

australian capital territory

Joanne Cassar and Lucy Burns

ACT DRUG TRENDS 2009
Findings from the
Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 39

AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2009



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Joanne Cassar and Lucy Burns

National Drug and Alcohol Research Centre
University of New South Wales

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life.
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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACT	Australian Capital Territory
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
ATS	Amphetamine-type stimulants
BBVI	Blood-borne viral infections
BPAQ-SF	Buss-Perry Aggression Questionnaire - Short Form
EDRS	Ecstasy and related Drug Reporting System
GP	General Practitioner
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)
K10	Kessler Psychological Distress Scale
MCDS	Ministerial Council of Drug Strategy
MSIC	Medically Supervised Injecting Centre
NCEPH	National Centre for Epidemiology and Population Health
NDARC	National Drug and Alcohol Research Centre
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Programs
OD	Overdose(s)
ORT	Opioid Replacement Therapy
OST	Opioid Substitution Treatment

OTC	Over the counter
PGSI	Problem Gambling Severity Index
PWI	Personal Wellbeing Index
SCON	Simple Cannabis Offence Notices

GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection.
Daily use	Use occurring on each day in the past six months, based on a maximum of 180 days.
Diverted/Diversion	Selling, trading, giving or sharing of one's medication to another person, including through voluntary, involuntary and accidental means.
Eightball	3.5 grams
Halfweight	0.5 grams
Illicit	Illicit obtainment refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner. The definition does not distinguish between the inappropriate use of licitly obtained pharmaceuticals, such as the injection of methadone syrup or benzodiazepines, and appropriate use.
Licit	Licit obtainment of pharmaceuticals refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, antidepressants) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner.
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime.
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing.
Point	0.1 grams
Recent injection	Injection (typically intravenous) on at least one occasion in the last six months.
Recent use	Use in the last six months via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing.

EXECUTIVE SUMMARY

Common terms throughout the report

Regular injecting drug user (IDU): injected a drug on six or more separate occasions in the previous six months

Recent use: used at least once in the previous six months

Sentinel group: A surveillance group that point toward trends and harms

Median: the middle value of an ordered set of values

Mean: the average

Frequency: the number of occurrences within a given time period

Demographic characteristics of participants

In 2009, 100 injecting drug users (IDU) were interviewed for the IDRS in the Australian Capital Territory (ACT). The majority of participants were male (65%) and on average 37 years old (ranging from 18 to 63 years). In terms of education, participants had completed an average of 11 formal school years, 31% of respondents had trade or technical qualifications, and 10% reported having university or other tertiary qualifications. Forty-six percent had a previous prison history. Approximately three-fifths (58%) reported currently participating in some form of drug treatment. The most common form of drug treatment was opioid maintenance treatment with 41% of those in treatment engaged in methadone maintenance treatment and 14% in buprenorphine maintenance treatment. The demographic characteristics of the 2009 sample were very similar to those of the 2008 sample.

Patterns of drug use among participants

In terms of the injection history of respondents, the mean age of first injection was 19 years. Methamphetamine (speed, base or crystal) or heroin were the drugs first injected by the majority of the 2009 sample. Heroin was the 'drug of choice' for the majority of respondents (53%), followed by methamphetamine (27%). The drug injected most often by participants in the month preceding the interview was heroin (48%). Heroin was the 'last drug injected' by 41% of respondents, followed by speed (14%). The drug injected 'most often' was also heroin (48%). In 2009, there was a decrease in the proportion of the ACT sample reporting crystal as the drug injected most often in the past month or the most recent drug injected.

In 2009, 36% 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=36), almost half (47%) reported that this was due to the limited availability of their drug of choice. The most common drug used on the day prior to the interview was cannabis (45%).

Participants reporting daily or more frequent drug injection in the month preceding the IDRS survey remained stable at 45% in 2009 (47% in 2008). Older respondents aged 25 years or more were more likely to inject on a daily or more frequent basis (46%) than respondents aged below 25 (36%). This result was the opposite of results in 2008.

Heroin

The proportion of participants reporting use of heroin in the six months preceding interview decreased to 78% (86% in 2008; see Table 1). Seventy-five percent of participants who had used heroin in the preceding six months reported injecting it, whilst 6% had recently smoked heroin. In terms of the frequency of use, patterns varied from once to daily use. In the six months preceding interview, the median days of heroin use was 48 (twice a week); this was down from a median of 60 days (two to three times a week) in 2008.

In 2009, participants were asked to comment on the colour and form of heroin used in the previous six months. The majority of participants reported that they had used heroin that was a powder and off-white or white (94%) in colour. Over one-quarter (27%) of participants also reported using powder that was brown or beige coloured in the previous six months. Fewer participants reported using white or off-white rock (46%) and 14% reported recently using brown or beige coloured rock heroin. Eighty-three percent of participants reported that they had mostly used white or off-white powder heroin. The use of rock or brown heroin often involves an additional step, adding citric acid or heating, in the preparation for injection. In 2009, participants were asked about this additional step. Of those who had injected heroin in the previous six months 37% reported that they had used heat the last time they had injected. No participants reported using acid.

The reported price for a cap of heroin remained stable from 2008 to 2009 at \$50; the reported price for a gram of heroin increased to \$320 (\$300 in 2008). Respondents reported heroin to be ‘very easy’ (51%) to ‘easy’ (39%) to obtain; this was a slight increase relative to the previous year, when 37% of participants reported heroin to be ‘very easy’ to obtain and 41% reported heroin to be ‘easy’ to obtain. There was also an increase in participants reporting heroin purity being ‘low’ from 37% in 2008, to 47% in 2009. In 2009, 37% reported heroin purity to be ‘medium’, and 6% reported purity to be ‘high’.

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 2009 findings is presented in Table 1 for the three forms of methamphetamine. In 2009, 99% of participants reported lifetime use of any form of methamphetamine, and 75% 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)

Almost half (46%) of the sample reported the recent use of speed, an increase from 37% in 2008. The majority of recent speed users used infrequently in the six months prior to interview, with a median of eight days of use reported during this period. There were three reports of daily use of speed. Injection was the most common route of administration, with all recent speed users having injected. The reported price for a point of speed remained stable from 2008 to 2009 at \$50 and the reported price for a gram of speed increased from \$200 per gram, in 2008, to \$250 per gram in 2009. Respondents reported speed to be ‘very easy’ (41%) to ‘easy’ (30%) to obtain in the ACT. In 2009, participants perceived the purity of speed to be currently ‘low’ (57%) to ‘medium’ (27%).

Base methamphetamine (base)

Methamphetamine base was the least used form of methamphetamine among the 2009 sample, with 21% reporting recent use. Base users used this substance more frequently than in previous years, with a median of 20 days (almost weekly) of use in the six months preceding the interview (two days in 2008). One participant reported using base every day. 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 increased to \$50 in 2009 compared to \$40 in 2008. The median price for a gram of base was reported to be \$275. However, the number of participants reporting on the price of base was small. In 2009, respondents reported the availability of base to be ‘easy’ (46%) to ‘very easy’ (43%) to obtain. There were mixed reports regarding the current purity of base, with 52% reporting purity to be ‘low’, 24% reporting purity to be ‘medium’ and 19% reporting that base purity was ‘high’.

Crystal methamphetamine (crystal)

The use of crystal decreased from 68% in 2008 to 57% in 2009. There has been a trend towards a decrease in the use of crystal over the past four years, with crystal use in 2009 declining to the lowest level since 2002. Ninety-seven percent of recent crystal users had injected crystal, with 21% reporting they had smoked crystal in the six months preceding interview (36% in 2008). However, use remained infrequent, on average, with recent crystal users reporting a median of 12 days of use in the six months prior to the interview. No participants reported daily use of crystal.

The median price for a point of crystal remained stable in 2009 at \$50. The price for a gram also remained stable at \$450 in 2009. Respondents reported crystal to be ‘very easy’ (36%) to ‘easy’ (29%) to obtain. There were mixed reports regarding current purity of crystal in 2009. It has been suggested that the lower purity form may be domestically produced crystal, with higher purity crystal imported (McKetin, McLaren et al. 2005). There was however, an increase in the proportion of participants who reported that crystal was ‘low’ in purity (54%; 14% in 2008). KE reports were consistent with the reports by IDU in the 2009 IDRS: KE reported that crystal use had decreased and was mainly injected.

Cocaine

Recent cocaine use remained stable in 2009 at 22% (18% in 2008). Among those who had recently used cocaine in the ACT, the frequency of use remained low, with a median of two days of use in the six months prior to interview (i.e. approximately once every three months). Among the participants who reported recent cocaine use, the most common routes of administration were injection and snorting.

A small number (n=9) of participants commented on the price, purity and availability of cocaine. There were mixed reports on cocaine availability. Purity was reported to be medium (56%). Small numbers reported on cocaine purity, so results must be interpreted with caution. The median price for cocaine, in 2009, was reported to be \$50 for a cap, and \$250 for a gram. Table 1 summarises the findings for cocaine in the ACT in 2009.

Table 1: Summary of major drug trends reported by participants in the ACT, 2009

	Heroin	Methamphetamine	Cocaine	Cannabis
Use	- 78% of participants reported recently using heroin, 86% in the previous year - Median days of use decreased from 60 in 2008 to 48 in 2009	- Recent speed use increased to 46% in 2009 up from 37% in 2008 - Base use remained stable at 21% (18% in 2008) - Crystal use decreased from 68% in 2008 to 57% in 2009 - Frequency of use increased for base to a median of 20 days (two in 2008)	- Use remained stable at 22% (18% in 2008) - Median days of use remained low at two in the preceding six months	- 81% of participants reported recent cannabis use - Median number of days increased to 180 in 2009 from 135 in 2008
Price	- Price per cap remained stable at \$50 - Price per gram remained stable at \$320 - Price of heroin had remained stable	- Price per point for speed and crystal remained stable at \$50, the price for a point of base increased to \$50 - Price per gram increased for speed (\$250) and remained stable for crystal (\$450)	- Price per cap decreased to \$50 (\$70 in 2008) - Price per gram was reported to be \$250 (small numbers)	- Price per gram of hydroponic and bush was \$20 - The price per ounce of hydroponic was \$300 - An ounce of bush increased to \$250 (\$200 in 2008)
Availability	- Participants reported heroin as 'easy' to 'very easy' to obtain - Availability remained stable in the last six months	- Speed, base and crystal were 'easy' or 'very easy' to obtain - Availability of speed and base remained stable. Crystal was 'more difficult' to obtain in 2009 (33%, 7% in 2008)	- There were mixed reports about availability of cocaine - Availability remained stable in the last six months	- hydroponic was 'very easy' to 'easy' to obtain - bush was 'easy' to obtain - Availability remained stable for hydroponic and bush in the last 6 months
Purity/ Potency	- Participants reported current purity of heroin as 'medium' to 'low' - Mixed reports on purity change in the last six months	- Speed reported to have 'low' to 'medium' purity - Base purity was reported to be 'low' - There was an increase in the number of IDU reporting crystal to be 'low' in purity (54%, 14% in 2008) - Change in purity was reported to be 'decreasing'	- Cocaine purity was reported to be 'medium' to 'high' - Purity had remained stable in the last six months	- IDU reported hydroponic cannabis had a 'high' potency - bush was reported to be 'medium' - Potency remained stable for hydroponic and bush cannabis in the last 6 months

Source: ACT IDRS IDU interviews, 2009

Cannabis

Cannabis use was widespread and frequent amongst the sample in 2009; this was consistent with reports from KE. Ninety-eight percent of the sample had ever tried cannabis and 81% reported the recent use of cannabis. The majority of the sample used cannabis frequently in the six months preceding interview with a median of 180 days of use (daily use). This was down from the median of 135 days in 2008 (approximately six days a week).

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 or bush remained stable from 2008 to 2009 at \$20. The median price of an ounce of bush in 2009 was reported to be \$250, while the median price for an ounce of hydro was \$300. The majority of participants perceived hydroponic cannabis to be 'easy' (44%) to obtain with a further 42% reporting that hydroponic was 'very easy' to obtain. There were mixed reports on the availability of bush cannabis with 44% of participants reporting that it was 'easy' to obtain and a further 20% reporting that bush cannabis was 'difficult' to obtain. Participants reported that the availability of both hydro and bush cannabis had remained stable in the six months preceding interview. Participants commenting on the potency of bush cannabis believed it to be 'medium' (64%) and hydro to be 'high' (54%). As has been the case in previous years hydro remained the dominant form of cannabis on the market in the ACT.

Other opioids

The term 'illicit' methadone use is used in this report to refer to the use of methadone that was prescribed for someone else. The recent use of illicit methadone among the ACT sample in 2009 decreased to 23% (31% in 2008). Among those who had recently used, the frequency of illicit methadone use was approximately weekly with a median of 24 days of use in the previous six months. Injecting (96%) and swallowing (30%) were the most common routes of illicit methadone administration.

'Illicit' buprenorphine use refers to the use of buprenorphine that was prescribed for someone else. The recent use of illicit buprenorphine among the ACT sample remained stable in 2009 at 23% (25% in 2008). The majority of participants used illicit buprenorphine infrequently, with a median of 10 days (approximately twice a month) of use in the six months prior to the interview. The most common routes of administration for recent illicit buprenorphine use among the 2009 sample was injecting. In 2009, a small proportion of the sample (10%) reported using their licit oral buprenorphine via injection.

In the 2009 IDRS survey, participants were asked about use of illicit morphine. Use of illicit morphine refers to the use of morphine that was prescribed for someone else. Seventy-three percent of participants reported that they had used illicit morphine at least once in their life. Thirty-eight percent reported using illicit morphine in the preceding six months. The main route of administration for participants who had recently used illicit morphine was injection (95%). Participants reported using 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.

In 2009, 58% 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-seven percent reported recent use. The median days of illicit oxycodone use remained low, at three days (approximately once every two months).

The use of 'other opioids' such as codeine by participants in the ACT had increased to 16% reporting lifetime use of 'other opioids' and 3% reporting the recent use of 'other opioids' compared to 23% in 2008. The median number of days of use of other opioids was two.

Patterns of other drug use

Benzodiazepine use remained high among the sample in 2009. Eighty-eight percent of participants reported using benzodiazepines in the six months preceding interview. Whilst 49% of respondents reported recent licit benzodiazepine use, 50% reported illicit use, such as the use of someone else's prescription. Injection of benzodiazepines (illicitly obtained) was low (3%) and no participants reported injection of licit benzodiazepines. The frequency of use for licit benzodiazepines was 180 days (daily) and six days for illicitly obtained benzodiazepines. The most common route of administration by recent users for both forms of benzodiazepines was reported to be swallowing (49%).

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). One-fifth (22%) of the 2009 sample reported the recent use of illicit pharmaceutical stimulants. The median number of days of illicit pharmaceutical stimulant use in the preceding six months was six (i.e. approximately once a month). Three 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.

Over the counter (OTC) codeine was used in the previous six months by two-fifths (43%) of the sample. Participants reported using OTC codeine on a median of 10 days (approximately once every two to three weeks).

Alcohol was recently used by approximately two-thirds (68%) of the sample in the ACT in 2009. Recent alcohol users reported a median of 48 days (approximately twice a week) of use in the six months prior to the interview. The majority of participants (96%) reported the recent use of tobacco, and 92% were daily smokers.

Associated harms and health

Nine percent of participants reported that they had injected with a syringe after someone in the past month (10% in 2008); 20% of participants reported that they had lent a syringe in the past month, compared to 13% in 2008. The majority of participants reported that one person had used the syringe before them (n=7) and these people were most likely to be close friends (n=5) or regular sex partners (n=4). The proportion of participants that reported sharing injecting equipment (e.g. spoons, mixing containers, water and swabs) decreased from 45% in 2008 to 39% in 2009, with levels of injection-related risk-taking behaviour remaining high. Given the implication of this for the transmission of Hepatitis C Virus (HCV), the sharing of injecting equipment remains a concern.

The proportion of participants reporting at least one injection-related problem in the preceding month decreased from 74% in 2008 to 68% in 2009. In 2009, the most commonly reported difficulties were scarring/bruising and difficulty injecting.

In the 2009 ACT IDRS sample, 48% 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 a mental health problem, 85% had seen a mental health professional in the past six months. In 2009, participants were administered the Kessler Psychological Distress Scale (K10). One-third (32%) scored at levels which were considered high risk for psychological distress, a further 25% were at very high risk for psychological distress and another 24% were at moderate risk. The scores amongst this sample were much higher than those of the general population.

In 2009, the IDRS included the Personal Wellbeing Index (PWI), a measure included to ask participants about their personal satisfaction with various aspects of their life. In the ACT, participants reported lower satisfaction than the general population on all factors.

Participants were asked whether they had ever been diagnosed with various chronic conditions in their lifetime. Results showed that in the ACT IDRS participants aged between 18-44 years were more likely to have been diagnosed with asthma, gout, rheumatism or arthritis, or diabetes/high blood sugar level than the general population aged 15-44 years.

In 2009, participants were asked questions regarding their gambling behaviour. One-third (34%) of participants had gambled in the previous month and the most common form of gambling was poker machines.

Participants were asked about driving while under the influence of drugs. Eighty-three percent of those participants who had driven in the preceding six months (n=33) had driven under the influence of drugs. Participants most commonly reported driving while under the influence of heroin, cannabis and crystal.

Participants were administered the Buss-Perry Aggression Questionnaire-Short Form (BPAQ-SF) in 2009. This self-report measure addresses three major components of aggression: the motor components (physical and verbal aggression), the emotional component (anger) and the cognitive component (hostility). Anger was endorsed by the highest proportion of IDU with 17% endorsing all three anger items on the scale. The second most endorsed aggression domain was hostility (16%). Verbal aggression was endorsed by over one-tenth (13%) followed by physical aggression (12%).

The proportion of participants who reported having been arrested in the last year increased to 32% (23% in 2008). In 2009, the proportion of participants reporting committing at least one crime in the month preceding interview remained stable (51%; 50% in 2008). The most common crimes committed, as reported by participants in the month prior to interview, were property crime and dealing.

Conclusions

- Polydrug use remained high in the ACT
- There were more reports of heroin purity being 'low' and median days of use decreased
- Frequency of base use increased
- Recent use of crystal decreased
- Cannabis use remained high
- Illicit benzodiazepine use remained high
- Sharing of injecting equipment increased
- Mental health problems continue to be a concern

These and other topics are discussed in greater detail in the *Implications* section.

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) 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, O'Brien 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, with expert knowledge of drug markets; and c) indicator data sources relating to illicit drug trends in the Australian Capital Territory (ACT). In 2009, the IDRS was funded by the Australian Government Department of Health and Ageing. The authors would like to acknowledge this organisation for continuing to fund this critical project.

This *ACT Drug Trends 2009* report presents findings from the 2009 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 2009 IDU sample. The report concludes with a discussion of the implications of the findings for 2009.

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 findings for each jurisdiction, in addition to a national overview, are presented in the *Australian Drug Trends 2009* series 37 (available from NDARC), and are also presented at the National Drug Trends Conference each year.

2 METHOD

In order to document emerging trends in the illicit drug market, the IDRS triangulates three data sources: 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 June of 2009, a structured interview was administered face to face to 100 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 2009, there were a number of additions to the interview schedule: detailed questions on pharmaceutical opioids, and for the first time, respondents were asked to complete the Buss-Perry Aggression Questionnaire-Short Form which asks questions about trait aggression. Other additions to the survey included questions about gambling and the Problem Gambling Severity Index as well as questions on chronic physical conditions and dental health. The Personal Wellbeing Index (PWI) was also included.

The IDRS interviews were conducted by NDARC research staff and took approximately 45 minutes to administer. All participants were recruited through Directions ACT, which is an organisation that provides a Needle and Syringe Program (NSP) 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. Participants were reimbursed \$40 for their time. Ethics approval for the ACT arm of the IDRS was obtained from the University of New South Wales ethics committee.

2.2 Data analysis

Analyses were conducted using SPSS for Windows, Version 17.0 (SPSS inc 2008). The data collected in 2009 was compared with data collected from comparable samples of ecstasy users from 2003 onward recruited as part of the PDI (2003-2005) and then the EDRS (2006-2008). As each of these samples was recruited using the same methods, meaningful comparisons can be made. Further analysis was conducted on the main drugs of focus in the IDRS to test for significant differences between 2008 and 2009 for recent use, purity and availability. Confidence Intervals (CI) were calculated using an excel spreadsheet available at <http://www.cebm.net/index.aspx?o=1023> (Tandberg). This calculation tool was an implementation of the optimal methods identified by Newcombe (Newcombe 1998). Significance testing using the Mann-Whitney U calculation was used to compare 2008 and 2009 median days of use for the major drug types discussed.

2.3 Survey of key experts (KE)

Between July and September 2009, 17 professionals were interviewed as KE for the IDRS. As criteria for study entry KE had contact with a minimum of 10 different IDU in the six months prior to interview. Interviews were over the phone or in person and took approximately 20-40 minutes to administer. 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. If KE comments are not reported in a chapter this is due to low numbers reporting on a specific drug.

2.4 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 2009 IDRS study are described below.

- **Purity of drug seizures.** In 2009, 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 2007/2008.
- **Number and weight of drug seizures.** Data on the number and weight of drug seizures made by ACT local police were provided by the ACC. Data includes number of seizures and amount seized in grams from 1999/2000 to 2007/2008, 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 2007/2008.
- **Simple Cannabis Offence Notices (SCON).** Data for this report on the number of SCON issued in the ACT from 1997/1998 to 2007/2008 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 2008/2009. Assisting Drug Dependents Incorporated (ADDInc) provide 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 2008/2009.

- ***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 2009 for morphine- and methamphetamine-positive test results.
- ***Overdoses.*** The number of 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 heroin overdoses per financial year and quarter 1998/1999 to 2008/2009.
- ***Hospital admissions.*** The 2009 IDRS study includes data on the number of hospital admissions due to opioids, methamphetamines and cannabis among those aged 15 to 54 years from 1993/1994 to 2007/2008. These data are provided by the Australian Institute of Health and Welfare (AIHW) and ACT Health.
- ***HIV, HBV and HCV surveillance data.*** Data pertaining to the prevalence of blood-borne viral infections (BBVI) in the ACT are derived from the National Notifiable Diseases Surveillance System (NNDSS) (National Notifiable Diseases Surveillance System 2010), *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 2008).
- ***Pharmacotherapy clients.*** The number of clients in pharmacotherapy (i.e. methadone and buprenorphine maintenance treatment) in the ACT on a 'snapshot/specified' day in June 2008 is presented. The data are provided by the AIHW.

3 RESULTS

3.1 Overview of the regular IDU sample

A total of 100 regular IDU were interviewed in the ACT in 2009. The demographic characteristics of the sample are summarised in Table 2 below. In 2009, the mean age of the sample was 37 years (range 18-63 years, SD=9.1), and approximately two-thirds (65%) were male. There was no significant difference between the mean age of male and female respondents. Almost all of the respondents reported English as the main language spoken at home and 8% identified as Aboriginal and/or Torres Strait Islander. The majority of participants reported that they were single (52%), had a partner (23%) or were married/de facto (17%).

The mean number of formal school years completed was 11 (range 7-12 years, SD=1.5). Thirty-one percent of participants reported that they had trade or technical qualifications, and 10% reported that they had university or other tertiary qualifications (19% in 2008). Two-thirds (67%) of participants interviewed in 2009 were unemployed, 10% were currently employed full-time and 19% were employed on a casual or part-time basis. The majority of respondents (80%) reported living in their own house or flat (including renting).

In 2009, 46% of participants reported that they had a prison history. A significant difference was found between the proportion of males and females reporting a prison history in the 2009 ACT sample (55% versus 29% respectively, $p>0.05$).

Fifty-eight percent of participants indicated that they were currently involved in some form of drug treatment. The most common form of drug treatment was opioid maintenance treatment, with 41% of those in treatment engaged in methadone maintenance treatment and 14% in buprenorphine or buprenorphine-naloxone maintenance treatment. The median length of time participants had been participating in their current treatment was 36 months (range less than one month to 23 years, SD=80.0). Of those respondents currently in treatment, 19% had been participating in treatment for six months or less, with the majority (81%) engaged in treatment for six months or more. Similar proportions of females (60%) and males (57%) in the 2009 sample were currently in some form of drug treatment.

Table 2: Demographic characteristics of the IDU sample, 2008-2009

	2008 N=101	2009 N=100
Age (mean years)	38	37
School education (mean years)	10	11
Sex (% male)	63	65
Heterosexual (%)	88	89
Relationship status (%)		
Single	46	52
Partner	30	23
Married/De facto	14	17
Separated	7	5
Divorced	3	3
Widowed	1	0
Accommodation (%)		
Own house/flat (includes renting)	84	80
Parent's/family house	4	2
Boarding house/hostel/refuge	4	5
No fixed address/homeless	8	12
Employment (%)		
Not employed	69	67
Full-time	4	10
Part-time/casual	11	19
Home duties	9	0
Full time student	3	1
Income per week (median)*	-	\$280
English main language spoken at home (%)	97	97
Aboriginal and/or Torres Strait Islander (%)	12	8
Tertiary education (%)		
None	39	59
Trade/technical	42	31
University/college	19	10
Currently in drug treatment (%)	61	58
Methadone maintenance (%)	42	41
Buprenorphine maintenance (%)	15	8
Buprenorphine-naloxone	2	6
Prison history (%)	43	46

Source: ACT IDRS IDU interviews, 2008-2009

*Not asked in 2008

3.2 Drug use history and current drug use

The injection histories of participants in the 2008 and 2009 samples are summarised in Table 3. The mean age of first injection was 19 years (range 11-35 years, SD=4.8). Forty-eight percent of the respondents reported methamphetamines as the first drug injected, similar to heroin (46%). Heroin was the drug injected most often in the month prior to the interview (48%). Heroin was the last drug injected by 41% of respondents (compared to 51% in 2008), followed by speed (14%, compared to 1% in 2008).

Heroin was nominated as the drug of choice for the majority of participants (53%) in 2009; a decrease from 69% in 2008. Twelve percent of respondents nominated speed as their drug of choice in 2009 compared to 3% in 2008. Overall 27% of IDU nominated methamphetamine as their drug of choice, an increase from 14% in 2008. Cannabis was nominated by 6% of IDU as their drug of choice.

In 2009, 36% 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=36), almost half (47%) reported that this was due to the limited availability of their drug of choice, and 5% reported it was due to them currently being in treatment. The most common drugs used on the day prior to the interview were cannabis (45%), alcohol (33%), methadone (28%), heroin (28%) and benzodiazepines (20%). Nine 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, 2008-2009

Variable	2008 N=101	2009 N=100
Age first injection (mean years)	19	19
First drug injected (%)		
Heroin	46	48
Methamphetamine	46	46
Cocaine	1	3
Other opioids	0	0
Other	2	3
Drug of choice (%)		
Heroin	69	53
Cocaine	2	2
Methamphetamine		
<i>Speed</i>	3	12
<i>Base</i>	0	2
<i>Crystal</i>	11	13
Cannabis	7	6
Other	2	12
Drug injected most often in last month (%)		
Heroin	52	48
Cocaine	0	0
Methamphetamine		
<i>Speed</i>	4	12
<i>Base</i>	1	7
<i>Crystal</i>	20	11
Methadone	8	11
Other/have not injected in last month	15	11
Most recent drug injected (%)		
Heroin	51	41
Cocaine	1	1
Methamphetamine		
<i>Speed</i>	1	14
<i>Base</i>	1	6
<i>Crystal</i>	24	10
Methadone	8	13
Morphine	5	3
Other	10	12

Source: ACT IDRS IDU interviews, 2008-2009

The frequency of injection reported by participants in 2007 to 2009 is presented in Table 4. In 2009, nearly half (45%) of the sample reported an injection frequency of one (21%), two or three (21%) injections per day or three or more injections per day (3%).

When the sample was divided into younger (≤ 25 years of age) and older users (> 25 years of age), there was no difference between younger users reporting injecting daily or more compared to older users. When the sample was divided into male and female, the proportion of females

(43%) who reported injecting once or more per day was not significantly different from the proportion of males (46%) who injected once or more per day ($p > 0.05$).

