

Australian Capital Territory

Kerryn Butler and Lucinda Burns

ACT DRUG TRENDS 2014
Findings from the
Illicit Drug Reporting System (IDRS)

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DRUG TRENDS

2014



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

Kerryn Butler and Lucinda Burns

National Drug and Alcohol Research Centre
University of New South Wales

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AGDH	Australian Government Department of Health
AIHW	Australian Institute of Health and Welfare
AIVL	Australian Injecting and Illicit Drug Users League
AODTS-NMDS	Alcohol and Other Drug Treatment Services-National Minimum Dataset
ATS	Amphetamine-type stimulants
AUDIT-C	Alcohol Use Disorders Identification Test-Consumption
BBVI	Blood-borne viral infections
CI	Confidence Intervals
CPR	Cardiopulmonary resuscitation
DMT	Dimethyltryptamine
DSM-5	Diagnostic and Statistical Manual of Mental Disorders-5
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Medical Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
Hydro	Hydroponically grown cannabis
ICD-10	International Classification of Diseases-10
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	Key expert(s); see Method section for further details
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of participants
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NHMD	National Hospital Morbidity Database
NIDIP	National Illicit Drug Indicators Project
NNDSS	National Notifiable Diseases Surveillance System
NPS	New psychoactive substances
NSP	Needle and syringe program(s)

NSW	New South Wales
OST	Opioid substitution treatment
OTC	Over the counter
PBS	Pharmaceutical Benefits Scheme
PWID	Person/people who inject(s) drugs
SCID	Structural Clinical Interview for DSM
SCON	Simple Cannabis Offence Notices
SDS	Severity of Dependence scale
SPSS	Statistical Package for the Social Sciences

GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection
Half weight	0.5 gram
Illicit	Illicit 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
Indicator data	Sources of secondary data used in the IDRS (see Method section for further details)
Person(s) who inject(s) drugs	Also referred to as PWID. In the context of the IDRS, refers to persons participating in the PWID Survey component of the IDRS (see Method section for further details)
Key expert(s)	Also referred to as KE; persons participating in the key expert Survey component of the IDRS (see Method section for further details)
Licit	Licit 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
Participant	In the context of this report refers to persons who participated in the PWID survey (does not refer to key expert participants unless stated otherwise)
Point	0.1 gram although may also be used as a term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing
Use	Use via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing

↑ Significant increase ($p < 0.05$) from previous year (2013) compared with current year (2014)

↓ Significant decrease ($p < 0.05$) from previous year (2013) compared with current year (2014)

Guide to days of use/injection

180 days daily use/injection* over preceding six months

90 days use/injection* every second day

24 days weekly use/injection*

12 days fortnightly use/injection*

6 days monthly use/injection*

*As appropriate

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 2014 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 (PWID¹) 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* 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.

DEMOGRAPHICS OF THE PARTICIPANT SAMPLE

One hundred participants were recruited to the 2014 IDRS ACT participant survey component. The mean age of the Australian Capital Territory (ACT) sample was 41 years (range=18–61 years) and 75% were male. Almost the entire sample spoke English as their main language at home (97%), and 13% identified as being of Aboriginal and/or Torres Strait Islander descent. More than four-fifths (82%) of the sample were currently unemployed, almost half (47%) reported a previous prison history. Over half (56%) reported they were in current treatment, mainly methadone.

CONSUMPTION PATTERN RESULTS

Current drug use

- The mean age of first injection was 20 years. The drug most often reported as the first drug injected was heroin (52%) followed by methamphetamine (39%).
- Heroin was nominated by over half (56%) 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. Fifty-two percent of the sample reported injecting heroin most often in the last month, followed by methamphetamine (39%).
- Thirty-eight percent of participants reported at least 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

- In 2014, heroin remained the drug of choice for the majority of participants.
- Seventy-five percent had used heroin in the previous six months.
- Median days of heroin use in the preceding six months was 60 days (approximately two days per week).

Methamphetamine

- The vast majority (92%) of participants reported using some form of methamphetamine at least once in their lifetime and three-quarters (75%) reported recent use, in the past six months.
- Crystal methamphetamine remains the most common form used with 72% of the sample reporting recent use. A quarter of participants nominated crystal as their drug of choice, stable from 2013.
- Crystal methamphetamine continues to climb in popularity as both speed (powder) and base decline.

Cocaine

- A significantly smaller proportion of participants reported lifetime use of cocaine compared with 2012: 54% in 2013 vs 71% in 2012.
- The recent use of cocaine remained low in the ACT with 15% reporting use in the preceding six months. The median days of use also remains low at two days, ranging from one to 40 days.

Cannabis

- Seventy-five percent of PWID reported recent cannabis use in 2013 (81% in 2012).
- Cannabis was the most common illicit drug used the day prior to interview (61%).
- Median days of cannabis use in the six months preceding interview was 180.
- A significant decrease in the proportion of participants reporting recent use of bush was observed.

Other opioids

- Almost two-thirds (65%) of the sample reported recent use of methadone (any form) and around one-quarter (24%) reported recently injecting.
- Seventeen percent of the sample reported recent use of buprenorphine (any form).
- Almost a quarter (23%) of the sample reported recent use of buprenorphine-naloxone (any form).
- Recent use of illicit morphine continued to decline with only 12% of the sample reporting recent use.
- Recent use of illicit oxycodone remained stable at 16% of the sample using a median of five days in the previous six months. The most common brand used is Oxycontin®.

Other drugs

- Small proportions reported the recent use of:
 - ecstasy (10%) on a median of two days in the previous six months;
 - hallucinogens (8%) on a median of 1.5 days in the previous six months;

- pharmaceutical stimulants (illicit) (11%) on a median of seven days in the previous six months; and
- inhalents (4%) on a median of 90 days in the previous six months.
- Benzodiazepine and alprazolam use remained stable with 46% recently using benzodiazepine (any form) and 19% reporting recently using alprazolam (any form).
- The recent use of illicit Seroquel® was reported by 11% of the sample on a median of four days use.
- Recent alcohol use was reported by over half (54%) of the sample on an average of twice weekly use.
- One in five (20%) recent drinkers report drinking daily (34% in 2013).
- Tobacco remains common, recently used by 88% of the sample.
- Almost all (97%) participants who reported recently smoking tobacco reported being daily smokers.

DRUG MARKET: PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS

Heroin

- The price for heroin remained stable at \$50 per cap and \$300 per gram.
- Forty percent of those who commented reported current purity to be medium (32%) and high (8%).
- Almost half (48%) of those who commented reported that the current purity was stable.

Methamphetamine

- The price for speed has remained stable with reports of one point costing \$50.
- Only one participant was able to comment on the price of base.
- The price of crystal has also remained stable at \$100 for one point.
- No significant differences in either the availability or reported purity of crystal, speed or base.

Cocaine

- Due to only very small numbers commenting on the price, purity and availability of cocaine, accurate information is not available. Refer to Stafford and Burns (2015) for national figures.

Cannabis

- The median cost of a gram of hydroponic cannabis was \$20.
- The median cost of an ounce of hydroponic cannabis was \$280.
- The 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 was medium.
- Both forms of cannabis were considered very easy or easy to obtain.

Methadone

- The majority of those who commented reported the price of illicit methadone syrup to be a median of \$1 per millilitre.
- The majority of respondents (88%) reported the availability to have remained stable over the past six months.

Buprenorphine, buprenorphine-naloxone, morphine, and oxycodone

- Due to only very small numbers commenting on the price, purity and availability of the above drugs in the ACT, accurate information is not available. Refer to Stafford and Burns (2015) for national figures.

HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Overdose and drug-related fatalities

- Thirteen percent of participants reported having overdosed on heroin in the 12 months prior to interview.
- More than two-thirds of participants (85%) had heard of the take-home naloxone program in ACT with almost half (45%) reporting they had completed the training in naloxone administration and obtained a prescription. The ACT has the highest participation rate in take-home naloxone programs.
- Heroin overdoses continue to represent only a small number of the total number of ambulance call-outs to overdoses.

Drug treatment

- Fifty-six percent of participants reported being currently in treatment with 42% of the sample engaged in methadone treatment.

Hospital separations

- The number of opioid-related hospital separations continued a downward trend for a third year in a row with 102.7 admissions per million being reported for the 2010–11 period. Separations relating to methamphetamines continued to remain stable at 48.9 per million admissions.

Injecting risk behaviours

- Needle and Syringe Programs (NSP) were by far the most common source of needles and syringes in the preceding six months (92%), followed by chemists (21%). A significant increase in the proportion of respondents reporting accessing needles and syringes from NSP vending machines was observed in 2014.
- The majority of IDRS participants reported last injecting in a private location (85%), with smaller proportions last injecting in a public location such as in a public toilet, on the street or in a car. Half (56%)

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 continued to be more commonly notified than hepatitis B virus. The prevalence of human immunodeficiency virus 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

- More than half (53%) of the participants who drank in the past year scored 5 or more on the AUDIT-C indicating the need for further assessment.

Opioid and stimulant dependence

- Sixty-one percent of those who had recently used an opioid, and commented, scored five or above, indicating dependence.
- Forty-one percent of those who had recently used a stimulant, and commented, scored four or above, indicating dependence.

Mental health problems and psychological distress

- Thirty-four percent of the IDRS sample self-reported a mental health problem in the preceding six months, most commonly depression (64% of respondents) and/or anxiety (52%).
- Three-quarters (74%) of those who had experienced a problem reported attending a mental health professional.
- 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 very high distress (3% in the general population) and 25% reporting high distress (7% in the general population). Those reporting a very high level of distress have been identified as possibly requiring clinical assistance.
- IDRS had significantly lower mental and physical component scores compared to the Australian population on the Short Form 12-item Health Survey.

LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Reports of criminal activity

- Participant reports of criminal activity remained stable compared to previous years, with 22% 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-three percent of the sample reported having been arrested in the preceding 12 months.
- Cannabis arrests continued to account for the majority of all drug-related arrests in Australia.

Expenditure on illicit drugs

- Among the sample who commented, 55% 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

Homelessness

- Eighty-one percent of the sample reported a history of homelessness (at least once in their lifetime). Common factors contributing to the first episode of homelessness were relationship breakdown (family), drug use/dependence, financial difficulties, and unemployment.
- Participants reported heightened exposure to various forms of violence during the last six months of their most recent episode of homelessness, with one-quarter reporting being physically attacked.
- The most commonly experienced forms of homelessness during both lifetime and the past six months were sleeping rough, couch surfing, crisis accommodation and boarding rooms/hostels.

Oxycodone use

- Almost half of the ACT IDRS sample (49%) reported ever using oxycodone. The most common forms recently used were the original OxyContin® 'OC' formulation followed by Endone tablets.

Ageing

- Of those who commented, nearly one-third reported a lifetime diagnosis of asthma and one in three reported a lifetime diagnosis of a liver disease (including Hepatitis C).

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 (AGDH). The authors would like to acknowledge this organisation for continuing to fund this critical project.

This *ACT Drug Trends 2014* report presents findings from the 2014 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 2014 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 2014, a structured interview was administered face to face to 100 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 2014, amendments were made to the questionnaire in an attempt to collect more detailed information on: the homelessness among PWID, oxycodone use, and the health issues faced by the ageing cohort of PWID.

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 2014, 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 2014 IDRS study are described below.

- **Purity of drug seizures.** In 2014, 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 2002–03 financial year to 2012–13.
- **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 2002–03 financial year to 2012–13, 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 2002–03 financial year to 2012–13.
- **Simple Cannabis Offence Notices (SCON).** Data for this report on the number of SCON issued in the ACT from 2002–03 financial year to 2012–13 were provided by the ACC.
- **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 2001–02 to 2012–13 and the data from 2014 (calendar year).
- **Hospital admissions.** The 2014 IDRS study includes data on the number of hospital admissions due to opioids, methamphetamines and cannabis among those aged 15 to 54 years from 2001–02 to 2012–13. 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) (NNDSS, 2014), and the *Australian NSP Survey National Data Report 2009-2013* provided by the Kirby Institute (previously known as the National Centre in HIV Epidemiology and Clinical Research) (May 2014) .

2.4. Data analysis

Analyses were conducted using the Statistical Package for the Social Sciences (SPSS) for Windows, Version 22.0. The data collected in 2014 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 2013 and 2014 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 (1998). Significance testing using the Mann-Whitney U calculation was used to compare 2013 and 2014 median days of use for the major drug types discussed.

3 DEMOGRAPHICS

3.1. Overview of the IDRS participant sample

A total of 100 regular PWID were interviewed in the ACT in 2014. The demographic characteristics of the sample are summarised in Table 1 below. In 2014, the mean age of the sample was 41 years (range=18–61 years, SD=9.58), and 75% 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 13% identified as Aboriginal and/or Torres Strait Islander. The majority of participants reported that they were single (58%), were married/in a de facto relationship (15%), or had a partner (20%). In 2014, only 8% of participants were 25 years old or younger.

The mean number of formal school years completed was 10 (range=6–12 years, SD=1.61). Forty-nine percent of participants reported that they had trade or technical qualifications, and 14% reported that they had university or other tertiary qualifications. Eighty-two percent of participants interviewed in 2014 were unemployed (82% in 2013), 9% were currently employed full time (8% in 2013), and 7% were employed on a casual or part-time basis (9% in 2013). The vast majority of respondents (84%) reported living in a privately owned or rented house or flat, with 4% of respondents reporting to have no fixed address. Almost half (47%) of participants reported that they had a prison history (63% in 2013).

Fifty-six 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 (45%), with a further 7% of participants engaged in both buprenorphine and/or buprenorphine-naloxone maintenance treatment. The median length of time participants had been participating in their current treatment was 24 months (range=1 month to 25 years). Of those respondents currently in treatment, 80% had been engaged in treatment for six months or more, with 20% participating in their current treatment for six months or less.

Table 1: Demographic characteristics of the PWID sample, 2013–2014

	2013 N=100	2014 N=100
Age (mean years)	40	41
School education (mean years)	10	10
Sex (% male)	71	75
Heterosexual (%)	93	92
Relationship status (%)		
Single	55	58
Partner	13	20
Married/de facto	23	15
Separated	5	2
Divorced	3	4
Widowed	1	1
Accommodation (%)		
Own house/flat (includes renting)	77	92
Parent's/family house	9	1
Boarding house/hostel	2	2
Shelter/refuge	2	1
No fixed address/homeless	10	4
Employment (%)		
Not employed	82	82
Full-time	8	9
Part-time/casual	9	7
Home duties	0	1
Full time student	1	1
Income per week (mean)	\$452	487
English main language spoken at home (%)	99	97
Aboriginal and/or Torres Strait Islander (%)	23	13
Tertiary education (%)		
None	49	37
Trade/technical	42	49
University/college	9	14
Currently in drug treatment (%)		
Methadone maintenance (%)	44	45
Buprenorphine maintenance (%)	2	1
Buprenorphine-naloxone (%)	11	6
Prison history (%)	63	50

Source: ACT IDRS PWID interviews, 2013–2014

4 CONSUMPTION PATTERNS

4.1. Current drug use

The injection histories of participants in the 2013 and 2014 samples are summarised in Table 2. The mean age of first injection was 20 years (range=9–45 years, SD=5.72). The first drug respondents reported ever injecting was heroin (52%), followed by methamphetamine (39%).

Heroin was nominated as the drug of choice for the majority of participants (56%) in 2014; similar proportions as reported in 2013. In 2013, the percentage of respondents nominating ice as their drug of choice remained relatively stable at 25% (22% in 2013). Eight percent of respondents nominated speed as their drug of choice (5% in 2013). Overall, 32% of participants nominated methamphetamine (in any form) as their drug of choice in 2014, remaining stable from 2013 (27%). Cannabis was nominated as drug of choice by 5% of participants.

Heroin was the drug injected most often in the month prior to the interview (52%) and was the last drug injected by 47% of respondents. There was a small increase in the proportion of participants nominating ice as the drug most often injected in the last month with 35% in 2014 compared to 26% in 2013. A corresponding small decrease was also seen in those reporting speed being the drug most often injected in the past month from 8% in 2013 to 4% in 2014. Neither the increase in ice nor the decrease in speed was statistically significant.

In 2014, 18% 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=18), most respondents reported that this was due to availability (33%), health effects (28%), price (22%), or law enforcement activity (4%).

Table 2: Injection history, drug preferences and polydrug use of PWID, 2013–2014

	2013 N=100	2014 N=100
Age first injection (mean years)	18	20
First drug injected (%)		
Heroin	49	52
Methamphetamine	46	39
Cocaine	2	2
Methadone	0	-
Other opioids	1	4
Other	2	2
Drug of Choice (%)		
Heroin	58	56
Methamphetamine - powder (speed)	5	8
Methamphetamine - base	0	0
Methamphetamine - crystal	22↑	25
Cocaine	1	-
Methadone	1	1
Cannabis	9	5
Other	2	1

Drug injected most often last month (%)		
Heroin	55	52
Methamphetamine – powder (speed)	8	4
Methamphetamine – base	0	0
Methamphetamine – crystal	26	35
Methadone	4	1
Subutex/buprenorphine	2	3
Other/have not injected in last month	5	1
Most recent drug injected (%)		
Heroin	48	47
Cocaine	0	0
Methamphetamine – powder (speed)	8	6
Methamphetamine – base	0	0
Methamphetamine – crystal	31	31
Methadone	5	4
Subutex/buprenorphine	3	3
Morphine	1	3
Other	4	6

Source: ACT IDRS PWID interviews, 2013–2014

↓↑ Statistical significance $p < 0.05$

The frequency of injection reported by participants from 2010 to 2014 is presented in Table 3. In 2014, the most commonly reported frequency of injecting was ‘less than daily, more than weekly’ by 41% of the sample. There have been no significant differences in these patterns from 2013.

Table 3: Frequency of injection among PWID in the ACT, 2009–2014

	2010	2011	2012	2013	2014
Frequency (%)	N=101	N=98	N=99	N=100	N=100
Weekly or less	20	24	18	25	18
Daily–weekly	36	35	40	38	41
Daily	20	19	15	27	23
2–3 times daily	18	19	22	9	12
More than 3 times a day	6	4	4	1	3

Source: ACT IDRS PWID interviews, 2000–2014

POLYDRUG USE

As in previous years, the IDRS participants sampled were polydrug users. Table 4 and Table 5 show the prevalence of drug use by the ACT sample in the past six months for the most commonly used drugs 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 (75%); cannabis (73%); and methamphetamine (any form; 75%).

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

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 and Table 5 depict 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.

Table 4: Drug use in the six months preceding interview, ACT, 2014

Drug class	Ever used %	Ever injected %	Injected last 6 months %	Median days injected last 6 months	Ever smoked %	Smoked last 6 months %	Ever snorted %	Snorted last 6 months %	Ever swallow %	Swallow last 6 months %	Used^ last 6 months %	Median days used^ last 6 months
Heroin	96	96	75	68	24	1	4	0	5	0	75	60
Homebake heroin	59	59	8	3	0	1	0	0	1	0	8	3
<i>Any heroin (inc. homebake)</i>	98	98	77	60	24	2	4	0	6	0	77	60
Methadone (prescribed)	64	21	6	57					62	45	54	180
Methadone (illicit)	45	31	16	5					23	7	23	5
Physeptone (prescribed)	18	6	2	93					14	9	9	17
Physeptone (illicit)	23	16	5	2					8	1	6	2
<i>Any methadone (incl. physeptone)</i>	79	49	24	6					71	52	65	180
Buprenorphine (prescribed)	30	13	1	1					25	4	5	180
Buprenorphine (illicit)	36	22	8	4					17	5	12	5
Buprenorphine-naloxone tablet (prescribed)	17	5	0	0					14	1	1	180
Buprenorphine-naloxone tablet (illicit)	26	16	8	14					14	2	9	12
Buprenorphine-naloxone film (prescribed)	19	2	1	96					18	7	7	96
Buprenorphine-naloxone film (illicit)	22	11	3	4					13	7	10	5
Morphine (prescribed)	24	16	3	90					14	3	5	90
Morphine (illicit)	49	45	10	15					9	4	12	9
Oxycodone (prescribed)	16	7	1	180					13	4	5	180
Oxycodone (illicit)	52	42	10	10					17	8	16	5
OTC codeine	41	2	0	0					41	26	26	16
Other opiates (not elsewhere classified)	36	4	2	20					35	15	15	6
Speed powder	83	79	35	6	11	2	24	0	17	1	36	9
Amphetamine liquid	27	26	1	72	-	-	-	-	2	0	1	72
Base/point/wax	20	18	3	1	2	1	0	0	2	0	4	56
Ice/shabu/crystal	84	82	70	48	27	15	3	2	7	4	72	48
<i>Any form of (meth)amphetamine</i>	92	90	73	48	32	16	25	2	24	5	75	48

Source: ACT IDRS PWID interviews, 2014

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

* Among those who had used/injected, # Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Does not include pharmaceutical stimulants

