Australian
Capital Territory

Kerryn Butler and Lucy Burns

ACT DRUG TRENDS 2012
Findings from the
Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 93

AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2012

Findings from the Illicit Drug Reporting System (IDRS)

Kerryn Butler and Lucy Burns

National Drug and Alcohol Research Centre
University of New South Wales

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
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
ADP	Alcohol and Drug Program, ACT Health
AFP	Australian Federal Police (ACT Police)
AIHW	Australian Institute of Health and Welfare
ATS	amphetamine-type stimulants
AUDIT	Alcohol Use Disorders Identification Test
BBVI	blood-borne viral infections
BPI	Brief pain inventory
CI	confidence intervals
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders IV
FTND	Fägerstrom Test for Nicotine Dependence
GP	general practitioner
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IRID	injection-related injuries and diseases
KE	key expert(s)
K10	Kessler Psychological Distress Scale
LOC	loss of consciousness
MCS	mental component score
MSIC	Medically Supervised Injecting Centre
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Programs
OST	opioid substitution treatment
OTC	over the counter
PO	pharmaceutical opioids
PWID	people who inject drugs
SCON	Simple Cannabis Offence Notices
SDS	Severity of Dependence Scale
SF-12	Short Form 12-Item Health Survey
SPSS	Statistical Package for the Social Sciences
TBI	Traumatic brain injury

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.

Eight ball — 3.5 grams

Half weight — 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 prescribed 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

Key findings from the 2012 IDRS

The Illicit Drug Reporting System (IDRS) is intended to serve as a monitoring system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS consists of three components: interviews with a sentinel group of people who regularly inject drugs (PWID[1]) conducted in the capital cities of Australia; interviews with key experts (KE), professionals who have regular contact with illicit drug users through their work; and analysis and examination of indicator data sources related to illicit drugs. *Australian Drug Trends 2012* draws largely on the PWID participant survey and indicator data components of the IDRS, while KE are relied upon to provide contextual information within jurisdictions. As such, this information is reported more fully in the individual state/territory reports, to which the reader is also referred.

Demographics of the participant sample

Ninety nine participants were recruited to the 2012 IDRS ACT participant survey component. The mean age of the ACT sample was 40 years (range 19-59 years) and 65% were male. The vast majority of the sample spoke English as their main language at home (97%), and 15% identified as being of Aboriginal and/or Torres Strait Islander descent. Almost four-fifths (77%) of the sample were currently unemployed, less than half (43%) reported a previous prison history and over half (54%) were in current treatment, mainly methadone.

Consumption pattern results

Current drug use

- The mean age of first injection was 19 years. More than half of the sample, 52% reported that an amphetamine (including methamphetamine) was the first drug injected, followed by heroin (37%).
- Heroin was nominated by a little over half (58%) of the sample as their drug of choice, followed by methamphetamine and cannabis.
- The drug injected most often in the last month broadly followed the same pattern. Forty-nine percent of the sample reported injecting heroin most often in the last month, followed by methamphetamine (35%). Forty-one percent of participants reported daily injecting.

[1] The term ‘participants’ is used throughout the report to refer to the IDRS participant sample. Participants completing the key expert survey are referred to as KE, or key experts (see Glossary).

Heroin

- Heroin use was reported as the main drug of choice among participants. Over half (58%) of the sample reported using heroin in the last six months on a median of 72 days. Twenty-six percent of recent heroin users reported daily heroin use. Nearly all of the recent heroin users injected. Small numbers reported using homebake heroin recently. The majority of recent heroin users reported mainly using 'white/off-white' coloured heroin compared to 'brown' heroin.

Methamphetamine

- The IDRS distinguishes between methamphetamine powder ('speed'), methamphetamine base, and crystal methamphetamine ('ice' or 'crystal').
- Almost four-fifths (77%) of the sample reported using one or more forms of methamphetamine recently on a median of 32 days. Recent speed use remained fairly stable, as did the recent use of base, while the recent use of ice/crystal increased from the previous year from 57% in 2011 to 66% in 2012. Ice/crystal was the form mainly used by the sample, followed by speed. Small numbers reported using any form of methamphetamine daily.

Cocaine

- The recent use of cocaine remained low in the ACT with 16% reporting use in the preceding six months. The median days of use also remains low at two days, ranging from one to sixty-three days.

Cannabis

- Most participants (81%) reported recent cannabis use. Daily use was common. Smoking cannabis in cones was more common than joints. Hydroponic cannabis continued to dominate the market.

Other opioids

- Around half of the national sample reported recent use of methadone (any form) and around one-quarter reported recently injecting. Twenty-four percent of the sample reported the use of illicitly obtained methadone liquid in the six months preceding interview, and 8% the recent use of illicitly obtained methadone tablets (Physeptone).
- Ten percent of the sample reported use of prescribed buprenorphine in the six months preceding interview and 20% the use of illicitly obtained buprenorphine.
- Small numbers of the sample reported using prescribed buprenorphine-naloxone 'tablet', and buprenorphine-naloxone 'film'; similar to proportions reporting the illicit use of these forms.
- The recent use of prescribed morphine was reported by 9% of the sample compared to 30% for 'illicit' morphine
- Recent prescribed oxycodone use was reported by just 2% of the sample compared to 34% for illicit oxycodone in the last six months.

Other drugs

- Around two-thirds (70%) of the sample reported using ecstasy in their lifetime with 12% reporting use in the last six months.
- While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (77%), recent use remained fairly low, with seven percent reporting use in the six months preceding interview.
- Half of the sample reported using some form of alprazolam in their lifetime, with the majority of those reporting illicit use.

- The majority (76%) of the sample had reported the use of benzodiazepines (including alprazolam) at some stage in their lifetime. Sixty-three percent reported the recent use of benzodiazepines on a median of 48 days. Only small numbers (7%) reported recently injecting benzodiazepines on a median of six days in the last six months.
- Thirteen percent of the sample reported recently using pharmaceutical stimulants on a median of five days in the last six months.
- The lifetime use of Seroquel® was reported by 52% of the sample, 20% reported recently using Seroquel®.
- Lifetime use of inhalants was reported by19% of the sample; however, only small numbers reported using inhalants in the last six months (3%).
- Two-thirds of the sample reported having drunk alcohol in the preceding six months, with those who had consumed alcohol having done so on an average of twice weekly. Almost a quarter (23%) of the sample reported daily use of alcohol.
- As in previous years, tobacco was widely used among the 2012 sample, with 94% having used it in the preceding six months. The vast majority of participants were daily smokers.

Drug Market: price, purity, availability and purchasing patterns

Heroin

- Heroin was typically $50 per cap and remained stable compared to 2011. The median price for a gram was $300. The majority of the participants reported heroin purity as 'medium'. Heroin was considered either 'easy' or 'very easy' to obtain in the last six months and this was stable. The most common source when purchasing heroin was through a known dealer or friend. The most common place of purchase was at an agreed public location.

Methamphetamine

- Methamphetamines were reported to be around $50 per point for speed, $20 for base and $100 for ice/crystal. Price was considered as 'stable' over the last six months by the majority of participants. The purity of speed was considered 'medium', base 'low' and ice/crystal 'high'. All forms for methamphetamine were generally considered 'easy' or 'very easy' to obtain. Participants purchased all forms of methamphetamine from a variety of sources, most commonly friends and known dealers. An agreed public location was the most common place of purchase.

Cocaine

- Small numbers were able to comment on the price, purity, availability and purchasing of cocaine. The price of a gram and a cap of cocaine were $350 and $50 respectively. The purity of cocaine was considered 'medium' with most reporting purity as stable over the last six months. The availability of cocaine was reported as 'easy' to obtain. Purchasing from a friend and known dealers.

Cannabis

- The median cost of a gram of hydroponic cannabis was $20. While the median cost of an ounce of hydroponic cannabis was $290. Price for both forms of cannabis (bush and hydroponic) was reported as 'stable' over the last six months. Participants reported the potency of hydro as 'high' and bush 'medium'. This remained stable over the last six months. The availability of both forms of cannabis was considered 'very easy' or 'easy' to obtain. Either form of cannabis was typically purchased through a friend or known dealer from either a friend or dealer's home.

Methadone

- The majority of those who commented reported the price of 'illicit' methadone syrup to be a median of $1 per millilitre. Reports on the availability of 'illicit' methadone were mixed with 42% reporting it as 'easy' to obtain, 37% reporting it as 'difficult' to obtain and 21% reporting it as 'very easy' to obtain. Price and availability remained stable over the last six months. The majority of participants reported purchasing methadone through a friend, usually home delivered.

Buprenorphine

- Only very small numbers commented on the price, purity and availability of buprenorphine in the ACT. The availability of 'illicit' buprenorphine was reported as 'very easy' or 'easy' to obtain. Both price and availability were reported as stable over the last six months. The most common source was through a friend, usually home delivered.

Buprenorphine-naloxone

- Only one participant was able to comment on the price and availability of illicit buprenorphine-naloxone (Suboxone®). As such, median price and availability will not be reported for the ACT for 2012. Please see the National IDRS report for further information.

Morphine

- The median price for each brand of 'illicit' morphine remained stable over the last six months. Half reported that 'illicit' morphine was 'easy' to obtain whilst 29% reported it to be 'difficult'. The majority reported purchasing 'illicit' morphine through a friend most commonly at a friend's home

Oxycodone

- Only small numbers were able to comment on the prices of illicit oxycodone with the majority reporting the price had remained stable over the previous 6 months. Reports of availability were mixed with 60% reporting the availability of 'illicit' oxycodone as 'easy' or 'very easy', while 40% reported availability as ''very difficult' or 'difficult'. The majority reported purchasing 'illicit' oxycodone through a friend or street dealer.

Health-related trends associated with drug use

Overdose and drug related fatalities

- About a third (30%) of IDRS participants had experienced a heroin overdose in the past 12 months.
- Eight-five percent of participants who had experienced a heroin overdose in the past year reported receiving treatment immediately after the overdose.

Drug treatment

- Over half (54%) of the IDRS sample reported current treatment, mainly methadone with a median of 72 months in treatment.

Hospital separations

- The number of opioid-related hospital separations remained stable between 2007/08 and 2008/09, the most recent data available at the time of publication. Separations relating to opioid use were higher than for methamphetamine at the national level, and figures for the latter remained relatively stable.
- Cocaine-related hospital separations remained low relative to those for heroin and methamphetamine. Cannabis-related separations have remained relatively stable between 2007/08 and 2008/09.

Injecting risk behaviours

- Needle and syringe programs were by far the most common source of needles and syringes in the preceding six months (97%), followed by chemists (44%). Receptive sharing ('borrowing') of needles/syringes was reported by 8% of participants in the month preceding interview, usually with a regular sex partner. While 17% reported that somebody had used a needle after them (lent) in the month preceding interview.
- The majority of IDRS participants reported last injecting in a private location (90%), with smaller proportions last injecting in a public location such as in a public toilet, on the street or in a car. Almost two-thirds (16%) of the IDRS sample experienced an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. in finding a vein).

Blood-borne viral infections

- In Australia, hepatitis C virus (HCV) continued to be more commonly notified than hepatitis B virus (HBV). The prevalence of human immunodeficiency virus (HIV) among those people who inject drugs in Australia has also remained stable at relatively low rates over the past decade, with HCV more commonly reported.

Alcohol use disorders Identification test - consumption

- Sixty-four percent of males and 50% females scored 5 or more on the AUDIT-C, indicating the need for further assessment
- The mean score on the AUDIT-C was 5.9 among those who drank alcohol recently.

Mental health problems and psychological distress

- Thirty-five percent of the IDRS sample self-reported a mental health problem in the preceding six months, most commonly depression (80% of respondents) and/or anxiety (51%).
- Around half of those who had experienced a problem reported attending a mental health professional in the preceding six months.
- Fifty-nine percent of participants who reported experiencing a mental health problem had been prescribed medication for this problem during the past six months, most commonly benzodiazepines (80%), antidepressants (50%) and/or antipsychotics (44%).
- Higher levels of psychological distress, as measured by the Kessler Psychological Distress Scale (K10), were reported by the IDRS sample compared to the Australian general population, with 26% reporting 'high' distress (7.4% in the general population) and 27% reporting 'very high' distress (2.4% in the general population). Those reporting a 'very high' level of distress have been identified as possibly requiring clinical assistance.
- IDRS participants scored a mean of 34.9 for the mental component score and 42.3 for the physical component score on the Short Form 12-item Health Survey (SF-12).
- IDRS had significantly lower mental and physical component scores compared to the Australian population.
- Scores indicated that IDRS participants had poorer mental and physical health than the population average.

Health service assess

- The majority of participants reported visiting a GP in the last four weeks on a median of two occasions, followed by an OST doctor on a median of one occasion in the last four weeks. One-third (29%) of those who saw a GP reported visiting on one occasion for a substance use reason and 72% of those who saw an OST doctor had visited on one occasion for a substance use reason.

Driving risk behaviour

- Driving under the influence of alcohol was reported by 28% of participants who had driven in the preceding six months. Seventy-seven percent of recent drivers reported driving soon after taking an illicit drug during that time (mainly heroin). The median time between taking drugs and driving was 30 minutes (range=1-720 mins).
- Random roadside saliva drug driving testing was introduced into the ACT during 2012 and two participants reported having been saliva drug tested with no positive results reported.

Law enforcement-related trends associated with drug use

Reports of criminal activity

- Participant reports of criminal activity remained stable compared to previous years, with 35% of the sample reporting engagement in criminal behaviour in the preceding month. The most common types of crime committed were drug dealing and property crime.

Arrests

- Twenty-two percent of the national sample reported having been arrested in the preceding 12 months.
- The most recent indicator data available on consumer and provider arrests were for the financial year 2010/11. In 2010/11, numbers of consumer and provider arrests for 'all drugs' were lower than 2009/10 numbers.
- The number of arrests for amphetamine-type stimulants (including Phenethylamines such as 3,4-methylenedioxymethamphetamine [MDMA]) and cannabis were less, while arrests for cocaine were higher.
- Cannabis arrests continued to account for the majority of all drug-related arrests in Australia.

Expenditure on illicit drugs

- Among the sample who commented, 69% reported spending money on illicit drugs the day before interview. The median amount spent by those who had purchased drugs was $80.

Special topics of interest

Fägerstrom Test for Nicotine Dependence

- Among those who reported daily smoking, half reported having their cigarette within the first five minutes of waking. Thirty-eight percent of daily smokers reported smoking between 11-20 cigarettes a day.
- Thirty-eight percent of daily smokers also found it difficult to refrain from smoking in forbidden places.
- Two-thirds reported that they would hate giving up the first cigarette in the morning.
- Nearly half of daily smokers scored 6 or above indicating high/very high nicotine dependence. The mean Heavy Index Score was 4.9.

Pharmaceutical Opioids

- Sixty-seven percent of the sample recently used pharmaceutical opioids such as methadone, oxycodone.
- Of those who recently used pharmaceutical opioids, over half reported using them to treat self-dependence and around one-third for pain relief.
- Twenty-two percent of those who commented reported being refused pharmaceutical medications due to injecting history.

- Of those who commented, 33% were prescribed pharmaceutical medications for pain relief in the six months.
- Of those who commented, 40% reported sourcing information about pill filtering from an NSP.

Brief Pain Inventory

- One-quarter of the national sample experienced pain (other than everyday pain) on the day of interview.
- Of those who experienced pain, 84% reported the pain as chronic non-cancer pain and 16% acute pain.
- The mean 'pain severity score' was 4.0, and the mean 'pain interference score' was 4.4.
- The mean score for 'relief from pain medication' was 3.4.
- Of those who experienced pain, around half reported trouble obtaining pain relief medication in the last six months.

Opioid and Stimulate Dependence

- Of those who recently used a stimulant drug (mainly methamphetamine) and commented, the median SDS was 3.0, with 49% scoring four or above indicating dependence.
- Of those who recently used an opioid drug (mainly heroin) and commented, the median SDS score was 7.0, with 66% scoring five or above indicating presence of dependence.

Injection-related injuries and diseases

- The IDRS gathered information on injection-related injuries and diseases which were then compared to the injection-related injuries and diseases project.
- The most common injection-related injury reported ever by the IDRS sample and in the IRID project was a dirty hit (71% and 68% respectively).
- In the last six months, the most common injection-related injuries or diseases reported by the IDRS sample was swelling near the injection site (33%).

Neurological history

- Life prevalence of epilepsy and cerebrovascular disease (e.g. stroke) was higher in the IDRS sample than the general population.
- About half of the IDRS sample reported a lifetime history of a Traumatic Brain Injury on a median of three occasions.
- The median age of most severe Traumatic Brain Injury was 24 years.
- About one-third of the group reported being under the influence of alcohol, and 38% were under the influence of at least one drug (mainly heroin) at the time.

Possession laws

- Eighty-five percent of the sample believed the quantity of drugs they were caught with would affect the type of charge received.
- Of those who believed this, the median number of two grams for heroin and methamphetamine was the quantity thought to affect the type of charge.

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) monitors trends in the illicit drug market in Australia. The IDRS was implemented nationally in Australia, following a successful pilot study in Sydney in 1996 (Hando, O'Brien, 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 2012, 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 2012* report presents findings from the 2012 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 2012 PWID sample.

1.1 Study aims

The IDRS is designed to act as a strategic early warning system to monitor trends and issues emerging from illicit drug markets in Australia. The first aim of the IDRS is to collect data to monitor the price, purity, availability and use of four major illicit drug classes – heroin, methamphetamine, cocaine and cannabis. The IDRS supplements existing sources of data on illicit drug trends, and thus supports a multifaceted approach to the task of monitoring the Australian illicit drug market. The second aim of the IDRS is to highlight issues of concern in relation to drug trends that may require further investigation.

2 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.

2.1 Survey of people who inject drugs

In July of 2012, a structured interview was administered face to face to 99 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. Survey items included demographics, drug use history, market characteristics (including price, perceived purity and perceived availability) of the main drugs investigated by the IDRS, health-related trends associated with drug use (including injection-related harms, risk behaviours, overdose and mental health) and law enforcement-related harms associated with drug use (including recent criminal activity and perceptions of police activity). In 2012, amendments were made to the questionnaire in an attempt to collect more detailed information on stimulant and opioid dependence and smoking using the Fägerstrom Test for Nicotine Dependence. Other inclusions included information on blood-borne viral infections (BBVI) testing and vaccination, opioid substitution treatment medication injection, injection-related injuries and diseases, the brief pain inventory, neurological history and drug possession laws.

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.

2.2 Survey of key experts

Between August and November 2012, 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.

2.3 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 2012 IDRS study are described below.

- **Purity of drug seizures**. In 2012, 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 20010/2011, 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 2010/2011.
- **Simple Cannabis Offence Notices (SCON)**. Data for this report on the number of SCON issued in the ACT from 1997/1998 to 2010/2011 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 2011/12. Assisting Drug Dependents Incorporated (ADDInc) provides these data.
- **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 2011/2012.
- **Hospital admissions**. The 2012 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 2009/2010. 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) .

2.4 Data analysis

Analyses were conducted using the Statistical Package for the Social Sciences (SPSS) for Windows, Version 21.0. The data collected in 2012 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 2011 and 2012 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 2011 and 2012 median days of use for the major drug types discussed.

3 DEMOGRAPHICS

3.1 Overview of the IDRS participant sample

A total of 99 regular PWID were interviewed in the ACT in 2012. The demographic characteristics of the sample are summarised in Table 1 below. In 2012, the mean age of the sample was 40 years (range=19-59 years, SD=9.11), and approximately 65% were male. There was no significant difference between the mean age of male and female respondents. Almost all (97%) of the respondents reported English as the main language spoken at home and 15% identified as Aboriginal and/or Torres Strait Islander. The majority of participants reported that they were single (60%), were married/in a de facto relationship (17%), or had a partner (17%). In 2012, only 5% of participants were 25 years old or below.

The mean number of formal school years completed was 10 (range=5-12 years, SD=1.73). Approximately 45% of participants reported that they had trade or technical qualifications, and 16% reported that they had university or other tertiary qualifications. Seventy-seven percent of participants interviewed in 2012 were unemployed (79% in 2011), 13% were currently employed full time (5% in 2011) and 6% were employed on a casual or part-time basis (12% in 2011). The vast majority of respondents (89%) reported living in a privately rented house or flat, with 2% of respondents reporting to have no fixed address. Less than half (43%) of participants reported that they had a prison history (53% in 2011).

Fifty-four 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 a further 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 72 months (range=1 month to 20 years). Of those respondents currently in treatment, the majority (93%) had been engaged in treatment for six months or more, with only 7% participating in treatment for six months or less.

Table 1: Demographic characteristics of the PWID sample, 2011-2012

	2011 N=98	**2012** **N=99**
Age (mean years)	38	**40**
School education (mean years)	10	**10**
Sex (% male)	63	**65**
Heterosexual (%)	93	**92**
Relationship status (%)		
Single	59	**60**
Partner	17	**17**
Married/De Facto	18	**17**
Separated	4	**1**
Divorced	1	**4**
Widowed	0	**1**
Accommodation (%)		
Own house/flat (includes renting)	84	**89**
Parent's/family house	1	**2**
Boarding house/hostel	3	**6**
Shelter/refuge	1	**1**
No fixed address/homeless	10	**2**
Employment (%)		
Not employed	79	**77**
Full-time	5	**13**
Part-time/casual	12	**6**
Home duties	1	**1**
Full time student	1	**2**
Income per week (mean)	$398	**$452**
English main language spoken at home (%)	100	**97**
Aboriginal and/or Torres Strait Islander (%)	12	**15**
Tertiary education (%)		
None	60	**37**
Trade/technical	29	**45**
University/college	11	**16**
Currently in drug treatment (%)	58	**54**
Methadone maintenance (%)	43	**40**
Buprenorphine maintenance (%)	6	**6**
Buprenorphine-naloxone (%)	6	**6**
Prison History (%)	53	**43**

Source: ACT IDRS PWID interviews, 2011-2012

4 CONSUMPTION PATTERNS

4.1 Current drug use

The injection histories of participants in the 2011 and 2012 samples are summarised in Table 2. The mean age of first injection was 19 years (range=9-36 years, SD=5.16).The first drug respondents report ever injecting was methamphetamine (52%), followed by heroin (37%). This is a significant increase in the proportion of participants who report first injecting methamphetamine (52% vs. 33% in 2011, $p<0.01$).

Heroin was nominated as the drug of choice for the majority of participants (58%) in 2012; a slight decrease from 2011 (65%). In 2012, the percentage of respondents nominating ice as their second drug of choice remained stable at 10% (12% in 2011). Fourteen percent of respondents nominated speed as their drug of choice. Overall, 24% of participants nominated methamphetamine (in any form) as their drug of choice in 2012, a slight increase from 2011 (20%). Cannabis was nominated as drug of choice by 7% of participants.

Heroin was the drug injected most often in the month prior to the interview (49%) and was the last drug injected by 49% of respondents. An increase in the proportion of participants nominating methamphetamine as the drug most often injected in the last month was observed with 35% in 2012 compared to 28% in 2011. A small increase was also seen in those reporting methadone being the drug most often injected in the past month from 4% in 2011 to 7% in 2012. This increase is not statistically significant.

In 2012, 29% 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=29), most respondents reported that this was due to availability (21%), being in drug treatment (21%), or their drug of choice being a non-injectable (21%). Price was also reported by 17% as being the reason for this discrepancy.

Table 2: Injection history, drug preferences and polydrug use of PWID, 2010-2012

Variable	2011 N=98	**2012** **N=99**
Age first injection (mean years)	18	**19**
First drug injected (%)		
Heroin	50	**37**
Methamphetamine	33	**52**
Cocaine	2	**3**
Methadone	0	**0**
Other opioids	0	**0**
Other	2	**4**
Drug of Choice (%)		
Heroin	65	**58**
Methamphetamine		
Speed	8	**14**
Base	0	**0**
Crystal	12	**10**
Cocaine	1	**0**
Methadone	1	**4**
Cannabis	5	**7**
Other	4	**7**
Drug injected most often last month (%)		
Heroin	50	**49**
Methamphetamine		
Speed	14	**16**
Base	0	**0**
Crystal	14	**19**
Methadone	4	**7**
Subutex/buprenorphine	7	**7**
Other / have not injected in last month	6	**2**
Most recent drug injected (%)		
Heroin	49	**49**
Cocaine	1	**0**
Methamphetamine		
Speed	13	**16**
Base	1	**0**
Crystal	14	**20**
Methadone	4	**5**
Subutex/buprenorphine	8	**6**
Morphine	2	**1**
Other	5	**3**

Source: ACT IDRS PWID interviews, 2011-2012

The frequency of injection reported by participants from 2008 to 2012 is presented in Table 3. In 2012, almost half (41%) of the sample reported an injection frequency of once per day (15%), two or three injections per day (22%), or more than three injections per day (4%). This pattern remains similar to patterns observed in 2011.

Table 3: Frequency of injection among PWID in the ACT, 2008-2012

	2008	2009	2010	2011	2012
Frequency (%)	N=101	N=100	N=101	N=98	**N=94**
Weekly or less	21	20	20	24	**18**
Weekly-daily	33	35	36	35	**40**
Daily	21	21	20	19	**15**
2-3 times daily	16	21	18	19	**22**
More than 3 times a day	9	3	6	4	**4**

Source: ACT IDRS PWID interviews, 2008-2012

4.2 Polydrug use

As in previous years, the IDRS participants sampled were polydrug users. Figure 1**.** shows the prevalence of drug use by the ACT sample in the past six months for the most commonly used drugs (15% or greater prevalence in the preceding six months) investigated by the IDRS. Use of tobacco, cannabis, methamphetamine (any form) and heroin are all common. Substantial proportions of the sample reported recent use of three of the four main drugs monitored by the IDRS: heroin (74%); cannabis (81%); and methamphetamine (any form; 77%).

Key findings are discussed by relevant drug type (heroin, methamphetamine, cocaine, cannabis, other opioids, other drugs) in the sections that follow.