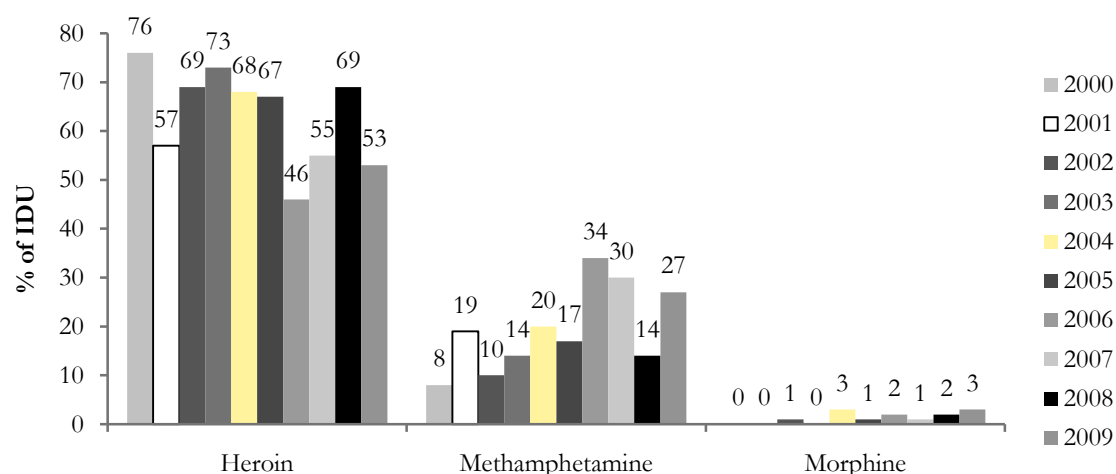
Table 4: Frequency of injection among IDU according to age group in the ACT, 2007-2009

	2007			2008			2009		
	<=25 n=14	>25 n=85	Total N=100	<=25 n=10	>25 n=91	Total N=101	<=25 n=11	>25 n=89	Total N=100
Frequency (%)									
Weekly or less	43	23	25	50	18	21	27	19	20
Weekly-daily	0	52	49	0	36	33	36	35	35
Daily	29	11	12	40	20	21	27	20	21
2-3 times daily	29	11	12	0	18	16	0	24	21
3 or more times a day	0	3	3	10	9	9	9	2	3

Source: ACT IDRS IDU interviews, 2007-2009

Trends over time for drug of choice are presented in Figure 1. There was a significant (95% C.I.: 0.29-0.02) decrease in the amount of participants reporting heroin as their drug of choice in 2009 (53%; 69% in 2008). In 2009, there was a corresponding increase in the proportion of participants reporting methamphetamine (speed, base or crystal) as their current drug of choice, from 14% in 2008 to 27% in 2009. The proportion of respondents nominating morphine as their drug of choice has remained relatively stable and low, at 3%.

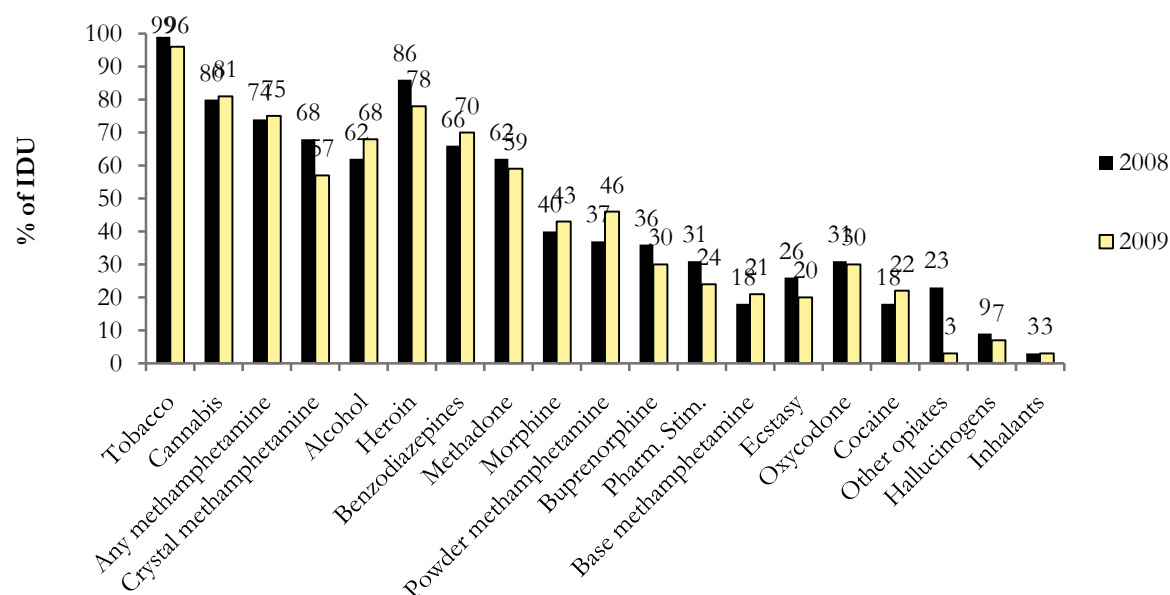
Figure 1: Drug of choice of IDU interviewed, ACT, 2000-2009



Source: ACT IDRS IDU interviews, 2000-2009

Figure 2 presents the proportion of participants who had used specific substances in the preceding six months for 2008 and 2009. 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 2009 were tobacco (96%), cannabis (81%), benzodiazepines (70%), alcohol (68%) and heroin (78%). There was a decrease in the self-reported use of crystal in 2009 continuing the trend from the previous year.

Figure 2: Recent drug use: percentage of IDU who had used each drug type in the last six months, 2007-2009



Source: ACT IDRS IDU interviews, 2007-2009

Table 5 presents the drug use history of the 2009 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 (98%), heroin (97%), tobacco (100%), cannabis (98%), crystal methamphetamine (94%) and methamphetamine powder (94%), at least once in their lifetime. In terms of route of administration, heroin (75%), crystal methamphetamine (57%), and methamphetamine powder (47%) were the most common drugs recently injected by the sample in 2009. In the six months preceding interview over one-tenth (12%) of participants reported smoking crystal.

3.3 Key expert comments

- Demographics reported by KE of the IDU that they had contact with were consistent with IDU reports.
- Several KE reported that demographics of IDU had remained stable.
- Most KE reported that polydrug use was common.
- A few KE reported that younger IDU were more likely to engage in polydrug use than older IDU.
- There were also reports that younger users are using alcohol more frequently.

Table 5: Polydrug use history of the IDU sample, 2009

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	97	94	75	48	56	6	16	0	17	2	78		48
Homebake heroin	60	57	21	5	4	2	0	0	1	0	21		6
<i>Any heroin (inc. homebake)</i>	97	94	75		58	6	17	0	18	2	78		
Methadone (prescribed)	63	50	20	48					62	42	42	180	180
Methadone (not prescribed)	60	43	22	24					36	7	23		24
Physeptone (prescribed)	16	11	2	14	0	0	0	0	13	3	3	14	13
Physeptone (not prescribed)	23	18	4	5	1	1	0	0	11	0	5		3
<i>Any methadone (inc. Physeptone)</i>	83	68	37	42					76	48	59		180
Buprenorphine (prescribed)	31	17	3	48	4	0	0	0	30	9	9	120	120
Buprenorphine (not prescribed)	40	32	19	10	3	1	1	1	14	7	23		10
<i>Any buprenorphine (exc. buprenorphine-naloxone)</i>	54	41	22	15	5	1	0	1	37	15	30		17
Buprenorphine-naloxone (prescribed)	15	4	3	180	1	0	0	0	14	9	10	135	90
Buprenorphine-naloxone (not prescribed)	16	10	7	5	0	0	0	0	8	5	11		5
<i>Any buprenorphine-naloxone</i>	24	12	8	42	1	0	0	0	18	14	19		30
Morphine (prescribed)	39	34	8	5	0	0	0	0	13	3	8		7
Morphine (not prescribed)	73	72	36	4	1	0	0	0	20	7	38		4
<i>Any morphine</i>	85	83	42	4	1	0	0	0	34	10	43		4
Oxycodone (prescribed)	18	11	4	15	2	0	0	0	11	2	6		9
Oxycodone (not prescribed)	58	47	26	4	2	0	1	1	19	3	27		3

Source: ACT IDRS IDU interviews, 2009

^ 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: Polydrug use history of the IDU sample, 2009 (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*
<i>Any oxycodone</i>	62	49	27	7	0	0	1	1	28	5	30		5
Other opioids (not elsewhere classified)	16	9	1	1	7	2	0	0	5	0	3		2
Speed powder	94	92	47	7	19	1	59	4	55	8	46		8
Base/point/wax	55	53	21	20	7	2	2	0	12	1	21		20
Ice/shabu/crystal	94	91	57	12	54	12	3	0	14	2	57		7
Amphetamine liquid	39	34	2	11					11	0	2		11
<i>Any form methamphetamine #</i>	99	99	76	20	59	13	59	4	62	10	75		24
Pharmaceutical stimulants (prescribed)	10	5	2	3	0	0	1	0	10	3	3		154
Pharmaceutical stimulants (not prescribed)	48	29	16	6	1	0	0	0	31	13	22		5
<i>Any form pharmaceutical stimulants</i>	54	33	18	4	1	0	1	0	37	15	24		6
Cocaine	82	70	18	2	5	0	40	6	13	2	22		2
Hallucinogens	81	15	3	-	0	0	0	0	75	7	7		1
Ecstasy	75	40	2	4	2	0	4	0	70	20	20		2
Benzodiazepines (prescribed)	72	9	1	48	1	0	0	0	70	49	49		180
Benzodiazepines (not prescribed)	71	9	3	3	2	0	0	0	69	49	50		6
<i>Any form of benzodiazepines</i>	88	14	3	3	3	0	0	0	88	70	70		61
Alcohol	98	9	1	-					98	68	68		48
Cannabis	98										81		180
Inhalants	32										3		1
Tobacco	100										96		180

Source: ACT IDRS IDU interviews, 2009

^ 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 stimulant

4 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 78 participants who commented on heroin trends in the ACT in 2009.

4.1 Use

4.1.1 Lifetime use

Heroin was nominated as the drug of choice for over half of the participants in 2009 (53%), significantly down from 69% in 2008 (95% C.I.: 0.29-0.02). Forty-eight percent of respondents reported injecting heroin most often in the last month, and 41% reported that it was the last drug they injected (compared to 51% in 2008).

In 2009, heroin was the third most common illicit drug used (28%) on the day prior to the interview, down from 36% in 2008. In 2009, there was a significant decrease in the number of participants reporting heroin as their drug of choice from 69% in 2008 to 53% in 2009.

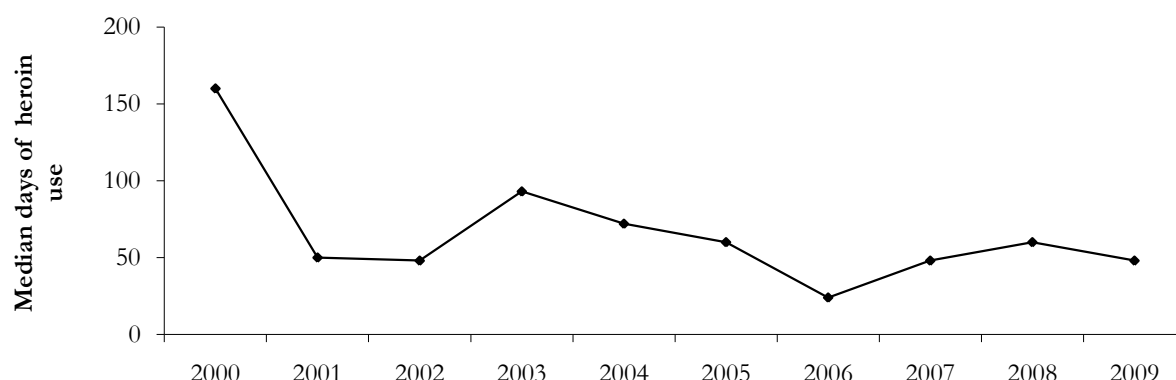
Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. In 2009, three-fifths (60%) of participants reported that they had used homebake heroin at least once in their lifetime. One-fifth (21%) reported the use of homebake heroin in the six months preceding interview. All who reported recent use of homebake heroin had injected it; however, 2% reported smoking in the six months preceding interview. In 2009, the median days of use of homebake heroin was six days. 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-eight percent of participants in 2009 reported having used heroin in the six months preceding interview (86% in 2008). This was not a significant decline ($p > .05$). Seventy-five percent of participants who had used heroin in the preceding six months reported injecting it. Over half (56%) of those who had used heroin, reported that they had smoked heroin at least once in their lifetime, although only 6% had done so in the six months preceding the interview.

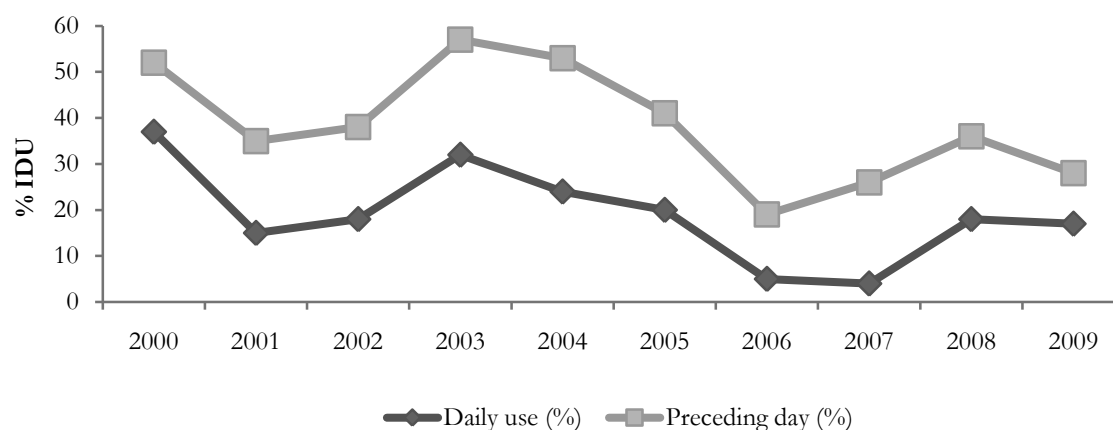
Of those participants who had used heroin in the six months prior to the interview, the median number of days of use during this period decreased to 48 (60 in 2008), similar to figures in 2007 (48 days), see Figure 3. The range of days heroin was used in the preceding six months was between one day and every day.

Figure 3: Median days of heroin use among participants who had used heroin in the preceding six months in the ACT, 2000-2009



Source: ACT IDRS IDU interviews, 2000-2009

Figure 4: Proportion of participants reporting daily heroin use in the last six months, and heroin use on the day preceding interview in the ACT, 2000-2009



Source: ACT IDRS IDU interviews, 2000-2009

As can be seen in Figure 4, the proportion of participants reporting daily heroin use in the six months preceding interview remained stable in 2009 (17%, 18% in 2008). There was also a decrease to 28% in the proportion reporting use of heroin on the day prior to interview (36% in 2008).

4.2 Preparation and colour

Brown heroin was first identified in NSW by the Medically Supervised Injecting Centre (MSIC) in 2006. Participants in the IDRS first commented on the presence of brown heroin in the same year. In 2007, the issue was first investigated by asking participants to describe the colour forms of heroin they had used over the last six months, in addition to the 'form most used'. In 2008, this investigation was expanded by asking participants what colour forms of heroin they used and the preparation techniques employed when using these colour forms. Participants were shown a 'flashcard' (Stafford, Sindicich et al. 2009) of photographs of different types of heroin and were then asked to identify the types they had used in the previous six months.

Traditionally, heroin originating from the Golden Triangle (from where Australia's heroin has predominantly originated in the past) has been white or off-white in colour. This form of heroin had an acidic (acetone/hydrochloride) base and was relatively easy to prepare for injection as it

was more refined and easy to dissolve in water. In contrast, heroin produced in the Golden Crescent, a region producing heroin that has traditionally been seen very rarely in Australia, was traditionally brown in colour and less refined. It required the use of heat, and often an acid, to prepare for injection, and was also more amenable to smoking as a route of administration.

More recently, however, the picture has become less clear, with at least one documented instance of white acidic heroin production occurring in Afghanistan (Zerell, Ahrens et al. 2005). Furthermore, information from border seizures indicates that it is not possible to determine the geographic origin of the drug based on colour alone (Australian Federal Police [AFP], personal communication). Therefore, while the following information provides an indication of the appearance of heroin used by participants of the IDRS at the street level, it is not possible to draw conclusions about its geographic origin, purity or preparation method required for injection based on these data alone. Further research into this area is required before firmer conclusions can be drawn. The reader is also directed to the individual state/territory reports for KE comments on these data, where available and applicable.

4.2.1 Colour and form

Among recent heroin users, 94% 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 (46%). Interestingly though, a quarter reported that they had used brown heroin powder (27%), one-sixth reported using brown heroin rock (14%) in the six months preceding interview. Approximately one-third reported that they had used homebake heroin in the six months preceding interview. Eighty-three percent reported that white/off-white heroin powder was the form of heroin they most used, followed by brown powder (5%), white/off-white rock (5%) and homebake heroin (5%).

Table 6: Forms of heroin used and most common form used in the six months preceding interview, ACT, 2008-2009

Heroin type	2008 (n=88)	2009 (n=78)
Used in past six months		
Heroin powder		
White/off-white	92	94
Brown	27	27
Other colour	1	3
Heroin rock		
White/off-white	51	46
Brown	26	14
Other colour	1	1
Homebake	25	31
Form most used		
Heroin powder		
White/off-white	76	83
Brown	2	5
Other colour	0	0
Heroin rock		
White/off-white	15	5
Brown	6	1
Other colour	0	0
Homebake	1	5

Source: ACT IDRS IDU interviews, 2008-2009

4.2.2 Preparation

In 2009, participants reported on methods of preparation employed when using heroin (preparing with either heat or acid). Participants were asked if they had used heat or acid the last time they injected and the colour of the heroin used. Of those who had injected heroin the past six months 37% reported that they had used heat the last time they injected. No participants reported using acid the last time they injected. Eighty-one percent (n=17) of those who had used heat to inject reported that the colour of heroin was white, the remaining 19% (n=4) reported that the colour was brown.

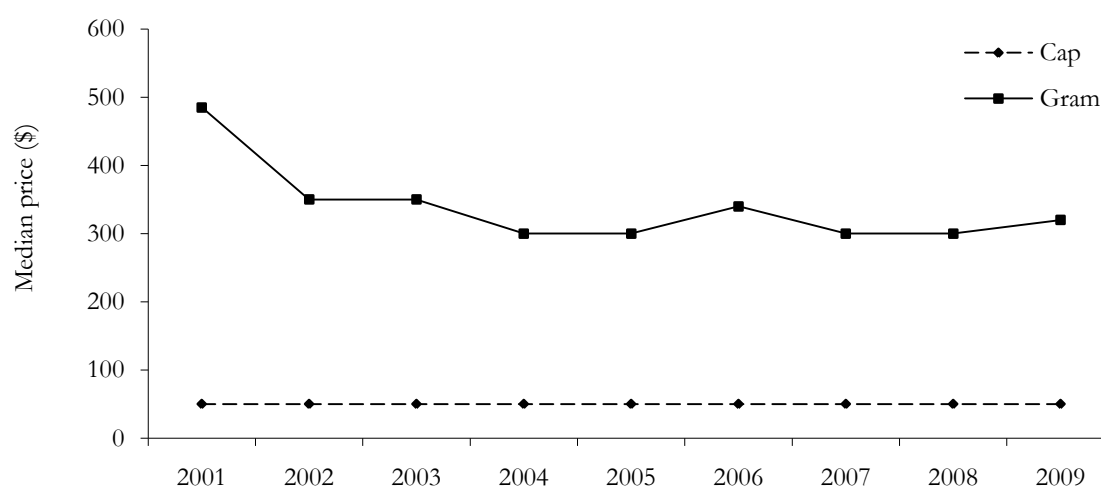
4.3 Key expert comments

- Most KE reported that heroin was the main illicit drug used by the regular users that they had contact with and eight KE reported that they believed it to be one of the most problematic drugs.
- There were reports that homebake use was increasing and that it is being sold for less than heroin.
- Several KE reported that heroin was usually in the form of white powder.

4.4 Price

Figure 5 presents the reported median prices paid for heroin by participants in the ACT, the last time they purchased heroin in the six months prior to interview. The median reported prices for purchased values of heroin in 2009 were similar to the prices reported by participants in 2008. In 2009 and 2008 the median price of a cap of heroin was reported to be \$50. The median price of a gram increased in 2009 to \$320 (\$300 in 2008). The median price for a half-gram of heroin remained stable at \$160 in 2009. In 2008, quarter-grams of heroin were the most commonly purchased, followed by half-grams.

Figure 5: Median price of most recent heroin gram and cap purchased by participants, 2001-2009



Source: ACT IDRS interviews, 2001-2009

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 (90%), commenting on heroin trends in 2009, reported that the price had remained stable in the previous six months, an increase from 2008 (77% reporting heroin prices to be stable).

Table 7: Participants' reports of heroin price changes in the last six months, 2008-2009

	2008 N=101	2009 N=100
Did respond (%)	82	69
Increasing (%)	11	1
Stable (%)	77	90
Decreasing (%)	7	3
Fluctuating (%)	1	6
Don't know (%)*	4	-

Source: ACT IDRS IDU interviews, 2008-2009

*Don't know not included in 2009

4.5 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 'very easy' (51%; 37% in 2008) to 'easy' (39%; 41% in 2008) to obtain. In 2009, the proportion of participants reporting that heroin was 'difficult' to obtain decreased from 21% in 2008 to 9%. There was no significant differences between 2008 and 2009 in the proportion reporting current heroin availability ($p>.05$).

Table 8: Participants' reports of heroin availability in the past six months, 2008-2009

	2008 N=101	2009 N=100
Current availability		
Did respond (%)	82	70
Of those who responded:		
Very easy (%)	37	51
Easy (%)	41	39
Difficult (%)	21	9
Very difficult (%)	0	1
Don't know^*	1	-
Availability change over the last six months		
Did respond (%)	82	69
Of those who responded:		
More difficult (%)	22	10
Stable (%)	59	71
Easier (%)	10	19
Fluctuates (%)	6	0
Don't know^* (%)	4	-

Source: ACT IDRS IDU interviews, 2008-2009

^ '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

*Don't know was not included in 2009

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 2009, the majority of participants believed heroin availability to have remained stable (71%), an increase from 59% in 2008. No significant differences in availability were found between 2008 and 2009 ($p>.05$).

In 2009, the majority (42%) of participants who reported purchasing heroin in the six months prior to interview last bought it from a friend. Over one-third (36%) reported last purchasing heroin from a known dealer. Smaller proportions reported last obtaining heroin from street

dealers (7%), unknown dealers (6%), mobile dealers (4%) and acquaintances (3%). The most commonly reported places for the last purchase of heroin were agreed public locations (36%), a friend's home (20%), dealer's home (19%), home delivery (16%) and the street market (6%).

4.6 Purity

Participants were asked to comment on the perceived purity of heroin in the ACT (see Table 9). In 2009, the majority of participants commenting on heroin perceived it to be of 'low' (47%) or 'medium' purity (37%). Six percent reported current purity to be 'high' (8% in 2008). There were no significant differences between 2008 and 2009 reports of current purity.

Table 9: Participants' perceptions of heroin purity in the past six months, 2008-2009

	2008 N=101	2009 N=100
Current purity		
Did respond (%)	82	68
Of those who responded:		
High (%)	8	6
Medium (%)	40	37
Low (%)	37	47
Fluctuates (%)	11	10
Don't know^* (%)	4	-
Purity change over the last six months		
Did respond (%)	82	66
Of those who responded:		
Increasing (%)	10	27
Stable (%)	36	29
Decreasing (%)	27	24
Fluctuating (%)	21	20
Don't know^* (%)	7	-

Source: ACT IDRS IDU interviews, 2008-2009

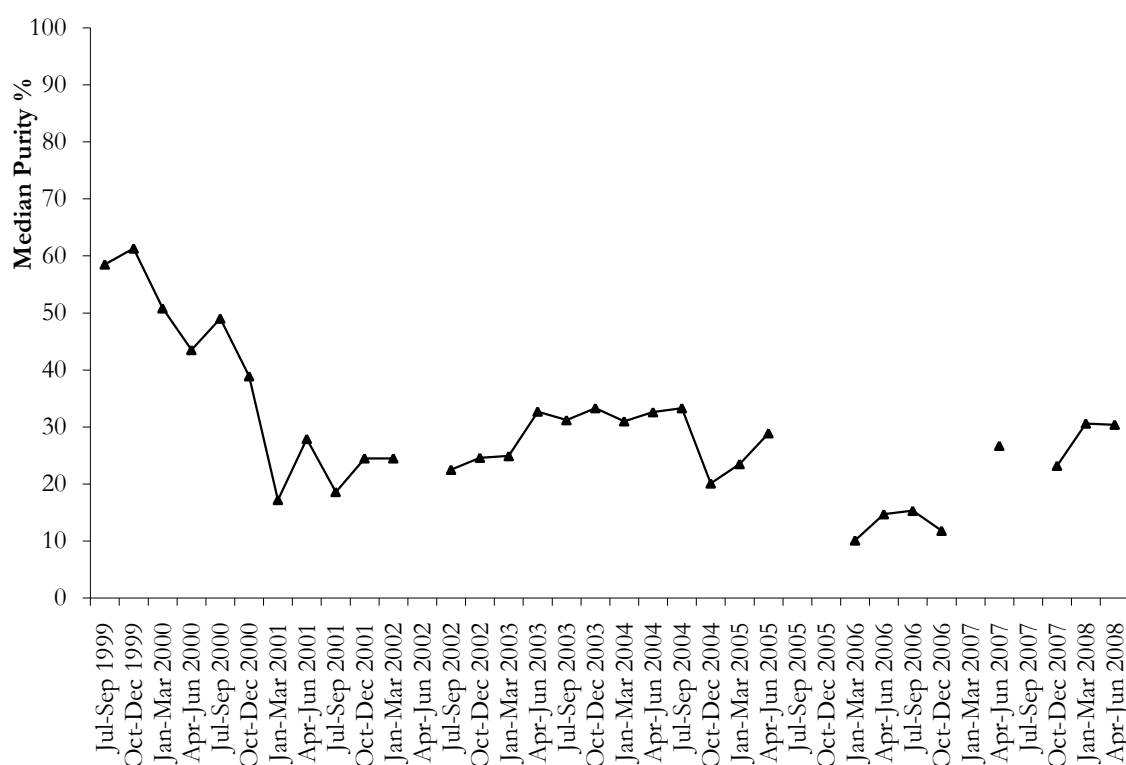
^ 'Don't know' refers to participants who were able to respond to survey items on price and/or availability of cocaine, but had not had enough contact with users/dealers, or had not used a sufficient number of times to feel confident responding to items concerning purity

* 'Don't know' was not included in 2009

Reports of purity change varied (see Table 9). No significant differences were found between 2008 and 2009 ($p>0.05$). However, there were more reports in 2009 of the purity of heroin increasing (27%, 10% in 2008).

Figure 6 presents data on the purity of heroin seizures made by ACT local police, by quarter, from July 1999 to June 2008. In 2007 to 2008, the median purity of heroin seized in the ACT remained stable to previous years. Data were not available at the time of printing for more recent seizure purity estimates.

Figure 6: Median purity of heroin seizures by ACT local police, July 1999 to June 2008



Source: ABCI (2000-2002); ACC (2003-2009)

NB: Data not available for the April-June quarter of 2002, April-June quarter 2005 and July-September quarter 2005, January-March quarter 2007, July-September 2007 and from July-September 2008 to April-June 2009

4.7 Key expert comments

- There were mixed reports regarding purity as high or fluctuating.
- Heroin was easily obtained in the ACT which was consistent with IDU reports.
- Several KE reported that there had been an increase in the number of heroin overdoses in the previous six months.
- Several KE commented on targeted policing towards the heroin market.

4.8 Summary of heroin trends

The recent use and median days of use of heroin decreased in the ACT in 2009. Availability, median price and purity of heroin have remained stable in 2009.

As can be seen from Table 10, the price of a cap of heroin remained stable from 2008 to 2009. From 2008 to 2009 the price for a gram of heroin increased by \$20. As was the case in 2008, in 2009, heroin was reported to be 'easy' to 'very easy' to obtain. Reports of availability being 'difficult' decreased in 2009. The majority of participants reported the current purity of heroin to be 'low' (47%) to 'medium' (37%). Data obtained from the ACC were consistent with participants' reports of heroin purity in 2009.

Table 10: Summary trends on heroin use, price, purity and availability, ACT, 2008-2009

Use	• Significantly less participants reported heroin as their drug of choice in 2009 (53%) compared to 2008 (69%, 95% C.I.: 0.29-0.02) • 78% used heroin in the previous six months, compared to 86% in 2008 • Median days of heroin use in the preceding six months was 48 days, a decrease from 60 days reported in 2008 • 13% reported daily heroin use, compared to 16% in 2008 • Most usual form used was white/off-white powder (94%)
Price (median)	• Cap: stable at \$50 in 2008 and 2009 • Gram: increased to \$320 in 2009 compared to \$300 in 2008 • Participant reports indicate the price of heroin in the ACT was stable in 2009
Availability	• 'Very easy' (51%) to 'easy' (39%) to obtain • There were less reports of availability being 'difficult' (9%) in 2009 (21% in 2008)
Purity	• IDU interviewed in 2009 reported purity to be 'medium' (37%) to 'low' (47%)

Source: ACT IDRS IDU interviews, 2008-2009

5 METHAMPHETAMINE

The 2009 IDRS questionnaire collected data on three different forms of methamphetamine: methamphetamine powder or 'speed', base methamphetamine or 'base', and crystal methamphetamine or 'crystal'.

In 2009, 47% of the entire sample were able to comment on trends in the price, purity, availability and use of speed (49% in 2008). A smaller proportion of participants were able to comment on base (21%, 11% in 2008). Forty-six percent of the sample were able to comment on crystal trends (71% in 2008).

5.1 Use

5.1.1 Lifetime use: Summary

Any methamphetamine

In 2009, 99% of participants reported using some form of methamphetamine (i.e. speed, base, crystal, amphetamine liquid) at least once in their lifetime. Seventy-five percent of participants reported using some form of methamphetamine in the six months preceding the interview. Ninety-nine percent of participants also reported having injected some form of methamphetamine at least once in their lifetime. Approximately three-fifths of IDU reported ever swallowing (62%), smoking (59%) or snorting (59%) some form of methamphetamine in their lifetime.