Table 5: Drug use in the six months preceding interview, ACT, 2014

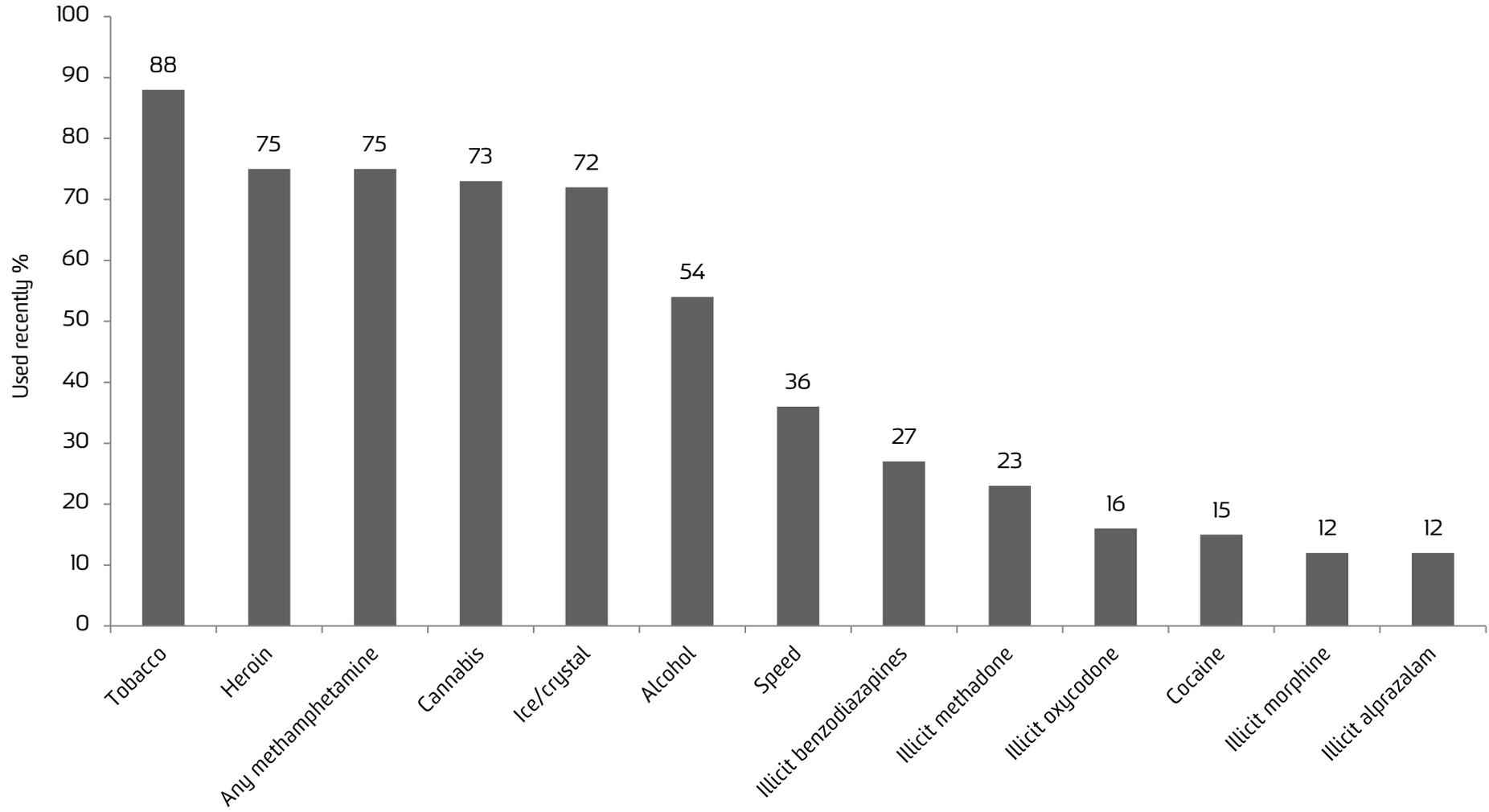
Drug class	Ever used %	Ever injected %	Injected last 6 months %	Median days injected last 6 months	Ever smoked %	Smoked last 6 months %	Ever snorted %	Snorted last 6 months %	Ever swallow %	Swallow last 6 months %	Used^ last 6 months %	Median days used^ last 6 months
Pharmaceutical stimulants (prescribed)	15	5	1	24			1		12	0	1	24
Pharmaceutical stimulants (illicit)	29	19	9	4					16	6	11	7
<i>Any form of pharmaceutical stimulants</i>	39	22	10	5					27	6	12	8
Cocaine	55	40	9	3	1		33	8	3	4	15	2
Hallucinogens	53	6	2	2	1		1	1	52	7	8	2
Ecstasy	53	22	4	3	3		4	1	45	8	10	2
Alprazolam (prescribed)	18	2	1	1					18	8	8	135
Alprazolam (illicit)	35	2	2	3					33	11	12	10
<i>Any alprazolam</i>	44	4	3						43	18	19	
Seroquel (prescribed)	15	0	0	0					15	4	4	102
Seroquel (illicit)	29	1	1	2					28	10	11	4
<i>Any Seroquel</i>	38	1	1	2					37	14	15	
Benzodiazepines, other (prescribed)	41	4	0	0					41	24	24	180
Benzodiazepines, other (illicit)	40	3	0	0					40	27	27	6
<i>Any form of benzodiazepines, other</i>	62	5	0	0					62	45	45	
Alcohol	82	4	0	0					82	54	54	44
Cannabis	88				88				15	3	73	180
Tobacco	93				93				-	-	88	180
Steroids	4	4	0	0					0	0	0	0
Fentanyl	19	13	6	5					4	1	2	5
Synthetic cannabinoids	9				6		0	0	3	2	4	1

Source: ACT IDRS PWID interviews, 2014

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

* Among those who had used/injected, # Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Does not include pharmaceutical stimulants

Figure 1: Drug use in the six months preceding interview, ACT, 2014



Source: ACT IDRS PWID interviews, 2014

4.2. Heroin

Key points

- In 2014, heroin remained the drug of choice for the majority of participants.
- Seventy-five percent had used heroin in the previous six months.
- Median days of heroin use in the preceding six months was 60 days (approximately two days per week).

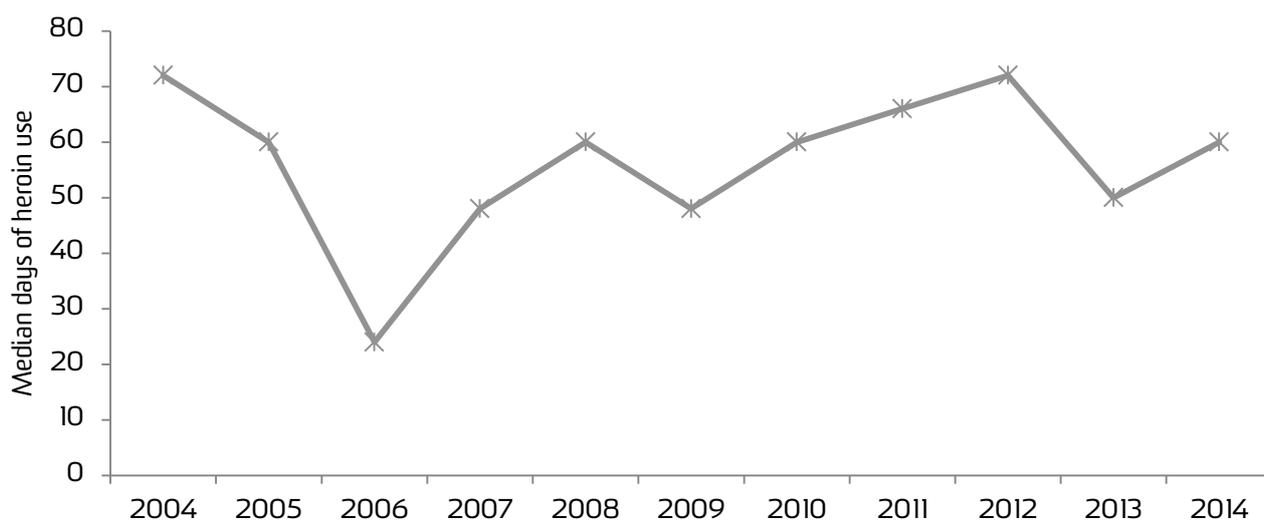
In 2014, 96% of respondents reported that they had used heroin at least once in their lifetime and three-quarters (75%) reported the use of heroin in the six months preceding interview, the same proportion as 2013 (75%).

Heroin was nominated as the drug of choice by over half of the participants in 2014 (56%), which was similar to 2013 reports (58%). More than half of the respondents reported heroin as the drug most often injected in the last month (53%) and 47% reported that it was the last drug they injected.

Almost all participants who had used heroin in the preceding six months (n=75) reported injecting it. A quarter of the respondents (24%) reported that they had smoked heroin at least once in their lifetime but just one respondent had done so in the six months preceding the interview; 5% reported they had swallowed heroin at least once in their lifetime but none had done so in the last six months; and 4% reported they had snorted heroin at least once in their lifetime.

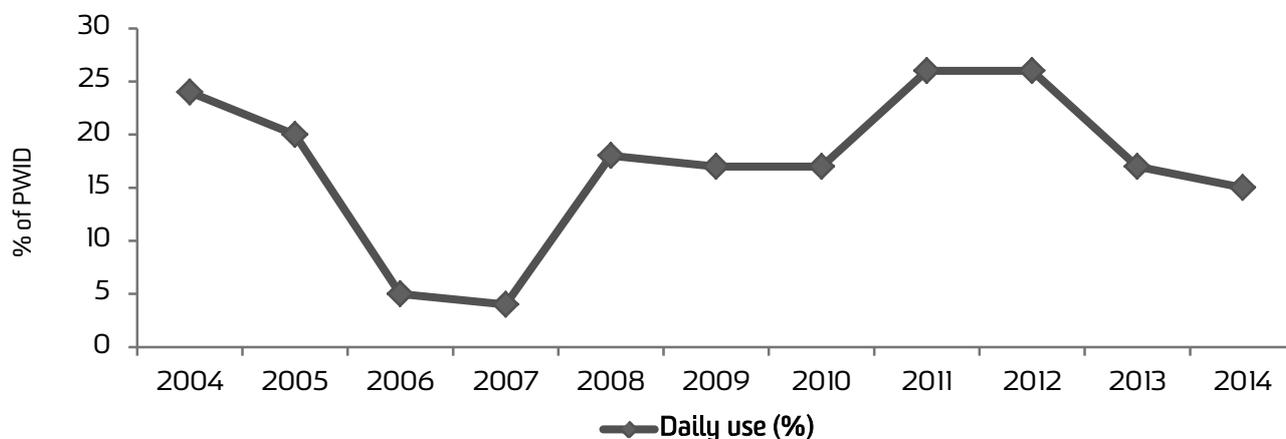
Of those participants who had used heroin in the six months prior to the interview, the median number of days of use during this period trended upwards to 60 days (50 days in 2013) as seen in Figure 2. The number of days that heroin was used in the preceding six months ranged from one day to every day.

Figure 2: Median days of recent heroin use in the ACT, 2004–2014



Source: ACT IDRS PWID interviews, 2004–2014

Figure 3: Proportion of participants reporting recent daily heroin use, in the ACT, 2004–2014



Source: ACT IDRS PWID interviews, 2004–2014

As shown in Figure 3, the proportion of participants reporting daily heroin use in the six months preceding interview has remained relatively stable with 15% reporting daily use. In 2014, heroin was nominated by 28% of the sample as having been used on the day prior to the interview. This proportion is similar to 2013 (32%).

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 2014, more than half (59%) of participants reported that they had used homebake heroin at least once in their lifetime. Less than one in ten (8%) reported the use of homebake heroin in the six months preceding interview. All of those who reported recent use of homebake heroin had injected it. In 2014, the median days of homebake heroin use was three days (range=1–90).

PREPARATION AND COLOUR

Brown heroin was first identified in New South Wales (NSW) by the Medically Supervised Injecting Centre 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.

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 (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, 78% reported that they had used heroin powder which was white/off-white in colour (see Table 6). The next most common form used was white/off-white rock (44%). Almost a quarter of PWID reported that they had used brown heroin powder (23%) and 21% reported using brown heroin rock in the six months preceding interview. Two-thirds (67%) percent reported that white/off-white heroin powder was the form of heroin they most used, followed by white/off-white rock (24%) and brown rock (7%).

Table 6: Forms of heroin used and most common form used recently, ACT, 2013–2014

Heroin form used in the last six months	2013 (n=75)	2014 (n=75)
Heroin powder		
White/off-white	66	78
Brown	20	23
Other colour	2	3
Heroin rock		
White/off-white	25	44
Brown	10	21
Other colour	3	1
Homebake	7	4
Heroin form used MOST OFTEN in last six months		
Heroin powder		
White/off-white	59	67
Brown	7	1
Other colour	0	0
Heroin rock		
White/off-white	7	24
Brown	1	7
Other colour	1	0
Homebake	0	1

Source: ACT IDRS PWID interviews, 2013–2014

PREPARATION

In 2014, 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=75), 32% reported that they had used heat the last time they injected and one participant reported using acid. Fifty-six percent (n=14) 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 11% (n=8) reported that the colour was brown or beige.

Key expert comments – heroin

The majority of KE reported that heroin was the main illicit drug used by the regular users that they had contact with.

4.3. Methamphetamine

Key points

- The vast majority (92%) of participants reported using some form of methamphetamine at least once in their lifetime and three-quarters (75%) reported recent use, in the past six months.
- Crystal methamphetamine remains the most common form used with 72% of the sample reporting recent use. A quarter of participants nominated crystal as their drug of choice, stable from 2013.
- Crystal methamphetamine continues to climb in popularity as both speed (powder) and base decline.

The 2014 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 2014, the vast majority (92%) of participants reported using some form of methamphetamine (i.e., speed, base, crystal, amphetamine liquid) at least once in their lifetime. Seventy-five percent of participants also reported having injected some form of methamphetamine at least once in their lifetime.

Speed

Eighty-three percent of participants reported using speed in their lifetime, with 36% of those reporting ever injecting speed. Eleven percent reported ever smoking speed, 24% reported ever snorting speed and 17% reported ever swallowing speed.

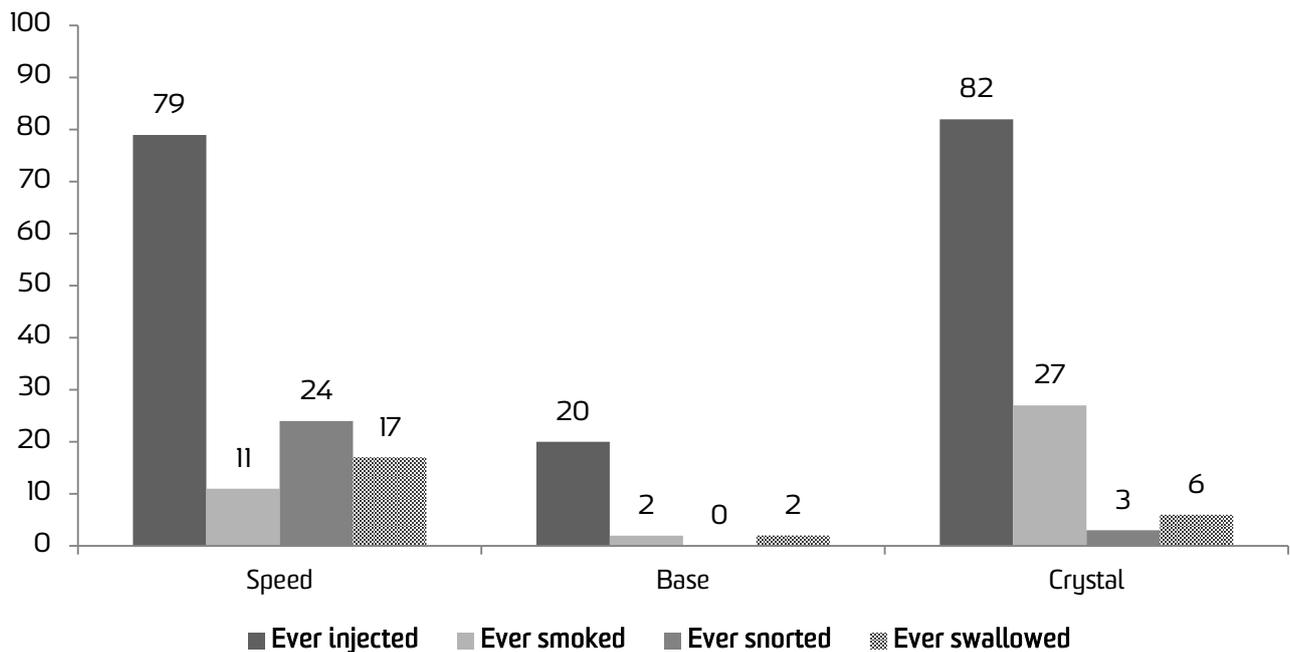
Base

One-fifth of participants (20%) reported ever having used base, with 18% of those reporting ever injecting base. Only two percent reported ever swallowing base and two percent reported ever smoking base.

Crystal

Eighty-four percent of participants reported having ever used crystal, with 82% reporting ever injecting crystal. Twenty-seven percent reported ever smoking crystal. The other routes of administration were less frequent, with only 7% reporting ever swallowing crystal and only 3% reporting ever snorting crystal.

Figure 4: Lifetime use and route of administration for methamphetamine



Source: ACT IDRS PWID interviews, 2014

CURRENT PATTERNS OF METHAMPHETAMINE USE

Any methamphetamine

In 2014, 75% of ACT participants reported using any methamphetamine in the six months preceding interview. Median days of use for any methamphetamine remains relatively stable at 48 days in 2014 (44 in 2013). Methamphetamine (in any form) was reported as the drug type used on first injection by 39% of the sample. Thirty-eight percent of participants reported methamphetamine to be the drug type most often injected in the last month (34% in 2013).

Speed

Thirty-six percent of participants reported the use of speed in the six months preceding interview (29% in 2013; see Figure 5).

The most common route of administration was injection, which was reported by almost all participants who had recently used speed (97%). Of those who had recently used speed, smaller proportions reported smoking (6%), and swallowing (3%) speed in the six months preceding interview.

Median days of use was nine days (range=1–180) and the median days of injection was six days (range=1–180). This equates to approximately monthly use. Two participants reported daily use of speed.

A third (31%) of participants reported that speed was the first drug ever injected (33% in 2013), 4% reported speed as the most common drug they injected in the last month (8% in 2013), and 6% reported speed as the most recent drug injected (8% in 2013). In 2014, 8% reported that speed was their drug of choice.

Base

Four percent reported the recent use of base (6% in 2013; see Figure 5). Injection was the most common route of administration (75%) reported by participants who had recently used base. In 2014, one participant reported recently smoking it.

Median days of use figures are based on only responses from only three participants. Therefore caution is advised when interpreting results due to small numbers. Median days of use was 56 (approximately twice weekly). The median number of days that base was injected in the preceding six months was one.

No participants 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

Almost three-quarters of the participants (72%) reported the recent use of crystal (61% in 2013; see Figure 5). Almost all (97%) participants who had recently used crystal had done so by injection. Approximately one-fifth (21%) of recent crystal users had smoked crystal in the six months prior to interview. Smaller proportions of the sample reported swallowing (6%) in the six months preceding interview. Two participants reported recently snorting.

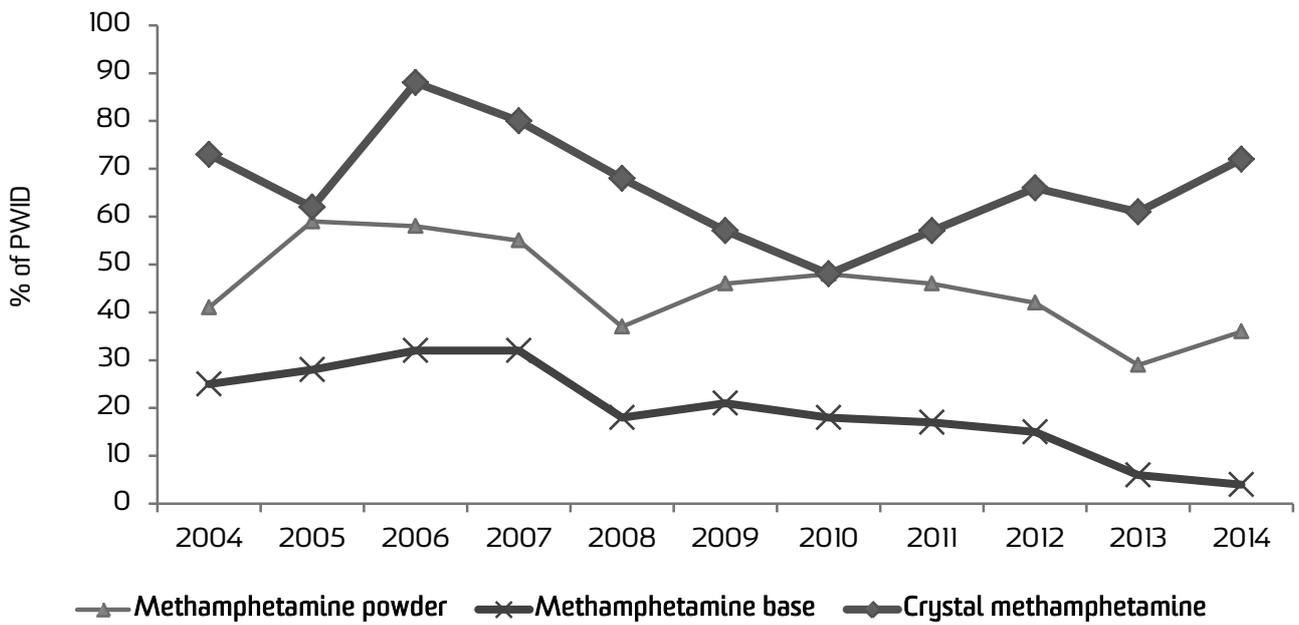
Amongst those who had used crystal in the previous six months, the median days of use was 48 (32 in 2013). Amongst recent injectors the median days of injection was 48; approximately twice weekly use. Just over one in every 10 recent ice users reported using ice daily, similar to 2012 and 2013 results.

Crystal was the first drug injected by 8% of participants (13% in 2013), the drug injected most often in the last month by 34% (26% in 2013), and the last drug injected by 31% (31% in 2013). A quarter (25%) of participants nominated crystal as their drug of choice, the same proportion as 2013.

Liquid amphetamine

In 2014, whilst 27% of participants reported that they had used liquid amphetamine at least once in their lifetime, only one participant reported the recent use of liquid amphetamine. The one participant who reported using liquid amphetamine recently had injected it.

Figure 5: Methamphetamine use in the past six months in the ACT, 2004–2014



Source: ACT IDRS PWID interviews, 2004–2014

4.4. Cocaine

Key points

- A significantly smaller proportion of participants reported lifetime use of cocaine compared with 2013: 54% in 2014 vs 71% in 2013.
- The recent use of cocaine remained low in the ACT, with 15% reporting use in the preceding six months. The median days of use also remains low at two days, ranging from one to 40 days.

LIFETIME USE

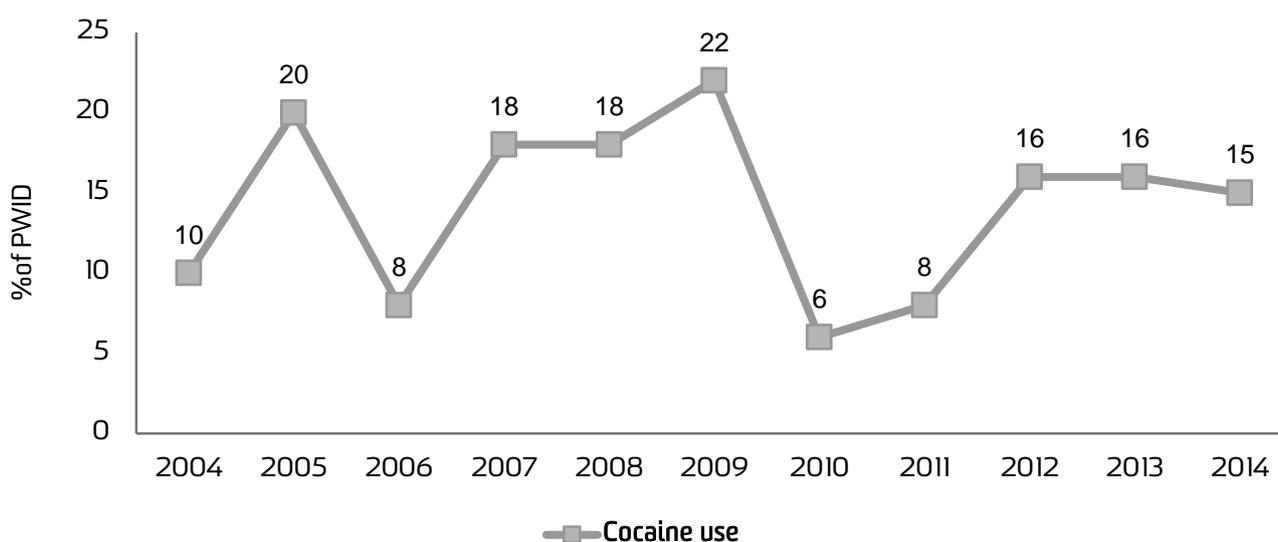
In 2014, 55% of participants reported that they had used cocaine at least once in their lifetime, similar to 2013 (54%). Almost three-quarters (73%) of those PWID who had ever used cocaine reported having injected cocaine. Of those who had ever used cocaine, 60% reported having snorted cocaine, 2% had smoked cocaine, and 5% had swallowed the drug.

