AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2011

Findings from the Illicit Drug Reporting System (IDRS)

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at www.ndarc.med.unsw.edu.au.

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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
AGDH&A	Australian Government Department of Health and Ageing
ADHD	attention deficit hyperactivity disorder
ADP	Alcohol and Drug Program, ACT Health
AFP	Australian Federal Police (ACT Police)
AIHW	Australian Institute of Health and Welfare
ANSPS	Australian Needle and Syringe Program Survey
ATS	amphetamine-type stimulants
AUDIT	Alcohol Use Disorders Identification Test
BBVI	blood-borne viral infections
CI	confidence intervals
DPMP	Drug Policy Modelling Program
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders IV
GP	general practitioner
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
HSI	Heavy Smoking Index
IDRS	Illicit Drug Reporting System
KE	key expert(s)
K10	Kessler Psychological Distress Scale
MSIC	Medically Supervised Injecting Centre
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NNDSS	National Notifiable Diseases Surveillance System
NSAIDs	non-steroidal anti-inflammatory drugs
NSP	Needle and Syringe Programs
NSW	New South Wales
OST	opioid substitution treatment
OTC	over the counter
PO	pharmaceutical opioids
PWID	people who inject drugs
SCON	Simple Cannabis Offence Notices
SF-12	Short Form 12-Item Health Survey
SPSS	Statistical Package for the Social Sciences

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): people who have injected a drug on six or more separate occasions in the previous six months

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

Sentinel group: a surveillance group that 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 2011, 98 people who inject drugs (PWID) were interviewed for the IDRS in the Australian Capital Territory (ACT). The majority of participants were male (63%) and on average 38 years old (ranging from 17 to 65 years). In terms of education, participants had completed an average of 10 formal school years, 29% of respondents had trade or technical qualifications, and 11% reported having university or other tertiary qualifications. Fifty-three percent had a previous prison history. Just over half (58%) reported currently participating in some form of drug treatment. The most common form of drug treatment was methadone maintenance treatment with 43% of those in treatment engaged in buprenorphine maintenance treatment and buprenorphine-naloxone maintenance treatment at 6%. The demographic characteristics of the 2011 sample were very similar to those of the 2010 sample.

Patterns of drug use among participants

In terms of the injection history of respondents, the mean age of first injection was 18 years (ranging from 10 to 39 years). Heroin and speed were the drugs first injected by the majority of the 2011 sample. Heroin was the drug of choice for the majority of respondents (65%), followed by ice/crystal methamphetamine (12%). The drug injected most often by participants in the month preceding the interview was heroin (50%). Heroin was also the last drug injected by 49% of respondents, followed by ice/crystal methamphetamine (14%). In 2011, there was a 50% decrease in the proportion of the ACT sample reporting methamphetamine as their drug of choice; however, the drug injected most often in the past month slightly increased. In 2011, the number of participants reporting cannabis as the drug of choice decreased by more than half.

In 2011, 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=36), most respondents reported that this was due to availability (28%), price (22%), or their drug of choice being non-injectable (17%). The most common drug used on the day prior to the interview was cannabis (63%).

Participants reporting daily or more frequent drug injection in the month preceding the IDRS survey remained stable in 2011 at 41% (44% in 2010).

Heroin

The proportion of participants reporting use of heroin in the six months preceding interview was 79%, almost identical to 2010 (see Table 1). Almost all (97%) participants who had used heroin in the preceding six months reported injecting it, whilst 8% 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 66 (two to three times a week); this increased from 60 days in 2010.

In 2011, 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 (77%) in colour. Fifteen percent of participants reported using powder that was brown or beige coloured in the previous six months which decreased from 28% in 2010. Almost over half (52%) reported using white or off-white rock, 8% of participants reported recently using brown or beige coloured rock heroin which dropped from 14% in 2010.

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 2011 findings is presented in Table 1 for the three forms of methamphetamine. In 2011, 94% of participants reported lifetime use of any form of methamphetamine and 73% of the sample reported the recent use of some form of methamphetamine, which was an increase from 2010 (59%).

Speed

Almost half (46%) of the sample reported the recent use of speed, which was similar to 2010 (48%). The majority of recent speed users had used infrequently in the six months prior to interview, with a median of 9.5 days of use reported during this period. No one reported daily use of speed. Injection was the most common route of administration, with almost all (89%) of recent speed users having injected in the six months preceding interview.

Base

Methamphetamine base was the least used form of methamphetamine among the 2011 sample, with 17% reporting recent use (18% in 2010). The median number of days that base was used in the six months preceding the interview remained stable (less than weekly) from five in 2010 to 6.5 in 2011. 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

The use of crystal increased from 48% in 2010 to 57% in 2011 (identical to that of 2009). Ninety-five percent of recent crystal users had injected it while the number of participants who had smoked it in the six months preceding interview doubled to 38% in 2011 from 19% in 2010. Use remained infrequent but still almost doubled with recent crystal users reporting a median of 12 days of use in the six months prior to the interview (6.5 in 2010). In 2011, one participant reported daily use of crystal.

Cocaine

Recent cocaine remained stable at 6% of participants in 2010 and 8% in 2011. Among those who had recently used cocaine in the ACT, the frequency of use remained low although increased slightly, with a median of eight days of use in the six months prior to interview (i.e. approximately once a month). 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 2011; this was consistent with reports from KE. All participants in the sample had tried cannabis at least once in their life and 87% 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 2010.

Table 1: Summary of major drug use trends reported by participants in the ACT, 2011

Use	
Heroin	- 79% of participants reported recently using heroin, remaining stable (78% in 2010) - Median days of use increased from 60 days in 2010 to 66 days in 2011
Methamphetamine	- Recent speed use remained stable at 46% (48% in 2010) - Base use remained stable at 17% (18% in 2010) - Crystal use increased from 48% in 2010 to 57% in 2011 - Median days of speed use (9.5) remained stable (11 in 2010) - Crystal use (12 days) remained stable but almost doubled from 6.5 days in 2010
Cocaine	- Recent use remained stable at 6% in 2010 and 8% in 2011 - Median days of use increased from two in 2010 to eight in the preceding six months
Cannabis	- 87% of participants reported recent cannabis use, remaining stable (81% in 2010) - Median days of use in the preceding six months remained stable at 180 (daily use)

Source: ACT IDRS PWID interviews, 2011

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 2011 remained stable at 19% of participants (24% in 2010). Among those who had recently used, the frequency of illicit methadone use was approximately monthly, with a median of six days of use in the previous six months (11 days in 2010). All participants who reported recent use of other opioids used swallowing as the most common route 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 2011 at 21% (21% in 2010). The median days of illicit buprenorphine use in the six months prior to interview decreased from 72 days in 2010 to 60 in 2011. The most common route of administration for recent illicit buprenorphine use among the 2011 sample was injecting. Of those who had been prescribed licit oral buprenorphine, 56% reported having injected it at least once in the six months preceding interview.

In the 2011 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. Forty percent of participants reported that they had used illicit morphine at least once in their life. Twenty-one 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 (87%). Participants reported using illicit morphine on a median of five (almost once every month) in the preceding six months.

In 2011, 47% of participants reported lifetime use of illicit oxycodone, an increase from 2010 (21%). Use of 'illicit' oxycodone refers to the use of oxycodone that is prescribed to someone else. Recent use of illicit oxycodone also increased from 13% of participants in 2010 to 23% in 2011. The median days of illicit oxycodone use remained low and stable at two and a half days in the six months preceding interview (approximately once every two months).

The recent use of 'other opioids' such as codeine by participants in the ACT increased from 6% in 2010 to 19% in 2011. The median number of days of use of other opioids decreased markedly from 31.5 in 2010 to 6 in 2011.

Patterns of other drug use

Eighty-one percent of participants reported lifetime use of benzodiazepines (85% in 2010) and 64% reported using benzodiazepines in the six months preceding interview (68% in 2010). The proportion of participants who reported recent use of licit benzodiazepines decreased from 47% in 2010 to 29% in 2011.

Thirty-four percent of participants reported recent use of illicit benzodiazepines, a decrease from 42% in 2010. The frequency of use for licit benzodiazepines was 180 days (daily) and five days for illicitly obtained benzodiazepines. The most common route of administration for recent users of both forms of benzodiazepines was reported to be swallowing (29% of participants for licit benzodiazepine and 34% 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). Twenty-five percent of the 2011 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 five (i.e. less than monthly), similar to 2010 (four days). Seven percent of participants reported the use of licit pharmaceutical stimulants in the preceding six months (6% in 2010).

Over the counter (OTC) codeine was used in the previous six months by half (50%) of the sample (35% in 2010). Participants reported using OTC codeine on a median of six days (once every month).

Alcohol was recently used by more than two-thirds (70%) of the sample in the ACT in 2011. Recent alcohol users reported a median of 16 days (just over once a fortnight) of use in the six months prior to interview, down from 30 days in 2010. The majority of participants (96%) reported the recent use of tobacco, and 96% 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 2011 the reported price for a gram of heroin has remained stable at $300, which was equivalent to 2010. Respondents reported heroin to be very easy (48%) to easy (41%) to obtain, which was similar to 2010. There was a decrease in participants reporting heroin purity to be low from 57% in 2010 to 50% in 2011. In 2011, 31% reported heroin purity to be medium (up from 28% in 2010), and only 13% reported purity to be high (4% in 2010).

Methamphetamine

Speed

The reported price for a point of speed remained stable at $50. The median price reported for a gram of speed increased to $300 from $250 in both 2009 and 2010. Respondents reported speed to be very easy (34%) to easy (47%) to obtain in the ACT. In 2011, participants perceived the purity of speed to be low (38%) to medium (33%).

Base

In 2011, 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 at $50 in both 2010 and 2011, as was the median price for a gram of base at $250. In 2011, respondents reported the availability of base to be very easy (41%) to obtain. There was an increase in the proportion reporting that base was easy to obtain from 18% in 2010 to 35% in 2011. There were mixed reports regarding the current purity of base, with 40% reporting purity to be medium, and 27% reporting purity to be equally low and high.

Crystal

The median price for a point of crystal increased significantly to $92.50 from $50 in 2010. The price for a gram increased by more than 100% to $600 in 2010 from $275 in 2010; however, only a very small number of participants reported on the price of this quantity in 2011 so results should be interpreted with caution. There were mixed reports on crystal availability: 42% reported crystal to be easy to obtain while 38% reported that it was very easy. The majority of participants in 2011 reported that crystal purity was medium (27%) or high (31%). There was a small increase in the proportion of participants who reported that crystal was low in purity (27%; 22% in 2010).

Cocaine

In 2011, 10 participants commented on the price, purity and availability of cocaine. Of those who commented, half believed that cocaine purity was currently medium, while 20% reported purity as high and 20% low. The majority (80%) of participants report the availability of cocaine as reported as easy or very easy to obtain.

Cannabis

The median reported price of a gram of hydro or bush in 2011 remained stable compared to 2010 at $20. The median price for an ounce of hydro increased to $300 in 2011, while the median price for an ounce of bush remained stable at $250. The majority of participants perceived hydro to be very easy (57%) to easy (38%) to obtain. There were mixed reports on the availability of bush cannabis although the majority reported that it was very easy (61%) to easy (27%) to obtain. Participants reported that the availability of both hydro and bush cannabis had remained stable in the six months preceding interview. (Table 2).

Health-related trends

Overdose

Almost half (46%) of the sample reported having overdosed on heroin at least once at some point in their lives. Twenty-one percent of the sample reported having overdosed on heroin in the last 12mths.

Drug treatment

Over half (58%) of respondents reported that they were currently receiving drug treatment. The most commonly reported drug treatment was methadone or biodone syrup.

In the ACT, indicator data from the Australian Institute of Health and Welfare on the total number of clients registered in opioid substitution treatment remained relatively stable between 2009 and 2010. The majority of clients were being prescribed methadone, followed by buprenorphine-naloxone and buprenorphine.

Hospital admissions

The number of opioid-related hospital separations nationally decreased between 2007/08 and 2008/09, the most recent data available at the time of publication. The number of amphetamine hospital admission per million persons decreased slightly between 2007/08 and 2008/09. Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Cannabis-related separations decreased between 2007/08 and 2008/09. At the time of print the 2009/10 data for hospital admissions was not available.

Injecting risk behaviour

Thirteen percent of participants reported that they had injected with a syringe after someone in the past month (11% in 2010); 13% of participants reported that they had lent a syringe in the past month, compared to 16% in 2010. The proportion of participants that reported sharing injecting equipment (e.g. spoons, mixing containers, water and swabs) decreased from 32% in 2010 to 22% in 2011, 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.

Table 2: Summary of major drug trends in price, purity and availability reported by participants in the ACT, 2011

	Heroin	Methamphetamine	Cannabis
Price	- Price per cap remained stable at $50 - Price per gram remained stable at $300 ($300 in 2010)	- Price per point of speed, base and crystal all remained stable in 2011 at $50 - Price per gram increased for speed at $300 (based on small n in 2010 at $250) - Price per gram of base remained stable at $250 (based on small n in 2010 and 2011) -Price per gram of crystal increased significantly from $275 in 2010 to $600 in 2011 (based on small n in 2011)	- Price per gram of both hydro and bush cannabis remained stable at $20 - Price per ounce of hydro was $300 ($280 in 2010) (based on small n in 2011) - Price per ounce of bush remained stable at $250 (based on small n in 2010 and 2011)
Availability	- Heroin easy to very easy to obtain - Availability remained stable in the previous six months	- Speed easy to very easy to obtain - Crystal and base very easy to obtain - Speed and base availability had remained stable in the six months preceding interview - Crystal availability remained stable or was more difficult to obtain in the past six months	- Both hydro and bush were reported as very easy to easy to obtain - Availability remained stable for both hydro and bush in the six months preceding interview
Purity/ Potency	- There was an decrease in participants reporting that heroin purity was low (51%; 57% in 2010) - Heroin purity was reported as stable in the preceding six months	- Speed and base reported to be of low to medium purity - Crystal was reported by majority to be of high purity - Speed base and ice purity reported to be stable or decreasing	- Hydro reported to be high in potency - Bush majority reported to be medium in potency - Potency reported to be stable in the six months prior to interview for both hydro and bush cannabis

Source: ACT IDRS PWID interviews, 2011

Blood-borne viral infections

Indicator data from the National Notifiable Diseases Surveillance System (NNDSS) reported a total of 191 cases of HCV in the ACT in 2011, a decrease from 224 in 2010. There were no positive cases of HIV identified in the ACT sample surveyed for the annual NSP) survey conducted by The Kirby Institute (formally the National Centre in HIV Epidemiology and Clinical Research) in 2010.

Mental health problems and psychological distress

In the 2011 ACT IDRS sample, 39% 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, 61% had seen a mental health professional in the past six months. Participants were also administered the Kessler Psychological Distress Scale (K10). One-quarter (26%) scored at levels indicating high distress and a further 31% 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=34), 18% reported driving under the influence of alcohol and 82% 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 remained stable at 20% (22% in 2010). In 2011, the proportion of participants reporting committing at least one crime in the month preceding interview increased slightly (33%; 26% in 2010). The most common crimes committed, as reported by participants in the month prior to interview, were dealing and property crime.

The most recent indicator data available on consumer and provider arrests were for the financial year 2009/10. These data indicated that the number of drug-specific arrests made by ACT police remained fairly steady from the previous year. A total of 386 arrests were made, with 332 of these being consumer arrests and the remaining 54 being provider arrests. Of the 386 arrests made, 224 were related to cannabis.

Special topics of interest

Heavy Smoking Index/nicotine dependence

Daily smokers were asked two questions from the Fagerstrom test (known as the Heavy Smoking Index of HSI). Among those who reported daily smoking, half reported having their cigarette within the first five mins of waking. Over half (54%) of daily smokers reported smoking between 11-20 cigarettes a day. The mean HSI score was 3.1 among daily smokers. Forty percent of daily smokers scored five or above indicating high nicotine dependence.

Alcohol Use Disorders Identification Test-Consumption

In 2011 IDRS participants were asked to respond to the AUDIT-Consumption. Fifty-five percent of the sample scored five or over on the measure. A score of over five indicates the need for further assessment.

Pharmaceutical opioids

Nearly half of the ACT sample recently used pharmaceutical opioids such as methadone, oxycodone. Of those who recently used pharmaceutical opioids, nearly half reported using them for pain relief and around one-third to seek an opioid effect. Twenty percent of those who commented reported that they were refused pharmaceutical medications due to injecting history. Of those who commented, three-quarters were prescribed pharmaceutical opioids by their general medical practitioner (GP).

OTC codeine

Around two-thirds of the ACT sample reported the use of OTC codeine in their lifetime, with half using OTC codeine in the last six months on a median of six days. Forty-five percent of participants reported using OTC codeine for medical purposes. The main type of medical purpose was short-term pain (81%). Eleven percent of the national sample reported the use of OTC codeine for non-medical purposes.

Injecting equipment use in the last month

Eighty-six percent of the ACT sample who commented reported the use of 1 ml needle and syringes in the last month followed by a winged view infusion set (butterfly) (36%) and wheel filter (32%). The re-use of 1 ml needle and syringe was reported by 43% of the ACT IDRS sample who commented. Of those who commented, 39% reported cleaning 1 ml needle/syringes, with just over half (55%) reporting last cleaning a 1 ml needle/syringe.

Mental and Physical Health problems (SF12)

ACT IDRS participants scored a mean for 34.6 for the mental component score (MCS) and 42.0 for the physical component score (PCS). The ACT IDRS participants had significantly lower MCS and PCS scores compared to the Australian population. Scores indicated that ACT IDRS participants had poorer mental and physical health then the population average.

Health Service Access

The majority of participants (n=55) reported visiting a GP in the last four weeks on a median of one occasion (1-28 occasions). Fifty-six percent reported visiting a GP once in the last four weeks.

Online activities

Of the ACT sample who commented, 37% reported that they had used the internet in the last month, with 12% reporting daily internet use. Of those who had used the internet in the last month, 41% reported going online to get information about drugs. Of those who commented, 33% altered their drug dose and 17% used a new drug combination or route or administration due to information found online. Text messaging was the preferred medium to obtain drugs.

Policy

Ninety-six percent of the ACT IDRS sample, who commented, supported NSPs to reduce problems associated with heroin use. The majority also supported methadone/buprenorphine maintenance programs, treatment with drugs (not including methadone) and regulated injecting rooms. The majority of the ACT IDRS sample also supported the legalisation of cannabis (92%) for personal use and nearly three-quarters (70%) supported the legislation of heroin for person use. Small numbers supported the increased penalties for sale or supply of cannabis (11%). Between 16% and 24% supported the increased penalties for sale or supply of heroin, methamphetamine or cocaine.

1 IMPLICATIONS

1. In 2011 there was an increase, compared to 2010, in the proportion of respondents reporting recent use of any methamphetamine (73% in 2011 compared to 59% in 2010). This represents a break in the decline of methamphetamine use since 2006. The trend of decreasing use of crystal also was broken, with an increase from 48% having recently used crystal in 2010 to 57% in 2011. Crystal continues to be reported by many key experts (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 over half (55%) of all participants reporting daily use. KE also reported that cannabis use was high, and that it was one of the most problematic drugs seen in their service due to mental health problems, easy access and widespread acceptability of cannabis use. Efforts to target users with information concerning harms associated with its use, including dependence and co morbid mental health problems, remain important.

3. A number of KE commented on the increasing use of alcohol, also in the context of polydrug use. This can lead to unpredictable and problematic drug interactions.

4. Use of licit and illicit benzodiazepines decreased in 2011. The percentage of participants who reported recent use of licit benzodiazepines decreased from 47% in 2010 to 29% in 2011 and 34% reported recent use of illicit benzodiazepines in 2011, down from 42% in 2010.

5. In 2011, 47% of respondents reported lifetime use of illicit oxycodone, an increase from 21% in 2010. There was also an increase in recent use of oxycodone, increasing from 13% in 2010 to 23% in 2011.

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 people who inject drugs (PWID) of the dangers of sharing injecting equipment.

7. Mental health problems continue to be an area of concern amongst the ACT Illicit Drug Reporting System sample. Scores on the K10 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, O'Brien, Darke 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 2011, the IDRS was funded by the Australian Government Department of Health and Ageing (AGDH&A). The authors would like to acknowledge this organisation for continuing to fund this critical project.

This *ACT Drug Trends 2011* report presents findings from the 2011 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 2011 PWID sample. The report concludes with a discussion of the implications of the findings for 2011.

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 2011*, Series 73 (available from the National Drug and Alcohol Research Centre (NDARC) or via the NDARC website http://ndarc.med.unsw.edu.au/), 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 provide 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

In June of 2011, a structured interview was administered face to face to 98 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 were added to the survey in 2009. In 2011, there were several of additions to the interview schedule, including questions about health service access, smoking patterns, alcohol consumption (AUDIT-C), over-the-counter (OTC) codeine, injecting equipment use, mental and physical health problems (SF-12), online activity and drug policy.

The IDRS interviews were conducted by NDARC research staff and took approximately one hour to administer. Participants were recruited through Directions ACT (an organisation that provides a Needle and Syringe Program (NSP) in the ACT) and the Canberra Alliance for Harm Minimisation and Advocacy. 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 2011, professionals were interviewed as KE for the IDRS. As criteria for study entry, KE had 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 2011 IDRS study are described below.

- **Purity of drug seizures**. In 2011, 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 2009/2010.
- **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 2009/2010, 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 2009/2010.
- **Simple Cannabis Offence Notices (SCON)**. Data for this report on the number of SCON issued in the ACT from 1997/1998 to 2009/2010 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 2010/2011.
- **Hospital admissions**. The 2011 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 2008/2009. These data are provided by the Australian Institute of Health and Welfare (AIHW) and ACT Health.
- **Blood-borne viral infections 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, 2012) , and the *Australian NSP Survey National Data Report 1995-2010* provided by the Kirby Institute (previously known as the National Centre in HIV Epidemiology and Clinical Research) (The Kirby Institute, May 2011) .

- **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 19.0 (IBM, 2010) . The data collected in 2011 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 2010 and 2011 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 2010 and 2011 median days of use for the major drug types discussed.

4 DEMOGRAPHICS

4.1 Overview of the IDRS participant sample

A total of 98 regular PWID were interviewed in the ACT in 2011. The demographic characteristics of the sample are summarised in Table 3 below. In 2011, the mean age of the sample was 38 years (range=17-65 years, SD=10.03), and approximately 63% 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 12% identified as Aboriginal and/or Torres Strait Islander. The majority of participants reported that they were single (59%), were married/in a de facto relationship (18%), or had a partner (17%). In 2011, only eight 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=6-12 years, SD=1.62). Approximately 29% of participants reported that they had trade or technical qualifications, and 11% reported that they had university or other tertiary qualifications. Seventy-nine percent of participants interviewed in 2010 were unemployed (78% in 2010), 5% were currently employed full time (6% in 2010) and 12% were employed on a casual or part-time basis (13% in 2010). The vast majority of respondents (82%) reported living in a privately rented house or flat, with 10% of respondents reporting to have no fixed address. Around half (53%) of participants reported that they had a prison history (46% in 2010).

Fifty-eight percent of participants indicated that they were currently involved in some form of drug treatment. The most common form of drug treatment was methadone maintenance treatment, with 6% of participants engaged in both buprenorphine and buprenorphine-naloxone maintenance treatment. The median length of time participants had been participating in their current treatment was 48 months (range=1 month to 22 years). Of those respondents currently in treatment, the majority (87%) had been engaged in treatment for six months or more, with only 13% participating in treatment for six months or less.

Table 3: Demographic characteristics of the PWID sample, 2010-2011

	2010 N=101	**2011 N=98**
Age (mean years)	39	**38**
School education (mean years)	10	**10**
Sex (% male)	67	**63**
Heterosexual (%)	90	**93**
Relationship status (%)		
Single	63	**59**
Partner	22	**17**
Married/De facto	10	**18**
Separated	2	**4**
Divorced	2	**1**
Widowed	0	**0**
Accommodation (%)		
Own house/flat (includes renting)	57	**84**
Parent's/family house	3	**1**
Boarding house/hostel	3	**3**
Shelter/refuge	5	**1**
No fixed address/homeless	5	**10**
Employment (%)		
Not employed	78	**79**
Full-time	6	**5**
Part-time/casual	13	**12**
Home duties	0	**1**
Full time student	2	**1**
Income per week (mean)	$411	**$398**
English main language spoken at home (%)	100	**100**
Aboriginal and/or Torres Strait Islander (%)	11	**12**
Tertiary education (%)		
None	60	**60**
Trade/technical	33	**29**
University/college	7	**11**
Currently in drug treatment (%)	54	**58**
Methadone maintenance (%)	37	**43**
Buprenorphine maintenance (%)	10	**6**
Buprenorphine-naloxone	6	**6**
Prison history (%)	46	**53**

Source: ACT IDRS PWID interviews, 2010-2011

5 CONSUMPTION PATTERNS

5.1 Current drug use

The injection histories of participants in the 2010 and 2011 samples are summarised in Table 4. The mean age of first injection was 18 years (range=10-39 years, SD=5.07). Exactly half the number of the respondents reported heroin as the first drug injected. Methamphetamine was the second most common drug to be injected first by respondents (33%).

Heroin was nominated as the drug of choice for the majority of participants (65%) in 2011; a slight increase from 2010 (57%). In 2011, the percentage of respondents doubled in number when nominating ice as their second drug of choice, from 6% in 2010 to 12% in 2011. Conversely, the proportion of respondents nominating speed as their drug of choice halved from 16% in 2010 to 8% in 2011. Overall, 20% of PWID nominated methamphetamine (in any form) as their drug of choice in 2011, a slight decrease from 2010 (22%). Cannabis was nominated as drug of choice by 5% of participants, decreasing by more than half the figure for 2010 (11%).

Heroin was the drug injected most often in the month prior to the interview (50%) and was the last drug injected by 49% of respondents (down slightly from 51% in 2010). In 2011, there was a decrease in respondents reporting Subutex (buprenorphine) as the drug injected most often in the last month (from 10% in 2010 to 7% in 2011) and the most recent drug injected (from 13% in 2010 to 8% in 2011).

In 2011, 37% of the sample reported a discrepancy between their drug of choice and the drug they injected most often in the previous month. Of those that reported a discrepancy (n=36), most respondents reported that this was due to availability (10%), price (8%), or their drug of choice being a non-injectable (6%).

