J. Ward & P. Proudfoot

ACT DRUG TRENDS 2003
Findings from the Illicit Drug Reporting System (IDRS)

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2003

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- ACT Alcohol and Drug Program, ACT Health
- ACT Ambulance Service
- ACT Government Analytical Laboratory
- Assisting Drug Dependents Incorporated
- Australian Federal Police (ACT Policing)

Just as important to the IDRS as the IDU survey and the routinely collected indicator data, is the information derived from key informant interviews. These interviews are conducted with people with specific expertise in the area of injecting drug use. These people are all busy professionals who gave up their time without compensation, and so we also want to express our gratitude to each of the key informants.

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ABBREVIATIONS

ACTGAL	Australian Capital Territory Government Analytical Laboratory
ADDInc	Assisting Drug Dependents Incorporated
ADP	Alcohol and Drug Program, Department of Health and Community Services
AFP	Australian Federal Policing (ACT Policing)
AIC	Australian Institute of Criminology
ANU	Australian National University
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
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

EXECUTIVE SUMMARY

Demographic characteristics of injecting drug users (IDU)

One hundred IDU were interviewed for the 2003 IDRS in the ACT. The sample was very similar to that interviewed in 2002. Sixty four percent were male and the mean age of the sample was 34 years. The majority (83%) of the IDU were unemployed, and 38% had a previous prison history. The mean age of formal school years completed was 11, and 37% reported they had trade or technical qualifications, while only 7% reported that they had university or other tertiary qualifications.

Patterns of drug use among IDU

Over half the sample (53%) reported injecting once or more times a day (regardless of the drug injected). Younger IDU were more likely to inject on a daily or more basis (64%) than older users (51%). The 2003 IDU sample injected more frequently than did the 2002 sample.

Similar to 2002, heroin was the drug of choice for the majority of respondents (73%), followed by methamphetamine (14%) and cannabis (7%). Sixty three percent of the sample reported heroin to be the drug they injected most often in the month prior to interview. Compared with 2002 (17%), there was a significant increase in the proportion of IDU reporting methamphetamine to be the drug they injected most often in the month prior to interview in 2003 (30%), as well as methamphetamine being the last drug they injected prior to interview (27% in 2003 compared with 15% in 2002.)

Polydrug use was universal amongst IDU, with respondents reporting an average of 11 drug classes used in their lives and 7 drug classes used in the six months preceding interview. Eighty five percent of IDU interviewed in 2003 had used more than one drug in the day prior to interview (excluding tobacco) with the most common being cannabis (60%), heroin (57%) and/or alcohol (28%).

Heroin

The price of heroin remained stable in 2003 at $50 a cap and $350 a gram, as did availability, with heroin being reported as 'easy' or 'very easy' to obtain in the ACT. When compared to the previous year, a greater proportion of IDU in 2003 reported that the purity of heroin was increasing. This is supported, albeit weakly, by ACTGAL analysis of AFP heroin seizures, where an increase in purity was seen from 24% to 26% from 2001-2002 to 2002-2003. However, KIS data was equivocal with equal proportions stating that heroin purity had either increased or decreased. There appears to be a decrease in the availability of heroin powder, with a concomitant increase in the availability of rock heroin, although powder remains the most common form available.

However, while the price of heroin appears to be stable and unequivocal conclusions cannot be drawn concerning changes in heroin purity, there is a clear indication that the frequency of heroin use has increased in 2003, with increases in the median days of use and the proportion of IDU reporting daily use of this substance. There has also been an increase in the number of non-fatal overdoses attended by the ACT Ambulance Service.

Methamphetamine

Seventy four percent of the IDU interviewed for the ACT IDRS in 2003 reported the use of methamphetamine in the past six months. While this is approximately the same proportion that reported methamphetamine use in 2002, there are a number of notable changes in the ACT methamphetamine market. In 2003, methamphetamine was easier to obtain, and was purer and cheaper to buy. Much of this shift in the market is attributable to the increasing availability of crystal methamphetamine. There is a clear trend in the ACT methamphetamine market toward the use of crystal methamphetamine or 'ice' in 2003 and a corresponding reduction in the use of base methamphetamine and, to a lesser extent, methamphetamine powder ('speed'). The increase in the use of crystal methamphetamine has resulted in an increase in the purity of methamphetamine being used by IDU. Among recent methamphetamine users, 71% reported that crystal methamphetamine was the form most used in the six months prior to interview. The fact that the rise in methamphetamine use in the ACT appeared in the context of a stable heroin market (rather than parallel to a decrease in heroin availability and use) is of great concern. A considerable proportion of IDU commented on the widespread use of methamphetamine, even in the traditional heroin- or opiate-using market.

Cocaine

As has been the case in the IDRS in previous years, cocaine does not appear to be a drug of choice for IDU in the ACT. Only 13% of IDU in 2003 had used cocaine in the six months prior to interview, and amongst those who had, patterns of use were infrequent. A small number of IDU commented on the price, purity and availability of cocaine, reporting that it was 'difficult' to 'very difficult' to obtain in the ACT, and that this had remained stable. The median price for cocaine was reported at $50 for a cap ($65 in 2002) and $200 for a gram ($250 in 2002), representing a decrease in price from the previous year. In 2002-2003 the AFP made two cocaine seizures, though neither were suitable for purity analysis. In addition to this, the IDU data regarding cocaine purity relied on limited numbers and the results at best, were mixed.

Cannabis

Cannabis use was widespread and frequent amongst the IDU sample in 2003. Cannabis had been used by 86% of the IDU sample in the six months prior to interview, with just over half the sample (51%) reporting daily use. This year, for the first time in the IDRS, a differentiation was made between outdoor-cultivated cannabis ('bush) and indoor-cultivated cannabis ('hydro'). As predicted, differences in price existed between the two forms of cannabis. The median price for an ounce of bush and hydroponic cannabis was $200 and $323 respectively. Consistent with key informant reports, ninety percent of IDU commenting on cannabis reported that it was 'easy' to 'very easy' to obtain, and that this had remained stable (70%) over the past six months. As has been the case in previous years, hydroponic cannabis remains the dominant form of cannabis on the market. The average weight of cannabis seized by the AFP has been increasing over the past three years and key informants attribute this to the increasing prevalence of large scale, hydroponic set-ups being discovered by the AFP in private residences.

Illicit use of methadone

In 2003, the level of use of diverted methadone among the ACT IDU sample was similar to that reported in 2002. Sixty-two percent of the sample used methadone in the six months prior to interview and, of these, 39% were not enrolled in methadone treatment at that time. Thirty-four percent of the sample had injected methadone in the preceding six months, a slight increase from the 29% reporting this in 2002. Of those IDU who had recently used methadone, 42% had used diverted methadone syrup, and 8% had used diverted physeptone.

Illicit use of buprenorphine

As was the case in 2002, in the six months prior to interview, only ten percent of the 2003 IDU sample reported the use of buprenorphine. Only one respondent reported both the use of illicitly obtained buprenorphine and the injection of buprenorphine during this period.

Morphine

Compared with 2002 (37%), in 2003, there was an increase in the proportion of IDU reporting the recent use of morphine in the ACT (50%). Similarly, of concern was the fact that there was a significant increase among IDU in the reported injection of morphine in the six months preceding interview (34% in 2002 to 49% in 2003). Of the IDU who had used morphine in the six months prior to interview, 76% had used illicitly obtained morphine at least once during this period, and a similar proportion (74%) reported that illicitly obtained morphine was the predominant form they had used. As in past years, MS Contin® was the preferred brand of morphine for almost all (97%) recent morphine users.

Other opioids

The use of 'other opioids' remained relatively stable across 2003 and the preceding year. In the six months prior to interview, almost one in five IDU (17%) reported the use of 'other opiates', with Panadeine Forte® being the most popular preparation used. Eighty-eight percent of recent opioid users had used illicitly obtained opiates in the six months preceding interview, with three quarters (76%) of users reporting they *mainly* used illicitly obtained opiates during that period. A similar proportion (16%) of the sample reported the use of homebake heroin during the six months prior to interview. While only 8% of the sample reported the injection of other opioids in the six months preceding interview, all of those who had recently used homebake had injected it (16%).

Benzodiazepines

Benzodiazepine use remained high among the IDU sample in 2003. Over half (64%) the 2003 IDU sample reported using benzodiazepines in the six months preceding interview, though only a small proportion (9%) had injected benzodiazepines during this period. Fifty-six percent of the sample had used illicitly obtained benzodiazepines at least once during this period, while one third (34%) reported that they *mainly* used benzodiazepines that were illicitly obtained. Valium® (64%) and Serepax® (19%) were the favoured forms of benzodiazepines among IDU in 2003.

Associated harms

The reported rate of 'borrowing' used needles among IDU remained stable across 2002 (11%) and 2003 (12%). Of concern was the fact that the proportion of IDU reporting that they had lent needles (24%) or shared injecting equipment (35%) had slightly increased from the previous year (16% lent needles, 28% shared equipment). There was no change in the preferred locations of injection reported by IDU, with 'private home' again cited as the most common location of injection.

Almost two thirds (65%) of the sample reported that they had experienced at least one injection-related problem in the month prior to interview (this figure is identical to that reported in 2002), with one third (36%) of the sample reporting having experienced two or more problems during this period. As in 2002, the most commonly reported difficulties were scarring/bruising and difficulty injecting.

Implications

The most important trend observable from the 2003 ACT IDRS is the change in the methamphetamine market. The shift to the easier availability and increasing use of crystal methamphetamine, along with a decrease in price, suggests that there is likely to be a concomitant increase in amphetamine-related problems in the future. The shift to the use of crystal methamphetamine means an increase in the purity of methamphetamine, as supported by the increase in the purity of seizures of methamphetamine over the past year. This increase in the use of purer methamphetamine is likely to result in an increase in methamphetamine-related problems. This is supported by increasing calls to the ACT Alcohol and Drug Program's 24-hour telephone help line and the comments of key informants in both law enforcement and health-related contexts, who remarked that they were seeing an increase in agitation and aggression in drug users in their routine work. However, the number of clients in methamphetamine-related case management at the ACT Alcohol and Drug Program continues to remains low compared with the high rates seen in 2001.

The decrease in price and increase in purity and availability of crystal methamphetamine has happened in the context of a stable heroin market. There is no evidence to suggest that the recent rise in crystal methamphetamine use is the result of a shift in the ACT illicit drug market from heroin to methamphetamine. On contrary, the results of the 2003 IDU survey indicate that this has occurred in the presence of an increasing frequency in heroin use.

Evidence from the IDU survey and from one key informant suggests that there is an increase in the injection of prescribed morphine in the ACT in 2003. Almost half of the IDU interviewed in 2003 reported that they had injected morphine in the six months prior to interview.

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is a study that monitors trends in the illicit drug market in Australia. The IDRS is run annually in each Australian State and Territory, and prior to the year 2000 was solely funded by the Australian Government Department of Health and Ageing (The Department). From 2001, the National Drug Law Enforcement Research Fund (NDLERF) provided additional funds. The IDRS was piloted in 1996 in Sydney, before extending to New South Wales, Victoria and South Australia the following year. It was not until the year 2000 that the study was run in its entirety in all Australian States and Territories.

The IDRS triangulates three forms of data: a survey of 100 injecting drug users (IDU), key informant interviews (KIS), and indicator data. In the ACT, the IDRS was conducted for the first time in 1999 jointly by the National Centre for Epidemiology and Population Health (NCEPH) and the Australian Institute of Criminology (AIC). The survey of IDU was not included in the first year that the IDRS was run in the ACT. For the next three years (from 2000 to 2002), the ACT arm of the IDRS was conducted solely by the AIC. The results of previous IDRS for the years 1999 to 2002 were reported (in chronological order) in NDARC technical reports No. 82 (Fleming, Cook & Williams, 2000), No. 105 (Williams, Bryant and Hennessy, 2001), No. 128 (Williams and Rushforth, 2002) and No. 150 (Rushforth, 2003). In 2003, the coordination of the ACT arm of the IDRS became the responsibility of the School of Psychology at the Australian National University (ANU), where the surveys of injecting drug users and key informants were carried out. However, in 2003, the AIC continued to collect the routine data. In taking over of project of this kind , we cannot help but build on the previous ACT reports in this series. We are grateful to the authors of the previous ACT IDRS reports and would like to acknowledge their contribution to the 2003 report.

1.1 Study Aims

The aim of the IDRS is to act as a strategic early warning system for trends and issues emerging from illicit drug markets in Australia. The data collected monitors the price, purity and availability of four primary illicit drug classes – heroin, methamphetamine, cocaine and cannabis. The IDRS supplements existing data, and thus provides a multifaceted approach to the task of monitoring the Australian illicit drug market and issues of concern that may arise from this. The government receives the national results through the Intergovernmental Committee on Drugs (IGCD) and the Ministerial Council on Drug Strategy (MCDS). The results for each jurisdiction, in addition to a national overview, are presented at the National Drug Trends Conference in November each year.

2.0 METHOD

In order to document emerging trends in the illicit drug market, the IDRS triangulates three sources of data: a survey of injecting drug users (IDU), a semi-structured interview with working professionals in the drug field (KIS), and the collection of routine data that provides information on drug trends and drug-related issues. These data sources are triangulated against each other to determine if the information obtained is valid, and are then compared to the results of previous years to detect the emergence of trends.

2.1 Survey of injecting drug users (IDU)

In August 2003, the IDU 100 current injecting drug users were surveyed in the ACT. The interview collected information on demographics, drug use history, the price, purity and availability of each of the four drugs, criminal activity, risk-taking behaviour, general health and police activity. In 2003, there were changes to the IDRS schedule, and these included: additional items on the price and availability of street morphine and methadone; additional questions regarding side effects experienced from the injection of morphine, methadone, benzodiazepines and buprenorphine; questions on how many days in the past six months a particular substance was injected (in addition to how many days a substance was used in the past six months by any mode of administration); and, the differentiation between outdoor-cultivated ('bush') and indoor-cultivated ('hydro') cannabis.

The IDRS interviews were conducted face-to-face by ANU research staff and took approximately 45 minutes to administer. All participants were recruited through the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), an organisation that provides a needle and syringe program (NSP) and drop-in facilities for injecting drug users. The staff at CAHMA screened potential participants according to the criterion: 'must have injected at least monthly in the past six months' and 'must have lived in the ACT for the previous 12 months'. CAHMA was paid administration fees for organising the interviews, and they in turn provided two-thirds of the fee to participants in cash, as reimbursement for their time.

2.2 Survey of key informants (KIS)

In August and September 2003, twenty-seven professionals were interviewed as key informants for the IDRS. Five interviews were conducted with youth workers, five with drug treatment workers, four with police officers, three with methadone and buprenorphine workers (including a doctor), two with ambulance officers, two with hospital emergency staff members, two with user group representatives, two with general health workers (including a doctor), one with an NSP worker and one with a court referral officer. Key informants had to have had either weekly contact with illicit drug users, and /or contact with a minimum of 10 different illicit drug users in the six months prior to interview

Interviews were conducted face to face or by telephone and took approximately 40 minutes to administer. The key informant interview followed the same semi-structured

format as that used in previous IDRS studies. The interview included sections on the demographic characteristics of illicit drug users, patterns of use, price, purity and availability of different drugs, criminal and police activity, and health and treatment issues.

2.3 Other indicators

The entry criteria for indicator data are listed below:

- The data should be available at least annually;
- The data should include 50 or more cases;
- The data should provide details of illicit drug use;
- The data should be collected in the main study site (that is, Canberra); and,
- The data should 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 AFP (ACT Policing). Data includes number of seizures and amount seized during this period, by drug type.
- Purity of drug seizures made by the AFP as analysed by ACTGAL – data provided by ACTGAL.
- Number of drug specific and property offences reported to or becoming known to police – data provided by AFP (ACT Policing).
- Number of Simple Cannabis Offence Notices (SCONs) issued and expiated – data provided by the AFP (ACT Policing).
- Number and characteristics of clients of detoxification services from Arcadia House Withdrawal Centre – data provided by ADDInc. Data include demographics and drugs of concern.
- Number and characteristics of telephone enquiries, and clients of ACT methadone programs, data provided by the ACT Alcohol and Drug Program, ACT Health. Data provided by the ACT Alcohol and Drug Program.
- Non-fatal overdoses attended by ambulance services – data provided by ACT Ambulance Service.

3.0 RESULTS

3.1 Overview of the IDU sample

Table 1 presents the demographic characteristics of the 100 IDU interviewed in 2003. There were few differences between the demographics of the sample recruited in the 2003 IDRS and the sample from the 2002 IDRS. The sample was almost two-thirds (64%) male, with a mean age of 34 years (SD 8.72, range 18-58). No significant difference in the mean age of male and female respondents was evident (35 and 32 years respectively). Over half (58%) the sample was not currently in drug treatment and, of the 42 individuals who were in treatment, 32 were in methadone maintenance.

The mean age of formal school years completed was 11 (S.D 1.52, range 7 – 13). Thirty seven percent of IDU reported that they had trade or technical qualifications, whilst 7% reported that they had university or other tertiary qualifications. The majority (83%) of the IDU were unemployed, and 38% had a previous prison history.

Key informant reports of IDU demographic characteristics reflected those of the sample. Key informants judged ACT IDU to be 62% male, to be aged predominantly between 20 and 35 years of age, to typically have a Year 10 level of education, and for the majority to be unemployed. Key informants estimated a slightly higher proportion (50%) of IDU with a previous prison history than that found in the IDU sample (38%). Key informants reported that the majority of IDU they have contact with are from English speaking backgrounds.

Table 1: Demographic characteristics of IDU samples, 2002 and 2003

Characteristic	2002 sample (n=100)	2003 sample (n=100)
Age (mean years)	33	34
Sex (% male)	66	64
Employment (%):		
Not employed	77	83
Full time	4	7
Part time/casual	8	6
Student	7	0 *
Home duties	3	4
School education (mean years)	11	11
Tertiary education (%):		
None	70	56 *
Trade/technical	25	37
University/college	5	7
Currently in drug treatment (%)	45	42
Prison history (%)	45	38

Notes: *Significant difference, p< .05
Source: ACT IDRS IDU Survey files, 2002, 2003.