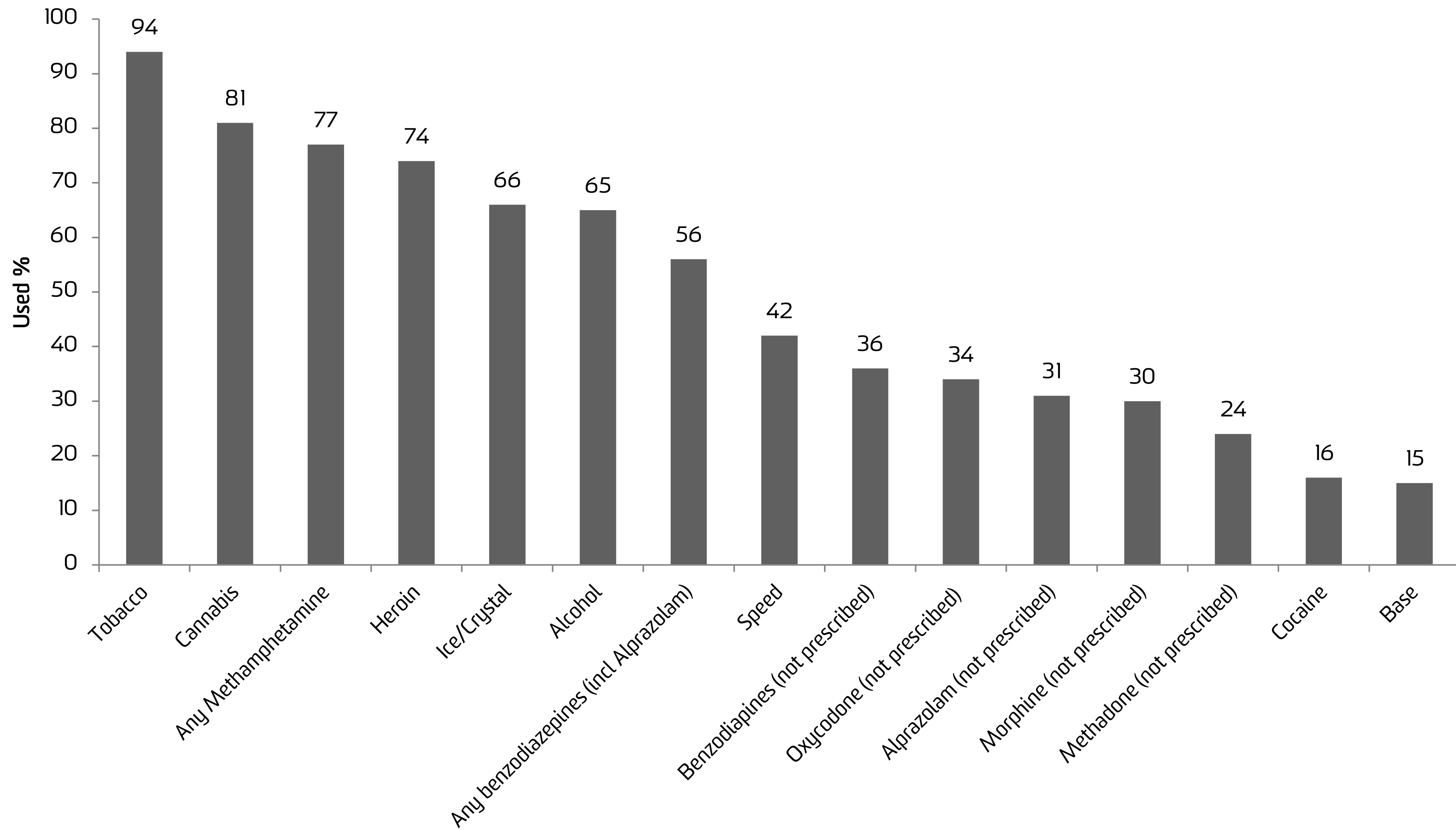
4.3 Forms of drugs and route of administration used in preceding six months

Participants were asked what forms of the main drug types they had used in the six months preceding interview and which form they had used most during that time. Route of administration for each drug is also recorded. Table 4 depicts the proportion of participants who reported having used different forms of drugs in the preceding six months and the route of administration used.

Key Expert comments

- Demographics reported by KE of PWID that they had contact with were consistent with PWID reports.
- KE reported that polydrug use was common and often problematic. Polydrug use was commonly associated with cannabis and alcohol.
- KE mainly reported the use of heroin, crystal, cannabis and alcohol use. The use of prescription drugs was also frequently reported.
- Crystal methamphetamine was the drug most commonly reported by KE as problematic.

Figure 1: Drug Use in the six months preceding interview, ACT, 2012



Source: ACT IDRS PWID interviews, 2009-2012.

Table 4: Polydrug use history of the IDRS sample, 2012

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Median days injected 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 used^ in last 6 mths*
Heroin	95	95	73	72	48	4	15	3	20	3	74	72
Homebake heroin	56	53	7	3	2	0	0	0	4	1	7	3
Any heroin (inc.homebake)	*95*	*95*	*74*	*72*	*48*	*4*	*15*	*3*	*20*	*4*	*74*	*72*
Methadone (prescribed)	70	35	11	69					64	41	42	180
Methadone (Illicit)	70	44	16	7.5					31	9	24	3
Physeptone (prescribed)	21	5	0	0	1	0	0	0	13	6	6	9
Physeptone (Illicit)	31	22	8	1.5	0	0	0	0	17	3	8	1.5
Any methadone (inc. Physeptone)	*85*	*57*	*22*	*42*					*75*	*50*	*56*	*180*
Buprenorphine (prescribed)	28	17	3	7	1	0	0	0	23	9	10	135
Buprenorphine (Illicit)	42	28	14	120	5	2	1	0	15	9	20	10
Any buprenorphine (exc. bup-naloxone)	*53*	*34*	*17*	*90*	*5*	*2*	*1*	*0*	*32*	*16*	*28*	*81*
Buprenorphine-naloxone tablet (presc.)	20	3	0	0	0	0	0	0	18	4	4	22
Buprenorphine-naloxone tablet (illicit)	24	15	3	10	2	1	0	0	11	4	6	5
Any buprenorphine-naloxone tablet	*39*	*16*	*3*	*10*	*2*	*1*		*0*	*25*	*8*	*10*	*12*
Buprenorphine-naloxone FILM (presc.)	7	2	2	132	1	0	0	0	6	6	7	90
Buprenorphine-naloxone FILM (illicit)	8	1	1	6	0	0	0	0	6	2	3	4
Any buprenorphine-naloxone FILM		*2*	*2*	*132*	*1*	*0*	*0*	*0*	*12*	*8*	*0*	*90*
Morphine (prescribed)	19	10	4	17.5	0	0	0	0	15	7	9	72
Morphine (Illicit)	64	59	27	5	0	0	3	1	23	7	30	4
Any morphine	*70*	*61*	*29*	*6*	*0*	*0*	*3*	*1*	*31*	*13*	*36*	*7*
Oxycodone (prescribed)	16	6	1	40	0	0	0	0	14	1	2	44
Oxycodone (Illicit)	60	51	31	3	0	0	0	0	26	11	34	3
Any oxycodone	*66*	*54*	*31*	*3*	*0*	*0*	*0*	*0*	*37*	*12*	*35*	*3*

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Median days injected 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 used^ in last 6 mths*
Over the counter codeine	24	4	0	0	0	0	1	1	20	13	13	24
Other opioids (not elsewhere clasified)	31	0	0	0	2	1	0	0	30	16	16	8.5
Speed Powder	88	85	40	14.5	18	4	39	1	38	4	42	14
Base/point/wax	42	35	14	5	3	2	6	1	4	2	15	5
Ice/shabu/crystal	90	87	66	12	38	17	3	0	12	3	66	13
Amphetamine liquid	34	31	6	10					10	1	6	8
Any form of amphetamine	*99*	*98*	*75*	*31*	*46*		*44*	*2*	*47*	*8*	*77*	*32*
Pharmaceutical stimulants (prescribed)	10	4	1	2	0	0	1	0	6	2	2	91
Pharmaceutical stimulants (Illicit)	37	27	10	4.5	0	0	2	0	21	3	12	6
any form of pharmaceutical stimulants	*39*	*27*	*11*	*4*	*0*	*0*	*2*	*0*	*23*	*4*	*13*	*5*
Cocaine	71	55	13	2	13	0	39	5	8	0	16	2
Hallucinogens	77	13	0	0	50	2	0	0	73	6	7	5
Ecstasy	70	30	3	2		0	9	1	65	10	12	3.5
Alprazolam (prescribed)	16	1	0	0	0	0	0	0	12	5	5	180
Alprazolam (illicit)	45	7	4	2	2	1	1	1	43	29	30	3
Any alprazolam	*50*	*9*	*0*	*0*	*2*	*1*	*2*	*1*	*48*	*34*	*35*	
Serequel (prescribed)	24	1	1	48					21	6	7	180
Serequel (illicit)	39	1	1	4					37	13	13	10
Any serequel	52	2	2	26					48	19		16
Benzodiapines, other (prescribed)	56	3	0	0	1	0	0	0	46	36	37	98
Benzodiazepines, other (illicit)	56	10	1	1	0	0	0	0	53	35	36	7
Any form of benzodiazepines, other	*73*	*12*	*1*	*1.5*	*1*	*0*	*0*	*0*	*71*	*57*	*59*	*48*
Alcohol	97	10	0	0					96	65	65	54
Cannabis	99				98	81					81	180

Source: ACT IDRS IDRS interviews, 2012
^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting, + Refers to/includes sublingual administration of buprenorphine
* Among those who had used/injected, # Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Does not include pharmaceutical stimulant

4.4 Heroin

Key points

- In 2012, heroin remained the drug of choice for the majority of participants.
- 58% of participants reported heroin as their drug of choice in 2012, a slight decrease from 2011 (65%)
- 73% had used heroin in the previous six months, stable from 2011 (79%)
- Median days of heroin use in the preceding six months was 72 days (approximately 3 days per week), an increase from 66 days reported in 2011
- 26% of respondents reported daily heroin use, stable from 2011 (21%)
- The form used most often used was white/off-white powder (74%)
- Recent use of Homebake decreased significantly in 2012

In 2012, 95% of respondents reported that they had used heroin at least once in their lifetime and almost three-quarters (74%) reported the use of heroin in the six months preceding interview, which was similar to 2011 (77%).

Heroin was nominated as the drug of choice by over half of the participants in 2012 (58%), which was slightly less compared to 2011 (65%). 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.

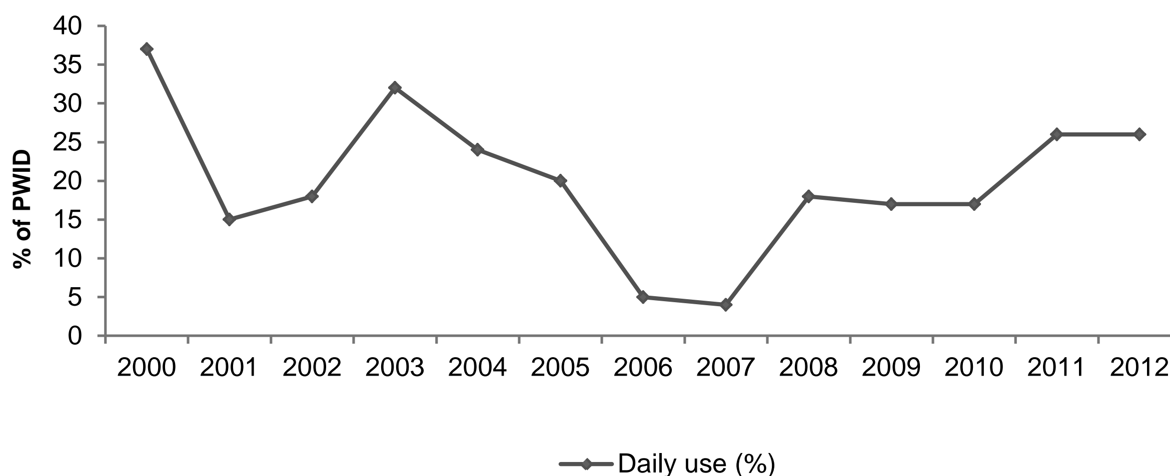
Almost all participants who had used heroin in the preceding six months (n=73) reported injecting it. More than half of the respondents (51%) reported that they had smoked heroin at least once in their lifetime and 10% had done so in the six months preceding the interview; 22% reported they had swallowed heroin at least once in their lifetime and 3% had done so in the last six months; and 16% 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 72 days (66 in 2011) as seen in Figure 2. The number of days that heroin was used in the preceding six months ranged from one day to every day.

Figure 2: Median days of heroin use among participants who had used heroin in the preceding six months in the ACT, 2000-2012

Source: ACT IDRS PWID interviews, 2000-2012

Figure 3: Proportion of participants reporting daily heroin use in the last six months, in the ACT, 2000-2012



Source: ACT IDRS PWID interviews, 2000-2012

As shown in Figure 3, the proportion of participants reporting daily heroin use in the six months preceding interview remained stable at 26% in 2012. In 2012, heroin was nominated by only 6% of the sample as having been used on the day prior to the interview. This is a significant decrease from 36% nominating using heroin the day before interview in 2011 ($p<0.05$).

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 2012, over half (57%) of participants reported that they had used homebake heroin at least once in their lifetime. Seven percent reported the use of homebake heroin in the six months preceding interview this represents a significant decrease from 18% in 2011 ($p<0.05$). All of those who reported recent use of homebake heroin had injected it. In 2012, the median days of homebake heroin use was three days (range=1-30).

Preparation and colour

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

Colour and form

Among those PWID who had used heroin in the six months previously, 39% reported that they had used heroin powder which was white/off-white in colour (see Table 5). The next most common form used was white/off-white rock (13%). More than a third of PWID reported that they had used brown heroin powder (38%) and 4% reported using brown heroin rock in the six months preceding interview. Seventy-four percent reported that white/off-white heroin powder was the form of heroin they most used, followed by white/off-white rock (12%) and brown powder (9%).

Table 5: Forms of heroin used and most common form used in the six months preceding interview, ACT, 2011-2012

Heroin form used in the last six months	2011 (n=74)	**2012 (n=73)**
Heroin powder		
White/off-white	77	**39**
Brown	15	**38**
Other colour	3	**6**
Heroin rock		
White/off-white	52	**13**
Brown	8	**4**
Other colour	5	**1**
Homebake	23	**7**
Heroin form used most in last six months		
Heroin powder		
White/off-white	63	**74**
Brown	3	**9**
Other colour	0	**1**
Heroin rock		
White/off-white	28	**12**
Brown	0	**3**
Other colour	0	**1**
Homebake	7	**0**

Source: ACT IDRS PWID interviews, 2011-2012

Preparation

In 2012, 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=73), 43% reported that they had used heat the last time they injected and one participant reported using acid. Sixty-five percent (n=13) 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 20% (n=4) 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.
- Two 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.

4.5 Methamphetamine

Key points

Methamphetamine powder (speed)

- Recent use of speed remained stable in 2012 at 42% (46% in 2011)
- Median days of use in the preceding six months was 14 days (9.5 in 2011)
- Participants reporting speed as their drug of choice was 14%

Methamphetamine base

- Recent use of base was 15% in 2012 (17% in 2011)
- Median days of base use in the preceding six months remained stable 5 days

Crystal methamphetamine (ice/crystal)

- Recent use of crystal increased from 57% in 2011 to 66% in 2012.
- Median days of crystal use remained stable at 13 days.

Any methamphetamine

- There was a significant increase in the proportion of participants reporting amphetamines as the drug used on first injection.

The 2012 IDRS questionnaire collected data on three different forms of methamphetamine: methamphetamine powder (speed), base methamphetamine (base), and crystal methamphetamine (crystal).

Lifetime use

Any methamphetamine

In 2012, almost all (99%) of participants reported using some form of methamphetamine (i.e. speed, base, crystal, amphetamine liquid) at least once in their lifetime. Ninety-five percent of participants also reported having injected some form of methamphetamine at least once in their lifetime.

Speed

Eighty-eight percent of participants reported using speed in their lifetime with 93% of those reporting ever injecting speed. Twenty percent reported ever smoking speed, 45% reported ever snorting speed and 44% reported ever swallowing speed.

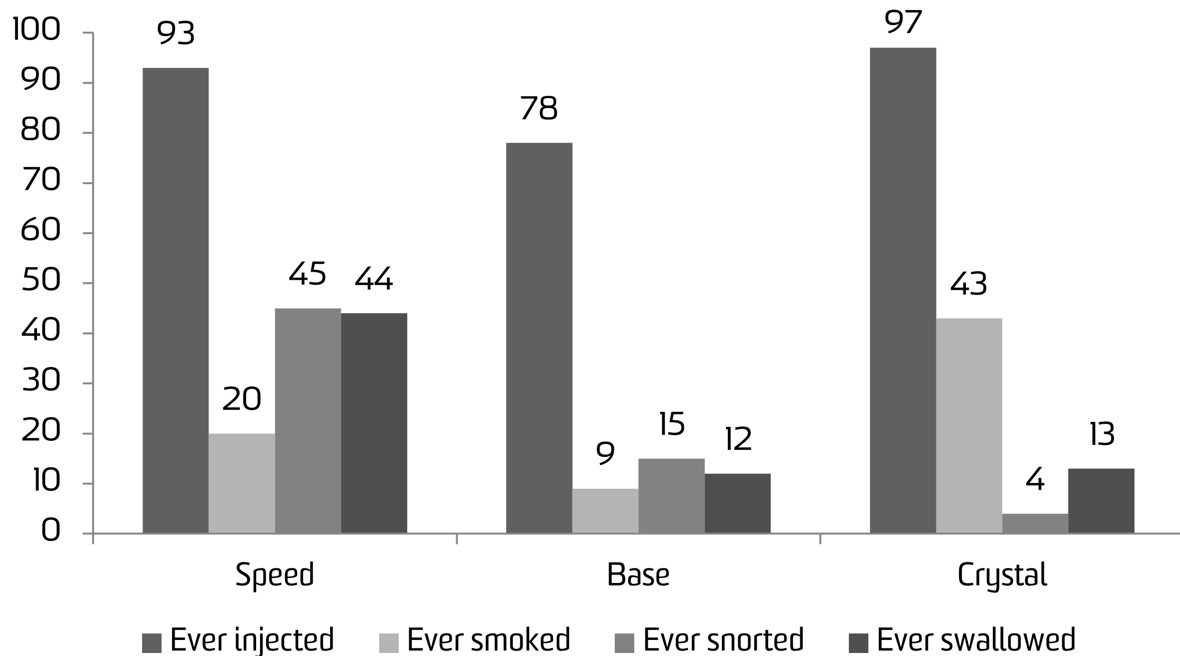
Base

Approximately two-fifths of participants (42%) reported ever having used base with 78% of recent users reporting ever injecting base. Twelve percent of recent users reported ever swallowing base, 15% reported ever snorting base and 9% reported ever smoking base.

Crystal

Ninety percent of participants reported having ever used crystal, with 97% of recent users reporting ever injecting crystal. Forty-three percent of recent users reported ever smoking crystal, which was relatively stable with 2011. The other routes of administration were less frequent with only 13% reported ever swallowing crystal and only 4% reporting ever snorting crystal.

Figure 4: Proportion of participants reporting lifetime use and route of administration for methamphetamine.



Current patterns of methamphetamine use

Any methamphetamine

In 2012, 77% of ACT participants reported using any methamphetamine in the six months preceding interview. The most common route of administration in 2012 was injecting (74%). Seventeen percent of participants reported that they had smoked any form of methamphetamine in the preceding six months. Much smaller proportions reported snorting (2%) or swallowing (8%). Median days of use for any methamphetamine increased to 32 days in 2012 (from 24 in 2011). Methamphetamine (in any form) was the most common drug type reportedly used on first injection (54%; 33% in 2011). This was a significant increase on the proportion of participants reporting methamphetamine as the drug used on first injection in 2011 ($p<0.05$). Thirty-five percent of participants reported methamphetamine to be the drug type most often injected in the last month (28% in 2011).

Speed

Forty-two percent of participants reported the use of speed in the six months preceding interview (43% in 2011)(see Figure 5).

The most common route of administration was injection, which was reported by all participants who had recently used speed (100%). Of those who had recently used speed, smaller proportions reported smoking (40%), swallowing (21%) and snorting (7%) speed in the six months preceding interview.

Median days of use was fourteen days (range=1-180) and the median days of injection was 14.5 (range=1-180), (9.5 and 10 days in 2011, respectively). This equates to more than monthly use. Three participants reported daily use of speed.

Forty-two percent reported that speed was the first drug ever injected (33% in 2011), 19% reported speed as the most common drug they injected in the last month (14% in 2011),

16% reported speed as the most recent drug injected (13% in 2011). In 2012, 14% reported that speed was their drug of choice, up from 8% in 2011.

Base

Fifteen percent reported the recent use of base (17% in 2011)(see Figure 5). Injection was the most common route of administration with all but one recent base users reporting having injected base in the six months preceding interview. In 2012, one participant reported recently snorting base, two participants reported recently swallowing it and recently smoking it.

Median days of use were five (less than monthly). The median number of days that base was injected in the preceding six months was also five. In 2011, no participants reported that they had used base every day.

One participant reported that base was their first drug injected. No participants reported that it was the most common drug injected in the last month, or that it was the last drug injected.

Crystal

Two-thirds of the participants (66%) reported the recent use of crystal (57% in 2011) (see Figure 5). All participants who had recently used crystal had done so by injection (95% in 2011). Approximately one-quarter (26%) of recent crystal users had smoked crystal in the six months prior to interview. Smaller proportions of the sample reported swallowing (5%) in the six months preceding interview. No participants reported recently snorting.

Amongst those who had used crystal in the previous six months, the median days of use was 13 (12 in 2011). Amongst recent injectors the median days of injection was 13 - approximately fortnightly use (12 in 2011). One in every 10 recent ice users reported using ice daily compared with only one participant in 2011.

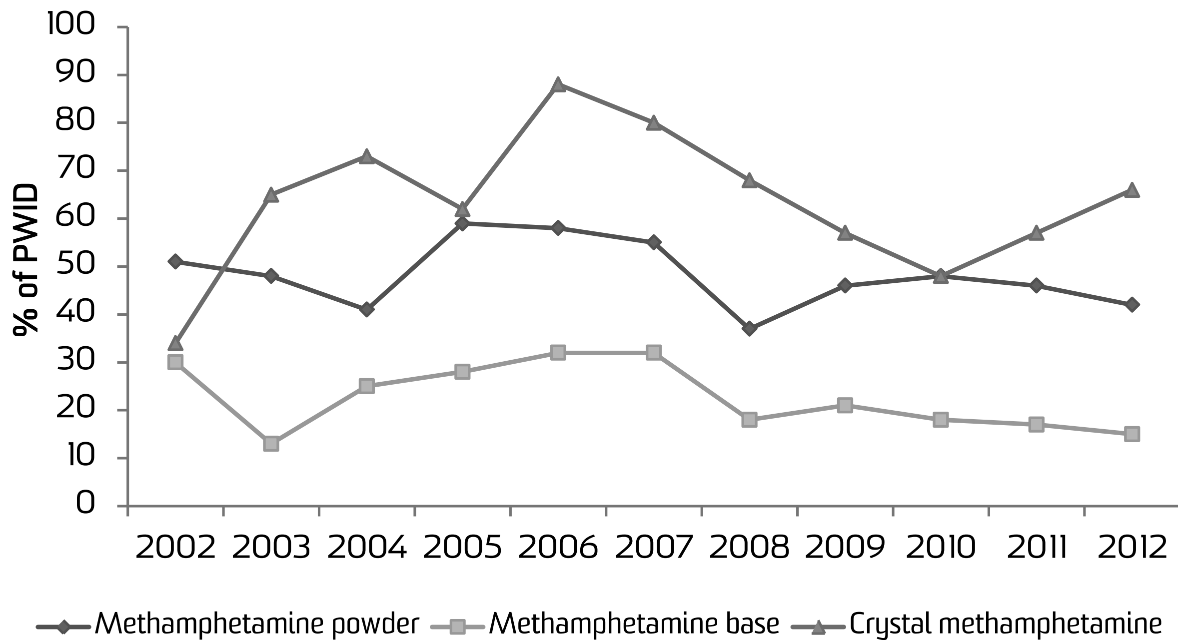
Crystal was the first drug injected by 9% of participants (10% in 2011), the drug injected most often in the last month by 16% (14% in 2011), the last drug injected by 20% (14% in 2011). One in 10 PWID nominated crystal as their drug of choice.

Liquid amphetamine

In 2012, whilst 34% of participants reported that they had used liquid amphetamine at least once in their lifetime; only 6% reported the recent use of liquid amphetamine. All participants who reported using liquid amphetamine recently had done so by injection, while one participant also reported swallowing it.

The median number of days of use was eight days (range=1-90).

Figure 5: Proportion of participants reporting methamphetamine use in the past six months in the ACT, 2002-2012



Source: ACT IDRS PWID interviews, 2002-2012

Key Expert comments

- Ice/crystal was reported as one of the most problematic drugs by five KE.
- Two 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.

4.6 Cocaine

Key points

- Recent use of cocaine increased in 2012 to 16% of participants compared to 8% in 2011.
- Median days of use in the past six months remain low at two days.

Lifetime use

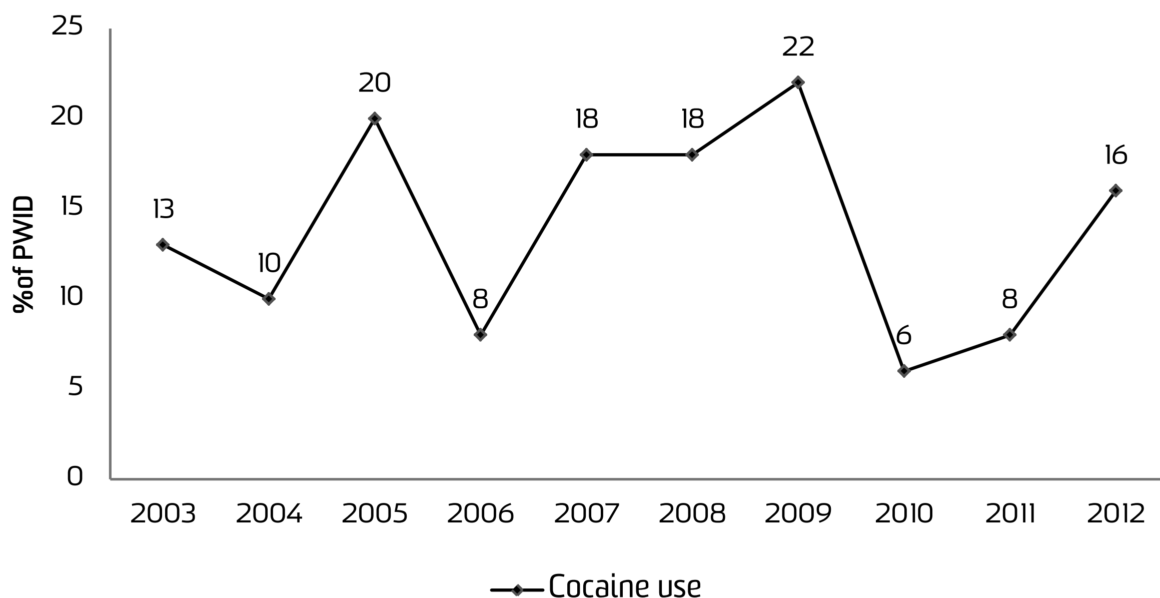
In 2012, 71% of participants reported that they had used cocaine at least once in their lifetime, similar to 66% in 2011. Just over half of the PWID (53%) in 2012 reported ever having injected cocaine, compared to 48% in 2011. In 2012, 36% had ever snorted cocaine (35% in 2011), 12% had ever smoked cocaine (9% in 2011), and 7% had ever swallowed the drug (5% in 2011).

Current patterns of cocaine use

In 2012, the proportion of participants reporting recent use of cocaine rose to 16% (8% in 2011). No significant difference was found between 2010 and 2011 for recent cocaine use (p>0.05). Among recent cocaine users, the most common route of administration in 2012 was injection (81% of recent users). In the preceding six months, 44% of participants had swallowed cocaine, a third had snorted (33%), and no recent users had reported smoking it. The median days of cocaine use remained low at two days, ranging from one day to 63 days.

Three percent of participants reported that cocaine was the first drug they had ever injected (2% in 2011). No participants nominated cocaine as their drug of choice, the drug they injected most often last month or as the last drug injected.

Figure 6: Proportion of PWID reporting cocaine use in the past six months in the ACT, 2003-2012



Source: ACT IDRS PWID interviews, 2003-2012

4.7 Cannabis

Key points

- 81% of PWID reported recent cannabis use in 2012 (87% in 2011)
- Cannabis was the most common illicit drug used the day prior to interview (63%)
- Median days of cannabis use in the six months preceding interview was 180
- Hydroponic cannabis was the form most often used

Lifetime use

In 2012, almost all participants (99%, 100% in 2012) reported using cannabis at least once in their lifetime.