Table 4: Injection history, drug preferences and polydrug use of PWID, 2009-2011

Variable	2009 N=100	2010 N=101	**2011 N=98**
Age first injection (mean years)	19	19	**18**
First drug injected (%)			
Heroin	48	49	**50**
Methamphetamine	46	41	**33**
Cocaine	3	3	**2**
Methadone	0	2	**0**
Other opioids	0	2	**0**
Other	3	4	**2**
Drug of choice (%)			
Heroin	53	57	**65**
Methamphetamine			
Speed	12	16	**8**
Base	2	0	**0**
Crystal	13	6	**12**
Cocaine	2	1	**1**
Methadone	1	2	**1**
Cannabis	6	11	**5**
Other	11	7	**4**
Drug injected most often in last month (%)			
Heroin	48	50	**50**
Cocaine	0	0	**1**
Methamphetamine			
Speed	12	11	**14**
Base	7	1	**0**
Crystal	11	10	**14**
Methadone	11	10	**4**
Subutex/buprenorphine	2	10	**7**
Other/have not injected in last month	9	9	**6**
Most recent drug injected (%)			
Heroin	41	51	**49**
Cocaine	1	1	**1**
Methamphetamine			
Speed	14	7	**13**
Base	6	1	**1**
Crystal	10	9	**14**
Methadone	13	10	**4**
Subutex/buprenorphine	3	13	**8**
Morphine	3	5	**2**
Other	9	4	**5**

Source: ACT IDRS PWID interviews, 2009-2011

The frequency of injection reported by participants from 2007 to 2011 is presented in Table 5. In 2011, almost half (42%) of the sample reported an injection frequency of one (19%), two or three injections per day (19%), or more than three injections per day (4%).

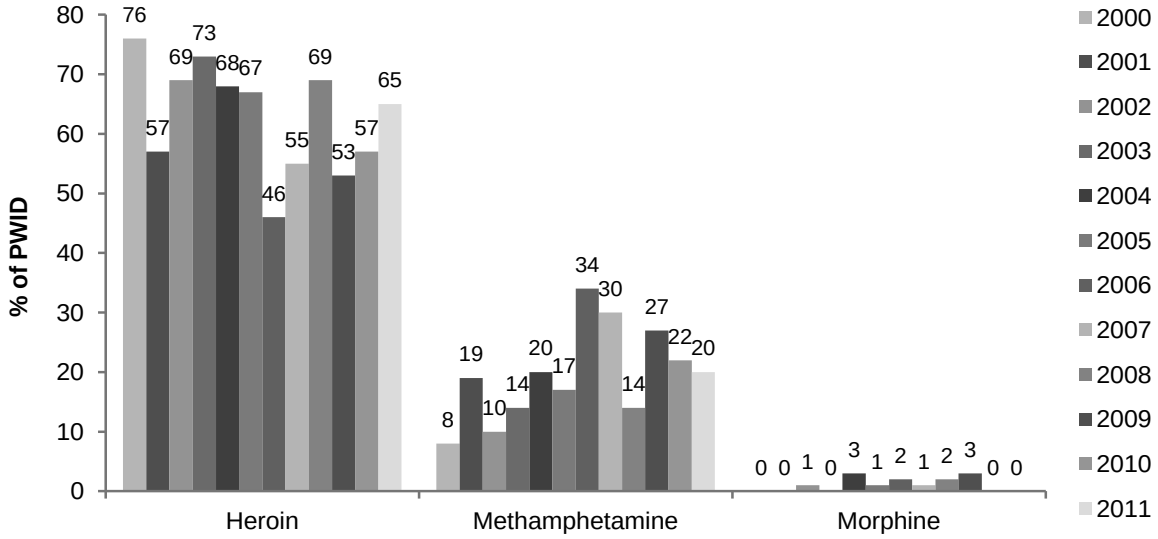
Table 5: Frequency of injection among PWID in the ACT, 2007-2011

	2007	2008	2009	2010	**2011**
	N=100	N=101	N=100	N=101	**N=98**
Frequency (%)					
Weekly or less	25	21	20	20	**24**
Weekly-daily	49	33	35	36	**35**
Daily	12	21	21	20	**19**
2-3 times daily	12	16	21	18	**19**
More than 3 times a day	3	9	3	6	**4**

Source: ACT IDRS PWID interviews, 2007-2011

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 (65% and 22% respectively) remained relatively stable, with only a slight increase for heroin and slight decrease for methamphetamine.

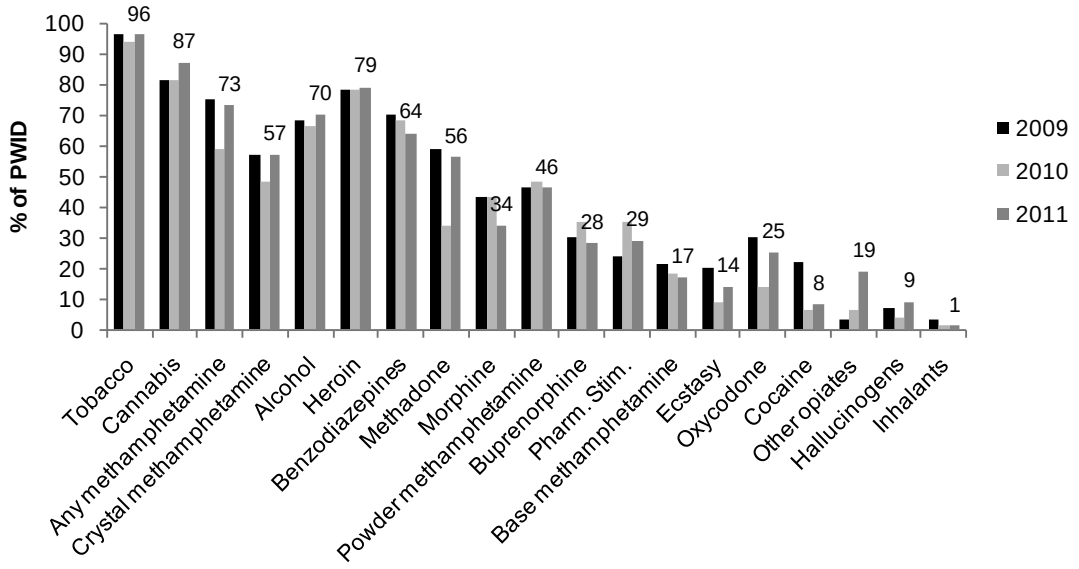
Figure 1: Drug of choice of PWID interviewed, ACT, 2000-2011



Source: ACT IDRS PWID interviews, 2000-2011

Figure 2 presents the proportion of participants from 2009 to 2011 that 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 2011 were tobacco (96%), cannabis (87%), heroin (79%), any methamphetamine (73%), and alcohol (70%).

Figure 2: Recent drug use: percentage of PWID who had used each drug type in the last six months, 2009-2011



Source: ACT IDRS PWID interviews, 2009-2011

Table 6 (over page) presents the drug use history of the 2011 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 cannabis (100%) tobacco (99%) alcohol (97%), heroin (97%), methamphetamine powder (86%), and crystal methamphetamine (78%) at least once in their lifetime. In terms of route of administration, heroin (79%), methamphetamine powder (41%), and crystal methamphetamine (54%) were the most common drugs recently injected by the sample in 2011. In the six months preceding interview, 16% of participants reported smoking crystal.

Key Expert comments

- Demographics reported by KE of PWID that they had contact with were consistent with PWID reports in the ACT IDRS.
- 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 drugs was also frequently reported.
- Crystal was the drug most commonly reported by KE as problematic.

Table 6: Polydrug use history of the PWID sample, 2011

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	97	97	77	72	52	8	10	0	19	2	79		66
Homebake heroin	60	59	16	4	2	0	0	0	2	1	18		4.5
Any heroin (inc. homebake)	*97*	*97*	*79*		*53*	*8*	*11*	*0*	*20*	*3*	*80*		*72*
Methadone (prescribed)	67	32	17	21					63	44	46	180	180
Methadone (not prescribed)	51	39	20	3					26	10	22		2
Physeptone (prescribed)	18	2	0	0	0	0	0	0	13	2	2	0	6
Physeptone (not prescribed)	24	14	2	16	0	0	0	0	14	4	5		13
Any methadone (inc. Physeptone)	*80*	*59*	*28*	*16*					*75*	*51*	*56*		*180*
Buprenorphine (prescribed)	34	16	5	90	3	0	0	0	28	5	9	180	90
Buprenorphine (not prescribed)	40	34	20	50	2	0	1	1	16	6	21		60
Any buprenorphine (exc. buprenorphine-naloxone)	*58*	*42*	*25*	*0*	*4*		*1*	*1*	*37*	*9*	*28*		*90*
Buprenorphine-naloxone (prescribed)	34	6	3	90	0	0	0	0	17	10	10	180	171
Buprenorphine-naloxone (not prescribed)	37	13	7	2	2	0	0	0	14	5	12		4
Any buprenorphine-naloxone	*64*	*16*	*8*	*2*	*2*	*0*	*0*	*0*	*27*	*16*	*20*		*5*
Morphine (prescribed)	24	9	1	90	0	0	0	0	15	5	6		90
Morphine (not prescribed)	66	61	26	5	1	0	3	3	20	8	30		5
Any morphine	*78*	*64*	*26*	*5*	*1*	*0*	*3*	*3*	*33*	*13*	*34*		*5*
Oxycodone (prescribed)	15	6	2	65	0	0	0	0	12	6	6		14
Oxycodone (not prescribed)	47	35	17	2.5	1	0	1	0	20	10	23		2.5

Source: ACT IDRS PWID interviews, 2011

^ 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, 2011 (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*
Any oxycodone	*51*	*35*	*17*	*2.5*	*1*	*1*	*0*	*0*	*25*	*14*	*25*		*3.5*
Over the counter codeine	70	4	0	6	0	0	1	0	68	50	50		6
Other opioids (not elsewhere classified)	50	1	0	6	1	0	0	0	47	19	19		6
Speed powder	86	84	41	10	11	3	34	3	24	3	46		9.5
Base/point/wax	44	39	15	6.5	2	2	1	0	9	2	17		6.5
Ice/shabu/crystal	78	76	54	12	32	16	7	0	10	6	57		12
Amphetamine liquid	30	28	7	6.5					8	3	7		6
Any form methamphetamine #	*94*	*92*	*72*	*24*	*38*	*18*	*38*	*3*	*30*	*9*	*73*		*24*
Pharmaceutical stimulants (prescribed)	13	6	3	30	1	0	0	0	8	6	7		30
Pharmaceutical stimulants (not prescribed)	42	34	24	5	0	0	2	0	18	6	25		5
Any form pharmaceutical stimulants	*47*	*32*	*26*	*5*	*1*	*0*	*2*	*0*	*24*	*10*	*29*		*5.5*
Cocaine	66	48	8	8	9	1	35	2	5	1	8		8
Hallucinogens	73	6	0	2	0	0	0	0	68	9	9		2
Ecstasy	65	31	3	1.5	3	0	6	0	54	11	14		1.5
Benzodiazepines (prescribed)	40	5	1	180	2	0	2	0	40	29	29		180
Benzodiazepines (not prescribed)	51	7	2	5	2	0	2	0	50	34	34		5
Any form of benzodiazepines	*81*	*16*	*3*	*28*	*4*	*0*	*3*	*0*	*63.5*	*63*	*64*		*50*
Alcohol	97	3	0	16					97	70	70		16
Cannabis	100										87		180
Inhalants	17										1		1
Tobacco	99										96		180

Source: ACT IDRS PWID interviews, 2011

^ 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 2011, heroin remained the drug of choice for the majority of participants (50%). Patterns of heroin use remained relatively stable in 2011
- Seventy-nine percent had used heroin in the previous six months, almost identical to 2010 (78%)
- Median days of heroin use in the preceding six months was 66 days, an increase from 60 days reported in 2010
- Twenty-one percent of respondents reported daily heroin use, stable from 2010 (17%)
- The form used most often was white/off-white powder (77%)

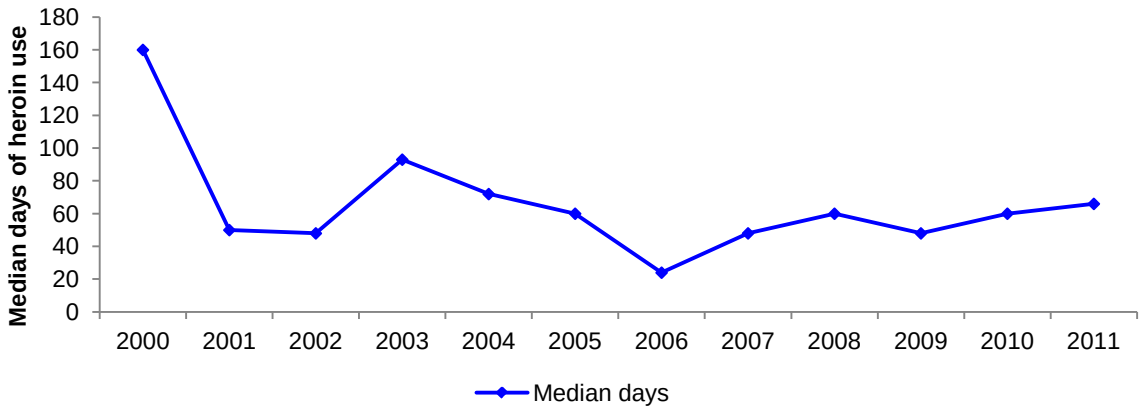
In 2011, 97% of respondents reported that they had used heroin at least once in their lifetime and over three-quarters (79%) reported the use of heroin in the six months preceding interview, which was almost identical to 2010 (78%). No significant difference was found between 2010 and 2011 for recent heroin use (p>0.05).

Heroin was nominated as the drug of choice by over half of the participants in 2011 (65%), which was slightly less compared to 2010 (57%). Half of the respondents reported heroin as the drug most often injected in the last month, and 49% reported that it was the last drug they injected. In 2011, heroin was the third most common illicit drug used (36%) on the day prior to the interview, which increased slightly from 2010 (27%).

Almost all participants who had used heroin in the preceding six months (n=74) reported injecting it. More than half of the respondents (53%) reported that they had smoked heroin at least once in their lifetime and 8% had done so in the six months preceding the interview; 20% reported they had swallowed heroin at least once in their lifetime and 3% had done so in the last six months; and 11% reported they had snorted heroin at least once in their lifetime.

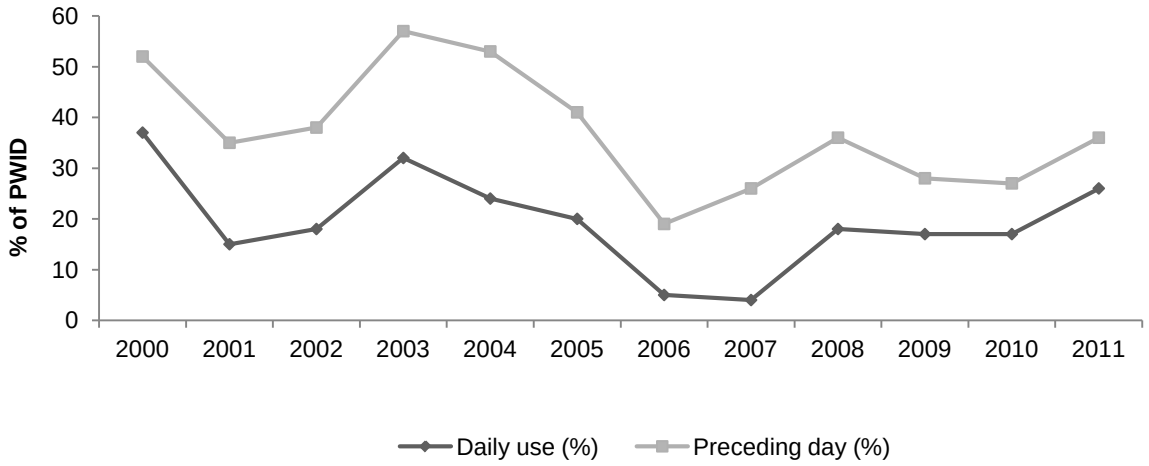
Of those participants who had used heroin in the six months prior to the interview, the median number of days of use during this period increased to 66 days (60 in 2010) as seen in Figure 3. The number of days that heroin was used in the preceding six months ranged from one day to every day.

Figure 3: Median days of heroin use among participants who had used heroin in the preceding six months in the ACT, 2000-2011



Source: ACT IDRS PWID interviews, 2000-2011

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, 2000-2011



Source: ACT IDRS PWID interviews, 2000-2011

As can be seen in Figure 4, the proportion of participants reporting daily heroin use in the six months preceding interview increased to 26% in 2011. The proportion of respondents reporting use of heroin on the day prior to interview also increased in 2011 to 36% (27% in 2010).

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 2011, three-fifths (60%) of participants reported that they had used homebake heroin at least once in their lifetime. Eighteen percent reported the use of homebake heroin in the six months preceding interview. Most of those who reported recent use of homebake heroin had injected it (18% used and 16% injected); however, 1% also reported swallowing it in the six months preceding interview. In 2011, the median days of homebake use was four and a half days. Five percent of participants who reported recent use of heroin stated that homebake heroin was the form they had used most (up from 1% in 2010).

5.2.1 Preparation and colour

Brown heroin was first identified in New South Wales (NSW) by the Medically Supervised Injecting Centre (MSIC) in 2006. Participants in the IDRS first commented on the presence of brown heroin in the same year. In 2007, the issue was first investigated by asking participants to describe the colour forms of heroin they had used over the last six months, in addition to the 'form most used'. In 2008, this investigation was expanded by asking participants what colour forms of heroin they used and the preparation techniques employed when using these colour forms. Participants were shown a 'flashcard' (Stafford, Sindicich, Burns 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, Ahrensand Gerz, 2005) . Furthermore, information from border seizures indicates that it is not possible to determine the geographic origin of the drug based on colour alone (AFP, personal communication with the authors). 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.

5.2.2 Colour and form

Among recent heroin users, 77% 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 (52%). Interestingly, though, over a tenth reported that they had used brown heroin powder (15%) and 8% reported using brown heroin rock in the six months preceding interview. The proportion of participants that reported using homebake heroin in the six months preceding interview slightly increased from 17% in 2010 to 23% in 2011. Sixty-three percent reported that white/off-white heroin powder was the form of heroin they most used, followed by white/off-white rock (28%) and brown powder (3%). In 2011, 7% reported homebake heroin as the form most used in the six months prior to interview (up from 0% in 2010).

Table 7: Forms of heroin used and most common form used in the six months preceding interview, ACT, 2010-2011

Heroin type	2010 (n=79)	2011 (n=74)
Used in past six months		
Heroin powder		
White/off-white	95	**77**
Brown	29	**15**
Other colour	0	**3**
Heroin rock		
White/off-white	30	**52**
Brown	10	**8**
Other colour	1	**5**
Homebake	17	**23**
Form most used		
Heroin powder		
White/off-white	90	**63**
Brown	4	**3**
Other colour	0	**0**
Heroin rock		
White/off-white	5	**28**
Brown	0	**0**
Other colour	1	**0**
Homebake	0	**7**

Source: ACT IDRS PWID interviews, 2010-2011

5.2.3 Preparation

In 2011, 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=65), 48% reported that they had used heat the last time they injected and two participants reported using acid the last time they injected. Ninety percent (n=31) 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 10% (n=3) reported that the colour was brown or beige.

Key Expert comments

- The majority of KE reported that heroin was the main illicit drug used by the regular users that they had contact with.
- Seven KE reported that they believed it to be one of the most problematic drugs. Reasons cited for this included safety issues around injecting and dependence and withdrawal issues.
- A few KE commented that they believed there had been an increase in the smoking of heroin. It was commented that heroin was usually smoked due to the perception that it was safer than injecting.

5.3 Methamphetamine

Key points

Methamphetamine powder (speed)

- Recent use of speed remained stable in 2011 at 46% (48% in 2010)
- Median days of use in the preceding six months was 9.5 (11 in 2010)
- Speed as the drug of choice halved to 8% in 2011 (16% in 2010)

Methamphetamine base

- Lifetime use of base remained stable from 38% in 2010 to 44% in 2011
- Recent use of base was 17% in 2011 (18% in 2010)
- Median days of base use in the preceding six months remained stable at 6.5

Crystal methamphetamine (ice/crystal)

- Lifetime use of crystal remained stable from 31% in 2010 to 32% in 2011
- Recent use of crystal remained stable from 48% in 2010 to 57% in 2011
- Median days of crystal use doubled to 12 days in 2011

The 2011 IDRS questionnaire collected data on three different forms of methamphetamine: methamphetamine powder or (speed), base methamphetamine or (base), and crystal methamphetamine or (crystal).

5.3.1 Lifetime use

5.3.1.1 Any methamphetamine

In 2011, 94% of participants reported using some form of methamphetamine (i.e. speed, base, crystal, amphetamine liquid) at least once in their lifetime, comparable to 2010 (98%). Ninety-two percent of participants also reported having injected some form of methamphetamine at least once in their lifetime. Thirty-eight percent of the PWID reported ever smoking and ever snorting some form of methamphetamine in their lifetime and almost one-third reported ever swallowing (30%).

5.3.1.2 Speed

Eighty-six percent of participants reported using speed in their lifetime. Eighty-four percent reported injecting speed in their lifetime. Of the sample, 34% had ever snorted, 24% had ever swallowed and 3% had ever smoked.

5.3.1.3 Base

Approximately two-fifths of participants (44%) reported ever having used base (42% in 2010). Thirty-nine percent reported having ever injected base, quiet stable compared to 2010 (38%). Other routes of administration for base use were relatively uncommon, with 2% reporting having ever smoked (3% in 2010), 1% ever snorting (2% in 2010) and 9% ever swallowing (11% in 2010).

5.3.1.4 Crystal

Seventy-eight percent of participants reported having ever used crystal, down from 85% in 2010. Seventy-six percent of participants reported having ever injected crystal (82% in 2010). Almost one-third of participants reported that they had ever smoked crystal (32%). The other routes of administration were much less frequent with only 7% reporting having ever snorted crystal (4% in 2010) and 10% reporting ever swallowing (8% in 2010).

5.3.2 Current patterns of methamphetamine use

5.3.2.1 Any methamphetamine

In 2011, 73% of ACT participants reported using any methamphetamine in the six months preceding interview compared to 59% in 2010. The most common route of administration in 2011 was injecting (72%, 76% in 2010). Eighteen percent of participants reported that they had smoked any form of methamphetamine in the preceding six months (15% in 2010). Much smaller proportions reported snorting (3%; 2% in 2010) or swallowing (9%; 10% in 2010). Median days of use for any methamphetamine increased to 24 days in 2011 (from 20 in 2010). Methamphetamine (in any form) was the second most common drug type reportedly used on first injection (33%; 41% in 2010). Twenty-eight percent of participants reported methamphetamine to be the drug type most often injected in the last month (22% in 2010).

5.3.2.2 Speed

Forty-six percent of participants reported the use of speed in the six months preceding interview (48% in 2010, see Figure 5). No significant difference was found between 2010 and 2011 for recent speed use ($p>0.05$). The most common route of administration was injection, which was reported by all participants who had recently used speed. Smaller proportions reported swallowing (3%; 6% in 2010), snorting (3%; 4% in 2010) and smoking (3%; 6% in 2010) speed in the six months preceding interview. Median days of use was nine and a half days and the median days of injection was 10 (10 and 10 days in 2010, respectively). No one reported daily use of speed. Thirty-three percent reported that speed was the first drug ever injected (37% in 2010), 14% reported speed as the most common drug they injected in the last month (11% in 2010), 13% reported speed as the most recent drug injected (7% in 2010), and 5% reported that they had used speed on the day prior to interview (4% in 2010). In 2011, 8% reported that speed was their drug of choice (16% in 2010).

5.3.2.3 Base

Seventeen percent reported the recent use of base (18% in 2010, see Figure 5). No significant difference was found between 2010 and 2011 for recent base use ($p>0.05$). Injection was the most common route of administration with all recent base users reporting having injected base in the six months preceding interview. In 2011, no participants reported recently snorting base, but 2% reported recently swallowing (1% similar to 2010), and one participant reported recently smoking (same for 2010). Median days of use was six and a half (less than monthly), a slight increase from 5 in 2010. The median number of days that base was injected in the preceding six months was also six and a half. Three participants reported that they had used base on the day preceding interview (1% in 2010). No participants nominated base as their drug of choice in 2011 (0% in 2010).

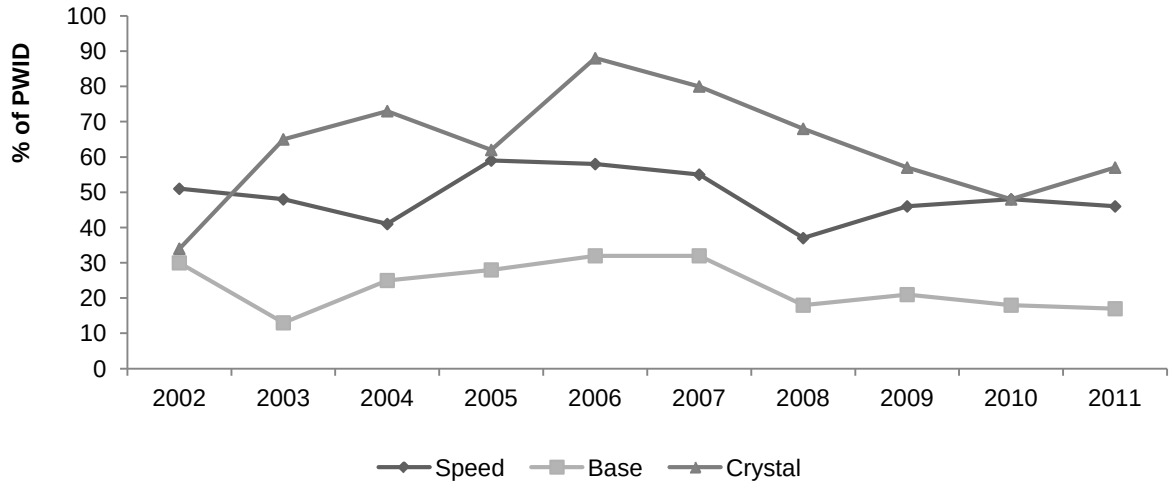
5.3.2.4 Crystal

Over half of the participants (57%) reported the recent use of crystal (48% in 2010, see Figure 5). No significant difference was found between 2010 and 2011 for recent crystal use (p>0.05). Ninety-five percent of participants who had recently used crystal had done so by injection (96% in 2010). Sixteen percent of participants had smoked crystal in the six months prior to interview (19% in 2010), 6% reported swallowing and no participants reported snorting crystal in the last six months. Amongst those who had used crystal in the previous six months, the median days of use was 12 (six and a half in 2010). Amongst recent injectors the median days of injection was 12 (6.5 in 2009). Crystal was the first drug injected by 10% of participants (3% in 2010), the drug injected most often in the last month by 14% (1% in 2010) and the last drug injected by 14% (9% in 2010). The number of participants who used crystal the day before interview increased from 4% in 2010 to 13% in 2011. Crystal was nominated as the drug of choice by 12% of the sample (6% in 2010).

