maintenance treatment, with 71% of those in treatment engaged in methadone maintenance treatment and 17% in buprenorphine maintenance treatment. The mean length of time participants had been participating in their current treatment was 36 months (SD=80.7, range less than one month to 25 years). Of those respondents currently in treatment, 13% had been participating in treatment for six months or less, with the majority (87%) engaged in treatment for six months or more. A greater proportion of females (66%) than males (56%) in the 2007 sample were currently in some form of drug treatment; however, this difference was not significant ( $p>0.05$ ).

The majority of KE reports were consistent with participants, regarding demographics. Some KE have suggested that the demographics of IDU are much broader and include people from a lot of different professions and backgrounds.

**Table 2: Demographic characteristics of the IDU sample, 2006-2007**

	2006 N=100	2007 N=101
<b>Age</b> (mean years)	36	<b>38</b>
<b>School education</b> (mean years)	10	<b>10</b>
<b>Sex</b> (% male)	74	<b>68</b>
<b>Heterosexual</b> (%)	91	<b>86</b>
<b>Accommodation</b> (%)		
Own house/flat (includes renting)	76	<b>75</b>
Parent's/family house	1	<b>5</b>
Boarding house/hostel/refuge	12	<b>11</b>
No fixed address/homeless	9	<b>4</b>
<b>Employment</b> (%)		
Not employed	84	<b>77</b>
Full-time	6	<b>8</b>
Part-time/casual	7	<b>12</b>
Home duties	2	<b>0</b>
Student	1	<b>3</b>
<b>English main language spoken at home</b> (%)	100	<b>99</b>
<b>Aboriginal and/or Torres Strait Islander</b> (%)	10	<b>12</b>
<b>Tertiary education</b> (%)		
None	65	<b>56</b>
Trade/technical	23	<b>30</b>
University/college	12	<b>13</b>
<b>Currently in drug treatment</b> (%)	50	<b>59</b>
Methadone maintenance (%)	36	<b>42</b>
Buprenorphine maintenance (%)	11	<b>10</b>
<b>Prison history</b> (%)	48	<b>55</b>

Source: ACT IDRS IDU interviews, 2006-2007

### 3.2 Drug use history and current drug use

The injection histories of participants in the 2006 and 2007 samples are summarised in Table 3. The mean age of first injection was 19 years (SD=5.8, range 12-42 years). Half of the respondents (50%) reported amphetamines as the first drug injected, followed by heroin (46%). Heroin was the drug injected most often in the month prior to the interview (47%), an increase from 33% of respondents in 2006. Heroin was the last drug injected by 39% of respondents (compared to 30% in 2006), followed by crystal (26%, compared to 32% in 2006).

Heroin was nominated as the drug of choice for the majority of participants (55%) in 2007; this compared to 46% in 2006. Thirty percent of respondents' nominated methamphetamine as their drug of choice: 14% nominated crystal, 12% nominated speed and 4% nominated base as their drug of choice. Cannabis was nominated by 5% of IDU as their drug of choice.

In 2007, thirty-four percent of the sample reported a discrepancy between their drug of choice and the drug they injected most often in the previous month. Of those that reported a discrepancy (n=34), one-third (35%) reported this was due to the limited availability of their drug of choice, and 18% reported it was due to them currently being in treatment. The most common drugs used on the day prior to the interview were cannabis (56%), methadone (35%), alcohol (27%), heroin (26%) and benzodiazepines (25%). Seven percent of the sample had not used any drugs on the day prior to interview.

**Table 3: Injection history, drug preferences and polydrug use of IDU, 2006-2007**

<b>Variable</b>	<b>2006 N=100</b>	<b>2007 N=101</b>
<b>Age first injection</b> (mean years)	18	19
<b>First drug injected (%)</b>		
Heroin	46	46
Methamphetamine	49	50
Cocaine	3	2
Other opioids	0	2
Other	1	1
<b>Drug of choice (%)</b>		
Heroin	46	55
Cocaine	0	1
Methamphetamine		
<i>Speed</i>	7	12
<i>Base</i>	1	4
<i>Crystal</i>	26	14
Cannabis	9	5
Other	11	10
<b>Drug injected most often in last month (%)</b>		
Heroin	33	47
Cocaine	0	1
Methamphetamine		
<i>Speed</i>	13	7
<i>Base</i>	1	2
<i>Crystal</i>	33	22
Methadone	8	14
Other/have not injected in last month	12	8
<b>Most recent drug injected (%)</b>		
Heroin	30	39
Cocaine	0	1
Methamphetamine		
<i>Speed</i>	12	11
<i>Base</i>	0	1
<i>Crystal</i>	32	26
Methadone	8	13
Morphine	5	2
Other	13	8

**Source:** ACT IDRS IDU interviews, 2006-2007

The frequency of injection reported by participants in 2005 to 2007 is presented in Table 4. In 2007, one-quarter (27%) of the sample reported an injection frequency of one (12%) or two or more (15%) injections per day. In comparison, in 2006, approximately one-third (32%) of participants reported an injection frequency of one (15%) to two or more (17%) injections per day.

When the sample was divided into younger ( $\leq 25$  years of age) and older users ( $> 25$  years of age), a greater proportion of younger users reported injecting daily or more (58%) compared to older users (25%,  $p < 0.05$ ). When the sample was divided into male and female, the proportion of females (19%) reported injecting once or more per day was not significantly difference from the proportion of males (30%) who injected once or more per day ( $p > 0.05$ ).

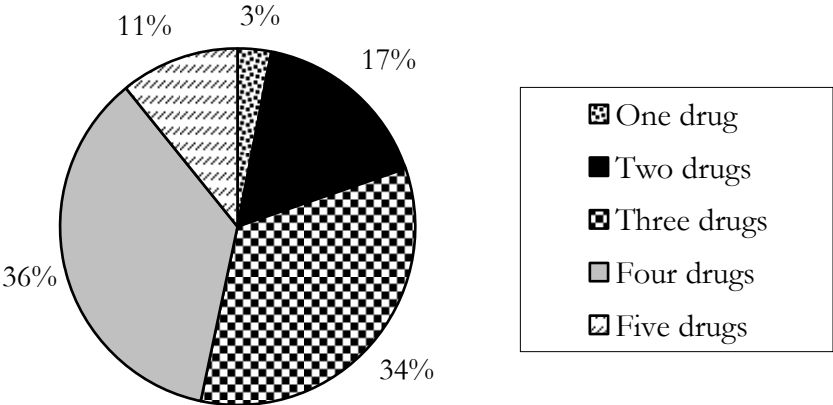
**Table 4: Frequency of injection among IDU according to age group in the ACT, 2005-2007**

	2005			2006			2007		
	$\leq 25$ n=25	$> 25$ n=100	Total N=125	$\leq 25$ n=14	$> 25$ n=85	Total N=100	$\leq 25$ n=7	$> 25$ n=94	Total N=101
<b>Frequency (%)</b>									
Weekly or less	28	22	23	36	32	33	43	23	25
Weekly-daily	32	49	46	21	38	35	0	52	49
Daily	0	8	6	14	15	15	29	11	12
2-3 times daily	28	15	18	21	11	12	29	11	12
3 or more times a day	12	3	5	7	5	5	0	3	3

**Source:** ACT IDRS IDU interviews, 2005-2007

Figure 1 summarises the poly-drug use of the 2007 sample. The five drug groups are heroin, methamphetamine, cocaine, cannabis and illicit pharmaceutical opioids (such as morphine, methadone, buprenorphine and oxycodone). As can be seen, just under half of the sample had used four or more of these drugs in the preceding six months, and one-third had used three drugs. This is indicative of the poly-drug use among this sample. Only a small minority (3%) had used only one of these main types of drugs in the preceding six months.

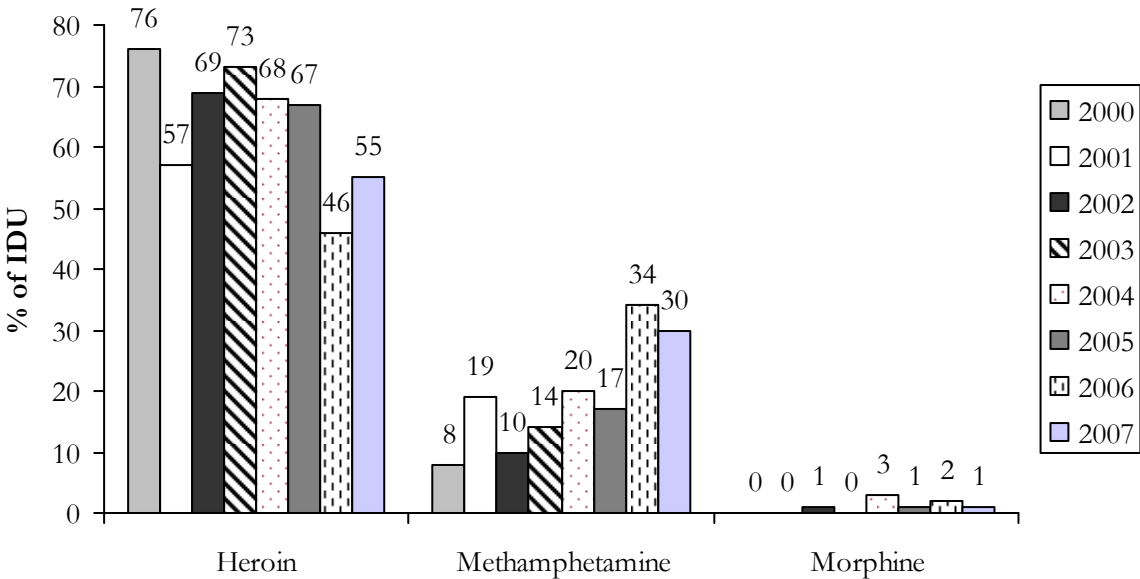
**Figure 1: Number of illicit drugs used by IDU, ACT, 2007.**



**Source:** ACT IDRS IDU interviews, 2007  
 NB: The five drug groups are heroin, methamphetamine, cocaine, cannabis and illicit pharmaceutical opioids (such as morphine, methadone, buprenorphine and oxycodone).

Trends over time for drug of choice are presented in Figure 2. Whilst there was a dramatic decrease in the amount of participants reporting heroin as their drug of choice in 2006, this has increased slightly in 2007 (from 46% in 2006 to 55% in 2007). In 2007, there was a corresponding slight decrease in the proportion of participants reporting methamphetamine (speed, base or crystal) as their current drug of choice, from 34% in 2006 to 30% in 2007. However, this is still slightly higher than 2005 and previous years. Specifically, 14% of participants nominated crystal as their drug of choice in 2007, a marked decrease from 26% in 2006. The proportion of respondents nominating morphine as their drug of choice has remained relatively stable and low, at around 1%.

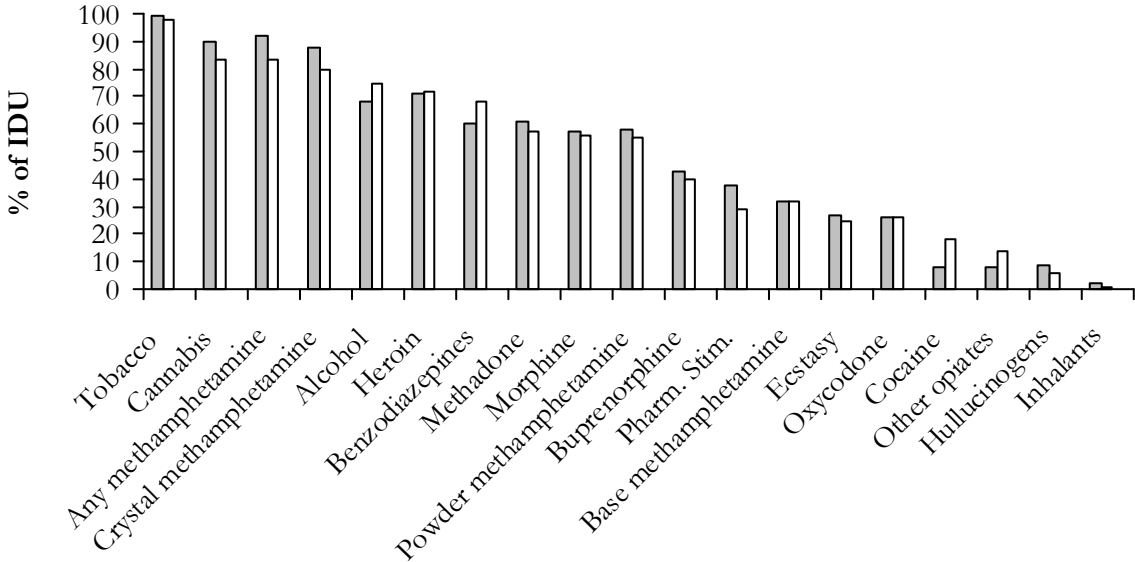
**Figure 2: Drug of choice of IDU interviewed, ACT, 2000-2007**



**Source:** ACT IDRS IDU interviews, 2000-2007

Figure 3 presents the drugs that participants were asked about and the proportion of participants who had used them in the preceding six months for 2006 and 2007. It must be noted that for morphine, methadone, buprenorphine, oxycodone and pharmaceutical stimulants, both licit and illicit use was included. ‘Illicit use’ refers to the use of someone else’s prescription. As can be seen from this figure, the main drugs used by the ACT sample in 2007 were tobacco (98%), cannabis (83%), crystal methamphetamine (80%), alcohol (75%) and heroin (72%). Whilst there was a decrease in the self-reported use of crystal in 2007, this was still higher than the use of heroin in the six months preceding interview, continuing the trend from the previous year.

**Figure 3: Recent drug use: percentage of IDU who had used each drug type in the last six months, 2006-2007**



**Source:** ACT IDRS IDU interviews, 2006-2007

KE interviewed in 2007 reported that poly-drug use was common among IDU. KE reported that heroin use was universal among IDU; however, many IDU were now more likely to be using crystal, due to the purity and availability of heroin. KE commented that almost all of the IDU they had contact with used cannabis. KE also indicated that there was a small population of IDU who also used ecstasy, and illicitly obtained prescription drugs: benzodiazepines, morphine, methadone and buprenorphine.

KE reports suggested that older users would only use another drug, other than their drug of choice, if the preferred drug was not available. In comparison, KE believed that younger users were less discriminating. KE interviewed believed poly-drug use, particularly among younger users (under 25 years of age), to be an issue of concern. In comparison to the older population, KE reported that younger users of heroin or methamphetamine were using multiple drugs and as a result were increasing the risk of injection-related health problems. Police and other KE also expressed their concern that younger female users were at risk due to the use of multiple drugs and that older dealers were taking sexual advantage of their younger female couriers.

Table 5 presents the drug use history of the 2007 sample, including frequency of drug use in the six months preceding interview, as well as the route of drug administration. The majority of respondents had used: alcohol (100%), heroin (99%), tobacco (98%), cannabis (98%), crystal methamphetamine (97%), and methamphetamine powder (97%), at least once in their lifetime. Tobacco (98%) was the most common drug used by participants in the six months preceding interview, followed by cannabis (83%) and crystal methamphetamine (80%). In terms of route of administration, crystal methamphetamine (78%), heroin (72%), and methamphetamine powder (55%) were the most common drugs recently injected by the sample in 2007. Just over one-fifth (21%) of participants reported smoking crystal in the six months preceding interview.

**Table 5: Poly-drug use history of the IDU sample, 2007**

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Heroin	99	99	72	48	49	4	22	3	25	4	72		48
Homebake heroin	65	63	29	4	8	3	2	1	6	2	29		4
<i>Any heroin (inc. homebake)</i>	99	99	76		49	5	23	3	27	4	76		
Methadone (prescribed)	72	52	28	48					71	44	44	180	180
Methadone (not prescribed)	68	58	32	10					27	7	33		12
Physeptone (prescribed)	19	10	0	-	0	0	0	0	12	1	1	14	14
Physeptone (not prescribed)	31	27	7	2	0	0	0	0	10	0	7		2
<i>Any methadone (inc. Physeptone)</i>	89	77	45	24					79	45	57		180
Buprenorphine (prescribed)	39	21	10	46.5	0	0	0	0	39	17	18	125	137.5
Buprenorphine (not prescribed)	41	39	28	10	2	1	0	0	8	6	28		11
<i>Any buprenorphine (exc. buprenorphine-naloxone)</i>	58	47	34	10	2	1	0	0	40	21	40		46.5
Buprenorphine-naloxone (prescribed)	9	2	2	10.5	1	0	0	0	9	7	7	60	60
Buprenorphine-naloxone (not prescribed)	7	4	3	21	0	0	0	0	4	4	6		11.5
<i>Any buprenorphine-naloxone</i>	14	6	5	20	1	0	0	0	11	10	12		22.5
Morphine (prescribed)	19	15	5	2	1	1	1	1	10	7	9		8
Morphine (not prescribed)	77	73	49	4	2	1	1	0	33	15	53		4
<i>Any Morphine</i>	80	77	50	4	2	1	1	0	37	19	56		4
Oxycodone (prescribed)	13	6	1	2	1	0	1	0	11	3	3		37
Oxycodone (not prescribed)	44	40	22	4.5	2	1	2	0	15	3	23		5
<i>Any oxycodone</i>	50	40	23	4	2	1	2	0	21	6	26		3.5
Other opioids (not elsewhere classified)	36	14	2	12.5	10	2	2	0	26	10	14		2.5

Source: ACT IDRS IDU interviews, 2007

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

+ Refers to/includes sublingual administration of buprenorphine

\* Among those who had used/injected

**Table 5: Poly-drug use history of the IDU sample, 2007 (continued)**

Drug class	Ever used %	Ever Injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Speed powder	97	97	55	10	16	4	38	3	33	4	55		10
Base/point/wax	54	54	32	6	3	0	4	1	9	2	32		6
Ice/shabu/crystal	97	96	78	15	33	21	3	1	12	6	80		15
Amphetamine liquid	35	33	2	3					7	0	2		3
<i>Any form methamphetamine#</i>	100	100	82	30	38	21	39	4	40	8	83		30
Pharmaceutical stimulants (prescribed)	6	5	2		0	0	0	0	4	0	2		90.5
Pharmaceutical stimulants (not prescribed)	42	37	25		0	0	2	0	21	10	28		5
<i>Any form pharmaceutical stimulants</i>	44	39	26	5	0	0	2	0	22	10	29		5
Cocaine	72	58	13	3	8	2	35	7	7	1	18		3
Hallucinogens	78	18	1	10	6	0	0	0	75	5	6		2.5
Ecstasy	72	40	10	2.5	2	1	7	0	64	20	25		2
Benzodiazepines (prescribed)	66	16	5	20	3	0	0	0	64	38	39		72
Benzodiazepines (not prescribed)	73	17	7	2	3	0	1	1	67	47	51		8
<i>Any form of benzodiazepines</i>	89	26	11	2	4	0	1	1	85	64	68		25
Alcohol	100	4	0	-					100	75	75		27
Cannabis	98										83		175
Inhalants	30										1		1
Tobacco	98										98		180

Source: ACT IDRS IDU interviews, 2007

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

+ Refers to/includes sublingual administration of buprenorphine

\* Among those who had used/injected

# Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Does not include pharmaceutical stimulants

## 4.0 HEROIN

In this section, the patterns of use, price, purity and availability of heroin are discussed. The figures about the heroin market refer to the 77 participants who commented on heroin trends in the ACT in 2007.

Seven KE reported that heroin was the primary drug of use amongst their contacts, with all KE able to comment on some aspects of price, purity and availability of heroin in the ACT in the six months preceding the interview.

### 4.1 Use

#### 4.1.1 Heroin use among participants

Heroin use remained stable in 2007. Heroin was nominated as the drug of choice for just over half of the participants in 2007 (55%), up from 46% in 2006, though still well below the levels from 2005 and 2004 (67% and 68% respectively). Forty-seven percent of respondents reported injecting heroin most often in the last month, compared to 33% in 2006, though still well below 66% in 2005; and 39% reported that it was the last drug they injected (compared to 30% in 2006 and 51% in 2005).

In 2007, heroin was the second most common illicit drug used (26%) on the day prior to the interview, a slight increase from 19% in 2006. However, this was markedly down from 41% reporting heroin use on the day prior to interview in 2005, and 53% in 2004 (Figure 4). In 2006, there was a marked decrease in the number of participants reporting heroin as their drug of choice, the drug most frequently injected and the drug which was injected last. When compared to the previous years, whilst 2007 has seen an increase in heroin in terms of such use, it has still not reached the levels which were seen in 2004 and 2005.

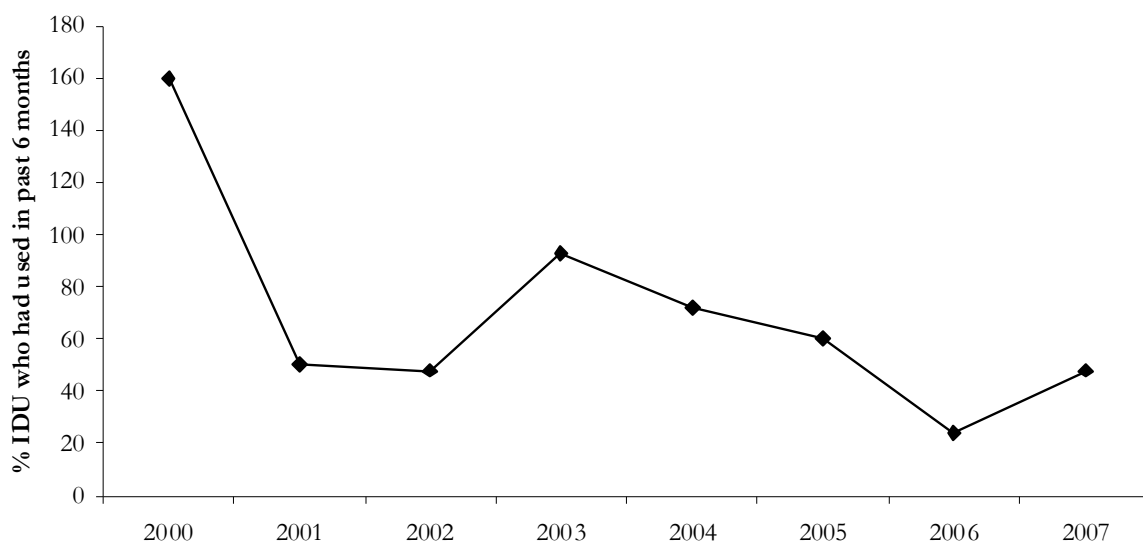
In 2007, two-thirds (63%) of participants reported that they had used homebake heroin at least once in their lifetime (an increase from 47% in 2006 and 41% in 2005). One-quarter (29%) reported the use of homebake heroin in the six months preceding interview, though still higher than 13% in 2006 and 7% in 2005. All who reported recent use of homebake heroin had injected it; however, 3% reported smoking, 1% reported snorting and 2% reported swallowing in the six months preceding interview. In 2006, the median days of use of homebake heroin was four days, a decrease from the median of 10 days reported in 2006. Four percent of participants who reported recent use of heroin stated that homebake heroin was the form they most used, consistent with the previous year.

#### 4.1.2 Current patterns of heroin use

Seventy-two percent of participants in 2007 reported having used heroin in the six months preceding interview (similar to 71% in 2006, though still down from 86% in 2005). All participants who had used heroin in the preceding six months reported injecting it. Just under half (49%) of those who had used heroin, reported they had smoked heroin at least once in their lifetime (61% in 2005), although only 4% had done so in the six months preceding the interview (compared to 7% in 2006).

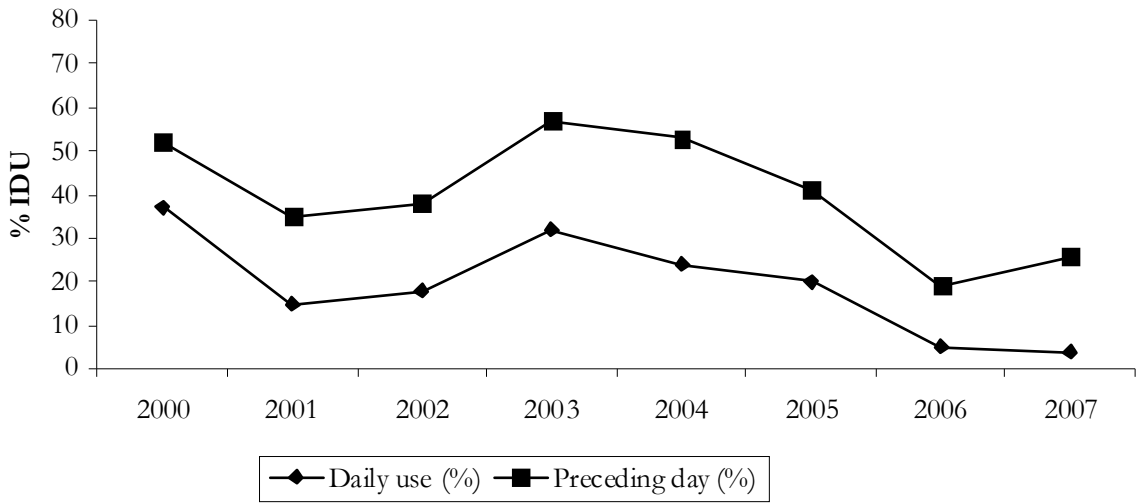
Of those participants who had used heroin in the six months prior to the interview, the median number of days of use during this period increased from 24 in 2006 (approximately once a week), to 48 in 2007 (approximately twice a week), though this was still markedly down from 2005 (60 days) and 2004 (73 days), see Figure 4.

**Figure 4: Median days of heroin use among participants who had used heroin in the preceding six months in the ACT, 2000-2007**



Source: ACT IDRS IDU interviews, 2000-2007

**Figure 5: Proportion of participants reporting daily heroin use in the last six months, and heroin use on the day preceding interview in the ACT, 2000-2007**



Source: ACT IDRS IDU interviews, 2003-2007

As can be seen in Figure 5, the proportion of participants reporting daily heroin use in the six months preceding interview has been decreasing from 2003 to 2006. However, in 2007, whilst daily use remained relatively stable, at 4% (5% in 2006, though this was down markedly from 20% in 2005), there was an increase in the proportion reporting use of heroin on the day prior to interview.

Among recent heroin users, 82% reported that they had used heroin powder which was white/off-white in colour (see Table 6). The next most common form used was white/off-white rock (34%). Interestingly though, a small minority reported that they had used brown heroin powder (12%) or brown heroin rock (17%) in the six months preceding interview. Just over one-third reported that they had used homebake heroin in the six months preceding interview. Seventy-nine percent of participants reported that white/off-white heroin was the most usual form of heroin they used, followed by white/off white rock (9%) and homebake heroin (5%).

**Table 6: Forms of heroin used and most common form used in the six months preceding interview, ACT, 2007**

Heroin Type	Proportion of IDU (%)*
<b>Used in past six months</b>	
Heroin powder	
White/off-white	82
Brown	12
Other colour	3
Heroin rock	
White/off-white	34
Brown	17
Other colour	7
Homebake	36
<b>Usual form used</b>	
Heroin powder	
White/off-white	79
Brown	3
Other colour	0
Heroin rock	
White/off-white	9
Brown	3
Other colour	1
Homebake	5

**Source:** ACT IDRS IDU interviews, 2007

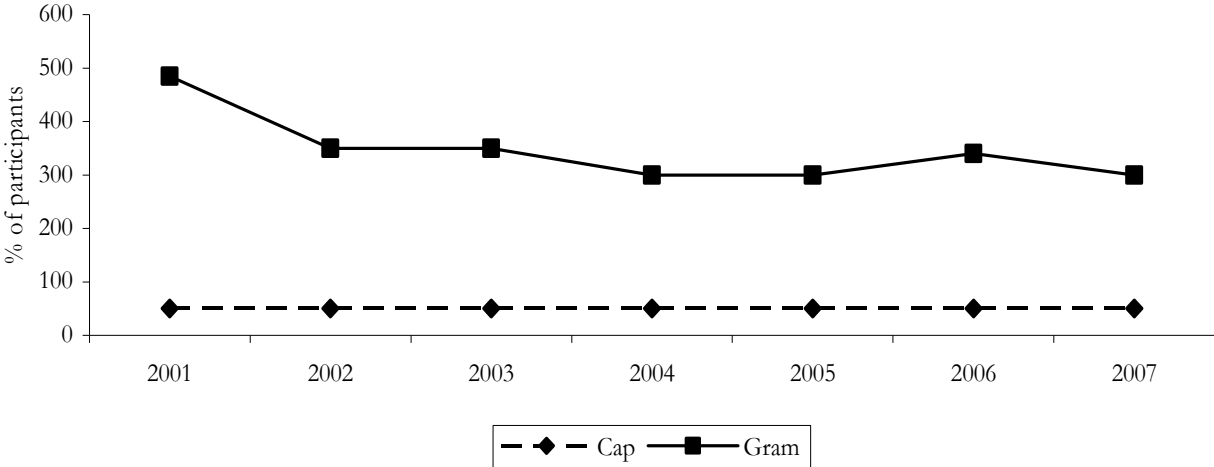
\* Amongst those who had used heroin in the past six months (n=77)

KE reports were consistent with participants' patterns of use. All KE reported that heroin was most likely injected, with a minority of KE reporting that smoking would occur amongst a small proportion of heroin users. The majority of KE reported that many heroin users were daily users, though this was not consistent with reports from participants, since only 4% were daily users. Other KE argued that use of heroin varied and relied on other aspects such as heroin purity, availability, and that if heroin was easily accessible and of high purity, many IDU would probably use heroin on a daily basis. This, however, was not how the heroin market operated. Furthermore, only two KE were able to comment on brown heroin and they stated that whilst it may have been available approximately 12 months ago, it was not that common recently.

## 4.2 Price

Figure 6 presents the reported median prices paid for heroin by participants in the ACT, in the six months prior to interview. The median reported prices for purchased values of heroin in 2007 were similar to the prices reported by participants in 2006. In 2007, the median price of a cap of heroin was reported to be \$50 (similar to 2006), and a gram was \$300 (a decrease from \$340 in 2006). The median price for a half-gram of heroin remained stable at \$170 in 2007. In 2006, quarter-grams of heroin were the most commonly purchased, followed by half-grams.

**Figure 6: Price of most recent heroin gram and cap purchased by participants, 2001-2007**



Source: ACT IDRS interviews, 2001-2007

Table 7 presents participant reports of changes in the price of heroin in the six months preceding the interview. Consistent with purchase prices, the majority (82%), commenting on heroin trends in 2007, reported that the price had remained stable in the six months preceding the interview. This finding was consistent with the previous year, with 65% of participants in 2006 reporting heroin prices to have remained stable in the ACT. A small proportion of participants believed the price of heroin to have increased (8%; similar in 2006) or fluctuated (3%; 6% in 2006). A much smaller proportion of participants in the 2007 sample reported that the price of heroin was decreasing (1%, compared to 13% in 2006).

Of the KE interviewed in 2007, four were able to comment regarding the price of heroin. Two KE reported that the price per cap of heroin was \$50 (another called it a \$50 deals and another \$50 hit). One reported that the price for a quarter of a gram was \$80-100. Two reported on a half a gram, one reported it was \$150 and another KE reported it to be \$100 for a half a gram. This is consistent with reports from IDU. Four KE reported that the price of heroin had remained stable in the preceding six months, which was also consistent with reports from IDU.

**Table 7: Participants' reports of heroin price changes in the last six months, 2006-2007**

	2006 N=100	2007 N=101
<b>Did not respond (%)</b>	20	24
<b>Did respond (%)</b>	80	76
<b>Of those that responded (%)</b>	n=80	n=77
<i>Increasing (%)</i>	8 (6% entire sample)	<b>8 (6% of entire sample)</b>
<i>Stable (%)</i>	65 (52% entire sample)	<b>82 (62% of entire sample)</b>
<i>Decreasing (%)</i>	13 (10% entire sample)	<b>1 (1% of entire sample)</b>
<i>Fluctuating (%)</i>	6 (5% entire sample)	<b>3 (2% of entire sample)</b>
<i>Don't know (%)</i>	9 (7% entire sample)	<b>7 (5% of entire sample)</b>

**Source:** ACT IDRS IDU interviews, 2006-2007

### 4.3 Availability

Table 8 presents participant reports of the current availability of heroin in the ACT. The majority of participants who commented on the availability of heroin in the ACT reported that heroin was 'easy' (47% compared to 36% in 2006) to 'very easy' (40% compared to 30% in 2006) to obtain in the ACT. In 2007, the proportion of participants reporting that heroin was 'difficult' to obtain decreased from 20% in 2006 to 8%. No participants reported that heroin was 'very difficult' to obtain in 2007.

**Table 8: Participants' reports of heroin availability in the past six months, 2006-2007**

	2006 N=100	2007 N=101
<b>Current availability</b>		
Did not respond* (%)	20	24
Did respond (%)	80	77
<i>Of those who responded:</i>		
Very easy (%)	30 (24% of entire sample)	<b>40 (31% of entire sample)</b>
Easy (%)	36 (29% of entire sample)	<b>47 (36% of entire sample)</b>
Difficult (%)	20 (16% of entire sample)	<b>8 (6% of entire sample)</b>
Very difficult (%)	4 (3% of entire sample)	<b>0 (0% of entire sample)</b>
Don't know*	10 (8% of entire sample)	<b>5 (4% of entire sample)</b>
<b>Availability change over the last six months</b>		
Did not respond* (%)	20	24
Did respond (%)	80	77
<i>Of those who responded:</i>		
More difficult (%)	23 (18% of entire sample)	<b>5 (4% of entire sample)</b>
Stable (%)	45 (36% of entire sample)	<b>74 (56% of entire sample)</b>
Easier (%)	9 (7% of entire sample)	<b>9 (7% of entire sample)</b>
Fluctuates (%)	11 (9% of entire sample)	<b>1 (1% of entire sample)</b>
Don't know^ (%)	13 (10% of entire sample)	<b>10 (8% of entire sample)</b>

**Source:** ACT IDRS IDU interviews, 2006-2007

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

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

Participants were asked to comment on changes in the availability of heroin in the ACT in the six months prior to interview (see Table 8). In 2007, the vast majority of participants believed heroin availability to have remained stable (74%) a marked increase from 45% in 2006. Only small proportions reported that heroin availability had become 'more difficult' (5%) or 'easier' (9%).

In 2007, the majority (55%) of participants who reported purchasing heroin in the six months prior to interview bought it from a known dealer. Forty-four percent obtained heroin through friends and approximately one-quarter obtained heroin from a mobile dealer (24%) or a street dealer (20%). The most common places for purchasing heroin were agreed public locations (59%), home delivery (30%), dealer's home (21%) and friend's home (20%).