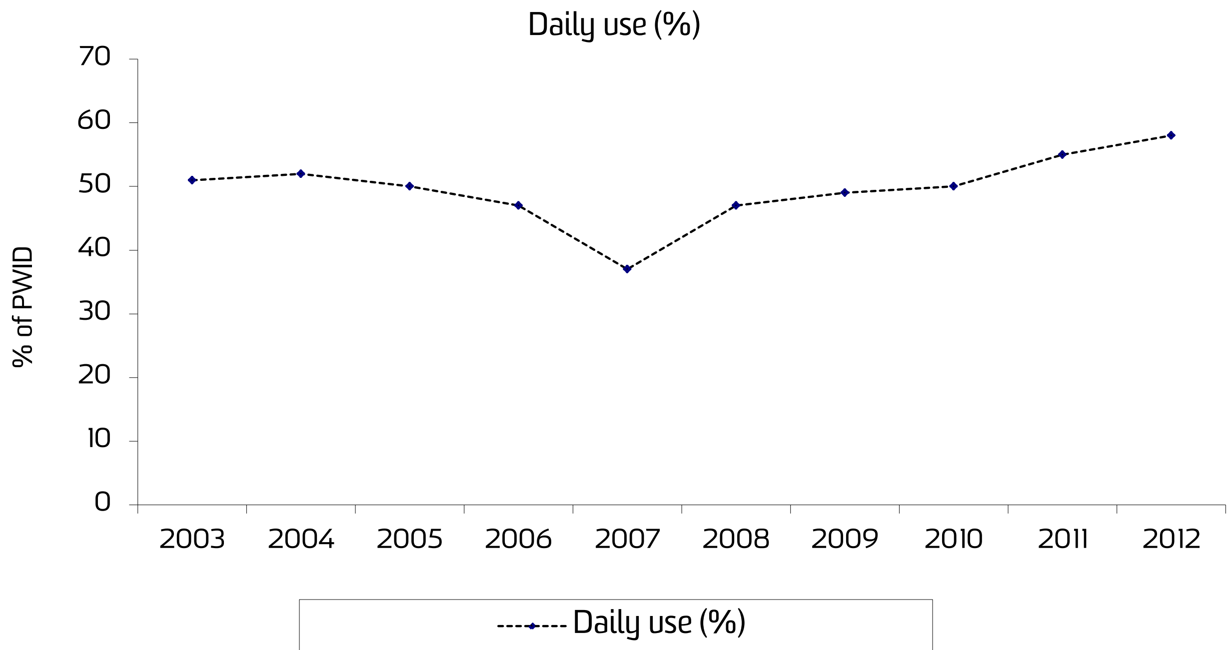
Current patterns of cannabis use

Eighty-one percent of participants reported having used cannabis in the six months preceding interview (87% in 2011). The median number of days of use in the previous six months was 180 which equates to daily use (equal to 2011). As can be seen from Figure 7, the proportion of participants reporting daily cannabis use has remained relatively stable over the previous years. In 2012, the proportion of participants reporting daily use remained stable (58%; 55% in 2011). Seven percent of participants nominated cannabis as their drug of choice in 2012 (similar to 5% in 2011).

Recent cannabis users were asked how much cannabis they had smoked on the last day of use, as measured by the number of cones or joints used on that occasion, either by themselves or shared with others. Among those who responded, cannabis had typically been smoked in cones (84%) rather than joints (9%). Among those who had smoked cones, the median number used on the last day was four (range=1-25 cones), while the number of joints smoked was one and a half (range=0.5-3 joints). Daily users of cannabis had smoked a median of five cones (range=1-25) or three joints on the last day of use.

Of those respondents who had used cannabis in the past six months, 91% had used hydroponic cannabis (hydro) (93% in 2011), 70% had used bush (73% in 2011), 13% had used hashish (10% in 2011), and 9% reported using hashish oil (5% in 2011). Hydro was the form of cannabis used most often (90%; 87% in 2011). There were no significant differences between recent use in 2011 and 2012 ($p>0.05$).

Figure 7: Proportion of participants reporting daily cannabis use in the last six months, and cannabis use on the day preceding the interview, 2003-2012



Source: ACT IDRS PWID interviews, 2003-2012

Key Expert comments

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

4.8 Other opioids

Key points

Methadone

- 42% reported recent use of licit methadone, which remained stable (46% in 2011)
- 24% reported recent use of illicit methadone, which was also stable (22% in 2011)
- Median days of illicit use remained low at three days

Buprenorphine

- 10% reported recent use of licit buprenorphine (9% in 2011)
- 20% reported the recent use of illicit buprenorphine (21% in 2011)
- Median days of illicit use remained stable at three days.

Buprenorphine-naloxone

- 4% reported recent licit use, stable compared to 2011 (10%)
- 6% reported recent illicit use, (12% in 2011)
- Median days of illicit use remained stable at five days.

Morphine

- 30% reported recent use of illicit morphine, same as 2011
- Median days of use of illicit morphine in the previous six months was four days

Oxycodone

- Recent use of illicit oxycodone continued to rise with 34% reporting use in previous six months.
- Recent injection of illicit oxycodone has increased significantly with almost double the proportion reporting this activity compared to 2011 (31%; 17% in 2011).

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

Methadone

Methadone is prescribed for the treatment of opioid dependence, usually as a syrup preparation and is often dosed under supervised conditions. Take-away doses are available for some patients. Physeptone tablets (pill form of methadone) are less common in Australia and are usually prescribed for people in methadone treatment who are travelling, or, in a minority of cases, where the methadone syrup is not tolerated. As mentioned previously, illicit use of methadone and physeptone was defined as the use of medication not obtained with a prescription in the participant's name. The participant may have bought the medication on the street or obtained it from a friend or acquaintance.

Licit methadone and physeptone

The proportion of participants indicating that they had ever used licit methadone remained stable (69% in 2012 and 63% in 2011). Forty-two percent of participants in 2012 reported recent use of licit methadone (46% in 2011). In 2012, 41% of participants reported having swallowed licit methadone in the previous six months (44% in 2011). In addition, 11% of participants reported having used licit methadone by injection in the six months prior to interview, which remained stable (17% in 2011). Seventy-three percent (83% in 2011) reported that licit methadone syrup was the most common form used recently (last six

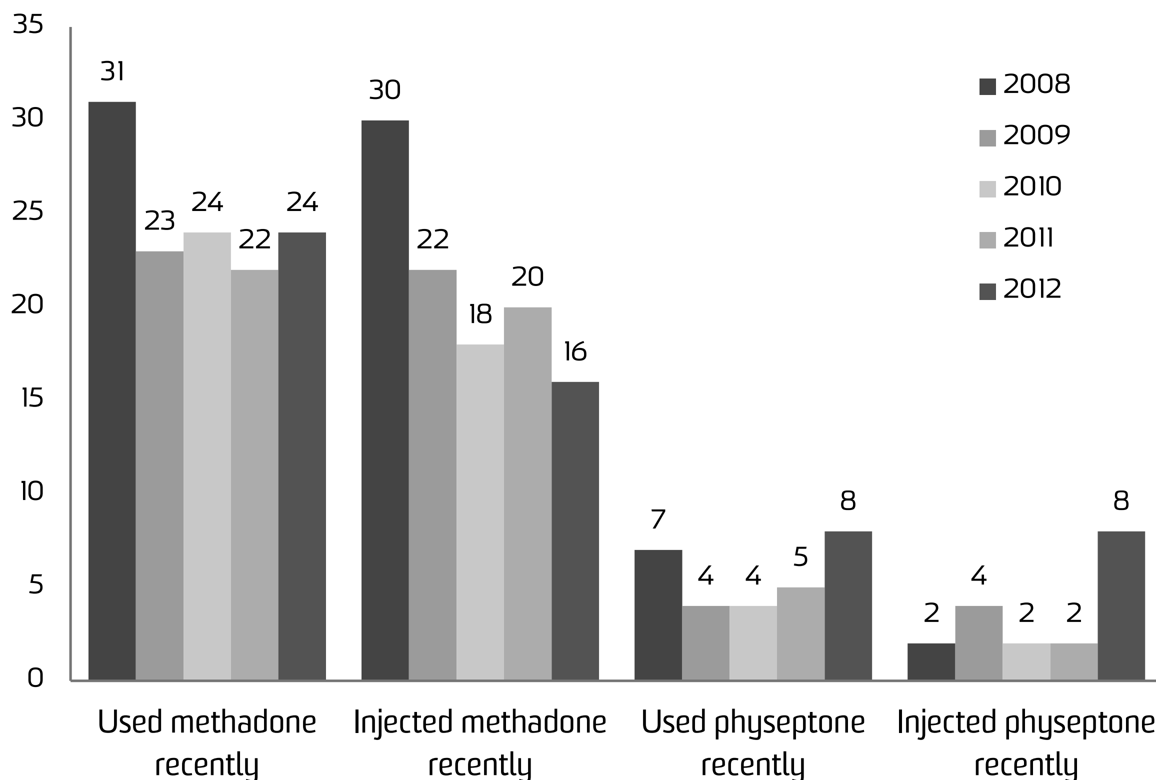
months). Among those who reported using licit methadone in the preceding six months, 69% reported daily use. The median number of days of use for licit methadone was 180.
One-fifth (21%) of participants reported ever using licit physeptone (18% in 2011) and 6% reported use of licit physeptone in the preceding six months (2% in 2011). No participants reported injecting licit physeptone recently for the second year in a row. The median number of days reported using licit physeptone remained low at nine days (range=6-30).

Illicit methadone and physeptone

In 2012, the self-reported lifetime use of illicit methadone amongst participants increased significantly to 69% of participants from 51% in 2011, ($p<0.01$). As can be seen in Figure 8, the proportion of participants reporting recent use of illicit methadone has remained stable in 2012 at 24% (22% in 2011). Of those participants who had used illicit methadone in the previous six months, 67% reported injecting it (91% in 2011) and 82% reported swallowing (48% in 2011). Of those participants who had recently used illicit methadone, 29% had used it on 10 or more days in the six months preceding interview, compared to 24% in 2011. The median number of days of use for illicit methadone remained stable at three days (two days in 2011).

In 2012, 31% reported ever using illicit physeptone (24% in 2011); however, only 8% of participants reported recent use of illicit physeptone (5% in 2011). All participants who recently used illicit physeptone reported the recent injection of illicit physeptone. The median number of days for using illicit physeptone was 1.5, (13 days in 2011, 2.5 days reported in 2010). There were no significant differences in methadone use from 2011 to 2012.

Figure 8: Use and injection of illicit methadone and illicit physeptone among PWID in the last six months, 2008-2012



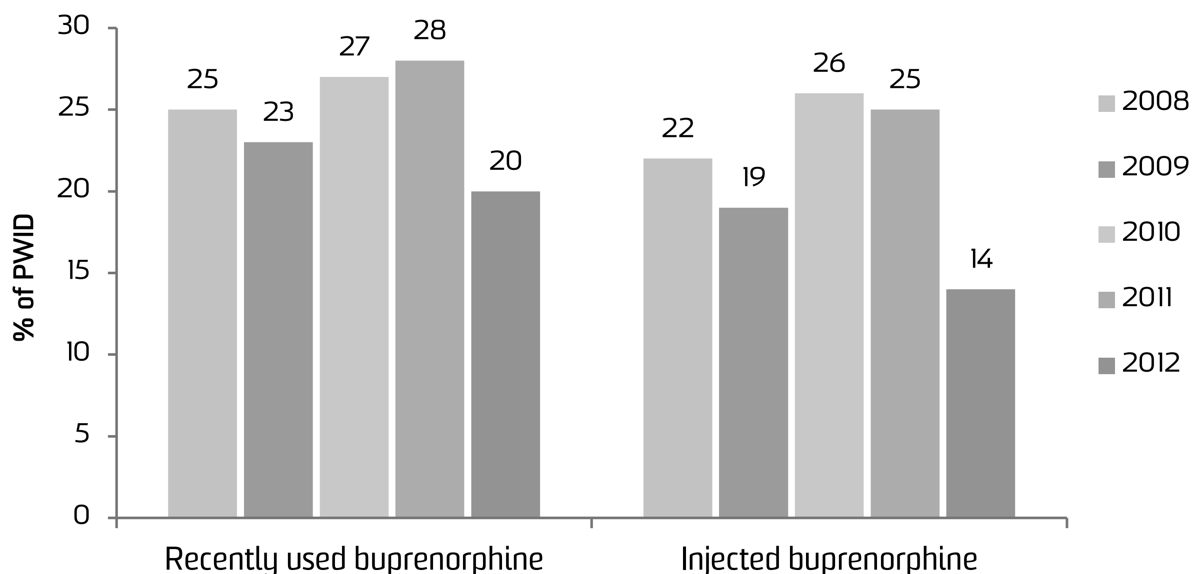
Source: ACT IDRS PWID interviews, 2008-2012

Buprenorphine

In 2012, 28% of participants reported that they had ever used licit buprenorphine, i.e. buprenorphine prescribed to them, (34% in 2011). Use of prescribed buprenorphine in the six months preceding interview remained stable at 10%, (9% in 2011). All but one recently prescribed buprenorphine users reported having swallowed buprenorphine, and three reported having injected their own buprenorphine in the six months prior to interview. Amongst those who had used licit buprenorphine in the preceding six months, the median number of days of use increased significantly by more than double, to 135 days in 2012 from 60 days in 2011; $p<0.001$.

Forty-two percent of participants reported the lifetime use of illicit buprenorphine, stable compared to 2011 (40%). The proportion of participants who had used illicit buprenorphine in the six months prior to interview also remained stable in 2012 (20%, 28% in 2011), (see Figure 9). In terms of route of administration, 14% of PWID reported recently injecting illicit buprenorphine in the six months preceding interview; nine participants reported swallowing; and two participants reported smoking illicit buprenorphine. In 2012, the median number of days of use for illicit buprenorphine decreased significantly to 10 days from 60 days in 2011; $p<0.001$.

Figure 9: Recent use and injection of illicit buprenorphine among PWID in the last six months, 2008-2012



Source: ACT IDRS PWID interviews, 2008-2012

Buprenorphine-naloxone (Suboxone®)

For the first time in 2012, participants were asked about the use of buprenorphine-naloxone 'film' which became available on the Pharmaceutical Benefits Scheme (PBS) to treat opiate dependence in late 2011. The 'film' dissolves faster under the tongue compared to the 'tablet' reducing the opportunity for clients to remove the dose from the mouth and misuse it (Therapeutic Goods Administration, March 2011) http://www.tga.gov.au/pdf/auspar/auspar-suboxone.pdf.

In the ACT, 6% of PWID reported recently using any form of buprenorphine-naloxone 'tablet' (licit use 4% and illicit use 6%) on a median of five days (approximately once a month). Similarly, 7% of PWID reported recently using any form of buprenorphine-naloxone 'film' (licit use 7% and illicit use 3%) on a median of four days (less than once a month) in the last six months.

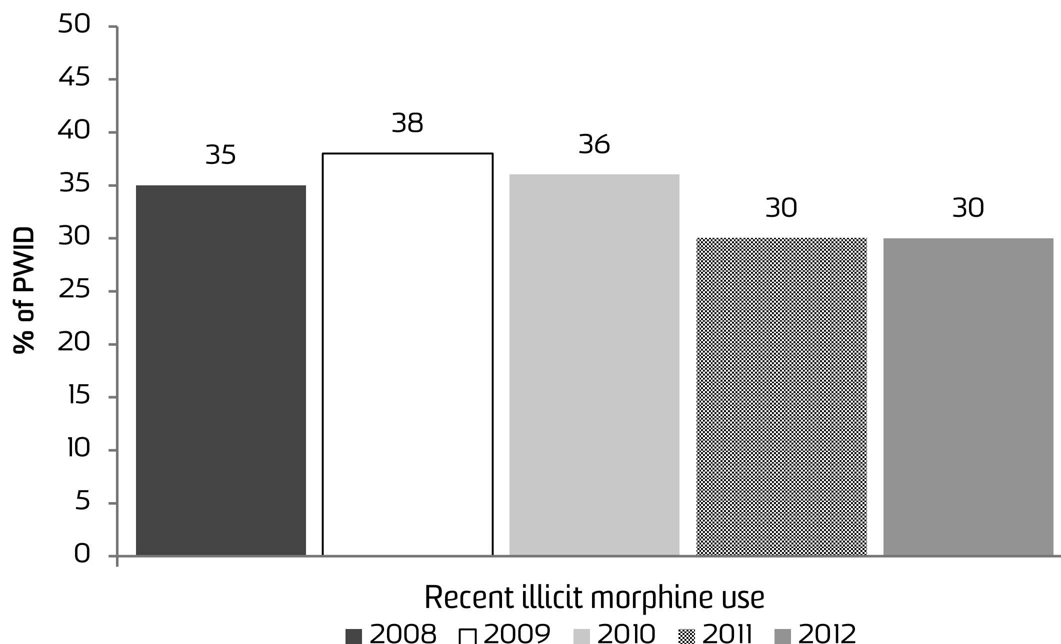
The number of participants who reported that they had ever used licit buprenorphine-naloxone (tablet form) decreased to 20% in 2012 from 34% in 2011. This decrease, while approaching significance, did not achieve $p<0.05$. Four percent of participants reported the use of prescribed buprenorphine-naloxone in the six months preceding interview (10% in 2011). All participants who had recently used prescribed buprenorphine-naloxone (n=4) reported having swallowed it. No participants reported injecting their own buprenorphine-naloxone in the six months prior to interview. Amongst those who had used licit buprenorphine-naloxone in the preceding six months, the median number of days of use significantly decreased to 22 days from 171 days in 2011; $p<0.01$.

Morphine

Sixty-four 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-seven percent reported recent injection of illicit morphine (26% in 2011). Of those participants who had recently used illicit morphine, the most common route of administration was injecting (90% in both 2011 and 2012). In 2012, the median number of days of use for illicit morphine was four days, suggesting low and sporadic use. There were no significant differences in illicit morphine use from 2011 to 2012.

MS Contin® was the preferred brand of morphine for three-quarters (76%, 82% in 2011) of recent morphine users.

Figure 10: Recent use of illicit morphine among PWID in the last six months, 2008-2012

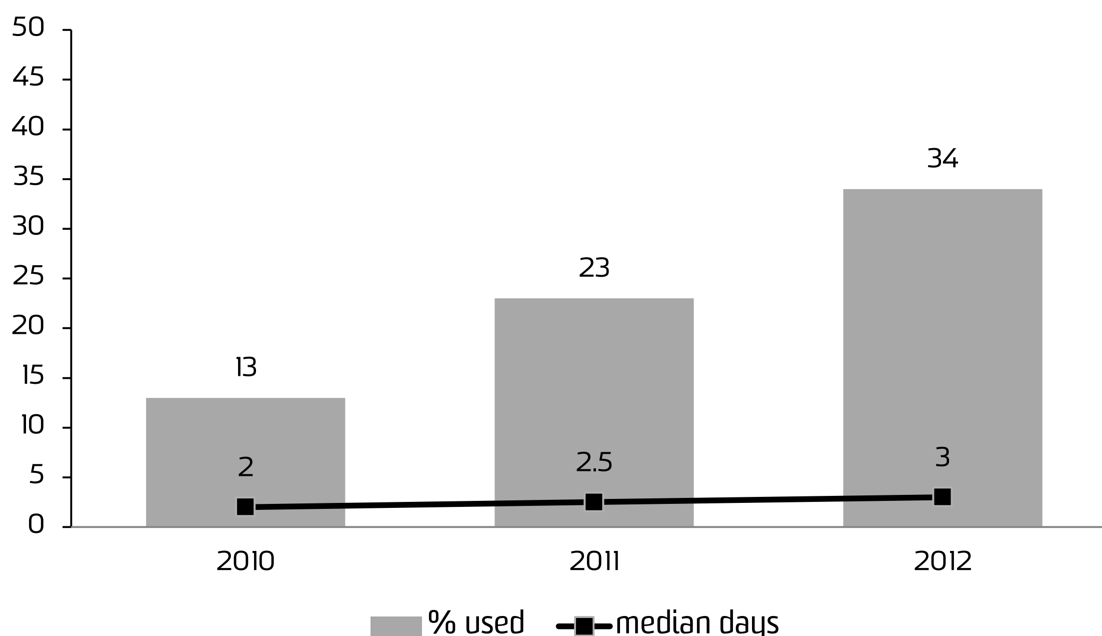


Source: ACT IDRS PWID interviews, 2008-2012

Oxycodone

Over half (60%) of participants reported that they had used illicit oxycodone at least once in their lifetime (47% in 2011). Recent use of illicit oxycodone continues its upward trend increasing to 34% in 2012; 23% in 2011 and 13% in 2010. The median number of days of illicit oxycodone also increased slightly to three days from two and a half days in 2011and two in 2010. The proportion of participants reporting injecting illicit oxycodone in the past six months almost doubled with 31% reporting this activity - a significant increase from 17% in 2011 and 10% in 2010. The most common brand used remained Oxycontin® (87%; 80% in 2011, 70% in 2010).

Figure 11: Recent illicit oxycodone use and median days of use, 2010-2012



Source: ACT IDRS PWID interviews, 2010-2012

Over the counter codeine

In 2012, the IDRS survey included questions on the use of over the counter (OTC) codeine. Twenty-four percent of participants reported that they had ever used OTC codeine. Thirteen percent of participants reported that they had used OTC codeine in the six months prior to interview on a median of 24 days (approximately fortnightly). This represents a significant increase in the number of median days used from a median of only 10 days in 2011 ($p<0.01$). All recent OTC codeine users had swallowed it and one participant reported that they had recently snorted OTC codeine. The brand used most commonly was Nurofen Plus® (55%) followed by doxylamine succinate with brand names, Dolased® and Mersyndol® (27% and 18%). The median number of pills taken by participants on the last occasion that OTC codeine was used was 2.5.

Other opioids (not elsewhere specified)

Nearly a third (31%) of participants reported that they had ever used opioids other than those listed above at least once in their lifetime (50% in 2011). Sixteen percent reported using other opiates in the last six months. The median number of days of use in the past six months was eight and a half days compared with six days in 2011. The most common brand used was reported to be Panadeine Forte®.

4.9 Other drugs

Key points

Ecstasy

- Recent ecstasy use remained stable at 12% in 2012.
- Median days of use was three and a half

Alprazolam

- 35% reported recent use of Alprazolam (any form) on a median of 5.5 days.
- 30% recently used illicit Alprazolam on a median of 3 days.

Pharmaceutical stimulants

- 10% reported recent use of licit pharmaceutical stimulants (7% in 2011)
- 37% reported recent use of illicit pharmaceutical stimulants (25% in 2011)
- Median days of illicit use was six days

Alcohol and tobacco

- 65% reported recent use of alcohol on a median of 54 days (twice weekly).
- 94% reported recent use of tobacco on a median of 180 days (daily use).

Ecstasy

In 2012, 70% of participants reported lifetime use of ecstasy (65% in 2011) and 12% reported recent use (14% in 2011) (see Table 6). Almost half of participants (44%) reported injecting ecstasy in their lifetime (31% in 2011), 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 remaining low at 3.5 days.

Table 6: Patterns of ecstasy use among participants in the last six months in the ACT, 2008-2012

	2008 N=101	2009 N=100	2010 N=101	2011 N=98	**2012** **N=99**
Recent use (%)	26	20	9	14	**12**
Recent injecting (%)	8	2	1	3	**3**
Median days used*	2	2	1	2	**3.5**

Source: ACT IDRS PWID interviews, 2008-2012

*Among those that reported recent use.

Hallucinogens

While fairly large proportions of participants reported having used hallucinogens at some stage in their lifetimes (77%), recent use (i.e. in the preceding six months) remained fairly low, with 7% reporting use in the six months preceding interview.

Frequency of use was also low, with those who had used reporting doing so on a median frequency of five days during the last six months.

Benzodiazepines

The majority (76%) of participants had reported the use of any form of benzodiazepines at some stage in their lifetime. Fifty-eight percent reported the recent use of any form of benzodiazepines on a median of 48 days in the last six months.

The recent use of any form of benzodiazepines remained stable between 2011 and 2012 (64% and 58% respectively). The median days of use among those who reported recently using any form of benzodiazepine was 48 days (56 days in 2011). Only small numbers reported recently injecting any benzodiazepines (4%) on a median of one and a half days in the last six months.

From 2011 onwards participants were asked separately about the use of alprazolam and other benzodiazepines use (please see below).

Table 7: Patterns of recent benzodiazepine use (licit/illicit) among participants in the ACT, 2008-2012

	2008 N=101	2009 N=100	2010 N=101	2011 N=98	**2012 N=99**
Recent use (%)	66	70	68	64	**58**
Recent injecting (%)	9	3	1	3	**4**
Median days used*	120	61	166	56	**48**

Source: ACT IDRS PWID interviews, 2004-2012

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

Alprazolam

Fifty percent of participants reported using some form of alprazolam in their lifetime (16% licit and 45% illicit). More than a third (35%) reported recently using any form of alprazolam on a median of 5.5 days in the last six months. Five percent had recently used 'licit' alprazolam on a median of 180 days while 30% had recently used 'illicit' alprazolam on a median of three days.

A smaller proportion (8%) had injected alprazolam at some stage in their life (1% licit, 7% illicit), with 4% injecting illicit alprazolam in the last six months.

Of those who reported recent alprazolam use 85% stated that 'illicit' alprazolam was the form they had most used in the preceding six months.

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. From 2006, the IDRS asked about licit and illicit forms of pharmaceutical stimulants.

Licit

Ten percent of participants reported ever using licit pharmaceutical stimulants (those prescribed to them), which was similar to 2011 (13%). Two percent reported using licit

pharmaceutical stimulants in the preceding six months (7% in 2011). Median number of days of use for licit pharmaceutical stimulants increased significantly to 91 days from 30 days in 2011($p<0.001$).

Illicit

Thirty-seven percent reported using illicit pharmaceutical stimulants at least once in their lifetime (42% in 2011). Twelve percent reported using illicit pharmaceutical stimulants over the preceding six months (25% in 2011). The median days of use of illicit pharmaceutical stimulants remained stable in 2012 at six days in the six months preceding interview (five in 2011).

Recent use of any pharmaceutical stimulants (licit and illicit) decreased significantly in 2012 with 13% of participants reporting use in the past six months compared with 29% reporting recent use in 2011 ($p<0.01$). Recent injection of pharmaceutical stimulants (both licit and illicit) was reported by 11% of the sample, a decrease from 26% in 2011 (Table 8).The median number of days of any use (licit and illicit) was 5 days (range=2-180).

In 2012, 85% of participants who reported recent use of pharmaceutical stimulants reported the use of illicitly obtained prescription amphetamines as the form most used (82% in 2011). Dexamphetamine and Ritalin (both 50%) were the forms reported to have been used. This suggests that the majority of participants are using pharmaceutical stimulants that are prescribed to another person.

Table 8: Patterns of recent pharmaceutical stimulant use (licit/illicit) among participants in the last six months in the ACT, 2008-2012

	2008 N=101	2009 N=100	2010 N=101	2011 N=97	**2012 N=99**
Recent use (%)	31	24	35	29	**13**
Recent injecting (%)	22	18	26	26	**11**
Median days used*	7	6	5	6	**5**

Source: ACT IDRS PWID interviews, 2008-2012

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

Seroquel® (Quetiapine)

More than half (52%) of participants reported lifetime use of Seroquel® (quetiapine), (24% licit, 38% illicit). One-fifth (20%) had used Seroquel® in the last six months (7% licit, 13% illicit).

Licit use of Seroquel® had been used on a median of 180 days (range=6-180) compared to 10 days (range=1-150) for illicit use. Only two participants reported injecting Seroquel® in the last six months.

Inhalants

One fifth (19%) of participants reported ever having inhaled volatile substances such as amyl nitrate, petrol, glue and/or lighter fluid. Three percent of participants reported use in the six months preceding interview on a median of one day.

Alcohol and tobacco

The majority (97%) of participants in 2012 reported having used alcohol at least once during their lifetime. In 2012, 65% of participants reported the recent use of alcohol (Table 9). The median days of alcohol use in the six months prior to interview was 54 days in 2012 (just over twice weekly), with 23% of those who had used alcohol in the past six months reporting being daily drinkers.

