

# **Australian Capital Territory**

**Bridget Spicer, Sheena Arora and Lucy Burns**

**ACT DRUG TRENDS 2010  
Findings from the  
Illicit Drug Reporting System (IDRS)**

**Australian Drug Trends Series No. 57**



**AUSTRALIAN CAPITAL TERRITORY  
DRUG TRENDS  
2010**



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Illicit Drug Reporting System  
(IDRS)**

**Bridget Spicer, Sheena Arora and Lucy Burns**

National Drug and Alcohol Research Centre  
University of New South Wales

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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
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
KE	key expert(s)
K10	Kessler Psychological Distress Scale
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
PWI	Personal Wellbeing Index
PWID	people who inject drugs
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

**People who inject drugs (PWID):** 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 points 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 2010, 101 people who inject drugs (PWID) were interviewed for the IDRS in the Australian Capital Territory (ACT). The majority of participants were male (67%) and on average 39 years old (ranging from 21 to 64 years). In terms of education, participants had completed an average of 10 formal school years, 33% of respondents had trade or technical qualifications, and 7% reported having university or other tertiary qualifications. Forty-six percent had a previous prison history. Just over half (56%) reported currently participating in some form of drug treatment. The most common form of drug treatment was opioid maintenance treatment with 37% of those in treatment engaged in methadone maintenance treatment and 16% in buprenorphine maintenance treatment. The demographic characteristics of the 2010 sample were very similar to those of the 2009 sample.

### Patterns of drug use among participants

In terms of the injection history of respondents, the mean age of first injection was 19 years (ranging from 11 to 43 years). Heroin and speed were the drugs first injected by the majority of the 2010 sample. Heroin was the 'drug of choice' for the majority of respondents (57%), followed by methamphetamine (22%). The drug injected most often by participants in the month preceding the interview was heroin (50%). Heroin was also the 'last drug injected' by 51% of respondents, followed by buprenorphine (13%). In 2010, there was a decrease in the proportion of the ACT sample reporting methamphetamine as the drug of choice or the drug injected most often in the past month. Conversely, there was an increase in the proportion reporting cannabis as the drug of choice and buprenorphine as the drug injected most often in the last month.

In 2010, 38% 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=38), most respondents reported that this was due to price (22%), availability (22%), or their drug of choice being non-injectable (22%). The most common drug used on the day prior to the interview was cannabis (51%).

Participants reporting daily or more frequent drug injection in the month preceding the IDRS survey remained stable in 2010 at 44% (45% in 2009).

## **Heroin**

The proportion of participants reporting use of heroin in the six months preceding interview was 78%, identical to 2009 (see Table 1). All participants who had used heroin in the preceding six months reported injecting it, whilst 10% had also recently smoked it. 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 60 (two to three times a week); this increased from 48 days in 2009 (two days a week), however was equivalent to 2008.

In 2010, 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 (95%) in colour. Over one-quarter (29%) of participants also reported using powder that was brown or beige coloured in the previous six months. In addition, almost a third (30%) reported using white or off-white rock and 14% reported recently using brown or beige coloured rock heroin. Ninety 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 2010, participants were asked about this additional step. Of those who had injected heroin in the previous six months, 40% reported that they had used heat the last time they had injected. Two participants reported using acid.

## **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 2010 findings is presented in Table 1 for the three forms of methamphetamine. In 2010, 98% of participants reported lifetime use of any form of methamphetamine and 59% of the sample reported the recent use of some form of methamphetamine, which was a significant decrease from 2009 (75%).

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

Almost half (48%) of the sample reported the recent use of speed, which was similar to 2009 (46%). The majority of recent speed users had used infrequently in the six months prior to interview, with a median of 11 days of use reported during this period. No one reported daily use of speed. Injection was the most common route of administration, with all recent speed users having injected in the six months preceding interview.

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

Methamphetamine base was the least used form of methamphetamine among the 2010 sample, with 18% reporting recent use (21% in 2009). There was a decrease in the median number of days that base was used in the six months preceding the interview from 20 (almost weekly) in 2009 to 5 in 2010 (less than monthly). No participants 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 a route of administration for them.

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

The use of crystal decreased from 57% in 2009 to 48% in 2010. There has been a downward trend in the use of crystal over the past four years, with crystal use in 2010 declining to the lowest level since 2002. Ninety-six percent of recent crystal users had injected it while 19% reported that they had smoked it in the six months preceding interview (21% in 2009). On average, however, use remained infrequent with recent crystal users reporting a median of six

and a half days of use in the six months prior to the interview (7 in 2009). In 2010, two participants reported daily use of crystal.

### Cocaine

Recent cocaine use significantly decreased from 22% of participants in 2009 to 6% in 2010. 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 route of administration was injection.

### Cannabis

Cannabis use was widespread and frequent amongst the sample in 2010; this was consistent with reports from KE. Ninety-nine percent of the sample had tried cannabis at least once in their life 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 (i.e. daily use), which was equivalent to 2009.

**Table 1: Summary of major drug use trends reported by participants in the ACT, 2010**

Use	
<b>Heroin</b>	<ul style="list-style-type: none"> <li>- 78% of participants reported recently using heroin, identical to 2009</li> <li>- Median days of use increased from 48 days in 2009 to 60 days in 2010 (equivalent to 2008)</li> </ul>
<b>Methamphetamine</b>	<ul style="list-style-type: none"> <li>- Recent speed use remained stable at 48% (46% in 2009)</li> <li>- Base use remained stable at 18% (21% in 2009)</li> <li>- Crystal use decreased from 57% in 2009 to 48% in 2010</li> <li>- Median days of speed use (11) and crystal use (6.5) remained stable (8 and 7 in 2009, respectively)</li> <li>- Median days of base use decreased from 20 in 2009 to 5 in 2010</li> </ul>
<b>Cocaine</b>	<ul style="list-style-type: none"> <li>- Recent use significantly decreased from 22% in 2009 to 6% in 2010</li> <li>- Median days of use remained low at two in the preceding six months</li> </ul>
<b>Cannabis</b>	<ul style="list-style-type: none"> <li>- 81% of participants reported recent cannabis use, identical to 2009</li> <li>- Median days of use in the preceding six months remained stable at 180 (daily use)</li> </ul>

Source: ACT IDRS PWID interviews, 2010

## **Other opioids**

In this report, ‘illicit’ methadone use refers to the use of methadone that was prescribed for someone else. The recent use of illicit methadone among the ACT sample in 2010 remained stable at 24% of participants (23% in 2009). Among those who had recently used, the frequency of illicit methadone use was almost fortnightly, with a median of 11 days of use in the previous six months (24 days in 2009). Injecting (75%) and swallowing (52%) 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 2010 at 27% (23% in 2009). The median days of illicit buprenorphine use in the six months prior to interview increased significantly from 10 days in 2009 to 72 in 2010. The most common routes of administration for recent illicit buprenorphine use among the 2010 sample was injecting. Of those who had been prescribed licit oral buprenorphine, 46% reported having injected it at least once in the six months preceding interview.

In the 2010 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-six 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 (89%). Participants reported using illicit morphine on a median of three and a half days (approximately once every two months) in the preceding six months. This indicates that use of illicit morphine remains low and sporadic.

In 2010, 21% of participants reported lifetime use of illicit oxycodone, a significant decrease from 2009 (58%). Use of ‘illicit’ oxycodone refers to the use of oxycodone that is prescribed to someone else. Recent use of illicit oxycodone also significantly decreased from 27% of participants in 2009 to 13% in 2010. The median days of illicit oxycodone use remained low at two days in the six months preceding interview (approximately once every two months).

The use of ‘other opioids’ such as codeine by participants in the ACT remained stable in 2010 at 16% reporting lifetime use (equal to 2009) and 6% reporting recent use (3% in 2009). The median number of days of use of ‘other opioids’ increased markedly from two in 2009 to 31.5 in 2010.

## **Patterns of other drug use**

Benzodiazepine use remained high among the sample in 2010. Eighty-five percent of participants reported lifetime use of benzodiazepines (88% in 2009) and 68% reported using benzodiazepines in the six months preceding interview (70% in 2009). The proportion of participants who reported recent use of licit benzodiazepines remained stable (47%, compared to 49% in 2009). Forty-two percent of participants reported recent use of illicit benzodiazepines, a decrease from 50% in 2009. Injection of licit benzodiazepines was low (1%) and no participants reported injection of illicit benzodiazepines. The frequency of use for licit benzodiazepines was 180 days (daily) and six days for illicitly obtained benzodiazepines (both equal to 2009). The most common route of administration for recent users of both forms of benzodiazepines was reported to be swallowing (46% of participants for licit benzodiazepine and 40% for illicit benzodiazepine).

Participants were asked to comment on 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). Thirty percent of the 2010 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 four (i.e. less than monthly), similar to 2009 (five days). Eight percent of participants reported the use of licit pharmaceutical stimulants in the preceding six months (3% in 2009). Thus, within the 2010 IDRS sample, the majority of recent pharmaceutical stimulant users are using pharmaceutical stimulants that are prescribed to someone else.

Over the counter (OTC) codeine was used in the previous six months by one-third (35%) of the sample (43% in 2009). Participants reported using OTC codeine on a median of 10 days (approximately once every two to three weeks).

Alcohol was recently used by two-thirds (66%) of the sample in the ACT in 2010. Recent alcohol users reported a median of 30 days (just over once a week) of use in the six months prior to interview, down from 48 days in 2009. The majority of participants (94%) reported the recent use of tobacco, and 88% were daily smokers.

## **Patterns in price, purity and availability of drugs**

### **Heroin**

The reported price for a cap of heroin has remained stable in the ACT since 2001 at \$50. In 2010 the reported price for a gram of heroin decreased to \$300 (\$320 in 2009), which was equivalent to 2007 and 2008. Respondents reported heroin to be 'very easy' (51%) to 'easy' (45%) to obtain, which was similar to 2009. There was an increase in participants reporting heroin purity to be 'low' from 47% in 2009 to 57% in 2010. In 2010, 28% reported heroin purity to be 'medium' (down from 37% in 2009), and only 4% reported purity to be 'high' (6% in 2009).

### **Methamphetamine**

The IDRS survey collects data on the price, purity and availability of the three different forms of methamphetamine: methamphetamine powder ('speed'), methamphetamine base ('base') and crystal methamphetamine ('crystal'). A summary of the 2010 findings is presented in Table 2 for the three forms of methamphetamine.

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

The reported price for a point of speed remained stable from 2009 to 2010 at \$50. The median price reported for a gram of speed also remained stable at \$250. Respondents reported speed to be 'very easy' (49%) to 'easy' (31%) to obtain in the ACT. In 2010, participants perceived the purity of speed to be 'low' (44%) to 'medium' (33%).

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

In 2010, the number of participants reporting on the price of base was small so the following results should be interpreted with caution. The median price for a point of base was stable from 2009 to 2010 at \$50, as was the median price for a gram of base at \$250. In 2010, respondents reported the availability of base to be 'easy' (53%) to obtain. There was a decrease in the proportion reporting that base was 'very easy' to obtain from 43% in 2009 to 18% in 2010, although this was not significant. There were mixed reports regarding the current purity of base, with 44% reporting purity to be 'medium', 31% reporting purity to be 'low' and 19% reporting purity to be 'high'.

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

The median price for a point of crystal remained stable in 2010 at \$50. The price for a gram decreased from \$450 in 2009 to \$275 in 2010; however, only a very small number of participants reported on the price of this quantity in 2010 so results should be interpreted with caution. There were mixed reports on crystal availability: 43% reported crystal to be ‘easy’ to obtain while 35% reported that it was ‘difficult’. Similar to reports on base availability, there was a decrease in the proportion of participants reporting that base was ‘very easy’ to obtain from 36% in 2009 to 19% in 2010. There were mixed reports regarding current purity of crystal in 2010. It has been suggested that the lower purity form may be domestically produced crystal, with higher purity crystal imported (McKetin et al., 2005). The majority of participants in 2010 reported that crystal purity was ‘medium’ (39%) or ‘high’ (33%). There was a significant decrease in the proportion of participants who reported that crystal was ‘low’ in purity (22%; 54% in 2009).

### **Cocaine**

In 2010, only one participant commented on the price, purity and availability of cocaine and as such this data is not reported on.

### **Cannabis**

Participants commented on the price, purity and availability of two different forms of cannabis: indoor-cultivated cannabis (‘hydroponic’) and outdoor-cultivated cannabis (‘bush’), as can be seen in Table 2. The median reported price of a gram of hydro or bush remained stable from 2009 to 2010 at \$20. The median price for an ounce of hydro decreased to \$280 in 2010 (\$300 in 2009), while the median price for an ounce of bush remained stable at \$250. In 2010, small numbers reported on the price per ounce for both types of cannabis (hydro and bush) so results should be interpreted with caution. The majority of participants perceived hydroponic cannabis to be ‘very easy’ (53%) to ‘easy’ (43%) to obtain. There were mixed reports on the availability of bush cannabis although the majority reported that it was ‘easy’ (37%) to ‘very easy’ (35%) to obtain. Twenty-six percent also reported bush to be ‘difficult’ to obtain in 2010. Participants reported that the availability of both hydro and bush cannabis had remained stable in the six months preceding interview. The majority of participants who reported on the potency of hydro cannabis believed it to be of ‘high’ potency (52%), while bush was reported to be of ‘medium’ potency (56%). Similar to previous years, hydro remained the dominant form of cannabis on the market in the ACT in 2010.

**Table 2: Summary of major drug trends in price, purity and availability reported by participants in the ACT, 2010**

	<b>Heroin</b>	<b>Methamphetamine</b>	<b>Cannabis</b>
<b>Price</b>	<ul style="list-style-type: none"> <li>- Price per cap remained stable at \$50</li> <li>- Price per gram decreased to \$300 (\$320 in 2009)</li> </ul>	<ul style="list-style-type: none"> <li>- Price per point of speed, base and crystal all remained stable in 2010 at \$50</li> <li>- Price per gram remained stable for speed at \$250 (based on small n in 2010)</li> <li>- Price per gram of base decreased to \$250 (\$275 in 2009) (based on small n in 2009 &amp; 2010)</li> <li>- Price per gram of crystal decreased to \$275 (\$450 in 2009) (based on small n in 2010)</li> </ul>	<ul style="list-style-type: none"> <li>- Price per gram of both hydroponic and bush cannabis remained stable at \$20</li> <li>- Price per ounce of hydroponic was \$280 (\$300 in 2009) (based on small n in 2010)</li> <li>- Price per ounce of bush remained stable at \$250 (based on small n in 2010)</li> </ul>
<b>Availability</b>	<ul style="list-style-type: none"> <li>- Heroin ‘easy’ to ‘very easy’ to obtain</li> <li>- Availability remained stable in the previous six months</li> </ul>	<ul style="list-style-type: none"> <li>- Speed ‘easy’ to ‘very easy’ to obtain</li> <li>- Base ‘easy’ to obtain</li> <li>- Mixed reports on crystal availability</li> <li>- Speed and base availability had remained stable in the six months preceding interview</li> <li>- Crystal availability remained stable or was ‘more difficult’ to obtain in the past six months</li> </ul>	<ul style="list-style-type: none"> <li>- Hydroponic was ‘easy’ to ‘very easy’ to obtain</li> <li>- Bush was ‘easy’ to ‘very easy’ to obtain; however, there were mixed reports</li> <li>- Availability remained stable for both hydroponic and bush in the six months preceding interview</li> </ul>
<b>Purity/ Potency</b>	<ul style="list-style-type: none"> <li>- There was an increase in participants reporting that heroin purity was ‘low’ (57%; 47% in 2009)</li> <li>- Heroin purity ‘stable’ or ‘decreasing’ in the preceding six months</li> </ul>	<ul style="list-style-type: none"> <li>- Speed and base reported to be of ‘low’ to ‘medium’ purity</li> <li>- Crystal reported to be of ‘medium’ to ‘high’ purity</li> <li>- In 2010, significantly less participants reported crystal to be of ‘low’ purity (22%; 54% in 2009)</li> <li>- Speed and base purity reported to be ‘stable’ or ‘decreasing’</li> <li>- Mixed responses for change in purity of ice over last six months</li> </ul>	<ul style="list-style-type: none"> <li>- Hydroponic cannabis reported to be ‘high’ in potency</li> <li>- Bush cannabis reported to be ‘medium’ in potency</li> <li>- Potency reported to be stable in the six months prior to interview for both hydroponic and bush cannabis</li> </ul>

Source: ACT IDRS PWID interviews, 2010

## **Health-related trends**

### ***Overdose***

Almost half (48%) of the sample reported having overdosed on heroin at least once at some point in their lives. One-fifth (19%) of the sample reported having overdosed on heroin in the year prior to interview. One-quarter of participants reported overdosing on a drug other than heroin at least once in their life.

### ***Drug treatment***

Over half (55%) of respondents reported that they were currently receiving drug treatment. The most commonly reported drug treatment was methadone or buprenorphine.

In the ACT, indicator data from the Australian Institute of Health and Welfare on the total number of clients registered in opioid substitution treatment in 2009 remained relatively stable from 2008. The majority of clients were being prescribed methadone, followed by buprenorphine-naloxone and buprenorphine.

### ***Hospital admissions***

The number of opioid-related hospital separations nationally remained stable between 2006/07 and 2007/08, the most recent data available at the time of publication. As with most indicator data reflecting harms related to opioids, figures remained substantially lower than those reported prior to the 2001 heroin shortage. The number of amphetamine hospital admission per million persons decreased slightly between 2006/07 and 2007/08. Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Cannabis-related separations have steadily increased over time, but remained relatively stable between 2006/07 and 2007/08. At the time of print the 2008/09 data for hospital admissions was not available.

### ***Injecting risk behaviour***

Eleven percent of participants reported that they had injected with a syringe after someone in the past month (10% in 2009); 16% of participants reported that they had lent a syringe in the past month, compared to 20% in 2009. The proportion of participants that reported sharing injecting equipment (e.g. spoons, mixing containers, water and swabs) decreased from 39% in 2009 to 32% in 2010, with levels of injection-related risk-taking behaviour remaining high. Given these levels of injection-related risk-taking behaviour, risk of transmission of hepatitis C virus (HCV) remains a concern.

### ***Blood-borne viral infections***

Indicator data from the National Notifiable Diseases Surveillance System (NNDSS) reported a total of 224 cases of HCV in the ACT in 2010, an increase from 165 in 2009. There were no positive cases of HIV identified in the ACT sample surveyed for the annual NSP survey conducted by the National Centre in HIV Epidemiology and Clinical Research in 2009.

### ***Mental health problems and psychological distress***

In the 2010 ACT IDRS sample, 43% reported 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, 77% had seen a mental health professional in the past six months. Participants were also administered the Kessler Psychological Distress Scale (K10). One-third (34%) scored at levels indicating 'high distress' and a further 23% scored at levels indicating 'very high distress'. The scores amongst this sample were much higher than those of the general population.

### ***Driving risk behaviour***

Participants were asked about driving while under the influence of drugs. Of those who had driven in the previous six months (n=43), 21% reported driving under the influence of alcohol and 79% reported driving under the influence of drugs during that period. Participants most commonly reported driving while under the influence of heroin and cannabis.

### **Law enforcement-related trends**

The proportion of participants who reported having been arrested in the last year decreased to 22% (32% in 2009). In 2010, the proportion of participants reporting committing at least one crime in the month preceding interview also decreased (26%; 51% in 2009). The most common crimes committed, as reported by participants in the month prior to interview, were property crime and dealing.

The most recent indicator data available on consumer and provider arrests were for the financial year 2008/09. These data indicated that the number of drug-specific arrests made by ACT police remained fairly steady from the previous year. A total of 415 arrests were made, with 361 of these being consumer arrests and the remaining 54 being provider arrests. Of the 415 arrests made, 228 were related to cannabis.

### **Special topics of interest**

#### ***Height, weight and Body Mass Index***

The majority of participants, both males (75%) and females (42%), had a BMI in the healthy range. This is compared to 36% of males and 49% of females in the general population aged 18-64 years. Of the female IDRS participants 21% had a BMI in the underweight range, compared to 4% of the national sample.

#### ***Alcohol use disorders identification test***

In 2010 IDRS participants were asked to respond to the AUDIT-Consumption. Forty-one percent of the sample scored five or over on the measure. A score of over five indicates the need for further assessment.

#### ***Stimulant and opioid dependence***

In 2010 IDRS participants were asked to complete the severity of dependence (SDS) scale to measure the degree of dependence on a variety of drugs. Typically a score of five or above indicates the presence of opioid dependence. Of those who had recently used an opioid, the median SDS score was 7.0 and 75% of respondents scored five or above.

#### ***Personal Wellbeing Index***

The Personal Wellbeing Index (PWI) is 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 measures of personal wellbeing.

#### ***Sexual health***

Just over half (53%) of the participants reported that they had been tested for a STI in the previous two years. Two-thirds (67%) of the female sample reported having a pap smear test in the previous two years.

***General practitioners***

Among the 2010 ACT sample, 83% reported visiting a GP for a physical or mental health problem, on a median of six occasions in the last 12 months. Forty percent of those who reported a GP visit in the past year reported visiting for problems with their mental health.

***Social networks***

Over one-quarter (28%) of the sample reported contact with a family member nearly every day, while over half (52%) reported contact with a friend(s) nearly every day. The majority reported that they could rely on one or two family members or friends.

# 1 IMPLICATIONS

1. In 2010 there was a significant decrease, compared to 2009, in the proportion of respondents reporting recent use of any methamphetamine (59% in 2010 compared to 75% in 2009). This represents a continual decline of methamphetamine use since 2006. The trend of decreasing use of crystal also continued (48% had recently used crystal in 2010, compared to 57% in 2009). This is despite fewer reports of crystal being of low purity and fewer reports that crystal purity is decreasing. The decreasing popularity of crystal 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). Crystal continues to be reported by many KE as one of the most problematic drugs seen in their service. Reasons for this include the complex mental health issues, aggressiveness and psychosis often associated with crystal use. Despite decreased use, there is still clearly a need for targeted prevention and treatment strategies to help minimise the harms associated with crystal use.
2. The use of cannabis in this group remains high and problematic. The median days of use of cannabis was reported to be 180 (daily use), with 50% of all participants reporting daily use. KE also reported that cannabis use was high, especially in the context of polydrug use. Cannabis was also reported by many KE as one of the most problematic drugs seen in their service. Easy availability, high acceptability and a low perception of the dangers were mentioned as reasons for the harm associated with cannabis use. Efforts to target users with information concerning harms associated with its use, including dependence and comorbid mental health problems, remain important.
3. A number of key experts commented on the increasing use of alcohol, also in the context of polydrug use. Of notable concern are the reports of increasing use of alcohol in combination with prescription medications. This can lead to unpredictable and problematic drug interactions.
4. Use of licit and illicit benzodiazepines remained high in 2010. Forty-seven percent of participants reported recent use of licit benzodiazepines and 42% reported recent use of illicit benzodiazepines. The 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 PWID with information regarding the risk of using benzodiazepines alongside other depressant drugs.
5. In 2010 21% of respondents reported lifetime use of illicit oxycodone, a decrease from 58% in 2009. There was also a decrease in recent use of oxycodone, decreasing from 27% in 2009 to 13% in 2010.
6. The proportion of participants sharing injecting equipment (e.g. spoons, mixing containers, water and swabs), re-using their own needles and lending used needles remains significant. These results show that continuing education is necessary to inform PWID of the dangers of sharing injecting equipment. These results also support the need for more readily available clean needle sources.

7. 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 PWID 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.

## 2 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 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 people who inject drugs (PWID), 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 PWID; 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 2010, 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 2010* report presents findings from the 2010 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 of the PWID respondents. This is followed by an outline of the current drug use and consumption patterns of the PWID sample. The report also presents findings on recent drug use trends pertaining to the price, purity, availability and purchasing patterns 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 2010 PWID sample. The report concludes with a discussion of the implications of the findings for 2010.

### 2.1 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 2010* series 55 (available from NDARC), and are also presented at the National Drug Trends Conference each year.

### **3 METHOD**

In order to document emerging trends in the illicit drug market, the IDRS triangulates three data sources: a) a survey of PWID; 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.

#### **3.1 Survey of people who inject drugs (PWID)**

In June of 2010, a structured interview was administered face to face to 101 current PWID 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 and health, as well as questions on pharmaceutical opioid use which was added to the survey in 2009. In 2010, there were a number of additions to the interview schedule including questions about sexual health, Body Mass Index, social networks and, similar to 2009, 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.

#### **3.2 Survey of key experts**

Between August and October 2010, 17 professionals were interviewed as KE for the IDRS. As criteria for study entry, KE had contact with a minimum of 10 different PWID in the six months prior to interview. All interviews were conducted over the phone 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. Where KE comments are not reported in a chapter this is due to low numbers reporting on a specific drug.

### 3.3 Other indicators

Data collected from PWID 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 2010 IDRS study are described below.

- ***Purity of drug seizures.*** In 2010, 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 2008/2009.
- ***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 2008/2009, 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 2008/2009.
- ***Simple Cannabis Offence Notices (SCON).*** Data for this report on the number of SCON issued in the ACT from 1997/1998 to 2008/2009 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 2009/2010. 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 2009/2010.
- ***Urine analysis data.*** Urine test data from methadone maintenance programs in the ACT were analysed by the Australian Capital Territory Government Analytical Laboratory (ACTGAL) and provided by 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 2009/2010.
- ***Hospital admissions.*** The 2010 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, 2011), *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia, Annual Surveillance Report 2007* and the *Australian NSP Survey National Data Report 2005-2009* provided by the National Centre in HIV Epidemiology and Clinical Research (National Centre in HIV Epidemiology and Clinical Research, 2010).
- ***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 2009 is presented. The data are provided by the AIHW (Australian Institute of Health and Welfare, 2010).

### 3.4 Data analysis

Analyses were conducted using the Statistical Package for the Social Sciences (SPSS) for Windows, Version 18.0 (PASW, 2009). The data collected in 2010 was compared with data collected from comparable samples of PWID from 2000 onward recruited as part of the IDRS. 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 2009 and 2010 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 2009 and 2010 median days of use for the major drug types discussed.

## 4 DEMOGRAPHICS

### 4.1 Overview of the IDRS participant sample

A total of 101 regular PWID were interviewed in the ACT in 2010. The demographic characteristics of the sample are summarised in Table 3 below. In 2010, the mean age of the sample was 39 years (range 21-64 years, SD=9.1), and approximately two-thirds (67%) were male. There was no significant difference between the mean age of male and female respondents. All of the respondents reported English as the main language spoken at home and 11% identified as Aboriginal and/or Torres Strait Islander. The majority of participants reported that they were single (63%), had a partner (22%) or were married/in a de facto relationship (10%). In 2010, only four participants were below 25 years old. As such, comparisons are not made between younger injectors and older injectors, as has been done in past reports.

The mean number of formal school years completed was 10 (range 3-12 years, SD=1.9). One-third (33%) of participants reported that they had trade or technical qualifications, and 7% reported that they had university or other tertiary qualifications. Seventy-eight percent of participants interviewed in 2010 were unemployed (67% in 2009), 6% were currently employed full-time (10% in 2009) and 13% were employed on a casual or part-time basis (19% in 2009). The majority of respondents (57%) reported living in a privately rented house or flat, with 12% of respondents reporting to have no fixed address. Seventeen percent of participants reported having been homeless in the last 12 months. Two-thirds of the respondents (66%) had lived in only one place in the last 12 months, 16% had lived in two places and 18% had lived in three or more places.

In 2010, 46% of participants reported that they had a prison history, which was equivalent to 2009. There was no significant difference between the proportion of males and females reporting a prison history in the 2010 ACT sample (53% versus 32% respectively,  $p>0.05$ ).