3.2 Drug use history and current drug use

The mean age of first injection was 19 years (SD 5.1, range 12–40). The frequency of injection reported by IDU varied, with over half the sample (53%) reporting an injection frequency of one (23%) to two or more (30%) injections per day (Table 2). When the sample is divided into younger (<=25 years of age) and older users (>25 years of age), younger IDU were more likely to inject on a daily or more basis (64%) than older users (51%). There were no significant differences in injection frequency between males and females.

Table 2: Frequency of injection among IDU, 2002 and 2003

	2002			2003		
	<=25	>25	Total	<=25	>25	Total
Frequency	**(%)**					
Weekly or less	32	24	25	14	12*	12*
More than weekly	26	48	44	23	39	35
Once a day	16	10	11	41	18	23*
Twice a day	11	15	14	14	30*	26*
Three or more times a day	11	1	3	9	3	4

Notes: *Significant difference (p< .05) when compared to the previous year
Source: ACT IDRS IDU Survey files, 2002, 2003.

When compared to last year's sample, the 2003 sample of IDU were found to be injecting more frequently. The reported frequency of injection amongst IDU was significantly greater for those reporting daily, or twice daily injections in 2003. Similarly, a significantly smaller proportion (12%) of IDU in 2003 reported an injection frequency of weekly or less, when compared to 2002 (25%).

Over half (51%) the sample reported heroin as the drug they first injected, followed closely by methamphetamine (43%). There were no significant differences in the reported drug of first injection between male and female respondents, or younger (<=25) and older (>25) respondents.

Heroin was nominated as the drug of choice for almost three quarters (73%) of the sample (see Table 3), with methamphetamine (14%) and cannabis (7%) the next most commonly noted drugs. Sixty three percent of the sample reported heroin to be the drug they injected most often in the month prior to interview, a slight decrease from 68% in 2002. There was a significant increase in the proportion of IDU reporting methamphetamine to be the drug they injected most often in the month prior to interview, when compared to 2002 (30% in 2003 comparable to 17% in 2002, p<.05). Corresponding to this, there was also a significant increase this year in the number of IDU who reported methamphetamine was the last drug they injected prior to interview (27% in 2003 comparable to 15% in 2002, p<.05).

Table 3: Injection history and drug preferences of IDU

Variable	2002 (n=100)	2003 (n=100)
Age first injection (years)	18	18
First drug injected (%)		
Heroin	48	51
Amphetamine	47	43
Cocaine	1	2
Other Opioids	1	1
Other	3	3
Drug of choice (%)		
Heroin	69	73
Methamphetamine	10	14
Cannabis	14	7
Cocaine	4	3
Other	3	3
Drug injected most often in last month (%)	68	63
Heroin	17	30*
Methamphetamine	-	-
Cocaine	-	1
Cocaine and Heroin	15	6
Other		
Most recent drug injected (%)		
Heroin	74	67
Methamphetamine	15	27*
Cocaine	1	-
Cocaine and Heroin	-	-
Other	10	6

Notes: *Significant difference ($p < .05$) when compared to the previous year
Source: ACT IDRS IDU Survey files, 2002, 2003.

Polydrug use was universal amongst IDU, with respondents reporting an average of 11 drug classes used in their lives[1] and 7 drug classes used in the six months preceding interview. When examining the extent of polydrug use via injection, IDU reported an average of 6 drug classes ever injected [2], and 3 drug classes injected in the six months prior to interview. The polydrug use histories of IDU, and routes of administration are presented in Table 4 (p7).

The majority (85%) of IDU interviewed in 2003 had used two or more drugs on the day preceding interview (excluding tobacco but including alcohol) with the most common being cannabis (60%), heroin (57%) and/or alcohol (28%). Only three percent of the sample had not used any drugs on the day prior to interview.

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[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.

Table 4: Polydrug use history and routes of administration of IDU sample

Drug Class	Ever used %	Ever injected %	Injected last 6 Months %	Ever Smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 months %	Ever Swallow %	Swallow last 6 mths %	Used last 6 months %	Days used last 6 months* %
Heroin	99	98	88	64	10	19	3	26	6	88	93
Methadone	90	68	34					82	54	62	120
Morphine	77	74	49	2	0	0	0	36	17	50	5
Homebake	44	44	16	2	0	0	0	3	1	16	5
Other opiates	46	32	8	9	1	1	0	25	12	17	7
Speed powder	85	84	48	13	4	39	6	34	7	48	12
Base/point/wax	34	32	13	2	0	4	0	5	2	13	10
Ice/shabu/crystal	82	80	64	21	16	4	2	9	5	65	15
Cocaine	66	57	12	7	3	37	4	11	2	13	4
Hallucinogens	65	24	4	8	1	1	0	63	3	4	15
Ecstasy	64	32	9	0	0	3	1	59	20	26	2
Benzodiazepines	78	37	9	6	0	0	0	76	61	62	14
Alcohol	97	12	0					97	73	73	20
Cannabis	97									86	180
Anti-depressants	33	4	0					33	16	16	30
Inhalants	27									3	7
Tobacco	97									97	180
Buprenorphine	22	1	1	0	0	0	0	22	10	10	21

Source: ACT IDRS IDU Survey files, 2003

Note: * Median number of days of use by those who had used the substance in the past six months

4.0 HEROIN

The following figures refer to the ninety IDU who commented on the price, purity and availability of heroin. Eleven key informants reported that heroin was the primary drug of use amongst their contacts, and also commented on the price, purity and availability of heroin in the ACT.

4.1 Price

Table 5 presents the reported median prices paid for heroin by IDU in the ACT in the six months prior to interview. There was no difference in the median reported prices for purchased values of heroin in 2002 and 2003. The median price of a cap of heroin was reported to be $50, and a half-gram was $180. The median price per gram of heroin was reported as being $350. The majority (54%) of IDU who gave information about heroin believed the price to be stable (46% in 2002), which is consistent with the stable prices reported. Approximately one quarter (21%) believed the price to be decreasing, and 11 % believed the price to be increasing. The comparable figures for 2002 were 27% reporting a decrease and 12% reporting an increase. Similar to the previous year, quarter grams were the most commonly purchased amount of heroin, followed by half grams and caps.

Table 5: Price of heroin purchases by IDU, 2003

Amount	Median price* $	Number of purchasers
Gram	350 (350)	23
Cap	50 (50)	32
Half gram	180 (180)	50
Quarter gram	100 (100)	60
1/8 gram	50 (50)	12

Source: IDRS IDU Survey files, 2002 and 2003
* *2002 median prices in brackets*

Key informants estimated the price of a gram of heroin to range from $400-430, which is more expensive than the median price reported by IDU. Consistent with IDU reports, KIS estimated half grams to be between $150-$200, and quarter grams between $80-120. Again consistent with IDU reports, those KIS commenting on heroin reported that the prices had remained stable in the preceding six months.

4.2 Availability

Ninety one percent of IDU commenting on heroin reported that it was 'easy' (47%) to 'very easy' (44%) to obtain, an increase from 81 % (34% 'easy' and 47% 'very easy') in

2002. There was a decrease in 2003 in the proportion of IDU reporting that heroin is 'difficult' to obtain (9%) when compared to 2002 (18%). Fifty seven percent of IDU thought that availability had remained 'stable' in the preceding six months while 27% reported that it had become 'easier'. The comparable figures for 2002 are 47% (stable) and 23% (easier). Fourteen percent of IDU reported heroin as 'more difficult' to obtain in the previous six months (a decrease from 19% in 2002) and one percent thought that the availability of heroin had fluctuated (compared with 6% in 2002).

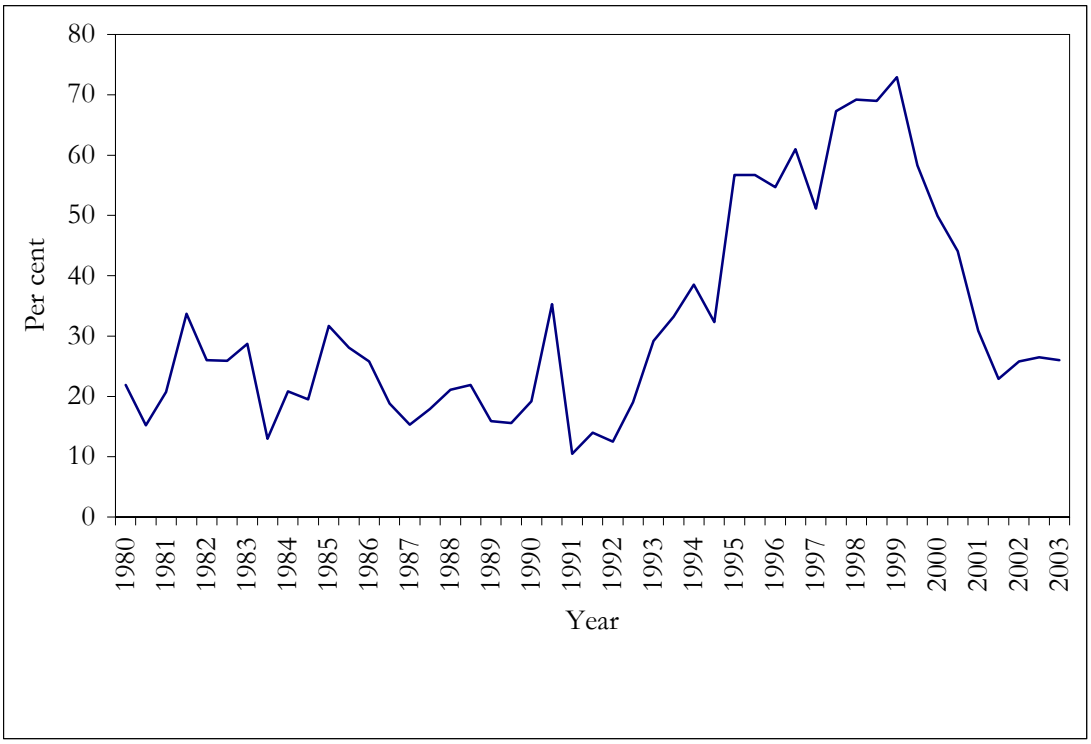
IDU who reported purchasing heroin in the previous six months bought it predominantly through a mobile dealer (46%), by going to a dealers' home (27%), from street dealers (12%) and through friends (8%). Key informants confirmed the importance of mobile dealers in the local heroin market. The median time that respondents reported it usually took to score heroin was 20 minutes (15 minutes in 2002), and the median time it took for respondents to score the last time they bought heroin was slightly shorter at 15 minutes (12.5 minutes in 2002).

Again, consistent with IDU self-reports, the majority of key informants commenting on heroin reported that it was 'easy' to 'very easy' to obtain, and that the availability had remained stable over the previous six months.

4.3 Purity

Figure 1 presents data on the purity of heroin seizures, made by the AFP (ACT Policing) and analysed by ACTGAL, for six-month intervals from January 1980 to June 2003. The purity of heroin increased substantially in the ACT over an eight-year period from the beginning of 1991 (10.5%) to the beginning of 1999 (73%) (ACTGAL unit record files). Corresponding with the heroin drought, the purity of heroin in the ACT then returned to lower levels from mid-1999 onwards. In 2002-2003 the mean purity of heroin analyses conducted by ACTGAL was 26%, a slight increase from 24% in 2001-2002.

Figure 1: Purity of heroin seizures analysed by ACTGAL, January 1980 – June 2003



Source: ACTGAL 2003

In 2003 there was a significant increase ($p<.05$) in the proportion of IDU reporting the current purity of heroin to be 'high' (20%) when compared to the previous year (7%). Approximately one third (37%) of IDU thought that the current purity of heroin was 'medium', a slightly smaller percent than 2002 (41%) and one quarter (26%) reported that the purity of heroin was 'low' (compared with 37% in 2002)

Almost one third (30%) of IDU thought that the purity of heroin had increased in the preceding six months (compared to 23% in 2002), while 20% reported a decrease in purity during this period (22% in 2002). Thirty-one percent of IDU commenting on heroin thought that heroin purity had remained stable (23% in 2002), while 14% thought it had fluctuated (17% in 2002).

Similar to the response of IDU, the majority of key informants thought that the purity of heroin was medium. One key informant reported the quality to be low, while another believed that it had fluctuated. Key informants were divided in their perception of heroin purity change over the six months prior to interview – equal numbers reported that the purity had increased (n=4) and decreased (n=4), while one key informant reported that it had fluctuated.

4.4 Heroin Use

4.4. 1 Heroin use among IDU

Heroin use was almost universal (99%) among the 2003 sample. Over two-thirds (69%) of IDU stated that heroin was their drug of choice, compared with 73% in 2002. Sixty eight percent reported injecting heroin most often in the last month (63% the previous year) and 74% reported that it was the last drug they injected (compared to 67% in 2002). Heroin was the second most common illicit drug used on the day prior to the interview, with over half (57%) the sample reporting that they had used heroin "yesterday".

4.5 Current patterns of heroin use

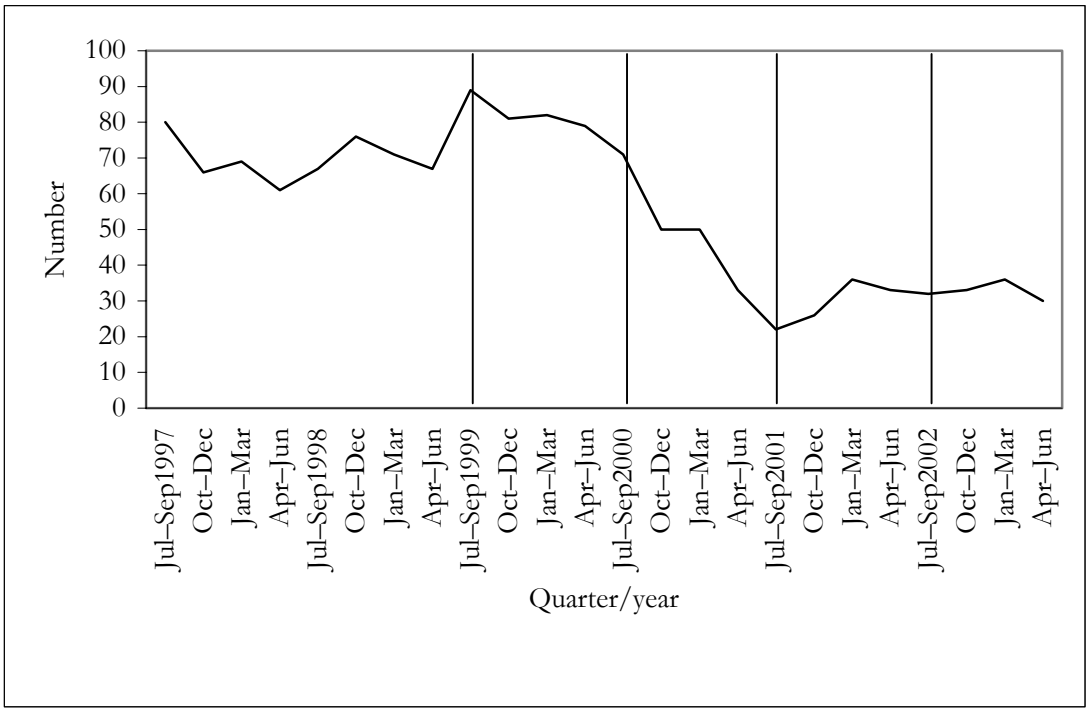
Eighty-eight percent of IDU in 2003 reported having used heroin in the previous six months. Ninety-seven percent of recent heroin users had used heroin powder, 93% had used rock and 25% had used homebake heroin in this period. Over half (54%) of the respondents who had used heroin in the preceding six months reported that powder was the most common form they had used (a significant decrease from 79% in 2002, p=.000) while 44% reported that rock was the most common form they had used (a significant increase from 21% in 2002, p=.000).

Ninety-eight percent of the sample had injected heroin at least once in their lifetime, with all recent users (88%) having injected in the six months prior to interview. Heroin smoking was also relatively widespread, with almost two thirds (64%) of the sample reporting they had smoked heroin at least once in their lifetime, though only 10% had done so recently. Of those IDU who had used heroin in the six months prior to interview, the median number of days of use during this period was 93 (that is, every second day), a considerable increase from the reported median of 48 days in 2002. Consistent with this fact, key informants reported that the majority of heroin users with whom they had contact were injectors, and that they used every other day or once daily or more, with frequency of use being dependent on availability. One third (32%) of IDU had used heroin daily in the previous six months (a significant increase from 18% in 2002, p<.05). The proportion of daily users is increasing but has yet to approach the level reported prior to the heroin shortage in 2000 (47%).

The majority (n=9) of key informants that commented on heroin reported that varying proportions of their contacts were currently enrolled in one (or more) forms of drug treatment. Methadone maintenance was the form of treatment that key informants reported the greatest proportion of their contacts were enrolled in. Key informants also estimated smaller proportions of contacts that were engaged in buprenorphine treatment, drug counselling, and to a lesser extent, detoxification.

There has been a gradual decline in the number of clients withdrawing from heroin in the ACT at Arcadia House between the first quarter of 1999-2000 to the end of the 2002-2003 financial year (see Figure 2). From the July-September 2002 quarter (n=32) to the April-June 2003 quarter (n=30), the proportion of clients withdrawing from heroin at Arcadia House has remained relatively stable.

