ACT DRUG TRENDS 2002

Findings from the Illicit Drug Reporting System (IDRS)

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LIST OF ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACC	Australian Crime Commission
ACTGAL	Australian Capital Territory Government Analytical Laboratories
ADDInc	Assisting Drug Dependents Incorporated
ADP	Alcohol and Drug Program, Dept of Health and Community Services
AFDL	Australian Forensic Drug Laboratory
AFP	Australian Federal Police (ACT Policing)
AIC	Australian Institute of Criminology
AOD	Alcohol and Other Drugs
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
CDHA	Commonwealth Department of Health and Ageing
HIC	Health Insurance Commission
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug User(s)
IGCD	Intergovernmental Committee on Drugs
KIS	Key Informant Survey
MCDS	Ministerial Council of Drug Strategy
NCEPH	National Centre for Epidemiology and Population Health
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NSP	Needle and Syringe Program
SCON	Simple Cannabis Offence Notice

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DISCLAIMER

This research paper does not necessarily reflect the policy position of the Commonwealth Government.

EXECUTIVE SUMMARY

The ACT Drug Trends 2002 report is the result of the Illicit Drug Reporting System (IDRS) research project, funded by the Commonwealth Department of Health and Ageing and the National Drug Law Enforcement Research Fund (NDLERF), and co-ordinated nationally by the National Drug and Alcohol Research Centre (NDARC). Its primary aim is to identify emerging trends from a sentinel group of hard drug users. In the ACT the Australian Institute of Criminology (AIC) conducts the study. The 2002 ACT IDRS documented the following trends in illicit drug use (as summarised in Table 1).

Table 1: Summary of drug trends in the ACT, 2001–2002

	Heroin	Methamphetamine	Cocaine	Cannabis
Price				
Street deal	$50 (cap)	$50 (point)	$65 (cap)	$20 (gram)
½ gram	$180	$150 (powder)	$200	$250 (ounce)
1 gram	$350	$300 (powder)	$250	
Change	Decreasing	Increasing	Increasing	Stable to decreasing
Availability	Easy, stable	Very easy to easy, stable	Difficult to very difficult, stable	Very easy, stable
Purity	24% – decreased	14% – increased	23% – decreased	High, stable
Use	Increase in number of recent users	Decrease in number of recent users	Decrease in number of recent users	Increase in use of hydroponic cannabis
		Decrease in frequency of use	Infrequent use	Used by more than half on day prior to interview

Patterns of drug use among IDU

Compared to 2001, there was a marked increase in the proportion of IDU who reported heroin to be their preferred drug of choice: in 2002, 69 per cent of IDU reported heroin as their drug of choice, compared with 57 per cent the previous year. There was a corresponding decrease in the proportion reporting methamphetamine to be their drug of choice, from 19 per cent in 2001 down to 10 per cent in 2002.

Heroin

The price of heroin decreased in 2002 compared with 2001 ($350 vs. $485 per gram). Similar decreases were noticed in the price of other amounts, with the exception of 'caps', which remained stable at $50. The mean purity of heroin seizures made by the Australian Federal Police (ACT Policing) remained low, decreasing from 40 per cent in 2000–2001 to 24 per cent in 2001–2002.

There was a perception among key informants that the availability of heroin was

increasing and as such, use of heroin was also on the rise. They noted that those IDU who had switched from heroin to methamphetamine during the 'heroin shortage' had begun to move back to heroin again.

Methamphetamine

The price of methamphetamine powder generally increased, while the price of crystal methamphetamine remained stable. The price of a 'point' (0.1 gram) was $50 across all three types (methamphetamine powder, crystal methamphetamine and base methamphetamine). A gram of methamphetamine powder was $300, crystal methamphetamine $335 and base methamphetamine $250. The average purity of AFP (ACT Policing) methamphetamine seizures was 15 per cent, a slight increase from 12 per cent the previous year.

Compared to 2001, there was a significant decrease in the proportion of IDU who had used methamphetamine in the previous six months (from 82 per cent to 70 per cent). Of those who had used methamphetamine in the previous six months, the proportions reporting the use of methamphetamine powder and base methamphetamine remained relatively stable (at 73% and 43% respectively), however there was a significant decrease in the proportion reporting use of crystal methamphetamine (down from 87% to 49%). It would appear that as the use of heroin increased, the use of methamphetamine decreased, supporting the perception among key informants that many of the IDU who switched from heroin to methamphetamine the previous year were now retuning to heroin.

Cocaine

As has been previously indicated in the ACT Drug Trends Series, cocaine is not a drug that is widely used by IDU in the ACT. The price of a cap of cocaine rose from $50 to $65, and a gram from $165 to $250, however there were very few IDU who purchased cocaine in the ACT, so care should be exercised in interpreting these figures. Less than one in five IDU had used cocaine in the previous six months, and the majority of those who had, used it five days or less. The availability of cocaine was believed to be difficult or very difficult, and the average purity of cocaine seizures in the ACT was 23 per cent.

Cannabis

The availability of cannabis remained very easy and users estimated the potency to be high. The median price for an ounce of cannabis in the ACT was $250 – a slight decrease from $280 in 2000–2001. The price of a gram of cannabis remained stable at $20. There were slight decreases in the price of larger quantities of cannabis, although the majority of users believed the price to have been stable. Hydroponic cannabis remained the dominant form in the market and the use of hash and hash oil decreased.

Other opioids

The use of diverted *methadone* was widespread among ACT injecting drug users, with 64 per cent having used methadone in the previous six months and almost three in ten (29%) IDU had injected methadone in the previous six months. Despite this, only 45 per cent of the sample indicated that they had been enrolled in the methadone program during that period. Of those who had used methadone in the previous six months, two in five (42%) indicated that they had bought diverted methadone at least once during that period.

Almost two in five (37%) IDU had used *morphine* in the previous six months, with more

than one-third (34%) of the sample having injected it and one fifth (20%) swallowing it during this period.

Other drugs

Ecstasy use decreased among IDU in 2001–2002, with one quarter of IDU having used it in the previous six months, compared with one half of IDU reporting its use the year before. The purity of ecstasy was relatively high (32%) and its use was infrequent. The IDRS does not intend to capture the 'party drug' scene, and accordingly is unsuitable for measuring trends in ecstasy use.

More than three in five (62%) IDU had used *benzodiazepines* in the previous six months. Of those who had used benzodiazepines in the previous six months, almost two-thirds indicated that they had illicitly obtained benzodiazepines at least once during that period.

Drug related issues

The number of non-fatal heroin overdoses attended by the ACT Ambulance Service continued to decrease, from 327 in 2000–2001 to 130 in 2001–2002. Despite this reduction in total number of attendances, when broken into quarters, it would appear that heroin overdoses are beginning to increase slightly. Self-reported heroin overdose among IDU remained stable, although there was a significant decrease in the proportion of IDU who had witnessed another person's overdose in the last 12 months.

The majority of IDU (61%) perceived an increase in police activity in relation to drugs, and there was an increase in the proportion reporting that police activity had made it more difficult for them to 'score' drugs (41%, compared with 28%). There was an increase in the proportion of IDU who reported that more of their friends had been 'busted' by police recently, although there was a significant decrease in the proportion reporting that they themselves had been arrested in the previous 12 months (from 59% down to 40%).

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is a project, which in the past, has been funded entirely by the Commonwealth Department of Health and Ageing. Since the year 2000, additional funds were provided by the National Drug Law Enforcement Research Fund. The project was initially piloted in Sydney in 1996 before expanding in 1997 to three Sates (New South Wales, Victoria, South Australia) (Hando, et al. 1997; Hando & Darke 1998a; Hando & Darke 1998b). The study comprises three components: a survey of injecting drug users, key informant interviews, and the analysis of other indicator data. In 1999 the study was extended to the other States and Territories, but it excluded the survey of injecting drug users in the 'new' jurisdictions. From the year 2000 onwards, the full complement of data collection strategies was employed across all jurisdictions.

In 1999, the Australian Capital Territory arm of the study was a joint exercise between the National Centre for Epidemiology and Population Health (NCEPH) and the Australian Institute of Criminology (AIC). Results were reported in NDARC Technical Report No. 82 (Fleming, Cook & Williams 2000). From the year 2000 onwards, the ACT arm has been the sole responsibility of the AIC. Year 2000 results were reported in NDARC Technical Report No. 105 (Williams, Bryant & Hennessy 2001), and 2001 results in NDARC Technical Report No. 128 (Williams and Rushforth 2002).

1.1 Study Aims

The data are collated annually to detect emerging trends in the availability, use and consequences of four main illicit drugs (heroin, amphetamines, cocaine and cannabis). The purpose of the IDRS is to supplement other data (for example, from the National Drug Strategy Household Survey) to provide a coordinated approach to monitoring the use of illicit drugs in Australia, and to act as a strategic early warning system for emerging illicit drug problems. National results are formally provided to government through the Intergovernmental Committee on Drugs (IGCD) and the Ministerial Council on Drug Strategy (MCDS). Prior to the formal notification, a national conference is convened in November in Sydney, where the separate jurisdictions report their individual results. In addition, in the ACT, the AIC hosts a roundtable discussion for stakeholders, including government, where local results are compared to national trends.

2.0 METHOD

The methodology is referred to as a triangulated convergent validity study. Data are obtained from three sources: a survey of injecting drug users, a key informant survey of professionals working in the illicit drug field, and an analysis of existing indicator data routinely collected by agencies. These data are compared to determine if there is a convergence of results ('telling the same story'), following which they are compared to the previous year's IDRS results to identify trends.

2.1 Survey of Injecting Drug Users

The Injecting Drug User Survey comprised face-to-face interviews with 100 current injecting drug users between July and August 2002. Recruitment was by convenience sampling of attendees at two locations: the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and Directions ACT. Both centres provide 'drop-in' facilities for injecting drug users. An eligibility criterion of 'must have injected at least monthly in the past six months' was used to screen all respondents. AIC research staff conducted all interviews.

A standardised structured interview schedule based on previous IDRS research (Hando & Darke 1998a; McKetin, Darke & Kaye 2000) was administered to respondents. The schedule included sections on demographics, drug use, price, purity and availability of drugs, crime, risk-taking behaviour, health and general drug trends. Changes to this years' schedule included the addition of items relating to the different forms of methamphetamine – to distinguish 'powder' amphetamine from the more powerful forms of methamphetamine. Interviews took approximately 30 minutes to administer, depending upon the extent of polydrug use. Directions ACT and CAHMA were paid management fees for the survey. At Directions ACT, ADDInc subsequently redistributed a proportion of this fee to respondents in kind (not cash); at CAHMA, management subsequently provided approximately two-thirds of the fee to respondents in cash, as reimbursement for out-of-pocket expenses.

2.3 Key Informant Study

Twenty-three interviews were conducted with key informants who had at least weekly contact with injecting drug users or who had at least 10 professional encounters with different injecting drug users in the previous six months.

Seven interviews were conducted with youth workers (who also worked as outreach workers and teachers), four with ambulance officers, four with drug treatment workers, three with general health workers (including doctors), three with user group representatives, one with a police officer and one with a magistrate. All respondents reported that they were either very certain (22%) or moderately certain (78%) of their drug-related knowledge. The median number of days that key informants had contact with drug users was 130 days (or 5 days per week). As with previous years, the majority of key informants (n=12) reported that heroin was the main illicit drug being used by the clients with whom they had the most contact. A large number of key informants (n=8) reported cannabis as being the main illicit drug being used by the clients that they had the most contact with – more than double the number who spoke on cannabis the previous year – and two key informants came into regular contact with many illicit drug users, and as such preferred to give a general overview of drug use, rather than reporting on a particular substance. Surprisingly, no key informants reported that methamphetamine

was the drug main illicit drugs used by the clients with which they had the most contact.

2.4 Other Indicators

Entry criteria for indicator data are that they should:

- be available at least annually;
- include 50 or more cases;
- provide details of illicit drug use;
- be collected in the main study site (that is, Canberra); and
- include details on at least one of the four main illicit drugs under investigation.

Data sources identified as part of the study and included in this report are:

- Number and characteristics of drug seizures by the Australian Federal Police (ACT Policing) for the period 2001–2002. Data includes details of 1,086 seizures, by drug type and amount seized.

- Purity of drug seizures made by the Australian Federal Police, analysed by the Australian Capital Territory Government Analytical Laboratory (ACTGAL) – data provided by ACTGAL. Data include the purity of 1,113 samples provided by the AFP (ACT Policing) for the financial year 2001–2002. Assay data are provided for heroin (n=23), amphetamine (n=2), methamphetamine (n=70), cocaine (n=8), MDMA (n=40), and MDA (n=1). There were no analyses of the potency of cannabis.

- Offences reported to or becoming known to police – data provided by the AFP (ACT Policing). Data include date and location of drug-specific offences (n=464) and property offences (n=21,900).

- Number of Simple Cannabis Offence Notices (SCONs) issued and expiated – data provided by the AFP (ACT Policing). During 2001–2002 there were 144 SCONs issued.

- Number and location of needles and syringes recovered by the ACT Parks and Places and City Rangers – data provided by the Department of Urban Services. In 2001–2002 there were 2,538 needles and syringes recovered from open spaces.

- Number and location of needles and syringes recovered from government installed 'sharps bins'**.** In 2001–2002 there were 7,101 needles and syringes recovered from 'sharps bins' provided in public toilets – data provided by the Department of Urban Services.

- Prevalence of drug use among injecting drug users from the Australian Needle and Syringe Program Survey conducted by the National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs – data provided by the National Centre in HIV Epidemiology and Clinical Research.

- Number and characteristics of clients of detoxification services from Arcadia House Withdrawal Centre – data provided by ADDInc. Data include demographics and

drugs of concern of 330 clients.

- Number and characteristics of telephone enquiries, and clients of counselling, detoxification, and ACT methadone programs – data provided by the ACT Alcohol and Drug Program, Department of Health, Housing and Community Care. Data include 618 inpatient detoxification clients, 5,142 case-managed clients and 7,565 methadone clients. Data provided by the ACT Alcohol and Drug Program, Department of Health and Community Care.

- Number and characteristics of court-referred alcohol and other drug-related offenders. In 2001–2002 there were 11 persons referred. Data provided by the ACT Alcohol and Drug Program, Department of Health and Community Care.

- Non-fatal overdoses attended by ambulance services – data provided by ACT Ambulance Service. In 2001–2002 the ACT Ambulance Service attended 130 non-fatal heroin overdoses.

- Number of 'doctor shoppers' in the ACT by substance of concern – data provided by the Health Insurance Commission.

- Price and purity of illicit drugs in the ACT, by quarter – data provided by the Australian Crime Commission.

2.5 Data Analysis

Data from the IDU Survey were analysed using SPSS for Windows v. 11.0.1 (© SPSS Inc. 1989–2001). Open-ended items in the Key Informant Survey were transcribed in full and aggregated into quasi-quantitative categories using Microsoft Excel 2000. Close-ended questions were analysed using SPSS for Windows v. 10.3.1. Indicator data were analysed using Microsoft Excel. Mapping was completed using MapInfo Professional v. 6.5 (2).

3.0 AN OVERVIEW OF THE IDU SAMPLE

3.1 Demographics

The demographic characteristics of the IDU sample are presented in Table 2. The mean age of the sample was 32.4 years (SD 8.0, range 18–56). Two-thirds of the sample were male, and there was a significant difference in the mean ages of male and female respondents (34.2 and 28.9 years respectively, p=.001). The majority (77%) of IDU were unemployed. The sample had a mean of 10.7 years of school education (SD 2.0, range 0–13). Slightly more than one quarter (25.3%) of IDU reported that they had trade or technical qualifications, and one in twenty (5.1%) reported that they had university or other tertiary qualifications.

The majority of the sample (55%) was not currently in any form of drug treatment. Of the 45 subjects who were in treatment, 35 were in methadone maintenance. Only one per cent of subjects had undergone naltrexone treatment in the previous six months. Forty-five per cent of subjects had ever been sentenced to prison, with males (60.6%) being significantly more likely than females (14.7%) to have been imprisoned (p=.000).

Table 2: Demographic characteristics of the IDU samples, 2001 and 2002

Characteristic	2001 sample (n=100)	2002 sample (n=100)
Age (mean years)	30.0	32.4*
Sex (% male)	68.0	66.0
Employment (%):		
Not employed	75.0	77.0
Full time	4.0	4.0
Part time/casual	8.0	8.0
Student	8.0	7.0
Home duties	5.0	3.0
School education (mean years)	10.6	10.7
Tertiary education (%):		
None	67.7	69.7
Trade/technical	28.3	25.3
University/college	4.0	5.1
Currently in drug treatment (%)	49.0	45.0
Prison history (%)	34.0	45.0

Notes: *Significant difference, p< .05
Source: ACT IDRS IDU Survey files, 2001, 2002.

3.2 Drug Use History

The mean age of first injection was 18.3 years (SD 4.8, range 12–40) with no significant difference between males and females (18.5 and 17.9 respectively). Frequency of injecting among IDU was variable. Daily injections were reported by 28 per cent of the sample, with 17 per cent of the sample reporting more than one injection per day (Table 3). When the sample is stratified into younger (<=25 years of age) and older IDU (those aged over 25), younger users were more likely to inject more frequently. There were no significant differences in injection frequency between males and females.

Table 3: Frequency of injection among IDU, 2001 and 2002

	2001			2002		
	<=25	>25	Total	<=25	>25	Total
Frequency	(%)					
Weekly or less	28.2	36.1	33.0	31.6	23.5	25.0
More than weekly	28.2	27.9	28.0	26.3	48.1*	44.0*
Once a day	10.3	6.6	8.0	15.8	9.9	11.0
Twice a day	12.8	16.4	15.0	10.5	14.8	14.0
Three or more times a day	15.4	11.5	13.0	10.5	1.2*	3.0*

Notes: *Significant difference (p< .05) when compared to the previous year
Source: ACT IDRS IDU Survey files, 2001, 2002.

Heroin was the first drug injected by 48 per cent of the sample, closely followed by amphetamines (47%). Older respondents (>25 years) were more likely to report having first injected amphetamines (48.1% versus 42.1%) and younger respondents more likely to have first injected heroin. There were no significant differences in the reported drug of first injection between male and female respondents.

Heroin was the drug of choice for 69 per cent of the respondents (up from 57% the previous year), followed by cannabis (14%) and methamphetamine (10% – down from 19% the previous year). Over two-thirds of the sample (68%) reported heroin to be the drug which they had injected most often in the month prior to interview (a significant increase from the 47% who reported this the previous year, p<.05). There was also a significant decrease in the proportion reporting methamphetamine to be the drug injected most often in the month prior to interview (17% compared to 40% the previous year, p=.000). There was a significant increase in the proportion of respondents who reported that heroin was the last drug injected prior to the interview (from 49% to 74%, p=.000), and likewise, a significant decrease in the proportion reporting methamphetamine to be the last drug injected prior to interview (from 42% in 2001 to 15% in 2002, p=.000).

Heroin use was almost universal (99%), with 89 per cent having injected heroin in the previous six months. Cannabis had been used by 99 per cent of the sample, followed by amphetamines[1] (95%), methadone (85.9%) and morphine (83%) (Table 4).

Polydrug use was universal among the IDU, with all IDU having used between five and 16 drugs ever[2] (mean=11.3 drugs, SD 2.7), and between three and 13 drugs in the previous six months (mean=6.9 drugs, SD2.2). When alcohol and tobacco are removed from the analysis, IDU had used between three and 14 drugs in their lifetimes (mean=9.4 drugs, SD 2.5), and 98 per cent had used two or more illicit drugs in the previous six months (mean=5.2 drugs, range 1–11, SD 2.0). More than half of IDU (55.0%) interviewed in 2001–2002 had used more than one drug (excluding tobacco, but including alcohol) in the day prior to interview, with the most common being cannabis (57.0%), heroin (38.0%) and/or methadone (30.0%)[3]. Only five per cent of the sample had not used any drugs in on the day prior to interview.

[1] For the purpose of these analyses and to allow comparisons with the previous year, methamphetamine powder, base, liquid and crystal have been combined to form one category "amphetamines".
[2] The combined category of "amphetamines" has also been used for these calculations.
[3] Proportions may add up to greater than 100% as more than one response was allowed.

Table 4: Drug use history of IDU 2002 (and 2001)

Drug class	Ever used	Ever injected	Injected last 6 mths	Ever smoked	Smoked last 6 mths	Ever snorted	Snorted last 6 mths	Ever swallowed	Swall. last 6 mths	No. days used last 6 mths **	No. days used last 6 mths ***
	(per cent of IDU)									(number)	
1. Heroin	99 (97)	99 (97)	89 (82)	72 (65)	10 (16)	19 (9)*	1 (0)	24 (18)	4 (5)	75 (76)	48 (50)
2. Methadone	86 (75)	65 (57)	29 (27)					82 (65)*	56 (46)	109 (108)	180 (180)
3. Morphine	83 (69)*	78 (63)*	34 (33)	1 (4)	0 (2)	1 (2)	0 (0)	44 (34)	20 (20)	14 (10)	4 (6)
4. Homebake	40 (n/a)	38 (n/a)	9 (n/a)	4 (n/a)	2 (n/a)	1 (n/a)	0 (n/a)	6 (n/a)	3 (n/a)	16 (n/a)	10 (n/a)
5. Other opiates	59 (31)*	23 (11)*	5 (7)	8 (4)	0 (2)	0 (0)	0 (0)	51 (26)*	22 (18)	33 (19)	7 (5)
6. Amphetamines	95 (93)	94 (92)	69 (83)*	20 (23)	8 (12)	53 (61)	12 (14)	46 (48)	20 (22)	23 (46)	5 (21)
7. Cocaine	77 (74)	70 (64)	17 (34)*	13 (16)	0 (5)*	36 (35)	3 (8)	11 (13)	2 (4)	9 (12)	5 (4)
8. Hallucinogens	79 (72)	24 (21)	0 (6)*	5 (9)	0 (2)	0 (3)	0 (1)	79 (72)	4 (16)*	2 (6)	2 (3)
9. Ecstasy	62 (67)	39 (36)	13 (24)*	2 (5)	1 (3)	10 (9)	3 (5)	51 (61)	19 (41)*	5 (10)	3 (3)
10. Benzodiazepines	76 (79)	35 (31)	6 (14)	8 (5)	2 (1)	0 (1)	0 (0)	75 (79)	61 (68)	65 (58)	24 (14)
11. Alcohol	91 (86)	12 (12)	0 (1)					91 (84)	73 (63)	38 (45)	10 (10)
12. Cannabis	99 (94)									133 (138)	180 (180)
13. Anti-depressants	43 (30)	2 (n/a)	0 (n/a)					43 (n/a)	15 (n/a)	126 (68)	180 (13)
14. Inhalants	34 (26)									4 (61)	4 (2)
15. Tobacco	96 (97)									178 (172)	180 (180)
16. Buprenorphine	13 (n/a)	0 (n/a)	0 (n/a)	0 (n/a)	0 (n/a)	0 (n/a)	0 (n/a)	13(n/a)	10 (n/a)	29 (n/a)	13 (n/a)

Notes: n/a not collected in 2001
* significant difference when compared to previous year;
** mean number of days used by those who used the drug in the previous six months;
***median number of days used by those who used the drug in the previous six months;
n=100 each year
Source: ACT IDRS IDU Survey files, 2001, 2002

In addition to data from the IDRS samples, prevalence data of injecting drug users is included from the Australian Needle and Syringe Program Survey, conducted by the National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs (Table 5).

Table 5: Drug last injected, Needle and Syringe Program respondents, ACT, 2000–2002

Drug	1999 (n=94)	2000 (n= 163)	2001 (n=44)
	%		
Amphetamines	16	6	41
Cocaine	1	0	0
Heroin	77	79	30
Methadone	1	2	20
Morphine	0	2	2
Steroids	0	1	0
More than one drug	4	8	5

Source: MacDonald and Zhou, 2002.

From the data collected as part of the Australian Needle and Syringe Program Survey there appears to have been a large decrease in the proportion of clients who reported having last injected heroin (from 79 per cent to 30 per cent), and large increases in those reporting amphetamines (from 6 per cent to 41 per cent) or methadone (from 2 per cent to 20 per cent) as their last drug injected. The reason for these changes may be as a result of the 'heroin shortage', or may possibly be due to the smaller sample size in the 2001 survey (slightly more than one-quarter of the sample size obtained the previous year).

4.0 HEROIN

Eighty-three IDU and 12 of the key informants were able to comment on heroin. The average gender balance of heroin users who came into contact with key informants was almost two-thirds male (64%) and one third (36%) female. Most heroin contacts were described as being in their early 20s to mid thirties. Almost all key informants reported that the highest level of education completed by the majority of their clients was year 10 or less – although most noted that there were many who had education levels both above and below this – and that the vast majority of heroin-using clients were unemployed.

4.1 Price

The median price of a cap of heroin in 2002 was reported by IDU to be $50 and a half-gram was $180 (compared with $250 in 2001). The median price per gram of heroin was reported as being $350 (compared with $485 in 2001). The majority (45.8%, n=38) of IDU who gave information about heroin believed the price to be stable (compared with 17.1% the previous year, p=.000). More than one quarter (26.5%, n=22) believed the price to be decreasing (compared with 2.4% the previous year, p=.000) and 12 per cent (n=10) believed the price to be increasing (compared with 64.6% the previous year, p=.000).

Of the 12 key informants who spoke about heroin, more than half (n=7) were unable to comment on any changes in the price of heroin. Of those who could comment (n=5), the majority believed that the price of heroin had decreased. Seven key informants were able to nominate a dollar price per quantity. Key informant quotes ranged from $20 (n=1) to $75 (n=1) a cap; $180 (n=2) to $250 (n=1) a half gram and $300 (n=1) to $400 (n=1) a gram. The Australian Crime Commission (ACC) reported that the price of heroin in the ACT was $50 a cap and $400 a gram (ACC (forthcoming)).