Fifty-five 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 37% of participants engaged in methadone maintenance treatment and 16% in buprenorphine or buprenorphine-naloxone maintenance treatment. The median length of time participants had been participating in their current treatment was 41 months (range 1 month to 20 years, SD=81.0 months). Of those respondents currently in treatment, the majority (85%) had been engaged in treatment for six months or more, with only 15% participating in treatment for six months or less. A higher proportion of females were in some form of drug treatment compared to males (63% versus 52% respectively); however, this did not reach statistical significance ( $p>0.05$ ).

**Table 3: Demographic characteristics of the PWID sample, 2009-2010**

	2009 N=100	2010 N=101
<b>Age</b> (mean years)	37	39
<b>School education</b> (mean years)	11	10
<b>Sex</b> (% male)	65	67
<b>Heterosexual</b> (%)	89	90
<b>Relationship status</b> (%)		
Single	52	63
Partner	23	22
Married/De facto	17	10
Separated	5	2
Divorced	3	2
Widowed	0	0
<b>Accommodation</b> (%)		
Own house/flat (includes renting)	80	57
Parent's/family house	2	3
Boarding house/hostel	3	3
Shelter/refuge	2	5
No fixed address/homeless	12	5
<b>Employment</b> (%)		
Not employed	67	78
Full-time	10	6
Part-time/casual	19	13
Home duties	0	0
Full time student	1	2
<b>Income per week</b> (mean)	\$417	\$411
<b>English main language spoken at home</b> (%)	97	100
<b>Aboriginal and/or Torres Strait Islander</b> (%)	8	11
<b>Tertiary education</b> (%)		
None	59	60
Trade/technical	31	33
University/college	10	7
<b>Currently in drug treatment</b> (%)	58	54
Methadone maintenance (%)	41	37
Buprenorphine maintenance (%)	8	10
Buprenorphine-naloxone	6	6
<b>Prison history</b> (%)	46	46

Source: ACT IDRS PWID interviews, 2009-2010

## 5 CONSUMPTION PATTERNS

### 5.1 Current drug use

The injection histories of participants in the 2009 and 2010 samples are summarised in Table 4. The mean age of first injection was 19 years (range 11-43 years, SD=5.2). Forty-nine percent of the respondents reported heroin as the first drug injected. Methamphetamine was the second most common drug to be injected first by respondents (41%).

Heroin was nominated as the drug of choice for the majority of participants (57%) in 2010; a slight increase from 2009 (53%). In 2010, 16% of respondents nominated speed as their drug of choice, a slight increase from 2009 (12%). Conversely, the proportion of respondents nominating ice as their drug of choice halved from 13% in 2009 to 6% in 2010. Overall, 22% of PWID nominated methamphetamine (in any form) as their drug of choice in 2010, a slight decrease from 2009 (27%). Cannabis was nominated as drug of choice by 11% of participants, almost double the figure for 2009 (6%).

Heroin was the drug injected most often in the month prior to the interview (50%) and was the last drug injected by 51% of respondents (up from 41% in 2009 but equivalent to 2008). In 2010, there was an increase in respondents reporting Subutex (buprenorphine) as the drug injected most often in the last month (from 2% in 2009 to 10% in 2010) and the most recent drug injected (from 3% in 2009 to 13% in 2010).

In 2010, 38% 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=38), most respondents reported that this was due to price (22%), availability (22%), or their drug of choice being a non-injectable (22%).

**Table 4: Injection history, drug preferences and polydrug use of PWID, 2009-2010**

<b>Variable</b>	<b>2009 N=100</b>	<b>2010 N=101</b>
<b>Age first injection (mean years)</b>	19	19
<b>First drug injected (%)</b>		
Heroin	48	49
Methamphetamine	46	41
Cocaine	3	3
Methadone	0	2
Other opioids	0	2
Other	3	4
<b>Drug of choice (%)</b>		
Heroin	53	57
Methamphetamine		
<i>Speed</i>	12	16
<i>Base</i>	2	0
<i>Crystal</i>	13	6
Cocaine	2	1
Methadone	1	2
Cannabis	6	11
Other	11	7
<b>Drug injected most often in last month (%)</b>		
Heroin	48	50
Cocaine	0	0
Methamphetamine		
<i>Speed</i>	12	11
<i>Base</i>	7	1
<i>Crystal</i>	11	10
Methadone	11	10
Subutex/buprenorphine	2	10
Other/have not injected in last month	9	9
<b>Most recent drug injected (%)</b>		
Heroin	41	51
Cocaine	1	1
Methamphetamine		
<i>Speed</i>	14	7
<i>Base</i>	6	1
<i>Crystal</i>	10	9
Methadone	13	10
Subutex/buprenorphine	3	13
Morphine	3	5
Other	9	4

**Source:** ACT IDRS PWID interviews, 2009-2010

The frequency of injection reported by participants from 2007 to 2010 is presented in Table 5. In 2010, almost half (44%) of the sample reported an injection frequency of one (20%), two or three injections per day (18%), or more than three injections per day (6%).

When the sample was divided into males and females, the proportion of females (34%) who reported injecting once or more per day was not significantly different from the proportion of males (49%) who injected once or more per day ( $p > 0.05$ ).

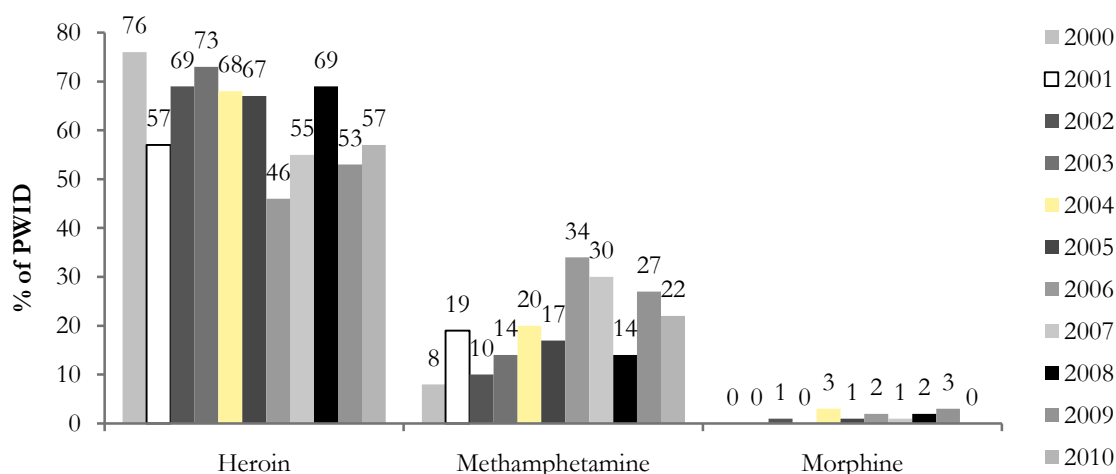
**Table 5: Frequency of injection among PWID in the ACT, 2007-2010**

	2007	2008	2009	2010
	N=100	N=101	N=100	N=101
<b>Frequency (%)</b>				
Weekly or less	25	21	20	<b>20</b>
Weekly-daily	49	33	35	<b>36</b>
Daily	12	21	21	<b>20</b>
2-3 times daily	12	16	21	<b>18</b>
More than 3 times a day	3	9	3	<b>6</b>

Source: ACT IDRS PWID interviews, 2007-2010

Trends over time for drug of choice are presented in Figure 1. The proportion of respondents reporting heroin and methamphetamine as their drug of choice (57% and 22% respectively) remained relatively stable from 2009 to 2010, with only a slight increase for heroin and slight decrease for methamphetamine. In 2010, no respondents nominated morphine as their drug of choice (compared to 3% in 2009).

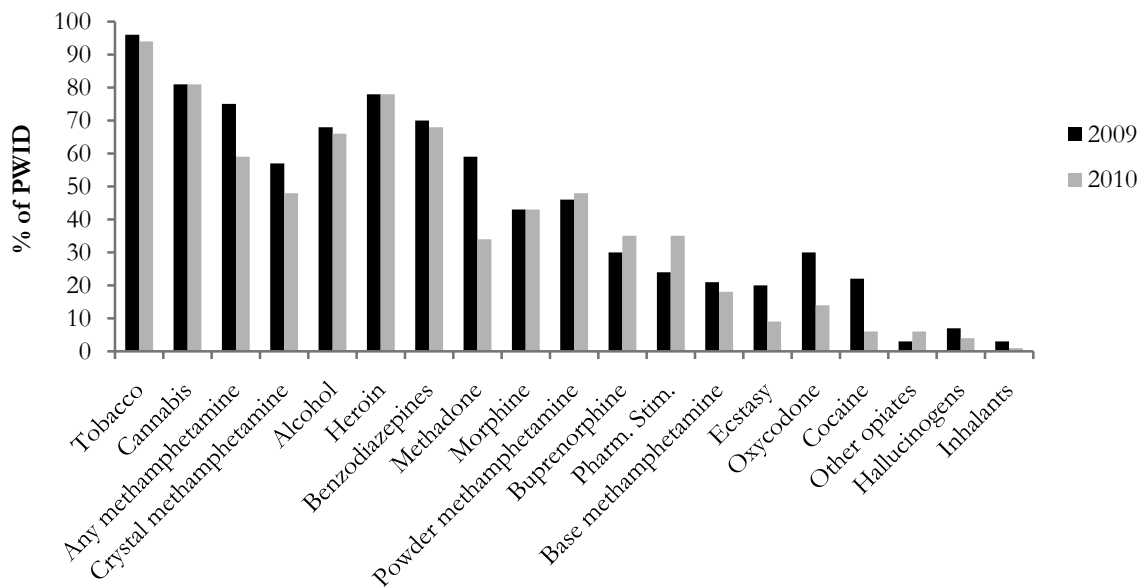
**Figure 1: Drug of choice of PWID interviewed, ACT, 2000-2010**



Source: ACT IDRS PWID interviews, 2000-2010

Figure 2 presents the proportion of participants in 2009 and 2010 who had used specific substances in the six months preceding interview. 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 (see the Glossary of terms for a more detailed definition). As can be seen from this figure, the main drugs used by the ACT sample in 2010 were tobacco (94%), cannabis (81%), heroin (78%), benzodiazepines (68%) and alcohol (66%). There was a decrease in the self-reported use of crystal in 2010 (48%; 57% in 2009), continuing the trend from previous years.

**Figure 2: Recent drug use: percentage of PWID who had used each drug type in the last six months, 2009-2010**



Source: ACT IDRS PWID interviews, 2009-2010

Table 6 (over page) presents the drug use history of the 2010 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 (99%), tobacco (99%), cannabis (99%), methamphetamine powder (93%), and crystal methamphetamine (85%) at least once in their lifetime. In terms of route of administration, heroin (78%), methamphetamine powder (48%), and crystal methamphetamine (46%) were the most common drugs recently injected by the sample in 2010. In the six months preceding interview almost one-tenth (9%) of participants reported smoking crystal.

### Key Expert Comments

- Demographics reported by KE of PWID that they had contact with were consistent with PWID reports.
- KE reported that polydrug use was common and often problematic. Polydrug use was commonly associated with cannabis and alcohol.
- A few KE reported an increase in alcohol use.
- KE mainly reported the use of heroin, crystal, cannabis and alcohol. The use of prescription

Table 6: Polydrug use history of the PWID sample, 2010

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Median 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 %	Median days in treatment* last 6 mths	Median days used^ in last 6 mths*
Heroin	99	98	78	54	54	8	18	2	19	5	78		60
Homebake heroin	59	59	14	3	4	0	1	0	2	1	14		3.5
<i>Any heroin (inc. homebake)</i>	99	98	79		55	8	18	2	20	5	79		54
Methadone (prescribed)	61	33	19	48					56	39	41	180	180
Methadone (not prescribed)	57	43	18	22					28	10	24		11
Physeptone (prescribed)	21	15	2	2	0	0	0	0	15	4	4	18	18
Physeptone (not prescribed)	17	13	2	25.5	0	0	0	0	11	3	4		2.5
<i>Any methadone (inc. Physeptone)</i>	86	64	34	24					66	47	57		180
Buprenorphine (prescribed)	34	16	6	108	4	0	0	0	31	11	13	180	180
Buprenorphine (not prescribed)	43	35	26	60	2	1	0	0	18	7	27		72
<i>Any buprenorphine (exc. buprenorphine-naloxone)</i>	59	43	29	72	4	1	0	0	41	15	35		178
Buprenorphine-naloxone (prescribed)	17	5	0	-	0	0	0	0	14	8	8	180	180
Buprenorphine-naloxone (not prescribed)	29	21	9	10	0	0	0	0	13	5	12		8
<i>Any buprenorphine-naloxone</i>	40	23	9	10	0	0	0	0	23	12	19		48
Morphine (prescribed)	24	22	9	3	0	0	0	0	6	2	9		12
Morphine (not prescribed)	73	66	32	3	0	0	0	0	34	9	36		3.5
<i>Any morphine</i>	81	76	39	3	0	0	0	0	36	11	43		4
Oxycodone (prescribed)	11	6	0	-	0	0	0	0	7	1	1		14
Oxycodone (not prescribed)	41	31	11	2	0	0	0	0	16	3	13		2

Source: ACT IDRS PWID interviews, 2010

^ 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 6: Polydrug use history of the PWID sample, 2010 (continued)**

Drug class	Ever used %	Ever Injected %	Injected last 6 mths %	Median 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 %	Median days in treatment* last 6 mths	Median days used^ in last 6 mths*
<i>Any oxycodone</i>	45	33	11	2	0	0	0	0	19	4	14		2.5
Over the counter codeine	58	2	1	1	0	0	0	0	56	34	35		10
Other opioids (not elsewhere classified)	16	6	2	48	9	2	0	0	8	4	6		31.5
Speed powder	93	89	48	10	21	3	47	2	34	3	48		11
Base/point/wax	42	38	18	5	3	1	2	0	11	1	18		5
Ice/shabu/crystal	85	82	46	6.5	31	9	4	0	9	1	48		6.5
Amphetamine liquid	27	25	4	41					6	0	4		41
<i>Any form methamphetamine #</i>	98	95	57	18	41	11	50	2	42	4	59		20
Pharmaceutical stimulants (prescribed)	14	5	4	49	0	0	0	0	11	7	8		76
Pharmaceutical stimulants (not prescribed)	44	35	24	4	1	0	1	0	24	13	30		4
<i>Any form pharmaceutical stimulants</i>	50	37	26	10	1	0	1	0	30	17	35		5
Cocaine	59	47	5	1	7	1	29	1	5	2	6		2
Hallucinogens	70	13	0	-	1	1	0	0	69	3	4		2.5
Ecstasy	62	32	1	3	1	0	7	1	55	9	9		1
Benzodiazepines (prescribed)	68	5	1	6	0	0	0	0	67	46	47		180
Benzodiazepines (not prescribed)	63	10	0	-	0	0	1	1	59	40	42		6
<i>Any form of benzodiazepines</i>	85	12	1	6	0	0	1	1	84	68	68		166
Alcohol	98	4	0	-					98	70	66		30
Cannabis	99										81		180
Inhalants	21										1		1
Tobacco	99										94		180

Source: ACT IDRS PWID interviews, 2010

^ 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

## 5.2 Heroin

### Key points

In 2010, heroin remained the drug of choice for the majority of participants. Patterns of heroin use remained relatively stable in 2010.

- 57% of participants reported heroin as their drug of choice in 2010, similar to 2009 (53%)
- 78% used heroin in the previous six months, identical to 2009
- Median days of heroin use in the preceding six months was 60 days, an increase from 48 days reported in 2009
- 17% of respondents reported daily heroin use, equivalent to 2009
- The form used most often was white/off-white powder (95%)

In 2010, 99% of respondents reported that they had used heroin at least once in their lifetime and over three-quarters (78%) reported the use of heroin in the six months preceding interview, which was identical to 2009.

Heroin was nominated as the drug of choice by over half of the participants in 2010 (57%), which was comparable to 2009 (53%). Half of the respondents reported heroin as the drug most often injected in the last month, and 51% reported that it was the last drug they injected (up from 41% in 2009 but equal to 2008). In 2010, heroin was the fourth most common illicit drug used (27%) on the day prior to the interview, which remained stable from 2009 (28%).

All participants who had used heroin in the preceding six months (n=79) reported injecting it. Of those who had used heroin: three-fifths (60%) reported that they had smoked heroin at least once in their lifetime and 10% had done so in the six months preceding the interview; 20% reported they had swallowed heroin at least once in their lifetime and 6% had done so in the last six months; 18% reported they had snorted heroin at least once in their lifetime and 3% had done so in the last six months.

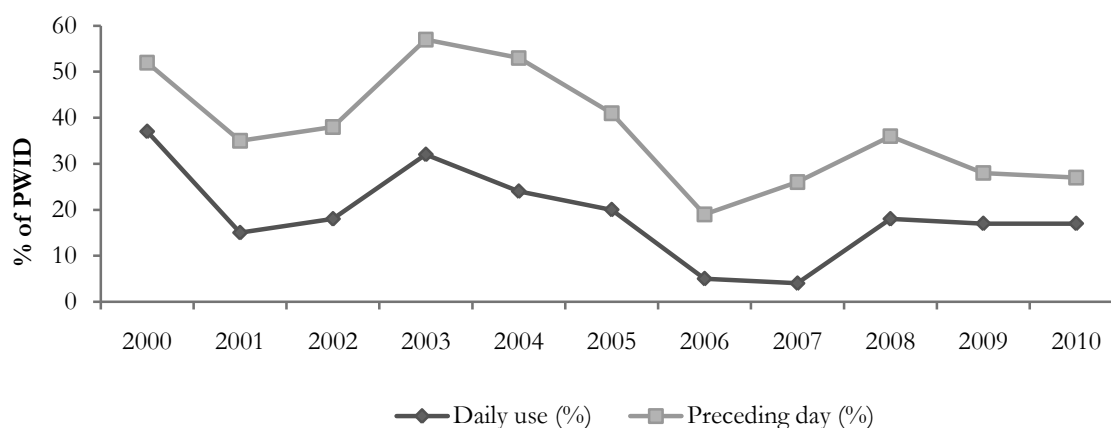
Of those participants who had used heroin in the six months prior to the interview, the median number of days of use during this period increased to 60 days (48 in 2009), which was equal to 2008, see Figure 3. The number of days that heroin was used in the preceding six months ranged from one day to every day.

**Figure 3: Median days of heroin use among participants who had used heroin in the preceding six months in the ACT, 2000-2010**



Source: ACT IDRS PWID interviews, 2000-2010

**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, 2000-2010**



Source: ACT IDRS PWID interviews, 2000-2010

As can be seen in Figure 4, the proportion of participants reporting daily heroin use in the six months preceding interview remained stable in 2010 (17%). The proportion of respondents reporting use of heroin on the day prior to interview also remained stable in 2010 (27%, 28% 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 2010, three-fifths (59%) of participants reported that they had used homebake heroin at least once in their lifetime. Fourteen percent reported the use of homebake heroin in the six months preceding interview. All who reported recent use of homebake heroin had injected it; however, 1% also reported swallowing it in the six months preceding interview. In 2010, the median days of homebake heroin use was three and a half days. One percent of participants who reported recent use of heroin stated that homebake heroin was the form they had used most (down from 4% in 2009).

### 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 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 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.

### Colour and form

Among recent heroin users, 95% reported that they had used heroin powder which was white/off-white in colour (see Table 7). The next most common form used was white/off-white rock (30%). Interestingly, though, over a quarter reported that they had used brown heroin powder (29%) and one-tenth reported using brown heroin rock (10%) in the six months preceding interview. The proportion of participants that reported using homebake heroin in the six months preceding interview significantly decreased from 31% in 2009 to 17% in 2010 (95% CI: 0.0–0.27). Ninety percent reported that white/off-white heroin powder was the form of heroin they most used, followed by white/off-white rock (5%) and brown powder (4%). In 2010, no one reported homebake heroin as the form most used in the six months prior to interview (down from 5% in 2009).

**Table 7: Forms of heroin used and most common form used in the six months preceding interview, ACT, 2009-2010**

Heroin type	2009 (n=78)	2010 (n=79)
<b>Used in past six months</b>		
Heroin powder		
White/off-white	94	<b>95</b>
Brown	27	<b>29</b>
Other colour	3	<b>0</b>
Heroin rock		
White/off-white	46	<b>30</b>
Brown	14	<b>10</b>
Other colour	1	<b>1</b>
Homebake	31	<b>17</b>
<b>Form most used</b>		
Heroin powder		
White/off-white	83	<b>90</b>
Brown	5	<b>4</b>
Other colour	0	<b>0</b>
Heroin rock		
White/off-white	5	<b>5</b>
Brown	1	<b>0</b>
Other colour	0	<b>1</b>
Homebake	5	<b>0</b>

Source: ACT IDRS PWID interviews, 2009-2010

## Preparation

In 2010, 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 in the past six months (n=79), 40% reported that they had used heat the last time they injected and two participants reported using acid the last time they injected. Eighty-six percent (n=19) of those who had used heat or acid the last time they injected reported that the colour of heroin was white or off-white while the remaining 14% (n=3) reported that the colour was brown or beige.

### Key Expert Comments

- Two-thirds of KE reported that heroin was the main illicit drug used by the regular users that they had contact with.
- Six KE reported that they believed it to be one of the most problematic drugs. Reasons cited for this included the risk of overdose and the financial pressure arising from heroin use.

## 5.3 Methamphetamine

### Key Points

#### Methamphetamine powder (speed)

- Recent use of speed remained stable in 2010 at 48% (46% in 2009)
- Median days of use in the preceding six months was 11 (8 in 2009)
- Speed was the drug of choice for 16% of participants in 2010 (12% in 2009)

#### Methamphetamine base

- Lifetime use of base significantly decreased from 53% in 2009 to 38% in 2010
- Recent use of base was 18% in 2010 (21% in 2009)
- Median days of base use in the preceding six months decreased to 5 (20 in 2009)

#### Crystal methamphetamine (ice/crystal)

- The proportion of participants who had smoked crystal in their lifetime significantly decreased from 54% in 2009 to 31% in 2010
- Recent use of crystal decreased from 57% in 2009 to 48% in 2010
- Median days of crystal use was 6 days (7 in 2009)

The 2010 IDRS questionnaire collected data on three different forms of methamphetamine: methamphetamine powder or ‘speed’, base methamphetamine or ‘base’, and crystal methamphetamine or ‘crystal’.

### Lifetime use

#### *Any methamphetamine*

In 2010, 98% of participants reported using some form of methamphetamine (i.e. speed, base, crystal, amphetamine liquid) at least once in their lifetime, comparable to 2009 (99%). Ninety-five percent of participants also reported having injected some form of methamphetamine at least once in their lifetime. Half of the PWID reported ever smoking (52%) or ever snorting (50%) some form of methamphetamine in their lifetime and two-fifths reported ever swallowing (42%).

#### *Powder methamphetamine ‘speed’*

Ninety-three percent of participants reported using speed in their lifetime. Eighty-nine percent reported having injected speed in their lifetime (92% in 2009). Of the PWID, 47% had ever snorted, 34% had ever swallowed and 21% had ever smoked.

#### *Base methamphetamine*

Two-fifths of participants (42%) reported ever having used base (55% in 2009). Thirty-eight percent reported having ever injected base, a significant decrease from 2009 (53%, 95% CI: 0.01–0.28). Other routes of administration for base use were relatively uncommon, with 3% reporting having ever smoked (7% in 2009), 2% ever snorting (2% in 2009) and 11% ever swallowing (12% in 2009).

#### *Crystal methamphetamine*

Eighty-five percent of participants reported having ever used crystal, down from 94% in 2009. Eighty-two percent of participants reported having ever injected crystal (91% in 2009). Almost one-third of participants reported that they had ever smoked crystal (31%), which was a

significant decrease from 2009 (54%, 95% CI: 0.10–0.36). The other routes of administration were much less frequent with only 4% reporting having ever snorted crystal (3% in 2009) and 8% reporting ever swallowing (14% in 2009).

## **Current patterns of methamphetamine use**

### ***Any methamphetamine***

In 2010, there was a significant decrease in the proportion of participants that reported using any methamphetamine in the six months preceding interview from 75% in 2009 to 59% (95% CI: 0.03–0.28). The most common route of administration in 2010 was injecting (57%), which also significantly decreased from 2009 (76%; 95% CI: 0.06–0.31). Fifteen percent of participants reported that they had smoked any form of methamphetamine in the preceding six months (13% in 2009). Much smaller proportions reported snorting (2%; 4% in 2009) or swallowing (4%; 10% in 2009). Median days of use for any methamphetamine decreased to 20 days in 2010 (from 24 in 2009). Methamphetamine (in any form) was the second most common drug type reportedly used on first injection (41%; 46% in 2009). Twenty-two percent of participants reported methamphetamine to be the drug type most often injected in the last month (30% in 2009).

### ***Powder methamphetamine ‘speed’***

Forty-eight percent of participants reported the use of speed in the six months preceding interview (46% in 2009, see

Figure 5). 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 (6%; 17% in 2009), snorting (4%; 9% in 2009) and smoking (6%; 2% in 2009) speed in the six months preceding interview. Median days of use was 11 days and the median days of injection was 10 (8 and 7 days in 2009, respectively). This equates to over monthly use. No one reported daily use of speed. Thirty-seven percent reported that speed was the first drug ever injected (38% in 2009), 11% reported speed as the most common drug they injected in the last month (12% in 2009), 7% reported speed as the most recent drug injected (14% in 2009), and 4% reported that they had used speed on the day prior to interview (8% in 2009). In 2010, 16% reported that speed was their drug of choice; up from 12% in 2009.

### ***Base methamphetamine***

Eighteen percent reported the recent use of base (21% in 2009, see Figure 5). Injection was the most common route of administration with all recent base users reporting having injected base in the six months preceding interview. In 2010, no participants reported recently snorting base, one participant reported recently swallowing it (similar to 2009), and one participant reported recently smoking it (two in 2009). Median days of use was five (less than monthly), a decrease from 20 in 2009. The median number of days that base was injected in the preceding six months was also five. In 2010 no participants reported that they had used base every day. One participant reported that base was their first drug injected, that it was the most common drug injected in the last month, and that it was the last drug injected. One participant also reported that they had used base on the day preceding interview (0% in 2009). No participants nominated base as their drug of choice in 2010 (2% in 2009).

