

ACT Drug Trends 2000

Findings from the
Illicit Drug Reporting System
(IDRS)

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACTGAL	Australian Capital Territory Government Analytical Laboratories
ADDInc	Assisting Drug Dependents Incorporated
ADP	Alcohol and Drug Program, Dept of Health and Community Services
AFDL	Australian Forensic Drug Laboratory
AFP	Australian Federal Police (ACT Region)
AIC	Australian Institute of Criminology
AOD	Alcohol and Other Drugs
CIN	Canberra Injectors' Network
CON	(simple) Cannabis Offence Notice
DHAC	Department of Health and Aged Care (Commonwealth)
DRIC	Drug Referral and Information Centre
IDRS	Illicit Drug Reporting System
IDU(s)	Injecting Drug User(s)
KIS	Key Informant Survey
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
DHAC	Department of Health and Aged Care (Commonwealth)

EXECUTIVE SUMMARY

Demographics and Use Patterns

The overwhelming finding of the 1999–2000 ACT IDRS study was that the trend towards younger users and an increase in their numbers, and the increase in the number of Indigenous users which had been detected 12 months earlier, was confirmed, with a possible acceleration in the rates of growth for these two population groups. The apparent increase among Asian-origin users detected in 1998–1999 appeared to have stabilised, but the popularity of smoking heroin (‘chasing the dragon’) remained undiminished among this group.

Table 1 provides summary measures of the findings on trends across the four main substances which are the subject of this report.

Table 1: Summary of drug trends in the ACT, 1999–2000

	Heroin	Amphetamine	Cocaine	Cannabis
Price	\$50	\$50	\$60	\$25
Cap	\$120	–	–	–
Quarter-gram	up to \$400	\$100	\$200	\$300 ounce
1 Gram				
Change	No change	Lower at larger quantities	Stable	Lower at larger quantities
Availability	Easy, stable	Easy (but mainly methamphetamine)	Difficult, harder	Very easy, stable
Purity	53%, lower	<1% (amphet) – low 10% meth – stable	26%, lower	High, stable
Use	Increased Younger users More Indigenous users Alternating with speed	Increased Younger users Heroin users alternating with heroin	Low among IDU Other groups unknown	Younger users Decrease in use among IDU Resurgence in hash use Users turning to heroin

Heroin

The major heroin-related trends were that the increase in use generally, and the increase in the number of younger users which was detected in the 1998–1999 IDRS, continued unabated. Similarly, the increase in the number of Indigenous users appeared to have accelerated. Of particular concern is the trend for previous cannabis users to progress to heroin use, and to injecting heroin directly, rather than through intermediary steps, as was evident with users in the past. The significance of this transition is that, as with all steps in pathways to the so-called ‘hard drugs’, there are opportunities for temporary and complete cessation through a variety of interventions and personal choice. With the current trend, there is one less step, a shorter timeframe, and a higher likelihood that experimentation will translate into regular, habit-forming patterns of use. The apparent expansion of cannabis dealers into the heroin market, and vice versa, contributed to the increased risks of transition from cannabis to heroin. Dealing is reported to have become ‘ugly’, with friction between interstate and local dealers and interstate dealers becoming more aggressive towards their ACT clients. Similarly, there was a lot of friction between ‘professional’ and casual dealers.

Among experienced heroin users, there appears to be a growing trend for alternating heroin injecting with amphetamine injecting; the ratio of heroin to amphetamine injecting among this group as a regular activity is, however, undetermined.

On a more encouraging note, young novice heroin users are apparently seeking treatment early in their use when they still have substantial support networks of friends and family in place. Disappointingly, however, Indigenous users are reluctant to seek out mainstream services. Culturally appropriate program places for this group are reported to be limited.

Amphetamine

Amphetamine purity was low and methamphetamine relatively high in comparison. Methamphetamine was also relatively inexpensive (at larger quantities) compared to previously. There were more users, and an increase in younger users in 1999–2000 compared to 12 months previously. Diverted prescription dexamphetamine (though low in potency) was becoming a popular source of supply. As reported in ‘Heroin’ above, there was an increase in alternating and concurrent amphetamine (including methamphetamine) and heroin injecting.

Cocaine

Cocaine is not a drug that enjoys popularity among the injecting drug-user population in the ACT. Despite the price being on par with heroin and amphetamine, it was difficult for injecting drug users to source and the purity compared to heroin was low. The main cocaine-using population in the ACT was not captured (nor detected) by this study.

Cannabis

Cannabis was used daily by most injecting drug users in the ACT as an adjunct, recreational ‘time filler’ to their predominant (usually heroin) injecting activity. Use among the non-injecting population was high and the trend for initiation and transition to regular use at younger ages continued. Cannabis was very easy to obtain and potency was high. The number of enquiries to drug assistance lines for counselling, and other cannabis-related treatment, grew throughout 1999–2000. Hash (resin) appears to be re-emerging as a popular form, with almost two in five injecting drug users reporting use in the previous 6 months.

Other Drugs

Ecstasy does not appear to be a popular or widely used drug in the ACT despite an increase in the number and weight of seizures by police in 1999–2000. Whether the low use compared to that in other jurisdictions is due to relative unavailability, or otherwise, was not determined in this study. It can be speculated, however, that the absence of a ‘rave party scene’ and the presence of a large-scale ‘alcohol-fuelled’ nightclub base in the ACT contributed to the relatively low presence of the drug in the Territory.

Diverted methadone is accessible by injecting drug users. There were reports of bulk quantities (500 ml to 1 litre) of methadone available. In general, heroin users on methadone maintenance programs continued to use heroin, albeit at vastly reduced levels.

Benzodiazepine use by injecting drug users was almost universal, with interval binging between injecting a popular mode of use.

Morphine and Panadeine Forte were readily available substitutes for heroin for almost half the injecting drug users.

Steroids were not popular among injecting drug users, hallucinogens were used by about one in ten injecting drug users, and inhalants were also used infrequently. The present study did not capture the ‘typical’ steroid-using population.

Drug-related Issues

The number of overdoses attended by the ACT Ambulance Service in 1999–2000 was about 13 per cent fewer compared to 12 months earlier, but most were still concentrated in the CBD and adjacent to town centres, as with 1998–1999. There were 591,260 needles and syringes distributed by the ACT Needle and Syringe Exchange Program in 1999–2000. About half the IDUs had problems with injection sites (e.g. abscesses, scarring, bruising, thrombosis), most injected at home, and fewer than one in ten shared needles. There were 549 drug-specific offences and 160 simple Cannabis Offence Notices issued in 1999–2000. Almost nine in ten (85%) of injecting drug users reported police activity had increased and almost one in two reported that more of their friends than usual had been arrested in the month prior to

the interview.

Research Implications

From a drug-use and related behaviours perspective, the 1999–2000 ACT IDRS suggests the following research foci:

- a continuation of research into the factors influencing the current popularity of heroin, its availability, and interventions to reduce the harms associated with its use;
- an examination of the apparent acceleration in heroin use among Indigenous people first identified by the ACT IDRS in 1998–99, and determination of the factors which contribute to their failure to access treatment services;
- an examination of the factors which influence the apparent increasing rates of transition from cannabis to ‘harder’ drugs such as heroin, including a law enforcement assessment of the extent and nature of the dual cannabis/heroin market;
- an examination of the reasons for the perception among non-heroin drug users in the ACT that there is an absence of, and a resistance to, the provision of non-heroin-related treatment places;
- an examination of the factors associated with the relatively widespread disposal of used needles and syringes in public places; and
- this jurisdiction, in conjunction with others, needs to consider continued funding of the IDRS.

1 INTRODUCTION

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

In 1999, the Australian Capital Territory arm of the study was a joint exercise between the National Centre for Epidemiology and Population Health (NCEPH) and the Australian Institute of Criminology (AIC). Results were reported in NDARC Technical Report No. 82 (Fleming, Cook & Williams 2000). For the year 2000, the ACT arm was the responsibility of the AIC alone.

1.1 STUDY AIMS

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

2 METHOD

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

2.1 SURVEY OF INJECTING DRUG USERS

The Injecting Drug User Survey comprised face-to-face interviews with 100 injecting drug users between August and September 2000. Recruitment was by convenience sampling of attendees at three locations: the Drug Referral and Information Centre (DRIC) which is managed by ADDInc (n=35); the Canberra Injectors' Network (CIN) office (n=59); and Arcadia House, a drug rehabilitation facility (n=6). An eligibility criterion of 'must have injected at least monthly in the past six months' was used to screen all potential respondents. At the CIN, an AIC researcher conducted interviews, while those conducted at DRIC and Arcadia House were conducted by (disinterested) staff members or peers.

A standardised structured interview schedule based on previous IDRS research (Hando & Darke 1998a; McKetin, Darke & Kaye 2000) was administered to respondents. The schedule included sections on demographics, drug use, price, purity and availability of drugs, crime, risk-taking behaviour, health and general drug trends. A copy of the schedule is provided at the Appendix. Interviews took approximately 20–30 minutes depending largely on the extent of polydrug use. ADDInc and the CIN were paid management fees for the survey. At the DRIC and Arcadia House, a proportion of this fee was subsequently redistributed by ADDInc to respondents in kind (not cash); at CIN, approximately two – thirds of the fee was subsequently provided by management to respondents in cash, as reimbursement for out-of-pocket expenses.

2.2 KEY INFORMANT STUDY

Thirty-one key informants who had at least weekly contact with injecting drug users or who had at least ten professional encounters with different injecting drug users in the previous six months were interviewed between August and October 2000.

Six were police officers (comprising both drug intelligence and regional operations members), two were ambulance officers, ten were treatment service providers, six were health workers, three were members of user groups, three were youth workers and two were magistrates (and coroners)¹. All respondents confirmed that they were either *very certain* (66%) or *moderately certain* (34%) of their drug-related knowledge. The median number of days that key informants had contact with users in the previous six months was 52 (or twice weekly).

¹ For the latter two (coroner, magistrate), the interview was conducted jointly.

Informants provided information on the main illicit drug used by the IDUs who they had come into contact with, following which they could provide comments on other drugs with which they had knowledge. Most informants (79%) reported that heroin was the drug on which they had most knowledge; seven per cent reported on amphetamines, and 17 per cent on cannabis. No key informant was able to confidently report on cocaine.²

The interview schedule was a semi-structured instrument based on and consistent with those used in previous waves of the IDRS. It included sections on drug use patterns, drug availability, crime patterns and health issues. A copy of the interview schedule is provided in the Appendix. Interviews took between 20 and 45 minutes to complete. Most interviews (93%) were completed by telephone but, where requested by informants, interviews were conducted face-to-face (n=2).

2.3 OTHER INDICATORS

Entry criteria for indicator data are that they should:

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

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

- Number and characteristics of drug seizures by the Australian Federal Police (ACT Region) for the period 1999–2000. Data includes details of 1,005 seizures, by drug type, amount, date and location of seizure.
- Purity of drug seizures made by the Australian Federal Police, analysed by the Australian Capital Territory Government Analytical Laboratory (ACTGAL) – data provided by ACTGAL. Data includes the purity of 1,160 samples provided by the AFP (ACT Region) for the financial year 1999–2000. Assay data are provided for heroin (n=92); amphetamine (n=1); methamphetamine (n=61); cocaine (n=3); LSD (n=3); MDMA (n=9); and MDA (n=1). There were no analyses of the potency of cannabis.
- Offences reported to or becoming known to police–data provided by the AFP (ACT Region). Data includes date and location of drug-specific offences (n=467) and property offences (n=31,519).
- Number of Cannabis Offence Notices (CONs) issued and expiated – data provided by the AFP (ACT Region). During 1999–2000 there were 160 CONs issued.
- Number of needles and syringes dispensed and returned to the ACT Needle and

² Numbers do not add up to 100 per cent because key informants were able to report on more than one drug.

Syringe Exchange Program – data provided by ADDInc. There were 591,260 needles and syringes distributed and 265,106 returned.

- Number and location of needles and syringes recovered by the ACT Parks and Places and City Rangers – data provided by the Department of Urban Services. In 1999–2000 there were 3,861 needles and syringes recovered from open spaces by parks and gardens staff and 4,098 recovered by city rangers.
- Number and location of needles and syringes recovered from government installed ‘sharps bins’. In 1999–2000 there were 15,094 needles and syringes recovered from ‘sharps bins’ provided in public toilets – data provided by the Department of Urban Services.
- Prevalence of drug use among injecting drug users from the Australian Needle and Syringe Program Survey conducted by the National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs – data provided by the National Centre in HIV Epidemiology and Clinical Research.
- Number and characteristics of clients of counselling from the Drug Referral and Information Service – data provided by ADDInc. Data include demographics and drug use details of 3,368 clients, of whom 2,263 were males.
- Number and characteristics of clients of detoxification services from Arcadia House Withdrawal Centre – data provided by ADDInc. Data include demographics and drugs of concern of 444 clients.
- Number and characteristics of telephone and in-person enquiries, and clients of counselling, detoxification, and ACT methadone programs – data provided by the ACT Alcohol and Drug Program, Department of Health and Community Affairs. Data include 164 detoxification clients, 1,924 counselling clients and 2,346 methadone clients.
- Number and characteristics of court-referred alcohol and other drug-related offenders. In 1999–2000 there were 62 persons referred, 18 of whom were subject to treatment orders.
- Overdoses attended by ambulance services – data provided by ACT Ambulance Service. In 1999–2000 the ACT Ambulance Service attended 478 heroin overdoses.
- Overdoses presenting at Calvary Hospital Accident and Emergency Department – data provided by Calvary Hospital. In 1999–2000 there were 45 presentations for overdoses related to the four main drug types which are the subject of this study.
- Overdoses presenting at Canberra Hospital Accident and Emergency Department – data provided by Canberra Hospital. In 1999–2000 there were 43 presentations involving the four main drug types which are the subject of this study.

- Opiate-related fatalities in the Australian Capital Territory – details provided by the ACT Coroners Court.

2.4 DATA ANALYSIS

Data from the IDU Survey were analysed using SPSS for Windows vs. 10 (SPSS Inc. 2000). Open-ended items in the Key Informant Survey were transcribed in full and aggregated into quasi-quantitative categories using Microsoft Excel. Closed-ended questions were analysed using SPSS for Windows vs. 10. Indicator data were analysed using Microsoft Excel. Mapping was completed using MapInfo Professional vs. 6.

3 AN OVERVIEW OF THE IDU SAMPLE

3.1 DEMOGRAPHICS

The demographic characteristics of the IDU sample are presented in Table 2. The mean age of the sample was 29.2 years (SD 7.7, range 18–47). Over three-quarters (77%) were male and there was no significant difference in the ages of males and females (29.6, 27.8). The majority of IDUs (78%) were currently unemployed. The sample has a mean of 10.7 years of school education (SD 1.8, range 6–16). Twenty per cent of IDUs responded that they had tertiary qualifications, with 47 per cent reporting trade or technical qualifications.

The majority of the sample (64%) was not currently in any form of drug treatment. Of the 36 subjects who were in treatment, 25 were in methadone maintenance. Three per cent of subjects had used naltrexone in the previous six months, with only one subject obtaining the naltrexone through a legitimate source (doctor). Forty-eight per cent of subjects had been in prison, with males (54%) being significantly more likely than females (23%) to have been imprisoned.

Table 2: Demographic characteristics of the IDU sample

Characteristic	n=100
Age (mean years)	29.2
Sex (% male)	77
Employment (%):	
Not employed	78
Full time	4
Part time/casual	10
Student	4
Home duties	4
School education (mean years)	10.7
Tertiary education (%):	
None	33
Trade/technical	47
University/college	20
Currently in drug treatment (%)	36
Prison history (%)	48

3.2 DRUG USE HISTORY

The mean age of first injection was 18.4 years (SD 3.9, range 12–33), with no significant difference between males and females (18.3 versus 18.6 years). Frequency of injecting among IDUs was variable. Daily injections over the preceding month were reported by 53.5 per cent, with 31.1 per cent reporting more than one injection per day (Table 3). When the sample is stratified into younger (≤ 25 years of age) and older IDUs, those aged 25 years or younger were more likely to inject more frequently.