KE generally supported the information that was provided by the IDU about the availability of heroin in the ACT. KE believed heroin to be currently 'easy' to 'very easy' to obtain, although two KE pointed out that this was for people already in the drug market; it would not be easy for a person not involved in the market to obtain heroin, and that heroin availability had remained stable in the past six months.

## 4.4 Purity

Participants were asked to comment on the perceived purity of heroin in the ACT (see Table 9). In 2007, the majority (60%) of participants commenting on heroin in the ACT perceived it to be of ‘medium’ (36%) or ‘low’ purity (31%), a decrease from the 60% of participants in the 2006 sample who reported current purity of heroin to be low. Sixteen percent reported current purity to be ‘high’, compared to only 3% in 2006.

**Table 9: Participants’ perceptions of heroin purity in the past six months, 2006-2007**

	2006 N=100	2007 N=101
<b>Current purity</b>		
Did not respond* (%)	20	24
Did respond (%)	80	77
<i>Of those who responded:</i>		
High (%)	3 (2% of entire sample)	16 (12% of entire sample)
Medium (%)	25 (20% of entire sample)	36 (28% of entire sample)
Low (%)	60 (48% of entire sample)	31 (24% of entire sample)
Fluctuates (%)	5 (4% of entire sample)	9 (7% of entire sample)
Don’t know^ (%)	8 (6% of entire sample)	8 (6% of entire sample)
<b>Purity change over the last six months</b>		
Did not respond* (%)	20	24
Did respond (%)	80	77
<i>Of those who responded:</i>		
Increasing (%)	9 (7% of entire sample)	17 (13% of entire sample)
Stable (%)	21 (17% of entire sample)	34 (26% of entire sample)
Decreasing (%)	48 (38% of entire sample)	22 (17% of entire sample)
Fluctuating (%)	14 (11% of entire sample)	16 (12% of entire sample)
Don’t know^ (%)	9 (7% of entire sample)	12 (9% of entire sample)

**Source:** ACT IDRS IDU interviews, 2006-2007

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

^ ‘Don’t know’ refers to participants who were able to respond to survey items on price and/or availability of cocaine, but had not had enough contact with users/dealers, or had not used a sufficient number of times to feel confident responding to items concerning purity

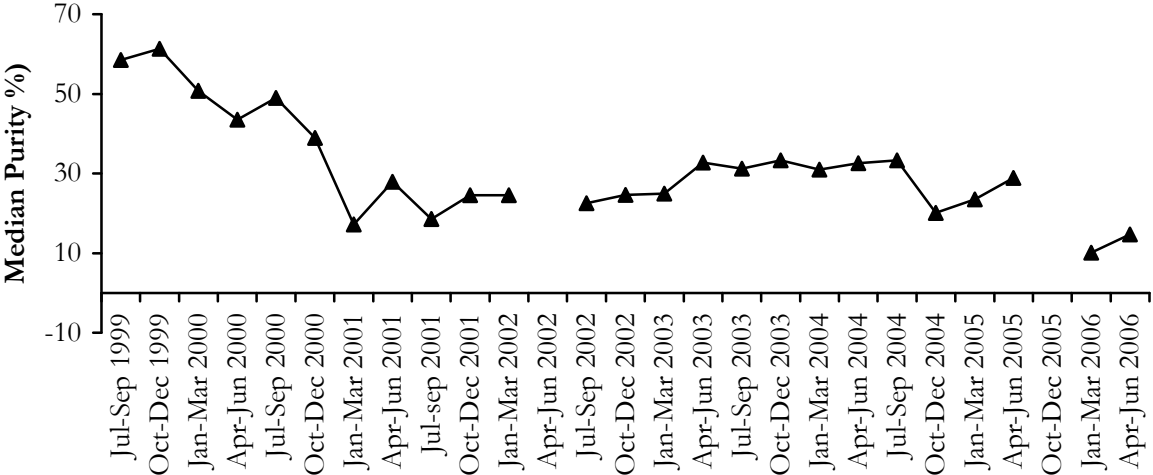
A smaller proportion of participants reported that the current purity of heroin was decreasing in 2007 compared to 2006: 48% in 2006, to 22% in 2007. Approximately, one-third (34%) reported that current purity was stable (compared to 21% in 2006). Almost one-fifth (17%) of participants reported that heroin purity was increasing in the six months preceding interview, compared to one in ten (9%) in 2006 (see Table 9).

Six KE commented specifically on the purity of heroin. One KE reported that the purity of heroin in the ACT was medium; one reported it was low and one reported it was high. Three KE reported that heroin purity fluctuates and that heroin purity had increased and was considered

high a month or so before the KE interview took place. KE reported that the purity of heroin in the ACT had remained stable in the preceding six months.

Figure 7 presents data on the purity of heroin seizures made by ACT local police, by quarter, from July 1999 to June 2006. In 2005 to 2006, the median purity of heroin seized in the ACT was 27.4% in the July-September quarter, decreasing to the lowest purity since data was presented to 10.1% in the January-March quarter of 2006, and remaining stable at around 14% in April-June in 2006 (there were no data available for the October-December quarter in 2005). As can be seen in Figure 7, the median purity of heroin peaked in the October-December quarter of 1999. Corresponding with the heroin shortage, the purity of heroin in the ACT decreased to 17% in the January-March quarter of 2001. In 2006, the ACT IDRS reported a decline in heroin use amongst participants and indicated that this may be associated with heroin purity at that time. This now seems to be supported by heroin purity seizures in 2005/2006. Data were not available at the time of printing for more recent seizure purity estimates.

**Figure 7: Median purity of heroin seizures by ACT local police, July 1999 to June 2006**



**Source:** ABCI (2000-2002) ACC (2003-2006)  
 NB: Data not available for the April-June quarter of 2002, and from July-September 2006 to April-June 2007

**4.5 Summary of heroin trends**

It appears as though the decline of the heroin market in 2006 was not sustained in 2007. Whilst the proportion reporting heroin use, daily use and median price has remained stable in 2007, other aspects such as median days used, heroin purity and availability have returned to 2004-2005 levels.

Table 10 summarises the trends in price, purity, availability and use of heroin from 2006 to 2007. As can be seen in the table, the price of a cap of heroin remained stable from 2006 to 2007 and the price of a gram of heroin decreased slightly from \$340 to \$300, consistent with 2005. As was the case in 2006, in 2007, heroin was reported to be ‘easy’ to ‘very easy’ to obtain; however, the number of participants reporting it to be ‘easy’ to ‘very easy’ to obtain increased from 66% in 2006 to 87% in 2007, returning to 2005 levels. Availability remained stable according to participants. The majority of participants reported the current purity of heroin to be ‘medium’

(36%) to 'low' (31%), compared to 60% who reported heroin purity to be low in 2006. Data obtained from the ACC were consistent with participants' reports of heroin purity in 2006.

**Table 10: Summary trends on heroin use, price, purity, and availability, ACT, 2006-2007**

<b>Use</b>	<ul style="list-style-type: none"> <li>• 72% of participants sample used heroin in the six months preceding interview, compared to 71% in 2006</li> <li>• Median days of heroin use among participants in the preceding six months was 48 days, an increase from 24 days reported in 2006</li> <li>• 4% of participants reported daily heroin use, similar to 5% in 2006</li> <li>• Most usual form used was white/off-white powder (79%), although there were some reports of brown heroin powder (12%) and rock (17%)</li> </ul>
<b>Price (median)</b>	<ul style="list-style-type: none"> <li>• Cap: stable at \$50 in 2006 and 2007</li> <li>• Gram: \$300 in 2007, down from \$340 in 2006</li> <li>• Participant reports indicate the price of heroin in the ACT is stable in 2007</li> </ul>
<b>Availability</b>	<ul style="list-style-type: none"> <li>• 'Easy' (47%) to 'very easy' (40%) to obtain</li> <li>• Availability stable (74%)</li> </ul>
<b>Purity</b>	<ul style="list-style-type: none"> <li>• IDU interviewed in 2007 reported purity to be 'medium' (36%) to 'low' (31%), compared to the 60% of participants who reported heroin to be 'low' in 2006</li> </ul>

**Source:** ACT IDRS IDU interviews, 2006-2007

## 5.0 METHAMPHETAMINE

The 2007 IDRS questionnaire collected data on three different forms of methamphetamine: methamphetamine powder or 'speed', base methamphetamine or 'base', and crystal methamphetamine or 'crystal'. Differentiating between speed, base and crystal ensures that any differences in the price, purity and availability of each individual form of methamphetamine can be observed and monitored over time.

In 2007, sixty-three percent of the entire sample were able to comment on trends in the price, purity, availability and use of speed. A smaller proportion of participants were able to comment on base (25%). Eighty-one percent of the sample were able to comment of crystal trends.

There were eight KE who were able to report that methamphetamine was the primary drug of use amongst their contacts. All KE indicated that the most commonly used form, and the one that they would be reporting information upon, was crystal. Out of the eight KE reporting on methamphetamine, all KE were able to comment on some aspects of price, purity and availability in the ACT over the last six months.

### 5.1 Use

#### 5.1.1 Methamphetamine use among participants

##### *Any methamphetamine*

In 2007, all participants reported using some form of methamphetamine (i.e. speed, base, crystal, amphetamine liquid) at least once in their lifetime. Eighty-three percent of participants reported using some form of methamphetamine in the six months preceding the interview, down from 92% in 2006. All participants reported having injected some form of methamphetamine at least once in their lifetime, similar to 98% in 2006. Roughly four in ten reported having ever smoking (38%), snorting (39%) or swallowing (40%) some form of methamphetamine in their lifetime.

##### *Powder methamphetamine*

Ninety-seven percent of participants reported using speed in their lifetime. This was an increase from 89% in 2006. Again, 97% reported having injected speed in their lifetime, up from 87% in 2006. Approximately, one-third reported that they had snorted (39%) or swallowed (33%) speed in their life. Ninety-three percent of participants reported having ever used crystal, compared to 82% in the previous year. A smaller proportion of respondents reported having ever used base (58%; 40% in 2005).

### ***Base methamphetamine***

Just over half (54%) reported ever having used base, similar to 58% in 2006. Furthermore, similar proportions reported having ever injected base (54%, similar to 56% in 2006). Other routes of administration for base use were relatively uncommon, with 3% reporting having ever smoked, 5% ever snorting and 9% ever swallowing. This is similar to the proportions reported in 2006 (6%, 3% and 9% respectively).

### ***Crystal methamphetamine***

Ninety-seven percent of participants reported having ever used crystal, a slight increase from 93% in 2006. Ninety-six percent of participants reported having ever injected crystal, similar to 93% in 2006. One-third of participants reported that they had ever smoked crystal, down from 44% in 2006. The other routes of administration were much less frequent with only 3% reporting having ever snorting crystal (8% in 2006) and 12% reporting ever swallowing (10% in 2006).

## **5.1.2 Current patterns of methamphetamine use**

### ***Any methamphetamine***

In 2007, eighty-three percent of participants reported the use of any methamphetamine in the six months preceding interview, this was a decrease from 92% in 2006. The most common route of administration was injecting (100%, the same as the previous year). One-fifth (21%) of participants reported that they had smoked any form of methamphetamine in the preceding months, compared to over one-third (37%) in 2006. Much smaller proportions reported snorting (4%, down from 11% in 2006) or swallowing (8%, similar to 9% in 2006). Median days of use for any methamphetamine was 30, similar to 2006. Any form of methamphetamine was the most common drug reported to be the first drug ever injected (50%, this was similar to 49% in 2006). Out of the three forms of methamphetamine, crystal was the form most used (74%), followed by speed (22%), and base (5%).

### ***Powder methamphetamine***

Fifty-five percent of participants reported the use of speed in the six months preceding interview (this was similar to 58% in 2006, see Figure 8). The most common route of administration was injection, which was reported by all participants who had recently used speed (this was similar to 2006, whereby 99% of recent speed users had injected speed). Small proportions reported smoking (4%; 3% in 2006), snorting (3%; 6% in 2006) and swallowing (4%; 3% in 2006) speed in the preceding six months. Median days of use and injection was 10 days, same as 2006, just under fortnightly use. There were no reports of the daily use of speed. Forty-eight percent reported that speed was the first drug ever injected, 7% reported speed as the most common drug they injected (down from 13% in 2006), 11% reported speed as the most recent drug injected (similar to 12% in 2006) and 7% reported that they had used speed on the day prior to interview (down from 12% in 2006). Twelve percent reported speed was their drug of choice; this was up from 7% in 2006.

### ***Base methamphetamine***

Just under one-third (32%) reported the recent use of base (similar to 2006, 32%, see Figure 8). Injection was the most common route of administration and all recent base users reported injecting base in the six months preceding interview (this was similar to 2006). One percent reported recently snorting and 2% swallowing (again similar to 2006). There were no reports of smoking base in the six months preceding interview (2% in 2006). Median days of use and injecting was six (4.5 in 2006), approximately once a month. One participant reported they had injected base daily. Two participants reported that base was the most common drug injected and the last drug injected (similar to one and none respectively in 2006). One participant reported they had used base on the day preceding interview. There were no reports that base was the first drug injected. Four percent of participants nominated base as their drug of choice (1% in 2006).

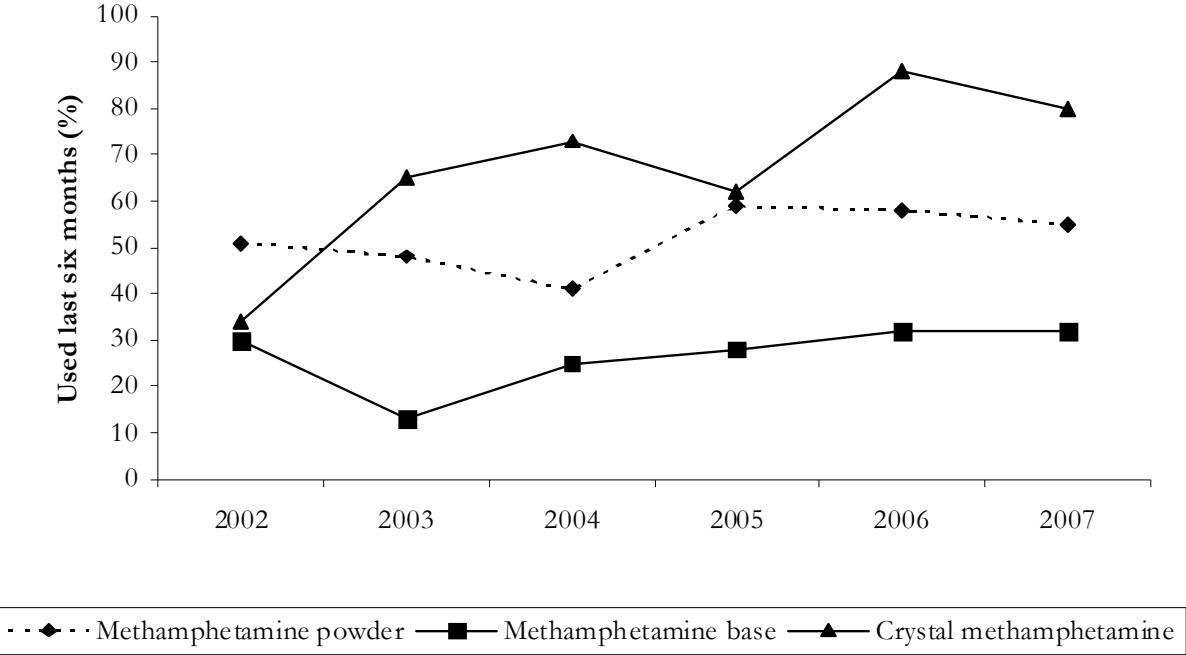
### ***Crystal methamphetamine***

Eighty percent of participants reported the recent use of crystal (down from 88% in 2006, as can be seen in Figure 8). Nearly all (98%) of participants who had recently used crystal had done so by injection (100% in 2006). Unlike other forms of methamphetamine, whereby injection is the only main route of administration, one-fifth (21%) of participants reported that they had recently smoked crystal. However, this was down from 35% in 2006. Smaller proportions reported snorting (1%; 5% in 2006) and swallowing (6%; 6% in 2006) crystal in the six months preceding interview. Median days of use and injection were 15 days (similar to 15.5 days in 2006). Therefore, crystal users were using fairly infrequently, approximately just over once a fortnight. Three participants reported daily use of crystal. Crystal was the first drug injected by 2% of participants, the drug injected most often in the last month by 22% (down from 33% in 2006), the last drug injected by 26% (32% in 2006) and used by 14% of participants on the day before interview (markedly down from 32% in 2006). Crystal was nominated as the drug of choice by 14% of the sample, a decrease from 26% in 2006.

### ***Liquid amphetamine***

In 2007, whilst 35% of participants reported that they had used liquid amphetamine at least once in their lifetime; only 2% reported the recent use of liquid amphetamine. Due to the low numbers liquid amphetamine will not be reported on in any more detail.

**Figure 8: Proportion of participants reporting methamphetamine use in the past six months in the ACT, 2002-2007**



Source: ACT IDRS IDU interviews, 2002-2007

KE reports were consistent with participants’ use patterns. All KE reported that crystal was the predominant form of methamphetamine amongst users. There was much less use of the other forms, especially base. Like heroin, KE were not consistent with participants when reporting on frequency of use, with many KE arguing that IDU use crystal daily, whereas amongst the IDRS sample only three participants reported that they had used crystal daily in the six months preceding interview. Some KE reported that many used crystal in a binge fashion and then had a few days coming down which was facilitated by other drugs such as heroin, benzodiazepines, and cannabis. All KE reported that crystal was injected, with a further few KE reporting that some may also smoke crystal.

**5.2 Price**

The median prices reported in 2006 and 2007 for each form of methamphetamine are presented in Table 11 and reports of changes in price are reported in Table 12.

**5.2.1 Methamphetamine powder**

The median price of a gram of speed purchased by participants increased from \$175 in 2006 to \$235 in 2007. The median price of a ‘point’ (0.1 grams) of speed remained stable at \$50. The median price for a ‘half-weight’ (0.5 grams) was reported to be \$150, the same for 2006. The median price of an ‘eight-ball’ (3.5 grams) decreased from \$1,000 in 2006 to \$700 in 2007; however, there were only small numbers (n=3 and n=5 respectively) reporting on this, so results must be interpreted with caution.

The most common amount of speed purchased was a point, with 57% of participants who commented on speed reporting that they had bought a point of speed in the six months preceding interview. The next most common amount purchased in the six months preceding interview were 'half-weights' (0.5 grams), with 30% of those commenting on speed making recent purchases of this amount.

Of those participants that commented on speed in 2007, sixty-seven percent believed the price to be stable, in comparison to 63% of participants in 2006. A small proportion of respondents in 2007 believed that the price of speed was increasing (11%, similar to 2006).

### **5.2.2 Base methamphetamine**

The median price of a gram of base purchased by participants in 2007 was \$100, compared to \$250 in the previous year; however, it should be noted that figures are based on a small number of participants (n=6 and n=5, respectively) that purchased this amount. The median price of a point (0.1 grams) of base remained stable at \$50. Findings indicate that base was most commonly purchased in points by participants in the ACT in 2007.

Of those that commented on base in 2007, the majority (64%) reported the price to have remained stable in the six months preceding interview, an increase from 57% in 2006. A small proportion believed that the price of base was decreasing (16%).

### **5.2.3 Crystal methamphetamine**

The median price of a gram of crystal purchased by participants in 2007 was \$380, comparable to \$410 in 2006. A point (0.1 grams) of crystal remained stable at \$50. The median price of a 'half-weight' (0.5 grams) was reported to be \$250, an increase from \$200 in 2006. The most common amount of crystal purchased was a point, with 72% of participants, who commented on crystal, reporting that they had bought this amount in the past six months. The next most common amount purchased in the six months preceding interview were 'half-weights' (0.5 grams) with 32% of those commenting on crystal making recent purchases.

Of those that commented on crystal in 2007, the majority (67%) reported the price to have remained stable in the six months preceding the interview, similar to 63% in 2006. A small proportion believed that the price of crystal had increased (22%; 16% in 2006).

Six KE were able to comment on the price of crystal. Two KE reported that the price of a point of crystal was approximately \$90. Four reported that it was \$50 a point, and one KE reported that \$50 could buy half a point. Half a gram was reported to be between \$200 and \$500, a gram \$350-500 and an ounce \$5,400-6,000. Four KE reported that the price had remained stable over the six months preceding interview, all other KE were unable to comment on the price change of crystal.

**Table 11: Price of most recent methamphetamine purchases by participants, 2006-2007**

<b>Amount</b>	<b>Median price*</b> \$	<b>Range*</b> \$	<b>Number of purchasers*</b>
<i>Speed powder</i>			
Point (0.1 gram)	50 (50)	10-50 (25-50)	36 (29)
'Half-weight' (0.5 grams)	150 (150)	100-250 (50-220)	19 (14)
Gram	235 (175)	50-500 (50-350)	10 (8)
'Eight-ball' (3.5 grams)	700 (1,000)	350-1,200 (600-1,200)	5 (3)
<i>Base</i>			
Point	50 (50)	20-50 (30-50)	14 (10)
'Half-weight' (0.5 grams)	150 (150)	80-170 (150-250)	11 (4)
Gram	100 (250)	50-200 (150-300)	6 (5)
'Eight-ball' (3.5 grams)	700 (400)	100-900 (250-450)	3 (2)
<i>Crystal</i>			
Point (0.1 gram)	50 (50)	25-80 (30-50)	59 (54)
'Half-weight' (0.5 grams)	250 (200)	120-300 (150-300)	26 (24)
Gram	380 (410)	50-500 (250-500)	11 (16)
'Eight-ball' (3.5 grams)	1,100 (1,300)	500-1,350 (600-1,400)	9 (4)

Source: ACT IDRS IDU interviews, 2006-2007

\* 2006 data are presented in brackets

**Table 12: Participants' reports of methamphetamine price changes in the last six months in the ACT, 2006-2007**

	2006 N=100	2007 N=101
<i>Methamphetamine powder</i>		
<b>Did not respond (%)</b>	38	38
<b>Did respond (%)</b>	62	62
<b>Of those that responded (%)</b>	n=62	n=63
<i>Increasing (%)</i>	11 (7% entire sample)	11 (7% entire sample)
<i>Stable (%)</i>	63 (39% entire sample)	67 (42% entire sample)
<i>Decreasing (%)</i>	13 (8% entire sample)	8 (5% entire sample)
<i>Fluctuating (%)</i>	5 (3% entire sample)	10 (6% entire sample)
<i>Don't know (%)</i>	8 (5% entire sample)	5 (3% entire sample)
<i>Base methamphetamine</i>		
<b>Did not respond (%)</b>	79	75
<b>Did respond (%)</b>	21	25
<b>Of those that responded (%)</b>	n=21	n=25
<i>Increasing (%)</i>	5 (1% entire sample)	12 (3% entire sample)
<i>Stable (%)</i>	57 (12% entire sample)	64 (16% entire sample)
<i>Decreasing (%)</i>	10 (2% entire sample)	16 (4% entire sample)
<i>Fluctuating (%)</i>	14 (3% entire sample)	0 (0% entire sample)
<i>Don't know (%)</i>	14 (3% entire sample)	8 (2% entire sample)
<i>Crystal methamphetamine</i>		
<b>Did not respond (%)</b>	16	19
<b>Did respond (%)</b>	84	81
<b>Of those that responded (%)</b>	n=84	n=82
<i>Increasing (%)</i>	16 (13% entire sample)	22 (18% entire sample)
<i>Stable (%)</i>	63 (53% entire sample)	67 (55% entire sample)
<i>Decreasing (%)</i>	10 (8% entire sample)	7 (6% entire sample)
<i>Fluctuating (%)</i>	10 (8% entire sample)	0 (0% entire sample)
<i>Don't know (%)</i>	2 (2% entire sample)	4 (3% entire sample)

Source: ACT IDRS IDU interviews, 2006-2007

## 5.3 Availability

Participants were asked to comment on the current availability, as well as any changes in availability, of the different methamphetamine forms in the ACT in 2007. Findings are presented separately for powder, base and crystal in Table 13.

### 5.3.1 Methamphetamine powder

Of those that commented on the current availability of speed (n=63), the majority reported it to be 'easy' (41%) to 'very easy' (40%) to obtain. In comparison, in 2006, 53% of those commenting on speed believed it to be 'easy' to obtain and 32% reported it to be 'very easy'. Two percent of the participants in the 2007 sample perceived speed to be 'very difficult' to obtain in the ACT.

Approximately two-thirds (67%) of the participants commenting on speed thought that the availability had remained stable in the six months prior to interview, a slight increase from 58% in 2006. Eleven percent of the 2007 sample reported that the availability of speed had become 'more difficult' over the preceding six months (comparable to 7% in 2006). Eight percent reported speed availability had become easier, a decrease from 16% in 2006.

Participants who bought speed (n=51) reported they obtained it through: friends (59%; 42% in 2006), known dealers (37%; 44% in 2006), and from street dealers (16%; 21% in 2006). The most commonly reported places of speed purchases were at an agreed public location (43%; 35% to 2006), a friend's house (35%; 39% in 2006), and dealer's home (35%; 31% in 2006).

### 5.3.2 Base methamphetamine

The majority of participants in 2007 reported base to be 'easy' (36%, down from 41% in 2006) to 'very easy' (32%; 27% in 2006) to obtain. There was an increase in the proportion of participants who reported that base was 'difficult' to obtain, from 18% in 2006 to 28% in 2007. There were no reports that base was 'difficult' to obtain. Just fewer than half the sample (48%) reported that base availability had remained stable in the six months preceding interview; this was a slight decrease from 55% in 2006. Equal proportions (16%) reported that base had become more difficult and easier to obtain. These mixed reports may be due to the low numbers reporting on base, so results should be interpreted with caution.

Among those who had purchased base (n=23) in 2007, sixty-one percent reported that they purchased base through friends (22% in 2006) and 44% through a known dealers (72% in 2006). Furthermore, 48% of participants who purchased base reported they did so at an agreed public location (48% in 2006), 35% from a dealer's home (39% in 2006) and equal proportions (30%) reported that they obtained it through from home delivery (5% in 2006) or a friend's home (22% in 2006).

### 5.3.3 Crystal methamphetamine

Of those that commented on the current availability of crystal (n=81), the majority reported it to be 'easy' (42% similar to 2006) to 'very easy' (44%; 50% in 2006) to obtain in the ACT. Only one person perceived crystal to be 'very difficult' to obtain in the ACT.

KE reports were consistent with participants: six KE reported that the current availability of crystal was 'very easy' to obtain in the ACT in the preceding six months. Two KE reported that it was 'easy' to obtain.

In 2007, fifty-four percent of the participants commenting on crystal reported that availability had remained 'stable' in the six months preceding the interview, similar to the 51% in 2006. There was a decrease in the proportion of participants reporting crystal had become 'easier' to obtain, from 31% in 2006 to 13% in 2007. Furthermore, there was a corresponding increase in the proportion of participants reporting that crystal had become 'more difficult' to obtain, from 6% in 2006 to 20% in 2007. Consistent with participant reports, three KE reported that the availability of crystal had remained stable in the ACT in the preceding six months and three KE believed that it might have become easier to obtain.

Nearly two-thirds of the participants who reported that they bought crystal (n=73) claimed they obtained it through friends (62%, up from 48% in 2006). Forty-five percent reported that they obtained crystal through known dealers (47% in 2006) and 14% claimed they obtained crystal from a street dealer (down from 21% in 2006). The most common places for purchasing crystal were an agreed public location (41%, down from 48% in 2006), at a friend's house (38%; 33% in 2006) or a dealer's home (32%, down from 37% in 2006).

**Table 13: Participants' reports of methamphetamine availability in the past six months, 2006-2007**

	Powder		Base		Crystal	
	2006 (N=100)	2007 (N=101)	2006 (N=100)	2007 (N=101)	2006 (N=100)	2007 (N=101)
<b>Current availability</b>						
Did not respond* (%)	38	38	78	75	16	19
Did respond (%)	62	62	22	25	84	81
<i>Of those who responded:</i>	n=62	n=63	n=22	n=25	n=84	n=82
Very easy (%)	32 (20% entire sample)	40 (25% entire sample)	27 (6% entire sample)	32 (8% entire sample)	50 (42% entire sample)	44 (36% entire sample)
Easy (%)	53 (33% entire sample)	41 (26% entire sample)	41 (9% entire sample)	36 (9% entire sample)	42 (35% entire sample)	42 (34% entire sample)
Difficult (%)	7 (4% entire sample)	13 (8% entire sample)	18 (4% entire sample)	28 (7% entire sample)	7 (6% entire sample)	11 (9% entire sample)
Very difficult (%)	3 (2% entire sample)	2 (1% entire sample)	0 (0% entire sample)	0 (0% entire sample)	0 (0% entire sample)	1 (1% entire sample)
Don't know^ (%)	5 (3% entire sample)	5 (3% entire sample)	14 (3% entire sample)	4 (1% entire sample)	1 (1% entire sample)	2 (2% entire sample)
<b>Availability change over the last six months</b>						
Did not respond* (%)	38	38	78	75	16	19
Did respond (%)	62	62	22	25	84	81
<b>Of those who responded:</b>	n=62	n=63	n=22	n=25	n=84	n=82
More difficult (%)	7 (4% entire sample)	11 (7% entire sample)	14 (3% entire sample)	16 (4% entire sample)	6 (5% entire sample)	20 (16% entire sample)
Stable (%)	58 (36% entire sample)	67 (42% entire sample)	55 (12% entire sample)	48 (12% entire sample)	51 (43% entire sample)	54 (44% entire sample)
Easier (%)	16 (10% entire sample)	8 (5% entire sample)	9 (2% entire sample)	16 (4% entire sample)	31 (26% entire sample)	13 (11% entire sample)
Fluctuates (%)	8 (5% entire sample)	6 (4% entire sample)	5 (1% entire sample)	8 (2% entire sample)	10 (8% entire sample)	10 (8% entire sample)
Don't know^ (%)	11 (7% entire sample)	9 (5% entire sample)	18 (4% entire sample)	12 (3% entire sample)	2 (2% entire sample)	4 (3% entire sample)

**Source:** ACT IDRS IDU interviews, 2006-2007

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

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

## 5.4 Purity

Participants' reports of the purity and purity change for methamphetamine are reported separately in Figures 9 and 10.

### 5.4.1 Methamphetamine powder

The purity of methamphetamine powder or speed was reported to be 'low' (37%) to 'medium' (35%) among those who were able to comment. This was similar to 2006, when 37% reported current speed purity to be 'low' and 27% reported it to be 'medium'.

Just over one-third (35%) reported that the current purity of speed had been decreasing in the six months preceding interview, a slight increase from 26% in 2006. Just over one-fifth (22%) reported that speed purity was stable, a decrease from one-third (31%) in 2006.

### 5.4.2 Methamphetamine base

Among those who commented on base (n=25), 36% reported base quality to be 'high', and 32% reported purity to be 'medium'. Sixteen percent reported base purity to be 'low'. Due to the low numbers reporting, comparisons can not be made with the previous year and caution should be used when interpreting the results.

Participants who commented on base reported that the current quality of base in the ACT was decreasing (36%), or remaining stable (28%). Again, the small sample size of participants commenting on base has to be taken into account when interpreting these data.

### 5.4.3 Crystal methamphetamine

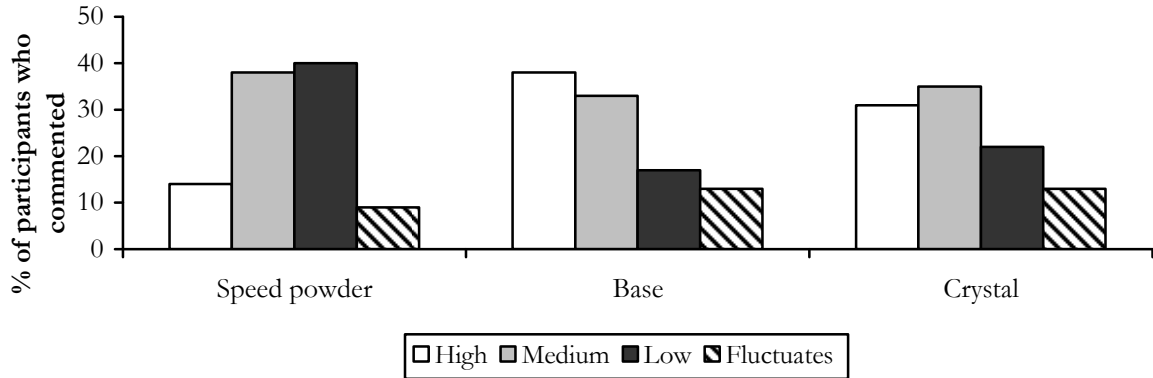
In 2007, there were mixed reports regarding the current purity of crystal. Twenty-nine percent reported crystal to be 'high' purity; this was a decrease from 43% in 2006. One-third (33%) reported current purity of crystal to be 'medium', a slight increase from 27% in 2006. There was an increase from 14% in 2006 of the proportion of participants reporting crystal purity to be 'low'. These mixed results may be due to the finding that crystal can have bi-modal purity, with the more pure crystal at around 80% purity, and the less pure crystal at around 18% (McKetin et al., 2005).

In 2007, there were again mixed reports from participants concerning the change in purity of crystal over the preceding six months. Just over one-quarter (28%) reported the purity of crystal to be stable (compared to 31% in 2006). Just over one-third (39%) reported that the purity of crystal was decreasing in 2007 (an increase from 26% in 2006). Furthermore, one-fifth (19%) reported that the purity of crystal had fluctuated over the preceding six months, a decrease from 29% in 2006. Only a minority (10%) believed that the purity of crystal was increasing in 2006 (similar to 14% in 2006).