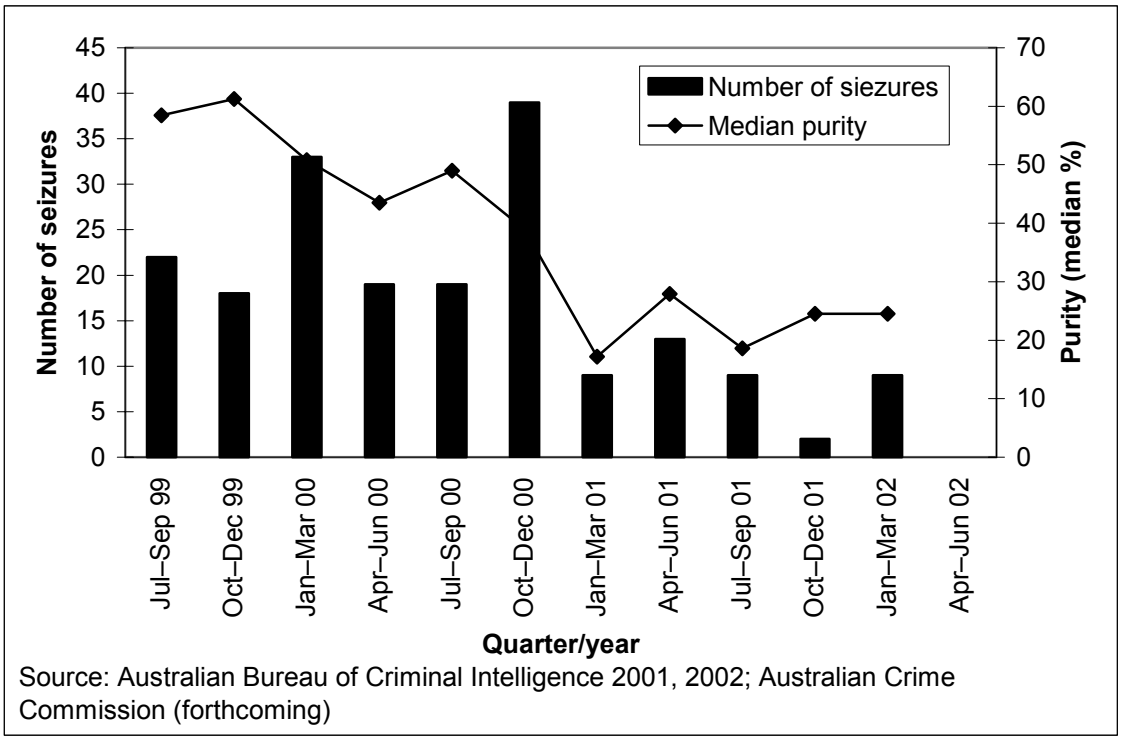
4.2 Availability

As previously mentioned, 83 IDU were able to comment on the price, purity and availability of heroin in the ACT. Heroin was considered to be easy or very easy to obtain by 80.7 per cent (n=67) of those who gave information about it, compared with 73.2 per cent the previous year. When asked if the availability of heroin had changed in the previous six months, the majority (47%, n=39) believed it to be stable (compared with 34.1% the previous year). In response to this question, a significantly smaller proportion reported that the availability of heroin was increasing (19.3%, n=16) when compared with 36.6% (n=30, p<.05) the previous year. Heroin was most commonly purchased from a mobile dealer (32.5%, n=27), a dealer's home (30.1%, n=25) or a street dealer (14.5%, n=12). The average time length of time that respondents reported it took to score heroin in the last six months was 20 minutes.

4.3 Purity

In 2001–2002, the Australian Federal Police (ACT Policing) made 45 seizures[4] of heroin, amounting to 54.0 grams[5] (ACT Policing Drug Registrar, 08 July 2002). This compares with 187 seizures amounting to 339.2 grams the previous year (ACT Policing Drug Registrar, 27 July 2001). The median purity of heroin seizures analysed throughout 2001–2002 was 21.1 per cent – a substantial decrease from the 38.8 per cent the previous year (ACC (forthcoming)). On a quarterly basis there appears to have been some stabilisation in the median purity of heroin in the ACT, although the number of seizures were noticeable lower than in previous years (Figure 1).

Figure 1: Median purity of heroin seizures made by the Australian Federal Police (ACT Policing) in the Australian Capital Territory, by quarter, 1998–1999 to 2001–2002



Source: Australian Bureau of Criminal Intelligence 2001, 2002; Australian Crime Commission (forthcoming)

In the Australian Capital Territory, the ACT Government Analytical Laboratory (ACTGAL) analyses samples of heroin from seizures made by the AFP (ACT Policing). Data on the purity of these samples are available for six-month periods from January 1980 to June 2002 (Figure 2). The purity increased substantially from January 1991 (10.5%) to January 1999 (72.9%) (Pianca, 1998; ACTGAL unit record files). From 1999

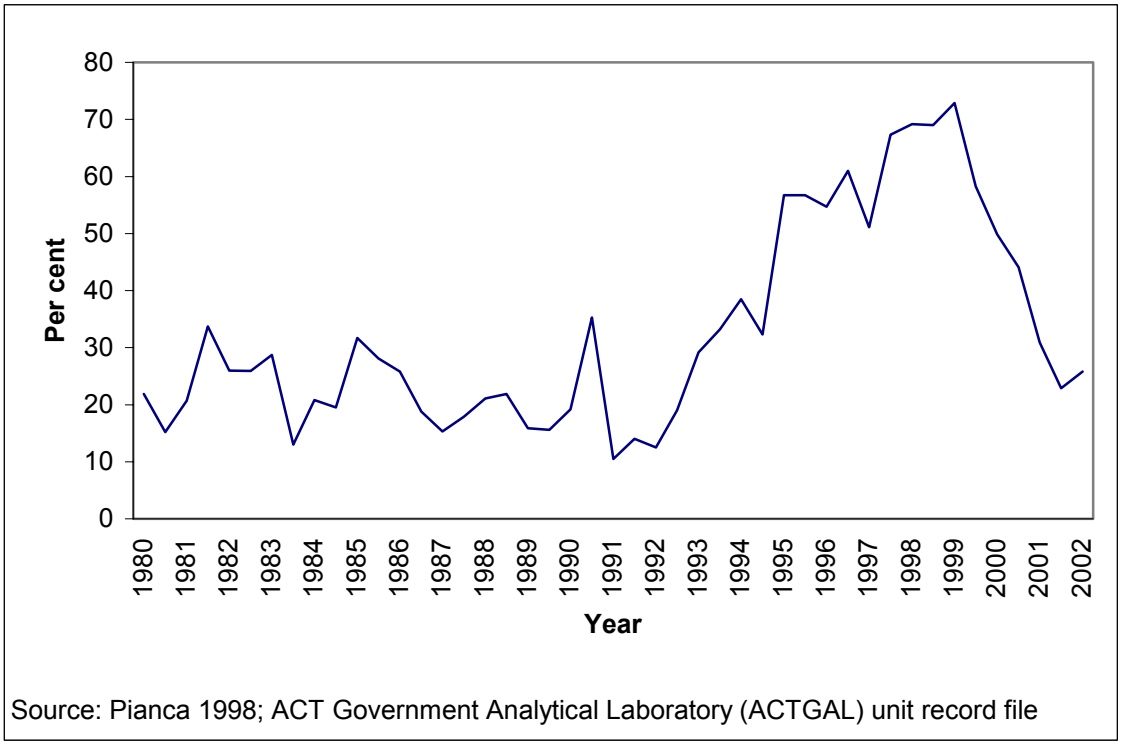
[4] ACT Policing Drug Registry figures differ from those prepared for the Australian Federal Police as a whole. The ACT Drug Registry counts each individual drug package seized, whereas the national figures combine like drugs together. For example, if two packages of heroin are seized at the one incident, the ACT Drug Registry would count two drugs seized, while the national AFP figures would count only one. This would also account for the difference in the total number of seizures and the number subsequently analysed, as all seizures are required to be analysed in the ACT. These figures also include seizures awaiting analysis to confirm weights and the presence of the illegal substance.

[5] Recorded weights and drug types may differ from those previously recorded. Net weight confirmed has been used where available, otherwise net weight estimated has been used. The weight value indicated may also include packaging.

onwards, however, the mean purity of heroin samples analysed returned to lower levels last seen around 1994. In 2001–2002 the mean purity of heroin analyses conducted by ACTGAL was 24.4 per cent.

Two in five (41%, n=34) IDU who gave information about heroin believed the current purity to be medium, compared to 15.9 per cent (n=13) who believed it to be medium the previous year (p=.000). A further 37.3 per cent (n=31) believed the current purity of heroin to be low, a significantly smaller proportion than the previous year (78%, n=64, p=.000).

Figure 2: Purity of heroin seizures analysed by ACTGAL, January 1980 - June 2002



Source: Pianca 1998; ACT Government Analytical Laboratory (ACTGAL) unit record file

When asked whether the purity of heroin had changed over the six months prior to interview, more than one in four (27.7%, n=23) believed the purity of heroin to be increasing compared with 6.1 per cent the previous year (p=.000). Slightly more than one in five (22.9%, n=19) believed the purity of heroin to be stable, 21.7 per cent (n=18) believed it to be decreasing, 16.9 per cent (n=14) believed heroin purity to be fluctuating and 10.8 per cent (n=9) did not know if the purity of heroin had changed in the last six months.

The majority of key informants (n=8) could not comment on the *current* purity of heroin. Of those who could comment, the majority (n=3) believed the current purity of heroin to be medium. Again, the majority of key informants (n=7) could not comment on *changes* in the purity of heroin. Of those who could, three believed the purity to be stable and two believed it to be increasing.

4.4 Use

4.4.1 Prevalence of Heroin Use

The most recent (2001) National Drug Strategy Household Survey estimated that two per

cent of the ACT population aged 18 years or older had used heroin at least once and 0.5 per cent had used in the previous twelve months (National Drug Strategy Household Survey 2001, unit record file). Among the 2002 IDU sample, heroin use was almost universal (99%) and 89 per cent had used heroin in the preceding six months.

4.4.2 Current patterns of heroin use

Only 18 per cent of IDU had used heroin daily in the previous six months (up from 15.2 per cent in 2001). This proportion is still notably lower than those reporting daily heroin use in the 1999–2000 IDRS (47%). Eighty-nine per cent of IDU had used heroin within the last six months, and of this group 87.4 per cent (n=76) had used heroin powder and 93.1 per cent (n=81) had used rock. The majority (78.8%, n=67) of respondents who had used heroin in the previous six months reported that they had used the rock form of heroin more often in that period than the powdered form (a significant increase from 50 per cent the previous year, p=.000).

Almost all IDU (99%) had injected heroin at least once in their lifetime, with 89 per cent having injected in the previous six months. Smoking heroin was popular, particularly among newer users, with almost three-quarters (72%) reporting having smoked heroin at least once in their lifetime, although only one in ten (10%) had done so in the six months prior to interview. The mean number of days of heroin use in the previous six months, amongst those who had used during this period, was 75 days (compared with 76 days the previous year) and the median number of days was 48 (compared with 50 the previous year). Excluding cannabis, heroin was the most common illicit drug used on the day prior to the interview, with 38 per cent of the sample reporting that they had used heroin the "yesterday".

Key informants report that the vast majority of heroin users that they had regular contact with were injectors, and that they used between one and four times a day. Almost all key informants reported on polydrug use among heroin users, with cannabis, methamphetamine, benzodiazepines and alcohol being the most frequently mentioned drugs.

A majority (n=11) of key informants reported that their IDU contacts were in some form of drug treatment, with methadone maintenance the predominant form (n=10). A small number of key informants (n=2) reported that some of their contacts were undergoing buprenorphine treatment.

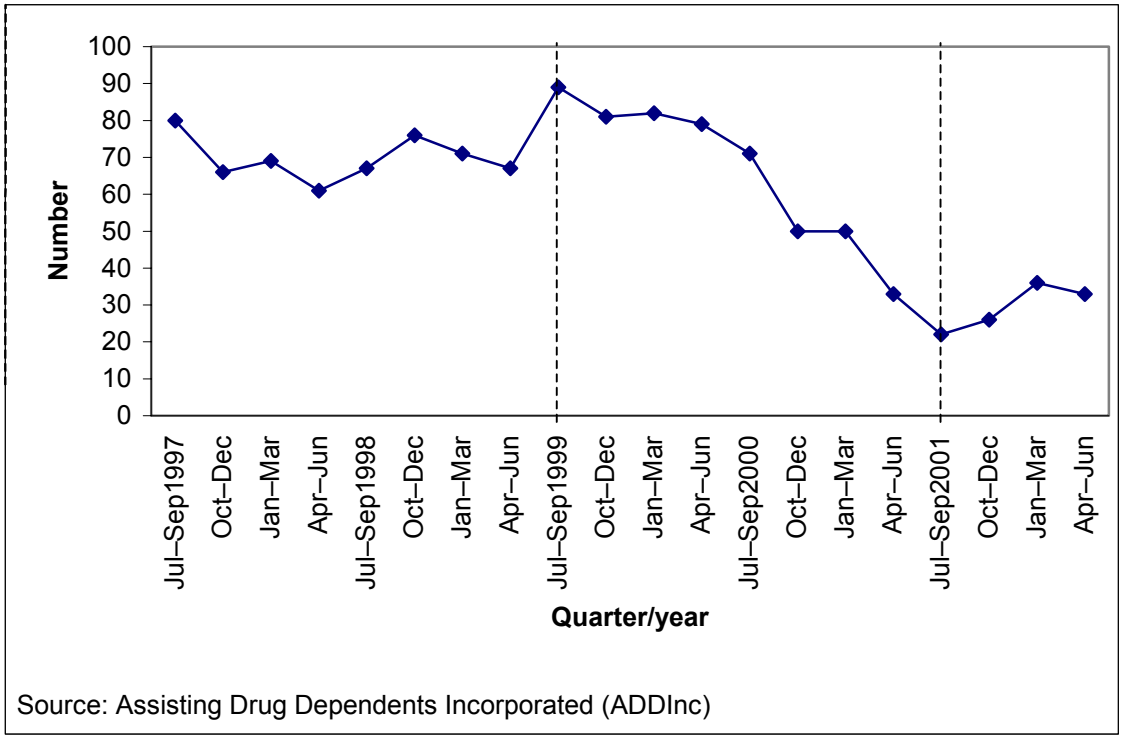
The proportion of clients withdrawing from heroin at Arcadia House has been steadily decreasing since the July–September quarter in 1999 through until the July–September quarter 2001 – from 89 clients per quarter to just 22 clients per quarter (Figure 3). Coinciding with anecdotal reports of an increase in heroin, the number of clients withdrawing from heroin slowly began to increase over the October–December 2001 quarter and January–March 2002 quarter before stabilising again in the April–June 2002 quarter.

4.4.3 Trends in heroin use

When IDU were asked if there had been any recent changes in the types of drugs that their friends had been using recently, more than three in five (62%) reported that there had been no change, but one-quarter (25%) of the sample responded that their friends had been either moving away from heroin and into methamphetamine use, or alternating between heroin and methamphetamine. This trend was also widely reported in last year's study. This is not consistent with the patterns of use given earlier in the 2001–2002

survey, which saw increases in recent heroin use, with the number of days heroin was being used remaining constant, and decreases in recent methamphetamine use and the number of days methamphetamine was being used by IDU. It is possible that respondents were unclear or unsure about timeframes, and were merely reporting the same changes that they observed the previous year during the height of the heroin shortage. As with previous years, over one-third (38%) of the sample reported that there had been an increase in the number of younger drug users recently.

Figure 3: Number of Arcadia House clients withdrawing from heroin, by quarter, 1997–1998 - 2001–2002



Source: Assisting Drug Dependents Incorporated (ADDInc)

Similarly to last year, the majority (n=8) of key informants who gave information about heroin users reported that during the shortage of heroin, users had switched from heroin to speed, or were alternating between the two. The majority did, however, go on to clarify that recently, heroin appeared to be more readily available and they were not seeing as much methamphetamine use as they had during the previous year. This is consistent with IDU reports of their own frequency of drug use (see Table 4), with respondents reporting a higher frequency of heroin use than methamphetamine use and a decrease in the recent use of methamphetamine compared to the previous year. As suggested by the results of the IDU survey, key informants also noticed that the majority of heroin users tended to be polydrug users.

4.5 Other Trends

Most key informants noted that heroin use appeared to be increasing again, after a period of reduced availability, and that those users who had previously switched to or alternated between heroin and methamphetamine had reduced their methamphetamine use and increased their heroin use. IDU frequently reported that their friends had recently been switching from heroin to speed, or alternating between the two, although there was no evidence to support this when users own patterns of use were examined – in fact, there was a decrease in the recent use of methamphetamine and an increase in the recent use of heroin.

4.6 Summary

Table 6 summarises the trends in price, purity, availability and use of heroin. Compared with 2000–2001, heroin is as easy to obtain (easy to very easy) and the availability has remained stable. When asked about the purity of heroin, the majority of IDU believed it to be medium to low, and that the purity was increasing to stable. According tho the ACT Government Analytical Laboratory, the mean purity of heroin had decreased since the previous year (from 44% to 24% across the entire year), although it appeared to be increasing again in the second half of the 2001–2002 financial year.

Consistent with the ACT Drug Trends 2000 (Williams, Bryant and Hennessey, 2001) and 2001 (Williams and Rushforth, 2002) reports, IDU believed that users were getting younger and that users were alternating methamphetamine use with heroin. Whilst users did report that their friends had been substituting the two substances, they were unlikely to report this pattern in regards to their own drug use. Key informants did support that during the heroin shortage users had participated in these types of behaviours, but that heroin was now more readily available and that users were moving back to it.

Table 6: Summary trends on heroin price, purity, availability and use, ACT, 2001-2002

Price (median) Cap Gram	 $50 – compares with $50 in 2000–2001 $350 – a decrease from $485 in 2000–2001
Availability	Easy to very easy to obtain, availability stable
Purity	21.1% (median), down from 38.8% in 2000–2001 (ACC) 24.4% (mean), down from 39.8% in 2000–2001 (ACTGAL)
Use	Increase in number of recent users Belief of an increase in the number of younger users Decrease in the number of heroin overdoses

5.0 METHAMPHETAMINE

In 2001–2002 no key informants reported that methamphetamine was the main drug type used by the IDU with which they had had the most contact with in the previous six months. Some heroin key informants did however note that methamphetamine had been frequently used during the period known as 'the drought', but that heroin was now more readily available and that those who had switched to methamphetamine had now switched back to heroin.

Prior to 2001, the IDRS measured "amphetamines" as a single class. Due to an increase in the proportions of respondents reporting more expensive and more potent forms of amphetamines, in 2001 the class "amphetamines" was split into two – "amphetamine powder" and "other forms of amphetamine". The sub-class "other forms of amphetamine" included both base and crystal methamphetamine. In 2002 this class was further refined into three types of amphetamine – "methamphetamine powder", "crystal methamphetamine" and "base methamphetamine". Twenty-nine IDU gave information on methamphetamine powder, 14 spoke about crystal methamphetamine and 13 about base methamphetamine.

In an addition to this further breakdown of types of amphetamines, a flashcard with colour photographs of the different forms of methamphetamine (Churchill and Topp, 2002) was also shown to respondents who had used methamphetamine in the previous six months. A copy of the flashcard, along with a discussion of the groupings is available on the National Drug and Alcohol Research Centre website at the following address: http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.bulletins.

Photographs for the flashcard were grouped by Churchill and Topp (2002) into three categories that they hypothesised a priori to correspond to the three forms of methamphetamine. Photographs placed in category A were believed to represent methamphetamine powder, category B to be base methamphetamine and category C to be crystal methamphetamine, or ice. Respondents who reported using any of the forms of methamphetamine in the previous six months were shown the flashcard and asked to identify which pictures (if any) best resembled the forms that they had used. Respondents could nominate pictures from any category, and could nominate more than one picture if necessary. Table 7 reports the results of the most commonly identified pictures by those reporting use of methamphetamine in the previous six months.

Table 7: Flashcard analysis of types of methamphetamine used in the previous six months

	Powder	**Base**	**Crystal**
	n=51	n=30	n=34
% who chose any A	**41.2**	3.3	2.9
% who chose any B	9.8	**43.3**	5.9
% who chose any C	7.8	13.3	**41.2**
Most commonly chosen	A1 (n=13) A4 (n=8)	B3 (n=6) B5 (n=6)	C2 (n=10) C1 (n=5) C4 (n=5)

Notes: 1. Bases for each column equal respondents who reported use of that form in the previous six months; 2. Proportions do not add to 100 due to missing data.
Source: ACT IDRS IDU Survey files, 2002

Of respondents who reported using methamphetamine powder, two in five (41.2%)

identified pictures from the category A grouping (which depicted substances believed by Topp and Churchill to be methamphetamine powder). The most commonly identified pictures were A1 (n=13) and A4 (n=8) (Photograph 1). Of those who reported the use of base methamphetamine in the previous six months, more than two in five (43.3%) identified pictures from the category B grouping (which were believed by Topp and Churchill to represent base methamphetamine), with the most common being B3 (n=6) and B5 (n=6) (Photograph 1). Of respondents who reported any use of crystal methamphetamine in the previous six months, two in five (41.2%) identified pictures from the category C grouping (which were believed by Topp and Churchill to represent crystal methamphetamine), with the most commonly identified being C2 (n=10), C1 (n=5) and C4 (n=5) (Photograph 1). These results lend some support to the hypothesis that pictures in category A represented methamphetamine powder, those in category B represented base methamphetamine and those in category C represented crystal methamphetamine, however, it is important to note that there were substantial proportions of missing data for these questions.

A class photographs (most identified)

A1

A4

B class photographs (most identified)

B3

B5

C class photographs (most identified)

C2

C1

C4

Photograph 1: Most identified methamphetamine pictures

5.1 Price

As mentioned previously, methamphetamine has been measured differently in each of the three years the ACT has participated in the IDU survey. Due to these differences, caution should be taken in determining trends across time. The median prices reported in 2000–2001 and 2001–2002 for each form of methamphetamine are summarised in Table 8.

Table 8: Reported price (median) for methamphetamine, ACT, 2001–2002 (and 2000–2001)

Weight	Powder	Crystal/Ice*	Base**
	Median price ($)		
Point	50 (–)	50 (50)	50 (–)
1/8 gram	180 (50)	– (75)	– (–)
¼ gram	130 (80)	120 (120)	110 (–)
½ gram	150 (150)	185 (190)	150 (–)
Gram	300 (262)	335 (250)	250 (–)
'Eightball'	120 (225)	– (200)	700 (–)
Ounce	1,750 (1,600)	– (–)	2,000 (–)

*In 2000–2001 this category contained both crystal and base
**Not separately measured in 2000–2001
Source: ACT IDRS IDU Survey files, 2002

Despite increases in the reported prices of methamphetamine powder across the last two years, the majority (58.6%, n=17) of those who gave information about it in 2001–2002 believed the price to be stable. Reported prices for crystal methamphetamine appeared to remain relatively stable across the two-year period. Consistent with this, the majority of IDU (50%, n=7) believed the price to be stable, with a further 28.6 per cent (n=4) believing it to have increased. Although not measured separately in 2000–2001, when asked if the price of base methamphetamine had changed over the previous six months the majority of respondents (61.5%, n=8) reported it to be stable.

5.2 Availability

Methamphetamine powder was reported as being 'very easy' to obtain by 51.7 per cent (n=15) IDU who could give information about it (an increase from 31.7%, (n=13) the previous year). A further 24.1 per cent (n=7) believed the availability to be easy (compared with 36.6% (n=15) the previous year). When asked if the availability of methamphetamine powder had changed in the previous six months the majority of IDU (55.2%, n=16) believed it to be stable (an increase from 43.9% (n=18) the previous year). A further one in five (20.7%, n=6) believed the availability of methamphetamine powder to be decreasing (compared with 22% (n=9) the previous year). Methamphetamine powder was generally bought from a street dealer (24.1%, n=7), a dealer's home (24.1%, n=7) or a mobile dealer (24.1%, n=7) and the average time length of time that respondents reported it took to score methamphetamine powder in the last six months was 54 minutes.

Crystal methamphetamine was reported as being either 'very easy' (28.6%, n=4) or 'very difficult' (28.6%, n=4) to obtain. When stratified into just two categories, combining 'easy' with 'very easy' and 'difficult' with 'very difficult', one half of IDU who gave information on crystal methamphetamine (n=7) fell into each category, making it difficult to determine the availability of crystal methamphetamine in the ACT. Crystal methamphetamine was generally purchased from a mobile dealer (42.9%, n=6) or a dealer's home (35.7%, n=5), with the proportion reporting purchasing it from a mobile

dealer increasing significantly from the previous year (from 16.1% (n=9), p<.05). The average time that it took to score methamphetamine base in the previous six months was slightly more than two hours (128 minutes).

The majority of those who gave information about base methamphetamine believed it to be either 'very easy' (53.8%, n=7) or 'easy' (23.1%, n=3) to obtain. When asked if the availability of methamphetamine base had changed in the previous six months, the majority (69.2%, n=9) believed it to be stable. Base methamphetamine was generally purchased from a dealer's home (30.8%, n=4), street dealer (23.1%, n=3) or a friend (23.1%, n=3) and the average time that it took to score in the previous six months was 43 minutes.