Table 3: Frequency of injection among IDUs, 2000

Frequency of Injection (last month)	≤ 25	> 25	Total
	(%)		
Weekly or less	18.4	27.9	24.2
More than weekly	18.4	14.8	16.2
Once a day	7.9	13.1	11.1
Two to three times a day	34.2	27.9	30.3
More than three times a day	15.8	9.8	12.1

Amphetamine was the first drug injected by 50 per cent of the subjects and heroin by 43 per cent; four per cent first injected other opiates, two per cent cocaine and one per cent ecstasy. Older IDUs (> 25 years) were more likely to report having first injected amphetamine (54.8% vs. 42.1%, OR 1.21, 95% CI 0.89–1.66). The younger group of subjects (≤ 25 years) was more likely to report having first injected heroin (52.6% vs. 37.1%, OR 1.47, 95% CI 0.89–2.42).

Heroin was the drug of choice for 76 per cent of the subjects, with cannabis being the next most popular drug (11%), followed by amphetamines (8%). The younger age group (≤ 25 years) was slightly more likely to report heroin as their drug of choice (78.9% vs. 74.2%, OR 1.18, 95% CI 0.63–2.23). A higher proportion of the older age group compared to younger users reported amphetamine as their drug of choice (9.7% vs. 5.3% OR, 1.23, 95% CI 0.80–1.90). Heroin use was almost universal (97%) among IDUs, with 91 per cent having injected heroin in the previous six months, followed by amphetamines (65%) and methadone (19%) (Table 4).

Polydrug use was a feature of the IDUs interviewed, with a mean of eight illicit drugs having been used (SD 2.3, range 2–11) and a mean of four illicit drugs injected (SD 1.7, range 1–8).

Table 4: Drug use history of IDUs (n=100)

Drug class	Ever used	Ever injected	Injected last 6 mths	Ever smoked	Smoked last 6 mths	Ever snorted	Snorted last 6 mths	Ever swallowed	Swall. last 6 mths	No. days used last 6 mths *	No. days used last 6 mths **
	(per cent of IDU)									(number)	
1. Heroin	97	96	91	64	17	20	4	22	9	110	160
2. Methadone	73	47	19					57	36	96	114
3. Other opiates	54	35	17	6	0	3	0	33	20	18	4
4. Amphetamines	93	89	65	16	3	60	12	41	8	20	10
5. Cocaine	63	46	11	14	1	38	7	14	4	17	2
6. Hallucinogens	72	16	2	3	0	0	0	60	10	6	4
7. Ecstasy	48	23	8	2	0	3	1	47	16	6	2
8. Benzodiazepines	83	28	15	10	5	2	0	77	67	53	20
9. Steroids	8	6	1					4	1	62	32
10. Alcohol	89	9	0					76	57	36	13
11. Cannabis	96									117	180
12. Anti-depressants	41									91	65
13. Inhalants	27									80	60
14. Tobacco	97									175	180

* mean, ** median

4 HEROIN

Eighty-eight IDUs, and 28 of the key informants were able to comment on heroin. The average gender balance of heroin users who came into contact with key informants was two-thirds (65%) male and one-third female. Most (heroin) contacts were described as aged in their mid 20's to mid 30's (range 12-63). More than half (55%) of the key informants had had contact with Indigenous heroin users and 40 per cent had contact with persons of non-English speaking backgrounds who were heroin users. Over half (55%) of the key informants reported the average education of heroin contacts was less than Year 12 and almost all heroin contacts were reported as being unemployed.

4.1 PRICE

The median price of a cap of heroin in 2000 was reported by IDU to be \$50 and a half-gram was \$150. The median price per gram of heroin was reported as \$300.. The majority of IDUs (45%) believed the price of heroin to be decreasing, 20 per cent believed that the price of heroin was stable, and only 7 per cent thought the price was increasing. Less than one in ten IDUs (7%) commented that the price was fluctuating.

Of the 28 key informants who reported on heroin, half stated that the price of heroin had decreased in the past six months while one in six (18%) maintained the price was stable. Only 14, however, were able to nominate a dollar price per quantity. Key informant quotes ranged from \$20 (n=1) to \$50 a cap (n=2); from \$45 (n=1) to \$120 (n=1) for a quarter gram; and from \$120 (n=1) to \$400 (n=2) for a gram. One key informant noted that trading in stolen goods for heroin was also quite common (except among Asian dealers, who only accepted cash). Another key informant commented that the price of heroin fluctuated as a result of dealers offering cheaper prices as a 'taste' to first-time users. In 1998–1999 key informants were similarly disagreed in their estimations (\$50 a cap, range \$10–50; \$120 a quarter gram, range \$25–150).

The Australian Bureau of Criminal Intelligence (ABCI) was only able to provide prices for the October–December quarter, reporting heroin at \$25 a cap and \$40–\$50 for a half-weight (0.6–0.8 grams).

4.2 AVAILABILITY

Heroin was considered easy or very easy to obtain by 87 per cent of the IDUs, with availability being considered stable by over half (52%). Heroin was most commonly bought from street dealers (37%), with 16 per cent reporting buying from a mobile dealer, 13 per cent from a friend, and 10 per cent from a dealer's home.

Nearly all key informants (91%) reported that heroin was very easy for users to obtain. The remaining nine per cent could not comment on the availability of heroin. Over half (55%) the key informants stated that availability was stable. In 1998–99 almost all key informants reported availability of heroin as very easy and stable.

4.3 PURITY

In 1999–2000, the Australian Federal Police (ACT Region) made 178 seizures of heroin, amounting to 282.8 grams. This compares with 179 seizures amounting to 348.5 grams in 1998–99 (AFP 2000). Of the 92 seizures from 1999–2000 subsequently analysed, the mean purity was 53.5 per cent (range 28.3% to 78.4%) (Figure 1). In 1998–99, the mean purity of heroin seizures analysed was 71 per cent (range 50% to 90%). In all quarters, average purity of seizures in 1999–2000 was lower than the equivalent periods 12 months earlier.

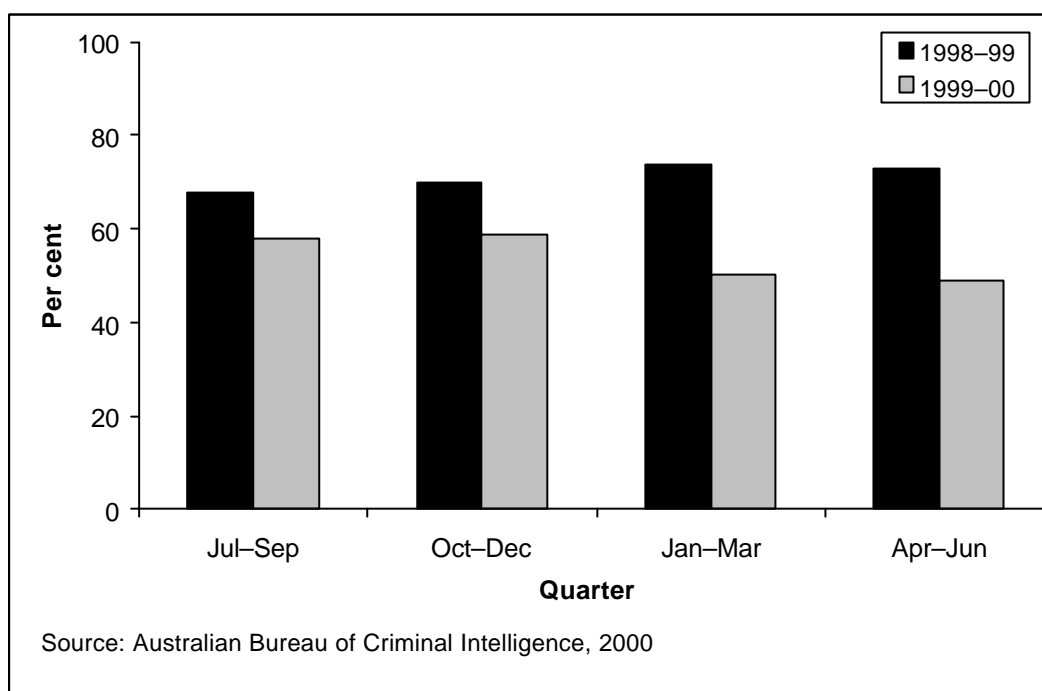


Figure 1: Mean purity of heroin seizures made by the Australian Federal Police in the Australian Capital Territory, by quarter, 1998–99 to 1999–2000

In the Australian Capital Territory, the ACT Government Analytical Laboratory (ACTGAL) analyses samples of heroin from seizures by the AFP. Data on the purity of these heroin samples are available for six-month periods from January 1980 to June 2000 (Figure 2). The purity increased substantially from January 1991 (10.5%) to January 1999 (72.9%) (ACTGAL 1999; Pianca 1998). From 1999 onwards, however, mean purity of analysed heroin samples returned to levels measured in 1996 (that is, closer to 50%).

Almost half (43%) of IDUs believed that the current purity of heroin was medium. One in five (20%) thought the current purity was low and only 14 per cent thought that heroin's current purity was high. There was a relatively equal spread of IDUs on whether the purity of heroin had changed over the last six months. One in four (23%) believed the purity was fluctuating, 20 per cent believed the purity was decreasing, 19 per cent believed purity was increasing and 13 per cent said heroin purity was stable.

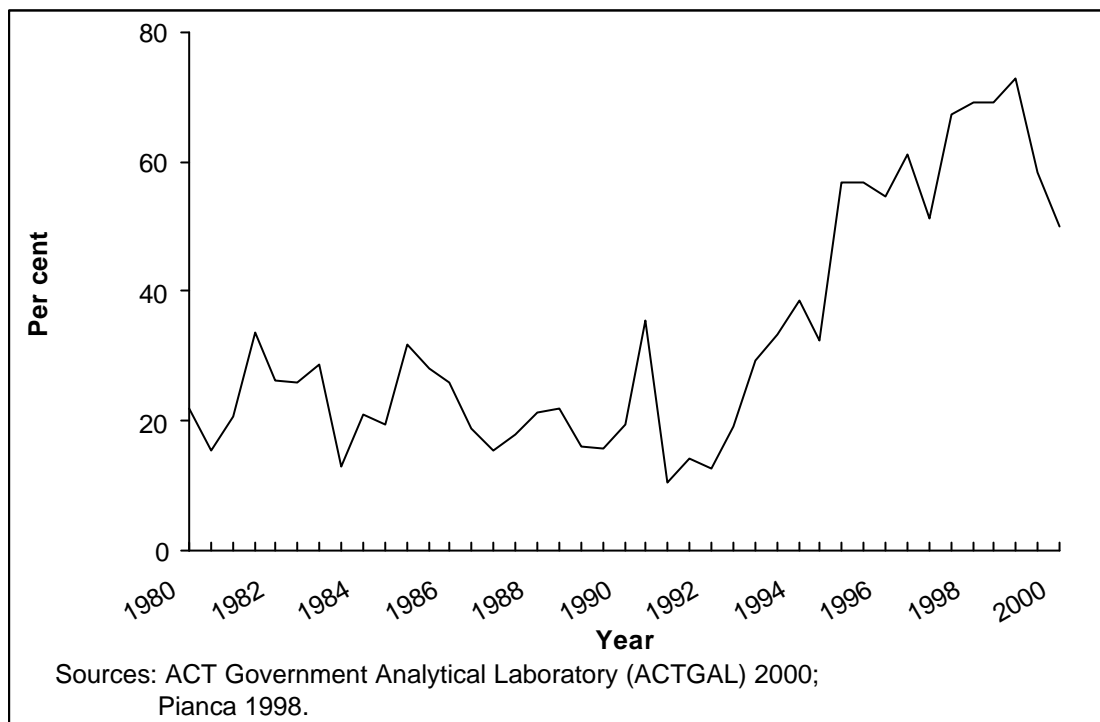


Figure 2: Purity of heroin seizures analysed by ACTGAL, January 1980 to June 2000.

Two-thirds (64%) of key informants stated that the purity of heroin in 1999–2000 was high. Less than one in ten (9.1%) believed it to be medium or low purity. One in four (27%) key informant stated that purity increased during the last six months and one in three (36%) stated that heroin purity remained stable. In 1998–99 a majority of key informants believed the purity of heroin was high or medium.

4.4 USE

4.4.1 Prevalence of Heroin Use

The most recent (1998) National Drug Strategy Household Survey estimated that two per cent of the ACT population aged 14 years or older had used heroin at least once and 0.4 per cent in the previous 12 months. Among the year 2000 IDU sample, heroin use was almost universal (97%) and 94 per cent had used heroin in the preceding six months.

4.4.2 Current Patterns of Heroin Use

Almost half (47%) of the IDUs used heroin daily. Ninety-four per cent of IDUs had used heroin within the last six months and, of this group, 96 per cent had used rock and 93 per cent had used heroin powder. However, one key informant reported that ‘there is no rock in Canberra – it’s all rebaked powder’³.

³ A process whereby normal heroin powder is dry-heated to reform a ‘rock-like’ structure.

The majority (96%) of IDUs had injected heroin at least once, with 91 per cent having injected in the last six months. Smoking heroin was popular, with almost two-thirds of IDUs (64%) reporting they had smoked heroin at least once, and 17 per cent having smoked heroin in the past six months. The mean number of days in the previous six months that heroin injecting IDUs injected was 110 days and the median number of days was 160.

Key informants reported that the vast majority of heroin users were injectors and they used between once and six times daily. Of the key informants who commented on the smoking of heroin (n=7), ‘chasing the dragon’ by younger people and by persons of Asian origin was considered to be popular. Almost all key informants reported on polydrug use among heroin users with tobacco, cannabis, benzodiazapenes, amphetamine and alcohol being the most frequently mentioned other drugs. An increase in *snowballing* (combining heroin with amphetamine) was noted by one key informant. Another observed that use of methamphetamine by heroin users was increasing.

A majority of key informants (n=20) reported that their IDU contacts were in treatment (mean 42%, range 0–100), with methadone maintenance (n=18) the predominant form. Detoxification (n=6) and counselling (n=4) were other treatments which key informants were aware their contacts were undergoing. In 1998–99 most key informants reported that between one-third and all contacts were in treatment (range = none to 100%).

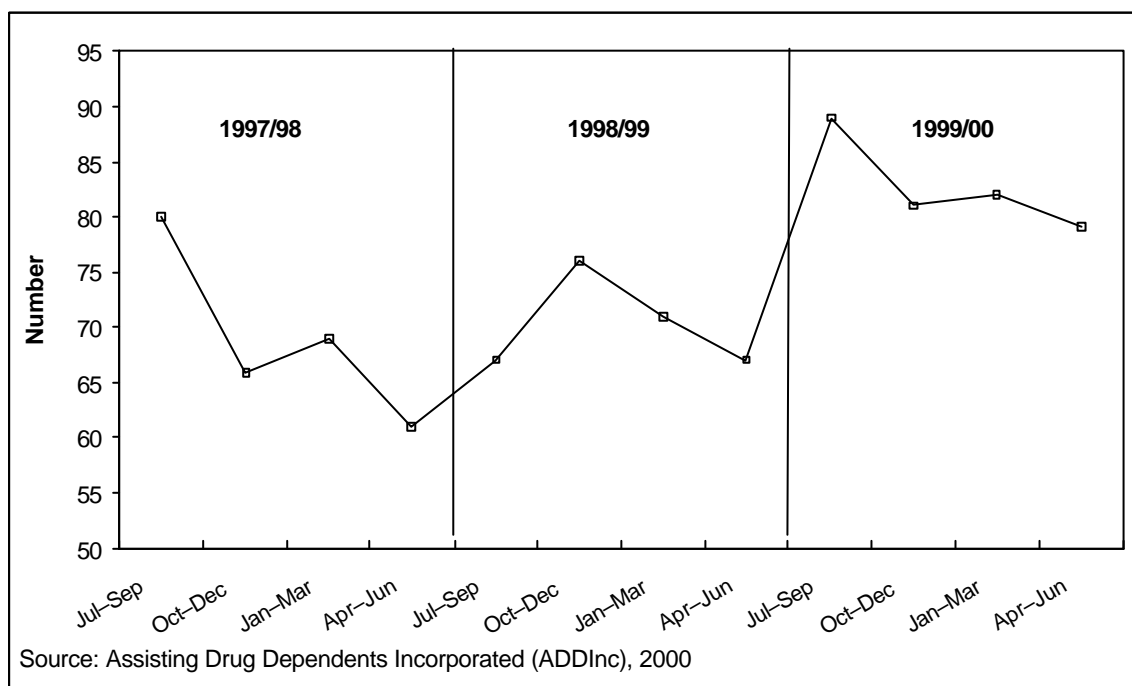


Figure 3: Number of Arcadia House clients withdrawing from heroin, by quarter, 1997–98 to 1999–2000

The number of clients of Arcadia House withdrawing from heroin increased sharply in the July–September 1999 quarter and has remained at about 80 clients ever since (Figure

3; refer also to section 9.1 for treatment data).