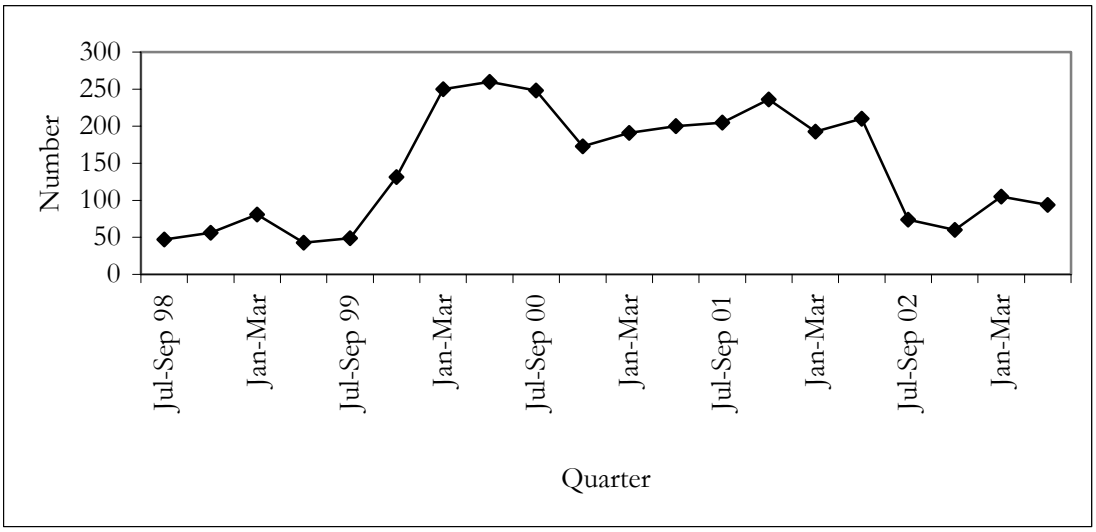
Figure 2: Number of Arcadia House clients withdrawing from heroin, by quarter, 1997-1998 to 2002-2003



Source: Assisting Drug Dependents Incorporated (ADDInc)

In the ACT, the number of clients in opioid-related case management peaked between the January-March quarter of 1999-2000 to the July-September quarter of 2000-2001. The number of clients remained relatively high for the next year, but then began decreasing in the first quarter of 2002-2003. Since then it has remained low. Looking at these trends more broadly, the number of clients in opioid-related case management (83 clients per quarter) in 2002-2003 more than halved when compared to the reported figures for 2001-2002 (211 clients per quarter).

Figure 3: Number of ACT Alcohol and Drug Program clients in opioid-related case management, by quarter, July 1998 to June 2003



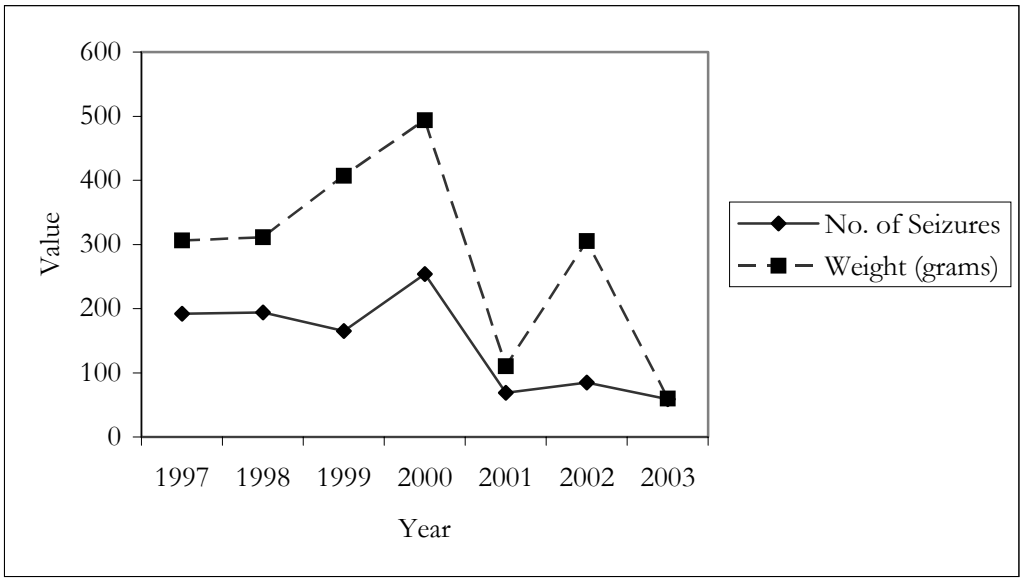
Source: ACT Alcohol and Drug Program (ADP)

4.6 Heroin Law Enforcement Seizure Data

The number of heroin seizures and total weight seized for each year from 1997-2003 is set out in Figure 4 (p13). It should be noted that the figures for 2003 are only inclusive up to 30 October 2003, and therefore do not represent the total number and weight of seizures for the year. As can be seen from the figure, there has been an increase in the overall quantity of heroin seized in 2002, although the number of seizures remained approximately the same.

As at the end of October 2003, the number of seizures has remained stable, while the weight of seizures has again dropped to the levels seen in 2001.

Figure 4: Number and weight of heroin seizures in the ACT, 1997-2003*



Source: AFP (ACT Policing); * Note: Information for 2003 is only up until October, 2003.

4.7 Heroin related harms

4.7.2 Health

Fatal Overdose

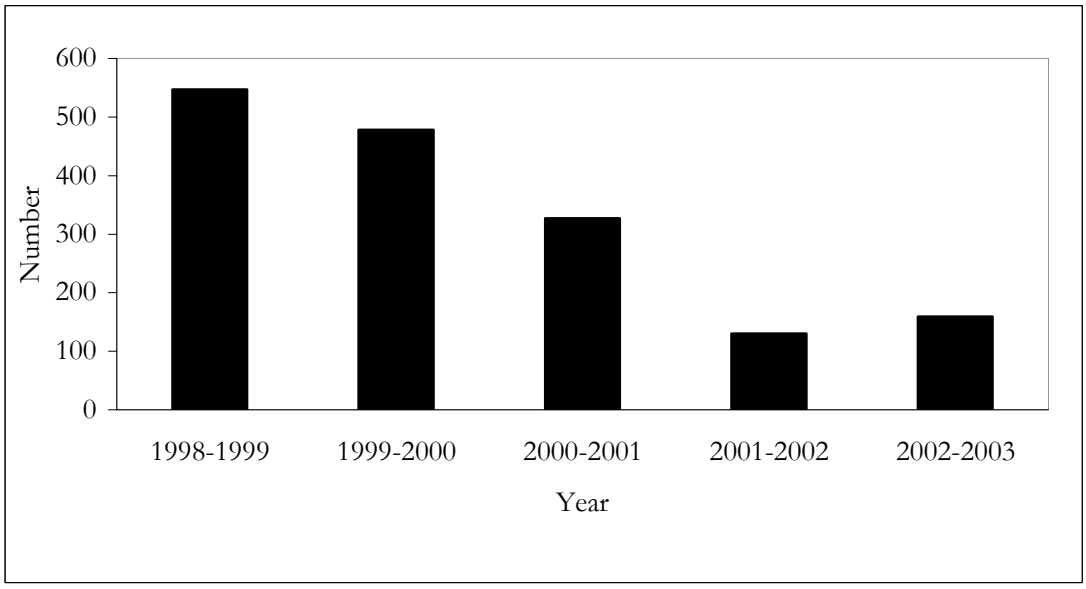
There were eight opioid overdose deaths in the ACT in 2002 (Degenhardt & Barker, 2003). Three of these individuals were male and five female. This yields a rate of accidental death due to opioids in the ACT of 40.1 per million persons aged 15 to 54 years. This is the lowest rate of opioid overdose death in the ACT since 1994. However, an unusual feature of these deaths is that the majority occurred in females. The ACT was the only jurisdiction in Australia where this was the case for 2002 (Degenhardt & Barker, 2003).

Non-fatal Overdose

Fifty-seven per cent of the sample (n=97) reported overdosing on heroin at some time in their lives in 2003. The same proportion reported ever overdosing in 2002. In 2003, the median time to last overdose on heroin was 33 months (range 0-216 months).

Since 1998-1999, the annual number of non-fatal heroin overdoses in the ACT attended by the ACT Ambulance Service has continued to decrease. However in 2002-2003 there were 159 non-fatal heroin overdoses attended, representing an increase from 130 overdoses attended in 2001-2002 (Figure 5, p14).

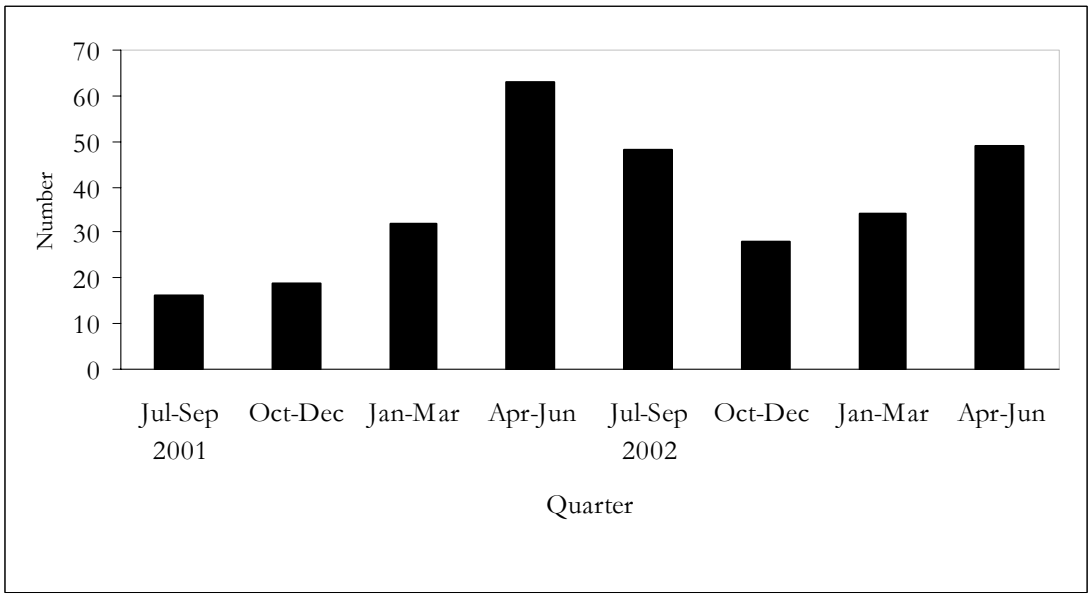
Figure 5: Number of non-fatal heroin overdoses, attended by ACT Ambulance Service, 1998-1999 to 2002-2003



Source: ACT Ambulance Service

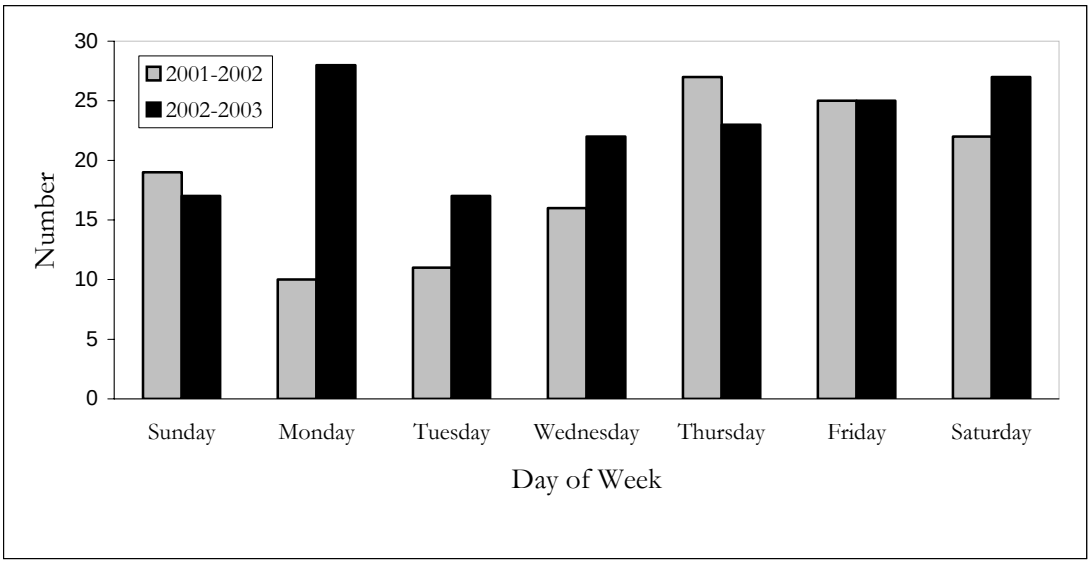
When analysed by quarter (Figure 6), it appears that the number of non-fatal heroin overdoses in the ACT has increased with each quarter from October-December 2002 (28 overdoses) to the April-June 2003 quarter (49 overdoses). As was the case in 2001-2002, overdoses were frequently attended in the central business district of the ACT, as well as in suburbs nearby the major town centres (Map 1, p16).

Figure 6: Number of non-fatal heroin overdoses, attended by ACT Ambulance Service, July 2001 to June 2003



Source: ACT Ambulance Service

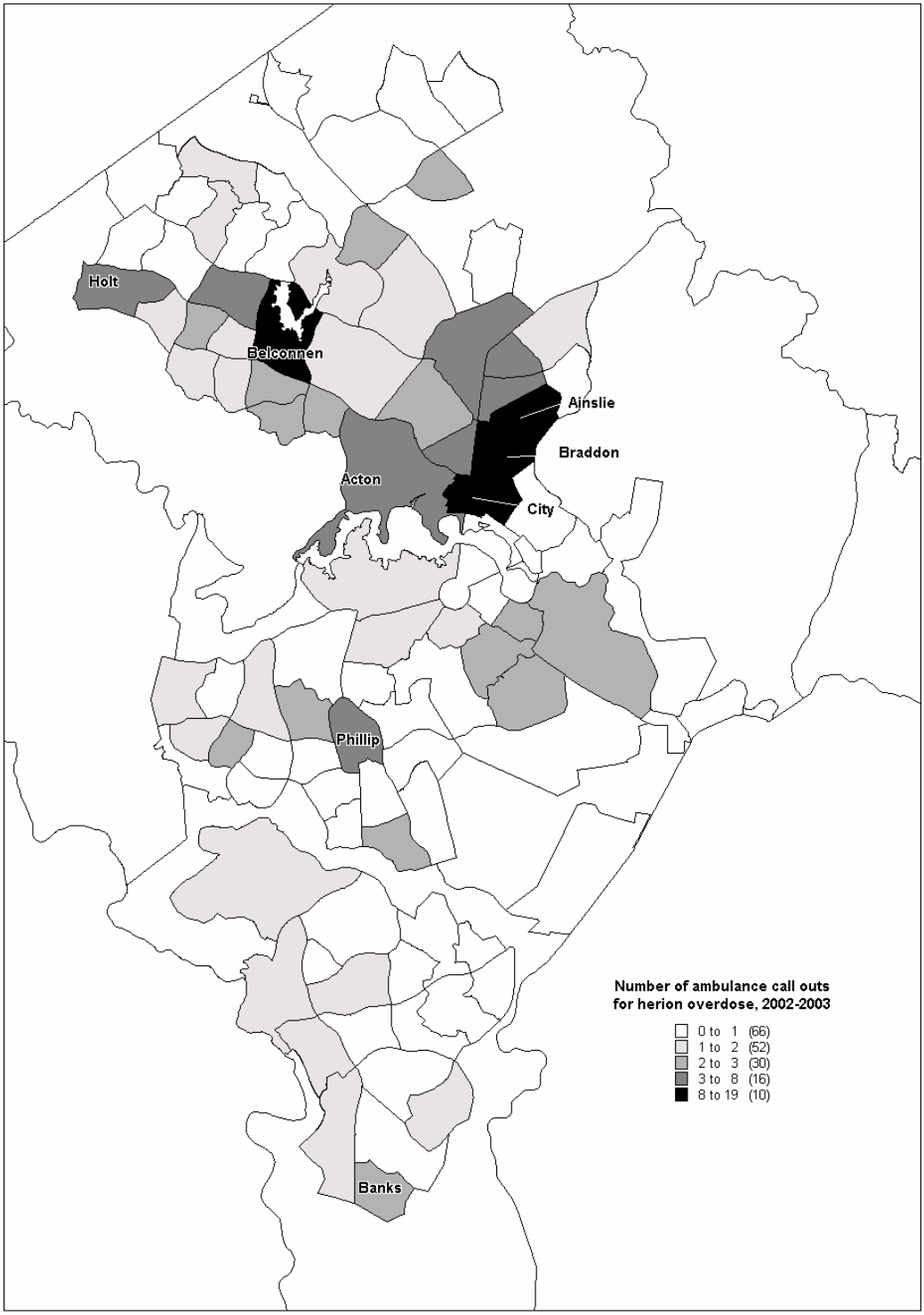
Figure 7: Number of non-fatal heroin overdoses, attended by ACT Ambulance Service, by day of week, ACT, 2002-2003



Source: ACT Ambulance Service

In the ACT in 2001-2002, the incidence of non-fatal heroin overdoses grew steadily from Monday through to a peak on Thursday, then declined until Sunday (Figure 7). In contrast to this pattern, non-fatal heroin overdoses in the ACT in 2002-2003 increased slightly from Wednesday to Saturday and peaked on Monday, having dropped off on Sunday and Tuesday.