Powder methamphetamine 'Speed'

Ninety-four percent of participants reported using speed in their lifetime. Ninety-two percent reported having injected speed in their lifetime (91% in 2008). Almost three-fifths reported that they had snorted (59%) or swallowed (55%) speed in their life. One-fifth reported that they had ever smoked speed (19%).

Base methamphetamine

Just over half (55%) reported ever having used base. Furthermore, similar proportions reported having ever injected base (53%, similar to 51% in 2008). Other routes of administration for base use were relatively uncommon, with 7% reporting having ever smoked, 2% ever snorting and 12% ever swallowing. This is similar to the proportions reported in 2008 (7%, 5% and 10% respectively).

Crystal methamphetamine

Ninety-four percent of participants reported having ever used crystal. Ninety-one percent of participants reported having ever injected crystal. Over half of participants reported that they had ever smoked crystal (54%), up from 43% in 2008. The other routes of administration were much less frequent with only 3% reporting having ever snorted crystal (4% in 2008) and 14% reporting ever swallowing (12% in 2008).

5.1.2 Current patterns of methamphetamine use

Any methamphetamine

In 2009, 75% of participants reported the use of any methamphetamine in the six months preceding interview (74% in 2008, $p>0.05$). The most common route of administration was injecting (76%, 74% in 2008). Over one-tenth (13%) of participants reported that they had

smoked any form of methamphetamine in the preceding months, compared to one-quarter (25%) in 2008. Much smaller proportions reported snorting (4%, the same as 2008) or swallowing (10%, 8% in 2008). Median days of use for any methamphetamine increased to 24 in 2009 compared to 13 in 2008 ($p>0.05$). Any form of methamphetamine was second to heroin as the most common drug reported to be the first drug ever injected (46%, slightly less than 48% in 2008). Thirty percent of participants reported that they had injected any form of methamphetamine more than other drugs in the last month.

Powder methamphetamine 'Speed'

Forty-six percent of participants reported the use of speed in the six months preceding interview (37% in 2008, $p>0.05$, see Figure 7). The most common route of administration was injection, which was reported by all participants who had recently used speed. Of those who had recently used speed, smaller proportions reported swallowing (17%; 8% in 2008), snorting (9%; 5% in 2008) and smoking (2%; 10% in 2008) speed in the preceding six months. Median days of use was eight days and the median days of injection was seven, equating to over monthly use. There were three reports of the daily use of speed. Thirty-eight percent reported that speed was the first drug ever injected, 12% reported speed as the most common drug they injected (4% in 2008), 14% reported speed as the most recent drug injected (1% in 2008) and 8% reported that they had used speed on the day prior to interview (up from 3% in 2008). Twelve percent reported speed was their drug of choice; up from 3% in 2008.

Base methamphetamine

One-fifth (21%) reported the recent use of base (18% in 2008, see Figure 7). There was no significant difference in recent base use from 2008 to 2009 ($p>0.05$). Injection was the most common route of administration and all recent base users reported injecting base in the six months preceding interview. No participants reported recently snorting, one participant reported recently swallowing (similar to 2008) and two IDU reported recently smoking base in 2009. Median days of use and injecting were twenty (almost weekly) an increase from two in 2008. There were not enough cases in 2008 to complete a significance test. One participant reported they had injected base every day. Seven percent of the IDU sample reported that base was the most common drug injected in the last month and 6% reported that it was the last drug injected. No participants reported that they had used base on the day preceding interview. Two participants reported that base was the first drug injected and two participants nominated base as their drug of choice (0% in 2008).

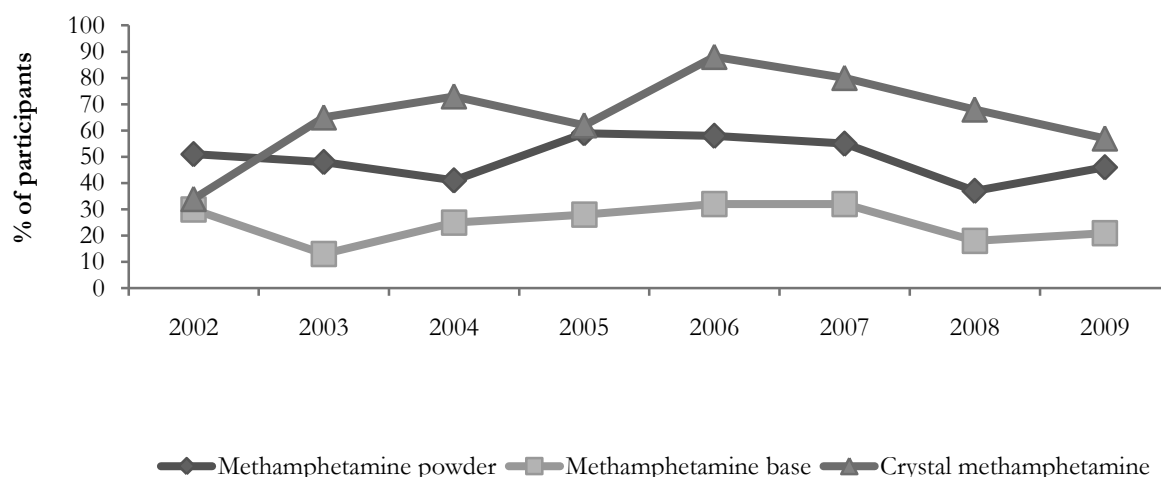
Crystal methamphetamine

Fifty-seven percent of participants reported the recent use of crystal (68% in 2008, $p>0.05$, see Figure 7). Ninety-seven percent of participants who had recently used crystal had done so by injection (100% in 2008). Approximately one-fifth (21%) of participants had smoked crystal in the six months prior to interview. This was down from 36% in 2008. Smaller proportions of the sample reported swallowing (4%; 7% in 2008) in the six months preceding interview. No participants reported recently snorting. Amongst those who had used crystal in the previous six months, median days of use were seven. Amongst recent injectors median days of injection were 12. Therefore, crystal users were using fairly infrequently, approximately once a month to a fortnight. No participants reported daily use of crystal compared to four in 2008. Crystal was the first drug injected by 6% of participants, the drug injected most often in the last month by 11%, the last drug injected by 10% and used by 7% of participants on the day before interview. Crystal was nominated as the drug of choice by 13% of the sample (11% in 2008).

Liquid amphetamine

In 2009, whilst 39% 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 these low numbers liquid amphetamine will not be reported on in any more detail.

Figure 7: Proportion of participants reporting methamphetamine use in the past six months in the ACT, 2002-2009



Source: ACT IDRS IDU interviews, 2002-2009

5.2 Price

The median prices reported in 2008 and 2009 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 to \$250 in 2009 from \$200 in 2008. 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, more than \$110 in 2008. The median price of an 'eight-ball' (3.5 grams) increased from \$800 in 2008 to \$850 in 2009; however, there were only small numbers (n=1 and n=2 respectively) reporting on this, so results must be interpreted with caution.

The most common amount of speed purchased was a point, with 74% 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 34% of those commenting on speed making recent purchases of this amount.

Of those participants that commented on speed in 2009, 81% believed the price to be stable, in comparison to 71% of participants in 2008. A small proportion of respondents believed that the price of speed was increasing (10%, 14% in 2008).

5.2.2 Base methamphetamine

The median price of a point of base purchased by participants in 2009 was \$50, compared to \$40 in the previous year; however, it should be noted that figures are based on a small number of participants in 2008. Findings indicate that base was most commonly purchased in points or 'half-weights' (0.5 grams) by participants in the ACT in 2009.

Of those that commented on base in 2009, the majority (71%) reported the price to have remained stable in the six months preceding interview, a decrease from 91% in 2008. Almost one-fifth (19%) reported that the price of base was decreasing in 2009. A small proportion believed that the price of base was increasing (10%).

5.2.3 Crystal methamphetamine

The median price of a gram of crystal purchased by participants in 2009 was \$450. A point (0.1 grams) of crystal remained stable at \$50 as did the median price of a 'half-weight' (0.5 grams) at \$250. The most common amount of crystal purchased was a point, with 80% 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 30% of those commenting on crystal making recent purchases.

Of those that commented on crystal in 2009, the majority (81%) reported the price to have remained stable in the six months preceding the interview, an increase from 69% in 2008.

Table 11: Price of most recent methamphetamine purchases by participants, 2008-2009

Amount	Median price* 2008 \$	Median price* 2009 \$
<i>Speed</i>		
Point (0.1 gram)	50 (20-80)	50 (35-90)
'Half-weight' (0.5 grams)	110 [^] (50-250)	150 (100-200)
Gram	200 [^] (50-450)	250 (180-380)
'Eight-ball' (3.5 grams)	800 [^] (no range)	850[^] (500-1200)
<i>Base</i>		
Point	40 [^] (5-40)	50 (25-50)
'Half-weight' (0.5 grams)	170 [^] (150-250)	150 (100-300)
Gram	-	275[^] (250-350)
'Eight-ball' (3.5 grams)	-	875 (650-1100)
<i>Crystal</i>		
Point (0.1 gram)	50 (5-70)	50 (50-55)
'Half-weight' (0.5 grams)	250 (150-300)	250 (150-300)
Gram	450 [^] (300-500)	450 (250-500)
'Eight-ball' (3.5 grams)	1,200 [^] (1000-1200)	1200[^] (1000-2800)

Source: ACT IDRS IDU interviews, 2008-2009

* range data are presented in brackets

[^]small numbers reporting (n<10), interpret with caution

Table 12: Participants' reports of methamphetamine price changes in the last six months in the ACT, 2008-2009

	2008 N=101	2009 N=100
<i>Speed</i>		
Did respond (%)	49	41
Of those that responded		
Increasing (%)	14	10
Stable (%)	71	81
Decreasing (%)	2	2
Fluctuating (%)	4	7
Don't know (%)	8	-
<i>Base</i>		
Did respond (%)	11	21
Of those that responded		
Increasing (%)	9	10
Stable (%)	91	71
Decreasing (%)	0	19
Fluctuating (%)	0	0
Don't know (%)	0	-
<i>Crystal</i>		
Did respond (%)	70	42
Of those that responded		
Increasing (%)	13	14
Stable (%)	69	81
Decreasing (%)	1	5
Fluctuating (%)	10	0
Don't know (%)	7	-

Source: ACT IDRS IDU interviews, 2007-2008

* 'Don't know' not asked in 2009

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 2009. Findings are presented separately for powder, base and crystal in Table 13.

5.3.1 Methamphetamine powder

Of those who commented on the current availability of speed (n=46), the majority reported it to be 'very easy' (41%) to obtain, whilst 30% reported it to be 'easy'. There was a significant increase in the proportion of participants reporting that speed was 'very easy' to obtain (95% CI: -0.02, -0.38) and a significant decrease from 2008 to 2009 in the proportions reporting speed to be 'easy' to obtain (95% CI: 0.43, 0.05).

Approximately three-fifths (59%) of the participants commenting on speed thought that the availability had remained stable in the six months prior to interview, not significantly different to 2008 (67%, P>0.05).

Participants who bought speed (n=45) reported that they obtained it through: friends (64%), known dealers (24%), and from street dealers (7%). The most commonly reported places of speed purchases were at a friend's home (36%), dealer's home (22%) or an agreed public location (22%).

5.3.2 Base methamphetamine

The majority of participants in 2009 reported base to be ‘very easy’ (43%; 36% in 2008) to ‘easy’ (46%, 46% in 2008) to obtain. Eighty-six percent of the sample reported that base availability had remained stable in the six months preceding interview; an increase from 64% in 2008. There were no significant differences from 2008 to 2009 in reports of current availability or change in the availability of base ($p>0.05$).

Among those who had purchased base ($n=21$) in 2009, 48% reported that they last purchased base through known dealers and 38% had last purchased base through friends. Furthermore, 45% of participants who purchased base reported they last did so from a dealer’s home, 20% from a friend’s home and 15% reported that they last obtained base through home delivery or at an agreed public location.

5.3.3 Crystal methamphetamine

Of those who commented on the current availability of crystal ($n=45$), the majority reported it to be ‘very easy’ (36%; 45% in 2008) to ‘easy’ (29%; 41% in 2008) to obtain in the ACT. There were significantly (95% CI: -0.02, -0.32) more reports of crystal being ‘difficult’ to obtain in 2009 (27%, 10% in 2008). There were also significantly (95% CI: -0.01, -0.21) more reports of crystal being ‘very difficult’ to obtain (9%, 0% in 2008).

In 2009, There was a significant (95% CI: -0.11, -0.41) increase in the proportion of participants reporting that crystal had become ‘more difficult’ to obtain, from 7% in 2008 to 33% in 2009. Furthermore, there was a corresponding significant (95% CI: 0.28, 0.03) decrease in the proportion of participants reporting that crystal had become ‘easier’ to obtain, from 20% in 2008 to 4% in 2009.

Over two-fifths (43%) of the participants who reported that they bought crystal ($n=44$) said they obtained it through friends. Thirty percent reported that they obtained crystal through known dealers and 14% reported that they obtained crystal from an acquaintance. The most common places for purchasing crystal were: an agreed public location (30%), friend’s home (27%) or from a dealer’s home (22%).

Table 13: Participants' reports of methamphetamine availability in the past six months, 2008-2009

	Powder		Base		Crystal	
	2008 (N=101)	2009 (N=100)	2008 (N=101)	2009 (N=100)	2008 (N=101)	2009 (N=100)
Current availability						
Did respond (%)	49	46	11	21	70	45
<i>Of those who responded:</i>						
Very easy (%)	18	41	36	43	45	36
Easy (%)	51	30	46	33	41	29
Difficult (%)	18	22	18	19	10	27
Very difficult (%)	4	7	0	5	0	9
Don't know^ (%)	8	-	0	-	4	-
Availability change over the last six months						
Did respond (%)	49	44	11	21	70	45
<i>Of those who responded:</i>						
More difficult (%)	6	25	9	14	7	33
Stable (%)	67	59	64	86	59	60
Easier (%)	6	11	9	0	20	4
Fluctuates (%)	8	5	9	0	9	2
Don't know^ (%)	12	-	9	-	6	-

Source: ACT IDRS IDU interviews, 2008-2009

^ '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. 'Don't know' was not included in 2009

5.4 Purity

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

5.4.1 Methamphetamine powder

There were significantly (95% CI: 0.46, 0.07) more reports in 2009 (57%) of speed being low compared to 2008 (28%).

However, there were no significant differences in reports of purity change of speed between 2008 and 2009. Forty-one percent reported that the current purity of speed had been decreasing in the six months preceding interview, an increase from 16% in 2008. Of those who answered, 31% reported that speed purity was stable.

5.4.2 Methamphetamine base

Among those who commented on base (n=21), the majority (52%) reported the purity to be 'low'.

Participants who commented on base reported that the current purity was either decreasing (48%, 18% in 2008), or remaining stable (43%, 46% in 2008).

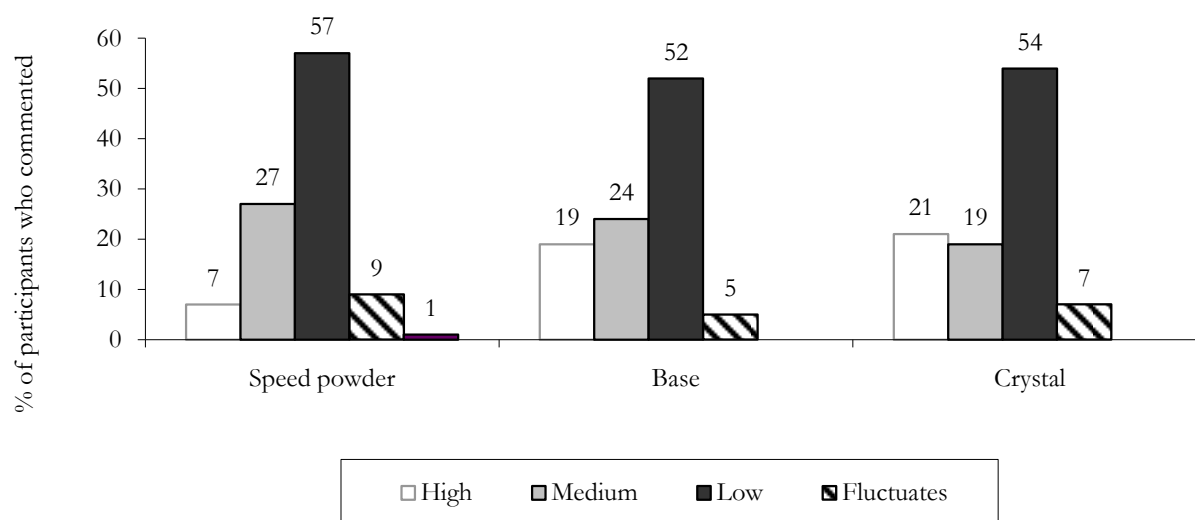
5.4.3 Crystal methamphetamine

In 2009, the proportion of participants reporting crystal to be 'low' in purity increased to 54% (14% in 2008). Twenty-one percent reported crystal to be 'high' purity; this was a decrease from 37% in 2008. None of the differences between 2008 and 2009 were significant ($p>0.05$). 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, McLaren et al. 2005).

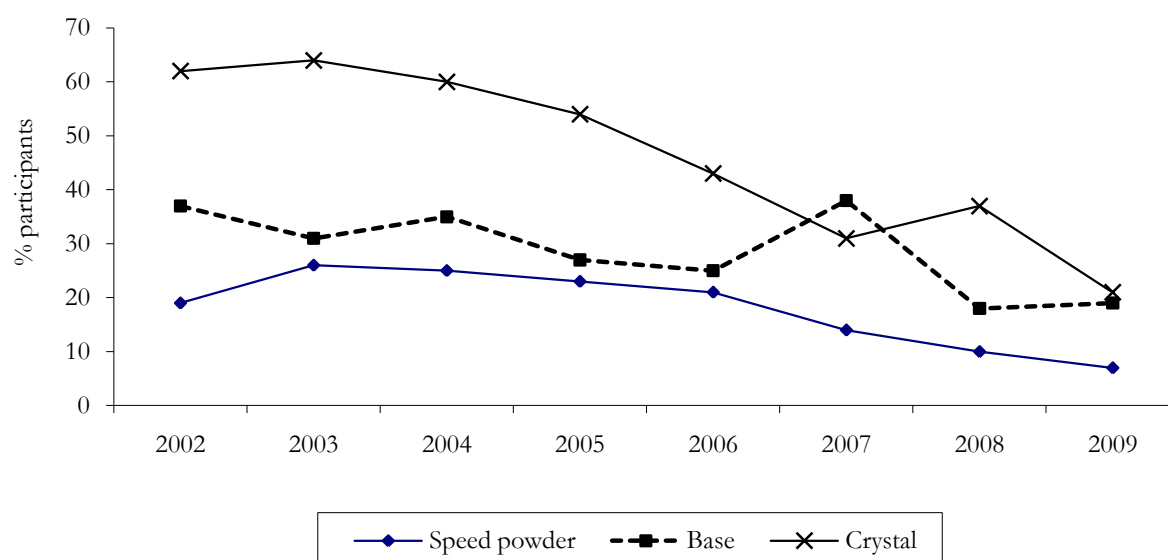
In 2009, there were mixed reports from participants concerning the change in purity of crystal over the preceding six months. Forty-eight percent (17% in 2008) reported that the purity of crystal was decreasing in 2009 which was a significant increase (95% CI: -0.14, -0.48). Furthermore, 16% reported that the purity of crystal had fluctuated over the preceding six months, a significant (95% CI: 0.36, 0.04) decrease from 38% in 2008. Eleven percent believed that the purity of crystal had increased in 2008 (from 20% in 2008).

Figure 8: Participant perceptions of methamphetamine purity (speed powder, base and crystal) among those who commented, 2009



Source: ACT IDRS IDU interviews, 2009

Figure 9: Proportion of participants reporting methamphetamine (speed powder, base and crystal) purity as 'high', 2002-2009

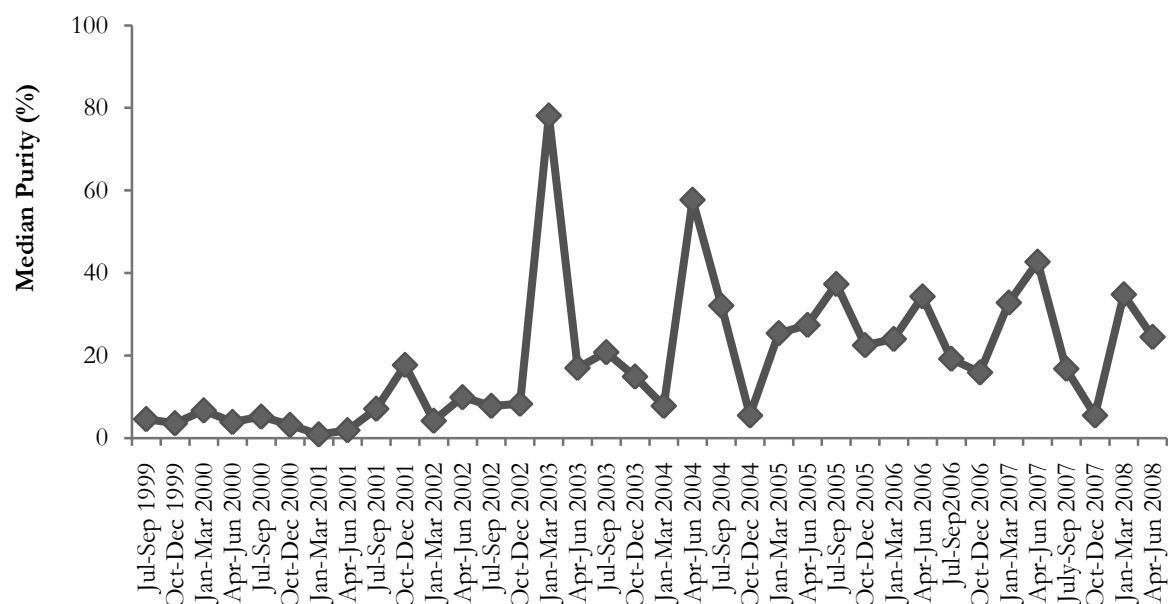


Source: ACT IDRS IDU interviews, 2002-2009

NB: Data on all three forms commenced in 2002

As shown in Figure 10, analysis of ACT police methamphetamine seizures indicate that the median methamphetamine purity in the ACT in the 2007/2008 financial year has fluctuated. The median purity was 24.5% in the final quarter of the 2007/2008 financial year. More recent data were not available at the time of printing.

Figure 10: Median purity of methamphetamine seizures by ACT local police, 1999/2000 to 2007/2008



Source: ABCI (2000-2002); ACC (2003-2008)

NB: Data not available for the 2008/2009 financial year

5.5 Key expert comments

- Methamphetamine, specifically crystal methamphetamine was reported as the main problematic drug for the IDU that KE had contact with, due to the mental health and social problems associated with use of the drug.
- Several KE reported that ice use had decreased in the ACT in 2009.
- Consistent with IDU reports, KE reported that injecting was the most common route of administration for methamphetamine KE also reported that crystal methamphetamine was the most common form available.
- KE also reported that crystal methamphetamine usually came in a white crystal form though a pink, beige or yellow tinge of crystal methamphetamine was also available in the ACT.
- KE reports of price for methamphetamines were similar to IDU reports.

5.6 Summary of methamphetamine trends

Table 14 summarises trends in the use, price, purity and availability of methamphetamine in the ACT for 2009. The recent use of speed (47%; 37% in 2008) increased, base (21%; 18% in 2008) remained stable and crystal (57%; 69% in 2008) decreased in 2009. The median days of base use increased to 20 (two in 2008). As in 2008, the price for a point of speed and crystal remained stable at \$50. However, in 2009 there was an increase in price for a point of base (\$50; \$40 in 2008). Speed was reported to be ‘very easy’ to ‘easy’ to obtain. There were mixed reports on the availability of base and crystal. Current purity of speed, base and crystal were reported to be low.

Table 14: Summary trends on methamphetamine use, price, purity and availability, in the ACT, 2008-2009

Use	Methamphetamine powder (speed) - Recent use increased to 46% in 2009 compared to 37% in 2008 - Median days of use in the preceding six months was eight (six in 2008) Methamphetamine base - Recent use of base was 21% - Median days of base use in the preceding six months increased to 20 (two in 2008) Crystal methamphetamine (ice/crystal) - Decrease in the recent use of crystal from 69% in 2008 to 57% in 2009 - Median days of crystal use decreased to seven days (12 in 2008)
Price (median)	Methamphetamine powder (speed) - Point: stable at \$50 in 2008 and 2009 - Gram: increase from \$200 in 2008 to \$250 in 2009 Methamphetamine base - Point: increase to \$50 in 2009 from \$40 in 2008 - Gram: the median price of a gram was \$275 in 2009 Crystal methamphetamine (ice/crystal) - Point: stable at \$50 in 2008 and 2009 - Gram: stable at \$450 in 2009
Availability	Methamphetamine powder (speed) ‘Very easy’ to ‘easy’ to obtain - Availability ‘stable’ to ‘more difficult’ Methamphetamine base - Availability stable Crystal methamphetamine (ice/crystal) - Mixed reports on availability - Availability ‘stable’ to ‘more difficult’
Purity	Methamphetamine powder (speed) - Purity was reported to be ‘low’ - Purity was reported to be ‘decreasing’ Methamphetamine base - Purity was reported to be ‘low’ - Purity was ‘decreasing’ or remaining ‘stable’ Crystal methamphetamine (ice/crystal) - Crystal to be ‘low’ in purity; a significant increase in ‘low’ reports from 2008

Source: ACT IDRS IDU interviews, 2008-2009

6 COCAINE

Of the entire sample only 9 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.

6.1 Use

6.1.1 Lifetime use

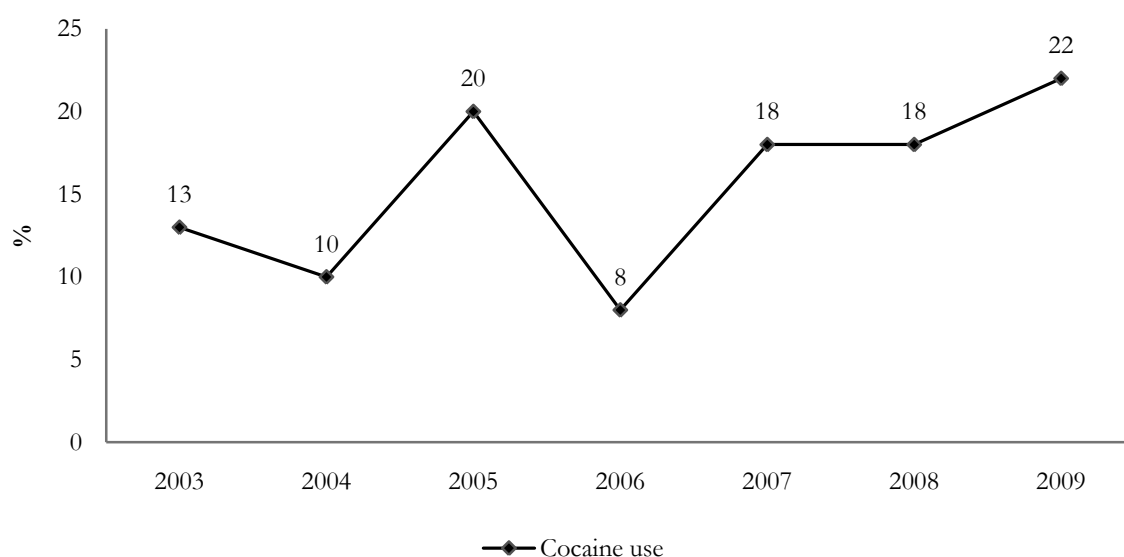
In 2009, 82% of participants reported that they had used cocaine at least once in their lifetime, an increase from 74% in 2008. Seventy percent of participants in 2009 reported ever having injected cocaine. In 2009, two-fifths (40%) of participants had ever snorted cocaine, a increase from 33% in 2008.

6.1.2 Current patterns of cocaine use

The proportion of participants reporting recent use of cocaine increased to 22% in 2009 (see Figure 11). This was not a significant finding ($p>.05$). Injecting (18%) and snorting (6%) were the two most common routes of administration in 2009. The median days of cocaine use remained low at two days (three in 2008).

Participants were asked about forms of cocaine used in the six months preceding the interview. Eighty percent of participants reported that they had used powder cocaine and one participant reported that they had used crack cocaine. Three percent of participants reported that cocaine was the first drug they had ever injected. Two percent nominated cocaine as their drug of choice, one as the last drug they injected and no participants reported that cocaine was the drug they most frequently injected in the previous month. No participants reported using cocaine on the day prior to interview.

Figure 11: Proportion of IDU reporting cocaine use in the past six months in the ACT, 2003-2009



Source: ACT IDRS IDU interviews, 2003-2009

6.2 Price

Prices paid for cocaine by participants in the ACT in 2009 on the last occasion of purchase are presented in Table 15. In 2009, four participants were able to report on the price of a cap of cocaine, with the median price reported to be \$50. No participants could comment on the price of a quarter-gram of cocaine. Two participants were able to comment on the price of a gram of cocaine, which had a median price of \$250.