5.3.2.5 Liquid amphetamine

In 2011, whilst 30% of participants reported that they had used liquid amphetamine at least once in their lifetime (27% in 2010); only 7% reported the recent use of liquid amphetamine (4% in 2010). 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, 2002-2011



Source: ACT IDRS PWID interviews, 2002-2011

Key Expert comments

- Ice/crystal was reported as one of the most problematic drugs by eight KE.
- Three KE reported that crystal use had increased in the six months prior to interview.
- Crystal was reported as problematic because of the mental health, psychosis and aggressiveness issues related to its use.
- A few KE commented that poly-drug use involving crystal was common.
- Speed use was reported as less frequent.
- Base use was reported as infrequent.

5.4 Cocaine

Key points

- Lifetime use of cocaine remained stable from 59% of participants in 2010 to 66% in 2011
- Recent use of cocaine remained stable from 6% of participants in 2010 to 8% in 2011
- Median days of use in six months significantly increased from 2 in 2010 to 8 in 2011 (just over once a month)

5.4.1 Lifetime use

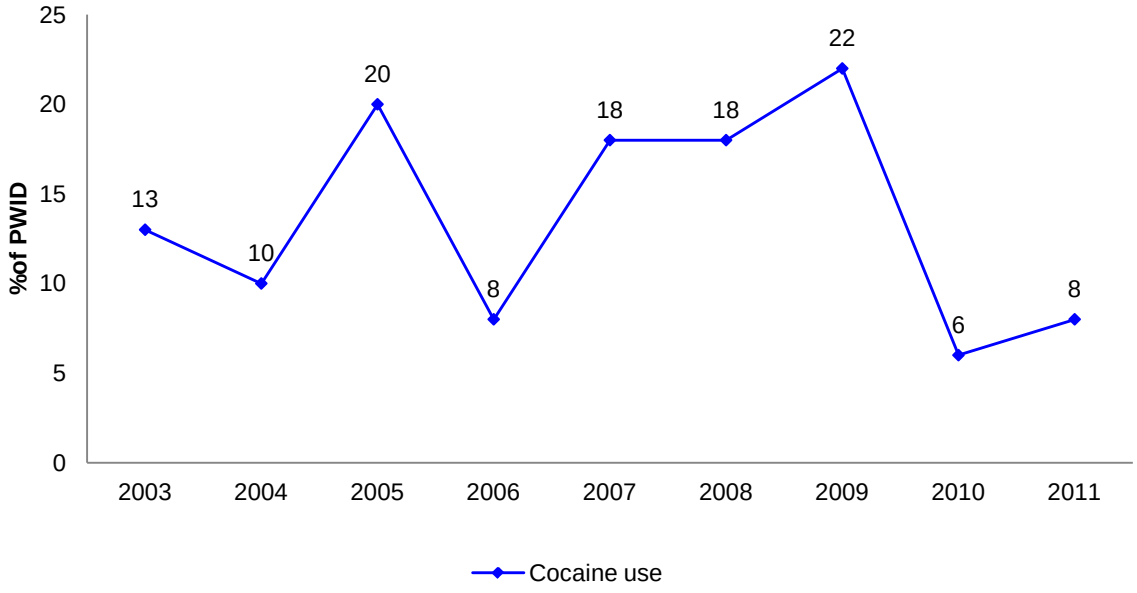
In 2011, 66% of participants reported that they had used cocaine at least once in their lifetime (59% in 2010). Just under half of the PWID (48%) in 2011 reported ever having injected cocaine, almost the same compared to 47% in 2010. In 2011, 35% had ever snorted cocaine (29% in 2010), 9% had ever smoked cocaine (7% in 2010), and 5% had ever swallowed the drug (equal to 2010). There were no significant differences between 2010 and 2011 in these latter means of cocaine administration ($p>0.05$).

5.4.2 Current patterns of cocaine use

In 2011, the proportion of participants reporting recent use of cocaine remained stable at 8% (6% in 2010). No significant difference was found between 2010 and 2011 for recent cocaine use ($p>0.05$). Injecting (8%; 5% in 2010) was the most common route of administration in 2011. In the preceding six months, only 1% of participants had swallowed cocaine (2% in 2010), 2% had snorted (1% in 2010) and 1% had smoked (2% in 2010). The median days of cocaine use remained low at eight days, with a slight increase from two days in 2010.

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=8), all users (100%) reported that they had used powder cocaine; none reported that they had used rock cocaine and one participant reported that they had used crack cocaine. Two percent of participants reported that cocaine was the first drug they had ever injected (3% in 2010). One participant nominated cocaine as their drug of choice (equal to 2010) and as the last drug injected (equal to 2010). Identical to 2010, participants reported using cocaine on the day prior to interview. Only one participant reported cocaine was the drug they most frequently injected in the previous month (zero in 2010).

Figure 6: Proportion of PWID reporting cocaine use in the past six months in the ACT, 2003-2011



Source: ACT IDRS PWID interviews, 2003-2011

Key Expert comments

- Most KE reported only occasionally/never seeing cocaine in their service.

5.5 Cannabis

Key points

- 87% of PWID reported recent cannabis use in 2010 (81% in 2010)
- Cannabis was the most common illicit drug used the day prior to interview (by 63% of participants)
- Median days of cannabis use in the six months preceding interview was 180
- Hydroponic cannabis was the form most often used

5.5.1 Lifetime use

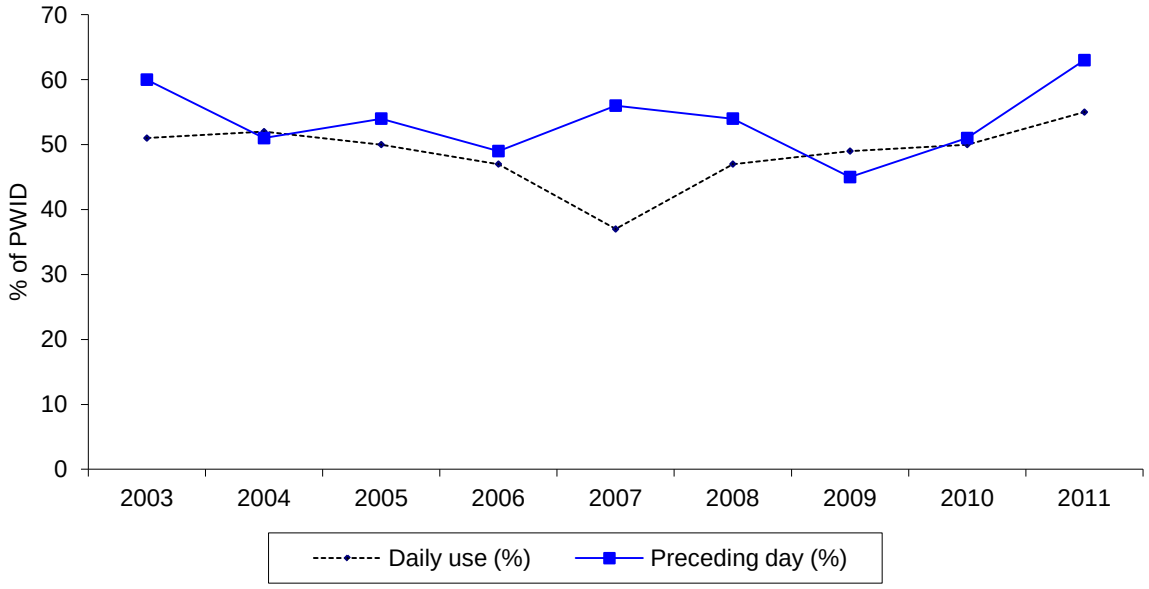
In 2011, all participants (100%; 99% in 2010) reported using cannabis at least once in their lifetime.

5.5.2 Current patterns of cannabis use

Eighty-seven percent of participants reported having used cannabis in the six months preceding interview (81% in 2010). The median number of days of use in the previous six months was 180 which equates to daily use (equal to 2010). Cannabis was the most common illicit drug used the day prior to interview, with 63% of all participants reporting its use the day before interview (51% in 2010). 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 2011, the proportion of participants reporting daily use remained stable (55%; 50% in 2010). The proportion reporting preceding day use increased slightly from 51% in 2010 to 63% in 2011. Approximately one in 20 participants (5%) nominated cannabis as their drug of choice in 2011 (down from 11% in 2010).

Of those respondents who had used cannabis in the past six months, 93% had used hydroponic cannabis (hydro) (96% in 2010), 73% had used bush (75% in 2010), 10% had used hashish (9% in 2010), and 5% reported using hashish oil (1% in 2010). Hydro was the form of cannabis used most often (87%; 88% in 2010). There were no significant differences between recent use in 2010 and 2011 ($p>0.05$).

Figure 7: Proportion of participants reporting daily cannabis use in the last six months, and cannabis use on the day preceding the interview, 2003-2011



Source: ACT IDRS PWID interviews, 2003-2011

Key Expert comments

- Most KE reported that cannabis use was common, with many PWID using frequently.
- Two 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.

5.6 Other opioids

Key points

Methadone

- Forty-six percent reported recent use of licit methadone (41% in 2010)
- Twenty-two percent reported recent use of illicit methadone (24% in 2010)
- Median days of recent illicit use was two days, significantly lower than 11 in 2010

Buprenorphine

- Nine percent reported recent use of licit buprenorphine, equal to that of 2010
- Twenty-one percent reported the recent use of illicit buprenorphine (27% in 2010)
- Median days of recent illicit use were 60 days, down from 72 days in 2010

Buprenorphine-naloxone

- Ten percent reported recent licit use, stable compared to 2010 (8%)
- Twelve percent reported recent illicit use, equal to that of 2010
- Median days of recent illicit use was four days, down from eight in 2010

Morphine

- Thirty percent reported recent use of illicit morphine, 32% in 2010
- Median days of recent illicit use was five days (3.5 in 2010)

Oxycodone

- Twenty-three percent reported recent use of illicit oxycodone (13% in 2010)
- Median days of recent illicit use was 2.5 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.

5.6.1 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.

5.6.1.1 Licit methadone and physeptone

The proportion of participants indicating that they had ever used licit methadone remained stable (67% in 2010 and 63% in 2011). Forty-six percent of participants in 2011 reported recent use of licit methadone (41% in 2010). In 2011, 44% of participants reported having swallowed licit methadone in the previous six months (56% in 2010). In addition, 17% of participants reported having used licit methadone by injection in the six months prior to interview, which remained stable (19% in 2010). Eighty-three percent (72% in 2010) reported

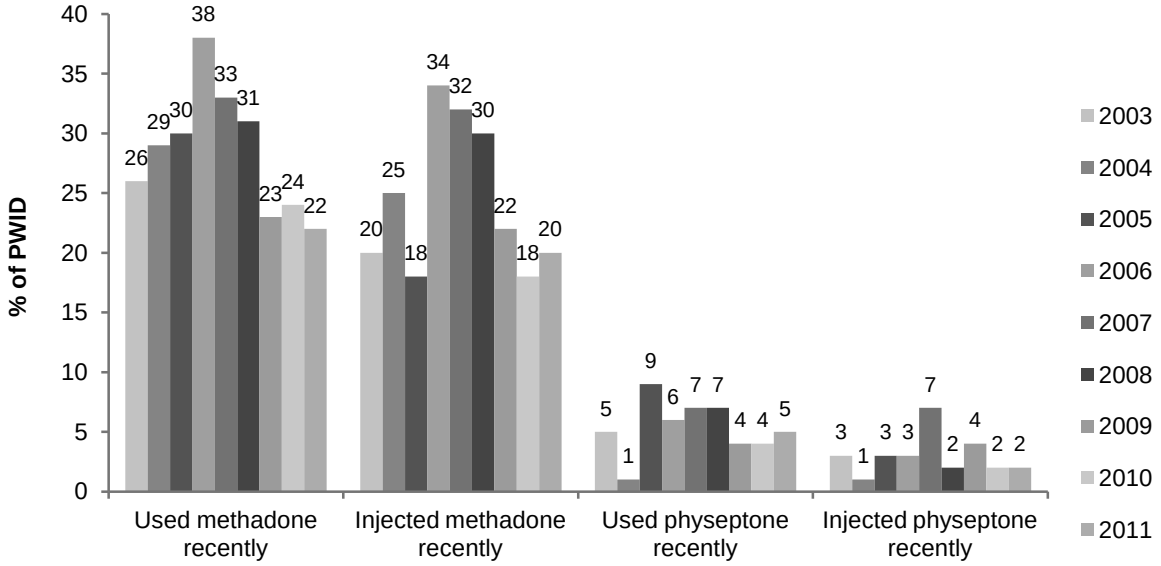
that licit methadone syrup was the most common form used recently (last six months). Among those who reported using licit methadone in the preceding six months, 40% reported daily use (71% in 2010). The median number of days of use for licit methadone was 180.
Almost one-fifth (18%) of participants reported ever using licit physeptone (21% in 2010) and 2% reported use of licit physeptone in the preceding six months (4% in 2010). No participants reported injecting licit physeptone recently (two in 2010). The median number of days reported using licit physeptone dropped significantly from 18 in 2010 to none in 2011.

5.6.1.2 Illicit methadone and physeptone

In 2011, the self-reported lifetime use of illicit methadone amongst participants remained stable at 51% of participants (57% in 2010). As can be seen in Figure 8, the proportion of participants reporting recent use of illicit methadone gradually decreased from 2006 to 2011, and remained stable in 2011 at 22% (24% in 2010). Of those participants who had used illicit methadone in the previous six months, 91% reported injecting it (75% in 2010) and 38% reported swallowing (52% in 2010). Eleven percent reported that illicit methadone syrup was the most common form used recently, which dropped from 23% in 2010. Of those participants who had recently used illicit methadone, 24% had used it more than 10 days in the six months preceding interview, compared to 50% in 2010. This decrease, however, was not significant (p>0.05). The median number of days of use for illicit methadone dropped significantly from 11 in 2010 to two days in 2011.

In 2011, 24% reported ever using illicit physeptone (17% in 2010); however, only 5% of participants reported recent use of illicit physeptone (4% in 2010). Two percent reported recent injection of illicit physeptone (equal to 2010; see Figure 8) and 4% nominated illicit physeptone tablets as the form of methadone/physeptone used most often. The median number of days for using illicit physeptone was 13, significantly greater than the 2.5 days reported in 2010. There were no significant differences in methadone use from 2010 to 2011.

Figure 8: Use and injection of illicit methadone and illicit physeptone among PWID in the last six months, 2003-2011



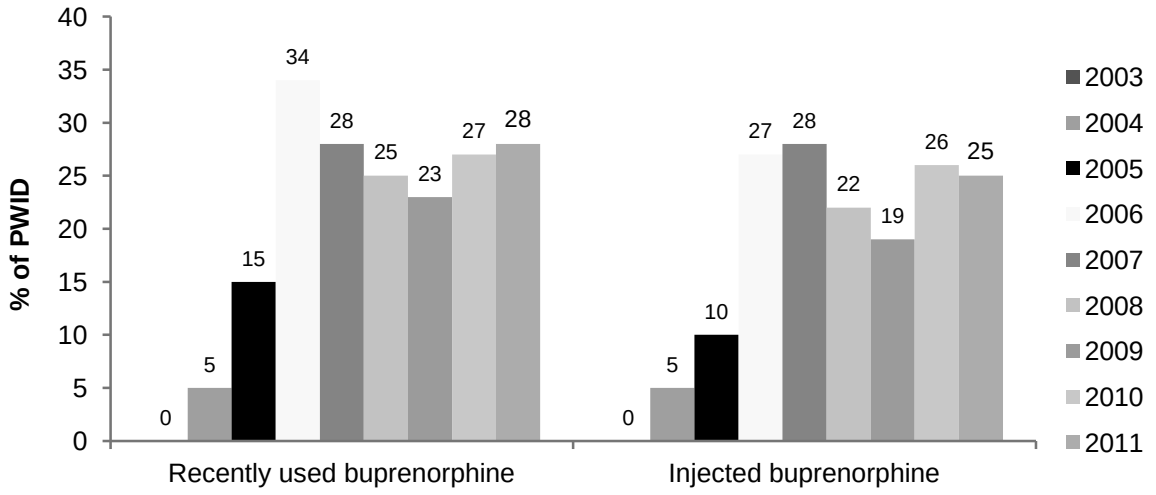
Source: ACT IDRS PWID interviews, 2003-2011

5.6.2 Buprenorphine

In 2011, 34% of participants reported that they had ever used licit buprenorphine (i.e. buprenorphine prescribed to them), identical to 2010. Use of prescribed buprenorphine in the six months preceding interview decreased slightly from 13% in 2010 to 9% in 2011. Fifty-six percent of recently prescribed buprenorphine users reported having swallowed buprenorphine, and having injected their own buprenorphine in the six months prior to interview. Amongst those who had used licit buprenorphine in the preceding six months, the median number of days of use decreased significantly by two-thirds, to 60 days in 2011 (180 days in 2010; 120 in 2009).

Forty percent of participants reported the lifetime use of illicit buprenorphine, stable compared to 2010 (43%). The proportion of participants who had used illicit buprenorphine in the six months prior to interview also remained stable in 2010 (21%, 27% in 2010, 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 (95%); six participants (6%) reported swallowing; and one participant reported snorting illicit buprenorphine. In 2011, the median number of days of use for illicit buprenorphine was 60, approximately three times a week, relatively stable compared to 2010 (72 days).

Figure 9: Recent use and injection of illicit buprenorphine among PWID in the last six months, 2003-2011



Source: ACT IDRS PWID interviews, 2003-2011

5.6.3 Buprenorphine-naloxone (Suboxone®)

The number of participants who reported that they had ever used licit buprenorphine-naloxone doubled from 17% in 2010 to 34% in 2011. Ten percent of participants reported the use of prescribed buprenorphine-naloxone in the six months preceding interview (8% in 2010). All participants who had recently used prescribed buprenorphine-naloxone (n=10) reported having swallowed it. Three 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 171 (180 days in 2010).

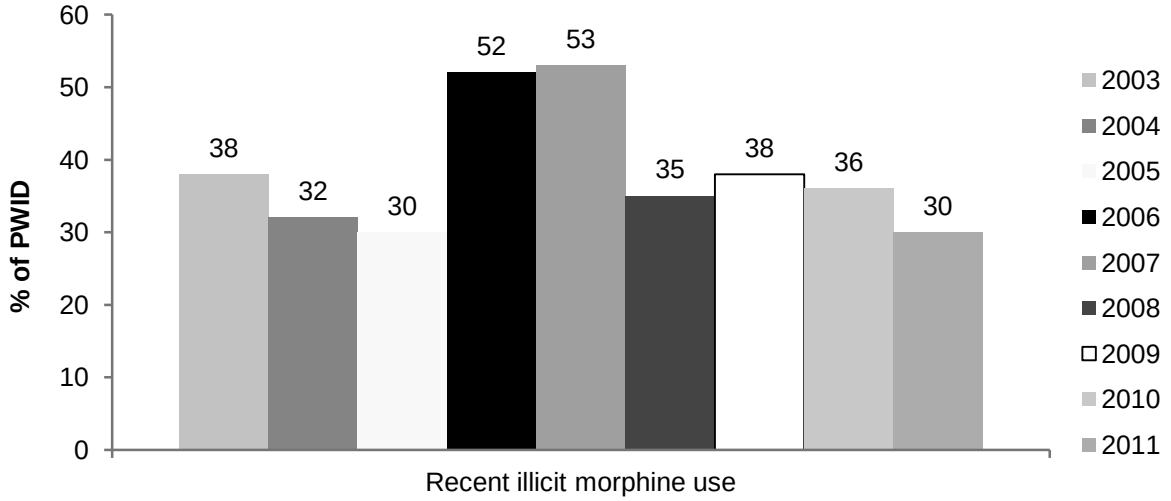
In 2011, there was an increase in the proportion of PWID that reported the lifetime use of illicit buprenorphine-naloxone from 29% in 2010 to 37% in 2011. The proportion of participants who had used illicit buprenorphine-naloxone in the six months prior to interview remained identical in 2010 (12%, 12% in 2010). In terms of route of administration, 58% of recent illicit buprenorphine-naloxone users reported injecting in the six months preceding interview. Ten participants reported swallowing buprenorphine-naloxone in the six months prior to interview. The median number of days of use for illicit buprenorphine-naloxone in 2011 was four (just over once every two months).

5.6.4 Morphine

Sixty-six percent of participants reported using illicit morphine at least once in their lifetime, and almost one-third (30%) of participants reported recent use (see Figure 10). Twenty-six percent reported recent injection of illicit morphine (32% in 2010). Of those participants who had recently used illicit morphine, the most common route of administration was injecting (90%; 89% in 2010). In 2011, the median number of days of use for illicit morphine was five days, suggesting low and sporadic use. There were no significant differences in illicit morphine use from 2010 to 2011.

MS Contin® was the preferred brand of morphine for almost all (82%, 88% in 2010) recent morphine users.

Figure 10: Recent use of illicit morphine among PWID in the last six months, 2003-2011



Source: ACT IDRS PWID interviews, 2003-2011

5.6.5 Oxycodone

Almost half (47%) of participants reported that they had used illicit oxycodone at least once in their lifetime. Recent use of illicit oxycodone increased at 23% in 2011 from 13% in 2010. The median number of days of illicit oxycodone was two and a half days (two in 2010). Almost one-fifth (17%) of participants reported injecting illicit oxycodone in the past six months (10% in 2010). The most common brand used was Oxycontin® (80%; 70% in 2010).

5.6.6 Other opioids

Exactly half (50%) of participants reported that they had ever used opioids other than those listed above at least once in their lifetime (16% in 2010).The recent use of other opioids significantly increased between 2010 and 2011 (6% vs. 19%; 95%CI 0.03, 0.22). One percent of participants had ever injected other opioids (6% in 2010) and no participants reported that they had injected them in the six months prior to interview (2% in 2010). The median number of days of use in the past six months was six compared to 32 days in 2010.

In 2011, the ACT IDRS included further questions enquiring about pharmaceutical opioids use. Nineteen 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 (81%) had used the pharmaceutical opioids for acute/short-term pain, while 19% had used them for chronic non-malignant pain.

When asked whether there were other reasons for having used pharmaceutical opioids in the last six months; 28% reported ‘seeking an opiate effect’, 22% reported ‘to treat self-dependence’, 11% reported ‘cheaper than heroin’ and 20% reported reasons ‘other’ than those specified.

Key Expert comments

A few KE reported seeing an increase in the use of other opiates, especially oxycontin.

5.7 Other drugs

Key points

Ecstasy

- Recent ecstasy use remained stable at 14% in 2011 from 9% in 2010
- Median days of use was one and a half

Benzodiazepines

- A decrease in participants who reported recent use of licit benzodiazepines to 29% in 2011 (47% in 2010)
- Thirty-four percent reported recent use of illicit benzodiazepines (42% in 2010)
- Median days of illicit use was five days
- The most common brand was Valium®

Pharmaceutical stimulants

- Seven percent reported recent use of licit pharmaceutical stimulants (8% in 2010)
- Twenty-five percent reported recent use of illicit pharmaceutical stimulants (30% in 2010)
- Median days of illicit use was five days

Alcohol and tobacco

- Seventy percent reported recent use of alcohol, stable from 2010 (66%)
- Median days of use of alcohol in the six months preceding interview decreased from 30 in 2010 to 16 in 2011
- Ninety-six percent reported recent use of tobacco, similar to 2010 (94%)

5.7.1 Ecstasy

In 2011, 65% of participants reported lifetime use of ecstasy (62% in 2010) and 14% reported recent use, which was a decrease from 9% in 2010 (see Table 8). Almost one-third of participants (31%) reported injecting ecstasy in their lifetime (32% in 2010), although only 3% 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 and a half days in 2010.

Table 8: Patterns of ecstasy use among participants in the last six months in the ACT, 2004-2011

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	2010 N=101	**2011 N=98**
Recent use (%)	21	25	27	25	26	20	9	**14**
Recent injecting (%)	10	14	12	10	8	2	1	**3**
Median days used*	2	2	2	2	2	2	1	**2**

Source: ACT IDRS PWID interviews, 2004-2011

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

5.7.2 Benzodiazepines

Eighty-one percent of participants reported lifetime use of benzodiazepines, similar to 2010 (85%). Sixteen percent of participants reported injecting benzodiazepines in their lifetime (12% in 2010). Sixty-four percent of participants in 2011 had used benzodiazepines in the six months prior to interview (68% in 2010) and 3% reported the recent injection of benzodiazepines, as can be seen in Table 9. In 2011, the median days of use decreased significantly to 56 days from 166 days in 2010.

In 2011, benzodiazepines were divided into licit and illicit. Twenty-nine percent reported the recent use of licit benzodiazepines (47% in 2010). Thirty-four percent of participants reported the recent use of illicitly obtained benzodiazepines (42% in 2010). Recent injection of licit benzodiazepines was 1% (equal to 2010) while 2% reported recent injection of illicit benzodiazepines (0% in 2010). The most common route of administration, for both forms, was swallowing: 29% (46% in 2010) for licit and 34% (40% in 2010) for illicit in the last six months. Median number of days of use of licit benzodiazepines was 180 days (equal to 2010) and five days for illicit benzodiazepines (six in 2010). Licit benzodiazepines were reported as the most common form used (57%; 66% in 2010). The most common brand of benzodiazepines used by participants was Valium® (100%).

Table 9: Patterns of benzodiazepine use among participants in the last six months in the ACT, 2004-2011

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	2010 N=101	**2011 N=98**
Recent use (%)	59	62	60	68	66	70	68	**64**
Recent injecting (%)	7	2	1	11	9	3	1	**3**
Median days used*	13	31	28	25	120	61	166	**56**

Source: ACT IDRS PWID interviews, 2004-2011
*****Among those that reported recent use. Maximum=180 days

5.7.3 Pharmaceutical stimulants

Since 2004, participants have been asked to comment about their use of pharmaceutical stimulants. This includes drugs such as dexamphetamine and methylphenidate, which are medications most commonly prescribed for attention deficit hyperactivity disorder (ADHD). From 2006, the IDRS asked about licit and illicit forms of pharmaceutical stimulants. Thirteen percent of participants reported ever using licit pharmaceutical stimulants (those prescribed to them), which was similar to 2010 (14%). Seven percent reported using licit pharmaceutical stimulants in the preceding six months (8% in 2010). Median number of days of use for licit pharmaceutical stimulants was 30 days (76 days in 2010). Forty-two percent reported using illicit pharmaceutical stimulants at least once in their lifetime (44% in 2010). Twenty-five percent reported using illicit pharmaceutical stimulants over the preceding six months (30% in 2010). The median days of use of illicit pharmaceutical stimulants remained stable in 2011 at five days in the six months preceding interview (four in 2010). Recent injection of pharmaceutical stimulants (includes licit and illicit) was reported by approximately one-quarter (26%) of the sample (Table 10), which was equal to recent use in 2010.