Use of tobacco was also very high among participants in the ACT in 2011. All participants (100%) reported ever having used tobacco and 94% reported recent tobacco use, as shown in Table 9. 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 2011 to 2012.

Table 9: Patterns of alcohol and tobacco use among PWID in the last six months in the ACT, 2008-2012

	2008 N=101	2009 N=100	2010 N=101	2011 N=98	**2012 N=99**
Recent use (%)					
Alcohol	62	68	66	70	**65**
Tobacco	99	96	94	96	**94**
Median days used*					
Alcohol	12	48	30	16	**54**
Tobacco	180	180	180	180	**180**

Source: ACT IDRS PWID interviews, 2008-2012

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

Key Expert comments

Pharmaceutical stimulants

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

Alcohol

- The majority of KE reported that alcohol was one of the most problematic drug 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.

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

Key points

- Prices remained stable for caps, quarter-grams and grams.
- Participant reports indicated the price of heroin in the ACT remained relatively stable in 2012
- It was also very easy (57%) to easy (38%) to obtain, similar to 2011
- Participants interviewed in 2012 reported purity to be medium (38%) to low (32%)

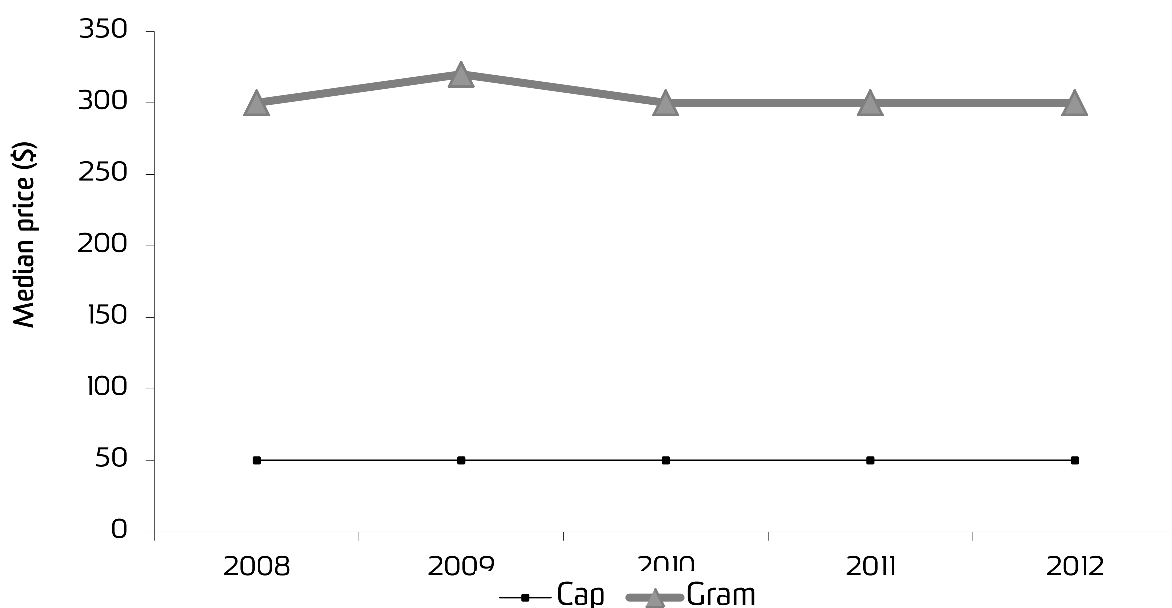
In this section, the patterns of use, price, purity and availability of heroin are discussed. The figures about the heroin market refer to the 79 participants who commented on heroin trends in the ACT in 2012.

5.1 Heroin

Price

Figure 12 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 2012 were similar to the prices reported by participants in 2011. In both 2012 and 2011, the median price of a cap of heroin was reported to be $50. The median price of a gram in 2012 was $300, the same price as reported in 2011. The median price for a quarter-gram of heroin also remained stable at $80 as did the median price for a half-gram ($150). Similar to 2011, in 2012, quarter-grams of heroin were the most commonly purchased, followed by half-grams.

Figure 12: Median price of most recent heroin gram and cap purchased by participants, 2008-2012



Source: ACT IDRS interviews, 2008-2012

Table 10 presents participant reports of changes in the price of heroin in the six months preceding the interview. Consistent with purchase prices, the majority (84%) of those who commented on heroin trends in 2012 reported that the price had remained stable in the previous six months.

Table 10: Participants' reports of heroin price changes in the last six months, 2011-2012

	2011 N=98	**2012** **N=99**
Did respond (%)	73	**70**
Increasing (%)	7	**7**
Stable (%)	85	**84**
Decreasing (%)	7	**4**
Fluctuating (%)	1	**4**

Source: ACT IDRS PWID interviews, 2011-2012

Availability

Table 11 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 (57%; similar to 48% in 2011) to easy (38%; 42% in 2011) to obtain. In 2012, the proportion of participants reporting that heroin was difficult to obtain decreased from 10% in 2011 to 6%. No one reported that heroin was very difficult to obtain in 2012. There was no significant difference between 2011 and 2012 in the proportion reporting current heroin availability (p>0.05).

Table 11: Participants' reports of heroin availability in the past six months, 2011-2012

	2011 N=98	**2012** **N=99**
Current availability		
Did respond (%)	77	**72**
Of those who responded:		
Very easy (%)	48	**57**
Easy (%)	42	**38**
Difficult (%)	10	**6**
Very difficult (%)	0	**0**
Availability change over the last six months		

Did respond (%)	75	**72**
Of those who responded:		
More difficult (%)	9	**7**
Stable (%)	76	**83**
Easier (%)	11	**7**
Fluctuates (%)	4	**3**

Source: ACT IDRS PWID interviews, 2011-2012

Participants were asked to comment on changes in the availability of heroin in the ACT in the six months prior to interview (see Table 11). In 2012, the majority of participants believed heroin availability had remained stable (83%). No significant differences in availability were found between 2012 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. Almost a third (31%) reported last purchasing heroin from a friend and 17% reported purchasing heroin from a street dealer. Smaller proportions reported last obtaining heroin from an acquaintance (8%), a partner (2%) or a mobile dealer (2%). The most commonly reported places for the last purchase of heroin were agreed public locations (39%), a dealer's home (25%), home delivery (17%) and a friend's home (8%).

Purity

Participants were asked to comment on the perceived purity of heroin in the ACT (Table 12). In 2012, the proportion of participants nominating current purity as low decreased from 49% in 2011 to 32% in 2012. This decrease approaches statistical significance but does not achieve $p<0.05$. An increase in perceived purity as medium (38%) and high (16%) is also observed. There was a significant increase in the proportion of participants who reported heroin purity to be fluctuating over the previous six months. (15% in 2012 compared with 5% in 2011), $p<0.05$.

Table 12: Participants' perceptions of heroin purity in the past six months, 2011-2012

	2011 N=98	**2012 N=99**
Current purity		
Did respond (%)	75	**72**
Of those who responded:		
High (%)	13	**16**
Medium (%)	30	**38**
Low (%)	49	**32**
Fluctuates (%)	5	**15**

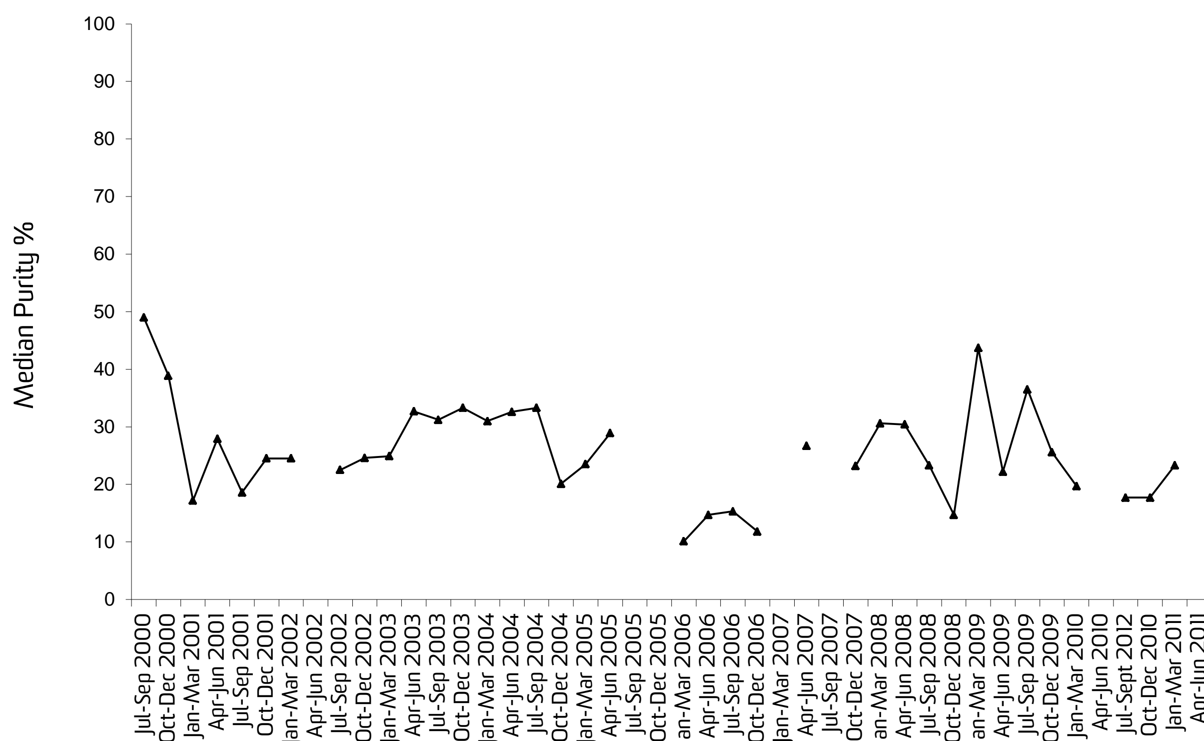
Purity change over the last six months		
Did respond (%)	74	**72**
Of those who responded:		
Increasing (%)	12	**17**
Stable (%)	47	**49**
Decreasing (%)	27	**12**
Fluctuating (%)	14	**22**

Source: ACT IDRS PWID interviews, 2011-2012

In 2012, the majority of participants thought heroin purity was stable (49%) or increasing (17%) in the six months prior to interview (Table 12).

Figure 13 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 2011. Data were not available at the time of printing for more recent seizure purity estimates.

Figure 13: Median purity of heroin seizures by ACT local police, July 2000 to June 2011



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, April-June 2011 and for the 2011/2012 financial year

5.2 Methamphetamine

Key points

Speed

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

Crystal

- The price for a point was reported to be $20 - a gram cost $200
- Very easy to easy to obtain
- Purity was more likely to be reported as high

In 2012, 60% of the entire sample was able to comment on trends in the price, purity, availability and use of speed. A smaller proportion of participants were able to comment on base (11%, 18% in 2011). Fifty-eight percent of the sample was able to comment on crystal trends (57% in 2011).

Price

Speed

In 2012, 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 increased slightly from $235 in 2011 to $250 in 2012 (a return to 2010 prices). Only small numbers commented on the price of an eight-ball (3.5 grams) in 2012 with prices ranging from $600 to $1200 with a median price of $700.

The most common amount of speed purchased was a point, with 63% 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 2012, 80% believed the price to be stable, similar to 2011 proportions. Eighteen percent of participants believed the price of speed was increasing (9% in 2011) while no participant's reported that they thought the price was decreasing.

Table 13 - Price and changes in price for methamphetamine powder, ACT, 2011-2012

Median Price - Speed	2011	**2012**
Point (0.1 gram) (range)	$50 (20-150)	**$50** (20-100)

Half-weight (0.5 grams) (range)	$150 (50-175)	**$150** (80-200)
Gram (range)	$235 (50-300)	**$250** (50-500)
Eight-ball (3.5 grams) (range)	-	**700^** (600-1200)
Of those that responded	n=33	**n=38**
% Increasing	9	**18**
% Stable	83	**80**
% Decreasing	7	**0**
% Fluctuating	2	**3**

Source: ACT IDRS PWID interviews, 2011-2012
^ Small numbers reporting (n<10), interpret with caution

Base
The median price of a point of base purchased by participants in 2012 was reported to be $20; 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 2012 so, again, the figures in Table 14 should be interpreted with caution. The median price per half-weight and per gram of base remains stable from 2010-2011 prices at $150 and $250 respectively. Only two participants reported on the price of an eight-ball of base with prices ranging from $550 to $750 with a median of $650. Findings indicate that base was most commonly purchased in points by participants in the ACT in 2012.

Of those that commented on base in 2012, the majority (80%) reported the price to have remained stable in the six months preceding interview. A small proportion believed that the price of base was increasing (10%).

Table 14 - Price and changes in price for methamphetamine Base, ACT, 2011-2012

Median Price - Base	2011	**2012**
Point (0.1 gram) (range)	$50^ (30-50)	**$20^** (20-50)
Half-weight (0.5 grams) (range)	$150^ (150)	**$150^** (100-200)
Gram (range)	$250^ (250)	**$200^** (200-400)
Eight-ball (3.5 grams) (range)	-	**$650^** (550-750)
Of those that responded	n=12	**n=10**
% Increasing	8	**10**

% Stable	93	**80**
% Decreasing	0	**0**
% Fluctuating	0	**10**

Source: ACT IDRS PWID interviews, 2011-2012
^ Small numbers reporting (n<10), interpret with caution

Crystal

In 2012, the median price of a point of crystal purchased by participants increased from $50 in 2011 to $100 in 2012. The median price of a half-weight also increased from $150 in 2011 to $275 in 2012. The price of a gram increased from $250 in 2011 to $575 in 2012. Very small numbers commented on the price of an eight-ball of crystal with reports of the median price being $1,600 so caution is advised when interpreting these figures.

The most common amount of crystal purchased was a point, with 81% of participants who commented on crystal reporting that they had bought this amount in the past six months.

Of those who commented, the majority (64%) reported the price to have remained stable in the six months preceding the interview. Thirty-one percent of respondents reported price to be increasing in the six months prior to interview.

Table 15 - Price and changes in price for crystal methamphetamine, ACT, 2011-2012

Median Price - Crystal	2011	**2012**
Point (0.1 gram) (range)	$50^ (30-50)	**$100** (50-100)
Half-weight (0.5 grams) (range)	$150^ (150)	**$275^** (200-350)
Gram (range)	$250^ (250)	**$575** (100-800)
Eight-ball (3.5 grams) (range)	-	**$1600^** (1200-2000)
Of those that responded	n=54	**n=57**
% Increasing	38	**31**
% Stable	57	**64**
% Decreasing	2	**2**
% Fluctuating	4	**4**

Source: ACT IDRS PWID interviews, 2011-2012
^ Small numbers reporting (n<10), interpret with caution

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 2012. Findings are presented separately for powder, base and crystal in Table 16,Table 17 and Table 18.

Availability

Speed

Of those who commented on the current availability of speed (n=38), there was a significant increase in those reporting the availability of speed to very easy (58% compared to 34% in 2011). Similar proportions reported it to be easy (40%) to obtain and less report it to be difficult or very difficult to obtain (3% in 2012 compared to 19% in 2011).

More than four-fifths (84%) 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 2011 (76%, $p>0.05$).

Participants who bought speed (n=36) reported that they obtained it through: friends (44%), known dealers (36%), street dealers (11%) and acquaintances (8%). The most commonly reported places of speed purchases were at a dealer's home (39%), a friend's home (33%), an agreed public location (17%), street market (6%), and home delivery (6%).

Table 16 - Availability of methamphetamine powder, ACT, 2011-2012

Availability - Speed	2011	**2012**
Responded	n=48	n=38
Very easy	34	58
Easy	47	40
Difficult	15	3
Very difficult	4	0
Of those that responded	n=46	**n=38**
% More difficult	13	**8**
% Stable	76	**84**
% Easier	9	**5**
% Fluctuates	2	**3**

Source: ACT IDRS PWID interviews, 2011-2012

Base

The majority of participants in 2012 reported base to be very easy (50%) to easy (20%) to obtain. Eighty-eight percent of the sample reported that base availability had remained

stable in the six months preceding interview. There were no significant differences from 2011 to 2012 in reports of current availability or the change in availability of base (*p*>0.05).

Among those who had purchased base (n=10) in 2012, 70% reported that they last purchased base through friend's, 20% had purchased through a known dealer and 10% had purchased from an unknown dealer. Half (50%) of participants who purchased base reported they last did so at a friend's home, 20% reported they had it home delivered, 20% reported they purchased from a dealer's home and 10% reported purchasing at an agreed public location.

Table 17 - Availability of methamphetamine base, ACT, 2011-2012

Availability - Base	2011	**2012**
Responded	n=17	n=10
Very easy	41	50
Easy	35	20
Difficult	24	20
Very difficult	0	10
Of those that responded	n=17	**n=11**
% More difficult	7	**0**
% Stable	87	**88**
% Easier	0	**0**
% Fluctuates	7	**12**

Source: ACT IDRS PWID interviews, 2011-2012

Crystal

Of those who commented on the current availability of crystal (n=56), the majority reported it to be very easy (57%) to easy (34%) to obtain in the ACT in 2012. There were no significant differences in the reported availability of crystal from 2011 to 2012 (*p*>0.05), although the increase in those reporting crystal to be very easy approached statistical significance.

In 2012, more than two-thirds (68%) of participants reported that crystal availability had remained stable. Fourteen percent reported that crystal was more difficult to obtain and 9% reported that it was easier to obtain. There were no significant differences from 2011 to 2012 in the reported change in availability of crystal over the six months preceding interview (*p*>0.05).

Thirty-seven percent of the participants who reported that they had bought crystal (n=54) said they obtained it from a friend. Thirty-three percent reported that they had obtained crystal through a known dealer, and 13% reported that they had obtained it through a street

dealer or acquaintance (also 13%). The most common venues where participants had last purchased crystal from included: a dealer's home (27%), an agreed public location (26%), a friend's home (24%), a street market (13%) or had it home delivered (11%).

Table 18 - Availability of crystal methamphetamine, ACT, 2011-2012

Availability - Crystal	2011	**2012**
Responded	n=56	n=56
Very easy	38	57
Easy	42	34
Difficult	18	5
Very difficult	2	4
Of those that responded	n=55	**n=56**
% More difficult	15	**14**
% Stable	72	**68**
% Easier	9	**9**
% Fluctuates	4	**9**

Source: ACT IDRS PWID interviews, 2011-2012

Purity

Speed

In 2012, 41% of participants who commented on the purity of speed (n=37) reported that it was of medium purity. One-quarter (24%) reported that purity was low and the same proportion reported purity was high. From 2011 to 2012, there were no significant differences in the reported purity of speed ($p>0.05$).

Of those who commented (n=37), more than half (51%) of participants reported that the purity of speed had remained stable (40% in 2011). Sixteen percent of participants reported that the purity of speed had decreased and 11% reported that purity had increased.

Base

In 2012, among those who commented on the purity of base (n=10), half (50%) reported the purity to be low whilst 30% reported it to be medium. Just 10% reported it to be high. There were no significant differences in the reported purity of base from 2010 to 2011 ($p>0.05$).

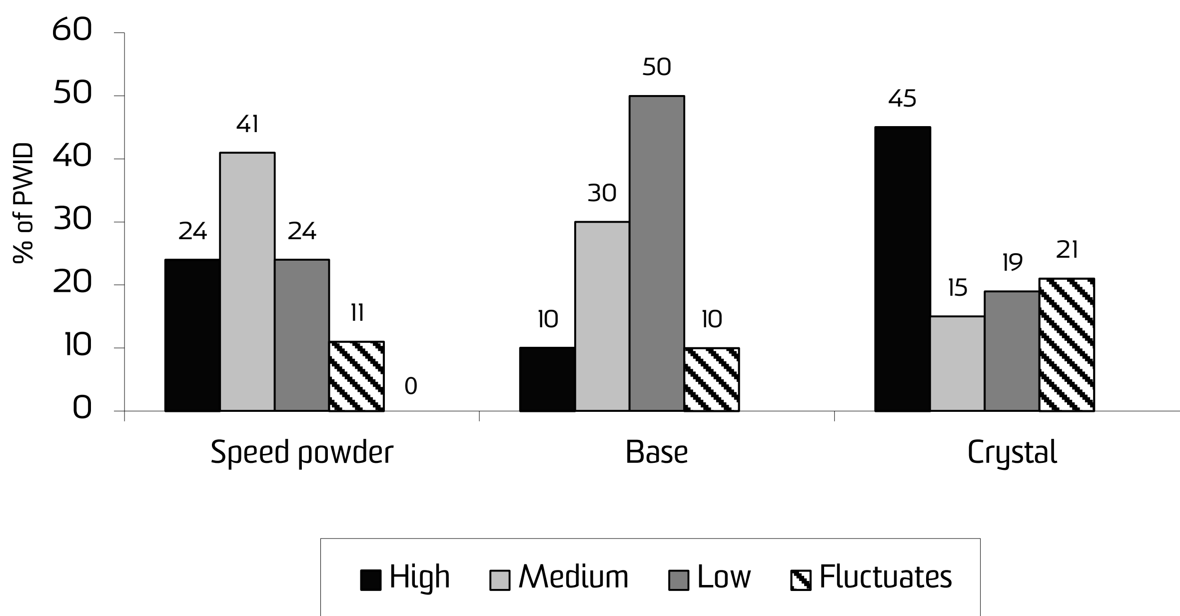
Of participants who commented on base purity (n=10), significantly more participants reported that the current purity of base was stable, (86% in 2012 compared to 22% in 2011). Fourteen percent reported purity was decreasing. This was a significant difference in the reported purity change of base from 2011 to 2012 ($p<0.01$).

Crystal

In 2012, among those who commented on the purity of crystal (n=53), almost half (45%) reported the current purity of crystal to be high. Other reports of perceived purity were varied, with 21% reporting purity to be fluctuating, 19% reporting purity to be low and 15% reporting purity to be medium.

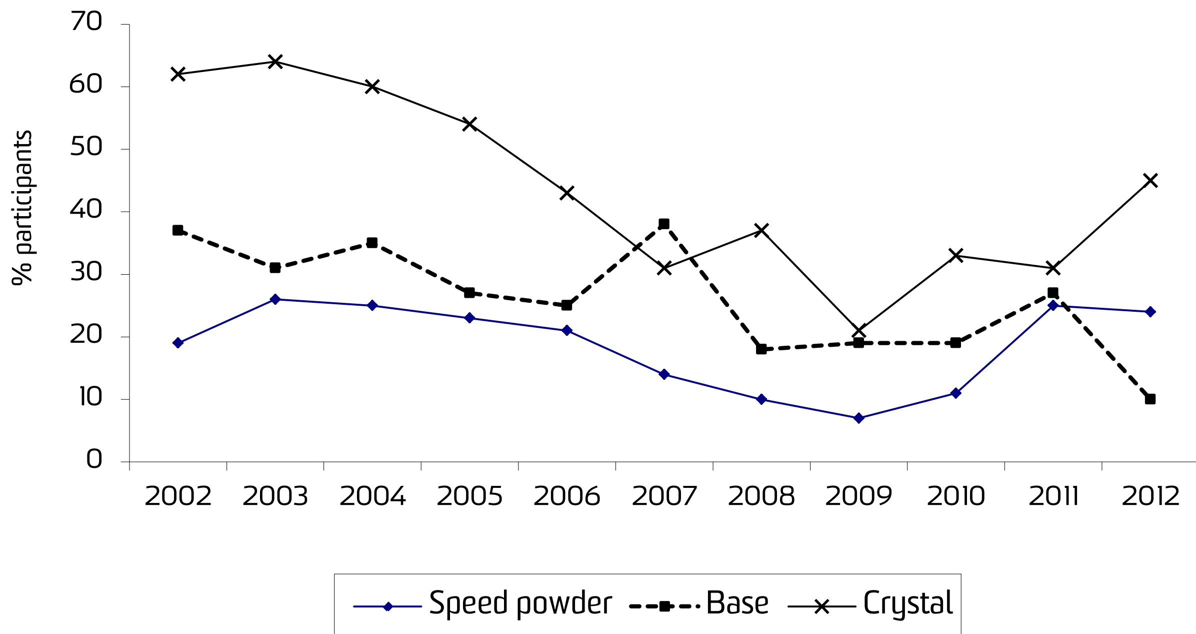
Similar to 2011, in 2012, there were mixed reports from participants concerning the change in purity of crystal over the preceding six months. Almost one-third (31%) of participants who commented (n=51) reported that the purity of crystal was stable while the same proportion reported that purity had fluctuated over the six months preceding interview. One-fifth (20%) reported that the purity had increased and 18% reported that the purity of ice had decreased over the six months preceding interview

Figure 14: Perceived purity of methamphetamine (speed powder, base and crystal) among those who commented, 2012



Source: ACT IDRS PWID interviews, 2012

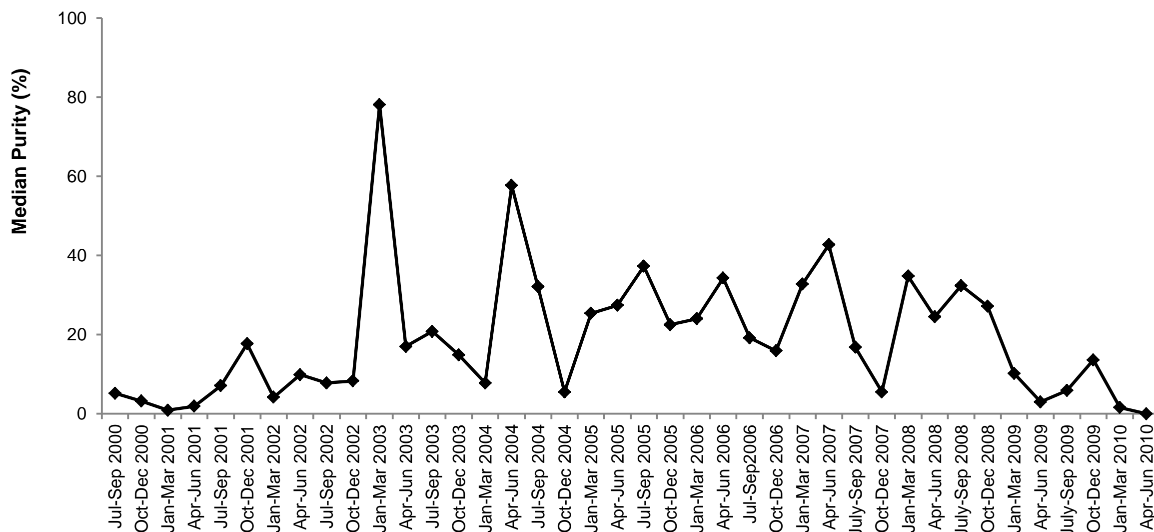
Figure 15: Proportion of participants reporting methamphetamine (speed powder, base and crystal) purity as high, 2002-2012



Source: ACT IDRS PWID interviews, 2002-2012

As shown in Figure 16, 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 16: 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

5.3 Cocaine

In 2012, 8% of participants (n=8) were able to comment on the price, purity and availability of cocaine. Due to small numbers reporting, caution is advised when interpreting these results and comparison to 2011 figures is limited.

Price

In 2012, the median reported price for purchased values of a point of cocaine was $50 and a quarter-gram of cocaine was $100. The median price paid for half a gram of cocaine was $200 and the median price was $350. The majority of participants (75%) who commented (n=8) believed that the price of cocaine had remained stable in the six months preceding interview.

Purity

Of those who were able to comment (n=8), 88% believed that cocaine purity was currently medium while the remainder (12.5%) reported that cocaine purity was low. Almost half (43%) of participants that commented reported that cocaine purity had remained stable in the six months preceding interview while 29% reported purity had decreased and equal proportions reported purity as increasing (14%) and fluctuating (14%).