Table 15: Price of most recent cocaine purchases by participants, 2008-2009

Amount	Median price* 2008 \$	Median Price 2009 \$
Cap	70 (50-90)	50 (50-80)
Quarter gram	100 (no range)	-
'Half-weight' (0.5 grams)	360 (no range)	275 (250-300)
Gram	310 (200-400)	250 (200-300)

Source: ACT IDRS IDU interviews, 2008-2009

*range 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. As can be seen from Table 16, the majority (83%) reported that cocaine prices had remained stable. Small numbers reported so interpretation must be made with caution.

Table 16: Participants' reports of cocaine price changes in the last six months, 2008-2009

	2008 N=101	2009 N=100
Did respond (%)	15	9
Of those who responded	n=15	n=9
Increasing (%)	13	0
Stable (%)	40	83
Decreasing (%)	7	0
Fluctuating (%)	13	17
Don't know (%)	27	-

Source: ACT IDRS IDU interviews, 2008-2009

* 'Don't know' was not included in 2009

6.3 Availability

The majority of respondents (44%) reported cocaine to be 'difficult' to obtain (see Table 17). One-third (33%) reported cocaine to be 'easy' to obtain, and two people reported it to be 'very easy' to obtain.

Table 17: Participants' reports of cocaine availability in the past six months, 2008-2009

	2008 N=101	2009 N=100
Current availability		
Did respond (%)	15	8
Very easy (%)	13	22
Easy (%)	27	33
Difficult (%)	53	44
Very difficult (%)	0	0
Don't know^ (%)	7	-
Availability change over the last six months		
Did respond (%)	15	8
More difficult (%)	13	13
Stable (%)	60	63
Easier (%)	13	13
Fluctuates (%)	7	13
Don't know^ (%)	7	-

Source: ACT IDRS IDU interviews, 2008-2009

^ 'Don't know' was not included in 2009

Of the eight participants who were able to comment on the availability of cocaine, 63% reported that cocaine availability had remained stable (see Table 17).

Of those participants who had bought cocaine in the six months preceding interview, 67% reported that they had bought it from friends and 22% from known dealers. Forty-four percent of participants reported that they had obtained cocaine from a friend's home while 22% reported obtaining cocaine through home delivery.

6.4 Purity

As can be seen from Table 18, of those that responded, 56% reported cocaine purity to be currently 'medium', with a further 22% reporting 'high' purity. When asked about changes in the purity of cocaine in the previous six months, 83% of those who commented reported cocaine purity to be stable and one participant reported that purity was fluctuating.

Table 18: Participants' perceptions of cocaine purity in the past six months, 2008-2009

Current purity	2008 (N=101)	2009 (N=100)
Did respond (%)	15	8
High (%)	20	25
Medium (%)	53	63
Low (%)	13	0
Fluctuates (%)	0	13
Don't know^ (%)	13	-
Purity change over the last six months		
Did respond (%)	15	6
Increasing (%)	7	0
Stable (%)	33	83
Decreasing (%)	13	0
Fluctuating (%)	27	17
Don't know^ (%)	20	-

Source: ACT IDRS IDU interviews, 2008-2009

^ 'Don't know' was not included in 2009

6.5 Summary of cocaine trends

Table 19 summarises the trends in use, price, purity and availability of cocaine in the ACT in 2009. The proportion of participants reporting recent use of cocaine remained low and stable in 2009 (22%). The most common route of administration was injecting. The price of a cap of cocaine was reported to be \$50, and \$250 for a gram. There were mixed reports on availability however, and the availability was reported to be stable. Current purity was reported to be 'medium', and this was reported to have remained stable.

Table 19: Summary trends on cocaine price, purity, availability, and use, ACT, 2009

Use	• Recent use of cocaine remained stable at 22% in 2009 • Median days of use in six months was two, indicating that when cocaine is used by participants it is used infrequently • Injecting (18%) was the most common route of administration
Price (median)	• Cap: \$50 (n=4) • Gram: \$250 (n=2)
Availability	• Mixed reports however, over two-fifths (44%) reported that cocaine was 'difficult' to obtain • Availability stable
Purity	• 'Medium' purity (56%, n=5) • Purity stable

Source: ACT IDRS IDU interviews, 2008-2009

7 CANNABIS

In 2009, 72% of participants commented on indoor-cultivated cannabis (hydro) trends in the ACT, while 61% reported on outdoor-cultivated cannabis (bush). Participants were asked if they were able to distinguish between hydro and bush cannabis. Four participants were able to comment on 'hash' cannabis. Seventy-two percent of those who were able to answer the cannabis sections stated that they were able to distinguish between hydro and bush cannabis.

7.1 Use

7.1.1 Lifetime use

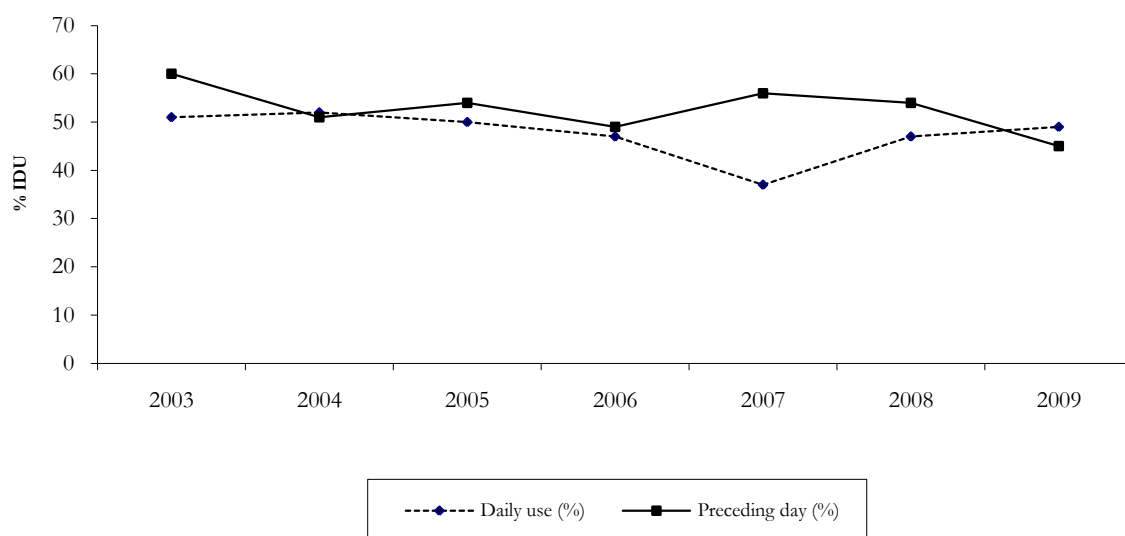
In 2009, nearly all participants (98%) reported using cannabis at least once in their lifetime.

7.1.2 Current patterns of cannabis use

Eighty-one percent of participants reported having used cannabis in the six months preceding interview (80% in 2008). The median number of days of use in the previous six months was 180 (every day), up from 135 (approximately five days a week) in 2008. However, this was not a significant increase ($p>0.05$). Cannabis was the most common illicit drug used the day prior to interview, with 45% of all participants reporting its use 'yesterday' (54% in 2008). As can be seen from Figure 12, 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; in 2009, the proportion of participants reporting daily use remained stable (49%; 47% in 2008: see Figure 12). The proportion reporting preceding day use decreased from 54% in 2008 to 45% in 2009. Six percent of participants nominated cannabis as their drug of choice compared to 7% in 2008.

Of those respondents who had used cannabis in the past six months, 96% had used hydro (91% in 2008), 85% had used bush (79% in 2008), 11% had used hash (21% in 2008), and 4% reported using hash oil (12% in 2008). Hydro was the form of cannabis used most often (84%). There were no significant differences between recent use in 2008 and 2009 ($p>0.05$).

Figure 12: Proportion of participants reporting daily cannabis use in the last six months, and cannabis use on the day preceding the interview, 2003-2009



Source: ACT IDRS IDU interviews, 2003-2009

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 2009, as it was in 2008. Participants reported that the median prices of hydro (typically the more potent form) were greater than for bush. The reported changes in price for both forms of cannabis are presented in Table 21.

7.2.1 Hydroponic cannabis

The median price of a gram of hydroponic cannabis, purchased by participants in 2009, remained stable at \$20, the median price of a quarter-ounce increased to \$100. A half-ounce decreased slightly to \$140 (\$150 in 2008). An ounce increased slightly with the median price reported as \$300 (\$295 in 2008).

The most common amount of hydro purchased was a gram, with 41 participants reporting that they had bought a gram in the six months preceding the interview. A quarter-ounce and a half-ounce were the next most common amounts purchased. Of those that commented on hydro in 2009, 70% reported that the price had remained stable (82% in 2008).

7.2.2 Cannabis (bush)

The median price of a gram of bush cannabis purchased by participants remained stable at \$20 in 2009. The median price of a quarter-ounce of cannabis remained stable at \$80. The median price of a half-ounce increased to \$150 in 2009, 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 increased from \$200 in 2008 to \$250 in 2009.

The most common amount of bush cannabis purchased was a gram, with 27 participants reporting that they had bought a gram in the six months preceding interview. This was followed by a quarter ounce (n=19) and an ounce (n=11). As can be seen in Table 20, of those that commented on bush cannabis in 2009, the majority 82% reported that the price of bush had remained stable in the six months preceding interview. This was an increase from 69% in 2008. There was a decrease (from 11% in 2008 to 2% in 2009) in the proportion of participants reporting that the price of bush was decreasing.

Table 20: Price of most recent cannabis purchases by participants, 2008-2009

Amount	Median price 2008* \$	Median Price 2009* \$
<i>hydro</i>		
Gram	20 (10-25)	20 (10-25)
Quarter ounce	90 (80-150)	100 (50-350)
Half ounce	150 (140-180)	140 (140-280)
Ounce	295 (170-350)	300 (250-450)
<i>bush</i>		
Gram	20 (10-25)	20 (10-65)
Quarter ounce	80 (30-100)	80 (60-250)
Half ounce	125 (70-150)	150^ (130-160)
Ounce	200 (50-280)	250 (150-300)

Source: ACT IDRS IDU interviews, 2008-2009

*range data are in brackets

^n=<10

7.2.3 Hash and hash oil

Four participants were able to answer questions on price of hash or hash oil. One participant reported that the median price for a gram of hash was \$20. No participants reported on the median price for a cap of hash oil.

Table 21: Participants' reports of cannabis price changes in the last six months in the ACT, 2008-2009

	2008 N=101	2009 N=100
<i>Hydro</i>		
Did respond (%)	73	70
Increasing (%)	3	14
Stable (%)	82	70
Decreasing (%)	4	1
Fluctuating (%)	4	14
Don't know (%)	7	-
<i>Bush</i>		
Did respond (%)	45	60
Increasing (%)	7	7
Stable (%)	69	82
Decreasing (%)	11	2
Fluctuating (%)	4	10
Don't know (%)	9	-

Source: ACT IDRS IDU interviews, 2008-2009

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 2009. 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=72), the majority reported it to be 'easy' (44%) to 'very easy' (42%) to obtain. There were no significant differences between 2008 and 2009 ($p > 0.05$).

The majority (67%) of participants commenting on hydro thought that the availability had remained stable in the six months prior to interview. There were significantly (95% CI: -0.02, -0.24) more reports of hydro being 'more difficult' to obtain in 2009 compared to 2008 and significantly (95% CI: 0.35, 0.10) less reports that hydro availability was stable in 2009. There were also significantly (95% CI: -0.02, -0.20) more reports in 2009 that availability was fluctuating. Recent hydroponic cannabis users who bought hydro predominantly reported last buying hydro from friends (61%) and known dealers (26%). The most common places for purchasing hydro were a friend's home (36%), home delivery (24%) or a dealer's home (19%).

7.3.2 Cannabis (bush)

Over two-fifths (44%) reported that bush was 'easy' to obtain. Almost one-third reported that bush was 'very easy' (29%) to obtain whilst one-fifth reported that bush was 'difficult' (20%) to obtain. Of those that commented on the current availability of bush cannabis (n=59), 63% reported that bush availability had remained stable. There were more reports of bush cannabis being 'very easy' to obtain and less reports that it was 'difficult' than in 2008. These mixed reports on availability may be the result of bush cannabis accessibility being determined by

specific harvesting times throughout the year, although there were no significant differences between 2008 and 2009 ($p>0.05$).

Over three-fifths (63%) 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 2008, as seen in Table 31. There were no significant differences between 2008 and 2009 ($p>0.05$).

The majority of bush purchases were through friends (62%), followed by known dealers (20%). Most purchases occurred at a friend's home (34%), home delivery (28%), dealer's home (13%) or an agreed public location (13%).

Table 22: Participants' reports of cannabis availability in the past six months, 2008-2009

Current availability	Hydro		Bush	
	2008 (N=101)	2009 (N=100)	2008 (N=101)	2009 (N=100)
Did respond (%)	73	72	45	59
Of those who responded:				
Very easy (%)	49	42	20	29
Easy (%)	39	44	42	44
Difficult (%)	5	11	29	20
Very difficult (%)	0	3	2	7
Don't know^ (%)	7	-	7	-
Availability change over the last six months				
Did respond (%)	73	70	45	59
Of those who responded:				
More difficult (%)	5	19	16	17
Stable (%)	85	67	53	63
Easier (%)	1	1	11	9
Fluctuates (%)	1	11	9	12
Don't know^ (%)	7	-	11	-

Source: ACT IDRS IDU interviews, 2008-2009

^ 'Don't know' was not included in 2009

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. Results are presented below separately for each form (Figure 13 and Figure 14).

7.4.1 Hydroponic cannabis

The majority of participants who commented on hydro reported that its potency was 'high' (54%) (see Figure 14). In comparison, in 2008, 60% reported hydro potency as 'high', in the six months preceding interview. However, there were no significant differences in reports of potency.

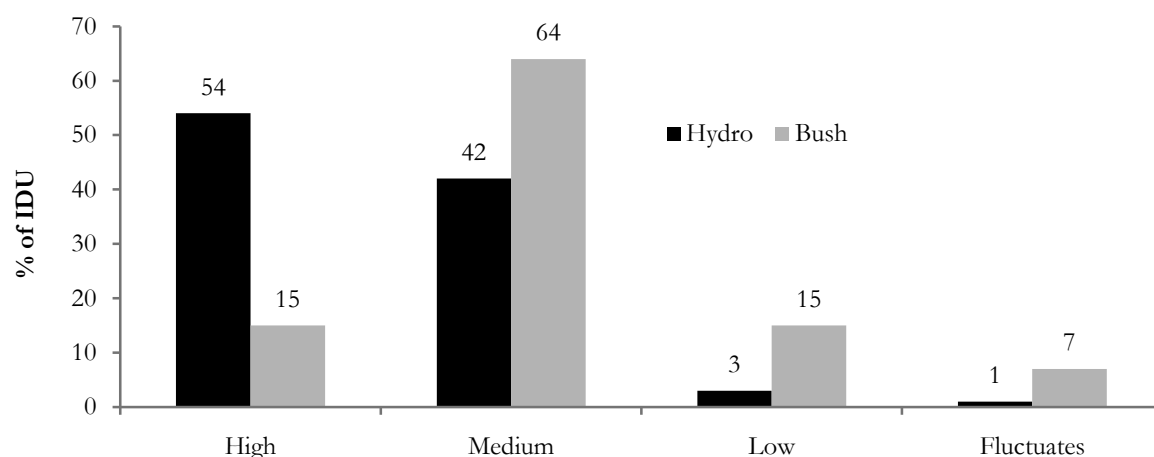
The majority (67%; see Figure 14) reported that hydro potency was stable in 2009 (76% in 2008).

7.4.2 Cannabis (bush)

The potency of bush cannabis was reported to be 'medium' (64%, see Figure 13). This was a significant (95% CI: -0.0493, -0.4149) increase from 38% in 2008.

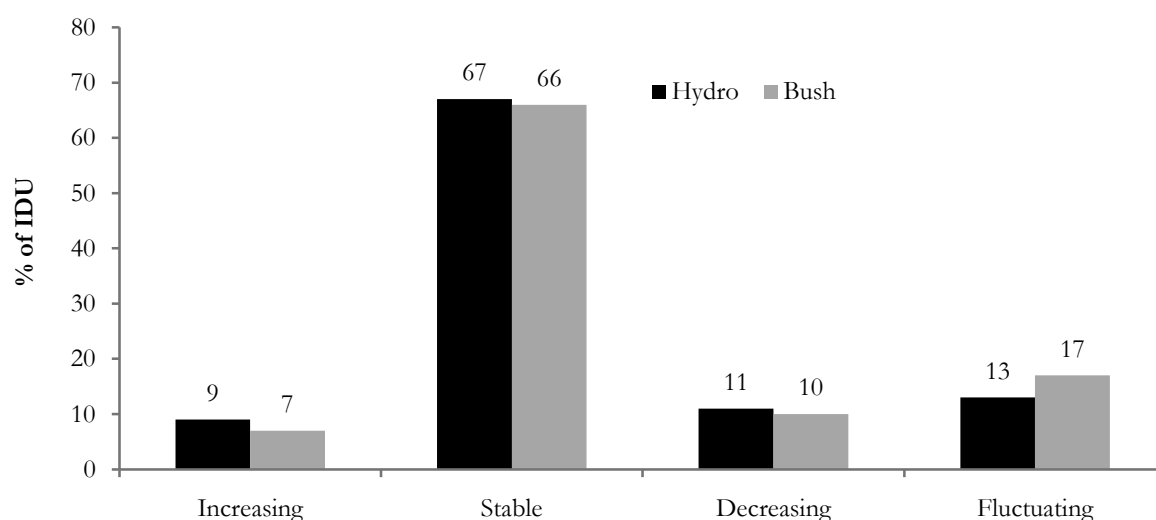
As can be seen in Figure 14, the majority (66%) of respondents who commented on bush cannabis reported that the potency had remained 'stable' in the six months prior to the interview (56% in 2008). There were no significant differences in reports of purity change of bush cannabis between 2008 and 2009 ($p>0.05$).

Figure 13: IDU reports of current potency of cannabis among those who responded, 2009



Source: ACT IDRS IDU interviews, 2009

Figure 14: Participants' reports of change in cannabis potency among those who responded, 2009



Source: ACT IDRS IDU interviews, 2009

7.5 Key expert comments

- Several KE reported cannabis as the main illicit drug used by IDU and that cannabis was readily available in the ACT.
- Polydrug use was reported to be common amongst cannabis users.
- There were reports that cannabis was mostly locally grown though it was also imported from South Australia.
- KE mentioned that there were health concerns for cannabis users, specifically respiratory diseases such as bronchitis.

7.6 Summary of cannabis trends

Table 23 summarises the trends in use, price, purity and availability of cannabis in the ACT in 2009. The majority (81%) of participants interviewed in 2009 reported the use of cannabis in the six months preceding interview. The median number of days of use increased in 2009 to daily cannabis use. The price remained stable for a gram of indoor-cultivated cannabis (hydro) and outdoor-cultivated cannabis (bush) at \$20. Cannabis (both hydro 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, 2008-2009

Use	81% of IDU reported recent cannabis use in 2009 - Median days of cannabis use in the six months preceding interview was 180
Price (median)	Hydroponic cannabis - Gram: stable at \$20 - Ounce: increase to \$300 (\$295 in 2008) - Reports of price change remained stable in 2009 Cannabis (bush) - Gram: stable at \$20 - Ounce: increased to \$250 (\$200 in 2008) - Reports of price change remained stable in 2009
Availability	Hydroponic cannabis ‘Easy’ to ‘very easy’ to obtain - Availability stable Cannabis (bush) ‘Easy’ to obtain; however, there were mixed reports - Availability stable
Potency	Hydroponic cannabis - IDU interviewed in 2009 report potency to be ‘high’ Cannabis (bush) - IDU interviewed in 2009 report potency to be ‘medium’

Source: ACT IDRS IDU interviews, 2008-2009

8 OTHER OPIOIDS

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 (Table 24).

Table 24: Mapping IDRS findings onto the work of Larance et al. (Larance, Degenhardt et al. in preparation)

IDRS distinctions	Interpretation following Larance et al.'s terminology
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 (pill form of methadone) 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.

Licit methadone and physeptone

The proportion of participants indicating that they had ever used licit methadone (licit being the use of one's prescribed methadone) decreased to 63% in 2009 (72% in 2008). Forty-two percent of participants in 2009 reported recent use of licit methadone. In 2009, 42% of participants reported having swallowed licit methadone in the previous six months (47% in 2008). In addition, 20% of participants reported having used licit methadone by injection in the six months prior to interview, stable from 18% in 2008. Seventy-one percent (68% in 2008) reported that licit methadone syrup was the most common form used recently (last six months). Among those who reported using licit methadone in the preceding six months, 81% reported daily use (72% in 2008). The median number of days of use for licit methadone was 180.

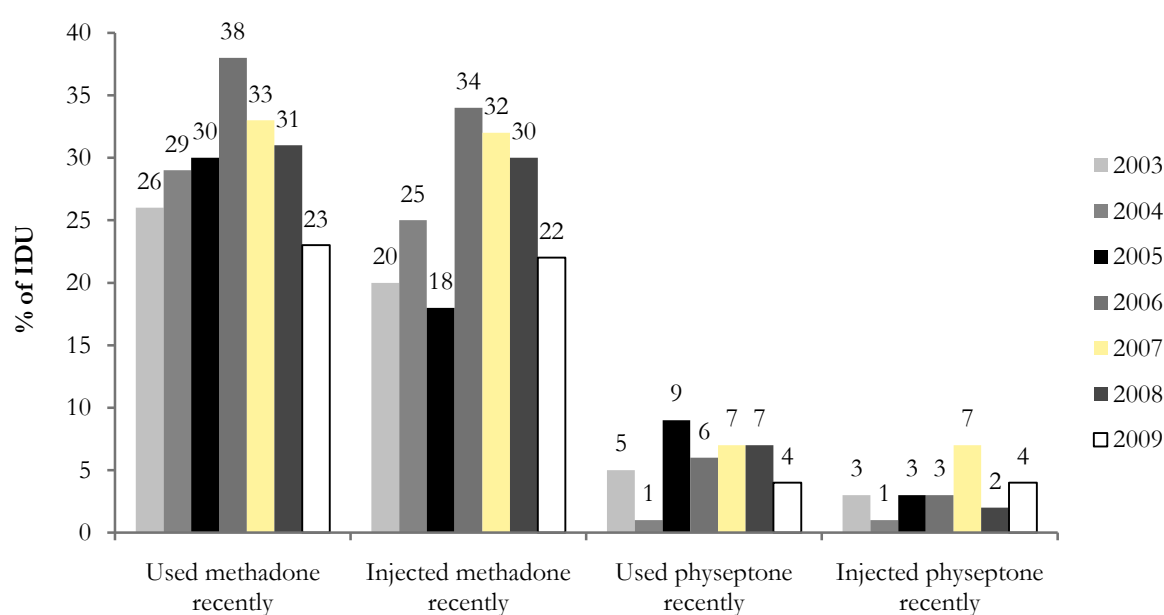
Sixteen percent of participants reported ever using licit physeptone; 3% reported use of licit physeptone in the preceding six months. Two participants reported injecting licit physeptone recently. The median number of days reported using licit physeptone was 13.

Illicit methadone and physeptone

In 2009, the self-reported lifetime use of illicit methadone amongst participants remained stable at 60% of IDU (63% in 2008). The proportion of participants reporting recent use of illicit methadone has gradually decreased from 2006, down to 23% in 2009, as can be seen in Figure 15. Of those participants who had used illicit methadone in the previous six months 96% reported injecting it and 30% reported swallowing. There was a decrease from 55% of participants, in the previous year, who reported using illicit methadone on 10 or less days, to 21% in 2009. The median number of days of use for illicit methadone was 24.

In 2009, 23% reported ever using illicit physeptone; however, only 5% of participants reported recent use of illicit physeptone. Four percent reported recent injection of illicit physeptone (see Figure 15). The median number of days for using illicit physeptone was three. There were no significant differences in methadone use from 2008 to 2009.

Figure 15: Use and injection of illicit methadone and illicit physeptone among IDU in the last six months, 2003-2009



Source: ACT IDRS IDU interviews, 2003-2009

8.1.2 Price

In 2009, 24 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 five years). The majority (79%; n=19) of those commenting on methadone reported the price as remaining 'stable' over the past six months, less than 91% in 2008. A further 13% reported that the price of methadone was increasing.

8.1.3 Availability

Participants were asked to comment on the current availability of illicit methadone and if there had been any change in availability in the six months preceding interview. As can be seen in

Table 25, 69% of the participants who commented on the current availability of street methadone reported it to be ‘easy’ to ‘very easy’ to obtain, and 31% reported it to be ‘difficult’ to ‘very difficult’ to obtain. This varied slightly from reports by participants in 2008, where 77% reported street methadone to be ‘easy’ to ‘very easy’ to obtain, and 21% reported that it was ‘difficult’ to ‘very difficult’ to obtain. The majority (79%) of respondents reported that the availability of methadone had remained ‘stable’ in the past six months. There were no significant differences in current availability or change in availability from 2008 to 2009.

Table 25: Participants’ reports of illicit methadone availability in the past six months, 2008-2009

	2008 (N=101)	2009 (N=100)
Current availability		
Did respond (%)	34	23
Of those who responded:		
Very easy (%)	27	39
Easy (%)	50	30
Difficult (%)	21	22
Very difficult (%)	0	9
Don’t know^ (%)	3	-
Availability change over the last six months		
Did respond (%)	34	24
Of those who responded:		
More difficult (%)	9	8
Stable (%)	77	79
Easier (%)	6	13
Fluctuates (%)	0	0
Don’t know^ (%)	9	-

Source: ACT IDRS IDU interviews, 2008-2009

^ ‘Don’t know’ was not included in 2009

In 2009, of participants who reported that they had bought methadone (n=17) had obtained it all reported that they had obtained it through friends. The majority of participants who bought street methadone purchased it from a friend’s house (54%) or an agreed public location (13%).

8.2 Buprenorphine

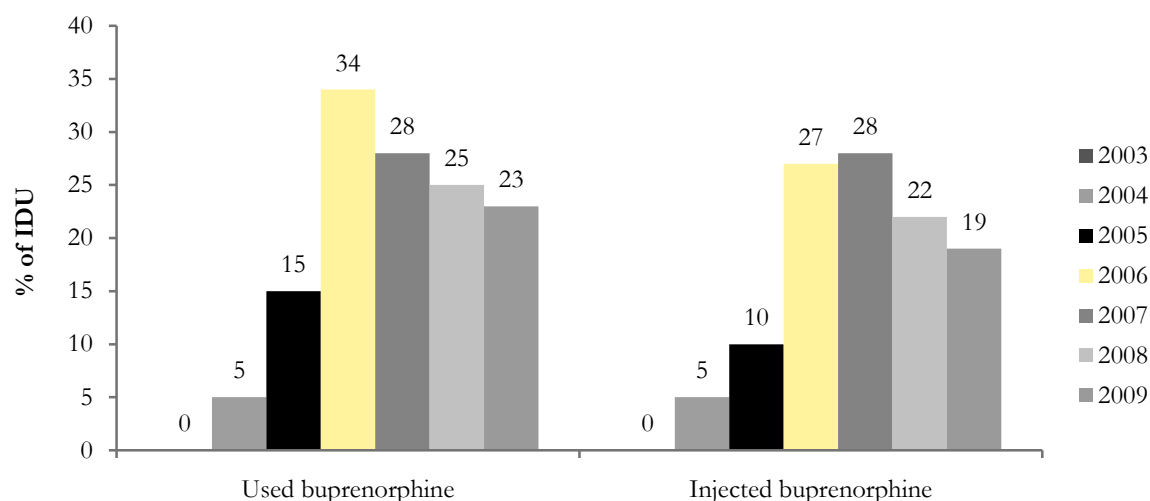
In 2009, 31% of participants reported that they had ever used licit buprenorphine (i.e. buprenorphine prescribed to them; 42% in 2008). Use of prescribed buprenorphine in the six months preceding interview decreased significantly (95% CI: 0.21, 0.01) to 9% in 2009 (20% in 2008). All recently prescribed buprenorphine users reported having swallowed buprenorphine; three participants reported having injected their own buprenorphine in the six months prior to interview. Amongst those who had used licit buprenorphine in the preceding six months, the median number of days of use decreased to 120 days in 2009 (180 days in 2008).

In 2009, 40% of participants reported the lifetime use of illicit buprenorphine, stable from 2008. Illicit buprenorphine refers to the use of buprenorphine that is prescribed to someone else. The proportion of participants who had used illicit buprenorphine in the six months prior to interview remained stable in 2009 (23%, 25% in 2008, see Figure 16). In terms of route of administration, all but four recent illicit buprenorphine users reported injecting it in the six months preceding interview. Median number of days of use for illicit buprenorphine in 2009 was 10 days (approximately once a fortnight).

The median price for a 2mg tablet of buprenorphine was reported to be \$7.50 (n=2) and \$20 for an 8mg tablet (n=8). Reports on the availability of buprenorphine were mixed; participants who

were able to answer the buprenorphine section (n=18) reported buprenorphine to be ‘very easy’ (33%), ‘difficult’ (33%) and ‘easy’ (28%) to obtain. Fifty percent reported that availability had remained stable, whilst 31% of participants reported that availability had become more difficult.