4.4.3 Trends in Heroin Use

Three in every five heroin IDUs (those who self-described as predominantly being heroin injectors; n=46 of 76) noted trends in heroin use. Almost half (43%) reported that there were more heroin users, and 30 per cent indicated they noticed a broader range of users, with a trend toward more 'professional' and 'middle class' users. A large percentage of users (61%) reported that there were more heroin users who were younger than in previous years. Almost one in ten (9%) of heroin IDUs reported an increase in use by Indigenous people. The most commonly reported trend in the type of drugs that IDU friends were using was that a large proportion of heroin users were 'switching' between heroin and speed, substituting speed for heroin, or moving from using heroin to using speed.

Consistent with the data from the IDUs, nearly one in two (48%) key informants stated that the overall number of heroin users was increasing and two in five (39%) reported that the using population was getting younger. It was also reported that new young users came from a wide variety of backgrounds, from stable middle class to dysfunctional backgrounds. Also consistent with the IDU survey, a number key informants reported concurrent polyamphetamine or alternating amphetamine and heroin injecting.

4.5 OTHER TRENDS

One key informant indicated that more heroin users were seeking treatment early in their drug careers and, as a result, services were treating more clients for smoking of heroin. According to another informant, many of the young users still had support networks of family and friends in place, so this offered avenues for early intervention. While intra-familial support was reported as extremely important by one key informant who works among Indigenous communities, the trend to seek treatment early did not extend to Indigenous users, who were not attracted to mainstream services. A number of IDUs (n=4) reported that dealing had become 'ugly' with (interstate) sellers becoming more threatening towards buyers. Similarly, there were reports of 'turf wars' between 'professional' and casual dealers. Some IDUs commented that most heroin was cut with morphine prior to arriving in the ACT, and with bicarbonate of soda subsequently, prior to being offered to users.

4.6 SUMMARY

Table 5 summarises heroin trends in the price, purity, availability and use of heroin. Compared to 1998–99, heroin is as available (that is, easy to very easy), lower in purity and has a stable price.

Table 5: Summary trends on heroin price, purity, availability and use, ACT, 1999–2000

Price (average) Quarter-gram Cap	\$120 \$ 50
Availability	Easy to very easy and stable (but dealing has got 'ugly')
Purity	(average) 53% (down from average of 71% in 1998–99)
Use	<ul style="list-style-type: none"> • increase in the number of Indigenous users continued; • increase in the number of Asian users noted in 1998/99 appears to have stabilised, but smoking among this group remains popular; • smoking by all groups continued; • increase in the number of younger users continued; • younger users more likely to have commenced injecting heroin first, rather than via other drugs; • increase in alternating/concurrent amphetamine injecting.

5 AMPHETAMINE

Sixty-five IDUs and only two of the key informants were able to comment on amphetamine. The average gender balance of amphetamine users who came into contact with key informants was 85 per cent male and 15 per cent female. Most contacts were described as aged in their early thirties. Users were equally likely to be Indigenous as not. No non-English-speaking background amphetamine users came into contact with the key informants. The average education of amphetamine users who came into contact with key informants was reported to be Year 12 and users were likely to be unemployed, or into and out of employment as a result of their amphetamine use.

Similar to heroin users, half of the IDUs who indicated amphetamine as their preferred drug (n=4 of 8) had trade or technical qualifications, however more amphetamine users had university qualifications (25% versus 17%). All IDUs who reported amphetamine as their preferred drug were currently unemployed, compared to half (56%) of those IDU who reported heroin as their main drug.

5.1 PRICE

The median price per gram of amphetamine in 1999–2000 was reported by IDUs as \$180. The median price of an eight was \$50, a half was \$125 and an ounce was \$2,275. About one-third (30%) of IDUs reported the price to be stable, 10 per cent thought it was increasing, 10 per cent decreasing, and 9 per cent reported the price to be fluctuating. Only one key informant was able to comment on the price of amphetamine and it was believed that the price was \$100 a gram, and that this price was stable.

ABCI prices were only available for the October to December 1999 quarter, where they were reported to be between \$40 and \$50 (street deal) per cap and \$40 and \$50 for a half-weight (0.6–0.8 grams). In 1998–99, from the same data source, the price was \$50 a street deal

5.2 AVAILABILITY

Amphetamines were reported as being very easy to obtain by 32 per cent of IDUs, with a further 23 per cent indicating that amphetamine was easy to obtain. Two in five (39%) IDUs believed that the availability of amphetamines was stable. One in five (20%) of users obtained amphetamine from a friend, while 18 per cent bought from a dealer's home, 10 per cent from a street dealer, and eight per cent from a mobile dealer.

The one key informant who could comment on the availability of amphetamine indicated that it was easy to get, but not as easy as heroin. As was confirmed by the number of seizures, most of the available amphetamine was methamphetamine.

5.3 PURITY

In 1999–2000 the AFP (ACT Region) made 72 seizures of amphetamine and methamphetamine totalling 130.7 grams. This compares with 54 seizures amounting to 260.0 grams in 1998–99 (AFP 2000). There was only one seizure of amphetamine (purity 0.7%) and 55 seizures of methamphetamine (mean purity 9.8%; range 0.5–60.3%) which were analysed from the 1999–2000 seizures.

Until the mid-1990s methamphetamine purity was on par with amphetamine (low), but since then it has risen sharply (Figure 4).

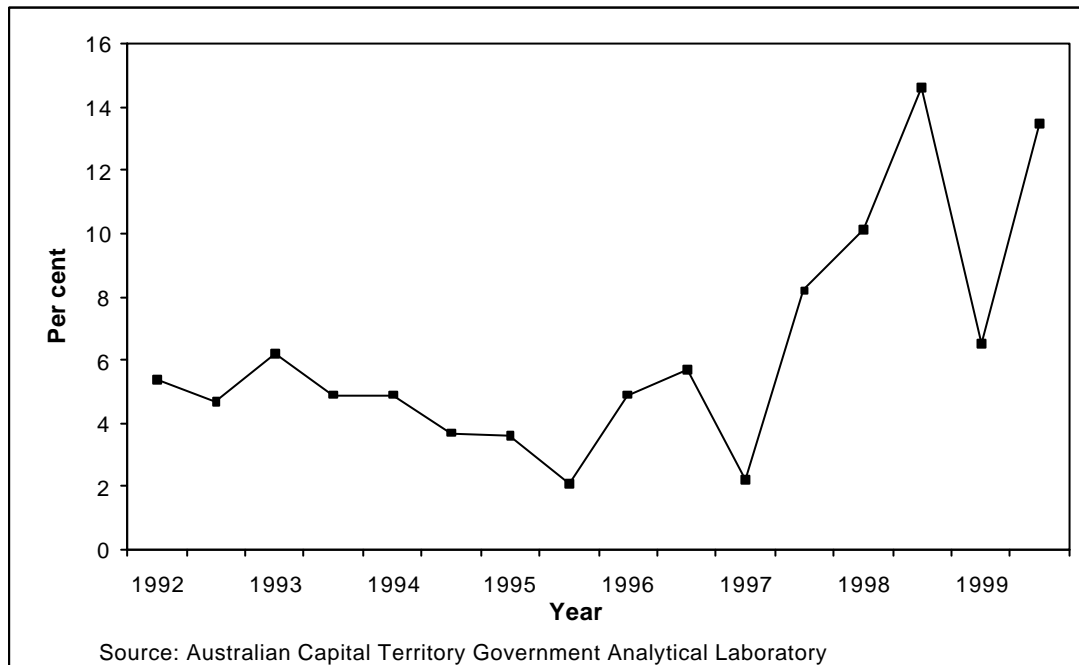


Figure 4: Average purity of methamphetamine, ACT, 1992–2000

Purity of amphetamines was reported to be ‘high’ by 29 per cent of the IDUs, 21 per cent indicated purity was medium, seven per cent low and 43 per cent did not know. Slightly less than one in five IDUs (17%) believed purity was increasing, whereas 16 per cent believed purity was stable.

The key informant who could comment on purity of methamphetamine thought purity was around 15–20% and that it had increased in the last six to 12 months.

5.4 USE

5.4.1 Prevalence of Amphetamine Use

The 1998 National Drug Strategy Household Survey found that nine per cent of ACT persons in the ACT had used amphetamine at least once and three per cent had used amphetamine in the previous 12 months. By way of contrast, 93 per cent of IDUs had used amphetamine and 89 per cent had injected amphetamine. Amphetamine was the drug first injected by 50 per cent of IDUs, however it was the drug of choice for only eight per cent. Amphetamine was the last drug injected by one in six IDUs (16%), and amphetamine was the drug injected most often in the past month by 12 per cent.

5.4.2 Current Patterns of Amphetamine Use

Seventy-four per cent of IDUs had used amphetamine in the preceding six months. The majority (84.9%) had used amphetamine powder and one in five (22.2%) used amphetamine liquid in the same period. Of the IDUs who had used amphetamine in the past six months, 34 per cent had used prescription amphetamine, and 22.5 per cent had used Ice/Shabu. In the preceding six months, two in five (44%) IDUs had used amphetamine once a month or less, 11 per cent had used amphetamine ten days of the past six months, eight per cent in the last thirty days, six per cent once a week and just three per cent every day.

Consistent with the seizure data, key informants confirmed that most of the amphetamine in the ACT was methamphetamine.

Figure 5 shows an increase in calls concerning amphetamine to the 24-hour helpline since July 1999, however, the number of calls is still relatively low (20-30 calls per quarter).

5.4.3 Trends in Amphetamine Use

In addition to the two key informants whose contacts' main drug was amphetamine, fifteen key informants who reported on heroin as the main drug of their contacts and all four key informants who reported on cannabis as the main drug of their contacts were also able to report on amphetamine use. As reported in the heroin section (above), key informants indicated that heroin users were alternating between amphetamines and heroin, or using both drugs concurrently. Among cannabis users, amphetamine was most often used as a substitute when cannabis was not readily available, or as a recreational, occasional drug. One key informant mentioned that dexamphetamine was commonly obtained through diverted prescription caches.

Other commonly reported trends were that the general number of users of amphetamines was increasing, as was the number of younger amphetamine users.

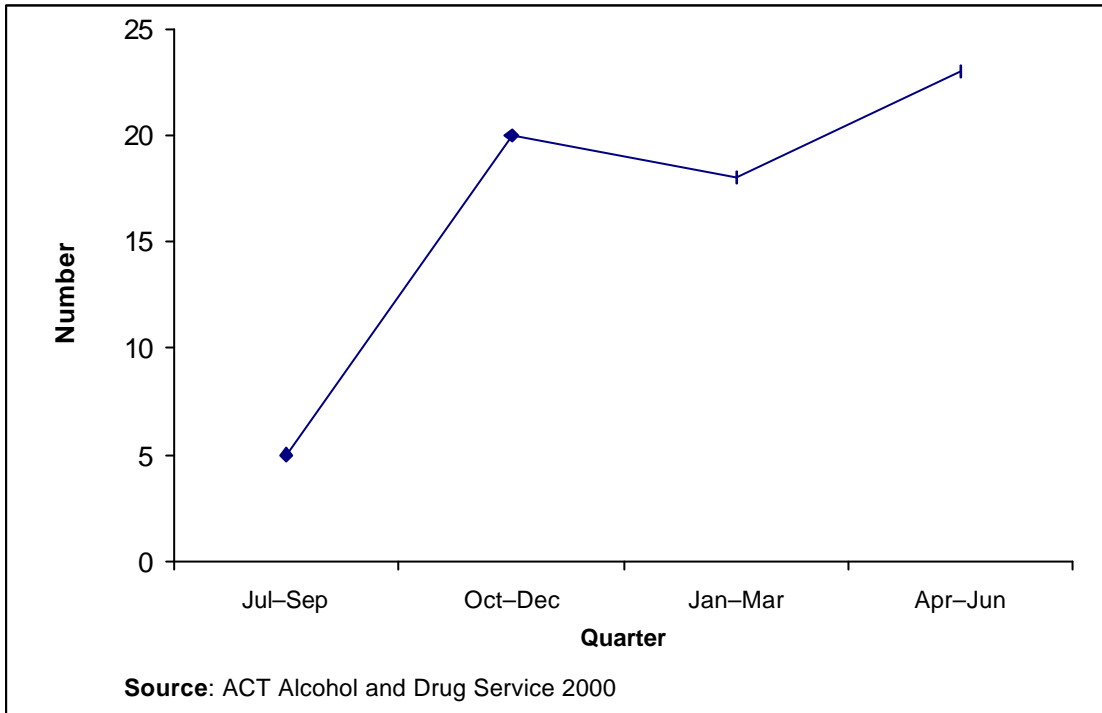


Figure 5: Number of amphetamine-related callers to 24-hour helpline by quarter, ACT, 1 July 1999 to 30 June 2000

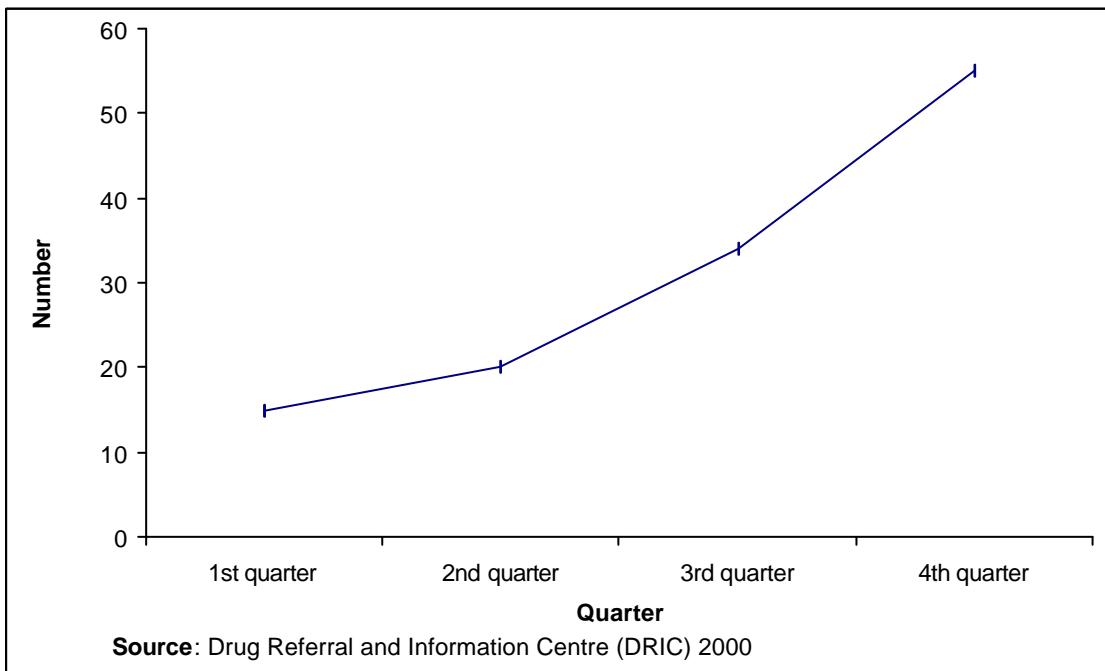


Figure 6: Number of DRIC clients in amphetamine case management by quarter, 1999-2000.