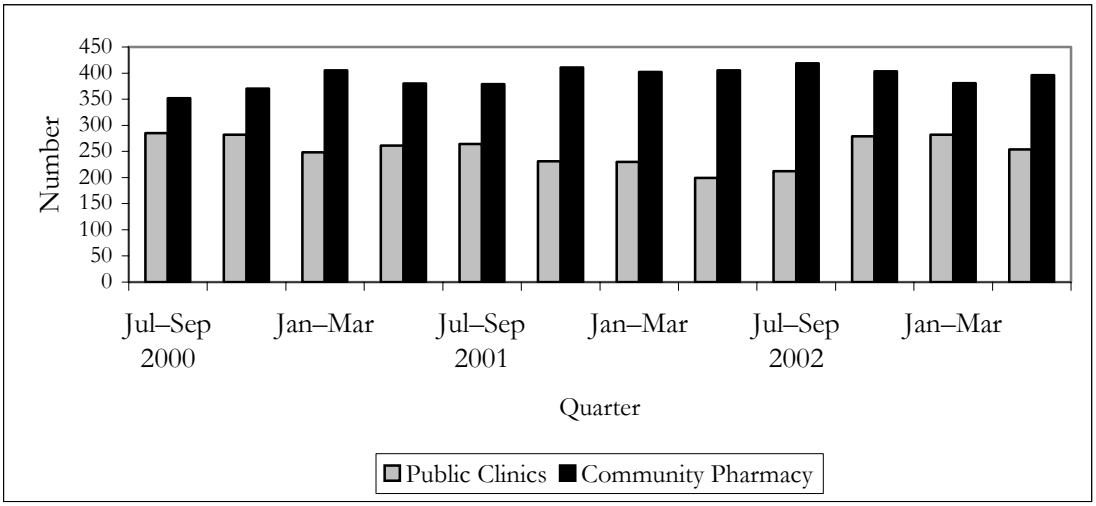
Map 1: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, 2002-2003



Methadone Treatment

In 2002-2003, there was a slight increase in the number of clients enrolled in methadone programs per quarter (both public clinic and community pharmacy) in the ACT, compared to the previous year (Figure 8). In 2001-2002 there was an average of 630 clients enrolled in methadone maintenance per quarter, whereas in 2002-2003 this figure increased to 657. The ratio of clients enrolled in public clinics versus community pharmacy (39:61) methadone programs, remained similar to that in 2001-2002 (40:60).

Figure 8: Clients of methadone services, by quarter and type of program, ACT, July 1999 to June 2003



Source: ACT Drug and Alcohol Program (ADP)

4.7 Trends in heroin use

The heroin market in the ACT appears to be stabilising in 2003. The price of heroin is stable, it is easy to very easy to obtain, and the frequency of use appears to be increasing. There was a perception among the IDU interviewed in 2003 that younger people were using heroin and that the frequency of drug use was increasing, although only six of the IDU reported the latter point specifically in relation to heroin. This overall view was supported by the key informants who generally believed that heroin has become easier to obtain in 2003 and that as a result we can expect to observe a continued increase in heroin use.

4.8 Summary of heroin trends

Table 6 (p18) summarises the trends in price, purity, availability and use of heroin in 2002-2003. As in 2001-2002, heroin was reported to be easy to obtain (easy to very easy) and the availability remained stable according to both IDU and KIS reports. When asked about the purity of heroin, the majority of IDU believed it to be medium to low, and that the purity was stable to increasing. According to the ACTGAL analyses, the mean purity of heroin in 2002-2003 (26%) had increased slightly since 2001-2002 (24%).

Table 6: Summary trends on heroin price, purity, availability and use, ACT, 2002-2003

Price (median) Cap Gram	 $50 – compares with $50 in 2001-2002 $350 – compares with $350 in 2001-2002
Availability	Easy to very easy to obtain, availability stable
Purity	26% (mean), up from 24% in 2001-2002 (ACTGAL)
Use	Increase in frequency of use, especially daily use

Source: ACT IDRS IDU Survey files, 2002, 2003

5.0 METHAMPHETAMINE

In 2001-2002, for the first time the IDRS IDU questionnaire differentiated between three categories of methamphetamine - methamphetamine powder or 'speed', crystal methamphetamine or 'ice' and base amphetamine or 'base'. This differentiation was due to the increasing proportion of IDU who gave information on purer, more potent and more expensive forms of methamphetamine available on the street. The differentiation between speed, base and ice was included in an effort to collect data in such a way that the differences (if any) between the markets for each individual form of methamphetamine could be observed.

This year, 46 IDU gave information about speed, 57 about ice and 10 about base. Supporting ice as the most widely used form of methamphetamine, six key informants reported that crystal methamphetamine was the main type of this drug used by the IDU with which they had most contact with in the previous six months.

5.1 Price

The median prices reported in 2002 and 2003 for each form of methamphetamine are summarised in Table 7.

Table 7: Reported price (median) for methamphetamine, 2003

Weight	Speed	Base	Crystal/Ice
	Median price* ($)		
Point	50 (50)	50 (50)	50 (50)
1/8 gram	50 (180)	100 (-)	50 (-)
¼ gram	100 (130)	- (110)	100 (120)
½ gram	130 (150)	150 (150)	155 (185)
Gram	175 (300)	210 (250)	300 (335)
'Eightball'	165 (120)	600 (700)	675 (-)
Ounce	- (1750)	- (2000)	- (-)

Source: ACT IDRS IDU Survey files, 2002 and 2003; * *2002 median prices in brackets*

The median price of a gram of speed purchased by IDU was $175, a decrease from the reported price for a gram in 2002 ($300). Similarly, the median prices reported for 1/8 gram ($50), ¼ gram ($100) and ½ gram ($130) in 2003 had also decreased when compared to prices reported by IDU for the same quantities the previous year. The most common (n=31) amount of speed purchased in the last six months was a point ($50, the same price as 2002), with half grams (n=7) being the next most common amount. Sixty five percent of IDU believed the price of speed to be stable (comparable to 59% in the previous year), despite the reported decrease in price for the majority of speed quantities purchased. Thirteen percent reported that the price had increased (compared to 17% in 2002), while only 4% of IDU reported that they thought the price of speed had decreased (compared to 7% in 2002).

Among those IDU commenting on base in 2003, the most common (n=5) purchase amount was a point ($50), remaining stable from 2002. Grams were also purchased (n=4) at a median price of $210, a decrease from the reported price for a gram of speed in 2002 ($250).

In 2003, the most commonly purchased amount of ice was a point ($50) and this price remained stable compared to 2002. A significant increase in the number of IDU who reported that they had purchased a point of ice in the previous six months was observed (n=9 in 2002 and n=47 in 2003, p<.000). Half grams ($155, n=14) and grams ($300, n=10) were also commonly purchased, and again a decrease in price was observed for these quantities when compared to 2002 ($185 for a half gram and $335 for a gram). More than half (58%) the IDU who commented on ice in 2003 reported that the price had remained stable (50% did so in 2002). Ten percent reported an increase (down from 29% the previous year) and 12% reported a decrease in price (no IDU reported a decrease in 2002).

KIS reports on the price of ice were generally consistent with those of IDU. Points were between $30 and $50, while grams were estimated to be between $220 and $400. The reported price of 'eight balls' by KIS (n=1) ranged between $800-1200. One key informant commented that among IDU, the purchase and use of 'normal' methamphetamine was no longer talked about, due to the stronghold ice had on the current market. The perception that users were receiving better 'value for money' was also expressed by key informants, due to an increase in methamphetamine purity (that wasn't matched with an increase in price). Half (n=3) the key informants commenting on ice could not comment on price change in the last six months, and of those who could, the majority reported that it was stable (n=2), while one key informant believed the price had decreased.

5.2 Availability

Among the 46 IDU who commented on the availability of speed, 80% thought it 'very easy' (48%) to 'easy' (32%) to obtain. These figures were similar to those reported in 2002 (52% 'very easy' and 24% 'easy'). Over half (59%) the IDU commenting on speed thought that availability had remained stable in the preceding six months. IDU predominantly bought speed from a dealers' home (30%), with equal percentages reporting buying it from street dealers (16%), friends (16%) and by contacting dealers on mobile phones (16%). The median time that IDU reported it usually took them to score speed was 30 minutes, and the median time taken the last time they scored speed was 15 minutes.

IDU produced inconsistent reports relating to the availability of base, which is probably due to the small sample obtained (n=10). Of the IDU who commented on the availability of base, 40% believed it to be 'difficult' to obtain, a noticeable increase from those reporting it 'difficult' (8%) in the previous year. Thirty percent believed it was 'easy' to obtain (compared to 15% in 2002), while 20% reported it was 'very easy' to obtain (similar to 23% in the previous year). One third (33%) of IDU commenting on base reported obtaining it from dealers' homes, with equal proportions reporting they obtained it from friends (22%) and mobile dealers (22%). The median time that it usually

took to score base was 20 minutes, and the median time reported for the last time respondents scored base, was 15 minutes.

In contrast to figures reported in the previous year, 92% of IDU commenting on ice in 2003 reported that it was 'very easy' (67% in 2003, a significant increase from 29% in 2002, $p<.05$) to 'easy' (25%) to obtain (compared to 21% in 2002). In 2003, 7% of respondents reported that ice was 'difficult' to obtain (compared to 21% the previous year), while no respondents indicated that ice was very difficult to obtain (a significant decrease compared to 29% in 2002, $p=.000$). In correspondence with the reported decreases in cost for ice, over one third (35%) of IDU commenting on ice reported that availability in the six months preceding had become easier (a significant increase from 0% in 2002, $p<.001$). The majority (44%) reported that the availability remained stable (compared to 50% in the previous year), while only 12% believed it had become more difficult (a significant decrease from 50% the previous year, $p<.01$). Over one third (39%) of respondents commenting on ice reported obtaining it from dealers' homes, while 20% reported buying it from street dealers, 16% from friends and 16% from mobile dealers. IDU commenting on ice reported a median time to score (and time taken to score the last time) of 15 minutes. This is a dramatic reduction when compared to the median time reported in 2002, of just over two hours (128 minutes). Consistent with the reports of IDU, all key informants thought that ice was either 'easy' or 'very easy' to obtain, and that it had become easier to obtain in the last six months.

5.3 Purity

The purity of methamphetamine powder or speed was reported to be 'high' (35%) to 'medium' (33%) in 2003 (comparable figures in 2002 were 31% 'high' and 17% 'medium'). Furthermore, there was a significant ($p<.01$) decrease this year in the proportion of IDU that reported that the purity of speed was 'low' (15%), when compared to the previous year (45%). One third (37%) of the respondents who chose to give information about speed believed the purity to have been 'stable' over the preceding six months (compared to 31% in 2002). Twenty two percent believed that the purity had decreased over this period (a decrease from 41% reporting this in 2002), and 15% reported that the purity of speed had increased over the past six months (7% did so the previous year).

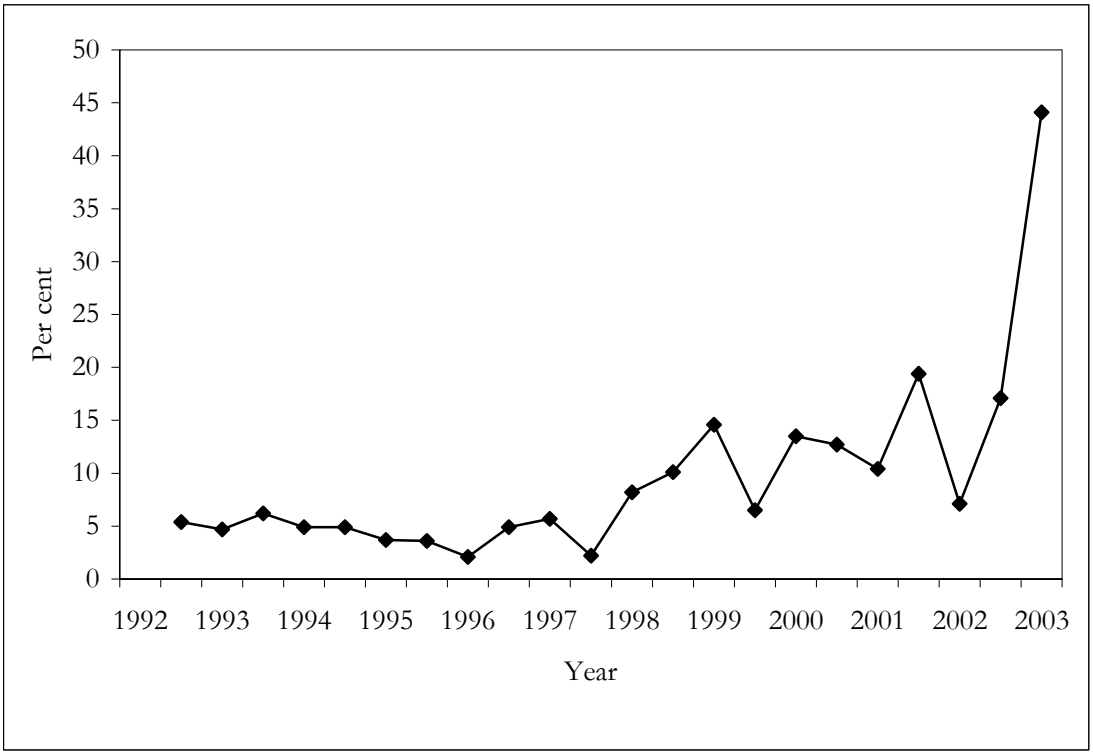
The current purity of base methamphetamine was reported to be 'high' by 50% of respondents who gave information about it (compared to 46% the previous year), 'medium' by 30% of respondents (23% in 2002) and 'low' by 10% (15% in 2002). When asked if they believed the purity of base had changed in the six months prior to the interview, the majority (80%) of respondents reported that the purity was 'stable' (40%) to 'increasing' (40%), compared to 46% who reported this the previous year (23% 'stable' and 23% 'increasing' in 2002). In 2002, 39% of respondents commenting on base reported that the purity had decreased in the previous six months – this year there was a significant decrease ($p<.05$) in the number of IDU who indicated that the purity of base was decreasing (0%). Again, the small sample size commenting on base methamphetamine in 2002-2003 has to be taken into account when interpreting these data.

The current purity of crystal methamphetamine or ice was reported to be 'high' by 63% of the respondents who commented on it (an increase from 50% in 2002). The

remaining respondents believed that the current purity of ice was 'medium' (16%; 14% in 2002), 'low' (9%; 14% in 2002) and fluctuating (2%; 14% in 2002). The majority (37%) of respondents believed that the purity of ice was stable, with equal proportions reporting the belief that the purity of ice had increased (19%; 7% in 2002) or decreased (19%; 22% in 2002).

KIS reports regarding the purity of ice were consistent with the IDU data. Of those key informants who commented on the purity of ice (n=4), all indicated that they believed it to be 'high', and that the purity had increased (n=3) over the preceding six months. The perceptions of both IDU and key informants are confirmed by the purity of AFP methamphetamine seizures analysed by ACTGAL in 2002-2003.

Figure 9: Average purity of methamphetamine seizures analysed by ACTGAL, January 1992- June 2003



Source: ACTGAL, 2003

As shown in Figure 9, ACTGAL analyses of AFP methamphetamine seizures indicate that methamphetamine purity in the ACT was consistently low up until the mid-to-late 1990's. From 1997, methamphetamine purity gradually began to increase, though fluctuations were still evident. In 2002-2003 however, a dramatic increase in the purity of methamphetamine seizures can be observed. The average purity of methamphetamine seizures in the ACT for 2001-2002 was 13%, and this more than doubled to 31% in 2002-2003. The average purity of methamphetamine seized in the ACT between January and June in 2003, was 44%. According to advice from the ACTGAL, this is attributable to the increasing proportion of crystal methamphetamine being seized.

5.4 Use

5.4.1 Methamphetamine use among IDU

Seventy four percent of IDU indicated they had used some form of methamphetamine in the previous six months. Methamphetamine was the first drug injected by 43 percent of the 2003 IDU sample, the last drug injected prior to interview by 27 percent, the drug injected most often in the last month prior to interview by 30%, and the drug of choice nominated by 14%. In 2003, there were significant increases in the proportions of IDU reporting methamphetamine to be the last drug they had injected prior to interview (27% up from 15% the previous year, $p<.05$) and the drug they had injected most often in the previous month (30% up from 17% the previous year, $p<.05$). The median number of days on which speed, base and ice has been used in the preceding six months was 12, 10 and 15 respectively.

5.4.2 Current patterns of methamphetamine use

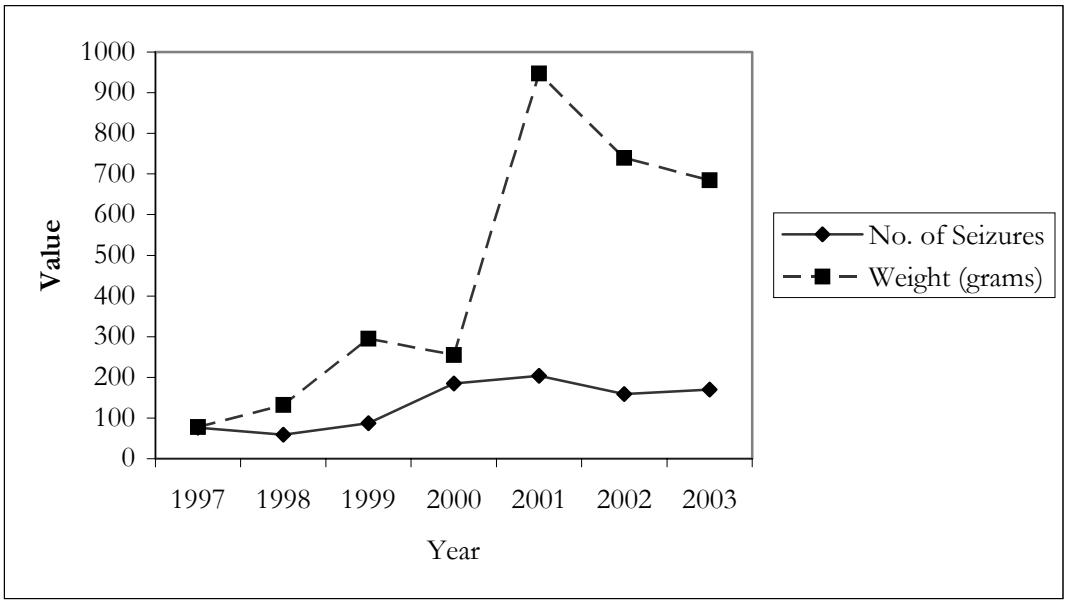
Of the 74 percent of IDU who had reported the recent use of methamphetamine, 65% had used speed in the previous six months (compared to 72% in 2002), 18% had used base methamphetamine (a significant decrease from 43% the previous year, $p<.01$) and 88% had used ice (a significant increase from 49% in 2002, $p<.001$). Almost one quarter (23%) of those using methamphetamine in the six months prior to interview reported the use of *illicitly* obtained prescription amphetamines during this period (comparable to 24% in 2002), and a smaller proportion (10%) reported having used liquid amphetamine (a slight increase from 4% the previous year). Only eight percent of recent methamphetamine users reported the use of *licitly* obtained prescription amphetamines during the six months prior to interview (up from 1% in 2002).