Figure 16: Use and injection of illicit buprenorphine among IDU in the last six months, 2004-2009



Source: ACT IDRS IDU interviews, 2004-2009

8.3 Buprenorphine-naloxone (Suboxone®)

In 2009, 15% of participants reported that they had ever used licit buprenorphine-naloxone (i.e. buprenorphine-naloxone prescribed to them). Ten percent of participants reported the use of prescribed buprenorphine-naloxone in the six months preceding interview (6% in 2008). Nine recently prescribed buprenorphine-naloxone users reported having swallowed buprenorphine-naloxone; three participants reported having injected their own buprenorphine-naloxone in the six months prior to interview. Amongst those who had used licit buprenorphine-naloxone in the preceding six months, the median number of days of use was 90 days in 2009 (60 days in 2008).

In 2009, 16% of participants reported the lifetime use of illicit buprenorphine-naloxone (14% in 2008). Illicit buprenorphine-naloxone refers to the use of buprenorphine-naloxone that is prescribed to someone else. The proportion of participants who had used illicit buprenorphine-naloxone in the six months prior to interview remained stable in 2009 (11%, 10% in 2008). In terms of route of administration, all but four recent illicit buprenorphine-naloxone users reported injecting it in the six months preceding interview. Five participants reported swallowing buprenorphine-naloxone in the six months prior to interview. Median number of days of use for illicit buprenorphine-naloxone in 2009 was five days (less than once a month).

Less than 10 participants were able to comment on the price, purity or availability of illicit buprenorphine-naloxone.

8.4 Morphine

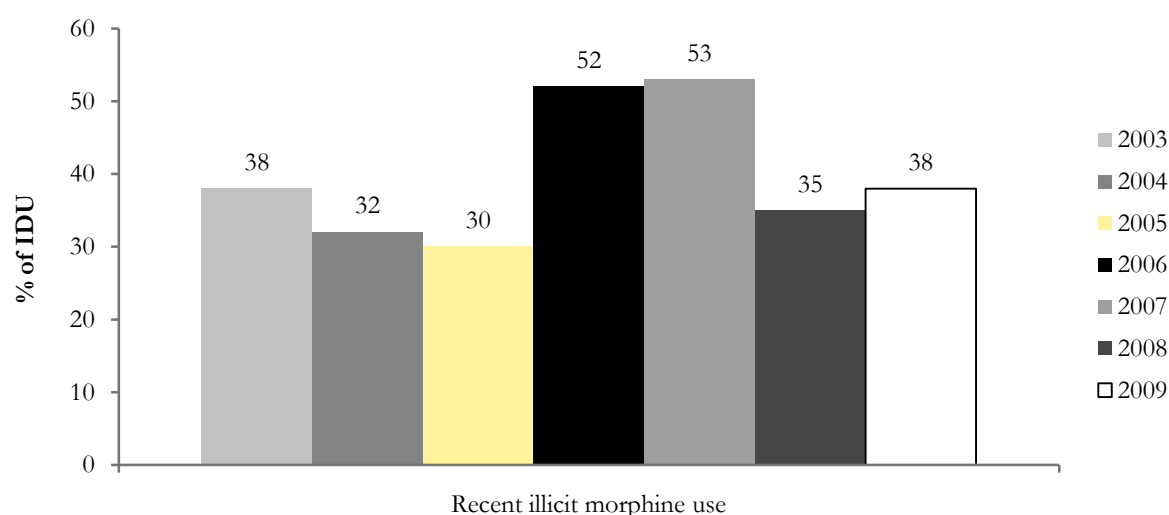
In 2009, 29% of participants commented on trends in price and availability of illicitly obtained morphine in the ACT. Findings are presented below.

8.4.1 Trends in illicit morphine use

Seventy-three percent of participants reported using illicit morphine at least once in their lifetime, and 38% of participants in 2009 reported recent use (see Figure 17). Thirty-six percent

reported recent injection of illicit morphine (33% in 2008). Of those participants who had recently used illicit morphine the most common route of administration was injecting (95%). Median number of days of use, in 2009, for illicit morphine was four days, suggesting low and sporadic use. There were no significant differences in use from 2008 to 2009.

Figure 17: Recent use of illicit morphine among IDU in the last six months, 2003-2009



Source: ACT IDRS IDU interviews, 2003-2009

MS Contin® was the preferred brand of morphine for almost all (87%, 56% in 2008) recent morphine users.

8.4.2 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 and the median price for 100mg Kapanol® capsules was reported to be \$80. Participants were asked to comment on any change in the price of morphine in the six months preceding interview. Among those that responded (n=23), the vast majority (83%) reported that the price of morphine had remained 'stable' over the past six months, an increase since 2008 (70%).

Table 26: Price of most recent illicit morphine purchases by participants, 2008-2009

Amount bought (per tablet)	Median price paid, \$ (range)	Number of IDU purchasers
MS Contin® – 30mg	21.25 (10-30) <i>10 (no range)*</i>	4 <i>1*</i>
MS Contin® – 60mg	30 (20-40) <i>30 (20-30)*</i>	7 <i>3*</i>
MS Contin® – 100mg	50 (40-100) <i>50 (20-50)*</i>	24 <i>13*</i>
Kapanol®– 100mg	80 (50-100) <i>50 (30-50)*</i>	3 <i>5*</i>

Source: ACT IDRS IDU interviews, 2008-2009

* 2008 data in italics

8.4.3 Availability

In 2009, almost equal proportions of those who commented on morphine availability reported it to be ‘difficult’ (38%) or ‘easy’ (35%) to obtain. These proportions were similar to 2008 (30% ‘easy’, 33% ‘difficult’). A further 21% reported that morphine was ‘very easy’ to obtain.

The majority of participants (59%; 63% in 2008) reported that morphine availability had remained stable in the six months preceding interview. Equal proportions of participants (17%) reported that morphine had become ‘easier’ or ‘more difficult’ to obtain in the preceding six months.

Main venues of purchase were an agreed public location (24%), home delivery (24%) or a friend’s home (20%).

The main reason for using illicit morphine (among those who responded) included intoxication (50%), self treatment for dependence (42%) or as a substitute for heroin (42%).

8.5 Oxycodone

Fifty-eight percent of participants reported that they had used illicit oxycodone at least once in their lifetime (63% in 2008), and 27% reported using it in the six months preceding interview (27% in 2008). The median number of days of illicit oxycodone was three days. One quarter (26%) of participants reported injecting illicit oxycodone in the past six months.

The most common brand was Oxycontin® (70%; 65% in 2008). Median price for one 20mg tablet of Oxycontin® was \$30 (n=3), one 40mg tablet of Oxycontin® was \$20 (n=7) and \$40 (n=9) for an 80mg tablet of Oxycontin®, slight increases from 2008 prices.

Sixty-five percent of participants who reported on the price change of oxycodone over the preceding six months (n=17) stated that it was stable, similar to 68% in 2008. There were mixed reports regarding current availability of oxycodone in the ACT in 2009. Eight participants (42%) reported that it was ‘very easy’ to obtain, a further five participants (26%) reported that it was ‘easy’ to obtain. Six participants (32%) reported that oxycodone was ‘difficult’ to obtain. The majority, 72%, reported that oxycodone availability had remained stable over the six months preceding interview. The majority (44%, n=7) reported that they bought oxycodone from a friend’s home, home delivery (25%) or an agreed public location (19%).

8.6 Other opioids

Sixteen percent of participants reported that they had ever used opioids other than those listed above at least once in their lifetime (compared to 52% in 2008), and 9% had ever injected them (14% in 2008). In the six months prior to interview, 3% of participants reported the use of other opioids (23% in 2008). The median number of days of use in the past six months was two, compared to five in 2008.

In 2009, the ACT IDRS included questions enquiring about any problems associated with pharmaceutical opioids use. Sixteen percent of participants reported that they had been prescribed pharmaceutical opioids in the previous 12 months. Of participants who had been prescribed pharmaceutical opioids the most common brands were MS Contin® (38%) and Endone® (31%). The majority of participants reported that the pharmaceutical opioids had been prescribed for pain which was described most commonly as ‘acute/short-term pain’. Of those who had been prescribed pharmaceutical opioids, 44% reported that they had shared, sold or traded their prescription. Three participants that had been prescribed pharmaceutical opioids

reported that they had suffered from an overdose, or had difficulty injecting due to pharmaceutical opioid use. Twenty-three percent had used a filter last time they injected pharmaceutical opioids.

8.7 Key expert comments

- A few KE reported concerns that pharmaceutical opioids were being freely prescribed. There were reports that there had been several overdoses where pharmaceutical opioids were a contributing drug.
- The most common route of administration was reported to be injecting.
- KE expressed concerns that IDU were experiencing poorer vein health due to the use of pharmaceutical opioids and the use of acetic acid to inject these drugs.
- Several KE reported that they believed that the expansion (adding water to a dose) of methadone had increased the proportion of IDU that now injected their dose. There were concerns regarding the health effects of injecting methadone.

8.8 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 2008 and 2009.

Table 27: Summary of trends for opioids, ACT, 2008-2009

Methadone	• 42% reported recent use of licit (prescribed) methadone, compared to 47% in 2008 • Median days of use of licit (prescribed) methadone in the six months preceding interview was 180 in 2008 and 2009 • 23% reported recent use of illicitly obtained methadone, slightly down from 31% in 2008 • Median days of use of illicitly obtained methadone in the previous six months was 24 days • 39% reported that illicit methadone was ‘very easy’ to obtain
Buprenorphine	• 9% reported recent use of licit (prescribed) buprenorphine, compared to 20% in 2008 • Median days of use of licit (prescribed) buprenorphine in the six months preceding interview was 120 days, down from 180 days in 2008 • 23% reported the recent use of illicitly obtained buprenorphine, 25% in 2008 • Median days of use of illicitly obtained buprenorphine in the previous six months was 10 days in 2009
Buprenorphine-naloxone	• 10% reported recent licit use and 11% reported recent illicit use • Median days of illicit use was 5 days
Morphine	• 38% reported recent use of illicit morphine, 35% in 2008 • Median days of use of illicit morphine in the previous six months was four days • Reports of availability change had remained stable
Oxycodone	• 27% reported recent use of illicit oxycodone • Median days of use for illicit oxycodone was three days

Source: ACT IDRS IDU interviews, 2008-2009

9 OTHER DRUGS

9.1 Ecstasy

In 2009, one-fifth of participants reported the recent use of ecstasy (20%; see Table 28). Two percent of participants reported having injected ecstasy in the previous six months. Use of ecstasy by participants in the ACT was infrequent, with the median number of days used remaining stable at two over the last six years. There were no significant differences between ecstasy use from 2008 to 2009.

Table 28: Patterns of ecstasy use among participants in the last six months in the ACT, 2004-2009

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100
Recent use (%)	21	25	27	25	26	20
Recent injecting (%)	10	14	12	10	8	2
Median days used*	2	2	2	2	2	2

Source: ACT IDRS IDU interviews, 2004-2009

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

9.2 Benzodiazepines

Approximately, nine in ten participants (88%) reported lifetime use of benzodiazepines, similar to 2008. Fourteen percent reported injecting benzodiazepines in their lifetime (27% in 2008). Seventy percent of participants in 2009 had used benzodiazepines in the six months prior to interview (66% in 2008, $p>0.05$) and 3% reported the recent injection of benzodiazepines, as can be seen in Table 28. In 2009 the median days of use decreased from 120 days in 2008 to 61 days.

In 2009, benzodiazepines were divided into licit and illicit. Forty-nine percent reported the recent use of licit benzodiazepines (55% in 2008), whilst 50% (47% in 2008) reported the recent use of illicitly obtained benzodiazepines. Recent injection of both forms was low, with one participant reporting recent injection of licit benzodiazepines and 3% (4% in 2008) for illicit benzodiazepines. The most common route of administration, for both forms, was swallowing, 49% (55% in 2008) for licit and 49% (46% in 2008) for illicit in the last six months. Median number of days of use of licit benzodiazepines was 180 days (110 days in 2008) and six days (10 days in 2008) for illicit benzodiazepines. This was a significant decrease in the median number of days for licit use compared to 2008 ($U=0$, $p<0.05$). There was no significant difference in median days of use between 2008 and 2009 for illicit benzodiazepine use ($p>0.05$). Licit benzodiazepines were reported as the most common form used (69%). The most common brands of benzodiazepines used by participants were Valium (76%) and Xanax (6%).

Table 29: Patterns of benzodiazepine use among participants in the last six months in the ACT, 2004-2009

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100
Recent use (%)	59	62	60	68	66	70
Recent injecting (%)	7	2	1	11	9	3
Median days used*	13	31	28	25	120	61

Source: ACT IDRS IDU interviews, 2004-2009

*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. Ten percent of participants reported ever using licit pharmaceutical stimulants (those prescribed to them), similar to 13% in 2008. Three percent reported using licit pharmaceutical stimulants in the preceding six months (6% in 2008). Median number of days of use for licit pharmaceutical stimulants was 154 days. Forty-eight percent reported using illicit pharmaceutical stimulants at least once in their lifetime. Twenty-two percent reported using illicit pharmaceutical stimulants over the preceding six months (28% in 2008). Recent injection of pharmaceutical stimulants (includes licit and illicit) was reported by approximately one-fifth (18%) of the sample (see Table 30) which was not significantly different from recent use in 2008. The median number of days of use of illicit pharmaceutical stimulants in 2009 was low at five days in the six months preceding interview.

In 2009, 91% of participants who reported recent use of pharmaceutical stimulants reported the use of illicitly obtained prescription amphetamines, as the form most used. The most common form used was Dexamphetamine (79%). This suggests that the majority of participants are using pharmaceutical stimulants that are prescribed to another person.

Table 30: Patterns of pharmaceutical stimulant use (licit/illicit) among participants in the last six months in the ACT, 2004-2009

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100
Recent use (%)	23	22	38	29	31	24
Recent injecting (%)	15	14	32	26	22	18
Median days used*	4	5	3	5	7	6

Source: ACT IDRS IDU interviews, 2004-2009

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

9.4 Over the counter codeine

In 2009, the IDRS survey included questions on the use of over the counter (OTC) codeine. Seventy percent of participants reported that they had ever used OTC codeine. Over two-fifths (43%) reported that they had used OTC codeine in the six months prior to interview on a median of 10 days (between weekly and fortnightly). All recent OTC codeine users had swallowed it and two participants reported that they had recently injected OTC codeine. The brand most commonly reported as being used was Panadeine. The most common reason for use was a non-specific pain and one-third (31%) that they had used OTC codeine for a headache.

9.5 Alcohol and tobacco

The majority (98%) of participants in 2009 reported having used alcohol at least once during their lifetime. In 2009, 68% 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 48 days in 2009 (approximately twice a week). This was significantly higher than 12 days in 2008 ($U=1123$, $p<0.05$).

Use of tobacco was almost universal among participants in the ACT in 2009. All participants reported ever having used tobacco and 96% reported recent tobacco use, as shown in Table 31. The median days of tobacco use has remained stable over the last six years at 180 days (i.e. daily smokers). There were no significant differences in use from 2008 to 2009.

Table 31: Patterns of alcohol and tobacco use among IDU in the last six months in the ACT, 2004-2009

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100
Recent use (%)						
Alcohol	58	74	68	75	62	68
Tobacco	91	96	99	98	99	96
Median days used*						
Alcohol	13	13	24	27	12	48
Tobacco	180	180	180	180	180	180

Source: ACT IDRS IDU interviews, 2004-2009

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

9.6 Key expert comments

Pharmaceutical stimulants

- A few KE reported that there had been an increase in the number of participants using pharmaceutical stimulants.
- KE reported that pharmaceutical stimulants were being used by younger IDU.
- Several KE reported that safer use of pharmaceutical stimulants was occurring with many using pill filters for injecting.

Benzodiazepines

- Several KE reported that benzodiazepine use was common with polydrug use.

Alcohol

- Several KE mentioned that alcohol was a problematic drug for IDU used often in combination with other drugs.

9.7 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, 2008-2009

Ecstasy	• 20% reported recent use of ecstasy • Median days of use of ecstasy in the six months preceding the interview was two, which has been stable over the past six years
Benzodiazepines	• 70% reported recent use of benzodiazepines • 49% reported recently using licit benzodiazepines, whilst 50% reported recently using illicit • Median days of use of benzodiazepines in the six months preceding interview was 180 days for licit and 6 days for illicit • Most common brand was Valium®
Pharmaceutical stimulants	• 3% reported recent use of licit pharmaceutical stimulants • 22% reported recent use of illicitly obtained pharmaceutical stimulants • 18% reported recent injection of pharmaceutical stimulants • Median days of use of licit pharmaceutical stimulants was 154 days and six days for illicitly obtained pharmaceutical stimulants • Most (91%) participants reported using pharmaceutical stimulants that were not prescribed to them (i.e. illicit use)
Alcohol and tobacco	• 68% reported recent use of alcohol • Median days of use of alcohol in the six months preceding interview was 48 in 2009, up from 12 in 2008 • 96% reported recent use of tobacco, similar to 99% in 2008 • Median days of use of tobacco in the six months preceding interview was 180 days, consistent with previous years

Source: ACT IDRS IDU interviews, 2008-2009

10 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

10.1 Overdose and drug-related fatalities

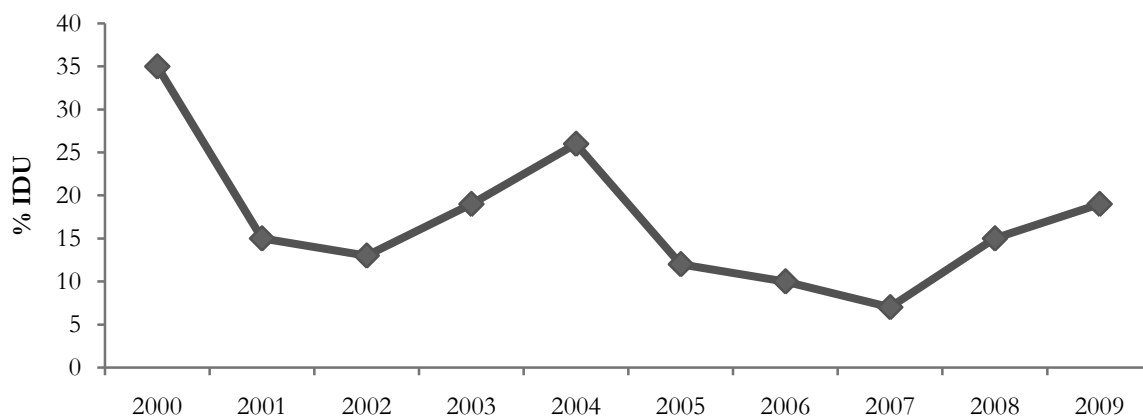
10.1.1 Heroin

In 2009, 54% of participants reported having overdosed on heroin at least once at some point in their lives (67% in 2008).

Seventy percent of participants who reported ever having overdosed on heroin reported having overdosed one to 5 times, 20% reported having overdosed between 6 and 10 times and 9% reported 11 or more times. The median time to last heroin overdose was 54 months (range 1-420 months).

As can be seen from Figure 18, in 2009, 19% of participants reported having overdosed on heroin in the year prior to the interview; this is similar to 15% in 2008. Three participants reported overdosing on heroin in the past month.

Figure 18: Proportion of IDU reporting heroin overdose in the year preceding interview among those who commented, 2000-2009

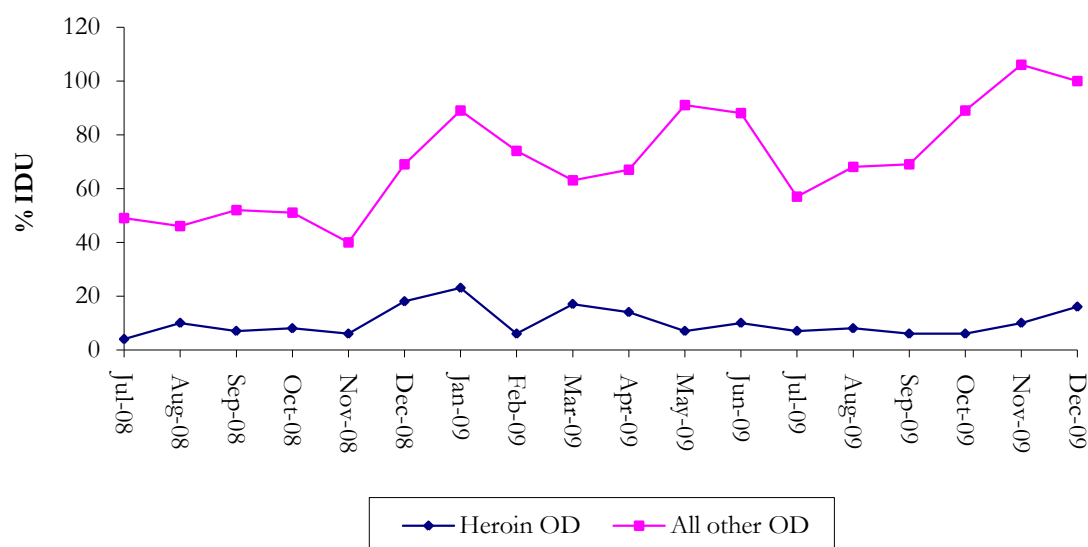


Source: ACT IDRS IDU interviews, 2000-2009

In 2009, participants who reported overdosing on heroin in the previous year (n=10) were asked what treatment and information they received. Fifty percent of participants reported that they did not receive any treatment or information in relation to their overdose. Of the five participants who could report on receiving treatment and information, there were five reports of receiving Narcan, two reports of ambulance attendance, two reports of CPR from a friend or partner, one report of CPR from a health professional, one participant received oxygen, and one participant went to the hospital emergency department.

The following graphs (Figure 19, Figure 20, Figure 21) present data pertaining to ambulance calls in the ACT to reported heroin overdoses. In the 2008/2009 financial year, there were a total of 898 ambulance calls to overdoses in the ACT of which 99 were heroin overdoses. As can be seen from Figure 19, 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.

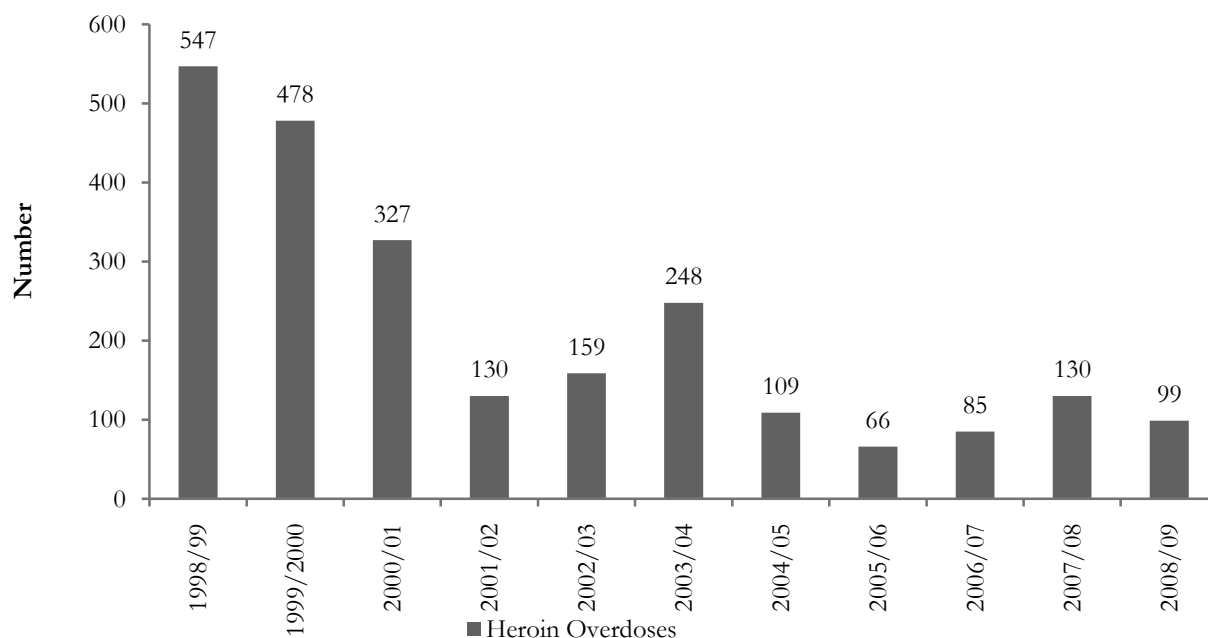
Figure 19: Total number of overdoses and number of heroin overdoses attended by ACT Ambulance Service, by month, 2008/2009



Source: ACT Ambulance Service 2008/2009

As can be seen from Figure 20, in the 2008/2009 financial year, there was a total of 99 heroin overdoses attended by the ACT Ambulance Service. This was a decrease from 130 heroin overdoses attended in 2007/2008.

Figure 20: Annual number of heroin overdoses attended by ACT Ambulance Service, 1998/1999 to 2008/2009

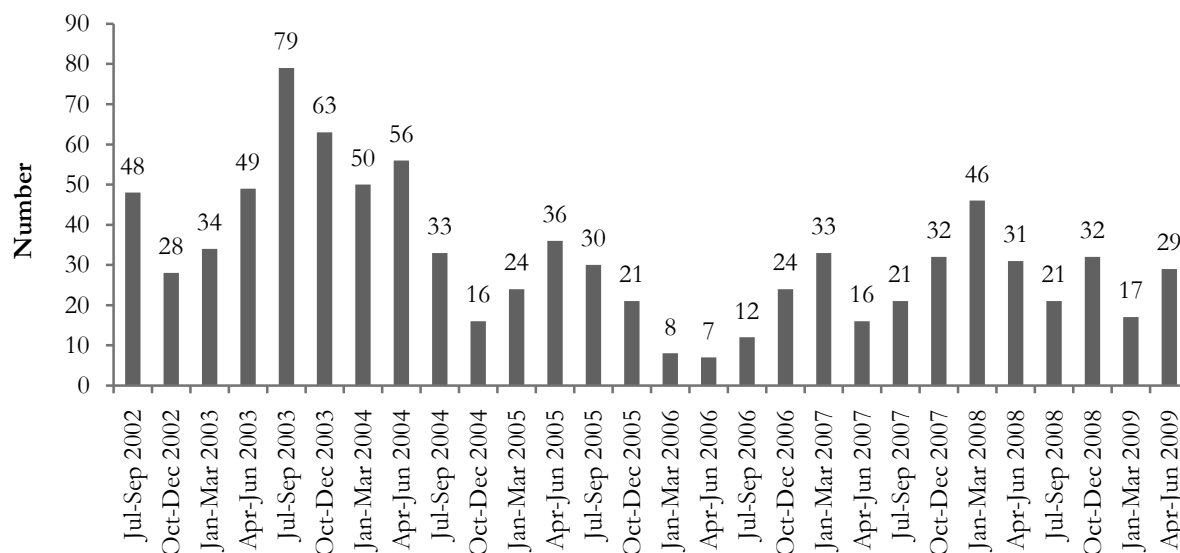


Source: ACT Ambulance Service 2008/2009

Figure 21 depicts the number of heroin overdoses attended by the ACT Ambulance Service by quarter. When analysed by quarter, the number of heroin overdoses in the Ambulance Service in

the ACT have remained fairly stable since 2005. Recently, the highest number of heroin overdoses attended by the ACT Ambulance service was in the October-December 2008 quarter.

Figure 21: Number of heroin overdoses attended by ACT Ambulance Service, by quarter, July 2002 to June 2009



Source: ACT Ambulance Service, 2002-2009

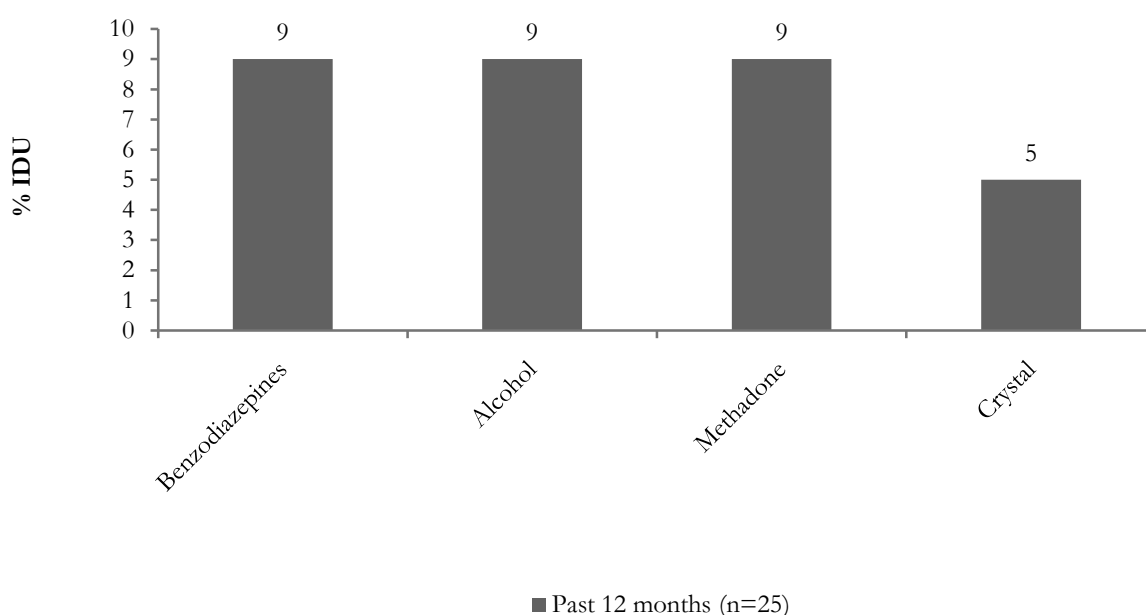
10.1.2 Methamphetamine

Overdoses on any other drug, other than heroin, were rarely reported. Twenty-two participants reported overdosing on any other drug in the previous year. Of those participants who had overdosed on any other drug, one reported they had overdosed on crystal methamphetamine.