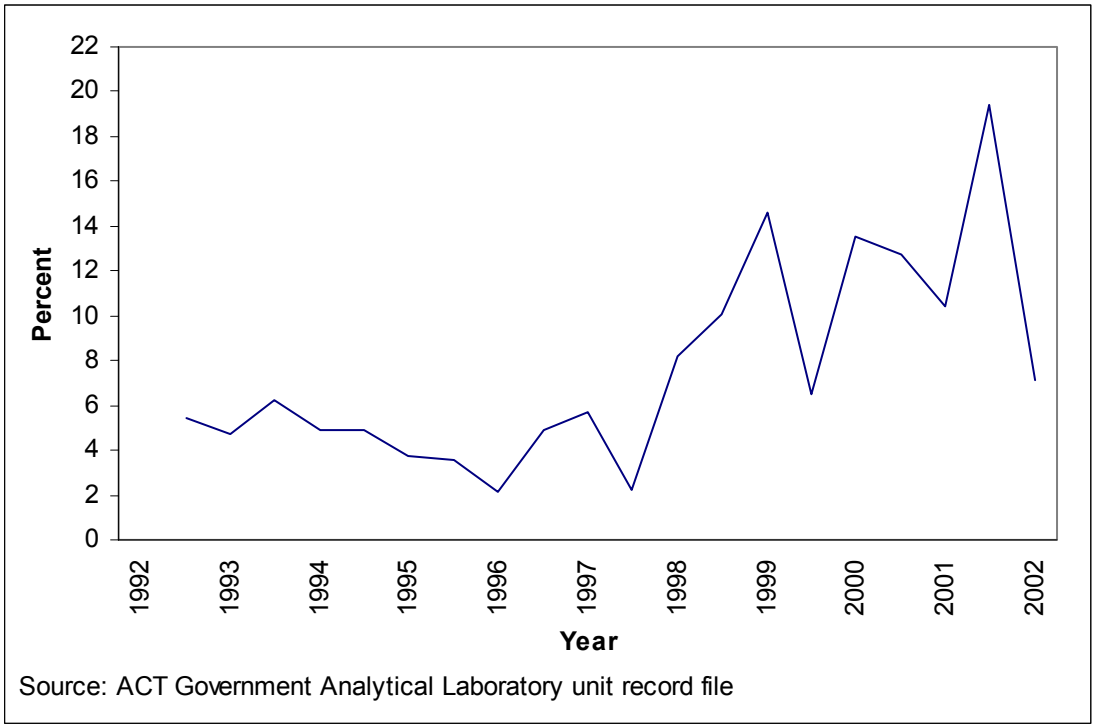
5.3 Purity

In 2001–2002, the AFP (ACT Policing) made 170 seizures of amphetamine and methamphetamine totalling 1,339.7 grams (ACT Policing Drug Registrar, 8 July 2002). Whilst a decrease in the actual number of seizures from the previous year, there was an increase in the weight of amphetamines seized (208 seizures, 274.3 grams in 2000–2001 (ACT Policing Drug Registrar, 27 July 2001)). The Australian Crime Commission report the median purity of amphetamine in the ACT over 2001–2002 to be 1.7 per cent, and methamphetamine 7.1 per cent (ACC (forthcoming)). The ACT Government Analytical Laboratory analysed two seizures of amphetamine in 2000–2001 (mean purity 1.5%, range 1.2% to 1.7%) and 70 seizures of methamphetamine (mean purity 14.5%, range 0.6% to 79%). This showed a decrease in the mean purity of amphetamine from the previous year (13.3% across 2000–2001) and an increase in the mean purity of methamphetamine (11.7% across 2000–2001). ACTGAL analyses indicate that until the mid-1990s methamphetamine purity was on a par with amphetamine (low), but since then it has fluctuated (Figure 4).

Purity of methamphetamine powder was reported to be 'low' by 44.8 per cent (n=13) of the respondents who gave information about it (compared with 9.8% (n=4) the previous year, p<.05). Three in ten (31%, n=9) respondents who gave information about methamphetamine powder reported it to be 'high' (compared with 26.8% (n=11) the previous year) and 17.2 per cent (n=5) reported it to be 'medium' (compared with 36.6% (n=15) the previous year). When asked about changes in the purity of methamphetamine powder, two in five (41.4%, n=12) respondents believed it to be decreasing and three in ten (31%, n=9) believed it to be stable.

Current purity of crystal methamphetamine was reported to be 'high' by 50% (n=7) of respondents who gave information about it. The remainder of respondents believed it to be either 'medium' (14.3%, n=2), 'low' (14.3%, n=2), 'fluctuating' (14.3%, n=2) or did not know (7.1%, n=1). When asked about changes in the purity of crystal methamphetamine in the previous six months, 42.9 per cent (n=6) of respondents believed it to be stable.

Figure 4: Average purity of methamphetamine seizures analysed by ACTGAL, January 1992 - June 2002



Source: ACT Government Analytical Laboratory unit record file

Current purity of base methamphetamine was reported to be 'high' by 46.2 per cent (n=6) of respondents who gave information about it, with 23.1 per cent (n=3) reporting it to be 'medium' and 15.4 per cent (n=2) reporting it to be 'low'. When asked if the purity of base methamphetamine had changed during the previous six months 38.5 per cent (n=5) believed it to be decreasing, 23.1 per cent (n=3) believed it to be stable and 23.1 per cent (n=3) believed it to have been increasing in the previous six months.

5.4 Use

5.4.1 Prevalence of amphetamines use

The 2001 National Drug Strategy Household Survey found that 11 per cent of persons in the ACT, aged 18 years or older, had used amphetamines at least once, and five per cent had used amphetamines in the previous 12 months (National Drug Strategy Household Survey 2001, unit record file). By way of contrast, 95 per cent of IDU had used amphetamines at least once, and 70 per cent had used amphetamines in the previous six months. Amphetamines were the first drug injected by 47 per cent of IDU, the last drug injected prior to interview by 15 per cent, the drug most often injected in the previous month by 17 per cent and the main drug of choice by 10 per cent. There were significant decreases in the proportions of IDU reporting amphetamines to be the last drug they had injected prior to interview (down from 42% the previous year, p=.000) and the drug they had injected most often in the previous month (down from 40% the previous year, p=.000).

5.4.2 Current patterns of methamphetamine use

Seventy per cent of IDU in 2001–2002 had used methamphetamine in the previous six months – a significant decrease from the 82 per cent who reported this the previous year (p<.05). There was also a significant decrease in the proportion of IDU who reported having injected methamphetamine in the previous six months (from 83 per cent in 200–2001 to 69 per cent in 2001–2002, p<.05).

Of the 70 per cent of IDU who had used methamphetamine in the six months prior to interview, 72.9 per cent had used methamphetamine powder in the previous six months (compared with 75.6 per cent the previous year), 48.6 per cent had used crystal methamphetamine (a significant decrease from 86.6 per cent the previous year, p=.000), 42.9 per cent had used base methamphetamine (compared with 43.9 per cent the previous year) and 24.3 per cent had used *illicitly* obtained prescription amphetamine (compared with 36.6 per cent the previous year). Smaller proportions reported having used liquid amphetamine (4.3 per cent, a significant decrease from the 18.3 per cent reporting using it the previous year, p<.05) or *licitly* obtained prescription amphetamine (1.4 per cent, down from 8.5 per cent the previous year).

The majority of IDU (48.6%) had used methamphetamine powder most often in the previous six months – a significant increase from the 25.6 per cent reporting this form the previous year (p<.05). There was also a significant increase in the proportion reporting base methamphetamine to be the form most often used in the previous six months (from 4.9 per cent the previous year to 18.6 per cent, p<.05) and a significant decrease in the proportion reporting crystal methamphetamine as the form most often used (down from 58.5 per cent to 24.3 per cent, p=.000). Fourteen per cent of IDU had used any form of methamphetamine in the day prior to interview – a slight decrease from 18 per cent the previous year.

5.4.3 Trends in methamphetamine use

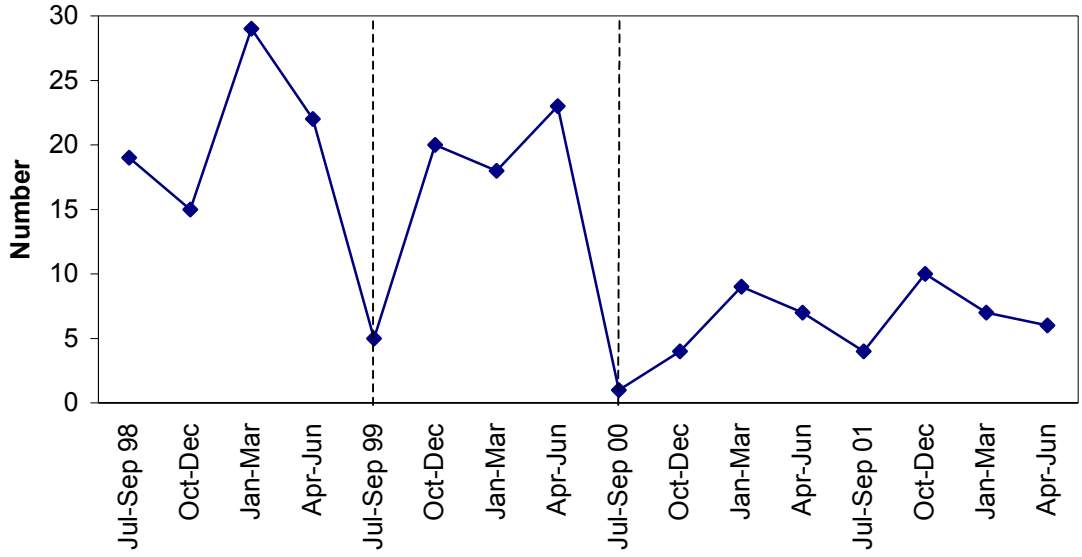
Whilst no key informants provided information on methamphetamine, many of the heroin key informants noted that heroin use appeared to be increasing again and that those users who had previously switched to or alternated between heroin and methamphetamine had reduced their methamphetamine use and increased their heroin use.

5.5 Other Trends

Figure 5 shows a fluctuation, but general increase in the number of amphetamines-related calls (of a clinical nature) to the ACT Alcohol and Drug Program's 24-hour telephone helpline. New counting rules were introduced in the July quarters of 1999 and 2000, however since then the number of amphetamines-related calls has been generally increasing.

The increase in the number of clients entering case management for amphetamines throughout 2000–2001 continued into the first quarter of the 2001–2002 financial year (Figure 6). Since then however, despite a peak in the January 2002 quarter, the number of clients in case management for amphetamines has sharply decreased.

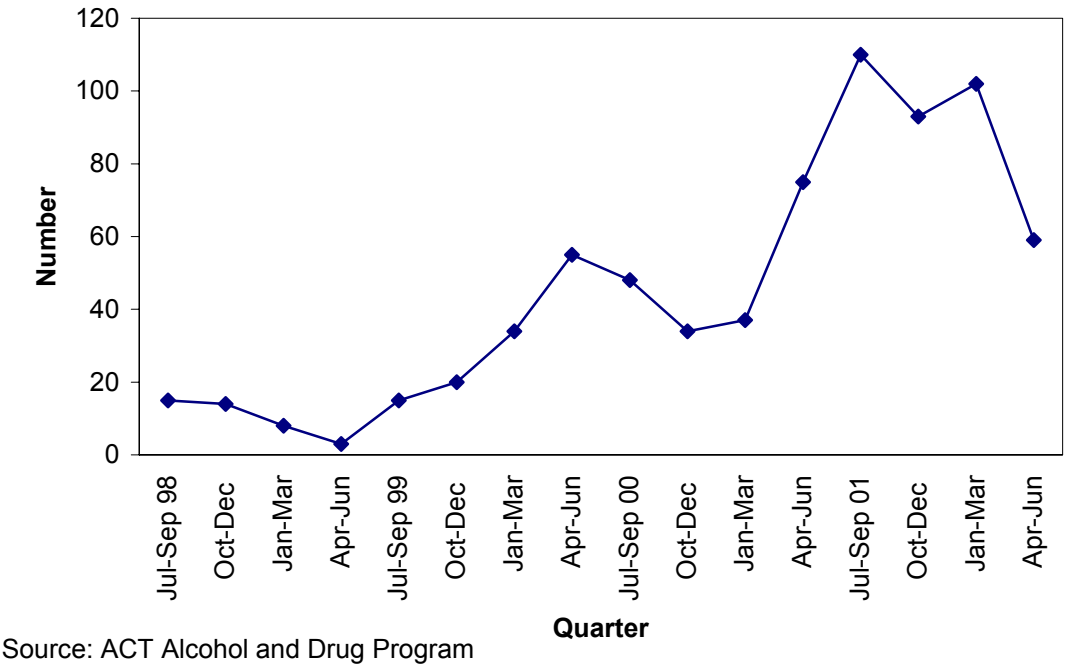
Figure 5: Number of amphetamines-related callers to 24-hour helpline, by quarter, ACT, July 1998 to June 2002



Source: ACT Alcohol and Drug Program

Note: New systems were introduced in the July quarters of 1999 and 2000 which affected the counting rules. Callers who were allocated a case worker or other Alcohol and Drug Program Services are no longer counted in helpline statistics.

Figure 6: Number of ACT Alcohol and Drug Program clients in amphetamines case management, by quarter, July 1998 - June 2002



Source: ACT Alcohol and Drug Program

5.6 Summary

Table 9 summarises trends in the price, purity, availability and use of methamphetamine in the ACT in 2001–2002. Compared with the previous year, the predominance of methamphetamine in the market has decreased. Whilst the majority of respondents for each sub-class believed the prices to be stable, increases were noted in the actual reported prices, particularly for methamphetamine powder. In previous years, the authors of the ACT IDRS noted a large increase in the numbers of methamphetamine users, although this would appear to have peaked and begun to fall between the 2001 and 2002 reports. The authors of the 2001 report also noted that heroin users tended to be either switching to methamphetamine or alternating heroin and methamphetamine use. Key informants and IDU have still noted this phenomenon, however many acknowledge that it is no longer at the same levels witnessed the previous year, particularly now that heroin appears to be more available.

Table 9: Summary trends on methamphetamine price, purity, availability and use, ACT, 2001-2002

Price (median)	
Powder	
Point	$50 – compares with $50 in 2000–2001
Gram	$300 – an increase from $260 in 2000–2001
Crystal	
Point	$50 – compares with $50 in 2000–2001
Gram	$335 – and increase from $260 in 2000–2001
Base	
Point	$50 – not previously measured
Gram	$250 – not previously measured
Availability	
Powder	Very easy to easy to obtain
Crystal	No consensus
Base	Very easy to easy to obtain
Purity	
Amphetamine	1.7% (median), although small number of seizures (ACC) 1.5% (mean), although small number of analyses (ACTGAL)
Methamphetamine	7.1% (median) (ACC) 14.5% (mean), increase from 11.7% in 2000–2001 (ACTGAL)
Use	Decrease in the number of users reporting recent use Decrease in alternating/concurrent use of methamphetamine amongst heroin users

6.0 COCAINE

No key informants were able to comment on cocaine as a principal drug of concern for their contacts and, accordingly, none could report on the price, purity or availability. Among IDU, only seven per cent were able to comment on cocaine trends in price, purity and availability. This number of respondents is, however, extremely small and caution should be exercised in interpreting trends.

6.1 Price

In 2001–2002, IDU reported that the median price of cocaine was $65 a cap (n=2), $200 a half gram (n=3) and $250 a gram (n=1), however caution should be taken in interpreting these figures due to the extremely small sample size of respondents who felt they could answer questions relating to cocaine trends (n=7). When asked about changes in the price of cocaine in the previous six months, the majority (n=4) believed it to be stable. The Australian Crime Commission reported that the price of cocaine in the ACT was $180–220 a half gram and $400 a gram (ACC (forthcoming)).

6.2 Availability

When asked about the availability of cocaine, the majority of respondents believed that it was either 'difficult' (n=3) or 'very difficult' (n=2) and that the availability was 'stable' (n=5).

6.3 Purity

In 2001–2002 the AFP (ACT Policing) made 19 seizures of cocaine totalling 16.5 grams (ACT Policing Drug Registrar, 8 July 2002), an increase from the five seizures totalling 7.5 grams in 2000–2001 (ACT Policing Drug Registrar, 27 July 2001). Of the eight seizures subsequently analysed, the mean purity of cocaine was 23.4 per cent (range 2.0% to 46.4%) (ACTGAL unit record files). The Australian Crime Commission reports the median purity of heroin in the ACT over 2001–2002 to be 35.9 per cent (ACC (forthcoming)).

The ACT Government Analytical Laboratory maintains a database of the historical averages of analyses undertaken since 1983 (Figure 7). Over this period, the purity of cocaine in the ACT appears to have fluctuated, but to have remained at relatively low levels, particularly from the mid-1990s. In 2001–2002 the mean purity of cocaine seizures analysed was 23.4 per cent.

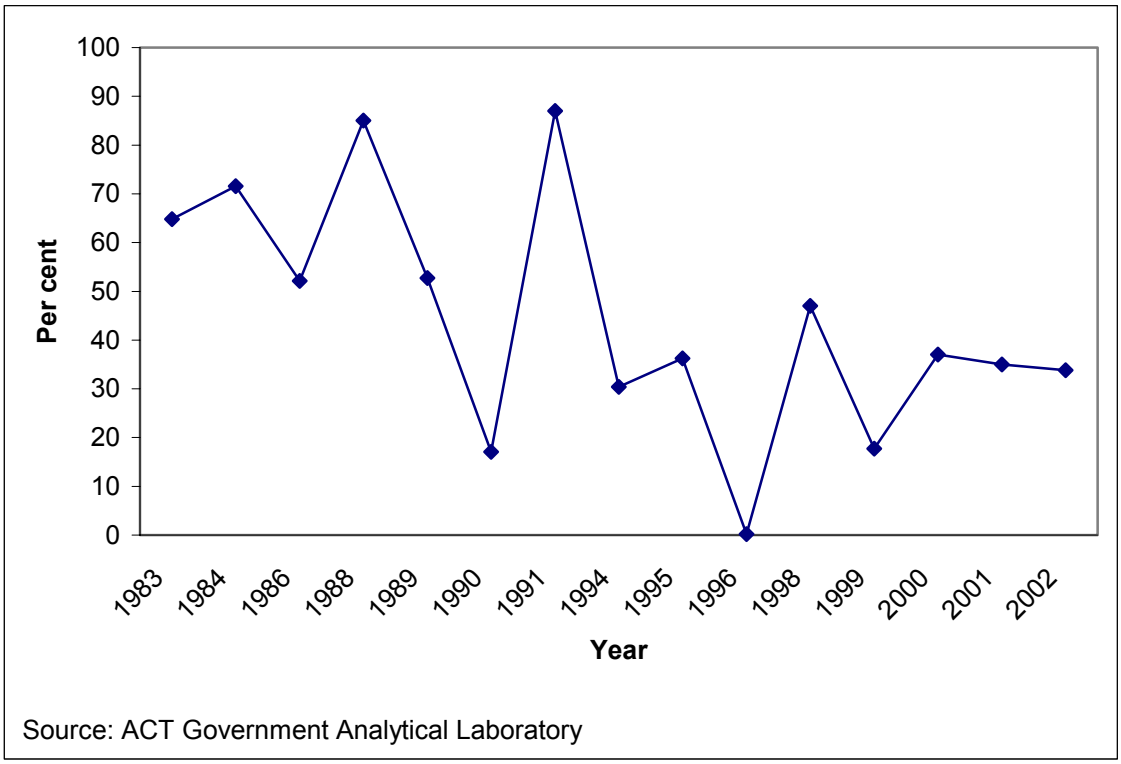
The current purity of cocaine in the ACT was reported by the majority of IDU (n=4) as being 'medium'. When asked about changes in the purity of cocaine in the previous six months, the majority believed it to be 'stable' (n=3) to 'decreasing' (n=2). Care should be exercised in interpreting these results due to the small sample size.

6.4 Use

6.4.1 Prevalence of cocaine use

The 2001 National Drug Strategy Household Survey found that six per cent of persons in the ACT, aged 18 years or older, had used cocaine at least once and 1.6 per cent had used cocaine in the previous 12 months (National Drug Strategy Household Survey 2001, unit record file). By way of contrast, more three-quarters (77%) of IDU had used cocaine at least once and almost one in five (18%) had used cocaine in the last six months. Seven in ten (70%) IDU had ever injected cocaine, with 17 per cent injecting it in the previous six months.

Figure 7: Average purity of cocaine seizures analysed by ACTGAL, January 1983 - June 2002



Source: ACT Government Analytical Laboratory

6.4.2 Current patterns in cocaine use

In addition to the 17 per cent of IDU who had injected cocaine in the previous six months (a significant decrease from the 34% who reported this the previous year, $p<.05$) three percent of the sample reported snorting it in the previous six months and two percent reported swallowing it during this time. Most IDU used cocaine infrequently, with the majority (61.1%) of IDU who used it in the previous six months having used it five days or less in that period. As with the previous year, no IDU had used cocaine the day prior to interview.

6.4.3 Trends in cocaine use

Among the IDU who had used cocaine in the previous six months, all (n=18) reported having used powder, and 22.2 per cent (n=4) also reported that they had used crack (i.e. smokeable crystals) over the same period. It is unclear as to whether or not the substance they reported as crack cocaine was indeed that, given that none of those respondents reported having smoked cocaine in the previous six months. All respondents who reported the use of cocaine in the previous six months reported that they had used powdered cocaine most often during that period.

6.5 Other Trends

No key informants or IDU commented on trends in cocaine use in the ACT.

6.6 Summary

Table 10 summarises trends in the price, purity, availability and use of cocaine in the ACT in 2001–2002. As with previous years, cocaine was not a drug of choice for IDU. The majority of IDU believed the price to be stable, although there was some increase in the prices reported compared to the previous year, although this may be due to the very small sample size. Cocaine was considered 'difficult' to 'very difficult' to obtain and the purity was considered to be medium and stable.

Table 10: Summary trends on cocaine price, purity, availability and use, ACT, 2001–2002

Price (median) Cap Gram	 $65 – an increase from $50 in 2000–2001 $250 – an increase from $165 in 2000–2001 *Caution: very few informants*
Availability	Difficult to very difficult to obtain, availability stable *Caution: very few informants*
Purity	35.9% (median), stable (ACC) 23.4% (mean), decreased from 35.9% in 2000–2001 (ACTGAL) *Caution: very few analyses*
Use	Use of cocaine low amongst IDU Recent use of cocaine amongst IDU decreased from previous year When cocaine is used by IDU it is used infrequently *Caution: very few informants*

In the ACT Drug Trends 2000 report, the authors indicated that the IDRS did not appear to capture the main cocaine-using population in the ACT (that is, persons who used cocaine in the ACT were not generally injecting drug users). Despite and increase in recent use of cocaine found by the authors of the ACT Drug Trends 2001 report – who indicated that this may have been a by-product of a 'heroin shortage' – the recent use of cocaine has since decreased, and is again at similar levels reported prior to the 'shortage'.

7.0 CANNABIS

Seventy-four IDU and eight key informants were able to comment on trends in cannabis use. Key informants who gave information on cannabis users were primarily youth workers (n=7).

7.1 Price

The median prices for cannabis are shown in Table 11. Compared to 2000–2001, the prices for smaller amounts of cannabis (such as one or two grams) have remained stable, but there appear to be a slight decrease in the prices of larger weights. The price of cannabis was reported to be 'stable' by the majority of IDU (70.3%) and 12.2 per cent believed it to be decreasing. Key informants who were able to provide estimates of price believed it to be $10 for half a gram (n=2), $25 a gram (n=2) or $280 an ounce (n=1). The Australian Crime Commission reported the price of cannabis in the ACT to be $20–25 a gram and $250–300 an ounce (ACC (forthcoming)).

Table 11: Reported price for cannabis, ACT, 1999–2000 to 2001–2002

Weight	1999–2000	2000–2001	2001–2002
	Price ($)		
Gram	25	20	20
2 Grams	50	40	40
'Bag'	50	70	50
¼ ounce	100	90	80
½ ounce	180	170	150
Ounce	300	280	250

Source: ACT IDRS IDU Survey files, 2000–2002

7.2 Availability

Cannabis was considered to be 'very easy' (71.6%) or 'easy' (25.7%) to obtain by the majority of IDU, with 83.8 per cent believing the availability to be stable and 8.1 per cent increasing. Almost half (45.9%) usually purchased cannabis from a dealer's home, and almost one-quarter (24.3%) usually purchased it from a friend. The average time length of time that respondents reported it took to score cannabis in the last six months was 32 minutes. All cannabis key informants reported that it was very easy to obtain, and two reported that whilst the availability was stable, there appeared to be an increase in the accessibility for younger users, although this may be a product of the nature of their work.

7.3 Potency

In 2001–2002 the AFP (ACT Policing) made 612 seizures of cannabis totalling 408,447.2 grams (ACT Policing Drug Registrar, 8 July 2002). Whilst there was a decrease in the overall number of seizures from the previous year, there was an increase in the weight of cannabis seized (769 seizures, 268,859.1 grams in 2000–2001 (ACT Policing Drug Registrar, 27 July 2001)).

Potency of cannabis is not routinely analysed in the ACT, however respondents were asked to estimate the current potency of cannabis (based on previous experience). The majority of IDU who gave information about cannabis believed the current potency to be either 'high' (62.2%) or medium (28.4%), with most believing the potency remaining stable (67.6%). The majority of key informants who gave information on cannabis (n=7) indicated (from contact with references) that the potency was fluctuating.

7.4 Use

7.4.1 Prevalence of cannabis use

The 2001 National Drug Strategy Household Survey estimated that cannabis had been used at least once by 43 per cent of ACT residents aged 18 years or older and 13 per cent had used it in the previous 12 months (National Drug Strategy Household Survey 2001, unit record file). By way of contrast, cannabis had been used at least once by 99 per cent of the IDU sampled in this study, and 86 per cent had used it in the previous six months. Cannabis was the main drug of choice for 14 per cent of the IDU sampled in 2001–2002.

7.4.2 Current patterns of cannabis use

Eighty-six per cent of IDU had used cannabis in the previous six months. Of this group, 97.7 per cent had used hydroponic cannabis in the last six months (a significant increase from 88% the previous year, $p<.05$), 80.2 per cent had used outdoor grown cannabis or 'bush' (down from 85.5%), 17.2 per cent had used hash (a significant decrease from 33.3%, $p<.05$) and 11.5% had used hash oil (a decrease from 19%). When asked which form of cannabis they had used most often in the previous six months, the majority of respondents (84%) reported hydroponic cannabis. The median number of days that cannabis users reported using it in the previous six months was 180 (that is, every day). Cannabis was the most common illicit drug to be used during the day prior to interview, with 57 per cent of all IDU reporting its use "yesterday".