In 2011, 82% of participants who reported recent use of pharmaceutical stimulants reported the use of illicitly obtained prescription amphetamines as the form most used (79% in 2010). The most common form used was dexamphetamine (61%), followed by Ritalin (39%). 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, 2005-2011

	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	2010 N=101	**2011 N=97**
Recent use (%)	22	38	29	31	24	35	**29**
Recent injecting (%)	14	32	26	22	18	26	**26**
Median days used*	5	3	5	7	6	5	**6**

Source: ACT IDRS PWID interviews, 2005-2011
*****Among those that reported recent use. Maximum=180 days

5.7.4 Over the counter codeine

In 2011, the IDRS survey included questions on the use of OTC codeine. Seventy percent of participants reported that they had ever used OTC codeine (58% in 2010). Exactly half (50%) 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 no participant reported that they had recently injected OTC codeine. The brand used most commonly was Nurofen Plus (41%), followed by Panadeine (21%). The median number of pills taken by participants on the last occasion that OTC codeine was used was three.

5.7.5 Alcohol and tobacco

The majority (97%) of participants in 2010 reported having used alcohol at least once during their lifetime. In 2011, 70% of participants reported the recent use of alcohol (Table 11). The median days of alcohol use in the six months prior to interview was 16 days in 2011 (just over once a fortnight).

Use of tobacco was almost universal among participants in the ACT in 2011. Almost all participants (99%) reported ever having used tobacco and 96% reported recent tobacco use, as shown in Table 11. The median days of tobacco use has remained stable over the last eight years at 180 days (i.e. daily smokers). There were no significant differences in use from 2010 to 2011.

Table 11: Patterns of alcohol and tobacco use among PWID in the last six months in the ACT, 2004-2011

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	2010 N=101	**2011 N=98**
Recent use (%)								
Alcohol	58	74	68	75	62	68	66	**70**
Tobacco	91	96	99	98	99	96	94	**96**
Median days used*								
Alcohol	13	13	24	27	12	48	30	**16**
Tobacco	180	180	180	180	180	180	180	**180**

Source: ACT IDRS PWID interviews, 2004-2011
*Among those that reported recent use. Maximum=180 days

Key Expert comments

Pharmaceutical stimulants

- One KE reported that the use of dexamphetamines was common.

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.
- One KE reported on the problematic use of cask wine
- A few KE also commented on the negative health effects associated with alcohol use, mainly malnutrition and liver problems.

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

Key points

- Cap: stable at $50
- Gram: stable at $300
- Participant reports indicate the price of heroin in the ACT remained relatively stable in 2011
- Very easy (48%) to easy (42%) to obtain, similar to 2010
- Participants interviewed in 2011 reported purity to be medium (31%) to low (51%), similar to 2010

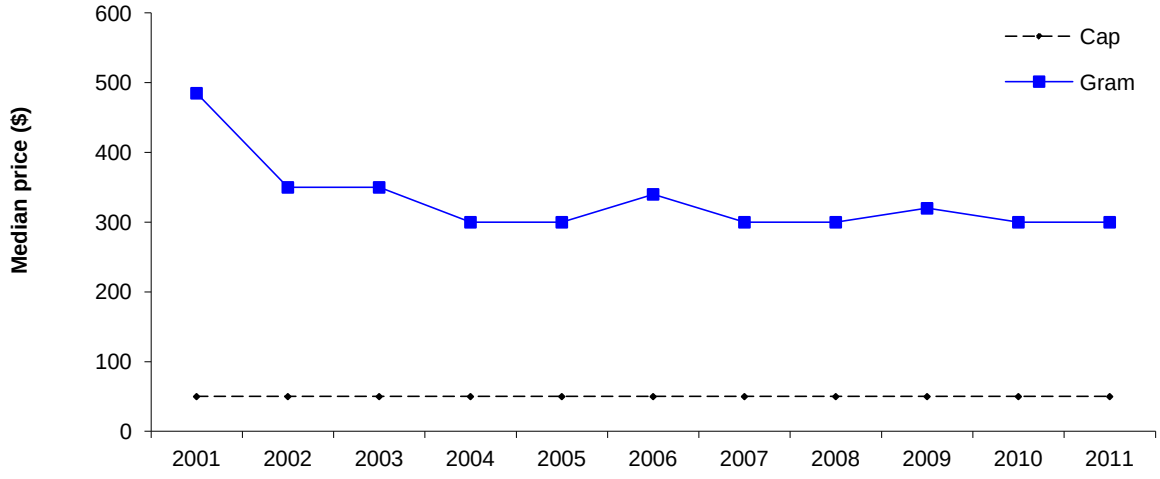
In this section, the patterns of use, price, purity and availability of heroin are discussed. The figures about the heroin market refer to the 79 participants who commented on heroin trends in the ACT in 2011.

6.1 Heroin

6.1.1 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 2011 were similar to the prices reported by participants in 2010. In 2011 and 2010, the median price of a cap of heroin was reported to be $50. The median price of a gram in 2011 was $300, the same price as reported in 2010. The median price for a quarter-gram of heroin also remained stable at $80. The median price for a half-gram decreased slightly from $160 in 2010 to $150 in 2011. Similar to 2010, in 2011, 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, 2001-2011



Source: ACT IDRS interviews, 2001-2011

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 (85%) of those who commented on heroin trends in 2011 reported that the price had remained stable in the previous six months.

Table 12: Participants' reports of heroin price changes in the last six months, 2010-2011

	2010 N=101	**2011 N=98**
Did respond (%)	75	**73**
Increasing (%)	11	**7**
Stable (%)	82	**85**
Decreasing (%)	1	**7**
Fluctuating (%)	7	**1**

Source: ACT IDRS PWID interviews, 2010-2011

6.1.2 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 (48%; similar to 51% in 2010) to easy (42%; 45% in 2010) to obtain. In 2011, the proportion of participants reporting that heroin was difficult to obtain increased from 4% in 2010 to 10%. No one reported that heroin was very difficult to obtain in 2011. There was no significant difference between 2010 and 2011 in the proportion reporting current heroin availability ($p>0.05$).

Table 13: Participants' reports of heroin availability in the past six months, 2010-2011

	2010 N=101	**2011 N=98**
Current availability		
Did respond (%)	74	**77**
Of those who responded:		
Very easy (%)	51	**48**
Easy (%)	45	**42**
Difficult (%)	4	**10**
Very difficult (%)	0	**0**
Availability change over the last six months		
Did respond (%)	74	**75**
Of those who responded:		
More difficult (%)	4	**9**
Stable (%)	76	**76**
Easier (%)	13	**11**
Fluctuates (%)	7	**4**

Source: ACT IDRS PWID interviews, 2010-2011

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 2011, the majority of participants believed heroin availability had remained stable (76%), the same proportion as 2010. No significant differences in availability were found between 2010 and 2011 (p>0.05).

In 2011, the majority (42%) of participants who reported purchasing heroin in the six months prior to interview last bought it from a known dealer. Twenty-eight (29%) reported last purchasing heroin from a friend and 24% reported purchasing heroin from a street dealer. Smaller proportions reported last obtaining heroin from an acquaintance (1%), an unknown dealer (1%) or a mobile dealer (1%). The most commonly reported places for the last purchase of heroin were agreed public locations (39%), a dealer's home (25%), home delivery (20%) and a friend's home (10%).

6.1.3 Purity

Participants were asked to comment on the perceived purity of heroin in the ACT (Table 14). In 2011, the majority of participants commenting on heroin perceived it to be of low (51%) or medium purity (31%). Thirteen percent reported current purity to be high while 11% reported that purity fluctuated. There were no significant differences between 2010 and 2011 reports of current purity (p>0.05).

Table 14: Participants' perceptions of heroin purity in the past six months, 2010-2011

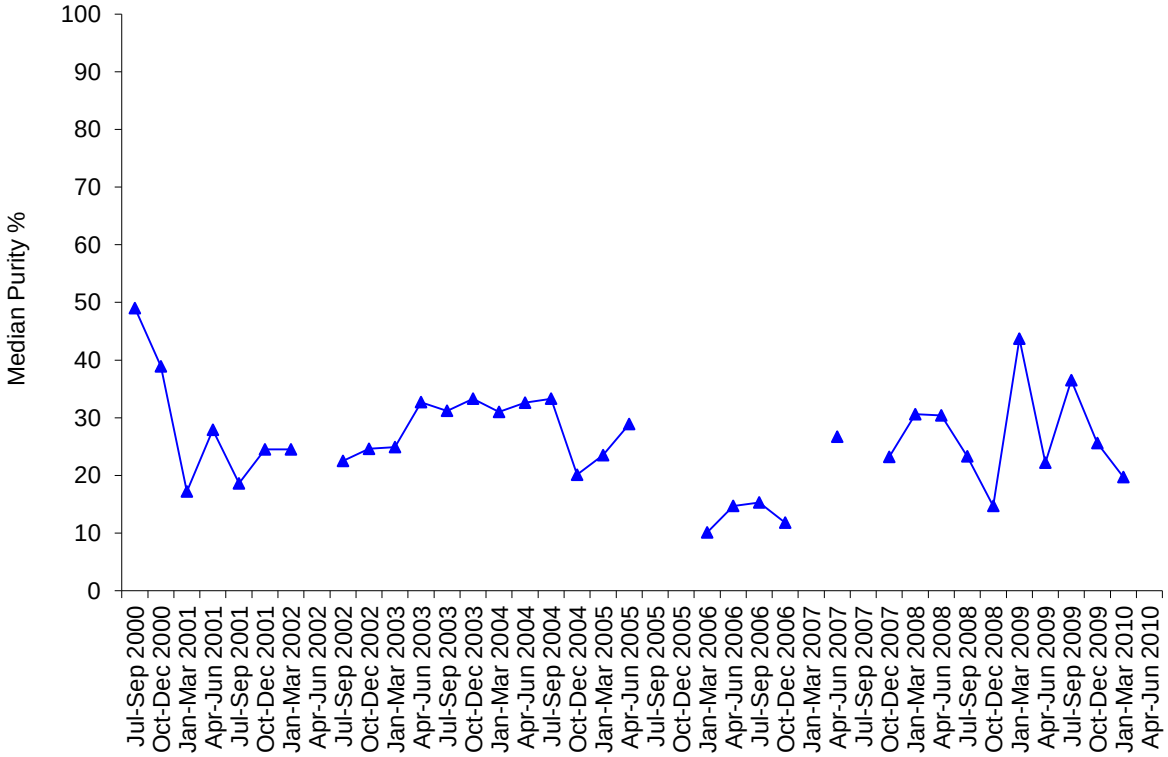
	2010 N=101	**2011 N=98**
Current purity		
Did respond (%)	71	**75**
Of those who responded:		
High (%)	4	**13**
Medium (%)	28	**31**
Low (%)	57	**51**
Fluctuates (%)	11	**5**
Purity change over the last six months		
Did respond (%)	71	**74**
Of those who responded:		
Increasing (%)	14	**12**
Stable (%)	42	**47**
Decreasing (%)	31	**27**
Fluctuating (%)	14	**14**

Source: ACT IDRS PWID interviews, 2010-2011

In 2011, the majority of participants thought heroin purity was stable (47%) or decreasing (27%) in the six months prior to interview (Table 14). No significant differences were found between 2010 and 2011 (p>0.05).

Figure 12 presents data from the Australian Bureau of Criminal Intelligence (ABCI) and the ACC on the purity of heroin seizures made by ACT local police, by quarter, from July 2000 to June 2010. 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 2000 to June 2010



Source: ABCI, 2000-2002; ACC, 2003-2011
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, April-June 2010 and for the 2010/2011 financial year

6.2 Methamphetamine

Key points

Speed

- The price for a point remained stable at $50; the price for a gram decreased from $250 to $235 in 2011
- Very easy to easy to obtain
- Purity was reported to be low to medium

Base

- The price for a point remained stable at $50; the price for a gram remained stable at $250
- Very easy to easy to obtain
- Varied reports of purity

Crystal

- The price for a point increased from $50 in 2010 to $92.5 in 2011; the price for a gram likewise increased to $600 in 2011 ($275 in 2010)
- Very easy to easy to obtain
- Varied reports of purity

In 2011, 54% 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 (18%, 17% in 2010). Fifty-seven percent of the sample was able to comment on crystal trends (37% in 2010).

The median prices reported in 2010 and 2011 for each form of methamphetamine are presented in Table 15 and reports of changes in price are reported in Table 16.

6.2.1 Price

6.2.1.1 Speed

In 2011, the median price for a point (0.1 grams) and half-weight (0.5 grams) of speed remained stable at $50 and $150. The price of a gram of speed decreased slightly from $250 in 2010 to $235 in 2011. No-one commented on the price of an eight-ball (3.5 grams) in 2010 or 2011.

The most common amount of speed purchased was a point, with 59% of participants who commented on speed reporting that they had bought a point of speed in the six months preceding interview.

Of those participants that commented on speed in 2011, 83% believed the price to be stable, in comparison to 67% of participants in 2010. Nine percent of participants believed the price of speed was increasing (18% in 2010) while 7% thought the price was decreasing (15% in 2010).

6.2.1.2 Base

The median price of a point of base purchased by participants in 2011 was equal to 2010 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 and per gram of base was equivalent to 2010 at $150 and $250 respectively. No one commented on the price of an eight-ball of base. Findings indicate that base was most commonly purchased in points by participants in the ACT in 2011.

Of those that commented on base in 2011, the majority (93%) reported the price to have remained stable in the six months preceding interview. A small proportion believed that the price of base was increasing (8%).

6.2.1.3 Crystal

In 2011, the median price of a point of crystal purchased by participants increased from $50 in 2010 to $92.5 in 2011. The median price of a half-weight also increased from $175 in 2010 to $250 in 2011. The price of a gram also increased from $275 in 2010 to $600 in 2011. The results for the price of a gram of crystal 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 of crystal. The most common amount of crystal purchased was a point, with 65% of participants who commented on crystal reporting that they had bought this amount in the past six months.

Of those that commented on crystal in 2011, the majority (57%) reported the price to have remained stable in the six months preceding the interview, the same proportion as 2010. Thirty-eight percent of respondents reported price to be increasing in the six months prior to interview.

Table 15: Price of most recent methamphetamine purchases by participants, 2010-2011

Amount	Median price* 2010 ($)	**Median price* 2011 ($)**
Speed		
Point (0.1 gram)	50 (20-100)	**50 (20-150)**
Half-weight (0.5 grams)	150^ (100-150)	**150 (50-175)**
Gram	250^ (120-300)	**235 (50-300)**
Eight-ball (3.5 grams)	-	**-**
Base		
Point	50^ (50)	**50^ (30-50)**
Half-weight (0.5 grams)	150^ (150)	**150^ (150)**
Gram	250^ (200-300)	**250^ (250)**
Eight-ball (3.5 grams)	-	**-**
Crystal		
Point (0.1 gram)	50 (20-100)	**92.5 (25-100)**
Half-weight (0.5 grams)	175^ (100-250)	**250 (50-480)**
Gram	275^ (250-300)	**600^ (250-1000)**
Eight-ball (3.5 grams)	-	**-**

Source: ACT IDRS PWID interviews, 2010-2011
* 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, 2010-2011

	2010 N=101	2011 N=98
Speed		
Did respond (%)	33	**47**
Of those that responded		
Increasing (%)	18	**9**
Stable (%)	67	**83**
Decreasing (%)	15	**7**
Fluctuating (%)	0	**2**
Base		
Did respond (%)	16	**13**
Of those that responded		
Increasing (%)	19	**8**
Stable (%)	75	**93**
Decreasing (%)	6	**0**
Fluctuating (%)	0	**0**
Crystal		
Did respond (%)	37	**54**
Of those that responded		
Increasing (%)	38	**38**
Stable (%)	57	**57**
Decreasing (%)	3	**2**
Fluctuating (%)	3	**4**

Source: ACT IDRS PWID interviews, 2010-2011

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 2011. Findings are presented separately for powder, base and crystal in Table 17.

6.2.2 Availability

6.2.2.1 Speed

Of those who commented on the current availability of speed (n=47), the majority reported it to be very easy (34%) to easy (47%) to obtain. There were no significant differences from 2010 to 2011 in the reported availability of speed ($p>0.05$).

Over three-quarters (76%) 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 2010 (80%, $p>0.05$).

Participants who bought speed (n=45) reported that they obtained it through: friends (31%), known dealers (31%), street dealers (27%), acquaintances (7%) and unknown dealers (4%). The most commonly reported places of speed purchases were at a dealer's home (33%), an agreed public location (20%), street market (18%), friend's home (13%) and home delivery (9%).

6.2.2.2 Base

The majority of participants in 2011 reported base to be very easy (41%) to easy (35%) to obtain. Eighty-seven percent of the sample reported that base availability had remained stable in the six months preceding interview an increase from 73% in 2010. There were no significant differences from 2010 to 2011 in reports of current availability or the change in availability of base ($p>0.05$).

Among those who had purchased base (n=12) in 2011, 42% reported that they last purchased base through a known dealer, 33% had purchased through a friend, 17% had purchased through a street dealer, and one participant purchased it from an unknown dealer. Two-thirds (67%) of participants who purchased base reported they last did so at a dealer's home, 25% reported they had it home delivered, and one participant reported purchasing base at a friend's home.

6.2.2.3 Crystal

Of those who commented on the current availability of crystal (n=55), the majority reported it to be very easy (38%) to easy (42%) to obtain in the ACT in 2011. There were no significant differences in the reported availability of crystal from 2010 to 2011 ($p>0.05$).

In 2011, almost three-quarters (72%) of participants reported that crystal availability had remained stable, an increase from 2010 (50%). Fifteen percent reported that crystal was more difficult to obtain, a decrease from 33% in 2010. Nine percent reported that it was easier to obtain (11% in 2010). There were no significant differences from 2010 to 2011 in the reported change in availability of crystal over the six months preceding interview ($p>0.05$).

Thirty-five percent of the participants who reported that they had bought crystal (n=46) said they obtained it from a street dealer. Thirty percent reported that they had obtained crystal through a known dealer, and 28% reported that they had obtained it through a friend. The most common venues where participants had last purchased crystal from included: an agreed public location (28%), a dealer's home (26%), a street market (17%), home delivery (15%) and a friend's home (11%).

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

	Powder		Base		Crystal	
	2010 (N=101)	**2011 (N=98)**	**2010 (N=101)**	**2011 (N=98)**	**2010 (N=101)**	**2011 (N=98)**
Current availability						
Did respond (%)	35	**48**	17	**17**	17	**56**
Of those who responded:						
Very easy (%)	49	**34**	18	**41**	18	**38**
Easy (%)	31	**47**	53	**35**	53	**42**
Difficult (%)	20	**15**	29	**24**	29	**18**
Very difficult (%)	0	**4**	0	**0**	0	**2**
Availability change over the last six months						
Did respond (%)	35	**46**	15	**17**	15	**55**
Of those who responded:						
More difficult (%)	4	**13**	13	**7**	33	**15**
Stable (%)	80	**76**	73	**87**	50	**72**
Easier (%)	9	**9**	13	**0**	11	**9**
Fluctuates (%)	0	**2**	0	**7**	6	**4**

Source: ACT IDRS PWID interviews, 2010-2011

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

6.2.3 Purity

6.2.3.1 Speed

In 2011, 38% of participants who commented on the purity of speed (n=48) reported that it was of low purity (44% in 2010). One-third (33%) reported that it was of medium strength and 25% reported that purity was high, an increase from 11% in 2010. From 2010 to 2011, 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 2010 to 2011 (p>0.05). Of those who commented (n=45), 40% of participants reported that the purity of speed had remained stable (33% in 2010). A further 31% of participants reported that the purity of speed had decreased (44% in 2010) and 16% reported that purity had increased (6% in 2010).

6.2.3.2 Base

In 2011, among those who commented on the purity of base (n=15), two-fifths (40%) reported the purity to be medium (44% in 2010), 27% reported it to be low (31% in 2010) and the same proportion reported it to be high (19% in 2010). Only 7% reported that the purity of base fluctuated, which was similar to 2010 (6%). There were no significant differences in the reported purity of base from 2010 to 2011 (p>0.05).

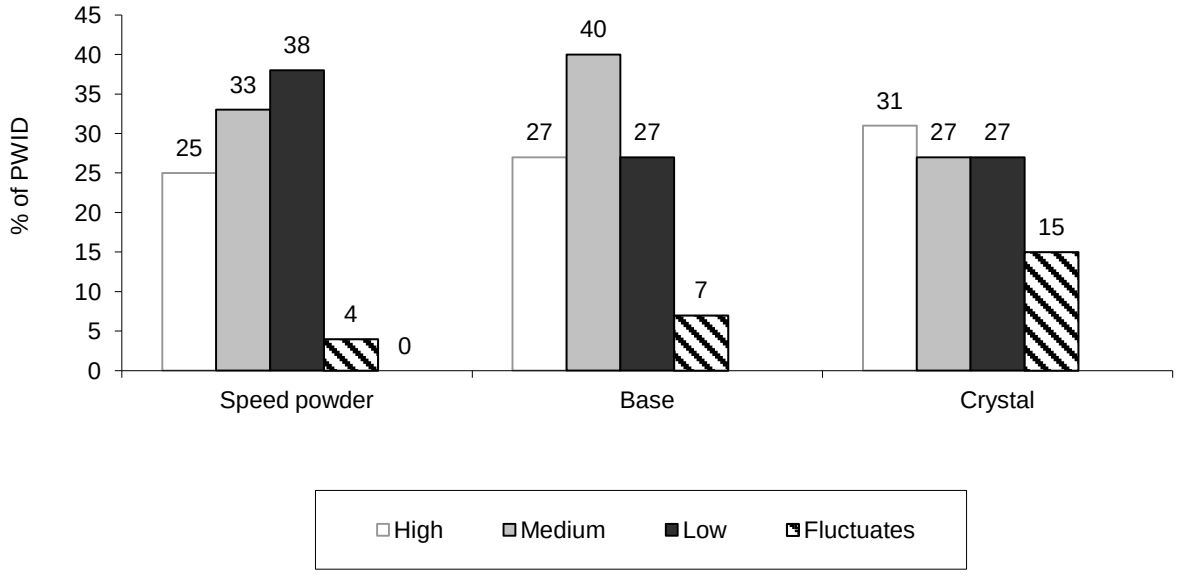
Of participants who commented on base purity (n=12), one-third (33%) reported that the current purity was stable (44% in 2010), a quarter (25%) reported purity was increasing (19% in 2010) and 17% reported that purity decreased (25% in 2010). Overall, there were no significant differences in the reported purity change of base from 2010 to 2011 (p>0.05).

6.2.3.3 Crystal

In 2011, reports of the purity of crystal varied. Fifty-two people were able to comment on the current purity of crystal with 31% reporting purity to be high (33% in 2010). Equal proportions reported purity to be medium (27%, 39% in 2010) and low (27%, 22% in 2010). Fifteen percent reported that the purity of ice fluctuated (6% in 2010). These mixed results may be due to the finding that crystal can have bi-modal purity, with the more pure crystal at around 80% purity, and the less pure crystal at around 18% (McKetin, McLaren and Kelly, 2005) .

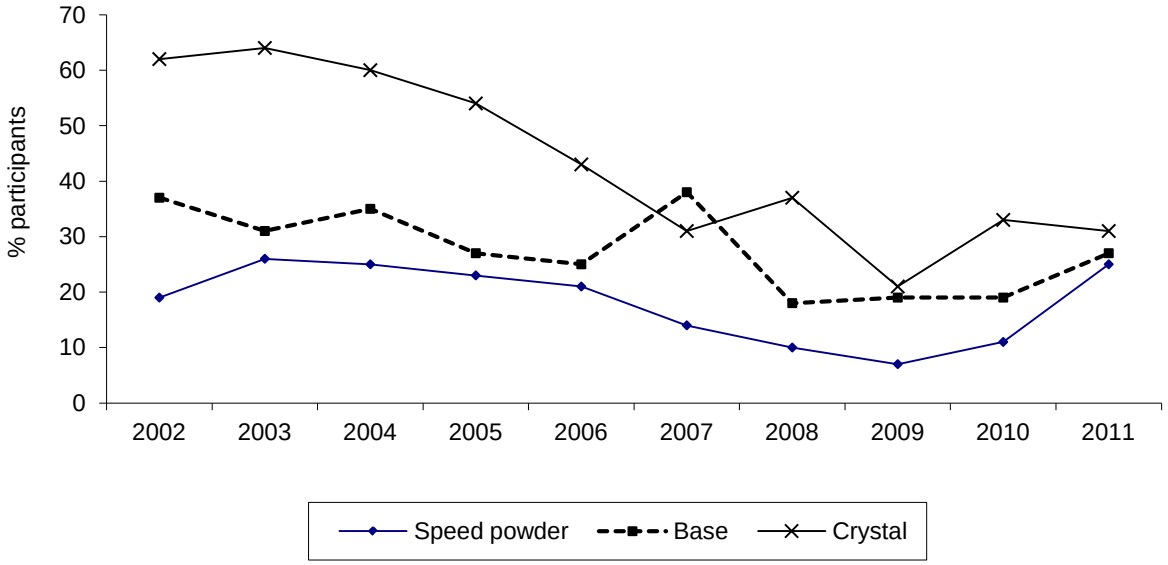
Similar to 2010, in 2011, there were mixed reports from participants concerning the change in purity of crystal over the preceding six months. One-third (35%) of participants who commented (n=49) reported that the purity of crystal was stable (34% in 2010) while 18% reported that the purity had increased (23% in 2010). Almost one-third (31%) also reported that the purity of ice had decreased over the six months preceding interview (23% in 2010). Sixteen percent of participants believed that the purity of crystal had fluctuated over this time which was similar to 2010.