10.1.3 Other drugs

No participants reported that they had overdosed on morphine in the previous 12 months. As can be seen in Figure 22, benzodiazepines, alcohol, methadone and methamphetamine crystal (ice) were the only other drugs participants reported overdosing on in the previous 12 months.

Figure 22: Participants' reports of other drug overdose, in the past 12 months, ACT, 2009



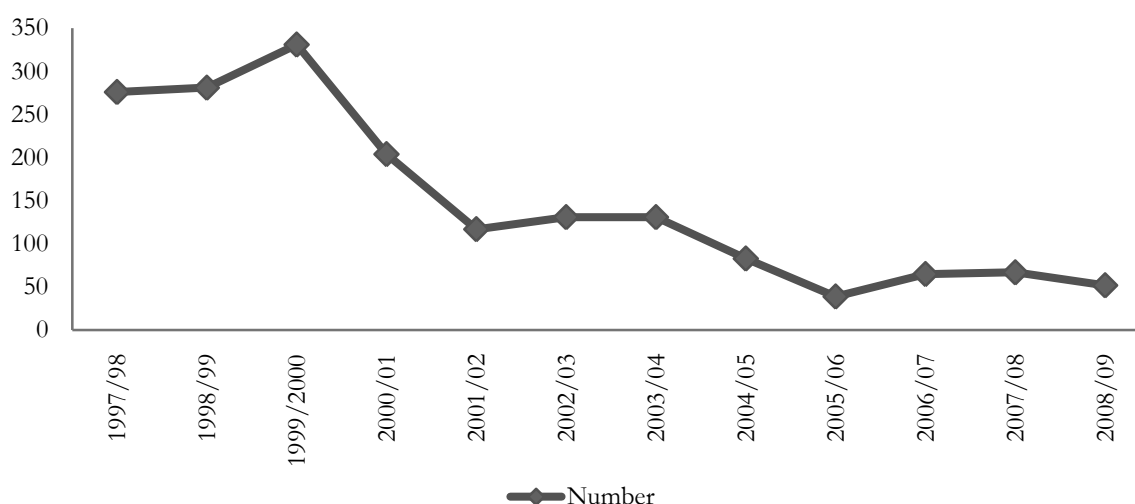
Source: ACT IDRS IDU interviews, 2009

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 (the only adult non-medicated withdrawal and detoxification unit in the ACT) since the peak in the 1999/2000 financial year, as can be seen in Figure 23. The number of clients reporting heroin as their principle drug of concern was 52 in the 2008/2009 financial year (67 in 2007/2008).

Figure 23: Number of Arcadia House clients withdrawing from heroin, 1997/1998 to 2008/2009

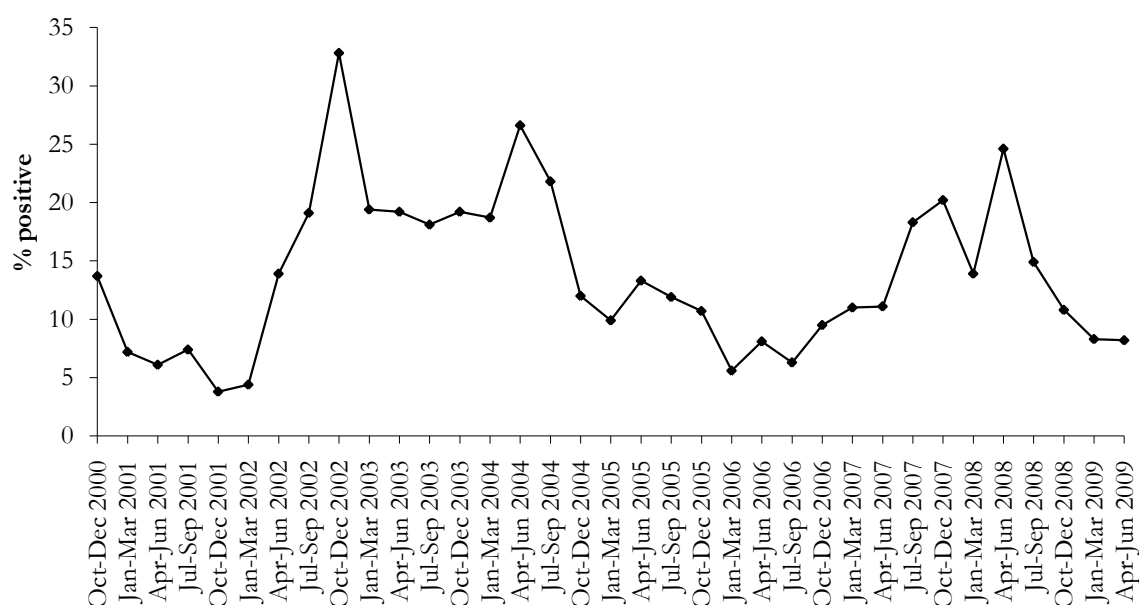


Source: Assisting Drug Dependents Incorporated (ADDInc)

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 24 depicts the percentage of morphine-positive urine tests analysed by Australian Capital Territory Government Analytical Laboratory (ACTGAL) for the ACT Drug and Alcohol Program. Morphine positive tests steadily decreased from 24.6% in April-June 2008 quarter to 8.2% in the April-June 2009 quarter.

Figure 24: Percentage of morphine-positive urine tests, by quarter, October 2000 to June 2009



Source: ACT Health

There were a total of 3,750 'closed treatment episodes' in the ACT for the 2008/2009 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 (66% and 34% 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 (26%). As can be seen from Table 33, the majority of both males and females in 'closed treatment episodes' were in treatment for alcohol (55% n=1353, and 48% n=609 respectively) and heroin (14% n=357 and 15% n=187 respectively).

Table 33: Proportion of closed treatment episodes for females and males by principal drug of concern, 2008-2009

Principal drug of concern (%)	Male (n=2478)	Female (n=1272)	Total (N=3750)
Heroin	14	15	15
Methadone	1	1	1
Alcohol	55	48	52
Benzodiazepines	<1	1	<1
Meth/amphetamines	9	10	9
Cannabis	16	14	15
MDMA	<1	<1	<1
Cocaine	<1	<1	<1
Nicotine	<1	0	<1
Other	3	3	3

Source: ACT Health

Table 34 presents the main treatment types for clients in treatment episodes where heroin is the principal drug of concern. The most common forms of treatment where heroin was the principal drug of concern was assessment only (23%), counselling (21%) followed by pharmacotherapy (18%).

Table 34: Main treatment type for clients in closed treatment episodes for heroin, 2008-2009

Main treatment type (%)	Principal drug of concern – heroin
Withdrawal management	16
Counselling	21
Rehabilitation	4
Pharmacotherapy	18
Support & case management only	17
Information & education only	<1
Assessment only	23

Source: ACT Health

In the ACT, there was a total of 786 clients on either methadone or buprenorphine maintenance treatment on a 'snapshot/specified' day in 2008. 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 on buprenorphine/naloxone (13%) or buprenorphine (11%) 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 or buprenorphine are dosed by pharmacies. More recent data was not available at time of printing.

Table 35: Number of pharmacotherapy clients receiving treatment in the ACT on a 'snapshot/specified' day in 2008, by dosing point

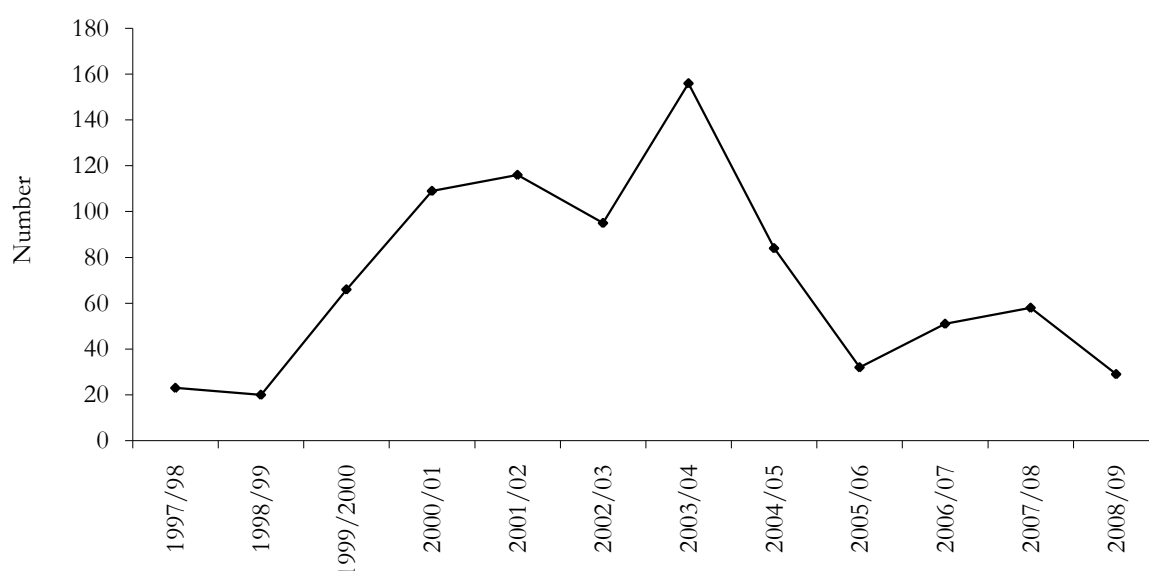
Dosing site	Number of pharmacotherapy clients in the ACT		
	Methadone (n=597)	Buprenorphine (n=89)	Buprenorphine/Naloxone (n=100)
Pharmacies	402	48	59
Public clinics	174	39	40
Private clinics	-	-	-
Correctional facilities	21	2	1
Other	-	-	-

Source: AIHW (Australian Institute of Health and Welfare 2009)

10.2.2 Methamphetamine

As can be seen in Figure 25, there was a decrease in the number of clients that attended Arcadia House for methamphetamine detoxification, down from 58 in 2007/2008 financial year to 29 in 2008/2009 financial year.

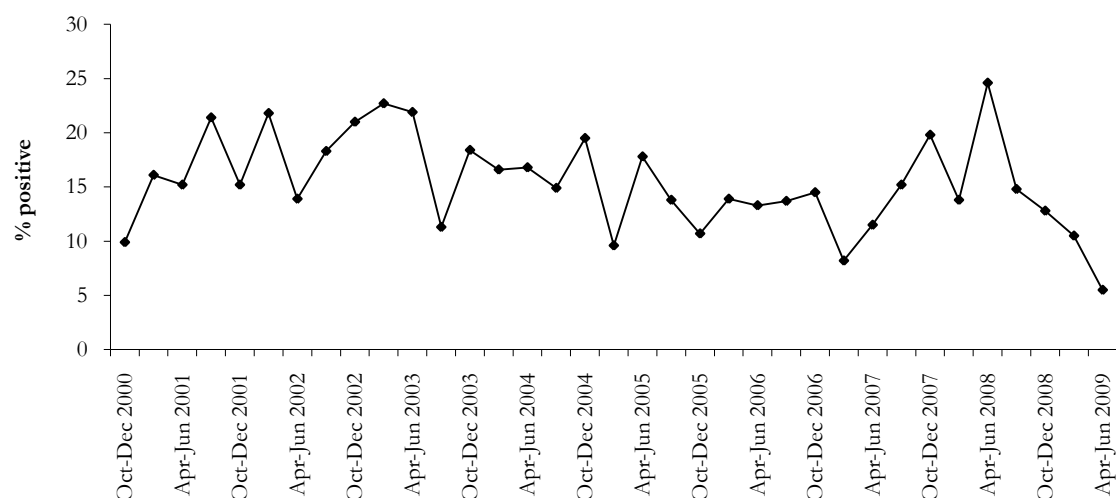
Figure 25: Number of Arcadia House clients undergoing withdrawal from methamphetamine, 1997/1998 to 2008/2009



Source: ADDInc

The Alcohol and Drug Program (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 26 shows the percentage of methamphetamine-positive urine test results from October 2000 to June 2009. The proportion of methamphetamine-positive urine tests has decreased steadily over the 2008/2009 financial year with the lowest record of methamphetamine positive results at 5.5% in the April-June 2009 quarter.

Figure 26: Percentage of methamphetamine-positive urine tests, by quarter, October 2000 to June 2009



Source: ACT Health

Of the 3750 'closed-treatment episodes' in 2008/2009 amphetamine/methamphetamine was the principal drug of concern for 343 of these treatment episodes. Counselling (35%) and support and case management only (20%) accounted for the majority of closed treatment episodes where amphetamine was the principal drug of concern, as can be seen in Table 36.

Table 36: Main treatment type for clients in closed treatment episodes for amphetamine/methamphetamine, 2008/2009

Main treatment type (%)	Principal drug of concern – amphetamine/methamphetamine
Withdrawal management	15
Counselling	35
Rehabilitation	11
Support & case management only	20
Information & education only	<1
Assessment only	17

Source: ACT Health

10.2.3 Cocaine

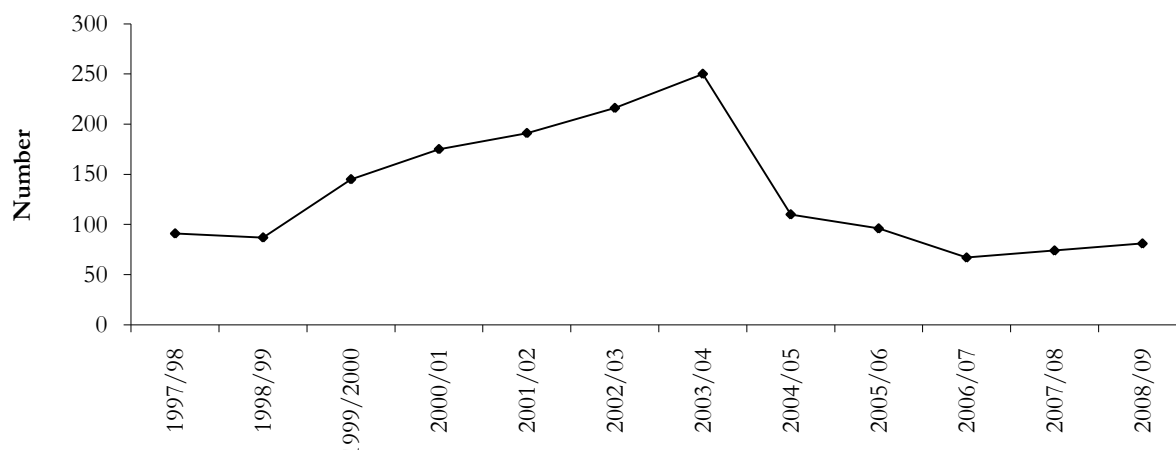
In the ACT, there were eleven clients in treatment in the ADP where cocaine was the principal drug of concern; this represents less than 1% of all ADP clients in treatment episodes from July 2008 to June 2009. Three received withdrawal management and six received counselling and two were for an assessment only.

10.2.4 Cannabis

As can be seen from Figure 27, 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. Since 2004/2005, there has been a slight yet steady decrease in the number of clients attending Arcadia House for withdrawal from cannabis. However, in the previous two financial years there was a slight shift with the number

of clients increasing from 67 in 2006/2007 to 74 in 2007/2008 and increasing again to 81 in the 2008/2009 financial year.

Figure 27: Number of Arcadia House clients undergoing withdrawal from cannabis, 1997/1998 to 2008/2009



Source: ADDInc

Cannabis was the principal drug of concern for 568 of the closed-treatment episodes in the ACT. Counselling (27%) accounted for the majority of closed treatment episodes where cannabis was the principal drug of concern, followed by withdrawal management (22%), as shown in Table 37.

Table 37: Main treatment type for clients in closed treatment episodes for cannabis, 2008-2009

Main Treatment Type	Principal drug of concern – Cannabis (%)
Withdrawal management	22
Counselling	27
Rehabilitation	9
Support & case management only	20
Information & education only	4
Assessment only	17

Source: ACT Health

10.2.5 Treatment choice

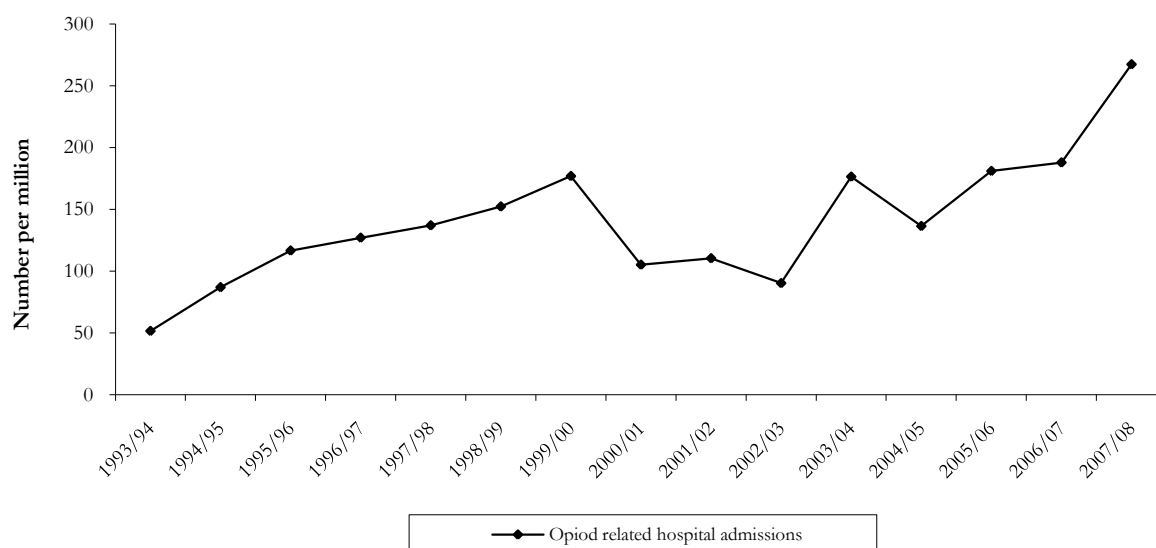
In 2009, participants were asked to report on what drug treatment they were currently receiving. Forty-two percent reported that they were not in any drug treatment. Forty-one percent reported being treated with Methadone syrup or Biodone syrup with a further 8% in subutex/buprenorphine treatment. Six percent were being treated with suboxone, and 3% were involved in drug counselling. Of those in treatment (n=55), just under half (47%) had been in that specific treatment for two years or less. All participants were asked what treatment they had been in over the previous six months. Thirty-five percent of participants had not been in any drug treatment recently. Forty-two percent of those who had been in treatment had been on methadone or biodone syrup treatment, with a further 9% on subutex/buprenorphine and 8% Suboxone. Other treatments accessed recently were detoxification treatment (4%) and therapeutic communities (1%).

10.3 Hospital admissions

10.3.1 Heroin, the highest recorded.

Figure 28 shows the number of hospital admissions in the ACT per million 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 28, the number of opioid-related hospital admissions steadily increased from 51.73 per million persons in 1993/1994 to 267 per million persons in 2007/08, the highest recorded.

Figure 28: Number of hospital admissions per million persons aged 15-54 years where opioids were implicated in the primary diagnosis, ACT, 1993/1994 to 2007/2008

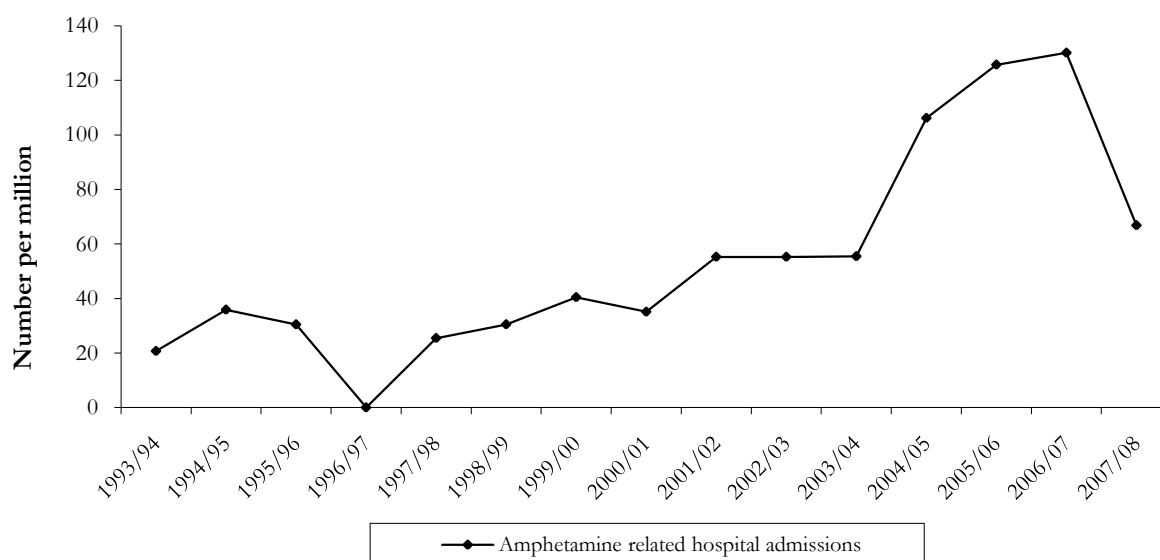


Source: Australian Institute of Health and Welfare (AIHW); ACT Department of Health, (Roxburgh and Burns in press)

10.3.2 Methamphetamine

Figure 29 shows the number of hospital admissions in the ACT, of persons aged 15 to 54, where amphetamine was implicated in the primary diagnosis. 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 29). In 2007/2008, admissions decreased to 66.81 per million persons.

Figure 29: Number of hospital admissions per million persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 1993/1994 to 2007/2008



Source: Australian Institute of Health and Welfare (AIHW); ACT Department of Health (Roxburgh and Burns in press)

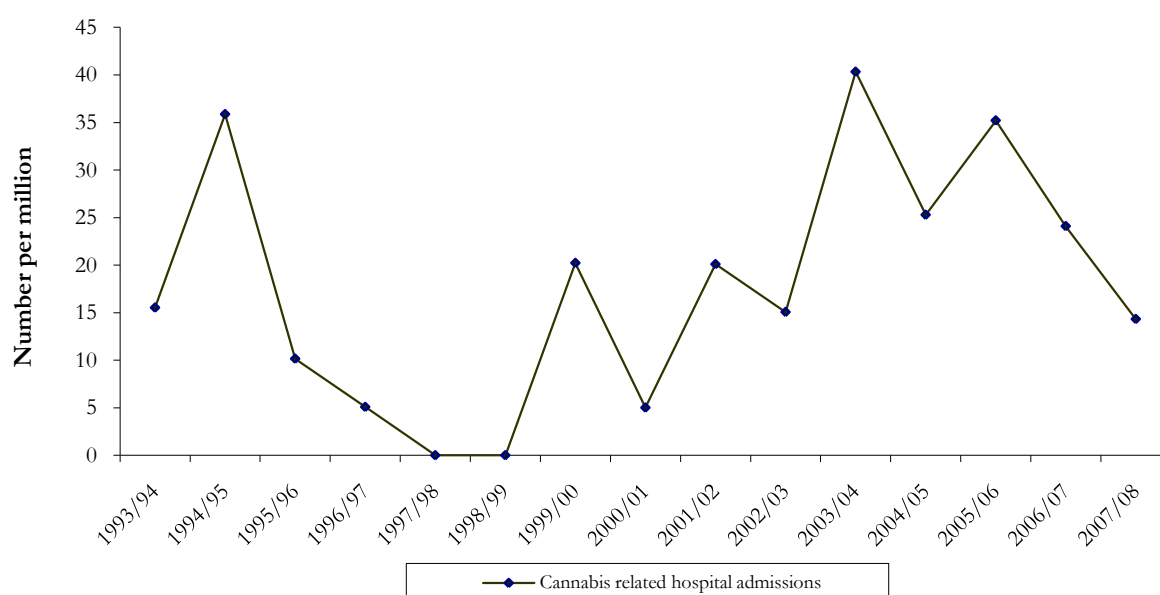
10.3.3 Cocaine

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 2007/08 there were 14.32 cocaine-related hospital admissions per million persons recorded in the ACT.

10.3.4 Cannabis

As can be seen from Figure 30, the number of cannabis-related hospital admissions per million persons has fluctuated over the last ten years. In 2007/2008, there were 14.32 cannabis-related hospital admissions per million persons recorded in the ACT, a slight decrease from 2006/2007.

Figure 30: Number of hospital admissions per million persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 1993/1994 to 2007/2008



Source: Australian Institute of Health and Welfare (AIHW); ACT Department of Health (Roxburgh and Burns in press)

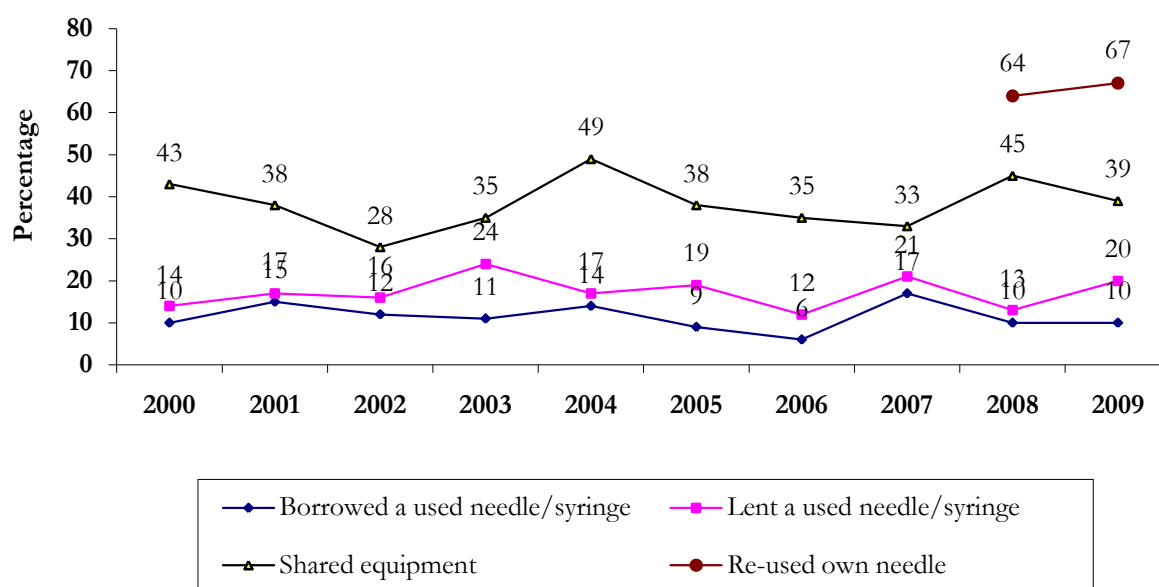
10.4 Injecting risk behaviours

10.4.1 Sharing of injecting equipment among IDU

Figure 31 presents the proportion of participants in the 2009 sample who reported recently sharing injecting equipment. In the month preceding interview, 10% of participants had injected with syringes that had already been used (10% in 2008). Seven participants reported that one person had used the needle before them, and two participants reported that two people had used the needle before them. Participants reported that the people who had used syringes prior to themselves were most commonly close friends (n=5) or regular sex partners (n=4).

The proportion of participants who reported lending used needles increased to 20% in 2009, up from 13% in 2008. Of the 20 participants reporting lending needles in the month prior to interview, 11 participants reported that someone else used their needle once and twice after they had used it, 5 respondents reported that their needle was used between three and 5 times after they had used it, one respondent reported that the needle was used between 6 and 10 times and 3 respondents reported that their needle had been used over 10 times before they used it.

Figure 31: Proportion of IDU reporting sharing injecting equipment in the month preceding interview, 2000-2009



Source: ACT IDRS IDU interviews, 2000-2009

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 2009, 39% of the sample reported having used other injecting equipment after it had been used by someone else. The proportion of participants reporting using a spoon/mixing container after someone else, decreased to 34% in 2009 (43% in 2008). As can be seen in Figure 37, there was a decrease in the proportion of participants reporting the use of a filter after someone else (12%, 21% in 2008). The proportion reporting using a tourniquet after someone else decreased to 11% in 2009 compared to 18% in 2008. In 2009, 7% of participants who had shared injecting equipment reported sharing swabs.

Table 38: Proportion of IDU reporting sharing other injecting equipment by type, 2004-2009

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100
Used spoon/mixing container after someone else (%)	44	31	32	24	43	34
Used filter after someone else (%)	26	15	8	16	21	12
Used tourniquet after someone else (%)	11	8	15	11	18	11
Used water after someone else (%)	18	15	11	20	23	22
Swabs						7

Source: ACT IDRS IDU interviews, 2004-2009

Note: Swabs was not an option before 2009

Participants in the 2009 IDRS were also asked questions about the site on their body where they had last injected and where they obtained needles. Ninety percent of participants reported that they last injected in their arm. Six participants reported last injecting in their hand, and two participants reported last injecting in their foot or leg. The majority of participants (83%) in the ACT reported that they had last injected in a private home. In the previous six months 93% of participants in the ACT reported obtaining needles from an NSP, 43% had obtained needles from an NSP vending machine, 51% from a chemist and 24% from a friend.