### ***Crystal methamphetamine***

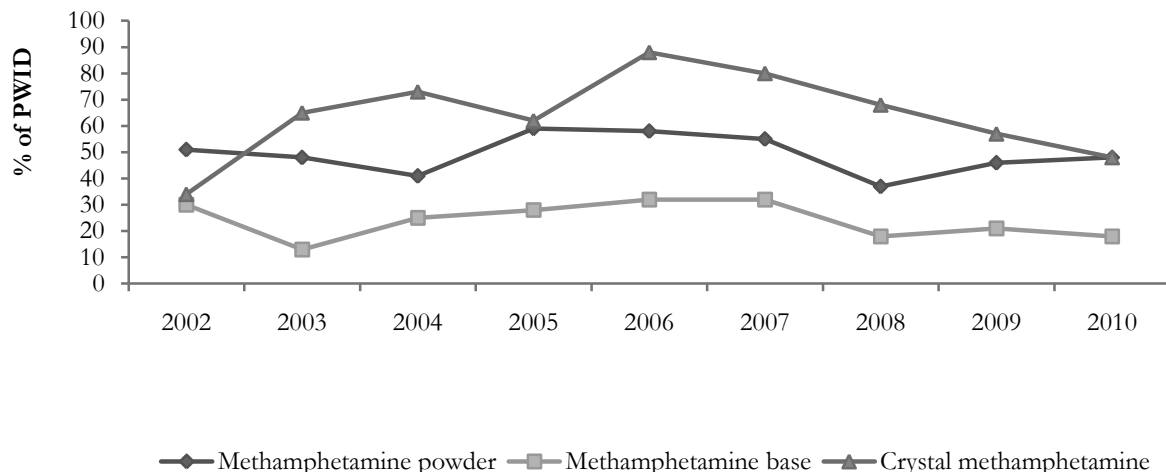
Almost half of the participants (48%) reported the recent use of crystal (57% in 2009,  $p > 0.05$ , see Figure 5). Ninety-six percent of participants who had recently used crystal had done so by injection (97% in 2009). Approximately one-fifth (19%) of participants had smoked crystal in the six months prior to interview (21% in 2009). Smaller proportions of the sample reported

swallowing (2%) in the six months preceding interview (4% in 2009). No participants reported recently snorting. Amongst those who had used crystal in the previous six months, the median days of use was six and a half (seven in 2009). Amongst recent injectors the median days of injection was six (7 in 2009). Therefore, from the 2010 sample, crystal users were using fairly infrequently, at approximately once a month. Two participants reported daily use of crystal (compared to zero in 2009). Crystal was the first drug injected by 3% of participants (6% in 2009), the drug injected most often in the last month by 1% (11% in 2009), the last drug injected by 9% (10% in 2009), and used by 4% of participants on the day before interview (7% in 2009). Crystal was nominated as the drug of choice by 6% of the sample (13% in 2009).

### ***Liquid amphetamine***

In 2010, whilst 27% of participants reported that they had used liquid amphetamine at least once in their lifetime (39% in 2009); only 4% reported the recent use of liquid amphetamine (2% in 2009). Due to these low numbers, liquid amphetamine will not be reported on in any more detail.

**Figure 5: Proportion of participants reporting methamphetamine use in the past six months in the ACT, 2002-2010**



Source: ACT IDRS PWID interviews, 2002-2010

### **Key Expert Comments**

- Ice/crystal was reported as one of the most problematic drugs by six key experts.
- Crystal was reported as problematic because of the mental health, psychosis and aggressiveness issues related to its use.
- Crystal use was reported as frequent. A few KE reported that crystal use had increased.
- Speed use was reported as less frequent.
- Base use was reported as infrequent.

## 5.4 Cocaine

### Key Points

- Lifetime use of cocaine significantly decreased from 82% of participants in 2009 to 59% in 2010
- Recent use of cocaine significantly decreased from 22% of participants in 2009 to 6% in 2010
- Median days of use in six months was 2 (equal to 2009), indicating that when cocaine is used by participants it is used infrequently

### Lifetime use

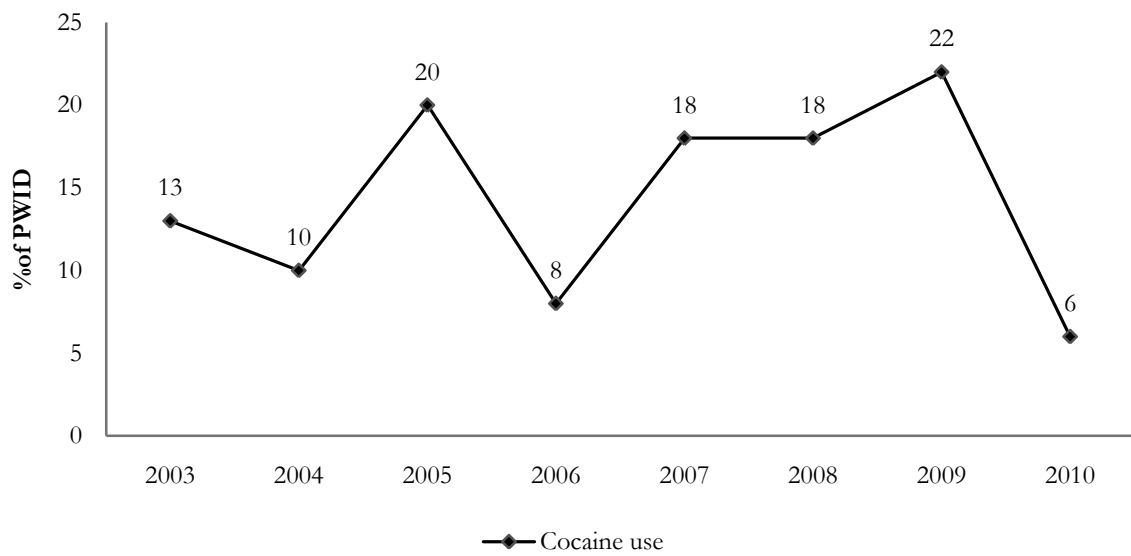
In 2010, 59% of participants reported that they had used cocaine at least once in their lifetime, a significant decrease from 82% in 2009 (95% CI: 0.14–0.39). Just under half of the PWID (47%) in 2010 reported ever having injected cocaine, a significant decrease from 2009 (70%; 95% CI: 0.09–0.36). In 2010, 29% had ever snorted cocaine (40% in 2009), 7% had ever smoked cocaine (5% in 2009), and 5% had ever swallowed (13% in 2009). There were no significant differences between 2009 and 2010 in these latter means of cocaine administration ( $p>0.05$ ).

### Current patterns of cocaine use

In 2010, the proportion of participants reporting recent use of cocaine significantly decreased from 22% in 2009 to 6% (95% CI: 0.07–0.26; see Figure 6). Injecting (5%; 18% in 2009) was the most common route of administration in 2010. In the preceding 6 months only 2% of participants had swallowed cocaine (equal to 2009), and 1% had snorted (6% in 2009) or smoked (0% in 2009). The median days of cocaine use remained low at two days (equal to 2009).

Participants were asked about forms of cocaine used in the six months preceding the interview. Of those participants who had used cocaine in the last six months ( $n=6$ ), half (50%) reported that they had used powder cocaine, a third (33%) reported that they had used rock 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 (equal to 2009). One participant nominated cocaine as their drug of choice (two in 2009) and as the last drug injected (equal to 2009). Identical to 2009, no participants reported using cocaine on the day prior to interview or that cocaine was the drug they most frequently injected in the previous month.

**Figure 6: Proportion of PWID reporting cocaine use in the past six months in the ACT, 2003-2010**



Source: ACT IDRS PWID interviews, 2003-2010

### Key Expert Comments

- There were only a few KE reports of cocaine use. Most KE reported only occasionally/never seeing cocaine in their service.

## 5.5 Cannabis

### Key Points

- 81% of PWID reported recent cannabis use in 2010, equal to 2009
- Cannabis was the most common illicit drug used the day prior to interview (by 51% of participants)
- Median days of cannabis use in the six months preceding interview was 180
- Hydroponic cannabis was the form most often used

### Lifetime use

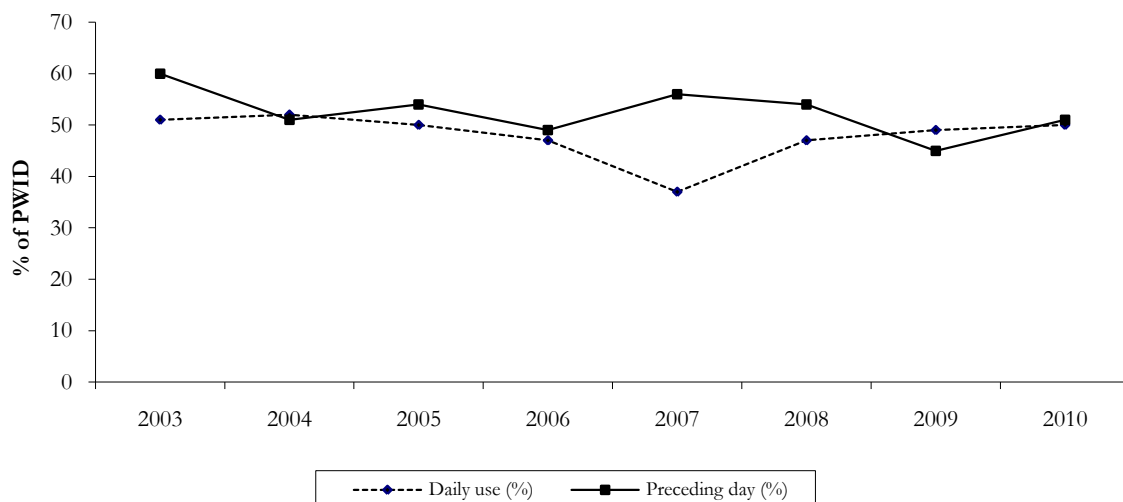
In 2010, nearly all participants (99%; 98% in 2009) reported using cannabis at least once in their lifetime.

### Current patterns of cannabis use

Eighty-one percent of participants reported having used cannabis in the six months preceding interview (equal to 2009). The median number of days of use in the previous six months was 180 which equates to daily use (equal to 2009). Cannabis was the most common illicit drug used the day prior to interview, with 51% of all participants reporting its use 'yesterday' (45% in 2009). As can be seen from Figure 7, 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 2010, the proportion of participants reporting daily use remained stable (50%; 49% in 2009; see Figure 7). The proportion reporting preceding day use increased slightly from 45% in 2009 to 51% in 2010 (up from 6% in 2009).

Of those respondents who had used cannabis in the past six months, 96% had used hydro (equal to 2009), 75% had used bush (85% in 2009), 9% had used hashish (11% in 2009), and 1% reported using hashish oil (4% in 2009). Hydro was the form of cannabis used most often (88%; 84% in 2009). There were no significant differences between recent use in 2009 and 2010 ( $p > 0.05$ ).

**Figure 7: Proportion of participants reporting daily cannabis use in the last six months, and cannabis use on the day preceding the interview, 2003-2010**



Source: ACT IDRS PWID interviews, 2003-2010

### **Key Expert Comments**

- Most KE reported that cannabis use was common, with many PWID using frequently.
- Six KE reported that cannabis was one of the most problematic drugs they came across in their service. Reasons cited for this included the high risk of mental health problems, easy access and the widespread acceptability of cannabis use.
- Polydrug use associated with cannabis was also raised as an issue of concern by a number of KE.

## 5.6 Other opioids

### Key Points

#### Methadone

- 41% reported recent use of licit methadone, which remained stable from 2009 (42%)
- 24% reported recent use of illicit methadone, which was also stable from 2009 (23%)
- Median days of illicit use was 11 days, down from 24 in 2009

#### Buprenorphine

- 13% reported recent use of licit buprenorphine, 9% in 2009
- 27% reported the recent use of illicit buprenorphine, 23% in 2009
- Median days of illicit use was 72 days, up from 10 days in 2009

#### Buprenorphine-naloxone

- 8% reported recent licit use, stable from 2009 (10%)
- 12% reported recent illicit use, 11% in 2009
- Median days of illicit use was 8 days, 5 in 2009

#### Morphine

- 32% reported recent use of illicit morphine, 36% in 2009
- Median days of use of illicit morphine in the previous six months was 3.5 days (4 in 2009)

#### Oxycodone

- 13% reported recent use of illicit oxycodone, down from 27% in 2009
- Median days of use for illicit oxycodone was 3 days

The IDRS investigates the use patterns, harms and market characteristics of a number of pharmaceutical opioids, including methadone, buprenorphine, buprenorphine-naloxone, morphine and oxycodone. In this section licit use is defined as use of pharmaceuticals obtained with one's own prescription and used as prescribed. Illicit use is defined as use of pharmaceuticals obtained from a prescription in someone else's name.

### Methadone

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. 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) remained stable from 2009 to 2010 (63% and 61% respectively). Forty-one percent of participants in 2010 reported recent use of licit methadone (42% in 2009). In 2010, 56% of participants reported having swallowed licit methadone in the previous six months (42% in 2009). In addition, 19% of participants reported having used licit

methadone by injection in the six months prior to interview, stable from 20% in 2009. Seventy-two percent (71% in 2009) 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, 71% reported daily use (81% in 2009). The median number of days of use for licit methadone was 180.

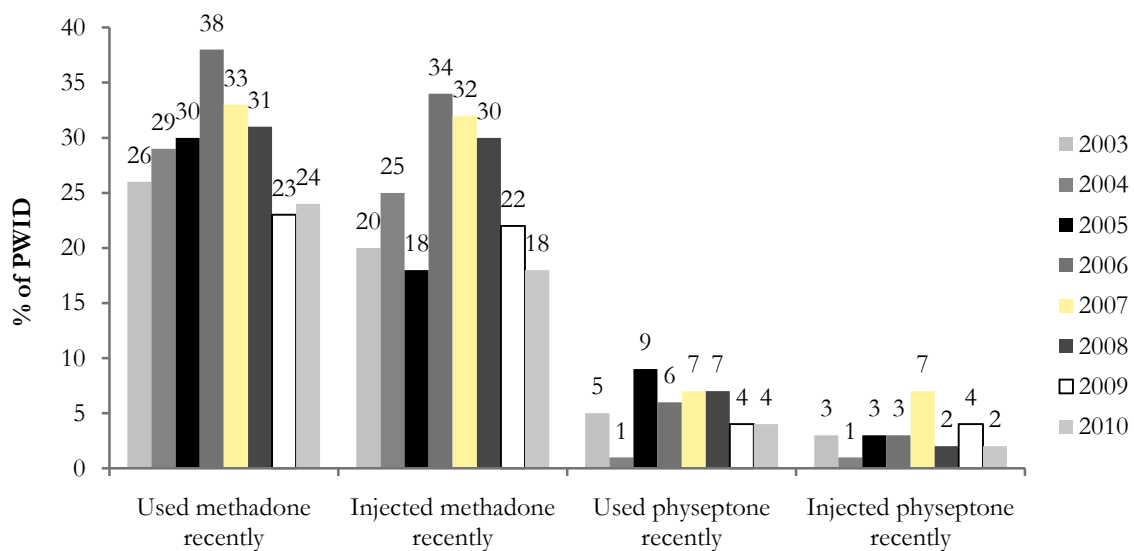
One-fifth (21%) of participants reported ever using licit physeptone (16% in 2009) and 4% reported use of licit physeptone in the preceding six months (3% in 2009). Two participants reported injecting licit physeptone recently (equal to 2009). The median number of days reported using licit physeptone was 18 (13 in 2009).

***Illicit methadone and physeptone***

In 2010, the self-reported lifetime use of illicit methadone amongst participants remained stable at 57% of participants (60% in 2009). As can be seen in Figure 8, the proportion of participants reporting recent use of illicit methadone gradually decreased from 2006 to 2009, and remained stable in 2010 at 24% (23% in 2009). Of those participants who had used illicit methadone in the previous six months, 75% reported injecting it (96% in 2009) and 52% reported swallowing (30% in 2009). Twenty-three percent reported that illicit methadone syrup was the most common for used recently. Of those participants who had recently used illicit methadone, 50% had used it more than 10 days in the six months preceding interview, compared to 78% in 2009. This decrease, however, was not significant ( $p>0.05$ ). The median number of days of use for illicit methadone was 11 (24 in 2009).

In 2010, 17% reported ever using illicit physeptone (23% in 2009); however, only 4% of participants reported recent use of illicit physeptone (5%). Two percent reported recent injection of illicit physeptone (4% in 2009; see Figure 8) and five percent nominated illicit physeptone tablets as the form of methadone/physeptone used most often. The median number of days for using illicit physeptone was two and a half. There were no significant differences in methadone use from 2009 to 2010.

**Figure 8: Use and injection of illicit methadone and illicit physeptone among PWID in the last six months, 2003-2010**



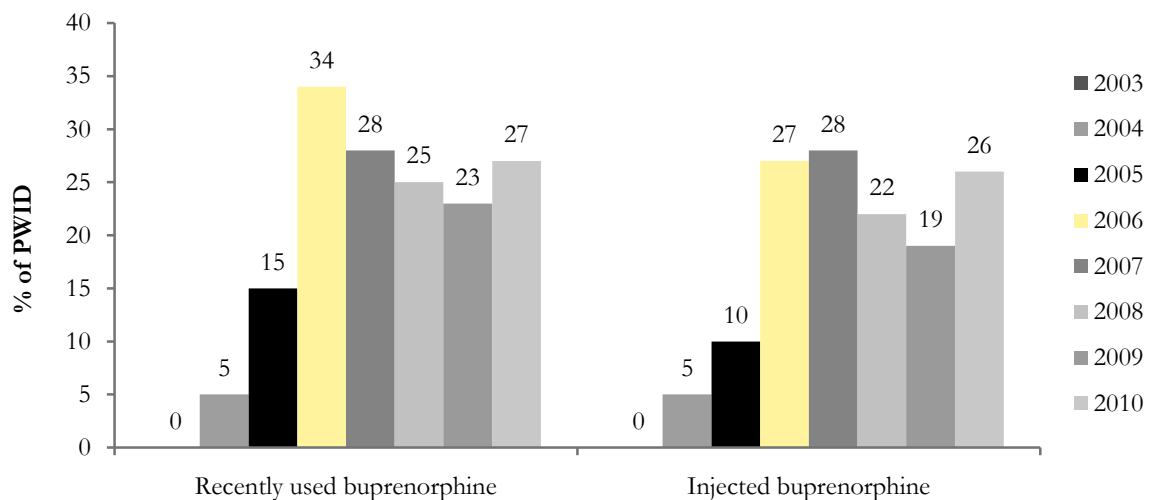
Source: ACT IDRS PWID interviews, 2003-2010

## Buprenorphine

In 2010, 34% of participants reported that they had ever used licit buprenorphine (i.e. buprenorphine prescribed to them; 31% in 2009). Use of prescribed buprenorphine in the six months preceding interview increase slightly from 9% in 2009 to 13% in 2010. Eighty-five percent of recently prescribed buprenorphine users reported having swallowed buprenorphine; 46% 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 increased to 180 days in 2010 (120 days in 2009; 180 in 2008).

In 2010, 43% of participants reported the lifetime use of illicit buprenorphine, stable from 2009 (40%). 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 also remained stable in 2010 (27%, 23% in 2009, see Figure 9). In terms of route of administration, all but one recent illicit buprenorphine user reported injecting it in the six months preceding interview (96%); seven participants (26%) reported swallowing; and one participant reported smoking illicit buprenorphine. In 2010, the median number of days of use for illicit buprenorphine was 72, approximately three times a week, a significant increase compared to 10 days in 2009 ( $U=3.5, p<0.05$ ).

**Figure 9: Recent use and injection of illicit buprenorphine among PWID in the last six months, 2003-2010**



Source: ACT IDRS PWID interviews, 2003-2010

## Buprenorphine-naloxone (Suboxone®)

In 2010, 17% of participants reported that they had ever used licit buprenorphine-naloxone (i.e. buprenorphine-naloxone prescribed to them) which remained stable from 2009 (15%). Eight percent of participants reported the use of prescribed buprenorphine-naloxone in the six months preceding interview (10% in 2009). All participants who had recently used prescribed buprenorphine-naloxone (n=8) reported having swallowed it. No participants reported injecting 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 180 (90 days in 2009).

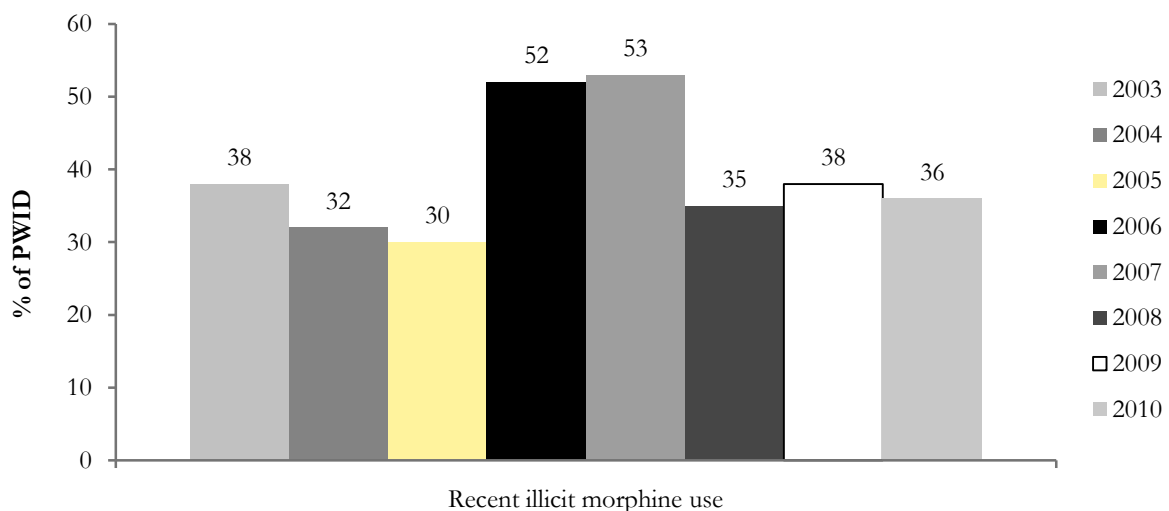
In 2010, there was a significant increase in the proportion of PWID that reported the lifetime use of illicit buprenorphine-naloxone (from 16% in 2009 to 29%; 95% CI: -0.24– -0.01). Illicit buprenorphine-naloxone refers to the use of buprenorphine-naloxone that is prescribed to someone else. The proportion of participants who had used illicit buprenorphine-naloxone in the six months prior to interview remained stable in 2010 (12%, 11% in 2009). In terms of route of administration, all but three 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 2010 was eight (just over once a month).

## Morphine

Seventy-three percent of participants reported using illicit morphine at least once in their lifetime, and 36% of participants reported recent use (see Figure 10). Thirty-two percent reported recent injection of illicit morphine (36% in 2009). Of those participants who had recently used illicit morphine the most common route of administration was injecting (89%; 95% in 2009). In 2010 median number of days of use for illicit morphine was three and a half days, suggesting low and sporadic use. There were no significant differences in illicit morphine use from 2009 to 2010.

MS Contin® was the preferred brand of morphine for almost all (88%, 87% in 2009) recent morphine users.

**Figure 10: Recent use of illicit morphine among PWID in the last six months, 2003-2010**



Source: ACT IDRS PWID interviews, 2003-2010

## Oxycodone

Two-fifths (21%) of participants reported that they had used illicit oxycodone at least once in their lifetime, a significant decrease from 2009 (58%; 95% CI: 0.04–0.30). Recent use of illicit oxycodone also significantly decreased from 27% in 2009 to 13% in 2010 (95% CI: 0.03–0.25). The median number of days of illicit oxycodone was two days (three in 2009). One tenth of participants reported injecting illicit oxycodone in the past six months, a significant decrease

from 2009 (26%; 95% CI: 0.04–0.26). The most common brand used was Oxycontin® (70%; equal to 2009).

### **Other opioids**

Sixteen percent of participants reported that they had ever used opioids other than those listed above at least once in their lifetime (equal to 2009), and 6% had used them in the six months preceding interview (3% in 2009). Six percent of participants had ever injected other opioids (9% in 2009) and 2% had injected them in the six months prior to interview (1% in 2009). The median number of days of use in the past six months was 32, compared to two in 2009, noting the small numbers reporting use of other opioids.

In 2010, the ACT IDRS included further questions enquiring about pharmaceutical opioids use. Thirty-three percent of participants reported that they had used either prescribed or illicit pharmaceutical opioids for any type of pain in the six months prior to interview. The majority of these participants (58%) had used the pharmaceutical opioids for ‘acute/short-term pain’, while 36% had used them for ‘chronic non-malignant pain’ and a further 6% had used them for ‘chronic-malignant pain’.

Among participants who had taken illicit pharmaceutical opioids for pain in the last six months, the most common brands used were MS Contin® (28%), methadone (22%) and Subutex® (buprenorphine; 16%). When asked whether there were other reasons for having used pharmaceutical opioids in the last six months; 41% reported ‘to treat self-dependence’, 27% reported ‘seeking an opiate effect’, 14% reported ‘cheaper than heroin’, and 6% reported ‘know what dose to expect’.

### **Key Expert Comments**

- A few KE reported seeing a lot of, and an increase in the use of, other opiates, especially morphine and buprenorphine.
- Two KE commented on PWID using alcohol with methadone to top up the opiate effect of methadone.
- Two KE also reported seeing a decline in oxycodone use.

## 5.7 Other drugs

### Key Points

#### Ecstasy

- There was a significant decrease in recent ecstasy use from 20% in 2009 to 9% in 2010
- Median days of use was one

#### Benzodiazepines

- 47% reported recent use of licit benzodiazepines (49% in 2009)
- 42% reported recent use of illicit benzodiazepines (50% in 2009)
- Median days of illicit use was 6 days
- The most common brand was Valium®

#### Pharmaceutical stimulants

- 8% reported recent use of licit pharmaceutical stimulants (3% in 2009)
- 30% reported recent use of illicit pharmaceutical stimulants (22% in 2009)
- Median days of illicit use was 4 days

#### Alcohol and tobacco

- 66% reported recent use of alcohol, stable from 2009 (68%)
- Median days of use of alcohol in the six months preceding interview was 30 in 2010, down from 48 in 2009
- 94% reported recent use of tobacco, similar to 2009 (96%)
- Median days of use of tobacco was 180 days, consistent with previous years

#### Ecstasy

In 2010, 62% of participants reported lifetime use of ecstasy (75% in 2009;  $p>0.05$ ) and 9% reported recent use, which was a significant decrease from 2009 (20%; 95% CI: 0.01–0.21; see Table 8). Almost one-third of participants (32%) reported injecting ecstasy in their lifetime (40% in 2009) although only one percent of participants reported having injected it in the previous six months. Use of ecstasy by participants in the ACT was infrequent, with the median number of days used in the six months prior to interview dropping to one day in 2010.

**Table 8: Patterns of ecstasy use among participants in the last six months in the ACT, 2004-2010**

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	<b>2010 N=101</b>
<b>Recent use (%)</b>	21	25	27	25	26	20	<b>9</b>
<b>Recent injecting (%)</b>	10	14	12	10	8	2	<b>1</b>
<b>Median days used*</b>	2	2	2	2	2	2	<b>1</b>

Source: ACT IDRS PWID interviews, 2004-2010

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

## Benzodiazepines

Eighty-five percent of participants reported lifetime use of benzodiazepines, similar to 2009 (88%). One-tenth (12%) of participants reported injecting benzodiazepines in their lifetime (14% in 2009). Sixty-eight percent of participants in 2010 had used benzodiazepines in the six months prior to interview (70% in 2009) and 1% reported the recent injection of benzodiazepines, as can be seen in Table 9. In 2010 the median days of use increased from 120 days in 2009 to 166 days.

**Table 9: Patterns of benzodiazepine use among participants in the last six months in the ACT, 2004-2010**

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	<b>2010 N=101</b>
<b>Recent use (%)</b>	59	62	60	68	66	70	<b>68</b>
<b>Recent injecting (%)</b>	7	2	1	11	9	3	<b>1</b>
<b>Median days used*</b>	13	31	28	25	120	61	<b>166</b>

Source: ACT IDRS PWID interviews, 2004-2010

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

In 2010, benzodiazepines were divided into licit and illicit. Forty-seven percent reported the recent use of licit benzodiazepines, similar to 49% in 2009. Forty-two percent of participants reported the recent use of illicitly obtained benzodiazepines (50% in 2009). Recent injection of licit benzodiazepines was 1% (equal to 2009) while no-one reported recent injection of illicit benzodiazepines (3% in 2009). The most common route of administration, for both forms, was swallowing: 46% (49% in 2009) for licit and 40% (49% in 2009) for illicit in the last six months. Median number of days of use of licit benzodiazepines was 180 days (equal to 2009) and six days for illicit benzodiazepines (equal to 2009). Licit benzodiazepines were reported as the most common form used (66%; 69% in 2009). The most common brands of benzodiazepines used by participants were Valium® (72%) and Xanax® (8%).