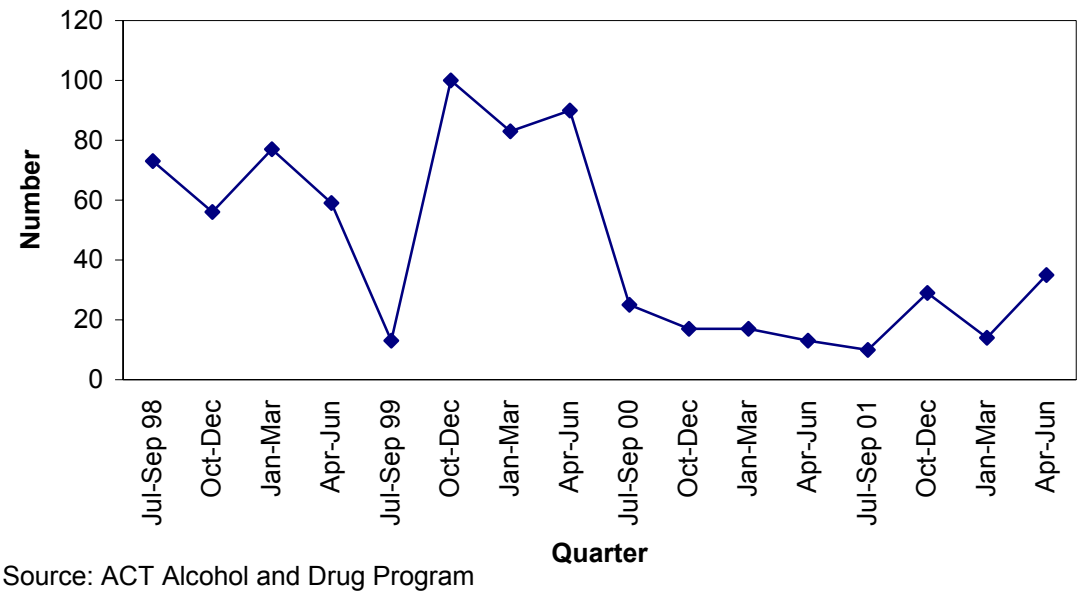
7.4.3 Trends in cannabis use

Since July 2000, when a new system was introduced which affected counting rules, there appears to have been a general decrease in the number of calls to the 24-hour help-line regarding assistance with cannabis problems (Figure 8). Over the last financial year, however, there appears to have been some fluctuation, but a general increase in calls relating to cannabis.

7.5 Other Trends

Following a steep rise in 1999–2000 and the first quarter of 2000–2001, the number of ACT Alcohol and Drug Program clients in case management for cannabis decreased sharply over the second and third quarters of 2000–2001 (Figure 9). The number of clients continued to sharply increase until the third quarter of 2001–2002, where it fell, before starting to increase again.

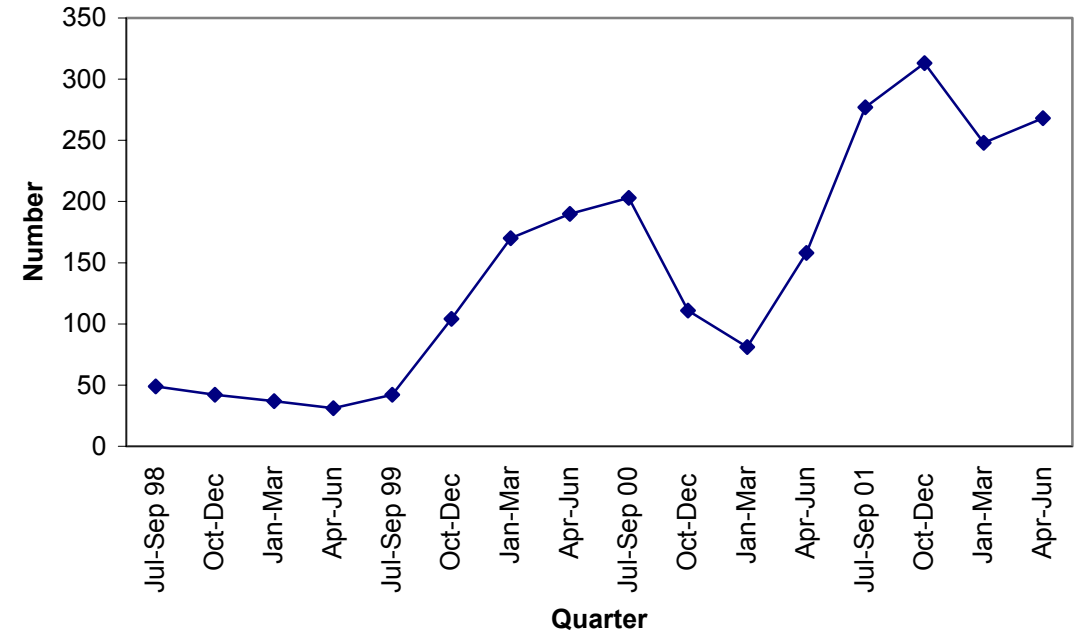
Figure 8: Number of cannabis-related callers to 24-hour helpline, by quarter, ACT, July 1998 - June 2002



Source: ACT Alcohol and Drug Program

Note: New systems were introduced in the July quarters of 1999 and 2000 which affected the counting rules. Callers who were allocated a case worker or other Alcohol and Drug Program Services are no longer counted in helpline statistics.

Figure 9: Number of ACT Alcohol and Drug Program clients in cannabis case management, by quarter, July 1998 - June 2002



Source: ACT Alcohol and Drug Program

7.6 Summary

Table 12 summarises the trends in price, purity, availability and use of cannabis in the ACT in 2001–2002. The reported price of cannabis remained stable for smaller quantities and decreased slightly for larger quantities, although the majority of IDU believed the price to be stable. The potency of cannabis remained high and the availability remained very easy. In the ACT Drug Trends 2000 report, the authors noticed a re-emergence of hash that continued the following year, although the use of hash decreased significantly in 2001–2002.

Table 12: Summary trends on Cannabis price, purity, availability and use, ACT, 2001-2002

Price (median) Gram Ounce	 $20 – compares with $20 in 2000–2001 $250 – a decrease from $280 in 2000–2001
Availability	Very easy to obtain and availability stable
Purity/potency	Not determined empirically, but IDU report it to be 'high' and 'stable'
Use	Cannabis widely used by IDU Amongst cannabis users, the frequency of use is high

8.0 OTHER OPIOIDS

8.1 Morphine

More than four in five (83%) IDU had used diverted morphine at least once, and more than three-quarters (78%) had ever injected it (both significant increases from the previous year, $p<.05$). In the previous six months one-third (34%) had injected morphine, and one in five (20%) had swallowed it. Among the IDU who had used morphine in the previous six months (n=37), the mean number of days' use was 14 (median four).

Of those who had used morphine in the previous six months (n=37), the majority (97.2%, n=35) had used illicitly obtained morphine at least once during that period, and 94.4 per cent (n=32) reported that they had mainly used illicitly obtained morphine during that period. Two-thirds (67.6%, n=25) of recent morphine users nominated MS Contin® as the brand that they had mainly used during the last six months.

8.2 Methadone

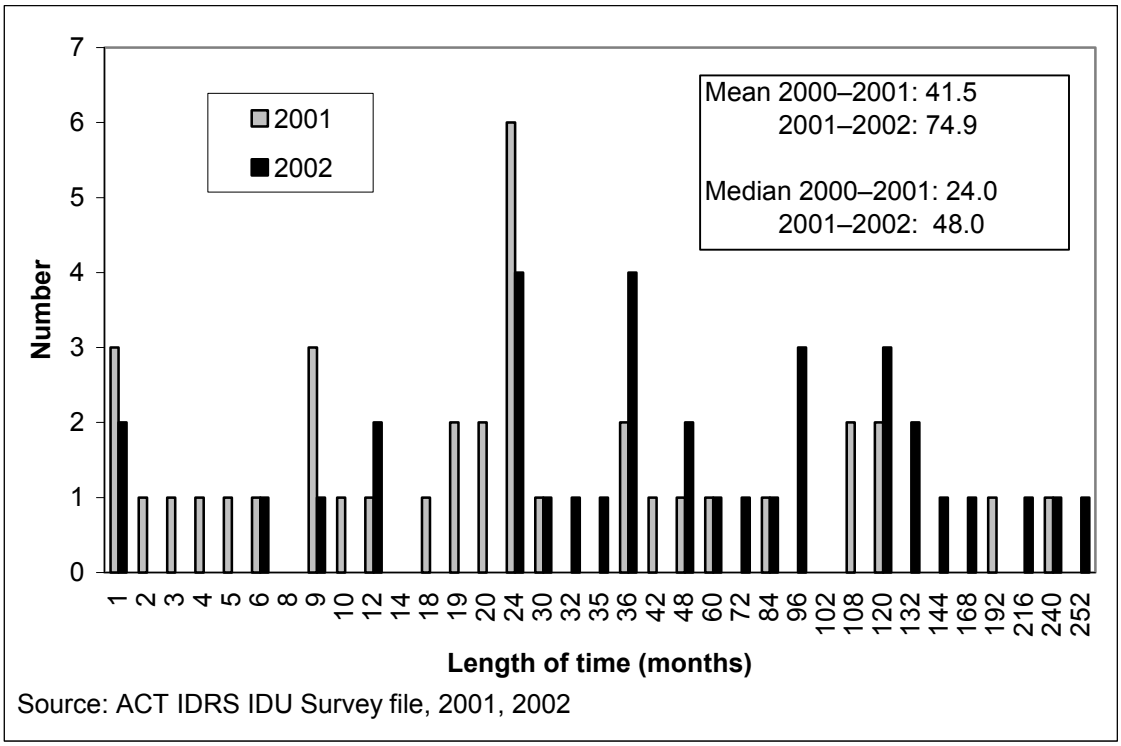
In 2001–2002 there was an average of 630 clients of methadone maintenance services in the ACT at any one point in time (refer also to section 10 which follows). This number has decreased from 645 clients in 2000–2001. In 2001–2002 there was an increase in the self-reported use of methadone among the IDU sample, with 86 per cent of IDU indicated that they had ever used methadone (up from 75%) and 63.6 per cent had used it in the previous six months (up slightly from 61%). Amongst those who had used methadone in the previous six months, the mean number of days was 109. Methadone was the last drug injected by eight per cent of the sample and the drug most injected in the previous month by nine per cent of the sample.

Swallowing was the preferred form of use with 81.8 per cent of IDU indicating they had ever swallowed methadone (a significant in crease from 65 per cent the previous year, $p<.05$), and 55.6 per cent of the sample having swallowed methadone in the previous six months. However, only 45 per cent of the sample indicated that they either were currently enrolled in or had been enrolled in methadone maintenance during this period, indicating some illicit use of methadone by IDU. When asked about the forms of methadone that had been used in the previous six months, 41.9 per cent of those who had used methadone in the previous six months indicated that they had used illicitly obtained methadone syrup at least once during this period.

By way of contrast, the 2001 National Drug Strategy Household Survey found less than one per cent of ACT residents, aged 18 years or older, had used diverted methadone and less than 0.1 per cent had used it in the previous 12 months (National Drug Strategy Household Survey 2001, unit record file).

Almost nine in ten (88.6%) IDU currently enrolled in methadone maintenance (n=31 of 35) had been in this form of treatment for one year or more (Figure 10).

Figure 10: Self-reported length of time spent in methadone maintenance by IDU at time of interview, 2001 and 2002



Source: ACT IDRS IDU Survey file, 2001, 2002

8.3 Buprenorphine

The National Pharmacotherapy data shows that there were 36 clients in the ACT who were undertaking buprenorphine treatment on the 30 June 2002 (Commonwealth Department of Health and Ageing, 2002). Only 13 per cent (n=10) of the IDU sample reported that they had ever used buprenorphine (with 10 respondents having used it in the previous six months). All respondents who had ever used buprenorphine reported that they had only ever swallowed it, and of those who had used it in the previous six months, all reported that they had used licitly obtained buprenorphine

8.4 Other Opiates

Two in five (40%) IDU reported that they had used 'homebake' at least once in their lifetime. Homebake is generally produced in domestic kitchens using codeine-based pharmaceuticals in an attempt to create heroin and/or morphine (Hargreaves and Lenton, 2001). Whilst two in five IDU reported lifetime use of homebake, only 11 per cent had used homebake in the previous six months.

Almost three in five (58.6%) IDU reported using opiates other than those mentioned above at least once (a significant increase from the 31% reported the previous year, p=.000), and more than one in five (23.2%) had ever injected (compared to 11% the previous year, p<.05). In the previous six months almost one-quarter of IDU had used other opiates, the most common preparation being Panadeine Forte (52.9%, n=9).

8.5 Summary

Table 13 summarises the use of other opioids, such as morphine and methadone, by IDU in the 2001–2002 sample.

Table 13: Summary trends in other opioids

Morphine	Used by more than one-third of IDU in the previous six months Illicit use of morphine most commonly reported
Methadone	Two in five IDU who had used methadone in the previous six months reported using diverted methadone at least once during this period
Buprenorphine	Used by 10% of IDU in previous six months Swallowing reported as the only route of administration No Illicit use reported
Other opiates	Used by almost one-quarter of IDU in the previous six months

9.0 OTHER DRUGS

9.1 Ecstasy and Designer Drugs

9.1.2 Use

The 2001 National Drug Strategy Household Survey estimated that nine per cent of the ACT population, aged 18 years or older, had used ecstasy at least once and five per cent had used ecstasy in the previous 12 months (National Drug Strategy Household Survey 2001, unit record file). In contrast, 62 per cent of IDU sampled for the ACT IDRS in 2001–2002 had used ecstasy at least once and almost two in five (39%) had injected ecstasy. Almost one quarter (24%) had used ecstasy in the previous six months and 13 per cent had injected it in the previous six months. Of those who had used ecstasy in the previous six months, the mean number of days used was five (median 3, range 1–22 days). This pattern of use has decreased since the 2000–2001 study where two-thirds (66.7%) had ever used ecstasy, and almost one-half (48.5%) had used ecstasy in the previous six months.

9.1.2 Price

No key informants or IDU were able to comment on the price of ecstasy. The ACC reported that the price of ecstasy in the ACT was $40–80 per tablet (ACC (forthcoming)).

9.1.3 Availability

No key informants or IDU were able to comment on the relative availability of ecstasy. In 2001–2002 the AFP (ACT Policing) made 51 seizures of ecstasy totalling 72.3 grams (ACT Policing Drug Registrar, 8 July 2002) compared with 8 seizures totalling 9.8 grams in 2000–2001 (ACT Policing Drug Registrar, 27 July 2001).

9.1.4 Purity

No IDU or key informants were able to report on the purity of ecstasy. The ACT Government Analytical Laboratory analysed 40 samples of ecstasy in 2001–2002, with a mean purity of 31.6 per cent (range 4.1% to 55.8%). This was an increase in purity from 2000–2001 (mean 26.5%, range 0.2% to 43.0%)

9.1.5 Other trends

The Australian Federal Police (ACT Policing) note, with concern, a 360 per cent increase in ecstasy seizures in the ACT in 2001–2002 (Australian Federal Police (ACT Policing), 2002). In response to intelligence suggesting an increase in the distribution and use of ecstasy at ACT nightclubs and amongst the general dance scene, as well as an increase in drink-spiking and drug-rape incidents, ACT Policing established Operation Skeet during 2001-2002. This operation involved an extensive media campaign aimed at education and awareness, and attracted much interest from other police agencies in Australia (Australian Federal Police (ACT Policing), 2002). Also of concern to ACT Policing was the increased detection of 'other' substances (such as codeine, ketamine and other amphetamine derivatives) being marketed as ecstasy (Australian Federal Police (ACT Policing), 2002).

9.2 Benzodiazepines

Three-quarters (76%) of IDU had used benzodiazepines at least once, one in three (35%) had ever injected benzodiazepines and 62 per cent had used benzodiazepines in the previous six months. Amongst those who had used benzodiazepines in the previous six

months, the mean number of days they had been used was 65 (median 24). Of the IDU who had used benzodiazepines in the previous six months, the most common brands used were Valium® (60%) and Serepax® (21.7%).

The most common method of use was swallowing, with three-quarters (75%) of IDU indicating that they had ever swallowed benzodiazepines, and 61 per cent reporting that they had swallowed them in the previous six months. More than one-third (35%) of IDU indicated that they had ever injected benzodiazepines and only six per cent had done so in the previous six months. Of the IDU who had used benzodiazepines in the previous six months, almost two-thirds (64.5%) indicated that they had used illicitly obtained benzodiazepines at least once during this period. Twelve per cent of the IDU sample reported using benzodiazepines during the day prior to interview.

9.3 Antidepressants

More than two in five (43%) IDU had used antidepressants at least once and 15 per cent had used antidepressants in the previous six months. Similar proportions of males (42.4%, n=28) and females (44.1%, n=15) had ever used antidepressants. Among those who had used antidepressants in the previous six months, the mean number of days' use was 126 (up from 68 days in 2000–2001). Of the IDU who had used antidepressants in the previous six months, the most common brands used were Deptran® (21.4, n=3) and Zoloft® (21.4, n=3).

9.4 Hallucinogens

The lifetime use of hallucinogens was common among IDU, with 79 per cent of IDU reporting that they had used hallucinogens at least once, although only four percent reported using hallucinogens in the previous six months (a significant decrease from the 16 per cent who reported recent use in 2000–2001, $p<.05$).

9.5 Inhalants

More than one-third (34%) of IDU had used inhalants at least once in their lifetime. Only three per cent of the current sample had used inhalants in the six months prior to interview.

9.6 Summary

Table 14 summarises the use of other substances, such as ecstasy, benzodiazepines and antidepressants, by IDU in the 2001–2002 sample.

Table 14: Summary trends in other illicit drugs

Ecstasy	Used by almost one quarter of IDU in the previous six months Use of ecstasy by IDU has decreased since 2000–2001
Benzodiazepines	Frequently used by IDU
Antidepressants	Used by approximately one in seven IDU in the previous six months

10.0 DRUG-RELATED ISSUES

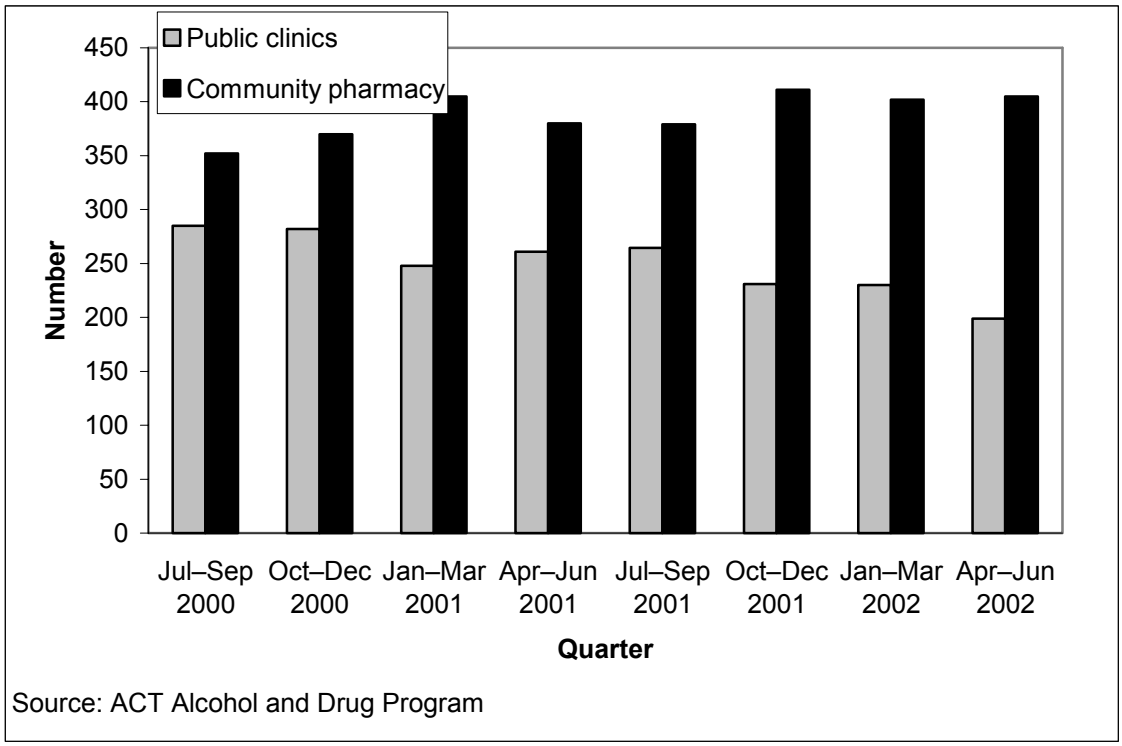
10.1 Treatment

The National Pharmacotherapy data shows that there were 590 clients in the ACT who were undertaking methadone maintenance treatment on the 30 June 2002, and 36 clients undertaking buprenorphine treatment (Commonwealth Department of Health and Ageing, 2002).

10.1.2 Methadone Maintenance

In 2001–2002 there were, on average, 630 methadone maintenance clients per quarter (Figure 13). There was an approximate 60:40 ratio of community versus public clients. Among the IDU sample, 86 per cent (up from 75% the previous year) indicated that they had used methadone, and 63.6 per cent indicated that they had used it in the previous six months.

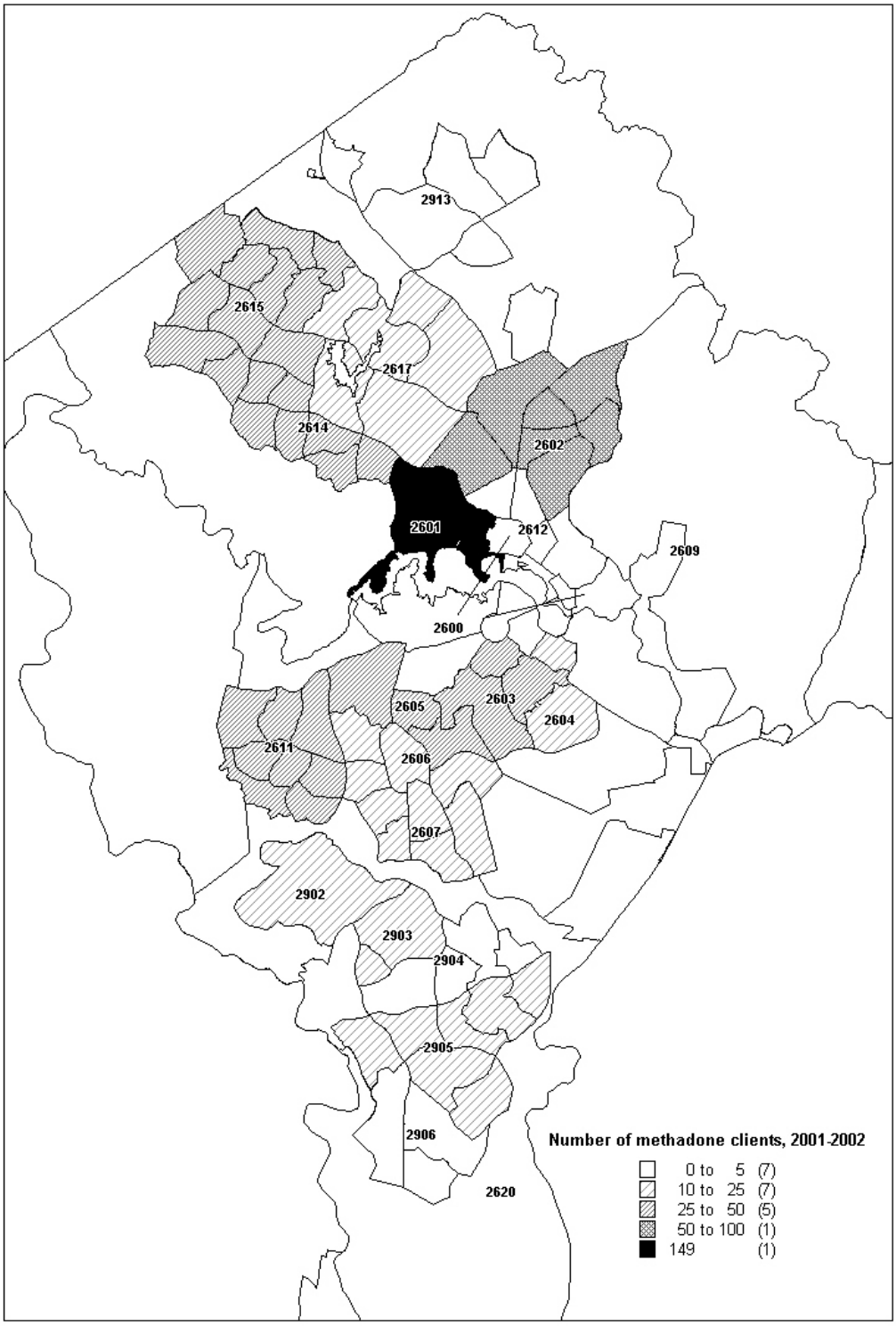
Figure 11: Clients of methadone services, by quarter and type of program, ACT, July 1999 - June 2002



Source: ACT Alcohol and Drug Program

In contrast to most drug-related data pointing to higher concentrations of activity in the inner city and close to town centres, many methadone maintenance clients were generally not residents of these areas (Map 1). This is in part due to the distributed nature of pharmacies across the ACT participating in the scheme.