Figure 13: Participant perceptions of methamphetamine purity (speed powder, base and crystal) among those who commented, 2011



Source: ACT IDRS PWID interviews, 2011

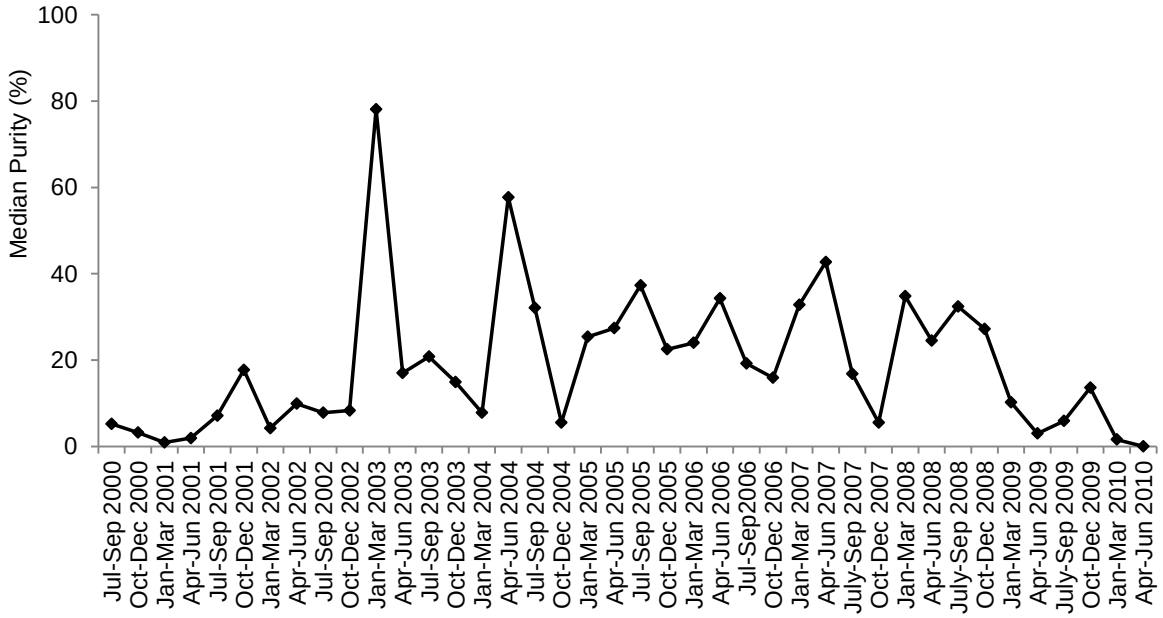
Figure 14: Proportion of participants reporting methamphetamine (speed powder, base and crystal) purity as high, 2002-2011



Source: ACT IDRS PWID interviews, 2002-2011
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 2009/10 financial year has decreased. The median purity was 9.3% in the 2009/10 financial year. More recent data were not available at the time of printing.

Figure 15: Median purity of methamphetamine seizures by ACT local police, 1999/00 to 2009/10



Source: ABCI, 2000-2002; ACC, 2003-2011
NB: Data not available for the 2010/2011 financial year

6.3 Cocaine

In 2011, 10% of participants (n=10) were able to comment on the price, purity and availability of cocaine. Only one participant was able to comment on cocaine in 2010, therefore on comparisons were made between years.

6.3.1 Price

In 2011, quarter-grams (n=3) and half-grams (n=3) of cocaine were the most commonly purchased. The median reported price for purchased values of a quarter-gram of cocaine was $100. The median price paid for half a gram of cocaine was $180. The majority of participants (80%) who commented (n=10) believed that the price of cocaine had remained stable in the six months preceding interview.

6.3.2 Purity

Of those that were able to comment (n=10), 50% believed that cocaine purity was currently medium. Equal proportions reported that cocaine purity was high (20%) or low (20%). The majority (60%) of participants that commented reported that cocaine purity had remained stable in the six months preceding interview.

6.3.3 Availability

Participants who were able to comment (n=10) reported cocaine to be easy (40%) to very easy (40%) to obtain. Twenty percent reported that it was difficult to obtain. Eighty percent of those who commented believed that availability had remained stable in the six months preceding interview. Cocaine was most commonly obtained from friends (71%). One participant reported obtaining cocaine from a street dealer and one participant reported obtaining cocaine from a known dealer.

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 $300 and for an ounce of bush was reported to be $240
- Both hydro and bush were reported to be easy to very easy to obtain
- Potency of hydro was reported to be high, consistent with 2010
- Potency of bush was reported to be medium, consistent with 2010

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 (hydro). Three-quarters of the participants (75%) commented on hydroponic trends in the ACT, while 45% reported on bush cannabis. In 2011, seven participants commented on the price, purity or availability of hashish or hashish oil in the ACT.

6.4.1 Price

The median prices for hydro and bush cannabis are shown in Table 18. The reported changes in price for both forms of cannabis are presented in Table 19.

6.4.1.1 Hydro

The median price of a gram of hydro purchased by participants in 2011 remained stable at $20. The median price of a quarter-ounce also remained stable at $80, while a half-ounce decreased slightly to $150 ($155 in 2010). The median price of an ounce increased to $300 ($280 in 2010).

The most common amount of hydro purchased was a gram, with 42 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, 86% reported that the price had remained stable (80% in 2010).

6.4.1.2 Bush

The median price of a gram of bush cannabis purchased by participants remained stable at $20 in 2011. The median price of a quarter-ounce remained similar to 2010, decreasing from $80 to $75 in 2011. The median price of a half-ounce decreased slightly from $150 in 2010 to $145 in 2011. Only a small number of participants were able to comment on the price of a half ounce in 2010 and 2011 so results need to be interpreted with caution. The price of an ounce of bush cannabis was reported to be $240 in 2011.

The most common amount of bush cannabis purchased was a gram, with 21 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 2011, the majority (92%) reported that the price of bush had remained stable in the six months preceding interview (87% in 2010)

Table 18: Price of most recent cannabis purchases by participants, 2010-2011

Amount	Median price 2010* $	Median price 2011* $
Hydro		
Gram	20 (10-25)	**20 (10-20)**
Quarter ounce	80^ (70-100)	**80 (20-100)**
Half ounce	155^ (150-160)	**150 (140-170)**
Ounce	280 (150-350)	**300 (240-360)**
Bush		
Gram	20 (10-25)	**20 (10-25)**
Quarter ounce	80 (50-100)	**75 (50-100)**
Half ounce	150^ (150)	**145^ (120-160)**
Ounce	250^ (200-300)	**240 (50-320)**

Source: ACT IDRS PWID interviews, 2010-2011
* Range data are in brackets
^ Interpret with caution, n=<10

Table 19: Participants' reports of cannabis price changes in the last six months in the ACT, 2010-2011

	2010 N=101	**2011 N=98**
Hydro		
Did respond (%)	50	**73**
Increasing (%)	8	**6**
Stable (%)	80	**86**
Decreasing (%)	6	**1**
Fluctuating (%)	6	**7**
Bush		
Did respond (%)	45	**40**
Increasing (%)	7	**0**
Stable (%)	87	**92**
Decreasing (%)	2	**5**
Fluctuating (%)	4	**3**

Source: ACT IDRS PWID interviews, 2010-2011

6.4.2 Availability

Participants were asked to comment on the current availability, as well as any changes in availability, of both hydro and bush in the ACT in 2011. Findings are presented separately for each type of cannabis (Table 20).

6.4.2.1 Hydro

Of those that commented on the current availability of hydro (n=72), the majority reported it to be very easy (57%) to easy (38%) to obtain. There were no significant differences between 2010 and 2011 (p>0.05).

The majority (88%) of participants commenting on hydro thought that the availability had remained stable in the six months prior to interview, similar to 2010 (85%). Ten percent of respondents reported that hydro had become easier to obtain in the six months prior to interview. Recent hydro users who bought hydro predominantly reported last purchasing it from a friend (49%), a known dealer (29%) or a street dealer (17%). The most common

places for purchasing hydro were from a dealer's home (32%), a friend's home (29%) and through home delivery (17%).

6.4.2.2 Bush

The majority of those that commented on the current availability of bush cannabis (n=41) reported that bush was very easy (61%) to obtain, a significant increase (95% CI: 0.04-0.44) from 35% in 2010. A further 27% reported that bush cannabis was easy to obtain. Twelve percent reported that it was difficult to obtain. Of those that commented on the current availability of bush cannabis (n=41), 83% reported that bush availability had remained stable in the six months preceding interview, as shown in Table 20. There were also less reports of bush being more difficult to obtain in the preceding six months (2%; 9% in 2010).

The majority of bush purchases were through a friend (51%), followed by a known dealer (27%) and a street dealer (16%). Purchases most often occurred at a dealer's home (35%), at a friend's home (32%) or through home delivery (14%).

Table 20: Participants' reports of cannabis availability in the past six months, 2010-2011

Current availability	Hydro		Bush	
	2010 (N=101)	2011 (N=98)	2010 (N=101)	2011 (N=98)
Did respond (%)	50	**73**	46	**42**
Of those who responded:				
Very easy (%)	53	**57**	35	**61**
Easy (%)	43	**38**	37	**27**
Difficult (%)	4	**6**	26	**12**
Very difficult (%)	0	**0**	2	**0**
Availability change over the last six months				
Did respond (%)	51	**73**	45	**42**
Of those who responded:				
More difficult (%)	2	**1**	9	**2**
Stable (%)	85	**88**	82	**83**
Easier (%)	10	**10**	9	**12**
Fluctuates (%)	4	**1**	0	**2**

Source: ACT IDRS PWID interviews, 2010-2011

6.4.3 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).

6.4.3.1 Hydro

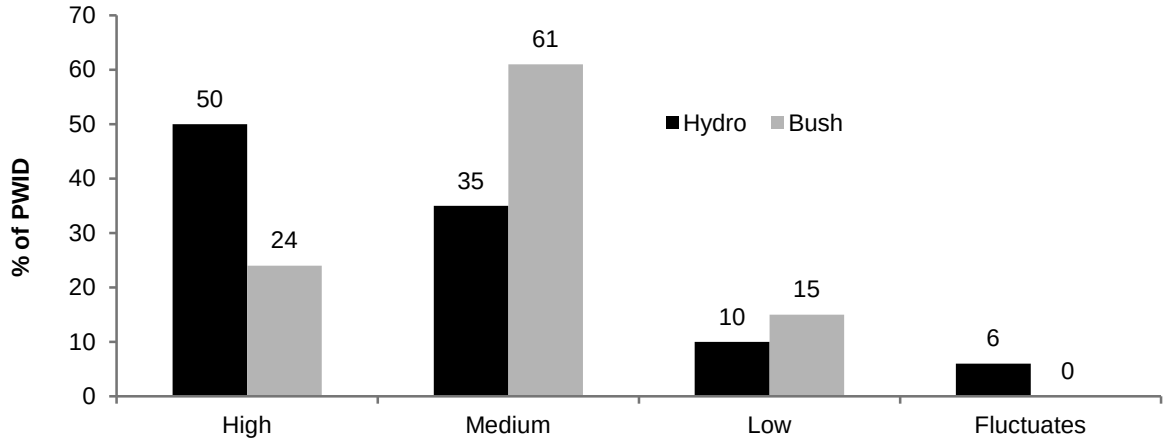
The majority of participants who commented on hydro reported that its potency was high (50%) in the six months preceding interview (see Figure 17), similar to 2010 (52%). Just over a third (35%) of the participants reported that the potency was medium (31% in 2010). The majority (65%; see Figure 17) of participants reported that hydro potency was stable in 2010 (58% in 2010). There were no significant differences in the reported potency or potency change of hydro from 2010 to 2011 ($p>0.05$).

6.4.3.2 Bush

The potency of bush cannabis was generally reported to be medium (61%; see Figure 16); however, 24% reported it to be high while 15% reported it to be low. No significant differences were found between 2010 and 2011.

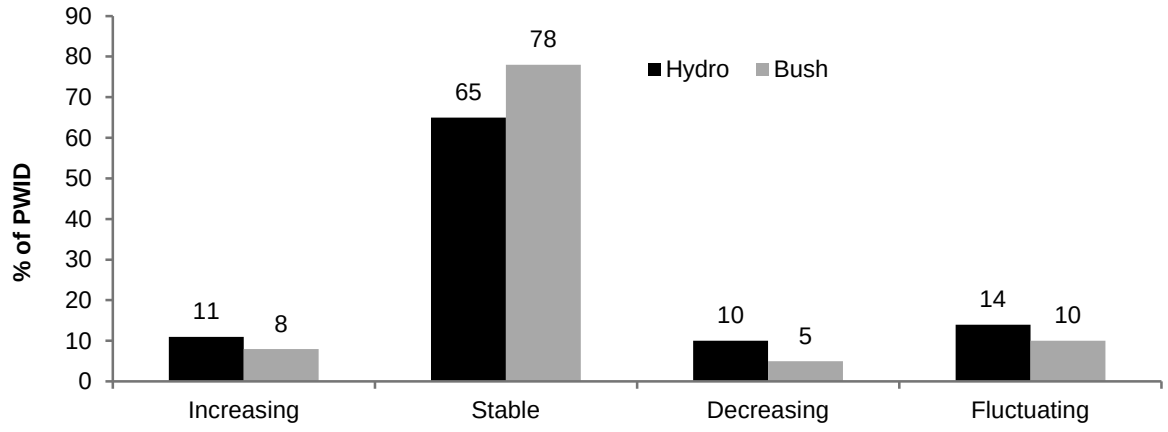
As can be seen in Figure 17, the majority (78%) of respondents who commented on bush cannabis reported that the potency had remained stable in the six months prior to the interview (67% in 2010). There were no significant differences in reports of potency change of bush cannabis between 2010 and 2011 ($p>0.05$).

Figure 16: PWID reports of current potency of cannabis among those who responded, 2011



Source: ACT IDRS PWID interviews, 2011

Figure 17: Participants' reports of change in cannabis potency among those who responded, 2011



Source: ACT IDRS PWID interviews, 2011

6.5 Methadone

6.5.1 Price

In 2011, 30 participants commented on the current price of street (illicit) methadone in the ACT. The median price reported for a millilitre of methadone was $1.00, an increase from $0.50 in 2010. All participants that commented (n=27) reported that the price of methadone remained stable over the six months preceding interview.

6.5.2 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, reports on the current availability of street methadone varied. Similar proportions reported street methadone to currently be easy (48%) and difficult (44%). Eight percent of respondents who commented on the current availability of street methadone reported it to be very easy to obtain, while no one commented that methadone was very difficult to obtain. The majority (88%) of participants reported that the availability of methadone had remained stable in the past six months. There were no significant differences between 2010 and 2011 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, 2010-2011

	2010 (N=101)	2011 (N=98)
Current availability		
Did respond (%)	17	**26**
Of those who responded:		
Very easy (%)	29	**8**
Easy (%)	47	**48**
Difficult (%)	24	**44**
Very difficult (%)	0	**0**
Availability change over the last six months		
Did respond (%)	16	**26**
Of those who responded:		
More difficult (%)	13	**12**
Stable (%)	75	**88**
Easier (%)	6	**0**
Fluctuates (%)	6	**0**

Source: ACT IDRS PWID interviews, 2010-2011

In 2011, of participants who reported that they had bought methadone (n=16), 75% reported that they had obtained it through a friend, 13% had obtained it from an acquaintance, one participant had obtained it from a street dealer and one participant from a mobile dealer. Most commonly, participants had last obtained methadone at an agreed public location (31%) or a friend's home (31%).

6.6 Buprenorphine

6.6.1 Price

In 2011, no participants were able to comment on the price for a 2 mg tablet of buprenorphine. The median price for an 8 mg tablet remained stable at $20 (equal to 2010). These results should be interpreted with caution, however, due to very low numbers responding. The majority of participants (75%) who commented (n=20) believed that the price of buprenorphine had remained stable in the six months preceding interview, while 25% reported that the price had increased.

6.6.2 Availability

Although reports on the availability of buprenorphine were mixed, generally participants who were able to comment (n=19) reported buprenorphine to be easy (42%) to very easy (26%) to obtain. Another 32% reported that it was difficult to obtain. Three-quarters (75%) of those who commented believed that availability had remained stable in the six months preceding interview, whilst 10% of participants reported that buprenorphine had become more difficult to obtain and 10% reported that it had become easier to obtain. Buprenorphine was most commonly obtained from friends (53%), a street dealer (29%) or from a known dealer (12%).

6.7 Buprenorphine-naloxone

6.7.1 Price and availability

Only one participant was able to comment on the price of illicit buprenorphine-naloxone (Suboxone®). As such, median price will not be reported in 2011. Seven 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. Of the seven respondents, two-thirds (67%) reported that buprenorphine-naloxone was very easy or easy to obtain. One-third (33%) responded that it was difficult to access.

6.8 Morphine

In 2011, 27 participants commented on trends in price and availability of illicitly obtained morphine in the ACT. Findings are presented below.

6.8.1 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 100 mg MS Contin® tablets was reported to be $50 and the median price for 100 mg Kapanol® capsules was reported to be $37.5 (n<10, interpret 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=25), the vast majority (84%) reported that the price of morphine had remained stable over the past six months. Two participants believed that the price had increased and two participants believed that price had decreased.

Table 22: Price of most recent illicit morphine purchases by participants, 2010-2011

Amount bought (per tablet)	Median price paid, $ (range)	Number of PWID purchasers
MS Contin® – 60 mg	30 (30) *30 (30)**	1 *2**
MS Contin® – 100 mg	50 (30-100) *50 (20-100)**	11 *12**
Kapanol®– 100 mg	37.5 (20-50) *50 (50)**	4 *1**

Source: ACT IDRS PWID interviews, 2010-2011
* 2010 data in italics

6.8.2 Availability

In 2011, of those who commented on morphine availability (n=27), 41% reported it to be difficult to obtain, a decrease from 66% in 2010. One-third reported morphine to be easy to obtain and 26% reported morphine to be very easy to obtain.

Of those who commented (n=26), almost half (46%) reported that morphine availability had remained stable in the six months preceding interview, which was similar to 2010 (50%). Thirty-one percent reported that it was more difficult to obtain and 23% reported that it was easier to obtain.

Most commonly, participants obtained morphine from a friend (79%). Participants had most commonly last obtained methadone at a friend's home (42%) or a dealer's home (25%).

Among those who responded (n=24), the main reason for using illicit morphine was a substitute for heroin/opiates (58%).

6.9 Oxycodone

In 2011, 13 participants were able to comment on the price, purity and availability of illicit oxycodone. The median price reported for 80 mg Oxycontin® was $40 (n=4). These results should be interpreted with caution, however, due to very low numbers responding. The majority of participants (82%) who commented (n=11) believed that the price of oxycodone had remained stable in the six months preceding interview. One participant reported that the price had increased and one participant reported that the price had fluctuated.

6.9.1 Availability

Reports on the availability of oxycodone were mixed, with equal proportions reporting oxycodone to be easy (46%) and difficult (46%) to obtain. One participant reported that oxycodone was very easy to obtain. The majority (80%) of those who commented believed that availability had remained stable in the six months preceding interview, whilst 10% of participants reported that oxycodone had become more difficult to obtain and 10% reported that it had become easier to obtain. Oxycodone was most commonly obtained from friends (60%) or acquaintances (20%).

7 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

7.1 Overdose and drug-related fatalities

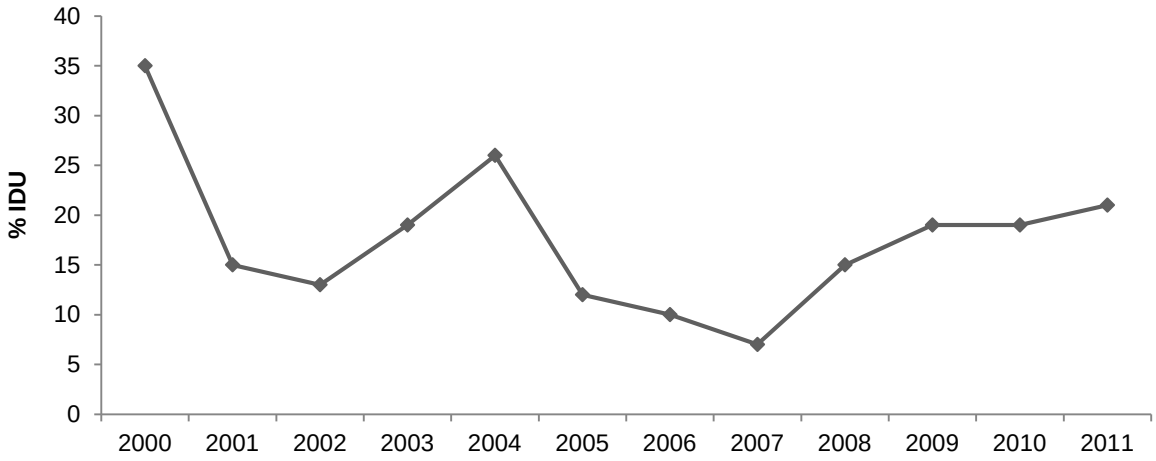
7.1.1 Heroin

In 2011, 46% of participants reported having overdosed on heroin at least once at some point in their lives, similar to 48% in 2010.

Of participants who reported ever having overdosed on heroin the median number of times overdosed was two (range=1-35). The median time to last heroin overdose was 60 months, or five years (range=1-480 months).

As can be seen from Figure 18, in 2011, 21% of participants reported having overdosed on heroin in the year prior to the interview; similar to 19% in 2010. Two 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, 2000-2011



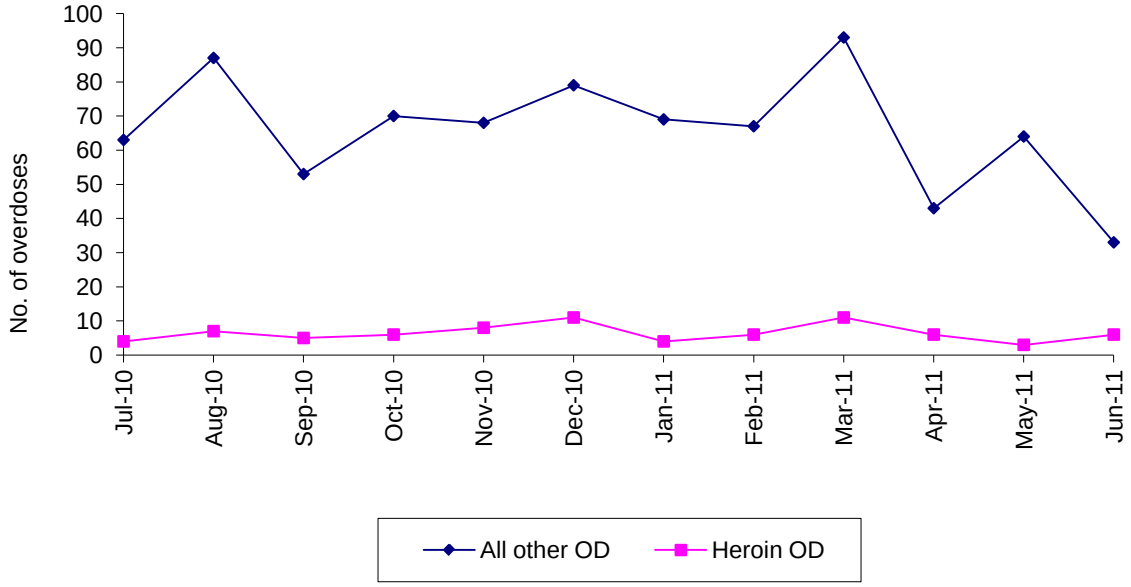
Source: ACT IDRS PWID interviews, 2000-2011

In 2011, participants who reported overdosing on heroin in the previous year (n=9) were asked what treatment they received immediately after the overdose. All participants reported receiving some treatment or information in relation to their overdose. Seven participants reported receiving Narcan, seven participants reported receiving CPR, there were six reports of ambulance attendance, three participants received oxygen and one participant attended a hospital emergency department. Participants who reported overdosing on heroin in the previous year (n=9) were also asked what treatment or information they sought out as a result of the overdose. Six participants reported that they did not seek out any information or treatment as a result of the overdose. Two participants reported seeing a counsellor, one participant used a phone information service and one participant accessed a drug health service.

The following graphs (Figure 19, Figure 20, and Figure 21) present data pertaining to ambulance calls in the ACT to reported heroin overdoses. In the 2010/2011 financial year, there were a total of 789 ambulance calls to overdoses in the ACT of which 77 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.

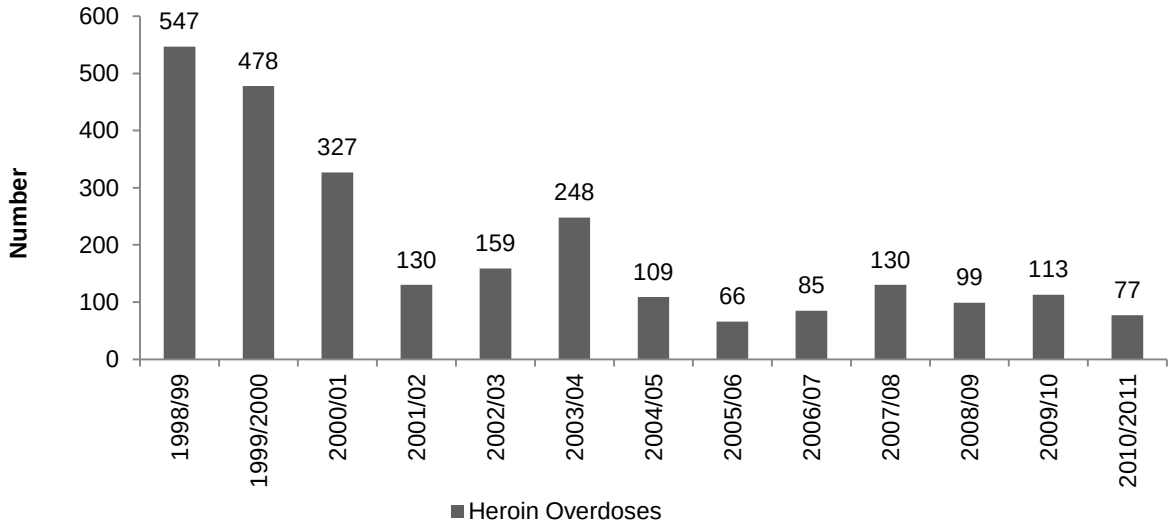
Figure 19: Total number of overdoses and number of heroin overdoses attended by ACT Ambulance Service, by month, 2010/11



Source: ACT Ambulance Service, 2010-2011

As can be seen from Figure 20, in the 2010/11 financial year, there was a total of 77 heroin overdoses attended by the ACT Ambulance Service. This was a decrease from 113 heroin overdoses attended in 2009/10.