5.5 OTHER TRENDS

One key informant noted a pattern of amphetamine users migrating from injecting to snorting and swallowing, and that amphetamine was becoming more prevalent in the club scene.

Data from the DRIC show that the number of amphetamine users entering case management for drug-counselling treatment increased steadily over the 12 months from 1 July 1999 to 30 June 2000 (Figure 6).

5.6 SUMMARY

Table 6 summarises trends in the price, purity, availability and use of amphetamine in the ACT in 1999–2000. Compared to 1998–1999, the predominance of methamphetamine continued, the price was lower, and purity was stable or lower. The number of users increased and the age of users became younger.

Table 6: Estimated trends in the price, availability, purity and use of amphetamine

Price Street deal 1 gram 'eightball'	\$50 \$180 \$200
Availability	Easy to obtain Diverted dexamphetamine becoming popular
Purity	<1% (amphetamine – down from 2% in 1998–99) 9.8% (methamphetamine – down from 13% in 1998–99 and up from 6% in 1997–98)
Use	Increase in number of users Increase in younger users Increase in alternating/concurrent amphetamine-injecting among heroin users

6 COCAINE

No key informants were able to comment on cocaine as a principal drug of concern for their contacts. Among IDUs, 15 per cent were able to comment on cocaine trends in price, purity and availability.

6.1 PRICE

IDUs reported that the price of cocaine was \$60 a cap, \$200 for half a gram and \$170 per gram; the discrepancy in price compared to weight possibly attributable to the extremely small number of IDUs who could report on the substance. The majority of IDUs who were able to comment reported prices were stable compared to 12 months previously. As with other price data, the ABCI was only able to provide data on the October to December 1999 quarter. It reported a gram in the ACT as costing \$250. In 1998–99 from the same data source, the price was \$200 a gram.

6.2 AVAILABILITY

The majority of IDUs who were able to comment on cocaine reported that it was *difficult* to obtain. Most obtained cocaine from friends, rather than dealers. As indicated earlier, no key informant was able to report on availability.

6.3 PURITY

In 1999–2000 the AFP (ACT Region) made four seizures of cocaine totaling 0.8 grams. This compares with four seizures in 1998–1999 amounting to 0.2 grams (AFP 2000). Two of the 1999–2000 seizures were subsequently analysed and the mean purity of these samples was 25.9 per cent (range 17.8–34.0). This compares with a mean of 47 per cent in 1998–99, but with both years, readers are cautioned about drawing conclusions due to the low number of analyses undertaken. The majority of IDUs who were able to comment on cocaine reported the current purity was high and stable.

The ACT Government Analytical Laboratories maintain a database of the historical averages of analyses undertaken since 1982 (Figure 7). Over this period, the purity of cocaine in the ACT appears to be towards lower and lower purity, particularly from the early 1990s. The number of seizures is however, relatively small and caution should be exercised in interpreting trends.

6.4 USE

6.4.1 Prevalence of Cocaine Use

The 1998 National Drug Strategy Household Survey found that five per cent of persons in the ACT had used cocaine at least once and 1.2 per cent had used cocaine in the previous 12 months. By way of contrast, almost two-thirds (63%) of IDUs had used cocaine at least once and about one in two (46%) had injected cocaine. Just over one in

ten (11%) had injected cocaine in the previous six months and no IDU indicated that cocaine was their principal drug of choice.

6.4.2 Current Patterns in Cocaine Use

In addition to the 11 per cent of IDUs who had injected cocaine in the previous six months, one per cent had smoked cocaine, 12 per cent had snorted cocaine, and four per cent had swallowed cocaine.



Figure 7: Average purity (%) of cocaine seizures, ACT, 1982–2000.

Most IDUs used cocaine infrequently, with the majority of cocaine users who commented on use (n=8; five had used in the preceding six months), indicating their usual use of about once or twice a year. These results are consistent with the ADDInc survey in 1999 (35% yearly, 33% less frequently) (ADDInc 1999). The mean number of days that cocaine had been used by IDUs in the previous six months in 1999–2000 was 17.

6.4.3 Trends in Cocaine Use

Among the few IDUs who had used cocaine in the previous six months, 66.7 per cent indicated that they had used powder and 27.3 per cent had used crack over the same time period.

6.5 OTHER TRENDS

The IDUs who could comment on cocaine trends reported that it was ‘starting to come back in’, with more experimentation in modes of use, including one IDU who reported that cocaine was used anally. There were five clients in Arcadia House withdrawal

programs whose primary drug of concern was cocaine.

6.6 SUMMARY

Table 7 summarises trends in the price, purity, availability and use of cocaine in the ACT in 1999–2000. As with 1998–99, cocaine was not a drug of choice for IDUs. It was relatively expensive compared to other drugs and difficult to obtain by IDUs. This suggests that where cocaine was being used in the ACT, it was by a different population than injecting drug users and one which this study failed to capture.

Table 7: Estimated trends in the price, availability, purity and use of cocaine

Price 1 gram 2 grams	\$170 (IDU); \$250 (ABCI) \$200 <i>Caution: very few informants</i>
Availability	Difficult
Purity	25.9% compared to 47% in 1998/–9 <i>Caution: very few informants</i>
Use	Very low among IDUs Used infrequently

7 CANNABIS

Five key informants and 79 IDUs were able to comment on cannabis. Key informants comprised two youth workers, two treatment workers and a member of a cannabis users' group.

7.1 PRICE

The median prices for cannabis as reported by IDUs are shown in Table 8. ABCI were unable to provide any details of prices for cannabis in 1999–2000. Compared to 1998–99, prices were about the same, with perhaps lower prices for larger quantities in 1999–2000 than 12 months previously. Consistent with IDU, those key informant who could comment on the price of cannabis (n=2) stated that it cost \$20–30 per gram or 'stick'.

Table 8: Reported price for cannabis, ACT, 1999–2000

Weight	\$ price 1999–2000	\$ price 1998–99
Foil	25	25
Gram	25	25
2 grams	50	—
Bag	50	—
¼ ounce	100	—
½ ounce	180	—
Ounce	300	400–500
Kilo (1999), pound (1998)	4,500	3,500–5,000

7.2 AVAILABILITY

Cannabis was estimated to be very easy or easy to obtain by three-quarters (74%) of IDU. Over half (56%) reported that availability was stable. The pattern of purchasing cannabis was similar to amphetamine, with one-third (31%) obtaining from a friend, 25 per cent from a dealer's home and 11 per cent obtaining cannabis from a street dealer. All cannabis key informants indicated that it was very easy to obtain and that availability was stable and becoming more accessible to younger users.

7.3 PURITY

In 1999–2000 the AFP (ACT Region) made 543 seizures of cannabis totaling 282,260 grams. This compares with 476 seizures amounting to 423,296 grams in 1998–99 (AFP 2000). Potency of cannabis, however, is not routinely analysed in the ACT. Over half of IDU respondents (51%) reported that cannabis potency was high (based on previous experience), with 34 per cent reporting that this level was stable compared to 12 months previously. The three key informant who could comment on cannabis also indicated (from contact references) that potency was high and stable.

7.4 USE

7.4.1 Prevalence of Cannabis Use

The 1998 National Drug Strategy Household Survey estimated that cannabis had been used at least once by 46.1 per cent of ACT residents and 20.3 per cent had used it in the previous 12 months. By way of contrast, cannabis had been used at least once by 96 per cent of the IDUs sampled in this study. Cannabis was the main drug of choice for 11 per cent of the IDUs in 1999–2000.

7.4.2 Current Patterns of Cannabis Use

Ninety per cent of IDUs had used cannabis in the preceding six months. Of this group, 96 per cent had used head, 71 per cent had used leaf, 41 per cent hash and 25 per cent hash oil. The median number of days in the past six months that regular cannabis users reported using cannabis was 180 (that is, every day).

7.4.3 Trends in Cannabis Use

There was an increase in queries to the 24-hour helpline regarding help with cannabis problems (Figure 8). This is consistent with reports from one key informant who spoke of the increasing demand for cannabis treatment services in response to an advertising campaign for a local cannabis treatment program during the year.

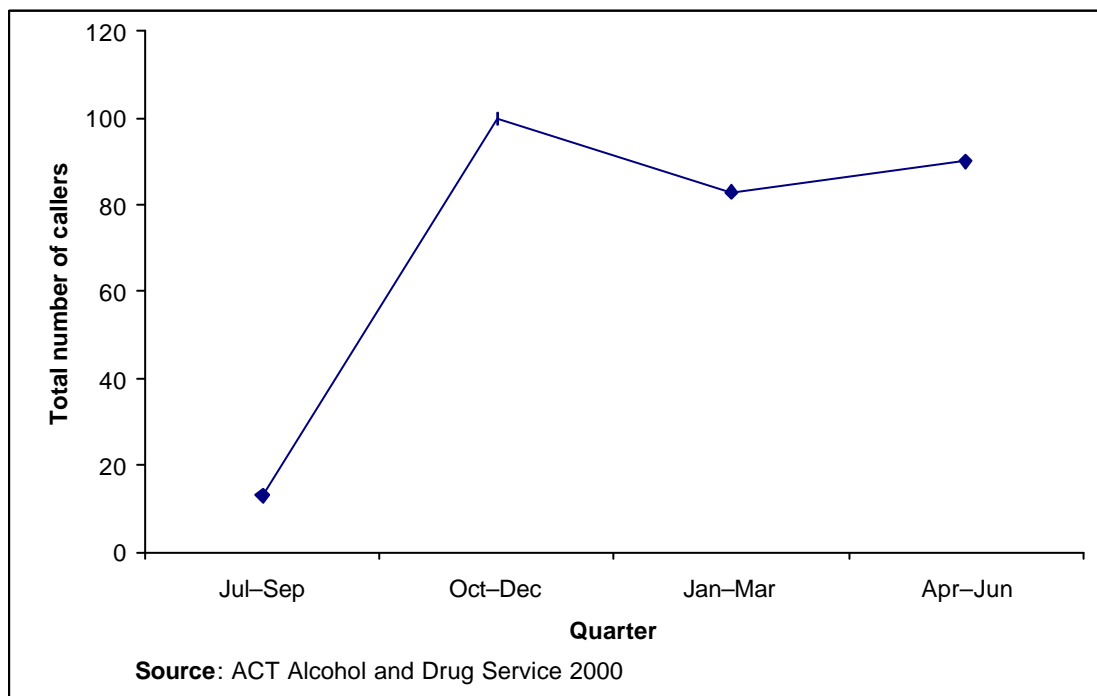


Figure 8: Number of cannabis-related callers to 24-hour helpline by quarter, ACT, 1999–2000.

A commonly reported trend by IDU was that more people were quitting and switching to other drugs. The relative ‘non-availability’ of cannabis compared to higher availability of harder drugs such as heroin from their regular, was a worrying trend. IDUs and key informants also reported they had noticed younger cannabis users. Moreover, both groups noted a growing perception among young users that cannabis was a harm-free, ‘cool’ drug that was legal to use in the ACT and, for this reason, is becoming more popular than alcohol.⁴ By the same token, because cannabis is becoming more socially acceptable, one key informant commented that users were less likely to binge and were becoming more responsible with their use because they were less concerned about ‘getting caught’ with cannabis in their possession.

7.5 OTHER TRENDS

IDU sources of supply (one-third from dealers), were very different from those indicated for the general population in 1998, where 75–85 per cent obtained cannabis from friends or acquaintances (AIHW 1999). IDUs reported that dealers of cannabis were now dealing in hard drugs, and that heroin users were dealing in cannabis to younger persons to support their habit.

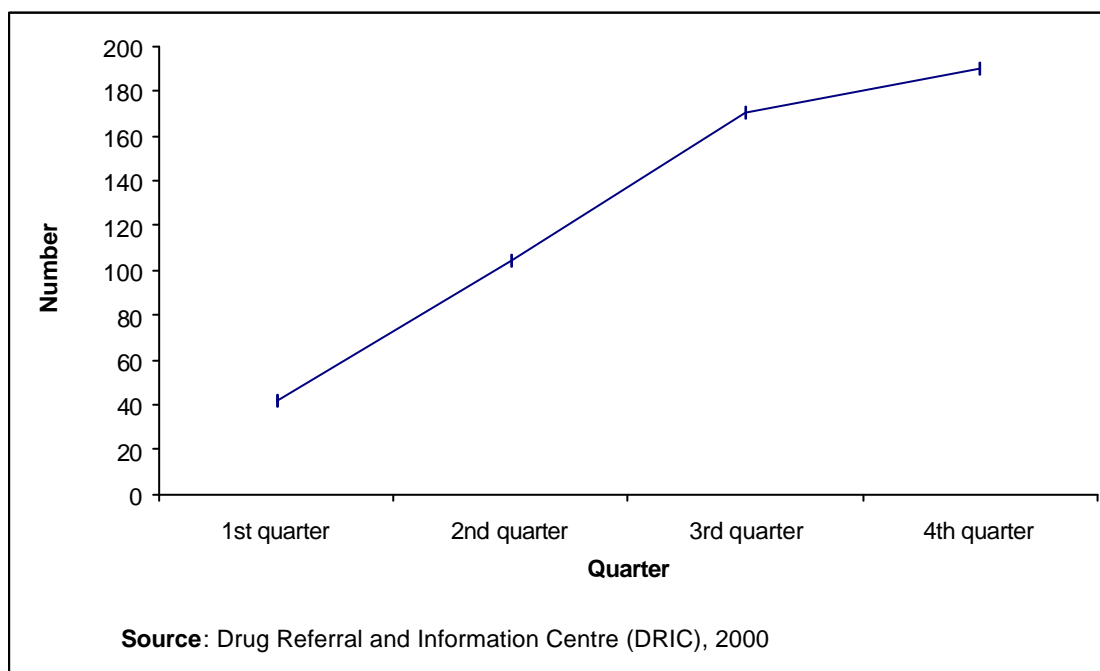


Figure 9: Number of DRIC clients in cannabis case management by quarter, ACT, 1999–2000.

⁴ The ACT *Drugs of Dependence Act 1989* provides for the discretionary treatment of simple cannabis offences (possession of less than 25 grams, or growing up to five plants) by way of an offence notice, which is expiated by payment of a small fine.

Similar to results for telephone enquiries to the government 24-hour helpline, data from the Drug Referral and Information Centre shows that the number of persons entering case management for cannabis increased steadily over the 12 months from 1 July 1999 to 30 June 2000 (Figure 9).

Key informants noted that cannabis was often the only drug used by clients but that health problems such as asthma, and the difficulties with dual diagnosis, were not uncommon among users.

7.6 SUMMARY

Table 9 summarises trends in the price, purity, availability and use of cannabis in the ACT in 1999–2000. Larger amount deals decreased in price and the availability and potency of cannabis remained high. Two distinct trends in use were reported: an increase in the number of younger users and a progression from cannabis to harder drugs among users, the latter facilitated by an apparent movement of cannabis dealers into dealing harder drugs.

Table 9: Estimated trends in the price, availability, purity and use of cannabis

Price 1 gram ½ ounce	\$25; stable \$180; decreasing
Availability	Easy, stable and more cannabis dealers now also dealing in harder drugs
Purity	Not determined empirically, but IDUs/key informant report it as high and stable
Use	Increase in use among younger persons identified in 1998–99 continued Decrease in use by IDUs Progression by cannabis users to harder drugs Re-emergence of hash (resin)

8 OTHER DRUGS

8.1 ECSTASY AND DESIGNER DRUGS

8.1.1 Use

The 1998 National Drug Strategy Household Survey estimated that 5.6 per cent of the ACT population had used ecstasy at least once and 2.8 per cent had used ecstasy in the previous 12 months.