CURRENT PATTERNS OF COCAINE USE

In 2014, the proportion of participants reporting recent use of cocaine remained stable at 15%. Among recent cocaine users, the most common route of administration in 2013 was injection (60%). In the preceding six months, 53% of participants had snorted cocaine, 27% had swallowed it, and no recent users had smoked it. The median days of cocaine use remained low at two days, ranging from one day to 40 days.

Just 2% of participants reported that cocaine was the first drug they had ever injected (2% in 2013). 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, 2004–2014



Source: ACT IDRS PWID interviews, 2004–2014

4.5. Cannabis

Key points

- 73% of PWID reported recent cannabis use in 2014 (75% in 2013).
- Cannabis was the most common illicit drug used the day prior to interview (49%).
- Daily use was reported by 52% of the sample.
- Hydroponic cannabis remains the most common form of cannabis used (90% used recently).

LIFETIME USE

In 2014, the vast majority of participants (88%; 92% in 2013) reported using cannabis at least once in their lifetime.

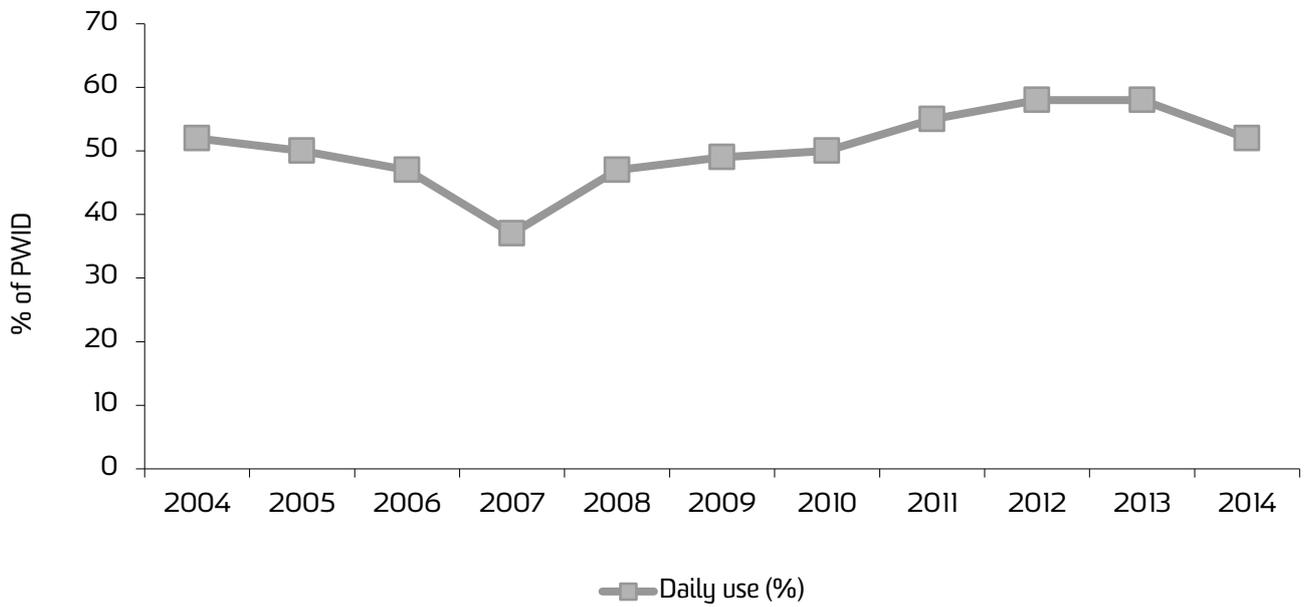
CURRENT PATTERNS OF CANNABIS USE

Almost three-quarters (73%) of participants reported having used cannabis in the six months preceding interview (75% in 2013). The median number of days of use in the previous six months was 180 which equates to daily use (equal to 2013). As can be seen from Figure 7, the proportion of participants reporting daily cannabis use has remained relatively stable over the previous years (52%; 59% in 2013). Five percent of participants nominated cannabis as their drug of choice in 2014 (similar to 9% in 2013).

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 (70%) rather than joints (11%). Among those who had smoked cones, the median number used on the last day was 5.5 (range=0.5–80 cones), while the number of joints smoked was 1.5 (range=0.5–6 joints). Daily users of cannabis had smoked a median of seven cones (range=1–50) on the last day of use.

Of those respondents who had used cannabis in the past six months, 90% had used hydroponic cannabis (hydro) (96% in 2013), 43% had used bush (47% in 2013), 12% had used hashish (13% in 2013), and 4% reported using hashish oil (12% in 2013). Hydro was the form of cannabis used most often (90%; 91% in 2013).

Figure 7: recent daily cannabis use and cannabis use on the day preceding the interview, 2004–2014



Source: ACT IDRS PWID interviews, 2004–2014

Key expert comments – cannabis

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

4.6. Other opioids

Key points

- Almost two-thirds (65%) of the sample reported recent use of methadone (any form) and around one-quarter (24%) reported recently injecting.
- Seventeen percent of the sample reported recent use of buprenorphine (any form).
- Almost a quarter (23%) of the sample reported recent use of buprenorphine-naloxone (any form).
- Recent use of illicit morphine continues to decline, with only 12% of the sample reporting recent use.
- Recent use of illicit oxycodone remains stable at 16% of the sample using on a median of five days in the previous six months. The most common brand used is Oxycontin®.

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 (a 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 (64%; 63% in 2013). Forty-six percent of participants in 2014 reported recent use of licit methadone (44% in 2013). In 2014, 98% of participants who had recently used licit methadone reported having swallowed it. In addition, 13% of participants reported having used licit methadone by injection in the six months prior to interview, which is a decrease from 2013 (27% in 2013). Among those who reported using licit methadone in the preceding six months, 87% reported daily use. The median number of days of use for licit methadone was 180.

Eighteen percent of participants reported ever using licit physeptone (15% in 2013) and none reported use of licit physeptone in the preceding six months (6% in 2013). Twenty-two percent of participants reported

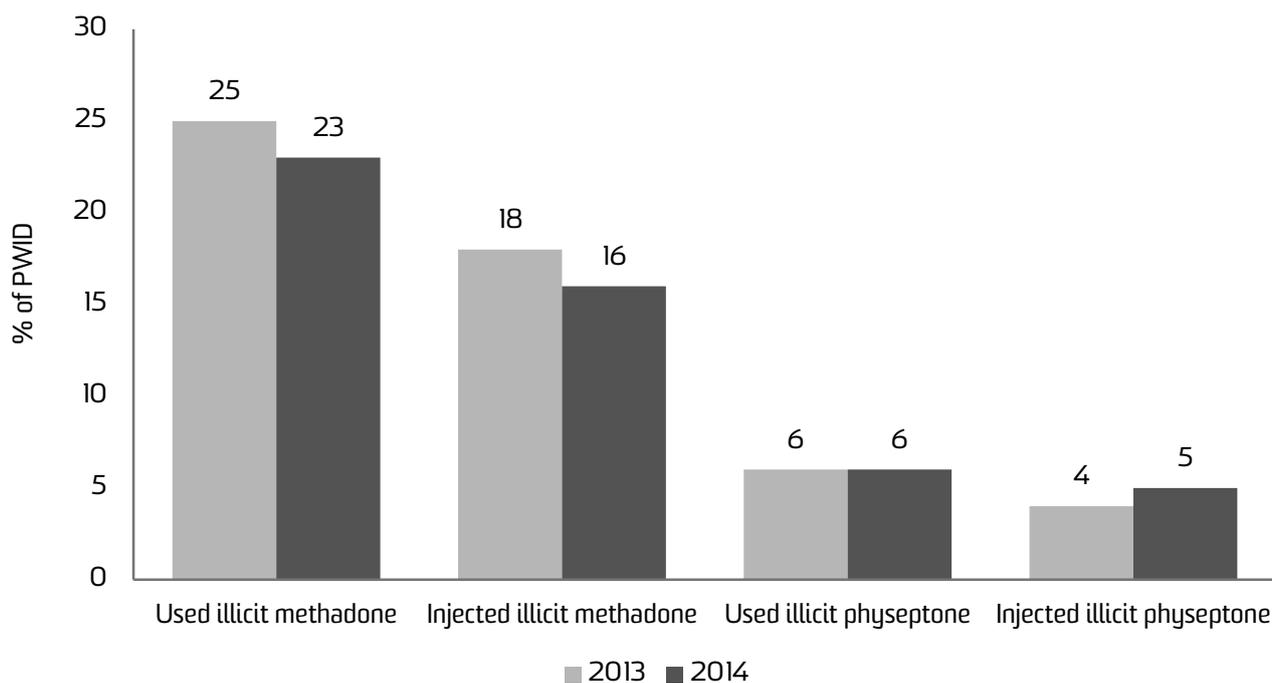
injecting licit physeptone recently. The median number of days reported using licit physeptone remained low at 17 days (range=6–180).

Illicit methadone and physeptone

In 2014, the self-reported lifetime use of illicit methadone amongst participants remained stable at 45% of participants (49% in 2013). As can be seen in Figure 8, the proportion of participants reporting recent use of illicit methadone has remained stable in 2014 at 23% (25% in 2013). Of those participants who had used illicit methadone in the previous six months, 70% reported injecting it (72% in 2013) and 30% reported swallowing. Of those participants who had recently used illicit methadone, 22% had used it on 10 or more days in the six months preceding interview, compared to 32% in 2013. The median number of days of use for illicit methadone remained stable at five days (range=1-72).

In 2014, 23% reported ever using illicit physeptone (24% in 2014); however, only 6% of participants reported recent use of illicit physeptone (6% in 2013). Most (83%) participants who recently used illicit physeptone reported the recent injection of illicit physeptone (67% in 2013). The median number of days for using illicit physeptone was 1.5 (range=1–12).

Figure 8: Recent use and injection of illicit methadone and illicit physeptone among PWID, 2013–2014



Source: ACT IDRS PWID interviews, 2013–2014

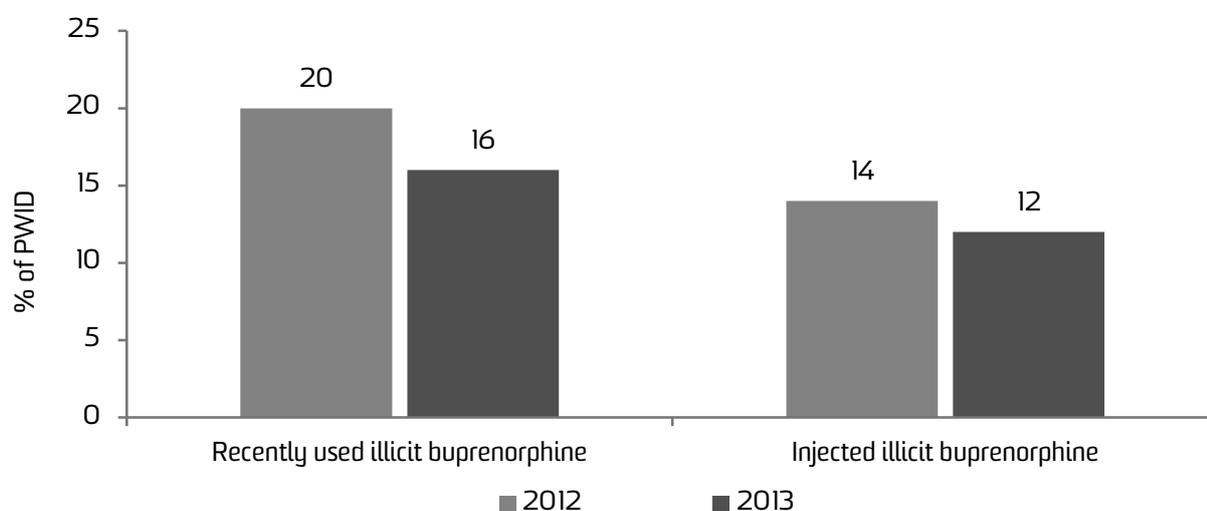
BUPRENORPHINE

In 2014, 30% of participants reported that they had ever used licit buprenorphine, i.e., buprenorphine prescribed to them (25% in 2013). Use of prescribed buprenorphine in the six months preceding interview

remains low at 5% (4% in 2013). Almost all participants who reported recent use of prescribed buprenorphine reported having swallowed the drug, with only one participant reported injecting it. Amongst those who had used licit buprenorphine in the preceding six months, the median number of days of use remained stable at 180 days in 2014.

Thirty-six percent of participants reported the lifetime use of illicit buprenorphine, stable compared to 2013 (34%). The proportion of participants who had used illicit buprenorphine in the six months prior to interview also remained stable in 2014 (12%; 16% in 2013) (see Figure 9). In terms of route of administration, 67% of PWID who recently used illicit buprenorphine reported injecting it in the six months preceding interview; a third of participants reported swallowing the drug. In 2014, the median number of days of use for illicit buprenorphine decreased to four and half days (11 days in 2013).

Figure 9: Recent use and injection of illicit buprenorphine among PWID, 2013–2014



Source: ACT IDRS PWID interviews, 2010–2014

BUPRENORPHINE-NALOXONE (SUBOXONE®)

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 2000 <http://www.tga.gov.au/pdf/auspar/auspar-suboxone.pdf>).

In the ACT, one in 10 PWID reported recently using any form of buprenorphine-naloxone tablet on a median of 16 days in the past six months. In 2014, 16% of PWID reported recently using any form of buprenorphine-naloxone film on a median of 19 days in the last six months.

Tablet

Licit use – the number of participants who reported that they had ever used licit buprenorphine-naloxone (tablet form) remained stable at 17% (14% in 2013). Just one participant reported the use of prescribed buprenorphine-naloxone in the six months preceding interview (2% in 2013). Route of administration was reported to be swallowing.

Illicit use – 26% of participants reported that they had ever used illicit buprenorphine-naloxone (tablet form), while less than one in ten (9%) reported using buprenorphine-naloxone (tablet) in the six months prior to interview. The majority of participants who reported recent use (89%) reported injecting the illicit form while 22% reported swallowing it. The median days of use was 12 days suggesting that use is low and infrequent.

Film

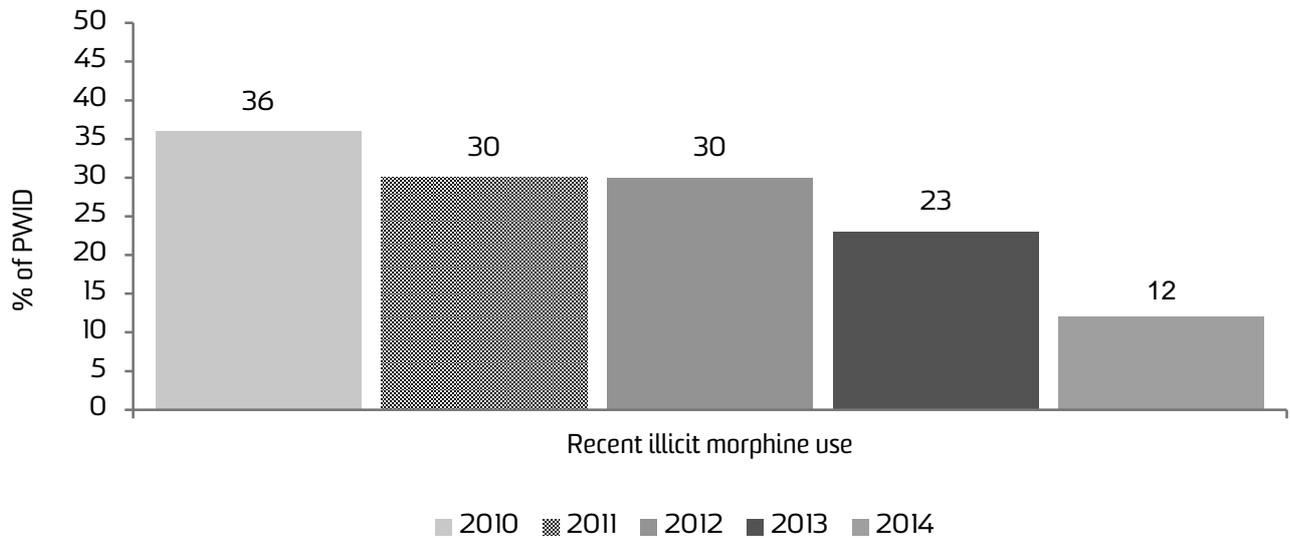
Licit use – Nineteen percent of participants reported that they had ever used licit buprenorphine-naloxone film and 7% reported the recent use of prescribed buprenorphine-naloxone film. All recent users reported swallowing the film, with one participant also reporting injecting it. Median days use in the previous six months is 96 days, approximately every second day.

Illicit use – Twenty-two percent PWID reported that they had ever used illicit buprenorphine-naloxone film with ten percent reporting the recent use of illicit buprenorphine-naloxone film. Two-thirds (70%) reported swallowing the film while three participants reported injecting the film. Median days of use remain low at 4.5 days in the previous six months.

MORPHINE

Forty-nine percent of participants reported using illicit morphine at least once in their lifetime, and approximately one in 10 (12%) of participants reported recent use (see Figure 10). Of those participants who had recently used illicit morphine, the most common route of administration was injecting (83%, 87% in 2013). In 2014, the median number of days of use for illicit morphine was nine days, suggesting low and sporadic use. MS Contin® was the preferred brand of morphine for most (88%, 61% in 2013) of recent morphine users.

Figure 10: Recent use of illicit morphine among PWID in the last six months, 2010–2014

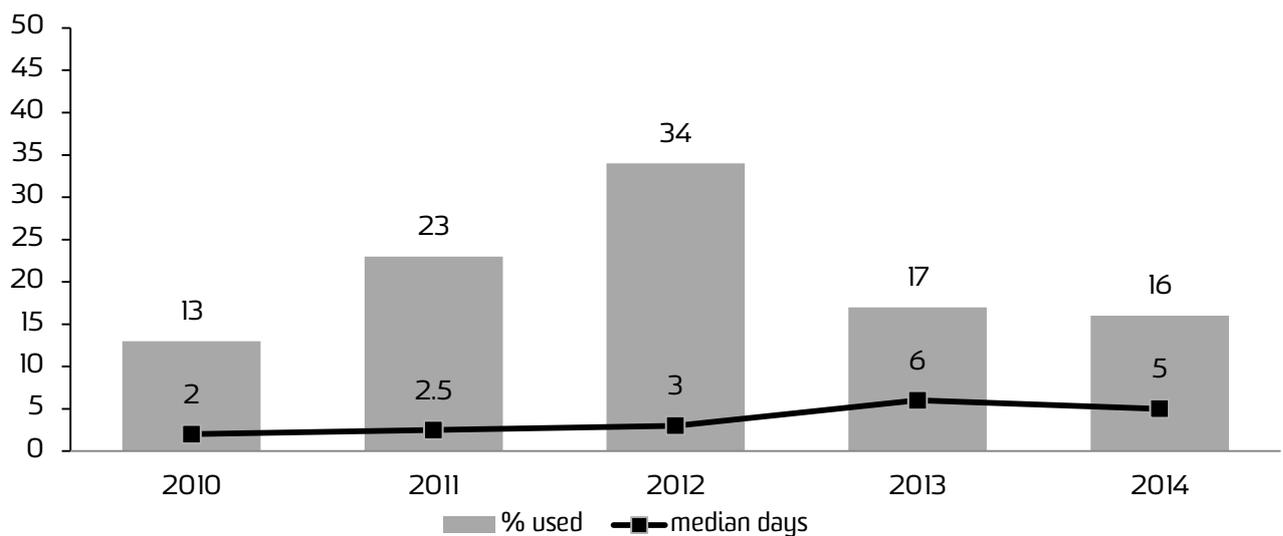


Source: ACT IDRS PWID interviews, 2010–2014

OXYCODONE

Fifty-two percent of participants reported that they had used illicit oxycodone at least once in their lifetime (42% in 2013). The initial upward trend of recent use of illicit oxycodone seen from 2010 to 2012 has not continued with only 16% of participants reporting using illicit oxycodone in the previous six months. The median number of days of illicit oxycodone remains stable at five days (see Figure 11). Almost two-thirds (63%) of recent users reported injecting illicit oxycodone in the previous six months 100% in 2013). The most common brand used remained Oxycontin® (47%), followed by Endone (32%).

Figure 11: Recent illicit oxycodone use and median days of use, 2010–2014



Source: ACT IDRS PWID interviews, 2010–2014

OVER THE COUNTER CODEINE

Forty-one percent of participants reported that they had ever used over the counter (OTC) codeine. One-quarter of (26%) participants reported that they had used OTC codeine in the six months prior to interview on a median of 16 days. This is an increase in the proportion reporting recent use (10% in 2013) and the frequency of use (9.5 days in 2013). All recent OTC codeine users had swallowed it. Brands commonly reported were Nurofen Plus[®], Panadeine[®], as well as doxylamine succinate with brand name, Dolased[®]. The median number of pills taken by participants on the last occasion that OTC codeine was used was five.

FENTANYL

In 2014, the IDRS survey included questions on the use of Fentanyl. Nineteen percent of participants reported that they had ever used fentanyl. Seven percent of PWID reported using fentanyl in the last six months. The median number of days of use in the past six months was five days, indicating that use is low and sporadic. The majority of recent fentanyl users had injected it (86%).

4.7. Other drugs

Key points

- Small proportions report the recent use of
 - ecstasy (10%) on a median of two days in the previous six months;
 - hallucinogens (8%) on a median of 1.5 days in the previous six months;
 - pharmaceutical stimulants (illicit) (11%) on a median of seven days in previous six months; and
 - inhalents (4%) on a median of 90 days in previous six months.
- Benzodiazepine and alprazolam use remains stable, with 46% recently using benzodiazepine (any form) and 19% reporting recently using alprazolam (any form).
- The recent use of illicit Seroquel® was reported by 11% of the sample on a median of four days use.
- Recent alcohol use was reported by over half (54%) of the sample on an average of twice weekly use.
- One in five (20%) recent drinkers reported drinking daily (34% in 2013).
- Tobacco remained common, recently used by 88% of the sample.
- Almost all (97%) participants who reported recently smoking tobacco reported being daily smokers.

ECSTASY

In 2014, just over half (53%) reported lifetime use of ecstasy (42% in 2013), and 10% reported recent use (6% in 2013) (see Table 7). Less than half of recent ecstasy users (40%) reported injecting ecstasy and most (80%) reported swallowing 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 two days.

Table 7: Patterns of ecstasy use among participants in the last six months in the ACT, 2010–2014

	2010 N=101	2011 N=98	2012 N=99	2013 N=100	2014 N=100
Recent use (%)	9	14	12	6	10
Recent injecting (%)	1	3	3	3	40
Median days used*	1	2	3.5	1	2

Source: ACT IDRS PWID interviews, 2010–2014

*Among those that reported recent use.

HALLUCINOGENS

Fifty-three percent of participants reported having used hallucinogens at some stage in their lifetime (40% in 2013) and recent use (i.e., in the preceding six months) was also low, with 8% reporting use in the six months preceding interview on a median of one and half days.

BENZODIAZEPINES (OTHER)

Sixty-three percent of participants had reported the use of any form (41% licit and 40% illicit) of other benzodiazepines at some stage in their lifetime. Almost half (46%) reported the recent use of any form (24% licit and 27% illicit) of other benzodiazepines. Illicit benzodiazepines were used on a median of six days in the last six months.