## 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. Fourteen percent of participants reported ever using licit pharmaceutical stimulants (those prescribed to them), which was similar to 2009 (10%). Eight percent reported using licit pharmaceutical stimulants in the preceding six months (3% in 2009). Median number of days of use for licit pharmaceutical stimulants was 76 days (154 days in 2009). Forty-four percent reported using illicit pharmaceutical stimulants at least once in their lifetime (48% in 2009). Thirty percent reported using illicit pharmaceutical stimulants over the preceding six months (22% in 2009). The median days of use of illicit pharmaceutical stimulants remained stable in 2010 at four days in the six months preceding interview (five in 2009). Recent injection of pharmaceutical stimulants (includes licit and illicit) was reported by approximately one-quarter (26%) of the sample (see Table 10), which was not significantly different from recent use in 2009.

In 2010, 79% of participants who reported recent use of pharmaceutical stimulants reported the use of illicitly obtained prescription amphetamines as the form most used (91% in 2009). The most common form used was dexamphetamine (63%), followed by Ritalin (33%). This suggests that the majority of participants are using pharmaceutical stimulants that are prescribed to another person.

**Table 10: Patterns of pharmaceutical stimulant use (licit/illicit) among participants in the last six months in the ACT, 2004-2010**

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	<b>2010 N=101</b>
<b>Recent use (%)</b>	23	22	38	29	31	24	<b>35</b>
<b>Recent injecting (%)</b>	15	14	32	26	22	18	<b>26</b>
<b>Median days used*</b>	4	5	3	5	7	6	<b>5</b>

Source: ACT IDRS PWID interviews, 2004-2010

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

### Over the counter codeine

In 2010, the IDRS survey included questions on the use of over the counter (OTC) codeine. Fifty-eight percent of participants reported that they had ever used OTC codeine (70% in 2009). Approximately one-third (36%) of participants 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 one participant reported that they had recently injected OTC codeine. The brand used most commonly was Nurofen Plus (53%), followed by Panadeine (16%). The median number of pills taken by participants on the last occasion that OTC codeine was used was two.

### Alcohol and tobacco

The majority (98%) of participants in 2010 reported having used alcohol at least once during their lifetime. In 2010, 66% of participants reported the recent use of alcohol (see Table 11). The median days of alcohol use in the six months prior to interview was 30 days in 2010 (just over once a week).

Use of tobacco was almost universal among participants in the ACT in 2010. Almost all participants (99%) reported ever having used tobacco and 94% reported recent tobacco use, as shown in Table 11. The median days of tobacco use has remained stable over the last seven years at 180 days (i.e. daily smokers). There were no significant differences in use from 2009 to 2010.

**Table 11: Patterns of alcohol and tobacco use among PWID in the last six months in the ACT, 2004-2010**

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	<b>2010 N=101</b>
<b>Recent use (%)</b>							
Alcohol	58	74	68	75	62	68	<b>66</b>
Tobacco	91	96	99	98	99	96	<b>94</b>
<b>Median days used*</b>							
Alcohol	13	13	24	27	12	48	<b>30</b>
Tobacco	180	180	180	180	180	180	<b>180</b>

Source: ACT IDRS PWID interviews, 2004-2010

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

## **Key Expert Comments**

### **Pharmaceutical stimulants**

- A few KE reported that the use of dexamphetamines was common. One KE reported that there had been an increase in the number of people filtering dexamphetamines for injection.

### **Benzodiazepines**

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

### **Alcohol**

- The majority of KE reported that alcohol was one of the most problematic drugs they came across in their service.
- Several KE reported that alcohol use had increased in the previous year, especially in the context of polydrug use.

## 6 DRUG MARKET: PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS

In this section, the patterns of use, price, purity and availability of heroin are discussed. The figures about the heroin market refer to the 76 participants who commented on heroin trends in the ACT in 2010.

### 6.1 Heroin

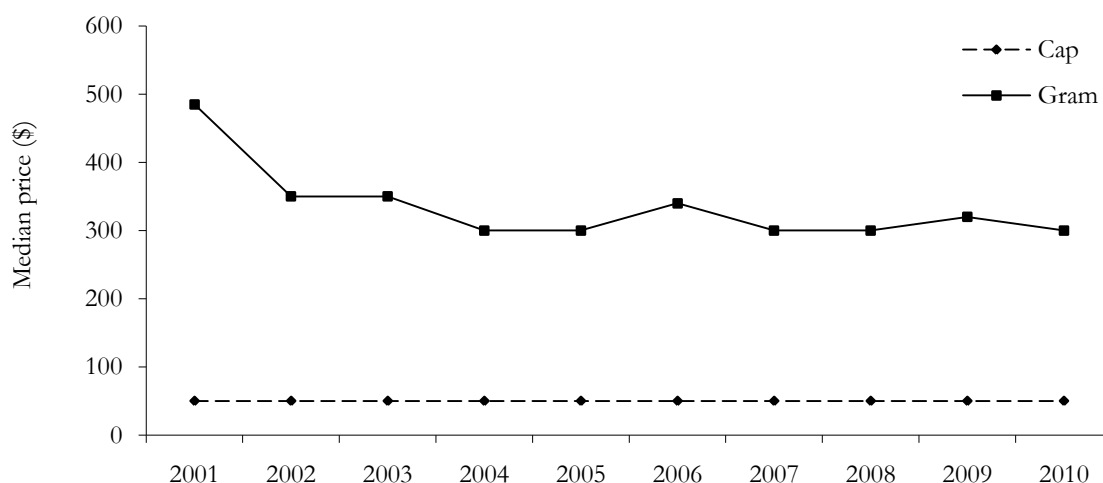
#### Key Points

- Cap: stable at \$50 in 2009 and 2010
- Gram: decreased to \$300 in 2010 from \$320 in 2009 (equal to 2009)
- Participant reports indicate the price of heroin in the ACT remained relatively stable in 2010
- ‘Very easy’ (51%) to ‘easy’ (45%) to obtain, similar to 2009
- Participants interviewed in 2010 reported purity to be ‘medium’ (28%) to ‘low’ (57%), similar to 2009

#### Price

Figure 11 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 2010 were similar to the prices reported by participants in 2009. In 2010 and 2009 the median price of a cap of heroin was reported to be \$50. The median price of a gram decreased in 2010 to \$300 (\$320 in 2009), which was equivalent to 2007 and 2008. The median price for a quarter-gram of heroin decreased slightly from \$90 in 2009 to \$80 in 2010, while the median price for a half-gram remained stable at \$160. Similar to 2009, in 2010, quarter-grams of heroin were the most commonly purchased, followed by half-grams.

**Figure 11: Median price of most recent heroin gram and cap purchased by participants, 2001-2010**



Source: ACT IDRS interviews, 2001-2010

Table 12 presents participant reports of changes in the price of heroin in the six months preceding the interview. Consistent with purchase prices, the majority (82%) of those who commented on heroin trends in 2010 reported that the price had remained stable in the previous six months, a slight decrease from 2009 (90%).

**Table 12: Participants' reports of heroin price changes in the last six months, 2009-2010**

	2009 N=100	2010 N=101
<b>Did respond (%)</b>	69	75
Increasing (%)	1	11
Stable (%)	90	82
Decreasing (%)	3	1
Fluctuating (%)	6	7

Source: ACT IDRS PWID interviews, 2009-2010

### Availability

Table 13 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 it was 'very easy' (51%; equal to 2009) to 'easy' (45%; 39% in 2009) to obtain. In 2010, the proportion of participants reporting that heroin was 'difficult' to obtain decreased from 9% in 2009 to just 4%. No one reported that heroin was 'very difficult' to obtain in 2010. There was no significant differences between 2009 and 2010 in the proportion reporting current heroin availability ( $p>0.05$ ).

**Table 13: Participants' reports of heroin availability in the past six months, 2009-2010**

	2009 N=100	2010 N=101
<b>Current availability</b>		
Did respond (%)	70	74
<b>Of those who responded:</b>		
Very easy (%)	51	51
Easy (%)	39	45
Difficult (%)	9	4
Very difficult (%)	1	0
<b>Availability change over the last six months</b>		
Did respond (%)	69	74
<b>Of those who responded:</b>		
More difficult (%)	10	4
Stable (%)	71	76
Easier (%)	19	13
Fluctuates (%)	0	7

Source: ACT IDRS PWID interviews, 2009-2010

Participants were asked to comment on changes in the availability of heroin in the ACT in the six months prior to interview (see Table 13). In 2010, the majority of participants believed heroin availability had remained stable (76%), which was similar to 2009 (71%). The proportion that believed that heroin availability had fluctuated increased from 0% in 2009 to 7% in 2010. No significant differences in availability were found between 2009 and 2010 ( $p>0.05$ ).

In 2010, the majority (48%) of participants who reported purchasing heroin in the six months prior to interview last bought it from a known dealer. Twenty-eight (28%) reported last purchasing heroin from a friend. Smaller proportions reported last obtaining heroin from a street dealer (15%), acquaintance (7%) and unknown dealer (3%). The most commonly reported places for the last purchase of heroin were agreed public locations (39%), a dealer's home (23%), home delivery (20%), a friend's home (11%), and an acquaintance's house (4%).

## Purity

Participants were asked to comment on the perceived purity of heroin in the ACT (see Table 14). In 2010, the majority of participants commenting on heroin perceived it to be of 'low' (57%) or 'medium' purity (28%). Only four percent reported current purity to be 'high' while 11% reported that purity fluctuated. There were no significant differences between 2009 and 2010 reports of current purity ( $p>0.05$ ).

**Table 14: Participants' perceptions of heroin purity in the past six months, 2009-2010**

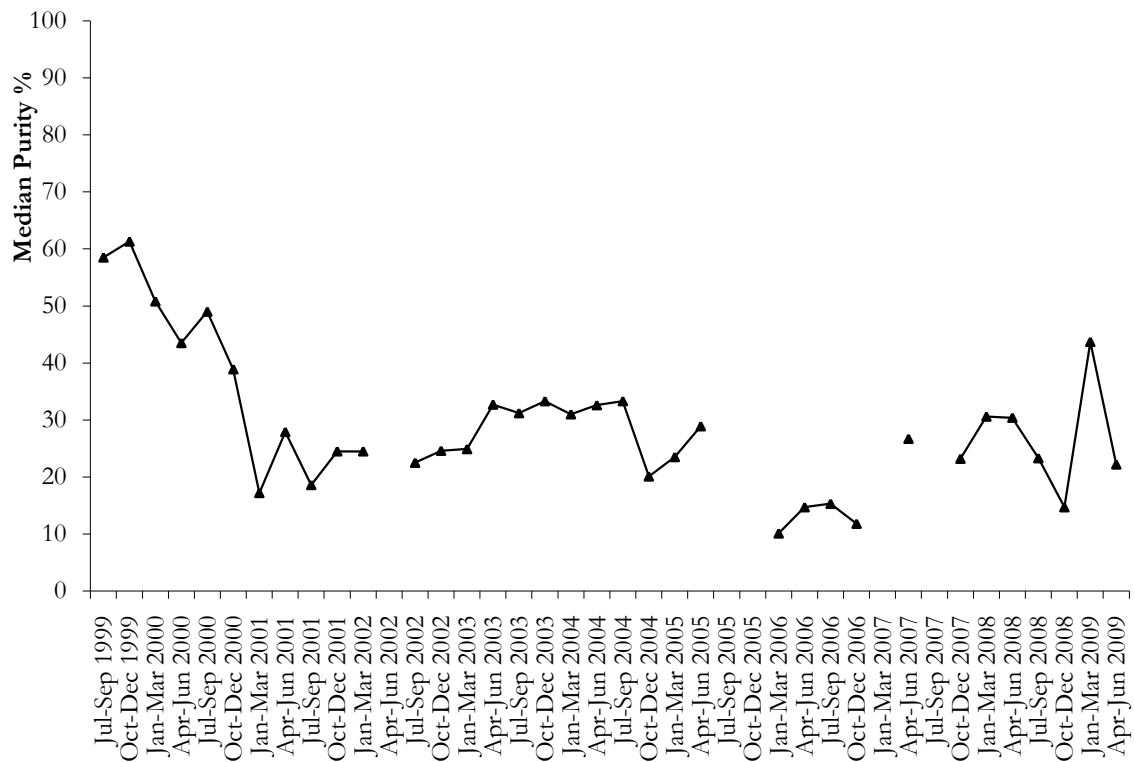
	2009 N=100	2010 N=101
<b>Current purity</b>		
Did respond (%)	68	71
<b>Of those who responded:</b>		
High (%)	6	4
Medium (%)	37	28
Low (%)	47	57
Fluctuates (%)	10	11
<b>Purity change over the last six months</b>		
Did respond (%)	66	71
<b>Of those who responded:</b>		
Increasing (%)	27	14
Stable (%)	29	42
Decreasing (%)	24	31
Fluctuating (%)	20	14

Source: ACT IDRS PWID interviews, 2009-2010

In 2010, reports of purity change varied (see Table 14). Participants most commonly reported that heroin purity was stable in the six months prior to interview (42%). No significant differences were found between 2009 and 2010 ( $p>0.05$ ). However, there were fewer reports in 2010 of heroin purity increasing (14%, 27% in 2009) and more reports of heroin purity decreasing (31%; 24% in 2009).

Figure 12 presents data on the purity of heroin seizures made by ACT local police, by quarter, from July 1999 to June 2009. In 2008/2009 financial year the median purity of heroin seized in the ACT saw a spike in the January 2009 to March 2009 quarter. Data were not available at the time of printing for more recent seizure purity estimates.

**Figure 12: Median purity of heroin seizures by ACT local police, July 1999 to June 2009**



**Source:** ABCI (2000-2002); ACC (2003-2010)

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 for the 2009/2010 financial year.

## 6.2 Methamphetamine

### Key Points

#### Methamphetamine powder

- Point: stable at \$50 in 2009 and 2010; gram: stable at \$250 in 2009 and 2010
- ‘Very easy’ to ‘easy’ to obtain
- Purity was reported to be ‘low’ to ‘medium’ and ‘decreasing’ across the previous six months

#### Methamphetamine base

- Point: stable at \$50 in 2009 and 2010; gram: \$250 in 2010 (\$275 in 2009)
- ‘Easy’ to obtain, availability ‘stable’
- Purity was reported to be ‘low’ to ‘medium’ and ‘decreasing’ across the previous six months

#### Crystal methamphetamine

- Point: stable at \$50 in 2009 and 2010; gram: \$275 in 2010 (\$450 in 2009)
- There were mixed reports on availability
- Purity was reported as ‘medium’ to ‘high’, and ‘stable’ in the previous six months

In 2010, 36% of the entire sample was able to comment on trends in the price, purity, availability and use of speed (47% in 2009). A smaller proportion of participants were able to comment on base (17%, 21% in 2009). Thirty-seven percent of the sample was able to comment on crystal trends (46% in 2009).

The median prices reported in 2009 and 2010 for each form of methamphetamine are presented in Table 15 and reports of changes in price are reported in Table 16.

### Price

#### *Methamphetamine powder*

In 2010, the median price for a ‘point’ (0.1 grams), ‘half-weight’ (0.5 grams) and gram of speed remained stable at \$50, \$150 and \$250 respectively. It should be noted, however, that only a small number of participants reported on the price for a ‘half-weight’ and gram of speed so data should be interpreted with caution. No-one commented on the price of an ‘eight-ball’ (3.5 grams) in 2010.

The most common amount of speed purchased was a point, with 44% 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 amounts purchased in the six months preceding interview were ‘half-weights’ (0.5 grams) and grams, with 19% of those commenting on speed making recent purchases of these amounts.

Of those participants that commented on speed in 2010, 67% believed the price to be stable, in comparison to 81% of participants in 2009. Eighteen percent of participants believed the price of speed was increasing (10% in 2009) while 15% thought the price was decreasing (2% in 2009).

### ***Base methamphetamine***

The median price of a point of base purchased by participants in 2010 was equal to 2009 at \$50; however, this is based on only a small number of participants that responded so data should be interpreted with caution. Very small numbers reported on the price per ‘half-weight’ and gram of base in 2010 so, again, the figures in Table 15 should be interpreted with caution. The median price per ‘half-weight’ (0.5 grams) of base was equivalent to 2009 at \$150 while the median price per gram was \$250, down from \$275 in 2009. No one commented on the price of an ‘eight-ball’ (3.5 grams) of base. Findings indicate that base was most commonly purchased in points by participants in the ACT in 2010.

Of those that commented on base in 2010, the majority (75%) reported the price to have remained stable in the six months preceding interview, which was comparable to 2009 (71%). Almost one-fifth (19%) reported that the price of base was increasing in 2010 (10% in 2009). A small proportion believed that the price of base was decreasing (6%; 10% in 2009).

### ***Crystal methamphetamine***

In 2010, the median price of a point (0.1 grams) of crystal purchased by participants remained stable at \$50. The median price of a ‘half-weight’ (0.5 grams) decreased from \$250 in 2009 to \$175 in 2010, as did the median price of a gram of crystal which decreased from \$450 in 2009 to \$275 in 2010. These latter results are, however, based on a small number of participants that reported and should therefore be interpreted with caution. No one commented on the price of an ‘eight-ball’ (3.5 grams) of crystal. The most common amount of crystal purchased was a point, with 68% 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 16% of those commenting on crystal making recent purchases.

Of those that commented on crystal in 2010, the majority (57%) reported the price to have remained stable in the six months preceding the interview, which was a significant decrease from 81% in 2009 (95% CI: 0.04–0.42).

**Table 15: Price of most recent methamphetamine purchases by participants, 2009-2010**

<b>Amount</b>	<b>Median price* 2009 (\$)</b>	<b>Median price* 2010 (\$)</b>
<i>Speed</i>		
Point (0.1 gram)	50 (35-90)	<b>50 (20-100)</b>
‘Half-weight’ (0.5 grams)	150 (100-200)	<b>150^ (100-150)</b>
Gram	250 (180-380)	<b>250^ (120-300)</b>
‘Eight-ball’ (3.5 grams)	850^ (500-1200)	-
<i>Base</i>		
Point	50 (25-50)	<b>50^ (50)</b>
‘Half-weight’ (0.5 grams)	150 (100-300)	<b>150^ (150)</b>
Gram	275^ (250-350)	<b>250^ (200-300)</b>
‘Eight-ball’ (3.5 grams)	875 (650-1100)	-
<i>Crystal</i>		
Point (0.1 gram)	50 (50-55)	<b>50 (20-100)</b>
‘Half-weight’ (0.5 grams)	250 (150-300)	<b>175^ (100-250)</b>
Gram	450 (250-500)	<b>275^ (250-300)</b>
‘Eight-ball’ (3.5 grams)	1200^ (1000-2800)	-

**Source:** ACT IDRS PWID interviews, 2009-2010

\* range data are presented in brackets

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

**Table 16: Participants' reports of methamphetamine price changes in the last six months in the ACT, 2009-2010**

	2009 N=100	2010 N=101
<i>Speed</i>		
<b>Did respond (%)</b>	41	33
<b>Of those that responded</b>		
Increasing (%)	10	18
Stable (%)	81	67
Decreasing (%)	2	15
Fluctuating (%)	7	0
<i>Base</i>		
<b>Did respond (%)</b>	21	16
<b>Of those that responded</b>		
Increasing (%)	10	19
Stable (%)	71	75
Decreasing (%)	19	6
Fluctuating (%)	0	0
<i>Crystal</i>		
<b>Did respond (%)</b>	42	37
<b>Of those that responded</b>		
Increasing (%)	14	38
Stable (%)	81	57
Decreasing (%)	5	3
Fluctuating (%)	0	3

Source: ACT IDRS PWID interviews, 2009-2010

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 2010. Findings are presented separately for powder, base and crystal in Table 17.

## Availability

### *Methamphetamine powder*

Of those who commented on the current availability of speed (n=35), the majority reported it to be 'very easy' (49%) to obtain, whilst 31% reported it to be 'easy'. There were no significant differences from 2009 to 2010 in the reported availability of speed ( $p>0.05$ ).

Over three-quarters (80%) of the participants that commented on speed thought that the availability had remained stable in the six months prior to interview, which was not significantly different to 2009 (59%,  $p>0.05$ ).

Participants who bought speed (n=34) reported that they obtained it through: friends (41%), known dealers (29%), street dealers (24%) and unknown dealers (3%). The most commonly reported places of speed purchases were at an agreed public location (30%), friend's home (27%), dealer's home (27%) and home delivery (9%).

### *Base methamphetamine*

The majority of participants in 2010 reported base to be 'easy' (53%) to obtain (33% in 2009). There was a decrease in the proportion reporting that base was 'very easy' to obtain from 43% in 2009 to 18% in 2010. Alternately, there was an increase in the proportion reporting that base was difficult to obtain from 19% in 2009 to 29% in 2010. Seventy-three percent of the sample

reported that base availability had remained stable in the six months preceding interview; a decrease from 86% in 2009. There were no significant differences from 2009 to 2010 in reports of current availability or the change in availability of base ( $p>0.05$ ).

Among those who had purchased base ( $n=25$ ) in 2010, 40% reported that they last purchased base through a known dealer, 33% had purchased through a friend and 13% had purchased through a street dealer. Two-fifths (40%) of participants who purchased base reported they last did so at a dealer's home, 33% at a friend's home and 20% reported that they last obtained base at an agreed public location.

### ***Crystal methamphetamine***

Of those who commented on the current availability of crystal ( $n=37$ ), the majority reported it to be 'easy' to obtain in the ACT in 2010 (43%; 29% in 2009). There was a decrease in the proportion of participants reporting that crystal was 'very easy' to obtain from 36% in 2009 to 19% in 2010. Conversely, there was an increase in the proportion of participants reporting that crystal was difficult to obtain from 27% in 2009 to 35% in 2010. There were, however, no significant differences in the reported availability of crystal from 2009 to 2010 ( $p>0.05$ ).

In 2010, half of the participants reported that crystal availability had remained stable, which was similar to 2009 (60%). Thirty-three percent reported that crystal was 'more difficult' to obtain (equivalent to 2009) while 11% reported that it was 'easier' to obtain (4% in 2009). There were no significant differences from 2009 to 2010 in the reported change in availability of crystal over the six months preceding interview ( $p>0.05$ ).

Over half (54%) of the participants who reported that they had bought crystal ( $n=35$ ) said they obtained it from a friend. A quarter (26%) reported that they had obtained crystal through a known dealer, 9% reported that they had obtained it from a street dealer, and 6% reported that they had obtained it from an acquaintance. The most common venues where participants had last purchased crystal from included: a friend's home (37%), an agreed public location (26%), a dealer's home (23%), and home delivery (9%).

**Table 17: Participants' reports of methamphetamine availability in the past six months, 2009-2010**

	Powder		Base		Crystal	
	2009 (N=100)	2010 (N=101)	2009 (N=100)	2010 (N=101)	2009 (N=100)	2010 (N=101)
<b>Current availability</b>						
Did respond (%)	46	35	21	17	45	37
<b><i>Of those who responded:</i></b>						
Very easy (%)	41	49	43	18	36	19
Easy (%)	30	31	33	53	29	43
Difficult (%)	22	20	19	29	27	35
Very difficult (%)	7	0	5	0	9	3
<b>Availability change over the last six months</b>						
Did respond (%)	44	35	21	15	45	36
<b><i>Of those who responded:</i></b>						
More difficult (%)	25	4	14	13	33	33
Stable (%)	59	80	86	73	60	50
Easier (%)	11	9	0	13	4	11
Fluctuates (%)	5	0	0	0	2	6

Source: ACT IDRS PWID interviews, 2009-2010

Participants' reports of the purity and purity change for methamphetamine are reported separately in Figure 13 and Figure 14.

## **Purity**

### ***Methamphetamine powder***

In 2010, over two-fifths (44%) of participants who commented on the purity of speed (n=36) reported that it was of 'low' purity (57% in 2009). One-third (33%) reported that it was of 'medium' strength and 11% reported that purity was 'high' or 'fluctuated'. From 2009 to 2010 there were no significant differences in the reported purity of speed ( $p>0.05$ ).

In respect to the purity change of speed over the six months preceding interview, there were also no significant changes from 2009 to 2010 ( $p>0.05$ ). Of those who commented (n=36), over two-fifths (44%) of participants reported that the purity of speed had 'decreased' (41% in 2009), a third (33%) of participants reported that purity was 'stable' (31% in 2009), while 17% reported that purity had 'fluctuated' (24% in 2009). Only 6% reported that the purity of speed had 'increased', which was similar to 2009 (5%).

### ***Methamphetamine base***

In 2010, among those who commented on the purity of base (n=16), over two-fifths (44%) reported the purity to be 'medium' (24% in 2009), 31% reported it to be 'low' (52% in 2009) and 19% reported it to be 'high' (equal to 2009). Only 6% reported that the purity of base 'fluctuated', which was similar to 2009 (5%). There were no significant differences in the reported purity of base from 2009 to 2010 ( $p>0.05$ ).

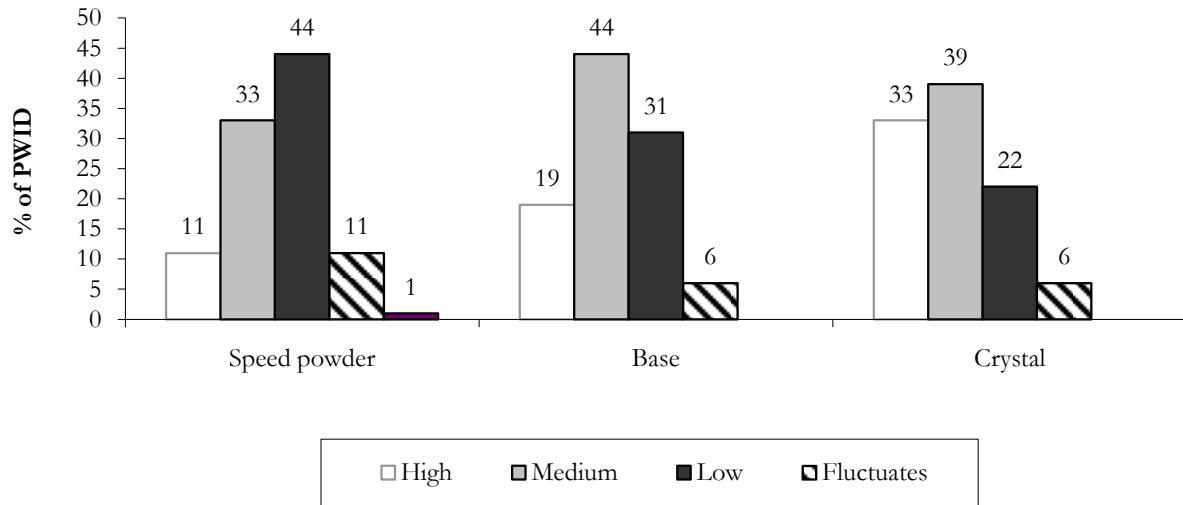
Of participants who commented on base purity (n=16), two-fifths (44%) reported that the current purity was 'stable' (43% in 2009), a quarter (25%) reported purity was 'decreasing' (48% in 2009) and 13% reported that purity 'fluctuated' (10% in 2009). In 2010, 19% reported that base purity was 'increasing', while no one reported this in 2009. Overall, however, there were no significant differences in the reported purity change of base from 2009 to 2010 ( $p>0.05$ ).