The majority (71%) of IDU who had used methamphetamine in the six months prior to interview reported that ice was the form of methamphetamine they used most frequently during that period. This is a significant increase from only 24% who reported this in the previous year ($p<.001$). There was a corresponding significant decrease in the proportion of IDU who reported speed (21% in 2003 compared to 49% the previous year, $p<.001$) and base (1% in 2003 down from 19% in 2002, $p<.001$) as the form of methamphetamine they used most often in the past six months. Corresponding to this increase in ice use, there was a doubling in 2003 in the proportion of IDU who had recently injected ice (64%) compared to 2002 (30%; $p<.05$). Twenty three percent of IDU reported using some form of methamphetamine in the day prior to interview (an increase from 14% in 2002).

5.5 Amphetamine Law Enforcement Seizure Data

Figure 10 shows the number and weight of amphetamine seizures in the ACT for the period 1997-2003. While the number of seizures has remained approximately stable since 2000, there was an almost fourfold increase in the weight of amphetamine seized in 2001 and the weight of seizures has remained much higher than pre-2001 levels in 2002 and 2003.

Figure 10: Number and weight of amphetamine seizures in the ACT, 1997-2003*



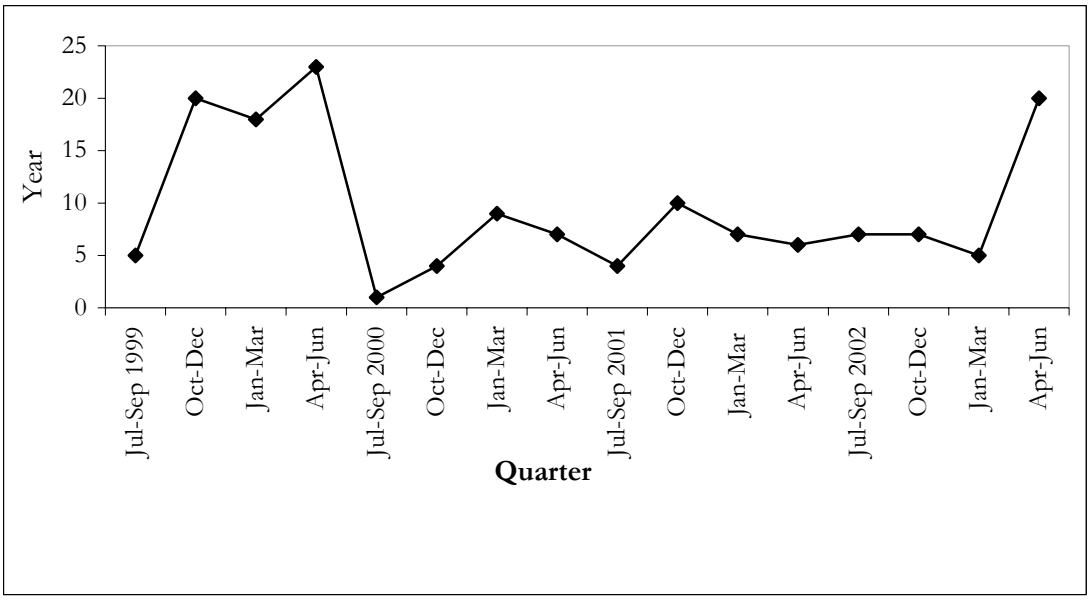
Source: AFP (ACT Policing)
* Note: Information for 2003 is only up until October, 2003.

5.6 Methamphetamine related harms

5.6.1 Health

As can be seen in Figure 11 below, there has been a fluctuation in the number of methamphetamine-related calls made to the ACT Alcohol and Drug Program's 24-hour telephone helpline over the period from July 1999 to June 2003. Despite the introduction of new counting rules in the July quarters of 1999 and 2000, the number of methamphetamine-related calls has continued to increase since then. In 2003, a sharp increase in the number of amphetamine-related calls (from 5 calls in the third quarter to 20 calls in the 4th quarter) made to the helpline was observed. This is consistent with the reported increase in use of purer forms of methamphetamine among the IDU sample in 2003, and also the comments of key informants, who reported an increase in agitated and 'scattered' behaviour among the drug users with whom they had contact during this period.

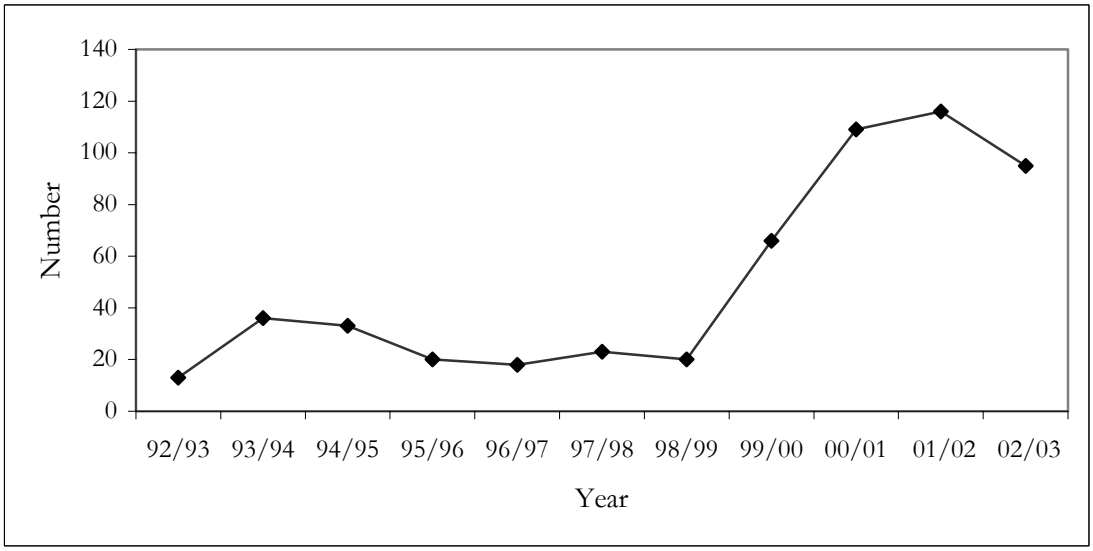
Figure 11: Number of amphetamine-related callers to 24-hour helpline, by quarter, ACT, July 1999 to June 2003



Source: ACT Alcohol and Drug Program (ADP)
Note: New systems were introduced in the July Quarters of 1999 and 2000 that affected the counting rules. Callers who were allocated a caseworker or other Alcohol and Drug Program Services are no longer counted in Helpline statistics.

As can be seen in Figure 12, there has also been an increase in the number of clients withdrawing from methamphetamine at Arcadia House from 1998-1999 to 2001-2002. Although decreasing slightly, there was no significant change in the number of clients withdrawing from amphetamines at Arcadia House in 2002-2003.

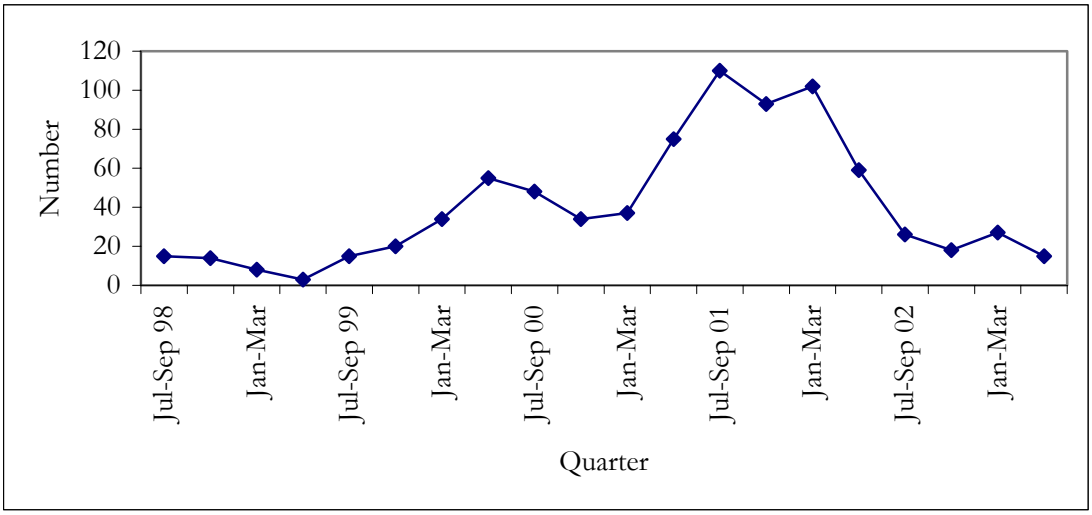
Figure 12: Number of Arcadia House clients undergoing withdrawal from amphetamines, 1992-93 to 2002-03



Source: Assisting Drug Dependents Incorporated (ADDInc)

From the January-March quarter of 2000-2001, there was a sharp increase in the number of clients in methamphetamine case management in the ACT (see Figure 13 below). Except for the January-March period in 2001-2002, these figures have since continued to decline. In the 2001-2002 financial year, 364 ACT Alcohol and Drug Program clients were in methamphetamine case management. In 2002-2003, this figure was dramatically smaller at 86 clients, and little variation was observed across quarters in the lower figures reported. The 2002-2003 figures are surprising given the prevalence of ice use among IDU during this period, and the indications of methamphetamine-related help seeking in relation to the helpline and presentations for withdrawal at Arcadia House noted above.

Figure 13: Number of ACT Alcohol and Drug Program clients in methamphetamine case management, by quarter, July 1998 to June 2003



Source: ACT Alcohol and Drug Program (ADP)

5.7 Flashcard Analysis

In 2002 a flashcard with colour photographs of speed, base and ice was used in order to assist with the clarification of the different forms of methamphetamine (Churchill & Topp, 2002). A copy of this flashcard is located on the NDARC website and can be found at http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.bulletins. As in the previous year, in 2003 this flashcard was shown to respondents who had used methamphetamine in the previous six months, in order to identify which picture most closely resembled the form of methamphetamine that they had used.

On the flashcard, photographs in category A were believed to represent methamphetamine powder, category B to represent base methamphetamine, and category C to represent crystal methamphetamine. Respondents who reported the recent use of any form of methamphetamine were shown the flashcard and were then asked to identify which pictures best resembled the forms they had used. Furthermore, respondents could nominate pictures from any category. Table 8 below sets out the

results of the most commonly identified pictures reported by those who had used methamphetamine in the previous six months.

Table 8: Flashcard analysis of types of methamphetamine used in the previous six months

	Speed n = 48	**Base** n = 13	**Crystal** n = 65
% who chose any A	73	8	2
% who chose any B	10	69	2
% who chose any C	10	23	86
Most common chosen	A1 (n=23) A2 (n=5)	B3 (n=4) C4 (n=2)	C2 (n=37) C1 (n=19)

Source: ACT IDRS IDU Survey files, 2003
*Note that percentages do not add up to 100 due to missing data

5.7.1 Speed

Of the respondents who reported using methamphetamine powder in the six months prior to interview, 73% identified pictures from the category A grouping to be methamphetamine powder or 'speed'. The most commonly identified pictures were A1 (n=23) and A2 (n=5) (see Photograph 1 below). Only small proportions of recent methamphetamine users identified photographs from category B (10%) and category C (10%).

5.7.2 Base

Of those who reported the use of base methamphetamine in the previous six months, over two-thirds identified pictures from the category B grouping to be base methamphetamine. Only 8% of respondents identified pictures from the photographs in category A, and 23% identified photographs from category C. The photographs most commonly identified as base were B3 (n=4) and C4 (n=2) (see Photograph 1 below).

5.7.3 Ice/crystal methamphetamine

Of the IDU who reported any use of crystal methamphetamine in the previous six months, almost all (86%) identified pictures from the category C grouping (which were believed by Churchill and Topp (2002) to represent crystal methamphetamine). A small proportion of recent users (4%) identified photographs from other categories (2% identified photographs in category A and 2% identified photographs in category B). The most commonly identified photographs were C2 (n=37) and C1 (n=19) (see Photograph 1 below).

Photograph 1: Most identified methamphetamine pictures

A Class Photographs (most identified)

A1

A2

B Class Photographs (most identified)

B3

C4

C Class Photographs (most identified)

C2

C1

Source: ACT IDRS IDU Survey files, 2002, 2003

5.7.4 Summary

In summary, as in 2002, these results support the hypothesis that pictures in category A represented speed, those in category B represented base methamphetamine and those in category C represented crystal methamphetamine or 'ice'.

5.8 Trends in methamphetamine use

The most notable change in methamphetamine use in the ACT in 2003 is the increase in the use of crystal methamphetamine and the corresponding decrease in the use of methamphetamine base and powder. There is also an increasing trend to inject crystal methamphetamine. It is important to also note that crystal methamphetamine is not being used as a substitute for, but in addition to, heroin. What can be observed is an increase in the availability and use of crystal methamphetamine in the context of a stable heroin market. Forty-four IDU commented that they had observed a change in the type of drugs being used over the past six months, and of these 41 specifically remarked on the increasing availability of crystal methamphetamine, with its use extending into the traditional opioid using population. The increasing trend towards the use of crystal

methamphetamine is supported by the IDU survey, by the increasing purity of methamphetamine seizures and the KIS data.

5.9 Summary of methamphetamine trends

Table 9 summarises trends in the price, purity, availability and use of methamphetamine in the ACT 2003. While the price for a point of each form of methamphetamine remained stable at $50, the price for larger amounts of speed, base and ice (such as a gram) all decreased. Speed and ice were reported as 'easy' to 'very easy' to obtain, and specifically in relation to ice, had become easier to obtain over the past six months. ACTGAL analyses of methamphetamine purity revealed an increase in the purity of methamphetamine seized in the ACT, attributable to the increasing availability of ice.

Table 9: Summary on trends on methamphetamine price, purity, availability and use, ACT, 2003

Price (median)	
Powder	
Point	$50 – compared with $50 in 2001-2002
Gram	$175 – decrease from $300 in 2001-2002
Base	
Point	$50 – compared with $50 in 2001-2002
Gram	$210 – decrease from $250 in 2001-2002
Ice	
Point	$50 – compared with $50 in 2001-2002
Gram	$300 – decrease from $335 in 2001-2002
Availability	
Powder	Very easy to easy, stable
Base	No consensus
Ice	Very easy to easy, stable to easier
Purity	Sudden increase in purity of AFP seizures attributable to increasing domination of the market by ice
Use	A decrease in speed and base use, corresponding to an increase in ice use

Source: ACT IDRS IDU Survey files, 2002, 2003

6.0 COCAINE

Of the entire IDU sample, only ten percent were able to comment on trends in price, purity and availability of 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 current price, purity or availability of cocaine. Due to the small number of respondents, caution needs to be exercised in interpreting the trends discussed below.

6.1 Price

In 2003, the median price of cocaine reported by IDU was $50 a cap (n=1), $150 a half gram (n=2) and $200 a gram (n=1), all decreases when compared to the reported prices for 2002. When asked about changes in the price of cocaine in the previous six months, the majority (n=6) were unable to comment confidently on this issue. Of those who could, the majority (n=3) believed it to be stable, while one IDU reported that the price was decreasing.

6.2 Availability

When asked about the availability of cocaine, the majority of respondents believed that it was very difficult (n=6) or difficult (n=1) to obtain, and that the availability remained 'stable' (n=4).

6.3 Purity

The majority (n=6) of IDU could not comment on the current purity of cocaine in the ACT. Of those who could, half (n=2) believed it to be 'medium', while one respondent each reported the purity of cocaine to be 'high' and 'low'. When asked about changes in the purity of cocaine in the previous six months, those who could comment (n=3) reported it to be 'stable'.

As a reflection of the traditionally low levels of cocaine use reported in the ACT, the AFP made only one seizure of cocaine in 2002-2003. ACTGAL received two cocaine samples in the 2002-2003 period for analysis, though purity could not be assessed as both samples were unweighable.

6.4 Use

6.4.1 Cocaine use among IDU

Two thirds (66%) of the IDU sample indicated that they had used cocaine at least once in their lives, and 13% had used cocaine in the six months prior to interview (18% in 2002). Over half (57%) the IDU sample had ever injected cocaine (70% in 2002), with 12% reporting that they had injected it in the last six months (17% in the previous year).

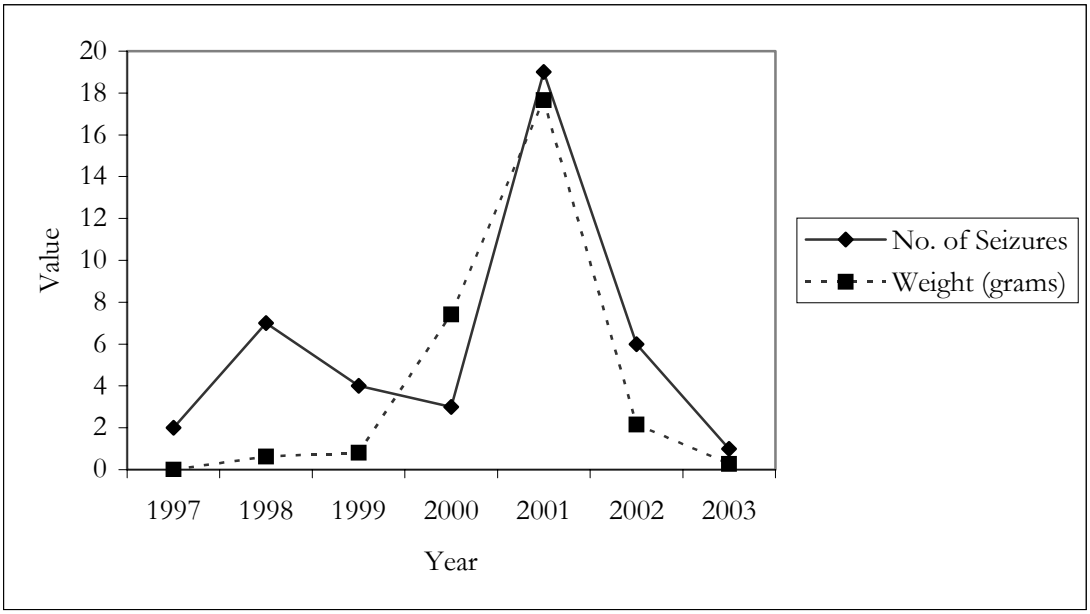
6.4.2 Current patterns of cocaine use

In addition to the 12% of IDU who had injected cocaine in the previous six months, 4% of respondents reported they had snorted cocaine in the last six months, 3% reported smoking it and 2% reported swallowing it during this time. The majority (70%) of those who had used cocaine in the preceding six months used it five days or less during that period (similar to 61% in 2002), which reflects opportunistic use, rather than active seeking of the drug. Only one respondent indicated that they had used cocaine the day prior to the interview.