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

ALPRAZOLAM

Significantly fewer participants reported the lifetime use of some form of alprazolam with 44% (68% in 2013) reporting use of either licit or illicit alprazolam (18% licit and 35% illicit). One in five (19%) reported recently using any form of alprazolam (8% licit and 12% illicit). Illicit alprazolam was used on a median of 10 days in the last six months.

PHARMACEUTICAL STIMULANTS

This includes drugs such as dexamphetamine and methylphenidate, which are medications most commonly prescribed for attention deficit hyperactivity disorder.

Licit – 15% of participants reported ever using licit pharmaceutical stimulants (those prescribed to them), which was similar to 2013 (12%). Only one participant reported using licit pharmaceutical stimulants in the preceding six months on 24 days over that time period.

Illicit – 29% of participants reported using illicit pharmaceutical stimulants at least once in their lifetime (25% in 2013). Eleven percent reported using illicit pharmaceutical stimulants over the preceding six months (7% in 2013). The median days of use of illicit pharmaceutical stimulants remained stable in 2014 at seven days in the six months preceding interview (five in 2013).

Recent use of any pharmaceutical stimulants (licit and illicit) was reported by 12% of the total sample in 2014. Recent injection of pharmaceutical stimulants (both licit and illicit) was reported by 10% of the sample in 2014 (Table 8). The median number of days of any use (licit and illicit) was 7.5 days (range=1–76).

Table 8: Recent pharmaceutical stimulant use (licit/illicit) among participants in the ACT, 2010–2014

	2010 N=101	2011 N=97	2012 N=99	2013 N=100	2014 N=100
Recent use (%)	35	29	13	8	12
Recent injecting (%)	26	26	11	4	10
Median days used*	5	6	5	5	7.5

Source: ACT IDRS PWID interviews, 2010–2014

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

SEROQUEL® (QUETIAPINE)

A third (38%) of participants reported lifetime use of Seroquel® (quetiapine) (15% licit, 29% illicit). Less than one-fifth (15%) had used Seroquel® in the last six months (4% licit, 11% illicit).

Licit use of Seroquel® had been used on a median of 102 days (range=5–180) compared to four days (range=1–72) for illicit use.

INHALANTS

Less than one-fifth (19%) of participants reported ever having inhaled volatile substances such as amyl nitrate, petrol, glue and/or lighter fluid. Only 4% of participants reported use in the six months preceding interview.

ALCOHOL AND TOBACCO

The majority (83%) of participants in 2014 reported having used alcohol at least once during their lifetime. In 2014, 55% of participants reported the recent use of alcohol (Table 9). The median days of alcohol use in the six months prior to interview was 44 days in 2014 (just over twice weekly), with 20% 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 2014. Almost all participants (94%) reported ever having used tobacco and 89% 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 2013 to 2014.

Table 9: Patterns of recent alcohol and tobacco use among PWID in the ACT, 2010–2014

	2010 N=101	2011 N=98	2012 N=99	2013 N=100	2014 N=100
Recent use (%)					
Alcohol	66	70	65	61	54
Tobacco	94	96	94	89	88
Median days used *					
Alcohol	30	16	54	24	44
Tobacco	180	180	180	180	180

Source: ACT IDRS PWID interviews, 2009–2014

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

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

5.1. Heroin

Key points

- Price for heroin remained stable at \$50 per cap and \$300 per gram.
- Forty percent of those who commented reported current purity to be medium (32%) and high (8%).
- Almost half (48%) of those who commented reported that the current purity was stable.

In this section, the patterns of use, price, purity and availability of heroin are discussed. The figures about the heroin market refer to the 85 participants who commented on heroin trends in the ACT in 2014.

PRICE

Participants were asked to comment on the last time they purchased heroin in the six months prior to interview. The median reported prices for purchased values of heroin in 2014 were similar to the prices reported by participants in 2013. In both 2013 and 2014, the median price of a cap of heroin was reported to be \$50. The median price of a gram in 2014 was \$300, the same price reported in 2013. The median price for a quarter-gram of heroin also remained stable at \$80 as did the median price for a half-gram (\$150).

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 (86%) of those who commented on heroin trends in 2014 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, 2013–2014

Price change	2013 n=75	2014 n=85
Increasing (%)	15	7
Stable (%)	73	86
Decreasing (%)	7	1
Fluctuating (%)	6	5

Source: ACT IDRS PWID interviews, 2013–2014

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 (39%) or easy (46%) to obtain. In 2014, the proportion of participants reporting that heroin was difficult to obtain decreased from 20% in 2013 to 16%.

Table 11: Participants' reports of heroin availability in the past six months, 2013–2014

Current availability	2013 n=74	2014 n=83
Of those who responded:		
Very easy (%)	43	39
Easy (%)	32	46
Difficult (%)	20	16
Very difficult (%)	4	-
Availability change over the last six months		
Of those who responded:		
More difficult (%)	28	7
Stable (%)	58	78↑
Easier (%)	5	12
Fluctuates (%)	8	2

Source: ACT IDRS PWID interviews, 2013–2014

↑↓ Statistical significance $p < 0.05$

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 2014, the majority of participants believed heroin availability had remained stable (78%) this is a significant increase from the proportion who reported availability was stable in 2013 ($p < 0.05$).

In 2014, the majority (41%) of participants who reported purchasing heroin in the six months prior to interview last bought it from friends. A third (33%) reported last purchasing heroin from a known dealer and 16% reported purchasing heroin from a street dealer. Smaller proportions reported last obtaining heroin from an acquaintance (6%) or an unknown dealer (3%). The most commonly reported places for the last purchase of heroin were a dealer's home (28%), an agreed public location (25%), a friend's home (20%) and home delivery (19%).

PURITY

Participants were asked to comment on the perceived purity of heroin in the ACT (Table 12). In 2014, the proportion of participants nominating current purity as low remained relatively stable at 55% (63% in 2013). An increase in perceived purity as medium (32%) and high (8%) was also observed. Most participants reported the purity to be stable (48%). An increase in the proportion of participants reporting purity to be increasing was observed: 14% compared to 9% in 2013. This increase is not statistically significant though. A fifth (20%) reported purity to be decreasing over the past six months while 18% reported purity to be fluctuating.

Table 12: Participants' perceptions of heroin purity in the past six months, 2013–2014

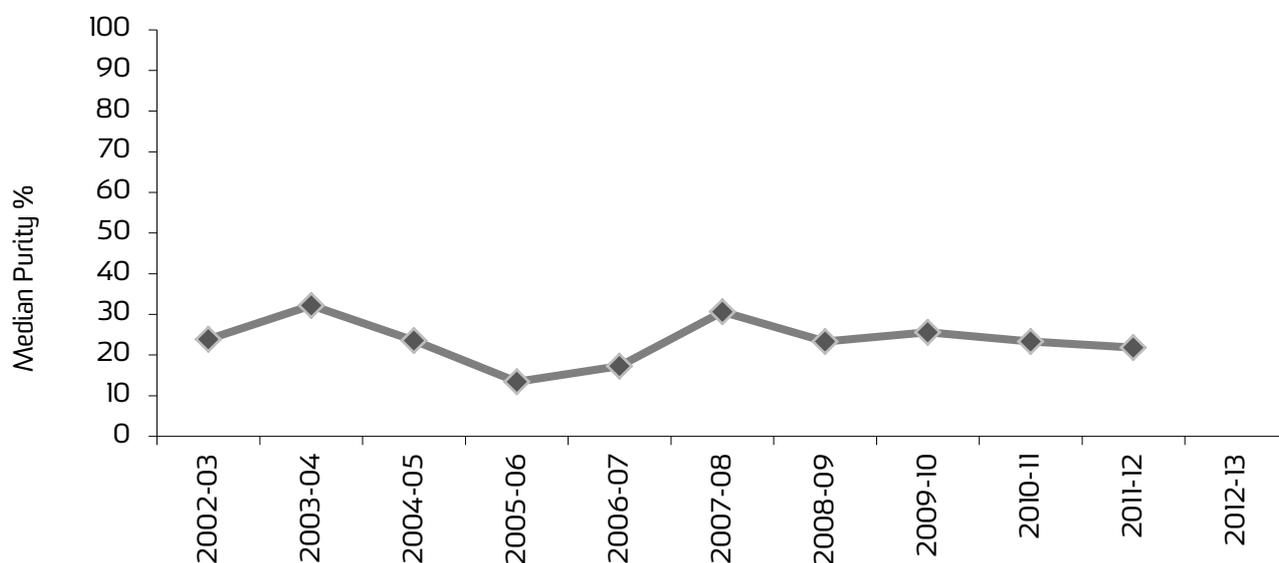
Current purity	2013 n=73	2014 n=78
Of those who responded:		
High (%)	7	8
Medium (%)	26	32
Low (%)	63↑	55
Fluctuates (%)	4	5
Purity change over the last six months		
Of those who responded:		
Increasing (%)	9	14
Stable (%)	42	48
Decreasing (%)	35↑	20
Fluctuating (%)	14	18

Source: ACT IDRS PWID interviews, 2013–2014

↑↓ Statistical significance $p < 0.05$

Figure 12 presents data from the ACC on the purity of heroin seizures made by ACT local police, by financial year, from July 2002 to June 2012. Data were not available at the time of printing for more recent seizure purity estimates.

Figure 12: Median purity of heroin seizures by ACT local police, July 2002 to June 2013



Source: Illicit Drug Data Report, ACC, 2003–2014

5.2. Methamphetamine

Key points

- The price for speed has remained stable with reports of one point costing \$50.
- Only one participant was able to comment on the price of base.
- The price of crystal has remained stable at \$100 for one point.
- There were no significant differences in either the availability or reported purity of crystal, speed or base

In 2014, similar proportions of the IDRS sample were able to comment on trends in the price, purity, availability and use of speed (27% compared with 25% in 2013). Only one participant was able to comment on base (4% in 2013). Sixty-one percent of the sample was able to comment on crystal trends (53% in 2013).

PRICE

Speed

In 2014, the median price for a point (0.1 grams) of speed remained stable at \$50 (see Table 13). The price of a gram of speed increased from \$200 in 2013 to \$275 in 2014. Low numbers commented on the price of a half-weight (0.5 gram). The most common amount of speed purchased was a point, with 89% 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 2014, 80% believed the price to be stable, similar to 2013 proportions. Sixteen percent of participants believed the price of speed was increasing (24% in 2013) while no participants reported that they thought the price was decreasing.

Table 13: Price and changes in price for methamphetamine powder, ACT, 2013–2014

Median price – speed	2013	2014
Point (0.1 gram)	\$50	\$50
(range)	(15-100)	(50-100)
Half-weight (0.5 gram)	\$110 [^]	\$120[^]
(range)	(50-350)	(70-150)
Gram	\$200 [^]	\$275
(range)	(40-300)	(50-850)
Change in price	n=21	n=25
% Increasing	24	16
% Stable	71	80
% Decreasing	0	0
% Fluctuating	5	4

Source: ACT IDRS PWID interviews, 2013–2014

[^] Small numbers reporting (n<10); interpret with caution

Base

Due to the very small number reported on the availability of base (n=1), jurisdictional findings will not be presented; for national findings, please refer to Stafford and Burns (2015).

Crystal

In 2014, the median price of a point of crystal purchased by participants remained stable at \$100. The median price of a half-weight decreased from \$350 in 2013 to \$300 in 2014. The price of a gram returned to prices consistent with reports prior to 2013 at \$500.

The most common amount of crystal purchased was a point, with 97% of participants who commented on crystal reporting that they had bought this amount in the past six months.

Of those who commented, the majority (70%) reported the price to have remained stable in the six months preceding the interview. Seventeen percent of respondents reported price to be increasing in the six months prior to interview.

Table 14: Price and changes in price for crystal methamphetamine, ACT, 2013–2014

Median price – crystal	2013	2014
Point (0.1 gram)	\$100	\$100
(range)	(25-100)	(50-200)
Half-weight (0.5 gram)	\$350	\$300
(range)	(250-500)	(50-500)
Gram	\$700	\$500
(range)	(300-900)	(50-900)
Of those that responded	n=50	n=60
<i>% Increasing</i>	14	17
<i>% Stable</i>	72	70
<i>% Decreasing</i>	4	3
<i>% Fluctuating</i>	10	10

Source: ACT IDRS PWID interviews, 2012–2013

^ Small numbers reporting (n<10); interpret with caution

AVAILABILITY

Participants were asked to comment on the current availability, as well as any changes in availability, of the different methamphetamine forms in the ACT in 2014. Findings are presented separately for powder, and crystal in Table 15 and Table 16.

Speed

Of those who commented on the current availability of speed (n=27), two-thirds (97%) reported speed to be easy (67%) or very easy (30%) to obtain.

Eighty-two percent of the participants that commented on speed thought that the availability had remained stable in the six months prior to interview.

Participants who bought speed (n=27) reported that they obtained it through: friends (41%), known dealers (30%), and street dealers (26%). The most commonly reported places of speed purchases were at a dealer's home (37%), a friend's home (26%), or an agreed public location (15%).

Table 15: Availability of methamphetamine powder, ACT, 2013–2014

Availability – speed	2013	2014
Responded	n=25	n=27
Very easy	28	30
Easy	52	67
Difficult	20	4
Very difficult	0	0
Change in availability		
% More difficult	16	4
% Stable	76	82
% Easier	4	11
% Fluctuates	4	4

Source: ACT IDRS PWID interviews, 2013–2014

Base

Due to the very small number reported on the availability of base (n=1), jurisdictional findings will not be presented; for national findings, please refer to Stafford and Burns (2015).

Crystal

Of those who commented on the current availability of crystal (n=61), the majority reported it to be very easy (48%) or easy (44%) to obtain in the ACT in 2014.

In 2014, more than three-quarters (79%) of participants reported that crystal availability had remained stable. Eight percent reported that crystal was easier to obtain and 12% reported that it had fluctuated in the past six months.

Forty-three percent of the participants who reported that they had bought crystal (n=61) said they obtained it from friends. Thirty-one percent reported that they had obtained crystal from known dealers, and 18% reported that they had obtained it through a street dealer. The most common venues where participants

had last purchased crystal from included: a dealer’s home (38%), a friend’s home (25%), an agreed public location (18%), or had it home delivered (10%).

Table 16: Availability of crystal methamphetamine, ACT, 2013–2014

Availability – crystal	2013	2014
Responded	n=52	n=61
Very easy	39	48
Easy	50	44
Difficult	12	8
Very difficult	0	0
Change of availability		
% More difficult	6	2
% Stable	77	78
% Easier	14	8
% Fluctuates	4	12

Source: ACT IDRS PWID interviews, 2013–2014

PURITY

Speed

In 2014, 46% of participants who commented on the purity of speed (n=26) reported that it was of medium purity. Thirty-one percent reported that purity was high and 15% reported purity was low.

Of those who commented (n=26), half (46%) of participants reported that the purity of speed had remained stable. Almost a quarter (23%) of participants reported that the purity of speed had decreased and 12% reported that purity had increased.

Base

In 2014, only one participant reported on the purity of base. Due to the extremely low number of participants who responded, jurisdictional findings will not be presented; for national findings, please refer to Stafford and Burns (2015).

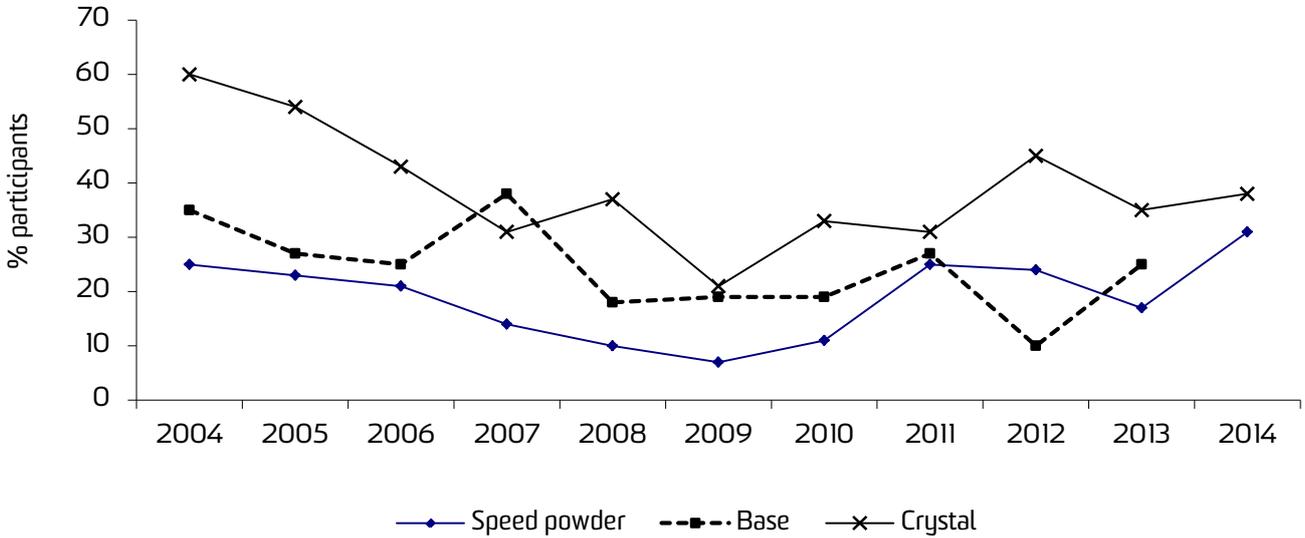
Crystal

In 2014, among those who commented on the purity of crystal (n=61), results were mixed. Thirty-eight percent reported purity to be high and the same proportion reported purity to be medium. Eleven percent reported purity to be low.

Similarly, there were mixed reports from participants concerning the change in purity of crystal over the preceding six months. Forty-five percent of participants who commented reported that the purity of crystal was stable while 18% reported that purity had increased over the six months preceding interview. Seventeen

percent reported that the purity had increased and 20% reported that the purity of ice had fluctuated over the six months preceding interview.

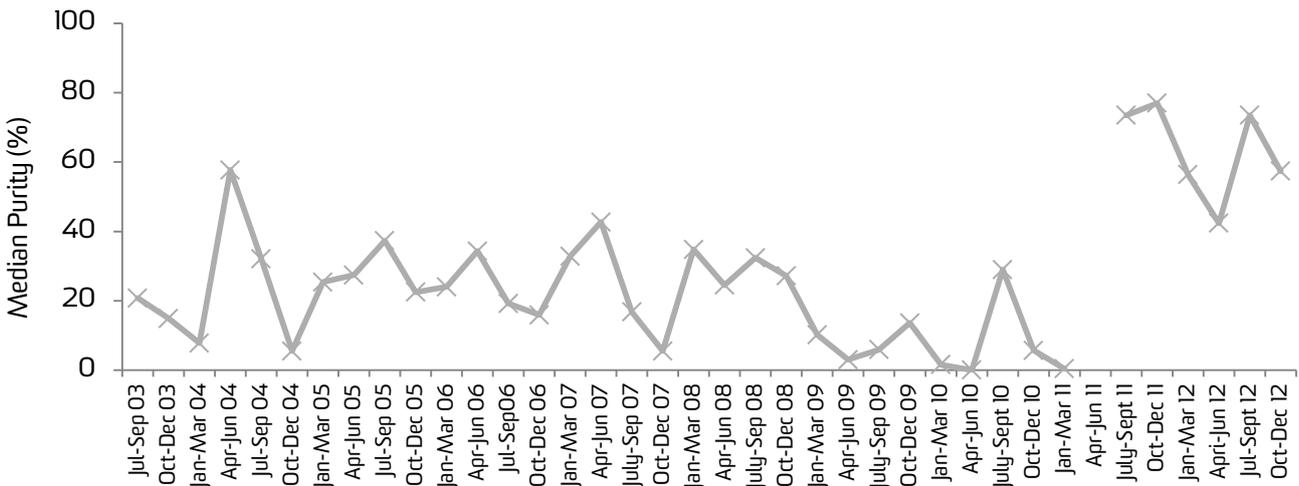
Figure 13: Proportion of participants reporting methamphetamine purity as high, 2004–2014



Source: ACT IDRS PWID interviews, 2004–2014

As shown in Figure 14, analysis of ACT police amphetamine seizures indicates that the median amphetamine purity in the ACT in the 2012–13 financial year has increased. The median purity is 71.2% in the 2012–13 financial year compared with 7.0% in the 2011–12 financial year. More recent data were not available at the time of printing. Please make note that figures do not represent the purity levels of all amphetamine seizures – only those that have been analysed at a forensic laboratory.

Figure 14: Median purity of amphetamine seizures by ACT local police, 2003–04 to 2012–13



Source: ACC, 2003–2013, NB: Data not available for the 2013–14 financial year

5.3. Cocaine

In 2014, 5% of participants (n=5) were able to comment on the price, purity and availability of cocaine. Due to small numbers reporting, caution is advised when interpreting these results. For more accurate information please refer to Stafford and Burns (2015) for national figures.

PRICE

In 2013, the median reported price for purchased values of a point of cocaine was \$50. The median price paid for a gram of cocaine was \$417.50. The majority of participants (75%) who commented (n=4) believed that the price of cocaine had remained stable in the six months preceding interview.

PURITY

Of those who were able to comment (n=4), reports on purity were mixed. Three-quarters (75%) believed that cocaine purity was currently high while a quarter reported that purity was low (25%).

AVAILABILITY

Participants who were able to comment (n=4) reported cocaine to be difficult (25%), easy (50%) or very easy (25%) to obtain. All of those who commented believed that availability had remained stable in the six months preceding interview.

5.4. Cannabis

Key points

- The median cost of a gram of hydroponic cannabis was \$20.
- The median cost of an ounce of hydroponic cannabis was \$280.
- The 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.
- The availability of both forms of cannabis was considered very easy or easy to obtain.

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). Over half of the participants (57%) commented on hydroponic trends in the ACT, while 11% reported on bush cannabis.

PRICE

The median prices for hydroponic cannabis and the reported changes are presented in Table 17. The median prices for bush cannabis and the reported changes in price are shown in Table 18.

Hydro

The median price of a gram of hydro purchased by participants in 2014 remained stable at \$20 and a quarter-ounce also remained stable at \$90. A half-ounce also remained stable at \$160 and the median price of an ounce decreased slightly to \$280.

The most common amount of hydro purchased was a gram, with 50 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 2014, 75% reported that the price had remained stable.

Bush

The median price of a gram of bush cannabis purchased by participants remained relatively stable at \$15 in 2014. The median price of a quarter-ounce remained similar to 2013, decreasing from \$85 to \$80 in 2014. The median price of a half-ounce also decreased slightly from \$150 to \$115. The price of an ounce of bush cannabis was reported to be \$210 in 2014.

The most common amount of bush cannabis purchased was an ounce, with nine participants reporting that they had bought an ounce in the six months preceding interview. As can be seen in Table 18, of those that

commented on bush cannabis in 2014, the majority (75%) reported that the price of bush had remained stable in the six months preceding interview.