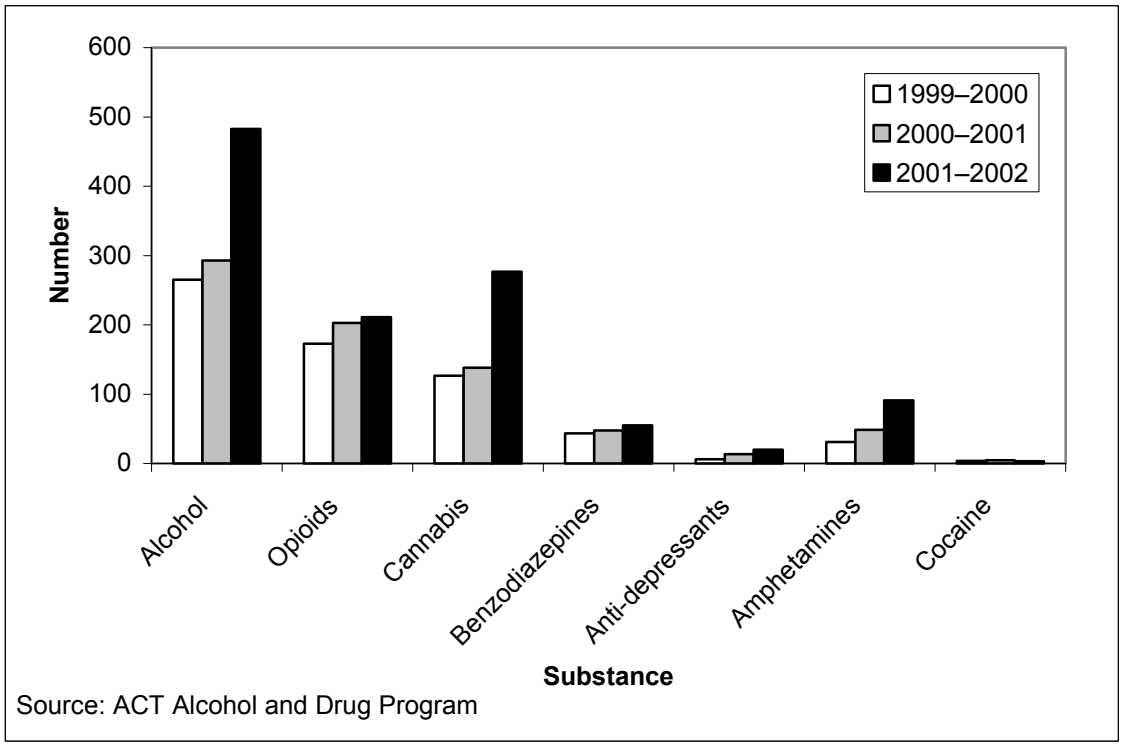
Map 1: Usual place of residence, methadone maintenance clients, ACT, 2001–2002



10.1.3 Opioid-related case management

In 2001–2002, approximately 211 persons per quarter were case managed for opioid-related matters. This compares with an average of 483 for alcohol, 277 for cannabis and 91 for amphetamines. There was an increase in the numbers of case managed clients for the majority of substances (Figure 14).

Figure 12: Average quarterly number of case managed clients, by substance of concern, ACT, July 1999 - June 2002



Source: ACT Alcohol and Drug Program

Across all substances, case managed persons were twice as likely to be male (69%) and the median age was 31–35 years. Approximately one in ten (9.7%) were aged less than 21 years.

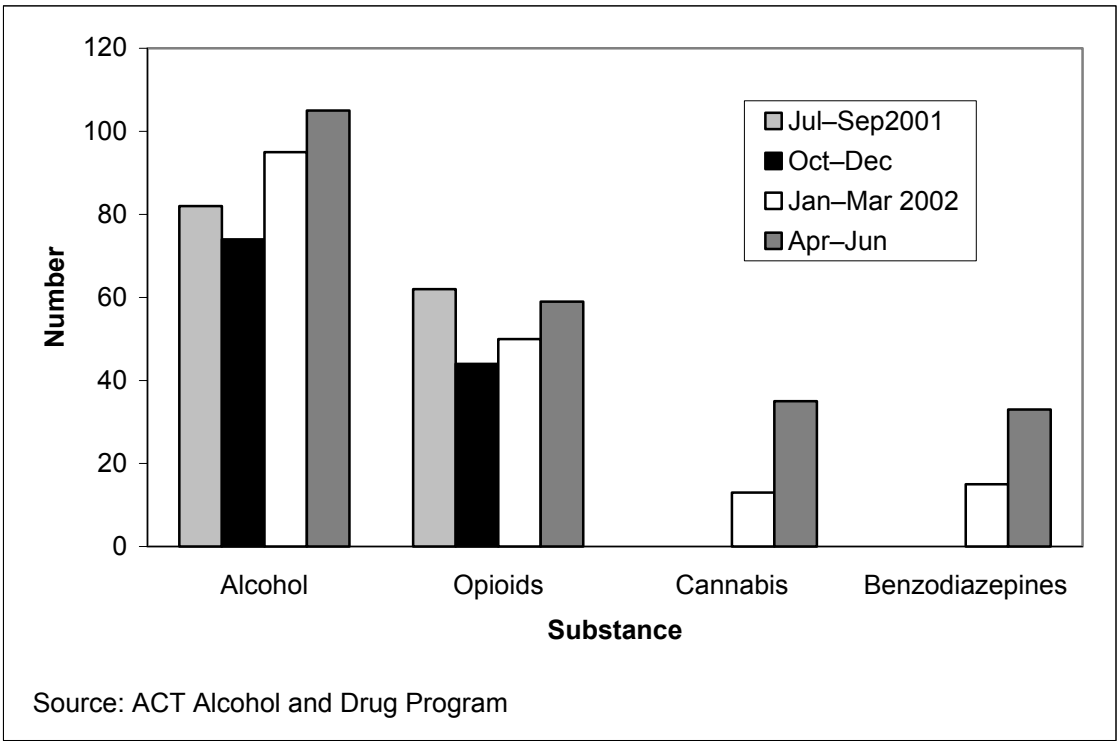
10.1.4 Inpatient withdrawal

Approximately 167 persons were undergoing ACT Government inpatient withdrawal per quarter in 2001–2002 (Figure 15). This compares with an average of 164 persons per quarter in 2000–2001 and 183 persons per quarter in 1999–2000. Most clients were undergoing withdrawal for alcohol (average 89 per quarter) or opioids (average 54 per quarter). This compares with an average of 82 persons per quarter for alcohol and 79 persons per quarter for opioids in 2000–2001. As with case managed clients, the average age of clients undergoing withdrawal in 2001–2002 was 31–35 years. Approximately three in five (63.4%) clients were male and six percent were aged less than 21 years.

In 2001–2002 there were 330 clients undergoing withdrawal treatment at ADDInc's Arcadia House – an average of 28 clients per month. This was a 19 per cent decrease in the annual number of clients, from 406 the previous year. Between 1992–1993 and 1999–2000 there was a steady increase in the number of clients reporting heroin as their principal drug of concern, from 66 in 1992–1993 to 331 in 1999–2000 (Figure 16). However, since this time there has been a significant decrease in the number of clients withdrawing from heroin, down to 204 clients in 2000–2001 and just 117 in 2001–2002.

Whilst the number of clients withdrawing from heroin has decreased in recent years, the number of clients withdrawing from other substances, such as cannabis, alcohol, benzodiazepines and amphetamines have been increasing steadily since approximately 1998–1999.

Figure 13: Number of clients undergoing inpatient withdrawal in ACT Government-provided facilities, by quarter and substance of concern, July 2001 - June 2002



Source: ACT Alcohol and Drug Program

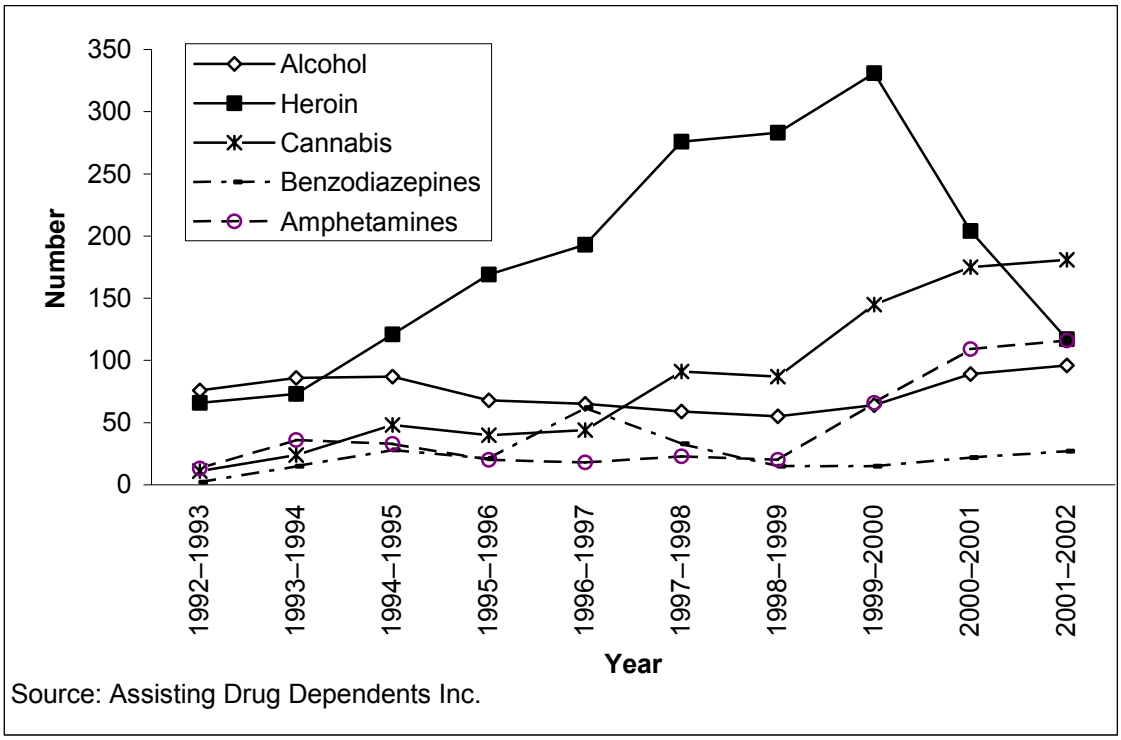
In 2001–2002, more than half (55%) of the clients at Arcadia House were withdrawing from cannabis, one in three (35%) from heroin, one in three (35%) from amphetamines and three in ten (29%) from alcohol[6]. Three in five (59%) clients were male, and for one third (35%), this was not their first stay at Arcadia House. Three in ten (30%) clients were diagnosed as having a concomitant mental health problem, and just under half (46%) were aged under 25 years.

10.1.5 Court Treatment and Referral Program

In 2001–2002 there were 11 clients enrolled in the Court Treatment and Referral Program. Amongst this group, seven clients were male and the median age was 26–30 years. The majority (n=7) were undertaking treatment for opioids.

[6] Percentages do not total 100 as some clients were withdrawing from more than one substance.

Figure 14: Number of Arcadia House clients undergoing withdrawal, by substance of concern and year, 1992–1993 to 2001–2002



Source: Assisting Drug Dependents Inc.

10.1.6 ACT Alcohol and Drug Program 24-hour Helpline

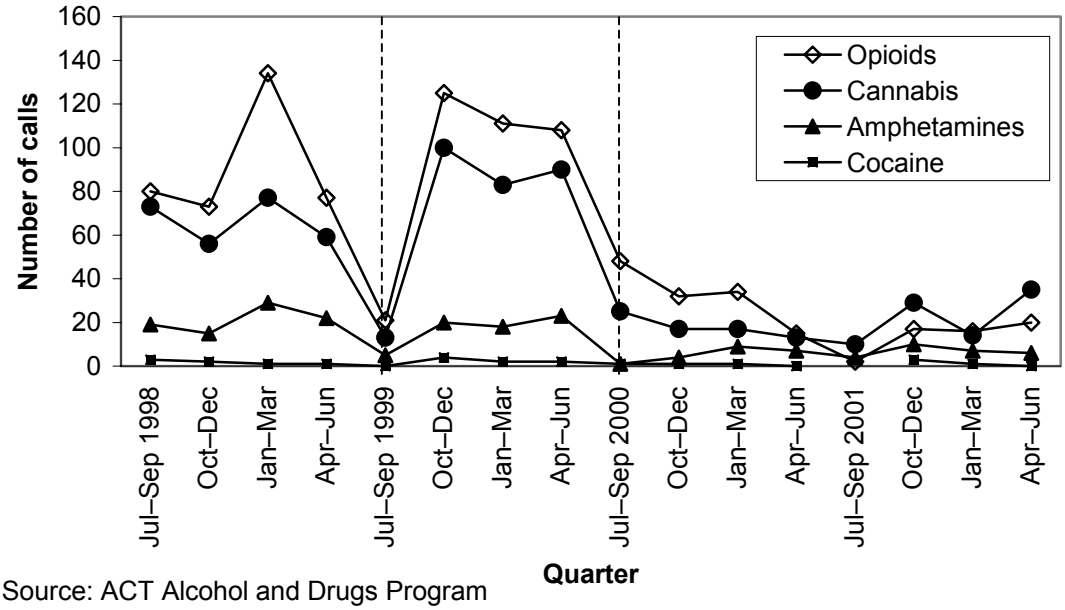
In 2001–2002 there were 466 calls to the ACT Government 24-hour helpline that were *of a clinical nature and resulted in no further action* (Figure 17). Callers that went on to receive ACT Alcohol and Drug Program services are no longer counted in the helpline statistics, instead, being recorded in other statistics (such as case management or withdrawal). Because of changes in the counting rules over time, it is only possible at present to examine changes in calls from the July quarter 2000.

Calls to the helpline for both opioids and cannabis began to decrease in the July quarter 2000, right through until July 2001. Since then however, calls to the helpline for opioids have continued to rise again, and calls relating to cannabis have fluctuated, but appear to be rising (Figure 18). Calls relating to amphetamines have been decreasing across 2001–2002 and calls relating to cannabis have remained stable.

10.2 Doctor Shopping

A significant proportion of IDU also use pharmaceutical drugs, particularly benzodiazepines (refer also to Table 4 for a full breakdown of drug types used by the current IDU sample). As such, an analysis of doctor shopping for the period from 1995–1996 to 2000–2001 (unfortunately 2001–2002 data was unavailable) was also undertaken as part of this project. Whilst two-thirds of IDU in the current study reported using illicitly obtained benzodiazepines in the previous six months, the full extent of this behaviour is not known.

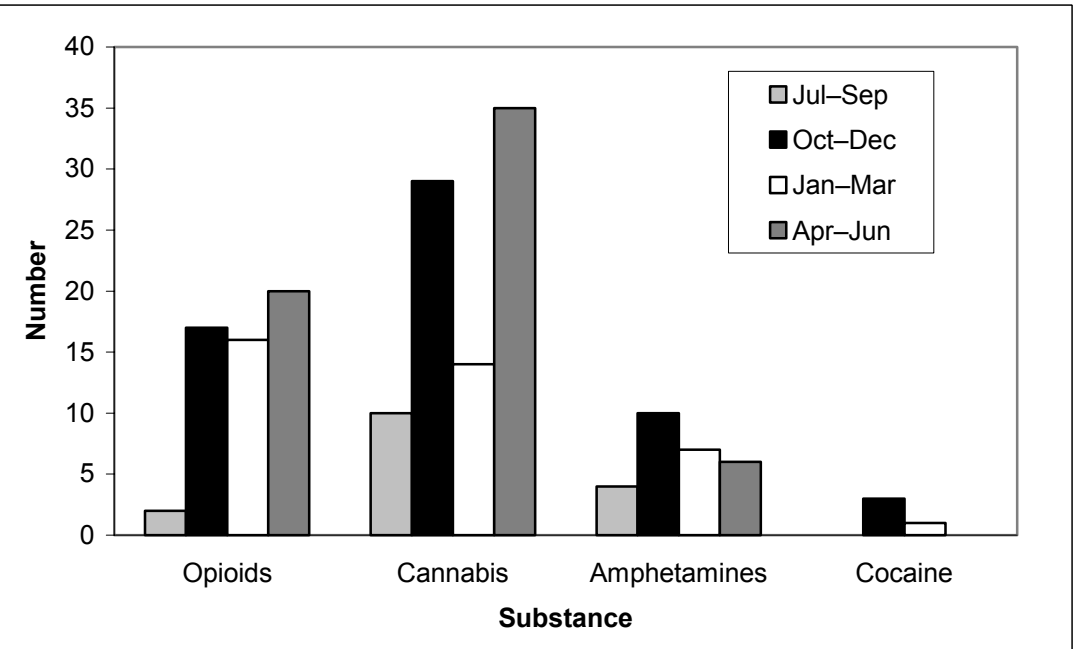
Figure 15: Calls of a clinical nature to the ACT Alcohol and Drug Program 24-hour helpline, by substance and quarter, July 1998 - June 2002



Source: ACT Alcohol and Drugs Program

Note: New systems were introduced in the July quarters of 1999 and 2000 which affected the counting rules. Callers who were allocated a case worker or other Alcohol and Drug Program Services are no longer counted in helpline statistics.

Figure 16: Calls of a clinical nature to the ACT Alcohol and Drug Program 24-hour helpline, by substance and quarter, 2001–2002



Source: ACT Alcohol and Drug Program

The Health Insurance Commission (HIC) identifies a person as a 'doctor shopper' if, in one year they:

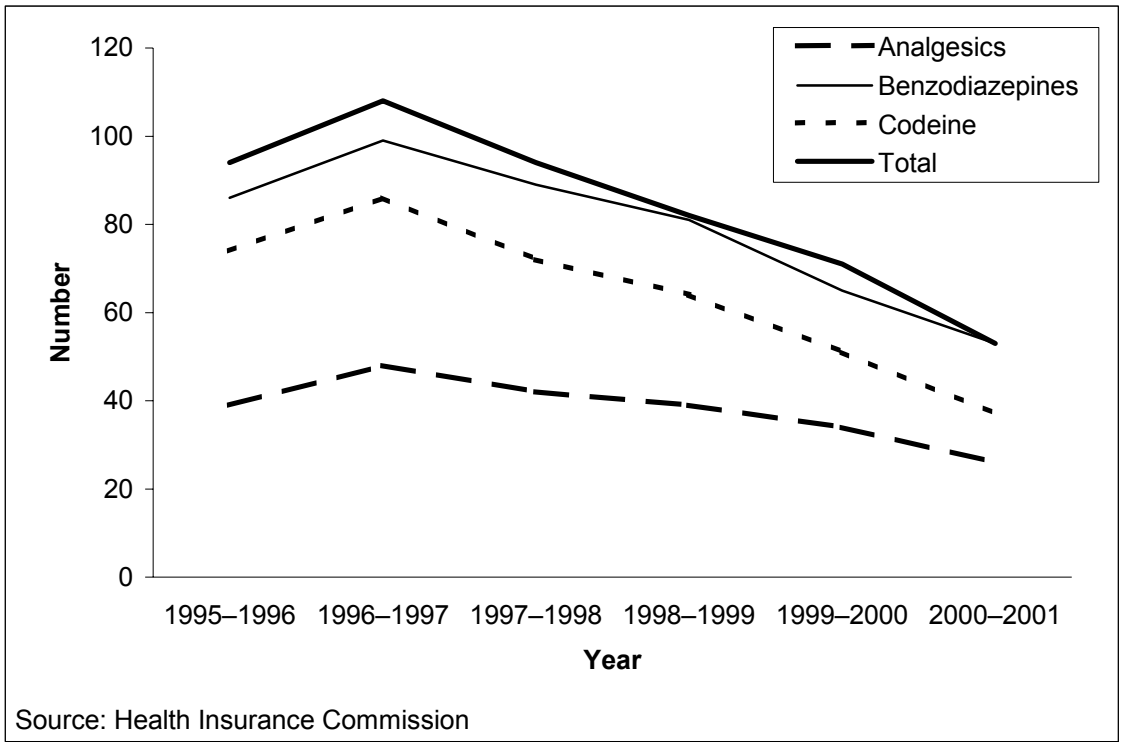
- see 15 or more different general practitioners;
- have 30 or more Medicare consultations; or
- obtain more Pharmaceutical Benefit Scheme (PBS) prescriptions than appear to be clinically necessary.

The HIC 1999–2000 data (available from the Health Insurance Commission website: http://www.hic.gov.au/providers/publications_guidelines/program_review_fact_sheets/doctor_shopping.htm) shows that:

- Benzodiazepines are the most commonly accessed drugs (35.5%), followed by codeine compounds (14.6%) and narcotic analgesics (8.4%);
- More than three-quarters (77%) of doctor shoppers reside in capital cities, 8% in other major cities and the remainder in rural or remote areas;
- More than half (57%) of doctor shoppers are aged between 30 and 49 years, with further one in five (20%) being 15 to 29 years of age; and
- The majority (58%) are female.

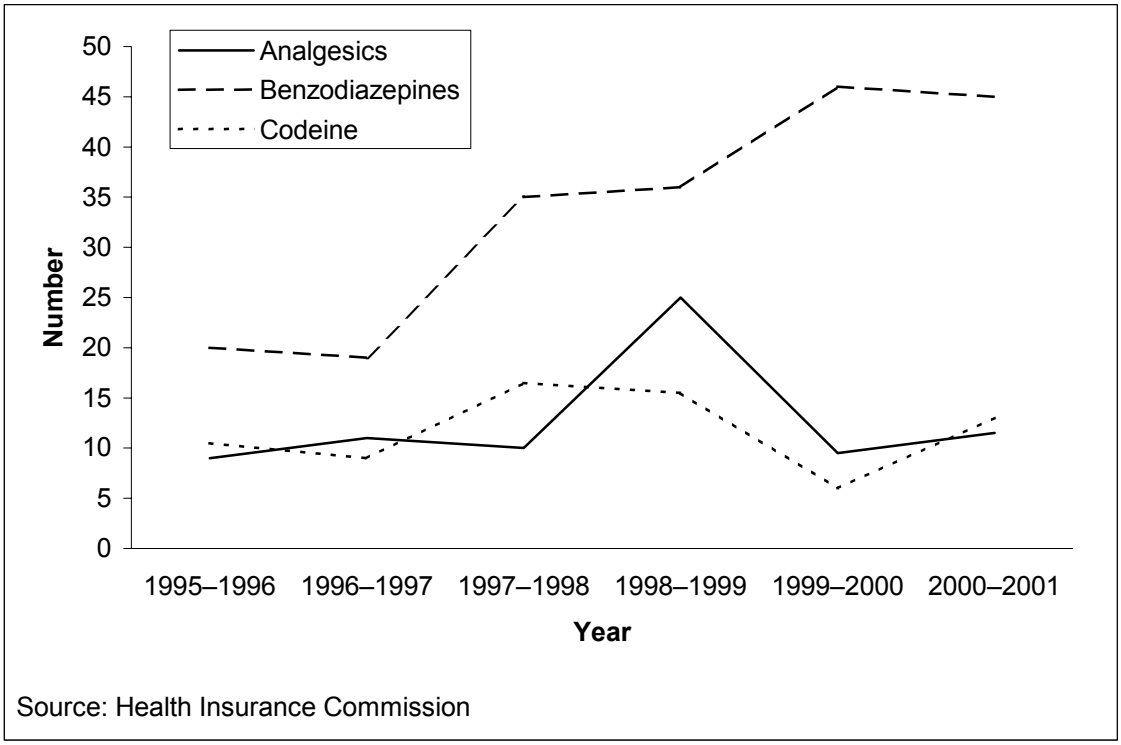
Figure 11 shows the overall number of doctor shoppers identified in the ACT, as well as the number of doctor shoppers for each of the three main substances identified by the HIC doctor shopper program for the period 1995–1996 to 2000–2001. In examining this data there has been a steady reduction in doctor shopping in the ACT from a peak of 108 in 1996–1997, down to 53 in 2000–2001.

Figure 17: Number of doctor shoppers in the ACT, by substance, 1995–1996 to 2000–2001



Source: Health Insurance Commission

Figure 18: Median number of scripts filled per doctor shopper in the ACT, by substance, 1995–1996 to 2000–2001



Source: Health Insurance Commission

Figure 12 shows the annual trends in the median number of scripts filled per doctor shopper for each of the three main substances identified by the Health Insurance Commission. Whilst Figure 11 showed a decrease in the number of benzodiazepine doctor shoppers, Figure 12 shows that despite some stabilisation, the median number of scripts filled by this group more than doubled during the same time period. There have been some fluctuations in the median numbers of scripts filled for analgesics and codeine over this same period, although this may be due to the relatively small numbers.

10.3 Overdose

10.3.1 Fatal overdose

There were 9 fatal overdoses in the ACT in the year 2001 (a rate of 58.6 deaths per million persons aged 15–44 years), with all nine deaths being male persons (Degenhardt 2002). The number of fatal overdoses in the ACT has remained relatively stable since 1998.

10.3.2 Non-fatal overdose

The proportion of IDU who self-reported having ever experienced a heroin overdose, or having done so in the previous 12 months remained relatively stable between surveys (Table 15). There was, however, a significant decrease in the proportion of respondents reporting witnessing another person overdose in the previous 12 months (down from 55 per cent in 2000–2001 to 36 per cent in 2001–2002, p<.05).