Six KE commented on the current purity of crystal. Consistent with participant reports, KE reports were mixed regarding crystal purity in the ACT in the six months preceding interview. Three reported current purity to be high, two reported purity fluctuated and one reported current purity to be low. One KE reported that crystal had a bimodal purity and that the majority was of

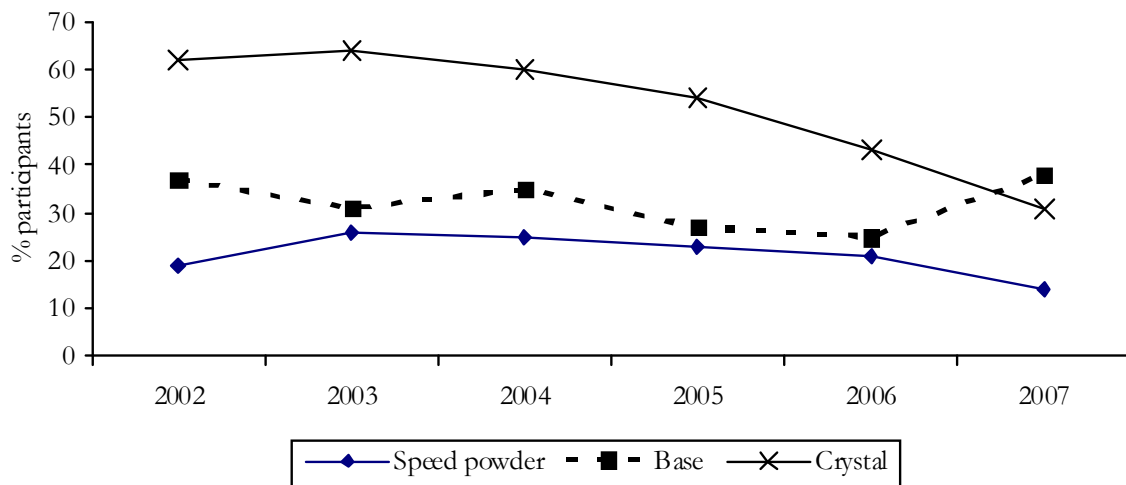
low purity. Two KE reported that purity of crystal had fluctuated over the preceding six months; one each reported purity to be stable, increasing and decreasing.

**Figure 9: Participant perceptions of methamphetamine purity (speed powder, base and crystal) among those who commented, 2007**



Source: ACT IDRS IDU interviews, 2007

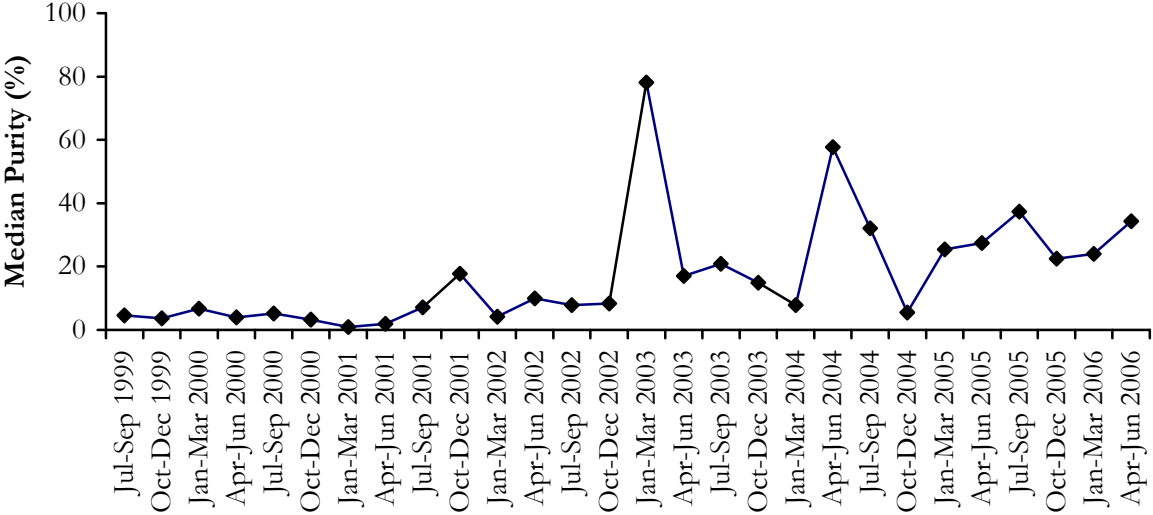
**Figure 10: Proportion of participants reporting methamphetamine (speed powder, base and crystal) purity as 'high', 2002-2007**



Source: ACT IDRS IDU interviews, 2002-2007  
 NB: Data on all three forms commenced in 2002.

As shown in Figure 11, analysis of ACT police methamphetamine seizures indicate that the median methamphetamine purity in the ACT was consistently low up until the October-December quarter of 2002, increasing slightly to 17.7% in the October-December quarter of 2001. The median purity of methamphetamine in the ACT dramatically increased in the January-March quarter of 2003 to 78.1% before falling to 17% in the April-June quarter of 2003. This substantial increase is likely to be attributable to the increased proportion of crystal methamphetamine being seized in the ACT. The median purity of methamphetamine seized in the ACT increased from 27.4% in the April-June quarter of 2005 to 37.3% in the July-September quarter of 2005, decreasing to 22.5% in October-December 2005 and remaining stable at around 24% in January-March 2006. In the April-June quarter of 2006, methamphetamine purity increased slightly to 34.3%. More recent data were not available at the time of printing.

**Figure 11: Median purity of methamphetamine seizures by ACT local police, July 1999 to June 2006**



Source: ABCI (2000-2002) ACC (2003-2006)  
 NB: Data not available for the 2006/2007 financial year.

**5.5 Summary of methamphetamine trends**

Table 14 summarises trends in the use, price, purity, and availability of methamphetamine in the ACT for 2007. While the recent use of speed and base remained relatively stable, the use of crystal decreased from 88% to 80% in 2006. As in 2006, the price for a point of each form of methamphetamine (speed, base, crystal) remained stable at \$50 in 2007. The price for other amounts of speed, base and crystal (such as a gram) also remained relatively stable, with the exception of those amounts where only a small number of participants commented. Both speed and crystal were reported to be ‘easy’ to ‘very easy’ to obtain. There were mixed reports regarding current purity of base, but this is possibly due to the low numbers reporting on base. There was a decrease in the proportion of participants reporting speed and crystal to be ‘high’; however, there was an increase in the proportion reporting base purity was high.

**Table 14: Summary trends on methamphetamine use, price, purity, and availability, in the ACT, 2006-2007**

<p><b>Use</b></p>	<p><b>Methamphetamine powder (speed)</b></p> <ul style="list-style-type: none"> <li>Recent use remained relatively stable with 55% in 2007 and 58% in 2006</li> <li>Median days of speed use among participants in the preceding six months was 10 (similar to 2006)</li> </ul> <p><b>Methamphetamine base</b></p> <ul style="list-style-type: none"> <li>Use of base remains low and stable with 32% of participants reporting recent use, the same as 2006</li> <li>Median days of base use among IDU in the preceding six months was six (4.5 in 2006)</li> </ul> <p><b>Crystal methamphetamine (ice/crystal)</b></p> <ul style="list-style-type: none"> <li>Decrease in the recent use of crystal from 88% in 2006 to 80% in 2007</li> <li>Median days of crystal use among participants remained the same at 15.5 days</li> </ul>
<p><b>Price (median)</b></p>	<p><b>Methamphetamine powder (speed)</b></p> <ul style="list-style-type: none"> <li>Point: stable at \$50 in 2006 and 2007</li> <li>Gram: increase from \$175 in 2006 to \$235 in 2007</li> <li>IDU reports indicate the price of speed in the ACT is stable in 2007</li> </ul> <p><b>Methamphetamine base</b></p> <ul style="list-style-type: none"> <li>Point: stable at \$50 in 2006 and 2007</li> <li>Gram: decreased from at \$250 in 2006 to \$100 in 2007</li> <li>IDU reports indicate the price of base in the ACT is stable in 2007</li> </ul> <p><b>Crystal methamphetamine (ice/crystal)</b></p> <ul style="list-style-type: none"> <li>Point: stable at \$50 in 2006 and 2007</li> <li>Gram: remained relatively stable from at \$410 in 2006 to \$380 in 2007</li> <li>IDU reports indicate the price of crystal in the ACT is stable in 2007</li> </ul>
<p><b>Availability</b></p>	<p><b>Methamphetamine powder (speed)</b></p> <ul style="list-style-type: none"> <li>'Easy' to 'very easy' to obtain</li> <li>Availability stable</li> </ul> <p><b>Methamphetamine base</b></p> <ul style="list-style-type: none"> <li>Mixed reports (small numbers reporting)</li> </ul> <p><b>Crystal methamphetamine (ice/crystal)</b></p> <ul style="list-style-type: none"> <li>'Easy' to 'very easy' to obtain</li> <li>Availability stable</li> </ul>
<p><b>Purity</b></p>	<p><b>Methamphetamine powder (speed)</b></p> <ul style="list-style-type: none"> <li>Participants interviewed in 2007 report purity to be 'low' to 'medium'</li> </ul> <p><b>Methamphetamine base</b></p> <ul style="list-style-type: none"> <li>'Medium' to 'high,' but low numbers reporting</li> </ul> <p><b>Crystal methamphetamine (ice/crystal)</b></p> <ul style="list-style-type: none"> <li>Mixed reports on purity</li> <li>Decline in the proportion reporting purity 'high', from 43% in 2006, to 29% in 2007</li> </ul>

Source: ACT IDRS IDU interviews, 2006-2007

## **6.0 COCAINE**

Of the entire sample only 13 IDU were able to comment on trends in price, purity and availability of cocaine. Due to a small number of respondents, caution needs to be exercised in interpreting the trends discussed below. No KE were able to comment on cocaine as a principal drug of concern for their contacts. Accordingly, none were able to report on the current price, purity or availability of cocaine.

### **6.1 Use**

#### **6.1.1 Cocaine use among participants**

In 2007, seventy-two percent of participants reported that they had used cocaine at least once in their lifetime, comparable to 68% in 2006. Fifty-eight percent of participants in 2007 reported ever having injected cocaine, up slightly from 51% in the previous year. In 2007, one-third (35%) percent of participants had ever snorted cocaine, a decrease from 41% in 2006.

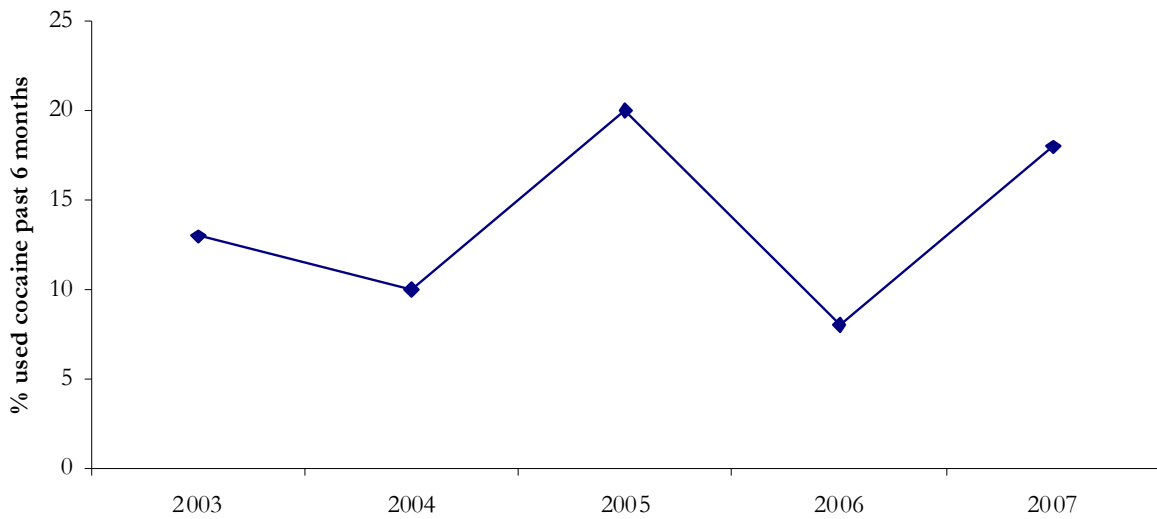
#### **6.1.2 Current patterns of cocaine use**

The proportion of participants reporting recent use of cocaine increased in 2007 to 18%, compared to 8% in 2006 (see Figure 12). This was similar to the levels reported in 2005 (20%). Injecting (13%) and snorting (7%) were the two most common routes of administration in 2007. This was up from 6% who reported recent injection of cocaine in 2006, but similar to 5% reporting snorting in 2006. The median days of cocaine use by participants in the ACT remained low at three days (the same as 2006) which reflects opportunistic use, most probably based on availability.

Participants were asked about forms of cocaine used in the six months preceding the interview. Eighty-four percent of participants (n=14) reported that they had used powder cocaine and three participants reported that they had used crack cocaine. One participant nominated cocaine as their drug of choice, as the last drug they injected and the drug the most frequently injected. No participants reported using cocaine on the day prior to interview.

KE asked about cocaine reported that use was rare in the ACT due to the price, which was considered expensive.

**Figure 12: Proportion of IDU reporting cocaine use in the past six months in the ACT, 2002-2007**



Source: ACT IDRS IDU interviews, 2002-2007

## 6.2 Price

Prices paid for cocaine by participants in the ACT in 2007 on the last occasion of purchase are presented in Table 15. As there are only small numbers reporting, comparisons can not be made to the previous year. In 2007, two participants were able to report on the price of a cap of cocaine, with the median price reported to be \$55. One participant was able to comment on the median price of a quarter-gram of cocaine. The median price for a quarter-gram of cocaine was \$100. The median price of a 'half-weight' of cocaine was reported by three participants to be \$200. Four participants were able to comment on the price of a gram of cocaine, which had a median price of \$325.

**Table 15: Price of most recent cocaine purchases by participants, 2006-2007**

Amount	Median price* \$	Range* \$	Number of purchasers*
Cap	55 (50)	50-60 (40-100)	2 (5)
Quarter gram	100 (100)	100 (100-120)	1 (4)
'Half-weight' (0.5 grams)	200 (175)	120-200 (150-200)	3 (2)
Gram	325 (-)	250-400 (0)	4 (0)

Source: ACT IDRS IDU interviews, 2006-2007

\*2006 data are presented in brackets

Participants were asked to comment on any changes in the price of cocaine in the ACT in the six months preceding interview. When asked about changes in the price of cocaine, one-third (31%)

of participants that responded were unable to comment confidently on the issue. As can be seen from Table 16, the majority (54%) reported that cocaine prices had remained stable in the six months preceding interview.

**Table 16: Participants' reports of cocaine price changes in the last six months, 2006-2007**

	2006 N=100	2007 N=101
<b>Did respond (%)</b>	94	87
<b>Of those that responded (%)</b>	6 n=6	13 n=13
<i>Increasing (%)</i>	33 (2% of entire sample)	<b>8 (1% of entire sample)</b>
<i>Stable (%)</i>	33 (2% of entire sample)	<b>54 (7% of entire sample)</b>
<i>Decreasing (%)</i>	17 (1% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Fluctuating (%)</i>	0 (0% of entire sample)	<b>8 (1% of entire sample)</b>
<i>Don't know (%)</i>	17 (1% of entire sample)	<b>31 (4% of entire sample)</b>

Source: ACT IDRS IDU interviews, 2006-2007

### 6.3 Availability

When asked about the availability of cocaine in the ACT in 2007 (see Table 17), the majority (54%) reported cocaine to be 'difficult' to obtain. One-quarter (23%, n=3) reported cocaine to be 'easy' to obtain, and one person reported it to be 'very easy' to obtain. Again, comparisons can not be made to the previous year, due to the low numbers reporting on cocaine.

**Table 17: Participants' reports of cocaine availability in the past six months, 2006-2007**

	2006 (N=100)	2007 (N=101)
<b>Current availability</b>		
Did not respond* (%)	94	87
Did respond (%)	6	13
<i>Of those who responded:</i>	n=6	n=13
Very easy (%)	0 (0% of entire sample)	8 (1% of entire sample)
Easy (%)	0 (0% of entire sample)	23 (3% of entire sample)
Difficult (%)	67 (4% of entire sample)	54 (7% of entire sample)
Very difficult (%)	33 (2% of entire sample)	0 (0% of entire sample)
Don't know^ (%)	0 (0% of entire sample)	15 (2% of entire sample)
<b>Availability change over the last six months</b>		
Did not respond* (%)	94	97
Did respond (%)	6	13
<i>Of those who responded:</i>	n=6	n=13
More difficult (%)	33 (2% entire sample)	8 (1% entire sample)
Stable (%)	67 (4% entire sample)	46 (6% entire sample)
Easier (%)	0 (0% entire sample)	15 (2% entire sample)
Fluctuates (%)	0 (0% entire sample)	0 (0% entire sample)
Don't know^ (%)	0 (0% entire sample)	31 (4% entire sample)

**Source:** ACT IDRS IDU interviews, 2006-2007

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

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

Of the 13 participants who were able to comment on the availability of cocaine, 46% (n=6) reported that cocaine availability had remained stable; two participants reported that it had become 'easier' and one reported that it had become 'more difficult'. Almost one-third (31%, n=4) of participants who were able to comment on cocaine were not confident in commenting on the change of cocaine availability in the six months preceding interview (see Table 17).

Of those participants who had bought cocaine in the six months preceding interview (n=9), 56% reported that they had bought it from friends and 33% from known dealers. Equal proportions of participants (33%, n=3) reported that they obtained cocaine at a friend's home or by home delivery.

## 6.4 Purity

As can be seen from Table 18, of those that responded, equal proportions (39%, n=5) reported cocaine purity to be currently 'high' or 'medium'. It must be noted that due to the small numbers reporting on cocaine in the ACT in 2007, results need to be interpreted with caution.

As can be seen in Table 18, when asked about changes in the purity of cocaine in the previous six months, 46% (n=6), of those that could comment, reported cocaine purity to be stable and 23% (n=3) reported purity was decreasing. Almost one-third (31%) were unable to comment on the change in purity levels of cocaine in the six months preceding interview.

**Table 18: Participants' perceptions of cocaine purity in the past six months, 2006-2007**

<b>Current purity</b>	<b>2006 (N=100)</b>	<b>2007 (N=101)</b>
Did not respond* (%)	94	87
Did respond (%)	6	13
<i>Of those who responded:</i>	<b>n=6</b>	<b>n=13</b>
High (%)	33 (2% of entire sample)	<b>39 (5% of entire sample)</b>
Medium (%)	17 (1% of entire sample)	<b>39 (5% of entire sample)</b>
Low (%)	17 (1% of entire sample)	<b>8 (1% of entire sample)</b>
Fluctuates (%)	0 (0% of entire sample)	<b>8 (1% of entire sample)</b>
Don't know^ (%)	33 (2% of entire sample)	<b>8 (1% of entire sample)</b>
<b>Purity change over the last six months</b>		
Did not respond* (%)	94	87
Did respond (%)	6	13
<i>Of those who responded:</i>	<b>n=6</b>	<b>n=13</b>
Increasing (%)	17 (1% of entire sample)	<b>0 (0% of entire sample)</b>
Stable (%)	50 (3% of entire sample)	<b>46 (6% of entire sample)</b>
Decreasing (%)	0 (0% of entire sample)	<b>23 (3% of entire sample)</b>
Fluctuating (%)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
Don't know^ (%)	33 (2% of entire sample)	<b>31 (4% of entire sample)</b>

**Source:** ACT IDRS IDU interviews, 2006-2007

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

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

## 6.5 Summary of cocaine trends

Table 19 summarises the trends in use, price, purity, and availability of cocaine in the ACT in 2007. The proportion of participants reporting recent use of cocaine increased from 8% in 2006 to 18% in 2007. The most common route of administration was injecting. The price of a cap of cocaine was reported to be \$55, and \$325 for a gram. Cocaine was considered to be ‘difficult’ to obtain, and the availability was reported to be stable. Current purity was reported to be ‘medium’ to ‘high’, and this was reported to have remained stable.

**Table 19: Summary trends on cocaine price, purity, availability, and use, ACT, 2006-2007**

<b>Use</b>	<ul style="list-style-type: none"> <li>• Increase in the recent use of cocaine from 8% in 2006 to 18% in 2007</li> <li>• Median days of use in the six months preceding interview was three, indicating that when cocaine is used by participants it is used infrequently</li> <li>• Injecting (13%) most common route of administration</li> </ul>
<b>Price (median)</b>	<ul style="list-style-type: none"> <li>• Cap: \$55 (n=2)</li> <li>• Gram: \$325 (n=4)</li> </ul>
<b>Availability</b>	<ul style="list-style-type: none"> <li>• ‘Difficult’ to obtain</li> <li>• Availability stable</li> </ul>
<b>Purity</b>	<ul style="list-style-type: none"> <li>• ‘Medium’ to ‘high’ purity (29%, n=5)</li> <li>• Purity stable</li> </ul>

Source: ACT IDRS IDU interviews, 2006-2007

## **7.0 CANNABIS**

In 2007, seventy-five percent of participants commented on indoor-cultivated cannabis ('hydro') trends in the ACT, while 64% reported on outdoor-cultivated cannabis ('bush'). For the first time participants were asked if they were able to distinguish between hydro and bush cannabis. Ninety percent of those who were able to answer the cannabis sections stated that they were able to distinguish between hydro and bush cannabis. If they were unable to distinguish between the two, they were able to answer questions on a generic cannabis section, only three participants answered the generic section, and therefore, due to such small numbers it will not be reported here.

The majority of KE were able to make some comment on cannabis use patterns amongst IDU in the ACT. Six KE provided information regarding cannabis as the drug they were most familiar with, specifying price, purity and availability of hydro cannabis.

### **7.1 Use**

#### **7.1.1 Cannabis use among participants**

In 2007, nearly all participants (98%) reported using cannabis at least once in their lifetime, the same proportion as in 2006. Eighty-three percent of participants reported recent use of cannabis. This was a decrease from 90% in 2006.

#### **7.1.2 Current patterns of cannabis use**

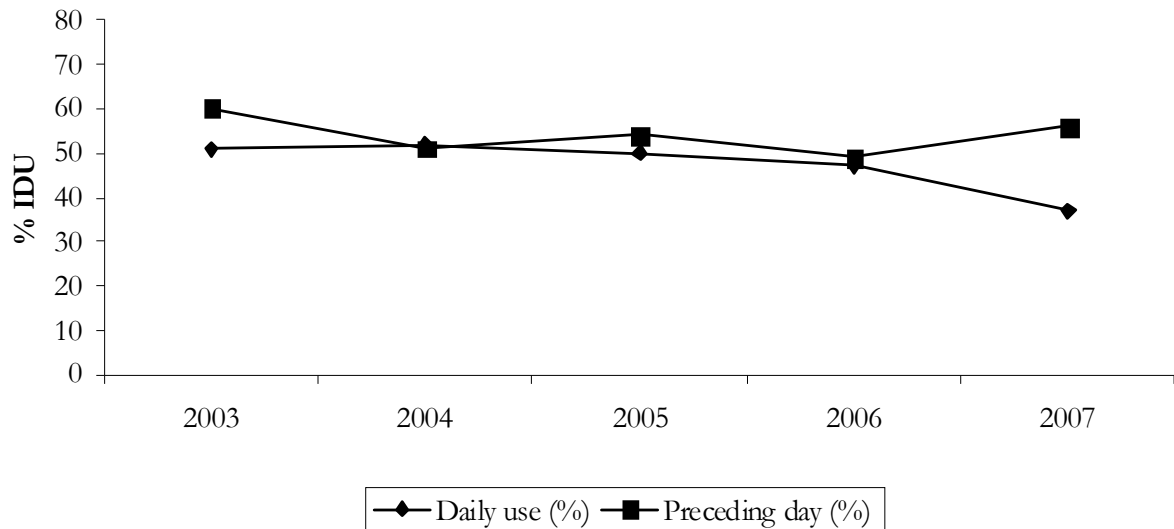
Eighty-three percent of participants reported having used cannabis in the six months preceding interview. The median number of days that cannabis users reported using this drug in the previous six months was 175 (approximately every day), down slightly from 180 in the previous years. Cannabis was the most common illicit drug used the day prior to interview, with 56% of all participants reporting its use 'yesterday' (an increase from 47% in 2006). As can be seen from Figure 14, the proportion of participants reporting daily cannabis use and cannabis use on the day prior to interview has remained relatively stable over the previous years; however, in 2007, the proportion of participants reporting daily use decreased from 57% in 2006, to 47% in 2006 – see Figure 13. Interestingly, the proportion reporting preceding day use increased from 49% in 2006 to 56% in 2007. Five percent of participants nominated cannabis as their drug of choice, comparable to 9% in 2006.

Fifteen of twenty KE commented on the use of cannabis amongst IDU. All KE who were able to comment indicated that the IDU they had contact with used cannabis, with the majority of IDU using cannabis in addition to their drug of choice, e.g. heroin or methamphetamine. KE also felt that IDU used cannabis on a daily basis.

Of those respondents who had used cannabis in the six months prior to the interview, 93% had used hydro (the same as in 2006), 84% had used bush (an increase from 78%), 16% had used hash (7% in 2006), and 5% reported using hash oil (6% in 2006). Hydro was the form of

cannabis used most often by 81% of the sample in the six months preceding interview (comparable to 83% of the sample in 2006).

**Figure 13: Proportion of participants reporting daily cannabis use in the last six months, and cannabis use on the day preceding the interview, 2003-2007**



Source: ACT IDRS IDU interviews, 2003-2007

## 7.2 Price

The median prices for hydro and bush cannabis are shown in Table 20. A difference between the median prices reported for bush and hydro cannabis was found in 2007, as it was in 2006. Participants reported that the median prices for larger amounts (quarter-ounce or more) of hydro (typically the more potent form) were greater than for bush. The reported change in price for both forms of cannabis is presented in Table 21.

### 7.2.1 Hydroponic cannabis

The median price of a gram of hydroponic cannabis, purchased by participants in 2007, remained stable at \$20, as did the median price of a quarter-ounce at \$90. An ounce also remained stable with median price reported as \$300. The median price for a half ounce remained relatively stable (\$165, compared to \$160 in 2006).

One KE supported participant reports that the price of a gram of cannabis was \$20. Another two KE reported that an ounce was \$300, again consistent with participant reports. One KE reported that people were able to get \$10 deals, and another reported that there were \$20 deals.

The most common amount of hydro purchased was a gram, with 34 of the participants reporting that they had bought a gram in the six months preceding the interview. The next most common amount purchased in the six months preceding interview was a quarter-ounce with 27 of those commenting on hydro making recent purchases.

Of those that commented on hydro in 2007, seventy-two percent reported that the price had remained stable. This was a decrease from 81% of the sample (who were able to comment on hydro) who reported the price had remained stable in 2006.

**7.2.2 Cannabis (bush)**

The median price of a gram of bush cannabis purchased by participants increased slightly from \$15 in 2006 to \$20 in 2007. The median price of a quarter-ounce of cannabis remained stable at \$80. The median price of a half-ounce decreased from \$140 in 2006 to \$125 in 2007, however, only a small number of participants were able to comment on the price of a half ounce of bush, so results need to be interpreted with caution. The median price for an ounce was increased from \$190 in 2006 to \$240 in 2007.

The most common amount of bush cannabis purchased was a gram, with 30 participants reporting that they had bought a gram in the six months preceding interview. This was followed closely by a quarter ounce (n=20) and an ounce (n=16). There was an increase in the proportion of participants reporting they had bought bush in the past six months from 35% to 52% in 2007.

As can be seen in Table 21, of those that commented on bush cannabis in 2007, the majority 71% reported that the price of bush had remained stable in the six months preceding interview. This was a marked increase from 44% in 2006. There was a slight increase (from 0% in 2006, to 11% in 2007) in the proportion of participants reporting that the price of bush was increasing.

**Table 20: Price of most recent cannabis purchases by participants, 2006-2007**

Amount	Median price* \$	Range* \$	Number of purchasers*
<i>Hydro</i>			
Gram	20 (20)	10-30 (10-25)	34 (50)
Quarter ounce	90 (90)	70-150 (70-180)	27 (32)
Half ounce	165 (160)	125-250 (140-180)	14 (11)
Ounce	300 (300)	220-350 (200-400)	18 (14)
<i>Bush</i>			
Gram	20 (20)	10-25 (10-25)	30 (14)
Quarter ounce	80 (80)	30-100 (50-100)	20 (11)
Half ounce	125 (140)	80-180 (60-180)	9 (5)
Ounce	240 (190)	50-380 (100-220)	16 (12)

Source: ACT IDRS IDU interviews, 2006-2007

\*2006 median prices are in brackets

**7.2.3 Hash and hash oil**

Eleven participants were able to answer questions on price of hash or hash oil. Five participants reported that the median price for a gram of hash was \$25 and three participants reported that the median price for a cap of hash oil was \$40. Due to the small proportion of participants reporting on hash and hash oil, results must be interpreted with caution.

Participants were not asked questions regarding the availability and purity of hash or hash oil.

**Table 21: Participants' reports of cannabis price changes in the last six months in the ACT, 2006-2007**

	2006 N=100	2007 N=101
<i>Hydroponic cannabis</i>		
<b>Did not respond (%)</b>	15	25
<b>Did respond (%)</b>	85	75
<b>Of those that responded (%)</b>	n=85	n=25
<i>Increasing (%)</i>	5 (4% of entire sample)	15 (11% of entire sample)
<i>Stable (%)</i>	81 (69% of entire sample)	72 (55% of entire sample)
<i>Decreasing (%)</i>	6 (5% of entire sample)	4 (3% of entire sample)
<i>Fluctuating (%)</i>	5 (4% of entire sample)	5 (4% of entire sample)
<i>Don't know (%)</i>	4 (3% of entire sample)	4 (3% of entire sample)
<i>Cannabis (bush)</i>		
<b>Did not respond (%)</b>	54	36
<b>Did respond (%)</b>	46	64
<b>Of those that responded (%)</b>	n=46	n=65
<i>Increasing (%)</i>	0 (0% of entire sample)	11 (7% of entire sample)
<i>Stable (%)</i>	44 (20% of entire sample)	71 (46% of entire sample)
<i>Decreasing (%)</i>	26 (12% of entire sample)	8 (5% of entire sample)
<i>Fluctuating (%)</i>	20 (9% of entire sample)	8 (5% of entire sample)
<i>Don't know (%)</i>	11 (5% of entire sample)	3 (2% of entire sample)

Source: ACT IDRS IDU interviews, 2006-2007

### 7.3 Availability

Participants were asked to comment on the current availability, as well as any changes in availability, of both hydroponic and bush cannabis in the ACT in 2007. Findings are presented separately for hydroponic cannabis and bush cannabis (see Table 22).

#### 7.3.1 Hydroponic cannabis

Of those that commented on the current availability of hydro (n=76), the majority reported it to be 'easy' (47%) to 'very easy' (46%) to obtain. One person reported that hydro was 'very difficult' to obtain.

The KE commenting specifically on hydro indicated that it was readily available. All other KE commented that cannabis seemed to be quite available and indicated that a majority of the IDU they had contact with used cannabis.

The majority (71%) of participants commenting on hydro thought that the availability had remained stable in the six months prior to interview. Findings from 2006 are similar, with 79% reporting availability of hydro to be stable. This was consistent with the KE who were able to

comment about hydro, who also said that availability had remained stable in the ACT in the preceding six months.

Recent hydroponic cannabis users who bought hydro predominantly reported buying hydro from friends (69%), known dealers (47%) and from a street dealer (17%). The most common places for purchasing hydro were a friend's home (57%), a dealer's home (42%) or home delivery (23%).

### **7.3.2 Cannabis (bush)**

Of those that commented on the current availability of bush cannabis (n=64), 45% reported that bush availability had remained stable in the past six months. This was a decrease from 54% in 2006. Approximately, one-quarter reported that bush was 'very easy' (26%) or 'difficult' (23%) to obtain. This was similar to the previous year whereby most participants reported that bush availability had remained stable, but equal proportions reported that it was either 'very easy' or 'difficult' to obtain. These mixed reports may be the result of bush cannabis availability being determined by specific harvesting times throughout the year.

Over half (59%) of the participants commenting on bush thought that the availability had remained stable in the six months prior to interview. This was similar to reports from 2006 (54%), as seen in Table 30. One-fifth of participants who commented on bush reported that availability had become 'more difficult' (17%), an increase from the previous year (9%).

The majority of bush purchases were through friends (86%), followed by known dealers (21%) and street dealers (11%). Purchases occurred at a friend's home (67%), dealer's home (22%) and home delivery (24%).

**Table 22: Participants' reports of cannabis availability in the past six months, 2006-2007**

Current availability	Hydro		Bush	
	2006 (N=100)	2007 (N=101)	2006 (N=100)	2006 (N=100)
Did not respond* (%)	15	25	54	36
Did respond (%)	85	75	46	64
<i>Of those who responded:</i>	n=85	n=76	n=46	n=64
Very easy (%)	42 (36% entire sample)	<b>46 (35% entire sample)</b>	22 (10% entire sample)	<b>26 (17% entire sample)</b>
Easy (%)	52 (44% entire sample)	<b>47 (36% entire sample)</b>	54 (25% entire sample)	<b>45 (29% entire sample)</b>
Difficult (%)	6 (5% entire sample)	<b>4 (3% entire sample)</b>	20 (9% entire sample)	<b>23 (15% entire sample)</b>
Very difficult (%)	0 (0% entire sample)	<b>1 (1% entire sample)</b>	0 (0% entire sample)	<b>3 (2% entire sample)</b>
Don't know^	0 (0% entire sample)	<b>1 (1% entire sample)</b>	4 (2% entire sample)	<b>3 (2% entire sample)</b>
<b>Availability change over the last six months</b>				
Did not respond* (%)	15	25	54	36
Did respond (%)	85	75	46	64
<i>Of those who responded:</i>	n=85	n=76	n=46	n=64
More difficult (%)	5 (4% entire sample)	<b>13 (10% entire sample)</b>	9 (4% entire sample)	<b>17 (11% entire sample)</b>
Stable (%)	79 (67% entire sample)	<b>71 (54% entire sample)</b>	54 (25% entire sample)	<b>59 (38% entire sample)</b>
Easier (%)	9 (8% entire sample)	<b>8 (6% entire sample)</b>	13 (6% entire sample)	<b>11 (7% entire sample)</b>
Fluctuates (%)	6 (5% entire sample)	<b>5 (4% entire sample)</b>	20 (9% entire sample)	<b>11 (7% entire sample)</b>
Don't know^ (%)	1 (1% entire sample)	<b>3 (2% entire sample)</b>	4 (2% entire sample)	<b>3 (2% entire sample)</b>

**Source:** ACT IDRS IDU interviews, 2006-2007

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

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

## 7.4 Potency

Respondents were asked (based on their experience) to estimate the current strength or potency of hydro and bush cannabis, as well as to report perceived change in potency of both hydro and bush cannabis. Results are presented below separately for both forms (see Figure 14 and 15).

### 7.4.1 Hydroponic cannabis

The vast majority of participants who commented on hydro reported that its potency was 'high' (67%; see Figure 14). In comparison, in 2006, seventy-three percent reported hydro potency as 'high', in the six months preceding interview. One-quarter (25%) reported hydro potency to be 'medium' compared to 20% in 2006. Only one participant reported that hydro cannabis had a 'low' purity in the six months preceding interview. Two KE who were able to comment on the potency of hydro agreed with the majority of IDU that it was 'high'.