In 1999–2000 about one in two (48%) IDU had used ecstasy at least once and 23 per cent had injected ecstasy. In general, however, ecstasy was not a drug of choice for IDUs, with only 19 per cent reporting they had used the drug in the previous six months. Less than one in 10 (8%) had injected ecstasy in the previous six months and one in six (16%) had swallowed ecstasy in the same period. The mean number of days that ecstasy-taking IDUs had used ecstasy in the previous six months was six (median two).

While no key informant commented specifically on use of ecstasy, nearly one in five (n=9) commented on occasional IDU recreational/social use of ecstasy for special occasions such as birthdays or simply for experimentation.

8.1.2 Price

Consistent with the relative rarity of ecstasy use within the IDU population, no key informants and no IDUs were able to comment on price. The ABCI were also unable to provide estimates of price.

8.1.3 Availability

No key informants and no IDUs were able to comment on relative availability. There were, however, 11 seizures amounting to 513.4 grams in the year. This compares with four seizures in 1998–99 amounting to 27.5 grams. There were four seizures for cocaine in 1999–2000, 72 for amphetamine, 178 for heroin, and 543 for cannabis, which may give an indirect estimation of the relative availability of ecstasy⁵.

8.1.4 Purity

No key informants and no IDUs were able to comment on the purity of ecstasy. The mean purity of the 10 seizures analysed in 1999–2000, was 24.6 per cent (range 13.2–46.3).

8.1.5 Other Trends

⁵ Differences in seizure rates might better reflect changes in police targeting, rather than availability in the community.

The AFP speculate that the increase in the number and weight of ecstasy seizures in 1999–2000 ‘reflects increased use amongst younger members of the community and enhanced production capabilities being developed by criminal elements’ (AFP 2000, p 38).

During Operation Sack, which was targeted towards decommissioning a clandestine laboratory, the AFP seized a pill press, chemicals, associated equipment and 1,000 tablets of ecstasy.

8.2 METHADONE

In 1999–2000 there was an average of 586 clients of methadone maintenance services in the ACT at any one point in time (refer also to section 9 which follows). Among the IDU sample, almost three-quarters (73%) indicated they had used methadone and 44 per cent had used in the preceding six months. Almost half (47%), of IDUs had injected methadone, however only 19 per cent reported they had injected in the past six months and, on average, they had used methadone on 96 days in that period. Only one per cent of IDUs indicated that methadone was their main drug of choice. Similarly, methadone was the last drug injected by only one per cent of IDUs.

Swallowing was the preferred form of use, with 57 per cent of IDUs reporting they have ever swallowed methadone, and 36 per cent indicating they had swallowed methadone in the last six months. However, only one in four IDUs (25%) reported they were presently enrolled in methadone maintenance, indicating some use of illicit methadone by IDUs. As an indirect measure of illicit methadone use,⁶ of the IDUs who had used methadone syrup in the last six months, only half were currently enrolled in methadone maintenance (54.3%). The same was found of those IDUs who had used Physeptone[®] tablets in the past six months (only 53.3% in treatment). Several IDUs reported bulk amounts of methadone syrup (500 ml to 1 litre) were available on the black market.

By way of contrast, the 1998 National Drug Strategy Household Survey found that less than one per cent of ACT residents had used diverted methadone and less than 0.1 per cent had used it in the previous 12 months.

Figure 10 shows that over 60 per cent of persons enrolled in methadone maintenance (n=15 of 25) had been on this form of treatment for a year or more. Some key informant (n=6) reported that contacts on treatment methadone were also likely to be concurrently supplementing their dosage with heroin.

8.3 BENZODIAZEPINES

Eight in ten IDUs (83%) had used benzodiazepines at least once, one in four (28%) had injected benzodiazepines, and 80 per cent had used in the preceding six months. Among

⁶ This is an indirect measure since IDUs may have been enrolled previously in methadone maintenance during the six-month period but ceased treatment by the time of the survey.

those who had used benzodiazepines in the previous six months, the mean number of days' use was 53 (median 20). Of the IDUs who had used in the past six months two-thirds (67.1%) used Valium[®] (diazepam), 14 per cent had used Serapax[®], 10 per cent had used Temazepam, and 4 per cent Normison. Rohypnol[®](3%) and Xanax[®] (1%) were used by relatively few benzodiazepine-using IDUs.

The most common method of use was swallowing, with 77 per cent of IDUs reporting they had ever swallowed benzodiazepines. Slightly more than one in four IDUs (28%) indicated they had injected at least once. A small percentage (10%) reported having smoked benzodiazepines.

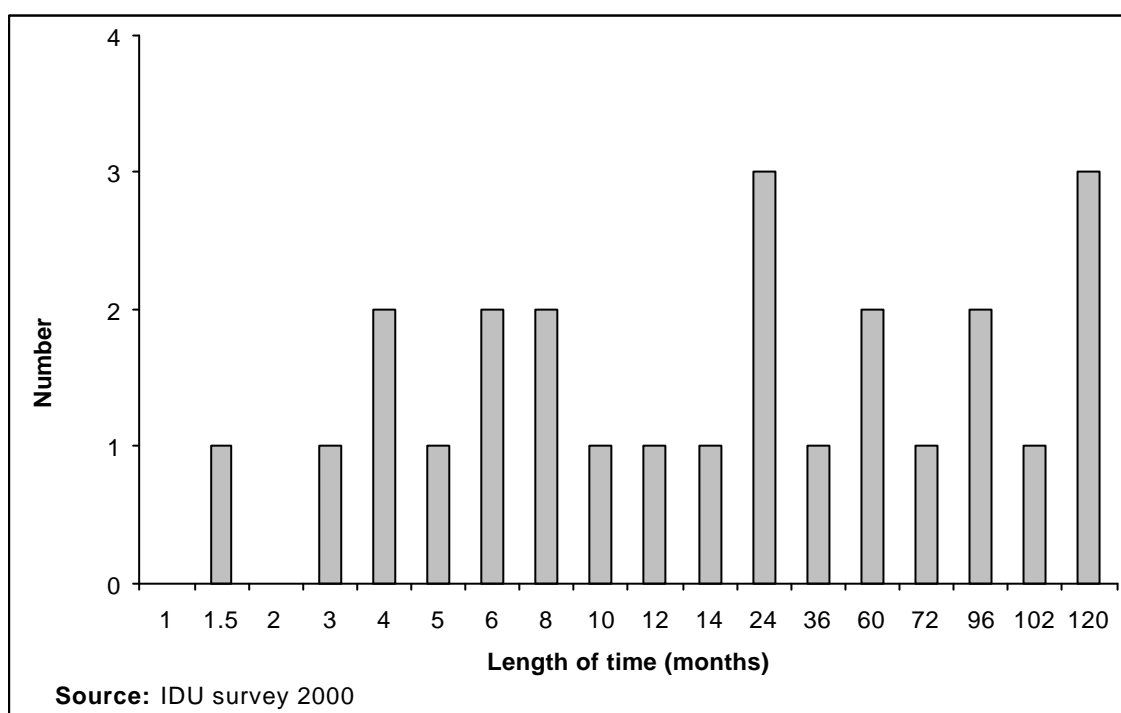


Figure 10: Length of time spent in methadone maintenance by IDUs at time of interview, 2000

Benzodiazepine use was common among heroin users according to key informant (n=17) and they were often used in large amounts in binge sessions or to tide users over between (heroin) hits. A few key informant (n=2) commented that benzodiazapines were becoming easier to obtain while others (n=2) indicated that forging of benzodiazepine prescriptions had decreased.

8.4 ANTIDEPRESSANTS

Four in ten (41%) IDUs had used antidepressants at least once and one in five (26%) had used antidepressants in the previous six months. More males (28%) than females (12%) had ever used antidepressants, and more IDUs aged 25 years or older (13%) had used in the preceding six months compared to their under-25 years compatriots (8%). Among

those who had used antidepressants in the previous six months, the mean number of days' use was every second day (91 days). Of the IDUs who had used antidepressants in the preceding six months, the most common brands were Cipramill[®] (19%), Zoloft[®] (14.3%) and Aurorix[®] (9.5%). Other brands mentioned included Cantremenkin[®], Decca[®], Lovan[®], Luvox[®], Prozac[®] and Tryptanol[®] (all 4.8%). One in four IDUs (28.6%) who had used antidepressants in the past six months could not recall, or did not know, the name of the brand they had used.

8.5 OTHER OPIATES

Half of all IDUs (54%) had used opiates other than heroin at least once and one in three (35%) had injected other opiates. In the previous six months less than one in five (17%) had injected and one in five (20%) had swallowed other opiates. Among those IDUs who had used in the previous six months, the mean number of days' use was 18 (median 4).

The use of other opiates as the first drug injected was reported by four per cent of the IDUs, with one per cent indicating other opiates were the last drug injected and two per cent reporting other opiates as the drug injected most often in the last month. The most commonly used preparations by the IDUs who had used in the past six months were morphine (59.5%), Kapanol[®] (8.1%), Codeine, Deloxine, Pethadine and Panadeine forte[®] (all 5.4% each) and others (10.8%).

8.6 STEROIDS

Steroids were not a popular drug among the IDU population surveyed, with less than one in ten (8%) having used steroids and just six per cent having injected. Two per cent reported they had used steroids in the preceding six months, one IDUs only had injected in the previous six months and one had swallowed steroids in the same period. The mean number of days' use in the previous six months was 62 (median 32). Of the eight IDUs who had ever used steroids, three were aged 30 years or younger. All persons who reported using steroids in the past six months were aged over 25. Asthma medications (12.5%) and 'inhalers' (12.5%) were the most popular forms used. Again, by way of contrast, the 1998 National Drug Strategy Household Survey found that just one per cent of ACT residents had used steroids at least once and the survey did not detect any respondents that were recent users.

The AFP (ACT Region) made 17 seizures of steroids totaling 10.2 grams in 1999–2000. This compares with two seizures in 1998–99. No key informant was able to comment on the use of steroids.

8.7 HALLUCINOGENS

The use of hallucinogens was common among IDUs, with 72 per cent reporting they had used at least once and 11 per cent in the previous six months. Among those who had used hallucinogens in the previous six months, swallowing was the most popular method, with

60 per cent of IDUs having ever swallowed hallucinogens. Of the 12 per cent of IDUs who reported they had used hallucinogens in the past six months, 75 per cent had used LSD/trips and 42 per cent had used 'mushies'.

The AFP (ACT Region) made one seizure of LSD in 1999–2000. This compares with six seizures in 1998–99. No key informants were able to comment on hallucinogens.

8.8 INHALANTS

Over a quarter of IDUs (27%) had used inhalants at least once. Slightly more females (32%) than males (28%) had used inhalants. Only six per cent of IDUs had used inhalants in the previous six months. Half (50%) had used 'nitrous' and half used ventolin.

No key informant was able to comment on inhalants.

8.9 SUMMARY

Table 10 summarises trends in the use of other illicit drugs in the ACT in 1999–2000.

Table 10: Summary trends in other illicit drugs

Ecstasy	Very little data – not popular among IDUs
Methadone	Half the IDUs access diverted methadone
Benzodiazepines	Universally used by IDUs, readily available
Antidepressants	Used by one in five IDUs, available when wanted
Other opiates	Used by one in five, readily available
Steroids	Not popular among IDUs, prescriptions available

9 DRUG-RELATED ISSUES

9.1 TREATMENT

Over one-third of IDUs were currently in treatment (36%), with methadone maintenance (69%) being the most common form, followed by detoxification (11%) and counselling (11%). Of those that were in treatment, 58 per cent had been in treatment for 12 months or less, and 42 per cent had been enrolled for more than a year.

On a disappointing note, key informants and IDUs reported that Indigenous users were poorly serviced in the ACT and, the belief held by IDUs that for all users, unless heroin is the main drug of concern, treatment options are very limited 'unless you're on smack, you can give up on getting into treatment'.

9.1.1 Methadone Maintenance

In 1999–2000 there were, on average, 586 clients in methadone maintenance programs each quarter (Figure 11). Most clients were serviced through public clinics or community pharmacies.

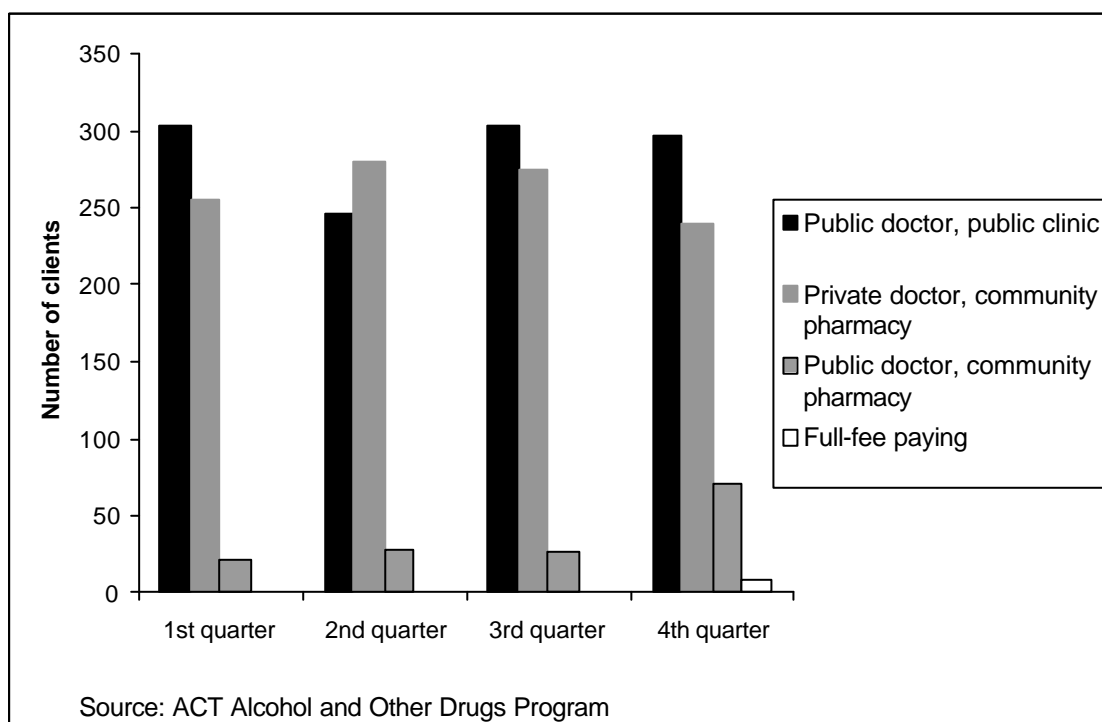


Figure 11: Clients of methadone services, by type of program and quarter, ACT, 1999–2000

Approximately two-thirds (62%) were male and one-third (38%) female. About one in four clients were aged 31–35 and one in five were aged 26–30. Less than one in 20 was

aged less than 20 years of age, and approximately 15 per cent were aged over 40 years.

Perhaps surprisingly, most clients of methadone maintenance programs were not residents of the inner-city suburbs (Map 1).