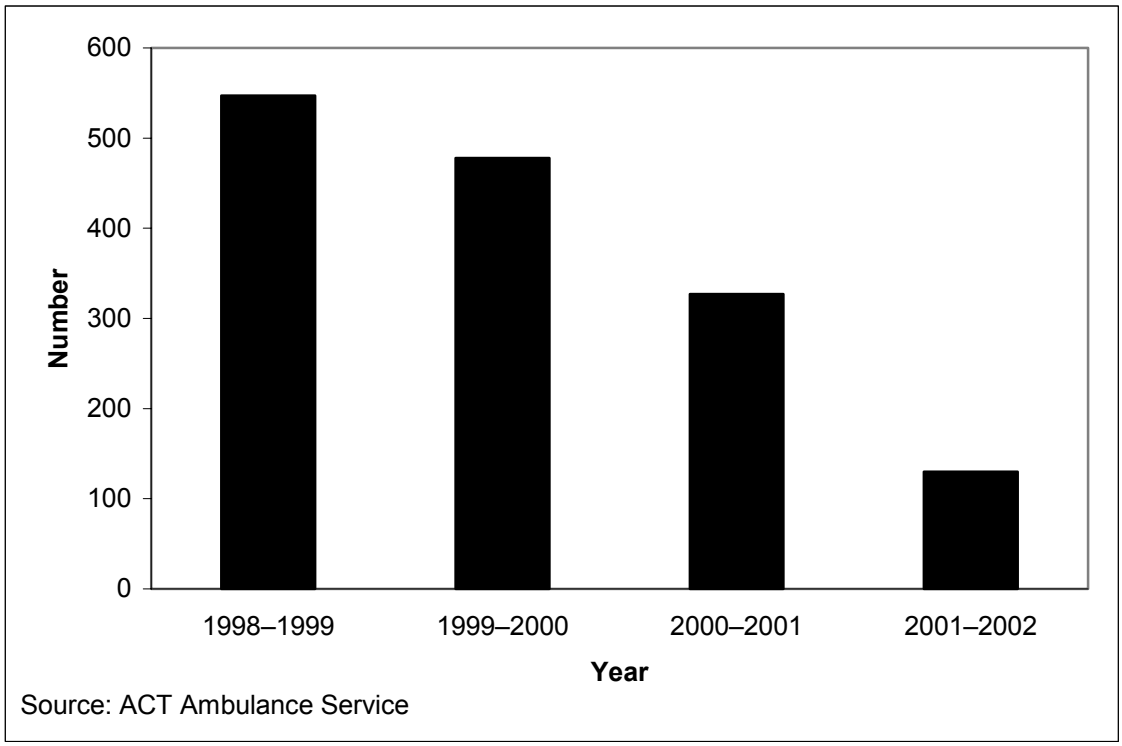
Table 15: Self-reported overdose amongst IDU, ACT, 1999–2000 - 2001–2002

	2000–2001	2001–2002
Heroin overdose-related matters	**(%)**	
Overdose (ever)	55.0	57.0
Overdose (last 12 months)	13.0	13.0
Received Narcan (ever)	43.0	41.0
Narcan (last 12 months)	11.0	11.0
Witnessed an overdose (ever)	82.0	82.0
Witnessed overdose (last 12 months)	55.0	36.0*

* significant at p<.05
Source: ACT IDRS IDU Survey files, 2001, 2002

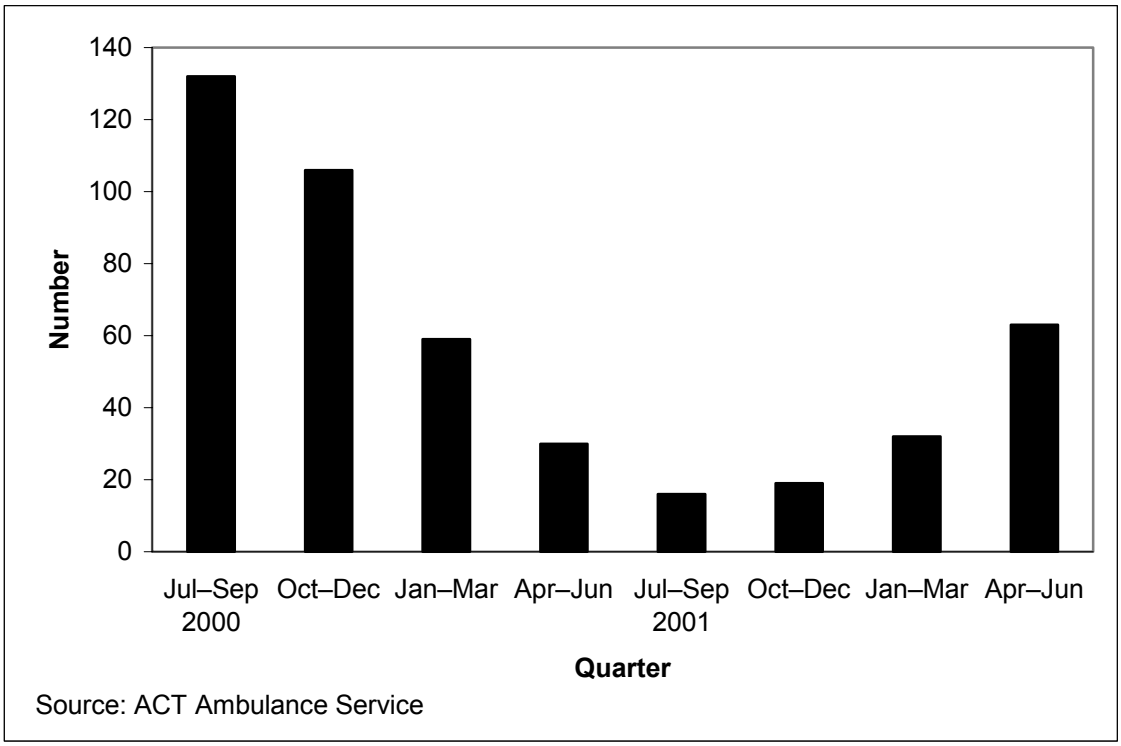
There were 130 non-fatal heroin overdoses attended by the ACT Ambulance Service in 2001–2002. The annual number of non-fatal heroin overdoses has continued a downward trend (Figure 19). However, when the data for the last two financial years is broken down into quarters, it would appear that non-fatal heroin overdoses have started to increase, but are still at low levels (Figure 20). Overdoses were concentrated around the central business district and surrounds, as well as suburbs adjacent to town centres (Map 2).

Figure 19: Number of non-fatal heroin overdoses, attended by ACT Ambulance Service, 1998–1999 - 2001–2002



Source: ACT Ambulance Service

Figure 20: Non-fatal heroin overdoses, attended by the ACT Ambulance Service, July 2000 - June 2002

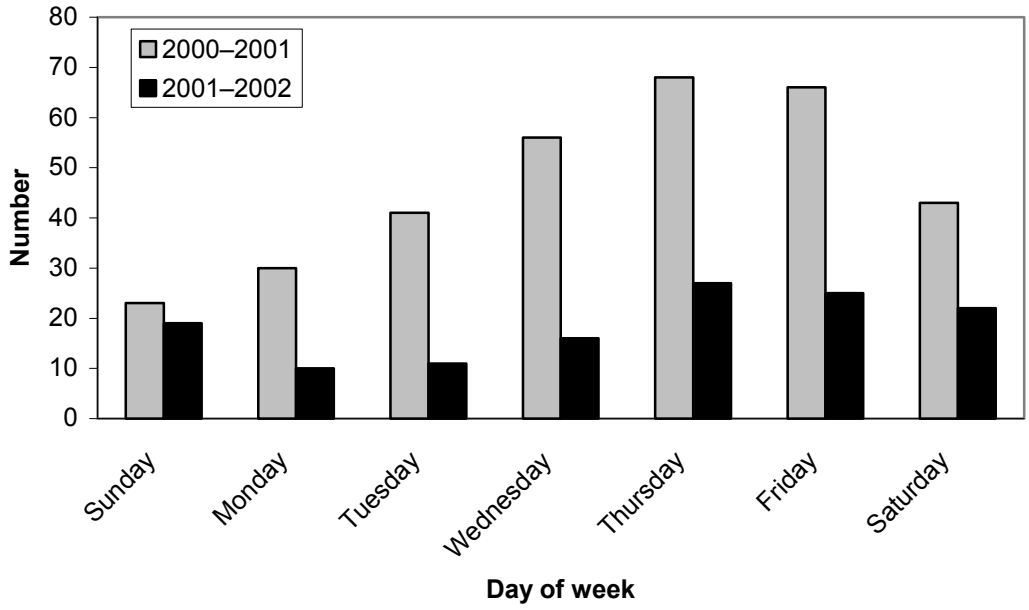


Source: ACT Ambulance Service

Following a similar trend to previous years, non-fatal heroin overdoses in 2001–2002 grew steadily from Monday through to a peak on Thursday, then declined until Sunday (Figure 21). In previous years, non-fatal heroin overdoses tended to grow steadily from Sunday through Thursday, declining until Saturday.

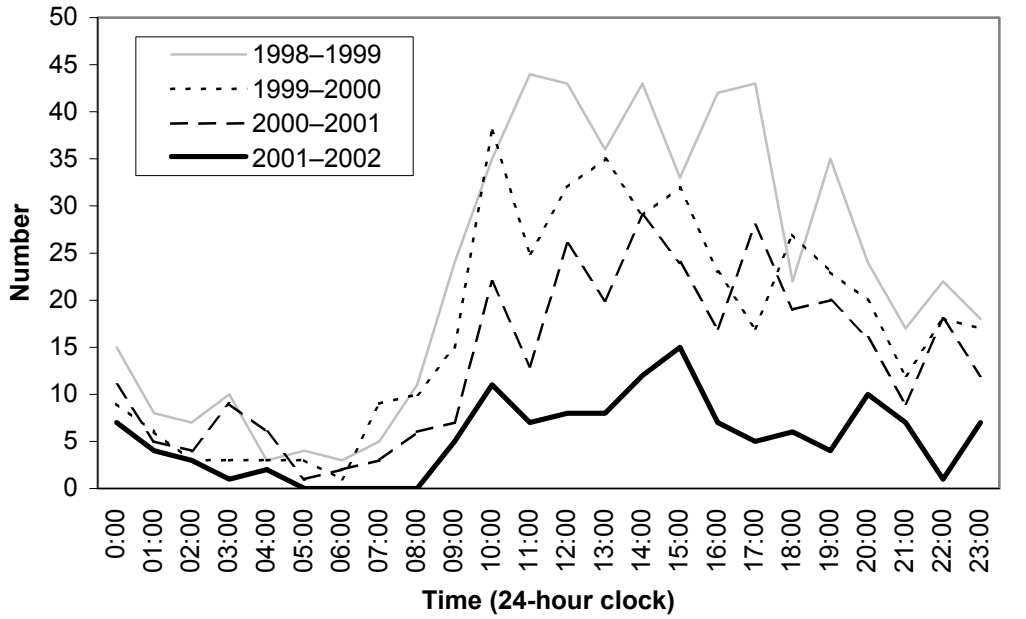
In 2001–2002, overdoses rose steadily from 10am (as they have done in previous years) before beginning to slow at 3pm (Figure 22). Peaks of unusual overdose activity (over and above the prevailing temporal trend) can be observed at 10am, 3pm and 8pm.

Figure 21: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, by day of week, ACT, 2001–2002



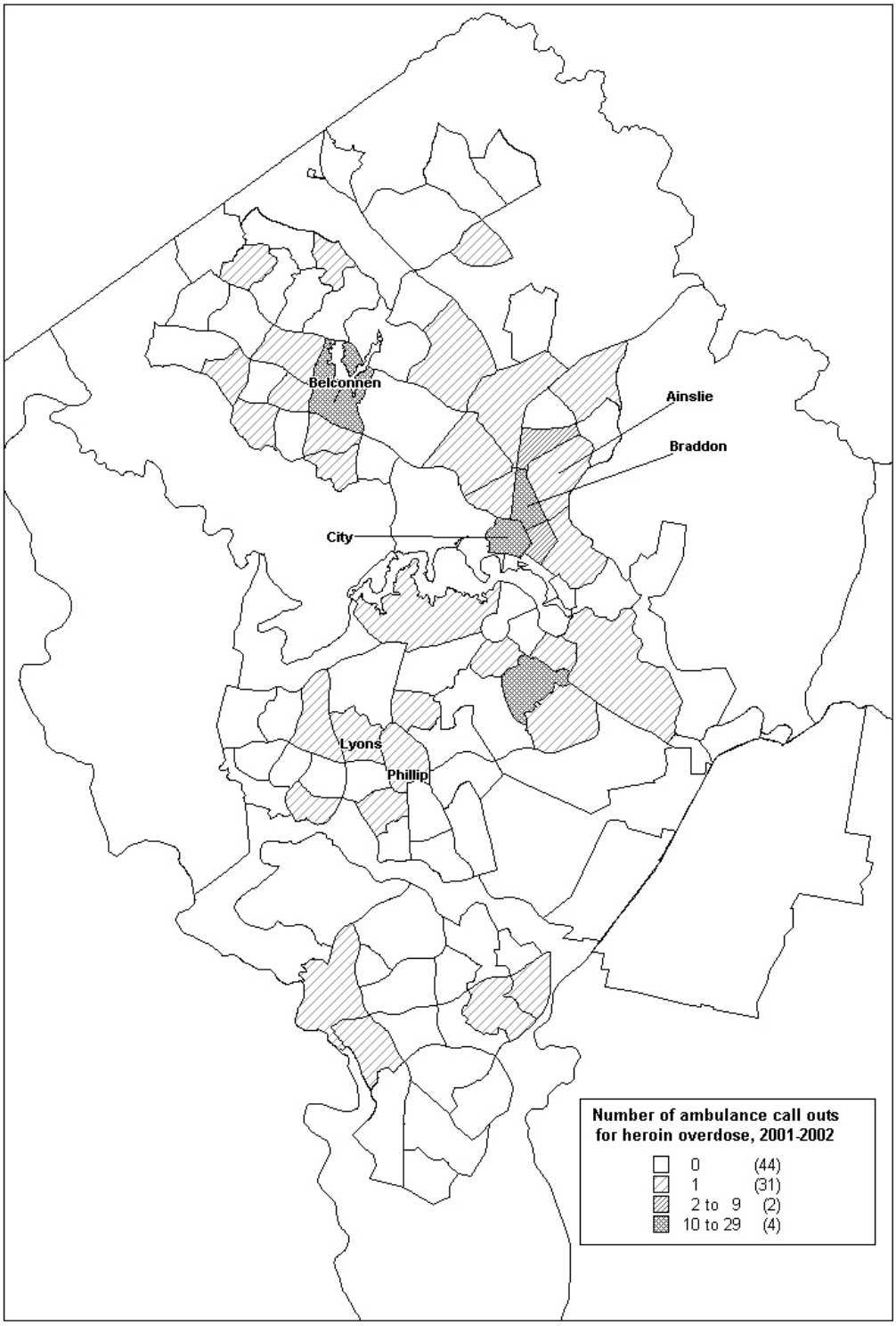
Source: ACT Ambulance Service, 2001

Figure 22: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, by time of day, ACT, 1998–1999 - 2001–2002



Source: ACT Ambulance Service

Map 2: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, 2001–2002



10.4 Injection-related Problems

In 2001–2002 almost two-thirds (65%) of IDU had experienced at least one injection-related problem in the month prior to interview (Table 16). In both periods the primary injection-related problem was prominent scarring and/or bruising, followed by difficulty injecting.

Table 16: Injection-related problems among IDU, ACT, 2000–2001 and 2001–2002

	2000–2001	2001–2002
Injection-related problem (previous month)	**(%)**	
Scarring/bruising	43.0	49.0
Difficulty injecting	34.0	36.0
'Dirty hit'	19.0	11.0
Overdose	1.0	5.0
Infections/abscesses	14.0	4.0*
Thrombosis	3.0	6.0
At least one problem	56.0	65.0

Source: ACT IDRS IDU Survey files, 2001, 2002

Key informants generally did not report any changes in the health or injection-related problems of IDU with whom they had regular contact, although one key informant noted concern that there may be an increase in the re-use of injecting equipment due to the closure of a secondary Needle and Syringe Program (NSP) outlet in Civic.

10.5 Needle Sharing Behaviour

In 2001–2002 the proportion of IDU using others' needles and syringes decreased slightly from 15 per cent to 12 per cent, and the proportion lending used needles and syringes remained stable at 16 per cent (Table 17). The location of last injection remained relatively stable, with a slight decrease in the proportion who reported that their last injection was in a private home, and a slight increase in those reporting their last injection was in a public place, such as a street, park or car.

Table 17: Risk-taking behaviours among IDU, ACT 1999–2000 - 2001–2002

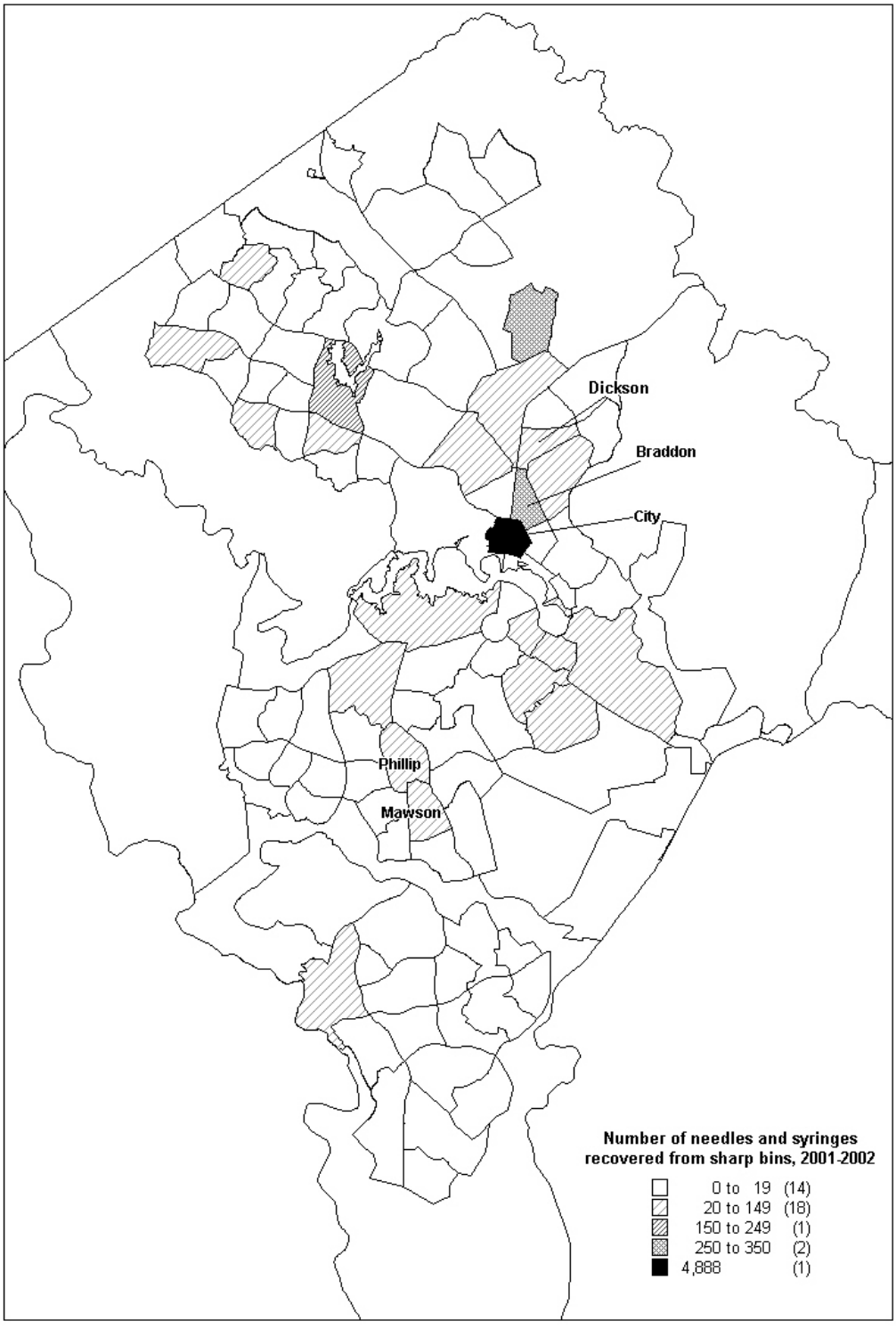
	2000–2001	2001–2002
Risk-taking behaviours	**(%)**	
Needle sharing (previous month)		
Borrowed used needles	15.0	12.0
Lent used needles to others	16.0	16.0
Location of last injection		
Private home	67.0	62.0
Public toilet	11.0	12.0
Street/park/beach	11.0	14.0
Car	7.0	9.0
Other public place	4.0	3.0

Source: ACT IDRS IDU Survey files, 2001, 2002

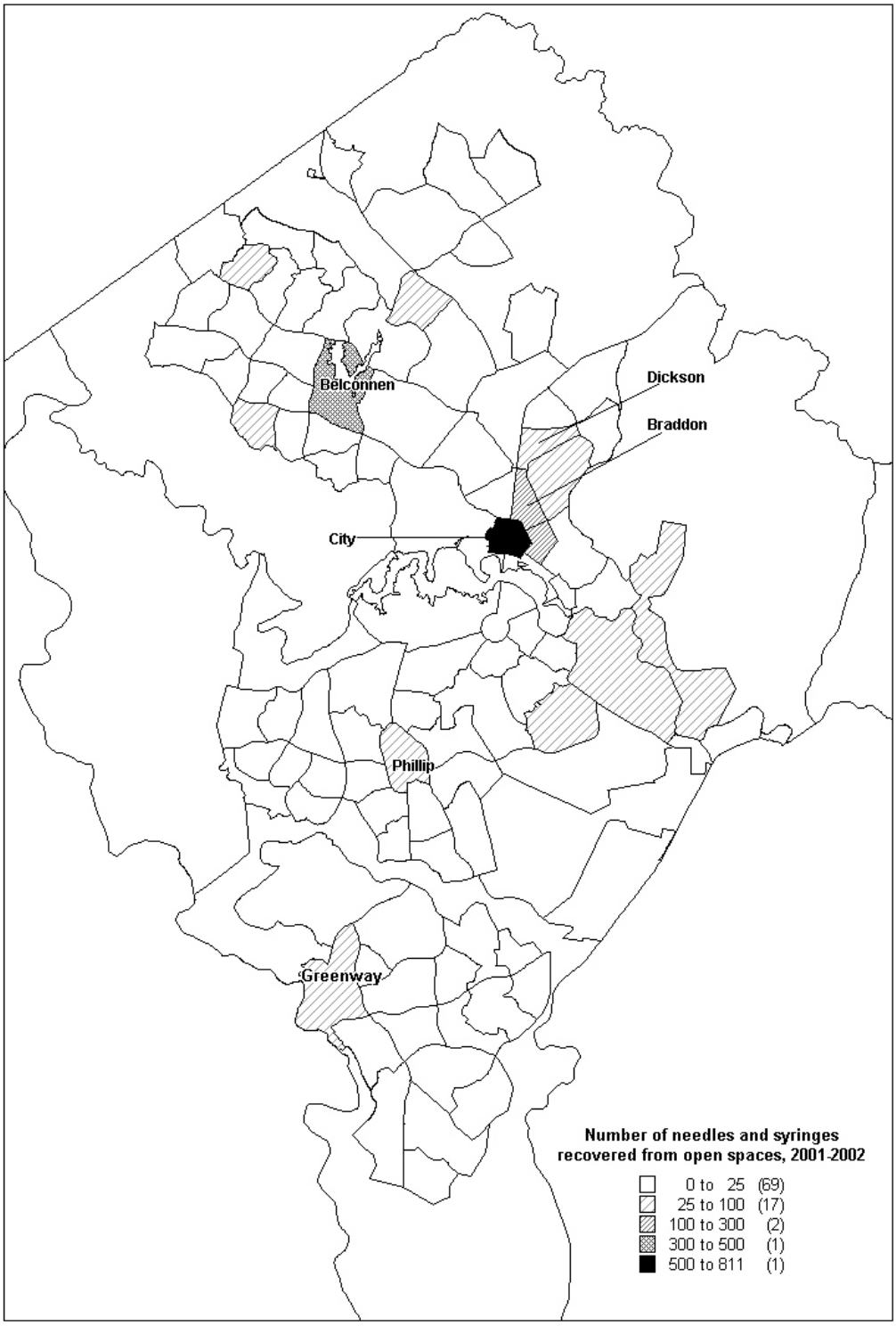
10.5.1 Needle and syringe distribution and collection

In 2001–2002 there were 9,639 needles and syringes recovered from public places, comprising 2,538 from open spaces (for example, streets, parks and schools) and 7,101 form government supplied 'sharps bins' in public toilets. These numbers are, however, an underestimate of the true number, as data on sharps collected from open spaces was incomplete for the City region for August 2001, the Belconnen region for May 2002 and the Inner North region for June 2002; and the data for public toilets was incomplete for the Belconnen region for October 2001 or May 2002 at the time of data extraction.

Map 3: Number and location of needles and syringes recovered from sharps bins in public toilets, ACT, 2001–2002



Map 4: Number and location of needles and syringes recovered from open spaces, ACT, 2001–2002



Unfortunately, at the time of writing this report, the numbers of needles and syringes dispensed from and retuned to Needle and Syringe Program outlets were unavailable, although the forthcoming Directions ACT annual report shows that in December 2001 there was a return rate of greater then 100 per cent (that is, more equipment was returned than was dispensed) at NSPs in the ACT (Directions ACT, (forthcoming)).

10.6 Crime

Between 2000–2001 and 2001–2002, the proportion of IDU who reported committing any crime in the last month decreased from 46 per cent to 39 per cent (Table 18). In both years, drug dealing was the predominant crime committed, although there was a significant decline in the proportion reporting drug dealing in 2001–2002 (from 36 per cent to 23 per cent, $p<.05$). Whilst not significant, the proportion reporting committing violent crime declined by over a half (15% to 7%) and the proportions reporting property crime and fraud decreased marginally. Significantly fewer IDU had been arrested in the 12 months prior to interview than in 2000–2001 (58.6% to 40%, $p<.05$).

The majority (61%) of the IDU sample reported that police activity had increased recently (compared with 55.0 per cent the previous year), with a further 27 per cent reporting it to be stable (compared with 35 per cent previously). Less than one in twenty (3%) believed that there had been a recent decrease in police activity.

Table 18: Criminal activity and perceptions of police activity, 1999–2000 to 2001–2002

Activity	2000–2001	2001–2002
	(%)	
Crime committed (in last month)		
Property crime	19.0	17.0
Drug dealing	36.0	23.0*
Fraud	5.0	4.0
Violent crime	15.0	7.0
Any crime	46.0	39.0
Arrested in last 12 months	58.6	40.0*
Police activity		
Don't know	8.0	9.0
More activity	55.0	61.0
Stable	35.0	27.0
Less activity	2.0	3.0
More difficult to obtain drugs because of police		
Don't know	5.0	1.0
Yes	28.0	41.0
No	67.0	58.0
More friends 'busted' recently		
More arrests	43.0	52.0
Stable	49.0	44.0
Less arrests	1.0	0.0

*significant at $p<.05$
Source: ACT IDRS IDU Survey files 2001, 2002

In line with the increase in police activity reported by IDU in 2001–2002, there was also a large, but not significant, increase in the proportion reporting that more of their friends had been 'busted' recently than usual (from 43 per cent to 52 per cent) and that police activity had made it harder for them to 'score' recently (from 28 per cent in 2000–2001 to 41 per cent in 2001–2002).

As mentioned in Section 9.1.5, Operation Skeet was established by the Australian Federal

Police (ACT Policing) in response to intelligence suggesting an increase in the distribution and use of ecstasy at ACT nightclubs and amongst those in the dance scene (Australian Federal Police (ACT Policing), 2002). As part of this Operation, several search warrants were executed on licensed premises throughout August 2001, netting 21 individual parcels of illicit drugs, including ecstasy, cocaine, cannabis and amphetamines (Australian Federal Police (ACT Policing), 2002). Another feature of the Operation was the execution of a search warrant on a suspected major drug dealer in the ACT, during which, police seized more than 1,200 amphetamine-based tablets (Australian Federal Police (ACT Policing), 2002).