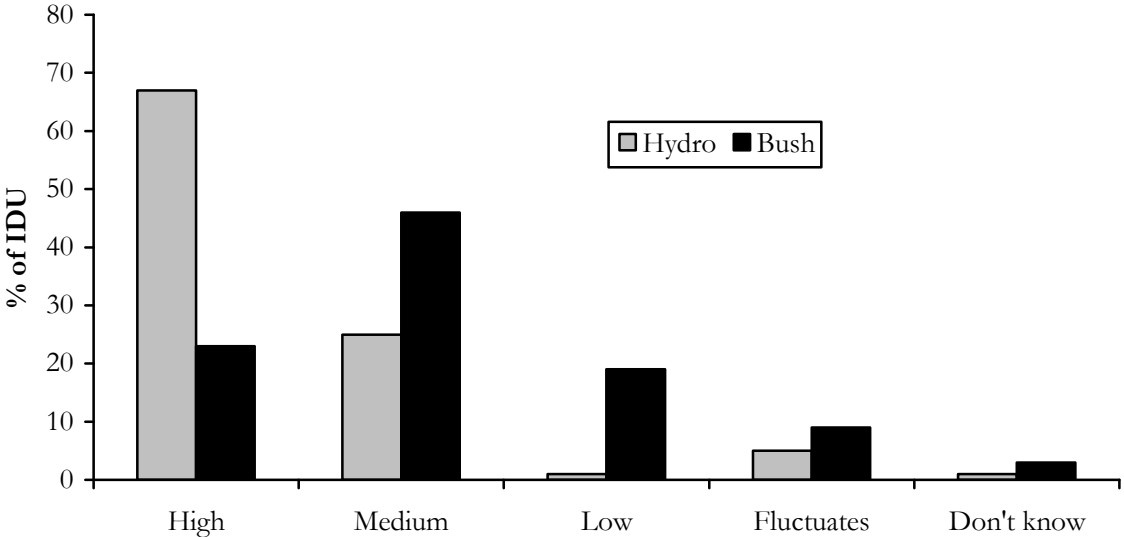
The majority (65%; see Figure 15) reported that hydro potency was stable in 2007. This was a decrease from 71% in 2006, who reported hydro potency was stable. Smaller proportions (11%) of those commenting on change in the potency of hydro, believed the potency to be 'increasing', similar to 12% in 2006. Two KE commenting on the potency of hydro indicated that it had increased in the previous six months, and one reported it had remained stable.

### 7.4.2 Cannabis (bush)

The potency of bush cannabis was reported to be 'medium' (46%), as can be seen in Figure 14. This was a decrease from 57% in 2006. In 2007, one-quarter (23%) reported the potency of bush to be 'high' in the preceding six months, similar to 26% in 2006. Additionally, the proportion reporting bush as low purity was 19%, an increase from 3% in 2006.

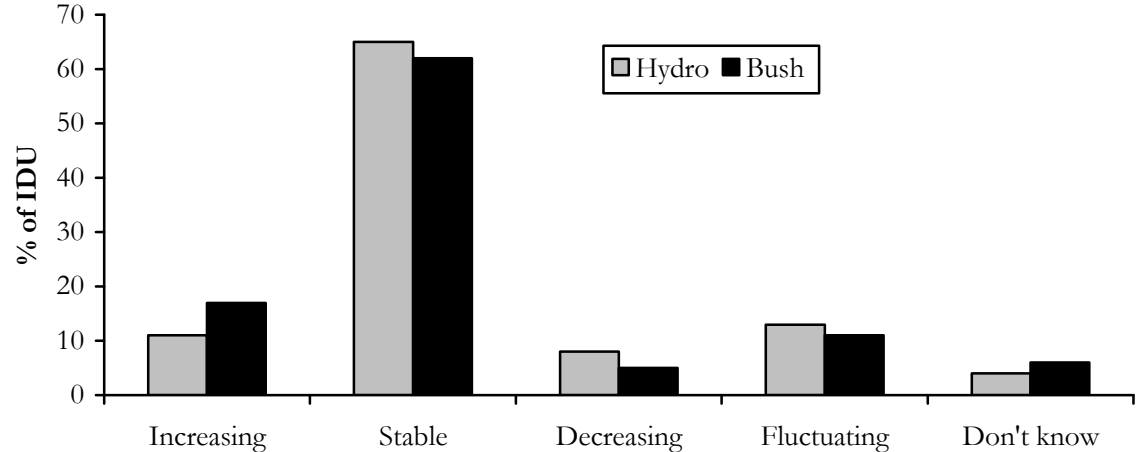
As can be seen in Figure 15, the majority (62%) of respondents who commented on bush cannabis believed the potency to have been 'stable' in the six months prior to interview. This was an increase from 52% in 2006. Almost one-fifth (17%) reported that the purity of bush was increasing in the six months preceding interview, similar to 2006 (20%).

**Figure 14: IDU reports of current potency of cannabis, 2007**



Source: ACT IDRS IDU interviews, 2007

**Figure 15: Participants' reports of change in cannabis potency, 2007**



Source: ACT IDRS IDU interviews, 2007

## 7.5 Summary of cannabis trends

Table 23 summarises the trends in use, price, purity, and availability of cannabis in the ACT in 2007. The majority (83%) of participants interviewed in 2007 reported the use of cannabis in the six months preceding interview. The price remained stable for a gram of indoor-cultivated cannabis (hydroponic) at \$20; however, the price for a gram of outdoor-cultivated cannabis (bush) increased slightly from \$15 in 2006 to \$20 in 2007. The more potent form of cannabis (hydroponic) is more expensive than bush cannabis in the ACT when looking at greater amounts. Cannabis (both hydroponic and bush) remained ‘easy’ to ‘very easy’ to obtain in the ACT. The potency of hydro was reported by participants to be ‘high’ and the potency of bush cannabis was reported to be ‘medium’.

**Table 23: Summary trends on cannabis use, price, purity, and availability, ACT, 2006-2007**

<b>Use</b>	<ul style="list-style-type: none"> <li>• 83% of IDU reported recent cannabis use in 2006, down from 90% in 2006</li> <li>• Median days of cannabis use in the six months preceding interview was 175</li> </ul>
<b>Price (median)</b>	<p><b>Hydroponic cannabis</b></p> <ul style="list-style-type: none"> <li>• Gram: stable at \$20</li> <li>• Ounce: stable at \$300</li> </ul> <p><b>Cannabis (bush)</b></p> <ul style="list-style-type: none"> <li>• Gram: increased from \$15 in 2006 to \$20 in 2007</li> <li>• Ounce: increased from \$190 in 2006 to \$240 in 2007</li> </ul>
<b>Availability</b>	<p><b>Hydroponic cannabis</b></p> <ul style="list-style-type: none"> <li>• ‘Easy’ to ‘very easy’ to obtain</li> <li>• Availability stable</li> </ul> <p><b>Cannabis (bush)</b></p> <ul style="list-style-type: none"> <li>• ‘Easy’ to obtain; however, there were mixed reports</li> <li>• Availability stable</li> </ul>
<b>Potency</b>	<p><b>Hydroponic cannabis</b></p> <ul style="list-style-type: none"> <li>• IDU interviewed in 2007 report potency to be ‘high’</li> </ul> <p><b>Cannabis (bush)</b></p> <ul style="list-style-type: none"> <li>• IDU interviewed in 2007 report potency to be ‘medium’</li> </ul>

Source: ACT IDRS IDU interviews, 2006-2007

## 8.0 OTHER OPIOIDS

The following introduction is from the National Australian Drug Trends report 2007 (Black et al., 2008) 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 user's name, through any route of administration;
2. use of illicitly obtained opioids, i.e. those obtained from a prescription in someone else's name, through any route of administration ('illicit use');
3. use of any opioids, i.e. does not distinguish between licit and illicit methods of obtainment;

### *Injection*

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

### ***Note on interpretation: the IDRS and the term 'diversion'***

The IDRS documents the use of opioid medications, licitly obtained or otherwise, among a sentinel sample of people who regularly inject drugs. These include opioids prescribed for opioid substitution treatment (OST; i.e. methadone, buprenorphine and buprenorphine-naloxone maintenance treatments) in addition to opioids prescribed for pain relief (including morphine and oxycodone). With regard to OST, it is imperative to note that screening of participants ensured that those sampled had all been active in the illicit drug markets of the area and thus that they were able to provide meaningful data on market indicators. Therefore, while a proportion of those sampled in 2007 were engaged in such treatment at the time of interview, responses presented are not representative of all clients engaged in drug treatment services.

The IDRS aims to document patterns of drug use and related harms in order to provide policymakers with an evidence base upon which to base decisions. It seeks neither to condone nor judge those who engage in the use of prescription medications in ways other than as prescribed, nor to provide advice regarding policy responses to these behaviours. The IDRS monitors the extra-medical use of opioid medications because these have been associated with a range of public health concerns, including toxicity, mortality, and when injected, injection-related problems such as vein damage and infections.

Varied views on what constitutes diversion currently exist in the field. It is important to acknowledge the numerous and varied motivations behind the extra-medical use of opioid pharmacotherapies. While it is beyond the scope of the present study to examine this issue in detail, some examples of the range and breadth of these motivations include (but by no means are restricted to): substitution for other drugs (e.g. heroin) when availability is low; euphoria (to achieve a pleasant opiate effect); the perception that pharmaceutical opioids are safer or a more reliable alternative to illicit substances, which may vary in content and purity; the desire to self-detox or self-medicate when treatment is undesirable or unavailable, for example where shame, fear of stigma and discrimination associated with being identified as a 'drug user' prevent an individual seeking formal treatment; where OST is unavailable or has a long waiting list; and where practical issues such as transport, dosing times and other issues place constraints on the individual such as physical and/or mental illness, employment, holidays and childcare.

Similarly, persons engaged in OST may engage in extra-medical use of their medication for many and varied reasons, including (but not limited to): being ‘stood over’ or threatened (diversion to others); for monetary gain or bartering (diversion to others, stockpiling for unexpected circumstances such as being unable to attend a clinic; where doses intended for single consumption are split across the day to ensure the level of pain relief remains constant; and ‘topping up’ when the prescribed dose is not high enough (e.g. in the first few weeks following commencement of OST).

The use of pharmaceutical opioids in ways other than as prescribed is currently an area of considerable debate and readers are encouraged to acquaint themselves with the literature before drawing conclusions or making policy decisions with regard to the prescription of pharmaceutical opioids. For example, other research has investigated the issues surrounding take-away policies and methadone diversion (e.g. Ritter and Di Natale, 2005, Fraser et al., 2007). More detailed investigations into the barriers and incentives to entering drug treatment have also been conducted (e.g. Treloar et al., 2004, Digiusto and Treloar, 2007, Reid et al., 2001). More recently, the argument has been made for a distinction between ‘non-adherence’ (the use of one’s own medication in a way other than as directed, e.g. through injection) and ‘diversion’ (the selling, trading, giving or sharing of one’s medication to another person, including through voluntary, involuntary and accidental means). Table 24 shows how this recent distinction applies to the IDRS.

**Table 24: Mapping IDRS findings onto the work of Larance et al. (submitted)**

<b>IDRS distinctions</b>	<b>Interpretation following Larance et al.’s terminology</b>
1. Use of licitly obtained opioids	Includes treatment adherence (use of prescribed opioids as directed) and non-adherence (including stockpiling, injection, etc.)
2. Use of illicitly obtained opioids	Use of diverted opioids
3. Use of any opioids	Includes all of the above behaviours (treatment adherence, non-adherence and use of diverted opioids). Provides an indication of the level of pharmaceutical opioid use, irrespective of method of obtainment or route of administration
4. Injection of licitly obtained opioids	Non-adherence
5. Injection of illicitly obtained opioids	Injection of diverted opioids
6. Injection of any opioids	Includes both of the above behaviours, i.e. does not differentiate between non-adherence and injection of diverted opioids. Provides an indication of the level of opioid injection (which is associated with injection related harms, irrespective of the method of obtainment)

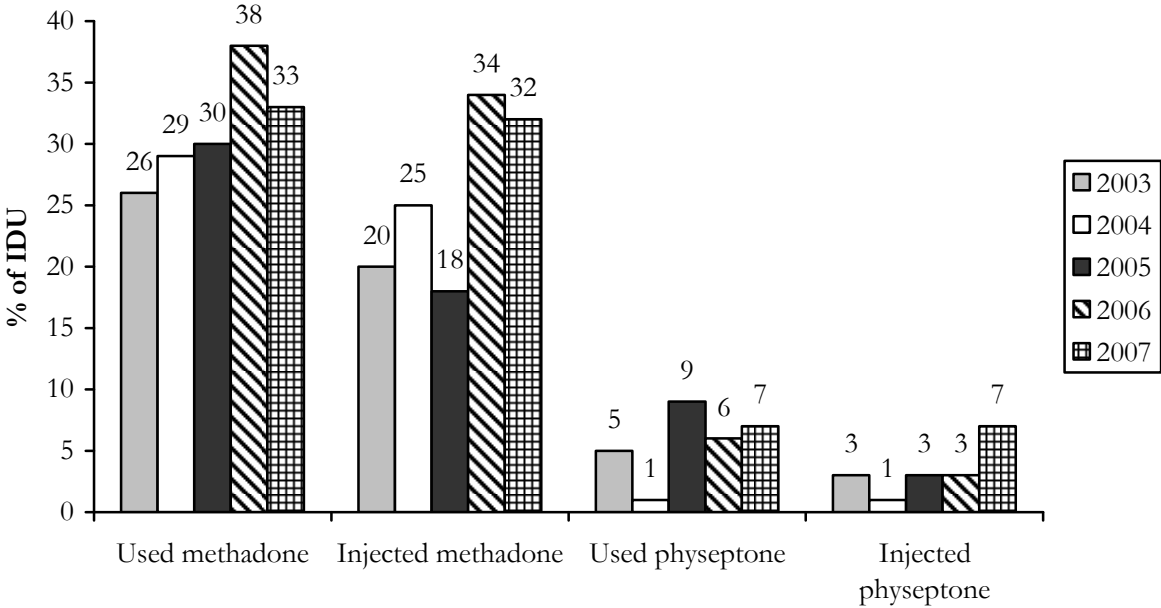
## 8.1 Methadone

### 8.1.1 Trends in methadone use

Methadone is prescribed for the treatment of opioid dependence, usually as a syrup preparation and is often dosed under supervised conditions. Take-away doses are available for some patients depending on various state/territory regulations. Physeptone tablets are less common in Australia and are usually prescribed for people in methadone treatment who are travelling, or in a minority of cases, where the methadone syrup is not tolerated. As mentioned previously, illicit use of methadone and Physeptone was defined as the use of medication not obtained with a

prescription in the participant’s name. The participant may have bought the medication on the street or obtained it from a friend or acquaintance. In 2007, the self-reported lifetime use of illicit methadone amongst participants increased slightly from 63% in 2006 to 68% in 2007. The proportion of participants indicating that they had ever used licit methadone (licit being the use of one’s prescribed methadone) was up from 62% in 2006, to 72% in 2007. The proportion of participants reporting recent use of illicit methadone decreased slightly from 38% in 2006 to 33% in 2007, as can be seen in Figure 16. Forty-four percent of participants in 2007 reported recent use of licit methadone, similar to 40% in 2006.

**Figure 16: Use and injection of illicit methadone and illicit physeptone among IDU in the last six months, 2003-2007**



Source: ACT IDRS IDU interviews, 2003-2007

Among those who reported using licit methadone in the preceding six months, 82% reported daily use, an increase from 70% in 2006. There was a decrease from 63% of participants, in the previous year, who reported using illicit methadone on ten or less days, to 45% in 2007. Median days of use for licit methadone was 12 for illicit methadone.

In 2007, forty-four percent of participants reported having swallowed licit methadone in the previous six months (compared to 40% in 2006). In addition, 28% of participants reported having used licit methadone by injection in the six months prior to interview, an increase from 17% in 2006. In terms of illicit methadone, in 2007, seven percent reported having swallowed the drug in the six months preceding interview (13% in 2006) and 32% reported injecting it (34% in 2006, as can be seen in Figure 17). When the 2007 sample was asked about the different forms of methadone used in the six months prior to interview, 76% (64% in 2006) of respondents reported that licit methadone syrup was the most common form used, followed by illicit methadone syrup (24%), which was down from the previous year (34%).

Nineteen percent of participants reported ever using licit physeptone; only 1% reported use of licit physeptone in the preceding six months. In 2007, thirty-one percent reported ever using illicit physeptone; however, only seven percent of participants reported recent use of illicit physeptone (6% in 2006, as can be seen in Figure 16). There was no injection of licit physeptone

in the preceding six months in 2007. Seven percent reported recent injection of illicit physeptone, which remained relatively stable from 2006 (3%) – see Figure 17. Median number of days reported using licit physeptone was 14, and median days for using illicit physeptone was two.

### **8.1.2 Price**

In 2007, twenty-six participants commented on the current price of street (illicit) methadone in the ACT. Participants reported that the median price for a millilitre of methadone was \$1 (as was the case for the past three years). The majority (90%; 36% of the entire sample) of those commenting on methadone reported the price as remaining ‘stable’ over the past six months, an increase from 80% (36% of the entire sample) in 2006.

### **8.1.3 Availability**

Participants were asked to comment on the current availability of street methadone and if there has been any change in availability in the six months preceding interview, as can be seen in Table 25. Sixty-eight percent (27% of the entire sample) of the participants who commented on the current availability of street methadone reported it to be ‘easy’ to ‘very easy’ to obtain, and 30% (12% of the entire sample) reported it to be ‘difficult’ to obtain. This was similar to reports by participants in 2006, where 60% (27% of the entire sample) reported street methadone to be ‘easy’ to ‘very easy’ to obtain, and 29% (13% of the entire sample) reported that it was ‘difficult’ to ‘very difficult’ to obtain. The majority (80%) of respondents reported that the availability of methadone had remained ‘stable’ in the past six months, an increase from 67% in 2006.

**Table 25: Participants' reports of illicit methadone availability in the past six months, 2006-2007**

	2006 (N=100)	2007 (N=101)
<b>Current availability</b>		
Did not respond* (%)	45	40
Did respond (%)	55	60
<i>Of those who responded:</i>	n=55	n=61
Very easy (%)	18 (8% of entire sample)	13 (5% of entire sample)
Easy (%)	42 (19% of entire sample)	55 (22% of entire sample)
Difficult (%)	27 (12% of entire sample)	30 (12% of entire sample)
Very difficult (%)	2 (1% of entire sample)	0 (0% of entire sample)
Don't know^ (%)	11 (5% of entire sample)	3 (1% of entire sample)
<b>Availability change over the last six months</b>		
Did not respond* (%)	45	40
Did respond (%)	55	60
<i>Of those who responded:</i>	n=55	n=61
More difficult (%)	13 (6% entire sample)	8 (3% of entire sample)
Stable (%)	67 (30% entire sample)	80 (32% of entire sample)
Easier (%)	4 (2% entire sample)	3 (1% of entire sample)
Fluctuates (%)	0 (0% entire sample)	3 (1% of entire sample)
Don't know^ (%)	16 (7% entire sample)	8 (3% of entire sample)

**Source:** ACT IDRS IDU interviews, 2006-2007

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

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

In 2007, eighty-five percent of participants who reported that they had bought methadone had obtained it through friends, and a smaller proportion obtained methadone from acquaintances (27%). The majority of participants who bought street methadone purchased it from an agreed public location (54%) or a friend's house (39%).

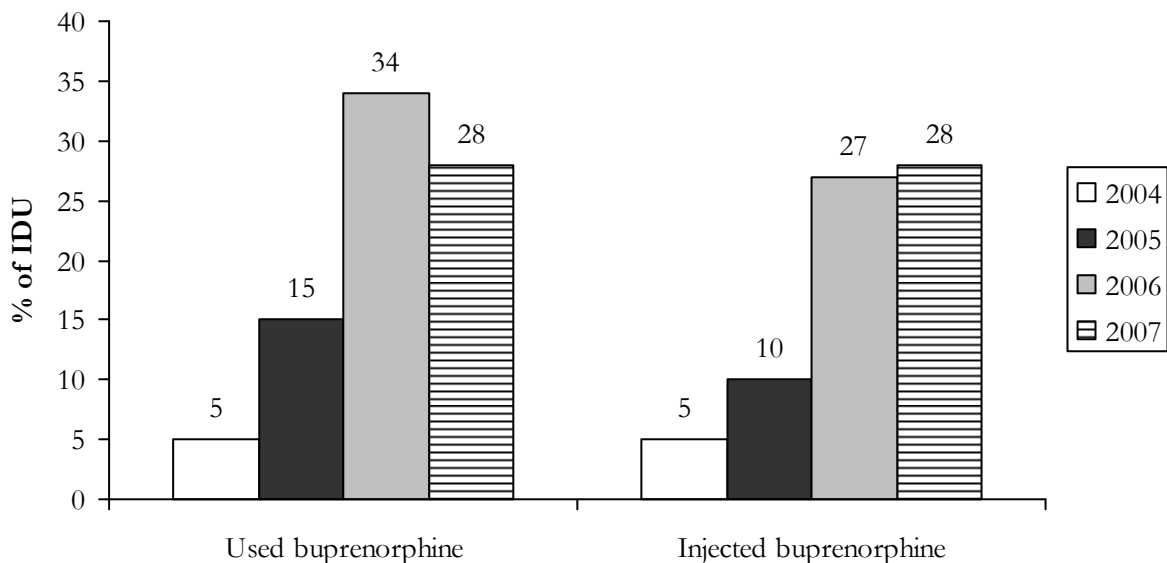
## 8.2 Buprenorphine

In 2006, thirty-nine percent of participants reported that they had ever used licit buprenorphine (i.e. buprenorphine prescribed to them), an increase from 30% in 2006. Use of prescribed buprenorphine in the six months preceding interview remained relatively stable from 2006 to 2007 (16% in 2006 to 19% in 2007). All but one recently prescribed buprenorphine users reported having swallowed buprenorphine; 10% of participants reported having injected their own buprenorphine in the six months prior to interview (10% in 2006). Amongst those who had used licit buprenorphine in the preceding six months, the median number of days of use increased from 30 days in 2006 to 137.5 days in 2007, suggesting that participants in 2007 were more established in their buprenorphine treatment programs.

In 2007, forty-one percent of participants reported the lifetime use of illicit buprenorphine, similar to 42% in 2006. Illicit buprenorphine refers to the use of buprenorphine that is prescribed to someone else. There was a slight decrease in the proportion of participants who had used illicit buprenorphine in the six months prior to interview, from 34% in 2006 to 28% in 2007 (see Figure 17). In terms of route of administration, all recent illicit buprenorphine users reported injecting it in the six months preceding interview, up from 79% in 2006. Median days of use for illicit buprenorphine in 2007 was 11 days, approximately once a fortnight (compared to six days in 2006).

The median price for a 2mg tablet of buprenorphine was reported to be \$10 (n=7) and \$20 for an 8mg tablet (n=14). The majority of participants who were able to answer the buprenorphine section (n=33) reported buprenorphine to be ‘easy’ (55%) to ‘very easy’ (27%) to obtain. Forty-six percent reported that availability had remained stable, whilst 27% of participants reported that availability had become easier.

**Figure 17: Use and injection of illicit buprenorphine among IDU in the last six months, 2004-2007**



Source: ACT IDRS IDU interviews, 2004-2007

There has been the recent introduction of Suboxone (a combination of naloxone and buprenorphine) as an opioid replacement therapy (ORT). Seven participants reported using prescribed Suboxone in the six months preceding interview and six participants reported using illicitly obtained Suboxone in the six months preceding interview. Since Suboxone is still fairly new, many participants were unable to comment on it at the present time; as such, it will not be presented in this report as only three participants were able to comment on it. The IDRS will continue to monitor the use of Suboxone in the future.

### 8.3 Morphine

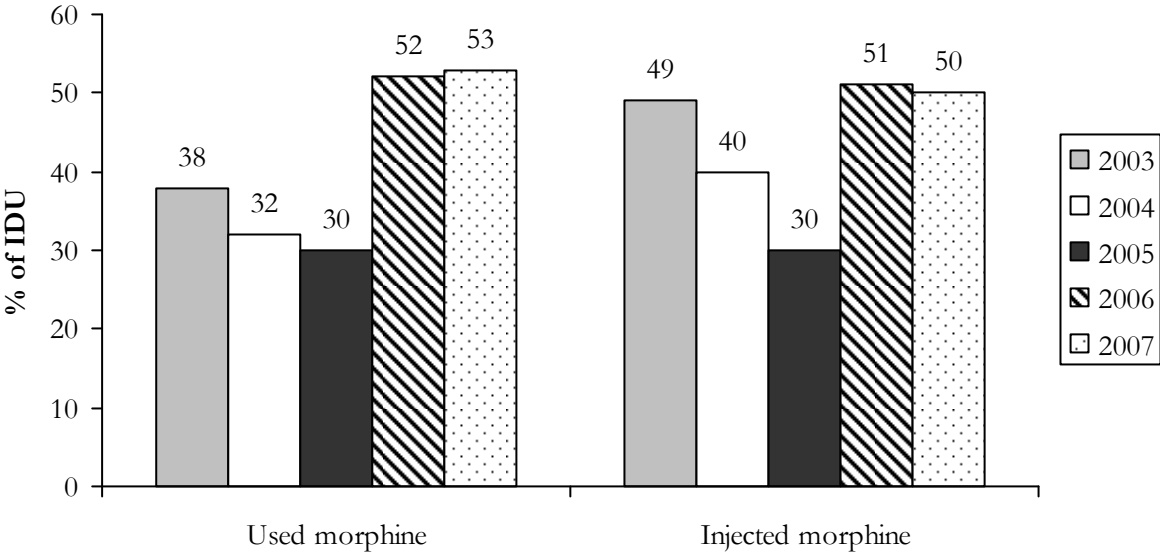
In 2007, fifty-five percent of participants commented on trends in price and availability of illicitly obtained morphine in the ACT. Findings are presented below. One KE was able to comment on morphine.

#### 8.3.1 Trends in morphine use

In 2007, nineteen percent of participants in the sample had used licit morphine at least once in their lifetime. Nine percent of participants reported recent use of licit morphine in the six months preceding interview. The KE who reported on morphine reported that people were using licit morphine on a daily basis.

Seventy-seven percent of participants reported using illicit morphine at least once in their lifetime, and 53% of participants in 2007 reported recent use, as can be seen in Figure 18. Five percent reported injecting licit morphine in the preceding six months, and 49% reported recent injection of illicit morphine. The KE who were able to comment reported that people begin by swallowing their medication and then later begin injecting it. Median days of use, in 2007, for licit morphine was eight days, and four days for illicit morphine use, suggesting low and sporadic use.

**Figure 18: Use of illicit morphine and injection of illicit/licit morphine among IDU in the last six months, 2003-2007**



Source: ACT IDRS IDU interviews, 2003-2007

Illicit morphine was the most common form used amongst those participants who had used morphine in the six months preceding interview (87%), indicating that participants were more likely to use illicit rather than licit morphine. MS Contin® was the preferred brand of morphine for over three-quarters (78%) of recent morphine users, followed by Kapanol® (4%). This was supported by the KE who were able to comment on morphine.

### 8.3.2 Price

Participants were asked to comment on the current price of different brands of morphine tablets, as can be seen in Table 26. The median price for 100mg MS Contin® tablets was reported to be \$50 (similar to 2006), while the median price for 100mg Kapanol® capsules was reported to be \$50 (an increase from \$35 reported in 2006). Participants were asked to comment on any change in the price of morphine in the six months preceding interview. Among those that responded (n=53), the vast majority (70%; 37% of the entire sample) reported that the price of morphine had remained ‘stable’ over the past six months, a marked increase from 2006 (56%; 22% of the entire sample).

**Table 26: Price of most recent illicit morphine purchases by participants, 2006-2007**

Amount bought	Median price paid, \$ (range)	Number of IDU purchasers
MS Contin® – 30mg	20 (10-35)	6
	<i>20 (10-40)*</i>	<i>6*</i>
MS Contin® – 60mg	25 (20-50)	14
	<i>32.5 (30-40)*</i>	<i>6*</i>
MS Contin® – 100mg	50 (15-100)	33
	<i>50 (20-100)*</i>	<i>27*</i>
Kapanol® – 100mg	50 (40-50)	5
	<i>35 (20-50)*</i>	<i>13*</i>

Source: ACT IDRS IDU interviews, 2006-2007

\* 2006 data in italics

### 8.3.3 Availability

In 2007, just over half (55%; 30% of the entire sample) of those commenting on morphine availability in the ACT reported it to be ‘easy’ to obtain, similar to 51% (20% of the entire sample) in 2006. However, a significant minority (27%; 15% of the entire sample) reported that obtaining morphine in the ACT was ‘difficult’, this, again, was similar to 2006 (31%; 12% of the entire sample).

The majority of participants (55%; 29% of the entire sample) reported that morphine availability had remained stable in the six months preceding interview; this was similar to reports in 2006 (59%; 23% of the entire sample). Furthermore, one-fifth (20%; 11% of the entire sample) of the sample reported that morphine had become ‘easier’ to obtain in 2007.

Morphine was primarily obtained through friends (51%) and to a lesser extent from a street dealer (29%) or from acquaintances (22%). Main places of purchase were at an agreed public location (60%), at a friend's home (24%), or the street market (18%).

## **8.4 Oxycodone**

In 2007, thirteen percent of participants reported that they had used licit oxycodone at least once in their lifetime, similar to 11% in 2006. Only 3% of participants reported using licit oxycodone in the six months preceding interview (6% in 2006).

Forty-four percent of participants reported that they had used illicit oxycodone at least once in their lifetime (an increase from 31% in 2006), and 23% reported using it in the six months preceding interview (similar to 23% in 2006). The median days of use for illicit oxycodone was five days.

The majority of oxycodone users reported using illicit oxycodone (89%; 81% in 2006). The most common brand was Oxycontin (70%; 54% in 2006). Median price for one 40mg tablet of Oxycontin was \$20 (n=10) and \$40 (n=9) for an 80mg tablet of Oxycontin, the same as in 2006.

Eighty-seven percent of participants who reported on the price change of oxycodone over the preceding six months (n=23) stated that it was stable, an increase from 50% in 2006. There were mixed reports regarding current availability of oxycodone in the ACT in 2007. Ten participants (44%) reported it was 'easy' to obtain, and eight participants (35%) reported it was 'difficult' to obtain. The majority, 71%, reported that oxycodone availability had remained stable over the six months preceding interview. The majority (54%, n=7) reported that they bought oxycodone from friends at an agreed public location (62%, n= 8) or from their friends' houses (50%).

## **8.5 Other opioids**

Thirty-six percent of participants reported that they had ever used opioids other than those listed above at least once in their lifetime (compared to 14% in 2006), and 14% had ever injected them (7% in 2006). In the six months prior to interview, 14% of participants reported the use of other opioids, with the most popular form being Panadine Forte®. The median days of use in the past six months was 2.5, compared to 10 in 2006.

## 8.6 Summary of opioids

Table 27 presents the summary for trends in the use of opioids, including methadone, buprenorphine, morphine, and oxycodone among the participants in 2006 and 2007.

**Table 27: Summary of trends for opioids (i.e. methadone, buprenorphine, morphine and oxycodone), ACT, 2006-2007**

<b>Methadone</b>	<ul style="list-style-type: none"> <li>• 44% of participants reported recent use of licit (prescribed) methadone, compared to 40% in 2006</li> <li>• Median days of use of licit (prescribed) methadone in the six months preceding interview was 180 in 2006 and 2007</li> <li>• 33% of participants reported recent use of illicitly obtained methadone, slightly down from 38% in 2006</li> <li>• Median days of use of illicitly obtained methadone in the six months preceding interview was 12 days (an increase from six in 2006)</li> </ul>
<b>Buprenorphine</b>	<ul style="list-style-type: none"> <li>• 18% of participants reported recent use of licit (prescribed) buprenorphine, compared to 16% in 2006</li> <li>• Median days of use of licit (prescribed) buprenorphine in the six months preceding interview was 137.5 days, an increase from 30 days in 2006</li> <li>• 28% of participants reported the recent use of illicitly obtained buprenorphine, down slightly from 34% in 2006</li> <li>• Median days of use of illicitly obtained buprenorphine in the six months preceding interview was 11 days in 2007 (six in 2006)</li> </ul>
<b>Morphine</b>	<ul style="list-style-type: none"> <li>• 9% reported recent use of licit morphine</li> <li>• 53% reported recent use of illicit morphine</li> <li>• Median days of use of morphine in the six months preceding interview was eight days for licit and four days for illicit</li> </ul>
<b>Oxycodone</b>	<ul style="list-style-type: none"> <li>• 3% reported recent use of licit oxycodone</li> <li>• 23% reported recent use of illicit oxycodone</li> <li>• Median days of use was, 37 days for licit oxycodone and five days for illicitly obtained oxycodone</li> </ul>

Source: ACT IDRS IDU interviews, 2006-2007

## 9.0 OTHER DRUGS

### 9.1 Ecstasy

In 2007, one-quarter of the participants reported the recent use of ecstasy (25%), similar to 2006 (27%), as can be seen in Table 28, which shows recent use of ecstasy has remained fairly consistent over the previous years. Ten percent of participants reported having injected ecstasy in the previous six months (12% in 2005). Use of ecstasy by participants in the ACT was infrequent, with the median number of days used remaining stable at two over the last four years.

**Table 28: Patterns of ecstasy use among participants in the last six months in the ACT, 2004-2007**

	2004 N=100	2005 N=125	2006 N=100	2007 N=101
<b>Recent use (%)</b>	21	25	27	<b>25</b>
<b>Recent injecting (%)</b>	10	14	12	<b>10</b>
<b>Median days used*</b>	2	2	2	<b>2</b>

Source: ACT IDRS IDU interviews, 2004-2007

\*Among those that reported recent use. Maximum=180 days

### 9.2 Benzodiazepines

Approximately, nine in ten participants reported lifetime use of benzodiazepines, an increase from 79% in 2006. There was also an increase in the proportion of participants reporting injecting benzodiazepines in their lifetime, from 16% in 2006, to 26% in 2007 – see Table 29. Sixty-eight percent of participants in 2007 had used benzodiazepines in the six months prior to interview (compared to 60% in 2006), as can be seen in Table 29.

KE reports were consistent with reports from participants. KE reported that benzodiazepine use was high and the majority was prescribed and was used for the treatment of anxiety or depression. Other KE reported that benzodiazepine use was high amongst those ‘coming down’ from crystal methamphetamine.

In 2007, benzodiazepines were divided into licit and illicit. Thirty-nine percent reported the recent use of licit benzodiazepines, whilst 51% reported the recent use of illicitly obtained benzodiazepines. Recent injection of both forms was low, with 5% reporting recent injection of licit benzodiazepines and 7% for illicit benzodiazepines. The most common route of administration, for both forms, was swallowing, 38% for licit and 47% for illicit. Median days of use of licit benzodiazepines was 72 days and eight days for illicit benzodiazepines.