Table 17: Price and changes in price for hydroponic cannabis, ACT, 2013–2014

Median price – cannabis (hydro)	2013	2014
Gram	\$20	\$20
(range)	10-25	(10-80)
Quarter-ounce	\$90	\$90
(range)	(70–110)	(70-160)
Half-ounce	\$160	\$160
(range)	(130–200)	(50-250)
Ounce	\$300	\$280
(range)	(250–400)	(200-400)
Change in price	n=60	n=57
<i>% Increasing</i>	8	5
<i>% Stable</i>	83	77
<i>% Decreasing</i>	2	7
<i>% Fluctuating</i>	7	11

Source: ACT IDRS PWID interviews, 2013–2014

^ Interpret with caution, n=<10

Table 18: Price and changes in price for bush cannabis, ACT, 2013–2014

Median price – cannabis (bush)	2013	2014
Gram	\$20	\$15
(range)	(10–20)	(10-80)
Quarter-ounce	\$85	\$80
(range)	(50–100)	(50-100)
Half-ounce	\$150	\$115
(range)	(100–180)	(100-150)
Ounce	\$265	\$210
(range)	(200–400)	(50-300)
Change in price	n=25	n=11
<i>% Increasing</i>	0	0
<i>% Stable</i>	88	82
<i>% Decreasing</i>	4	0
<i>% Fluctuating</i>	8	18

Source: ACT IDRS PWID interviews, 2013–2014

^ 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 2014. Findings are presented separately for each type of cannabis.

Hydro

Of those that commented on the current availability of hydro (n=58), the majority reported it to be very easy (64%) and easy (33%) to obtain. There were no significant differences between 2013 and 2014 ($p>0.05$).

The majority (90%) of participants commenting on hydro thought that the availability had remained stable in the six months prior to interview, similar to 2013 (84%). Recent hydro users who bought hydro predominantly reported last purchasing it from a friend (40%), a known dealer (32%) or a street dealer (18%). The most common places for purchasing hydro were from a friend's home (28%), a dealer's home (26%), and an agreed public location (25%).

Table 19: Availability of hydro cannabis, ACT, 2013–2014

Availability – hydroponic cannabis	2013	2014
Responded	n=61	n=58
% Very easy	53	64
% Easy	39	33
% Difficult	7	3
% Very difficult	2	0
Changes in availability	n=61	n=58
% More difficult	7	3
% Stable	84	90
% Easier	5	3
% Fluctuates	5	3

Source: ACT IDRS PWID interviews, 2013–2014

Bush

The majority of those that commented on the current availability of bush cannabis (n=12) reported that bush was very easy (50%) and easy (33%) to obtain. A further 17% reported that bush cannabis was difficult to obtain. Of those that commented, 92% reported that bush availability had remained stable in the six months preceding interview, as shown in Table 20.

The majority of bush purchases were through a friend (46%), followed by a known dealer (27%). Purchases most often occurred at a friend's home (27%), home delivered (27%), an agreed public location (18%), or from a dealer's home (18%).

Table 20: Availability of bush cannabis, ACT, 2013–2014

Availability – bush cannabis	2013	2014
Responded	n=26	n=12
% Very easy	23	50
% Easy	54	33
% Difficult	19	16
% Very difficult	4	0
Change in availability	n=26	n=12
% More difficult	19	8
% Stable	69	92
% Easier	8	0
% Fluctuates	4	0

Source: ACT IDRS PWID interviews, 2013–2014

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 15 and Figure 16).

Hydro

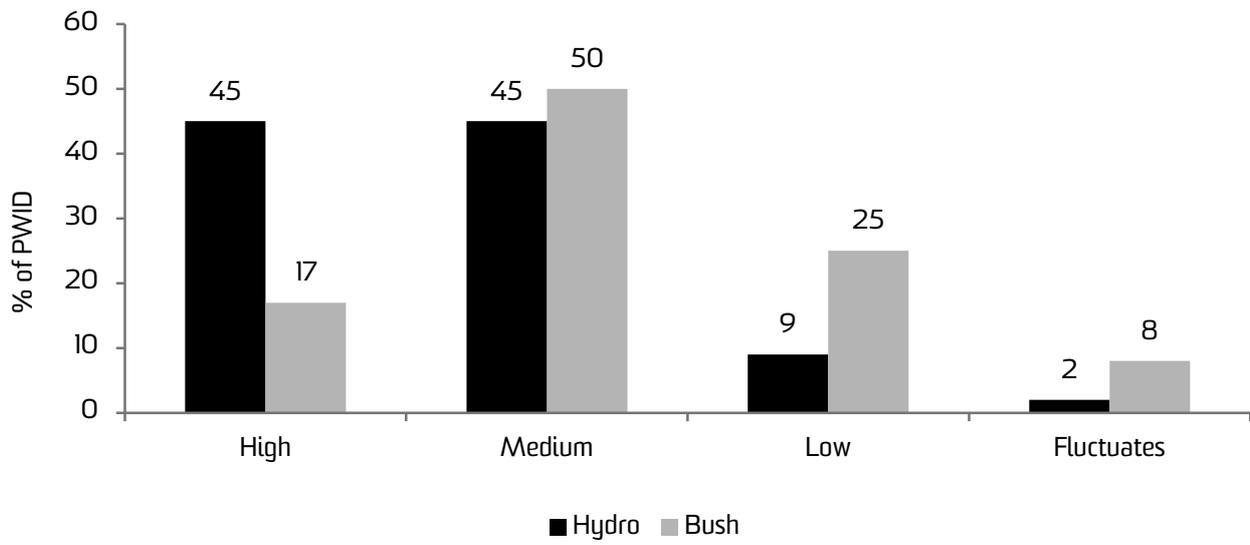
Equal proportions of participants who commented on hydro reported that its potency was high (45%) or medium (45%) in the six months preceding interview (see Figure 15). The majority (75%) of participants reported that hydro potency was stable in 2014. There were no significant differences in the reported potency or potency change of hydro from 2013 to 2014 ($p>0.05$).

Bush

The potency of bush cannabis was generally reported to be medium (50%); however, 17% reported it to be high while 25% reported it to be low. No significant differences were found between 2013 and 2014.

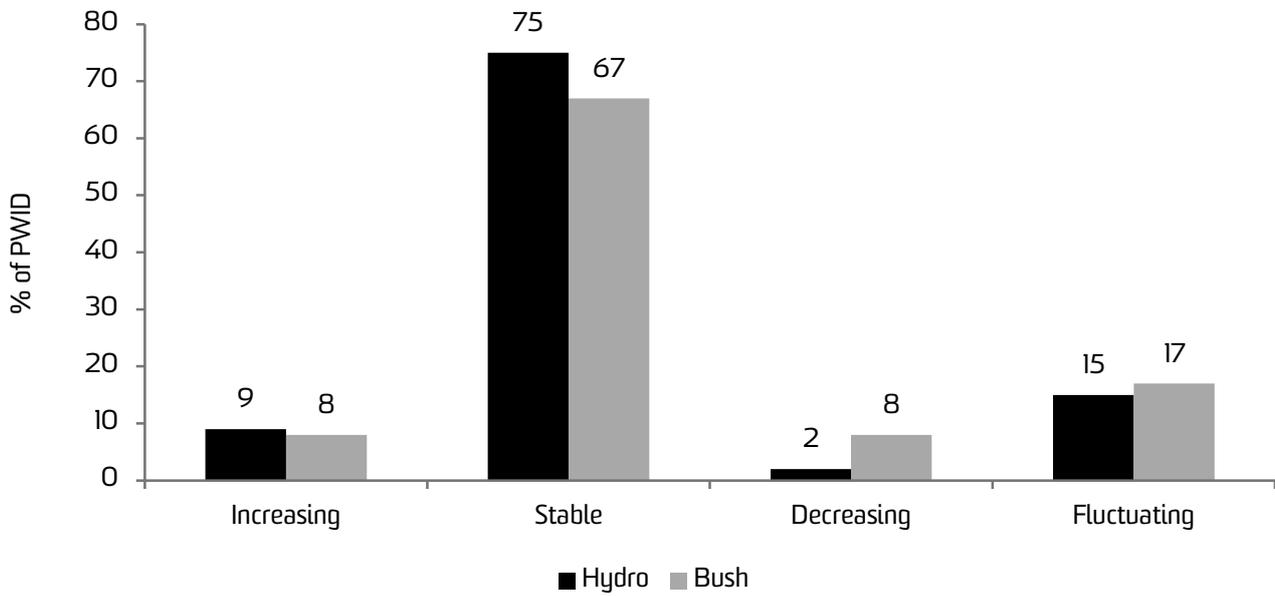
As can be seen in Figure 15, the majority (67%) of respondents who commented on bush cannabis reported that the potency had remained stable in the six months prior to the interview. There were no significant differences in reports of potency change of bush cannabis between 2013 and 2014 ($p>0.05$).

Figure 15: Perceived potency of cannabis among those who responded, 2014



Source: ACT IDRS PWID interviews, 2014

Figure 16: Change in perceived cannabis potency, ACT 2014



Source: ACT IDRS PWID interviews, 2014

5.5. Methadone

PRICE

In 2014, 18 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 2014. The large majority of participants (77%) 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 21, reports on the current availability of street methadone varied. The majority (50%) reported street methadone to be easy to obtain, while 19% reported it to be very easy and 31% reported it to be difficult to obtain. The majority (88%) of participants reported that the availability of methadone had remained stable in the past six months. There were no significant differences between 2013 and 2014 in regards to the reported availability or change in availability of methadone ($p>0.05$).

Table 21: Reported availability of illicit methadone, ACT, 2013–2014

Availability – illicit methadone	2013	2014
Responded	n=18	n=16
% Very easy	22	19
% Easy	44	50
% Difficult	33	31
% Very difficult	0	0
Change in availability		
% More difficult	12	6
% Stable	71	88
% Easier	0	0
% Fluctuates	18	6

Source: ACT IDRS PWID interviews, 2013–2014

In 2014, of participants who reported that they had bought methadone (n=13), 92% reported that they had obtained it through a friend, and 8% had obtained it from an acquaintance. Most commonly, participants had last obtained methadone from a friend's home (46%), at an agreed public location (15%) or by home delivery (15%). Almost two-thirds (63%) of participants had bought methadone while 31% had been given methadone for free.

5.6. Buprenorphine

In 2014, participants were asked to comment on the price and availability of buprenorphine. However, due to small numbers (n<10), jurisdictional findings will not be presented; for national findings, please refer to Stafford and Burns (2015).

5.7. Buprenorphine-naloxone

In 2014, participants were asked to comment on the price and availability of illicit buprenorphine-naloxone (Suboxone®). However, due to small numbers ($n < 10$), jurisdictional findings will not be presented; for national findings, please refer to Stafford and Burns (2015).

5.8. Morphine

In 2014, participants were asked to comment on trends in price and availability of illicitly obtained morphine in the ACT. However, due to small numbers ($n < 10$), jurisdictional findings will not be presented; for national findings, please refer to Stafford and Burns (2015).

5.9. Oxycodone

In 2014, participants were asked to comment on the price and availability of illicit oxycodone. However, due to small numbers ($n < 10$), jurisdictional findings will not be presented for the price of illicit oxycodone; for national findings, please refer to Stafford and Burns (2015).

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

6.1. Overdose and drug-related fatalities

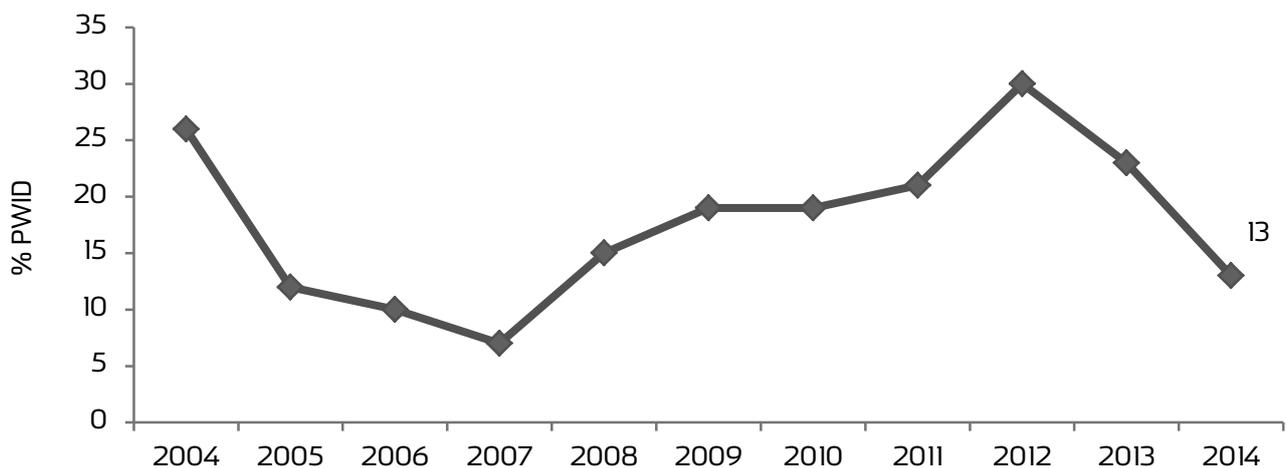
HEROIN AND OTHER OPIOIDS

Non-fatal overdose

In 2014, 46% of participants reported having overdosed on heroin at least once at some point in their lives, similar to 48% in 2013. Of participants who reported ever having overdosed on heroin the median number of times overdosed was two (range=1–150).

As can be seen from Figure 17, in 2014, 13% of participants reported having overdosed on heroin in the year prior to the interview; compared to 23% in 2013. Two participants reported overdosing on heroin in the past month.

Figure 17: Proportion of PWID reporting heroin overdose in the year preceding interview, 2004–2014



Source: ACT IDRS PWID interviews, 2004–2014

In 2014, participants who reported overdosing on heroin in the previous year (n=5) were asked what treatment they received immediately after the overdose. Most participants (60%) reported receiving no treatment or receiving information in relation to their overdose. One participant reported receiving Narcan[®]; another participant reported receiving cardiopulmonary resuscitation (CPR).

NALOXONE PROGRAM

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. It is the frontline medication for the reversal of heroin and other opioid overdose in particular. In Australia, naloxone has largely only been available for use by medical doctors (or those working under the auspices of medical doctors, such as nurses and paramedics) for the reversal of opioid effects. In 2012, a take-home naloxone program commenced in the ACT through which naloxone was made available to peers

and family members of PWID for the reversal of opioid overdose as part of a comprehensive overdose response package. Shortly after, a similar program started in NSW and some other states have followed suit (for more information refer to <http://www.cahma.org.au/Naloxone.html> and/or <http://www.naloxoneinfo.org/>).

Since 2013, the IDRS included a series of questions about take-home naloxone and naloxone more broadly. Of those who commented (n=98), 97% had heard of naloxone. Most (86%) of those who had heard of naloxone (n=91) reported that naloxone was used to ‘reverse heroin’, while 28% reported the use of naloxone to ‘re-establish consciousness’. Twelve per cent said naloxone was used to ‘help start breathing’ and 3% gave ‘other’ reasons (Table 22). Participants in the ACT demonstrated a high level of awareness.

Participants were then asked if they had heard about take-home naloxone programs. Of those who commented (n=95), eighty-five percent reported that they had heard of the take-home naloxone program, while 14% had not (Table 22).

Of those who commented (n=96), forty-five percent reported that they had completed training in naloxone administration along with a prescription for naloxone. Of those who had completed the course (n=43), 40% (n=17) had used the naloxone to resuscitate someone who had overdosed, on an average of two people (range=1-6 people).

Participants who had not completed training in naloxone administration were asked what they would do if they witnessed someone having an overdose or found someone they had suspected had overdosed. The majority (87%) of those who commented (n=53) reported that they would call 000, while 38% reported that they would perform mouth-to-mouth and/or CPR (Table 22).

Participants who had not completed training in naloxone administration but who still commented were also asked if naloxone were available would they participate in a naloxone program. Of those who commented (n=32), 62% reported that they would participant. Those participants who reported that they would participant in a naloxone program (n=33) were asked if they would (a) carry naloxone if trained in its use; (b) administer naloxone after witnessing someone overdose; (c) want peers to give them naloxone if they overdosed; and (d) stay with someone after giving them naloxone. Almost all (97%) reported that they would stay with someone after giving them naloxone, all would administer naloxone after witnessing someone overdose, 94% would want their peers to give them naloxone if they overdosed, and 82% reported that they would carry naloxone on them (Table 22).

Table 22: Take-home naloxone program and distribution, 2014

	ACT n=98
Heard of naloxone (%)	97
Naloxone description (%)	n=91
Reverses heroin	86
Help start breathing	12
Re-establish consciousness	24

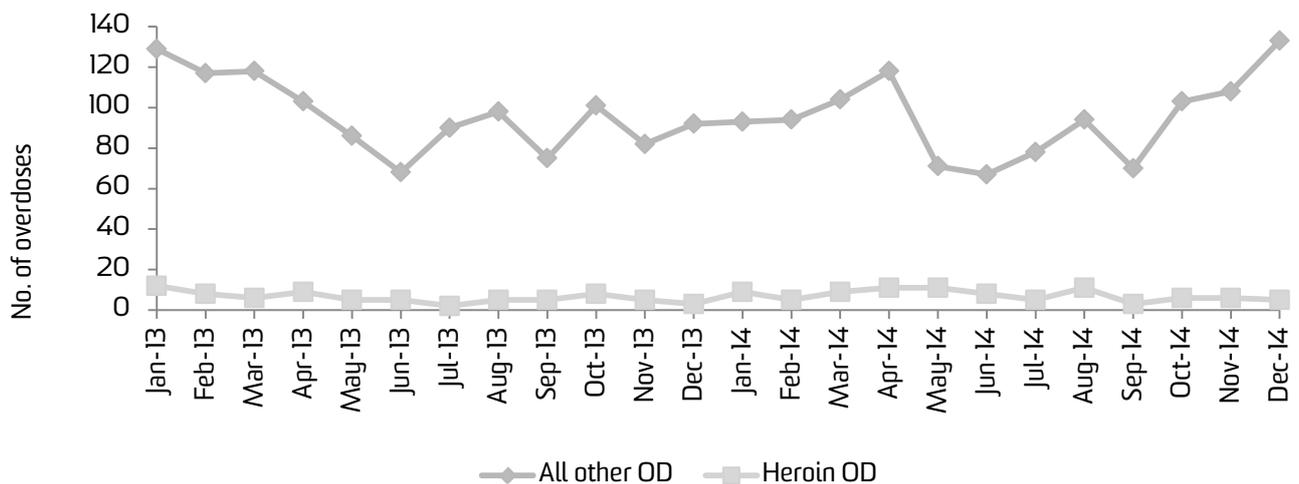
Other	3
Heard of the take-home naloxone program (%)	n=95
Yes	85
No	14
Witness overdose (%)	n=53
Turn victim on side	32
Mouth-to-mouth CPR	38
Call 000	87
Stay with victim	43
Other remedies	11
If naloxone was available would you: (%)	n=32
Carry naloxone if trained	82
Administer naloxone after overdose	100
Want peers to give you naloxone	94
Stay after giving naloxone	97

Source: ACT IDRS PWID interviews, 2014

AMBULANCE ATTENDANCES FOR OVERDOSE IN ACT

The following graphs (Figure 18 and Figure 19) present data pertaining to ambulance calls in the ACT to reported overdoses. In 2014, 1,222 ambulance calls to attend overdoses in the ACT were recorded. As can be seen from Figure 19, ambulance calls relating to heroin overdoses represented only a small proportion of the total number of ambulance calls for overdoses in the ACT.

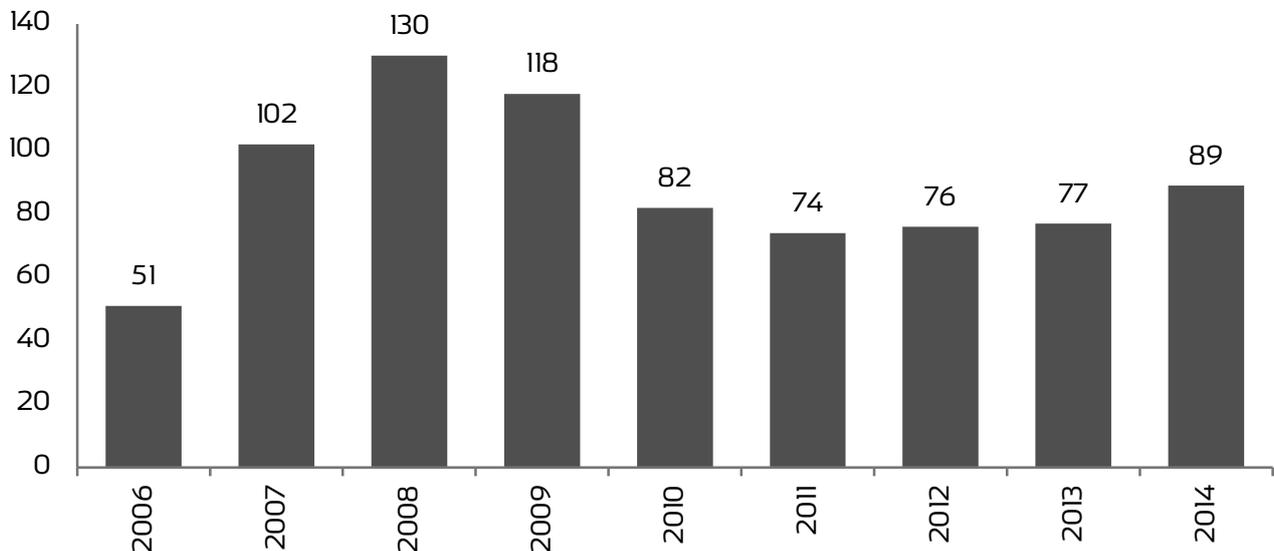
Figure 18: Overdoses attended by ACT Ambulance Service, by month, 2013–2014



Source: ACT Ambulance Service, 2013–2014

As can be seen from Figure 19, in 2014, there was a total of 89 heroin overdoses attended by the ACT Ambulance Service. This continues a slight upward trend from 2011.

Figure 19: Heroin overdoses attended by ACT Ambulance Service, 2006–2014



Source: ACT Ambulance Service, 2001–2014

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-fifth (22%) of participants reported overdosing on a drug other than heroin at some point in their life on a median of one time. Six participants 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 (56%) were asked a number of questions about their reported treatment. Participants reported a median of 24 months (ranging from less than one month to 25 years) in any current treatment. Those in current opioid substitution treatment (OST) (52% of the total sample) reported a median of 35 months (ranging from less than one month to 25 years). One-third (35%) of participants in current treatment reported that they had been in treatment for 12 months or less.