6.5 Cocaine law enforcement seizure data

Figure 14 shows the number and weight of cocaine seizures in the ACT for the years 1997-2003. In this period, the number and weight of seizures has remained small, although there is a notable peak in 2001 that corresponds with a similar peak in the weight of amphetamine seizures and a very low level of seizures for heroin.

Figure 14: Number and weight of cocaine seizures in the ACT, 1997-2003*



Source: AFP (ACT Policing)
* Note: Information for 2003 is only up until October, 2003.

6.5 Cocaine related harms

6.5.2 Health

Due to the low level of cocaine use in the ACT, there are no reportable harms associated with its use.

6.6 Trends in cocaine use

Among the 13 individuals who had used cocaine in the previous six months, 11 reported using powder and one reported using crack cocaine.[1] All respondents with the exception of one (91%) who had reported the use of cocaine in the previous six months, indicated that powdered cocaine was the form they used most often during that period.

6.7 Summary of cocaine trends

Table 10 summarises the trends in price, purity, availability and use of cocaine in the ACT in 2003. As with previous years, cocaine was not a drug of choice for IDU. The majority of IDU commenting on the price of cocaine believed it to be stable, with one IDU reporting that it was decreasing. Cocaine was considered to be 'very difficult' to 'difficult' to obtain, and the availability was reported to be stable. The purity of cocaine was reported to be 'medium' to 'low' and stable.

[1] One subject did not respond to this question.

Table 10: Summary trends on cocaine price, purity, availability, and use, ACT, 2003

Price (median) Cap Gram	 $50 – decrease from $65 in 2001-2002 $200 – a decrease from $250 in 2002-2003 *Caution: very few informants*
Availability	Very difficult to difficult to obtain, availability stable *Caution: very few informants*
Purity	Due to the small number of seizures, purity is difficult to determine
Use	Use of cocaine low amongst IDU Recent use of cocaine amongst IDU stable when compared to the preceding year When cocaine is used by IDU it is used infrequently *Caution: very few informants*

Source: ACT IDRS IDU Survey files, 2002, 2003

7.0 CANNABIS

Prior to 2003, the IDRS did not differentiate between types of cannabis – outdoor-cultivated cannabis ('bush') and indoor-cultivated cannabis ('hydro') - when obtaining information regarding the price of cannabis. Due to the fact that reported prices are likely to vary between these two forms of cannabis, this year, the cannabis data collected differentiates whether IDU are referring to bush or hydroponic cannabis. In 2003, eighty-six IDU and three KIS commented on cannabis trends in the ACT.

7.1 Price

The median prices for hydroponic, outdoor ('bush') cannabis, hash and hash oil are shown in Table 11.

Table 11: Reported price for cannabis, ACT, 2003

Amount	Median price* ($)	Number of purchasers
Outdoor 'bush' cannabis		
Half gram	- (-)	0
Gram	20 (20)	24
2 grams	20 (40)	3
3 grams	30 (-)	6
¼ ounce	80 (80)	11
½ ounce	135 (150)	6
Ounce	200 (250)	11
Hydroponic cannabis		
Half gram	10 (-)	6
Gram	20 (20)	56
2 grams	40 (40)	6
3 grams	50 (-)	8
¼ ounce	100 (80)	30
½ ounce	165 (150)	16
Ounce	323 (250)	16

Source: ACT IDRS IDU Survey files, 2002, 2003

** 2002 median prices in brackets (there was no differentiation made between outdoor (bush) cannabis and hydroponic cannabis in 2002)*

As predicted, a difference was observed between the median reported prices for outdoor (bush) and indoor (hydroponic) cannabis. The median prices for larger amounts (1/4 ounce, ½ ounce and ounce) of hydroponic cannabis (typically the more potent form) purchased were greater than those reported for outdoor cultivated cannabis or 'bush'.

In the preceding six months, the amount of cannabis most commonly purchased by IDU was a gram – 56 respondents reported buying a gram of cannabis in the six months preceding interview, and 24 reported that they had bought a gram of bush in that same period. There was no difference in reported price for a gram of 'bush' ($20) or a gram of hydroponic cannabis ($20).

When differentiating between the two forms of cannabis, for bush, ¼ ounces (n=11) and ounces (n=11) were amounts that were also commonly purchased. Similarly, ¼ ounces (n=30), ½ ounces (n=16) and ounces (n=16) were commonly purchased amounts of hydroponic cannabis. A small proportion of respondents also commented on the price of hash and hash oil. Of these respondents, the median reported price paid for a gram of hash was $32.50 (n=6) and for a cap of hash oil it was $50 (n=5).

Key informant estimates of the price of cannabis were consistent with IDU reports: half grams were estimated at $10, grams at $20, ¼ ounces at $80 and an ounce at $300. Also consistent with IDU reports, the majority of key informants (n=2) reported that in the previous six months the price had remained stable, while one key informant believed it had fluctuated.

7.2 Availability

Ninety percent of IDU commenting on cannabis reported that it was 'very easy' (59%) to 'easy' (31%) to obtain. The comparable figures for 2002 were 72% reporting cannabis as 'very easy' to obtain and 26% indicating it was 'easy' to obtain. Over two thirds (70%) believed the availability over the past six months had remained 'stable' (a significant decrease compared to 84% the previous year, $p<.05$), 12% believed it was 'increasing' (compared to 8% in 2002) and 13% reported that the availability of cannabis was decreasing (8% did so in 2002). Forty one percent of respondents usually purchased cannabis from a dealers' home, and almost one third (32%) usually purchased cannabis from a friend. The reported median length of time it took for respondents to score cannabis in the past six months was 10 minutes (7 minutes in 2002). It also took, on average, 10 minutes to buy cannabis the last time it was bought (5 minutes in 2002). All key informants commenting on cannabis reported that it was 'very easy' or 'easy' to obtain, and that the availability had remained stable over the preceding six months.

7.3 Potency

Respondents were asked (based on their experience) to estimate the current potency of cannabis. The majority (86%) of participants who gave information on cannabis believed the potency to be either 'high' (56%) to 'medium' (30%). Additionally, almost three quarters (72%) of respondents believed that in the past six months, the potency of cannabis was 'stable' (52%) to 'increasing' (20%). Similarly, all key informants who reported on cannabis indicated that the potency was 'medium' to 'high' and that potency had remained stable.

7.4 Use

7.4.1 Cannabis use among IDU

Almost all of the IDU interviewed in 2003 (97%) reporting having used cannabis at some time in their lives, with 86% reporting recent use. Cannabis was the drug of choice for 7% of the sample, a decrease from 14% reporting cannabis as their drug of choice in 2002.

7.4.2 Current patterns of cannabis use

Eighty six percent of IDU had used cannabis in the previous six months. The median number of days that cannabis users reported using this drug in the previous six months was 180 (that is, every day). This is not surprising, given that half the sample (51%) reported daily use of cannabis in the preceding six months. As was the case in 2002, cannabis was the most common illicit drug used the day prior to interview, with 60% of all IDU reporting its use 'yesterday'.

Of those participants who had used cannabis in the previous six months, 98% had used hydroponic cannabis (98% in 2002), 79% had used bush (80% in 2002), 23% had used hash (17% in 2002) and 14% had used hash oil in that period (12% in 2002). Similar to last year, the majority (81%) of respondents reported hydroponic cannabis to be the form of cannabis they used most often in the past six months.

7.5 Cannabis law enforcement seizure data

Table 12 sets out the number and weight of cannabis seizures in the ACT 1997-2003. There is no apparent persistent trend in either weight or number of seizures over the past few years.

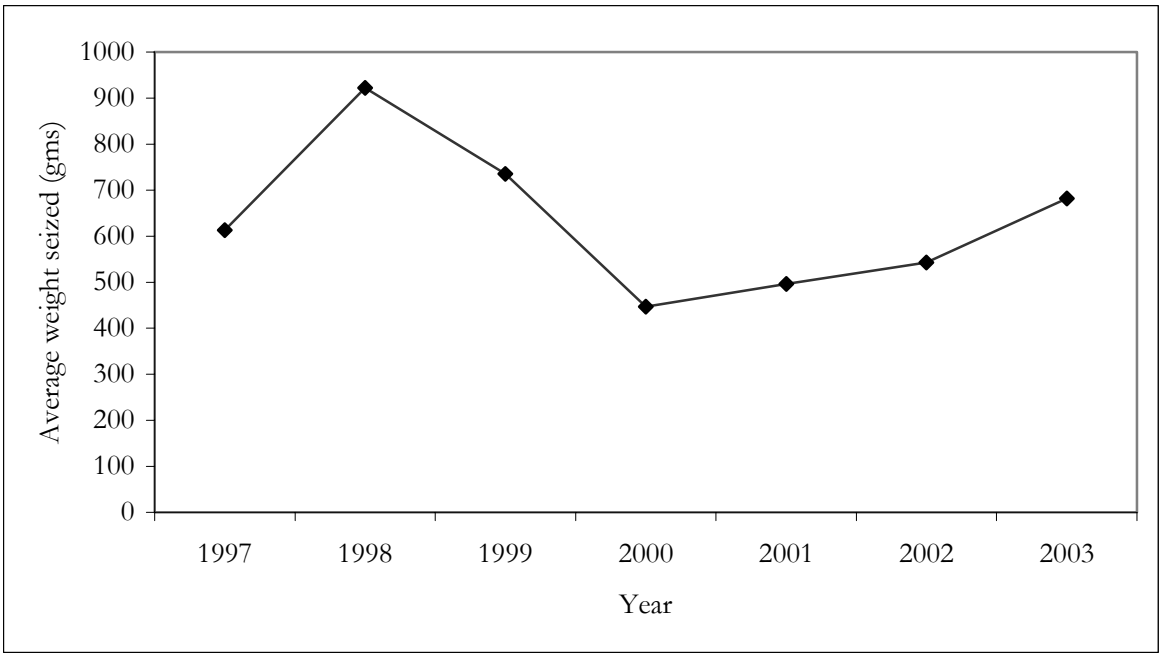
Table 12: Number and weight of cannabis seizures in the ACT, 1997-2003*

Year	Number of seizures	Weight seized (grams)
1997	809	496177
1998	648	597305
1999	472	346917
2000	661	295293
2001	726	360197
2002	619	336168
2003 (as at 30 Oct)	567	386760

Source: AFP (ACT Policing)
* Note: Information for 2003 is only up until October, 2003

Figure 15 shows the average weight of cannabis seized in the ACT for the period 1997-2003. It can be seen from the graph that the average weight of seizures has been steadily increasing for the past three years.

Figure 15: Average weight of cannabis seized in the ACT, 1997-2003*



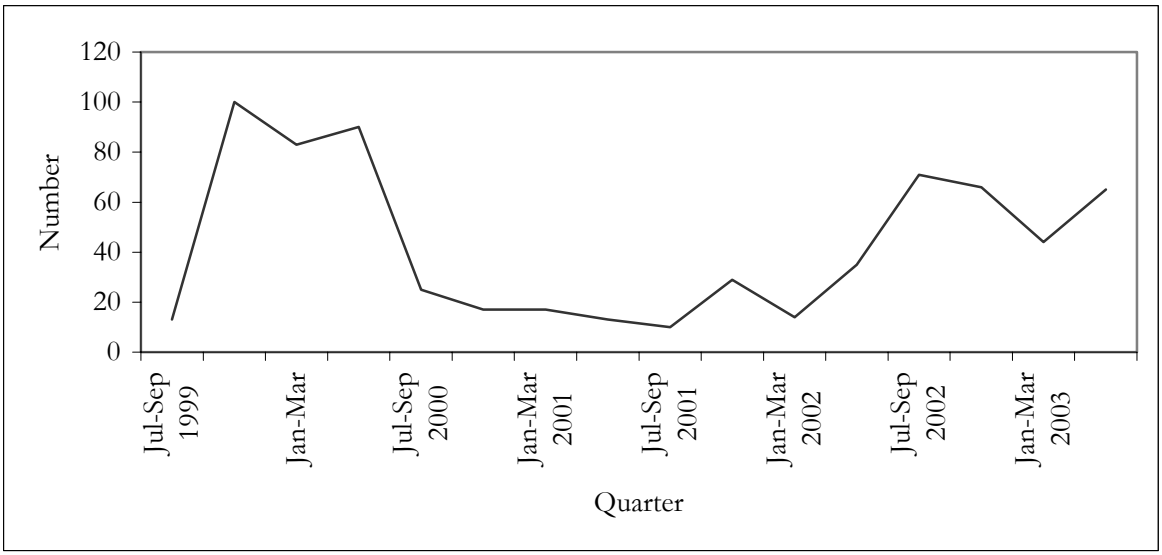
Source: AFP (ACT Policing)
* Note: Information for 2003 is up until October, 2003

This year, several key informants (including law enforcement officers, an ambulance officer and a drug and alcohol treatment worker) commented on the prevalence of hydroponic set-ups that had been observed in private residences. The law enforcement officers reported that although the frequency of day-to-day street seizures of cannabis had remained stable over the past six months, the number of larger scale, hydroponic set-ups seized at private residences had increased over this period. Key informants believed that this problem was a result of a lack of understanding amongst drug users (and also, the broader community) regarding the current laws surrounding cannabis in the ACT.

7.6 Trends in cannabis use

There has been an overall decrease in the number of calls to the 24-hour helpline regarding assistance with cannabis problems since the first quarter of the 2000-2001 financial year. This decrease corresponds to the introduction of a new set of counting rules (see Figure 16 below). During 2002-2003 there was an overall general increase in the number of cannabis related calls made to the helpline, despite minor fluctuations. This increase was noted in particular from the January-March 2003 quarter (44 calls) to the April-June 2003 quarter (65 calls).

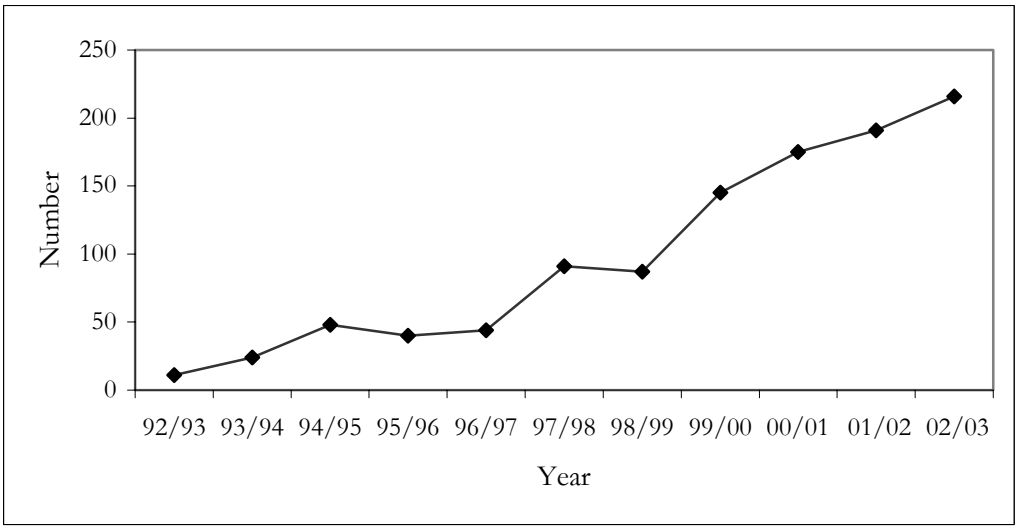
Figure 16: Number of cannabis related callers to 24-hour helpline, by quarter, ACT, July 1999-June 2003



Source: ACT Alcohol and Drug Program (ADP)
Note: New systems were introduced in the July Quarters of 1999 and 2000 that affected the counting rules. Callers who were allocated a caseworker or other Alcohol and Drug Program Services are no longer counted in Helpline statistics.

The number of clients at Arcadia House withdrawing from cannabis continues to increase at a steady rate with each financial year. In 2002-2003, the number of patients withdrawing from cannabis increased from 191 in the previous year, to 216 (see Figure 17).