9.1.2 Opioid-related Case Management

In 1999–2000, approximately 173 persons per quarter were opioid-related case-managed in ACT Government AOD programs (Figure 12). This compares with an average of 265 persons for alcohol and an average of 127 persons for cannabis.⁷

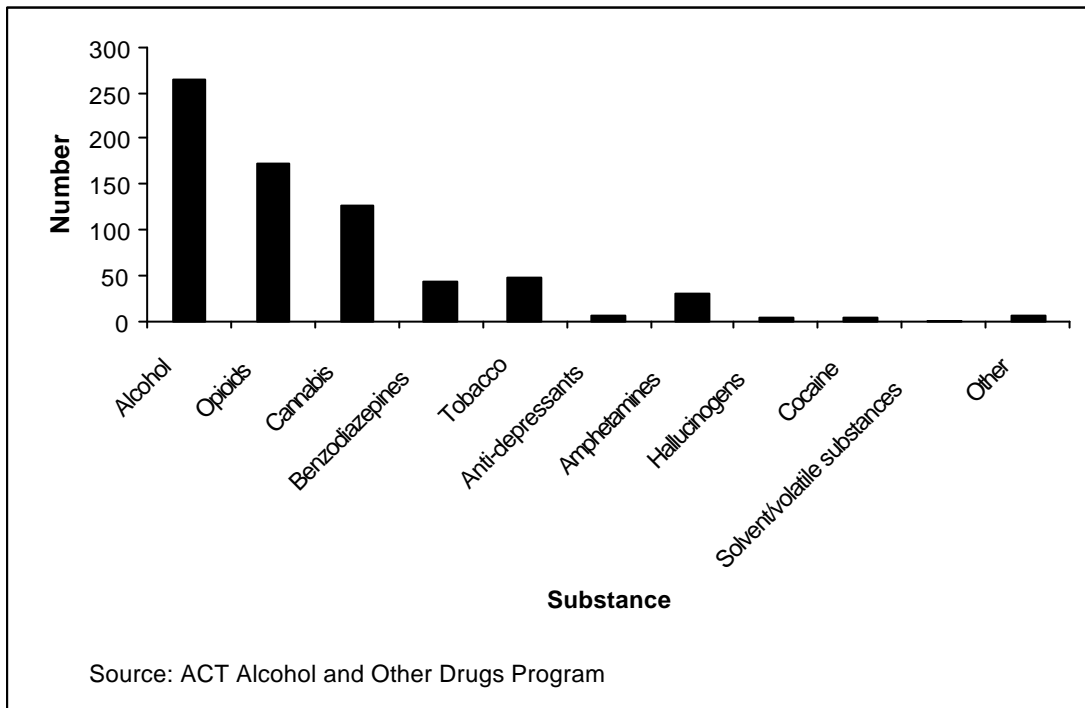
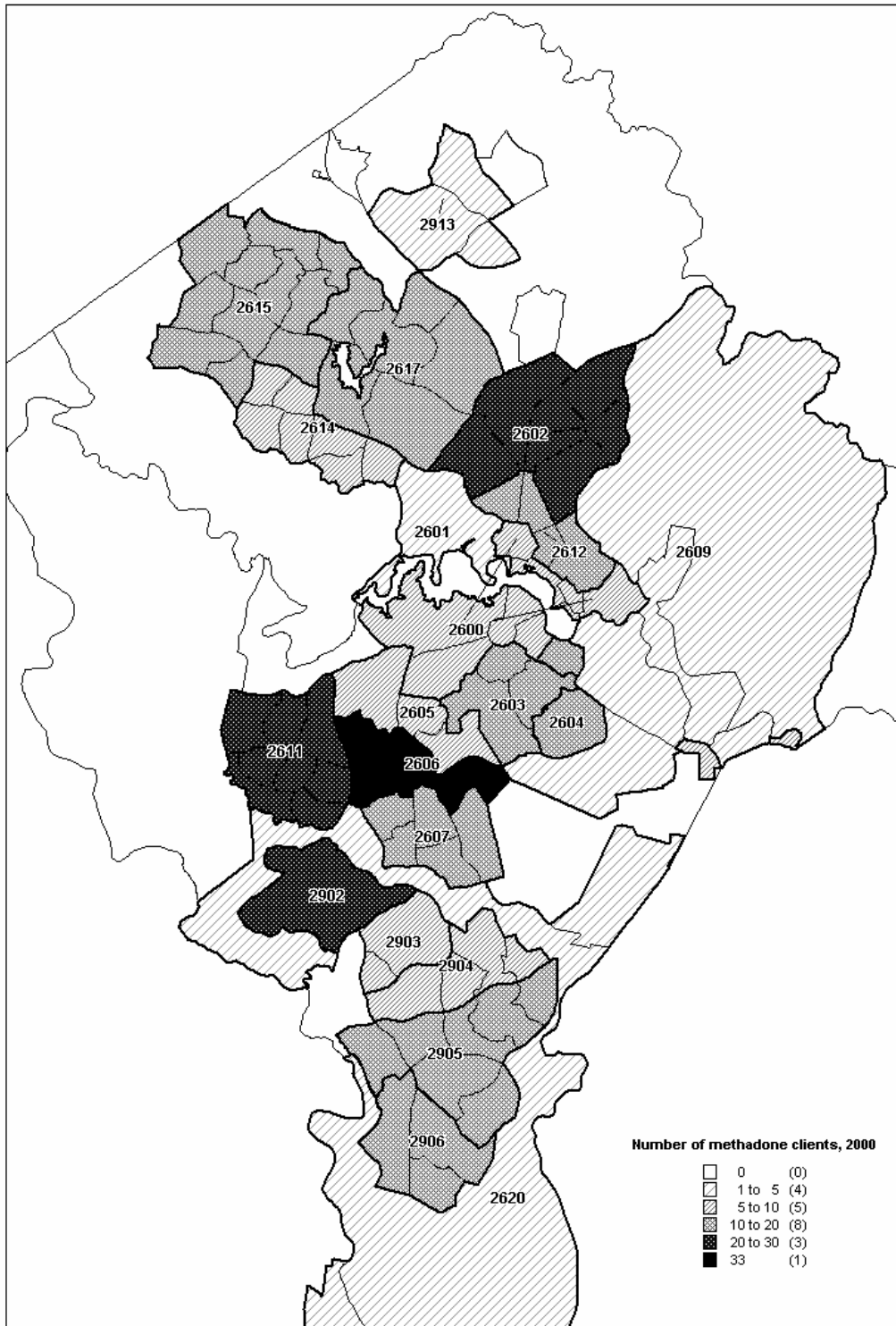


Figure 12: Average quarterly number of case-managed clients, by substance of concern, ACT, 1999–2000

As with clients of methadone services, approximately two-thirds (62%) were male and one-third female. Three-quarters of clients were aged between 21 and 45 years and less than one in ten were aged less than 21 or older than 55 years. Less than five per cent were of non-English-speaking backgrounds and about one per cent were Indigenous persons.

⁷ Persons could be case-managed for more than one substance.



Map 1: Usual place of residence, methadone maintenance clients, ACT, 1999–2000

9.1.3 Detoxification

Approximately 183 persons were undergoing ACT Government detoxification per quarter in 1999–2000 (Figure 13). Most clients were undergoing detoxification for alcohol or opioids. Between one-third (first and third quarters) and one half (second and fourth quarters) of all detoxifications were alcohol-related. Between one-third (fourth quarter) and three in five (second quarter) of all detoxifications were opioid-related.

Approximately three-quarters of clients were male and three-quarters were aged between 21 and 45 years, with less than one in 12 aged under 21 or over 51 years of age.

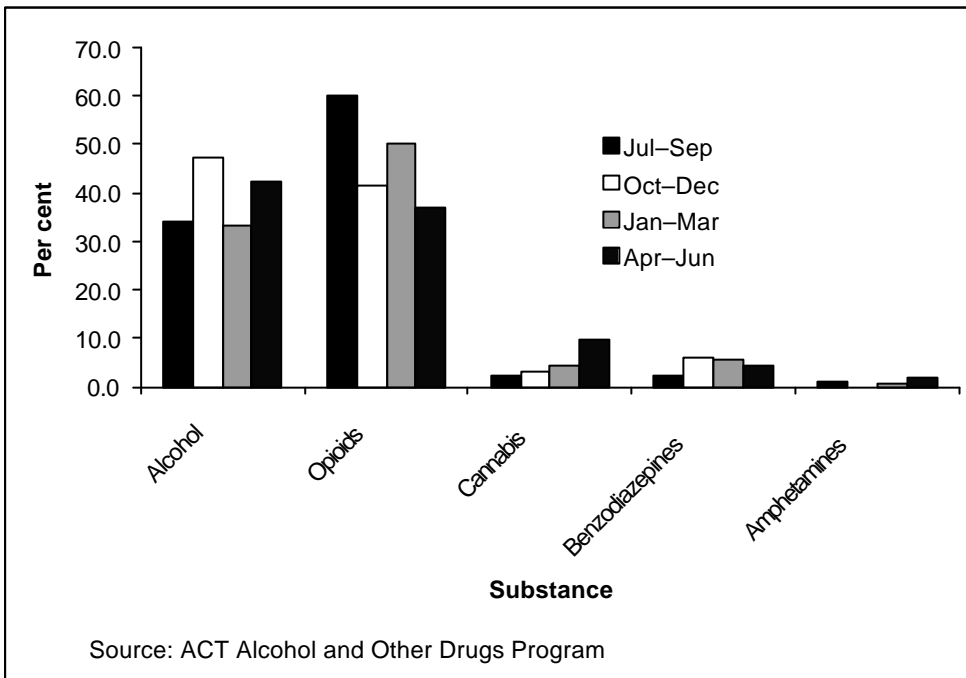


Figure 13: Proportions of clients undergoing detoxification in ACT Government-provided facilities, by substance of concern, by quarter, 1999–2000

9.1.4 Withdrawal

In 1999–2000 there were 444 clients undergoing withdrawal treatment at ADDInc’s Arcadia House, on average, 37 clients per month (Figure 14). Between 1992–93 and 1999–2000 the number of clients for whom heroin was the principal drug of concern increased from 66 to 331. In the same period, the number of clients for whom cannabis was the principal drug of concern increased from 11 to 145.

In 1999–2000 three-quarters of clients were in Arcadia House for heroin and one-third for cannabis. Two-thirds of clients were male and for over half of all clients, this was not their first stay at Arcadia House. Just over one in ten was diagnosed as having a concomitant mental health problem, and just over half were aged under 25 years.

9.1.5 Court Referrals for Assessment or Treatment

There were 80 court referrals for assessment and/or treatment in 1999–2000. Of the assessment orders, 80 per cent were for opioid-related matters. Eighty per cent involved males and the mean age of referees was 26 years. Less than one in eight referrals for assessment were for persons from non-English-speaking backgrounds and less than one in ten involved Indigenous persons.

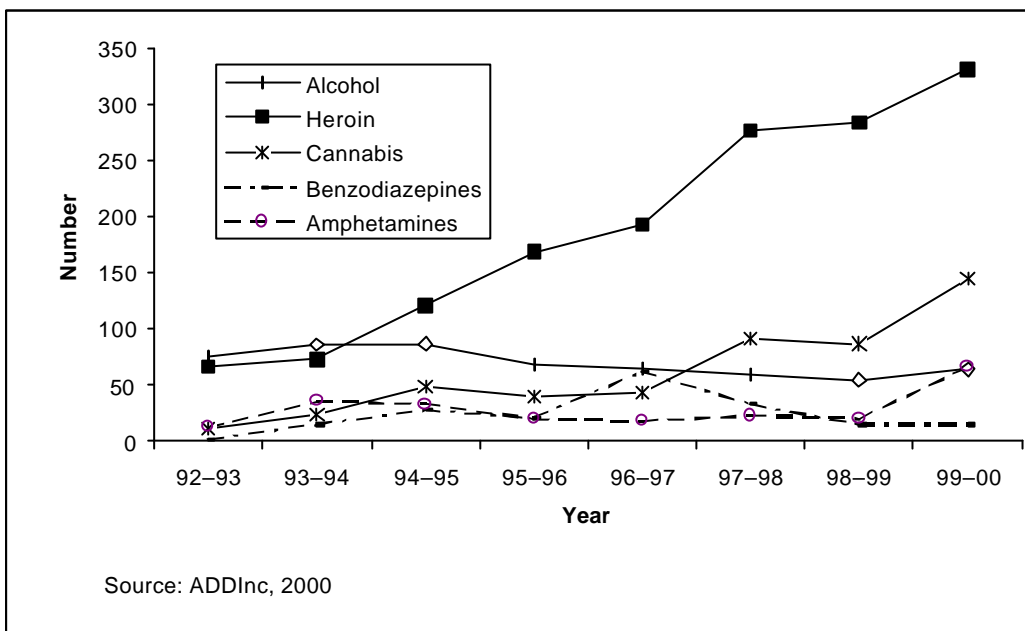


Figure 14: Number of clients undergoing withdrawal at Arcadia House, by substance of concern and year, 1992–93 to 1999–2000

9.1.6 24-hour Helpline

In 1999–2000 there were 1,456 persons who called the ACT 24-hour helpline. Over one in four calls were in relation to opioids and about one in five were about cannabis (Figure 15).⁸

9.2 OVERDOSE

Over half (58%) of the IDUs who had overdosed, with one in three (32%) having overdosed in the preceding year (Table 11). The majority of IDUs had witnessed at least one overdose (79%), and 71 per cent witnessed an overdose in the preceding year.

⁸ Caution should be exercised in interpreting the apparent decline in calls during the Jul-Sept 1999 quarter. A new case management system was implemented which affected the counting rules.

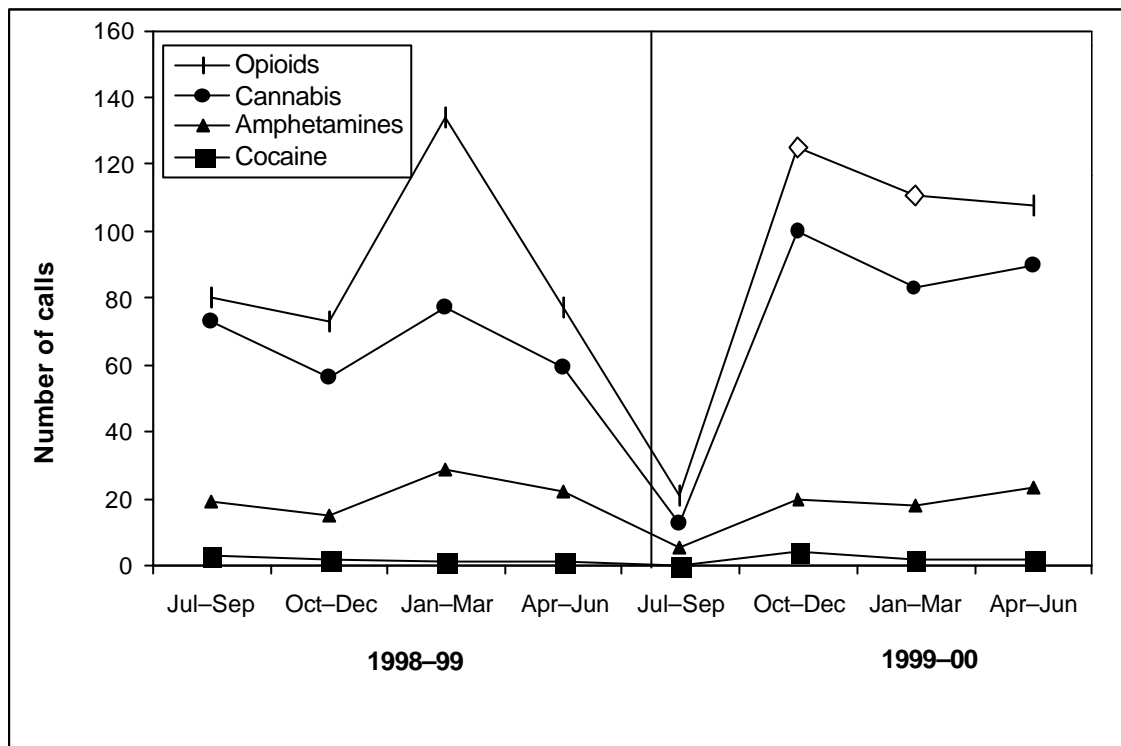


Figure 15: Calls to the ACT Alcohol and Other Drugs 24hour Helpline by drug type, 1998-99 to 1999-2000

In 1999-2000 there were 478 non-fatal heroin-related overdoses attended by the ACT Ambulance Service. This compares with 547 in 1998-99. In both years, overdoses were concentrated in the CBD, and close to the town centres and/or areas of high public housing concentration (Map 2).