In the ACT in 2009, participants were asked how many days they had used a butterfly winged infusion set (used to inject into fragile veins) or pill filter (used to remove fine particles from the drug solution to reduce the possibility of injecting bacteria, wax or other non-soluble materials) in the previous six months. Participants were also asked which drug they had last used a butterfly or pill filter with. Of the participants that had used a butterfly in the previous six months (n=49) the median days of use was 24 days (once a week). Fifty-three participants reported using a pill filter in the six months prior to interview. The median days of use of a pill filter was 20 days. Methadone was the most common drug reported as the last drug used with a butterfly by 63% of participants (n=31) and also a pill filter (30%, n=16).

10.4.2 Blood-borne viral infections

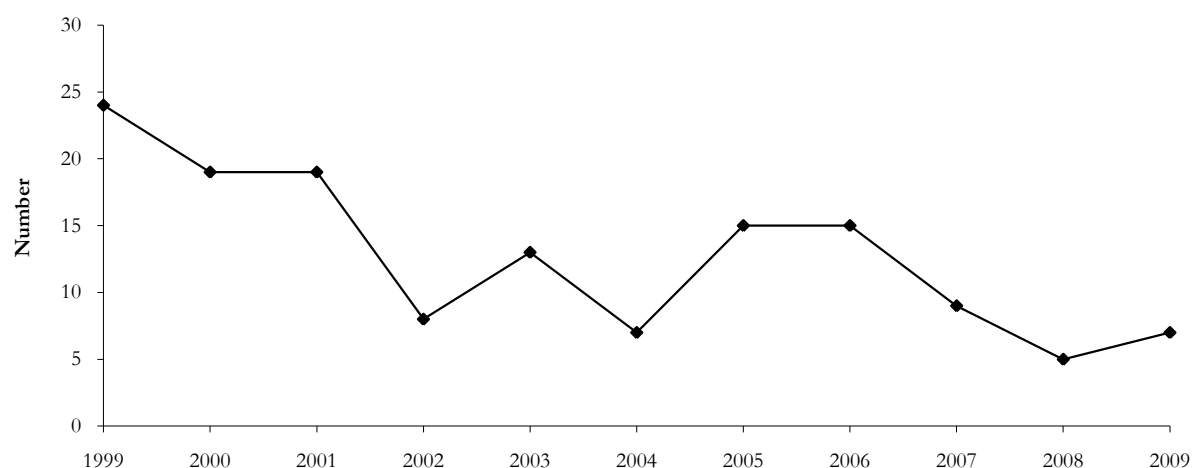
Data presented in this section are derived from National Notifiable Diseases Surveillance System (NNDSS) (National Notifiable Diseases Surveillance System 2010).

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 2007). 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 2007).

In the ACT, in 2009, there were a total of 158 cases of HCV, a decrease from 195 in 2008 (National Notifiable Diseases Surveillance System 2010). In 2009, there were 262 new cases of HCV reported nationally, of which 7 were reported in the ACT. This is a slight increase from the five cases of newly acquired HCV reported in 2008 (National Notifiable Diseases Surveillance System 2010).

Figure 32 presents the number of newly diagnosed cases of HCV in the ACT from 1999 to 2009. New cases of HCV in the ACT remain lower than levels reported between 1999 and 2001. 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 2007).

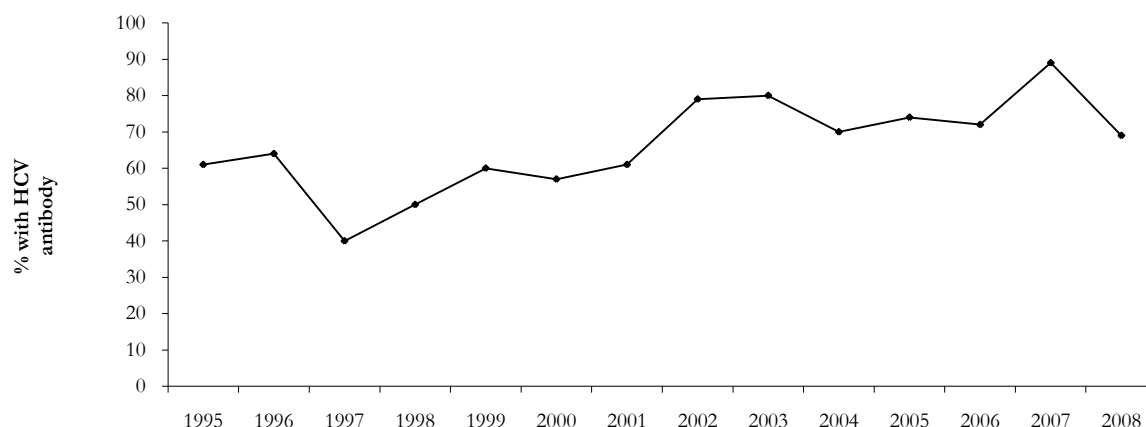
Figure 32: Number of newly diagnosed HCV cases in the ACT, 1999-2009 ¹



Source: NNDSS

The HCV antibody prevalence among the IDU sampled for the NSP annual survey (National Centre in HIV Epidemiology and Clinical Research 2003; National Centre in HIV Epidemiology and Clinical Research 2008; National Centre in HIV Epidemiology and Clinical Research 2009) is shown in Figure 33. As can be seen from this figure, there was a steady increase in HCV antibody prevalence from 1997 to 2003. In 2008 26 IDU were tested in the ACT for the HCV antibody prevalence. Of these participants 69% (n=18) tested positive for HCV antibody. This was a decrease in percentage from 2007.

Figure 33: HCV antibody prevalence among IDU, ACT, 1995-2008



Source: (National Centre in HIV Epidemiology and Clinical Research 2008)

In 2009, there were four new notifiable case of HBV in the ACT (National Notifiable Diseases Surveillance System 2010) compared to one case in 2008.

¹ 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.

10.4.3 Location of injections

Table 39 presents a summary of the last location of drug injection among the ACT IDRS samples from 2003 to 2009. In 2009, the majority (83%) of participants reported that their last location of injection was a private home. Three percent reported a public place (such as a street or a park) as the last location of injection. Eight percent reported a public toilet as the last location of injection. Six percent of participants reported injecting in a car as the last location for injection.

Table 39: Location of last injection in the month preceding interview, ACT, 2003-2009

	2003 N=100	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100
Location of last injection (%)							
Private home	79	65	69	78	71	80	83
Public toilet	7	15	10	10	13	7	8
Street/park/beach	10	10	7	5	5	5	3
Car	3	8	8	3	10	6	6

Source: ACT IDRS IDU interviews, 2003-2009

10.4.4 Injection-related health problems

In 2009, 68% of participants reported having experienced at least one injection-related health problem in the month preceding interview. Thirty percent reported experiencing two or more problems during this period (35% in 2008). Nineteen percent of participants reported experiencing a 'dirty hit' (ie. A hit that made them feel sick) in the month preceding interview. The most common drugs implicated in a dirty hit amongst the sample were methamphetamine (n=4), heroin (n=3), methadone (n=3), Subutex (n=2), Suboxone (n=2) and morphine (n=2). As can be seen from Table 40, consistent with participants' reports from 2003, the most commonly experienced injection-related problems in 2009 were scarring/bruising of injection sites (43%) and difficulty injecting (39%).

Table 40: Injection-related health problems experienced in the month preceding interview, ACT, 2003-2009

	2003 N=100	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100
Injection-related health problems in past month (%)							
	64	69	61	48	76	74	68
Injection-related health problems in past month (%)							
Scarring/bruising	44	49	48	25	56	55	43
Difficulty injecting	39	31	30	31	47	47	39
'Dirty hit'	17	14	10	12	23	14	19
Infections/abscesses	7	8	8	6	13	4	0
Overdose	7	5	2	4	3	1	4

Source: ACT IDRS IDU interviews, 2003-2009

10.5 Mental and physical health problems and psychological distress

In 2009, 48% of participants interviewed reported having had a mental health problem other than drug dependence in the six months preceding interview. Of those reporting a mental health problem, the most common were depression (69%), anxiety (38%), panic (15%), bipolar disorder (13%) and schizophrenia (8%, see Table 41).

Eighty-five percent of those who reported mental health problems reported that they had attended a mental health professional in the previous six months. In 2009, participants were asked whether they were prescribed any medication from the mental health professional for their mental health problems. Sixty-two percent reported they were prescribed an anti-depressant and 57% reported they had been prescribed anti-psychotics from their mental health professional. One-third (33%) were not prescribed any medication (see Table 41). Sixty-two percent of those reporting seeing a mental health professional in the previous six months reported being prescribed a benzodiazepine for their mental health problem.

Table 41: Summary of mental health problems experienced by IDU in the ACT, 2009

	2009 N=100
Self-reported mental health problem last six months (%)	48
Self-reported mental health problems (%)*	(n=48)
Depression (%)	69
Anxiety (%)	38
Bipolar disorder (%)	13
Panic (%)	15
Paranoia (%)	6
Schizophrenia (%)	8
Drug-induced psychosis	10
Attended mental health professional (%)*	85
No medication (%)**	33
Prescribed anti-depressant (%)**	62
Prescribed anti-psychotic (%)**	57

Source: ACT IDRS IDU interviews, 2009

* 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

The Kessler 10 (K10) was administered in 2009 to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)/the Structured Clinical Interview for DSM disorders (SCID; Andrews and Slade 2001; Kessler, Andrews et al. 2002).

The minimum score of the sample was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). The mean score of the sample was 23 (range 10-46; median 23; SD=8.1). The 2007 National Drug Strategy Household Survey (Australian Institute of Health and Welfare 2008) provided the most recent Australian population norms available for the K10, and used four categories to describe degree of distress: scores from 10-15 were considered to be low, 16-21 as 'moderate', 22-29 as high and 30-50 as 'very high'. According to this classification, 21% of the 2009 IDU scored in the 'low' range, 24% in the 'moderate distress' range, 30% were in the 'high distress' range and 25% in the 'very high distress' range.

Table 42 shows K10 scores from the general Australian population in the National Health Survey (Statistics 2006) and the 2008 and 2009 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 high (30%) to very high distress group (25%), compared to 9% and 4% respectively in the National Health Survey.

Table 42: K10 scores in the National Health Survey (2006) and the ACT IDRS interviews, 2008 and 2009

K10 Score	Level of psych. distress	2006 National Health Survey (N=14, 963)	2008 ACT IDRS (N=101)	2009 ACT IDRS (N=100)
10-15	No/low distress	63	18	21
16-21	Moderate distress	24	20	24
22-29	High distress	9	31	30
30-50	Very high distress	4	32	25

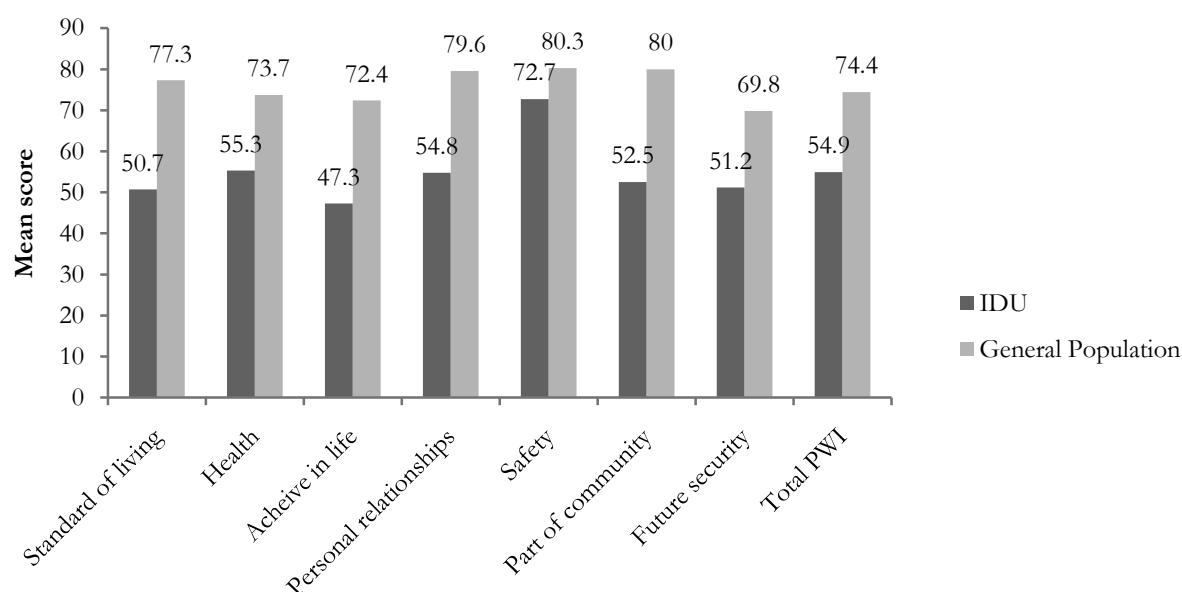
Source: (Statistics 2006); ACT IDRS IDU interviews, 2008-2009

10.6 Personal Wellbeing Index (PWI)

In 2009, the PWI was entered into the IDRS survey. Questions asked how satisfied participants were with various aspects of their life. These included; standard of living, health, personal achievement, personal relationships, personal safety, feeling a part of the community, future security and life as a whole. IDU were asked to respond on a scale of 0-10 where 0 was very unsatisfied and 10 was very satisfied. Figure 34 shows the mean IDU scores compared to the Australian general population (Cummins, Woerner et al. 2007).

ACT IDU scored lower than the general population on each factor of personal wellbeing. However, for each measure other than 'achievement in life' participants were within the expected range of wellbeing scores. Cummins et al (2007) reported that at normal levels of wellbeing (average scores lies between 70-80 points) people often feel good about themselves, are motivated to conduct their lives and have a strong sense of optimism. In comparison individuals with scores below 50 points are at a higher risk of depression. The IDU scores are low and show that general wellbeing of IDU may contribute to this group experiencing a higher risk of depression.

Figure 34: Mean IDU and Australian general population scores on the Personal Wellbeing Index



Source: IDRS IDU surveys 2009; Cummins et al., 2007

10.7 Chronic physical conditions

In 2009, participants in the IDRS were asked whether they had ever been diagnosed with a range of physical conditions, how old they were when diagnosed and if they had received treatment in the previous twelve months. One-quarter (24%) of participants had ever been diagnosed with asthma, 14% with heart or circulatory conditions, 12% with gout, rheumatism or arthritis, 4% with cancer and 3% with diabetes or high blood sugar level. Table 43 shows the age of first diagnosis as well as the proportions of IDU who had recently (in the last 12 months) received treatment for these chronic conditions.

Table 43: IDU Lifetime diagnosis, age and recent treatment of chronic conditions 2009

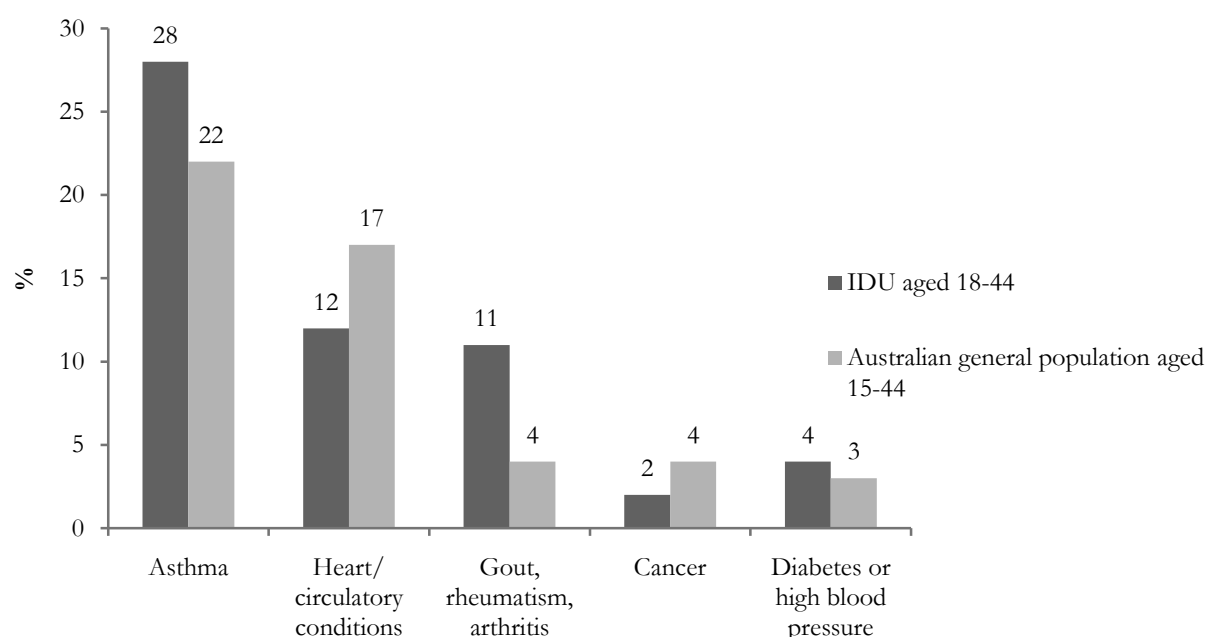
Condition	Ever diagnosed (%)	Mean age first diagnosed (years)	Received treatment last 12 months* (%)
Asthma	24	12	63
Heart/circulatory conditions	14	24	29
Gout, rheumatism or arthritis	12	27	58
Cancer	4	43	75
Diabetes or high blood sugar levels	3	24	67

Source: IDRS IDU interviews 2009

*of those who had ever been diagnosed

Figure 35 shows the proportion of IDU aged 18-44 (77% of entire sample) reporting lifetime diagnosis of some chronic conditions compared to the Australian general population aged 15-44. Higher proportions of IDU report having been diagnosed with asthma (28%, 22% in the general population) (Australian Bureau of Statistics 2009). There were also more reports from IDU of having ever been diagnosed with gout, rheumatism or arthritis (11%, 4% in the general population) (Australian Bureau of Statistics 2009). Less IDU reported being diagnosed with heart or circulatory conditions or cancer. And similar levels reported having ever been diagnosed with diabetes or high blood sugar levels (4%, 3% in the general population) (Australian Bureau of Statistics 2009).

Figure 35: Prevalence of chronic conditions amongst IDU and Australian general population aged 15-44



Source: IDRS IDU interviews 2009; ABS 2009

Eighty-eight percent of IDU also reported having been diagnosed with other chronic conditions. The most commonly reported chronic conditions were liver disease (46%), back or neck problems (42%), vision problems (35%), bronchitis (23%), skin problems (22%), joint, muscular or skeletal conditions (19%), migraine (18%), hay fever (13%) and sinus or sinus allergy (13%).

10.8 Dental health

In 2009, participants in the IDRS were asked questions regarding their dental health. Seventy percent of participants reported that they had needed to go to the dentist in the previous 12 months but did not go. The median number of visits to a dentist in the preceding 12 months amongst the ACT sample was once (range 0-20). The main reasons reported for the last visit to the dentist were an extraction (48%), fillings (18%), a check up (16%) or for relief of pain (15%). Over two-fifths (44%) of participants reported that the last time they had been to the dentist they had paid for their visit. Participants had lost a median of four teeth.

10.9 Gambling

In 2009, IDU were asked questions about their gambling behaviour. One third (34%) of IDU had gambled in the previous month. Of those who had gambled 68% usually gamble on poker machines (n=23) or horse/dog racing (27%, n=9). The median number of days gambled in the previous month was three (1-28). One-third (32%) were under the influence of alcohol last time they gambled and 71% were under the influence of illicit drugs (see Table 44).

Table 44: Gambling behaviour, ACT, 2009

	2009 (N=100)
Gambled last 30 days (%)	34
Usual form of gambling (%)*	
Poker machines	68 (n=23)
Casino	0 (n=0)
Horse/dog racing	27 (n=9)
Other (e.g. keno, sports)	12 (n=4)
Last form of gambling (%)*	
Poker machines	68 (n=23)
Casino	0 (n=0)
Horse/dog racing	18 (n=6)
Other (e.g. keno, sports)	15 (n=5)
Median days gambled last month*	3
Under the influence of alcohol last time gambled*	32 (n=11)
Under the influence of illicit drugs last time gambled*	71 (n=24)

Source: IDRS IDU interviews 2009

* Of those who had gambled in the last 30 days

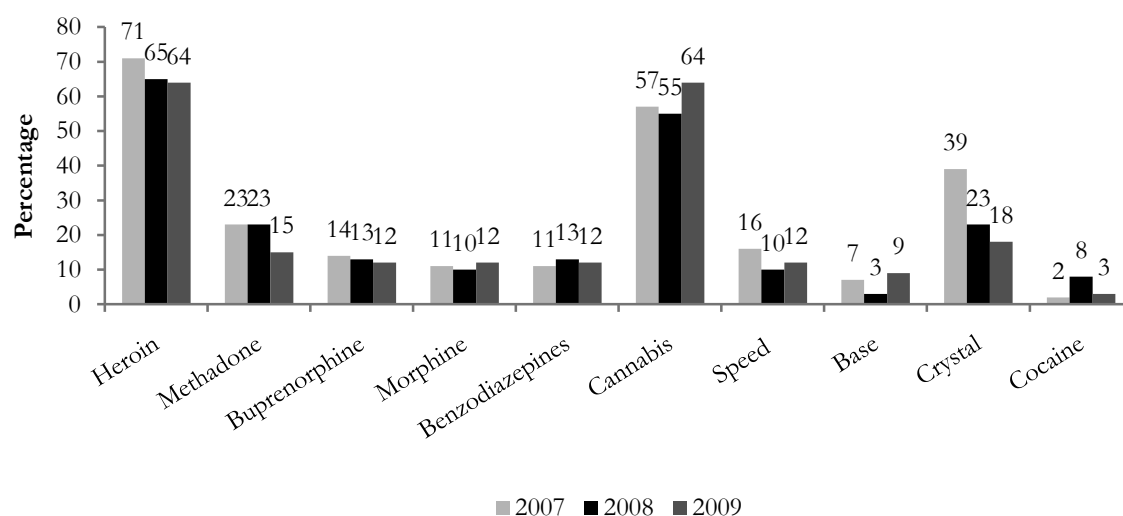
Participants who had gambled four or more days in the previous month were administered the Problem Gambling Severity Index (PGSI). The measure is made up of nine items and participants answer on a five point Likert scale (1= never and 5= always) (Holtgraves 2009). Categories are then formed from the total PGSI score to make categories of recreational gambling, low risk, moderate risk and problem gambling. Ten percent of IDU in the ACT reported gambling four or more days in the previous month and therefore completed the PGSI. Three percent scored in the recreational gambling category, and seven percent scored in the 'low risk' category.

10.10 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=40), 25% (n=10) reported that they had driven whilst under the influence of alcohol, and five participants reported that they had driven over the limit of prescribed concentration of alcohol.

Thirty-three participants (83% 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 24 times (range 1-180) during the preceding six months. Drugs taken before the participants had driven during the past six months for 2007-2009 are presented in Figure 36. The most common drugs used before driving reported by participants in 2009 were heroin (64%), cannabis (64%) and crystal (18%). The drugs that participants reported taking before driving the last time they drove under the influence of drugs were again; heroin (55%), cannabis (42%) and also methadone (12%). The majority of participants reported that they had not waited more than half an hour before driving (60%, n=18).

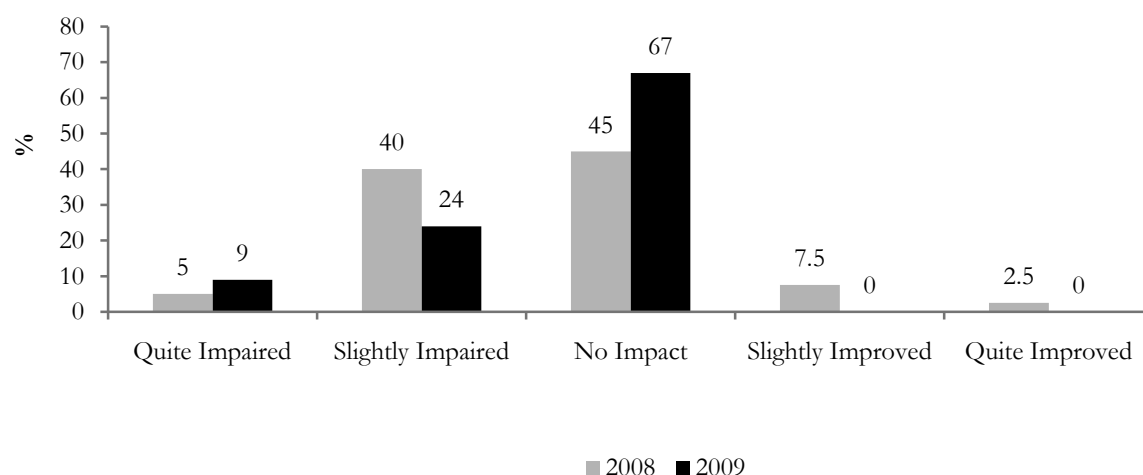
Figure 36: Proportion of participants reporting driving under the influence of drugs, by drug type, 2007-2009



Source: ACT IDRS IDU interviews, 2007-2009
NB: Of those who have driven in the past six months

In 2009, 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 (Figure 37). Participants reported that their driving was either slightly impaired (24%), or that the drugs had no impact on their driving ability (67%). Nine percent reported that their driving was quite impaired while they were under the influence of drugs.

Figure 37: Participants' reports of perceived driving impairment while driving under influence of drugs, ACT, 2008-2009



Source: ACT IDRS IDU interviews, 2008-2009
NB: Of those who have driven whilst under the influence of drugs in the past six months

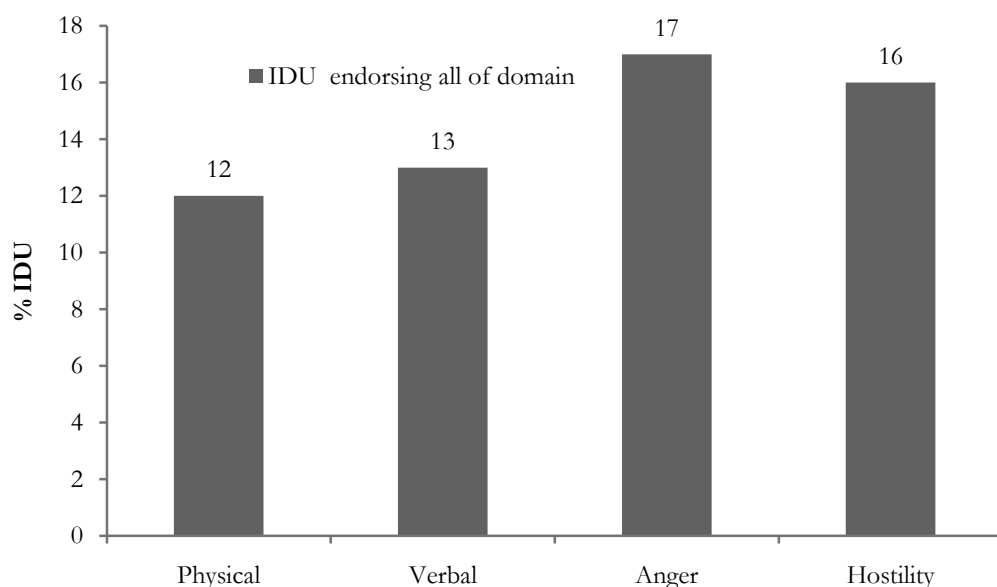
Research conducted to determine which factors are associated with drug driving has identified being male and young as two major risk factors (Kelly, Darke et al. 2002). Findings from the 2009 ACT IDRS indicated that among those who had driven in the past six months there was no significant difference 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.

10.11 Aggression

In 2009 the IDRS included a new module investigating the presence of trait aggression among the IDRS sample. Involvement in obtaining/using drugs, the use of other illicit substances such as cocaine and other stimulants as well as the high prevalence of cannabis use have all been associated with aggression (Murray et al. 2008). Participants were administered the Buss-Perry Aggression Questionnaire Short-Form (BPAQ-SF). This self-report measure addresses three major components of aggression: the motor components (physical and verbal aggression), the emotional component (anger) and the cognitive component (hostility). This questionnaire provides a valid and reliable measure of 'dispositional aggression' which correlates well with the original 29-item Buss-Perry Aggression Questionnaire (Bryant and Smith, 2001).

Figure 38 shows the proportion of participants who answered each of the three questions related to a component of aggression as characteristic of them. Anger was endorsed by the highest proportion of IDU with 17% endorsing all three anger items on the scale. The second most endorsed aggression domain was hostility (16%). Verbal aggression was endorsed by over one-tenth (13%) of IDU in the ACT followed by physical aggression (12%).

Figure 38: IDU endorsing aggression domains, ACT, 2009



Source: ACT IDU 2009

10.12 Key expert comments

- Several KE commented that injection related health problems such as abscesses, collapsed veins and skin infections were common and that dental health was a concern.
- KE commented that needle sharing is still a problem as well as mental health problems, poor nutrition and sleep problems.
- Several KE mentioned that Hepatitis C continues to be a concern for IDU. This is consistent with IDU reports concerning liver disease.
- KE reported that butterflies and pill filters were being used more frequently, citing education from NSPs and consumer groups as the cause.

10.13 Summary

Table 45 presents a summary of participant reports of health-related trends associated with drug use.