### ***Crystal methamphetamine***

In 2010, of those who commented on the purity of crystal (n=36), the majority reported crystal to be 'medium' (39%; 19% in 2009) or 'high' (33%; 21% in 2009) in purity. Significantly less participants reported that the purity was 'low' in 2010 (22%) compared to 2009 (54%; 95% CI: 0.10–0.49). Only 6% reported that the purity of ice 'fluctuated', which was comparable to 2009 (7%). These mixed results may be due to the finding that crystal can have bi-modal purity, with the more pure crystal at around 80% purity, and the less pure crystal at around 18% (McKetin et al., 2005).

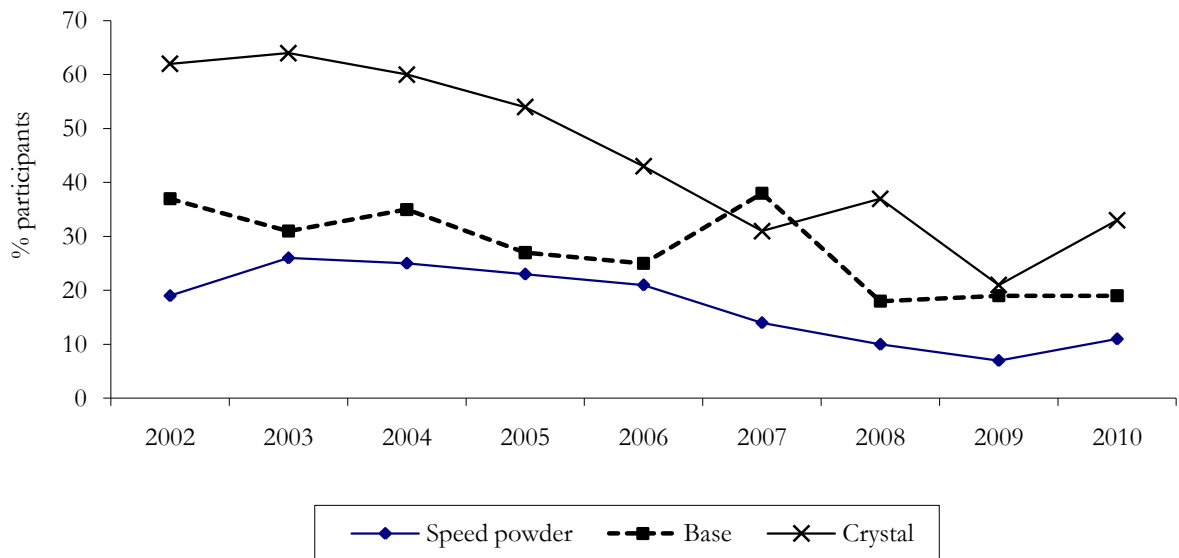
Similar to 2009, in 2010, there were mixed reports from participants concerning the change in purity of crystal over the preceding six months. One-third (34%) of participants who commented (n=35) reported that the purity of crystal was 'stable' (25% in 2009) while 23% reported that the purity had 'increased' (11% in 2009). There was a significant reduction in the proportion of participants reporting that the purity of ice had 'decreased' over the six months preceding interview from 48% in 2009 to 23% in 2010 (95% CI: 0.04–0.43). One-fifth (20%) of participants believed that the purity of crystal had 'fluctuated' over this time which was similar to 2009 (16%).

**Figure 13: Participant perceptions of methamphetamine purity (speed powder, base and crystal) among those who commented, 2010**



Source: ACT IDRS PWID interviews, 2010

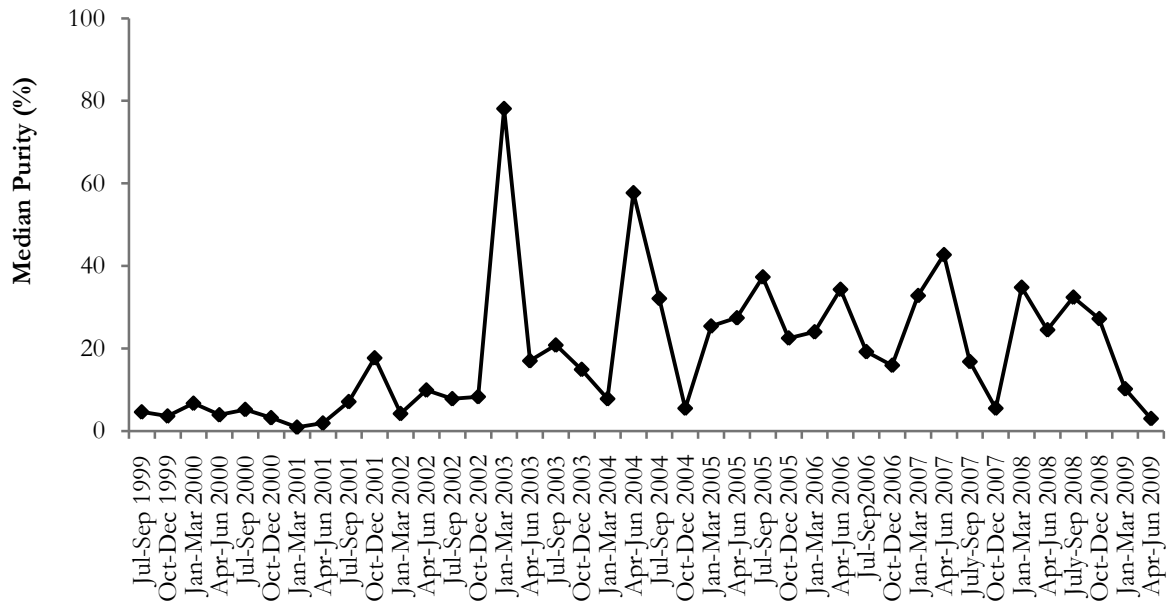
**Figure 14: Proportion of participants reporting methamphetamine (speed powder, base and crystal) purity as 'high', 2002-2010**



Source: ACT IDRS PWID interviews, 2002-2010  
 NB: Data on all three forms commenced in 2002

As shown in Figure 15, analysis of ACT police methamphetamine seizures indicates that the median methamphetamine purity in the ACT in the 2008/2009 financial year has decreased. The median purity was 3.0% in the final quarter of the 2008/2009 financial year. More recent data were not available at the time of printing.

**Figure 15: Median purity of methamphetamine seizures by ACT local police, 1999/2000 to 2008/2009**



Source: ABCI (2000-2002); ACC (2003-2010)  
 NB: Data not available for the 2009/2010 financial year

### 6.3 Cocaine

Due to the small number of participants reporting on the price, purity and availability of cocaine in 2010 (n=1), this data will not be reported on.

## 6.4 Cannabis

### Key Points

- The price for a gram of both hydro and bush was stable at \$20
- The price of an ounce of hydro was reported to be \$280 and for an ounce of bush was reported to be \$250
- Both hydro and bush were reported to be ‘easy’ to ‘very easy’ to obtain
- Potency of hydro was reported to be ‘high’, consistent with 2009
- Potency of bush was reported to be ‘medium’, consistent with 2009

Participants were asked to comment on the price, purity and availability of two different forms of cannabis: outdoor-cultivated cannabis (bush) and indoor-cultivated cannabis (‘hydroponic’ or ‘hydro’). Just over half of the participants (54%) commented on hydroponic trends in the ACT, while 46% reported on bush cannabis. All participants who commented on trends in either bush or hydro (n=74) were able to distinguish between these two types of cannabis. In 2010, no participants commented on the price, purity or availability of hashish or hashish oil in the ACT.

### Price

The median prices for hydro and bush cannabis are shown in Table 18. In past years, a difference has been observed between the median prices reported for bush and hydro cannabis. In 2010, however, there were no notable difference in the median prices reported for hydro (typically the more potent form) and bush. The reported changes in price for both forms of cannabis are presented in Table 19.

#### *Hydroponic cannabis*

The median price of a gram of hydroponic cannabis purchased by participants in 2010 remained stable at \$20. The median price of a quarter-ounce decreased to \$80 (\$100 in 2009), while a half-ounce increased slightly to \$155 (\$140 in 2009), similar to the figure for 2008 (\$150). It should be noted, however, that only a small number of participants reported on the price of a quarter- and half-ounce of hydro in 2010. The median price of an ounce decreased slightly with the median price reported as \$280 (\$300 in 2009).

The most common amount of hydro purchased was a gram, with 28 participants reporting that they had bought a gram in the six months preceding the interview. An ounce and quarter-ounce were the next most common amounts purchased. Of those that commented on hydro in 2010, 80% reported that the price had remained ‘stable’ (70% in 2009).

#### *Bush cannabis*

The median price of a gram of bush cannabis purchased by participants remained stable at \$20 in 2010, as did the median price of a quarter-ounce at \$80. The median price of a half-ounce and ounce similarly remained stable at \$150 and \$250 respectively; however, only a small number of participants were able to comment on these quantities in 2010 so results need to be interpreted with caution.

The most common amount of bush cannabis purchased was a gram, with 19 participants reporting that they had bought a gram in the six months preceding interview. This was followed by a quarter ounce (n=14). As can be seen in Table 18, of those that commented on bush

cannabis in 2010, the majority (87%) reported that the price of bush had remained stable in the six months preceding interview.

**Table 18: Price of most recent cannabis purchases by participants, 2009-2010**

Amount	Median Price 2009* \$	Median Price 2010* \$
<b>hydro</b>		
Gram	20 (10-25)	20 (10-25)
Quarter ounce	100 (50-350)	80^ (70-100)
Half ounce	140 (140-280)	155^ (150-160)
Ounce	300 (250-450)	280 (150-350)
<b>bush</b>		
Gram	20 (10-65)	20 (10-25)
Quarter ounce	80 (60-250)	80 (50-100)
Half ounce	150^ (130-160)	150^ (150)
Ounce	250 (150-300)	250^ (200-300)

Source: ACT IDRS PWID interviews, 2009-2010

\*range data are in brackets

^n=<10

**Table 19: Participants' reports of cannabis price changes in the last six months in the ACT, 2009-2010**

	2009 N=100	2010 N=101
<b>Hydro</b>		
<b>Did respond (%)</b>	70	50
Increasing (%)	14	8
Stable (%)	70	80
Decreasing (%)	1	6
Fluctuating (%)	14	6
<b>Bush</b>		
<b>Did respond (%)</b>	60	45
Increasing (%)	7	7
Stable (%)	82	87
Decreasing (%)	2	2
Fluctuating (%)	10	4

Source: ACT IDRS PWID interviews, 2009-2010

### 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 2010. Findings are presented separately for hydroponic cannabis and bush cannabis (see Table 20).

#### **Hydroponic cannabis**

Of those that commented on the current availability of hydro (n=51), the majority reported it to be 'very easy' (43%) to 'easy' (53%) to obtain. There were no significant differences between 2009 and 2010 ( $p>0.05$ ).

The majority (85%) of participants commenting on hydro thought that the availability had remained stable in the six months prior to interview, up from 69% in 2009. Although this change

was not significant ( $p>0.05$ ), there was a significant decrease in the proportion of participants reporting that hydro was ‘more difficult’ to obtain from 19% in 2009 to 2% in 2010 (95% CI: 0.02–0.19). Recent hydroponic cannabis users who bought hydro predominantly reported last purchasing it from a friend (48%) or a known dealer (40%). The most common places for purchasing hydro were from a friend’s home (37%), a dealer’s home (35%), and from an agreed public location (17%).

### ***Bush cannabis***

There were mixed responses for the availability of bush in 2010. The majority reported that bush was ‘easy’ (37%) or ‘very easy’ (35%) to obtain, while a quarter (26%) reported that it was difficult to obtain. There were no significant differences between 2009 and 2010 on the reported availability of bush ( $p>0.05$ ). Of those that commented on the current availability of bush cannabis (n=45), 82% reported that bush availability had remained stable in the six months preceding interview, as shown in Table 20. This was a significant increase from 2009 when 63% of participants reported that bush availability had remained stable (95% CI: -0.35– -0.02). There were also less reports of bush being ‘more difficult’ to obtain in the preceding six months (9%; 17% in 2009), although this was not significant.

The majority of bush purchases were through a friend (64%), followed by a known dealer (25%). Most purchases occurred at a friend’s home (46%), through home delivery (23%), or at a dealer’s home (18%).

**Table 20: Participants’ reports of cannabis availability in the past six months, 2009-2010**

Current availability	Hydro		Bush	
	2009 (N=100)	2010 (N=101)	2009 (N=100)	2010 (N=101)
<b>Did respond (%)</b>	72	50	59	46
<b>Of those who responded:</b>				
Very easy (%)	42	53	29	35
Easy (%)	44	43	44	37
Difficult (%)	11	4	20	26
Very difficult (%)	3	0	7	2
<b>Availability change over the last six months</b>				
<b>Did respond (%)</b>	70	51	59	45
<b>Of those who responded:</b>				
More difficult (%)	19	2	17	9
Stable (%)	69	85	63	82
Easier (%)	1	10	9	9
Fluctuates (%)	11	4	12	0

Source: ACT IDRS PWID interviews, 2009-2010

### **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 16 and Figure 17).

### ***Hydroponic cannabis***

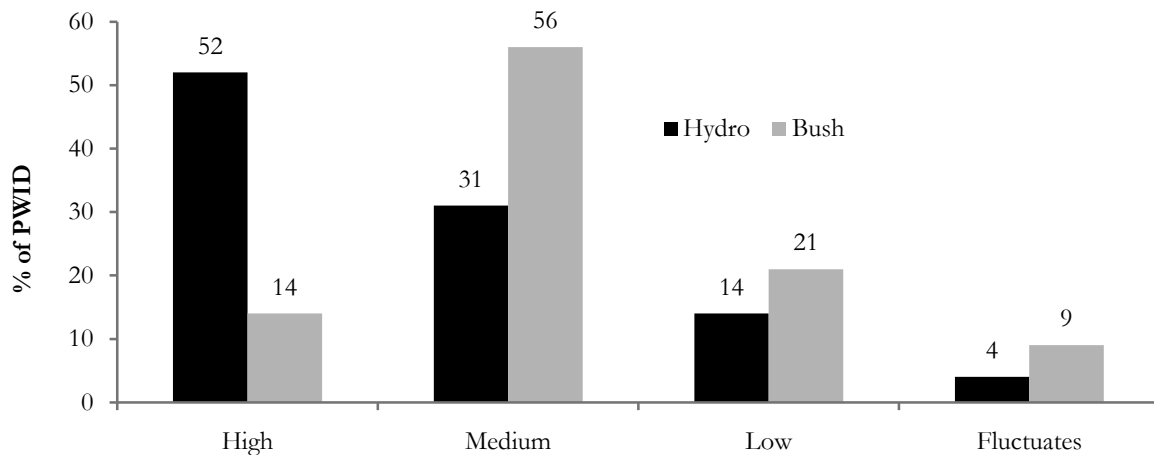
The majority of participants who commented on hydro reported that its potency was ‘high’ (52%) in the six months preceding interview (see Figure 17), which was comparable to 2009 (54%). Almost a third (31%) of the participants reported that the potency was ‘medium’ (42% in 2009). The majority (58%; see Figure 17) of participants reported that hydro potency was stable in 2010 (67% in 2009). There were no significant differences in the reported potency or potency change of hydro from 2009 to 2010 ( $p>0.05$ ).

### ***Bush cannabis***

The potency of bush cannabis was generally reported to be ‘medium’ (56%; see Figure 16); however, 14% reported it to be ‘high’ while 21% reported it to be ‘low’. There were no significant differences between 2009 to 2010.

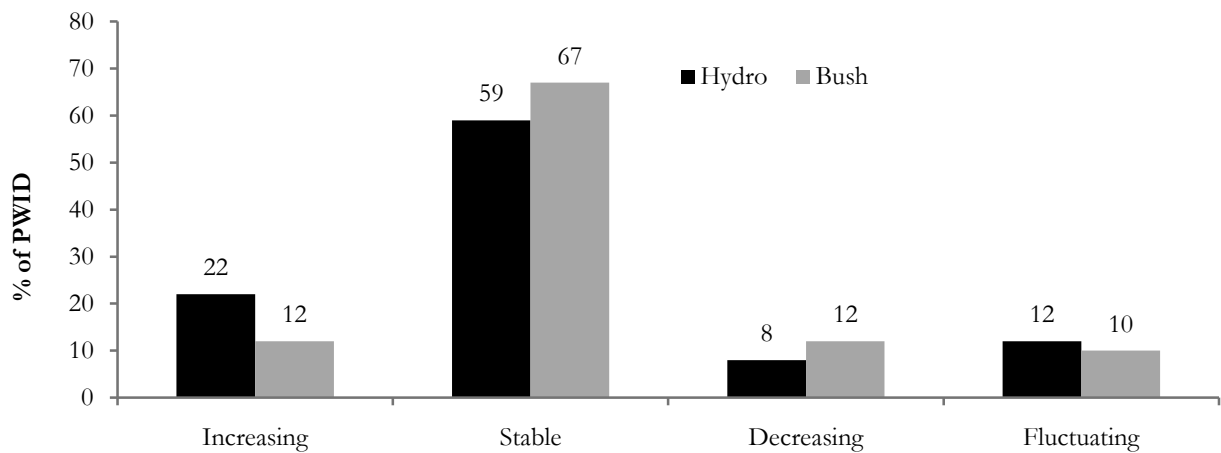
As can be seen in Figure 17, the majority (67%) of respondents who commented on bush cannabis reported that the potency had remained ‘stable’ in the six months prior to the interview (66% in 2009). There were no significant differences in reports of potency change of bush cannabis between 2009 and 2010 ( $p>0.05$ ).

**Figure 16: PWID reports of current potency of cannabis among those who responded, 2010**



Source: ACT IDRS PWID interviews, 2010

**Figure 17: Participants' reports of change in cannabis potency among those who responded, 2010**



Source: ACT IDRS PWID interviews, 2010

### Key Expert Comments

- Several KE reported cannabis as the main illicit drug used by PWID and that cannabis was readily available in the ACT.
- Polydrug use was reported to be common amongst cannabis users.
- Several KE reported that the price of cannabis had remained stable in the previous year.
- All KE that commented on the type of cannabis used reported that hydroponic cannabis was typically used by PWID.

## 6.5 Methadone

### Price

In 2010, 16 participants commented on the current price of street (illicit) methadone in the ACT. The median price reported for a millilitre of methadone was \$0.50. The majority (69%) of those who commented (n=16) reported that the price of methadone remained 'stable' over the six months preceding interview, down from 79% in 2009. One participant reported that the price had increased while another participant commented that it had decreased. A further three participants reported that the price of methadone had fluctuated.

### 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 21, 76% of respondents who commented on the current availability of street methadone reported it to be 'easy' to 'very easy' to obtain, while 24% reported it to be 'difficult' to obtain. In 2010, no one commented that methadone was 'very difficult' to obtain. The majority (75%) of participants reported that the availability of methadone had remained 'stable' in the past six months. There were no significant differences between 2009 and 2010 in regards to the reported availability or change in availability of methadone ( $p>0.05$ ).

**Table 21: Participants' reports of illicit methadone availability in the past six months, 2009-2010**

	2009 (N=100)	2010 (N=101)
<b>Current availability</b>		
<b>Did respond (%)</b>	23	17
<b>Of those who responded:</b>		
Very easy (%)	39	29
Easy (%)	30	47
Difficult (%)	22	24
Very difficult (%)	9	0
<b>Availability change over the last six months</b>		
<b>Did respond (%)</b>	24	16
<b>Of those who responded:</b>		
More difficult (%)	8	13
Stable (%)	79	75
Easier (%)	13	6
Fluctuates (%)	0	6

Source: ACT IDRS PWID interviews, 2009-2010

In 2010, of participants who reported that they had bought methadone (n=13), 85% reported that they had obtained it through a friend while 15% had obtained it from an acquaintance. Most commonly, participants had last obtained methadone at an agreed public location (31%), a friend's home (23%) or through home delivery (15%).

## 6.6 Buprenorphine

### Price

In 2010, the median price for a 2mg tablet of buprenorphine was reported to be \$15 (n=2), which increased from \$7.50 in 2009 (n=2). These results should be interpreted with caution, however, due to very low numbers responding. The median price for an 8mg tablet was \$20 (n=13), which was equivalent to 2009. The majority of participants (67%) who commented (n=21) believed that the price of buprenorphine had remained stable in the six months preceding interview while 24% reported that the price had decreased.

### Availability

Although reports on the availability of buprenorphine were mixed, generally participants who were able to answer the buprenorphine section (n=21) reported buprenorphine to be ‘easy’ (43%) to ‘very easy’ (29%) to obtain. Another 29% reported that it was ‘difficult’ to obtain. Three-quarters (76%) of those who commented believed that availability had remained stable in the six months preceding interview, whilst 14% of participants reported that buprenorphine had become ‘more difficult’ to obtain. Ten percent reported that availability had fluctuated. Buprenorphine was most commonly obtained from friends (58%) or a known dealer (32%) and from a friend’s home (42%) or an agreed public location (26%).

## 6.7 Buprenorphine-naloxone (Suboxone®)

### Price and availability

Less than 10 participants were able to comment on the price, purity or availability of illicit buprenorphine-naloxone. Of those who did comment (n=7), the median price paid for a 2mg Suboxone tablet was \$10 (n=2) and \$20 for an 8mg tablet (n=3). Six participants commented on the price change of buprenorphine-naloxone over the six months preceding interview, all of whom reported that the price had remained stable. Most of these participants responded that Suboxone was ‘easy’ or ‘very easy’ to obtain. Only one responded that it was difficult to access.

## 6.8 Morphine

In 2010, 17 participants commented on trends in price and availability of illicitly obtained morphine in the ACT. Findings are presented below.

### Price

Participants were asked to comment on the current price of different brands of morphine tablets. As can be seen in Table 22, 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 \$50 (although this figure is based on only one respondent so should be interpreted with caution). Participants were asked to comment on any change in the price of morphine in the six months preceding interview. Among those that responded (n=17), the vast majority (88%) reported that the price of morphine had remained ‘stable’ over the past six months. Two participants believed that the price had increased.

**Table 22: Price of most recent illicit morphine purchases by participants, 2009-2010**

Amount bought (per tablet)	Median price paid, \$ (range)	Number of PWID purchasers
MS Contin® – 30mg	15 (15) <i>21.25 (10-30)*</i>	1 <i>4*</i>
MS Contin® – 60mg	30 (30) <i>30 (20-40)*</i>	2 <i>7*</i>
MS Contin® – 100mg	50 (20-100) <i>50 (40-100)*</i>	12 <i>24*</i>
Kapanol®– 100mg	50 (50) <i>80 (50-100)*</i>	1 <i>3*</i>

Source: ACT IDRS PWID interviews, 2009-2010

\* 2009 data in italics

### Availability

In 2010, of those who commented on morphine availability (n=16), almost two-thirds (63%) reported it to be difficult to obtain, up from 38% in 2009. This difference, however, was not significant ( $p>0.05$ ). The remaining third (38%) reported it to be ‘easy’ to obtain which was similar to 2009 (35%).

Of those who commented (n=16), half (50%) reported that morphine availability had remained stable in the six months preceding interview, which was similar to 2009 (59%). Forty-four percent reported that it was ‘more difficult’ to obtain (17% in 2009).

Most commonly, participants obtained morphine from a friend (71%) or a known dealer (14%) and from a friend’s home (36%) or through home delivery (21%).

Among those who responded (n=15), the main reason for using illicit morphine included self treatment (53%) or as a substitute for heroin/opiates (47%). It should be noted that ‘self treatment’ includes taking morphine to manage pain.

### 6.9 Oxycodone

In 2010, less than 10 participants were able to comment on the price, purity or availability of illicit oxycodone. As such this data will not be reported on.

## 7 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

### 7.1 Overdose and drug-related fatalities

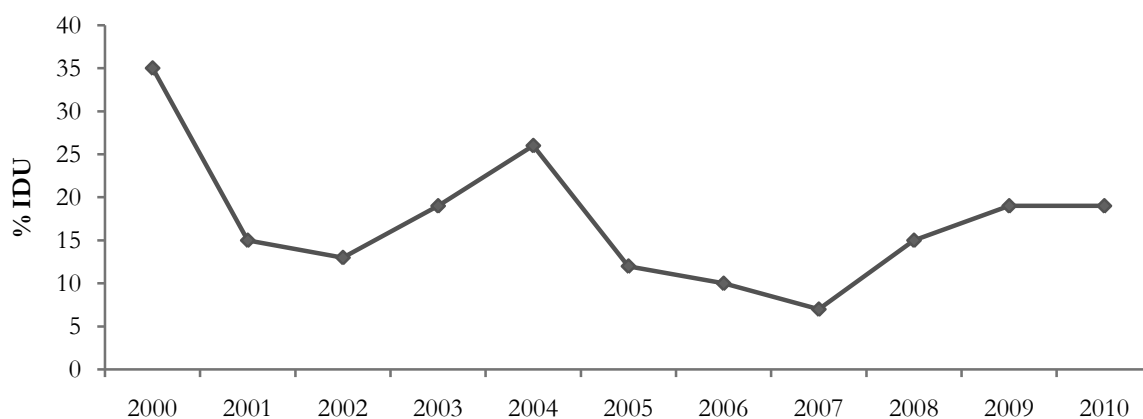
#### Heroin

In 2010, 48% of participants reported having overdosed on heroin at least once at some point in their lives, a decrease from 54% in 2009.

Sixty percent of participants who reported ever having overdosed on heroin reported having overdosed one to 5 times, 23% reported having overdosed between 6 and 10 times and 17% reported 11 or more times. The median time to last heroin overdose was 60 months, or five years (range 5-396 months).

As can be seen from Figure 18, in 2010, 19% of participants reported having overdosed on heroin in the year prior to the interview; the same proportion as in 2009. No participants reported overdosing on heroin in the past month.

**Figure 18: Proportion of PWID reporting heroin overdose in the year preceding interview among those who commented, 2000-2010**

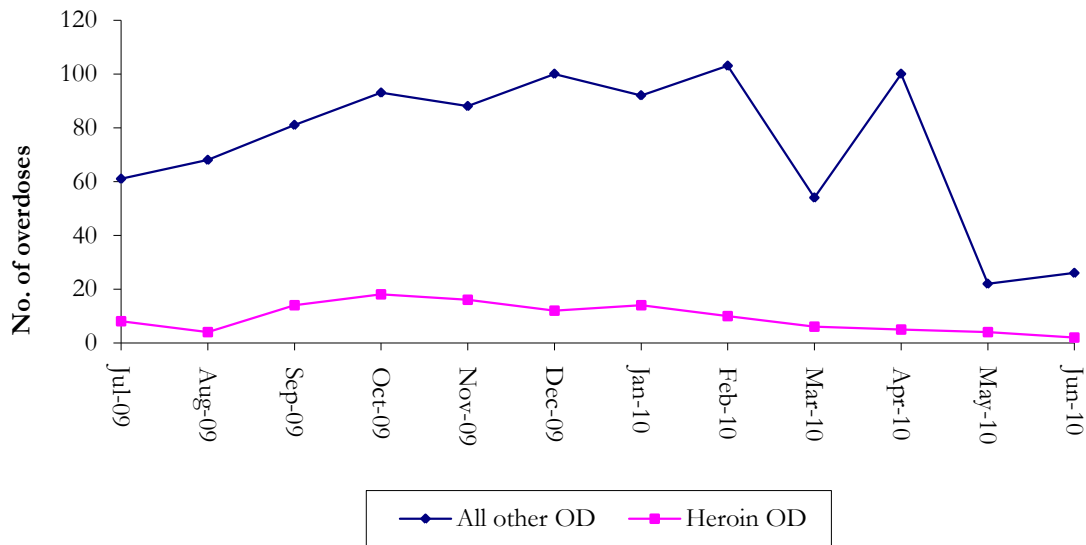


Source: ACT IDRS PWID interviews, 2000-2010

In 2010, participants who reported overdosing on heroin in the previous year (n=8) were asked what treatment and information they received. All participants reported receiving some treatment or information in relation to their overdose. Seven participants reported receiving Narcan, there were seven reports of ambulance attendance, three reports of CPR, two attended a hospital emergency department and one participant saw a psychiatrist.