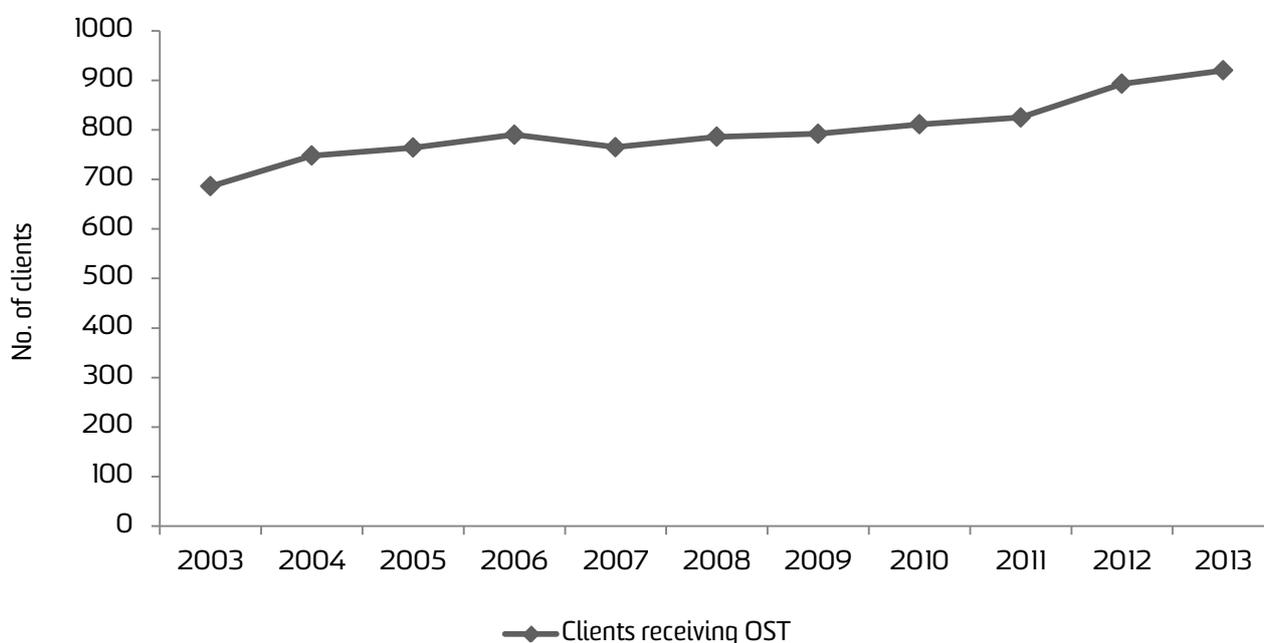
Eighty percent of those in opioid substitution treatment were receiving methadone maintenance, 2% reported buprenorphine treatment and 11% buprenorphine-naloxone treatment.

PHARMACOTHERAPY

Opioid substitution treatment

Methadone maintenance treatment is an established form of OST in all jurisdictions in Australia. In 2000, Subutex® (buprenorphine hydrochloride) was registered in Australia and listed on the PBS in March 2001. Suboxone® (buprenorphine-naloxone) was registered in Australia in 2005 and listed on the PBS in April 2006. The total number of clients registered in OST has steadily increased over the years. Clients receiving OST in the ACT reached its highest number in 2013 with 920 clients registered for OST on a snap-shot day in 2013 (see Figure 20).

Figure 20: Clients receiving OST in the ACT 2003–2013



Source: AIHW, 2014c

The majority (79%) of OST clients in ACT were registered for methadone treatment, while 18% were registered for buprenorphine-naloxone and three percent were registered for buprenorphine treatment on a snap-shot day in 2013.

Over two-thirds (71%) of OST clients in ACT were dosed at a pharmacy, followed by 20% who were dosed at a public clinic. Nine percent of OST clients in ACT were dosed at a correctional facility.

OTHER TREATMENT TYPES

Treatment statistics collected by the Alcohol and Other Drug Treatment Services – National Minimum Data Set (AODTS-NMDS) provide measure of service utilisation for clients of alcohol and other drug treatment

services. This collection provides ongoing information on the demographics of clients who use these services, the treatment they receive, and the drug of concern for which they are seeking treatment. In 2012–13, 4,360 episodes of treatment were reported of clients seeking treatment for their own drug use in the ACT. The principal drug of concern refers to the main substance that the client stated led them to seek treatment from the alcohol and other drug treatment agency. Only clients seeking treatment for their own substance use are included in the analysis involving principal drug of concern.

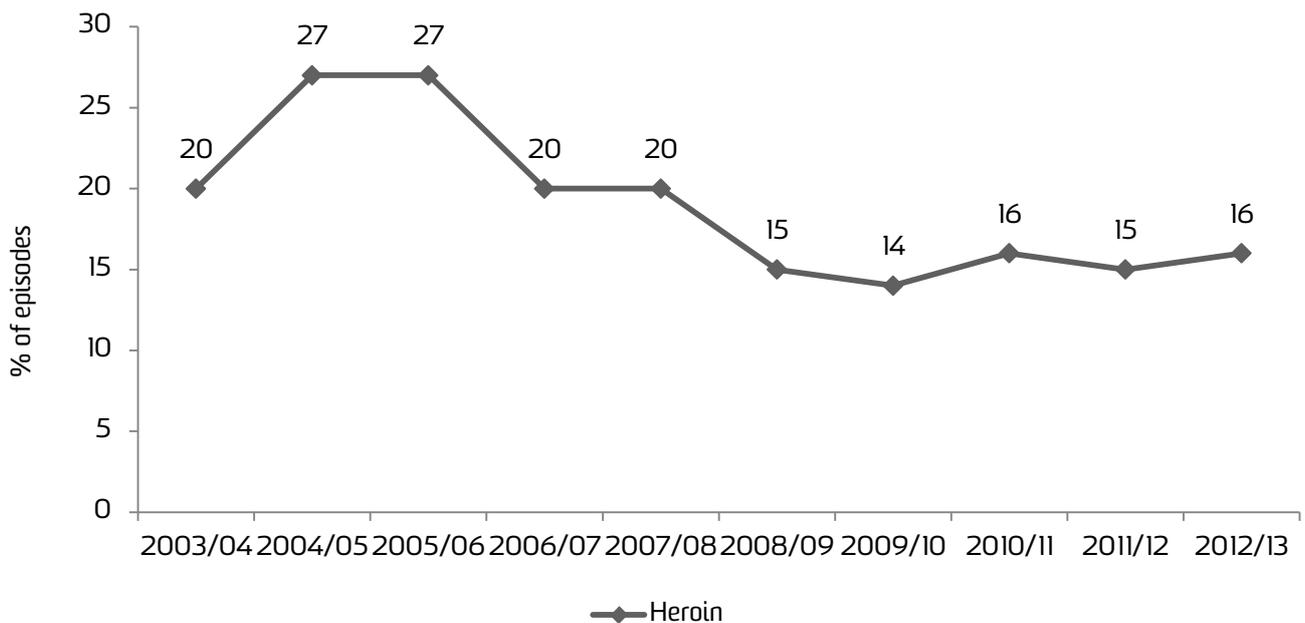
Alcohol

In 2012–13, alcohol accounted for almost half (48%, n=2,082) of all closed treatment episodes. This statistic has remained stable from 2011-12.

Heroin

Figure 21 shows that heroin has remained the third most common drug for clients seeking treatment in the ACT, accounting for 16% (n=696) of episodes. This was the highest proportion nationally and doubles the national average (8%) in 2012–13.

Figure 21: Closed treatment episode, heroin, (excl. pharmacotherapy), 2003–04 to 2012–13

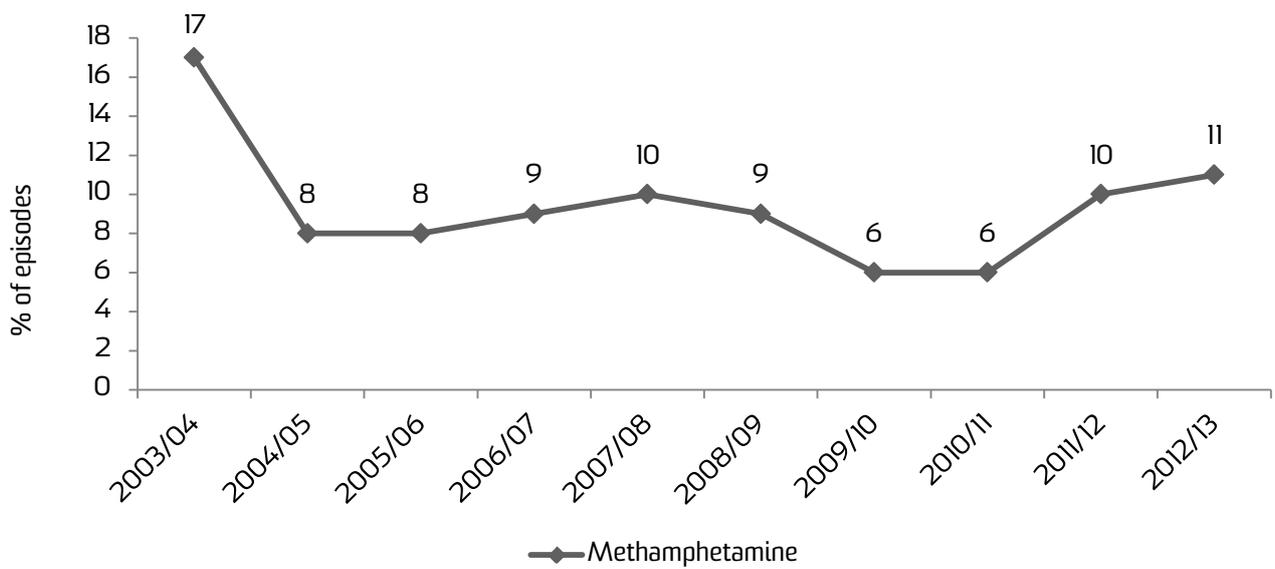


Source: AIHW, 2014a

Methamphetamine

As can be seen in Figure 22, the proportion of episodes where methamphetamine was identified as the principal drug of concern has remained stable. In 2012–13, methamphetamine accounted for 11% (n=496) of closed treatment episodes.

Figure 22: Closed treatment episodes, methamphetamine, 2003–04 to 2012–13



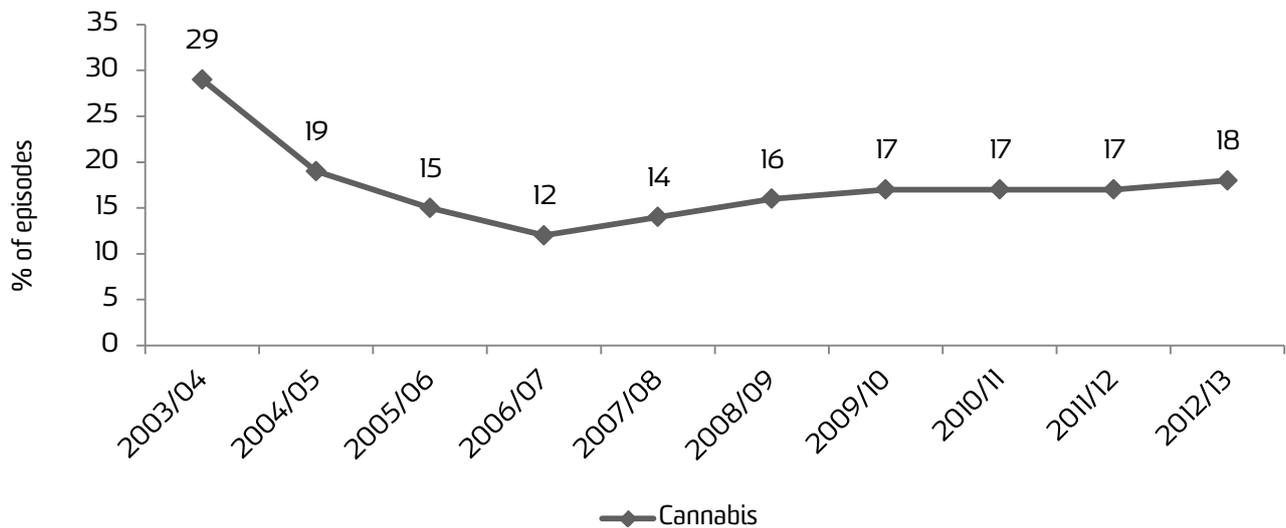
Source: AIHW, 2014a

Note: these figures include amphetamine and methamphetamine

Cannabis

As can be seen from Figure 23 the proportion of closed treatment episodes where cannabis was identified as the principal drug of concern has remained stable for the previous three years. In 2012–13, cannabis accounted for 18% (n=774) of all closed treatment episodes.

Figure 23: Closed treatment episodes, cannabis, 2003–04 to 2012–13

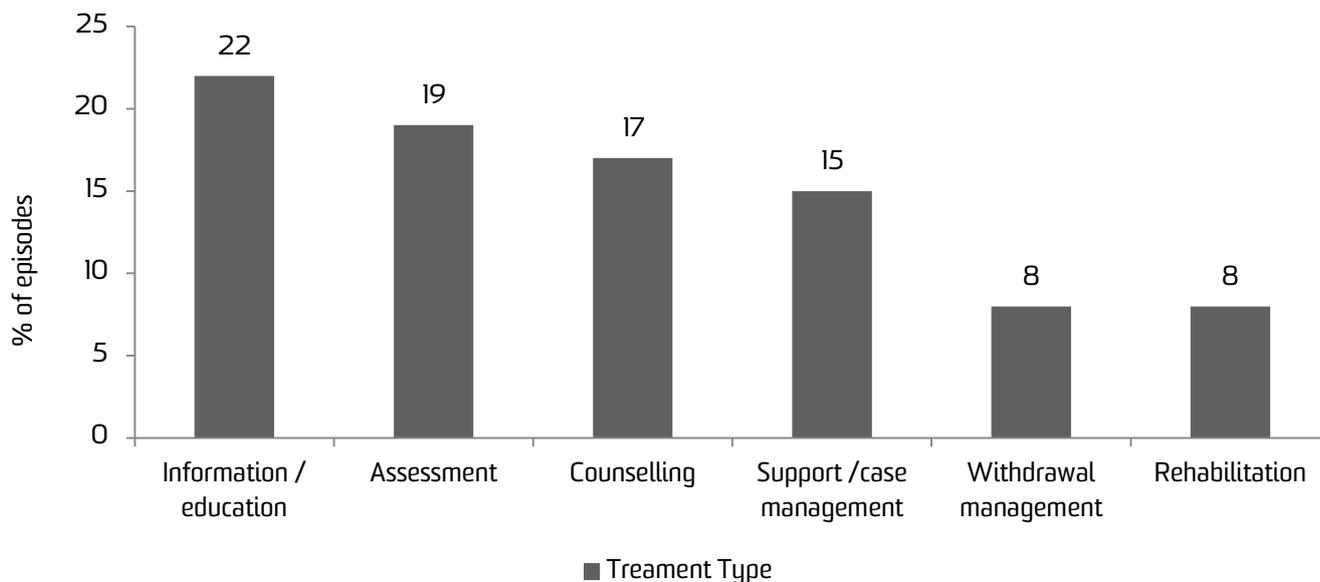


Source: AIHW, 2014a

TREATMENT TYPES

In 2012–13, the main type of treatment reported was information and education (22%), followed by assessment only (19%), counselling (17%) and support and case management (15%). Withdrawal management accounted for only 8% in 2012/13 compared to 24% in 2011/12, this is a statistically significant decrease ($p < 0.05$). Eight percent of closed treatment episodes were for rehabilitation (Figure 24).

Figure 24: Type of treatment provided, ACT, 2012–13



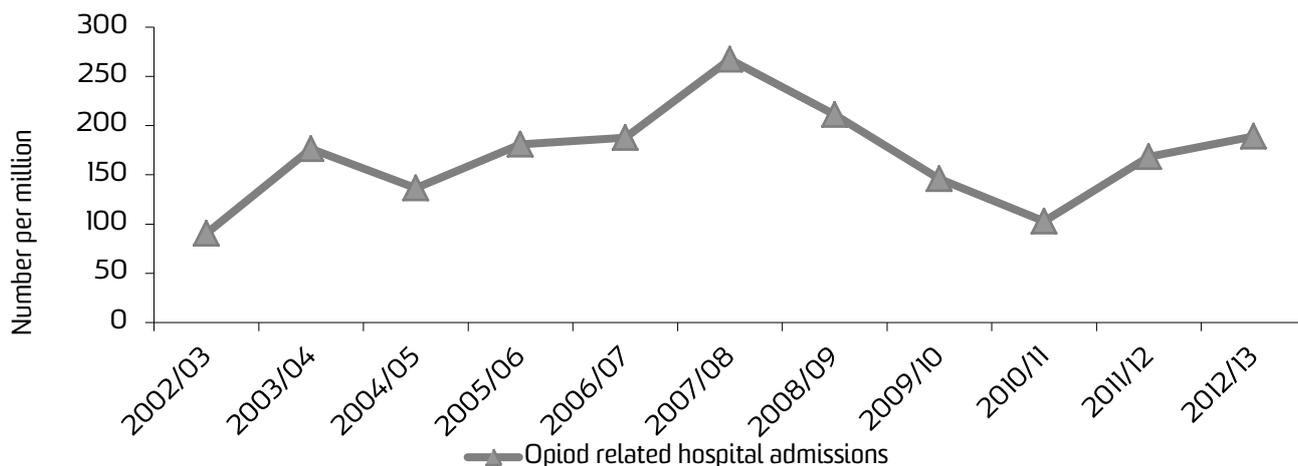
Source: AIHW, 2014a

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 25. The AIHW defines primary diagnosis as the diagnosis established to be chiefly responsible for occasioning the patient’s episode of care in hospital. As can be seen from Figure 25, the number of opioid-related hospital admissions has begun to climb from 102.65 per million persons in 2010–11 to 189.02 per million persons in 2012-13. At the time of print the 2013–14 data for hospital admissions were not available.

Figure 25: Hospital admissions, opioids, ACT, 2002–03 to 2012–13

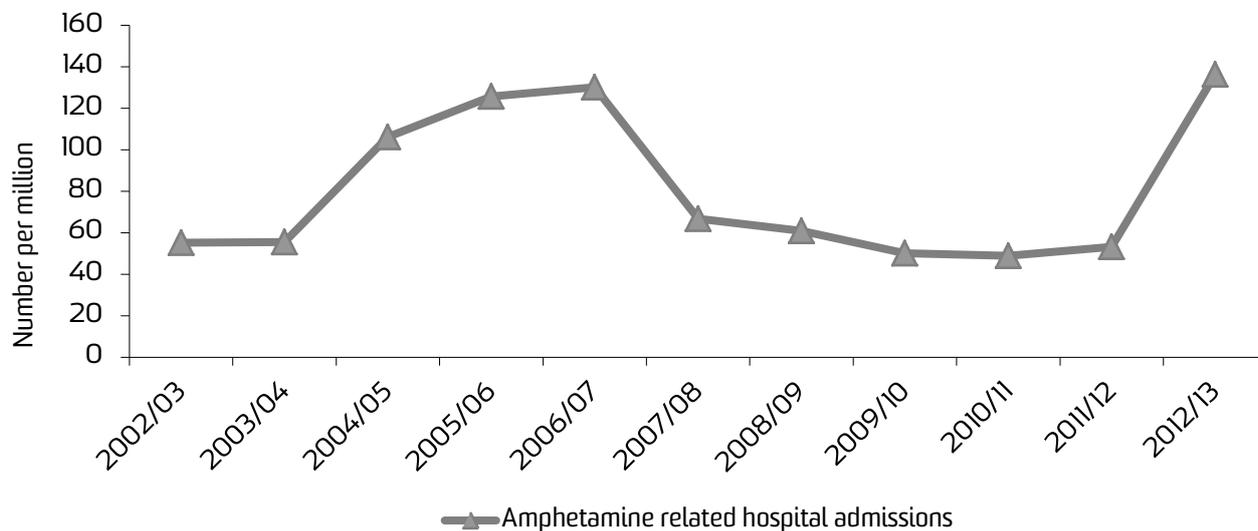


Source: AIHW; ACT Department of Health; Roxburgh and Burns, in press.

METHAMPHETAMINE

Figure 26 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 more than doubled from 53.18 per million persons in 2011/12 to 136.27 per million persons in 2012/13, the highest since the IDRS began monitoring. At the time of print the 2013–14 data for hospital admissions were not available.

Figure 26: Hospital admissions, amphetamine, ACT, 2002–03 to 2012–13.



Source: AIHW; ACT Department of Health; Roxburgh and Burns, 2013; Roxburgh and Burns, in press

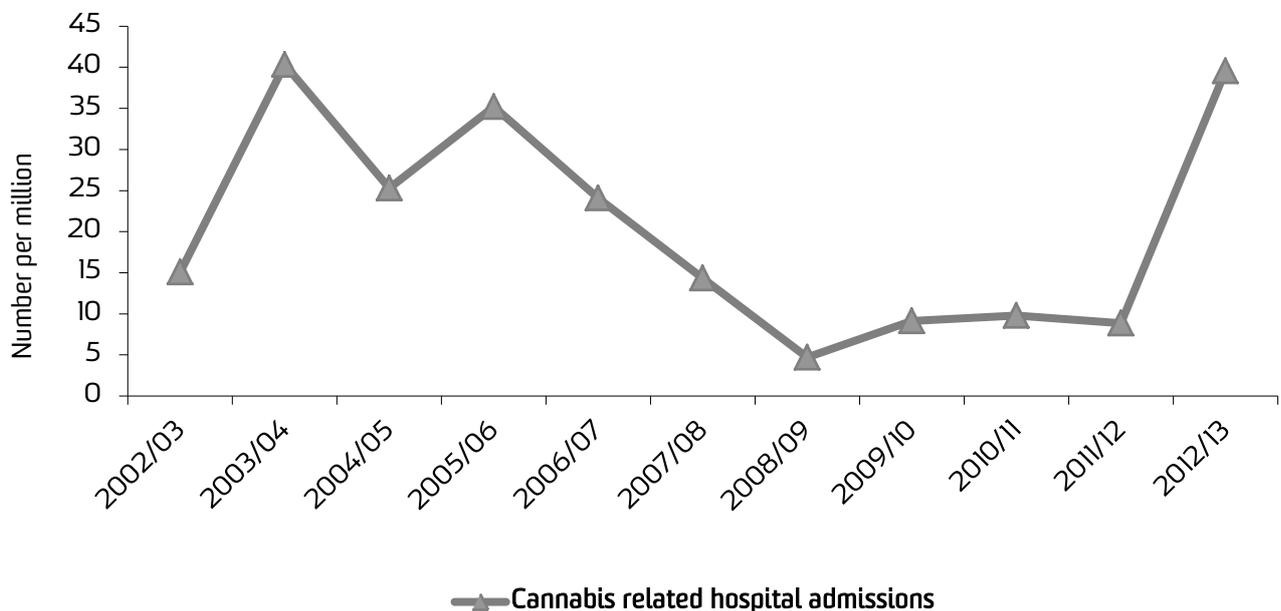
COCAINE

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 20 years. In 2012–13, there were 4.40 cocaine-related hospital admissions per million persons recorded in the ACT. At the time of print the 2013–14 data for hospital admissions were not available.

CANNABIS

As can be seen from Figure 27, the number of cannabis-related hospital admissions per million persons has fluctuated over the last 10 years. In 2012–13, there were 39.56 cannabis-related hospital admissions per million persons recorded in the ACT breaking the recent 5 years trend of less than 10 admissions per million. At the time of print the 2013–14 data for hospital admissions were not available.