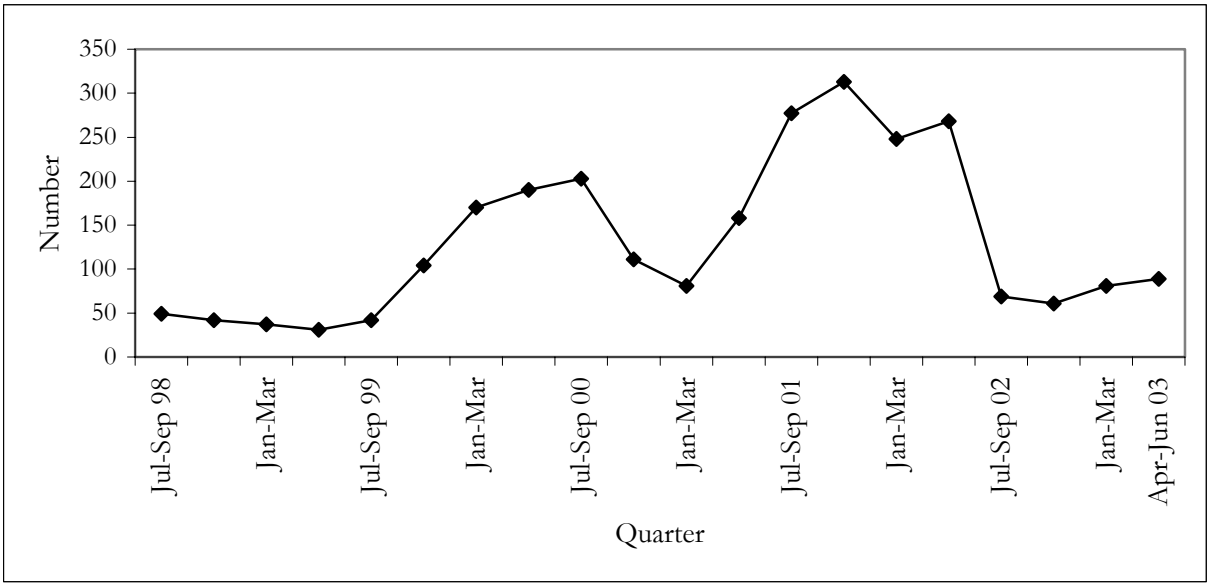
Figure 17: Number of Arcadia House clients undergoing withdrawal from cannabis, 1992-1993 to 2002-2003



Source: Assisting Drug Dependents (ADDInc)

In the ACT, the number of clients in cannabis-related case management peaked in the October-December quarter of 2001-2002 (313), after gradually increasing from the January-March period that year (see Figure 18 below). In 2002-2003, the number of ACT Alcohol and Drug Program clients in cannabis case management was 300, a substantial decrease from the reported figure of 1106 in 2001-2002. When the figures are analysed by quarter however, there is evidence that the number of clients in cannabis case management is slowly beginning to increase again.

Figure 18: Number of ACT Alcohol and Drug Program clients in cannabis case management, by quarter, July 1998 to June 2003



Source: ACT Alcohol and Drug Program (ADP)

In the ACT, minor cannabis offences can be dealt with by a Simple Cannabis Offence Notice (SCON) and a small fine, whereby the offence is expiated on payment of the fine. Despite the widespread use of cannabis among the ACT IDU market, the number of SCONs issued in the ACT has continued to decrease over the past two financial years. In 2002-2003, 133 SCONs were issued, representing a decrease from 144 in the previous year, and 186 in 2000-2001 (Table 12). As has been the case in previous years, in 2002-2003 males were four times more likely to be issued with a SCON than females. The rate of notices issued to notices expiated remained relatively stable across 2002-2003 and the previous year, with over half (57%) the notices issued being expiated in 2002-2003.

Table 13: Simple cannabis offence Notices issued in the ACT, by age and sex, 1999-2000 to 2002-2003

	1999-2000			2000-2001			2001-2002			2002-2003		
	M	*F*	*Total*	*M*	*F*	*Total*	*M*	*F*	*Total*	*M*	*F*	*Total*
14 or less	1	0	1	3	1	4	1	0	1	6	0	6
15-17 yrs	7	1	8	17	2	19	15	1	16	5	2	7
18-25 yrs	63	15	78	67	14	81	46	7	53	44	12	56
26-35 yrs	37	7	44	41	10	51	28	12	40	30	3	33
36-45 yrs	15	4	19	20	6	26	19	6	25	9	5	14
46+ yrs	4	0	4	5	0	5	4	1	5	5	1	6
Unknown	6	1	7	0	0	0	2	2	4	8	3	11
Total	133	28	161	153	33	186	115	29	144	107	26	133
Expiated			62			100			80			76

Source: AFP (ACT Policing) Drug Registrar, August 2000, 11 September 2001, 2 July 2002, 15 July 2003
Note: M=Male and F=Female

7.8 Summary of cannabis trends

Table 14 summarises the trends in price, purity, availability and use of cannabis in the ACT in 2003. The price remained the same as 2002 for both a gram of outdoor-cultivated cannabis (bush) and a gram of indoor-cultivated cannabis (hydro) at $20. It appears, however, that when larger quantities of cannabis are purchased (such as an ounce), the more potent form of cannabis (hydroponic) is more expensive to buy than bush. Cannabis remained easy to very easy to obtain in the ACT, and the potency of cannabis was reported by both IDU and key informants to be high.

Table 14: Summary trends on cannabis price, purity, availability, and use, ACT, 2003

Price (median) Bush Gram Ounce Hydro Gram Ounce	 $20 – compared with $20 in 2002 $200 – a decrease from $250 in 2002* $20 – compared with $20 in 2002 $323 – an increase from $250 in 2002*
Availability	Easy to very easy to obtain and availability stable
Potency	Potency is perceived to be medium to high by IDU and key informants
Use	Cannabis widely used by IDU The frequency of use is high amongst cannabis users

Source: ACT IDRS IDU Survey files

* *There was no differentiation made between outdoor (bush) cannabis and hydroponic cannabis in 2002*

8. OPIOIDS

8.1 Use of methadone

In 2003, the self-reported use of methadone among the IDU sample was similar to that reported in 2002, with 90% of IDU indicating they had ever used methadone (compared to 86% in 2002). The proportion of IDU reporting recent methadone use also remained stable this year (62% in 2003) when compared to the previous year (64% in 2002). Among those who had used methadone in the preceding six months, the median number of days of use was 120 (up from 109 days in 2002). It should be noted that these figures include individuals who are in methadone maintenance treatment.

Swallowing was the most common form of use with 82% of IDU indicating that they had ever swallowed methadone and 54% having swallowed methadone in the previous six months. Thirty-four percent of the sample had injected methadone in the preceding six months, a slight increase from the 29% reported the previous year. Seventy six percent of IDU who had injected methadone in the preceding month (n=17) reported that they experienced injection-related difficulties specifically in relation to methadone injection, with the most common problems experienced being methadone dependence (n=7), scarring/bruising (n=6), difficulty finding veins (n=7) and swelling of body parts (n=3).

When asked about the different forms of methadone used in the six months prior to interview, 42% of IDU who had used any form of methadone during this period had used illicitly obtained methadone syrup, and 8% of this group reported that they had used illicitly obtained physeptone. Overall, 44% has used some form of illicit methadone in the past six months.

Thirty-three IDU commented on the current price and availability of street methadone in the ACT. The median reported price for a millilitre of methadone was $1, and over two thirds (67%) of those commenting on methadone reported the price to have remained 'stable' over the past six months. IDU were divided in their perception of the ease of which methadone could be obtained – approximately half (49%) of those commenting on methadone reported it to be 'easy' to 'very easy' to obtain, and a similar proportion (45%) reported it to be 'difficult' to 'very difficult' to obtain. The majority (66%) of respondents reported that the availability of methadone had remained 'stable' in the past six months. Methadone was primarily obtained through friends (44%) and to a lesser extent street dealers (19%). Seventy eight percent of respondents believed that their methadone was sourced through take-away doses.

8.2 Use of buprenorphine

Twenty two percent of the IDU sample in 2003 reported that they had ever used buprenorphine, and ten percent (identical to 2002) reported having used buprenorphine in the past six months. All recent buprenorphine users reported swallowing buprenorphine, and only one recent user reported having injected buprenorphine, or illicitly obtaining buprenorphine (i.e. the other individuals were currently in or had been in buprenorphine treatment in the past six months). Amongst those who had used

buprenorphine in the preceding six months, the median number of days of use increased to 21 in 2003 from 13 in 2002.

8.3 Morphine

Three quarters (77%) of the IDU sample had used morphine at least once in their lifetime, and 74% reported ever having injected it. In the six months preceding interview, half the sample reported the use of morphine, an increase from 37% reporting the recent use of morphine in 2002 ($p=.06$). Among the fifty IDU who reported morphine use in the six months prior to interview, the median days of use in this period was five (four in 2002). A significantly greater proportion ($p<.05$) of IDU in 2003 reported the recent injection of morphine, with 49% having injected morphine in the past six months, compared to 34% having done so in 2002. Two-thirds (67%) of the IDU who had injected morphine in the preceding month (n=15) reported experiencing injection-related difficulties specifically in relation to morphine injection. The most common problems experienced being difficulty finding veins (n=6), scarring/bruising (n=4), and swelling of body parts (n=3). Only one individual responded that they had ever overdosed on morphine in 2003, and this was 7 months prior to being interviewed.

Of the IDU who had used morphine in the six months prior to interview, three quarters (76%) indicated they had used illicitly obtained morphine at least once during this period, and 74% reported that illicitly obtained morphine was the predominant form they had used. MS Contin® was the preferred brand of morphine for almost all (97%) recent morphine users.

In 2003, 33 IDU commented on the current price and availability of street morphine in the ACT. The median price for a 100mg morphine tablet was $30, and the majority (47%) of those commenting on morphine reported that the price had remained 'stable' over the past six months, while 38% were unable to comment. Forty-one percent of respondents commenting on morphine reported it to be 'easy' to 'very easy' to obtain, while a similar proportion (44%) reported it to be 'difficult' to 'very difficult' to obtain. The IDU were therefore divided in their perception of the ease of which morphine could be obtained in the ACT. Fifty-two percent of respondents reported that the availability of methadone had remained 'stable' in the past six months. Morphine was primarily obtained through friends (64%) and to a lesser extent street dealers (12%).

8.4 Other opioids

In 2003, 44% of IDU reported that they had used 'homebake heroin' at least once in their lifetime (comparable to 40% in 2002), all of who reported that they had injected it. However, only 16% of the sample reported the recent use (and also injection) of homebake, a slight increase from 11% reporting recent use in the previous year. The median days of homebake use in 2003 (5 days) was half that found for 2002 (10 days).

Almost half (46%) of IDU reported that they had ever used opiates other than those listed above at least once (compared to 59% in 2002) and approximately one third (32%) had ever injected them. In the six months prior to interview, almost one in five (17%) IDU reported the use of other opiates, with the most popular preparation being

Panadeine Forte (50%). The median days of use in the past six months remained constant across 2002-2003 (7 days).

8.5 Summary

Table 15 presents the summary for trends in the use of opioids among the IDU sample in 2003.

Table 15: Summary of trends for opioids, ACT, 2003

Methadone	Sixty-two percent of IDU reported the use of methadone in previous six months – 44% of this group used illicitly obtained methadone in this period.
Buprenorphine	Buprenorphine use is minimal – only 10% used buprenorphine in past 6 months. Only one person reported illicit use and injecting buprenorphine.
Morphine	Half the sample reported using morphine, with nearly all injecting it and the majority obtaining it illicitly.
Other opioids	17% used other opiates in past 6 months, with illicitly obtained opiates being the primary form used. 16% reported the use of 'homebake'.

9. OTHER DRUGS

9.1 Ecstasy and other party drugs

Almost two thirds (64%) of the IDU sampled in 2003 had ever tried ecstasy, and one third (32%) had ever injected it. One quarter (26%) had used ecstasy in the six months prior to interview, and 9% had injected ecstasy during this period. Of those who had recently used ecstasy, the median number of days used was two. This pattern of use is similar to that reported for the 2002 IDU sample.

9.2 Benzodiazepines

Over three quarters (78%) of IDU reported having used benzodiazepines at least once during their lifetime, and over one third (37%) reported ever having injected benzodiazepines. As in 2001-2002, 62% of the IDU sample in 2003 had used benzodiazepines in the previous six months, and among those who had, there was a decrease in the median number of days of use from 24 to 14. Of those who reported the recent use of benzodiazepines, 71% reported that they had used licit benzodiazepines and just over half (56%) reported the use of illicitly obtained benzodiazepines during the six months prior to interview. One third (35%) of recent benzodiazepine users reported that the form of benzodiazepines they had used most often in the preceding six months was illicitly obtained. The favoured form of benzodiazepine reported by users was Valium® (65%), followed by Serepax® (19%) and Temazepam® (8%).

Swallowing was the most common method of use, with three quarters (76%) of IDU reporting they had ever swallowed benzodiazepines, and a smaller proportion (61%) reporting they had done so in the past six months. More than one third (37%) of IDU indicated that they had ever injected benzodiazepines, with only 9% reporting they had done so in the six months preceding interview.

9.3 Anti-depressants

One third (33%) of the IDU sample reported ever having used anti-depressants, and 16% reported the use of anti-depressants in the past six months (similar to 15% reporting this the previous year). Among those who had used antidepressants in the past six months, the median number of days of use was 30 (a dramatic decrease from 180 days in 2002), and swallowing was the only route of administration used. In the six months preceding interview, 19% (n=3) of recent antidepressant users had used illicitly obtained antidepressants. The most common brand of antidepressant used was Deptran® (18%).

9.4 Summary

Table 16 below presents the summary for trends in the use of other drugs among the ACT IDU sample in 2003.

Table 16: Summary trends for other illicit drugs, ACT, 2003

Ecstasy	One quarter of the sample had used ecstasy in the past six months Patterns of use were infrequent
Benzodiazepines	Three in five IDU had used benzodiazepines in the preceding six months A decrease in frequency of use when compared to 2001-2002
Anti-depressants	Sixteen percent of IDU had used antidepressants in the past six months

10 Associated harms

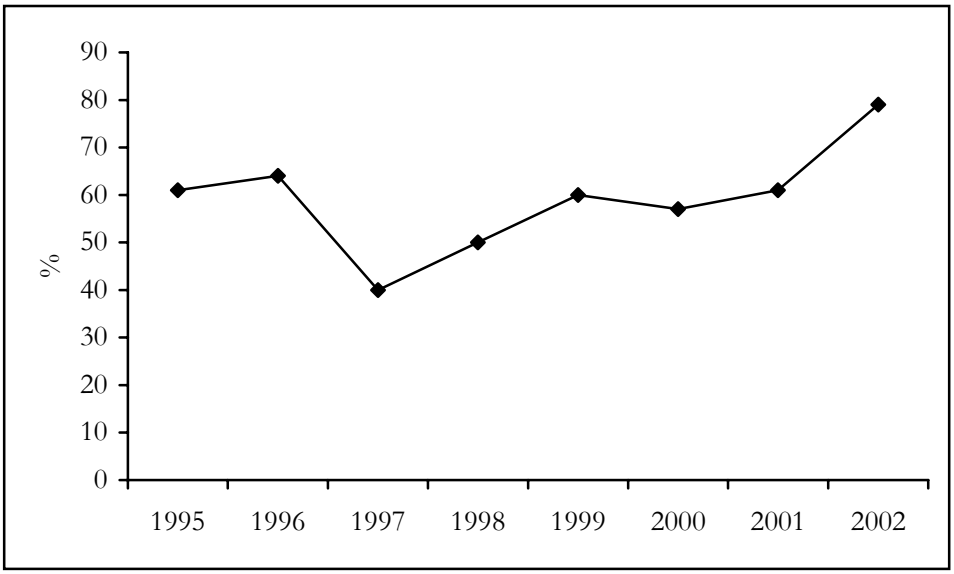
10.1 Blood borne viruses

People who inject drugs are at risk for infection with blood borne viruses, such as hepatitis B (HBV) and C (HCV) and the human immunodeficiency virus (HIV). Data presented in this section are derived from *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia, Annual Report 2003* (National Centre in HIV Epidemiology and Clinical Research, 2003a) and the *Australian NSP Survey National Data Report 1995-2002* (National Centre in HIV Epidemiology and Clinical Research, 2003b). There were no new notifiable cases of HBV in the ACT in 2002 (National Notifiable Diseases Surveillance System), so this section will focus on HCV and HIV.

In the ACT, there were 225 cases of HCV in 2002, the same number as reported in 2001 (National Centre in HIV Epidemiology and Clinical Research, 2003a). Of these, 6 new cases were reported in 2002, which is a reduction when compared to 18 new cases in 2001, 22 in 2000 and 20 in 1999. Nationally, the transmission of HCV is mainly attributable to a history of injecting drug use, with more than three quarters of all cases reporting such a history (National Centre in HIV Epidemiology and Clinical Research, 2003a).

The HCV antibody prevalence among IDU sampled for the NSP annual survey (National Centre in HIV Epidemiology and Clinical Research, 2003b) is shown in Figure 19. As can be seen from this figure, there has been a steady increase in HCV antibody prevalence since 1997. In 2002, 79 per cent of IDU tested were HCV antibody positive.

Figure 19: HCV Antibody Prevalence among IDU, ACT, 1995-2002



Source: National Centre in HIV Epidemiology and Clinical Research (2003b)

The HIV prevalence among IDU in the ACT remains low, which reflects the picture for Australia as a whole (National Centre in HIV Epidemiology and Clinical Research, 2003a). In the past three years of reporting (2000-2002), there have been no HIV positive

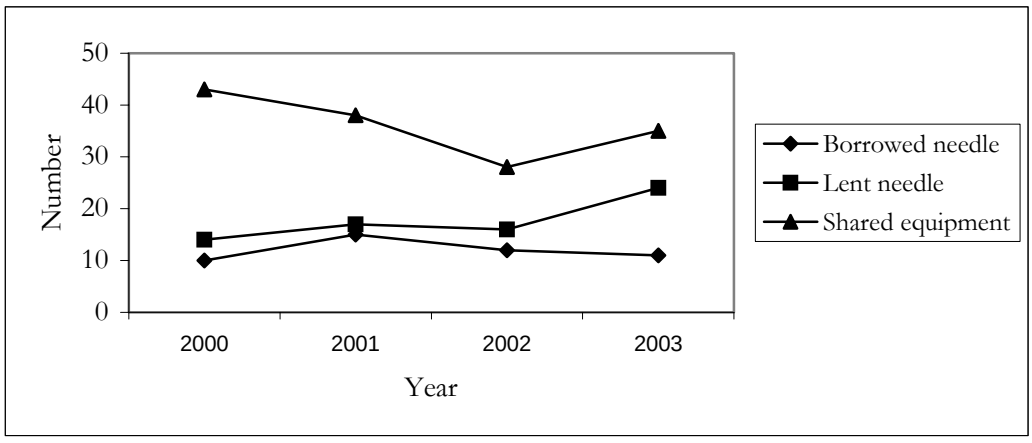
cases in the ACT sample surveyed for the annual NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2003b).