Table 11: Overdoses among IDUs, ACT, 1999-2000

Risk-taking behaviour	n=100
Heroin overdoses (%)	
Overdosed (ever)	58
Overdosed (12 mths)	32
Administered Narcan (ever)	43
Narcan (12 mths)	26
Witnessed an overdose (ever)	79
Witnessed an overdose (12 mths)	71

In 1999 there were 5 fatal heroin overdoses. In 2000 (to September) there had been 9 fatal overdoses. The number of overdoses built from a low on Sundays to a high on Thursday, then declined until Saturday (Figure 16). There is also a distinct pattern of overdose by time of day (Figure 17). Most overdoses occurred between 10.00 a.m. and 3.00 p.m., following which there is a brief reprieve until a small resurgence at 5.00 p.m.

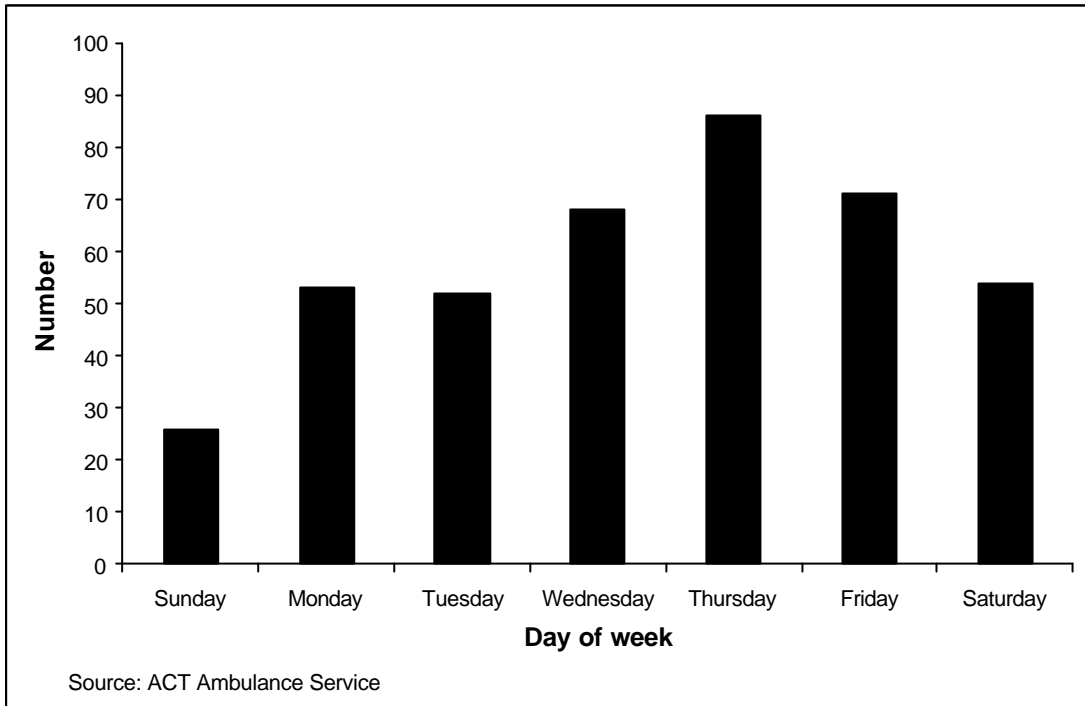


Figure 16: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, by day of week, ACT, 1999–2000

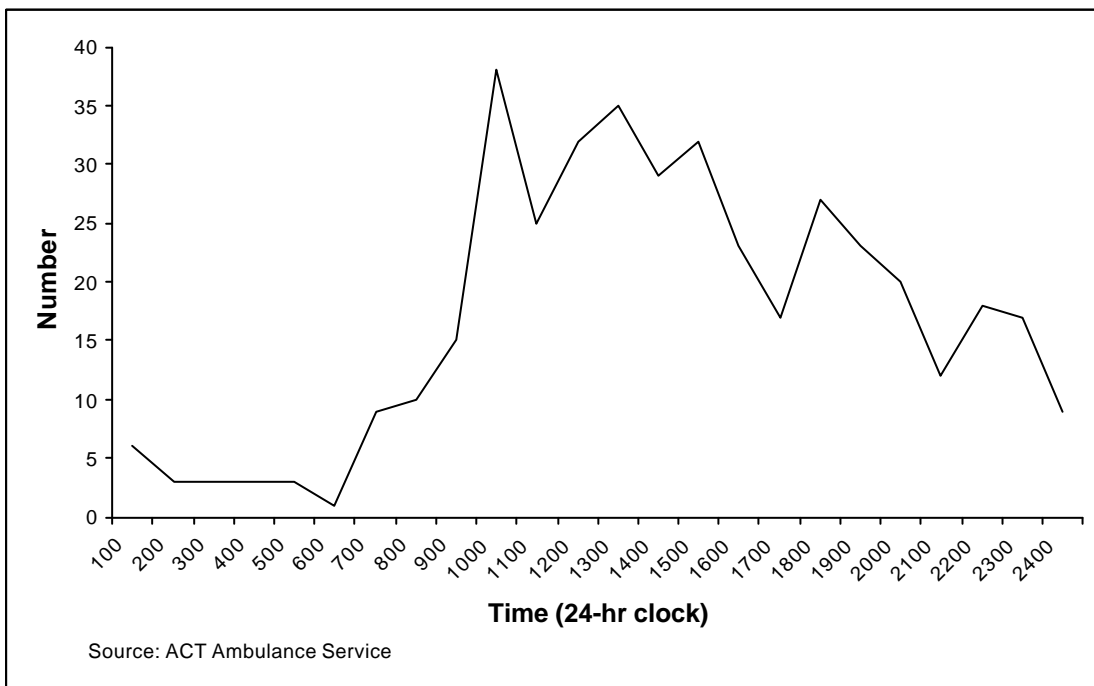
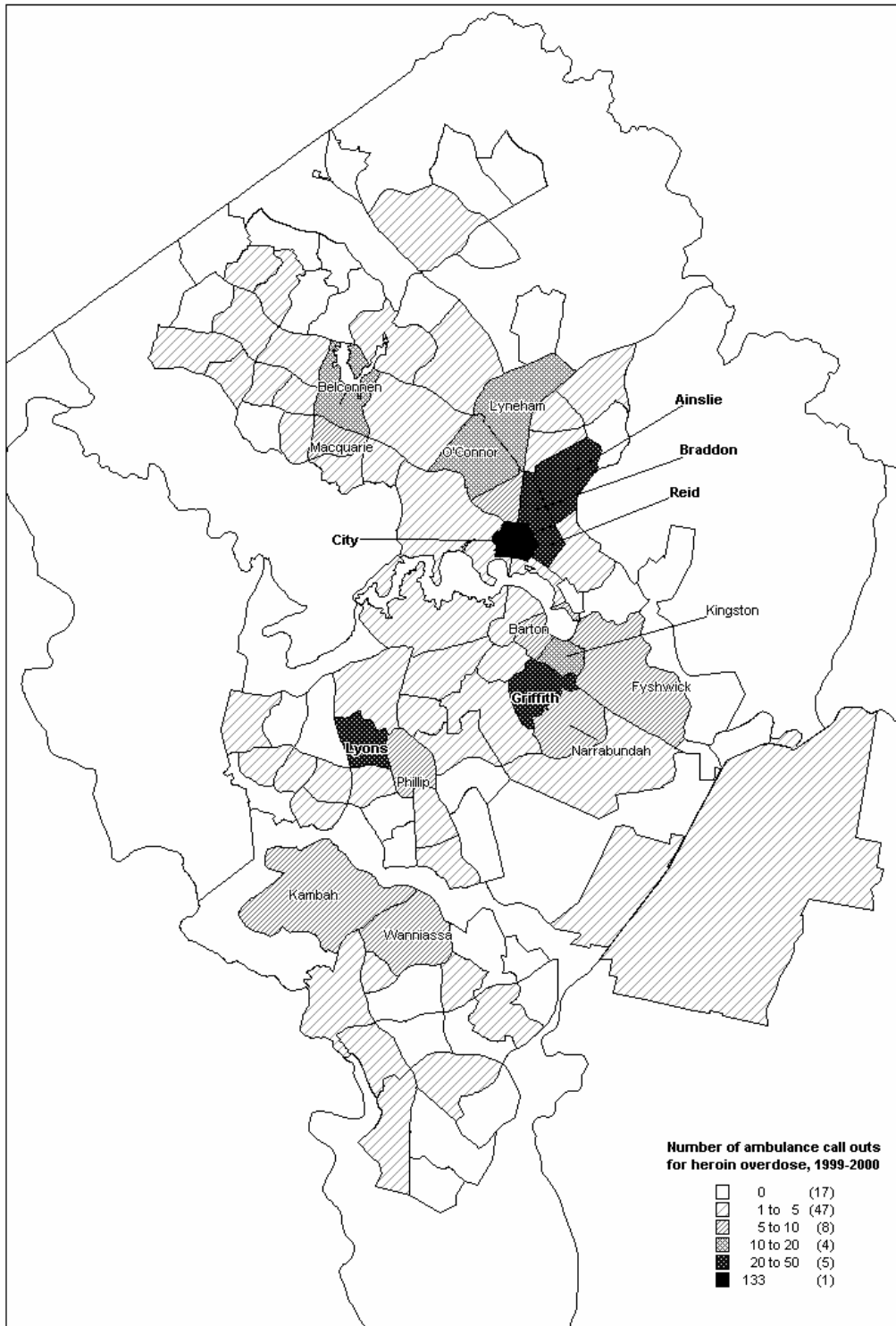


Figure 17: Non-fatal heroin overdoses by time of day, ACT, 1999–2000



Map 2: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, 1999–2000.

There were 28 heroin overdose presentations at Canberra Hospital's Accident and Emergency department and seven at Calvary Hospital in 1999–2000. A further nine overdose presentations at Canberra and 24 overdose presentations at Calvary were identified as opioid overdoses. A total of 13 persons who had overdosed on heroin or opioids at Calvary and 11 at Canberra Hospital were subsequently admitted.

Ten persons presented to Canberra Hospital and four persons at Calvary for amphetamine overdose; four for other stimulant overdose at Canberra and 65 for benzodiazepine overdoses at Calvary, in 1999–2000.

9.3 INJECTION-RELATED PROBLEMS

Two-thirds (67%) of the IDUs reported at least one injection-related problem in the preceding month (Table 12). The most commonly reported problems were scarring/bruising of injection sites (50%) and difficulty in injecting (36%).

Several key informants (n=8) commented that the general health of injecting drug users had deteriorated or had been maintained at very poor levels. Health issues common to users included malnutrition, extremely poor dental health, poor foot care, common colds, hepatitis C virus (HCV) infections, chest infections and mental health.

Table 12: Injection-related problems among IDUs, ACT, 1999–2000

Injection-related problem (% last month)	n=100
Scarring/bruising	50
Difficulty injecting	36
'Dirty hit'	22
Overdose	15
Infections/abscesses	8
Thrombosis	7

9.4 NEEDLE-SHARING BEHAVIOUR

In the month preceding interview nine per cent of IDUs had injected with syringes that had already been used previously, and 13 per cent passed on a used syringe (Table 13).

Of those who shared needles, most had injected with a previously used syringe one time (n=4), the remainder either two times (n=3) or three to five times (n=2). On the occasions that used needles had been reused, the majority of IDUs indicated that only one person had used the syringe previously (n=8). This person was reported to be either a regular sex partner (n=4), or a close friend (n=5). Of those who had passed on a used syringe in the previous month, the majority did so on only one occasion (n=6), and the remainder twice (n=3) or on three to five occasions (n=4).

Spoons that had already been used for mixing drugs had been used by 36 per cent of IDUs in the preceding month, filters by 17 per cent, water by 15% and tourniquets by 9 per cent.

Table 13: Risk-taking behaviours among IDUs, ACT, 1999–2000

Risk-taking behaviour	n=100
Needle sharing (% in last month)	
Borrowed used needles	9
Lent used needles	13
Location of last injection (%)	
Home	58
Public toilet	18
Street/park or bench	11
Other public place	3
Car	3

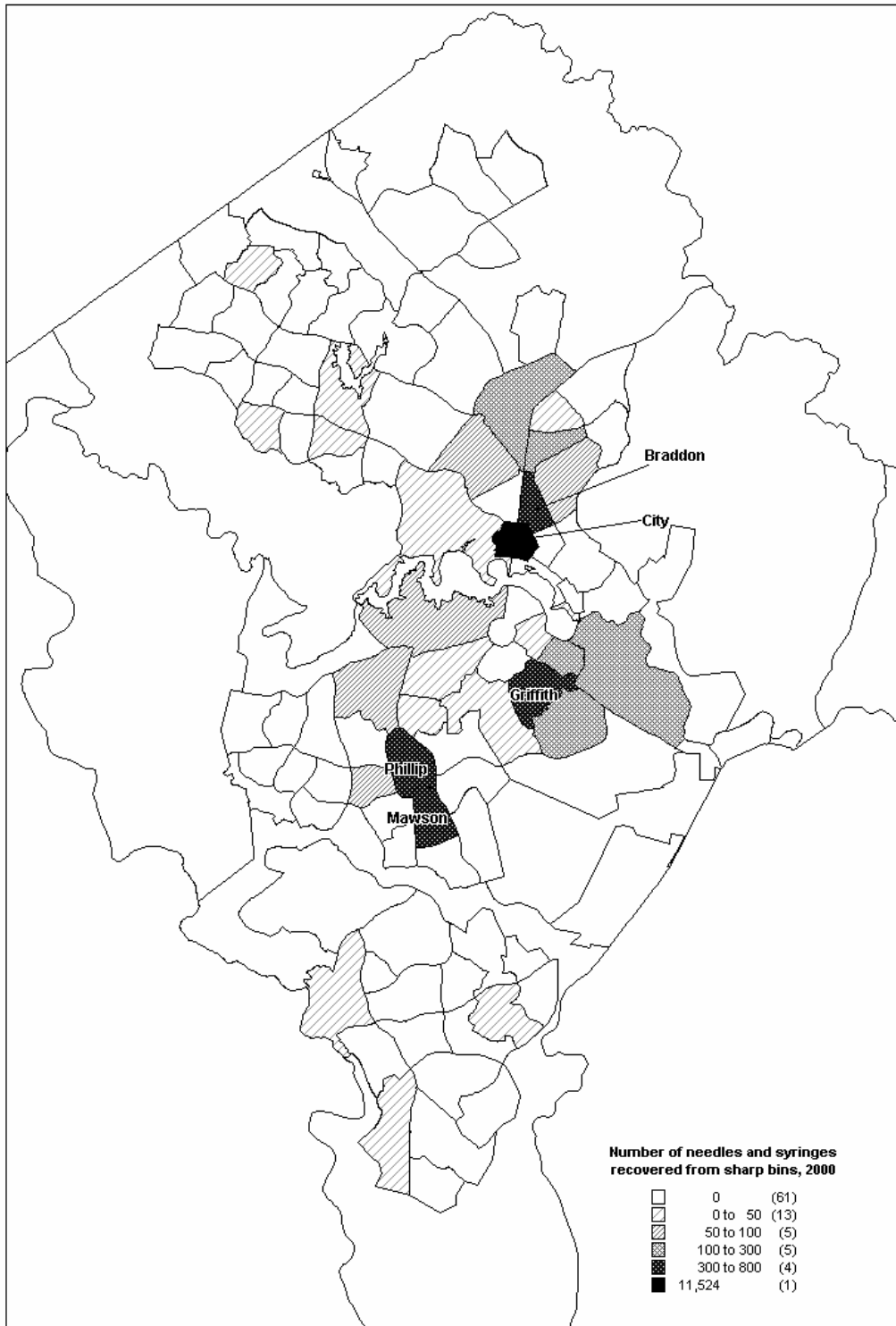
Injection of drugs in a private place was common. Over half the IDUs (58%) reported that their most recent injection was in a home environment and about one in three (35%) IDUs injected in a public place on their most recent injecting.