Figure 27: Hospital admissions, cannabis, ACT, 2002–03 to 2012–13



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

6.4. Injecting risk behaviour

ACCESS TO NEEDLES AND SYRINGES

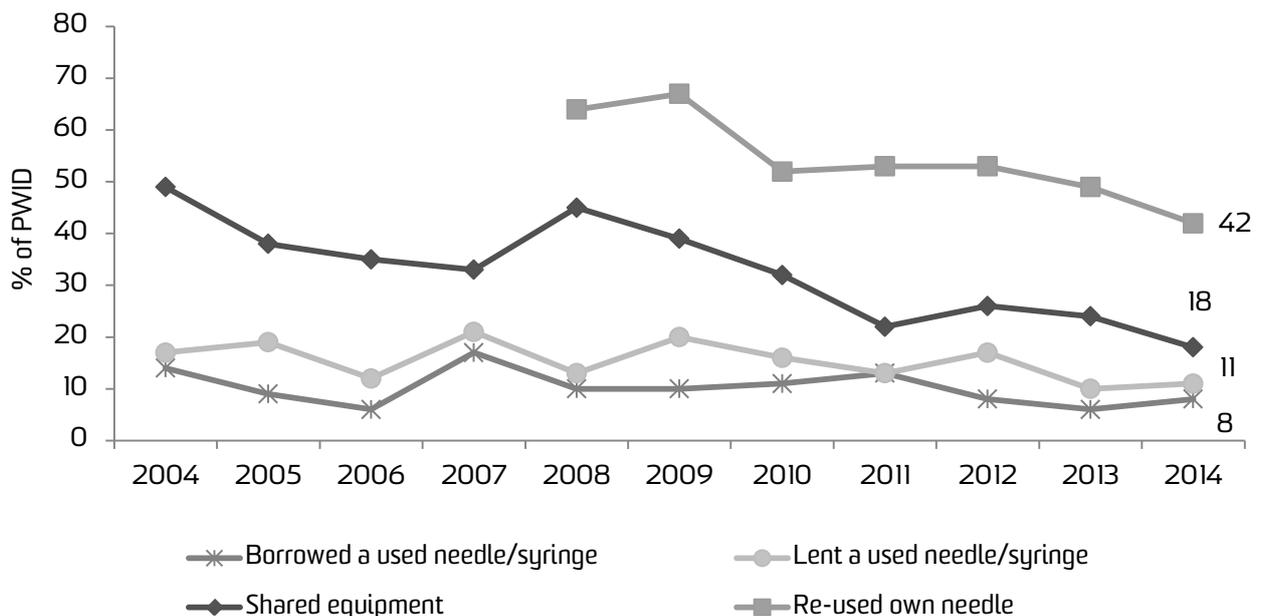
NSP were by far the most common source of needles and syringes in the preceding six months (92%), followed by chemists (21%). NSP vending machines were used by 19% of participants – this is a significant increase on the proportion who reported accessing needles and syringes from a vending machine in 2013 ($p < 0.05$). Obtaining needles and syringes from a friend (8%), and/or a partner (2%) was observed at very low proportions. Outreach/peer workers were also accessed. Sixteen percent of participants reported having trouble accessing needles and syringes in the previous month.

SHARING OF INJECTING EQUIPMENT AMONG PWID

Figure 28 presents the proportion of participants in the 2014 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. Most respondents (43%) reported that the people who had used syringes prior to themselves were close friends (n=3).

The proportion of participants who reported lending used needles remains stable at 11% in 2014 (10% in 2013).

Figure 28: Proportion of PWID reporting sharing injecting equipment, 2004–2014



Source: ACT IDRS PWID interviews, 2004–2014

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 2014, 18% 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 18% in 2014. As can be seen in Table 23, 6% of participants reported using a filter after someone else. The proportion reporting using a tourniquet after someone else was 17%, while 11% participants reported sharing swabs in 2014.

Table 23: Proportion of PWID reporting sharing other injecting equipment by type, 2010–2014

Injecting equipment used after someone else:	2010 N=101	2011 N=98	2012 N=99	2013 N=100	2014 N=100
Spoon/mixing container (%)	29	17	15	15	18
Filter (%)	14	5	5	4	6
Tourniquet (%)	7	7	2	5	17

Water (%)	17	11	3	7	17
Swabs	6	2	0	0	11

Source: ACT IDRS PWID interviews, 2010–2014

Participants in the 2014 IDRS were also asked questions about the site on their body where they had last injected. The vast majority (91%) of participants reported that they last injected in their arm. Five percent of participants reported last injecting in their hand or wrist, 3% in their leg, and 1% in their foot.

LOCATION OF INJECTIONS

Table 24 presents a summary of the last location of drug injection among the ACT IDRS samples from 2010 to 2014. In 2014, the majority (85%) of participants reported that their last location of injection was a private home. Nine percent reported a public toilet as their last location of injection, and 2% reported a public place (such as a street or a park). Just 1% of participants reported a car as the last location for injection.

Table 24: Location of last injection in the month preceding interview, ACT, 2010–2014

	2010	2011	2012	2013	2014
Location of last injection (%)	N=101	N=98	N=99	N=100	N=94
Private home	86	79	90	83	85
Public toilet	1	6	5	9	9
Street/park/beach	3	3	3	2	2
Car	6	7	2	3	1

Source: ACT IDRS PWID interviews, 2010–2014

SELF-REPORTED INJECTION-RELATED HEALTH PROBLEMS

In 2014, 56% of participants reported having experienced at least one injection-related health problem in the month preceding interview. Fourteen 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 methadone (n=3), methamphetamine (n=2), heroin (n=1), and Subutex and Suboxone (both n=1). As can be seen from Table 25, the most commonly experienced injection-related problem in 2014 was scarring/bruising of injection sites (70%) followed by difficulty injecting (68%).

Table 25: Injection-related health problems, ACT, 2010–2014

	2010	2011	2012	2013	2014
Injection-related health problems in past month (%)	n=57	n=66	n=61	n=53	n=56
Problem: (%)					
Scarring/bruising*	38	30	65	74	70
Difficulty injecting*	21	21	53	57	68
‘Dirty hit’*	17	22	24	13	14
Infections/abscesses*	10	7	9	8	9
Overdose*	5	10	2	2	5

Source: ACT IDRS PWID interviews, 2010–2014

*Among those who reported an injection problem

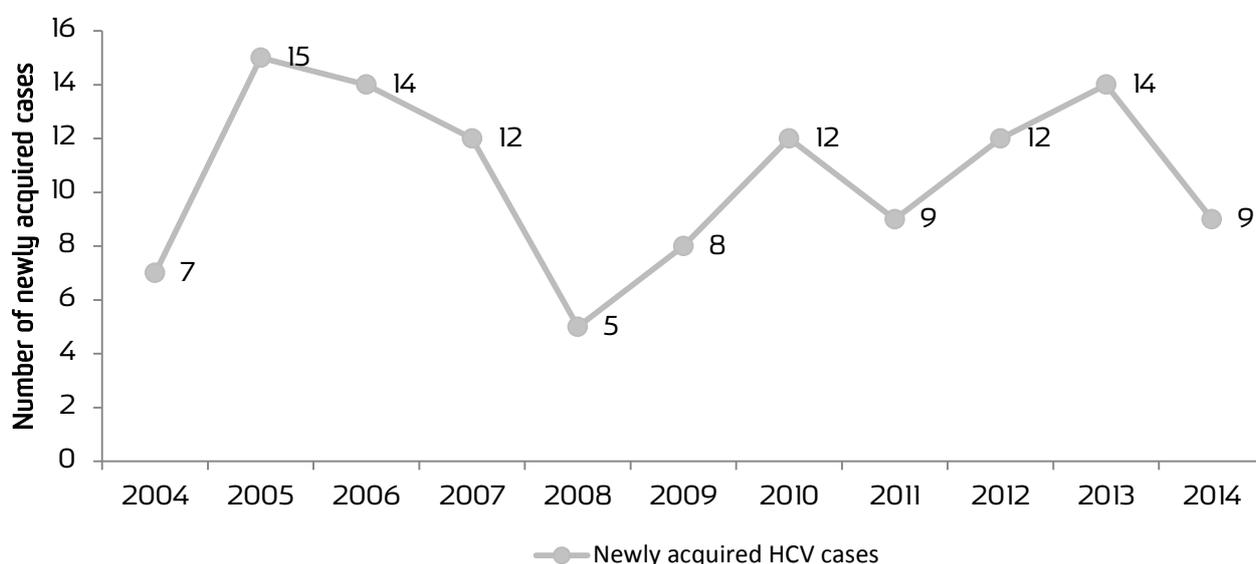
6.5. Blood-borne viral infections

Data presented in this section are derived from the NNDSS (2013) and the Australian HIV Observational Database.

The human immunodeficiency virus (HIV) prevalence among participants in the ACT remains low, which reflects the picture for Australian PWID as a whole (The Kirby Institute, May 2014). From 2009 to 2013, there have been no HIV positive cases in the ACT sample surveyed for the annual NSP survey (The Kirby Institute, July 2013)

In 2014, there were 388 new cases of the hepatitis C virus (HCV) reported nationally, of which 9 were reported in the ACT. This is a slight decrease from the 14 cases of newly acquired HCV reported in 2013 (NNDSS, 2013). Figure 29 presents the number of newly diagnosed cases of HCV in the ACT from 2004 to 2014.

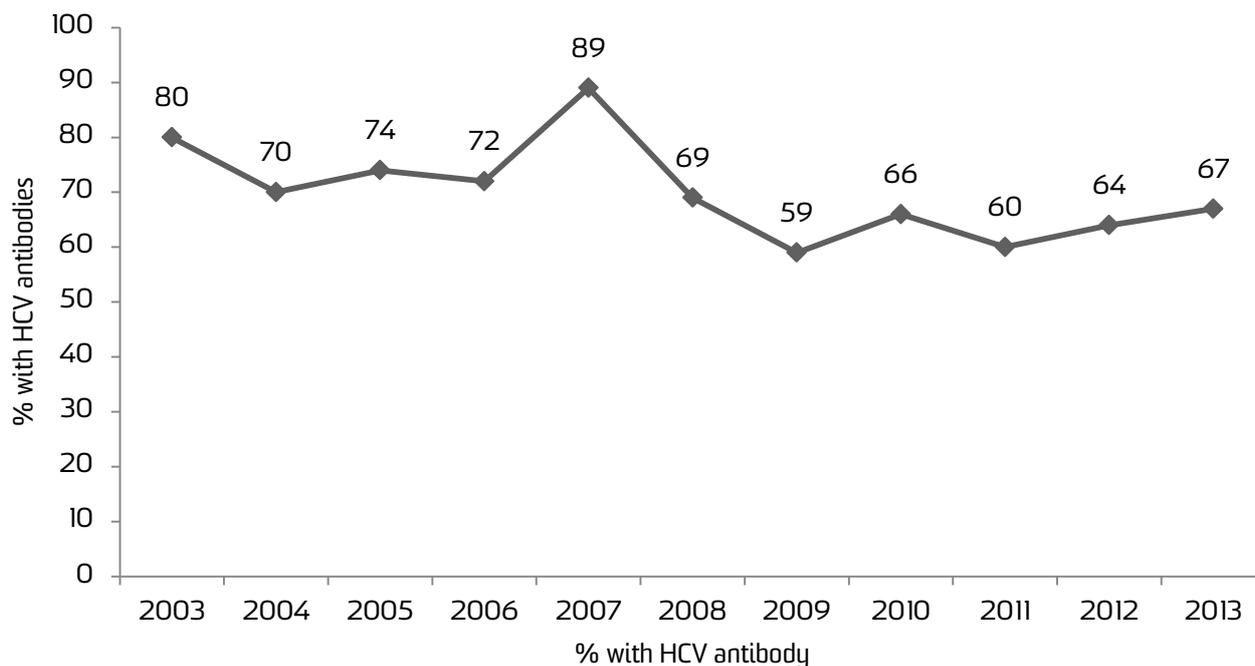
Figure 29: Number of newly diagnosed HCV cases in the ACT, 2004–2014



Source: Data accessed on 11 February 2015: NNDSS, 2014

The HCV antibody prevalence among the PWID sampled for the NSP annual survey (The Kirby Institute, May 2014) is shown in Figure 30. As can be seen from this figure, from 2003 to 2007, HCV antibody prevalence remained relatively stable. In 2008, we saw a peak of 89% of PWID who were tested returning positive results for antibodies. Since this time, there has been a decline in the proportion testing positive. In 2013, 100 PWID were tested in the ACT for the HCV antibody prevalence. Of these participants 67% (n=67) tested positive for HCV antibodies.

Figure 30: HCV antibody prevalence among PWID, ACT, 2003–2013



Source: The Kirby Institute, May 2014

In 2014, there was one new notifiable cases of the hepatitis B virus (HBV) in the ACT (NNDSS, 2014).

6.6. Alcohol Use Disorders Identification Test

People who regularly inject drugs are particularly at risk for alcohol related harms due to a high prevalence of the HCV. Over half (54%) of the participants interviewed in the Australian NSP Survey 2013 (N=2,407) were found to have HCV antibodies (Iversen, Chow and Maher, 2014). 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, 2000; Schiff and Ozden, 2004; Coffin, Tracy, Bucciarelli et al., 2007; Darke, Dufouland 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 and colleagues (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 IDRS participants in the ACT who drank alcohol in the past year, the overall mean score on the AUDIT-C was 5.6 (median=5, range 1-12). Males did not score significantly higher than females. According to Dawson and colleagues (2005) and Haber and colleagues' (2009) *Guidelines for the Treatment of Alcohol Problems*, a cut-off score of five or more indicated that further assessment was required.

More than half (53%) of the participants who drank in the past year scored five or more on the AUDIT-C. Fifty-three percent of males and 47% females scored five or more indicating the need for further assessment (Table 26).

Table 26: AUDIT-C among people who inject drugs and drank alcohol in the past year, 2013–2014

	ACT 2013 n=64	ACT 2014 n=57
Score of 5 or more		
All participants (%)	55	53
Males (%)	61	53
Females (%)	43	47

Source: IDRS ACT PWID interviews, 2013–2014

6.7. 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 2014, 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, 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 (Topp and Mattick, 1997) and a cut-off value of three for cocaine (Kaye and Darke, 2002). No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of 5 for the presence of dependence.

Of those who had recently used an opioid and commented (n=92), the median SDS score was five (mean 5.9, range 0-15), with 61% scoring five or above. Females scored significantly higher than males (8 versus 5.3; $p < 0.05$) on the opioid SDS. The majority of participants who scored five or more (n=57) were male (68%). Of those who scored five or above and commented (n=46), 89% reported specifically attributing responses to heroin, 13% methadone, 2% morphine, and 2% buprenorphine.

Of those who had recently used a stimulant and commented (n=79), the median SDS score was two (mean=3.7; range=0-14), with 41% scoring four or above. There was no significant difference between females and males. The majority of participants who scored four or more (n=32) were male (75%). Of those who scored four or above and commented (n=23), 91% reported specifically attributing responses to methamphetamines, and 9% to another type of stimulant.

6.8. Mental health problems and psychological distress

SELF-REPORTED MENTAL HEALTH PROBLEMS

In 2014, 34% 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, and commented, the most common were depression (64%), anxiety (52%), and schizophrenia (24%) (see Table 27).

Three-quarters (74%) of those who reported mental health problems reported that they had attended a mental health professional in the previous six months. In 2014, 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=25), half (52%) reported they had been prescribed an anti-psychotic, and a third (32%) reported being prescribed an anti-depressant. The proportion of PWID who were prescribed a benzodiazepine remained stable (40%, 37% in 2013). A third (30%) of those who had attended a health professional in the preceding six months were not prescribed any medication (see Table 27).

Table 27: Summary of mental health problems experienced by PWID in the ACT, 2013–2014

	2013	2014
Self-reported mental health problem last six months (%)	36	34
Self-reported mental health problems (%)*	(n=36)	(n=33)
Depression (%)	56	64
Anxiety (%)	25	52
Bipolar disorder (%)	8	12
Panic (%)	11	9
Phobias (%)	3	3
Paranoia (%)	6	12
Schizophrenia (%)	17	24
Drug-induced psychosis	14	9
Attended mental health professional (%)*	81	74
No medication (%)**	25	30
Prescribed anti-depressant (%)**	26	32
Prescribed anti-psychotic (%)**	27	52
Prescribed benzodiazepines (%)**	37	40

Source: ACT IDRS PWID interviews, 2013–2014

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

** Of those who attended a mental health professional

↓↑ Statistical significance at $p < 0.05$

KESSLER PSYCHOLOGICAL DISTRESS SCALE

The Kessler 10 (K10) was administered in 2014 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 5 (DSM-5)/the Structured Clinical Interview for DSM disorders (SCID) (Kessler and Mroczek, 1994; Kessler, Andrews, Colpe et al., 2002; American Psychiatric Association, 2013). The K10 relates to the level of anxiety and depressive symptoms a person may have felt in the preceding four-week period (AIHW, 2014b).

The minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress) (Andrews and Slade, 2001) . Among participants who completed the full scale (n=95), the mean score was 23.1 (median=22; SD=9.5; range=10-50). The 2013 National Drug Strategy Household Survey (NDSHS) (AIHW, 2014b) 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. Using these categories, IDRS participants reported greater levels of high and very high distress compared to the general population (AIHW, 2014b) (Table 28).

Table 28: K10 scores in the 2010 NDSHS and the ACT IDRS interviews, 2013–2014

K10 Score	Level of psych. distress	National Drug Strategy Household Survey	2013 ACT IDRS	2014 ACT IDRS
10–15	No/low distress	69	23	28
16–21	Moderate distress	21	28	20
22–29	High distress	7	32	25
30–50	Very high distress	3	17	26

Source: AIHW, 2014b; ACT IDRS PWID interviews, 2013–2014

Participants were also asked, in general, if they would rate their health as excellent, very good, good, fair or poor. Of those who commented (n=95), 3% reported their health as excellent, 10% very good, 53% good, 20% fair, and 15% poor. This compares to 17.2% of the general population reporting their health as excellent, 38.2% reporting it as very good, 32.1% as good, 10.6% as fair and 2% as poor (AIHW, 2014b).

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

7.1. Reports of criminal activity

As can be seen in Table 29, in 2014, 23% of participants reported that they had been arrested in the last 12 months (23% in 2013).

The proportion of participants in 2014 that reported engaging in at least one act of criminal activity in the month prior to interview was 22% (32% in 2013). Fourteen percent of participants reported being involved in drug dealing and 10% of participants reported committing property crime in the previous month.

Table 29: Criminal activity among participants, ACT, 2013–2014

	2013 N=100	2014 N=100
Arrested last 12 months (%)	23	23
Crime arrested for (%)		n=20
Property crime	36	25
Dealing	5	5
Fraud	9	-
Violent crime	32	45
Driving offence (incl drug driving and drink driving)	5	15
Committed at least one crime in the last month (%)	32	22
Crime committed (%)		
Property crime	18	10
Dealing	18	14
Fraud	3	3
Violent crime	5	3

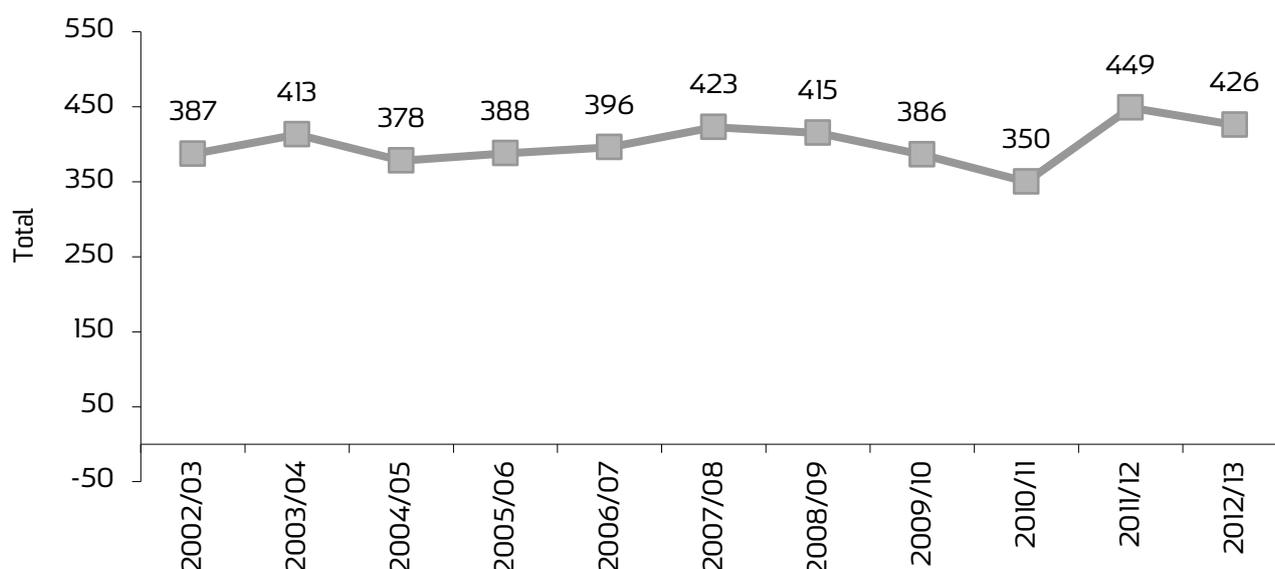
Source: ACT IDRS PWID interviews, 2013–2014

ARRESTS

ALL DRUGS

As can be seen in Figure 31, the number of drug-specific arrests made by ACT police has remained fairly steady since 2002–03. In 2012–13, a slight downward trend is observed in the number of drug-specific arrests made (426) when compared to 2011–2012 (449). In 2012–13, 84% of all the people arrested for drug-related offences in the ACT were males.

Figure 31: Number of drug-specific arrests for all drugs, ACT, 2002–03 to 2012–13



Source: ABCI, 2000–2002; ACC, 2003–2014

NB: Data not available for the 2013–14 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 2012–13 was 349. As can be seen in Table 30, the number of females arrested for user-related offences remained stable at 60 arrests in 2012–13 as did the number of males charged with user-type offences at 289. The total number of provider arrests in 2012–13 was 77, stable compared to 2011–12.

Table 30: Number of consumer and provider arrests for all drugs, ACT, 2002–03 to 2012–13

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
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

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
2011–2012	303	57	78	11	449
2012–2013	289	60	67	10	426

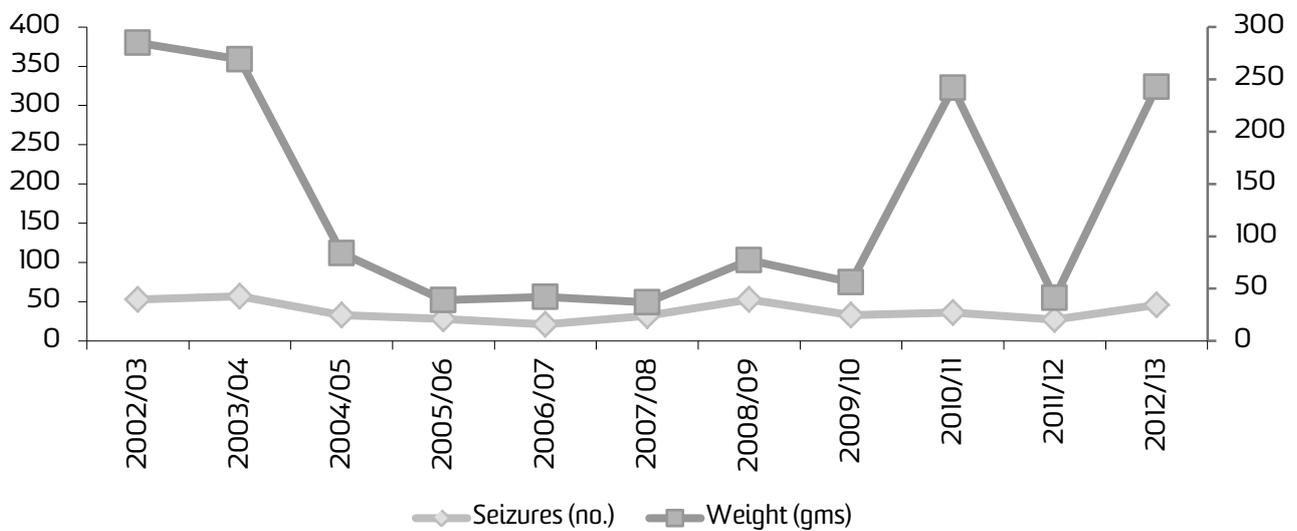
Source: ACC, 2003–2014

NB: data not available for the 2013–14 financial year

HEROIN

The number of heroin seizures and total weight seized for each financial year period from 2002–03 is presented in Figure 32. In the 2021–13 reporting period, 46 seizures totalling 243 grams were recorded.