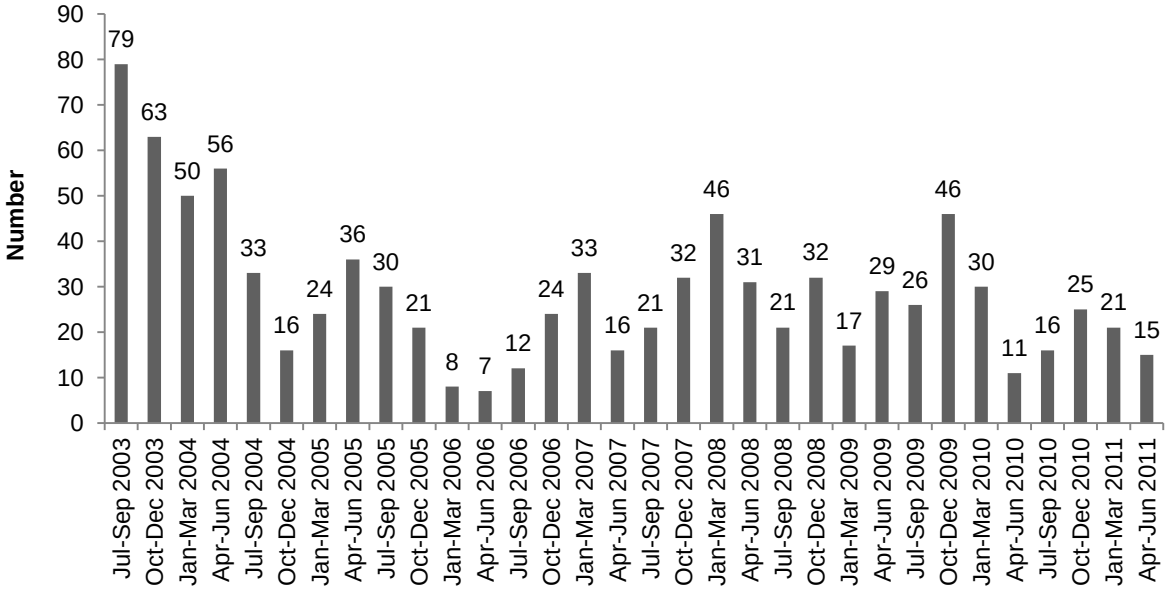
Figure 20: Annual number of heroin overdoses attended by ACT Ambulance Service, 1998/99 to 2010/11



Source: ACT Ambulance Service, 1998-2011

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 decreased since 2003.

Figure 21: Number of heroin overdoses attended by ACT Ambulance Service, by quarter, July 2003 to June 2011



Source: ACT Ambulance Service, 2002-2011

7.1.2 Other drugs

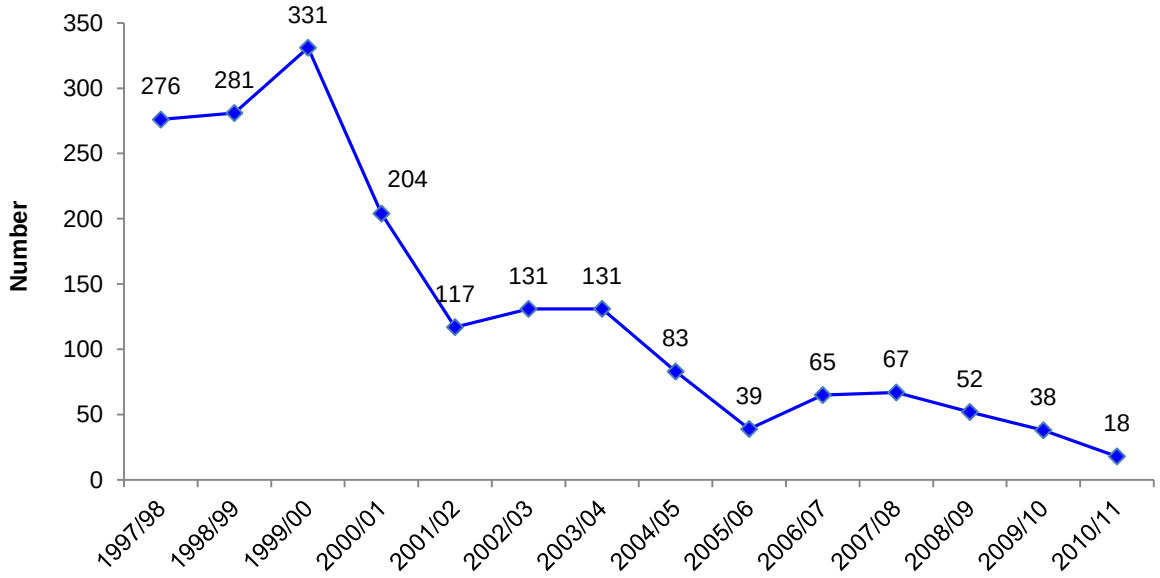
One-fifth of participants reported overdosing on a drug other than heroin at some point in their life. Only seven participants reported overdosing on any other drug in the previous year. Three participants reported overdosing on methamphetamines in the previous 12 months. One participant reported overdosing on each of Endep (an antidepressant), ecstasy and alcohol in the previous 12 months.

7.2 Drug treatment

7.2.1 Heroin

There has been a continued decline in the number of clients withdrawing from heroin in the ACT at Arcadia House Withdrawal Centre (the only adult non-medicated withdrawal and detoxification unit in the ACT) since the peak in the 1999/00 financial year, as can be seen in Figure 22. The number of clients reporting heroin as their principal drug of concern was 18 in the 2010/11 financial year. The main reason for the large variation in figures compared to previous years is because Arcadia House now operates as a withdrawal service and an eight week residential program. Of the 10 bed facility, 2-4 beds are utilised for withdrawal purposes depending on the needs of the eight week program.

Figure 22: Number of Arcadia House clients withdrawing from heroin, 1997/98 to 2010/11

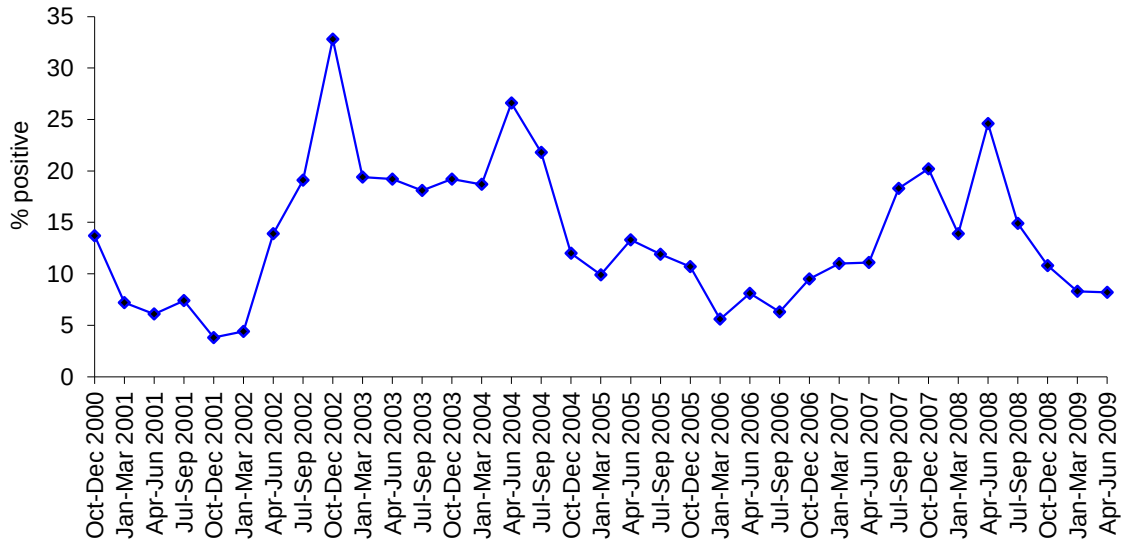


Source: Assisting Drug Dependents Incorporated (ADDInc)

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 2009/10 and 2010/11 financial years.

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



Source: ACT Health

There were a total of 3,156 closed treatment episodes in the ACT for the 2010/11 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 (55% n=1150, and 45% n=481 respectively), cannabis (18% n= 378 and 14% n=147) and heroin (14% n=287 and 19% n=200 respectively).

Table 23: Proportion of closed treatment episodes for females and males by principal drug of concern, 2010-2011

Principal drug of concern (%)	Male (n=2093)	Female (n=1063)	Total (N=3156)
Heroin	14	19	15
Methadone	0	4	1
Alcohol	55	45	52
Benzodiazepines	<1	1	1
Meth/amphetamines	6	7	6
Cannabis	18	14	17
MDMA	<1	<1	<1
Cocaine	0	<1	<1
Nicotine	0	<1	<1
Opioid analgesics	3	4	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 (44%), assessment only (23%), followed by support/case management only (12%).

Table 24: Main treatment type for clients in closed treatment episodes for heroin, 2010-2011

Main treatment type	Principal drug of concern – heroin (%)
Withdrawal management	6
Counselling	8
Rehabilitation	6
Pharmacotherapy	44
Support & case management only	12
Information & education only	1
Assessment only	23

Source: ACT Health

In the ACT, there was a total of 811 clients on either methadone or buprenorphine maintenance treatment on a 'snapshot/specified' day in 2010 (792 in 2008). This represents approximately 2% of pharmacotherapy clients Australia-wide. The majority (78%) of clients in pharmacotherapy treatment were on the methadone program, with a smaller proportion on buprenorphine/naloxone (15%) 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 2010, by dosing point

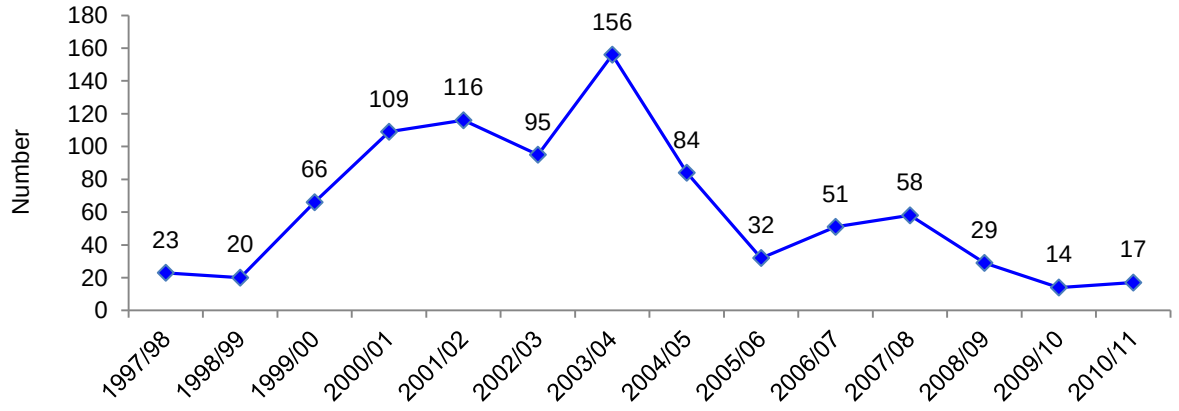
Dosing site	Number of pharmacotherapy clients in the ACT		
	Methadone (n=632)	**Buprenorphine (n=60)**	**Buprenorphine/Naloxone (n=119)**
Pharmacies	450	47	82
Public clinics	117	13	37
Private clinics	-	-	-
Correctional facilities	65	-	-
Other	-	-	-

Source: (Australian Institute of Health and Welfare, 2011b)

7.2.2 Methamphetamine

As can be seen in Figure 24, there was a very slight increase in the number of clients that attended Arcadia House for methamphetamine detoxification, from 14 in 2009/10 financial year to 17 in 2010/11 financial year. The main reason for the large variation in figures compared to previous years is because Arcadia House now operates as a withdrawal service and an eight week residential program. Of the 10 bed facility, 2-4 beds are utilised for withdrawal purposes depending on the needs of the eight week program.

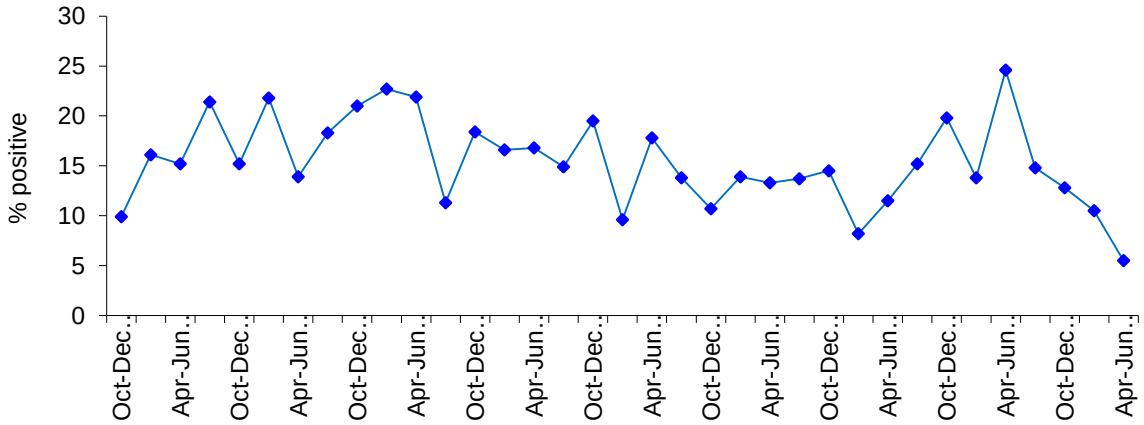
Figure 24: Number of Arcadia House clients undergoing withdrawal from methamphetamine, 1997/98 to 2010/11



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 2008/09 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 2009/10 or 2010/11 financial years.

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



Source: ACT Health

Of the 3,168 closed-treatment episodes in 2010/11, amphetamine/methamphetamine was the principal drug of concern for 198 of these treatment episodes, accounting for 6% of all closed treatment episodes. Assessment only (36%) and counselling (17%) 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, 2009/10

Main treatment type	Principal drug of concern – amphetamine/methamphetamine (%)
Withdrawal management	13
Counselling	17
Rehabilitation	16
Support & case management only	15
Information & education only	2
Assessment only	36

Source: ACT Health

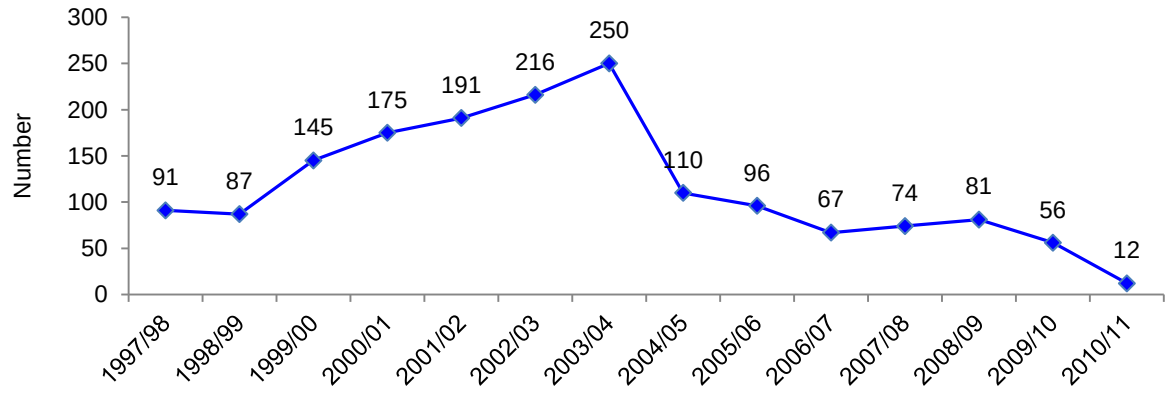
7.2.3 Cocaine

In the ACT, there were two 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 2010 to June 2011. Both received assessment only.

7.2.4 Cannabis

As can be seen from
Figure 26, the number of clients attending Arcadia House for cannabis withdrawal increased steadily from 1997/98, before peaking in 2003/04 with 250 clients attending the withdrawal centre in that financial year. Since 2004/05, there has been a slight yet steady decrease in the number of clients attending Arcadia House for withdrawal from cannabis. In the 2010/11 financial year the number of clients attending Arcadia House for cannabis withdrawal fell to 12 from 56 in the 2009/10 financial year. The main reason for the large variation in figures compared to previous years is because Arcadia House now operates as a withdrawal service and an eight week residential program. Of the 10 bed facility, 2-4 beds are utilised for withdrawal purposes depending on the needs of the eight week program.

Figure 26: Number of Arcadia House clients undergoing withdrawal from cannabis, 1997/98 to 2010/11



Source: ADDInc

Cannabis was the principal drug of concern for 525 of the closed-treatment episodes in the ACT, accounting for 17% of all 'closed treatment episodes'. The majority of clients received support and case management only (24%) or rehabilitation (21%). Counselling was received by 17% of clients as shown in Table 27.

Table 27: Main treatment type for clients in closed treatment episodes for cannabis, 2010/11

Main treatment type	Principal drug of concern – cannabis (%)
Withdrawal management	15
Counselling	17
Rehabilitation	21
Support & case management only	24
Information & education only	6
Assessment only	16

Source: ACT Health

7.2.5 Treatment choice

In 2011, participants were asked to report on what drug treatment they were currently receiving. Forty-two percent reported that they were not in any drug treatment. Forty-three percent reported being treated with methadone syrup or biodone syrup with a further 6% in subutex/buprenorphine treatment. Six percent were being treated with Suboxone®, and 1% was involved in drug counselling.

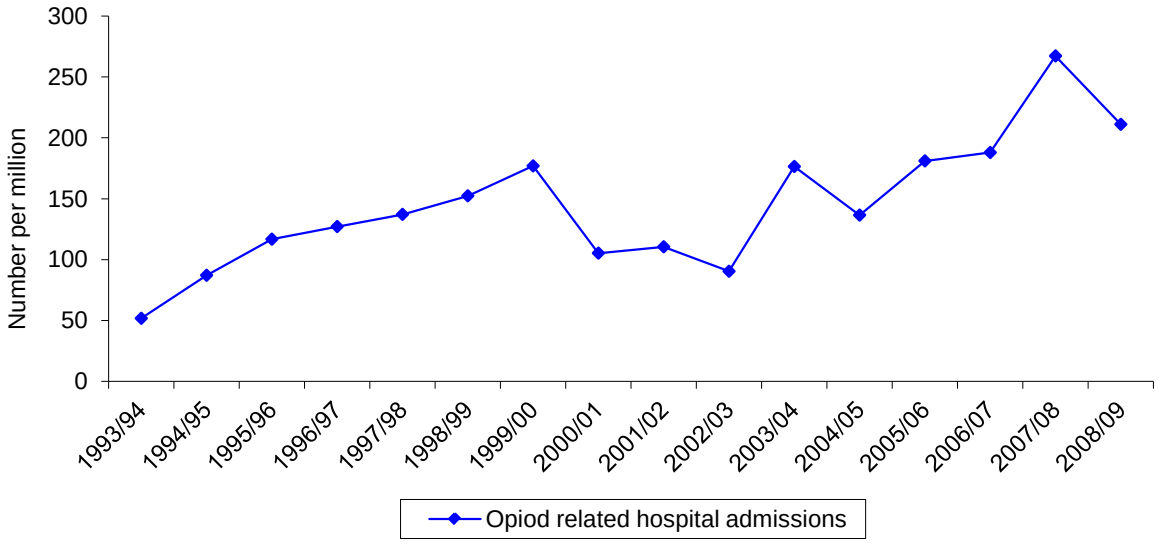
Of those in treatment (n=55), 38% had been in that specific treatment for two years or less. All participants were asked what treatment they had been in over the previous six months. Twenty-eight percent of participants had not been in any drug treatment recently. Seventy-seven percent of those who had been in treatment had been on methadone or biodone syrup treatment, with a further 13% on subutex/buprenorphine and 14% Suboxone®. Small proportions reported accessing detoxification units, attending Narcotics Anonymous and attending drug counselling.

7.3 Hospital admissions

7.3.1 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 1993/94 to 212 per million persons in 2008/09. At the time of print the 2009/10 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, 1993/94 to 2008/09

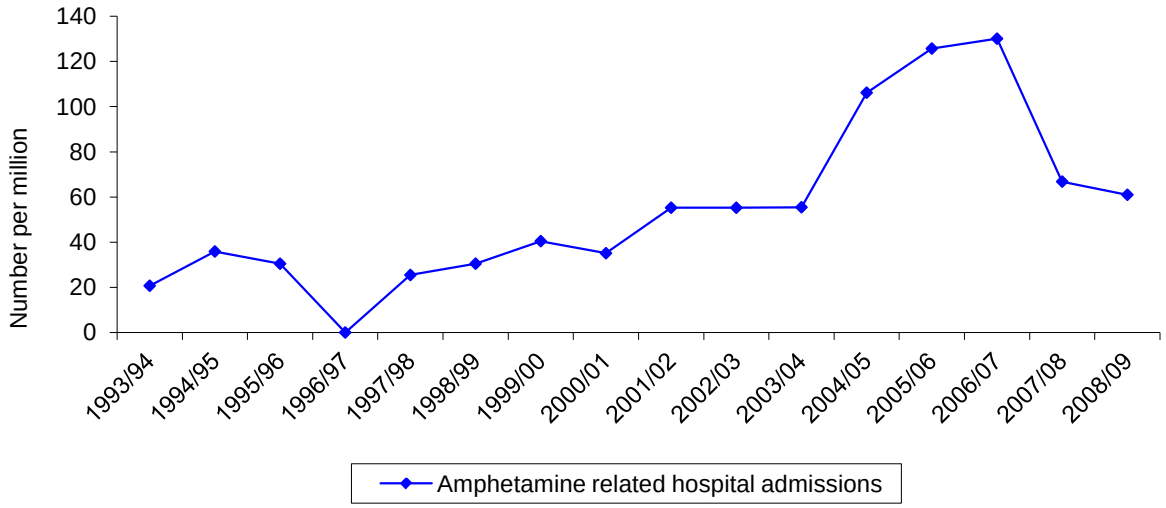


Source: AIHW; ACT Department of Health; (Roxburgh and Burns, 2012)

7.3.2 Methamphetamine

Figure 28 shows the number of hospital admissions in the ACT, of persons aged 15-54 years, 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 10 years (see Figure 28). In 2008/09, admissions decreased to 60.97 per million persons. At the time of print the 2009/10 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, 1993/94 to 2008/09



Source: AIHW; ACT Department of Health; (Roxburgh and Burns, 2012; in press)

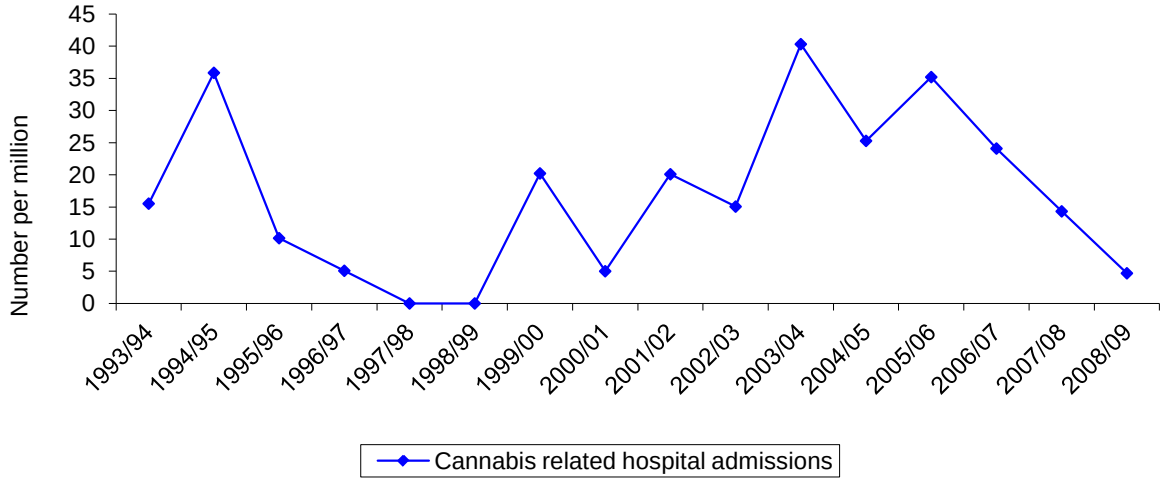
7.3.3 Cocaine

Numbers of hospital admissions in the ACT where cocaine was implicated in the primary diagnosis have remained lower than 10 per million persons aged 15-54 years in the last ten years. In 2008/09, there were 4.69 cocaine-related hospital admissions per million persons recorded in the ACT. At the time of print the 2009/10 data for hospital admissions was not available.

7.3.4 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 2008/09, there were 4.69 cannabis-related hospital admissions per million persons recorded in the ACT, a decrease from 2007/08. At the time of print the 2009/10 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, 1993/94 to 2008/09



Source: AIHW; ACT Department of Health; (Roxburgh and Burns, 2012)

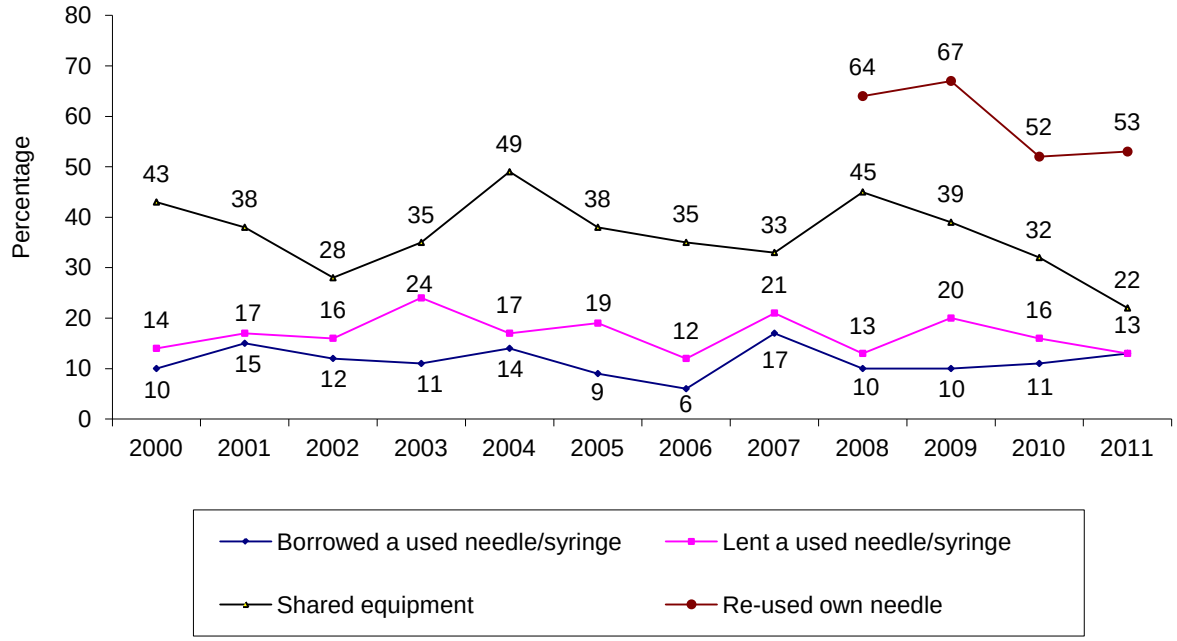
7.4 Injecting risk behaviour

7.4.1 Sharing of injecting equipment among PWID

Figure 30 presents the proportion of participants in the 2011 sample who reported recently sharing injecting equipment. In the month preceding interview, 13% (n=13) of participants had injected with syringes that had already been used (11% in 2010). Twelve 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=9).