Availability

Participants who were able to comment (n=8) reported cocaine to be easy (38%) to very easy (25%) to obtain. Thirty-three percent reported that it was difficult or very difficult to obtain. Sixty-three percent of those who commented believed that availability had remained stable in the six months preceding interview. Cocaine was most commonly obtained from friends (40%) and known dealers (40%).

5.4 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 $290 for an ounce
- Both hydro and bush were reported to be easy to very easy to obtain
- Potency of hydro was reported to be high, consistent with 2011
- Potency of bush was reported to be medium, consistent with 2011

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 (74%) commented on hydroponic trends in the ACT, while 36% reported on bush cannabis. In 2012, one participant commented on the price, purity or availability of hashish or hashish oil in the ACT.

Price

The median prices for hydroponic cannabis and the reported changes are presented in Table 19. The median prices for bush cannabis and the reported changes in price are shown in Table 20.

Hydro

The median price of a gram of hydro purchased by participants in 2012 remained stable at $20. The median price of a quarter-ounce increased slightly to $90. A half-ounce remained stable at $150 and the median price of an ounce decreased slightly to $290.

The most common amount of hydro purchased was a gram, with 35 participants reporting that they had bought a gram in the six months preceding the interview. A quarter-ounce was the next most common amount purchased. Of those who commented on hydro in 2012, 82% reported that the price had remained stable.

Bush

The median price of a gram of bush cannabis purchased by participants remained stable at $20 in 2012. The median price of a quarter-ounce remained similar to 2011, increasing from $75 to $80 in 2012. The median price of a half-ounce remained stable at $140. The price of an ounce of bush cannabis was reported to be $220 in 2012.

The most common amount of bush cannabis purchased was a gram, with 14 participants reporting that they had bought a gram in the six months preceding interview. As can be seen in Table 20, of those that commented on bush cannabis in 2012, the majority (84%) reported that the price of bush had remained stable in the six months preceding interview.

Table 19: Price and changes in price for Hydroponic cannabis, ACT, 2011-2012

Median Price – Cannabis (Hydro)	2011	**2012**
Gram (range)	$20 (10-20)	**$20** (10-25)
Quarter ounce (range)	$80 (20-100)	**$90** (50-120)
Half ounce (range)	$150 (140-170)	**$150** (140-180)
Ounce (range)	$300 (240-360)	**$290** (200-400)
Of those that responded	n=73	**n=62**
% Increasing	6	**5**
% Stable	85	**82**
% Decreasing	1	**3**
% Fluctuating	7	**5**

Source: ACT IDRS PWID interviews, 2011-2012

^ Interpret with caution, n=<10

Table 20: Price and changes in price for Bush cannabis, ACT, 2011-2012

Median Price – Cannabis (Bush)	2011	**2012**
Gram (range)	$20 (10-25)	**$20** (10-20)
Quarter ounce (range)	$75 (50-100)	**$80** (70-100)
Half ounce (range)	$145^ (120-160)	**$140** (130-150)
Ounce (range)	$240 (50-320)	**$220** (200-250)
Of those that responded	n=45	**n=25**
% Increasing	8	**8**
% Stable	87	**84**
% Decreasing	2	**0**
% Fluctuating	4	**0**

Source: ACT IDRS PWID interviews, 2011-2012

^ Interpret with caution, n=<10

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 2012. Findings are presented separately for each type of cannabis.

Hydro

Of those that commented on the current availability of hydro (n=62), the majority reported it to be very easy (58%) to easy (39%) to obtain. There were no significant differences between 2011 and 2012 (p>0.05).

The majority (89%) of participants commenting on hydro thought that the availability had remained stable in the six months prior to interview, similar to 2011 (88%). Recent hydro users who bought hydro predominantly reported last purchasing it from a friend (44%), a known dealer (37%) or acquaintances (12%). The most common places for purchasing hydro were from a dealer's home (29%), a friend's home (29%), and an agreed public location (17%).

Table 21: Availability of Hydro cannabis, ACT, 2011-2012

Availability – Hydroponic Cannabis	2011	**2012**
Responded	n=73	n=62
% Very easy	57	58
% Easy	38	39
% Difficult	6	3
% Very difficult	0	0
Of those that responded	n=73	**n=62**
% More difficult	1	**5**
% Stable	88	**89**
% Easier	10	**2**
% Fluctuates	1	**5**

Source: ACT IDRS PWID interviews, 2011-2012

Bush

The majority of those that commented on the current availability of bush cannabis (n=26) reported that bush was very easy (54%) to obtain. A further 31% reported that bush cannabis was easy to obtain. Twelve percent reported that it was difficult to obtain. Of those that commented, 73% reported that bush availability had remained stable in the six months preceding interview, as shown in Table 22.

The majority of bush purchases were through a known dealer (52%), followed by a friend (29%) and a street dealer (10%). Purchases most often occurred at a dealer's home (40%), an agreed public location (25%), at a friend's home (20%) or through home delivery (10%).

Table 22: Availability of Bush cannabis, ACT, 2011-2012

Availability – Bush Cannabis	2011	**2012**
Responded	n=42	n=26
% Very easy	61	54
% Easy	27	31
% Difficult	12	12
% Very difficult	0	0
Of those that responded	n=42	n=26
% More difficult	2	8
% Stable	83	73
% Easier	12	12
% Fluctuates	2	0

Source: ACT IDRS PWID interviews, 2011-2012

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 17 and 18).

Hydro

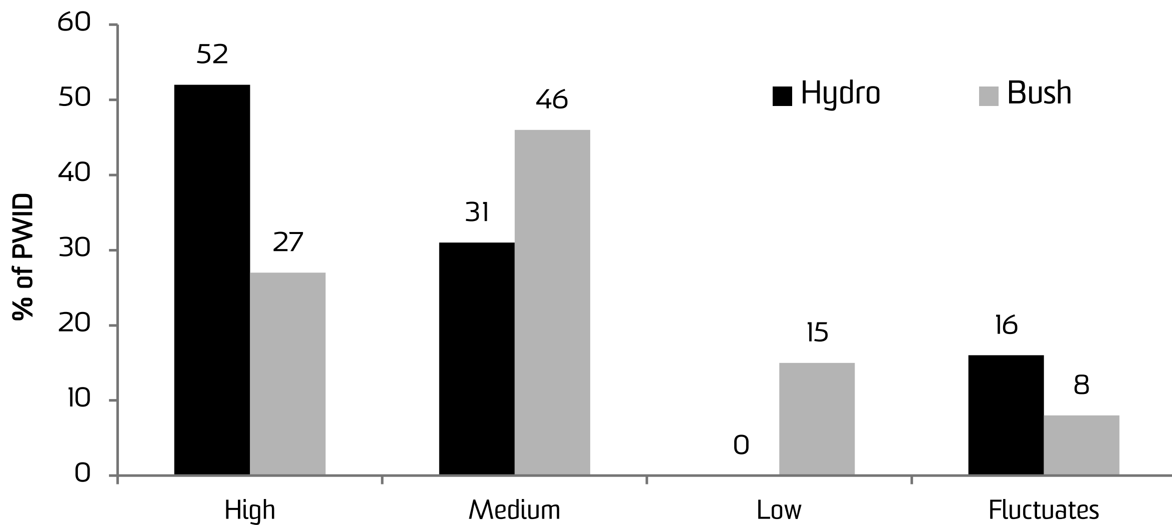
The majority of participants who commented on hydro reported that its potency was high (52%) in the six months preceding interview (see Figure 17). Just under a third (31%) of the participants reported that the potency was medium. The majority (71%) of participants reported that hydro potency was stable in 2012. There were no significant differences in the reported potency or potency change of hydro from 2010 to 2011 (p>0.05).

Bush

The potency of bush cannabis was generally reported to be medium (46%); however, 27% reported it to be high while 15% reported it to be low. No significant differences were found between 2011 and 2012.

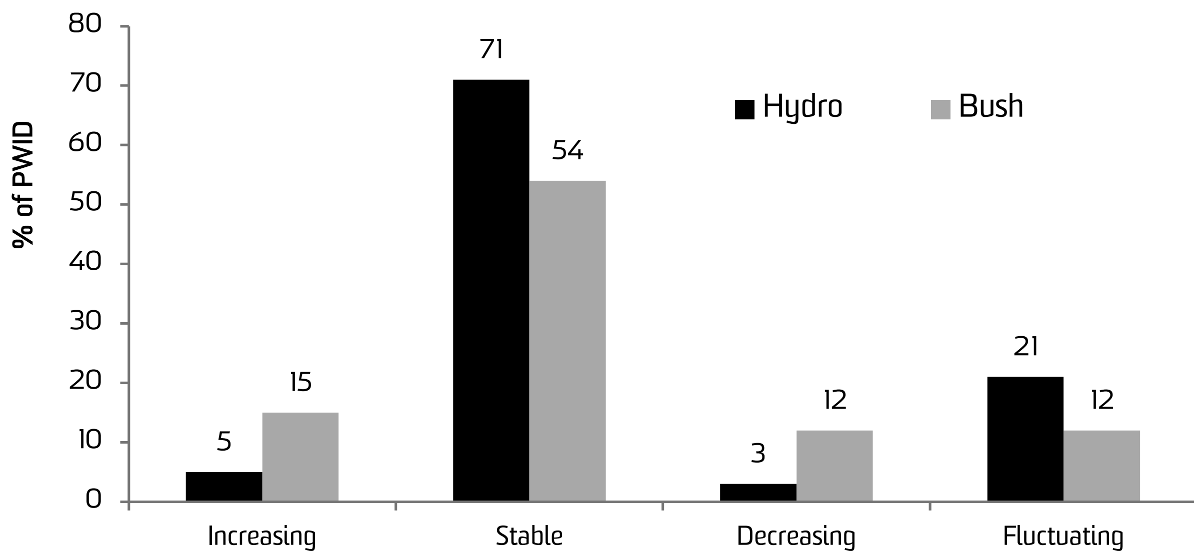
As can be seen in Figure 18, the majority (54%) of respondents who commented on bush cannabis reported that the potency had remained stable in the six months prior to the interview. There were no significant differences in reports of potency change of bush cannabis between 2010 and 2011 ($p>0.05$).

Figure 17: Perceived potency of cannabis among those who responded, 2012



Source: ACT IDRS PWID interviews, 2012

Figure 18: Change in perceived cannabis potency, ACT 2012



Source: ACT IDRS PWID interviews, 2012

5.5 Methadone

Price

In 2012, 19 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 in 2012. Almost all participants (94%) who commented reported that the price of methadone remained stable over the six months preceding interview.

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 23, reports on the current availability of street methadone varied. Similar proportions reported street methadone to currently be easy (42%) and difficult (37%). Twenty-one 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 (74%) of participants reported that the availability of methadone had remained stable in the past six months. There were no significant differences between 2011 and 2012 in regards to the reported availability or change in availability of methadone ($p>0.05$).

Table 23: Reported availability of illicit methadone in ACT, 2011-2012

Availability – Illicit Methadone	2011	**2012**
Responded	n=26	n=19
% Very easy	8	21
% Easy	48	42
% Difficult	44	37
% Very difficult	0	0
Of those that responded	n=26	n=19
% More difficult	12	16
% Stable	88	74
% Easier	0	5
% Fluctuates	0	5

Source: ACT IDRS PWID interviews, 2011-2012

In 2012, of participants who reported that they had bought methadone (n=14), 64% reported that they had obtained it through a friend, 29% had obtained it from an acquaintance and 7% reported they had obtained it from a street dealer. Most commonly, participants had last obtained methadone by home delivery (36%), at an agreed public location (29%) or at a friend's home (29%).

5.6 Buprenorphine

Price

In 2012, only two participants were able to comment on the price for a 2 mg tablet of buprenorphine reporting the median price to be $7.50. The median price for an 8 mg tablet increased to $40 (from $20 in 2011). These results should be interpreted with caution, however, due to very low numbers responding. The majority of participants (72%) who commented (n=18) believed that the price of buprenorphine had remained stable in the six months preceding interview, while 17% reported that the price had increased.

Availability

Although reports on the availability of buprenorphine were mixed, generally participants who were able to comment (n=21) reported buprenorphine to be very easy (38%) to easy (29%) to obtain. Another 33% reported that it was difficult to obtain. The majority (71%) of those who commented believed that availability had remained stable in the six months preceding interview, whilst 24% of participants reported that buprenorphine had become more difficult to obtain and 5% reported that it had become easier to obtain. Buprenorphine was most commonly obtained from friends (47%), a street dealer (17%) or acquaintance (17%) or from a known dealer (12%). The most common venue was home delivery (24%) and an agreed public location (24%) followed by a friend's home (18%).

5.7 Buprenorphine-naloxone

Price and availability

Only one participant was able to comment on the price and availability of illicit buprenorphine-naloxone (Suboxone®). As such, median price and availability will not be reported in 2012.

5.8 Morphine

In 2012, 15 participants commented on trends in price and availability of illicitly obtained morphine in the ACT. Findings are presented below.

Price

Participants were asked to comment on the current price of different brands of morphine tablets. As can be seen in Table 24, the median price for 100 mg of MS Contin® tablets was reported to be $50 and the median price for 100 mg of Kapanol® capsules was reported to be $55. Due to small numbers commenting on the price of illicitly obtained morphine, caution is advised when interpreting findings. Participants were asked to comment on any change in the price of morphine in the six months preceding interview. Among those that responded (n=15), the vast majority (73%) reported that the price of morphine had remained stable over the past six months. Two participants believed that the price had increased and one participant believed that price had decreased.

Table 24: Price and change in price of illicit morphine, ACT, 2011-2012

Median Price – Illicit morphine	2011	**2012**
MS Contin® - 60 mg	$30 (30)	$20^ (20-30)
MS Contin® - 100 mg	$50 (30-100)	$50^ (35-50)

Kapanol® - 100 mg	$37.50 (20-50)	$55^ (50-60)
Of those that responded	n=27	**n=15**
% Increasing	7	**13**
% Stable	78	**73**
% Decreasing	7	**7**
% Fluctuating	0	**7**

Source: ACT IDRS PWID interviews, 2011-2012

^ indicates small number (<10)

Availability

In 2012, of those who commented on morphine availability (n=14), 50% reported it to be easy to obtain, whilst 29% reported it to be difficult.

Of those who commented (n=14), half (50%) reported that morphine availability had remained stable in the six months preceding interview, which was similar to 2011 (46%). Twenty-nine percent reported that it was easier to obtain and 21% reported that it was more difficult to obtain.

Most commonly, participants obtained morphine from a friend (79%). Participants had most commonly last obtained methadone at a friend's home (36%) or via home delivery (36%).

Among those who responded (n=14), the main reason for using illicit morphine was to self-treat dependence (93%).

5.9 Oxycodone

In 2012, 15 participants were able to comment on the price, purity and availability of illicit oxycodone. The median price reported for an 80 mg tablet of Oxycontin® was $50 (n=8). These results should be interpreted with caution, however, due to very low numbers responding. The majority of participants (71%) who commented (n=14) believed that the price of oxycodone had remained stable in the six months preceding interview. Two participants reported that the price had increased and two participants reported that the price had decreased.

Availability

The majority of respondents reported that the availability of oxycodone was easy or very easy (60%) with 40% also reporting that oxycodone was difficult or very difficult to obtain in the six months preceding interview. The majority (67%) of those who commented believed that availability had remained stable in the six months preceding interview, whilst 13% of participants reported that oxycodone had become more difficult to obtain and 13% reported that it had become easier to obtain. Oxycodone was most commonly obtained from friends (64%) or a street dealer (21%).

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

6.1 Overdose and drug-related fatalities

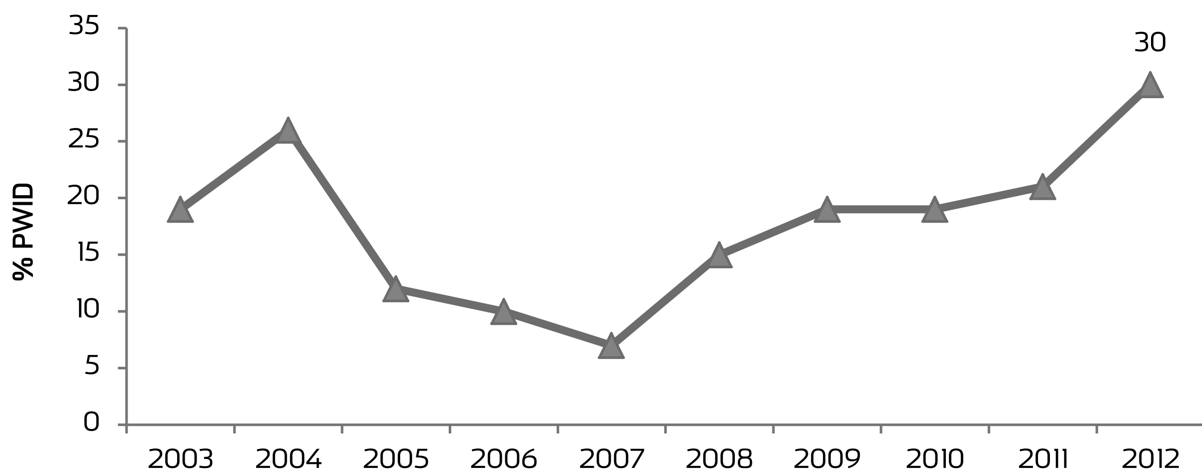
Heroin and other opioids

Non-fatal overdose

In 2012, 51% of participants reported having overdosed on heroin at least once at some point in their lives, similar to 46% in 2011. Of participants who reported ever having overdosed on heroin the median number of times overdosed was three (range=1-50).

As can be seen from Figure 19, in 2012, 30% of participants reported having overdosed on heroin in the year prior to the interview; compared to 21% in 2011. One participant reported overdosing on heroin in the past month.

Figure 19: Proportion of PWID reporting heroin overdose in the year preceding interview among those who commented, 2002-2012



Source: ACT IDRS PWID interviews, 2002-2012

In 2012, participants who reported overdosing on heroin in the previous year (n=13) were asked what treatment they received immediately after the overdose. Most participants (85%) reported receiving treatment or information in relation to their overdose. Ten participants reported receiving Narcan®, six participants reported receiving CPR, there were seven reports of ambulance attendance and three participants received oxygen.

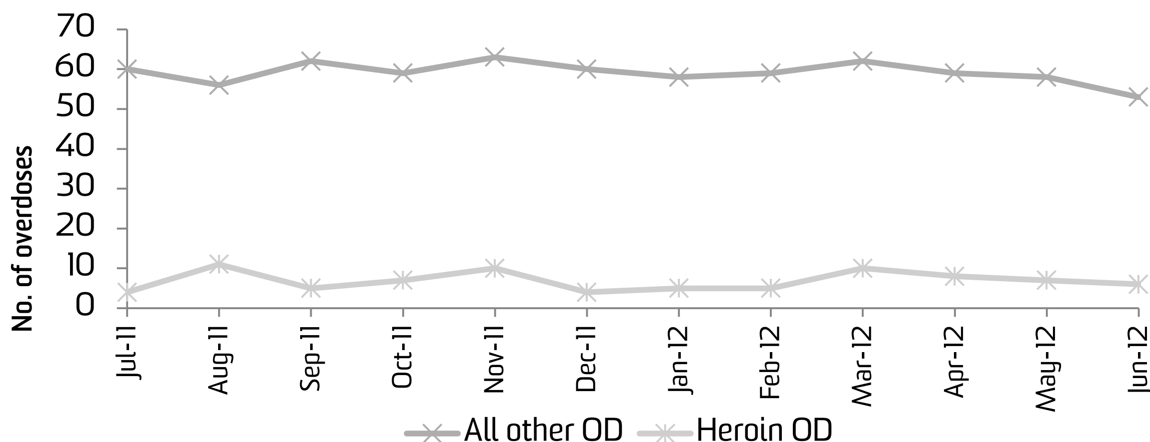
Naloxone Program

In 2011, a peer based Naloxone Distribution program was established which aimed to expand the availability of naloxone as a prescription medication for potential overdose victims. The availability of naloxone is accompanied by appropriate programs which train potential overdose witnesses in comprehensive overdose prevention and management strategies including naloxone administration. Participants were asked about their knowledge and / or experience with this program. Sixty-eight percent of participants indicated that they had heard about this program (n=67) in the two months since commencement. Of those who had heard about the program a third (31%) had been through the course and received a prescription for Narcan®. One participant reported having been resuscitated with Narcan® by someone trained through this program and five participants reported using Narcan® to resuscitate someone else.

Ambulance attendances for overdose in ACT

The following graphs (Figures 20, 21 and 22) present data pertaining to ambulance calls in the ACT to reported heroin overdoses. In the 2011/12 financial year, there were a total of 791 ambulance calls to overdoses in the ACT of which 82 were heroin overdoses. As can be seen from Figure 21, ambulance calls relating to heroin overdoses represent a small proportion of the total number of ambulance calls for overdoses in the ACT. Other drug overdoses may be due to alcohol, prescription medication and benzodiazepines.

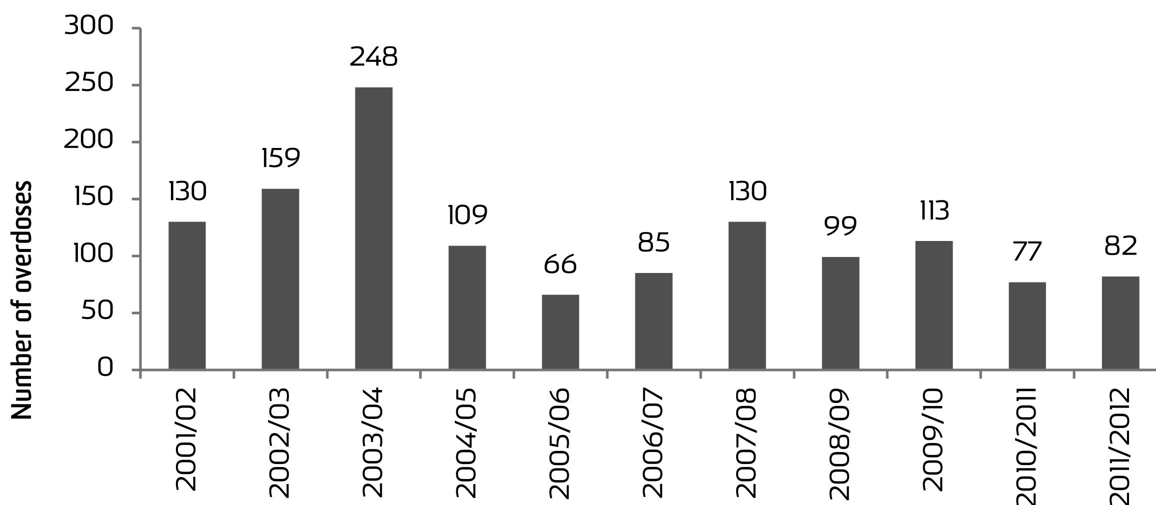
Figure 20: Total number of overdoses and number of heroin overdoses attended by ACT Ambulance Service, by month, 2011/12



Source: ACT Ambulance Service, 2011-2012

As can be seen from Figure 21, in the 2011/12 financial year, there was a total of 82 heroin overdoses attended by the ACT Ambulance Service. This was an increase from 77 heroin overdoses attended in 2010/11.

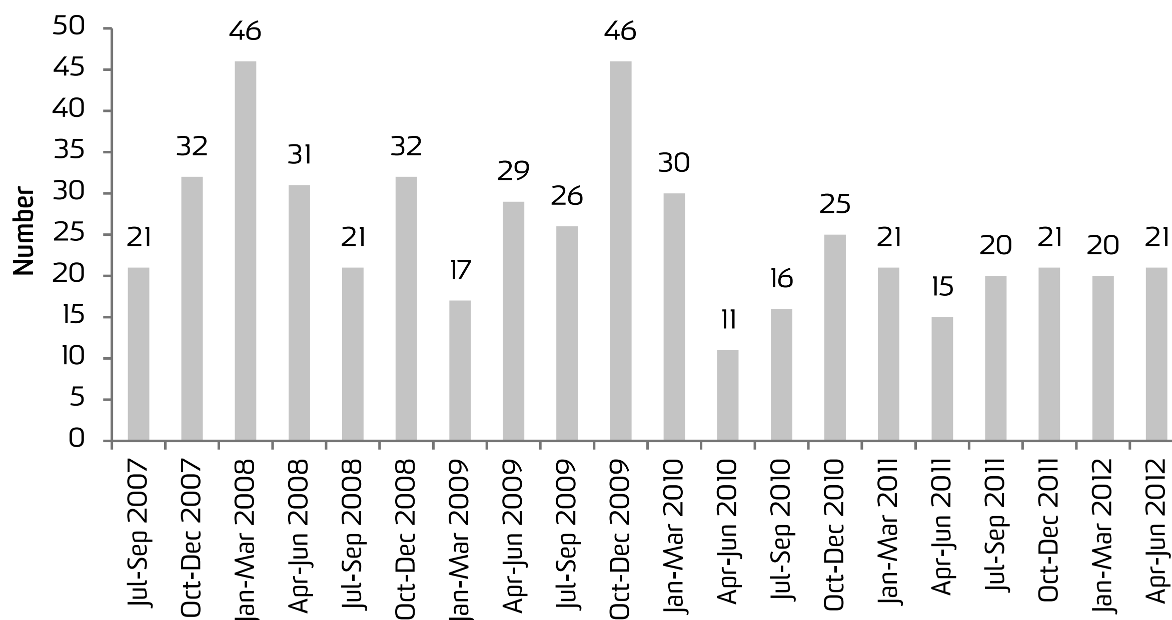
Figure 21: Annual number of heroin overdoses attended by ACT Ambulance Service, 2001/02 to 2011/12



Source: ACT Ambulance Service, 2001-2012

Figure 22 depicts the number of heroin overdoses attended by the ACT Ambulance Service by quarter. When analysed by quarter, the number of heroin overdoses in the Ambulance Service in the ACT has varied over the past five years.

Figure 22: Number of heroin overdoses attended by ACT Ambulance Service, by quarter, July 2007 to June 2012



Source: ACT Ambulance Service, 2007-2012

Other drugs

Non-fatal overdose

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

Just over one quarter (26%) of participants reported overdosing on a drug other than heroin at some point in their life on a median of one time. Only one participant reported overdosing on any other drug in the previous year.

6.2 Drug treatment

IDRS participant survey

Participants interviewed for the IDRS who were currently in treatment (53%) were asked a number of questions about their reported treatment. Participants reported a median of 72 months (ranging from one month to 10 years) in any current treatment. Those in current methadone treatment (40% of the sample) reported a median of 72 months (ranging from

one month to 10 years). Thirty-one percent of participants in current treatment reported that they had been in treatment for 12 months or less.

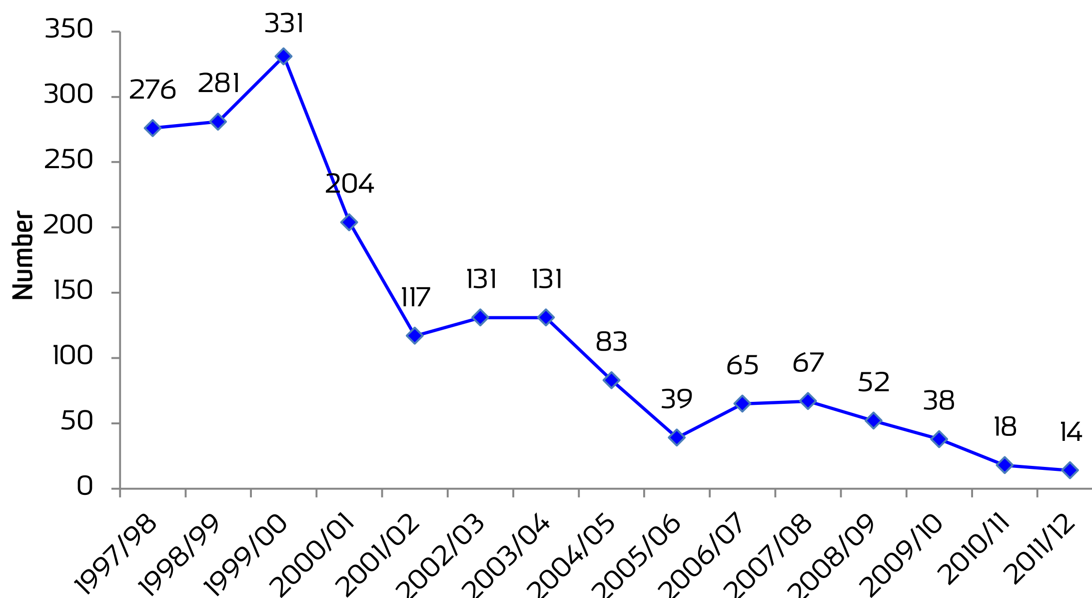
Twelve percent of the national sample reported current buprenorphine-naloxone treatment, 6% buprenorphine, 6% buprenorphine-naloxone and 1% reported being in drug counselling treatment.