The following graphs (Figure 19, Figure 20, Figure 21) present data pertaining to ambulance calls in the ACT to reported heroin overdoses. In the 2009/2010 financial year there were a total of 888 ambulance calls to overdoses in the ACT of which 113 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.

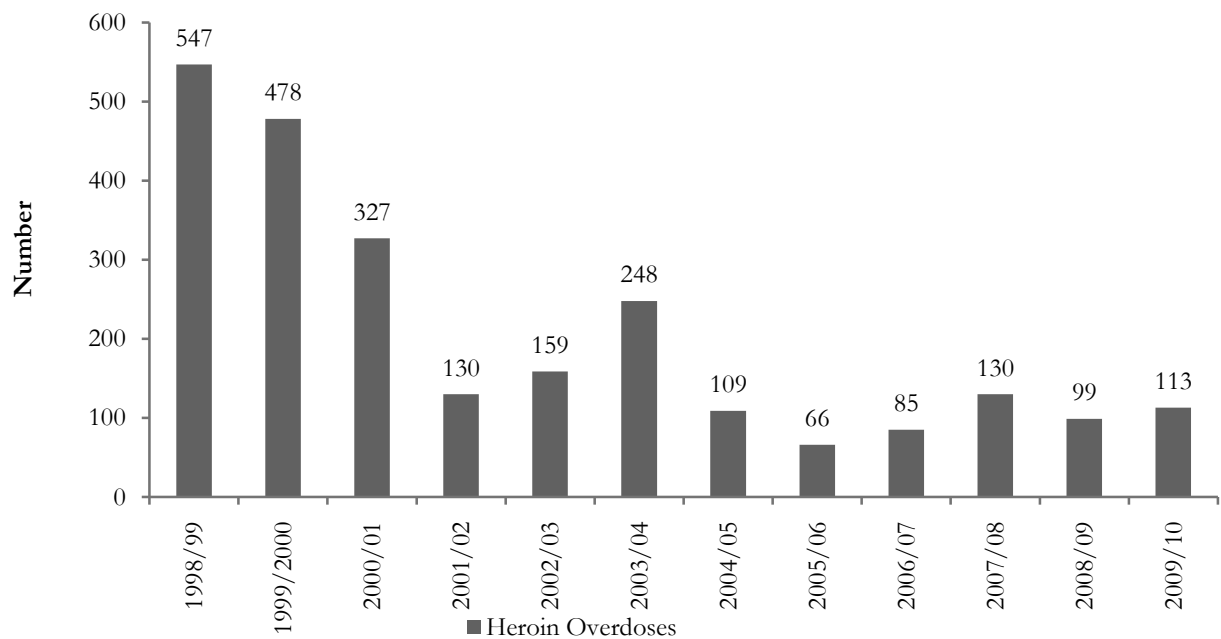
**Figure 19: Total number of overdoses and number of heroin overdoses attended by ACT Ambulance Service, by month, 2009/2010**



Source: ACT Ambulance Service 2009-2010

As can be seen from Figure 20 in the 2009/2010 financial year, there was a total of 113 heroin overdoses attended by the ACT Ambulance Service. This was an increase from 99 heroin overdoses attended in 2008/2009.

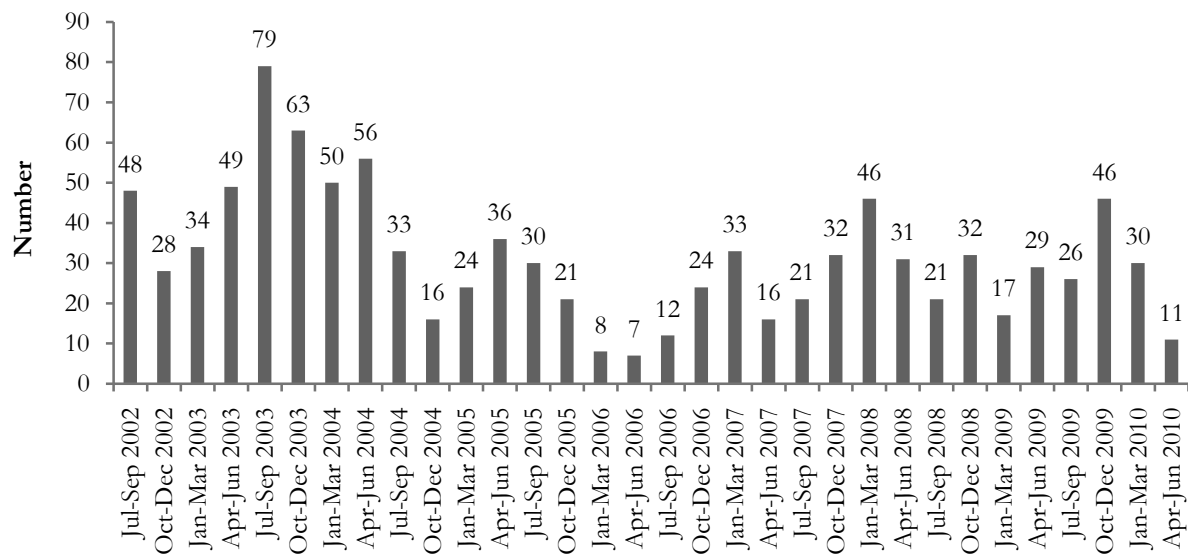
**Figure 20: Annual number of heroin overdoses attended by ACT Ambulance Service, 1998/1999 to 2009/2010**



Source: ACT Ambulance Service 1998-2010

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 has varied since 2002.

**Figure 21: Number of heroin overdoses attended by ACT Ambulance Service, by quarter, July 2002 to June 2010**



Source: ACT Ambulance Service, 2002-2010

### Other drugs

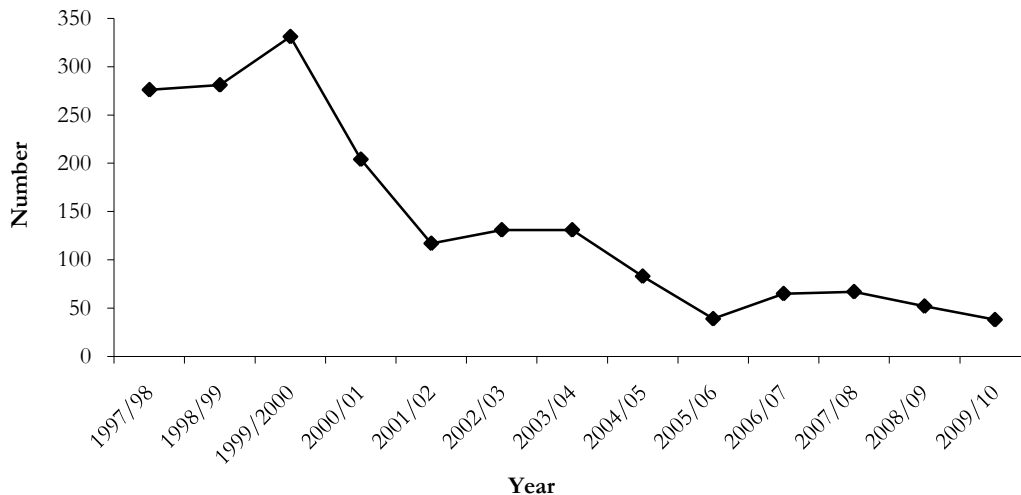
One-quarter of participants reported overdosing on a drug other than heroin at some point in their life. Only eight participants reported overdosing on any other drug in the previous year. Four participants reported overdosing on benzodiazepines in the previous 12 months. One participant reported overdosing on each of speed, crystal, methadone, other opiates, alcohol and cannabis in the previous 12 months.

## 7.2 Drug treatment

### 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 22. The number of clients reporting heroin as their principal drug of concern was 38 in the 2009/2010 financial year (52 in 2008/2009).

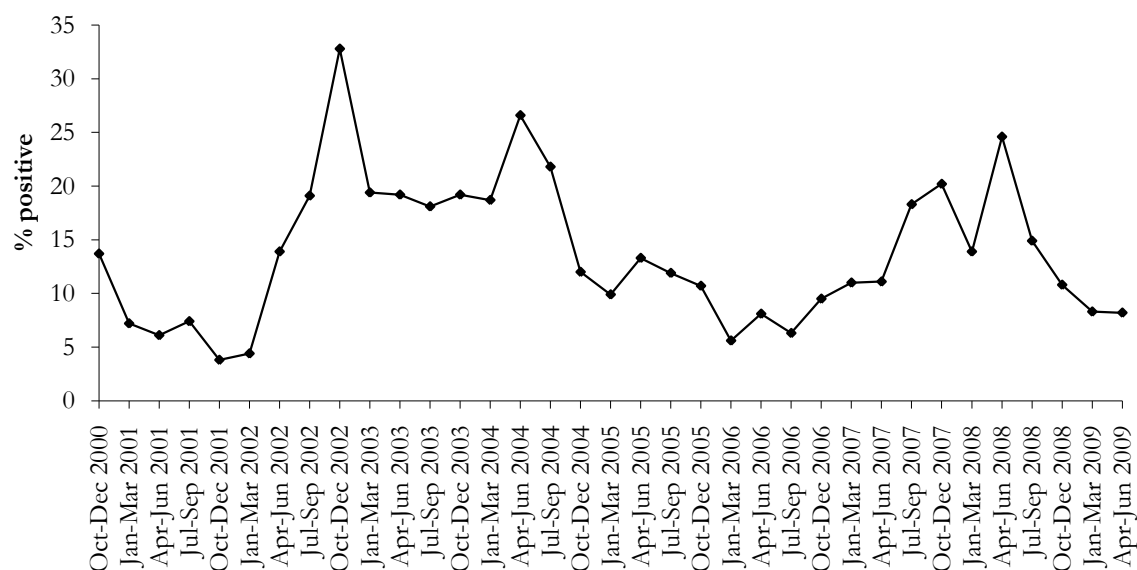
**Figure 22: Number of Arcadia House clients withdrawing from heroin, 1997/1998 to 2009/2010**



**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 23 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. Data was not available for the 2009/2010 financial year.

**Figure 23: Percentage of morphine-positive urine tests, by quarter, October 2000 to June 2009**



Source: ACT Health

There were a total of 3,585 ‘closed treatment episodes’ in the ACT for the 2009/2010 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). As can be seen from Table 23, the majority of both males and females in ‘closed treatment episodes’ were in treatment for alcohol (57% n=1334, and 44% n=542 respectively), cannabis (16% n= 376 and 16% n=196) and heroin (13% n=295 and 15% n=189 respectively).

**Table 23: Proportion of closed treatment episodes for females and males by principal drug of concern, 2009-2010**

Principal drug of concern (%)	Male (n=2360)	Female (n=1225)	Total (N=3585)
Heroin	13	15	14
Methadone	1	2	2
Alcohol	57	44	52
Benzodiazepines	<1	1	<1
Meth/amphetamines	6	6	6
Cannabis	16	16	15
MDMA	<1	<1	<1
Cocaine	<1	<1	<1
Nicotine	<1	<1	<1
Opioid analgesics	3	3	3

Source: ACT Health

Table 24 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 pharmacotherapy (27%), counselling (19%), followed by assessment only (18%).

**Table 24: Main treatment type for clients in closed treatment episodes for heroin, 2009-2010**

Main treatment type (%)	Principal drug of concern – heroin
Withdrawal management	14
Counselling	19
Rehabilitation	7
Pharmacotherapy	27
Support & case management only	13
Information & education only	2
Assessment only	18

Source: ACT Health

In the ACT, there was a total of 792 clients on either methadone or buprenorphine maintenance treatment on a ‘snapshot/specified’ day in 2009 (786 in 2008). This represents approximately 2% of pharmacotherapy clients Australia-wide. The majority (79%) of clients in pharmacotherapy treatment were on the methadone program, with a smaller proportion on buprenorphine/naloxone (14%) or buprenorphine (7%) maintenance. Table 25 presents data pertaining to the number of pharmacotherapy clients by dosing point in the ACT. As can be seen from Table 25, the majority of clients on methadone or buprenorphine are dosed by pharmacies. More recent data was not available at time of printing.

**Table 25: Number of pharmacotherapy clients receiving treatment in the ACT on a ‘snapshot/specified’ day in 2009, by dosing point**

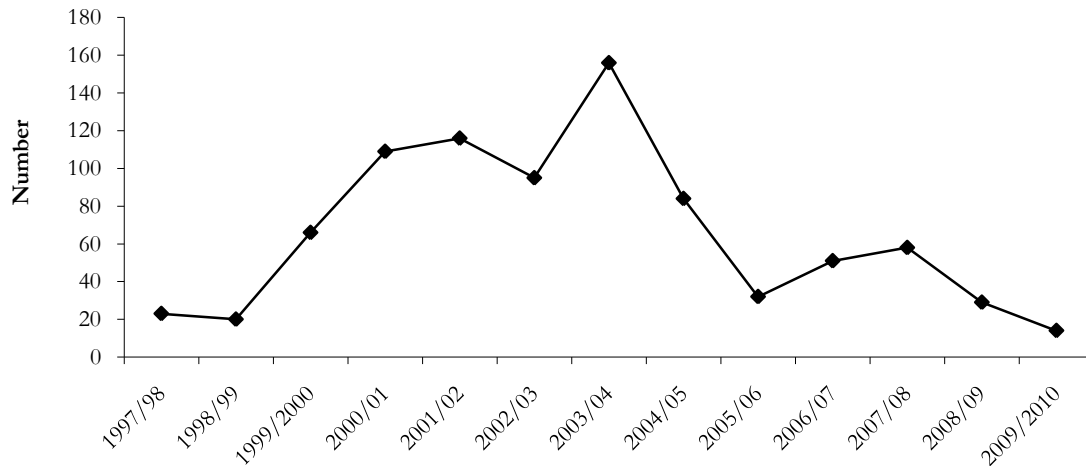
Dosing site	Number of pharmacotherapy clients in the ACT		
	Methadone (n=625)	Buprenorphine (n=56)	Buprenorphine/Naloxone (n=111)
Pharmacies	421	41	66
Public clinics	153	15	45
Private clinics	-	-	-
Correctional facilities	51	-	-
Other	-	-	-

Source: (Australian Institute of Health and Welfare, 2010)

## Methamphetamine

As can be seen in Figure 24, there was a decrease in the number of clients that attended Arcadia House for methamphetamine detoxification, down from 29 in 2008/2009 financial year to 14 in 2009/2010 financial year.

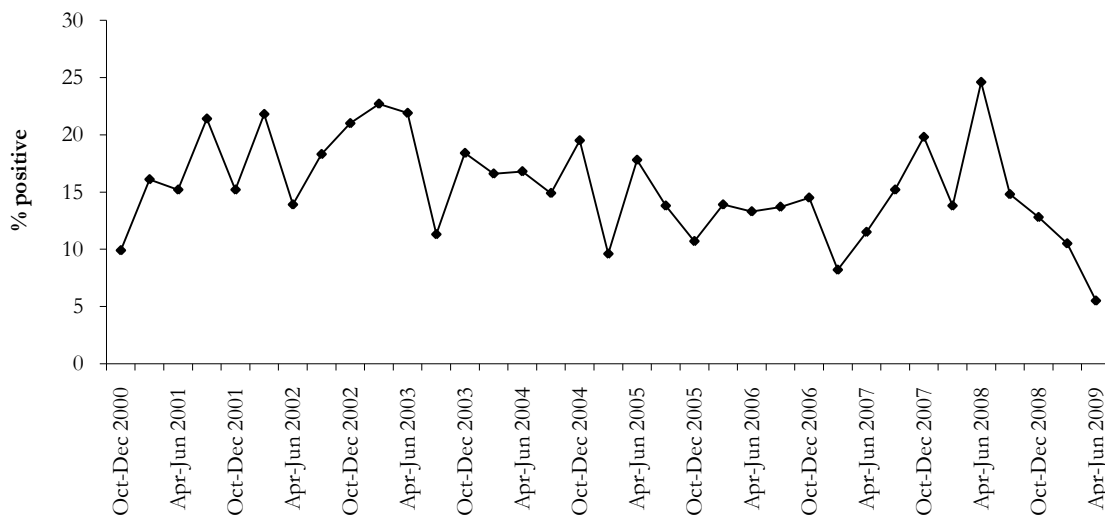
**Figure 24: Number of Arcadia House clients undergoing withdrawal from methamphetamine, 1997/1998 to 2009/2010**



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 25 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. Data was not available for the 2009/2010 financial year.

**Figure 25: Percentage of methamphetamine-positive urine tests, by quarter, Oct 2000 to June 2009**



Source: ACT Health

Of the 3,585 ‘closed-treatment episodes’ in 2009/2010 amphetamine/methamphetamine was the principal drug of concern for 213 of these treatment episodes, accounting for 6% of all ‘closed treatment episodes’. Counselling (30%) and support and case management only (23%) accounted for the majority of closed treatment episodes where amphetamine was the principal drug of concern, as can be seen in Table 26.

**Table 26: Main treatment type for clients in closed treatment episodes for amphetamine/methamphetamine, 2009/2010**

Main treatment type (%)	Principal drug of concern – amphetamine/methamphetamine
Withdrawal management	14
Counselling	30
Rehabilitation	14
Support & case management only	23
Information & education only	5
Assessment only	15

Source: ACT Health

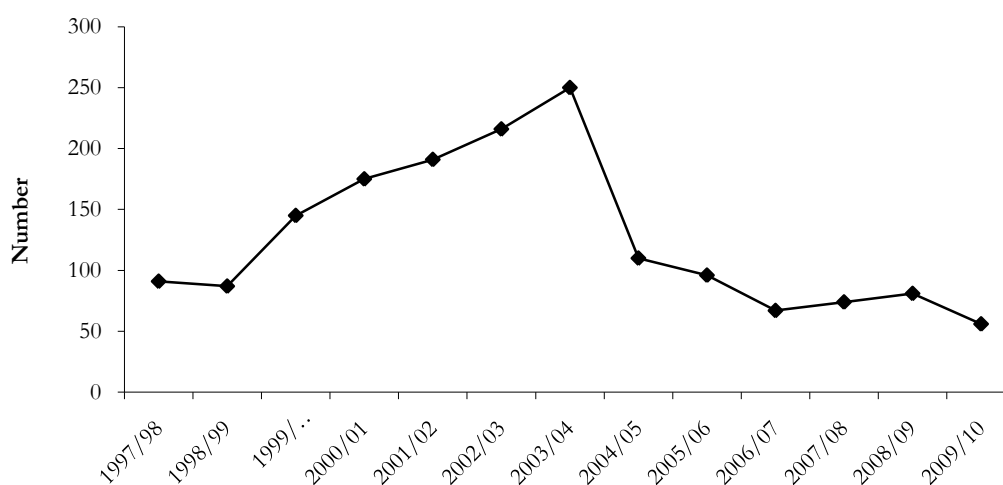
### Cocaine

In the ACT, there were eight clients in treatment in the ADP where cocaine was the principal drug of concern; this represents less than 1% of all ADP clients in treatment episodes from July 2009 to June 2010. Five received counselling, two received withdrawal management and one received assessment only.

### Cannabis

As can be seen from Figure 26, 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. In the 2009/2010 financial year the number of clients attending Arcadia House for cannabis withdrawal fell to 56 from 81 in the 2008/2009 financial year.

**Figure 26: Number of Arcadia House clients undergoing withdrawal from cannabis, 1997/1998 to 2009/2010**



Source: ADDInc

Cannabis was the principal drug of concern for 572 of the closed-treatment episodes in the ACT, accounting for 16% of all ‘closed treatment episodes’. The majority of clients received counselling (23%) or support and case management only (23%). Withdrawal management was received by 22% of clients as shown in Table 27.

**Table 27: Main treatment type for clients in closed treatment episodes for cannabis, 2009/2010**

Main treatment type	Principal drug of concern – cannabis (%)
Withdrawal management	22
Counselling	23
Rehabilitation	11
Support & case management only	23
Information & education only	5
Assessment only	15

Source: ACT Health

### Treatment choice

In 2010, participants were asked to report on what drug treatment they were currently receiving. Forty-six percent reported that they were not in any drug treatment. Thirty-seven percent reported being treated with methadone syrup or biodone syrup with a further 10% in subutex/buprenorphine treatment. Six percent were being treated with Suboxone, and 2% were involved in drug counselling.

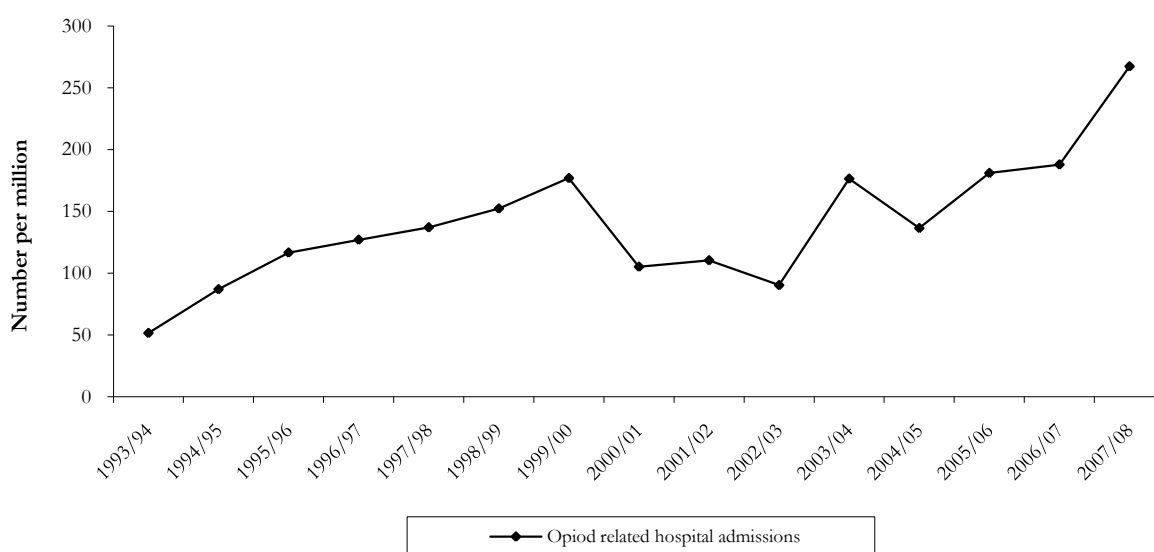
Of those in treatment (n=55), 38% had been in that specific treatment for two years or less. All participants were asked what treatment they had been in over the previous six months. Thirty-eight percent of participants had not been in any drug treatment recently. Forty-one percent of those who had been in treatment had been on methadone or biodone syrup treatment, with a further 13% on subutex/buprenorphine and 8% Suboxone. Small proportions reported accessing detoxification units, accessing therapeutic communities, attending narcotics anonymous and attending drug counselling.

### 7.3 Hospital admissions

#### Heroin

Figure 27 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 27, 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. At the time of print the 2008/09 data for hospital admissions was not available.

**Figure 27: 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**

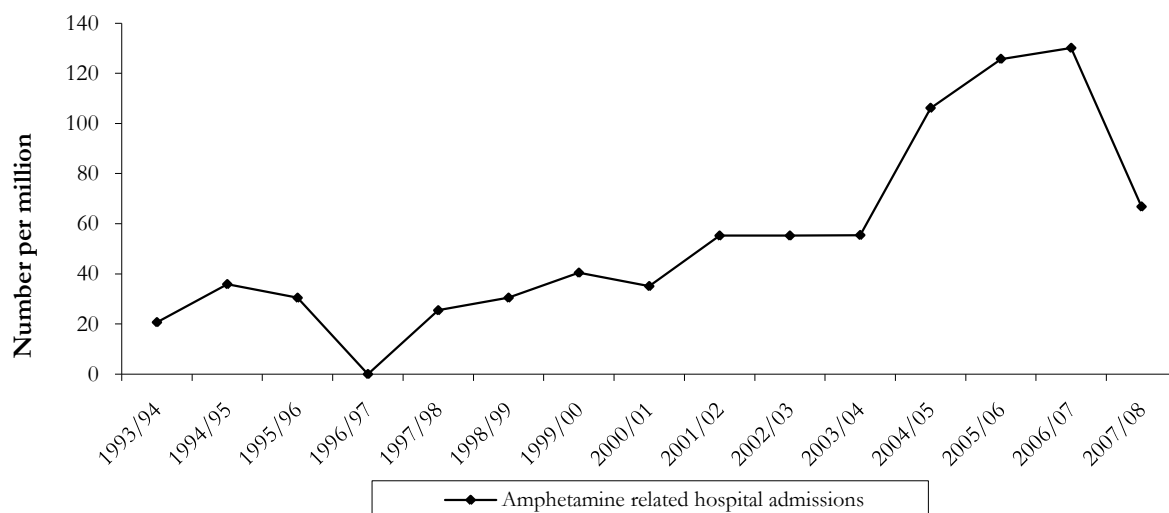


Source: Australian Institute of Health and Welfare (AIHW); ACT Department of Health, (Roxburgh and Burns, in press)

#### Methamphetamine

Figure 28 shows the number of hospital admissions in the ACT, of persons aged 15 to 54, where amphetamine was implicated in the primary diagnosis. The number of amphetamine-related hospital admissions in the ACT has remained lower than 150 per million persons in the last ten years (see Figure 28). In 2007/2008, admissions decreased to 66.81 per million persons. At the time of print the 2008/09 data for hospital admissions was not available.

**Figure 28: 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)

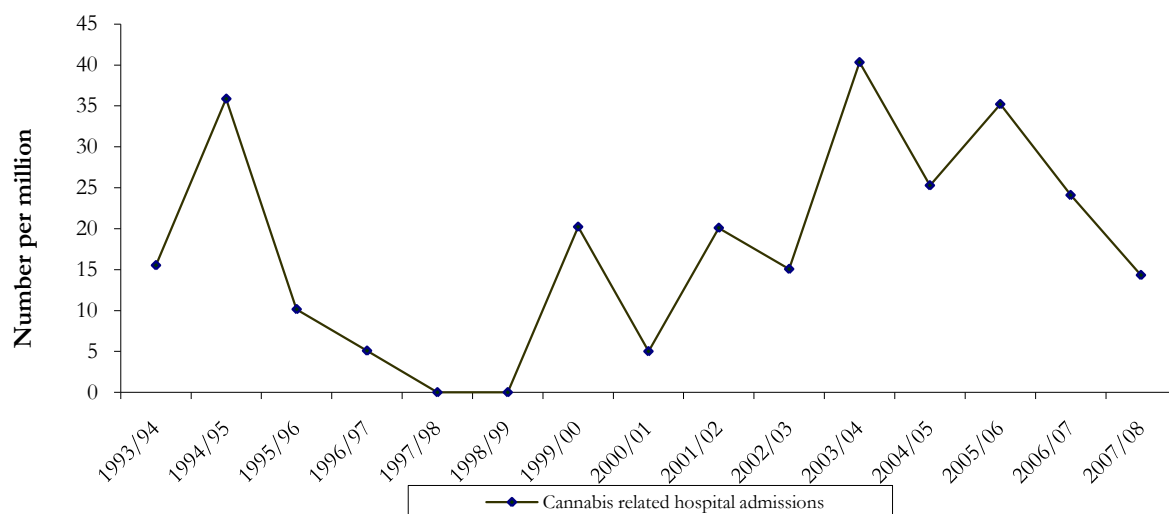
### Cocaine

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. At the time of print the 2008/09 data for hospital admissions was not available.