10.2 Sharing of injecting equipment among IDU

Although the number of participants reporting that they had used others' needles and syringes remained stable from the previous year (12%) to 2003 (11%), the proportion of IDU that reported lending needles (24%) and sharing injecting equipment increased (35%) in 2003. In the month preceding interview, 11% of IDU had injected with syringes that had already been used, similar to 12% of IDU reporting that they had 'borrowed' needles in 2002. Of those who had injected with used syringes, most (n=10) reported that only one other person had used the needle prior to them, while one participant reported that two people had used the needle prior to their use. People identified to have used syringes previously were regular sex partners (n=6), close friends (n=3) and acquaintances (n=2). The percentage of IDU reporting that they had 'lent' their used needles to others increased slightly from 16% in 2002 to 24% in 2003 (See Figure 20 below for trends for the period 2000-2003).

One third (35%) of IDU reported that they had shared injecting equipment in the month prior to interview (an increase from 28% in 2002 – see Figure 20). Twenty six percent of the entire sample reported using spoons and mixing containers that had been used previously by others, 20% reported filters, 12% reported tourniquets and 19%, water.

Figure 20: Proportion of IDU reporting sharing equipment in the month preceding interview, 2000 - 2003



Source: ACT IDRS IDU Survey files, 2000, 2001, 2002 and 2003

10.2.1 Summary

Although there was a reduction in the number new cases of HCV reported for the ACT generally in 2002, the rate of infection among IDU remains very high, with 79% of participants in NSP annual survey being HCV antibody positive. The rate of HIV infection among IDU in the ACT remains low with no HIV positive tests being returned for participants in the NSP survey for the past three years. However, the level of injecting-related risk behaviour remains sufficiently high to warrant concern, with 1 in 10

respondents in the IDU survey reporting borrowing used needles and syringes, 1 in 4 lending them and 1 in 3 sharing other injecting equipment.

10.3 Location of injections

There was no significant change in the 'usual' and 'last' locations of injection reported by IDU between 2003 and the previous year. Seventy nine percent of IDU reported that their last location of injection was a private home, and a similar proportion (76%) reported 'private home' as their usual place of injection (Table 17). Ten percent reported a public place (such as street, park or beach) as the last location of injection, and 9% indicated that their usual location of injection was at a public place. Smaller proportions reported a public toilet (7% last injection, 6% usual location of injection) and in a car (3% last injection, 5% usual location of injection) as sites of injection in the past month.

Table 17: Location of usual injection in the month preceding interview ACT, 2002 –2003

	2002 n=100	**2003 n=100**
Location of usual injection (%)		
Private home	81	76
Public toilet	5	6
Street/park/beach	6	9
Car	6	5

Source: ACT IDRS IDU Survey files, 2002, 2003

10.4 Injection related health problems

Sixty five percent of IDU reported that they had experienced at least one injection-related problem in the month prior to interview (identical to the figure reported in 2001-2002), and 36% reported experiencing two or more problems during this period (slightly higher than 32% in 2002). Consistent with previous years, the most commonly experienced problems were scarring/bruising of injection sites (44%) and difficulty injecting (39%) (Table 18).

Table 18: Injection-related health problems experienced in month preceding interview, ACT, 2003

	2002 n=100	2003 n=100
Injection-related health problems in past month (%)		
Scarring/bruising	49	44
Difficulty injecting	36	39
'Dirty hit'	11	17
Infections/abscesses	4	7
Overdose	5	7

Source: ACT IDRS IDU Survey files, 2002, 2003

10.5 Expenditure on illicit drugs

Almost two thirds (64%) of IDU had spent money on drugs on the day prior to interview. The mean amount of money spent was $80, with a median of $30 (a decrease from a mean of $112 and a median of $50 in 2002). There were no differences between males and females, or those employed full-time versus those who weren't, regarding whether they had spent money on drugs the preceding day.

10.6 Mental health problems

Approximately one quarter (23%) of IDU interviewed in 2003 reported seeing a mental health professional for a problem 'other than drug use' in the six months prior to interview. The problems that IDU most commonly sought help for were depression (15%) and anxiety (6%). Other mental health problems reported were schizophrenia (n=2), drug induced psychosis (n=2) and ADHD (n=2). Of the 23 IDU in the sample who had sought professional help for a mental health problem, 10 had consulted general practitioners, 9 consulted counsellors, 7 consulted a psychiatrist and 4 had seen a psychologist.

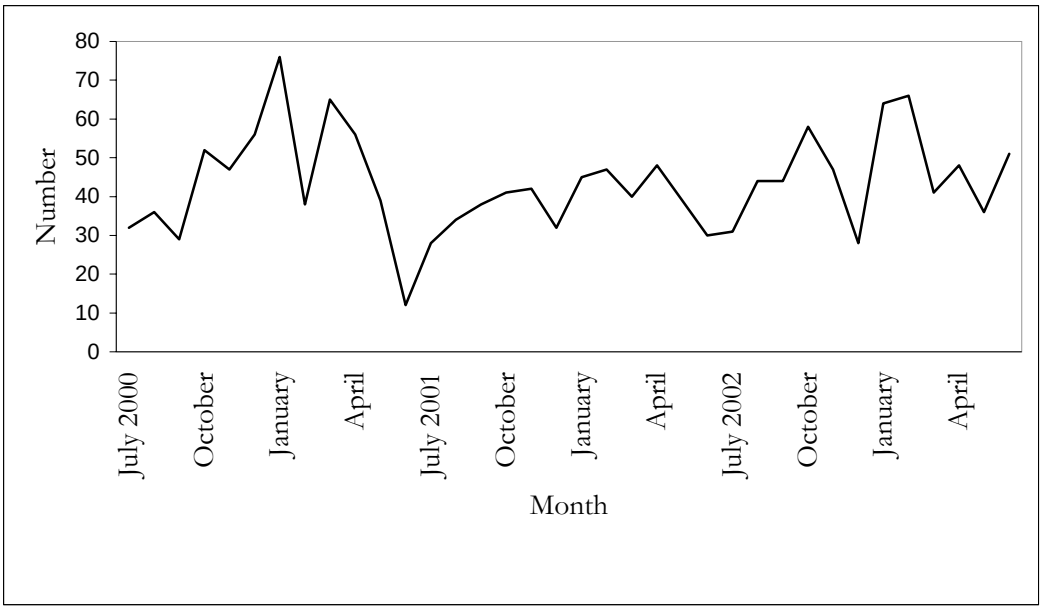
10.7 Criminal and police activity

There was an increase in the proportion of the IDU sample (50%) in 2002-2003 that reported engaging in at least one act of criminal activity in the month prior to interview, when compared to 2001-2002 (39%; see Table 19 below), although this difference was not statistically significant. As was the case in the previous year, the most commonly reported criminal activities were drug dealing (35%) and property crime (22%). Just over one third (36%) of the sample reported that they had been arrested in the past 12 months, most frequently for property crime (n=14), violent crime (n=5), driving offences (n=4) and use/possession charges (n=4). There was no difference between men (53%) and women (44%) in terms of whether they had engaged in criminal activity in the past month, or whether they had been arrested in the previous twelve months (34% females and 38% males).

In 2002-2003, there was an increase in the number of drug-specific arrests made by the AFP (558; ACT Policing), when compared with the previous year (464 drug-specific arrests in 2001-2002). When the figures are broken down for the past financial year, the pattern observed in previous years (demonstrating peaks and troughs of activity) is again evident (Figure 21). After a period of relatively low activity in December 2002-2003, the number of drug-related arrests in the ACT rose to high figures in January (64 arrests) and February (66 arrests) of the current financial year.

In addition to an increase in the number of drug-specific arrests made in the ACT during 2002-2003, there was a corresponding increase in the number of property offences being known to or reported to police during this financial year. In 2002-2003, there was a documented total of 24164 property offences committed, compared with 21900 documented in 2001-2002 (AFP [ACT Policing], PROMIS Database, 2 July 2003).

Figure 21: Number of drug-specific arrests, ACT, 2000-2001 to 2002-2003



Source: AFP (ACT Policing) PROMIS database case write-off module, 3 Sep 2001, 2 July 2002, 2 July 2003

In terms of perception of police activity, the majority (44%) of IDU interviewed in 2003 believed the level of police activity in the past six months to have remained stable, and this was a significant increase ($p<.05$) from the proportion (27%) of IDU that reported this to be the case in 2001-2002. However, there was a corresponding decrease in the proportion of IDU (37%) who reported that they believed there to be an increase in the level of police activity in the ACT during this period when compared to the previous year (61%). Similarly, there was a significant decrease ($p<.05$) in the proportion of the sample that reported police activity had made it *more difficult* for them to score drugs in 2001-2002 (41%) when compared to 2003 (21%).

Table 19: Criminal activity and perceptions of police activity, ACT, 2002 to 2003

	2002 n=100	2003 n=100
Crime committed		
Property crime	17	22
Dealing	23	35
Fraud	4	5
Violent crime	7	6
Any crime	39	50
Arrested last 12 months	40	36
Police activity		
Don't know	9	17
More activity	61	37*
Stable	27	44*
Less activity	3	2
More difficult to obtain drugs due to police		
Don't know	1	2
Yes	41	21*
No	58	77*

Source: ACT IDRS IDU Survey files, 2002, 2003
Notes: *Significant difference ($p < .05$) when compared to the previous year

10.7.1 Summary

There were no significant changes in self-reported recent criminal activity between the IDU samples of 2003 and 2002. Data from the AFP (ACT Policing) demonstrated an increase in the number of drug specific arrests made and property offences committed in 2002-2003, when compared to the previous year. There was a statistically significant increase in the proportion of IDU who reported that the level of police activity had remained stable in the ACT in 2002-2003, and a similar decrease in the percentage of IDU who reported that the level of police activity had increased during the past six months. The number of IDU who reported that recent police activity had made it more difficult for them to score drugs significantly decreased in 2003, when compared to 2002.

11 DISCUSSION

11.1 Heroin

The price and purity of heroin in the ACT remained relatively stable in 2003. However, there is some suggestion that heroin is becoming easier to obtain and this is supported by the increase in the number of individuals reporting daily use this year. There is also some evidence to suggest a shift from powder to the rock form of heroin. Heroin is mainly purchased from mobile dealers or from a dealer's home. On average, it takes 20 minutes to purchase heroin in the ACT in 2003. While the rate of death from opioid overdose is at the lowest level since 1994 in 2003, an unusual feature of these deaths (n=8) is that the majority were female (n=5). Ambulance call-outs to non-fatal overdoses also remains low, but there was an increase over 2002-2003, which is the first time this has been the case since 1998-1999. Despite evidence for increasing heroin use among the IDU sample, the number of presentations for opioid-related case management and heroin withdrawal remains low in the ACT.

11.2 Methamphetamine

In 2002, for the first time, the IDRS IDU questionnaire separated methamphetamine into three categories: crystal, base and powder/speed. This separation has allowed the detection of changes in the methamphetamine market in the ACT over the past two years. The most important feature of these changes is the increase in the availability and use of crystal methamphetamine in 2003. All forms of methamphetamine were cheaper in 2003 when bought in quantities higher than a point. The shift to crystal methamphetamine use means that users are getting better value for money by paying the same price for a much purer product. The most common place to buy all forms of amphetamine is from a dealer's home and it takes, on average, 15-20 minutes to procure. In the case of crystal methamphetamine this time for procurement is down from 2 hours in 2002.

The increase in the use of methamphetamine and the shift to the purer crystal form is likely to lead to increases in amphetamine-related problems. This is supported by increased calls to the ACT Alcohol and Drug Program help line and an increase in presentations for amphetamine detoxification at Arcadia House. It is also supported by both health and law enforcement key informants indicating that the increase in the use of methamphetamine is resulting in increased agitation and aggression among the clientele that they work with.

11.3 Cocaine

Cocaine use remains stable in the ACT in 2003, with very low use being reported among IDU. Cocaine is very difficult to obtain and when it is obtained the purity is not perceived to be high. Given the low use of cocaine in the ACT, there are no significant implications of its use for discussion.

11.4 Cannabis

In 2003, for the first time, the IDRS IDU questionnaire separated cannabis into two categories: outdoor-cultivated 'bush' cannabis and indoor-cultivated 'hydroponic' cannabis. As predicted, the prices between the two forms of cannabis varied. In regard to larger quantities purchased (such as multiple grams, quarter and half ounces, ounces), hydroponic cannabis was more expensive to purchase than 'bush'. As in past years, the overwhelming majority of IDU commenting on cannabis reported it to be very easy to easy to obtain in the ACT. Cannabis was mainly purchased through friends, and the median length of time it took to obtain was 10 minutes. Cannabis use was widespread and frequent among IDU, with half (51%) the entire sample reporting daily use in the past six months. In 2002-2003, there was an increase in the number of cannabis-related calls made to the 24-hour helpline, and also an increase in the number of clients withdrawing from cannabis at Arcadia House.

11.5 Other opioids

In the ACT, the level of illicit methadone and buprenorphine use remained relatively stable across 2002 and 2003. With regards to methadone, there was a slight increase in the median number of days of use in the preceding six months. There was also an increase in the proportion of IDU who reported injecting methadone during this period. The price of methadone remained stable at $1 per millilitre. Methadone was primarily obtained through friends and street dealers, with the majority of users believing their methadone was sourced through take-away doses.

The same low proportion (10%) of IDU reported the recent use of buprenorphine in 2003 as the previous year. Only one IDU had injected buprenorphine or used illicit buprenorphine in the six months prior to interview.

There was an increase in the proportion of IDU reporting the recent use and also the recent injection of morphine in 2001-2002. While the price of illicit morphine remained stable, IDU were divided in their response to the ease with which morphine could be obtained. Two thirds of the IDU who had injected morphine in the month prior to interview reported experiencing injection-related problems specifically in relation to the injection of morphine. Given the increase in the number of IDU reporting recent injection of morphine in 2003, it will be of interest to see whether this trend persists into 2004.

In 2003 there was a slight increase in the recent use of homebake among the sample, while the proportion of IDU reporting the use of 'other opiates' remained stable.

11.6 Benzodiazepines

In 2003, the proportion of IDU who reported the recent use of benzodiazepines remained the same as 2002. However, there was a decrease in the frequency of use among those IDU reporting the use of benzodiazepines. Swallowing remained the

primary form of administration, and the previously documented low levels of injecting remained constant.

11.7 Associated harms

The rate of infection of HCV reported among ACT injecting drug users remains very high, with almost eight out of ten participants in the NSP annual survey (2002) being HCV antibody positive. No HIV positive tests have been returned for ACT participants in the NSP survey for the past three years, and the rate of HIV infection in this group remains low. The level of injecting-related risk behaviour among IDU, however, remains high enough to be of concern. Although the percentage of IDU who reported borrowing syringes in the ACT in 2003 remained stable, there was a slight increase in the proportion of IDU who reported lending needles and also sharing injection equipment.

There was no apparent change in the injecting behaviour of IDU in regard to location of injections, between 2003 and the previous year. Again, 'private' home was the location nominated by the overwhelming majority of IDU as the usual place of injection. Three in five IDU reported experiencing at least one injection-related problem in the past month, similar to the figure reported in 2001-2002. As was the case in the previous year, 'scarring/bruising' of the injection site, and 'difficulty injecting' were the most commonly reported difficulties experienced. Almost one quarter of the sample reported seeking professional help for mental health problems other than drug dependence in the six months prior to interview. The problems that IDU most commonly sought help for were depression and anxiety.

There were no significant changes between the IDU samples of 2002 and 2003, with regard to recent criminal activity. There was a significant increase in the proportion of IDU who reported that the level of police activity had remained stable in the ACT in 2003, and a similar decrease in the percentage of IDU who reported that the level of police activity had increased during the past six months. In support of this, the number of IDU who reported that recent police activity had made it more difficult for them to score drugs significantly decreased in 2003, when compared to the preceding year.

12 IMPLICATIONS

The recent reduction in the use and availability of heroin that has been seen in the ACT may be abating, with some indications that heroin is becoming easier to obtain and that people are using it more frequently than in recent years. This trend needs to be monitored to see if it is indicative of a real change in the availability in the market or a minor fluctuation in the 2003 IDRS data. If heroin becomes increasingly available then it would be expected that there may a concomitant increase in the demand for treatment for opioid dependence.

There are clear indications of a shift in the methamphetamine market to the increased availability and use of the more potent crystal methamphetamine form. At the same time, the price of methamphetamine generally is becoming cheaper. This shift to and increase in the use of a more potent form of methamphetamine is a matter for some concern. It would be expected that the usual problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia, cardiac difficulties)

will develop more quickly in response to the use of the crystal form (Degenhardt & Topp, 2003). There are some indications of an increase in demand for assistance with problems associated with methamphetamine use and so this trend will need to monitored and appropriate treatment services provided, if the trend persists. At the same time, health and law enforcement professionals who work regularly with drug using populations may need to develop strategies for the management of more agitated, aggressive, methamphetamine-intoxicated clients.

The other issue to emerge in the 2003 ACT IDRS is an apparent increase in the injection of illicit morphine. This trend needs to be monitored. A recent emerging issue is the complications associated with the intravenous injection of oral preparations, such as the long acting oral morphine preparations injected by IDU (Dobbin, 2003). Talc is used as a binding agent in these preparations and this can lead to medical problems associated with the distribution of talc throughout the vascular system and other organs in the body (see e.g. Gotway et al., 2002). Although attempts are made to prevent this by drawing the solution through a wad of cotton wool, the evidence suggests that this ineffective.

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