Licit and illicit benzodiazepines were used equally as the most common form. The most common brands of benzodiazepines used by participants in the ACT in 2007 were Valium® (62%) and Xanax® (10%).

**Table 29: Patterns of benzodiazepine use among participants in the last six months in the ACT, 2004-2007**

	2004 N=100	2005 N=125	2006 N=100	2007 N=101
<b>Recent use (%)</b>	59	62	60	<b>68</b>
<b>Recent injecting (%)</b>	7	2	1	<b>11</b>
<b>Median days used*</b>	13	31	28	<b>25</b>

Source: ACT IDRS IDU interviews, 2004-2007

\*Among those that reported recent use. Maximum=180 days

### 9.3 Pharmaceutical stimulants

Since 2004, participants have been asked to comment about their use of pharmaceutical stimulants. This includes drugs such as dexamphetamine and methylphenidate, which are medications most commonly prescribed for Attention Deficit Hyperactivity Disorder (ADHD). From 2006, the IDRS asked about licit and illicit forms of pharmaceutical stimulants. Six percent of participants reported ever using licit pharmaceutical stimulants (those prescribed to them), similar to 8% in 2006. Two percent reported using licit pharmaceutical stimulants in the preceding six months (3% in 2006). Median days of use for licit pharmaceutical stimulants was 91 days. Forty-two percent reported using illicit pharmaceutical stimulants at least once in their lifetime, a decrease from 28% in 2006. Five percent reported using illicit pharmaceutical stimulants over the preceding six months, down from 35% in 2006. Approximately one-quarter (26%) reported recent injection of pharmaceutical stimulants in the six months prior to the interview, a slight decrease from 32% in 2006 (see Table 30). The median days of use for illicit pharmaceutical stimulants in 2007 was low at five days in the six months preceding interview.

In 2007, ninety-six percent of participants who reported recent use of pharmaceutical stimulants reported the use of illicitly obtained prescription amphetamines, as the form most used, while 4% used licitly obtained prescription amphetamines. This suggests that the majority of participants are using pharmaceutical stimulants that are prescribed to another person.

**Table 30: Patterns of pharmaceutical stimulant use among participants in the last six months in the ACT, 2004-2007**

	2004 N=100	2005 N=125	2006 N=100	2007 N=101
<b>Recent use (%)</b>	23	22	38	<b>29</b>
<b>Recent injecting (%)</b>	15	14	32	<b>26</b>
<b>Median days used*</b>	4	5	3	<b>5</b>

Source: ACT IDRS IDU interviews, 2004-2007

\*Among those that reported recent use. Maximum=180 days

## 9.4 Alcohol and tobacco

All participants in 2007 reported having used alcohol at least once during their lifetime, similar to 96% in the previous year. There was an increase from 68% in 2006 to 75% in 2007 in the proportion of participants reporting the recent use of alcohol – see Table 31. The median days of use of alcohol in the six months prior to interview was 27 days (approximately once a week), similar to 24 days in 2006.

Use of tobacco was almost universal among participants in the ACT in 2007. Nearly all participants (98%) reported ever having used tobacco and 98% reported recent tobacco use, as shown in Table 31. The median days of tobacco use has remained stable over the last four years at 180 days (i.e. daily smokers).

There were mixed reports from KE regarding the use of alcohol by IDU. Half the KE who reported on it stated half the IDU also used alcohol, whilst the other half said that IDU did not use alcohol at all.

**Table 31: Patterns of alcohol and tobacco use among IDU in the last six months in the ACT, 2004-2007**

	2004 N=100	2005 N=125	2006 N=100	2007 N=101
<b>Recent use (%)</b>				
Alcohol	58	74	68	<b>75</b>
Tobacco	91	96	99	<b>98</b>
<b>Median days used*</b>				
Alcohol	13	13	24	<b>27</b>
Tobacco	180	180	180	<b>180</b>

Source: ACT IDRS IDU interviews, 2004-2007

\*Among those that reported recent use. Maximum=180 days

## 9.5 Summary of other drugs

Table 32 summarises the trends for other drug use including, ecstasy, benzodiazepines, pharmaceutical stimulants, alcohol and tobacco.

**Table 32: Summary of trends of other drug use by participants in the ACT, 2006-2007**

<b>Ecstasy</b>	<ul style="list-style-type: none"> <li>• 25% of participants reported recent use of ecstasy, similar to 27% in 2006</li> <li>• Median days of use of ecstasy in the six months preceding the interview was two, which has been stable over the past four years</li> </ul>
<b>Benzodiazepines</b>	<ul style="list-style-type: none"> <li>• 68% of participants reported recent use of benzodiazepines, an increase from 60% in 2006</li> <li>• Equal proportions (50%) reported they used licit or illicit as their most common form</li> <li>• Median days of use of benzodiazepines in the six months preceding interview was 72 days for licit and 8 days for illicit</li> <li>• Most common brand was Valium</li> </ul>
<b>Pharmaceutical stimulants</b>	<ul style="list-style-type: none"> <li>• 2% reported recent use of licit pharmaceutical stimulants (3% in 2006)</li> <li>• 28% reported recent use of illicitly obtained pharmaceutical stimulants, a decrease from 35% in 2006</li> <li>• 26% reported recent injection of pharmaceutical stimulants</li> <li>• Median days of use of licit pharmaceutical stimulants was 90.5 days and five days for illicitly obtained pharmaceutical stimulants</li> <li>• Most (96%) participants reported using pharmaceutical stimulants that were not prescribed to them (i.e. illicit use)</li> </ul>
<b>Alcohol and tobacco</b>	<ul style="list-style-type: none"> <li>• 75% of participants reported recent use of alcohol, an increase from 68% in 2006</li> <li>• Median days of use of alcohol in the six months preceding interview was 27 in 2007 from 24 in 2006</li> <li>• 98% of participants reported recent use of tobacco, compared to 99% in 2006</li> <li>• Median days of use of tobacco in the six months preceding interview was 180 days, consistent with previous years</li> </ul>

Source: ACT IDRS IDU interviews, 2006-2007

## 10.0 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

### 10.1 Overdose and drug-related fatalities

#### 10.1.1 Heroin

In 2007, sixty percent of participants reported having overdosed on heroin at least once at some point in their lives. In 2006, similar figures were reported with 56% of the sample having overdosed on opioids at some time in their lives.

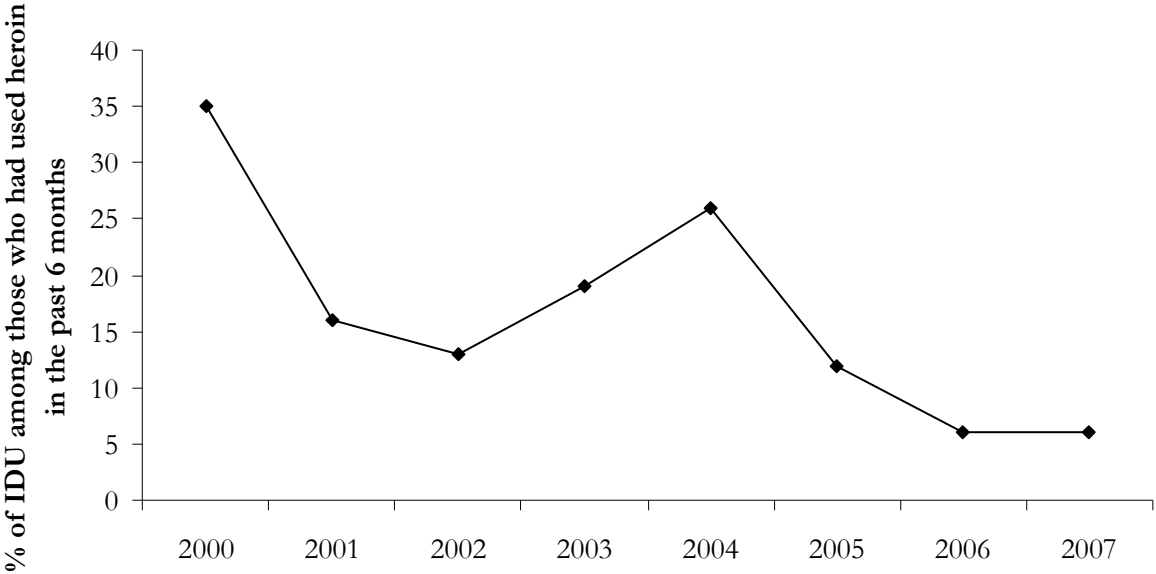
Seventy-five percent of participants who reported ever having overdosed on heroin reported having overdosed one to five times, 8% reported having overdosed between six and ten times and 10% reported eleven or more times. The median time to last heroin overdose was 72 months (range 2-360 months), the same as in 2006 (range 0-252 months).

As can be seen from Figure 19, in 2007, six percent of participants reported having overdosed on heroin in the year prior to the interview; this was the same in 2006. These figures are the lowest since data collection began in 2000. Two participants reported overdosing on heroin in the past month.

The majority (82%) of participants in 2007 reported that they had been present at a heroin overdose at least once in their lifetime, though this was down from 97% the previous year. Of those that reported being present at another person's overdose, 86% had been present at a heroin overdose in the previous 12 months, compared to 89% in 2006.

Consistent with participant reports, KE have reported that levels of overdose have been low, due to the low purity of heroin and the decrease in use of heroin. However, some KE noted that if heroin quality returned to higher levels, there would be a corresponding increase in associated overdoses, which is a cause of concern.

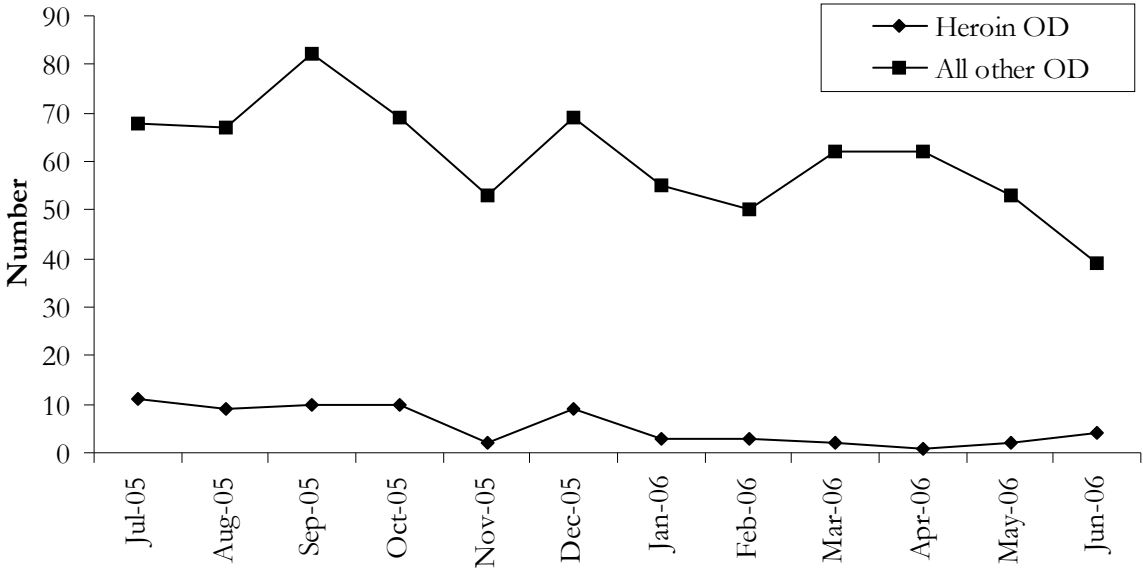
**Figure 19: Proportion of IDU reporting heroin overdose in the year preceding interview, 2000-2007**



Source: ACT IDRS IDU interviews, 2000-2007

The following graphs (Figures 20, 21 and 22) present data pertaining to ambulance calls in the ACT to reported heroin overdoses. In the 2005/2006 financial year, there were a total of 729 ambulance calls to overdoses in the ACT of which 66 were non-fatal heroin overdoses. As can be seen from Figure 20, ambulance calls relating to heroin overdoses represent a small proportion of the total number of ambulance calls for overdoses in the ACT. Other drug overdoses may be due to alcohol, prescription medication and benzodiazepines.

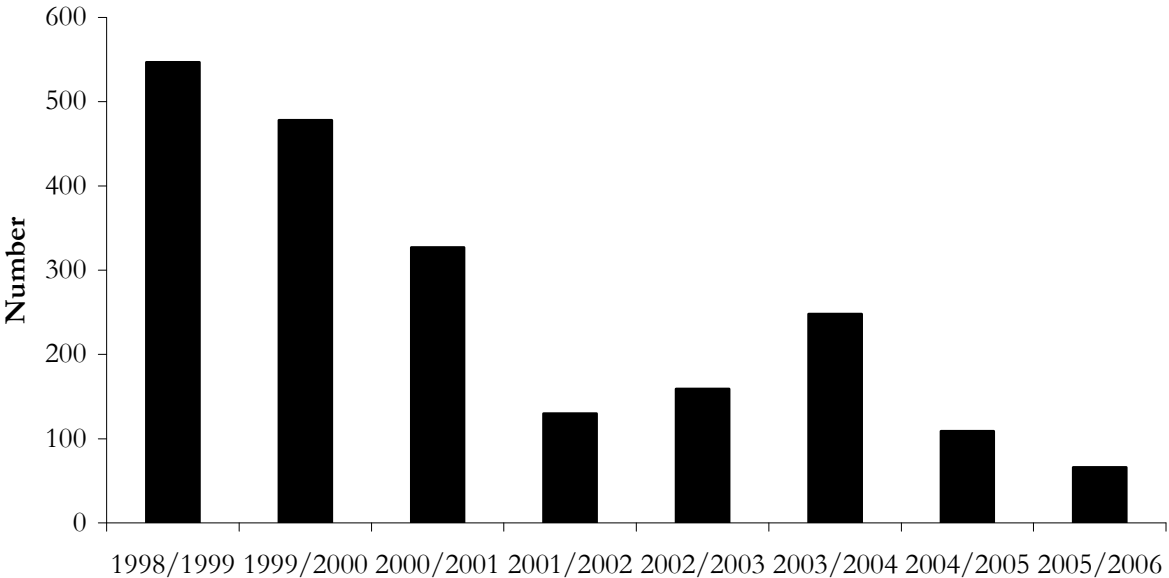
**Figure 20: Total number of non-fatal overdoses and number of non-fatal heroin overdoses attended by ACT Ambulance Service, by month, July 2005 to June 2006**



Source: ACT Ambulance Service

As can be seen from Figure 21, in the 2005/2006 financial year, there was a total of 66 non-fatal heroin overdoses attended by the ACT Ambulance Service, the lowest number per year since the 1998/1999 financial year when the graph begins. In the previous financial year (2004/2005), there were 109 overdoses attended and 248 non-fatal heroin overdoses were attended in 2003/2004. In 2001/2002, the ACT Ambulance Service attended 130 overdoses, compared to 327 in 2000/2001 and 478 in the previous year.

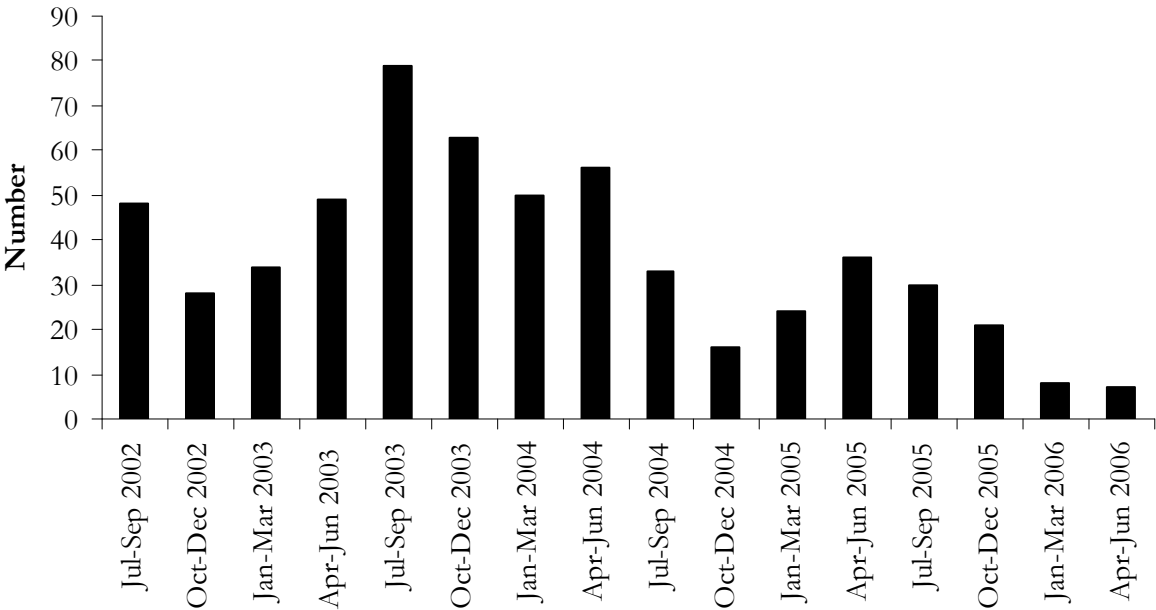
**Figure 21: Annual number of non-fatal heroin overdoses attended by ACT Ambulance Service, 1998/1999 to 2005/2006**



Source: ACT Ambulance Service

Figure 23 depicts the number of non-fatal heroin overdoses attended by the ACT Ambulance Service by quarter. When analysed by quarter, it appears that the number of non-fatal heroin overdoses in the Ambulance Service in the ACT increased with each quarter from October-December 2002 (28 overdoses) to the July-September 2003 quarter (79 overdoses). The number of non-fatal overdoses in the ACT decreased to 16 in the October-December quarter of 2004, after which the reported number of non-fatal overdoses again began to increase to 36 in the April-June quarter of 2004. In the July-September quarter of 2005, the number of non-fatal heroin overdoses decreased to 30, and continued to decrease in the following financial year to 21 in the October-December quarter, to eight in the January-March 2006 quarter, and to just seven in the April-June quarter. This seems to support the decline in the use of heroin by IDU in the ACT in 2006.

**Figure 23: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, by quarter, July 2002 to June 2006**



Source: ACT Ambulance Service

**10.1.2 Methamphetamine**

Overdoses on any other drug, other than heroin or morphine, were rarely reported. Thirty-two participants reported overdosing on any other drug in their lifetime. Of those participants who had overdosed on any other drug, 25% (n=8) reported they had overdosed on some form of methamphetamine in their lifetime: three participants reported they had overdosed on speed and six reported that they had overdosed on crystal.

Of the 14 participants who reported they had overdosed on other drugs besides heroin or morphine, in the past 12 months, three participants reported they had overdosed on speed and four participants reported they had overdosed on crystal.

### 10.1.3 Cocaine

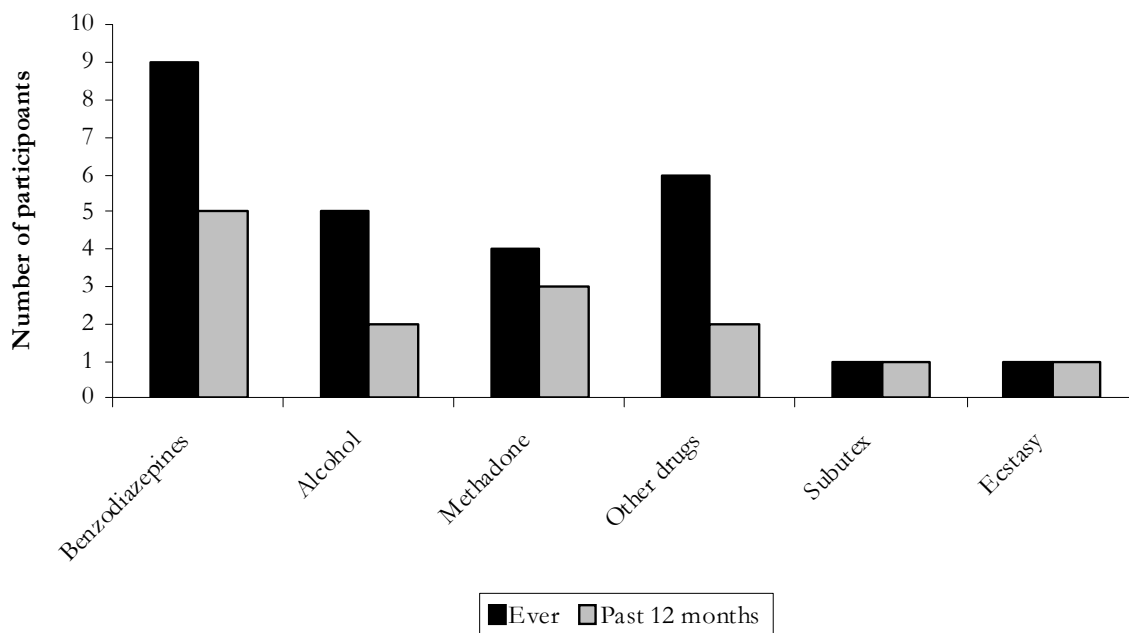
Of the 32 participants who reported they had ever overdosed on other drugs besides heroin or morphine, two participants reported they had overdosed on cocaine, and one participant reported they had overdosed on cocaine in the past 12 months.

### 10.1.4 Other drugs

Twelve participants reported they had ever overdosed on morphine, with five participants reporting they had overdosed in the preceding 12 months and one person reporting they had overdosed on morphine in the month preceding interview.

As can be seen in Figure 24, benzodiazepines were the most common other drug participants reported overdosing on, with nine participants reporting ever overdosing on benzodiazepines and five reporting overdosing on them in the preceding 12 months. Alcohol was the next most common drug ever involved in overdoses, followed by methadone. In the past 12 months, it was methadone followed by alcohol. Other drugs included prescription drugs such as pharmaceutical stimulants, antidepressants, and anti-psychotics, cough syrup, as well as magic mushrooms.

**Figure 24: Participants reports of other drug overdose, ever and in the past 12 months, ACT, 2007**



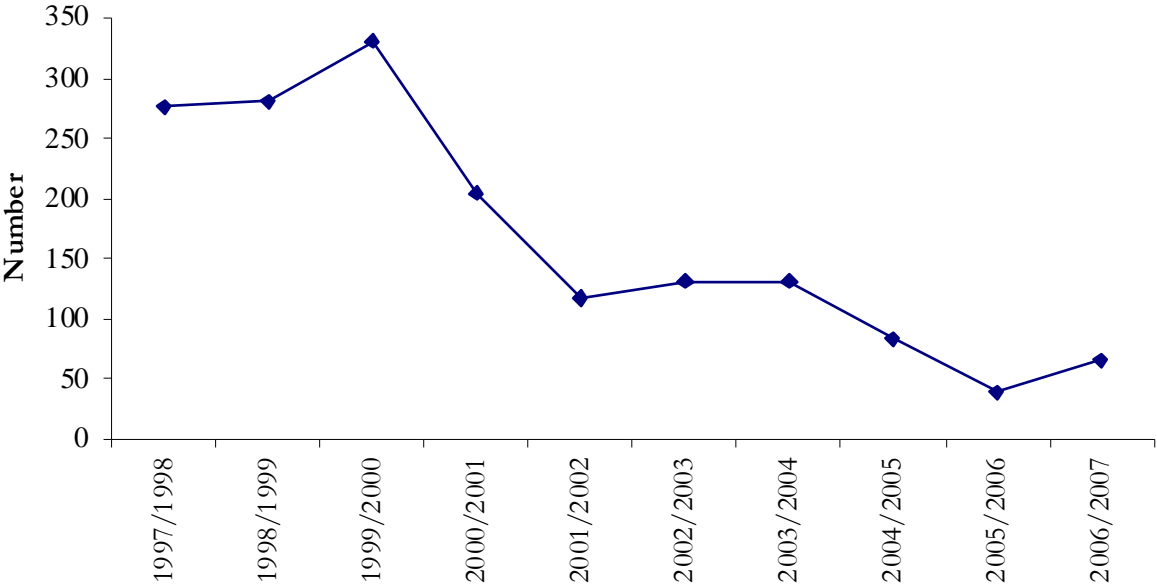
Source: ACT IDRS IDU interviews, 2007

## 10.2 Treatment

### 10.2.1 Heroin

There has been a continued decline in the number of clients withdrawing from heroin in the ACT at Arcadia House Withdrawal Centre since the peak in the 1999/2000 financial year, as can be seen in Figure 25. Since 2001/2002, the number of Arcadia House clients withdrawing from heroin has been relatively stable. However, in 2004/2005 there were a total of 83 clients that were withdrawing from heroin at Arcadia House, a decrease from 131 reported in the previous financial year (2003/2004). The number of clients withdrawing from heroin decreased even further in 2005/2006 to 39 clients. In 2006/2007, there was a slight increase in the number of clients withdrawing from heroin to 65 clients.

**Figure 25: Number of Arcadia House clients withdrawing from heroin, 1997-1998 to 2006-2007**

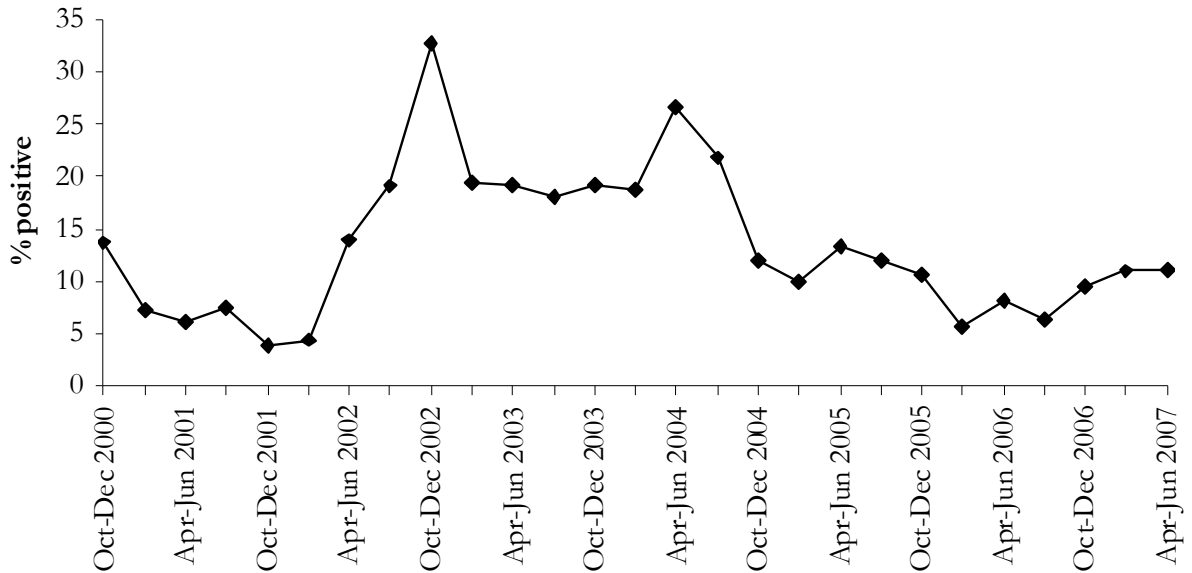


**Source:** Assisting Drug Dependents Incorporated (ADDInc)

As part of the clinical management of patients in methadone maintenance treatment for opioid dependence in the ACT, urine analysis is conducted to test for the use of illicit drugs. To determine heroin use by patients maintained on methadone, urine tests are screened for the presence of morphine, as morphine-positive urine test results are indicative of recent heroin use. Figure 26 depicts the percentage of morphine-positive urine tests analysed by Australian Capital Territory Government Analytical Laboratory (ACTGAL) for the ACT Drug and Alcohol Program. The percentage of morphine-positive test results among methadone maintenance patients in the ACT remained low during 2001, with an average of 6% of all urine analysis testing positive for morphine. Low levels of illicit heroin use during this period are likely due to the reduction in the availability of heroin documented to have occurred in Australia at the beginning of 2001 (Day et al., 2003, Degenhardt, 2004 #923, Degenhardt and Day, 2004). Morphine-positive urine results began to increase from late 2002, peaking in the October-December quarter of 2002 at 33%, then decreasing and reaching a plateau from January 2003 to March 2004. Morphine-positive tests continued to decrease in the April-June quarter 2005 from 13.3% to 5.6% in the January-March 2006 quarter, before increasing slightly to 8.1% in the April-June

quarter 2006. In July- September 2006 the percentage of morphine positive urine results declined slightly to 6.3% before increasing to 9.5% in October-December 2006 to 11.0% in January-march quarter of 2007 to 11.1% in the April-June quarter of 2007.

**Figure 26: Percentage of morphine-positive urine tests, by quarter, October 2000 to June 2007**



Source: ACT Health

There were a total of 4,516 ‘closed treatment episodes’ in the ACT for the 2006/2007 financial year. A closed treatment episode is defined as a period of contact with defined commencement and cessation dates between a client and treatment agency.

A greater proportion of males were involved in ‘closed treatment episodes’ than females (65% and 35% respectively). The majority of clients in treatment were aged 20-29 years (31%), with just over one-quarter of those in treatment aged 30-39 years (28%). As can be seen from Table 11, the majority of both males and females in ‘closed treatment episodes’ were in treatment for alcohol (56% and 47% respectively) and heroin (19% and 20% respectively).

**Table 33: Percentage of closed treatment episodes for females and males by principal drug of concern, 2005/2006**

Principal drug of concern (%)	Female	Male	Total
Heroin	20	19	19
Methadone	<1	1	1
Alcohol	47	56	53
Benzodiazepines	1	1	1
Meth/amphetamines	10	8	8
Cannabis	10	13	12
MDMA	1	1	1
Cocaine	<1	<1	<1
Nicotine	<1	<1	<1
Other	10	3	5
<b>Total number</b>	<b>1560</b>	<b>2956</b>	<b>4516</b>

Source: ACT Health

Table 34 presents the main treatment types for clients in treatment episodes where heroin is the principle drug of concern. The most common forms of treatment where heroin was the principal drug of concern was pharmacotherapy treatment (24%) – i.e. methadone or buprenorphine – followed by counselling (15%) and withdrawal management (13%).

**Table 34: Main treatment type for clients in closed treatment episodes for heroin, 2005-2006**

Main treatment type (%)	Principal drug of concern – heroin
Withdrawal management	13
Counselling	15
Rehabilitation	4
Pharmacotherapy	24
Support & case management only	8
Information & education only	<1

Source: ACT Health

In the ACT, there was a total of 790 clients on either methadone or buprenorphine maintenance treatment as of 30<sup>th</sup> June 2006. This represents approximately 2% of pharmacotherapy clients Australia-wide. The majority (76%) of clients in pharmacotherapy treatment were on the methadone program, with a smaller proportion (24%) on buprenorphine maintenance. Table 35 presents data pertaining to the number of pharmacotherapy clients by dosing point in the ACT. As can be seen from Table 35, the majority of clients on methadone are dosed by pharmacies and equal numbers are prescribed buprenorphine at pharmacies and public clinics.

**Table 35: Number of pharmacotherapy clients receiving treatment in the ACT as of 30<sup>th</sup> June 2006, by dosing point**

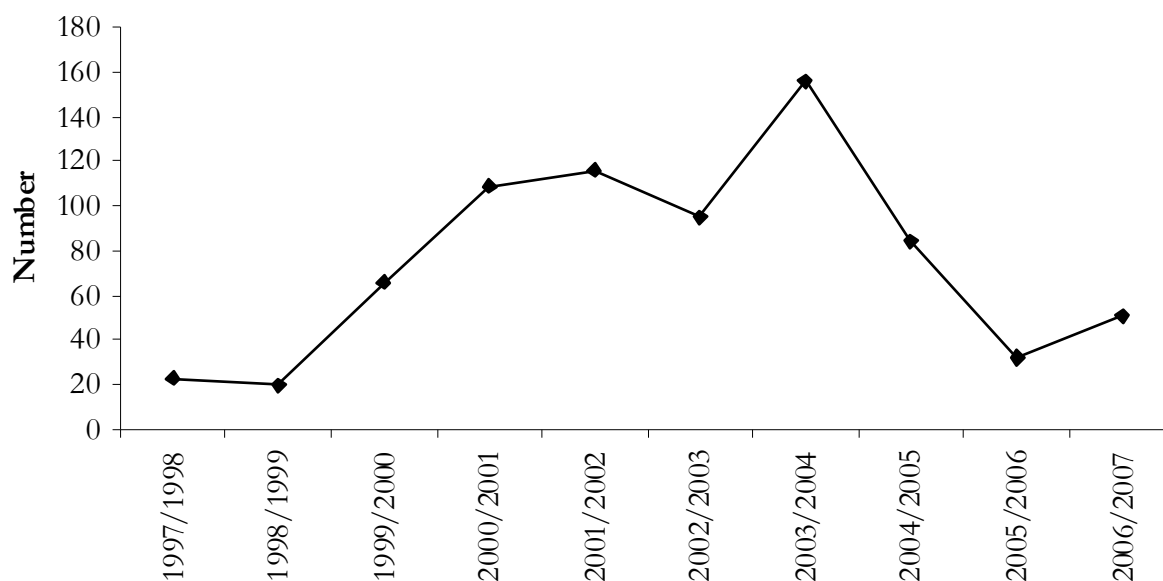
Dosing site	Number of pharmacotherapy clients in the ACT	
	Methadone (n=600)	Buprenorphine (n=190)
Pharmacies	412	95
Public clinics	162	95
Private clinics	0	0
Correctional facilities	19	0
Other	0	0

Source: AIHW

### 10.2.2 Methamphetamine

As can be seen in Figure 27, there was an increase in the number of clients that attended Arcadia House for methamphetamine detoxification, up from 32 in 2005/2006 to 51 in 2006/2007.