### Cannabis

As can be seen from Figure 29, 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. At the time of print the 2008/09 data for hospital admissions was not available.

**Figure 29: 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)

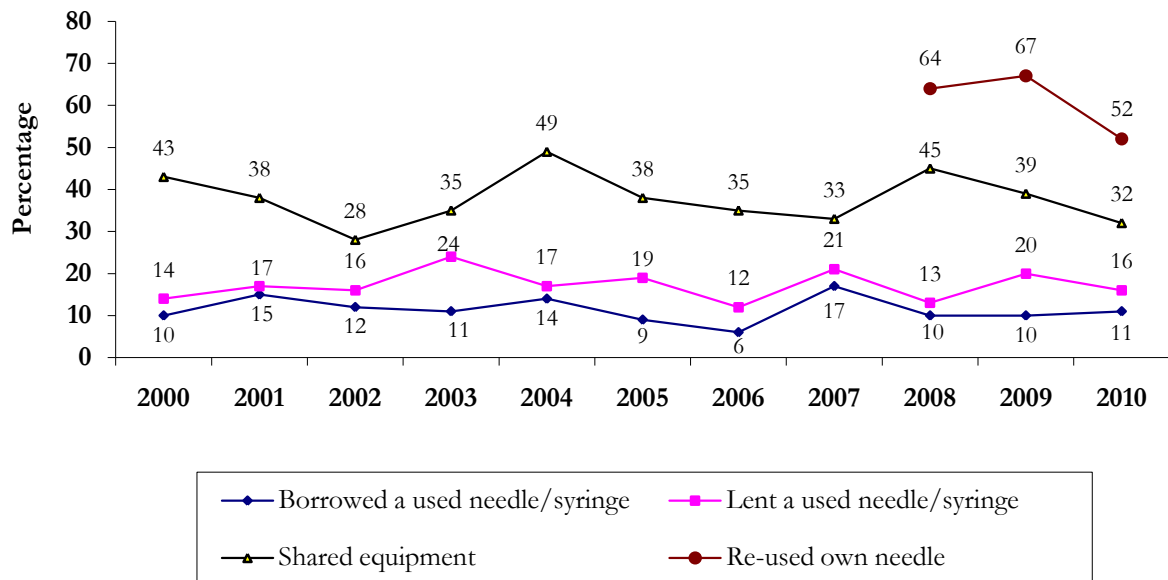
## 7.4 Injecting risk behaviour

### Sharing of injecting equipment among PWID

Figure 30 presents the proportion of participants in the 2010 sample who reported recently sharing injecting equipment. In the month preceding interview, 11% of participants had injected with syringes that had already been used (10% in 2009). Seven participants reported that one person had used the needle before them, and one participant 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 regular sex partners (n=6).

The proportion of participants who reported lending used needles decreased from 20% in 2009 to 16% in 2010. Of the 16 participants reporting lending needles in the month prior to interview, 10 participants reported that someone else used their needle once and twice after they had used it and six respondents reported that their needle was used between three and five times after they had used it.

**Figure 30: Proportion of PWID reporting sharing injecting equipment in the month preceding interview, 2000-2010**



Source: ACT IDRS PWID interviews, 2000-2010

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 2010, 32% 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 29% in 2010 (34% in 2009). As can be seen in Table 28, 14% of participants reported using a filter after someone else, similar to 12% in 2009. The proportion reporting using a tourniquet after someone else remained at 7% in 2010 while 6% of participants reported sharing swabs.

**Table 28: Proportion of PWID reporting sharing other injecting equipment by type, 2004-2010**

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	2010 N=101
<b>Used spoon/mixing container after someone else (%)</b>	44	31	32	24	43	34	<b>29</b>
<b>Used filter after someone else (%)</b>	26	15	8	16	21	12	<b>14</b>
<b>Used tourniquet after someone else (%)</b>	11	8	15	11	18	11	<b>7</b>
<b>Used water after someone else (%)</b>	18	15	11	20	23	22	<b>17</b>
<b>Swabs</b>	N/A	N/A	N/A	N/A	N/A	7	<b>6</b>

Source: ACT IDRS PWID interviews, 2004-2010

Note: Swabs was not an option before 2009

Participants in the 2010 IDRS were also asked questions about the site on their body where they had last injected. Eighty percent of participants reported that they last injected in their arm. Ten percent of participants reported last injecting in their hand, three participants in their leg, three participants in their foot, three participants in their neck and one participant reported last injecting in their groin.

The majority of participants (86%) in the ACT reported that they had last injected in a private home. In the previous six months 96% of participants in the ACT reported obtaining needles from an NSP, 27% had obtained needles from an NSP vending machine, 30% from a chemist and 20% from a friend.

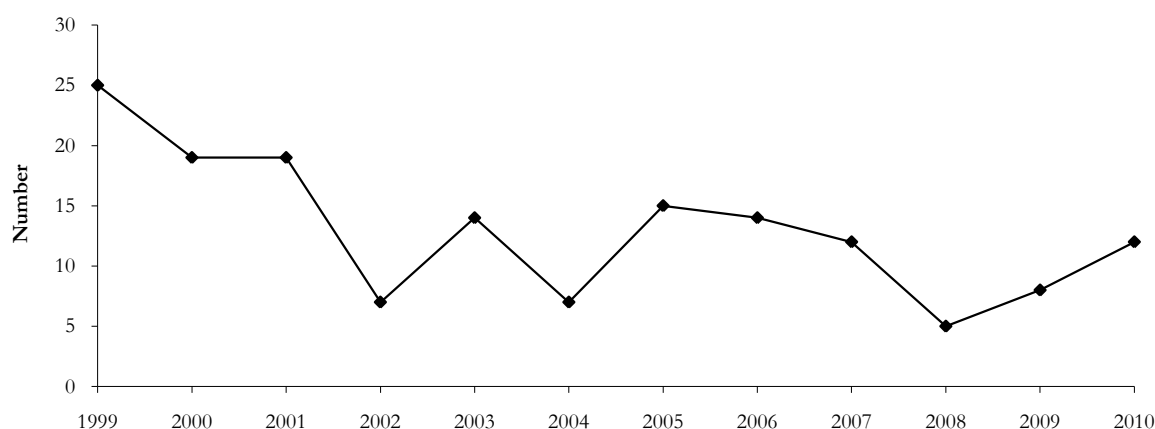
### **Blood-borne viral infections**

Data presented in this section are derived from National Notifiable Diseases Surveillance System (NNDSS) (National Notifiable Diseases Surveillance System, 2011).

The HIV prevalence among participants in the ACT remains low, which reflects the picture for Australian PWID as a whole (National Centre in HIV Epidemiology and Clinical Research, 2007b). From 2000 to 2009, there have been no HIV positive cases in the ACT sample surveyed for the annual NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2007a, National Centre in HIV Epidemiology and Clinical Research, 2010).

In the ACT, in 2010, there were a total of 224 cases of HCV, an increase from 165 in 2009 (National Notifiable Diseases Surveillance System, 2011). In 2010, there were 313 new cases of HCV reported nationally, of which 12 were reported in the ACT. This is a slight increase from the eight cases of newly acquired HCV reported in 2009 (National Notifiable Diseases Surveillance System, 2011). Figure 31 presents the number of newly diagnosed cases of HCV in the ACT from 1999 to 2010.

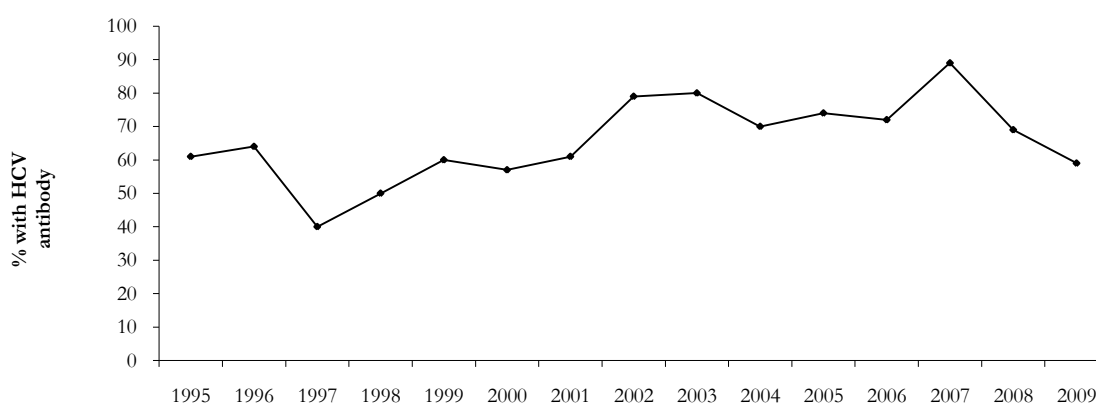
**Figure 31: Number of newly diagnosed HCV cases in the ACT, 1999-2010 <sup>1</sup>**



**Source:** National Notifiable Diseases Surveillance System, 2011

The HCV antibody prevalence among the PWID sampled for the NSP annual survey (National Centre in HIV Epidemiology and Clinical Research, 2003, National Centre in HIV Epidemiology and Clinical Research, 2010) is shown in Figure 32. As can be seen from this figure, there was a steady increase in HCV antibody prevalence from 1997 to 2003. From 2003 to 2007, HCV antibody prevalence remained fairly stable. In 2009 58 PWID were tested in the ACT for the HCV antibody prevalence. Of these participants 59% (n=34) tested positive for HCV antibody. This was a decrease in percentage from 2008 (69%).

**Figure 32: HCV antibody prevalence among PWID, ACT, 1995-2009**



**Source:** National Centre in HIV Epidemiology and Clinical Research, 2010

In 2010, there were four new notifiable case of HBV in the ACT, the same as in 2009 (National Notifiable Diseases Surveillance System, 2011). The number of unspecified cases of HBV was 94 in 2010, compared to 101 in 2009 (National Notifiable Diseases Surveillance System, 2011).

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

## Location of injection

Table 29 presents a summary of the last location of drug injection among the ACT IDRS samples from 2003 to 2010. In 2010, the majority (86%) 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. Six percent of participants reported injecting in a car as the last location for injection. One participant reported a public toilet as the last location of injection.

**Table 29: Location of last injection in the month preceding interview, ACT, 2003-2010**

	2003 N=100	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	2010 N=101
<b>Location of last injection (%)</b>								
<b>Private home</b>	79	65	69	78	71	80	83	<b>86</b>
<b>Public toilet</b>	7	15	10	10	13	7	8	<b>1</b>
<b>Street/park/beach</b>	10	10	7	5	5	5	3	<b>3</b>
<b>Car</b>	3	8	8	3	10	6	6	<b>6</b>

Source: ACT IDRS PWID interviews, 2003-2010

## Injection-related health problems

In 2010, 56% of participants reported having experienced at least one injection-related health problem in the month preceding interview. Twenty-six percent reported experiencing two or more problems during this period (30% in 2009). Seventeen 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 heroin (n=7), methadone (n=4), Subutex (n=3) and methamphetamine (n=2). As can be seen from Table 30, consistent with participants' reports from 2003, the most commonly experienced injection-related problems in 2010 were scarring/bruising of injection sites (38%) and difficulty injecting (21%).

**Table 30: Injection-related health problems experienced in the month preceding interview, ACT, 2003-2010**

	2003 N=100	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	2010 N=100
<b>Injection-related health problems in past month (%)</b>	64	69	61	48	76	74	68	<b>57</b>
<b>Injection-related health problems in past month (%)</b>								
Scarring/bruising	44	49	48	25	56	55	43	<b>38</b>
Difficulty injecting	39	31	30	31	47	47	39	<b>21</b>
'Dirty hit'	17	14	10	12	23	14	19	<b>17</b>
Infections/abscesses	7	8	8	6	13	4	0	<b>10</b>
Overdose	7	5	2	4	3	1	4	<b>5</b>

Source: ACT IDRS PWID interviews, 2003-2010

## 7.5 Mental health problems and psychological distress

In 2010, 43% 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 (56%), anxiety (44%), bipolar disorder (14%) and schizophrenia (12%, see Table 31).

Seventy-seven percent of those who reported mental health problems reported that they had attended a mental health professional in the previous six months. In 2010, participants were asked whether they were prescribed any medication from the mental health professional for their mental health problems. Of those who reported attending a mental health professional in the previous six months (n=33), 12% reported being prescribed an anti-depressant, 36% reported they had been prescribed an anti-psychotic and 39% reported that they had been prescribed benzodiazepines. Eighteen percent were not prescribed any medication (see Table 31).

**Table 31: Summary of mental health problems experienced by PWID in the ACT, 2010**

	2010 N=101
<b>Self-reported mental health problem last six months (%)</b>	<b>43</b>
<b>Self-reported mental health problems (%)*</b>	<b>(n=43)</b>
Depression (%)	<b>56</b>
Anxiety (%)	<b>44</b>
Bipolar disorder (%)	<b>14</b>
Panic (%)	<b>9</b>
Phobias (%)	<b>5</b>
Paranoia (%)	<b>9</b>
Schizophrenia (%)	<b>12</b>
Drug-induced psychosis	<b>5</b>
<b>Attended mental health professional (%)*</b>	<b>77</b>
No medication (%)**	<b>18</b>
Prescribed anti-depressant (%)**	<b>12</b>
Prescribed anti-psychotic (%)**	<b>36</b>
Prescribed benzodiazepines (%)**	<b>39</b>

**Source:** ACT IDRS PWID interviews, 2010

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

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

## 7.6 Kessler Psychological Distress Scale

The Kessler 10 (K10) was administered in 2010 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 (Kessler et al., 2002, SCID; Andrews and Slade, 2001).

The minimum score of the scale is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). The mean score of the sample was 24 (range 10-48; median 23; SD=8.7). 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, 18% of the 2010 PWID scored in the 'low' range, 25% in the 'moderate distress' range, 34% were in the 'high distress' range and 23% in the 'very high distress' range. As can be seen in Table 32, whilst the majority in the National Drug Strategy Household Survey score between 10-15 (69%), the majority in the IDRS sample score in the high (34%) to very high distress group (23%).

**Table 32: K10 scores in the National Drug Strategy Household Survey (2006) and the ACT IDRS interviews, 2008-2010**

K10 Score	Level of psych. distress	National Drug Strategy Household Survey	2008 ACT IDRS (N=101)	2009 ACT IDRS (N=100)	2010 ACT IDRS (N=101)
10-15	No/low distress	69	18	21	<b>18</b>
16-21	Moderate distress	21	20	24	<b>25</b>
22-29	High distress	8	31	30	<b>34</b>
30-50	Very high distress	2	32	25	<b>23</b>

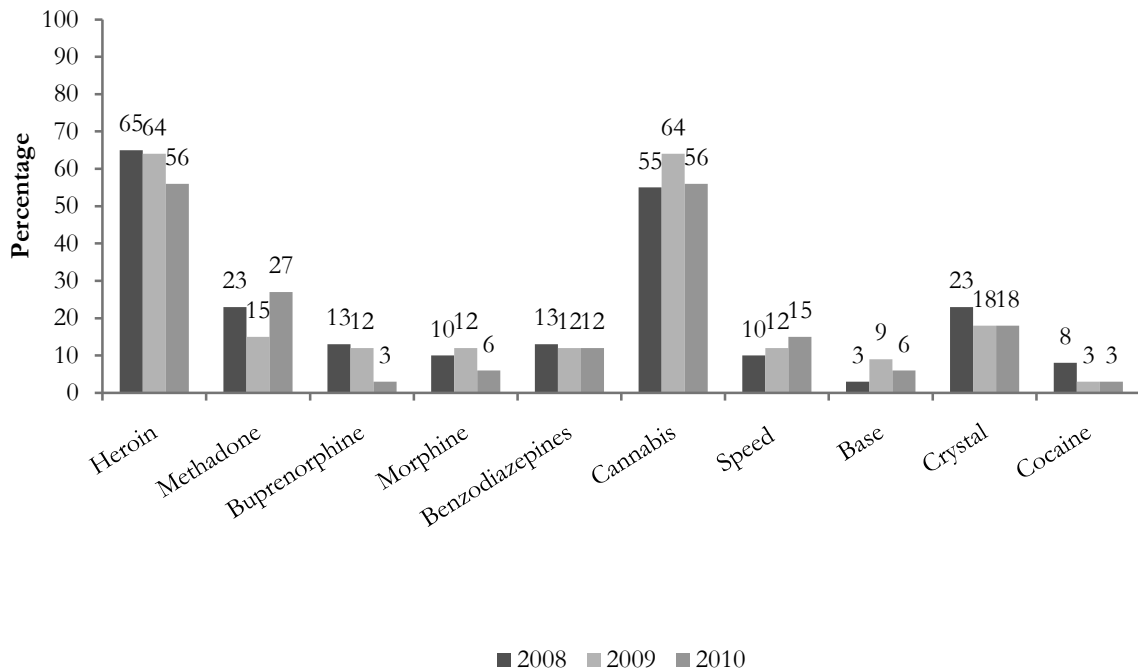
Source: Australian Institute of Health and Welfare, 2008a; ACT IDRS PWID interviews, 2008-2010

## 7.7 Driving risk behaviour

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=43), 21% (n=9) reported that they had driven whilst under the influence of alcohol, and six participants reported that they had driven over the limit of prescribed concentration of alcohol.

Thirty-four participants (79% 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 six times (range 1-180) during the preceding six months. Drugs taken before the participants had driven during the past six months for 2008-2010 are presented in Figure 33. The most common drugs used before driving reported by participants in 2009 were heroin (56%), cannabis (56%), methadone (27%) and crystal (18%). The majority of participants reported that they had not waited more than half an hour before driving (71%, n=24).

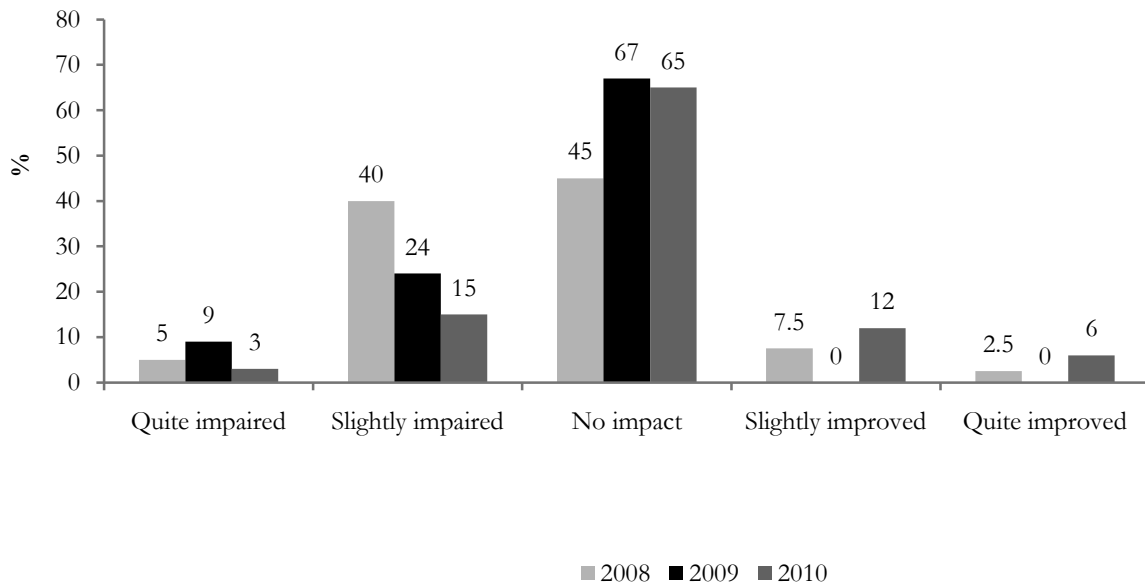
**Figure 33: Proportion of participants reporting driving under the influence of drugs, by drug type, 2008-2010**



**Source:** ACT IDRS PWID interviews, 2008-2010  
**NB:** Of those who have driven in the past six months

In 2010, 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 34). The majority of participants reported that drugs had no impact on their driving ability (65%).

**Figure 34: Participants' reports of perceived driving impairment while driving under influence of drugs, ACT, 2008-2010**



**Source:** ACT IDRS PWID interviews, 2008-2010

**NB:** Of those who have driven whilst under the influence of drugs in the past six months

Random roadside saliva drug driving testing remains a controversial issue in the ACT. At the time participant interviews were conducted, testing had not yet been implemented. As a result, only one participant reported ever having been saliva drug tested (whilst in another state).

### Key Expert Comments

- The majority of KE commented that they are seeing high rates of hepatitis C in their services.
- Poor dental health was another health issue raised by many KE. Many also reported that this issue is of even greater concern due to the poor access to adequate dental health care for many people in this group.

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

### 8.1 Reports of criminal activity

In 2010, 46% of participants reported having ever been in prison. As can be seen in Table 33, in 2010, 22% of participants reported that they had been arrested in the last 12 months (32% in 2009). Participants in the 2010 sample were arrested most frequently for property crime (11%).

The proportion of participants in 2010 that reported engaging in at least one act of criminal activity in the month prior to interview decreased from 51% in 2009 to 26% in 2010. Fifteen percent of participants reported committing property crime and thirteen percent of participants reported being involved in drug dealing in the previous month.

**Table 33: Criminal activity among participants, ACT, 2003-2010**

	2003 N=100	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	2010 N=101
<b>Arrested last 12 months (%)</b>	36	38	36	46	42	23	32	22
<b>Crime arrested for (%)</b>								
Property crime	14	11	15	16	19	7	14	11
Dealing	1	3	2	0	1	1	2	0
Fraud	3	2	1	0	0	0	1	1
Violent crime	5	9	6	13	7	8	7	4
Driving offence	4	5	3	1	6	7	2	3
<b>Committed at least one crime in the last month (%)</b>	50	34	41	38	55	50	51	26
<b>Crime committed (%)</b>								
Property crime	22	13	16	18	26	22	30	15
Dealing	35	21	27	29	42	38	31	13
Fraud	5	5	4	3	7	4	3	3
Violent crime	6	9	9	12	5	7	5	5

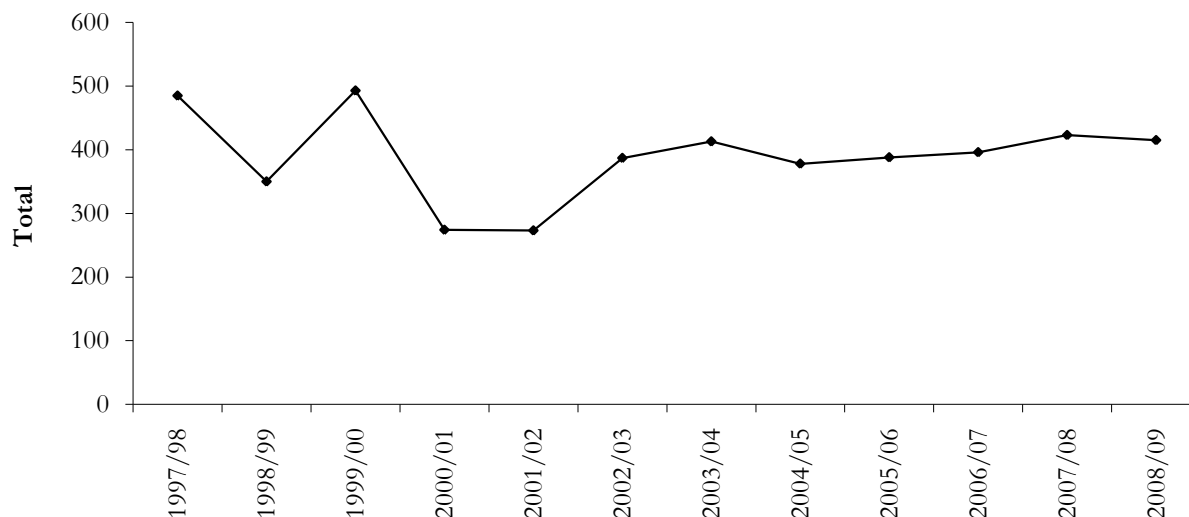
Source: ACT IDRS PWID interviews, 2003-2010

## 8.2 Arrests

### All drugs

As can be seen in Figure 35, the number of drug-specific arrests made by ACT police has remained fairly steady since 2002/03. In 2008/09 there was a slight decrease in the number of drug-specific arrests made (415) when compared to 2007/2008 (423).

**Figure 35: Number of drug-specific arrests for all drugs, ACT, 1997/1998 to 2008/2009**



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

NB: Data not available for the 2009/2010 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 2008/2009, almost 80% of all drug-related arrests in the ACT were males.

The total number of consumer arrests in the ACT in 2008/2009 was 361. As can be seen in Table 34, the number of females arrested for user-related offences increased slightly from 74 arrests in 2007/2008 to 79 arrests in 2008/2009. The number of males charged with user-type offences increased remained steady (282, compared to 283 in 2007/2008). The total number of provider arrests in 2008/2009 was 54, with 44 of these being males and 10 being females.

**Table 34: Number of consumer and provider arrests for all drugs, ACT, 1997/1998 to 2008/2009**

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
<b>2008/2009</b>	<b>282</b>	<b>79</b>	<b>44</b>	<b>10</b>	<b>415</b>

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

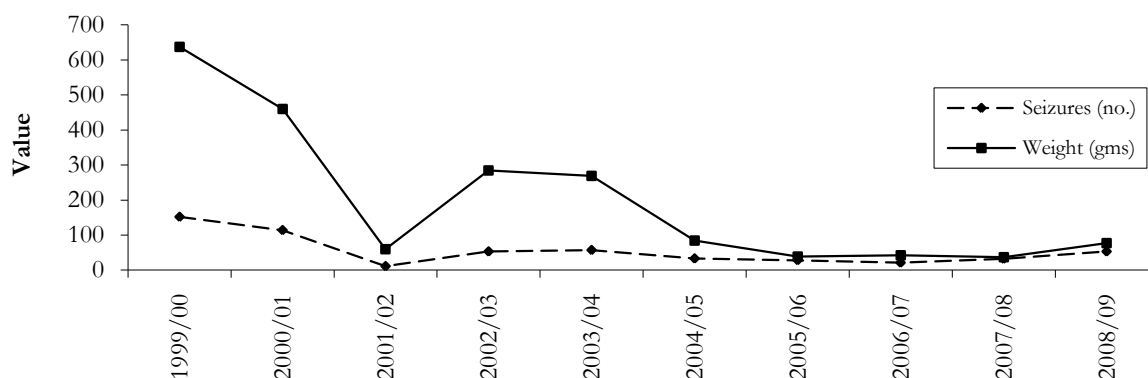
NB: Arrest data from 1997/1998 to 1999/2000 exclude Australian Federal Police data

NB: Data not available for the 2009/2010 financial year

## Heroin

The number of heroin seizures and total weight seized for each financial year period from 1999/2000 is presented in Figure 36. The number of seizures made in 2008/2009 increased from 32 in the 2007/2008 financial year to 53. The weight of seizures also increased, from 37 grams in 2007/2008 to 77 grams in 2008/2009.