The proportion of participants who reported lending used needles decreased from 16% in 2010 to 13% in 2011. Of the 13 participants reporting lending needles in the month prior to interview, eight participants reported that someone else used their needle one to two times after they had used it and five 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, 2000-2011



Source: ACT IDRS PWID interviews, 2000-2011

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 2011, 22% 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 17% in 2011 (29% in 2010). As can be seen in Table 28, 5% of participants reported using a filter after someone else, a decrease from 14% in 2010. The proportion reporting using a tourniquet after someone else remained at 7% in 2011 while only 2% of participants reported sharing swabs.

Table 28: Proportion of PWID reporting sharing other injecting equipment by type, 2005-2011

	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	2010 N=101	**2011 N=98**
Used spoon/mixing container after someone else (%)	31	32	24	43	34	29	**17**
Used filter after someone else (%)	15	8	16	21	12	14	**5**
Used tourniquet after someone else (%)	8	15	11	18	11	7	**7**
Used water after someone else (%)	15	11	20	23	22	17	**11**
Swabs	N/A	N/A	N/A	N/A	7	6	**2**

Source: ACT IDRS PWID interviews, 2005-2011
NB: Swabs was not an option before 2009

Participants in the 2011 IDRS were also asked questions about the site on their body where they had last injected. Three-quarters of participants reported that they last injected in their arm. Thirteen percent of participants reported last injecting in their hand, 5% in their leg and 5% in their foot.

In the previous six months 94% of participants in the ACT reported obtaining needles from an NSP, 23% had obtained needles from an NSP vending machine, 21% from a chemist, 22% from a friend and 10% from a dealer.

Table 29 presents a summary of the last location of drug injection among the ACT IDRS samples from 2004 to 2011. In 2011, the majority (79%) of participants reported that their last location of injection was a private home. Six percent reported a public toilet as their last location of injection, and 3% reported a public place (such as a street or a park). Seven percent of participants reported a car as the last location for injection.

Table 29: Location of last injection in the month preceding interview, ACT, 2004-2011

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	2010 N=101	**2011 N=98**
Location of last injection (%)								
Private home	65	69	78	71	80	83	86	**79**
Public toilet	15	10	10	13	7	8	1	**6**
Street/park/beach	10	7	5	5	5	3	3	**3**
Car	8	8	3	10	6	6	6	**7**

Source: ACT IDRS PWID interviews, 2004-2011

7.4.2 Injection-related health problems

In 2011, 66% of participants reported having experienced at least one injection-related health problem in the month preceding interview. Twenty-two percent of participants reported experiencing a 'dirty hit' (i.e. 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=13), methamphetamine (n=27), Subutex (n=3) and morphine (n=1). As can be seen from Table 30, consistent with participants' reports from 2005, the most commonly experienced injection-related problem in 2011 was scarring/bruising of injection sites (30%).

Table 30: Injection-related health problems experienced in the month preceding interview, ACT, 2005-2011

	2005	2006	2007	2008	2009	2010	**2011**
	N=125	N=100	N=101	N=101	N=100	N=100	**N=98**
Injection-related health problems in past month (%)	61	48	76	74	68	57	**66**
Problem: (%)							
Scarring/bruising	48	25	56	55	43	38	**30**
Difficulty injecting	30	31	47	47	39	21	**21**
'Dirty hit'	10	12	23	14	19	17	**22**
Infections/abscesses	8	6	13	4	0	10	**7**
Overdose	2	4	3	1	4	5	**10**

Source: ACT IDRS PWID interviews, 2005-2011

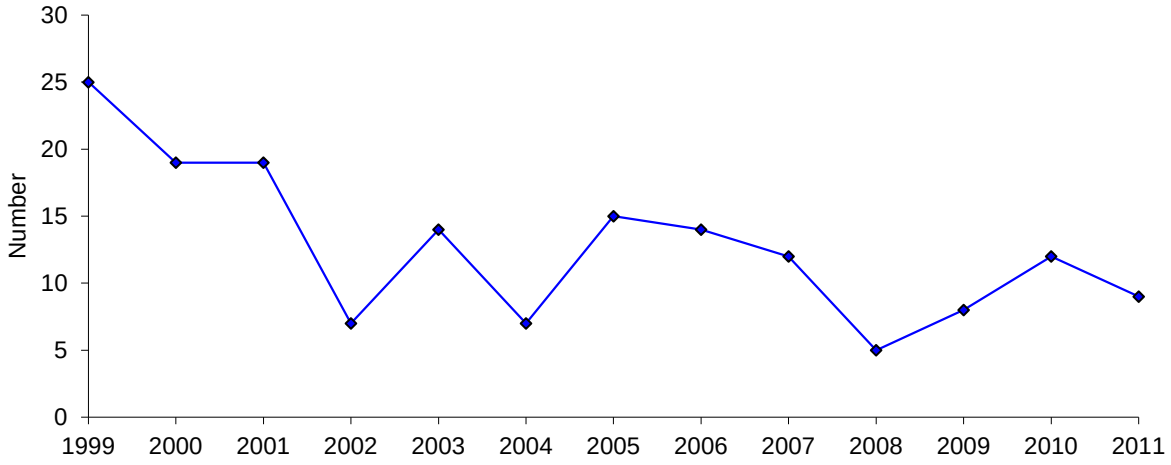
7.4.3 Blood-borne viral infections

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

The human immunodeficiency virus (HIV) prevalence among participants in the ACT remains low, which reflects the picture for Australian PWID as a whole (The Kirby Institute, May 2011) . From 2000 to 2010, there have been no HIV positive cases in the ACT sample surveyed for the annual NSP survey (The Kirby Institute, May 2011)

In the ACT, in 2011, there were a total of 191 cases of the hepatitis C virus (HCV), an increase from 223 in 2010 (National Notifiable Diseases Surveillance System, 2011) . In 2011, there were 281 new cases of HCV reported nationally, of which nine were reported in the ACT. This is a slight decrease from the 12 cases of newly acquired HCV reported in 2010 (National Notifiable Diseases Surveillance System, 2011) . Figure 31 presents the number of newly diagnosed cases of HCV in the ACT from 1999 to 2011.

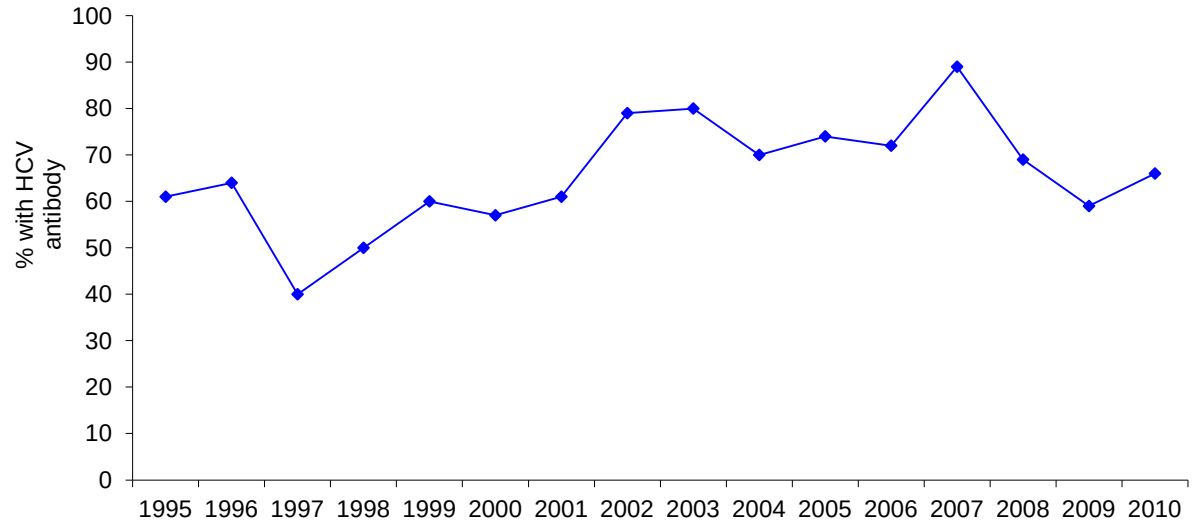
Figure 31: Number of newly diagnosed HCV cases in the ACT, 1999-2011[1]



Source: Data accessed on 15 March 2012: (National Notifiable Diseases Surveillance System, 2012)

The HCV antibody prevalence among the PWID sampled for the NSP annual survey (The Kirby Institute, May 2011) 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 2010, 95 PWID were tested in the ACT for the HCV antibody prevalence. Of these participants 66% (n=63) tested positive for HCV antibody. This was an increase in percentage from 2009 (59%).

Figure 32: HCV antibody prevalence among PWID, ACT, 1995-2011



Source: (The Kirby Institute, May 2011)

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

In 2011, there were two new notifiable case of the hepatitis B virus (HBV) in the ACT compared to three in 2010 (National Notifiable Diseases Surveillance System, 2011) . The number of unspecified cases of HBV was 93 in 2011, compared to 92 in 2010 (National Notifiable Diseases Surveillance System, 2011) .

7.5 Mental health problems and psychological distress

In 2011, 39% 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 (68%), anxiety (34%) and bipolar disorder (21%, see Table 31).

Sixty-one percent of those who reported mental health problems reported that they had attended a mental health professional in the previous six months. In 2011, 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=18), 33% reported being prescribed an anti-depressant, 72% reported they had been prescribed an anti-psychotic and 28% reported that they had been prescribed benzodiazepines. Twenty-two percent were not prescribed any medication (see Table 31).

Table 31: Summary of mental health problems experienced by PWID in the ACT, 2011

	2011 N=98
Self-reported mental health problem last six months (%)	**39**
Self-reported mental health problems (%)*	**(n=38)**
Depression (%)	**68**
Anxiety (%)	**34**
Bipolar disorder (%)	**21**
Panic (%)	**18**
Phobias (%)	**3**
Paranoia (%)	**18**
Schizophrenia (%)	**16**
Drug-induced psychosis	**13**
Attended mental health professional (%)*	**61**
No medication (%)**	**22**
Prescribed anti-depressant (%)**	**33**
Prescribed anti-psychotic (%)**	**72**
Prescribed benzodiazepines (%)**	**28**

Source: ACT IDRS PWID interviews, 2011
* 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 (SCID; Andrews and Slade, 2001; Kessler, Andrews, Colpe et al., 2002) .

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 24.5 (range=10-50, median 24, SD=8.8). The 2010 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare, 2008c; Australian Institute of Health and Welfare, 2011a) 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, 20% of the 2011 PWID scored in the low range, 24% in the moderate distress range, 26% were in the high distress range, and 31% in the very high distress range. As can be seen in Table 32, whilst the majority in the NDSHS score between 10-15 (70%), the majority in the IDRS sample score in the high (26%) to very high distress group (31%).

Table 32: K10 scores in the 2010 NDSHS and the ACT IDRS interviews, 2009-2011

K10 Score	Level of psych. distress	National Drug Strategy Household Survey	2009 ACT IDRS (N=100)	2010 ACT IDRS (N=101)	2011 ACT IDRS (N=98)
10-15	No/low distress	70	21	18	**20**
16-21	Moderate distress	21	24	25	**24**
22-29	High distress	7	30	34	**26**
30-50	Very high distress	2	25	23	**31**

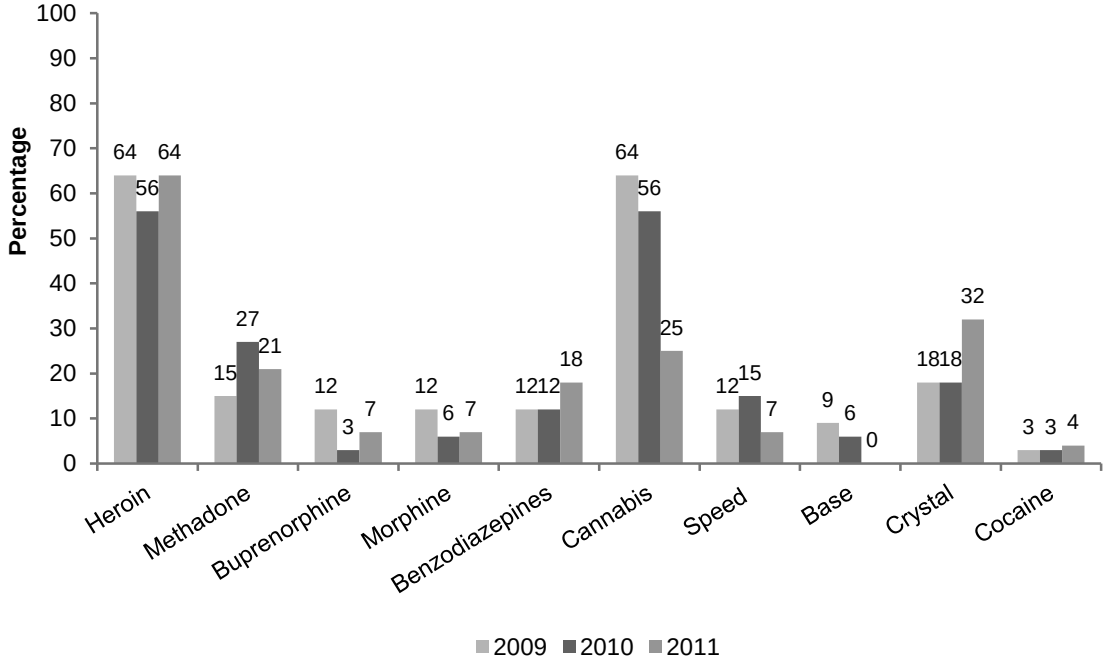
Source: AIHW, 2011; ACT IDRS PWID interviews, 2009-2011

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=34), 18% (n=6) reported that they had driven whilst under the influence of alcohol, and two participants reported that they had driven over the limit of prescribed concentration of alcohol.

Twenty-eight participants (82% 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 10 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 2011 were heroin (64%), crystal (32%), cannabis (25%), methadone (21%) and benzodiazepines (18%). The majority of participants reported that they had not waited more than half an hour before driving (75%, n=21).

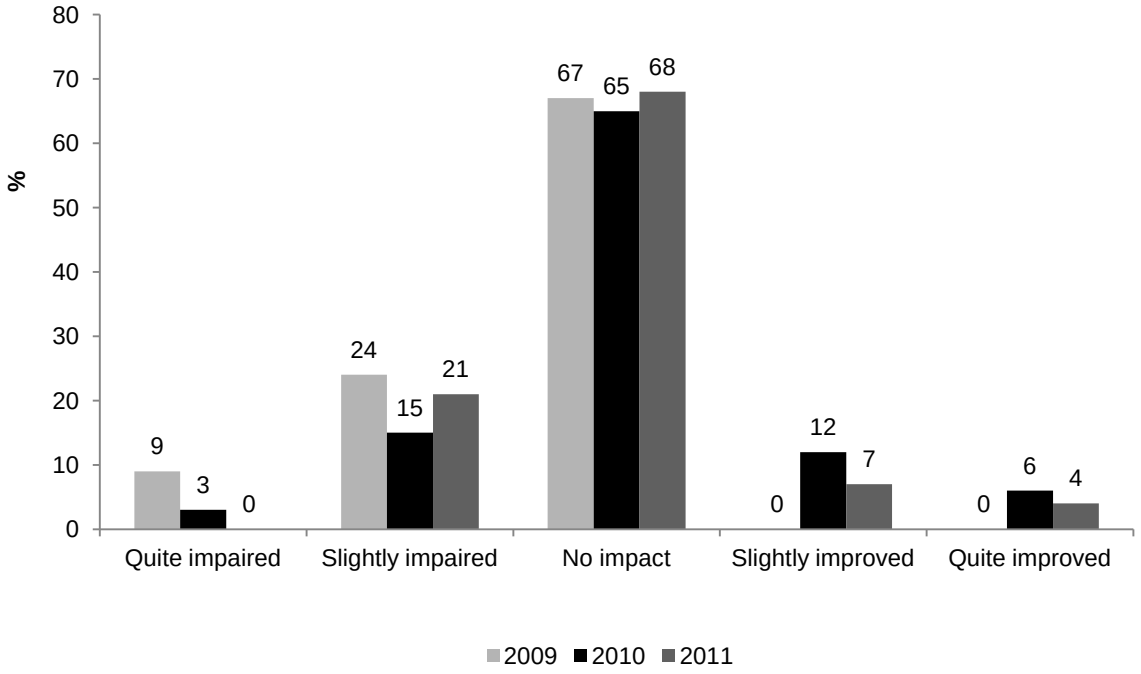
Figure 33: Proportion of participants reporting driving under the influence of drugs, by drug type, 2009-2011



Source: ACT IDRS PWID interviews, 2009-2011
NB: Of those who have driven in the past six months

In 2011, 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 (68%).

Figure 34: Participants' reports of perceived driving impairment while driving under influence of drugs, ACT, 2009-2011



Source: ACT IDRS PWID interviews, 2009-2011
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 recently been implemented. Two participants reported ever having been saliva drug tested. One participant reported being roadside drug tested in the ACT.

Key Expert comments

- The majority of KE commented that they are seeing high rates of HCV in their services.
- A few KE commented that access to health care and general practitioners (GPs) was an issue of concern for this group. KE commented on the need for more services to be available to this group and the need for a greater integration of services.
- Many KE also reported that mental health problems were common in their service.

8 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

8.1 Reports of criminal activity

As can be seen in Table 33, in 2011, 20% of participants reported that they had been arrested in the last 12 months (22% in 2010). Participants in the 2011 sample were arrested most frequently for property crime (10%).

The proportion of participants in 2011 that reported engaging in at least one act of criminal activity in the month prior to interview increased from 26% in 2010 to 34% in 2011. Twenty-two percent of participants reported being involved in drug dealing and 20% of participants reported committing property crime in the previous month.

Table 33: Criminal activity among participants, ACT, 2004-2011

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	2010 N=101	**2011 N=98**
Arrested last 12 months (%)	38	36	46	42	23	32	22	**20**
Crime arrested for (%)								
Property crime	11	15	16	19	7	14	11	**10**
Dealing	3	2	0	1	1	2	0	**3**
Fraud	2	1	0	0	0	1	1	**0**
Violent crime	9	6	13	7	8	7	4	**3**
Driving offence	5	3	1	6	7	2	3	**3**
Committed at least one crime in the last month (%)	34	41	38	55	50	51	26	**34**
Crime committed (%)								
Property crime	13	16	18	26	22	30	15	**20**
Dealing	21	27	29	42	38	31	13	**22**
Fraud	5	4	3	7	4	3	3	**1**
Violent crime	9	9	12	5	7	5	5	**5**

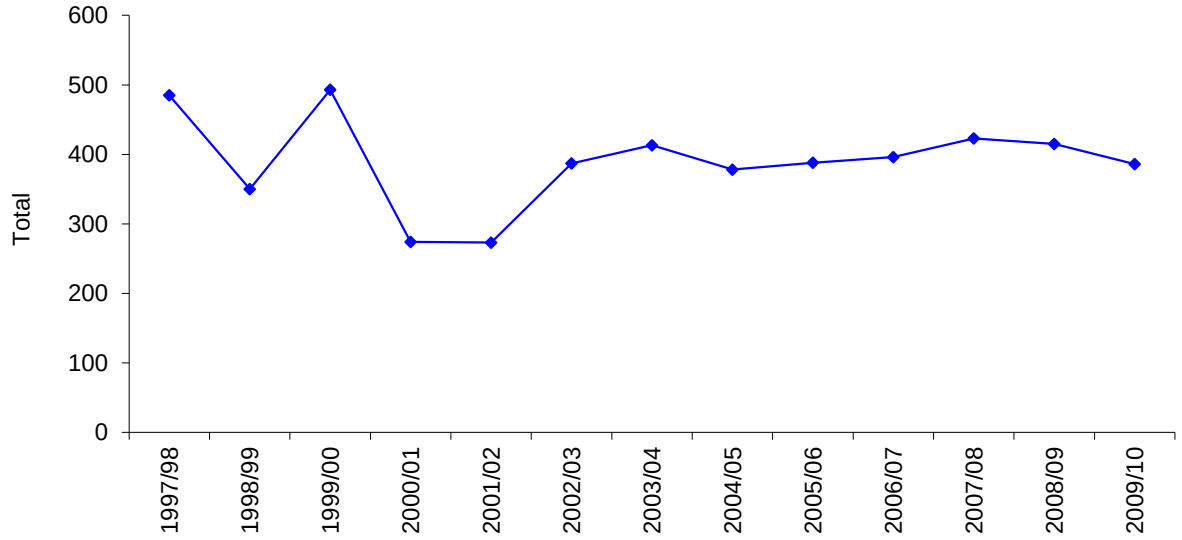
Source: ACT IDRS PWID interviews, 2004-2011

8.2 Arrests

8.2.1 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 2009/10, there was a slight decrease in the number of drug-specific arrests made (386) when compared to 2008/2009 (415). In 2009/10, 85% of all drug-related arrests in the ACT were males.

Figure 35: Number of drug-specific arrests for all drugs, ACT, 1997/98 to 2009/10



Source: ABCI, 2000-2002; ACC, 2003-2011
NB: Data not available for the 2010/2011 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.

The total number of consumer arrests in the ACT in 2009/10 was 332. As can be seen in Table 34, the number of females arrested for user-related offences decreased from 79 arrests in 2008/09 to 54 arrests in 2009/10. The number of males charged with user-type offences increased remained steady (278, compared to 282 in 2008/09). The total number of provider arrests in 2009/10 was 54, the same as 2008/09.

Table 34: Number of consumer and provider arrests for all drugs, ACT, 1997/98 to 2009/10

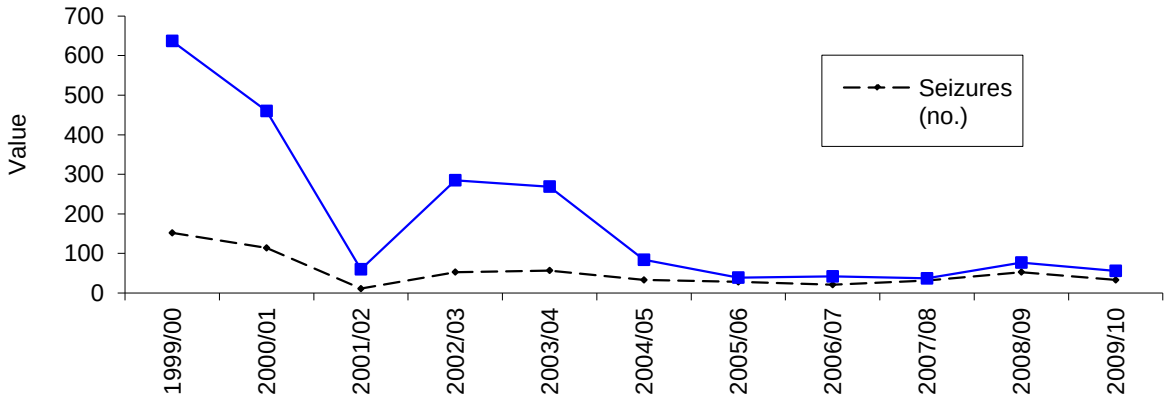
Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997/1998	243	61	155	25	485 *
1998/1999	199	51	83	17	350
1999/2000	255	60	144	30	493 †
2000/2001	187	51	25	11	274
2001/2002	182	39	41	11	273
2002/2003	253	61	58	11	387
2003/2004	262	61	77	12	413
2004/2005	236	36	87	19	378
2005/2006	254	51	79	4	388
2006/2007	274	59	57	6	396
2007/2008	283	74	57	9	423
2008/2009	282	79	44	10	415
2009/2010	**278**	**54**	**49**	**5**	**386**

Source: ABCI, 2000-2002; ACC, 2003-2011
* Total includes one provider who did not identify their sex
† Total includes three providers and one consumer who did not identify their sex
NB: Arrest data from 1997/1998 to 1999/2000 exclude AFP data; data not available for the 2010/2011 financial year

8.2.2 Heroin

The number of heroin seizures and total weight seized for each financial year period from 1999/00 is presented in Figure 36. The number of seizures made in 2009/10 decreased from 53 in the 2008/09 financial year to 33. The weight of seizures also decreased, from 77 grams in 2008/09 to 56 grams in 2009/10.

Figure 36: Number and weight of heroin seizures in the ACT, 1999/00 to 2009/10



Source: ABCI, 2000-2002; ACC, 2003-2011
NB: Data not available for 2010/2011 financial year

Table 35 summarises the number of heroin and other opioids consumer and provider arrests in the ACT from 1997 to 2010 (more recent data were not available at the time of printing). The total number of heroin-related arrests in 2009/10 (30 arrests) was a decrease from 48 arrests in 2008/09.

Table 35: Number of heroin consumer and provider arrests, ACT, 1997/98 to 2009/10

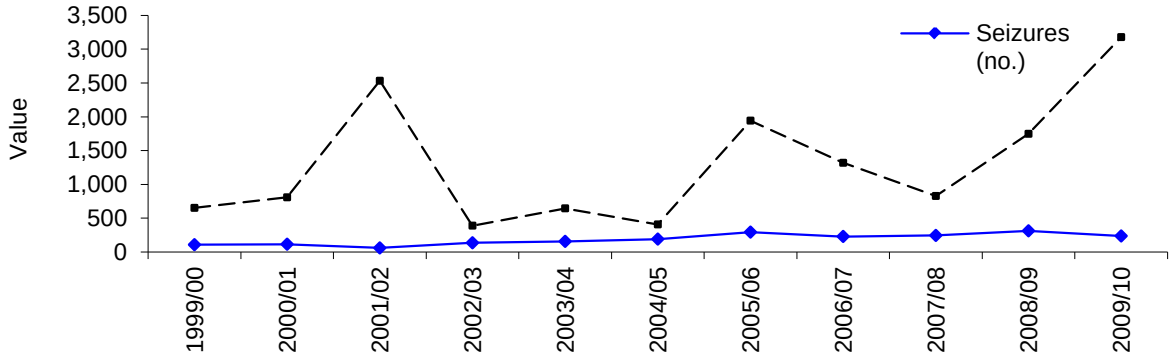
Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997-1998	43	15	26	2	86
1998-1999	39	22	18	4	83
1999-2000[#]	-	-	-	-	-
2000-2001	42	8	7	2	59
2001-2002	13	4	3	0	20
2002-2003	24	7	6	2	40
2003-2004	18	5	15	0	39
2004-2005	18	4	13	0	35
2005-2006	18	2	8	0	28
2006-2007	14	2	5	1	22
2007/2008	28	8	7	2	45
2008/2009	26	9	10	3	48
2009/2010	16	5	9	0	30

Source: ABCI, 2000-2002; ACC, 2003-2011
NB: Arrest data for 1997/98 to 1998/99 exclude AFP data; Figures for ACT 1999/00 were not available; Data not available for the 2010/11 financial year

8.2.3 Methamphetamine

Figure 37 shows the number and weight of methamphetamine seizures in the ACT from 1999/00 to 2009/10. In 2009/10, the number of seizures decreased to 235 from 311 in 2008/09. Despite this, the state police in the ACT seized 3,178 grams of amphetamine-type stimulants in the 2009/10 financial year, an increase from 1,747 grams seized in 2008/09.