ACT Health

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 23. The number of clients reporting heroin as their principal drug of concern was 14 in the 2011/12 financial year. The main reason for the large variation in figures from 2010/11 onwards is because Arcadia House now operates as a withdrawal service and an eight week residential program. Of the 10 bed facility, two to four beds are utilised for withdrawal purposes depending on the needs of the eight week program.

Figure 23: Number of Arcadia House clients withdrawing from heroin, 1997/98 to 2011/12

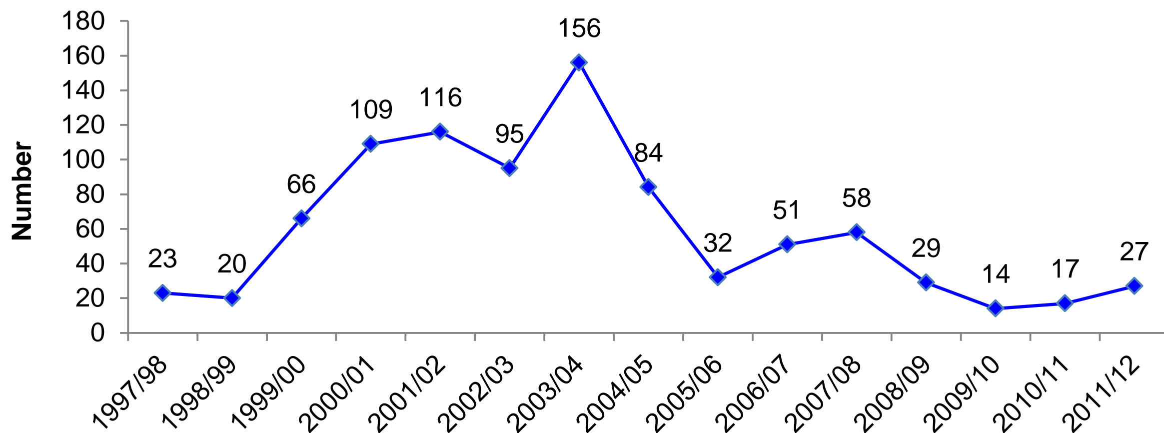


Source: Assisting Drug Dependents Incorporated (ADDInc),

Methamphetamine

As can be seen in Figure 24, there was an increase in the number of clients that attended Arcadia House for methamphetamine detoxification, from 17 in 2010/11 financial year to 27 in 2011/12 financial year. It should be noted that 2011/12 figures include withdrawal for both methamphetamine and amphetamine.

Figure 24: Number of Arcadia House clients undergoing withdrawal from methamphetamine, 1997/98 to 2011/12



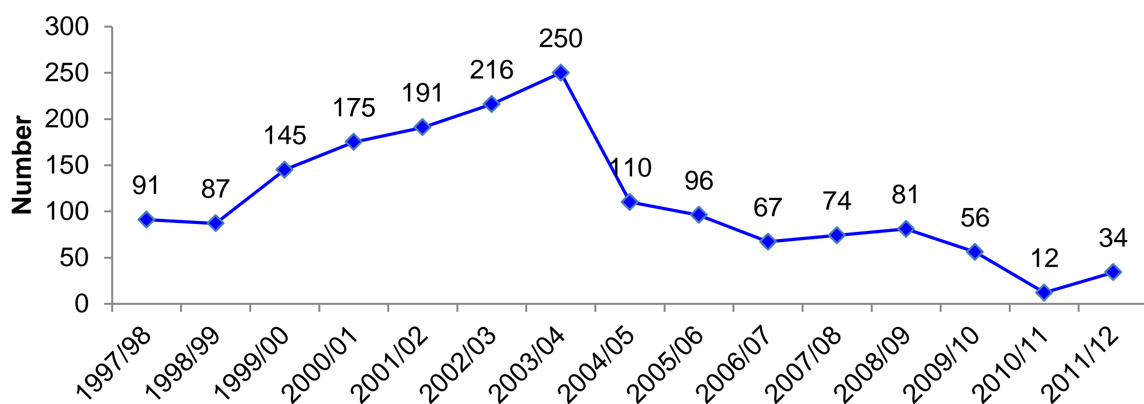
Source: ADDInc

* Includes amphetamine

Cannabis

As can be seen from Figure 25 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 in 2010/11 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. In 2011/12 financial year there has been an increase to 34 clients.

Figure 25: Number of Arcadia House clients undergoing withdrawal from cannabis, 1997/98 to 2011/12



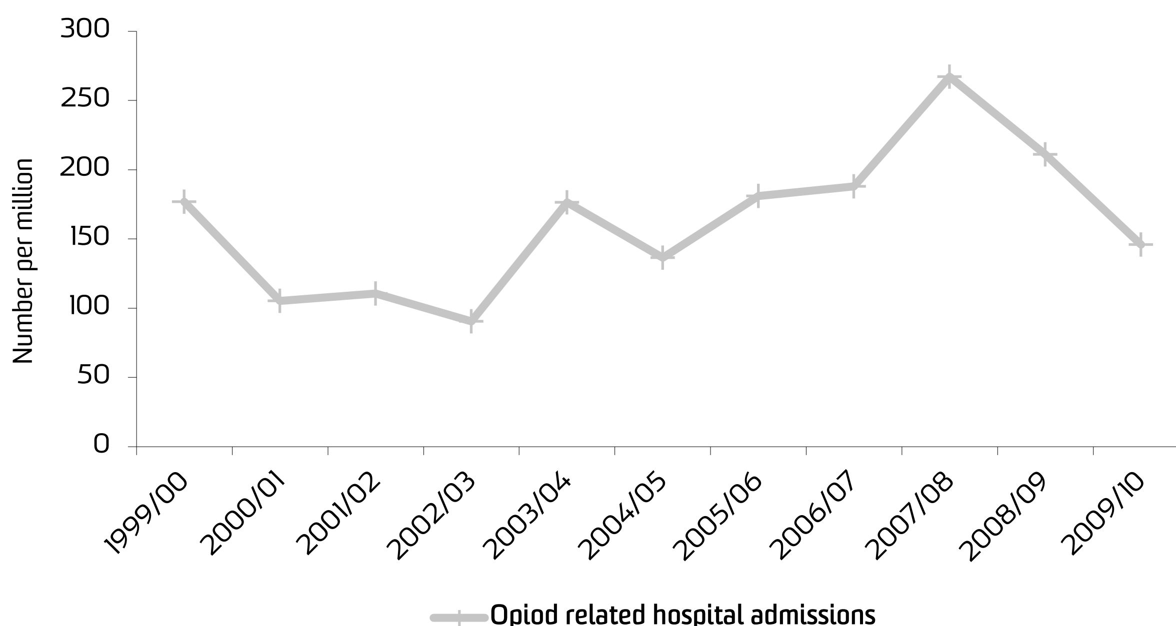
Source: ADDInc

6.3 Hospital admissions

Heroin including other opioids

The number per million persons of inpatient hospital admissions among persons aged 15-54 years, with a principal diagnosis relating to opioids, is shown in Figure 26. 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 26, the number of opioid-related hospital admissions has continued its downward trend for a second year in a row, from a peak of 267.23 per million persons in 2007/08 to 145.93 per million persons in 2009/10. At the time of print the 2010/11 data for hospital admissions were not available.

Figure 26: Number of hospital admissions per million persons aged 15-54 years where opioids were implicated in the primary diagnosis, ACT, 1999/00 to 2009/10

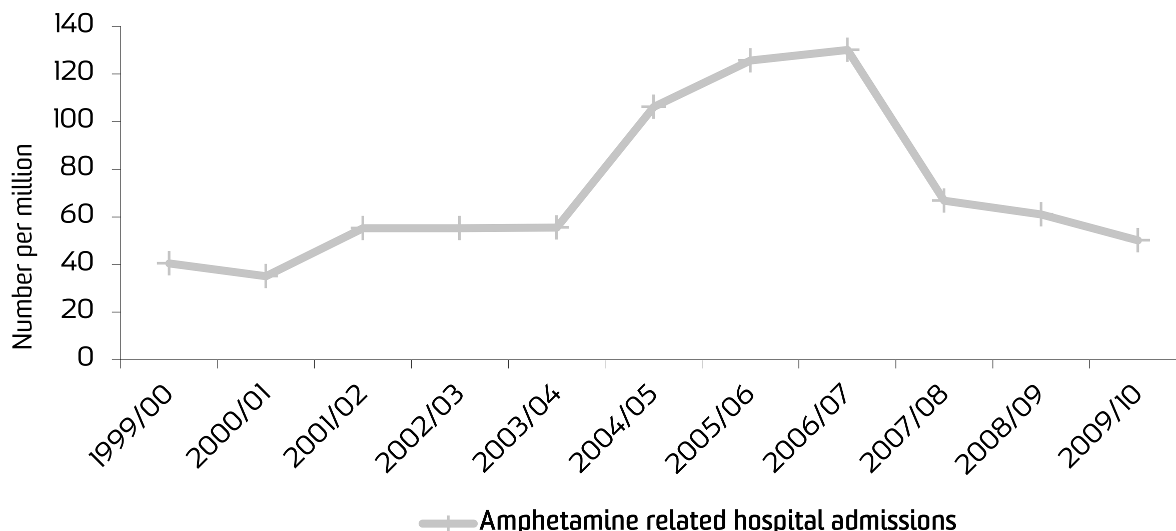


Source: AIHW; ACT Department of Health; (Roxburgh and Burns, 2012)

Methamphetamine

Figure 27 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 29). In 2009/10, admissions decreased again to 50.16 per million persons. At the time of print the 2010/11 data for hospital admissions were not available.

Figure 27: Number of hospital admissions per million persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 1999/00 to 2009/10



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

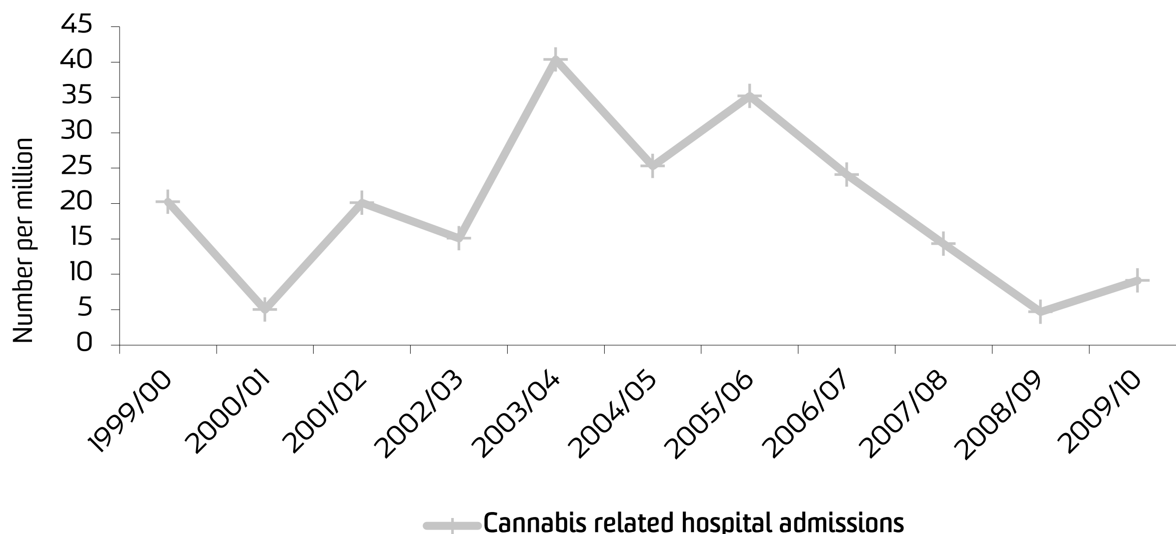
Cocaine

Numbers of hospital admissions in the ACT where cocaine was implicated in the primary diagnosis have remained lower than 10 per million persons aged 15-54 years in the last 10 years. In 2009/10, there were 4.56 cocaine-related hospital admissions per million persons recorded in the ACT. At the time of print the 2010/11 data for hospital admissions were not available.

Cannabis

As can be seen from Figure 28, the number of cannabis-related hospital admissions per million persons has fluctuated over the last 10 years. In 2009/10, there were 9.12 cannabis-related hospital admissions per million persons recorded in the ACT, a small increase from 2008/09. At the time of print the 2010/11 data for hospital admissions were not available.

Figure 28: Number of hospital admissions per million persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 1999/00 to 2009/10



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

6.4 Injecting risk behaviour

Injecting drug use in the general population

It has been estimated that a very low proportion of the Australian general population aged 14 years and over have ever injected or recently injected drugs. In 2010, 1.8% of the general population had injected a drug in their lifetime, with 0.4% having injected a drug in the past year. More than one-quarter (27.1%) of recent users injected daily and the majority obtained their needles and syringes from a chemist (64.5%). Males were more likely to have recently injected drugs in the past year than females (0.6% versus 0.3%). Those in the 20-29 and 30-39 year age groups had a higher proportion of past-year injecting drug use (0.9% for each) than those in other age groups (Australian Institute of Health and Welfare, 2011) .

Another recent prevalence estimate of injecting in Australia in 15-64 year olds is 1.09% (range = 0.65%-1.50%) which equates to approximately 149,591 persons (range = 89,253-204,564) (Mathers, Degenhardt, Phillips et al., 2008) .

Access to needles and syringes

Needle and syringe programs (NSP) were by far the most common source of needles and syringes in the preceding six months (97%), followed by chemists (44%). NSP vending machines were used by 21% of participants. Proportions reporting a friend (36%), partner (7%) and/or dealer (15%) were observed. Hospitals and outreach/peer workers were also accessed.

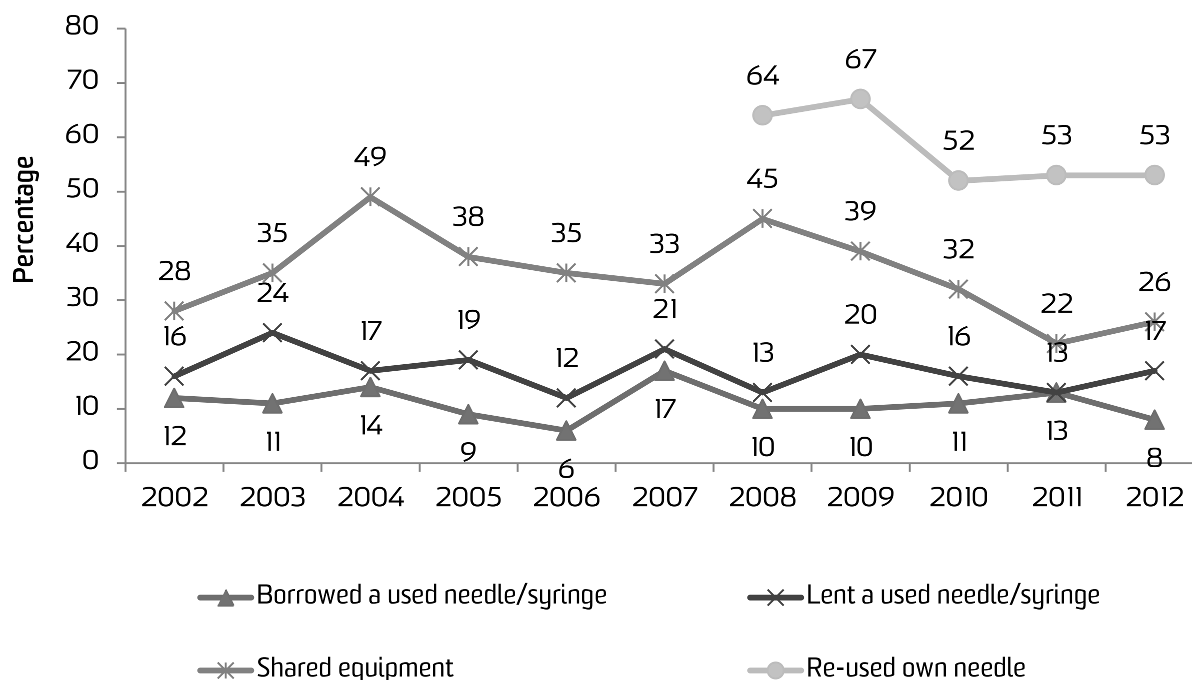
In comparison, data from the 2010 National Drug Strategy Household survey (NDSHS) reported that around 65% of recent injectors (used in the previous 12 months) obtained needles and syringes from a chemist, followed by 37% at NSP (Australian Institute of Health and Welfare, 2011) .

Sharing of injecting equipment among PWID

Figure 29 presents the proportion of participants in the 2012 sample who reported recently sharing injecting equipment. In the month preceding interview, 8% (n=8) of participants had injected with syringes that had already been used by someone else (13% in 2011). All eight participants reported that one person had used the needle before them. Participants reported that the people who had used syringes prior to themselves were regular sex partners (n=8).

The proportion of participants who reported lending used needles remained stable at 17% in 2012 (16% in 2011). Of the 16 participants reporting lending needles in the month prior to interview, 12 participants reported that someone else used their needle one to two times after they had used it and four respondents reported that their needle was used between three and five times after they had used it.

Figure 29: Proportion of PWID reporting sharing injecting equipment in the month preceding interview, 2002-2012



Source: ACT IDRS PWID interviews, 2002-2012

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 2012, 26% 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 was 15% in 2012 (17% in 2011). As can be seen in Table 25, 5% of participants reported using a filter after someone else, the same as in 2011. The proportion reporting using a tourniquet after someone else decreased from 7% in 2011 to 2% in 2012, while no participants reported sharing swabs in 2012.

Table 25: Proportion of PWID reporting sharing other injecting equipment by type, 2008-2012

Injecting equipment used after someone else:	2008 N=101	2009 N=100	2010 N=101	2011 N=98	**2012** **N=99**
Spoon / mixing container (%)	43	34	29	17	**15**
Filter (%)	21	12	14	5	**5**
Tourniquet (%)	18	11	7	7	**2**
Water (%)	23	22	17	11	**3**
Swabs	N/A	7	6	2	**0**

Source: ACT IDRS PWID interviews, 2008-2012

Participants in the 2012 IDRS were also asked questions about the site on their body where they had last injected. Four-fifths (79%) of participants reported that they last injected in their arm. Fifteen percent of participants reported last injecting in their hand or wrist, 3% in their foot and 2% in their neck.

Location of Injections

Table 26 presents a summary of the last location of drug injection among the ACT IDRS samples from 2008 to 2012. In 2012, the majority (90%) of participants reported that their last location of injection was a private home. Five percent reported a public toilet as their last location of injection, and 3% reported a public place (such as a street or a park). Two percent of participants reported a car as the last location for injection.

Table 26: Location of last injection in the month preceding interview, ACT, 2008-2012

	2008	2009	2010	2011	**2012**
Location of last injection (%)	N=101	N=100	N=101	N=98	**N=99**
Private home	80	83	86	79	**90**
Public toilet	7	8	1	6	**5**
Street/park/beach	5	3	3	3	**3**
Car	6	6	6	7	**2**

Source: ACT IDRS PWID interviews, 2008-2012

Self-reported Injection-related health problems

In 2012, 61% of participants reported having experienced at least one injection-related health problem in the month preceding interview. Twenty-four 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=7), methamphetamine (n=3), Methadone (n=2), Subutex (n=1) and oxycodone (n=1). As can be seen from Table 27, the most commonly experienced injection-related problem in 2012 was scarring/bruising of injection sites (65%) followed by difficulty injecting.

Table 27: Injection-related health problems experienced in the month preceding interview, ACT, 2008-2012

	2008	2009	2010	2011	**2012**
Injection-related health problems in past month (%)	74	68	57	66	**61**
Problem: (%)					
Scarring/bruising*	55	43	38	30	**65**
Difficulty injecting*	47	39	21	21	**53**
‘Dirty hit’*	14	19	17	22	**24**
Infections/abscesses*	4	0	10	7	**9**
Overdose*	1	4	5	10	**2**

Source: ACT IDRS PWID interviews, 2008-2012

*Among those who reported an injection problem

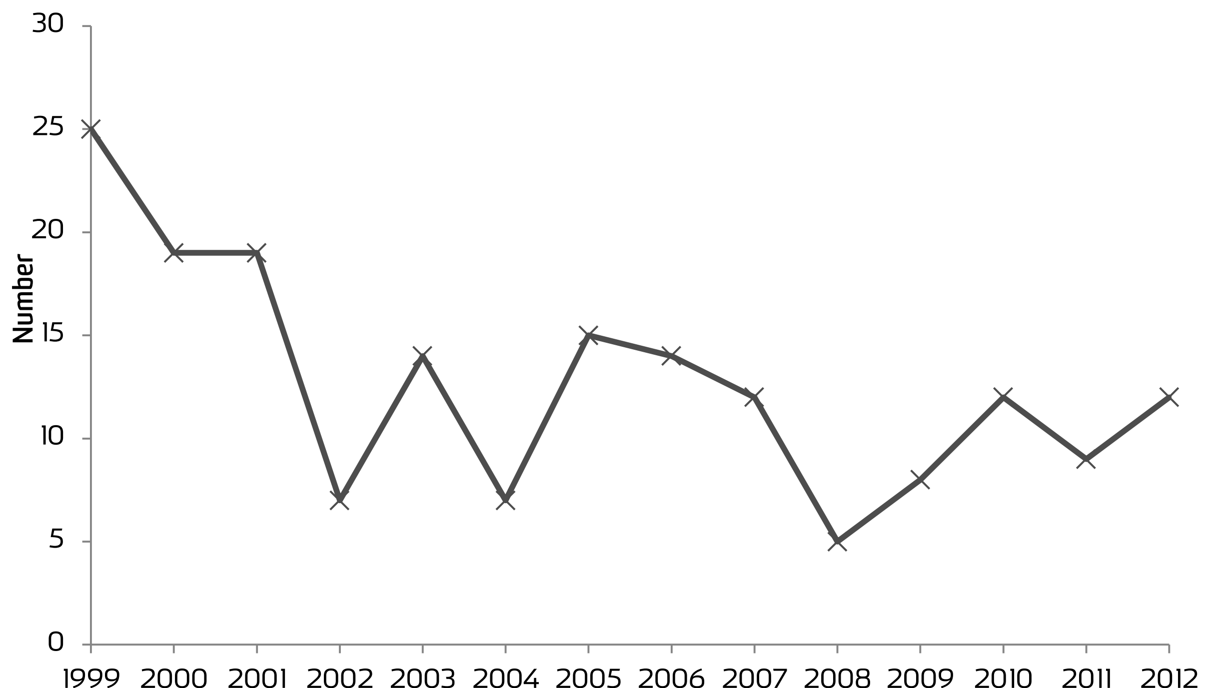
6.5 Blood-borne viral infections

Data presented in this section are derived from the NNDSS (National Notifiable Diseases Surveillance System, 2012) .

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, July 2012) . From 2000 to 2011, there have been no HIV positive cases in the ACT sample surveyed for the annual NSP survey (The Kirby Institute, July 2012)

In 2012, there were 443 new cases of the hepatitis C virus (HCV) reported nationally, of which 12 were reported in the ACT. This is a slight increase from the nine cases of newly acquired HCV reported in 2011 (National Notifiable Diseases Surveillance System, 2012) . Figure 30 presents the number of newly diagnosed cases of HCV in the ACT from 1999 to 2012.

Figure 30: Number of newly diagnosed HCV cases in the ACT, 1999-2012[2]



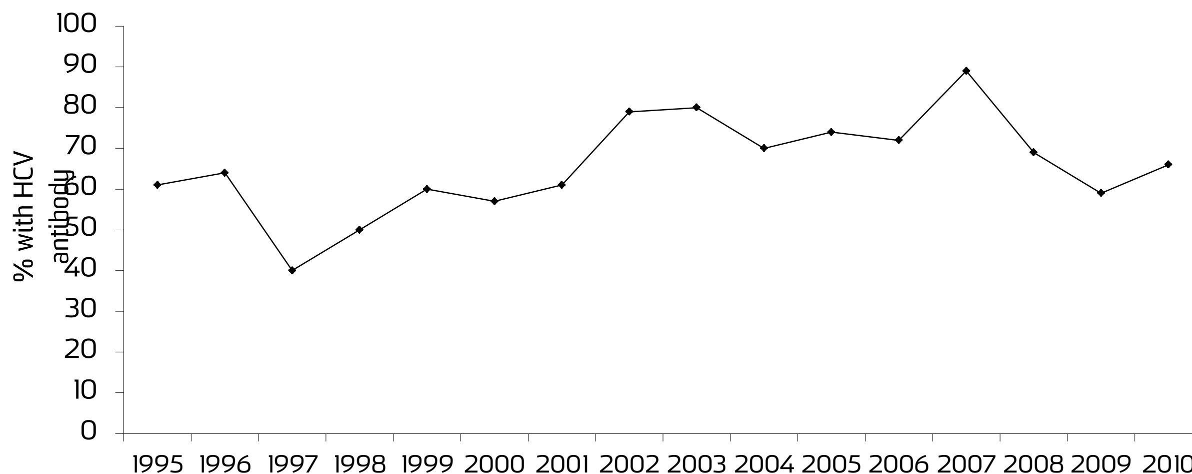
Source: Data accessed on 27 February 2013: (National Notifiable Diseases Surveillance System, 2012)

The HCV antibody prevalence among the PWID sampled for the NSP annual survey (The Kirby Institute, July 2012) is shown in Figure 31. 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 2011, 93 PWID were tested in the ACT for the

[2] 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.

HCV antibody prevalence. Of these participants 60% (n=56) tested positive for HCV antibody. This was a decrease in percentage from 2010 (66%).

Figure 31: HCV antibody prevalence among PWID, ACT, 1995-2011



Source: (Kirby Institute, July 2012)

In 2012, there were two new notifiable case of the hepatitis B virus (HBV) in the ACT the same as in 2011 (National Notifiable Diseases Surveillance System, 2012) . The number of unspecified cases of HBV was 104 in 2012, compared to 93 in 2011 (National Notifiable Diseases Surveillance System, 2012) .

6.6 Alcohol Use Disorders Identification Test

Recently a lot of media attention has focused on young people and alcohol. However, there has been less focus on alcohol use amongst people who regularly inject drugs. People who regularly inject drugs are particularly at risk for alcohol related harms due to a high prevalence of the HCV. Half of the participants interviewed in the Australian NSP Survey 2011 (n=2,395) were found to have HCV antibodies (Kirby Institute, May 2012) . Given that the consumption of alcohol has been found to exacerbate HCV infection and to increase the risk of both non-fatal and fatal opioid overdose and depressant overdose (Darke, Rossand Hall, 1996; Schiffand Ozden, 2004; Coffin, Tracy, Bucciarelli et al., 2007; Darke, Duflouand Kaye, 2007) it is important to monitor risky drinking among PWID.