Following the success of Operation Anchorage in reducing burglary in the ACT in 2000–2001, there was a further 23 per cent decrease in burglary in the ACT during 2001–2002 (Australian Federal Police (ACT Policing), 2002). Unfortunately, during the second half of the reporting period there was a progressive increase in property offences, particularly household burglary, partially attributable to the release of repeat property offenders who had been imprisoned during Anchorage, and the "continued dependence on heroin of many of these criminals" (Australian Federal Police (ACT Policing), 2002: 27).

Thirteen key informants were able to comment on property crime committed by IDU, with four key informants noting a recent increase in burglary, one noting a decrease in burglary and two believing that there had been no change in burglary rates. Five key informants noted the use of property crime to gain money to purchase drugs, and one key informant noted an increase in opportunistic property crime, such as the theft of mobile phones.

As well as reductions in property crime, 2001–2002 also saw a reduction in both armed and unarmed robberies in the ACT. The Australian Federal Police (ACT Policing) (2002) report that whilst the actual number of robberies decreased during the reporting period, the value of the proceeds of robberies increased from an estimated $86, 355 in 2000–2001, to $106,000 in 2001–2002 – an increase of approximately 23 per cent. This is primarily due to two major robberies resulting in thefts between $36,000 and $38,000 (Australian Federal Police (ACT Policing), 2002).

Only four key informants were able to comment on violent crime, all of whom commented specifically on robberies. Despite the decrease in reported robberies throughout 2001–2002, three of the four key informants who commented on robberies believed them to be increasing. The fourth key informant who commented on robberies believed them to have decreased due to a reduced availability of amphetamines.

Twelve key informants spoke about their perceptions of police activity towards drug users. Seven key informants believed that there had been a recent decrease in police activity towards drug users, although two of these informants clarified that police were using their discretionary powers more, sitting back and observing more, rather than "pushing them out further" into the suburbs. Four key informants believed that there had been an increase in police activity, with one specifically mentioning both Operations Skeet and Anchorage, and a further two mentioning Operation Anchorage[7].

10.6.1 Drug-specific offences

In 2001–2002 there were 464 drug-specific offences becoming known or reported to

[7] Three key informants mentioned Operation Anchorage as a recent (last six months) police activity, however Anchorage ceased running in June 2001 (AFP 2001) – more than 12 months prior to interview.

police, a small decrease from 579 in the previous year (AFP (ACT Policing) PROMIS database, 2 July 2002[8]). There were a total of 239 offences which resulted in an offender's arrest, compared with 412 the previous year. The 2001–2002 arrests comprised 13 arrests for manufacture/grow, 53 arrests for deal/traffic and173 for use/posses.

When looking at patterns of arrests for the period July 1999–June 2001, there appear to be large 'spikes' of increased numbers of arrests in July 1999, August 2000 and January 2001 (Figure 23). Throughout 2001–2002 arrest appeared to be more evenly distributed, although there are smaller spikes in August 2001 and March 2002.

In 2001–2002 ACT-resident drug offenders were most likely to reside in the suburbs of Turner, Griffith and Belconnen (Table 19 and Map 5). Increases were observed in Turner (+15), Hackett (+10) and Belconnen (+9), and reductions in Reid (-38), Braddon (-15) and Lyons (-13), however, it should be noted that suburbs were not available for all offenders. It should also be noted that these are contrasts in absolute numbers only, and do not take into account population rates.

When day of the week is considered, most offences in 2001–2002 were reported on Tuesdays through Thursdays (Figure 24). The most arrests for drug offences were made on Tuesdays through Fridays.

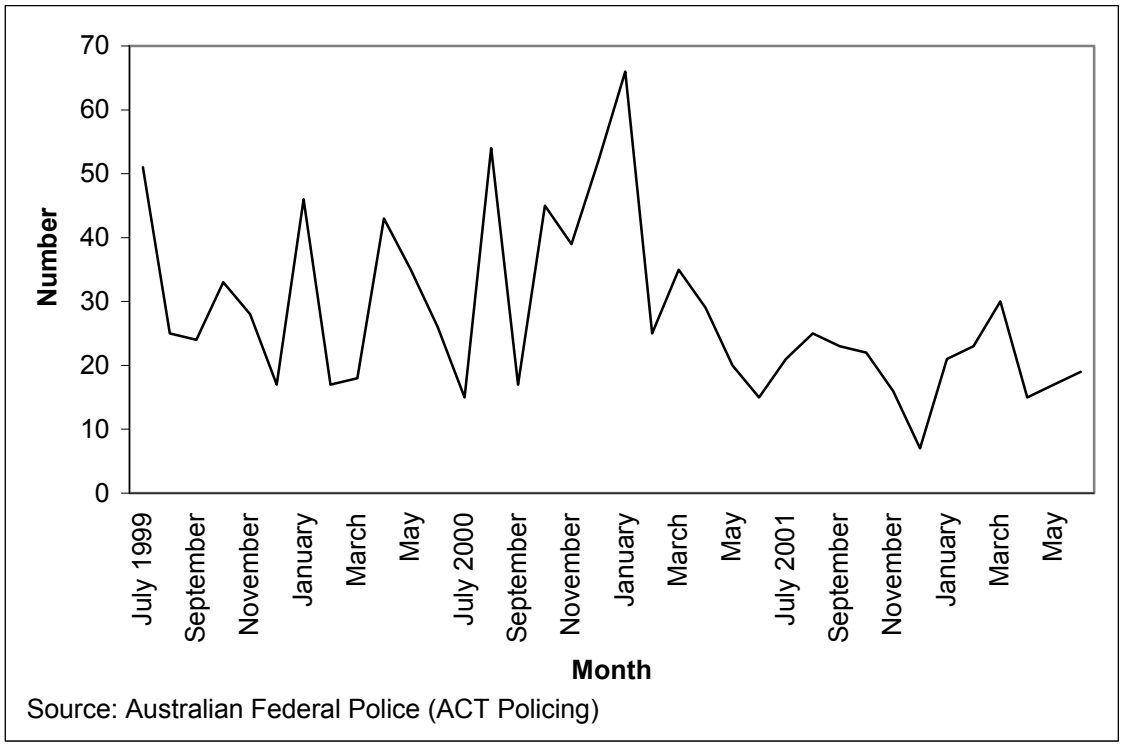
10.6.2 Simple Cannabis Offence Notices

Under the *(ACT) Drugs of Dependence Act 1989*, minor cannabis offences can be dealt with by a Simple Cannabis Offence Notice (SCONs) and a small fine. The offence is expiated on payment of the fine. In 2001–2002 there were 144 SCONs issued in the ACT[9], which compares with 186 issued the previous year (Table 20). Thirty-two were for cultivation of a prohibited plant and 116 were for possession of a prohibited plant.

In 2001–2002 males were four times as likely as females to be issued with a notice. Of the 144 notices issued, 80 were expiated (55.6%), compared with 53.8 per cent the previous year and 38.8 per cent in 1999–2000.

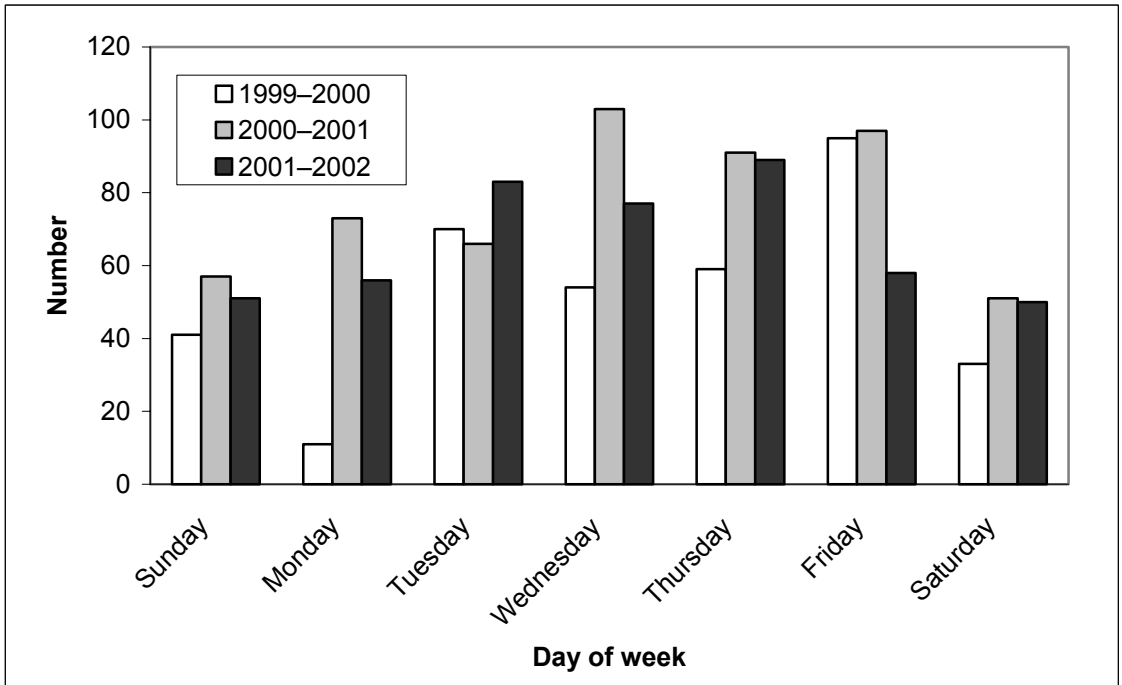
[8] Data reported may differ from that previously or subsequently published due to late notification.
[9] Data reported may differ from that previously or subsequently published due to late notification.

Figure 23: Number of drug-specific arrests, ACT, 1999–2000 to 2001–2002



Source: Australian Federal Police (ACT Policing)

Figure 24: Number of drug-specific offences by day of week, ACT, 1999–2000 to 2001–2002



Source: Australian Federal Police (ACT Policing)

Table 19: Usual suburb of residence, drug-specific offenders, ACT, 1999–2000 to 2001–2002

Suburb	1999–2000	2000–2001	2001–2002	Suburb	1999–2000	2000–2001	2001–2002
Ainslie	3	4	1	Isaacs	3	1	1
Aranda	0	8	1	Isabella Plains	1	0	0
Barton	6	0	0	Kaleen	4	5	0
Belconnen	2	3	12	Kambah	20	7	5
Bonython	10	1	0	Kingston	2	5	8
Braddon	2	22	7	Latham	9	4	3
Bruce	0	1	0	Lyneham	8	9	9
Calwell	0	6	1	Lyons	11	13	0
Campbell	0	7	5	Macgregor	1	1	1
Chapman	0	5	0	Macquarie	1	2	3
Charnwood	10	1	0	Mawson	0	2	4
Chifley	4	1	1	McKellar	1	12	2
Chisholm	4	1	0	Melba	16	4	0
City	2	0	0	Monash	0	8	1
Conder	1	2	0	Narrabundah	9	1	2
Curtin	1	1	0	Ngunnawal	5	10	10
Deakin	0	0	1	Nicholls	5	2	0
Dickson	5	6	0	Oaks Estate	4	2	1
Downer	1	2	1	O'Connor	3	6	0
Duffy	1	0	0	Oxley	0	2	0
Evatt	6	1	0	Page	1	6	0
Fadden	2	0	0	Palmerston	4	7	4
Farrer	14	0	0	Pearce	0	7	1
Fisher	3	2	4	Phillip	3	0	1
Florey	4	1	0	Red Hill	1	4	5
Flynn	6	6	0	Reid	24	49	11
Forrest	0	2	0	Richardson	1	3	1
Fraser	0	7	0	Rivett	0	3	3
Fyshwick	0	1	0	Spence	8	7	10
Gilmore	4	2	1	Stirling	0	3	0
Giralang	0	2	0	Symonston	1	0	6
Gordon	9	7	0	Theodore	2	6	1
Gowrie	2	8	1	Turner	6	4	19
Griffith	5	14	13	Wanniassa	4	13	4
Hackett	1	1	11	Waramanga	1	2	1
Hawker	3	2	1	Watson	2	1	0
Higgins	0	7	5	Weston	0	3	0
Holder	0	1	1	Yarralumla	0	0	1
Holt	0	1	3				

Note: Numbers may not add up to totals reported, as suburb was not available for all offenders
Source: AFP (ACT Policing) PROMIS database apprehensions module, August 2000, 3 September 2001 and 2 July 2002

Map 5: Usual place of residence, drug-specific offenders, ACT, 2001–2002

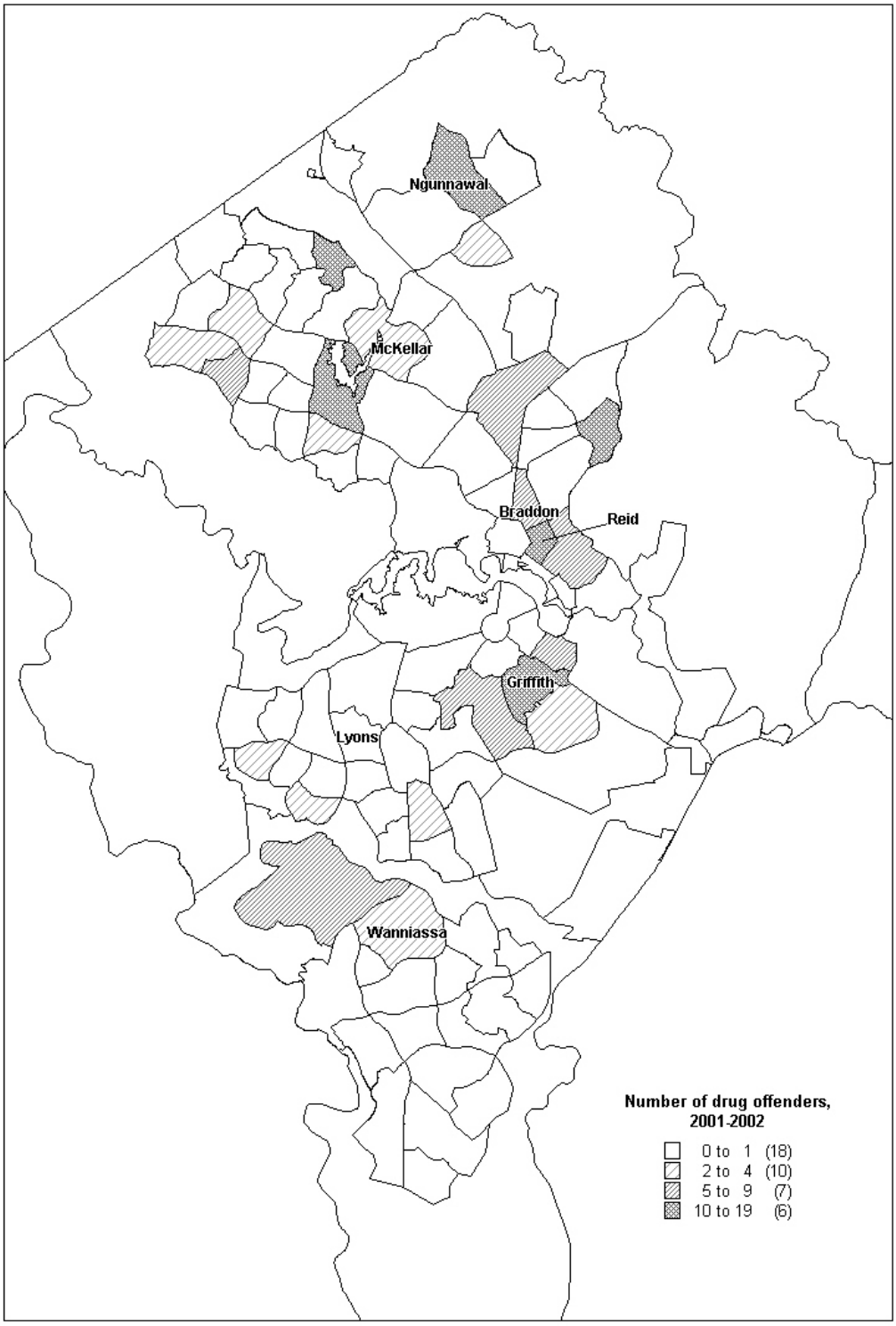


Table 20: Simple cannabis offence Notices issued in the ACT, by age and sex, 1999–2000 to 2001–2002

	1999–2000			2000–2001			2001–2002		
Age group	Males	Females	**Total**	Males	Females	**Total**	Males	Females	**Total**
14 or less	1	0	**1**	3	1	**4**	1	0	**1**
15–17 yrs	7	1	**8**	17	2	**19**	15	1	**16**
18–25 yrs	63	15	**78**	67	14	**81**	46	7	**53**
26–35 yrs	37	7	**44**	41	10	**51**	28	12	**40**
36–45 yrs	15	4	**19**	20	6	**26**	19	6	**25**
46+ yrs	4	0	**4**	5	0	**5**	4	1	**5**
Unknown	6	1	**7**	0	0	**0**	2	2	**4**
Total	**133**	**28**	**161**	**153**	**33**	**186**	**115**	**29**	**144**
Expiated	**62**			**100**			**80**		

Source: AFP (ACT Policing) Drug Registrar, August 2000, 11 Sept 2001, and 21 Aug 2002

10.6.3 Property offences

In addition to drug-specific offences, there was a total of 21,901 property offences reported or becoming known to police in 2001–2002 (Table 21)[10]. Property offences are commonly, but not exclusively, associated with drug use. This compares with 26,125 similar offences the previous year and 31,517 in 1999–2000. Major reductions were reported for theft/burglary – dwelling[11] (-730), burglary – dwelling (-1,279) and other theft (-1,338). Geographical breakdowns of property offences are presented in Table 22 and Map 6.

Table 21: Numbers of property* offences, by offence and financial year, ACT, 1999–2000 to 2001–2002

Offence	1999–2000	2000–2001	2001–2002
Bicycle theft	801	638	536
Burglary – dwelling	6,023	4,665	3,386
Burglary – other	1,689	1,401	1,204
Burglary – shops	818	757	607
Fraud, misappropriation, counterfeiting	702	662	564
Other theft	11,417	10,218	8,880
Robbery – armed	110	95	77
Robbery – other	207	202	169
Shop stealing	751	721	763
Theft, illegal use motor vehicle	3,606	2,506	2,321
Theft, illegal use other vehicle	32	14	0
Theft/burglary – dwelling	4,096	3,017	2,287
Theft/burglary – shops	440	432	351
Theft/burglary – other	825	797	755
Total	31,517	26,125	21,901

* Includes armed and other robbery offences.

Source: AFP (ACT Policing) PROMIS database case write-off module, August 2000, 3 September 2001 and 2 July 2002

As occurred in the previous two financial years, property offences tended to increase from August through to November, before declining slightly in December through January, although there are no distinct seasonal trends evident (Figure 25). Similarly there are no clear trends by day of week, beyond an expected higher reporting on

[10] Data reported may differ from that previously or subsequently published due to late notification.

[11] If a burglary resulted in a theft, both offences have been included (i.e., burglary as well as theft/burglary).

Mondays, possibly due to occupants returning home from weekends away from their properties (Figure 26).

Table 22: Number of property* offences, by suburb, ACT, 1999–2000 to 2001–2002

Suburb	1999–2000	2000–2001	2001–2002	Suburb	1999–2000	2000–2001	2001–2002
Acton	429	300	248	Isaacs	125	131	75
Ainslie	549	428	423	Isabella Plains	178	168	123
Amaroo	72	72	64	Jervis Bay	41	38	58
Aranda	145	128	88	Kaleen	506	335	267
Banks	63	68	69	Kambah	745	629	451
Barton	224	136	131	Kingston	624	564	371
Belconnen	1455	1202	1301	Kowen	1	2	4
Bonython	169	166	119	Latham	231	2	119
Braddon	911	878	676	Lawson	0	2	2
Bruce	390	369	240	Lyneham	698	189	464
Calwell	265	311	226	Lyons	556	524	104
Campbell	316	327	225	Macarthur	42	0	22
Chapman	143	87	101	Macgregor	218	143	146
Charnwood	348	171	191	Macquarie	241	307	237
Chifley	187	0	96	Majura	10	8	9
Chisholm	277	260	277	Mawson	312	331	241
City	2425	1752	1479	McKellar	152	120	81
Conder	159	156	149	Melba	272	205	154
Cook	147	120	100	Mitchell	227	160	174
Crace	0	1	2	Monash	210	234	121
Curtin	359	268	215	Narrabundah	646	568	367
Deakin	311	318	301	Ngunnawal	334	271	212
Dickson	646	525	431	Nicholls	203	259	162
Downer	232	205	219	Oaks Estate	34	19	26
Duffy	157	81	102	O'Connor	690	424	326
Dunlop	98	73	94	O'Malley	36	46	24
Duntroon	5	0	0	Oxley	94	93	49
Evatt	288	239	220	Page	147	181	126
Fadden	130	103	93	Palmerston	335	268	111
Fairbairn	1	0	1	Parkes	187	183	146
Farrer	146	116	79	Pearce	188	147	104
Fisher	136	121	95	Phillip	1530	1470	1116
Florey	575	301	203	Pialligo	39	31	45
Flynn	239	183	124	Red Hill	388	376	339
Forrest	260	194	145	Reid	461	315	307
Fraser	148	51	108	Richardson	177	177	128
Fyshwick	668	476	551	Rivett	213	151	172
Garran	350	266	199	Russell	58	28	35
Gilmore	132	101	81	Scullin	220	105	103
Giralang	185	120	95	Spence	215	170	144
Gordon	186	224	173	Stirling	151	130	72
Gowrie	143	155	147	Stromlo	11	23	7
Greenway	628	425	687	Symonston	34	38	50
Griffith	1035	885	693	Theodore	169	120	98
Gungahlin	54	0	75	Torrens	88	71	76
Hackett	174	138	128	Tuggeranong	24	0	0
Hall	10	12	11	Turner	392	258	243
Harman	2	0	0	Wanniassa	581	507	440
Hawker	274	207	255	Waramanga	160	144	95
Higgins	185	107	78	Watson	249	284	256
Holder	176	178	106	Weetangera	157	114	111
Holt	379	370	316	Weston	334	316	206
Hughes	167	127	109	Yarralumla	233	261	224
Hume	106	75	65				

*includes armed and other robbery

Source: AFP (ACT Policing) PROMIS database case write-off module, August 2000, 3 September 2001 and 2 July 2002

Map 6: Number and location of property (includes armed and other robbery) offences, ACT, 2001–2002