Figure 32: Number and weight of heroin seizures in the ACT, 2001–02 to 2012–13



Source: ACC, 2003–2014

NB: Data not available for 2013–14 financial year

Table 31 summarises the number of heroin and other opioids consumer and provider arrests in the ACT from 2001–02 to 2012–13 (more recent data were not available at the time of printing). The total number of heroin-related arrests in 2012–13 (20 arrests) remained relatively stable from 28 arrests in 2011–12.

Table 31: Number of heroin consumer and provider arrests, ACT, 2001–02 to 2011–12

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
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

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
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
2011–2012	9	11	6	2	28
2012-2013	10	4	4	2	20

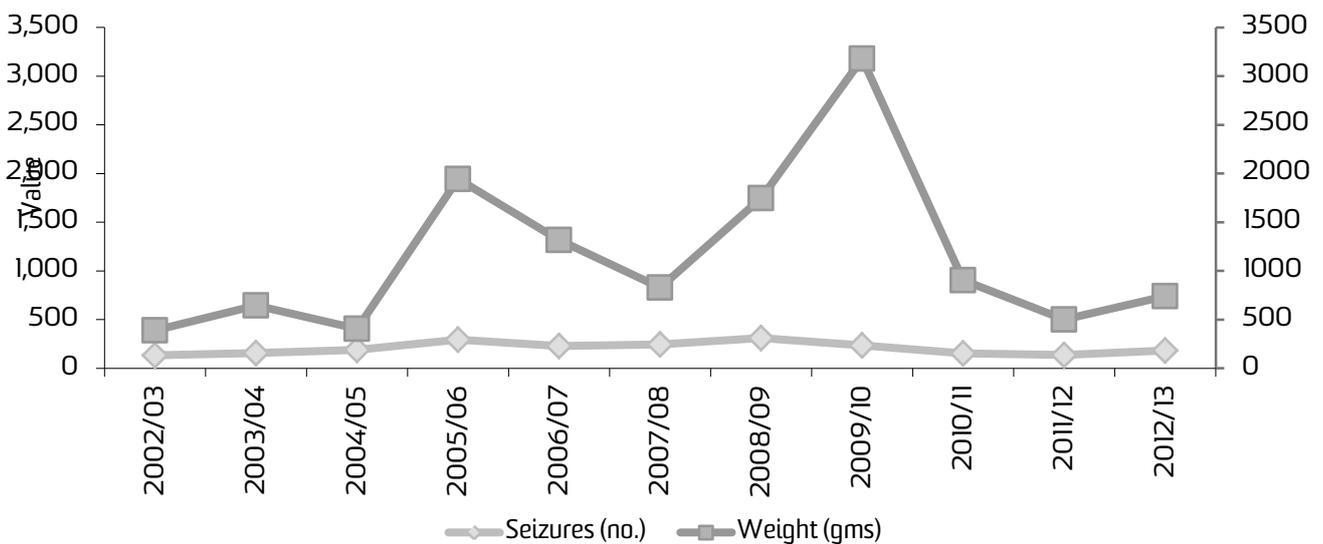
Source: ACC, 2003–2013

NB: Data not available for the 2013–14 financial year

METHAMPHETAMINE

Figure 33 shows the number and weight of methamphetamine seizures in the ACT from 2002–03 to 2012–13. In 2012–13, the number of seizures remain stable at 183 (136 in 2011–12). The weight of seizures increased slightly from 499 grams of amphetamine-type stimulants to 738 grams seized in 2012–13.

Figure 33: Number and weight of amphetamine-type stimulant seizures, ACT, 2002–03 to 2012–13



Source: ACC, 2003–2014

NB: Data not available for the 2013–14 financial year

Table 32 presents the number of consumer and provider arrests for amphetamine-type stimulants (ATS) made in the ACT between 2002 and 2013. 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). A small decline was seen in the number of consumer and provider arrests in 2012–13, with a total of 105 arrests recorded, compared to 124 arrests in 2011–12.

Table 32: Amphetamine-type stimulants consumer and provider arrests, ACT, 2002–03 to 2012–13

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
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
2011–2012	88	14	16	6	124
2012–2013	72	9	23	1	105

Source: ACC, 2003–2013

NB: Data not available for the 2013–14 financial year

COCAINE

Figure 34 shows the number and weight of cocaine seizures in the ACT from July 2002 to June 2013. In 2012–13, the number of seizures remained low at 13 while the weight of seizures increased significantly to 982 grams. This increase is also seen nationally with the number of national cocaine seizures the highest on record, while the weight of seizures in the highest reported in the last decade nationally.

Figure 34: Number and weight of cocaine seizures in the ACT, 2002–03 to 2012–13



Source: ACC, 2003–2013

NB: Data not available for the 2013–14 financial year

In 2012–13 there were six consumer arrests for cocaine and 11 provider arrests recorded (see Table 33).

Table 33: Number of cocaine consumer and provider arrests, ACT, 2002–03 to 2012–13

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
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
2011–2012	9	0	1	0	10
2012–2013	6	0	7	4	17

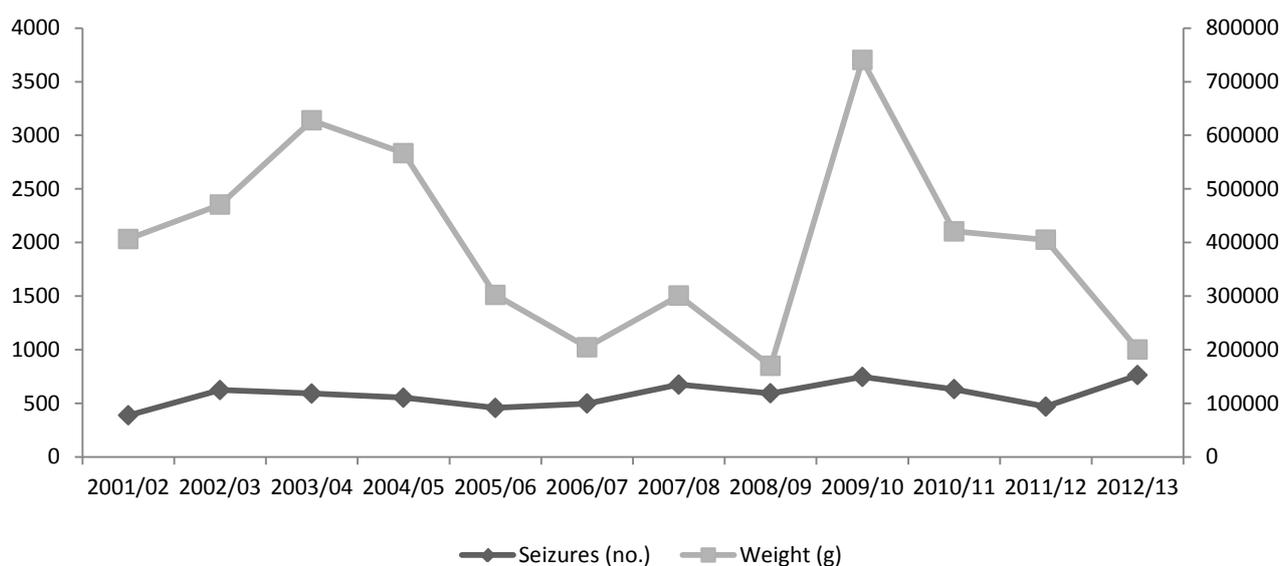
Source: ACC, 2003–2013

NB: Data not available for the 2013–14 financial year

CANNABIS

Figure 35 shows the number and weight of cannabis seizures in the ACT from 2002 to 2013. In 2012–13, there were 763 cannabis seizures. The weight of cannabis seizures for 2012–13 was 200,371 grams by ACT local police.

Figure 35: Number and weight of cannabis seizures by ACT local police, 2002–03 to 2012–13



Source: ACC, 2003–2013

NB: Data not available for the 2013–14 financial year

Table 34 summarises the number of cannabis consumer and provider arrests in the ACT from 2002 to 2013. In the ACT, the greatest numbers of drug-specific arrests are due to user-type and supply-type cannabis offences. The number of males charged with consumer-type offences remains stable at 200 in 2012–13. The number of females charged with supply-type offences has remained relatively low and stable since 2005–06.

Table 34: Number of cannabis consumer and provider arrests, ACT, 2002–03 to 2012–13

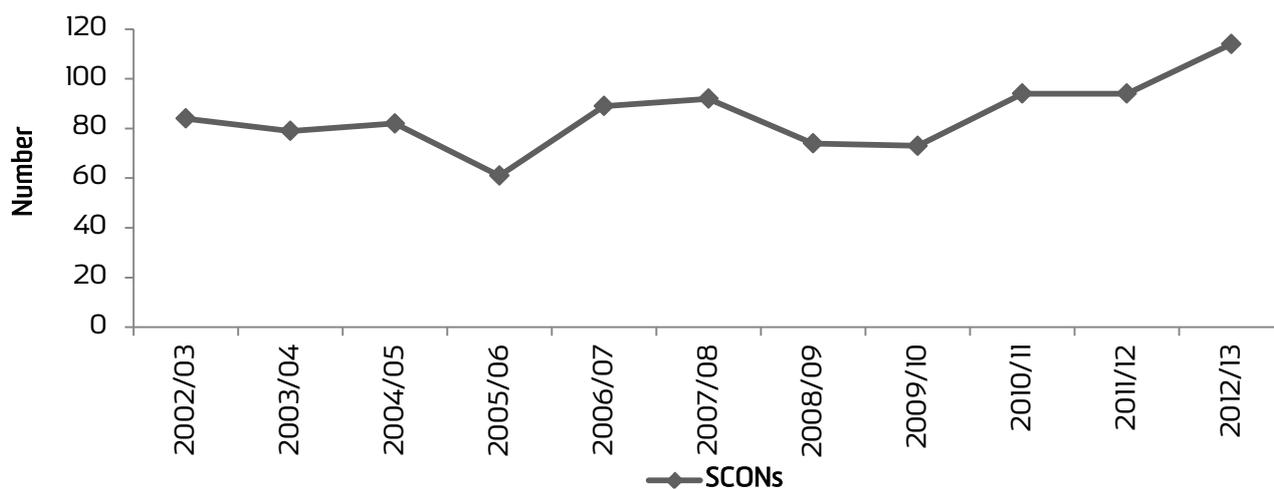
Year	Consumer/user		Provider/supplier		Total arrests
	Male	Female	Male	Female	
2002–2003	151	36	4	5	196
2003–2004	177	40	42	8	267
2004–2005	156	22	40	10	228
2005–2006	177	40	20	3	240
2006–2007	168	35	19	2	224
2007–2008	166	41	18	2	227
2008–2009	165	50	10	3	228
2009–2010	187	36	19	2	244
2010–2011	192	36	8	1	237
2011–2012	193	32	37	3	265
2012–2013	200	47	27	3	277

Source: ACC, 2003–2013

NB: Data not available for the 2013–14 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. Figure 36 presents the total number of SCONs given out in the ACT from 2002 to 2013. The number of SCONs remained stable at 114.

Figure 36: Number of Simple Cannabis Offence Notices, ACT, 2002–03 to 2012–2013



Source: ACC, 2003–2013

NB: Data not available for the 2013–14 financial year

7.2. Expenditure on illicit drugs

In 2014, 55% of participants reported having spent money on illicit drugs on the day prior to interview. Among these, the median expenditure on drugs was \$80. (See Table 35).

Table 35: Expenditure on illicit drugs on the day prior to interview, ACT, 2010–2014

	2010 N=101	2011 N=98	2012 N=99	2013 N=100	2014 N=100
Nothing	40	32	31	41	45
Less than \$20	3	6	5	0	7
\$20-\$49	16	13	8	11	11
\$50-\$99	21	19	24	20	16
\$100-\$199	11	22	20	17	13
\$200-\$399	8	7	12	7	6
\$400 or more	0	1	0	4	2
Median expenditure (\$)	70	90	80	80	80

Source: ACT IDRS PWID interviews, 2010–2014

8 SPECIAL TOPICS OF INTEREST

8.1. Homelessness

A notable proportion of people who are homeless experience higher rates of mental health disorders compared to the general population. Specifically, substance use disorders have been repeatedly recorded as the most common mental health diagnosis amongst homeless populations throughout Western countries (Fazel, Khosla, Doll et al., 2008). Whilst research examining substance use among homeless populations has been undertaken, very few studies have looked at the relationship of homelessness amongst heavy substance users, including PWID. The aim of this module was to obtain information on the lifetime and recent homelessness experiences amongst PWID.

The lifetime prevalence of homelessness among the 2014 ACT PWID sample was 81% (Table 36). Of those PWID with a homelessness history, 6% were currently homeless at the time of interview. It is clear that the rate of homelessness among PWID is notably higher than the general Australian population estimate of 0.5% (Australian Bureau of Statistics, 2012).

Participants reported the main factor that contributed to their first episode of homelessness was relationship breakdown with family (43%), followed by drug use/dependence (22%), financial difficulties (17%), unemployment (13%), relationship breakdown with friends (12%) and mental health problems (10%). Among the participants with a homelessness history, more than half (53%) reported being homeless for more than five years of their lives. Participants also reported heightened exposure to various forms of violence during the last six months of their most recent episode of homelessness, with one-quarter reporting being physically attacked (23%), stood over (23%) or robbed (19%), and about 16% reporting being mugged during this time.

Table 36: Homelessness history among people who inject drugs, ACT, 2014

	ACT N=100
% lifetime homelessness history	81
% factors to contributing to first episode of homelessness ^{* #}	(n=77)
Relationship breakdown (family)	43
Drug use/dependence	22
Financial difficulties	17
Unemployment	13
Domestic violence	7
Mental health problems	10
Relationship breakdown (friends)	12
Alcohol use/dependence	9
Physical or sexual abuse	8
Released from prison	3
Gambling	0

	ACT N=100
Physical health problems	1
Disability	1
% length of time since last homeless episode*	(n=78)
Currently homeless	6
In the past six months	6
7-12 months	10
1-2 years	12
2-5 years	18
More than 5 years	53
% total duration of homelessness over lifetime*	(n=76)
Less than six months	20
6-11 months	13
1-2 years	28
3-5 years	30
6-10 years	4
More than 10 years	5
% exposed to violence during last 6mths of homelessness	(n=64)
Physically attacked	23
Stood over	23
Robbed	19
Mugged	16

Source: ACT IDRS PWID interviews, 2014

* Among those with a homelessness history

Multiple responses allowed

^ Small numbers commenting n<10; interpret with caution

Table 37 shows within the subsample of PWID with a homeless history, the proportion who have experienced various states of homelessness in their lifetimes and in the past six months, and the age at which they first experienced each state. The most commonly experienced forms of homelessness during both lifetime and the past six months were sleeping rough (88%; 12%), couch surfing (68%; 9%), crisis accommodation (56%; 10%), and boarding rooms/hostels (47%; 2%). In terms of the first age participants experienced each state of homelessness, on average, participants experienced rough sleeping, couch surfing and living caravan parks at younger ages (23 years; 24 years; 22 years) compared to the ages which they first used homelessness services in the forms of boarding houses/hostels, crisis accommodation, medium/long-term accommodation and boarding houses/hostels (25 years; 26 years; 28 years).

Table 37: Proportion who experienced different forms of homelessness, ACT, 2014

	ACT n=81
Slept rough	
Lifetime (%)	88
Last 6 months (%)	12
Mean age of first episode	23
(range)	(6-52)
Crisis or emergency accommodation	
Lifetime (%)	58
Last 6 months (%)	10
Mean age of first episode	26
(range)	(13-52)
Medium or long term accommodation	
Lifetime (%)	31
Last 6 months (%)	1
Mean age of first episode	28
(range)	(14-48)
Lived with relatives, friends or acquaintances (couch surfing)	
Lifetime (%)	68
Last 6 months (%)	9
Mean age of first episode	24
(range)	(12-48)
Boarding or rooming houses or hostels (other than on holiday)	
Lifetime (%)	47
Last 6 months (%)	2
Mean age of first episode	25
(range)	(13-43)
Caravan park (other than on holiday)	
Lifetime (%)	30
Last 6 months (%)	1
Mean age of first episode	22
(range)	(7-52)

Source: ACT IDRS PWID interviews, 2014

* Among those with a homelessness history

8.2. Oxycodone use

Over the past decade there has been a considerable rise in the prescribing of pharmaceutical opioids in Australia: between 1992 and 2012, the number of pharmaceutical opioid dispensing episodes in Australia increased 15-fold (Blanch, Perarson and Haber, 2014). The rise in opioid prescriptions – including oxycodone – has seen a concurrent increase in extra-medical use of these medications among samples of people who inject drugs. This includes tampering with opioid medications (e.g., crushing, chewing, snorting, smoking, injecting or dissolving/drinking opioid medications intended for oral administration; (Katz, Dart, Bailey et al., 2011) to allow a larger quantity of the active ingredient to become available and resulting in increased euphoric effects.

In response, pharmaceutical companies have begun developing formulations that are less prone to tampering. Oxycodone is a semi-synthetic opioid agonist prescribed for the treatment of moderate to severe chronic pain. It is available in eight different products in Australia, with OxyContin® being the most frequently prescribed controlled release formulation. A new tamper-resistant formulation of controlled release oxycodone hydrochloride tablets (Reformulated OxyContin®) was released onto the Australian market in April 2014. The tablets are designed to be bioequivalent to the original formulation, but employ a controlled release technology (that makes them difficult to crush) with a hydro-gelling matrix (so the tablet develops into a viscous gel when dissolved in water) (Sellers et al., 2013). Early US surveillance of the reformulation suggests that there have been reductions in misuse (Butler, Cassidy, Chilcoat et al., 2013; Havens, Leukefeld, Deveaugh-Geiss et al., 2014), street price (Sellers, Perrino, Colucci et al., 2013) and OxyContin® poisonings (Severtson, Bartelson, Davis et al., 2013).

Post-marketing surveillance of the new formulation is currently underway in Australia (Degenhardt, Larance, Bruno et al., submitted), and early findings have indicated that there has been a decline in national pharmacy sales of 80mg OxyContin® (the dose most commonly used and injected among PWID), as well as a reduction in prevalence of overall use and injection, street price and attractiveness for misuse via tampering among a prospective cohort of people who tamper with pharmaceutical opioids (Degenhardt, Bruno, Ali et al., submitted; Larance, Lintzeris, Bruno et al., submitted).

Given the concerns regarding oxycodone and the changes in the types of oxycodone available, the aim of the oxycodone module was to examine the use and misuse of oxycodone products. Participants were asked about their use of the original OxyContin®, in addition to the reformulated OxyContin®. Of the ACT sample who commented (n=99), almost half (49%) reported ever using oxycodone. Of those who reported ever using oxycodone (n=49), the majority reported recently using the original OxyContin® 'OC' formulation followed by followed by Endone tablets (Table 38).

Table 38: Lifetime and recent use of oxycodone, ACT, 2014

	ACT n=99
% Ever used oxycodone	49
Recent use of	
% Endone	19
% Original Oxycodone 'OC'*	21
% Reformulation Oxycodone 'OP'*	6
% OxyNormtabs*	2
% OxyNormliquid*	0
% OxyNorm Solution*	0
% Targin*	2
% Proladone*	0

Source: ACT IDRS PWID interviews, 2014

* Of those who had ever used

Please refer to Degehardt, Larance and colleagues (submitted) and Larance et al (submitted) for further information on oxycodone use.

8.3. Ageing

People who inject drugs are an ageing cohort. To develop a better understanding of the health issues they now face, questions were included in the 2014 IDRS on the lifetime diagnosis of chronic conditions and how often they are using the various health services.

Table 39 presents lifetime and recent diagnosis of a chronic condition and if treatment was received in the last 12 months. Of those who commented (n=81), nearly one-third (29%) reported a lifetime diagnosis of asthma with more than half reporting that they still had the condition or received treatment for the condition in the last 12 months. A third reported a lifetime diagnosis of a liver disease (including HCV), with 23% reporting that they still had the condition or received treatment for the condition in the last 12 months. Nearly one in seven reported a lifetime diagnosis of gout, rheumatism and/or arthritis (14%), and one in eight reported a lifetime diagnosis of a respiratory disease (13%).

Table 39: Lifetime and recent diagnosis of chronic conditions and treatment, ACT, 2014

	ACT n=81
Asthma	
Lifetime diagnosis (%)	29
Had condition or received treatment last 12 months	(n=29)
%*	59
Cancer	
Lifetime diagnosis (%)	3^
Had condition or received treatment last 12 months	(n=3)
%*	33
Stroke	
Lifetime diagnosis (%)	3^
Had condition or received treatment last 12 months	(n=3)
%*	0
Heart/circulatory condition	
Lifetime diagnosis (%)	7^
Had condition or received treatment last 12 months	(n=7)
%*	71
Gout, rheumatism, arthritis	
Lifetime diagnosis (%)	14
Had condition or received treatment last 12 months	(n=14)
%*	50
Liver disease (including Hepatitis C)	
Lifetime diagnosis (%)	32
Had condition or received treatment last 12 months	(n=7)
%*	22
Respiratory disease	
Lifetime diagnosis (%)	13
Had condition or received treatment last 12 months	(n=13)
%*	46
Skin problems	
Lifetime diagnosis (%)	8^
Had condition or received treatment last 12 months	(n=8)
%*	63

Source: ACT IDRS PWID interviews, 2014

* Among those with a lifetime diagnosis of the chronic condition

^ Small numbers commenting, interpret with caution

Participants were also asked how often they had visited a health service in the past 12 months. This information is presented in Table 40. Of those who had visited a General Medical Practitioner (GP) in the last 12 months (n=81), the median number of visit was five. Participants reported a median of four visits to an OST doctor in the last 12 months.

Table 40: Median number of days visited a health service, ACT, 2014

Median days	ACT
General Practitioner (n)	(n=81) 5
OST doctor (n)	(n=50) 4
Drug and alcohol counsellor (n)	(n=21) 4
Psychiatrist (n)	(n=16) 3
Specialist doctor (n)	(n=5^) 3
Psychologist (n)	(n=15) 4
Social or welfare worker (n)	(n=11) 3
Dentist (n)	(n=26) 3
Other health professional (n)	(n=9^) 4
Attended by an ambulance (n)	(n=21) 2
Admitted to hospital (n)	(n=21) 2
Outpatient clinic (n)	(n=15) 2

Source: ACT IDRS PWID interviews, 2014

^ Small numbers commenting; interpret with caution

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