**Figure 27: Number of Arcadia House clients undergoing withdrawal from methamphetamine, 1997/1998 to 2006/2007**



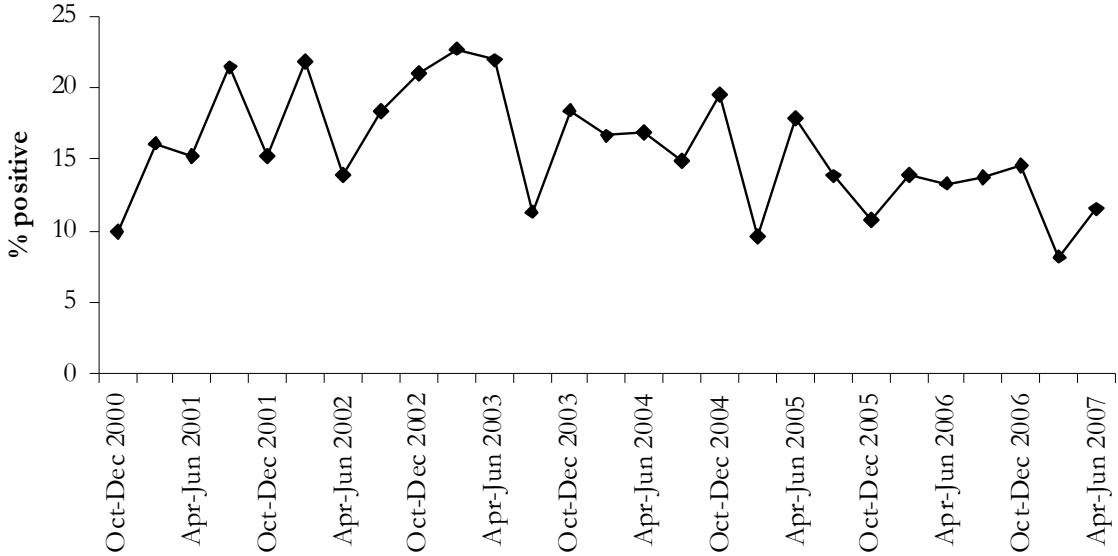
Source: ADDInc

Figure 28 shows the number of hospital admissions in the ACT, of persons aged 15 to 54, where amphetamine was implicated in the primary diagnosis. The AIHW defines the primary diagnosis as the diagnosis established (after discharge) to be largely responsible for occasioning the patient's episode of care in hospital.

The ADP in the ACT routinely screens for illicit drug use among patients in opioid maintenance programs for the treatment of opioid dependence. The presence of methamphetamine in the urine is indicative of recent use of this drug. Figure 28 shows the percentage of methamphetamine-positive urine test results from October 2000 to June 2006. The proportion of

methamphetamine-positive urine tests has remained stable, fluctuating between 10% and just over 20%. In the July-September quarter of 2005, 14% of urine tests were positive for methamphetamine, decreasing to 11% in the October-December quarter of 2005 and increasing to 14% in the January-March quarter of 2006. In the April-June quarter of 2006, 13% of urine tests were positive for methamphetamine. In the July-September quarter of 2006 the percentage testing positive to methamphetamine remained stable at 13.7%, before increasing slightly to 14.5% in the October-December quarter 2006. In January-March there was a decline in the proportion testing positive to methamphetamine to 8.2%; however, in the April-June 2007, this increased slightly to 11.5%.

**Figure 28: Percent methamphetamine-positive urine tests, by quarter, October 2000 to June 2007**



Source: ACT Health

There was a total of 4,516 ‘closed treatment episodes’ in the ADP for the 2006/2007 financial year. A closed treatment episode is defined as a period of contact with defined commencement and cessation dates between a client and treatment agency. Amphetamine/methamphetamine was the principle drug of concern for 376 of these treatment episodes. Withdrawal management (detoxification, 23%) and counselling (22%) accounted for the majority of closed treatment episodes where amphetamine was the principle drug of concern, as can be seen in Table 36.

**Table 36: Main treatment type for clients in closed treatment episodes for amphetamine/methamphetamine, 2006/2007**

Main treatment type (%)	Principal drug of concern – amphetamine/methamphetamine
Withdrawal management	23
Counselling	22
Rehabilitation	12
Support & case management only	15
Information & education only	1

Source: ACT Health

### 10.2.3 Cocaine

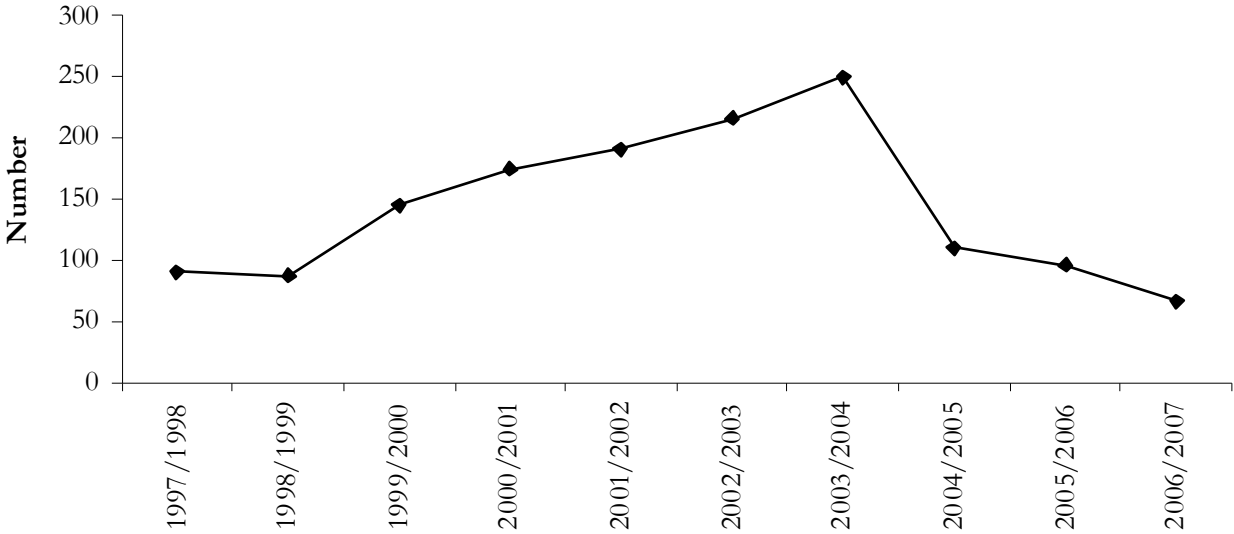
There were no harms reported by the 2007 IDU sample with regards to cocaine. This may be due to the low numbers that reported recent use of cocaine.

In the ACT, there were eight clients in treatment in the ADP where cocaine was the principal drug of concern; this represents less than 1% of all ADP clients in treatment episodes from July 2006 to June 2007. Three received counselling and five were for an assessment only.

### 10.2.4 Cannabis

As can be seen from Figure 29, the number of clients attending Arcadia House for cannabis withdrawal increased steadily from 1997/1998, before peaking in 2003/2004 with 250 clients attending the withdrawal centre in that financial year. There was a decrease in the number of clients that attended Arcadia House for withdrawal from cannabis in 2004/2005, with a total of 110 clients undergoing withdrawal from cannabis during this period. In 2005/2006, there was a slight decrease from the previous year to 96 clients, attending Arcadia House for withdrawal from cannabis. This decline continued in 2006/2007 to 67 clients.

**Figure 29: Number of Arcadia House clients undergoing withdrawal from cannabis, 1997/1998 to 2006/2007**



Source: ADDInc

As previously mentioned, in the ADP there were a total of 4,516 ‘closed treatment episodes’ for the 2006-2007 financial year. The ADP defines a closed treatment episode as a period of contact with defined commencement and cessation dates between a client and treatment agency. Cannabis was the principal drug of concern for 531 of these treatment episodes. Counselling (39%) accounted for the majority of closed treatment episodes where cannabis was the principle drug of concern, followed by withdrawal management (20%), as shown in Table 37.

**Table 37: Main treatment type for clients in closed treatment episodes for cannabis, 2006-2007**

Main Treatment Type	Principal drug of concern – Cannabis (%)
Withdrawal management	20
Counselling	39
Rehabilitation	9
Support & case management only	9
Information & education only	1

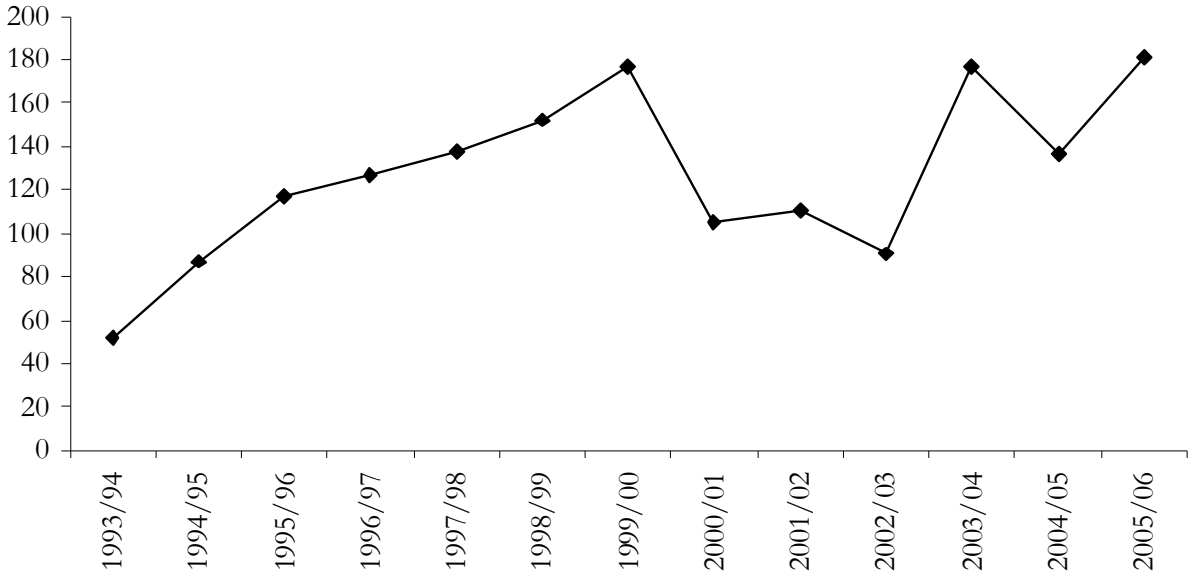
Source: ACT Health

### 10.3 Hospital admissions

#### 10.3.1 Heroin

Figure 30 shows the number of hospital admissions in the ACT per millions persons aged 15-54 years where opioids are implicated in the primary diagnosis. The AIHW defines primary diagnosis as the diagnosis established (after study) to be chiefly responsible for occasioning the patient’s episode of care in hospital. As can be seen from Figure 30, the number of opioid-related hospital admissions steadily increased from 51.73 per million persons in 1993/1994 to 181 in 2005/06, the highest recorded since 1993/94.

**Figure 30: Number of hospital admissions per million persons aged 15-54 years where opioids were implicated in the primary diagnosis, ACT, 1993/1994 to 2005/2006**

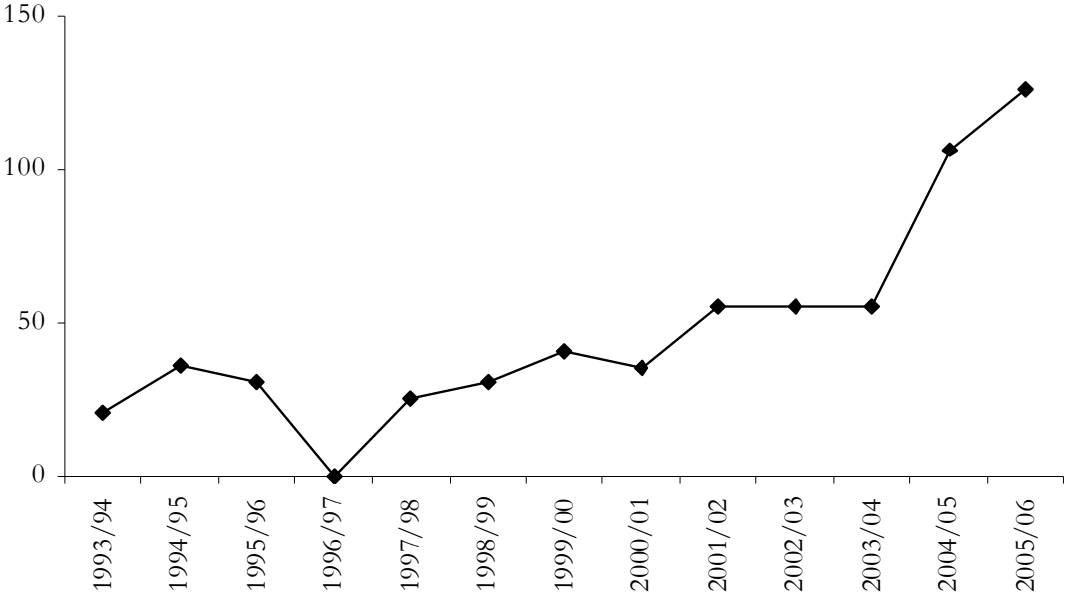


Source: Australian Institute of Health and Welfare (AIHW); ACT Department of Health

#### 10.3.2 Methamphetamine

The number of amphetamine-related hospital admissions in the ACT has remained lower than 150 per million persons in the last ten years – see Figure 31. No amphetamine-related hospital admissions were recorded in 1996/1997, but admissions where amphetamine was implicated steadily increased since this time. In 2005/2006, admissions increased to 125.71 per million persons, the highest recorded since 1993/1994.

**Figure 31: Number of hospital admissions per million persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 1993/1994 to 2005/2006**



**Source:** Australian Institute of Health and Welfare (AIHW); ACT Department of Health

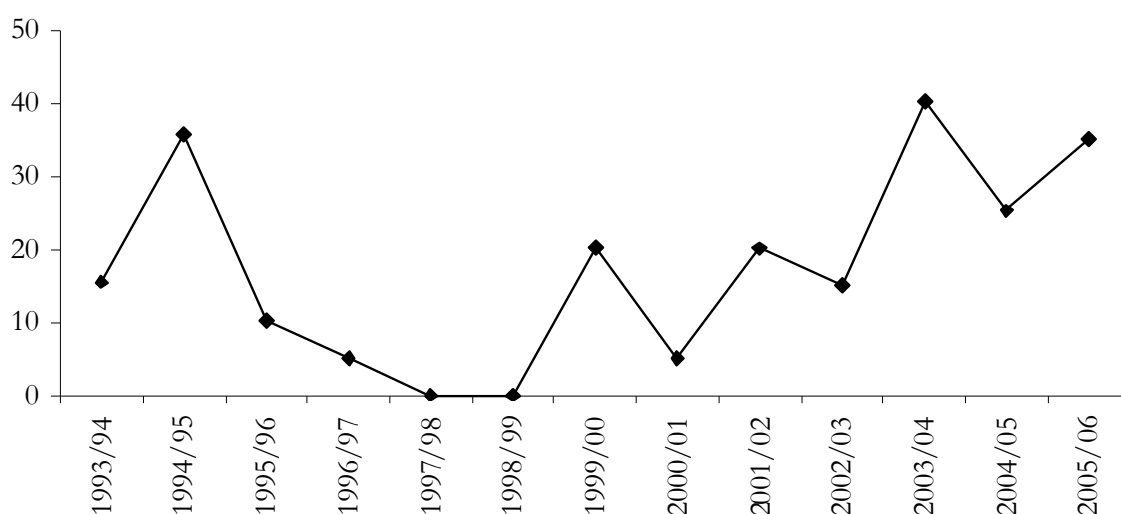
**10.3.3 Cocaine**

Numbers of hospital admissions in the ACT where cocaine was implicated in the primary diagnosis have remained lower than 10 per million persons aged 15 to 54 years in the last ten years. In 2005/06 there were 5 cocaine-related hospital admissions per million persons recorded in the ACT.

**10.3.4 Cannabis**

As can be seen from Figure 32, the number of cannabis-related hospital admissions per million persons has fluctuated over the last ten years. In 2005/2006, there were 35.2 cannabis-related hospital admissions per million persons recorded in the ACT.

**Figure 32: Number of hospital admissions per million persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 1993/1994 to 2005/2006**



**Source:** Australian Institute of Health and Welfare (AIHW); ACT Department of Health

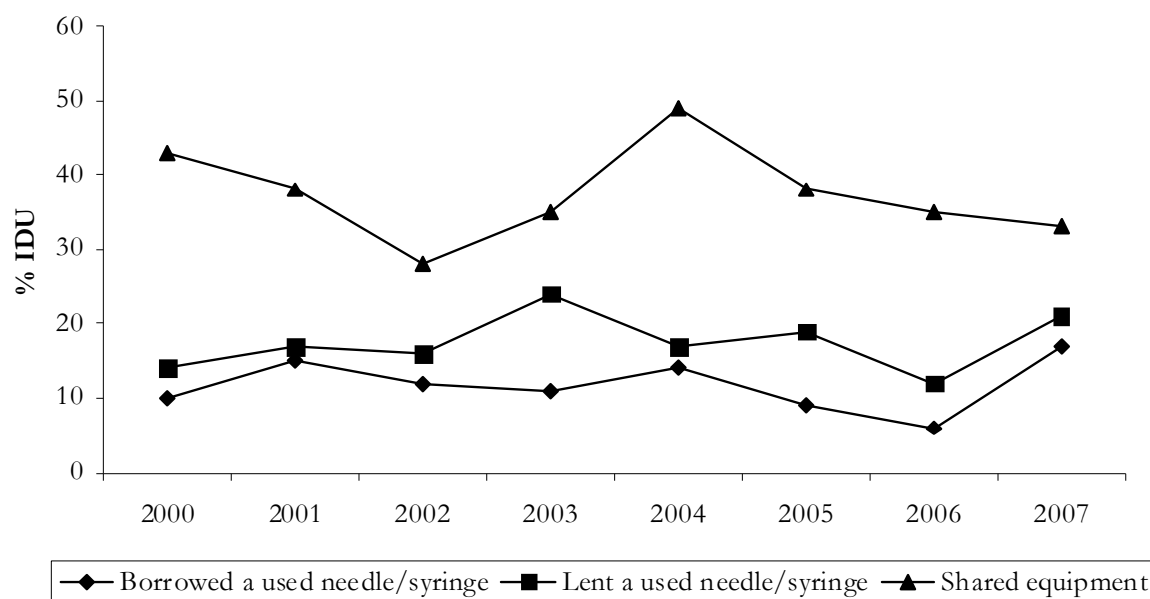
## 10.4 Injecting risk behaviours

### 10.4.1 Sharing of injecting equipment among IDU

Figure 33 presents the proportion of participants in the 2007 sample who reported recently sharing injecting equipment. In the month preceding interview, 17% of participants had injected with syringes that had already been used, an increase from 6% in 2006. Females in the 2007 sample were significantly more likely to have injected with needles that had already been used ( $n=10$ ) than men ( $n=7$ ,  $p<0.05$ ). Fifteen participants reported one person had used the needle before them, and two participants reported that two participants had used the needle before them. All participants ( $n=6$ ) who had used a needle after someone else in the preceding month reported that one person had used it before them. Participants reported that the people who had used syringes prior to themselves were most commonly close friends ( $n=8$ ) or regular sex partners ( $n=7$ ).

The proportion of participants that reported lending used needles increased from 12% in 2006 to 21% in 2007. Slightly more men ( $n=13$ ) than women ( $n=8$ ) in the 2007 IDRS sample lent their used needle to someone else; however, this was not statistically significant ( $p>0.05$ ). Of the 21 participants reporting lending needles in the month prior to interview, ten reported that someone else used their needle once after they had used it, while seven respondents reported that the needle was used two times and four respondents reported that their needle was used three or more times after they had used it.

**Figure 33: Proportion of IDU reporting sharing injecting equipment in the month preceding interview, 2000-2007**



Source: ACT IDRS IDU interviews, 2000-2007

As well as sharing needles and syringes, participants may also share other injecting equipment such as spoons and other mixing containers, swabs, tourniquets and water. In 2007, thirty-three percent of the sample reported having used other injecting equipment after it had been used by someone else (similar to 35% in 2006). There was a decrease in the proportion of participants reporting using a spoon/mixing container after someone else, from 32% in 2006 to 24% in 2007. As can be seen in Table 38, while there has been a decrease between 2004 and 2006 in the proportion of participants reporting the use of a filter after someone else (26% in 2004, 15% in 2005 and 8% in 2006), there was a slight increase in 2007 to 16%. The proportion reporting using a tourniquet after someone else remained relatively stable at 15% in 2006 and 11% in 2007. The use of water after someone else increased from 11% in 2006 to 20% in 2007.

**Table 38: Proportion of IDU reporting sharing other injecting equipment by type, 2003-2007**

	2003 N=100	2004 N=100	2005 N=125	2006 N=100	2007 N=101
Used spoon/mixing container after someone else (%)	26	44	31	32	24
Used filter after someone else (%)	20	26	15	8	16
Used tourniquet after someone else (%)	12	11	8	15	11
Used water after someone else (%)	19	18	15	11	20

Source: ACT IDRS IDU interviews, 2003-2007

Some KE reported concern with regards to sharing behaviour and indicated that there has been an increase. Others argued that that most IDU are knowledgeable and sharing is a practice that is shunned in the community. KE have suggested that there has been a lack of recent education regarding sharing risks and that an increase in education may be beneficial to users.

#### 10.4.2 Blood-borne viral infections

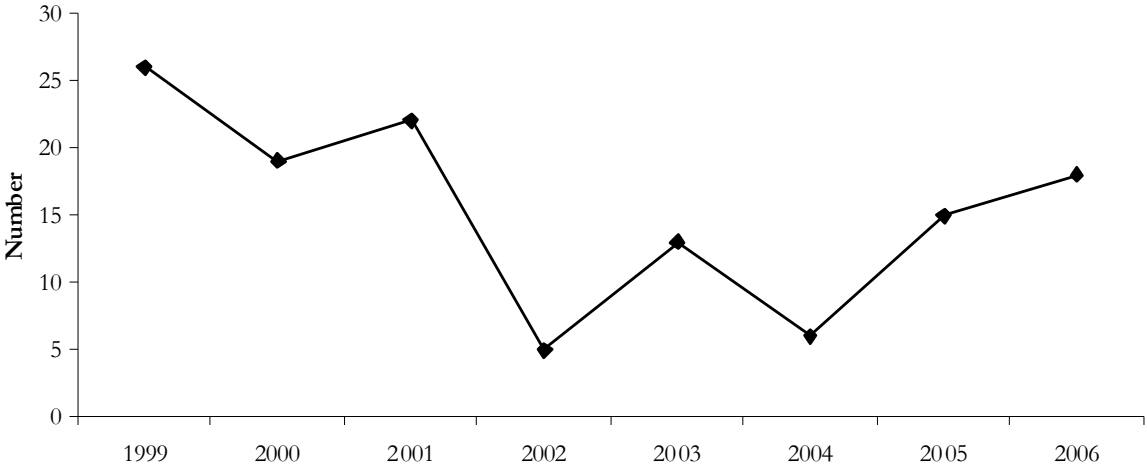
People who inject drugs are at risk of injection-related health problems such as infection with BBVI, including the human immunodeficiency virus (HIV), as well as hepatitis B (HBV) and hepatitis C (HCV). Data presented in this section are derived from National Notifiable Diseases Surveillance System (NNDSS) (National Centre in HIV Epidemiology and Clinical Research, 2007b) and the *Australian NSP Survey National Data Report 1999-2006* (National Centre in HIV Epidemiology and Clinical Research, 2007a).

The HIV prevalence among participants in the ACT remains low, which reflects the picture for Australian IDU as a whole (National Centre in HIV Epidemiology and Clinical Research, 2007b). Since 2000, there have been no HIV positive cases in the ACT sample surveyed for the annual NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2007a)

In the ACT, in 2006, there was a total of 191 cases of HCV, comparable to 174 in 2005 (National Centre in HIV Epidemiology and Clinical Research, 2007b). In 2006, there were 431 new cases of HCV reported nationally, of which 16 were reported in the ACT. This is similar to the 15 cases of newly acquired HCV reported in 2005 (National Centre in HIV Epidemiology and Clinical Research, 2007b).

Figure 34 presents the number of newly diagnosed cases of HCV in the ACT from 1999 to 2006. New cases of HCV in the ACT remain lower than levels reported between 1999 and 2001. However, for the first time since 2001, in 2005, there was an increase in the number of newly diagnosed cases of HCV in the ACT, from six in 2004 to 15 in 2005 and this trend continued in 2006 with 18 newly diagnosed cases of HCV in 2006. An increase in HCV has been supported by some KE interviewed for the IDRS. Nationally, the transmission of HCV is primarily attributable to a history of injecting drug use, with 70% of all cases reporting having contracted HCV infection from injecting drug use (National Centre in HIV Epidemiology and Clinical Research, 2007b).

**Figure 34: Number of newly diagnosed HCV cases in the ACT, 1999-2006 <sup>1</sup>**



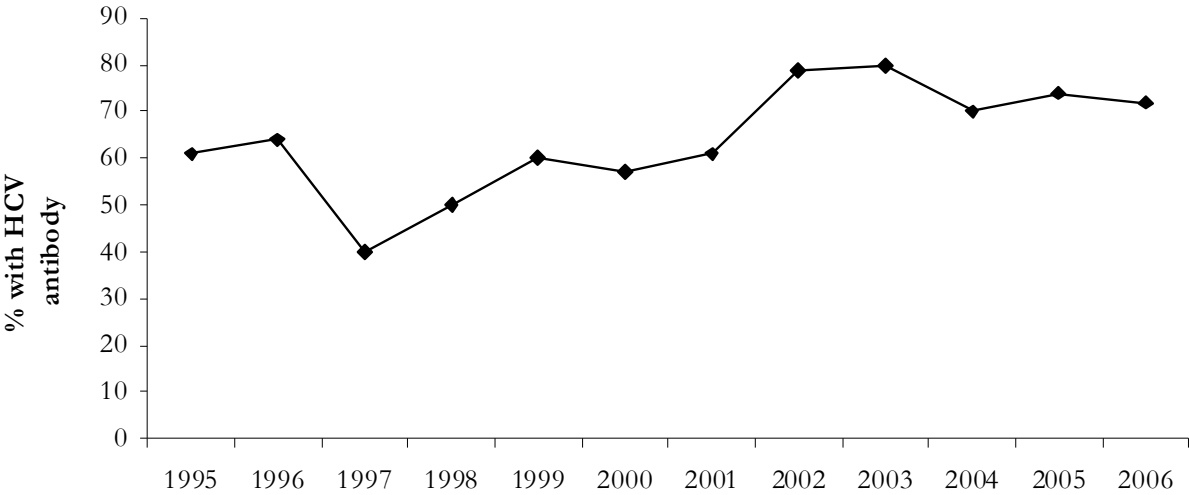
**Source:** NNDSS

The HCV antibody prevalence among the IDU sampled for the NSP annual survey (National Centre in HIV Epidemiology and Clinical Research, 2007a) is shown in Figure 35. As can be seen from this figure, there has been a steady increase in HCV antibody prevalence from 1997 to 2003. However, in 2004 there was a decrease to 70% of the 23 IDU testing positive to HCV antibody, from 80% of the 60 IDU who tested positive in 2003. Since 2004, the proportion of IDU testing positive for HCV antibody has begun stabilising with 74% of the 31 IDU testing positive for HCV antibody in 2005 and 72% of the 46 IDU in 2006.

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<sup>1</sup> There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to represent only a proportion of the total number of cases that occur, and this proportion may vary between diseases, across jurisdictions, and over time.

**Figure 35: HCV antibody prevalence among IDU, ACT, 1995-2005**



Source: National Centre in HIV Epidemiology and Clinical Research (2007a)

In 2006, there were seven new notifiable cases of HBV in the ACT (National Centre in HIV Epidemiology and Clinical Research, 2007b), compared to three cases in 2005.

**10.4.3 Location of injections**

Table 39 presents a summary of the usual and last location of drug injection among the ACT IDRS samples from 2002 to 2007. In 2007, the majority (81%) of participants reported that their ‘usual’ location of injection was a private home, although a smaller proportion (71%) reported a private home as their ‘last’ place of injection. Five percent reported a public place (such as a street or a park) as the ‘last’ location of injection, with a smaller proportion (2%) indicating that their ‘usual’ location of injection was a street or park. Thirteen percent reported a public toilet as the ‘last’ location of injection, although only 5% reported a public toilet as their ‘usual’ place of injection. Approximately one in ten participants reported injecting in a car as the last location for injection.

In 2007, the proportion of participants reporting the ‘last’ location of injection to be a public place – i.e. car, public toilet, street – was 28. Public injecting is of some concern because injecting in public locations has been found to be associated with increased risk of injection-related health problems, such as vascular damage and overdose (Darke et al., 2001).

**Table 39: Location of usual and last injection in the month preceding interview, ACT, 2002-2007**

	2002 N=100	2003 N=100	2004 N=100	2005 N=125	2006 N=100	<b>2007 N=101</b>
<b>Location of usual injection (%)</b>						
Private home	81	76	81	82	89	<b>81</b>
Public toilet	5	6	9	6	5	<b>5</b>
Street/park	6	9	7	4	3	<b>2</b>
Car	6	5	3	5	2	<b>10</b>
<b>Location of last injection (%)</b>						
Private home	62	79	65	69	78	<b>71</b>
Public toilet	12	7	15	10	10	<b>13</b>
Street/park/beach	14	10	10	7	5	<b>5</b>
Car	9	3	8	8	3	<b>10</b>

Source: ACT IDRS IDU interviews, 2002-2007

#### 10.4.4 Injection-related health problems

In 2007, seventy-six percent of participants reported having experienced at least one injection-related health problem in the month preceding interview, a marked increase from 48% in 2006. Fifty-one percent reported experiencing two or more problems during this period, a marked increase from 22% in 2006. Twenty-three percent of participants reported experiencing a 'dirty hit' in the month preceding interview. The most common drugs implicated in a dirty hit amongst the sample were methamphetamine (n=8), Subutex (n=5) and morphine (n=3). As can be seen from Table 40, consistent with participants' reports from 2002 to 2006, the most commonly experienced injection-related problems in 2006 were scarring/bruising of injection sites (56%) and difficulty injecting (47%).

**Table 40: Injection-related health problems experienced in the month preceding interview, ACT, 2002-2007**

	2002 N=100	2003 N=100	2004 N=100	2005 N=125	2006 N=100	2007 N=101
<b>Injection-related health problems in past month (%)</b>	65	64	69	61	48	<b>76</b>
<b>Injection-related health problems in past month (%)</b>						
Scarring/bruising	49	44	49	48	25	<b>56</b>
Difficulty injecting	36	39	31	30	31	<b>47</b>
'Dirty hit'	11	17	14	10	12	<b>23</b>
Infections/abscesses	4	7	8	8	6	<b>13</b>
Overdose	5	7	5	2	4	<b>3</b>

Source: ACT IDRS IDU interviews, 2002-2007

### ***Methadone-related harms***

In 2007, thirty-seven percent of the sample reported having injected methadone in the last month and 31% of the sample reported having health-related problems due to methadone injection.

Participants reported experiencing a range of health problems associated with methadone injection, including difficulty finding veins (n=19), methadone dependence (n=18), scarring/bruising (n=15), swelling of the arm (n=16), swelling of the hand (n=5), swelling of the feet (n=4), a dirty hit (n=3), swelling of the leg (n=3), and thrombosis (n=2).

### ***Buprenorphine-related harms***

In 2007, twenty-seven percent of participants reported injecting buprenorphine in the month prior to interview. Nineteen percent of the entire sample reported that they had experienced problems as a result of buprenorphine injection in the month prior to interview. A range of problems were experienced, including difficulty finding veins (n=9), dirty hit (n=7), scarring/bruising (n=7), buprenorphine dependence (n=6), swelling of the arm (n=4) and swelling of the hand (n=2).

### ***Morphine-related harms***

In 2007, twenty-nine percent of the sample reported having injected morphine in the last month, and 20% reported experiencing problems as a result of morphine injection. Participants reported experiencing a range of health problems associated with morphine injection, including difficulty finding veins (n=11), swelling of the arm (n=9), morphine dependence (n=5), swelling of the hand (n=5), dirty hit (n=4), scarring/bruising (n=4), overdose (n=2), swelling of the leg (n=2), swelling of the feet (n=2), and abscesses and/or infections (n=1). This was supported by the KE who were able to comment on morphine, who argued that there was vein damage associated with the injection of morphine.

### ***Suboxone-related harm***

Three participants reported injecting Suboxone in the month prior to interview and two reported experiencing injection-related problems as a result. These were abscess/infection and swelling of the leg.

## 10.5 Mental health problems and psychological distress

In 2007, forty-one percent of participants interviewed reported having had a mental health problem other than drug dependence in the six months preceding interview. This rate is very high when compared with the general population. Of those reporting they were suffering from a mental health problem, the most common were depression (59%), anxiety (42%), schizophrenia (12%) and manic-depression (10%).

Just over four-fifths of those who reported suffering from a mental health problems reported that they were currently attending a mental health professional. In 2007, participants were asked whether they were prescribed any medication from the mental health professional for their mental health problems. Thirty percent reported they were prescribed an anti-depressant and 21% reported they had been prescribed anti-psychotics from their mental health professional. Almost one-quarter (24%) were not prescribed any medication from their mental health professional. Twelve percent reported they were prescribed medication other than anti-depressants and ant-psychotics; these were mainly benzodiazepines. KE reported that prescription anti-depressants were high amongst IDU, due to the high comorbidity among IDU.

**Table 41: Summary of mental health problems experienced by IDU in the ACT, 2007**

	2007 N=101
<b>Self-reported mental health problem last six months (%)</b>	<b>41</b>
<b>Self-reported mental health problems (%)*</b>	
Depression (%)	59
Anxiety (%)	42
Manic-depression (%)	10
Panic (%)	7
Paranoia (%)	5
Schizophrenia (%)	12
Drug-induced psychosis	7
<b>Attended mental health professional (%)*</b>	<b>81</b>
No medication (%)**	24
Prescribed anti-depressant (%)**	30
Prescribed anti-psychotic (%)**	21

**Source:** ACT IDRS IDU interviews, 2007

\* Of those who reported a mental health problem in the preceding six months

\*\* Of those who attended a mental health professional

### 10.5.1 Kessler Psychological Distress Scale

For the first time in 2007, the IDRS included the 10-item Kessler Psychological Distress Scale (K10), a questionnaire designed to measure the level of distress and severity associated with psychological symptoms in population surveys (Kessler, 2002).

The mean score was 24.08 (median 24; SD 8.7; range 10-46). Scores ranging from 10 to 15 were classified as 'low', 16 to 29 as 'medium' and 30 to 50 as 'high'. According to this classification, 17% were in the low range, 58% in the medium range, and 25% in the high range.

Table 42 shows K10 scores from the general Australian population in the National Health Survey (Australian Bureau of Statistics, 2006) and the 2007 ACT IDRS interviews. As can be seen, whilst the majority in the National Health Survey score between 10-15 (63%), the majority in the IDRS sample score in the moderate risk group and a significant minority (25%) score in the high risk group, compared to 4% in the National Health Survey. A forthcoming publication will provide more in-depth exploration of the K10 and its association with drug use.