**Figure 36: Number and weight of heroin seizures in the ACT, 1999/2000 to 2008/2009**



**Source:** ABCI (2000-2002); ACC (2003-2009)  
 NB: Data not available for 2009/2010 financial year

Table 35 summarises the number of heroin and other opioids consumer and provider arrests in the ACT from 1997 to 2009 (more recent data were not available at the time of printing). The total number of heroin-related arrests in 2008/2009 (48 arrests) remained relatively stable from 2007/2008 (45 arrests). Both consumer arrests and provider arrests remained stable from 2007/2008.

**Table 35: Number of heroin consumer and provider arrests, ACT, 1997/1998 to 2008/2009**

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
<b>2008/2009</b>	<b>26</b>	<b>9</b>	<b>10</b>	<b>3</b>	<b>48</b>

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

#Figures for ACT 1999/2000 were not available.

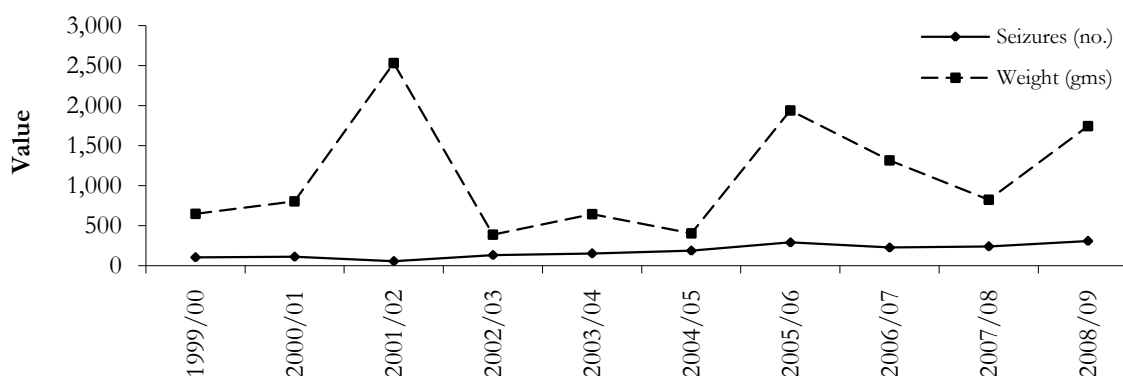
NB: Arrest data for 1997/1998 to 1998/1999 exclude Australian Federal Police data.

NB: Data not available for the 2009/2010 financial year.

## Methamphetamine

Figure 37 shows the number and weight of methamphetamine seizures in the ACT from 1999/2000 to 2008/2009. The number of seizures has remained stable since July 1999. The state police in the ACT seized 1747 grams of amphetamine-type stimulants in the 2008/2009 financial year. This was an increase compared to 827 grams seized in 2007/2008.

**Figure 37: Number and weight of amphetamine-type stimulant seizures in the ACT, July 1999 to June 2009**



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

NB: Data not available for the 2009/2010 financial year

Table 36 presents the number of consumer and provider arrests for amphetamine-type stimulants made in the ACT between 1997 and 2009. Amphetamine-type stimulants include amphetamine, methamphetamine and phenethylamines. The trend has been an increase in the total number of arrests from a total of 18 arrests in 1997/98 to 133 arrests in 2007/08. In 2008/2009 there was a reversal of this trend, with the total number of arrests decreasing to 110.

**Table 36: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997/98 to 2008/09**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997/1998	8	3	5	2	18
1998/1999	15	2	6	0	23
1999/2000	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>
2000/2001	37	10	6	3	56
2001/2002	44	4	9	3	60
2002/2003	41	11	8	4	64
2003/2004	60	16	19	4	99
2004/2005	51	7	27	9	94
2005/2006	50	9	46	1	106
2006/2007	77	22	30	3	132
2007/2008	77	23	28	5	133
<b>2008/2009</b>	<b>68</b>	<b>19</b>	<b>20</b>	<b>3</b>	<b>110</b>

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

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

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

NB: Data not available for the 2009/2010 financial year

## Cocaine

Table 37 shows the number and weight of cocaine seizures in the ACT from July 1999 to June 2009. In 2008/2009, the number of seizures remained low at 18. The weight of seizures increased from 66 grams in 2007/2008 to 197 grams in the 2008/2009 financial year.

**Table 37: Number and weight of cocaine seizures in the ACT, 1999/2000 to 2008/2009**

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
<b>2008/2009</b>	<b>18</b>	<b>197</b>

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

NB: Data not available for the 2009/2010 financial year

In 2008/2009 there was an increase in consumer arrests amongst males for cocaine in the ACT. Provider arrests remained low in 2008/09.

**Table 38: Number of cocaine consumer and provider arrests, ACT, 2000-2009**

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
<b>2008/2009</b>	<b>10</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>14</b>

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

NB: Data not available for the 2009/2010 financial year

## Cannabis

Table 39 shows the number and weight of cannabis seizures in the ACT from 1999 to 2009. In 2008/2009 there was a decrease in the number of cannabis seizures to 593 (675 in 2007/2008). There was also a decrease in the weight of cannabis seizures in the ACT to 169,902 grams.

**Table 39: Number and weight of cannabis seizures by ACT local police, 1999/2000 to 2008/2009**

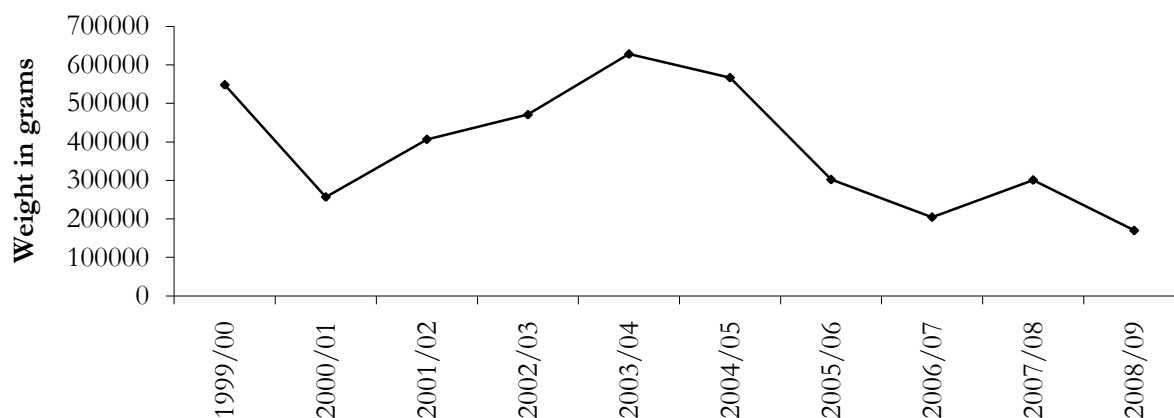
Year	Seizures (no.)	Weight (grams)
1999/2000	870	548,107
2000/2001	565	256,895
2001/2002	387	406,521
2002/2003	624	470,691
2003/2004	591	627,934
2004/2005	553	566,770
2005/2006	458	302,205
2006/2007	497	204,555
2007/2008	675	300,914
<b>2008/2009</b>	<b>593</b>	<b>169,902</b>

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

Note: Data not available for the 2009/2010 financial year

Figure 38 shows the total weight of cannabis seized in the ACT from 1999/2000 to 2008/2009. In 2008/2009, the total seizure weight decreased to 169,902 grams.

**Figure 38: Average weight of cannabis seized in the ACT, 1999/2000 to 2008/2009**



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

NB: Data not available for the 2009/2010 financial year

Table 40 summarises the number of cannabis consumer and provider arrests in the ACT from 1997/1998 to 2008/2009. In the ACT, the greatest number of drug-specific arrests are due to user-type and supply-type cannabis offences. Cannabis arrests remained stable for 2008/2009. The number of females charged with supply-type offences has remained relatively low and stable since 1997/1998. The number of males charged with supply-type offences decreased in 2008/09.

**Table 40: Number of cannabis consumer and provider arrests, ACT, 1997/1998 to 2008/2009**

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 <sup>a</sup>	-	-	-	-	-
2000/2001	101	33	11	5	150
2001/2002	115	29	26	8	178
2002/2003	151	36	4	5	196
2003/2004	177	40	42	8	267
2004/2005	156	22	40	10	228
2005/2006	177	40	20	3	240
2006/2007	168	35	19	2	224
2007/2008	166	41	18	2	227
<b>2008/2009</b>	<b>165</b>	<b>50</b>	<b>10</b>	<b>3</b>	<b>228</b>

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

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 2009/2010 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 41 presents the total number of SCONs given out in the ACT since 1997 to 2009. The number of SCONs issued in the ACT decreased in 2008/2009, reflecting a 20% decrease from the previous financial year.

**Table 41: Number of Simple Cannabis Offence Notices, ACT, 1997/1998 to 2008/2009**

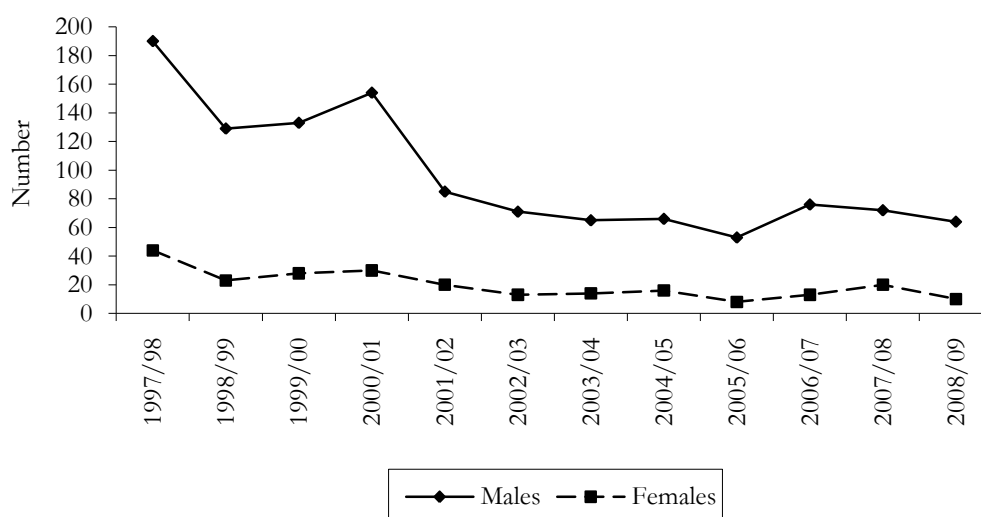
Year	Number of SCONs
1997/1998	235
1998/1999	152
1999/2000	161
2000/2001	184
2001/2002	105
2002/2003	84
2003/2004	79
2004/2005	82
2005/2006	61
2006/2007	89
2007/2008	92
<b>2008/2009</b>	<b>74</b>

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

NB: Data not available for the 2009/2010 financial year

As can be seen in Figure 39, the proportion of SCONs received by females has remained consistently low (10 SCONs given to females in 2008/09). The number of SCONs given to females in the ACT has remained relatively stable since 1997/1998. In 2008/2009 64 SCONs were given to males in the ACT. This is consistent with recent years.

**Figure 39: Number of Simple Cannabis Offence Notices for males and females, ACT, 1997/1998 to 2008/2009**



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

NB: Data not available for the 2009/2010 financial year

### 8.3 Expenditure on illicit drugs

In 2010, 58% of participants reported having spent money on illicit drugs on the day prior to interview. Among these, the median expenditure on drugs was \$70. This remains consistent with previous years (see Table 42). In 2010, 40% of participants spent more than \$50 on illicit drugs on the day prior to the interview.

**Table 42: Expenditure on illicit drugs on the day prior to interview, ACT, 2003-2010**

	2003 N=100	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	<b>2010 N=101</b>
<b>Nothing</b>	36	41	34	35	42	40	42	40
<b>Less than \$20</b>	9	4	10	13	5	9	8	3
<b>\$20-\$49</b>	8	13	10	14	17	10	10	16
<b>\$50-\$99</b>	17	14	22	16	19	14	19	21
<b>\$100-\$199</b>	16	18	19	16	12	16	20	11
<b>\$200-\$399</b>	11	9	4	5	3	11	1	8
<b>\$400 or more</b>	3	1	1	1	1	1	0	0
<b>Median expenditure (\$)</b>	80	90	70	50	58	80	80	70

Source: ACT IDRS PWID interviews, 2003-2010

#### Key Expert Comments

- Consistent with PWID interviews and health key experts, law enforcement key experts reported that cannabis remained common, especially hydroponic cannabis.
- Law enforcement KE also reported that levels of crime had remained stable.

## 9 SPECIAL TOPICS OF INTEREST

### 9.1 Height, weight and body mass index

Eating disorders and drug use disorders are significant public health problems. However, epidemiologic research examining their associations yields ambiguous results. Evidence on a relationship between obesity and alcohol use is found in some studies (Wannamethee et al., 2005). As to the relationships between overweight/obesity and nicotine dependence, some studies have found overweight and obese men, but not women, were more likely to be former daily smokers than non-smokers (Zimlichman et al., 2005, John et al., 2006). In a nationally representative sample, overweight, obesity and extreme obesity were associated with lower risk for past-year nicotine dependence in men but not in women (Pickering et al., 2007).

Relationships between Body Mass Index (BMI) and illicit drug use disorders are also unclear. For instance, marijuana can stimulate appetite whereas cocaine is a stimulant and appetite suppressant, but one study found similar prevalence of overweight in individuals with illicit drug use disorders as that found in the general population (Rajs et al., 2004) and another study found both positive and negative associations of BMI with various substance use disorders, and significant gender differences in those relationships (Barry and Petry, 2009).

In 2010, participants of the EDRS were asked to report their height and weight. Their BMI was then calculated by dividing their height in metres<sup>2</sup> by their weight. BMI is divided into four groups: (1) 'underweight'-less than 18.5, (2) 'normal weight'-18.5 to less than 25.0, (3) 'overweight'-25.0 to less than 30.0 or (4) 'obesity'-30.0 and greater, in adults to measure prevalence. BMI values are grouped according to the groups reported by the World Health Organization (WHO, [http://apps.who.int/bmi/index.jsp?introPage=intro\\_3.html](http://apps.who.int/bmi/index.jsp?introPage=intro_3.html)).

The mean height of all respondents was 1.74 metres and the mean weight was 69.6 kilograms. The mean BMI for the national sample was 23.1. Of those who commented, 8% had a BMI in the 'underweight' range, compared to three percent of the national sample (Australian Bureau of Statistics, 2009). One-fifth (21%) of female respondents had a BMI in the 'underweight' range compared to 4% of females in the general population (Australian Bureau of Statistics, 2009).

**Table 43: Body Mass Index of ACT PWID, 2010**

	<b>IDRS Participants Males N=60</b>	<b>National Health Survey Males</b>	<b>IDRS Participants Females N=24</b>	<b>National Health Survey Females</b>	<b>IDRS Participants All N=85</b>	<b>National Health Survey All</b>
Underweight %	3	1	21	4	8	3
Healthy %	75	36	42	49	66	42
Overweight %	18	40	17	27	18	34
Obese %	3	23	21	20	8	21

## 9.2 Alcohol Use Disorders Identification Test

Recently there has been a lot of focus on the use of alcohol in the community, especially amongst young people. Little attention has been paid to alcohol use amongst people who regularly inject drugs. People who regularly inject drugs are particularly at risk for alcohol-related harms due to a high prevalence of the hepatitis C virus (HCV). Given that the consumption of alcohol has been found to exacerbate HCV infection and to increase the risk of opioid and depressant overdose (Schiff and Ozden, 2004; Coffin et al., 2007; Darke et al., 2007; Darke et al., 1996) it is important to monitor patterns of risky drinking among people who inject drugs regularly.

The Alcohol Use Disorders Identification Test (AUDIT) has been shown to be a valid measure used to identify heavy drinking. The AUDIT – Consumption (AUDIT C) is a three item measure derived from the consumption questions in the AUDIT. In 2010 IDRS participants were asked to respond to the AUDIT-C.

The mean score of the 2010 ACT sample on the AUDIT-C was 4.25 (median=4, range 0-12). There was no significant difference between males (4.3) and females (4.1) on the AUDIT-C. According to Dawson et al. (2005) and the Australian Government Department of Health and Ageing; Guidelines for the Treatment of Alcohol Problems (Haber et al., 2009), a cut-off score of 5 or more indicated that further assessment is required. Forty-one percent of the sample scored 5 or over on the AUDIT-C. Forty-six percent of males and 32% of females scored 5 or more indicating the need for further assessment.

### 9.3 Stimulant and opioid dependence

Understanding whether participants are dependent is an important predictor of harm, and typically demonstrates stronger relationships than simple frequency of use measures.

In 2010, the participants in the IDRS were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids.

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

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

Of those who had recently used a stimulant, the median SDS score was 4.0 (mean=3.9, range=0-12), with 54% scoring four or above. There were no significant differences regarding gender and median stimulant SDS score, or regarding gender and those who scored four or above. Of those who scored four or above, 76% reported specifically attributing responses to methamphetamines, 26% cocaine and 17% to pharmaceutical stimulants.

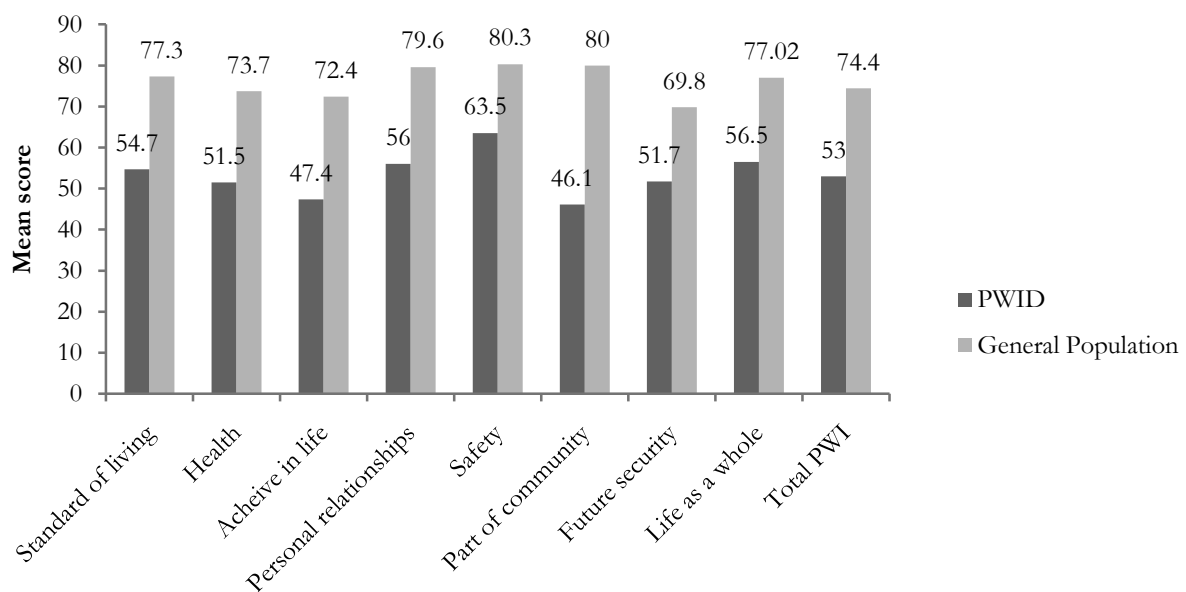
Of those who had recently used an opioid, the median SDS score was 7.0 (mean=7.4, range=0-15), with 75% scoring five or above. There were no significant differences regarding gender and median stimulant SDS score, or regarding gender and those who scored five or above. Of those who scored five or above, 66% reported specifically attributing responses to heroin, 21% to methadone, 12% to buprenorphine, 7% to morphine and 2% to oxycodone.

## 9.4 Personal Wellbeing Index

From 2009, IDRS participants have been asked to complete the Personal Wellbeing Index (PWI). Questions ask how satisfied participants were with various aspects of their life. These include; standard of living, health, personal achievement, personal relationships, personal safety, feeling a part of the community, future security and life as a whole. PWID are asked to respond on a scale of 0-10 where 0 was very unsatisfied and 10 was very satisfied. Figure 40 shows the mean PWID scores compared to the Australian general population (Cummins et al., 2007). ACT PWID scored lower than the general population on all measures of personal wellbeing.

Cummins et al. (2007) reported that at normal levels of wellbeing (average score 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 2010 IDRS sample scored above 50 for all measures except 'achievement in life' and 'feeling part of the community'. The low scores seen amongst the sample may show that general wellbeing of PWID is a factor in the higher rates of depression seen in this group.

**Figure 40: Mean 2010 ACT IDRS and Australian general population scores on the Personal Wellbeing Index**



Source: IDRS PWID surveys 2010; Cummins et al., 2007

## 9.5 Sexual health

Population studies have shown that younger age groups had engaged in sexual relationships with more partners in their lifetime than older age groups (Johnson et al., 2001). Amongst the regular ecstasy user sample, participants of a younger age have been found to be more likely to engage in risky behaviours (Cogger and Kinner, 2008). Furthermore, studies have shown that younger individuals who frequent night clubs are likely to report multiple sexual partners and incidence of STIs (Wells et al., 2010). The IDRS sought to examine the issues surrounding sexual health and sexual health-seeking behaviour amongst PWID. Participants were asked whether they had been tested for STIs and why or why not they chose to have STI screening.

Just over half (53%) of ACT IDRS respondents had been tested for a STI in the previous two years. Forty-seven percent of participants had not been tested, with 29% reporting that they had not been tested because they don't think about it and 18% reporting they had not been tested for another reason. No participants reported not being tested because they didn't want to. The majority of those who had been tested for an STI reported having their test done at a GP (60%). Smaller proportions reported having their test done at a sexual health clinic (13%) or at a hospital (13%). Six percent reported having their test done whilst in prison.

All female participants were asked if they had had a pap smear test in the previous two years. Two-thirds (67%) of the female sample reported having a pap smear test in the previous two years. The primary reasons for having a test was that they were due for a test (35%) or because they received a reminder letter (35%). Ten respondents reported not having a pap smear test in the previous two years, with reasons varying from they weren't sexually active (n=2), they didn't like them (n=1), they were embarrassed or uncomfortable (n=1), they had no symptoms (n=1) or because of the financial cost (n=1). Amongst those who reported not having a pap smear for another reason (n=5), three reported not being due for a test in that period. The most common location for a pap smear was a GP (65%).

**Table 44: Sexual health testing by ACT PWID, 2010**

	<b>2010 N=101</b>
<b>Tested for a sexually transmitted infection (STI) last two years? (%)</b>	
No, don't think about it	29
No, I didn't want to be tested	0
No, another reason	18
Yes, I was tested by means of a blood test, urine sample or swab	53
<b>Place last tested for STI* (%)</b>	
Sexual health clinic	13
GP	60
Hospital	13
Other	13
<b>Had a pap smear test last two years** (%)</b>	n=30 67
<b>Reasons for no pap smear test last two years# (%)</b>	n=10
Wasn't sexually active	20
No symptoms	10
Don't like them	10
Didn't think of it	0
Embarrassed/uncomfortable	10
Financial cost	10
Other	50
<b>Reasons for having a pap smear test### (%)</b>	n=20
Symptoms of infection	5
Reminder letters	35
Health provider suggested	20
Friend suggested	0
Partner suggested	0
Due for a test	35
Family history of cervical cancer	0
Other	20
<b>Place last tested for pap smear### (%)</b>	
Sexual health clinic	15
GP	65
Hospital	10
Other	10

**Source:** IDRS PWID interviews, 2010

\*among those who were tested for a sexually transmitted infection in the last 2 years

\*\* among females only

# among those who had not had a pap smear test in the last 2 years

### among those who had a pap smear test in the last 2 years

## 9.6 General practitioners

Literature has shown that the regular PWID population is a group that experience a variety of physical and mental health problems. However, due to the marginalised status and concealed nature of this group, it can be difficult to ensure that this group obtain the health care access they require and that targeted health care strategies reach them. This group also experience barriers to treatment due to a lack of knowledge regarding available services, long wait times and limited operating hours (Neale et al., 2007). Also due to the nature of the addiction, the time spent obtaining and consuming drugs may cause delays in seeking treatment (McCoy et al., 2001) (Drumm et al., 2005) which often lead to over-dependence on acute crisis and emergency interventions (Kerr et al., 2004).

The IDRS sought to investigate this issue of access to services further and identify the services which PWID have utilised most often. This section focused on general medical practitioners (GP or doctor) and not their opiate prescriber.

Among the 2010 ACT sample, 83% reported visiting a GP in the last 12 months for a physical or mental health problem, on a median of eight occasions in the last 12 months. Among those who reported visiting a GP in the last 12 months, about one-fifth (21%) of participants reported visiting a GP in a hospital outpatient or emergency department, while only 4% reported a visit from the GP at home.

Forty percent of those who reported a GP visit in the past year, reported visiting for problems with their mental health on an average of three and a half occasions. This compares to 25% of the general population who visited a GP for a lifetime mental disorder with 12-month symptoms (Australian Bureau of Statistics, 2007). Of those who commented, the majority (70%) reported visiting the 'same' GP for a problem with their mental health. The mean age first visited a GP for a problem with their mental health was 29 years (range 13-47 years).

## 9.7 Social networks

Interaction with other people is vital to human development. Social relationships and networks can act as protective factors against the onset or reoccurrence of mental illness and enhance recovery of mental disorders (World Health Organization, 2003, World Health Organisation, 2005). For example marital status has been shown to be related to a person's physical and mental health, with results indicating married people experience less negative effects associated with these areas. Regular drug users, particularly regular injectors, are a group that tend to be marginalised by society and experience many hardships including homelessness, social and financial disadvantage and physical health problems all of which may contribute to a mental health condition, therefore implying social networks would be a vital area of support for this group.

Results from the 2007 National Survey of Mental Health and Well-being demonstrated that the prevalence of a 12-month mental health disorder was very similar for people who did and did not have contact with family members; however, results differed for those who had contact and who did not have contact with friends. Of the 15.9 million people who had contact with their family and/or friends, one in five (20%) had a 12-month mental disorder. However, of those who had no contact with family or no family, 23% had a 12 months mental disorder compared to 38% of those who had no contact with friends or no friends (Australian Bureau of Statistics, 2007).

In 2010, the IDRS asked participants questions in relation to social networks. Of those who responded, 28% reported contact with a family member nearly every day, while 13% reported no contact or family. The majority (45%) were able to rely on one or two family members; however, 28% reported that they had no family members they could rely on (Table 45).

Over half (52%) reported contact with friends nearly every day. The majority (39%) were able to rely on one or two friends. Around one-quarter (26%) reported that they could rely on their partner/spouse ‘a lot’. Two-thirds (66%) of the sample were single (Table 45).

**Table 45: Social networks among PWID, 2010**

	<b>2010 n=101</b>
<b>How often are you in contact with any family member?</b>	
Nearly every day (%)	28
3-4 days a week (%)	6
1-2 days a week (%)	18
1-3 days a month (%)	13
< once a month (%)	19
Never (%)	13
No family (%)	2
<b>How many family members can you rely on?</b>	
	n=94
None (%)	28
1-2 family members (%)	45
3-4 family members (%)	13
5 or more family members (%)	15
<b>How often are you in contact with any of your friends?</b>	
	N=97
Nearly every day (%)	52
3-4 days a week (%)	13
1-2 days a week (%)	10
1-3 days a month (%)	3
< once a month (%)	6
Never (%)	4
No friends (%)	10
<b>How many friends can you rely on?</b>	
	n=88
<b>None (%)</b>	23
1-2 friends (%)	39
3-4 friends (%)	19
5 or more friends (%)	17
<b>How much can you rely of your spouse/partner for help (for a serious problem)?</b>	
A lot (%)	26
Some (%)	6
A little (%)	1
Not at all (%)	1
Don't know (%)	0
Currently single (%)	66

Source: IDRS participant interviews, 2010

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