The information on alcohol consumption currently available in the IDRS includes the prevalence of lifetime and recent use, number of days of use over the preceding six months. Participants in the IDRS were asked the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) as a valid measure of identifying heavy drinking (Bush, Kivlahan, McDonell et al., 1998) . The AUDIT-C is a three item measure, derived from the first three consumption questions in the AUDIT. Dawson et al (2005) reported on the validity of the AUDIT-C finding that it was a good indicator of alcohol dependence, alcohol use disorder and risky drinking.

Among ACT IDRS participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 5.9 (median=5, range 1-12). No significant differences were found for gender. Males and females scoring similar on the AUDIT-C (6.2 versus 5.3; p>0.05) According to Dawson et al (2005) and Haber et al (2009) in '*Guidelines for the Treatment*

of Alcohol Problem's a cut-off score of five or more indicated that further assessment was required.

Almost two-thirds (63%) of the participants who drank in the past year scored 5 or over on the AUDIT-C. Sixty-four percent of males and 60% females scored 5 or more indicating the need for further assessment (Table 28).

Table 28: AUDIT-C among people who inject drugs and drank alcohol in the past year, 2011-2012

	National 2011 n=626	National 2012 n=640	ACT 2011 n=71	ACT 2012 n=75
Score of 5 or more				
All participants (%)	55	56	55	63
Males (%)	58	60	60	64
Females (%)	45	50	48	60

Source: IDRS ACT PWID interviews, 2011-2012

6.7 Mental health problems and psychological distress

Self-reported mental health problems

In 2012, 35% 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 (80%), anxiety (51%) and bipolar disorder (14%) (see Table 29).

Forty-nine percent of those who reported mental health problems reported that they had attended a mental health professional in the previous six months. In 2012, 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=17), half (50%) reported being prescribed an anti-depressant, 44% reported they had been prescribed an anti-psychotic and 80% reported that they had been prescribed benzodiazepines. Forty-one percent were not prescribed any medication (see Table 29).

Table 29: Summary of mental health problems experienced by PWID in the ACT, 2012

	2012 N=99
Self-reported mental health problem last six months (%)	**35**
Self-reported mental health problems (%)*	**(n=35)**
Depression (%)	**80**
Anxiety (%)	**51**
Bipolar disorder (%)	**14**
Panic (%)	**6**
Phobias (%)	**3**
Paranoia (%)	**0**
Schizophrenia (%)	**14**
Drug-induced psychosis	**3**
Attended mental health professional (%)*	**49**
No medication (%)**	**41**
Prescribed anti-depressant (%)**	**50**
Prescribed anti-psychotic (%)**	**44**
Prescribed benzodiazepines (%)**	**80**

Source: ACT IDRS PWID interviews, 2012

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

** Of those who attended a mental health professional

Kessler Psychological Distress Scale

The Kessler 10 (K10) was administered in 2012 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 22.5 (range=8-42, median 22, SD=8.6). The 2010 NDSHS 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, 29% of the 2012 PWID scored in the low range, 18% in the moderate distress range, 26% were in the high distress range, and 27% in the very high distress range. As can be seen in Table 30, whilst the majority in the NDSHS score between 10-15 (70%), the IDRS sample scores more frequently in the high (26%) to very high distress group (27%).

Table 30: K10 scores in the 2010 NDSHS and the ACT IDRS interviews, 2009-2011

K10 Score	Level of psych. distress	National Drug Strategy Household Survey	2011 ACT IDRS (N=98)	2012 ACT IDRS (N=99)
10-15	No/low distress	70	**20**	**29**
16-21	Moderate distress	21	**24**	**18**
22-29	High distress	7	**26**	**26**
30-50	Very high distress	2	**31**	**27**

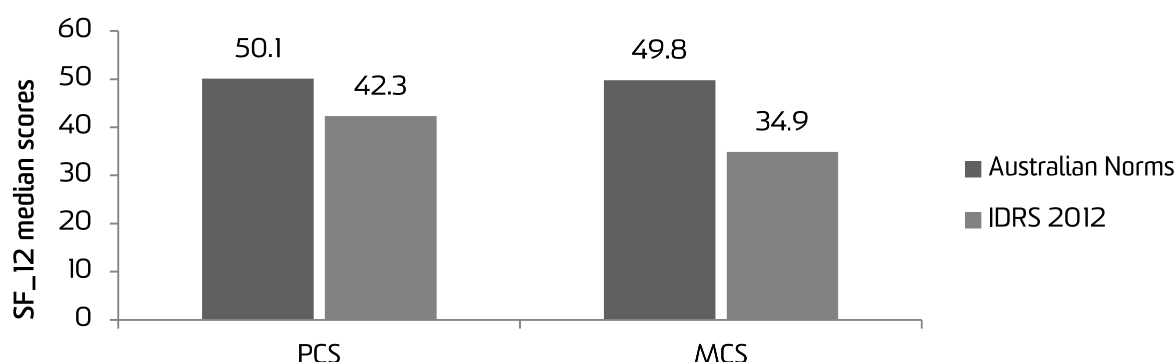
Source: AIHW, 2011; ACT IDRS PWID interviews, 2011-2012

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 (Ware, Snow, Kosinski et al., 1993) . It measures health status 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; Ware, Kosinski and Keller, 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 2012 ACT IDRS scored a mean of 42.3 (SD=10.7) for the PCS and 34.9 (SD=11.9) for the MCS (Figure 32).

Figure 32: SF-12 scores for ACT IDRS participants compared with the general Australian population (ABS), 2012



Source: IDRS participant interviews , (Australian Bureau of Statistics, 1995)

Figure 32 presents the MCS and PCS for participants interviewed in the ACT IDRS compared with those of the general Australian population[3] from the National Health Survey (ABS, 1995) . It appears that IDRS participants in 2012 had a significantly lower MCS compared with the Australian population average (34.9% versus 49.8%; t_{66}= -10.25; p<0.05, d=1.25). It was also found that ACT IDRS participants reported a significantly lower PCS score than the Australian population (42.3% versus 50.1%; t_{66}= -5.94; p<0.05, d=.7) (Table 31). The MCS and PCS were found to be statistically significantly lower than the Australian population mean score. This would indicate that IDRS participants had poorer mental and physical health than the population average.

Table 31: SF-12 Mental and Physical Health Mean Component Scores by jurisdiction, 2012

SF-12 Component scores	SF-36 Australian Population Norms (ABS)	SF-12 Australian Population Norms (ABS)	National N=606	ACT n=67
MCS	49.8	53.70	35.3	34.9
PCS	50.1	52.22	41.9	42.3

Source: IDRS participant interviews , (Australian Bureau of Statistics, 1995) , (Australian Bureau of Statistics, 1997)

6.8 Driving risk behaviour

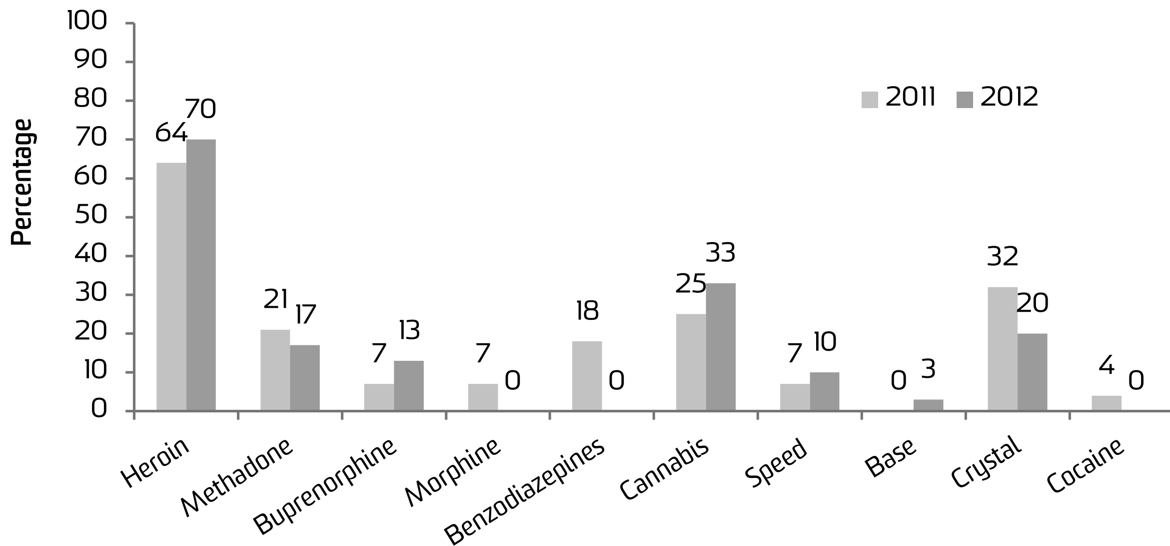
Participants were asked about driving behaviour following the use of alcohol or drugs. Of those who had driven a vehicle in the preceding six months (n=40), 28% (n=11) reported that they had driven whilst under the influence of alcohol, and five participants reported that they had driven over the limit of prescribed concentration of alcohol.

Thirty participants (77% of those who had driven in the past six months) reported that they had driven soon after taking drugs during that time. Participants reported that they had soon after taking drugs on a median of 18 times (range=1-180) during the preceding six months. The median time between taking drugs and driving was 30 minutes (range=1-720; SD 155).

Drugs taken before the participants had driven during the past six months for 2011-2012 are presented in Figure 33. The most common drugs used before driving reported by participants in 2012 were heroin (70%), cannabis (33%), crystal (20%), methadone (17%) and buprenorphine (13%).

[3] The SF-12 scores were transformed into SF-36 scores using weighted syntax to make them comparable with the general Australian population scores.

Figure 33: Proportion of participants reporting driving soon after taking drugs, by drug type, 2011-2012

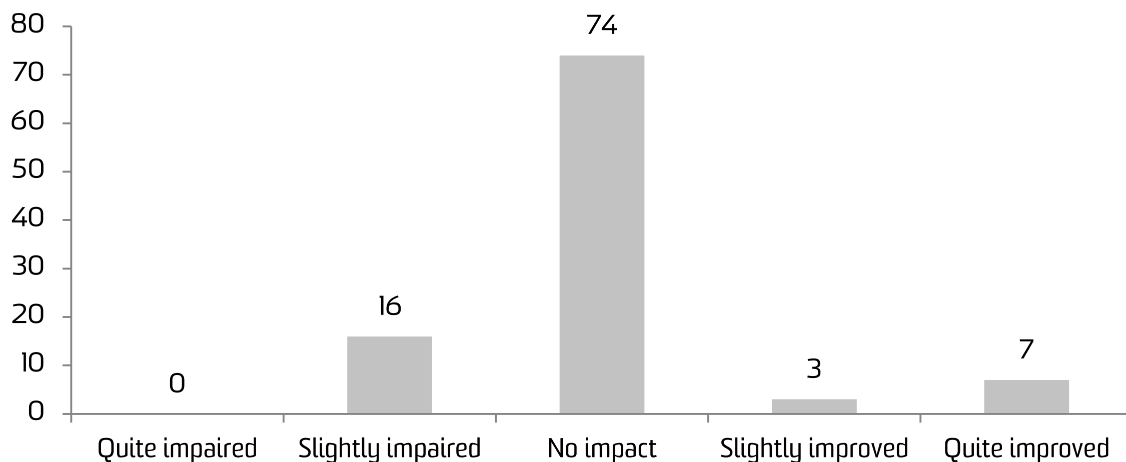


Source: ACT IDRS PWID interviews, 2011-2012

NB: Of those who have driven in the past six months

In 2012, 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 (74%) and no participants felt that their driving ability had been quite impaired.

Figure 34: Participants' reports of perceived driving impairment while driving under influence of drugs, ACT, 2012



Source: ACT IDRS PWID interviews, 2012
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 with no positive results reported.

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

7.1 Reports of criminal activity

As can be seen in Table 32, in 2012, 22% of participants reported that they had been arrested in the last 12 months (20% in 2011).

The proportion of participants in 2012 that reported engaging in at least one act of criminal activity in the month prior to interview was 35%. Twenty-five percent of participants reported being involved in drug dealing and 19% of participants reported committing property crime in the previous month.

Table 32: Criminal activity among participants, ACT, 2011-2012

	2011 N=98	**2012 N=99**
Arrested last 12 months (%)	20	**22**
Crime arrested for (%)		
Property crime	10	**7**
Dealing	3	**5**
Fraud	0	**0**
Violent crime	3	**10**
Driving offence	3	**11**
Committed at least one crime in the last month (%)	34	**35**
Crime committed (%)		
Property crime	20	**19**
Dealing	22	**25**
Fraud	1	**3**
Violent crime	5	**3**

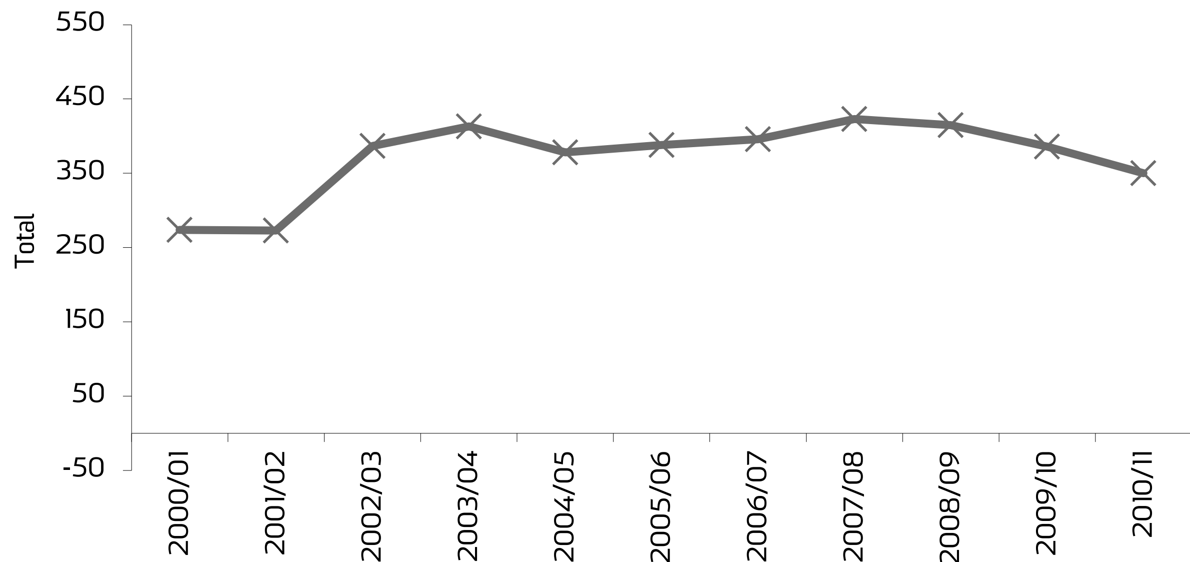
Source: ACT IDRS PWID interviews, 2011-2012

7.2 Arrests

All drugs

As can be seen in Figure 35, the number of drug-specific arrests made by ACT police has remained fairly steady since 2002/03. In 2010/11, the slight downward trend continues in the number of drug-specific arrests made (350) when compared to 2009/2010 (386). In 2010/11, 82% of all drug-related arrests in the ACT were males.

Figure 35: Number of drug-specific arrests for all drugs, ACT, 2000/01 to 2010/11



Source: ABCI, 2000-2002; ACC, 2003-2012

NB: Data not available for the 2011/2012 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 2010/11 was 350. As can be seen in Table 33, the number of females arrested for user-related offences remained stable at 53 arrests in 2010/11 from 54 arrests in 2009/10. The number of males charged with user-type offences also remained relatively steady (256, compared to 278 in 2009/10). The total number of provider arrests in 2010/1 was 41, slightly less than 54 in 2009/10.

Table 33: Number of consumer and provider arrests for all drugs, ACT, 2000/2001 to 2010/11

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
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
2010/2011	**256**	**53**	**31**	**10**	**350**

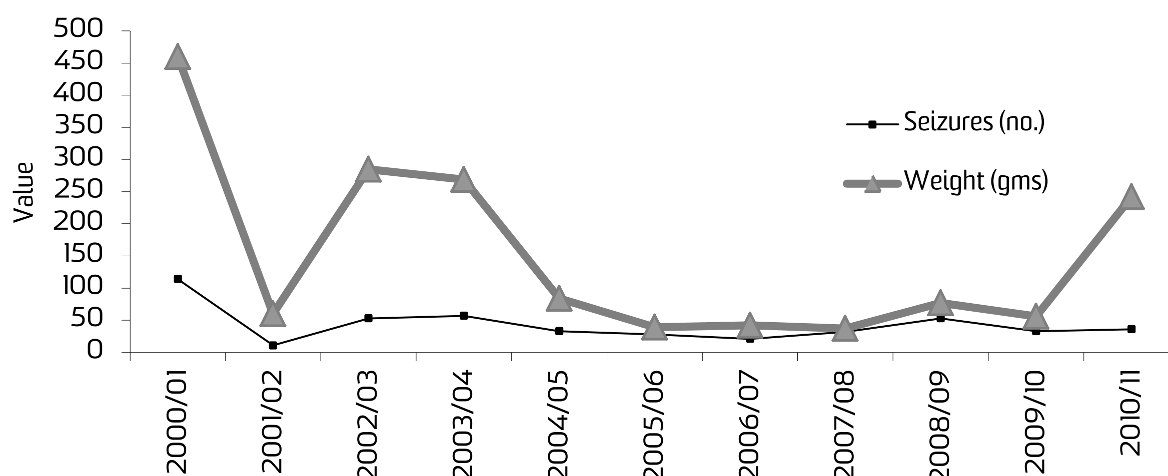
Source: ABCI, 2000-2002; ACC, 2003-2012

NB: data not available for the 2011/2012 financial year

Heroin

The number of heroin seizures and total weight seized for each financial year period from 2000/01 is presented in Figure 36. The number of seizures made in 2010/11 increased slightly from 33 in the 2009/10 financial year to 36. The weight of seizures increased, from 56 grams in 2009/10 to 242 grams in 2010/11.

Figure 36: Number and weight of heroin seizures in the ACT, 2000/01 to 2010/11



Source: ABCI, 2000-2002; ACC, 2003-2012

NB: Data not available for 2011/2012 financial year

Table 34 summarises the number of heroin and other opioids consumer and provider arrests in the ACT from 2000/01 to 2010/11 (more recent data were not available at the time of printing). The total number of heroin-related arrests in 2010/11 (33 arrests) remained relatively stable from 30 arrests in 2009/10.

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

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
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
2010/2011	**15**	**7**	**9**	**2**	**33**

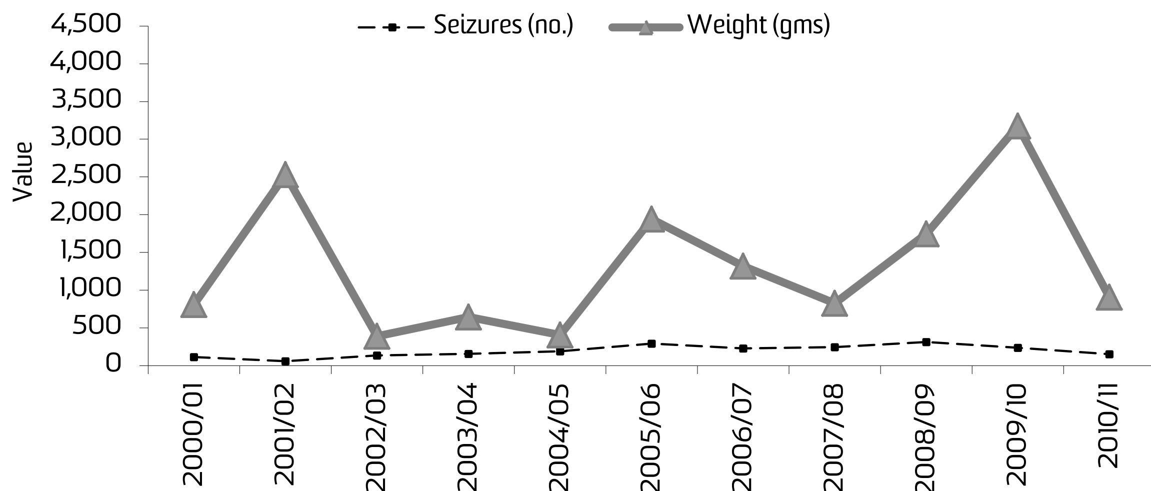
Source: ABCI, 2000-2002; ACC, 2003-2012

NB: Data not available for the 2011/12 financial year

Methamphetamine

Figure 37 shows the number and weight of methamphetamine seizures in the ACT from 2000/01 to 2010/11. In 2010/11, the number of seizures decreased to 151 from 235 in 2009/10. The weight of seizures also decreased from 3,178 grams of amphetamine-type stimulants to 905 grams seized in 2010/11.

Figure 37: Number and weight of amphetamine-type stimulant seizures in the ACT, 2000/01 to 2010/11



Source: ABCI, 2000-2002; ACC, 2003-2012 ; NB: Data not available for the 2011/12 financial year

Table 35 presents the number of consumer and provider arrests for amphetamine-type stimulants (ATS) made in the ACT between 2001 and 2011. 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 decreased compared to the previous reporting year, with a total of 60 arrests recorded in 2009/10, compared to 100 arrests in 2009/10.

Table 35: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 2000/01 to 2010/11

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
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
2010/2011	**42**	**9**	**7**	**2**	**60**

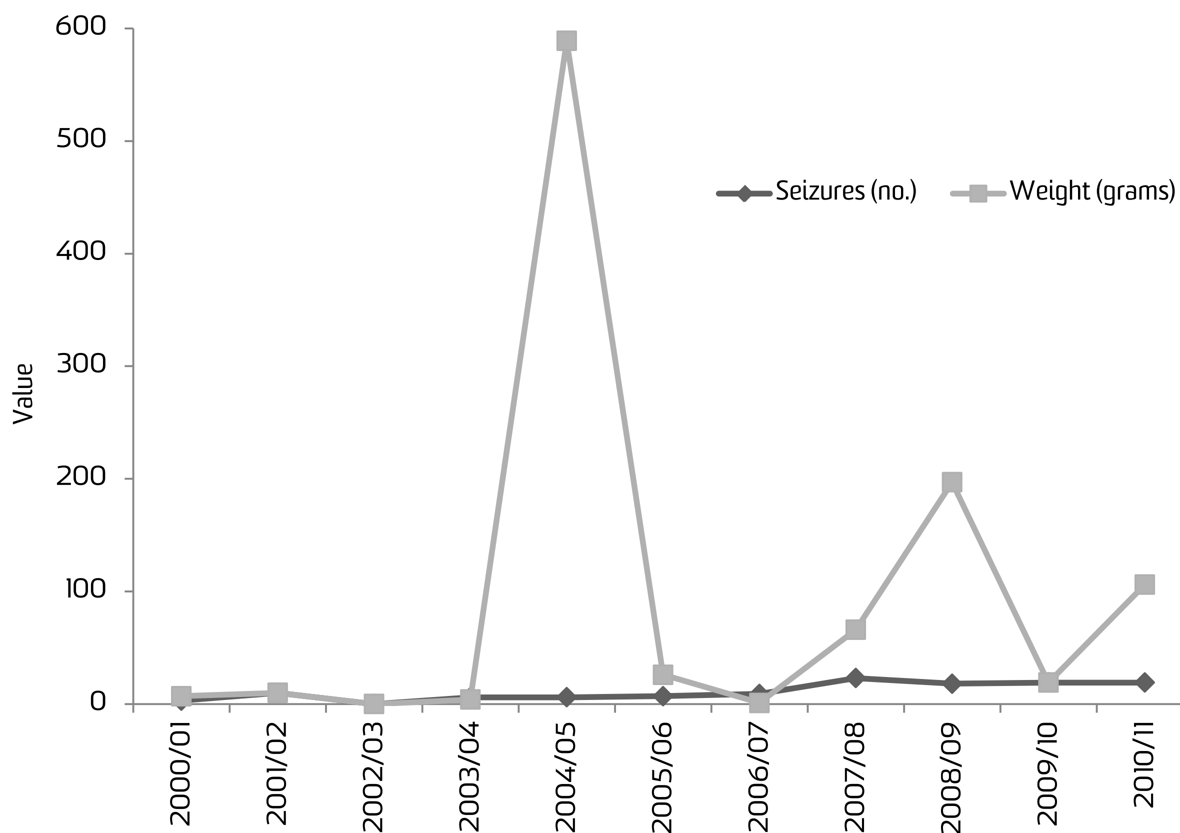
Source: ABCI, 2000-2002; ACC, 2003-2012

NB: Data not available for the 2011/12 financial year

Cocaine

Figure 38 shows the number and weight of cocaine seizures in the ACT from July 2000 to June 2011. In 2010/11, the number of seizures remained low at 19 while the weight of seizures increased to 106 grams.

Figure 38: Number and weight of cocaine seizures in the ACT, 2000/01 to 2010/11



Source: ABCI, 2000-2002; ACC, 2003-2012

NB: Data not available for the 2011/12 financial year

In 2010/11 there were six consumer arrests for cocaine and 12 provider arrests recorded (see Table 36).

Table 36: Number of cocaine consumer and provider arrests, ACT, 2000/01 to 2010/11

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
2010/2011	**5**	**1**	**7**	**5**	**18**

Source: ABCI, 2000-2002; ACC, 2003-2012

NB: Data not available for the 2011/12 financial year

Cannabis

Table 37 shows the number and weight of cannabis seizures in the ACT from 2000 to 2011. In 2010/11 there was a decrease in the number of cannabis seizures to 632 (746 in 2009/10). The weight of cannabis seizures for 2010/11 was 420,795 grams by ACT local police.

Table 37: Number and weight of cannabis seizures by ACT local police, 2000/01 to 2010/11.

Year	Seizures (no.)	Weight (grams)
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
2010/2011	**632**	**420,795**

Source: ABCI, 2000-2002; ACC, 2003-2012

Note: Data not available for the 2011/12 financial year

Table 38 summarises the number of cannabis consumer and provider arrests in the ACT from 2000 to 2011. In the ACT, the greatest numbers of drug-specific arrests are due to user-type and supply-type cannabis offences. There was an increase in the number of males charged with user-type offences in 2010/11, increasing to the highest recorded with 192 males arrested. The number of females charged with supply-type offences has remained relatively low and stable since 2005/06.

Table 38: Number of cannabis consumer and provider arrests, ACT, 2000/01 to 2010/11

Year	Consumer/user		Provider/supplier		Total arrests
	Male	**Female**	**Male**	**Female**	
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
2010/2011	**192**	**36**	**8**	**1**	**237**

Source: ABCI, 2000-2002; ACC, 2003-2012

NB: Data not available for the 2011/12 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 39 presents the total number of SCONs given out in the ACT from 2000 to 2011. The number of SCONs issued in the ACT increased slightly compared to the previous reporting year.