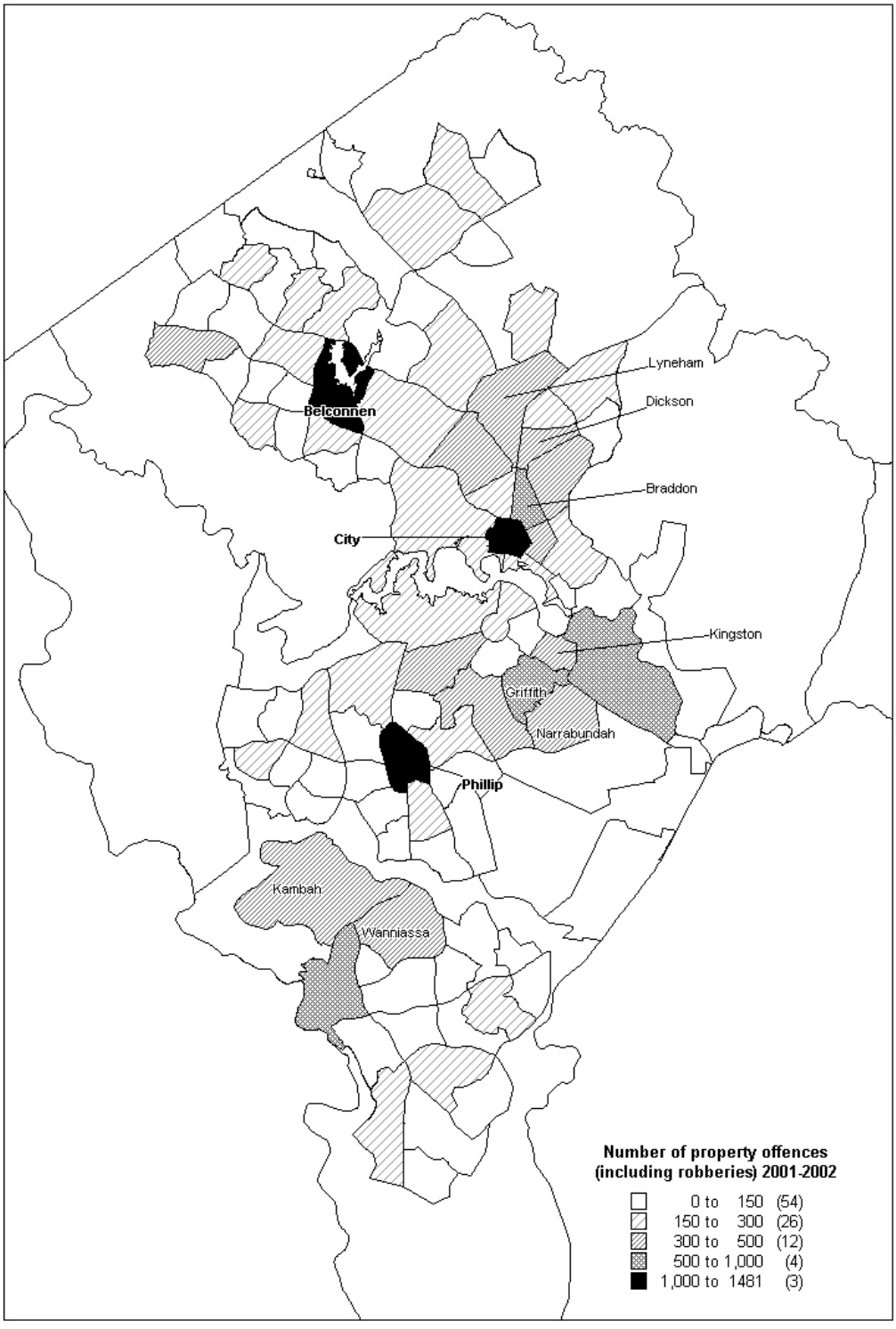
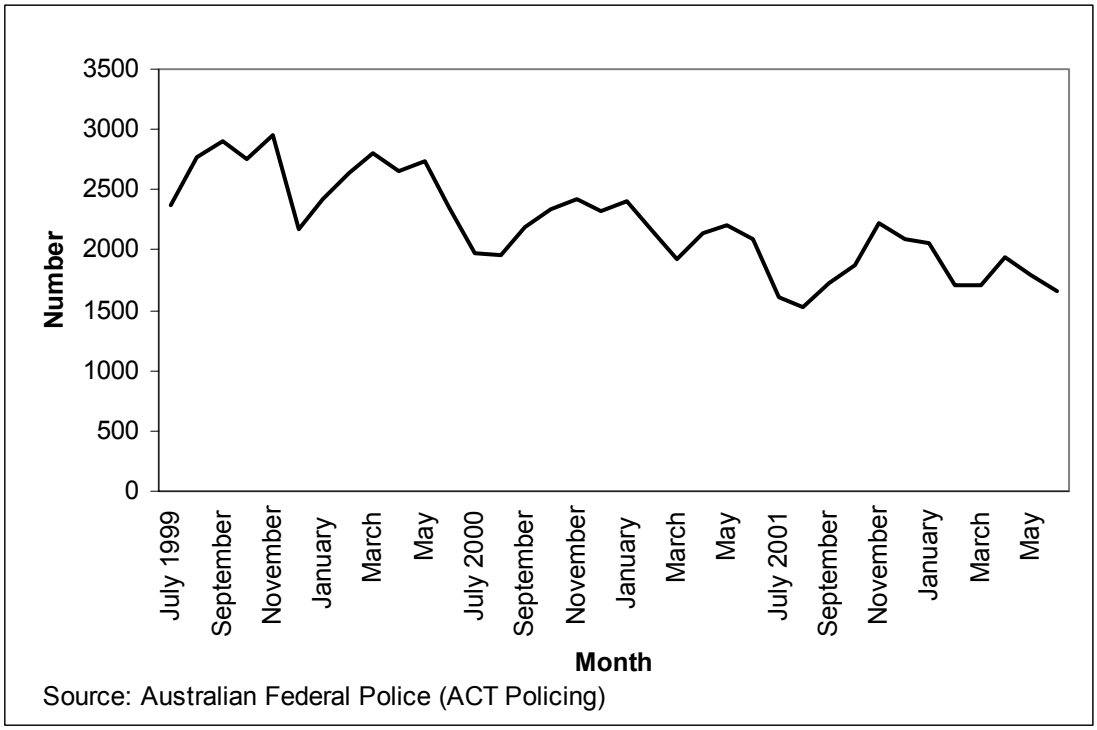
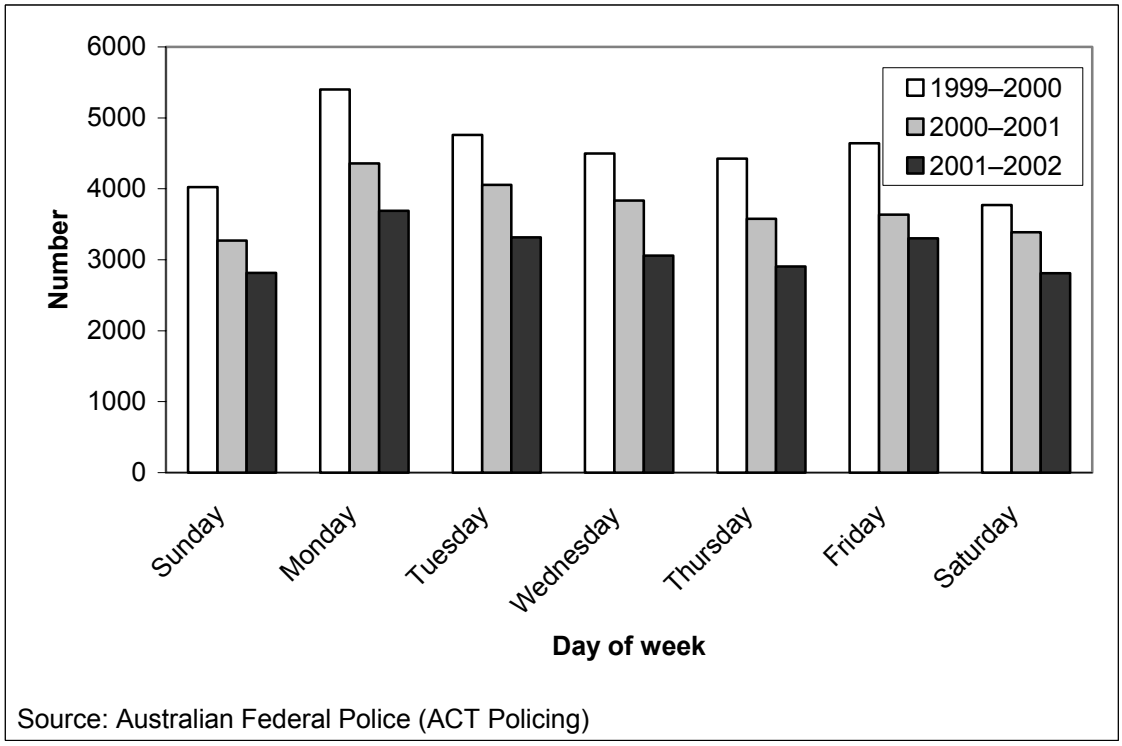


Figure 25: Number of property offences (includes armed and other robbery), ACT, July 1999 - June 2002



Source: Australian Federal Police (ACT Policing)

Figure 26: Number of property offences (includes armed and other robbery), by day of week, ACT, 1999–2000 to 2001–2002

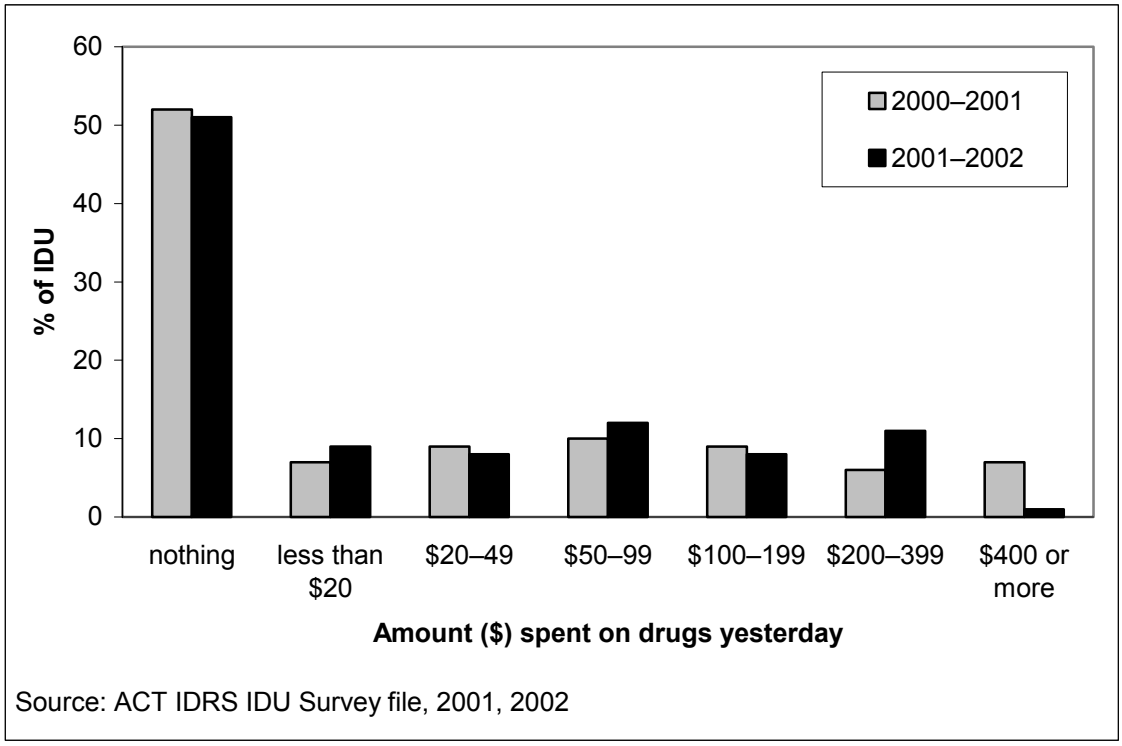


Source: Australian Federal Police (ACT Policing)

10.7 Expenditure on Drugs

Just over half (51%) of IDU did not spend any money on drugs during the day prior to interview (Figure 27). Among the 49% who did spend money on drugs, the mean amount was $112 and the median was $50. With the exception of 'sex workers' (for which there was only one case), those who were employed full time were most likely to have spent money on drugs the day before (75%) and those who were students were least likely to have spent money on drugs the day before (28.6%). Females were slightly more likely to have spent money the previous day (51.5% compared with 48.5%).

Figure 27: Self-reported amount ($) IDU spent on drugs in day prior to interview, ACT, 2000–2001 and 2001–2002



Source: ACT IDRS IDU Survey file, 2001, 2002

10.8 Summary

Table 22 shows summary measures for drug-related issues. In general, as official statistics for property offences fell for the third year in a row, so too did self-reported property crime committed by IDU. Conversely, the official statistics for SCONs and drug-offence arrests fell, yet there was a marked increase in the proportion of IDU reporting that police activity had increased, that police activity had made it difficult for them to 'score' recently and that more of their friends had been 'busted' than usual, although a significantly smaller proportion reported that they themselves had been arrested in the previous 12 months. The number of non-fatal heroin overdoses attended by the ACT Ambulance Service decreased for the fourth year in a row, although when broken into quarterly statistics, they appear to be rising slightly.

Table 23: Summary of drug-related issues

Drug-related health
Heroin related overdoses were lower
Injection-related problems among IDU were generally higher
Unsafe injecting practices remained relatively stable
Crime and police activity
The level of self-reported crime (particularly drug dealing) was lower
Self reported recent arrests (last 12 months) were lower
Perceived increase in police activity
Perceived increase in arrests of friends

11.0 SUMMARY AND CONCLUSION

The 2001–2002 IDRS study has shown that the illicit drug market in the ACT has not returned to levels previously seen prior to the reported 'heroin shortage' identified in the 2000–2001 study. Whilst there is evidence of some normalisation occurring within the market, such as an increase in purity and availability of heroin, a decrease in the price of heroin and a decrease in the use of stimulants, such as amphetamines, the market is still quite different to that identified in the 1999–2000 study.

Patterns of drug use among IDU

Compared to 2001, there was a marked increase in the proportion of IDU who reported heroin to be their preferred drug of choice: in 2002 69 per cent of IDU reported heroin as their drug of choice, compared with 57 per cent the previous year. There was a corresponding decrease in the proportion reporting methamphetamine to be their drug of choice, from 19 per cent in 2001 down to ten per cent in 2002.

Heroin

The price of heroin decreased in 2002 compared with 2001. Similar decreases were noticed in the price of other amounts, with the exception of 'caps', which remained stable at $50. The mean purity of heroin seizures made by the Australian Federal Police (ACT Policing) remained low, decreasing from 40 per cent in 2000–2001 to 24 per cent in 2001–2002.

There was a perception among key informants that the availability of heroin was increasing and as such, use of heroin was also on the rise. Key informants noted that those IDU who had switched from heroin to methamphetamine during the 'heroin shortage' had begun to move back to heroin again. Table 24 outlines the cross validation for summary indicators relating to heroin.

Table 24: Cross-validation (✓), contradiction (✘), or neither validated nor contradicted (–), by IDU, key informant survey (KIS) and indicator data for HEROIN

	IDU	KIS	Indicator data
Price $50 a cap (median)	✓	✓	✓
$350 a gram (median)	✓	✓	✘
decreasing	✓	✓	–
Purity medium, increasing	✓	✓	✘
Availability easy	✓	✓	–
Number of users increasing	✓	✓	–
Number of young users increasing	✓	✘	–
Polydrug use common	✓	✓	–
Health-related problems stable	✓	✓	✓
Decrease in overdoses	✘	✓	✓
Decrease in property crime	✓	✘	✓
Stable police activity	✓	✓	–
Decrease in stimulant substitution	✓	✓	–

Methamphetamine

The price of methamphetamine powder generally increased, while the price of crystal methamphetamine remained stable. The price of a 'point' (0.1 gram) was $50 across all three forms (methamphetamine powder, crystal methamphetamine and base methamphetamine). A gram of methamphetamine powder was $300, crystal methamphetamine $335 and base methamphetamine $250. The average purity of AFP (ACT Policing) methamphetamine seizures was 15 per cent, a slight increase from 12 per cent the previous year.

Compared to 2001, there was a significant decrease in the proportion of IDU who had used methamphetamine in the previous six months (from 82 per cent to 70 per cent). Of those who had used methamphetamine in the previous six months, the proportions reporting the use of methamphetamine powder and base methamphetamine remained relatively stable (at 73% and 43% respectively), however there was a significant decrease in the proportion reporting use of crystal methamphetamine (down from 87% to 49%). It would appear that as the use of heroin increased, the use of methamphetamine decreased, supporting the perception among key informants that many of the IDU who switched from heroin to methamphetamine during the 'heroin shortage' the previous year were now retuning to heroin. Table 25 outlines the cross validation for summary indicators relating to methamphetamine.

Table 25: Cross-validation (✓), contradiction (✗), or neither validated nor contradicted (–), by IDU, key informant survey (KIS) and indicator data for METHAMPHETAMINE

	IDU	KIS	Indicator data[12]
Price			
Powder			
$50 a point	✓	–	✓
$300 gram	✓	–	✓
Stable	✓	–	✓
Crystal			
$50 a point	✓	–	✓
$335 a gram	✓	–	✓
Stable	✓	–	✓
Base			
$50 a point	✓	–	✓
$250 a gram	✓	–	✓
Stable	✓	–	✓
Purity			
Amphetamine low, decreasing	✓	–	✓
Methamphetamine high, stable to decreasing	✓	–	✓
Predominant form methamphetamine	✓	✓	✓
Availability easy to very easy	✓	✓	–
(As per heroin above) increase in former heroin users turning to methamphetamine	1/2✓[13]	✓	–

[12] Indicator data able to distinguish between class (i.e. amphetamine) but not form (i.e. base, crystal).
[13] Anecdotal evidence supports that 'other' users are turning to amphetamines, but quantitative items relating to users' own drug use do not support this.

Cocaine

As has been previously indicated in the ACT Drug Trends Series, cocaine is not a drug that is widely used by IDU in the ACT. The price of a cap of cocaine rose from $50 to $65, and a gram from $165 to $250, however there were very few IDU who purchased cocaine in the ACT, so care should be exercised in interpreting these figures. Less than one in five IDU had used cocaine in the previous six months, and the majority of those who had, used it five days or less. The availability of cocaine was believed to be difficult or very difficult, and the average purity of cocaine seizures in the ACT was 23 per cent. Table 26 outlines the cross validation for summary indicators relating to cocaine.

Table 26: Cross-validation (✓), contradiction (✗), or neither validated nor contradicted (–), by IDU, key informant survey (KIS) and indicator data for COCAINE

	IDU	KIS	Indicator data
Price $65 a cap	✓	–	–
$250 gram	✓	–	✗
stable	–	–	✗
Purity medium, stable to decreasing	✓	✓	✓

It would appear that this study did not capture the main cocaine-using population in the ACT.

Cannabis

The availability of cannabis remained very easy and users estimated the potency to be high. The median price for an ounce of cannabis in the ACT was $250 – a slight decrease from $280 in 2000–2001. The price of a gram of cannabis remained stable at $20. There were slight decreases in the price of larger quantities of cannabis, although the majority of users believed the price to have been stable. Hydroponic cannabis remained the dominant form in the market and the use of hash and hash oil decreased. Table 27 outlines the cross validation for summary indicators relating to cannabis.

Table 27: Cross-validation (✓) contradiction (✗), or neither validated nor contradicted (–), by IDU, key informant survey (KIS) and indicator data for CANNABIS

	IDU	KIS	Indicator data
Price $20 foil	✓	✗	✓
$250 ounce	✓	✗	✓
stable to decreasing	✓	–	✓
Potency high,	✓	✓	–
stable	✓	✓	–
Availability easy to very easy	✓	✓	✗
stable	✓	✓	✓
Increase in younger users	✓	✓	✗

Other drugs

Ecstasy use decreased among IDU in 2001–2002, with one quarter of IDU having used it in the previous six months, compared with one half of IDU reporting its use the year before. The purity of ecstasy was relatively high (32%) and its use was infrequent. The IDRS does not intend to capture the 'party drug' scene, and accordingly is unsuitable for

measuring trends in ecstasy use. Table 28 outlines the cross validation for summary indicators relating to other drugs.

The use of diverted *methadone* was widespread among ACT injecting drug users, with 64 per cent having used methadone in the previous six months and almost three in ten (29%) IDU had injected methadone in the previous six months. Despite this, only 45 per cent of the sample indicated that they had been enrolled in the methadone program during that period. Of those who had used methadone in the previous six months, two in five (42%) indicated that they had bought diverted methadone at least once during that period.

Table 28: Cross-validation (✓) contradiction (✗), or neither validated nor contradicted (-), by IDU, key informant and indicator data for OTHER DRUGS

	IDU	KIS	Indicator data
Ecstasy			
Price $40–$80	–	–	✓
Purity 32 per cent	–	–	✓
Use increased among IDU	✓	–	–
It would appear that this study did not capture the main ecstasy-using population in the ACT.			
Methadone (diverted)			
Injection common	✓	✓	–
Benzodiazepines			
Use common among IDU	✓	✓	–
Availability easy	✓	✓	–
Morphine			
Use common among IDU	✓	✓	✓
Frequency, less common	✓	–	–
Other opiates			
Use common among IDU	✓	✓	✓

More than three in five (62%) IDU had used *benzodiazepines* in the previous six months. Of those who had used benzodiazepines in the previous six months, almost two-thirds indicated that they had illicitly obtained benzodiazepines at least once during that period.

Almost two in five (37%) IDU had used *morphine* in the previous six months, with more than one-third (34%) of the sample having injected it and one fifth (20%) swallowing it during this period.

Drug related issues

The number of non-fatal heroin overdoses attended by the ACT Ambulance Service continued to decrease, from 327 in 2000–2001 to 130 in 2001–2002. Despite this reduction in total number of attendances, when broken into quarters, it would appear

that heroin overdoses are beginning to increase slightly. Self-reported heroin overdose among IDU remained stable, although there was a significant decrease in the proportion of IDU who had witnessed another person's overdose in the last 12 months. Table 29 outlines the cross validation for summary indicators relating to other drug-related issues.

Table 29: Cross-validation (✓), contradiction (✗), or neither validated nor contradicted (–), by IDU, key informant survey (KIS) and indicator data for DRUG-RELATED ISSUES

	IDU	KIS	Indicator data
Treatment			
Demand generally stable	✓	✓	
Methadone	✓	–	✓
Maintenance per quarter stable	–	–	✓
Opioid-related			✓
Case-managed clients increasing	–	–	
Detoxification clients			✓
increasing	–	–	✓
Overdoses			
Non-fatal – overdoses lower	✓	–	–
Injection-related problems			
Bruising, scarring	✓	✓	–
Abscesses	✓	✓	–
Dirty hits	✓	–	–
Needle sharing			
Sharing uncommon	✓	–	–
Crime			
Drug-specific down	✓	✓	✓
Property crime down	✓	✗	✓
Armed robbery down	✓	✗	✓

The majority of IDU (61%) perceived an increase in police activity in relation to drugs, and there was an increase in the proportion reporting that police activity had made it more difficult for them to 'score' drugs (41%, compared with 28%). There was an increase in the proportion of IDU who reported that more of their friends had been 'busted' by police recently, although there was a significant decrease in the proportion reporting that they themselves had been arrested in the previous 12 months (from 59% down to 40%).

11.1 Methodological Considerations

There are advantages and disadvantages from the methodology adopted for the IDRS.

The IDU survey comprised just 100 informants who were drawn from a convenience sample of injecting drug users at two locations. They are a special population not representative of the general population. An underlying assumption of the IDRS is that

this group acts as a sentinel group for possible trends which might, in the absence of appropriate interventions, spread into the general population. On the other hand, the National Drug Strategy Household Survey employs a representative geographic stratified random sample of households – in other words, members of the general community. Prevalence rates of drug use and other behaviours found in the Household Survey are very much lower than those revealed by the IDRS. As well, the IDU sample in the IDRS does not appear to capture the main cocaine, ecstasy, steroid or cannabis-using populations in the ACT. The true picture of drug use in the ACT probably lies somewhere between the Household Survey and the IDRS study. The present recruitment strategy of using drug referral, treatment and user group agencies appears to restrict the opportunity to access Indigenous IDU.

The 2001–2002 IDU survey divided the section on price, purity and availability of methamphetamine into three sections – one each on powder, base and crystal. Whilst this was a useful exercise in obtaining specific data on the three main forms of methamphetamine, it did so at the cost of sample size, with only small samples for each form (powder (n=29), crystal (n=14) and base (n=13)). Such small numbers in each of these samples can provide for contradictory and unreliable information.

Key informants can in some circumstances be perceived to have a vested interest, which might manifest itself intentionally or otherwise, through the emphasis or de-emphasis of elements of their experiences of contacts with drug users. In a few instances, information provided by key informants was not supported (and in some cases directly contradicted) by the IDU and/or administrative and other data. There is also some question as to the accuracy of key informant data, with three key informants specifically mentioning Operation Anchorage as an event that had occurred in the previous six months, although this Operation had ceased to exist more than 12 months prior to interview.

Finally, the administrative indicator data is sometimes difficult to collate and provide to the researchers either directly or to central collection agencies (for example, national data which are provided to NDARC), leading to untimely, or incomplete, data. The AIC and local data providers continue to undertake steps to reduce the burden on providers and to improve the timeliness and completeness of data in the future.

11.2 Implications

There are a number of implications which flow from the 2001–2002 ACT IDRS study. The first, concerning the continuing burden on data providers, has been addressed in the immediately preceding section. The continuation of the IDU survey in 2001–2002 has been demonstrated in this report to be integral to the IDRS. Without the previous two years of IDU data and three years of indicator data the depth of the 2001–2002 results would not have been possible. We are grateful for the funding from the NDLERF to include the survey in this and the previous two year's studies.

From a drug use and related behaviours perspective, the 2001–2002 ACT IDRS supports the following recommendations.

11.3 Recommendations

- A continuation of research into the factors influencing the popularity of heroin, and more recently methamphetamine, as preferred drugs.

- Further research into the extent and nature of illicit drug use among Indigenous

people in the ACT.

- Further research into the factors which contribute to the apparent failure of Indigenous users to access treatment services.

- Further research into the extent and nature of other drug use (such as party drug use) among people in the ACT.

- Support for proven interventions, and exploration of innovative interventions, to reduce the harms associated with injecting drug use.

12.0 REFERENCES

ACT Government Analytical Laboratory (ACTGAL) 1999, *ACT Government Analytical Laboratory Activity Report 1998–99,* ACTGAL, Canberra.

Australian Bureau of Criminal Intelligence 2000, *Australian Illicit Drug Report 1998–1999*, Australian Bureau of Criminal Intelligence, Canberra.

Australian Bureau of Criminal Intelligence 2001, *Australian Illicit Drug Report 1999–2000*, Australian Bureau of Criminal Intelligence, Canberra.

Australian Bureau of Criminal Intelligence 2002, *Australian Illicit Drug Report 2000–2001*, Australian Bureau of Criminal Intelligence, Canberra.

Australian Crime Commission (forthcoming), *Australian Illicit Drug Report 2001–2002*, Australian Crime Commission, Canberra.

Australian Institute of Health and Welfare (AIHW) 1999, *1998 National Drug Strategy Household Survey, First Results*, Canberra.

Australian Federal Police (ACT Policing) 2000, *ACT Policing, Annual Report 1999/2000*, Australian Federal Police, Canberra.

Australian Federal Police (ACT Policing) 2001, *ACT Policing, Annual Report 2000/2001*, Australian Federal Police, Canberra.

Australian Federal Police (ACT Policing) 2002, *ACT Policing, Annual Report 2001/2002*, Australian Federal Police, Canberra.

Commonwealth Department of Health and Ageing 2002, *National Pharmacotherapy Statistics Annual Data as at June 2002*, Commonwealth Department of Health and Ageing, Canberra.

Degenhardt, L. 2002, *Opioid Overdose Deaths in Australia 2001*, National Drug and Alcohol Research Centre, Sydney.

Directions ACT (forthcoming), *Directions ACT Assisting Drug Dependents Inc Annual Report 2001-2002*, Assisting Drug Dependents, Canberra.

Fleming, J., Cook, B. and Williams, P. 2000, *ACT Drug Trends 1999: Findings from the Illicit Drug reporting System (IDRS*), NDARC Technical Report No. 82. Sydney.

Hando, J. and Darke, S. 1998a, *Procedure Manual for the Illicit Drug Reporting System* (IDRS) National Drug and Alcohol Research Centre, Sydney.

Hando, J. and Darke, S. 1998b *NSW Drug Trends 1997: Findings from the Illicit Drug Reporting System (IDRS*), National Drug and Alcohol Research Centre Technical Report No. 56, Sydney.

Hando, J., O'Brien, S., Darke, S., Maher, L. and Hall, W. 1997, *The Illicit Drug Reporting System Trial: Final Report,* NDARC Monograph No. 31, Sydney.

Hargreaves, K. and Lenton, S. 2002, *WA Drug Trends 2001: Findings from the Illicit Drug reporting System (IDRS),* NDARC Technical Report No. 134, Sydney.

MacDonald, M. and Zhou, J. 2002, *Australian NSP Survey National Data Report 1995–2001*, National Centre in HIV Epidemiology and Clinical Research, Sydney.

McKetin, R., Darke, S. and Kaye, S. 2000, *NSW Drug Trends 1999: Findings from the Illicit Drug reporting System (IDRS),* NDARC Technical Report No. 86, Sydney.

Pianca, D. 1998, *Illicit Drug Samples Seized in the ACT 1980–1997*, Health Series Number 21, ACT Government Analytical Laboratory, ACT Department of Health and Community Care, Canberra.

Williams, P., Bryant, M. and Hennessey, S. 2001, *ACT Drug Trends 2000: Findings from the Illicit Drug Reporting System (IDRS)*, NDARC Technical Report No. 105, Sydney.

Williams, P., and Rushforth, C. 2002, *ACT Drug Trends 2001: Findings from the Illicit Drug Reporting System (IDRS)*, NDARC Technical Report No. 128, Sydney.