**Table 42: K10 scores in the National Health Survey and the ACT IDRS interviews, 2006 and 2007**

K10 Score	Level of psych. distress	National Health Survey (N=14, 963)	2007 ACT IDRS (N=101)
10-15	No/low risk	63	17
16-29	Moderate risk	33	58
30-50	High risk	4	25

**Source:** (Australian Bureau of Statistics, 2006)  
ACT IDRS IDU interviews, 2007

Many KE stated that a large number of IDU suffered from mental health problems. Some also stated that there had been an increase in mental health issues in the preceding six months. The KE reporting believed it may have been related to the increase in the use of crystal, or from changing from heroin to crystal.

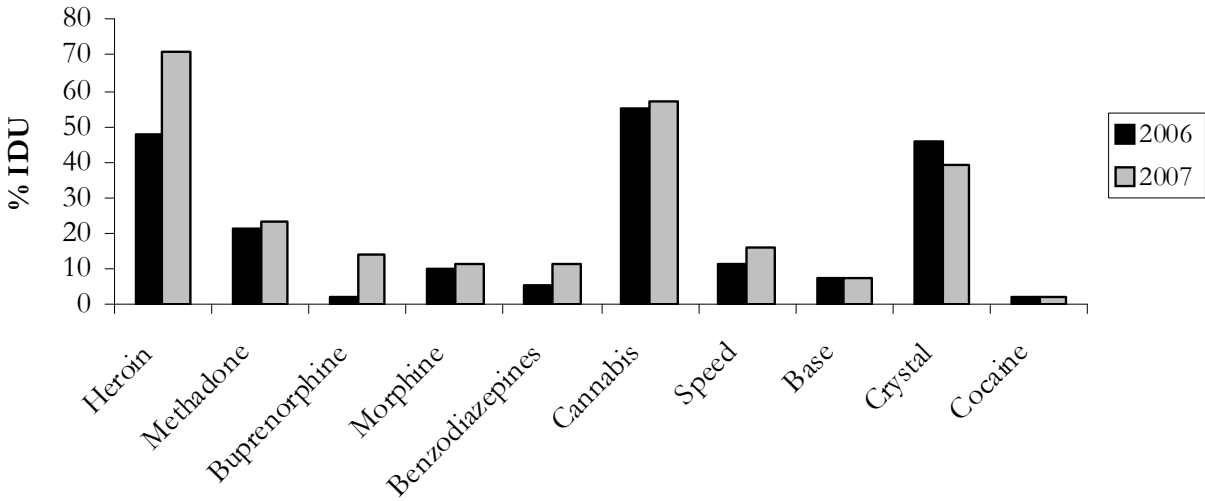
KE commenting on mental health problems noted that depression, general anxiety, paranoia, and drug-induced psychosis were among the most common presentations. A smaller proportion of KE noted other mental health problems, such as bi-polar disorder and schizophrenia among the IDU population. KE have also raised other concerns, namely the decline in the general health of IDU, especially skin and dental care, and also housing problems.

## 10.6 Driving risk behaviours

Participants were asked about driving behaviour following the use of alcohol or drugs. Of those who had driven a vehicle in the preceding six months (n=44), thirty percent (n=13) reported that they had driven whilst under the influence of alcohol, and six participants reported that they had driven over the limit of prescribed concentration of alcohol. Of those participants who had driven in the past six months (n=44), fifteen participants reported that they had been Random Roadside Breath (RBT) tested, though all fifteen reported that they did not return a positive reading in the six months preceding interview.

Forty-two participants, (96% of those who had driven in the past six months) reported that they had driven under the influence of drugs during that time. Participants reported that they had driven under the influence of drugs on a median of 44 times (range 1-180) during the preceding six months. Drugs the participants had driven after taking during the past six months for 2006 and 2007 are presented in Figure 36. The most common drugs reported by participants in 2007 were heroin (71%, an increase from 48% in 2006), cannabis (57%, similar to 55% in 2006) and crystal (39%, a decrease from 46% in 2006). The last drugs participants reported driving after taking were again; heroin (48%), cannabis (31%) and crystal (19%). Participants reported that they had not waited before driving (67%, n=28), with comments such as 'I drove straight away', or 'I smoked a joint whilst I was driving'.

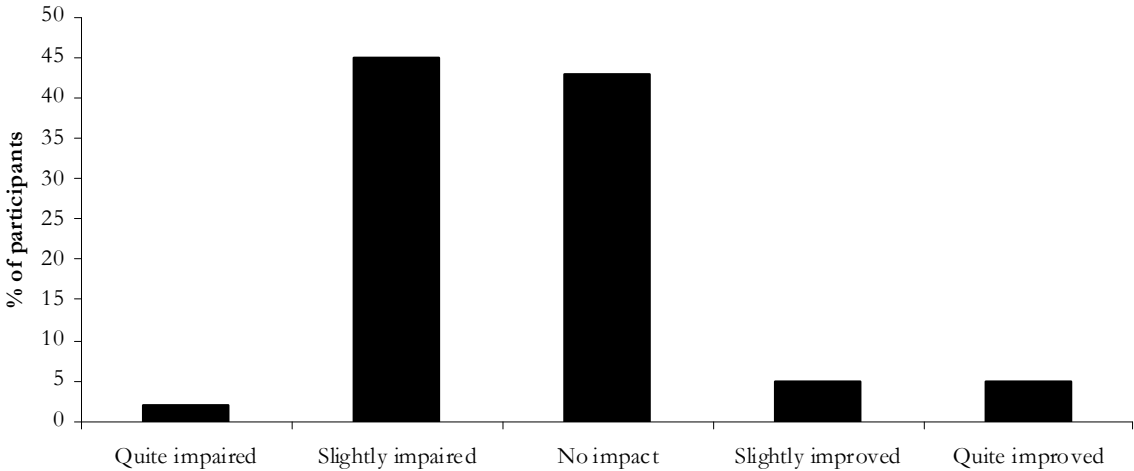
**Figure 36: Proportion of participants reporting driving under the influence of drugs, by drug type, 2006-2007**



**Source:** ACT IDRS IDU interviews, 2006-2007  
**NB:** Of those who have driven in the past six months

In 2007, participants were asked about their perceptions of driving impairment as a result of driving under the influence of drugs in the six months preceding interview, as can be seen in Figure 37. Participants reported that their driving was either slightly impaired (45%), or that the drugs had no impact on their driving ability (43%). Participants were less likely to report that their driving had slightly improved or quite improved (5% each), or that their driving was quite impaired (2%).

**Figure 37: Participants' reports of perceived driving impairment while driving under influence of drugs, ACT, 2007**



**Source:** ACT IDRS IDU interviews, 2007  
**NB:** Of those who have driven whilst under the influence of drugs in the past six months

Research conducted to determine which factors are associated with drug driving has identified being male and young as two major risk factors (Kelly et al., 2002). Findings from the 2007 ACT IDRS indicated that, among those who had driven in the past six months, there was no significant difference in the proportion of male and female participants reporting drug driving, and furthermore, there was no difference between younger or older drivers reporting drug driving. This is in contrast to the study mentioned above. This contrast may be because the IDRS participants are a sentinel group, and therefore not representative of other drug users.

### 10.7 Summary

Table 43 presents a summary of participant reports of health-related trends associated with drug use.

**Table 43: Summary of participants’ reports of health-related trends associated with drug use, 2006-2007**

<b>Overdose and drug-related fatalities</b>	<ul style="list-style-type: none"> <li>• Heroin               <ul style="list-style-type: none"> <li>○ 60% reported lifetime overdose</li> <li>○ Median time to last overdose was 72 months</li> <li>○ 6% reported overdosing in the past 12 months</li> </ul> </li> <li>• Methamphetamine               <ul style="list-style-type: none"> <li>○ Eight participants reported lifetime overdose on methamphetamine</li> <li>○ Three participants reported overdosing on speed and four on crystal in the 12 months preceding interview</li> </ul> </li> <li>• Cocaine               <ul style="list-style-type: none"> <li>○ Two participants reported lifetime overdose on cocaine</li> <li>○ One participants reported overdosing on cocaine in the preceding 12 months</li> </ul> </li> <li>• Cannabis               <ul style="list-style-type: none"> <li>○ Four Participants reported lifetime overdose on cannabis</li> <li>○ Three participants reported overdosing on cannabis in the past six months</li> </ul> </li> </ul>
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**Table 43: Summary of participant reports of health-related trends associated with drug use, 2006-2007 (continued)**

<p><b>Injecting risk behaviour</b></p>	<ul style="list-style-type: none"> <li>• Sharing injecting equipment <ul style="list-style-type: none"> <li>○ 17% of participants reported having injected with syringes that had already been used, a marked increase from 6% in 2006</li> <li>○ 21% of participants reported lending used needles, an increase from 12% in 2006</li> <li>○ 33% of participants reported using other injecting equipment (e.g. spoons, mixing containers, swabs) after someone else, similar to 35% in 2006</li> </ul> </li> <li>• Blood-borne viral infections <ul style="list-style-type: none"> <li>○ An increasing number of newly diagnosed HCV cases in the ACT, from 6 in 2004, to 15 in 2005, to 18 in 2006</li> <li>○ HCV antibody level remained stable at approximately three-quarters of the participants</li> </ul> </li> <li>• Location of injections <ul style="list-style-type: none"> <li>○ Majority reported injecting in a private home on their usual (81%) and last (71%) injection</li> <li>○ One in five (28%) reported injecting in a public place on their last injecting occasion, compared to 22% in 2006</li> </ul> </li> <li>• Injection-related problems <ul style="list-style-type: none"> <li>○ Increase in proportion reporting at least one injection-related problem from 48% in 2006 to 76% in 2007</li> <li>○ Most common problems were scarring or bruising (56%), and difficulty injecting (47%)</li> <li>○ A significant minority reported injection-related harms associated with methadone (31%), morphine (20%) and buprenorphine (19%)</li> </ul> </li> </ul>
<p><b>Mental health problems and psychological distress</b></p>	<ul style="list-style-type: none"> <li>• 41% reported suffering from mental health problem in preceding six months</li> <li>• Most common problems reported were depression (59%) and anxiety (42%)</li> <li>• 81% of those who reported a mental health problem had attended a mental health professional, though one-quarter (24%) reported they were not receiving medication</li> <li>• Participants scored high on the K10, with 58% at moderate risk for psychological distress and 25% at high risk</li> </ul>
<p><b>Diving risk behaviour</b></p>	<ul style="list-style-type: none"> <li>• Six participants reported driving while over the legal blood alcohol limit in the preceding six months</li> <li>• 96% of those who had driven in the past six months reported that they had driven under the influence of drugs at least once</li> <li>• The most common drugs were heroin (71%) and cannabis (57%)</li> </ul>

## 11.0 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

### 11.1 Reports of criminal activity among participants

As can be seen in Table 44, in 2007, forty-two percent of participants reported that they had been arrested in the last 12 months (similar to 46% in 2006). Participants in the 2007 sample were arrested most frequently for property crime (19%; 16% in 2006), violent crime (7%, a decrease from 13% in 2006) and use/possession charges (4%, comparable to 7% in 2006).

There was a marked increase in the proportion of participants in 2007 (38%) that reported engaging in at least one act of criminal activity in the month prior to interview (55%), when compared to 2006 (38%). There was an increase in the proportion of participants reporting the commission of at least one property crime, from 18% in 2006, to 26% in 2007. The proportion of participants reporting that they had been involved in drug dealing in the preceding month increased from 29% in 2006 to 42% in 2007. There was also a slight increase in the proportion of participants reporting involvement in fraud from 3% in 2006 to 7% in 2007. Despite increases in other categories of crime, there was a slight decrease in the proportion of participants reporting involvement in violent crime, from 12% in 2006 to 5% in 2007.

**Table 44: Criminal activity among participants, ACT, 2003-2007**

	2003	2004	2005	2006	2007
<b>Arrested last 12 months (%)</b>	36	38	36	46	<b>42</b>
<i>Crime arrested for (%)</i>					
Property crime	14	11	15	16	<b>19</b>
Dealing	1	3	2	0	<b>1</b>
Fraud	3	2	1	0	<b>0</b>
Violent crime	5	9	6	13	<b>7</b>
Driving offence	4	5	3	1	<b>6</b>
<b>Committed at least one crime in the last month (%)</b>	50	34	41	38	<b>55</b>
<i>Crime committed (%)</i>					
Property crime	22	13	16	18	<b>26</b>
Dealing	35	21	27	29	<b>42</b>
Fraud	5	5	4	3	<b>7</b>
Violent crime	6	9	9	12	<b>5</b>

Source: ACT IDRS IDU interviews, 2003-2007

## 11.2 Reports of police activity towards participants

In terms of perception of police activity in the ACT (see Table 45), 49% of participants in 2007 believed the level of police activity in the past six months to be stable. However, 42% believed there had been more police activity in the six months preceding interview. One-fifth (19%) of participants interviewed in 2007 reported that police activity had made it more difficult for them to score drugs; however, the majority (81%) commented that police activity had not made it more difficult to score drugs in the ACT.

**Table 45: IDU perception of police activity, ACT, 2003-2007**

	2003	2004	2005	2006	2007
<b>Police activity – change (%)</b>					
Don't know	17	20	15	14	<b>9</b>
More activity	37	34	41	30	<b>42</b>
Stable	44	45	38	54	<b>49</b>
Less activity	2	1	6	2	<b>1</b>
<b>More difficult to obtain drugs due to police (%)</b>					
Don't know	2	2	4	2	<b>0</b>
Yes	21	23	25	20	<b>19</b>
No	77	75	71	78	<b>81</b>

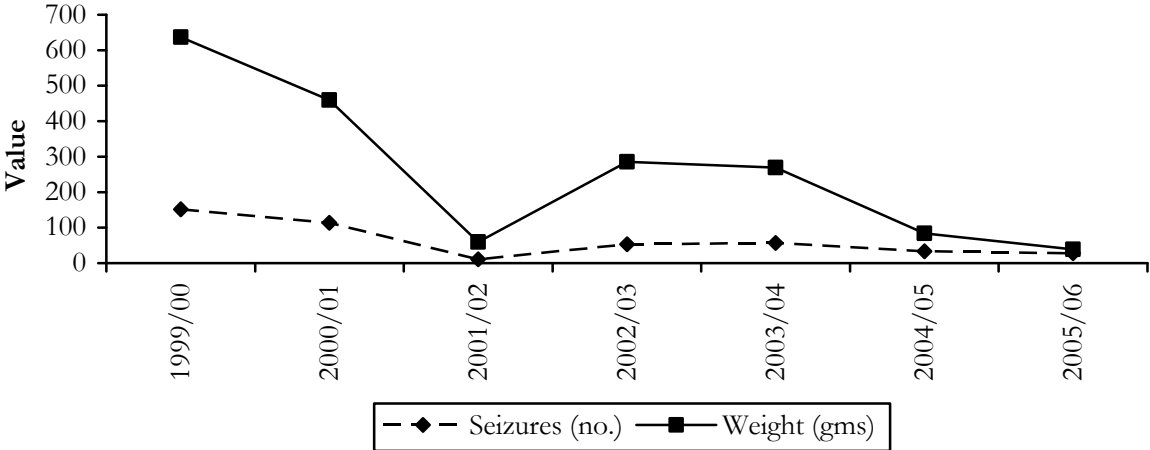
Source: ACT IDRS IDU interviews, 2003-2007

## 11.3 Arrests

### 11.3.1 Heroin

The number of heroin seizures and total weight seized for each financial year period from 1999/2000 financial year is presented in Figure 38. As can be seen in Figure 38, the number of seizures has remained relatively stable since 1999. However, the total weight of seizures decreased from 637 grams in the 1999/2000 financial year to 460 grams in 2000/2001. The total weight of heroin seizures continued to fall to 60 grams in 2001/2002, corresponding to the reported heroin shortage during this period. In 2002/2003, the weight of heroin seizures began to increase with 285 grams seized, followed by 269 grams in 2003/2004. In 2004/2005, the number of heroin seizures decreased to 33, from 57 in 2003/2004. In 2005/2006, the number of heroin seizures remained relatively stable (33 in 2004/2005 and 28 in 2005/2006), as did the weight of heroin seizures (84 grams in 2004/2005 and 39 grams in 2005/2006). This was the lowest amount and weight of seizures in recent years. Data were not available at the time of printing for more recent seizure estimates.

**Figure 38: Number and weight of heroin seizures in the ACT, July 1999 to June 2006**



**Source:** ABCI (2000-2002) ACC (2003-2006)  
 NB: Data not available for 2006/07 financial year.

Table 46 summarises the number of heroin and other opioids consumer and provider arrests in the ACT from 1997 to 2004 (more recent data were not available at the time of printing). The ACC classifies offenders who are charged with user-type offences (e.g. possession of illicit drugs and illicit drug use) as consumers. Offenders who are charged with supply-type offences (such as trafficking, selling, manufacture or cultivation) are categorised as providers. As can be seen in Table 46, the total number of heroin-related arrests in the ACT remained relatively stable over the last two financial years, with 39 arrests made in 2003/2004 and 35 in 2004/2005. The number of males arrested for user-type offences has remained the same over the past three financial years with 18 recorded arrests in 2003/2004, 2004/2005 and 2005/2006. In 2005/2006, the number of male provider arrests declined slightly from 13 to eight arrests. Since 1997, the number of people in the ACT arrested for user-type offences is approximately three times greater than the number arrested for supply-type offences. However, in the past two years, the number of the people arrested for supply-type offences is only double the number of people arrested for user-type offences. Additionally, males are approximately 3.5 times more likely to be arrested for a heroin-related offence than females. Data were not available at the time of printing for more recent seizure estimates.

**Table 46: Number of heroin consumer and provider arrests, ACT, 1997/1998 to 2004/2005**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997-1998	43	15	26	2	86
1998-1999	39	22	18	4	83
1999-2000	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>
2000-2001	42	8	7	2	59
2001-2002	13	4	3	0	20
2002-2003	24	7	6	2	40
2003-2004	18	5	15	0	39
2004-2005	18	4	13	0	35
2005-2006	18	2	8	0	28

**Source.** ABCI (2000-2002) ACC (2003-2006)

NB: <sup>a</sup> Figures for ACT 1999/2000 were not available.

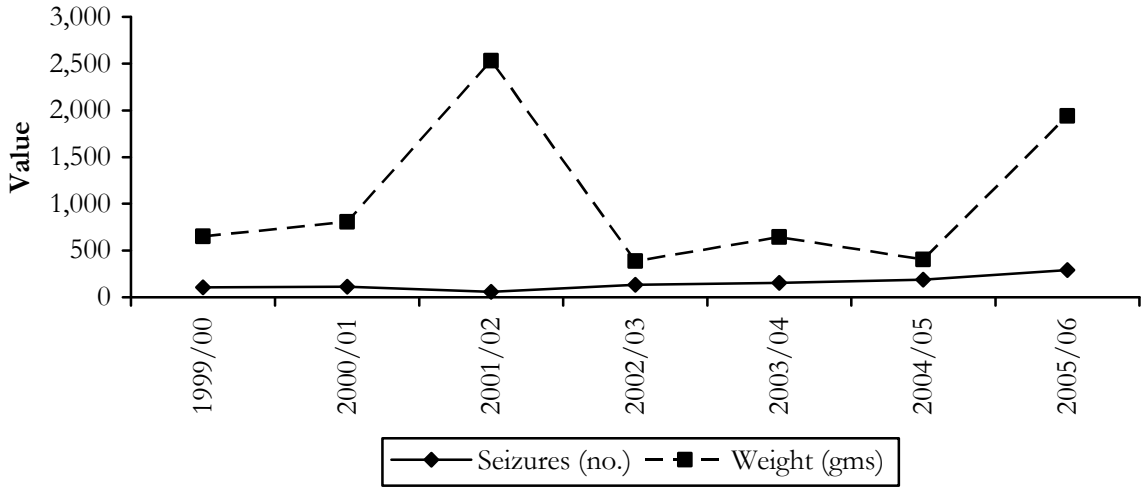
NB: Arrest data for 1997/1998 to 1998/1999 exclude Australian Federal Police data.

NB: Data not available for the 2006/2007 financial year.

### 11.3.2 Methamphetamine

Figure 39 shows the number and weight of methamphetamine seizures in the ACT from 1999 to 2004/2005. The number of seizures has remained stable since July 1999. In 2000/2001, state police in the ACT seized 807 grams of amphetamine-type stimulants. There was an approximate three-fold increase in 2001/2002 with 2,532 grams of amphetamine-type stimulants seized. The weight of seizures decreased to 388 grams in 2002/2003, increasing to 644 grams in 2003/2004. In 2004/2005, there were more seizures than previous years, and this trend continued in 2005/2006. In 2005/2006, there was a marked increase in the weight of amphetamine-type stimulants (ATS) seizures from 406 grams to 1,942 grams. This coincides with the increase in the proportions of participants reporting methamphetamine use in 2006. More recent data were not available at the time of printing.

**Figure 39: Number and weight of amphetamine-type stimulant seizures in the ACT, July 1999 to June 2005**



**Source:** ABCI (2000-2002) ACC (2003-2006)  
 NB: Data not available for the 2006/07 financial year.

Table 47 presents the number of amphetamine-type stimulant consumer and provider arrests in the ACT from 1997/1998 to 2005/2006. As mentioned previously, the ACC classifies consumers as offenders who are charged with user-type offences (e.g. possession and use of illicit drugs), whereas providers are offenders who are charged with supply-type offences (e.g. trafficking, selling, manufacture or cultivation). Prior to 2000, the number of arrests in the ACT relating to amphetamine-type stimulants remained low, with 18 arrests in 1997/1998 and 23 in 1998/1999. In 2000/2001, the number of arrests dramatically increased, coinciding with an increase in methamphetamine use (particularly speed and crystal) in the ACT. Since 2000/2001, the number of people in the ACT charged with user-type offences is approximately four times greater than the number charged with supply-type offences. This has decreased in 2004-2005, whereby user-type arrests were, approximately, only double the number arrested for supply-type offences and in 2005/2006 they were almost equal. In 2004/2005, recorded arrests for user-type offences was down from 2003/2004, though this remained stable in 2005/2006. However, in 2004/2005 and 2005/2006, the number of supply-type arrests increased for males (and females in 2004/2005). Male arrests increased to 46 in 2005/2006 from 27 in 2004/2005, compared to 19 in 2003-2004. The total number of arrests was the greatest in 2005/2006 at 106 arrests. More recent data were not available at the time of printing.

**Table 47: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997/1998 to 2005/2006**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997/1998	8	3	5	2	18
1998/1999	15	2	6	0	23
1999/2000 <sup>a</sup>	-	-	-	-	-
2000/2001	37	10	6	3	56
2001/2002	44	4	9	3	60
2002/2003	41	11	8	4	64
2003/2004	60	16	19	4	99
2004/2005	51	7	27	9	94
2005/2006	50	9	46	1	106

Source: ABCI (2000-2002) ACC (2003-2006)

NB: <sup>a</sup> Figures for ACT 1999/2000 were not available.

NB: Arrest data from 1997/1998 to 1999/2000 exclude Australian Federal Police data.

NB: Data not available for the 2006/07 financial year.

### 11.3.3 Cocaine

Table 48 shows the number and weight of cocaine seizures in the ACT from July 1999 to June 2006. During this period the number and weight of seizures has remained low; however, in 2004/2005, there were six cocaine seizures, consistent with previous years, but weight increased dramatically to 589 grams. The number and weight of cocaine seizures returned to previous years' levels in 2005/2006 to seven seizures at a weight of 26 grams. More recent data were not available at the time of printing.

**Table 48: Number and weight of cocaine seizures in the ACT, July 1999 to June 2006**

Year	Seizures (no.)	Weight (grams)
1999/2000	6	3
2000/2001	3	7
2001/2002	10	10
2002/2003	0	0
2003/2004	6	4
2004/2005	6	589
2005/2006	7	26

Source: ABCI (2000-2002) ACC (2003- 2006)

NB: Data not available for the 2006/07 financial year.

The number of cocaine-related arrests in the ACT has remained low since 1997. There were no reported cocaine arrests from July 1997 to June 2000. As can be seen in Table 49, in 2000/2001 and 2001/2002, there were three cocaine arrests, with two arrests being made in 2002/2003 and 2003/2004 respectively. However, the number of cocaine-related arrests increased in 2004/2005

when compared with previous years. There were seven cocaine-related arrests in 2004/2005, up from two arrests in 2003/2004 and 2002/2003. In 2005/2006 the total number of arrests was five. More recent data were not available at the time of printing.

**Table 49: Number of cocaine consumer and provider arrests, ACT, 2000-2006**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
2000/2001	1	0	1	1	3
2001/2002	2	0	1	0	3
2002/2003	2	0	0	0	2
2003/2004	1	0	1	0	2
2004/2005	2	1	4	0	7
2005/2006	2	0	3	0	5

Source: ABCI (2000-2002) ACC (2003-2006)  
 NB: Data not available for the 2006/07 financial year.

**11.3.4 Cannabis**

Table 50 shows the number and weight of cannabis seizures in the ACT from 1999 to 2006. Since 2000/2001, the weight of cannabis seizures in the ACT has been increasing, with 627,934 grams seized in the 2003/2004 financial year. However, it has since been declining to 566,770 grams in 2004/2005 and 302,205 grams in 2005/2006. There has been a decrease in the number of cannabis seizures, from 624 seizures in 2002/2003 to 458 in 2005/2006. More recent data were not available at the time of printing.

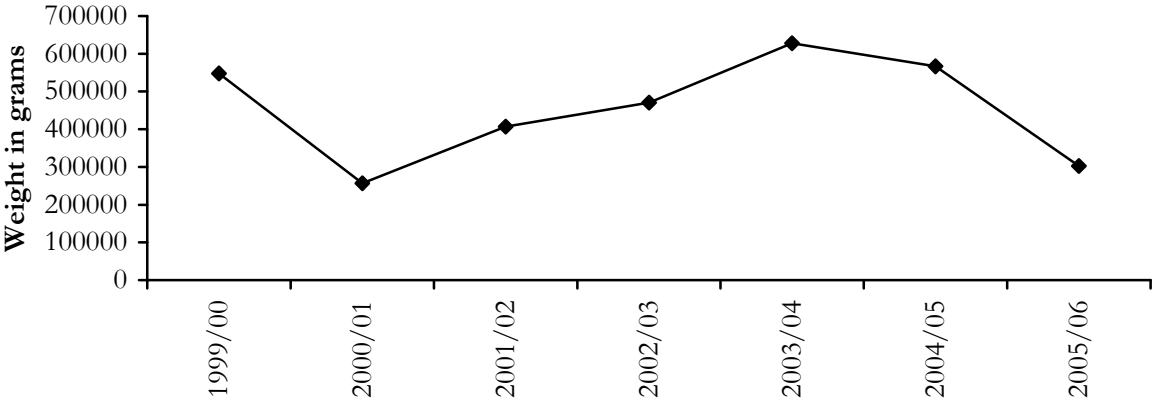
**Table 50: Number and weight of cannabis seizures by ACT local police, July 1999 to June 2006**

Year	Seizures (no.)	Weight (grams)
1999/2000	870	548,107
2000/2001	565	256,895
2001/2002	387	406,521
2002/2003	624	470,691
2003/2004	591	627,934
2004/2005	553	566,770
2005/2006	458	302,205

Source: ABCI (2000-2002) ACC (2003-2006)  
 Note: Data not available for the 2005/06 financial year.

Figure 40 shows the average weight of cannabis seized in the ACT from 1999/2000 to 2005/2006. As can be seen from the graph, in 2000/2001, the lowest average seizure weight was recorded at 256,895 grams. Since then the weight of cannabis seizures in the ACT has been steadily increasing; however, there has been a downward trend from 2004 to 2006. More recent data were not available at the time of printing.

**Figure 40: Average weight of cannabis seized in the ACT, July 1999 to June 2006**



**Source:** ABCI (2000-2002) ACC (2003-2006)  
 NB: Data not available for the 2006/07 financial year

Table 51 summarises the number of cannabis consumer and provider arrests in the ACT from 1997/1998 to 2005/2006. In the ACT, the greatest number of drug-specific arrests are due to user-type and supply-type cannabis offences. In 2005/2006, sixty-two percent of all provider and consumer arrests were related to cannabis (similar to 60% in 2004/2005 and 65% in 2003/2004). As can be seen from Table 51, the total number of cannabis arrests has been increasing since 1998/1999. In 2004/2005, however, there was a decrease in the number of cannabis-related arrests: 228 in 2004/2005 compared to 267 in 2003/2004, though this increased again slightly to 240 arrests in 2005/2006. Since 2000/2001, males are almost four times more likely to be charged with user-type cannabis offences than females. The number of females arrested for user-type offences in 2004/2005 was almost half the amount arrested in 2003/2004, though in 2005/2006, this returned to 2003/2004 levels. As can be seen from Table 51, the number of females charged with supply-type offences has remained relatively low and stable since 1997/1998. The number of males charged with supply-type offences increased dramatically from four in 2002/2003 to 42 in 2003/2004, remaining stable at 40 arrests in 2004/2005, before decreasing to 20 arrests in 2005/2006. More recent data were not available at the time of printing.

**Table 51: Number of cannabis consumer and provider arrests, ACT, 1997/1998 to 2005/2006**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997/1998	66	12	54	7	139
1998/1999	63	11	7	4	85
1999/2000 <sup>a</sup>	-	-	-	-	-
2000/2001	101	33	11	5	150
2001/2002	115	29	26	8	178
2002/2003	151	36	4	5	196
2003/2004	177	40	42	8	267
2004/2005	156	22	40	10	228
2005/2006	177	40	20	3	240

**Source.:** ABCI (2000-2002) ACC (2003-2006)

NB. a. Figures for ACT 1999/2000 were not available.

NB. Arrest data from 1997/1998 to 1999/2000 exclude Australian Federal Police data.

NB: Data not available for the 2006/07 financial year.

In the ACT, a Simple Cannabis Offence Notice (SCON), and a small fine are used to deal with minor cannabis offences, whereby the offence is expiated on payment of the fine. Table 33 presents the total number of SCON given out in the ACT since 1997/1998. Despite the widespread use of cannabis among IDU in the ACT, the number of SCON issued in the ACT has continued to decrease over the past five financial years, as can be seen in Table 52. The number of SCON in 2005/2006 continued the downward trend to 61 SCONs issued. More recent data were not available at the time of printing.

**Table 52: Number of Simple Cannabis Offence Notices, ACT, 1997/1998 to 2005/2006**

Year	Number of SCONs
1997/1998	235
1998/1999	152
1999/2000	161
2000/2001	184
2001/2002	105
2002/2003	84
2003/2004	79
2004/2005	82
2005/2006	61

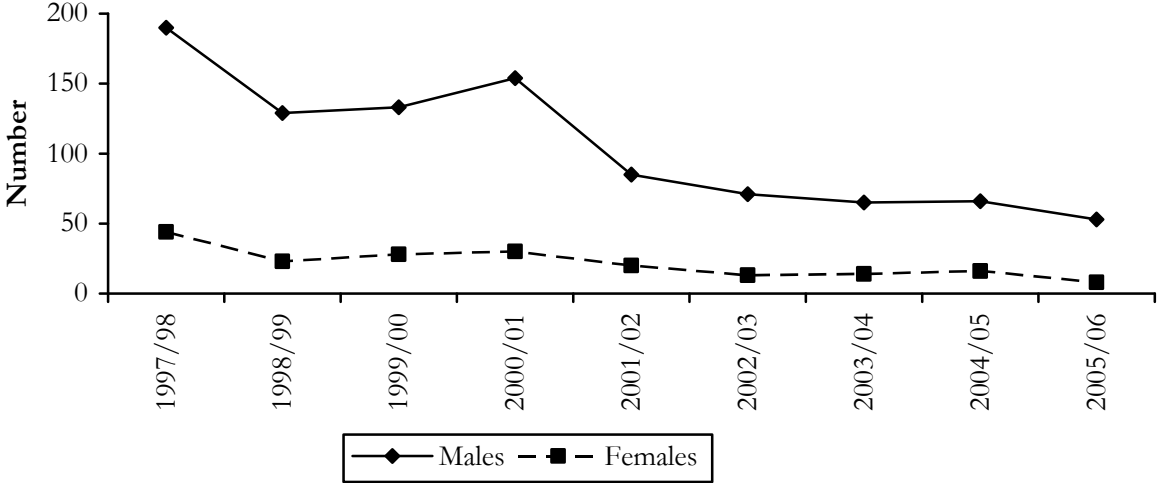
**Source:** ABCI (2000-2002) ACC (2003-2006)

NB: Data not available for the 2006/07 financial year.

As can be seen in Figure 41, the number of SCON given to females in the ACT has remained relatively stable since 1997/1998. In the ACT, males incur approximately 80% of all SCON. As

can be seen in the graph below, there appears to be a decrease in the number of SCON given to males since the 2000/2001 financial year. More recent data were not available at the time of printing.

**Figure 41: Number of Simple Cannabis Offence Notices for males and females, ACT, 1997/1998 to 2005/2006**

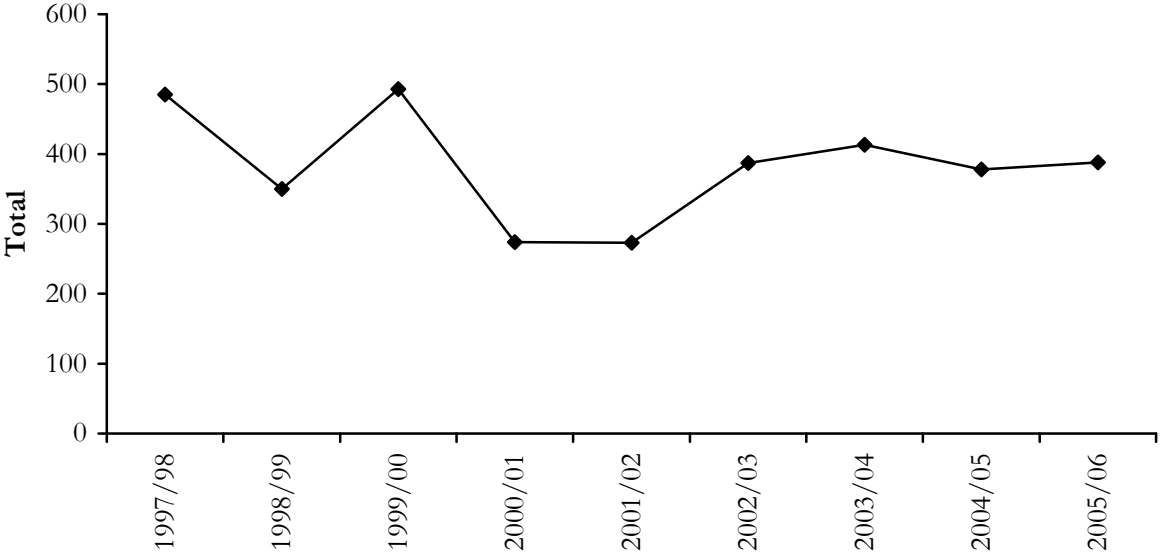


Source: ABCI (2000-2002) ACC (2003-2006)  
 NB: Data not available for the 2006/07 financial year

**11.3.5 All drugs**

As can be seen in Figure 42, in 2003/2004, there was an increase in the number of drug-specific arrests made by ACT police (n=413) when compared to the previous year (387 drug-specific arrests in 2002/2003). This decreased to 378 in 2004/2005 and remained stable at 388 arrests in 2005/2006.