Table 45: Summary of health-related trends associated with drug use, 2008-2009

Overdose and drug-related harms	Heroin • 54% reported lifetime overdose • 19% reported overdosing in the past 12 months • Median time since last overdose was 54 months Other drugs • Small numbers reported overdosing on benzodiazepines, alcohol, methadone or crystal methamphetamine in the previous 12 months
Injecting risk behaviours	Sharing injecting equipment • 9% reported having injected with syringes that had already been used • 20% reported lending used needles, up from 13% in 2008 • 39% reported using other injecting equipment (e.g. spoons, mixing containers, swabs) after someone else, a decrease from 45% in 2008
Injecting risk behaviours (continued)	Blood-borne viral infections • A slight increase in the number of newly diagnosed HCV cases in the ACT, from five in 2008, to seven in 2009 • HCV antibody prevalence decreased to 69% (75% in 2007) of the participants in the NSP survey Location of injections • Majority reported injecting in a private home on their last injection (83%) • 17% reported injecting in a public place on their last injecting occasion, similar to 18% in 2008 Injection-related problems • The proportion reporting at least one injection-related problem was 68% (73% in 2008) • Most common problems were scarring or bruising (43%), and difficulty injecting (39%)
Mental health problems and psychological distress	• 48% reported mental health problems in the preceding six months • Most common problems reported were depression (69%) and anxiety (38%) • 85% of those who reported a mental health problem had attended a mental health professional, one-third (33%) reported they were not receiving medication • Participants scored high on the K10, with 30% at high risk for psychological distress and 25% at very high risk
Diving risk behaviour	• 83% of those who had driven in the past six months reported driving under the influence of drugs at least once • The most common drugs used prior to driving were heroin (64%) and cannabis (64%)
Gambling	• One-third of participants had gambled in the previous 30 days • The most common form of gambling was poker machines

Source: ACT IDRS IDU interviews, 2008-2009

11 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

11.1 Reports of criminal activity among participants

As can be seen in Table 46, in 2009, 32% of participants reported that they had been arrested in the last 12 months (23% in 2008). Participants in the 2009 sample were arrested most frequently for property (14%) or violent crime (7%).

The proportion of participants in 2009 that reported engaging in at least one act of criminal activity in the month prior to interview remained stable at 51% (50% in 2008). There was an increase in the proportion of participants reporting the commission of at least one property crime, from 22% in 2008 to 30% in 2009. The proportion of participants reporting that they had been involved in drug dealing in the preceding month decreased from 38% in 2008 to 31% in 2009. Participants reporting having committed a fraud or a violent crime in the preceding month remained fairly stable.

Table 46: Criminal activity among participants, ACT, 2003-2009

	2003	2004	2005	2006	2007	2008	2009
Arrested last 12 months (%)	36	38	36	46	42	23	32
Crime arrested for (%)							
Property crime	14	11	15	16	19	7	14
Dealing	1	3	2	0	1	1	2
Fraud	3	2	1	0	0	0	1
Violent crime	5	9	6	13	7	8	7
Driving offence	4	5	3	1	6	7	2
Committed at least one crime in the last month (%)	50	34	41	38	55	50	51
Crime committed (%)							
Property crime	22	13	16	18	26	22	30
Dealing	35	21	27	29	42	38	31
Fraud	5	5	4	3	7	4	3
Violent crime	6	9	9	12	5	7	5

Source: ACT IDRS IDU interviews, 2003-2009

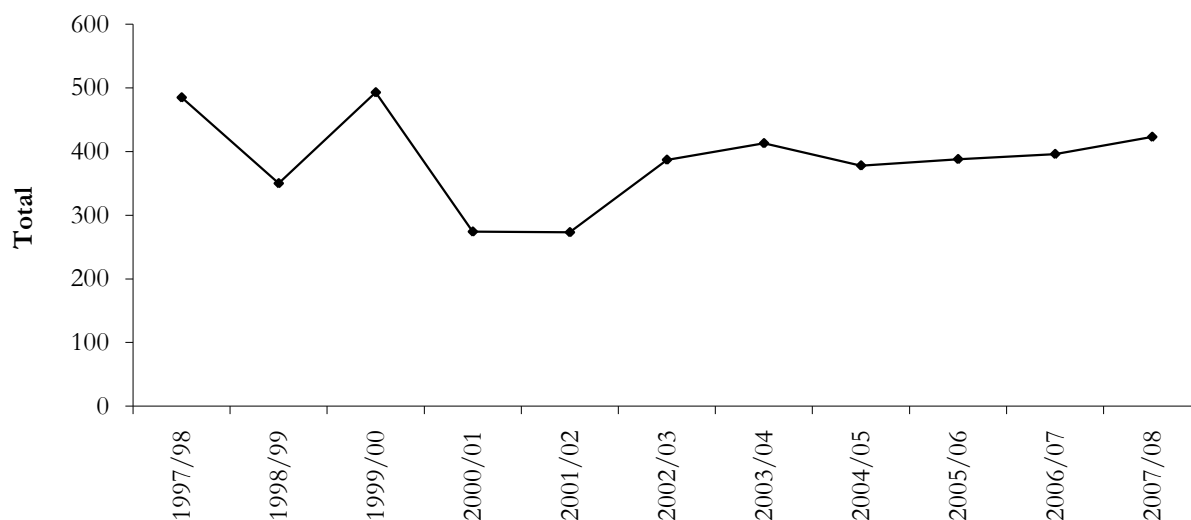
In 2009, 46% of participants reported having ever been in prison. Of those who had been in prison, 41% (n=19) reported that they had injected whilst in prison. One participant reported that they had injected in prison in the previous 12 months. Of the 19 participants that had injected while ever in prison, frequency of injecting varied. Twenty-six percent reported injecting daily, whilst 21% reported injecting approximately once per year.

11.2 Arrests

11.2.1 All drugs

As can be seen in 2007/2008, there was an increase in the number of drug-specific arrests made by ACT police (423) when compared to the previous year (396 drug-specific arrests in 2006/2007).

Figure 39: Number of drug-specific arrests for all drugs, ACT, 1997/1998 to 2007/2008



Source: ABCI (2000-2002); ACC (2003-2008)

NB: Data not available for the 2008/2009 financial year

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. In 2007/2008, males were approximately 4 times more likely to be arrested for drug-related offences than females. The number of females arrested for user-related offences increased from 59 arrests in 2006/2007 to 74 arrests in 2007/2008. As can be seen in Table 47, the number of males charged with user-type offences increased to 283 in 2007/2008 from 274 arrests in 2006/2007. The number of arrests for males and females for supply-type offences remained stable.

Table 47: Number of consumer and provider arrests for all drugs, ACT, 1997/1998 to 2007/2008

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997/1998	243	61	155	25	485 *
1998/1999	199	51	83	17	350
1999/2000	255	60	144	30	493†
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
2006/2007	274	59	57	6	396
2007/2008	283	74	57	9	423

Source: ABCI (2000-2002); ACC (2003-2008)

* Total includes 1 provider who did not identify their sex

† Total includes 3 providers and 1 consumer who did not identify their sex

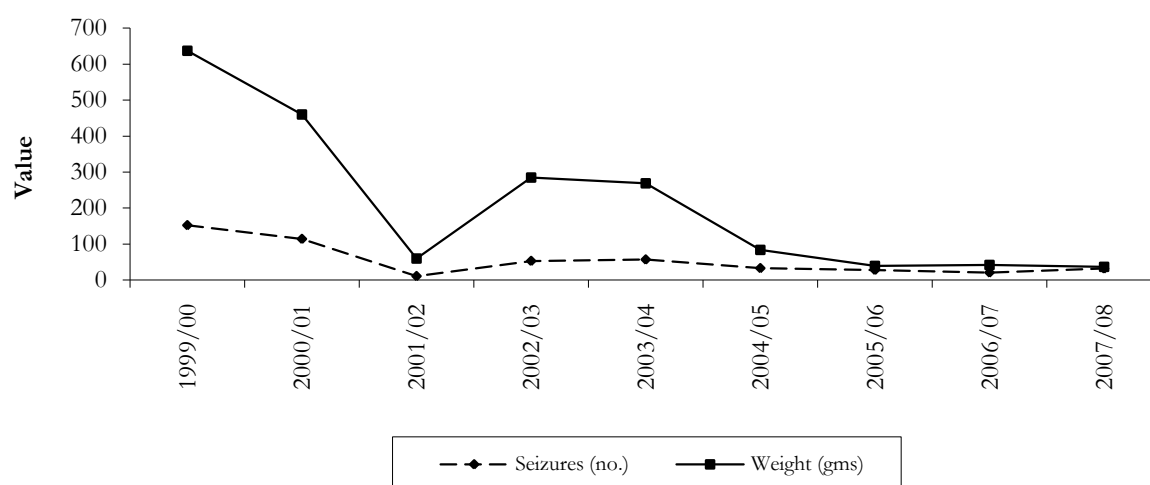
NB: Arrest data from 1997/1998 to 1999/2000 exclude Australian Federal Police data

NB: Data not available for the 2008/2009 financial year

11.2.2 Heroin

The number of heroin seizures and total weight seized for each financial year period from 1999/2000 is presented in Figure 40. The number of seizures made in 2007/2008 increased from 21 in the 2006/2007 financial year to 32. The weight of seizures decreased to 37 grams (42 grams in 2006/2007). Data were not available at the time of printing for more recent seizure estimates.

Figure 40: Number and weight of heroin seizures in the ACT, 1999/2000 to 2007/2008



Source: ABCI (2000-2002); ACC (2003-2008)

NB: Data not available for 2008/2009 financial year

Table 48 summarises the number of heroin and other opioids consumer and provider arrests in the ACT from 1997 to 2008 (more recent data were not available at the time of printing). As can be seen in Table 48, the total number of heroin-related arrests in the ACT increased to 45 in 2007/2008 (22 in 2006/2007). The number of males arrested for user-type offences increased over the most recent financial year. In 2007/2008 the number of people in the ACT arrested for user-type offences made up four-fifths of the total consumer/provider heroin arrests.

Table 48: Number of heroin consumer and provider arrests, ACT, 1997/1998 to 2007/2008

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 [#]	-	-	-	-	-
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
2006-2007	14	2	5	1	22
2007/2008	28	8	7	2	45

Source: ABCI (2000-2002); ACC (2003-2008)

[#]Figures for ACT 1999/2000 were not available.

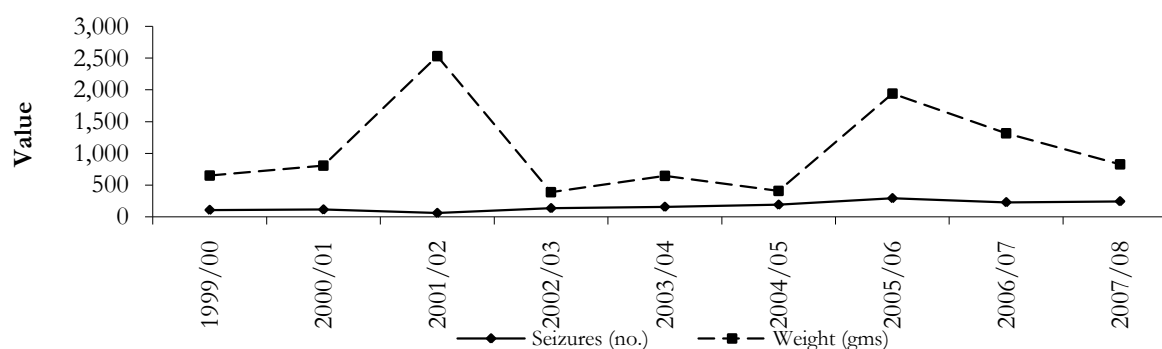
NB: Arrest data for 1997/1998 to 1998/1999 exclude Australian Federal Police data.

NB: Data not available for the 2008/2009 financial year.

11.2.3 Methamphetamine

Figure 41 shows the number and weight of methamphetamine seizures in the ACT from 1999/2000 to 2007/2008. The number of seizures has remained stable since July 1999. The state police in the ACT seized 827 grams of amphetamine-type stimulants in the 2007/2008 financial year. This followed the trend of a decrease in the weight of amphetamine-type stimulants (ATS) seizures from 1,942 grams in 2005/2006. More recent data were not available at the time of printing.

Figure 41: Number and weight of amphetamine-type stimulant seizures in the ACT, July 1999 to June 2008



Source: ABCI (2000-2002); ACC (2003-2008)

NB: Data not available for the 2008/2009 financial year

Table 49 presents the number of amphetamine-type stimulant consumer and provider arrests in the ACT from 1997/1998 to 2007/2008. In 2007/2008 the number of user-type arrests was three times that of the supply-type arrests. In 2007/2008 user-type arrests and supply type arrests remained stable. The total number of arrests in 2007/2008 was the highest seen at 133 arrests.

Table 49: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997/1998 to 2006/2008

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 #	-	-	-	-	-
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
2006/2007	77	22	30	3	132
2007/2008	77	23	28	5	133

Source: ABCI (2000-2002); ACC (2003-2008)

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 2008/2009 financial year

11.2.4 Cocaine

Table 50 shows the number and weight of cocaine seizures in the ACT from July 1999 to June 2008. During this period the number and weight of seizures has remained low. In 2007/2008, the number of seizures increased to 23 as did as the weight of seizures (66 grams).

Table 50: Number and weight of cocaine seizures in the ACT, 1999/2000 to 2007/2008

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
2006/2007	9	1
2007/2008	23	66

Source: ABCI (2000-2002); ACC (2003-2008)

NB: Data not available for the 2008/2009 financial year

The number of cocaine-related arrests in the ACT has remained low since 1997 (see Table 51).

Table 51: Number of cocaine consumer and provider arrests, ACT, 2000-2008

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
2006/2007	7	0	0	0	7
2007/2008	3	0	1	0	4

Source: ABCI (2000-2002); ACC (2003-2008)

NB: Data not available for the 2008/2009 financial year

11.2.5 Cannabis

Table 52 shows the number and weight of cannabis seizures in the ACT from 1999 to 2008. In 2007/2008 there was an increase in the number of cannabis seizures to 675 (497 in 2006/2007). There was also an increase in the weight of cannabis seizures in the ACT to 300,914 grams.

Table 52: Number and weight of cannabis seizures by ACT local police, 1999/2000 to 2007/2008

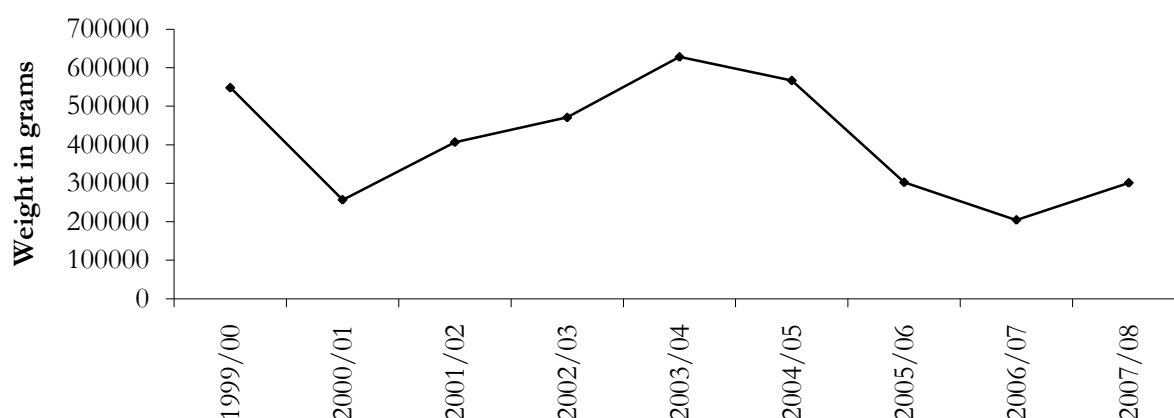
Year	Seizures (no.)	Weight (grams)
1999/2000	870	548,107
2000/2001	565	256,895
2001/2002	387	406,521
2002/2003	624	470,691
2003/2004	591	627,934
2004/2005	553	566,770
2005/2006	458	302,205
2006/2007	497	204,555
2007/2008	675	300,914

Source: ABCI (2000-2002); ACC (2003-2008)

Note: Data not available for the 2008/2009 financial year

Figure 42 shows the total weight of cannabis seized in the ACT from 1999/2000 to 2007/2008. In 2007/2008, the total seizure weight increased to 300,914 grams.

Figure 42: Average weight of cannabis seized in the ACT, 1999/2000 to 2007/2008



Source: ABCI (2000-2002); ACC (2003-2008)

NB: Data not available for the 2008/2009 financial year

Table 53 summarises the number of cannabis consumer and provider arrests in the ACT from 1997/1998 to 2007/2008. In the ACT, the greatest number of drug-specific arrests are due to user-type and supply-type cannabis offences. The number of females charged with supply-type offences has remained relatively low and stable since 1997/1998.

Table 53: Number of cannabis consumer and provider arrests, ACT, 1997/1998 to 2007/2008

Year	Consumer/ user		Provider/ supplier		Total arrests
	Male	Female	Male	Female	
1997/1998	66	12	54	7	139
1998/1999	63	11	7	4	85
1999/2000 ^a	-	-	-	-	-
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
2006/2007	168	35	19	2	224
2007/2008	166	41	18	2	227

Source: ABCI (2000-2002); ACC (2003-2008)

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 2008/2009 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 54 presents the total number of SCON given out in the ACT since 1997/1998. In 2007/2008 the number of SCON issued increased to 92 as seen in Table 54.

Table 54: Number of Simple Cannabis Offence Notices, ACT, 1997/1998 to 2007/2008

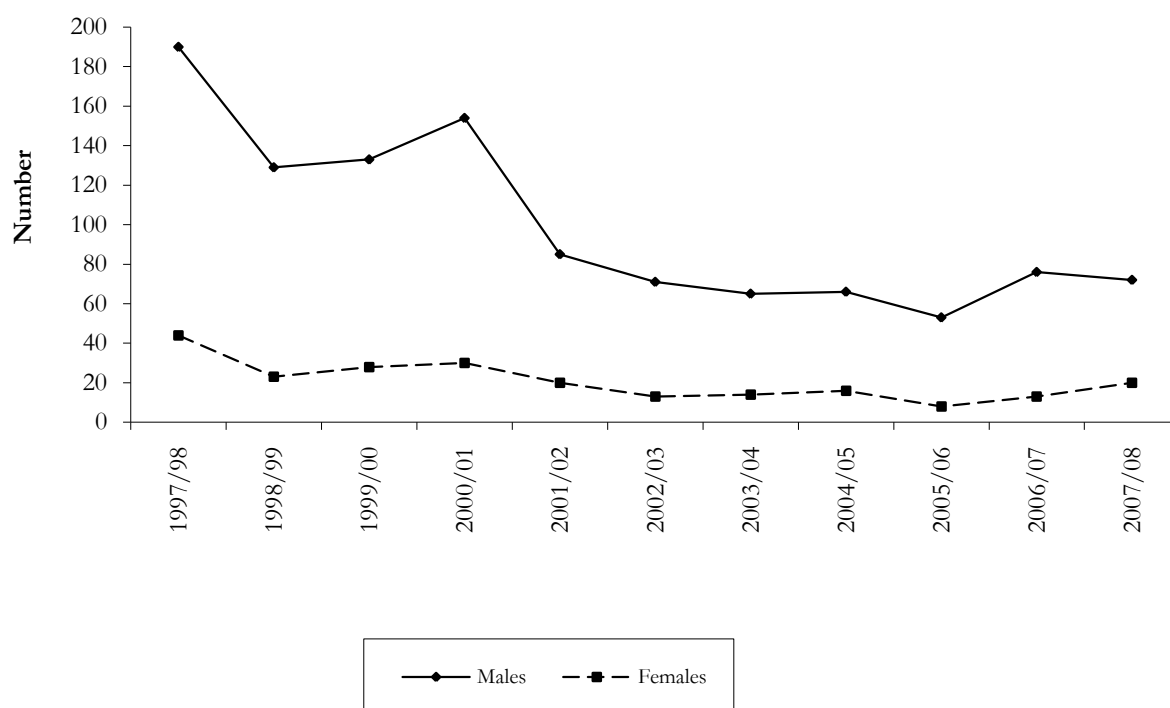
Year	Number of SCONs
1997/1998	235
1998/1999	152
1999/2000	161
2000/2001	184
2001/2002	105
2002/2003	84
2003/2004	79
2004/2005	82
2005/2006	61
2006/2007	89
2007/2008	92

Source: ABCI (2000-2002); ACC (2003-2008)

NB: Data not available for the 2008/2009 financial year

As can be seen in Figure 43, 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.

Figure 43: Number of Simple Cannabis Offence Notices for males and females, ACT, 1997/1998 to 2007/2008



Source: ABCI (2000-2002); ACC (2003-2008)

NB: Data not available for the 2008/2009 financial year

11.3 Expenditure on illicit drugs

In 2009, 52% of participants reported having spent money on illicit drugs on the day prior to interview. Among these, the median expenditure remained stable at \$80 in 2009. This remains consistent with most previous years (see Table 55). In 2009, 33% of participants spent \$50 to \$199 on illicit drugs on the day prior to the interview, similar to 30% 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 55: Expenditure on illicit drugs on the day prior to interview, ACT, 2003-2009

	2003	2004	2005	2006	2007	2008	2009
Nothing	36	41	34	35	42	40	42
Less than \$20	9	4	10	13	5	9	8
\$20-\$49	8	13	10	14	17	10	10
\$50-\$99	17	14	22	16	19	14	19
\$100-\$199	16	18	19	16	12	16	20
\$200-\$399	11	9	4	5	3	11	1
\$400 or more	3	1	1	1	1	1	0
Median expenditure (\$)	80	90	70	50	58	80	80

Source: ACT IDRS IDU interviews, 2003-2009

11.4 Key expert comments

- Reports indicated that seizures of drugs were smaller in the ACT than in larger jurisdictions.
- Several KE reported that there was limited manufacturing of illicit drugs in the ACT. However, there were reports of locally grown cannabis.

11.5 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, 2008-2009

Reports of criminal activity among participants	• 32% reported they had been arrested in the preceding 12 months, an increase from 23% in 2008 • Most common crimes were property crimes (14%) • 51% reported involvement in at least one crime in the month prior to interview (50% in 2008) • Most commonly reported involvement was drug dealing (31%)
Arrests	Heroin • The number and weight of heroin seizures remained stable • There were 45 arrests in 2007/2008 relating to heroin, the majority were 'user' arrests. This was an increase from 22 heroin related arrests in 2006/2007. Methamphetamine • In 2007/2008, there was a decrease in the weight of amphetamine seizures from 1,318 grams in 2006/2007 to 827 grams • The number of seizures increased slightly from 243 arrests in 2007/2008 from 228 in 2006/2007 • The number of arrests remained stable at 133 in 2007/2008 (132 in 2006/2007) Cocaine • The number and weight of cocaine seizures increased with 23 seizures 66 grams seized (9 seizures and a total weight of 1 gram in 2006/2007) Cannabis • In 2007/2008, there was an increase in the number of seizures (from 497 in 2006/2007 to 675 in 2007/2008) and an increase in weight (204,555 grams in 2006/2007 to 300,914 grams in 2007/2008) of cannabis seizures • Number of arrests remained stable at 227 in 2007/2008 (224 in 2006/2007)
Expenditure	• The median price spent on drugs on the day before interview was \$80 (\$80 in 2008) • 38% reported they had not spent any money on drugs on the day before interview

Source: ACT IDRS IDU interviews, 2008-2009

12 IMPLICATIONS

1. There were more reports of heroin availability being 'easy' and 'very easy'. Despite this, the frequency of heroin use decreased in the ACT in 2009. This may have been linked to the higher proportion of participants reporting heroin purity to be 'low'. This could also be an explanation for significantly less participants reporting heroin as their drug of choice in 2009. These findings indicate that it is important to inform regular heroin users of the potential risks for heroin overdose. Due to the change in purity level there is potential for heroin purity to increase in the future and if participants are using heroin less frequently as well as at a lower purity it is important for health services to keep regular IDU informed of associated risks.
2. The use of speed increased amongst participants in 2009 and there was a decrease in crystal use. There was also an increase in the reported price of a gram of speed. There is a downward trend in the IDU sample in the ACT in terms of methamphetamine use. Reports of purity of methamphetamine particularly crystal has been decreasing since 2002, this is in line with data from ACC on the purity of ACT local police seizures. These decreases in use and purity indicate that the popularity of crystal has decreased. This may be due to education on the possible associated problems such as methamphetamine psychosis, methamphetamine dependence, paranoia, cardiac difficulties and aggressive behaviour (Degenhardt and Topp 2003). KE who commented on crystal still report that complex mental health issues and violence are associated with crystal use; this indicates that health and law enforcement professionals, who work regularly with drug using populations may need to continue 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.
3. Recent use of illicit benzodiazepines remained high in the ACT, as did frequency of use. This high use continues to be of concern to several KE. Due to the health risks associated with polydrug use such as heroin and benzodiazepines, this finding indicates that further education is needed to provide regular IDU with information regarding the risk of using benzodiazepines alongside other depressant drugs. The finding may also indicate that benzodiazepines are over prescribed and may show that clients with a benzodiazepine prescription could benefit from closer monitoring of their drug use.
4. In 2009, there were increases in the proportion of participants who had shared injecting equipment (e.g. spoons, mixing containers, water and swabs), re-used their own needle and lent a used needle. These results show that continuing education is necessary to inform regular IDU of the dangers of sharing injecting equipment. These results also support the need for more readily available clean needle sources.
5. Mental health problems continue to be an area of concern amongst the ACT IDRS sample. Scores on the K10 as well as life satisfaction scores on the PWI showed that regular IDU have a higher risk of psychological problems than the general population. This continues to be a consideration for health policy. Greater access to appropriately tailored services and addressing mental health problems within drug and alcohol services would be most beneficial to this group of people who are at a greater risk for psychological distress and drug and alcohol related issues.

6. In 2009, several KE reported their concern over the changes to methadone dosing which has seen water being added to methadone in many dosing points in the ACT. Some of the concerns included, using tap water rather than bottled water, the increase in volume of liquid which has impacted consumers who now are drinking more liquid as well as concerns over lack of consultation with consumers. These reports show further information and dialogue between consumers and providers would be beneficial when making changes to dosing procedures.

13 REFERENCES

- Andrews, G. and T. Slade (2001). Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health* 25(6): 494-497.
- Australian Bureau of Statistics (2009). National Health Survey: Summary of Results 2007-2008. Canberra, Australian Bureau of Statistics.
- Australian Institute of Health and Welfare (2008). 2007 National Drug Strategy Household Survey: First results. Canberra, Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare (2009). National Opioid Pharmacotherapy Statistics Annual Data collection: 2008 report. *Bulletin no. 72, Cat. no. AUS 115*. Canberra, AIHW.
- Cummins, R. A., J. Woerner, et al. (2007). Australian Unity Wellbeing Index Survey 20 Report 20.0 October 2008. Part A: The Report. The Wellbeing of Australians –Money, debt and loneliness. Melbourne, The School of Psychology, Deakin University, Australian Centre on Quality of Life.
- Degenhardt, L. and L. Topp (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.
- Hando, J. and S. Darke (1998). New South Wales Drug Trends. Findings from the Illicit Drug Reporting System (IDRS). Sydney, National Drug and Alcohol Research Centre.
- Hando, J., S. O'Brien, et al. (1997). The Illicit Drug Reporting System Trial : Final Report. Monograph Number 31. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- Holtgraves, T. (2009). Evaluating the Problem Gambling Severity Index. *Journal of Gambling Studies* 25: 105-120.
- Kelly, E., S. Darke, et al. (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., G. Andrews, et al. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine* 32: 959-976.
- Larance, B., L. Degenhardt, et al. (in preparation). Definitions related to the use of pharmaceutical opioids: Extra-medical use, diversion, non-adherence and aberrant drug behaviours.
- McKetin, R., J. McLaren, et al. (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 (2003). Australian NSP Survey National Data Report 1995-2002. Sydney, NSW, National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales.

National Centre in HIV Epidemiology and Clinical Research (2007). 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 (2007). 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.

National Centre in HIV Epidemiology and Clinical Research (2008). Australian NSP Survey National Data Report 2003-2007. Sydney, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales: 220.

National Centre in HIV Epidemiology and Clinical Research (2009). Australian NSP Survey National Data Report 2004-2008. Sydney, National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales.

National Notifiable Diseases Surveillance System (2010, 13 January 2010). "Number of notifications for all diseases by year, Australia, 1991 to 2008 and year-to-date notifications for 2009." Notifications for all diseases by State & Territory and year. Retrieved 9 January 2009, 2010, from http://www9.health.gov.au/cda/Source/Rpt_2.cfm?RequestTimeout=500.

Newcombe, R., G (1998). Interval Estimation for the Difference Between Independent Proportions: Comparison of Eleven Methods. *Statistics in Medicine* 17: 873-890.

Roxburgh, A. and L. Burns (in press). Drug-related hospital stays in Australia, 1993-2008. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

SPSS inc (2008). SPSS for Windows version 17.0. Chicago, SPSS Inc.

Stafford, J., N. Sindicich, et al. (2009). Australian Drug Trends 2008: Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series. Sydney, National Drug and Alcohol Research Centre, University of New South Wales. 19.

Statistics, A. B. o. (2006). National Health Survey: Summary of Results 2004-2005. Canberra, Australian Bureau of Statistics.

Tandberg, D. Improved confidence intervals for the difference between two proportions and number needed to treat (NNT).

Zerell, U., B. Ahrens, et al. (2005). Documentation of a heroin manufacturing process in Afghanistan. *Bulletin on Narcotics* LVII(1-2): 11-31.