Figure 37: Number and weight of amphetamine-type stimulant seizures in the ACT, 1999/00 to 2009/10



Source: ABCI, 2000-2002; ACC, 2003-2011
NB: Data not available for the 2010/11 financial year

Table 36 presents the number of consumer and provider arrests for amphetamine-type stimulants (ATS) made in the ACT between 1997 and 2010. ATS include amphetamine, methamphetamine and phenethylamines. The ACC classifies consumers as offenders who are charged with user-type offences (e.g. possession and use of illicit drugs), whereas providers are offenders who are charged with supply-type offences (e.g. trafficking, selling, manufacture or cultivation). The number of consumer and provider arrests remained relatively stable compared to the previous reporting year, with a total of 100 arrests recorded in 2009/10, compared to 110 arrests in 2008/09.

Table 36: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997/98 to 2009/10

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997/1998	8	3	5	2	18
1998/1999	15	2	6	0	23
1999/2000	-	-	-	-	-
2000/2001	37	10	6	3	56
2001/2002	44	4	9	3	60
2002/2003	41	11	8	4	64
2003/2004	60	16	19	4	99
2004/2005	51	7	27	9	94
2005/2006	50	9	46	1	106
2006/2007	77	22	30	3	132
2007/2008	77	23	28	5	133
2008/2009	68	19	20	3	110
2009/2010	**64**	**12**	**21**	**3**	**100**

Source: ABCI, 2000-2002; ACC, 2003-2011
NB: Arrest data from 1997/98 to 1999/00 exclude AFP data; Figures for ACT 1999/00 were not available; Data not available for the 2010/11 financial year

8.2.4 Cocaine

Table 37 shows the number and weight of cocaine seizures in the ACT from July 1999 to June 2010. In 2009/10, the number of seizures remained low at 19. The weight of seizures in 2009/10 was also low (19 grams).

Table 37: Number and weight of cocaine seizures in the ACT, 1999/00 to 2009/10

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
2008/2009	18	197
2009/2010	**19**	**19**

Source: ABCI, 2000-2002; ACC, 2003-2011
NB: Data not available for the 2010/11 financial year

In 2009/10 there were eight consumer arrests for cocaine. No provider arrests were recorded for cocaine in 2009/10.

Table 38: Number of cocaine consumer and provider arrests, ACT, 2000/01 to 2009/10

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
2008/2009	10	1	3	0	14
2009/2010	**8**	**0**	**0**	**0**	**8**

Source: ABCI, 2000-2002; ACC, 2003-2011
NB: Data not available for the 2010/11 financial year

8.2.5 Cannabis

Table 39 shows the number and weight of cannabis seizures in the ACT from 1999 to 2010. In 2009/2010 there was an increase in the number of cannabis seizures to 746 (593 in 2008/09). The weight of cannabis seizures was the highest recorded, with ACT police seizing 740,418 grams of cannabis in 2009/2010.

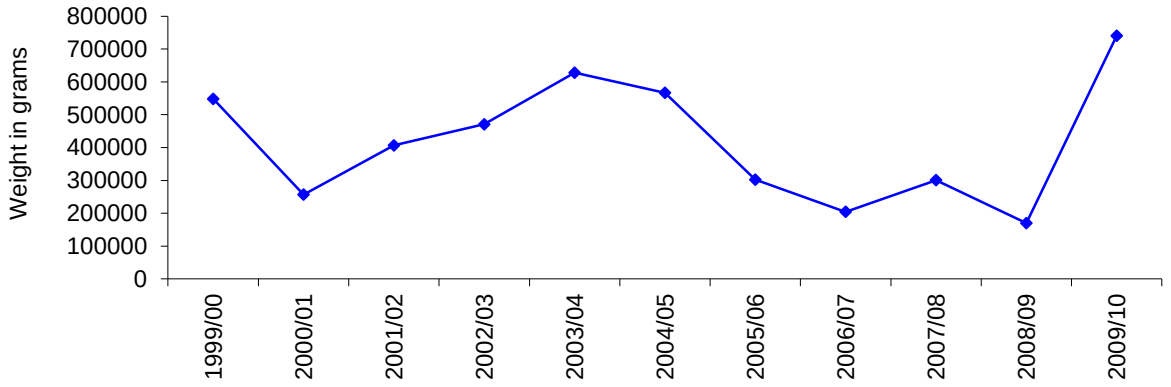
Table 39: Number and weight of cannabis seizures by ACT local police, 1999/00 to 2009/10

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
2008/2009	593	169,902
2009/2010	**746**	**740,418**

Source: ABCI, 2000-2002; ACC, 2003-2011
Note: Data not available for the 2010/11 financial year

Figure 38 shows the total weight of cannabis seized in the ACT from 1999/00 to 2009/10. In 2009/10, the total seizure weight increased to 740,418 grams.

Figure 38: Average weight of cannabis seized in the ACT, 1999/2000 to 2009/2010



Source: ABCI, 2000-2002; ACC, 2003-2011
NB: Data not available for the 2010/11 financial year

Table 40 summarises the number of cannabis consumer and provider arrests in the ACT from 1997 to 2010. In the ACT, the greatest number of drug-specific arrests is due to user-type and supply-type cannabis offences. There was an increase in the number of males charged with user-type offences in 2009/10, increasing to the highest recorded since 1997. The number of females charged with supply-type offences has remained relatively low and stable since 1997/98. The number of males charged with supply-type offences also increased in 2009/10.

Table 40: Number of cannabis consumer and provider arrests, ACT, 1997/98 to 2009/10

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	-	-	-	-	-
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
2008/2009	165	50	10	3	228
2009/2010	**187**	**36**	**19**	**2**	**244**

Source: ABCI, 2000-2002; ACC, 2003-2011
NB: Arrest data from 1997/98 to 1999/00 exclude AFP data; Figures for ACT 1999/00 were not available; Data not available for the 2010/11 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 from 1997 to 2010. The number of SCONs issued in the ACT remained stable compared to the previous reporting year.

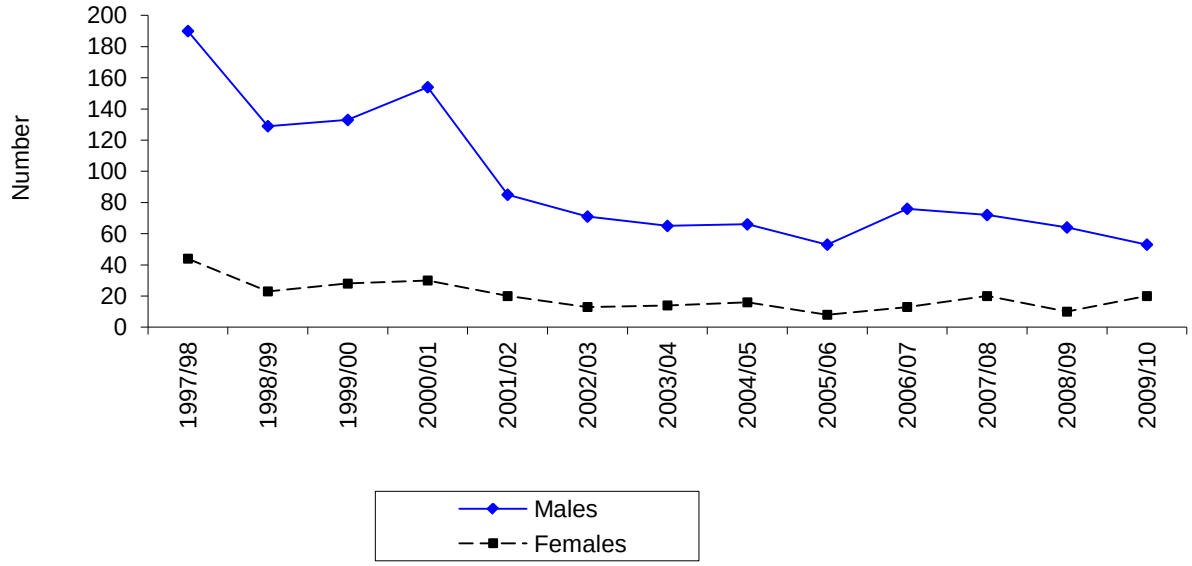
Table 41: Number of Simple Cannabis Offence Notices, ACT, 1997/98 to 2009/10

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
2008/2009	74
2009/2010	**73**

Source: ABCI, 2000-2002; ACC, 2003-2011
NB: Data not available for the 2010/11 financial year

As can be seen in Figure 39, the proportion of SCONs received by females has remained consistently low (20 SCONs given to females in 2009/2010). The number of SCONs given to females in the ACT has remained relatively stable since 1997/1998. In 2009/2010, 53 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 2009/2010



Source: ABCI, 2000-2002; ACC, 2003-2011
NB: Data not available for the 2010/11 financial year

8.3 Expenditure on illicit drugs

In 2011, 68% of participants reported having spent money on illicit drugs on the day prior to interview. Among these, the median expenditure on drugs was $90. This was an increase from $70 in 2010 (see Table 42). In 2011, 49% 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, 2003-2011

	2004 N=100	2005 N=125	2006 N=100	2007 N=101	2008 N=101	2009 N=100	2010 N=101	**2011 N=98**
Nothing	41	34	35	42	40	42	40	32
Less than $20	4	10	13	5	9	8	3	6
$20-$49	13	10	14	17	10	10	16	13
$50-$99	14	22	16	19	14	19	21	19
$100-$199	18	19	16	12	16	20	11	22
$200-$399	9	4	5	3	11	1	8	7
$400 or more	1	1	1	1	1	0	0	1
Median expenditure ($)	90	70	50	58	80	80	70	90

Source: ACT IDRS PWID interviews, 2003-2011

Key Expert comments

- Consistent with PWID interviews and health KE, law enforcement KE reported that cannabis remained common, especially hydroponic cannabis. Law enforcement KE commented that the number of grow houses was increasing.
- Law enforcement KE also reported that levels of crime had remained stable.

9 SPECIAL TOPICS OF INTEREST

9.1 Heavy Smoking Index for nicotine dependence

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

As seen in Table 43, half of those who smoked daily in the ACT reported smoking their first cigarette within five minutes of waking and one-third between five to 30 minutes of waking. More than half the daily smokers (54%) reported smoking between 11 and 20 cigarettes a day and 35% reported smoking 10 or less cigarettes a day. The mean HSI score was 3.1. Forty percent of daily smokers scored four or above, indicating high nicotine dependence. The results were similar to the results obtained nationally.

Table 43: Heavy Smoking Index for nicotine dependence, 2011

	National n=770	ACT n=87
Time till first cigarette		
Within 5 minutes (%)	52	51
5-30 mins (%)	32	35
31-60 mins (%)	7	7
More than 60 mins (%)	9	8
Number of cigarettes smoked a day		
10 or less (%)	29	35
11-20 (%)	41	54
21-30 (%)	21	10
31 or more (%)	9	1
High dependence	50	40
Mean score	3.4	3.1

Source: ACT IDRS PWID interviews, 2011

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 HCV. Half of the participants interviewed in the Australian NSP Survey 2010 (n=2,396) were found to have HCV antibodies (The Kirby Institute, May 2011) . Given that the consumption of alcohol has been found to exacerbate HCV infection and to increase the risk of opioid and depressant overdose (Darke, Ross and Hall, 1996; Schiff and Ozden, 2004; Coffin, Tracy, Bucciarelli et al., 2007; Darke, Duflou and Kaye, 2007) , 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 2011, IDRS participants were asked to respond to the AUDIT-C.

The mean score of the 2011 ACT sample on the AUDIT-C was 5.5 (4.25 in 2010). There was no significant difference between males (5.9) and females (5.0) on the AUDIT-C.

According to Dawson et al. (Dawson, Grant, Stinson et al., 2005) and the AGDH&A; Guidelines for the Treatment of Alcohol Problems (Haber, Lintzeris, Proude et al., 2009) , a cut-off score of five or more indicated that further assessment is required. More than half (55%) of the sample scored five or over on the AUDIT-C.

Table 44: AUDIT-C among people who inject drugs and drank alcohol in the past year, 2010-2011

	National 2010 n=646	National 2011 n=626	ACT 2010 n=72	ACT 2011 n=71
Score of 5 or more				
All participants (%)	52	55	41	55
Males (%)	56	58	46	60
Females (%)	45	45	32	48

Source: IDRS ACT PWID interviews, 2010-2011

9.3 Pharmaceutical opioids

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

In 2011, participants in the IDRS were asked questions about the use of PO and pain. Pharmaceutical opioids included morphine, oxycodone, and other PO such as fentanyl, pethidine and tramadol. Excluded were methadone, buprenorphine and buprenorphine-naloxone. In the ACT, 41% of the sample reported the use of PO in the previous six months; compared to 53% of the national sample. Among those who recently used PO (n=40), 40% reported using them for pain relief, 23% to seek an opioid effect and 20% to treat self-dependence. A further 18% reported using PO because they were cheaper than heroin (Table 45).

Of those that had recently used PO, 20% reported that they had been refused PO medications for pain due to injecting history.

Table 45: Pharmaceutical opioid use amongst PWID, 2011

	National	ACT
Used pharmaceutical opioids in the last 6 months (%)	53	41
Reason for using pharmaceutical opioids*	n=462	n=40
Treat self-dependence (%)	22	20
Seek an opioid effect (%)	28	23
Pain relief (%)	46	40
Know what dose to expect (%)	5	5
Cheaper than heroin (%)	11	18
Current heroin purity (%)	4	5
Couldn't score heroin (%)	8	3
Refused pharmaceutical opioids medications for pain due to injecting history	n=457	n=40
Yes (%)	22	20
Haven't sought pain relief (%)	38	35
Prescribed pharmaceutical opioids[#]	n=279	n=26
For pain last six months (%)	54	42
Trouble obtaining pain relief from doctor	42	31
Informed doctor about drug use	n=231	n=21
Yes (%)	33	52
Yes, but not all (%)	7	0
Doctor already knew (%)	17	14
Pharmaceutical opioids prescribed by[##]	n=150	n=11
Pain specialist (%)	17	40
Hospital doctor (%)	17	0
OST specialist (%)	3	9
GP (%)	75	73

Source: IDRS participant interviews
* Among those who recently used. Multiple responses were allowed
[#] Among those who sought pain relief
[##] Among those who were prescribed PO for pain in the last six months

9.4 Over the counter codeine

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

In 2011, participants in the IDRS survey were asked questions about the use of OTC codeine for medical and non-medical purposes. As can be seen in Table 46, half the sample had recently used OTC codeine, on a median of six days. Forty-five percent of all respondents had used OTC codeine for medical purposes, with 81% of those using OTC codeine to treat acute/short-term pain. One-tenth (11%) of the entire sample had used OTC codeine for non-medical purposes in the six months prior to interview.

Table 46: OTC codeine use amongst PWID, 2011

	National N=868	ACT N=98
Ever used OTC codeine (%)	63	70
Recently used OTC codeine (%)	42	50
Median days used OTC codeine in the last six months*	10	6
Use OTC codeine for medical purposes in the last six months (%)	40 (n=339)	45 (n=43)
Acute/short-term	71	81
Chronic non-malignant	25	19
Chronic malignant	2	0
Used OTC codeine for non-medical purposes (%)	6 (n=55)	11 (n=11)
To feel numb	9	9
To go to sleep	36	36
Substitute for heroin	39	27
Substitute for pharmacotherapy	7	27
Supplement pharmacotherapy	6	9
Other	26	46

Source: IDRS participant interviews
* Among those who recently used

9.5 Injecting equipment use

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

Outlined in Table 47, Table 48 and Table 49 are the results from the IDRS survey compared to the NSP survey. The IDRS found similar results to the 2008 ANSPS survey.

In Table 47 , 86% of the ACT sample reported the use of 1 ml needle and syringes in the last month, compared to 76% reported in the ANSPS and 76% in the national IDRS results. Almost one-third (32%) of the ACT sample reported the use of wheel filters in the last month (11% in the ANSPS and 16% in the national IDRS). The re-use of 1 ml needle and syringe was reported by 43% of the ACT sample who commented (Table 48).

Table 47: Use of injecting equipment in the last month among those who commented, 2011

	2008 Australian NSP Survey	National (N=842)	ACT (N=98)
Injecting equipment used in the last month (%)			
1 ml needle/syringe	76	76	86
3 ml syringe (barrel)	22	20	11
5 ml syringe (barrel)	17	16	11
10 ml syringe (barrel)	9	10	16
20 ml syringe (barrel)	6	7	13
50 ml syringe (barrel)	n.a.	1	1
Detached needle (tip)	19	21	16
Winged view infusion set (butterfly)	12	17	36
Wheel filter	11	16	32

Source: (National Centre in HIV Epidemiology and Clinical Research, 2009)
n.a. Not available

Table 48: Re-use of injecting equipment in the last month among those who commented, 2011

	2008 Australian NSP Survey	National (N=842)	ACT (n=97)
Injecting equipment re-used in the last month (%)			
1 ml needle/syringe	32	39	43
3 ml syringe (barrel)	7	6	3
5 ml syringe (barrel)	6	3	1
10 ml syringe (barrel)	4	3	8
20 ml syringe (barrel)	3	3	5
50 ml syringe (barrel)	n.a.	<1	0
Detached needle (tip)	4	4	3
Winged view infusion set (butterfly)	5	6	13
Wheel filter	4	4	5

Source: (National Centre in HIV Epidemiology and Clinical Research, 2009)
n.a. Not available

Of those who commented (n=97), 39% reported cleaning 1 ml needle/syringes in the ACT IDRS compared to 30% in the ANSPS survey. Of those who reported cleaning their injected equipment (n=49), 55% reported last cleaning a 1 ml needle/syringe.

Table 49: Injecting equipment cleaned in the last month among those who commented, 2011

	2008 Australian NSP Survey	National (n=813)	ACT (n=97)
Cleaning of injecting equipment in the last month (%)			
1 ml needle/syringe	30	39	39
3 ml syringe (barrel)	8	6	2
5 ml syringe (barrel)	6	4	1
10 ml syringe (barrel)	4	3	6
20 ml syringe (barrel)	3	3	4
50 ml syringe (barrel)	n.a.	<1	0
Detached needle (tip)	5	4	2
Winged view infusion set (butterfly)	4	7	13
Wheel filter	3	3	3
Last injecting item cleaned (%)*		n=424	n=49
1 ml needle/syringe	n.a.	65	55
3 ml syringe (barrel)	n.a.	13	18
5 ml syringe (barrel)	n.a.	6	0
10 ml syringe (barrel)	n.a.	3	2
20 ml syringe (barrel)	n.a.	3	4
Detached needle (tip)	n.a.	1	0
Winged view infusion set (butterfly)	n.a.	6	14
Wheel filter	n.a.	3	0

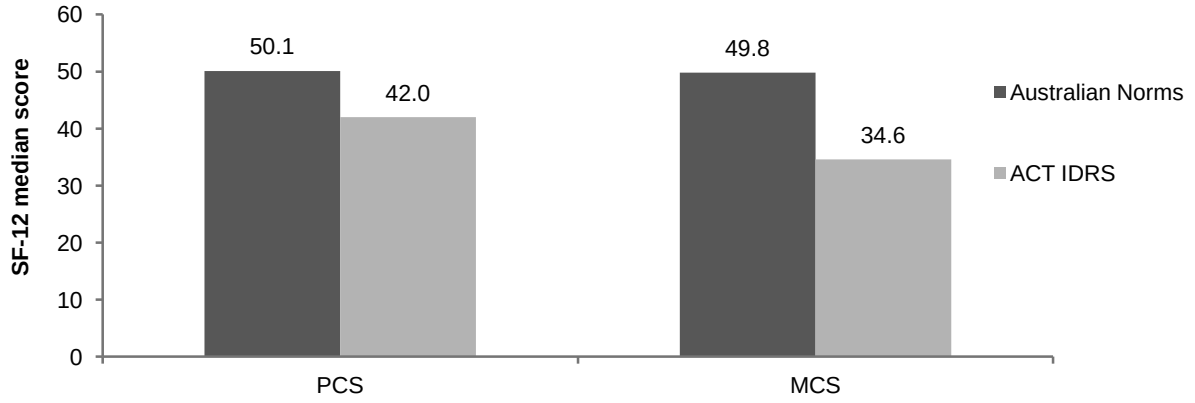
Source: (National Centre in HIV Epidemiology and Clinical Research, 2009)
* Among those who cleaned equipment in the last month
n.a. Not available

9.6 Mental and physical health problems

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

The SF-12 scoring system was developed to yield a mean of 50 and a standard deviation of 10. Participants in the ACT IDRS scored a mean of 34.6 (SD=12.2) for the MCS and 42.0 (SD=11.3) for the PCS (Figure 40).

Figure 40: SF-12 scores for IDRS participants compared with the general Australian population (ABS)



Source: (Australian Bureau of Statistics, 1995)

Figure 40 presents the MCS and PCS for participants interviewed in the ACT IDRS compared with those of the general Australian population from the National Health Survey (Australian Bureau of Statistics, 1995) . Participants in the ACT IDRS scored lower on both the PCS and MCS than the Australian population average. Note: IDRS SF-12 scores were transformed into SF-36 scores using weighted syntax to make them comparable with the general Australian population scores.

9.7 Health service access

Participants in the 2011 IDRS were asked about access to health services in the previous four weeks. As can be seen in Table 50, the most common health service accessed in the previous six months was a GP, with 56% of respondents having visited a GP in the previous six months. Table 50 also shows the median number of visits to that health service in the previous six months. Those that visited a GP in the previous four weeks, visited on a median of one occasion.

Table 50: Health service access by PWID in the last four weeks, 2011

ACT IDRS	Number of participants accessing service in previous 4 weeks	% of participants accessing service in previous 4 weeks	Median number of visits
Hospital ED/Casualty	11	11	1 (1-28)
Hospital outpatient	7	7	1 (1-15)
Hospital inpatient	7	7	1 (1-30)
GP visit	55	56	1 (1-28)
Specialist	8	8	1 (no range)
Dentist	12	12	1 (no range)
Other health professional	4	4	1 (no range)
Ambulance	8	8	1 (1-6)
Psychiatrist	9	9	1 (1-3)
Psychologist %	9	9	1 (1-2)
Social/welfare worker	5	5	1 (1-30)
Drug/alcohol counsellor	15	15	1 (1-3)
Other	3	3	1 (no range)

Source: ACT IDRS participant interviews

9.8 Online activities

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

Therefore, a set of one-off questions about online activity was asked in the 2011 IDRS. Of those who commented, 63% reported that they never used the internet (went 'online') in the last month, while 12% reported daily internet use and 14% use at least weekly (Table 51).

Of those who had used the internet in the last month, 41% reported going online to get information about drugs. Small numbers went online to post information about drugs, buy ingredients to make drugs or to sell drugs (Table 51).

Over one-third (37%) reported using text messaging as the preferred medium to obtain drugs (Table 51).

Table 51: Proportion of PWID that online activity related to drug use, 2011

	National	ACT
How often did you go online last month (%)	n=788	n=94
Never	61	63
Daily	13	12
At least weekly	15	14
At least fortnightly	4	6
At least monthly	7	5
In the last six months did you go online to (%)	n=305	n=34
Get information about drugs	30	41
Post information about drugs	3	12
Buy ingredients to make drugs	1	3
Buy drugs	3	0
Sell drugs	1	3
Didn't go online for these activities	75	57
Favourite drug site*	n=97	n=14
Don't use websites	41	21
Pill reports	3	0
Erowid	10	14
Wikipedia	11	21
Actions taken due to information found online:	n=88	n=12
Tried new drug	5	8
Altered drug dose	14	33
Used new drug combination or ROA	8	17
Stopped using a drug	15	8
Other	8	0
Text messaging as preferred medium for obtaining drugs	n=282	n=30
	45	37
Bought substances sold as 'legal highs' in last six months	n=74	n=7
	55	14

Source: IDRS participant interviews
* Websites listed are the three highest proportions reported

9.9 Policy

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

The policy questions were drawn from the NDSHS (Australian Institute of Health and Welfare, 2008a) to ensure comparability with general population responses. Participants in the 2011 IDRS were asked three policy questions: (1) Thinking about the problems associated with heroin use, to what extent would you support or oppose measures such as ...?; (2) To what extend would you support or oppose the person use of the following drugs being made legal?; and (3) To what extent would you support or oppose the increased penalties for sale or supply of the following drugs?.

Table 52 presents the 'support' response findings from participants in the national and ACT IDRS. The majority of IDRS respondents supported NSP to reduce problems associated with heroin use. The majority of the participants also supported methadone/buprenorphine maintenance programs, treatment with drugs (not including methadone) and regulated injecting rooms.

The majority of the ACT IDRS sample also supported the legalisation of cannabis (92%) for personal use and 70% supported the legislation of heroin for person use (Table 52). Small numbers supported the increased penalties for sale or supply of cannabis (11%). Almost one-quarter (24%) supported the increased penalties for sale or supply of heroin.

Table 52: Support for measures to reduce problems associated with heroin, for legalisation of illicit drugs and the increase of penalties for illicit drugs, by jurisdiction, 2011

	National	ACT
Support measures to reduce problems associated with heroin use:	N=837	N=98
Needle syringe programs (%)	97	96
Methadone/buprenorphine maintenance program (%)	86	85
Treatment with drugs (not methadone) (%)	83	85
Regulated injecting room (%)	81	80
Trial of prescribed heroin (%)	75	84
Rapid detoxification therapy (%)	55	50
Use of naltrexone (%)	53	50
Support legalisation (personal use) of:	N=836	N=98
Cannabis (%)	87	92
Heroin (%)	55	70
Methamphetamine (%)	29	36
Cocaine (%)	27	38
Ecstasy (%)	25	42
Support for increased penalties for sale or supply of illicit drugs:	N=831	n=97
Cannabis (%)	9	11
Heroin (%)	26	16
Methamphetamine (%)	33	24
Cocaine (%)	28	20
Ecstasy (%)	29	19

Source: IDRS participant interviews; (Australian Institute of Health and Welfare, 2008b)

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