Table 39: Number of Simple Cannabis Offence Notices, ACT, 2000/01 to 2010/11

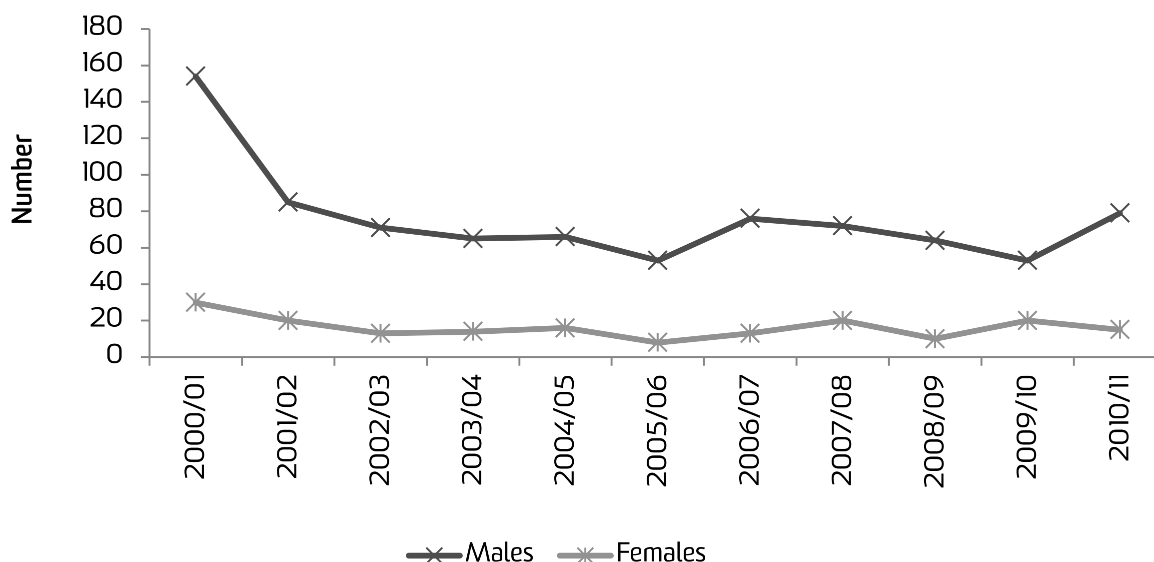
Year	Number of SCONs
2000/2001	184
2001/2002	105
2002/2003	84
2003/2004	79
2004/2005	82
2005/2006	61
2006/2007	89
2007/2008	92
2008/2009	74
2009/2010	73
2010/2011	**94**

Source: ABCI, 2000-2002; ACC, 2003-2012

NB: Data not available for the 2011/12 financial year

As can be seen in Figure 39, the proportion of SCONs received by females has remained consistently low (15 SCONs given to females in 2010/11). The number of SCONs given to females in the ACT has remained relatively stable since 2000. In 2010/11, 79 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, 2000/01 to 2010/2011



Source: ABCI, 2000-2002; ACC, 2003-2012

NB: Data not available for the 2011/12 financial year

7.3 Expenditure on illicit drugs

In 2012, 69% of participants reported having spent money on illicit drugs on the day prior to interview. Among these, the median expenditure on drugs was $80. This was a slight decrease from $90 in 2011 (see Table 40). In 2012, 56% of participants spent $50 or more on illicit drugs on the day prior to the interview.

Table 40: Expenditure on illicit drugs on the day prior to interview, ACT, 2008-2012

	2008 N=101	2009 N=100	2010 N=101	2011 N=98	**2012 N=99**
Nothing	40	42	40	32	31
Less than $20	9	8	3	6	5
$20-$49	10	10	16	13	8
$50-$99	14	19	21	19	24
$100-$199	16	20	11	22	20
$200-$399	11	1	8	7	12
$400 or more	1	0	0	1	0
Median expenditure ($)	80	80	70	90	80

Source: ACT IDRS PWID interviews, 2008-2012

8 SPECIAL TOPICS OF INTEREST

8.1 Fägerstrom Test for Nicotine Dependence

In 2012, participants who smoked daily were asked the Fägerstrom Test for Nicotine Dependence (FTND). These questions included 'How soon after waking do you smoke your first cigarette?', 'Do you find it difficult to refrain from smoking in places where is forbidden?', 'Which cigarette would you hate to give up?', 'How many cigarettes a day do you smoke?', 'Do you smoking more frequently in the morning?' and 'Do you smoke even when you are sick in bed?'.

The FTND gives a score between zero and 10. 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 remaining questions were scored either 0 or 1. The sum of these scores was computed and a cut-off score between 6 and 8 was used to indicate 'high' nicotine dependence. A score of 8 or more was used to indicate 'very high' nicotine dependency (Heatherton, Kozlowski, Frecker et al., 1991)
http://www0.health.nsw.gov.au/factsheets/general/nicotinedependence.html

As seen in Table 41, nearly half of the national sample who commented reported smoking their first cigarette within five minutes of waking and one-third between five to 30 mins of waking. Forty-six percent of daily smokers reported smoking between 11 and 20 cigarettes a day and 30% smoked 10 or less cigarettes a day.

Thirty-eight percent of daily smokers reported that they find it difficult to refrain from smoking in forbidden places such as a library, 68% reported that they would hate to give up the first cigarette in the morning compared to other times of the day. Around half reported smoking more often in the morning and when in bed when sick. The mean FTND score was 5.0 (SD=2.4). Thirty-one percent of the daily smokers scored between 6 and 8 on the FTND indicating 'high' nicotine dependence. Fifteen percent scored 8 or more on the FTND indicating 'very high' nicotine dependence.

Table 41: Fägerstrom Test for Nicotine Dependence, 2012

	National n=793	ACT n=85
Time till first cigarette		
Within 5 minutes (%)	48	38
5-30 mins (%)	32	46
31-60 mins (%)	10	8
More than 60 mins (%)	11	8
Number of cigarettes smoked a day		
10 or less (%)	30	35
11-20 (%)	46	38
21-30 (%)	19	22
31 or more (%)	6	5
High dependence	31	27
Mean score	5.0	4.9

Source: ACT IDRS PWID interviews, 2012

8.2 Pharmaceutical opioids

Since the heroin shortage of 2001 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 Needle Syringe Program survey (Kirby Institute, July 2012) - 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, Degenhardtand et 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 (Merrilland 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 2012, participants in the IDRS were asked questions about the use of PO and pain. PO included methadone, buprenorphine, buprenorphine-naloxone, morphine, oxycodone, and other PO such as fentanyl, pethidine and tramadol. Of the national sample, more than two-thirds (67%) reported the use of PO in the last six months (Table 42). Among those who had recently used PO and commented (n=67), 29% reported that Oxycontin® (oxycodone) was the pharmaceutical of choice, followed by methadone (25%) and MS contin® (morphine).

Among those who recently used PO (n=64), 55% used to treat self-dependence, 36% reported using them for pain relief and 27% to seek an opioid effect. Participants were asked if they were refused PO medications for pain due to injecting history. Of those who commented (63), 22% reported ‘yes’ and 32% ‘hadn’t sought pain relief’ (see Table 42).

Among those who sought pain relief (n=43), a third (33%) reported being prescribed PO for this. Participants were then asked to rate on a scale of zero (no relief) to 10 (complete relief) how much pain relief the PO had provided in the last week. Of those who commented (n=24), the median score was 3.5 (mean 4.0, SD=4.0) with a range from zero to 10. Forty-two percent reported no relief from taking PO’s in the last week and 13% scored 10 (complete relief).

Participants when then asked if they had sold, traded or given away any PO’s in the last six months. Of those who commented (n=59), 24% reported selling, trading or giving away PO’s recently (mainly methadone, buprenorphine and morphine).

Table 42: Pharmaceutical opioid use amongst PWID, 2012

	National	ACT
Used pharmaceutical opioids in the last 6 months (%)	74	67
Reason for using pharmaceutical opioids* (%)	n=674	n=64
Treat self-dependence (%)	48	55
Seek an opioid effect (%)	25	27
Pain relief (%)	35	36
Know what dose to expect (%)	7	16
Cheaper than heroin (%)	14	30
Current heroin purity (%)	4	8
Couldn’t score heroin (%)	9	17

Safer than heroin (%)	7	9
Refused pharmaceutical opioids for pain due to injecting history (%)	n=665	n=63
Yes (%)	21	22
Haven't sought pain relief (%)	33	32
No, concealed injecting history	3	5
Prescribed pharmaceutical opioids[#] (%)	n=448	n=43
For pain last six months (%)	41	33
Sourced information about filtering[##] (%)	n=512	n=43
Haven't obtained any information	34	12
NSP	40	40
Friends	14	26
Other	12	22

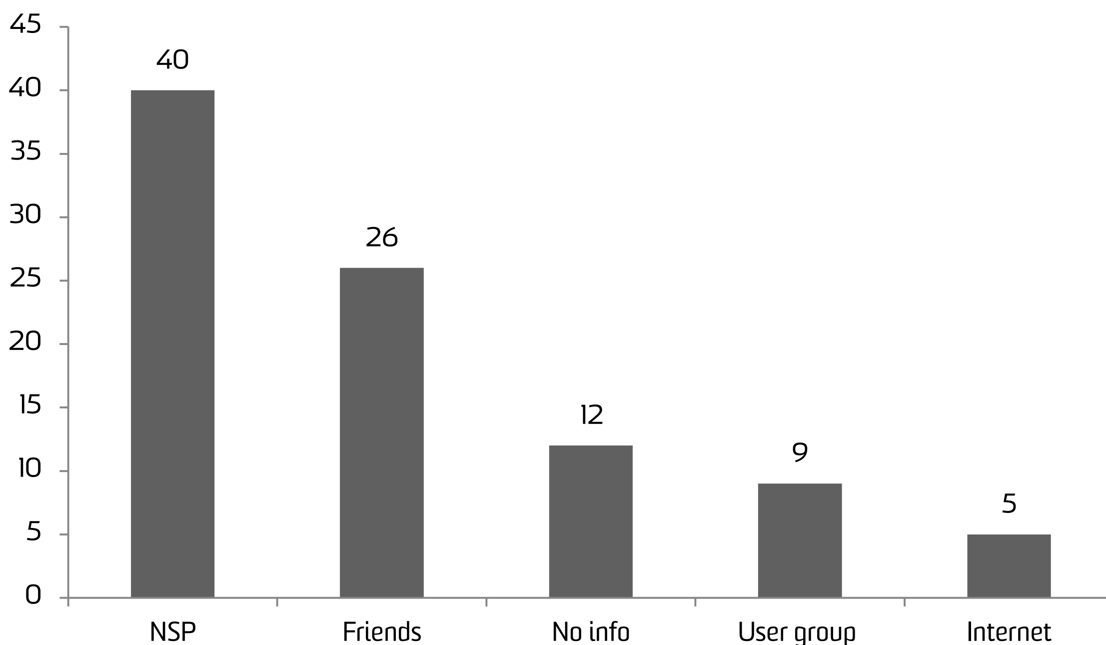
Source: ACT IDRS participant interviews 2012

* 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

Among those participants who had recently injected a PO (n=43), 12% reported not having obtained any information about filtering, 40% received information about filtering from an NSP, 26% from friends and 9% from user groups like CAHMA and AIVL.

Figure 40: Source of filtering information amongst those who had recently injected a PO, 2012



Source: ACT IDRS participant interviews 2012

8.3 Brief Pain Inventory

In 2012, the Brief Pain Inventory (BPI) was asked to examine the association between injecting drug use and the legitimate therapeutic goals of pharmaceutical opioids (e.g. pain management). Comparisons been PWID and the general population, both in Australia and internationally have consistently shown excess mortality and morbidity (English, Holman, Milne et al., 1995; Hulse, English, Milne et al., 1999; Vlahov, Wang, Galai et al., 2004) yet there is no current evidence in Australia on the characteristics or the extent to which PWID obtain pharmaceutical opioids (licitly or illicitly) for the management of chronic non-malignant pain. Furthermore, there is growing evidence that prescribers are often reluctant to prescribe pharmaceutical opioids to people with a history of injecting drug use (Baldacchino, Gilchrist, Fleming et al., 2010) This module seeks to examine the complex interplay among PWID, pain management and the extra-medical use of pharmaceutical opioids among a sample of PWID, and specifically address the issue of access to, and distribution of, PO by PWID.

The BPI is a tool used for the assessment of pain in both clinical and research settings. The BPI uses rating scales from 0 to10. For questions 3 to 6, 0 is 'no pain' and 10 is 'pain as bad as you can imagine'. The mean of questions 3 to 6 is then calculated to make the 'pain severity score'. . For questions 9A to 9G, 0 is 'does not interfere' and 10 is 'completely interferes'. The mean of questions 9A to 9G is then calculated to make the 'pain interference score'. The 'pain interference score' looks at how much pain interferes with daily activities: general activity; mood; walking; normal work; relations; sleep and enjoyment of life.

In Table 43, one-quarter (25%, n=25) of the ACT sample experienced pain (other than everyday pain) on the day of interview. Of those who experienced pain, the majority (84%) reported the pain as chronic non-cancer pain (continuous pain which lasts for more than three months), while 16% reported acute pain. No participants reported experiencing chronic cancer/malignant pain. The mean 'pain severity score' was 4.0 (SD 1.5; range 1.5-7.25), with a quarter (24%) scoring 5 or more. A score of 10 refers to pain 'as bad as you can imagine'. The mean 'pain interference score' was 4.4 (SD 2.8; range=0-10), with almost half (40%) scoring 5 or more and one participant scoring 10. A score of 10 means the pain 'completely interferes' with daily activities.

Participants were also asked on a scale of 0 to 10 (0=no relief, 10=complete relief) how much relief they experienced from any treatments/medications they received. Of those who received treatment/medication for pain (n=22), a mean score of 3.4 (SD 3.8; range 0-10) was reported. Over a third (36%) scored 5 or more and another third (36%) scored 10.

Participants were then asked if they had any trouble obtaining sufficient pain relief from a doctor or specialist. Of those who experienced pain, around half (46%) reported trouble obtaining pain relief from a doctor or specialist in the last six months. Participants were also asked if they informed the doctor or specialist about their drug use when requesting pain relief in the last six months. Of those who commented (N=20), 25% reported 'no', 40% reported 'yes', 10% reported 'yes, but not all use' and 25% reported that the 'doctor already knew' (Table 43).

Table 43: Brief Pain Inventory

	National N=924	ACT n=99
Experienced pain today (other than everyday pain) (%)	**34**	25
Nature of pain (%)	**N=314**	n=25
Acute/short term	**16**	16
Chronic non-cancer pain	**73**	84
Chronic cancer/malignant pain	**9**	0
Other	**2**	0
Mean ‘Pain Severity’ score	**4.7**	4.0
Mean relief experience from treatment/medications*	**4.7**	3.4
Mean ‘Pain Interference’ score	**5.2**	4.4
Trouble obtaining pain relief from doctor last 6 months (%)	**52**	46
Told doctor about drug use when requested pain relief (%)	**N=272**	n=20
No	**37**	25
Yes	**37**	40
Yes, but not all use	**11**	10
Doctor already knew	**15**	25

8.5 Opioid and stimulant dependence

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

In 2012, the participants in the IDRS were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids.

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

Previous research has suggested that a cut-off of four is indicative of dependence for methamphetamine users ((Toppand Mattick, 1997) and a cut-off value of three for cocaine (Kayeand Darke, 2002) . No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of 5 for the presence of dependence.

Of those who had recently used an opioid and commented (n=93), the median SDS score was 7 (mean 7.0, range 0-15), with 66% scoring five or above. There were no significant differences regarding gender and mean opioid SDS score. Of those who scored five or above (n=61), 65% reported specifically attributing responses to heroin, 35% methadone, 14% buprenorphine, 6% morphine and 2% oxycodone.

Of those who had recently used a stimulant and commented (n=68), the median SDS score was 3 (mean 4.2, range 0-13), with 49% scoring four or above. There were no significant differences regarding gender and mean stimulant SDS score, or regarding gender and those who scored four or above. Of those who scored four or above (n=25), 96% reported specifically attributing responses to methamphetamines, 4% cocaine and 4% pharmaceutical stimulants.

8.6 Opioid substitution treatment medication injection

Due to the introduction of buprenorphine-naloxone film in 2011, questions were included in the 2012 IDRS survey asking about the recent injection (last six months) of opioid substitution treatment (OST) medications (methadone, buprenorphine and buprenorphine-naloxone).

A quarter (24%) of participants reported recently injecting methadone, 19% reported recently injecting buprenorphine, 2% injected a buprenorphine-naloxone ‘tablet’ and 3% injected buprenorphine-naloxone ‘film’.

Please refer to Larance and colleagues for further information on OST medication injection (Larance, Sims, White et al., 2013)

8.7 Injection related injuries and diseases

People who inject drugs (PWID) are exposed to a broad range of potential harms including (but not limited to) bacterial infections, soft tissue damage and vascular injury. Research conducted with PWID has identified high levels of experience of such injuries (Dwyer, Power, Topp et al., 2007) .

Previous IDRS surveys have asked a limited set of questions regarding harms experienced from injecting. The aim of these questions was to gather in greater detail the experience of these harms and identify individual risk factors significant for injection related injuries and diseases. Results can be compared with findings from the Injection-Related Injuries and Diseases (IRID) project (Dwyer, Power, Topp et al., 2007) .

In 2012, IDRS participants were asked if they had ever and recently (last six month) experienced any injection-related injuries or diseases (IRID) from the list used in the IRID project (Dwyer, Power, Topp et al., 2007).

Table 44 below lists the IRID ever and recently experienced in the last six months by participants in the IDRS survey and also those from the IRID project. Note: recent use in the IRID project is in the last 12 months. For example, of those who commented in the IDRS sample (N=99), more than half (54%) reported in their lifetime and 32% reported recently experiencing redness near the injection site. This compares to 42% (ever) and 28% (recently) in the IRID project.

Table 44: Self-reported injecting-related injuries and diseases ever experienced and recently* from injection, ACT 2012

Problem experienced from injecting (%)	The IRID project (N=393)		ACT IDRS (N=99)	
	Ever	Last 12 months*	Ever	Last 6 months*
Non-serious IRID				
Redness near injection site	42	28	54	32
Swelling near injecting site	45	31	56	33
Raised red area (hives)	56	41	29	17
Dirty hit	68	35	71	17
Hit an artery when injecting	22	9	33	13
Numbness/Pins and Needles	19	12	30	21
Collapsed/blocked veins	48	27	46	27
Potentially serious IRIDS				
Pus-filled lump (skin abscess)	17	7	16	3
Internal/inside body abscess	3	1	11	2
Red, hot, swollen, tender skin (cellulitis)	14	7	27	10
Inflamed veins (thrombophlebitis)	14	7	37	22

Swelling leaves a dent (Pitting oedema)	7	4	21	16
Puffy Hands Syndrome (lymph oedema)	7	4	21	7
Fistula (permanent hole)	n.a	n.a.	9	8
Injecting sinus	5	3	n/a	n/a
Serious IRIDs				
Heart infection (Endocarditis)	3	1	10	3
Septicaemia	4	1	n/a	n/a
Septic arthritis	1	<1	n/a	n/a
Osteomyelitis	1	<1	n/a	n/a
Serious infection (unspecified)	2	1	15	2
Other serious infection[#]	n.a	n.a	n/a	n/a
Deep vein thrombosis (blood clot)	3	1	2	1
Gangrene	1	<1	2	0
Amputation	1	<1	2	1
Venous ulcer	2	1	9	5
Other problem	n.a.	n.a.	2	1

Source: ACT IDRS participant interviews 2012;

*Recently = last six months for the IDRS and the last 12mths for the IRID project

[#] Needing stay in hospital and intravenous antibiotics (septic arthritis, osteomyelitis, septicaemia)

n.a not available

8.8 Neurological History Module

People with a neurological illness or injury may be at greater risk of experiencing adverse effects associated with drug use. Existing research indicates that there is an association between traumatic brain injury (TBI) and drug use (Corrigan, Bognerand Holloman, 2012) . This may be due to greater exposure to violence, mental illness, poor nutrition and poor sleep among other factors. TBI is a major cause of morbidity and mortality in developed countries (Brunsand Hauser, 2003) and can result in long term physical and cognitive impairments, as well as negatively impact upon psychological wellbeing, social and occupational outcomes (Tait, Ansteyand Butterworth, 2010) . The cognitive, emotional and functional impairments associated with drug use could potentially compound those associated with TBI (Kelly, Johnson, Knoller et al., 1997) . In 2012, the IDRS examined the prevalence of selected neurological illnesses and also of TBI among PWID, Table 45 sets out the results of this investigation.

Table 45: Incidence of selected neurological conditions among PWID who commented, 2012

	National N=903	ACT n=99
Epilepsy[4] (%)	6	**9**
Stroke (%)	3	**5**
Hypoxia (%)	2	**3**
Traumatic Brain Injury[5] (%)	48	**51**

Source: IDRS Injecting drug user interviews

The lifetime prevalence of epilepsy was higher in the ACT sample (9%) than the Australian population estimate (0.7%) obtained in the Australian Bureau of Statistics (ABS) 2007-08 National Health Survey (ABS, 2010). Data from the same survey estimates the Australian prevalence of cerebrovascular disease (including stroke) as approximately 1.2%, lower than the proportion reported in the current ACT sample (5%). It is difficult to estimate the prevalence of hypoxic brain injury because it can result from a range of different situations (including drowning, carbon monoxide poisoning, heart attack etc.). Nonetheless, the prevalence in this group is reasonably low.

In contrast, a substantial proportion of the ACT sample (51%) reported a lifetime history of TBI[6]. In a recent study, Perkes et al. (2011) estimated the lifetime prevalence of TBI with loss of consciousness (LOC) as 35% among a community sample of males in Australia. Similarly, a cohort study conducted in Christchurch, New Zealand demonstrated that approximately 32% of the community sample had experienced at least a mild-traumatic brain injury by 25 years of age. Both of these prevalence estimates are lower than that recorded in our sample. However, caution should be used when directly comparing these figures due to differences in sampling techniques and data collection.

Table 46: Traumatic Brain Injury (TBI) among PWID, 2012

	National N=433	ACT n=50
Median No. TBI's (range)	2	**3**
(range)	(1-50)	**(1-25)**
Median LOC[a] (mins)	4	**5**
Most severe LOC - median age	25	**24**
(range)	(1-58)	**(5-57)**
For most severe TBI:	N=421	**n=47**
Under influence of alcohol (%):	29	**30**
Under influence of drugs (%):	34	**38**
Main drug[a]:	N=116	**n=15**
Heroin	31	**47**

[4] National prevalence approximately 6.4 per 1000 people (i.e. 0.6%) in 2001 AUSTRALIAN BUREAU OF STATISTICS (2001) Long-term Health Conditions - A Guide To Time Series Comparability From The National Health Survey. *Occasional Paper.* Canberra, ABS.

[5] Population prevalence rates usually between approximately 01. and 0.4% BRUNS, J., JR. & HAUSER, W. A. (2003) The epidemiology of traumatic brain injury: a review. *Epilepsia,* 44 Suppl 10**,** 2-10. .

[6] TBI was measured as a knock on the head resulting in loss of consciousness.

Methadone	3	**0**
Benzodiazepines	14	**13**
Morphine	5	**0**
Speed	13	**20**
Ice/crystal	6	**0**
Other	28	**20**

Source: IDRS Injecting drug user interviews

[a] LOC = Loss of consciousness.

Multiple TBIs were the norm with the median number of TBIs experienced over the lifetime equalling 3(range=1-25) in the ACT sample. Participants were asked further details about the most severe occasion. The vast majority of participants who had experienced a TBI reported that the LOC on the most severe occasion lasted only a few minutes (consistent with a mild injury). However, a reasonable proportion (18%) of this group reported a LOC of greater than half an hour. The most severe TBI had usually occurred during the mid-twenties at a median of 24 years of age (range=5-57). Approximately one-third of the group were under the influence of alcohol (30%) at the time of the injury and 38% were under the influence of at least one drug (mainly heroin; Table 46).

Some people experience neuropsychological sequelae (symptoms such as cognitive, motor and behavioural changes) following a TBI which can complicate recovery. Over half of the group (58%) reported having experienced neurological sequelae immediately following the injury. The most common complaints were poor concentration (82%), memory loss (78%) and poor coordination/balance (63%). Ongoing complaints were less common (25% of those that had a TBI, n=12). Participants who had experienced ongoing issues complained mostly of ongoing memory loss (58%), ongoing word finding problems while speaking (75%), ongoing poor concentration (67%), ongoing problems with coordination and balance (58%) and ongoing mood changes (75%).

Table 47: Effects of Traumatic Brain Injury (TBI) among PWID, 2012

	National N= 414	ACT n=48
Experienced any effects[a] following the injury (%)	68	**58**
Experienced at the time (%):	N=280	**n=28**
Functional weakness	41	**43**
Poor concentration	65	**82**
Memory loss	63	**78**
Word finding problems	50	**64**
Poor coordination/ balance	59	**63**
Personality change	30	**33**
Mood changes/Anxiety Issues	44	**48**

Source:ACT IDRS participant interviews 2012

[a] Neurological, cognitive, behavioural or psychiatric effects.

8.9 Possession Laws

Drug trafficking thresholds are used throughout every state and territory in Australia and often reverse the onus of proof onto users who exceed the nominated threshold quantity to prove they do not possess drugs for the purpose of trafficking. For the first time in 2012, participants in the IDRS were asked a number of questions relating to drug trafficking thresholds/possession laws. The aim of these questions was to find out whether regular users were aware of the existence of drug trafficking thresholds.

Participants were first asked a hypothetical scenario, 'Imagine you are caught by police and have drugs on you, do you think the quantity of drugs will affect the type of charge you will get?'. Those participants who responded 'yes' were then asked 'what quantity would you need to possess to be charged with sell or supply (as opposed to possession for personal use), for heroin, methamphetamine, MDMD, cocaine and cannabis?'.

The majority of participants (85%) believed the quantity of drugs 'caught with' would affect the type of charge received. Of those who believed the quantity would affect the type of charge received and commented, the median number of points required for methamphetamine was two. The median number of grams for heroin, methamphetamine, cocaine and MDMA was two and the median number of grams for cannabis was three (Table 48). While, the median number of MDMA pills was 10 and the median number of cannabis ounces was one.

Table 48: Drug trafficking thresholds among PWID, 2012

	Point	Gram	Pills	Ounces
Heroin	n/a	2	n/a	n/a
Methamphetamine	2	2	n/a	n/a
MDMA	n/a	2	10	n/a
Cocaine	n/a	2	n/a	n/a
Cannabis	n/a	3	n/a	1

Source: ACT IDRS participant interviews 2012

Note: Heroin point N=0, grams N=52; Methamphetamine points N=5, grams n=42; MDMA pills n=19, grams n=10; Cocaine grams n=39; Cannabis grams n=20, ounces n=28

8.10 Health service access

Participants in the 2012 IDRS were asked about access to health services in the previous four weeks. As can be seen in Table 49, the most common health service accessed in the previous six months was a GP, with 45% of respondents having visited a GP in the previous six months. Table 49 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 two occasions.

Table 49: Health service access by PWID in the last four weeks, 2012

National IDRS	Number of occasions visited					Number of visits due to substance use*			
	Median	1	2	3	≥4	0	1	2	≥3
GP visit (N=48)	2(1-10)	38	31	6	25	48	17	23	12
Hospital ED/Casualty (N=6)	1 (1-3)	67	17	17	0	50	33	17	0
Hospital Inpatient (N=3)	4 (1-7)	33	0	0	77	67	0	0	33
Hospital Outpatient (N=6)	2 (1-3)	33	50	17	0	33	33	33	0
Specialist (N=6)	1 (1-2)	67	33	33	0	50	33	17	0
OST Doctor (N=26)	1 (1-4)	77	19	0	4	8	70	20	4
Dentist (N=18)	1 (1-4)	78	11	6	6	56	33	6	6
Other health professional (N=8)	1 (1-5)	63	25	0	12	75	12	0	13
Ambulance (N=2)	1 (1)	100	0	0	0	100	0	0	0
Psychiatrist (N=6)	1.5 (1-3)	50	33	17	0	40	40	20	0
Psychologist (N=7)	1 (1-3)	57	29	14	0	43	43	14	0
Social/welfare worker (N=13)	2 (1-4)	31	39	8	23	62	23	15	0
Drug/alcohol counsellor (N=16)	2 (1-4)	44	38	6	12	0	44	38	18
Cancer specialist (N=1)	1 (1)	100	0	0	0	100	0	0	0

Source: ACT IDRS participant interviews 2012

*Among those who reported accessing a health service.

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