**Figure 42: Number of drug-specific arrests for all drugs, ACT, 1997/1998 to 2005/2006**



Source: ABCI (2000-2002) ACC (2003-2006)  
 NB: Data not available for the 2006/07 financial year.

In 2004/2005, males were approximately 4.5 times more likely to be arrested for drug-related offences than females. The number of females arrested for user-related offences decreased from 61 in 2003/2004 to 36 in 2004/2005, before increasing to 51 arrests in 2005/2006. As can be seen in Table 53, the number of males charged with user-type offences decreased from 262 in 2003/2004 to 236 in 2004/2005, again, increasing to 254 arrests in 2005/2006. However, the number of arrests for both females and males decreased for supply-type offences. There were 79 recorded arrests for supply-type offences for males in 2005/2006, compared to 87 in 2004/2005, and there were four females recorded with supply-type offences in 2005/2006, compared with 19 in 2004/2005. Data were not available at the time of printing for more recent seizure estimates.

**Table 53: Number of consumer and provider arrests for all drugs, ACT, 1997/1998 to 2005/2006**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997/1998	243	61	155	25	485 <sup>a</sup>
1998/1999	199	51	83	17	350
1999/2000	255	60	144	30	493 <sup>b</sup>
2000/2001	187	51	25	11	274
2001/2002	182	39	41	11	273
2002/2003	253	61	58	11	387
2003/2004	262	61	77	12	413
2004/2005	236	36	87	19	378
2005/2006	254	51	79	4	388

Source: ABCI (2000-2002) ACC (2003-2006)

<sup>a</sup> Total includes 1 provider who did not identify their sex.

<sup>b</sup> Total includes 3 providers and 1 consumer who did not identify their sex.

NB: Arrest data from 1997/1998 to 1999/2000 exclude Australian Federal Police data.

NB: Data not available for the 2005/06 financial year.

## 11.4 Expenditure on illicit drugs

In 2007, fifty-eight percent of participants reported having spent money on illicit drugs on the day prior to interview, compared to 65% in 2006. Among those participants who reported having spent money on illicit drugs on the day preceding interview, the median expenditure was \$20, a decrease from a median of \$50 in 2006 and \$70 in 2005, as can be seen in Table 54. In 2007, thirty-one of participants spent \$50 to \$199 on illicit drugs on the day prior to the interview, similar to 32% in the previous year. There was no significant difference between males and females, or those employed full-time or part-time versus those who were not employed, as to whether they had spent money on illicit drugs on the day preceding interview ( $p > 0.05$ ).

**Table 54: Expenditure on illicit drugs on the day prior to interview, ACT, 2003-2007**

	2003	2004	2005	2006	2007
<b>Nothing</b>	36	41	34	35	<b>42</b>
<b>Less than \$20</b>	9	4	10	13	<b>5</b>
<b>\$20-\$49</b>	8	13	10	14	<b>17</b>
<b>\$50-\$99</b>	17	14	22	16	<b>19</b>
<b>\$100-\$199</b>	16	18	19	16	<b>12</b>
<b>\$200-\$399</b>	11	9	4	5	<b>3</b>
<b>\$400 or more</b>	3	1	1	1	<b>1</b>
<b>Median expenditure (\$)</b>	80	90	70	50	<b>58</b>

Source: ACT IDRS IDU interviews, 2003-2007

## 11.5 Experiences with drug detection (sniffer) dogs

In 2007, participants were asked about their experiences with drug detection (sniffer) dogs in the six months preceding interview – see Table 55. Thirty percent of participants in the 2007 ACT sample reported they had seen sniffer dogs, on a median of two occasions in the previous six months.

Of those who had seen sniffer dogs (n=30), fifty-three percent (n=16) reported that they had seen sniffer dogs when they had drugs on their person. Participants reported that they either did not change their behaviour when they saw the sniffer dogs (n=10) or they avoided the sniffer dogs (n=6).

One participant reported that they had been searched by police due to a positive notification from a sniffer dog. This participant reported that the police did not find anything during the search as a result of the positive notification from the sniffer dog.

**Table 55: IDU experiences and perceptions of drug detection dogs, ACT, 2007**

	2007 (N=101)
Proportion of IDU who have seen sniffer dogs in past six months (%)	30
Median times IDU have seen sniffer dogs in past six months*	2 (1-12)
<b>Had drugs on self when seen sniffer dogs (%)*</b>	<b>53</b>
<i><b>If had drugs when seen dogs, action taken (%)**</b></i>	
Hid drugs better	0
Consumed them to avoid being detected	0
Disposed of drugs to try an avoid detection	0
Didn't change behaviour	63
Other (avoided them)	38

**Source:** ACT IDU IDRS interviews, 2007

NB: \* of those who have seen sniffer dogs (n=30)

\*\* of those who had drugs on them when seen sniffer dogs (n=16)

## 11.6 Summary

Table 56 presents a summary of law enforcement trends associated with drug use.

**Table 56: Summary of law enforcement trends associated with drug use, 2006-2007**

<p><b>Reports of criminal activity among participants</b></p>	<ul style="list-style-type: none"> <li>• 42% reported they had been arrested in the preceding six months, similar to 42% in 2006</li> <li>• Most common crimes arrested for were property crimes (19%)</li> <li>• An increase from 38% in 2006 to 55% in 2007 in the proportion of participants reporting involvement in at least one crime in the month prior to interview</li> <li>• Most commonly reported involvement was drug dealing (42%)</li> </ul>
<p><b>Reports of police activity towards participants</b></p>	<ul style="list-style-type: none"> <li>• Similar proportion reported police activity had remained stable (49%) or increased (42%) in the six months preceding interview</li> <li>• However, the vast majority 81% reported that police activity had not made it more difficult for them to score</li> </ul>
<p><b>Arrests</b></p>	<ul style="list-style-type: none"> <li>• Heroin             <ul style="list-style-type: none"> <li>○ The number and weight of heroin seizures remained stable and low</li> <li>○ There were 28 arrests in 2005/2006 relating to heroin, the majority were ‘user’ arrests</li> </ul> </li> <li>• Methamphetamine             <ul style="list-style-type: none"> <li>○ In 2005/2006, there was an increase in the weight of amphetamine seizures from 406 grams in 2004/2005 to 1,942 grams</li> <li>○ The number of seizures also increased from 189 in 2004/2005 to 292 in 2005/2006</li> <li>○ Since 1997/1998 there has been an increase in the number of arrests from 18 to 106 in 2005/2006</li> </ul> </li> <li>• Cocaine             <ul style="list-style-type: none"> <li>○ The number and weight of cocaine seizures has remained low in the ACT with seven seizures at 26 grams</li> </ul> </li> <li>• Cannabis             <ul style="list-style-type: none"> <li>○ In 2005/2006, there was a decline in the number (from 553 in 2004/2005 to 458 in 2005/2006) and weight (566,770 in 2004/2005 and 302,205 in 2005/2006) of cannabis seizures</li> <li>○ There was a slight increase in the number of arrests from 228 in 2004/2005 to 240 in 2005/2006</li> </ul> </li> </ul>

**Table 56: Summary of law enforcement trends associated with drug use, 2006-2007  
(continued)**

<b>Expenditure</b>	<ul style="list-style-type: none"> <li>• The median price spent on drugs on the day before interview was \$20, a decrease from \$50 in 2006</li> <li>• 42% reported they had not spent any money on drugs on the day before interview</li> </ul>
<b>Experience with drug detection dogs</b>	<ul style="list-style-type: none"> <li>• 30% of participants reported seeing sniffer dogs in the preceding six months, on a median of two times</li> <li>• Of those who had seen sniffer dogs, 53% reported that they had drugs on them at the time</li> <li>• Most common behaviours reported on seeing dogs when participants had drugs on them was not changing their behaviour (63%) and avoiding them (38%)</li> </ul>

**Source:** ACT IDRS IDU interviews, 2006-2007

## 12.0 DISCUSSION

### 12.1 Heroin

The proportion of participants reporting recent heroin use remained similar to the previous year (72%; 71% in 2006), though this was still markedly down from 86% in 2005. Additionally, the proportion of participants who reported that they were daily users of heroin remained similar to 2006 (4% in 2007 and 5% in 2006), though again this was still a marked decrease from 20% in 2005. Despite levels of use remaining similar, frequency of use increased from approximately once a week (24 days in 2006) to approximately twice a week (48 days in 2007).

Whilst the price per cap remained stable (\$50), the median price per gram of heroin decreased from to \$340 in 2006; to \$300 in 2007. Furthermore, the majority of participants reported that heroin was 'easy' to 'very easy' to obtain (87%), and this was up from the previous year (66%). The majority of participants in 2007 reported the current purity of heroin to be 'medium' (36%) to 'low' (31%), an increase from 60% of participants reporting heroin purity to be low in 2006. There have been reports that heroin availability may increase, so future monitoring of this trend is necessary due to the increase risk of associated harms, such as overdose.

Another issue the IDRS examined this year was the use of brown heroin, although only small minorities reported the use of brown powder (12%) or brown rock (17%). In 2008, the IDRS survey will look into the use and preparation of brown heroin in much more detail.

### 12.2 Methamphetamine

In 2007, eighty-three percent of the participants reported the use of at least one type of methamphetamine in the six months preceding interview. The use of speed in the preceding six months remained stable (55% in 2007 and 58% in 2006) as did the use of base (32% in 2006 and 2007). In 2006, there was a marked increase in the proportion of participants reporting recent use of crystal, from 62% in 2005 to 88% in 2006 although this figure slightly decreased to 80% in 2007, it remains high and warrants concern.

The use of the pure crystal form of methamphetamine can lead to physical health problems as well as psychological and social problems. It is possible that some of the side effects of methamphetamine use (e.g. methamphetamine psychosis, methamphetamine dependence, paranoia, cardiac difficulties and aggressive behaviour) develop more rapidly and are more severe among users of the more potent crystal form of methamphetamine (Topp et al., 2002). Moreover, physical side effects such as profuse sweating, heart palpitations, hot and cold flushes, tremors and shakes, as well as psychological side effects, such as anxiety, depression, paranoia and irritability, have been perceived by poly-drug users to be associated specifically with their crystal methamphetamine use (Degenhardt and Topp, 2003).

The price for a point of each form of methamphetamine remained stable at \$50. Participants' reports on the availability of speed and crystal were that they were 'easy' to 'very easy' to obtain. There were mixed reports regarding the availability of base, though this may be due to the low numbers of participants who were able to comment on base. Speed purity was reported to be low to medium, while base was medium to high (again small numbers were reporting so results have

to be interpreted with caution). Interestingly, reports on the more pure form of the methamphetamines, crystal, were mixed, with a marked decline in the proportion reporting crystal purity to be high from 43% in 2006, to 29% in 2007. This seems to indicate that a less pure form of crystal is on the market. It has been found that crystal methamphetamine had bimodal purity with a high or around 80% and a low of 18% (McKetin et al., 2005). This lower purity form may be a domestically made product.

The increase in problems associated with the use of methamphetamine is supported by both health and law enforcement KE indicating that the increase in the use of methamphetamine, particularly crystal, is resulting in increased agitation, aggression, drug-induced psychosis and sexual risk-taking among the clientele that they work with.

### **12.3 Cocaine**

Use of cocaine in the ACT among IDU has been low. In 2007, the use of cocaine increased from 8% in 2006 to 18% in 2007, though days of use remained low and stable at three (approximately once every two months) in 2007 (similar to 2006). This suggests that use of cocaine by participants in the ACT is characterised by opportunistic use, rather than regular use of this drug. Cocaine was reported to be very difficult to obtain and of medium to low purity, though only a small number of participants reported on cocaine so results must be interpreted with caution.

### **12.4 Cannabis**

The IDRS questionnaire separated cannabis into two categories: outdoor-cultivated 'bush' cannabis and indoor-cultivated 'hydroponic' cannabis. This distinction has allowed for any changes in trends for each form of cannabis to be monitored separately. Consistent with past years of the IDRS, there was minimal change in trends pertaining to the price, potency and availability of cannabis in the ACT.

Use of cannabis was almost universal amongst the sample, with 98% reporting lifetime use and 83% reporting recent use. However, recent use was down from the previous year (90%). The reported median for hydroponic cannabis remained stable from 2006 to 2007. However, the price per gram of bush cannabis increased from \$15 in 2006 to \$20 in 2007 and an ounce increased from \$190 in 2006 to \$240 in 2007. In relation to larger quantities purchased (such as quarter-ounces, half-ounces, and ounces), hydroponic cannabis was more expensive to purchase than bush cannabis. As in past years, the overwhelming majority of participants commenting on cannabis reported it to be 'easy' to 'very easy' to obtain in the ACT. Hydroponic cannabis was perceived by participants to be of higher potency than bush cannabis. The cannabis form most used by participants in 2006 was hydroponic.

Cannabis use was widespread and frequent amongst participants, with the majority of the 2007 sample reporting use in the six months preceding the interview. However, in 2007, the proportion reporting recent use and daily use of cannabis decreased. Continued monitoring of this trend is necessary to see if this downward turn is sustained over time.

## 12.5 Other opioids

The IDRS documents the use of opioid medications, licitly obtained or otherwise, among a sentinel sample of people who regularly inject drugs. These include opioids prescribed for OST (i.e. methadone, buprenorphine and buprenorphine-naloxone maintenance treatments) in addition to opioids prescribed for pain relief (including morphine and oxycodone). With regard to OST, it is imperative to note that screening of participants ensured that those sampled had all been active in the illicit drug markets of the area and thus that they were able to provide meaningful data on market indicators. Therefore, while a proportion of those sampled in 2007 were engaged in such treatment at the time of interview, responses presented are not representative of all clients engaged in drug treatment services.

The IDRS aims to document patterns of drug use and related harms in order to provide policymakers with an evidence base upon which to base decisions. It seeks neither to condone nor judge those who engage in the use of prescription medications in ways other than as prescribed, nor to provide advice regarding policy responses to these behaviours. The IDRS monitors the extra-medical use of opioid medications because these have been associated with a range of public health concerns, including toxicity, mortality, and when injected, injection-related problems such as vein damage and infections.

Varied views on what constitutes diversion currently exist in the field. It is important to acknowledge the numerous and varied motivations behind the extra-medical use of opioid pharmacotherapies. While it is beyond the scope of the present study to examine this issue in detail, some examples of the range and breadth of these motivations include (but are by no means restricted to): substitution for other drugs (e.g. heroin) when availability is low; euphoria (to achieve a pleasant opiate effect); the perception that pharmaceutical opioids are safer or a more reliable alternative to illicit substances, which may vary in content and purity; the desire to self-detox or self-medicate when treatment is undesirable or unavailable, e.g. where shame, fear of stigma and discrimination associated with being identified as a 'drug user' prevent an individual seeking formal treatment; where OST is unavailable or has a long waiting list; and where practical issues such as transport, dosing times and other issues place constraints on the individual such as physical and/or mental illness, employment, holidays and childcare.

Similarly, persons engaged in OST may engage in extra-medical use of their medication for many and varied reasons, including (but not limited to): being 'stood over' or threatened (diversion to others); for monetary gain or bartering (diversion to others); for stockpiling for unexpected circumstances such as being unable to attend a clinic; where doses intended for single consumption are split across the day to ensure the level of pain relief remains constant; and 'topping up' when the prescribed dose is not high enough (e.g. in the first few weeks following commencement on OST).

### *Methadone*

Approximately one-third of the sample in 2006 and 2007 reported the use of illicit methadone in the six months prior to interview. The use of illicit methadone refers to the use of methadone that is prescribed to someone else. Just under half (45%) of participants reported injecting any form of methadone in the six months preceding interview. Injection of methadone (any form) occurred on a median of 24 days (approximately once a week) in 2007, which was an increase from a median of 12 days (approximately once a fortnight) in 2006. The median price reported by participants was \$1 per millilitre and this had remained stable. Illicit methadone was reported by the majority (68%) to be 'easy' to 'very easy' to obtain.

### ***Buprenorphine***

The proportion of participants reporting the recent use of illicitly obtained buprenorphine decreased slightly from 34% in 2006 to 28% in 2007. Just over one-third (34%) of the sample reported recently injecting buprenorphine (any form), similar to 32% in 2006. Median days of use remained relatively low and stable from 8.5 days in 2006 to 10 days in 2007, or approximately once every three weeks. The most common amount purchased was an 8mg tablet for a median of \$20. Of those who were able to comment, the majority reported that buprenorphine was 'easy' (55%) to 'very easy' (27%) to obtain.

### ***Morphine***

The proportion of participants reporting recent use of illicitly obtained morphine remained stable at 53% (52% in 2006). Fifty percent of participants reported the injection of any form of morphine, again similar to 51% in 2006. However, injection of morphine remained infrequent with median days of injection reported to be four, similar to five in 2006. The most common brands used were MS Contin®, followed by Kapanol®. The most common purchase for morphine was a 100mg tablet of MS Contin at a median price of \$50 (n=33). Just over half (55%) reported morphine availability as 'easy'.

### ***Oxycodone***

Just under one-quarter (23%) of participants reported the recent use of illicitly obtained oxycodone. This was similar to the proportion in 2006 (22%). There was an increase in the proportion of participants reporting the recent injecting of any form of oxycodone from 16% in 2006 to 23% in 2007. However, as with other pharmaceutical drugs, use remained infrequent on a median of four days (similar to 3.5 in 2006). The most common brand of oxycodone used was Oxycontin, and median price for a 40mg tablet of Oxycontin was \$20 (n=10). There were mixed reports regarding oxycodone availability.

## **12.6 Other drug use**

Consistent with previous years of the IDRS, poly-drug use was universal amongst the sample in 2007. The majority of IDU has taken at least four out of the five main drug types which are asked about in the IDRS. These drug types are cannabis, cocaine, heroin, methamphetamine and other opioids (which are illicit methadone, buprenorphine, morphine and oxycodone).

One-quarter (25%) reported the recent use of ecstasy. This was similar to 27% in 2006. However, use of ecstasy was infrequent with median days of use remaining stable at two, which it has remained at for the previous four years.

The proportion of participants reporting the recent use of benzodiazepines increased slightly from 60% in 2006 to 68% in 2007. Equal proportions (50%) reported the use of licit and illicitly obtained benzodiazepines. Median days of use for illicitly obtained benzodiazepines was low at eight days. The most common brand reported being used was Valium.

Only a small proportion reported the recent use of licit pharmaceutical stimulants (2%, similar to 3% in 2006). Twenty-eight percent reported the use of illicitly obtained pharmaceutical

stimulants, down slightly from 35% in 2006. Injecting was the most common route of administration, with 26% reporting the recent injection of pharmaceutical stimulants. Median days of use for illicitly obtained pharmaceutical stimulants was five days in the preceding six months (approximately once a month), down markedly from 35 days in 2006.

An increase was observed in the proportion of participants reporting the recent use of alcohol in the six months preceding interview, from 68% in 2006 to 75% in 2007. Median number of days of alcohol use in the six months preceding interview remained similar from 24 days in 2006 to 27 days in 2007. The majority of the sample were daily smokers. Smoking and the harms associated with its use should not be forgotten amongst this sample, considering the high proportion of daily smokers.

## 12.7 Associated harms

In 2007, there was an increase in the proportion of participants who reported that they had injected with used syringes in the past month (from 6% in 2006 to 17% in 2007), and also in the proportion of participants who reported that they had lent a syringe to someone else in the six months preceding interview (from 12% in 2006, to 21% in 2007). Given that data the annual NSP survey reports that approximately 75% of respondents are HCV antibody positive, and the increase in sharing and lending syringes is a concern.

The proportion of participants who reported the sharing of other injection equipment (e.g. spoons, mixing containers, swabs, and water) in 2007 remained relatively stable at approximately one-third. The sharing of other injection equipment, such as spoons and swabs, remains a concern in the context of a high HCV prevalence among IDU transmission of this virus is associated with sharing such equipment (Crofts and Aitken, 1997, Hagan et al., 2001).

Almost one in three participants reported that a 'public place' was the location of their last injection (28% in 2007). The noteworthy proportions of participants injecting in public places such as a public toilet, car, or street is of concern, as increased harm is associated with injecting in public places. An Australian study conducted by Darke, Kelly and Ross (Darke et al., 2001) reported that IDU who frequently injected in public locations were more likely than other IDU to have experienced a heroin overdose in the previous six months. In addition, IDU who reported frequent public injection also reported more current injection-related problems, including accidentally hitting an artery, as well as lumps, swelling, scarring and bruising of injection sites. Darke, Kelly and Ross (Darke et al., 2001) suggest that the increased level of harm associated with public injecting may be attributable to injecting in a hurry, as well as the heightened risk of infection due to an unhygienic environment.

In 2007, there was also an increase in the proportion of participants reporting at least one injection-related problem from 48% in 2006 to 76% in 2007. As was the case in the previous year, 'scarring/bruising' of the injection site and 'difficulty injecting' were the most commonly reported difficulties experienced.

Research on the prevalence of mental health problems among persons with substance use problems has consistently reported high rates of mental disorders among this population. The National Survey of Mental Health and Well-Being (Henderson et al., 2000) estimated that 46% of Australian women with a substance use disorder met the criteria for an anxiety or depressive disorder, while 25% of men with a substance-use disorder met the criteria for a co-morbid mental disorder. Rates of mental disorders in the general population were reported to be much lower,

with 10% of the adult population meeting the criteria for at least one anxiety disorder and 6% for at least one depressive disorder. In 2007, the IDRS study found that 41% of participants reported having recently experienced mental health problems other than drug dependence. Many KE also reported that there was a high prevalence of mental illness among IDU, and that mental health problems had increased among this group in the preceding six months. Furthermore, for the first time the K10 was asked in the IDRS survey; one-quarter of participants were at 'high risk' of psychological distress and a further two-thirds were at moderate risk for psychological distress. These scores were much higher than the general population.

A greater proportion of female participants were likely to report suffering from a mental health problem ( $p < 0.05$ ). This finding is similar to the National Survey of Mental Health and Wellbeing for people with substance use problems (Teesson et al., 2000). As in the 2007 IDRS IDU survey, in the National Survey of Mental Health and Wellbeing, treatment seeking was more common among women than men (Teesson et al., 2000).

From 2005 to 2007, IDU participants have been asked about drug driving. Findings indicated that almost all (96%) participants who had driven in the last six months (45%) had driven (within one hour) under the influence of drugs at some point. The most common drugs taken by participants before driving in the six months preceding interview were heroin, cannabis, and crystal methamphetamine. In light of substance use being a major factor involved in motor vehicle accidents, this is of some concern. An Australian study conducted by Darke, Kelly and Ross (Darke et al., 2004) in relation to drug driving among a sample of 300 IDU, reported that 74% of the sample had used drugs before driving in the 12 months prior to interview, similar to findings from the 2007 IDRS. Again, similar to the 2007 IDRS study, the most common drugs taken before driving were cannabis, heroin, amphetamines and cocaine. Findings from the Darke, Kelly and Ross (Darke et al., 2004) study also found there to be risks associated with drug driving. Fifteen percent of IDU who reported ever drug driving had been injured in a drug driving accident in the previous 12 months and 12% had been hospitalised following a drug driving accident. Findings indicate that drug driving is a concern among the IDU population.

Findings from the 2004 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2005) indicated that 3% of Australian residents had driven a motor vehicle while under the influence of drugs (other than alcohol) in the past 12 months. In comparison, results from the 2007 IDRS study indicate that the occurrence of drug driving among drug users in the ACT is highly prevalent. A review of the literature on drug use and driving conducted by Kelly, Darke and Ross (Kelly et al., 2002) reported that use of alcohol in combination with other drugs, as well as use of multiple drugs prior to driving, is associated with increased driving impairment and risk of driving accidents. This is of concern, given poly-drug use patterns among IDU. Increasing awareness of the risks associated with drug driving among illicit drug users is important in order to reduce drug driving-related harms.

The proportion of participants who reported having been arrested in the last year remained relatively stable at approximately two-fifths. However, the proportions of participants who reported engaging in at least one criminal activity in the month preceding interview increased markedly from 38% in 2006, to 55% in 2007. The most common crimes in which participants reported engaged in were property crimes. Participants perceived the level of police activity in the ACT towards IDU was stable to increasing. However, the majority of IDU in 2006 reported that police activity had not made it more difficult to obtain drugs in the ACT.

## 13.0 IMPLICATIONS

In 2007, although heroin use remained stable, it was still lower than previous years. However, although levels of use remained stable, frequency of use increased from on average approximately once a week to twice a week. Furthermore, there were reports that the purity of heroin was on the increase and this was supported by KE reports. Many participants have reported heroin as their drug of choice, and if heroin was to become more available and of greater purity it can be assumed that many users would begin to use heroin more often. The implication of this being that many users may be more likely to overdose as they are not accustomed to higher heroin purity. This has been a concern voiced by KE and is of importance to monitor for the safety and well being of users. In 2007, participants were also asked about brown heroin. In 2006, there were suggestions by KE that brown heroin was now available in the drug market. The 2008 IDRS survey will investigate the issue of brown heroin in more detail.

In 2007, although there was a slight decrease in the proportion reporting crystal use, it was still high. Many KE reported that most IDU were using crystal, perhaps related in part to higher availability (compared to heroin). KE indicated that although crystal may not be the drug of choice for many users, it was widely available, and therefore, prevalent amongst the ACT IDU. KE noted that many previous heroin users had been using crystal, but would return to heroin use if it was more available to them. Furthermore, many KE reported that they have seen an increase in violence associated with the increase in the use of crystal. Many KE expressed concern that, as a result of crystal, many IDU had also begun neglecting their general health, such as showering and dental hygiene, as well as nutrition. Interestingly, though, KE also reported that many users were now much more aware of the effects of crystal on mental and physical health and were beginning to turn away from the use of crystal.

Given the high levels of crystal use by IDU in the ACT and possible associated problems such as methamphetamine psychosis, methamphetamine dependence, paranoia, cardiac difficulties, and aggressive behaviour (Degenhardt and Topp, 2003), health and law enforcement professionals, who work regularly with drug using populations may need to develop and implement strategies for dealing with individuals who are agitated and aggressive. Appropriate treatment services may need to be provided to encourage people to seek help for problems associated with the consequences of methamphetamine use.

Levels of injection-related risk-taking behaviour, such as lending and borrowing of syringes increased in the ACT in 2007, and approximately one-third of the 2007 sample reported sharing injecting equipment (e.g. spoons, mixing containers, water and swabs). Many KE have argued that there has been a shift away from education about sharing and, consequently, there has been an increase in HCV prevalence. Increasing awareness of the risks associated with sharing injecting equipment is important because of the harms associated with this.

In the 2007 IDRS survey, respondents completed the Kessler Psychological Distress Scale (K10). Participants' scores were markedly higher than that of the general population: one-quarter reported scores which indicated a high risk for psychological distress, and a further 50% were at moderate risk of psychological distress. This highlights the importance of recognition of the likelihood of comorbid mental health problems among persons with drug use problems.

Greater access to appropriately tailored services and addressing mental health problems within drug and alcohol services would be most beneficial to a group of people who are at a great risk for psychological distress and drug and alcohol related issues. There was also a concern from KE that there was not adequate housing for people in the ACT and this put more strain and placed

an already at-risk group at even greater risk. These issues need to be considered in order to adequately help and support these people in the future.

## REFERENCES

- Australian Bureau of Statistics (2006) National Health Survey: Summary of Results 2004-2005. Canberra, Australian Bureau of Statistics,.
- Australian Institute of Health and Welfare (2005) 2004 National Drug Strategy Household Survey: First results. Canberra, Australian Institute of Health and Welfare.
- Black, E., Roxburgh, A., Degenhardt, L., Bruno, R., Campbell, G., De Graaff, B., Fetherston, J., Kinner, S., Moon, C., Quinn, B., Richardson, M., Sindicich, N. & White, N. (2008) Australian Drug Trends 2007: Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Series No. 1. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- Buckingham, K., Ward, J., Sparks, R. & Proudfoot, P. (2005) Australian Capital Territory Drug Trends 2004: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- Buckingham, K., Ward, J., Sparks, R. & Proudfoot, P. (2006) ACT Drug Trends 2004: Findings from the Illicit Drug Reporting System (IDRS). National Drug and Alcohol Research Centre.
- Campbell, G. & Degenhardt, L. (2007) Australian Capital Territory Drug Trends 2006: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- Crofts, N. & Aitken, C. K. (1997) Incidence of bloodborne virus infection and risk behaviours in a cohort of injecting drug users in Victroira, 1990-1995. *Medical Journal of Australia*, 167, 17-20.
- Darke, S., Kaye, S. & Ross, J. (2001) Geographical injecting locations among injecting drug users in Sydney, Australia. *Addiction*, 96, 241-246.
- Darke, S., Kelly, E. & Ross, J. (2004) Drug driving among injecting drug users in Sydney, Australia: Prevalence, risk factors and risk perceptions. *Addiction*, 99, 175-185.
- Day, C., Topp, L., Rouen, D., Darke, S., Hall, W. & Dolan, K. (2003) Decreased heroin availability in Sydney Australia in early 2001. *Addiction*, 98, 93-95.
- Degenhardt, L. & Day, C. (Eds.) (2004) *The course and consequences of the heroin shortage in New South Wales*. NDLERF Monograph No. 4, Adelaide, Australasian Centre for Policing Research.
- Degenhardt, L. & Topp, L. (2003) "Crystal meth" use among polydrug users in Sydney's dance party subculture: characteristics, use patterns and associated harm. *International Journal of Drug Policy*, 14, 17-24.
- Digiusto, E. & Treloar, C. (2007) Equity of access to treatment, and barriers to treatment for illicit drug use in Australia. *Addiction*, 102, 958-969.
- Fraser, S., Valentine, K., Treloar, C. & Macmillan, K. (2007) Methadone maintenance treatment in New South Wales and Victoria: Takeaways, diversion and other key issues. Sydney, National Centre in HIV Social Research, The University of New South Wales.

- Hagan, H., Thiede, H., Weiss, N., Hopkins, S., Duchin, J. & Alexander, E. (2001) Sharing of drug preparation equipment as a risk factor for hepatitis C. *American Journal of Public Health*, 91, 42-46.
- Hando, J. & Darke, S. (1998) New South Wales Drug Trends. Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre.
- Hando, J., O'brien, S., Darke, S., Maher, L. & Hall, W. (1997) The Illicit Drug Reporting System Trial : Final Report. Monograph Number 31. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- Henderson, S., Andrews, G. & Hall, W. (2000) Australia's mental health: An overview of the general population survey. *Australian and New Zealand Journal of Psychiatry*, 34, 197-205.
- Kelly, E., Darke, S. & Ross, J. (2002) Drug use and driving: Epidemiology, impairment, risk factors and risk perceptions. NDARC Technical Report 153. Sydney, National Drug and Alcohol Research Centre, University of NSW.
- Kessler, R. C., Andrews, G., Colpe, L.J., Hiripi, E., Mroczek, D.K., Normand, S-L.T., Walters, E.E. & Zaslavsky, A.M. (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-976.
- Larance, B., Degenhardt, L., Lintzeris, N., Bell, J., Winstock, A., Ali, R. & Mattick, R. P. (submitted) A proposal for better-defining behaviours related to the use of pharmaceutical opioids.
- Mcketin, R., Darke, S., Humeniuk, R., Dwyer, R., Bruno, R., Fleming, J., Kinner, S., Hargreaves, K. & Rysavy, P. (2000) Australian Drug Trends 1999: Findings from the Illicit Drug Reporting System (IDRS). NDARC Monograph Number 43. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- Mcketin, R., McLaren, J. & Kelly, E. (2005) The Sydney methamphetamine market: patterns of supply, use, personal harms and social consequences. NDLERF Monograph No. 13. Sydney, National Drug and Alcohol Research Centre, University of NSW.
- National Centre in Hiv Epidemiology and Clinical Research (2005a) Australian NSP Survey: National Data Report 2000-2004. Sydney, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales.
- National Centre in Hiv Epidemiology and Clinical Research (2005b) HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2005. National Centre in HIV Epidemiology and Clinical Research, Sydney, NSW, Australian Institute of Health and Welfare, ACT.
- National Centre in Hiv Epidemiology and Clinical Research (2007a) Australian NSP survey national data report 2001-2006. Sydney, New South Wales, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales.
- National Centre in Hiv Epidemiology and Clinical Research (2007b) HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2007. Sydney, New South Wales, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales.

- Reid, G., Crofts, N. & Beyer, L. (2001) Drug Treatment Services for Ethnic Communities in Victoria, Australia: an examination of cultural and institutional barriers. *Ethnicity and Health*, 6, 13-26.
- Ritter, A. & Di Natale, R. (2005) The relationship between take-away methadone policies and methadone diversion *Drug and Alcohol Review*, 24.
- Rushforth, C. (2003) ACT Drug Trends 2002: Findings of the Illicit Drug Reporting System. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- Teesson, M., Hall, W., Lynskey, M. & Degenhardt, L. (2000) Alcohol- and drug-use disorders in Australia: Implications of the National Survey of Mental Health and Wellbeing.
- Topp, L., Darke, S., Bruno, R., Fry, C., Hargreaves, K., Humeniuk, R., Mcallister, R., O'reilly, B. & Williams, P. (2001) Australian Drug Trends 2000: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- Topp, L., Degenhardt, L., Kaye, S. & Darke, S. (2002) The emergence of potent forms of methamphetamine in Sydney, Australia; A case study of the IDRS as a strategic early warning system. *Drug and Alcohol Review*, 21, 341-348.
- Treloar, C., Abelson, J., Cao, W., Brener, L., Kippax, S., Schultz, L., Schultz, M. & Bath, N. (2004) Barriers and Incentives to Treatment for Illicit Drug Users. Monograph Series No. 53. Canberra, Australian Government Department of Health and Ageing.
- Ward, J. & Proudfoot, P. (2004) ACT Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- Williams, P., & Rushforth, C. (2002) ACT Drug Trends 2001: Findings of the Illicit Drug Reporting System. Sydney, National Drug and Alcohol Research Centre, Univeristy of New South Wales.