According to key informants, risk-taking behaviours relating to sharing and disposal of needles still require improvement. Sharing of needles between partners was reported as a sign of intimacy between couples. Another key informant reported that while needles were being shared less frequently, IDUs were being less scrupulous about sharing other injecting equipment, such as spoons. Others commented that while sharing of needles and equipment had improved, disposal was still ‘irresponsible’.

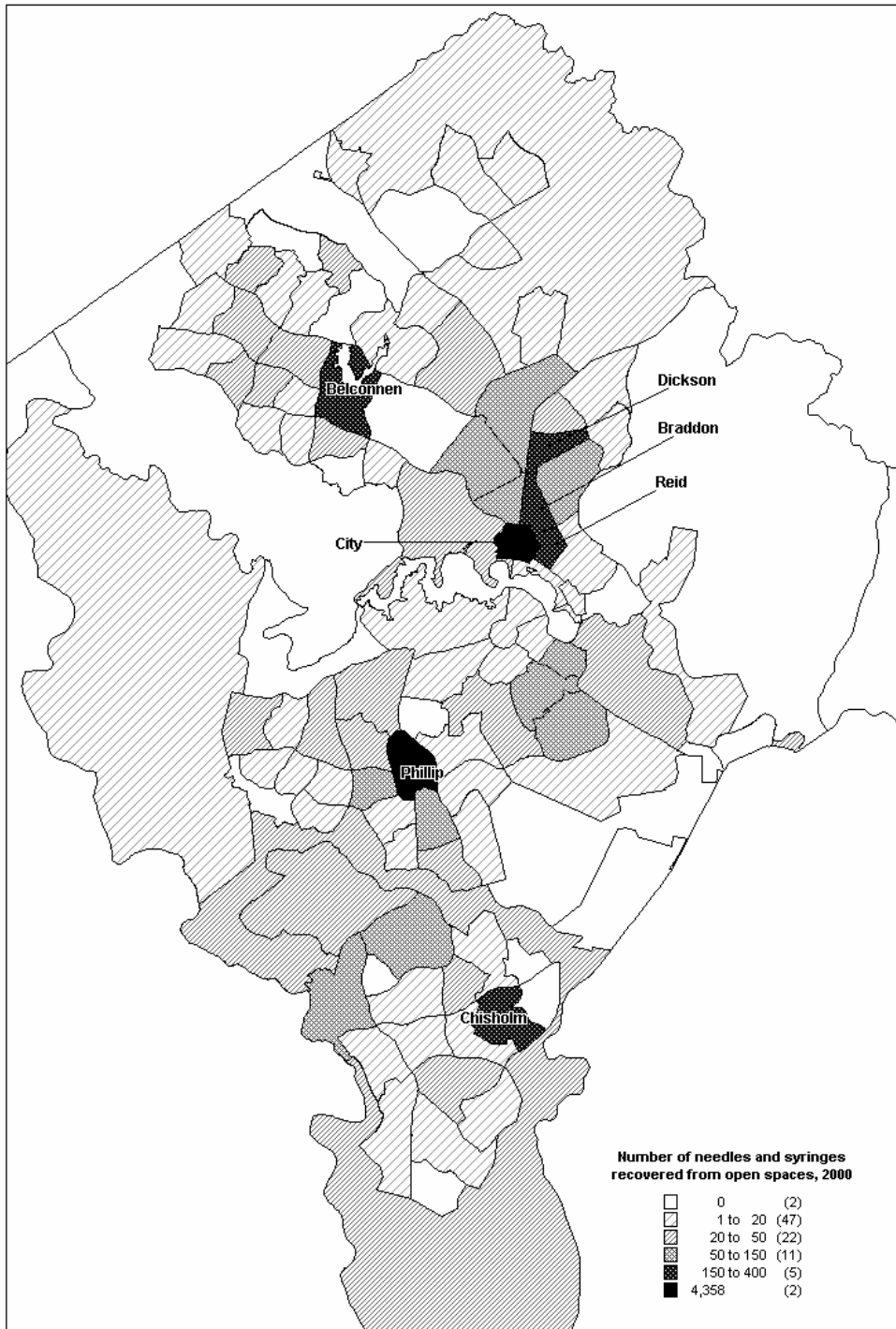
9.4.1. Needle and Syringe Exchange Programs

In 1999–2000 there were 591,260 needles and syringes distributed by ADDInc and 265,106 returns – a return rate of 45 per cent (Figure 18). This compares with 593,960 dispensed and 270,961 returned in 1998/99, a return rate of 46 per cent. The number of visits to ACT NSEPs in 1999–2000 of 56,164 was slightly up on the 55,778 in 1998–99. The mean age of clients was 26.8 years.

In addition to returns to the NSEPs, there were 23,053 needles and syringes recovered from public places, comprising 7,959 from open spaces (e.g. parks, schools, pools) and 15,094 from government supplied ‘sharps bins’ in public toilets. Over two-thirds (68%) were recovered from the city (Maps 3, 4).



Map 3: Numbers and location of needles and syringes recovered from 'sharps bins' located in public toilets, ACT, 1999–2000



Map 4: Number and location of needles and syringes recovered from open spaces, ACT, 1999–2000⁹

⁹ The high rating for Chisholm is due to one of five recoveries (average of three needles and syringes) comprising 200 needles and syringes.

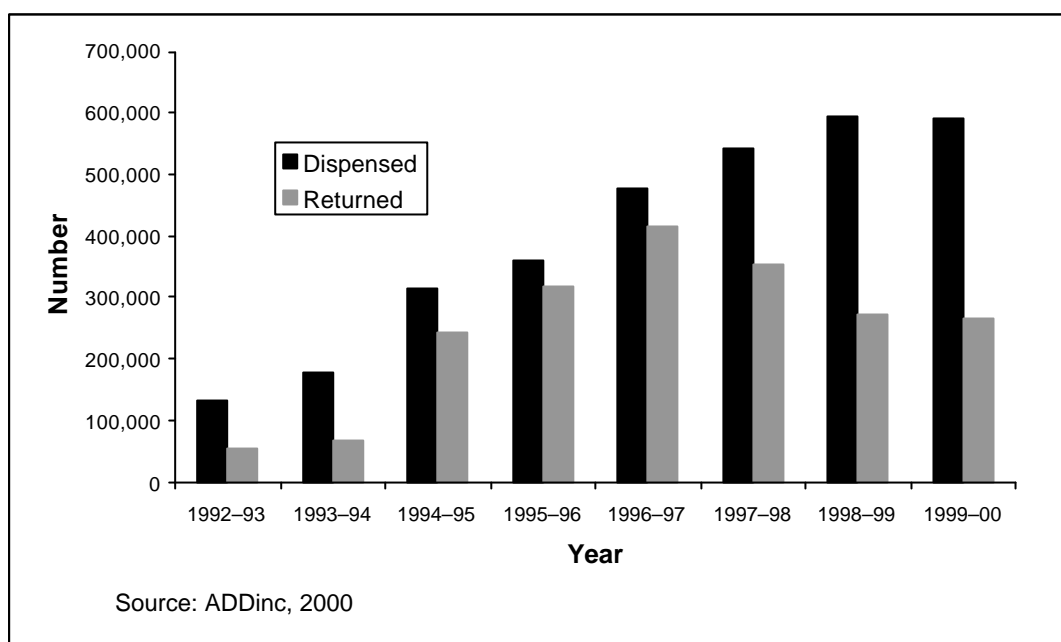


Figure 18: Number of needles dispensed and returned, ACT, 1999–2000

9.5 CRIME

Over half (58%) of the IDUs interviewed reported having committed at least one crime in the preceding month (Table 14). The most commonly reported crimes were drug dealing (40%) and property crimes (16%).

Of the IDUs who reported committing crimes, 28 per cent reported property crimes, 86 per cent drug dealing, 21 per cent fraud and 21 per cent violent crime.¹⁰ Half (52%) the IDU reported being arrested in the past 12 months. Property offences (18%) were the most common reason for arrest followed by use/possession (12%) and other offences (12%). In the ‘other’ category, the most common offences were outstanding warrants and unauthorised use of a motor vehicle.

A substantial number of IDUs (85%) reported an increase in police activity over the preceding six months, with only two per cent indicating less activity. Four in ten IDUs (41%) reported that police activity had made obtaining drugs more difficult. Forty-six per cent of IDU reported that police had recently ‘busted’ more of their friends, with only five per cent reporting fewer of their friends had been arrested. It is worth noting in this respect, that the AFP implemented Appaloosa, a street-level drug-related operation during this period (AFP 2000). The AFP conducted a number of other drug-specific operations, including Operation Sack which was targeted towards decommissioning a local drug laboratory, Operation Mungite, a joint operation with the New South Wales police to combat cross-border heroin trafficking, and Operation Rhapsody which was directed against a local heroin network (AFP 2000).

¹⁰ Sum adds to more than 100 per cent due to more than one type of crime reportable.

Table 14: Criminal activity and perceptions of police activity among IDUs

Activity	n=100
Crime (% in last month)	
Property crime	16
Drug dealing	40
Fraud	12
Violent crime	12
Any crime	58
Arrested last 12 months (%)	52
Police activity (%)	
Don't know	4
More activity	85
Stable	9
Less activity	2
More difficult to obtain drugs (%)	
Don't know	4
Yes	41
No	55
Arrests (%)	
More arrests	46
Stable	48
Less arrests	5

Law enforcement/criminal justice key informants reported that property crime was either stable (n=3) or had decreased in the last six months (n=4). This was reportedly a result of specifically targeting property crime hot spots and known offenders to lower the number of break and enters and other opportunity crimes experienced by the community. This approach was also referred to as 'intelligence driven policing'.

Police made similar comments about violent crime. While targeted police strategies have seemingly had an effect on reducing armed robberies within financial institutions, the focus of attention has switched to supermarkets, service stations and post offices. One key informant also commented that increased violent crime can be the unwelcome consequence of targeting other types of crime such as break and enters.

The non-police/criminal justice key informants (including ambulance workers, treatment providers, health workers/researchers and user group informants) gave a different perspective on police activity and illicit drug-related crime. On police activity in general,

three key informants reported increased police activity, however the same number reported decreased police activity. A further two informants commented that police activity seemed to come in waves, such as periodic ‘clean-ups’ around the civic area.

Key informants who were not from a law-enforcement/ criminal justice background were also invited to comment on drug-related crimes. While not all key informants could comment on property crime, four remarked that it had increased in the last six months, one observed that it had decreased and seven said it had been stable over the last six months. Seven non-law enforcement/criminal justice key informants reported *increases* in violent crime covering a range of offences including assault, aggression towards other drug users, bag snatching and armed robbery.

9.5.1 Drug-specific Offences

In 1999–2000 there were 549 drug-specific offences becoming known or reported to the AFP (ACT Region), comprising 67 manufacture/grow; 101 traffic/deal; 374 use/possess; and seven other drug offences.

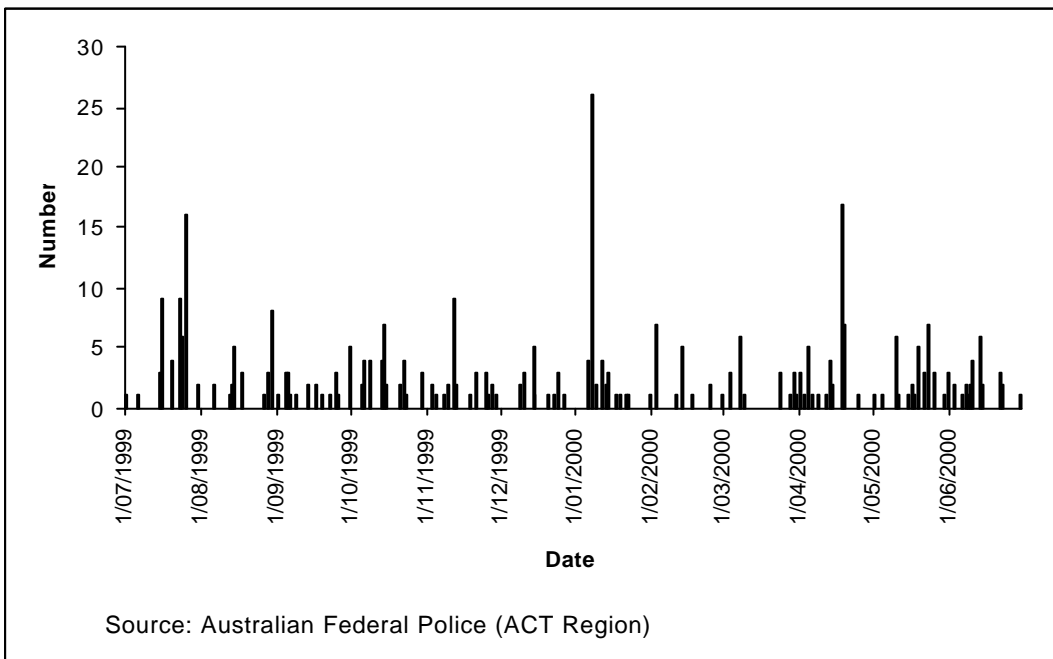


Figure 19: Number of drug-specific arrests, ACT, 1999–2000

There did not appear to be a discernable yearly pattern to the day-to-day offences, with occasional ‘spikes’ of activity in July 1999, January 2000 and April 2000 (Figure 19).

When day of the week is considered, however, most offenders are apprehended on Fridays, and least likely to be apprehended on Mondays (Figure 20).

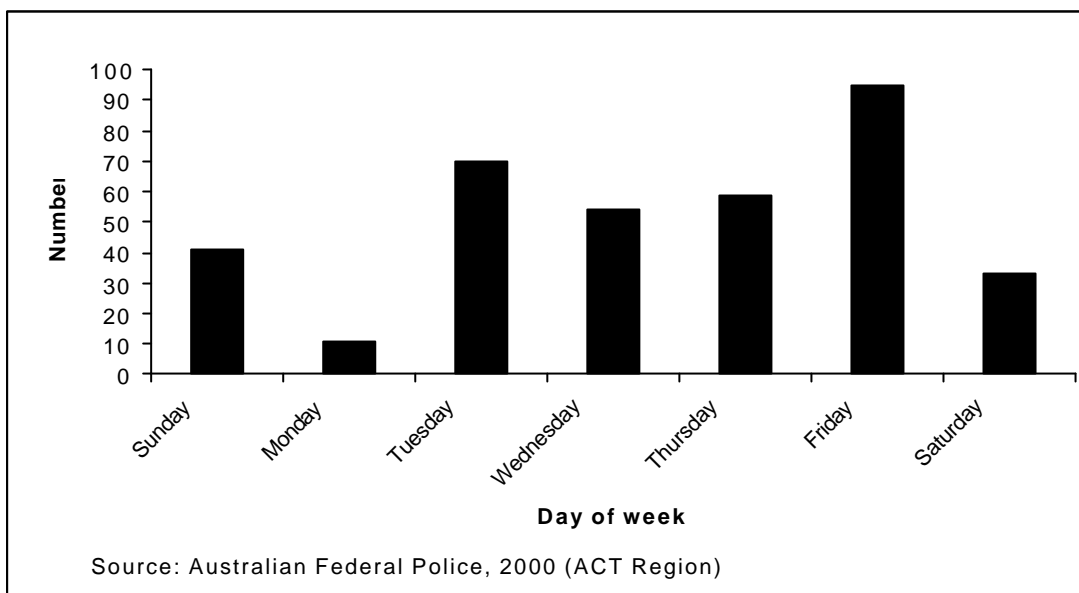


Figure 20: Number of drug-specific offences by day of week, ACT, 1999–2000

Where offenders' place of usual residence could be obtained, about one in eight offenders were from outside the ACT (Map 5). Of the ACT offenders, there were concentrations around the inner suburbs and suburbs adjacent to town centres.

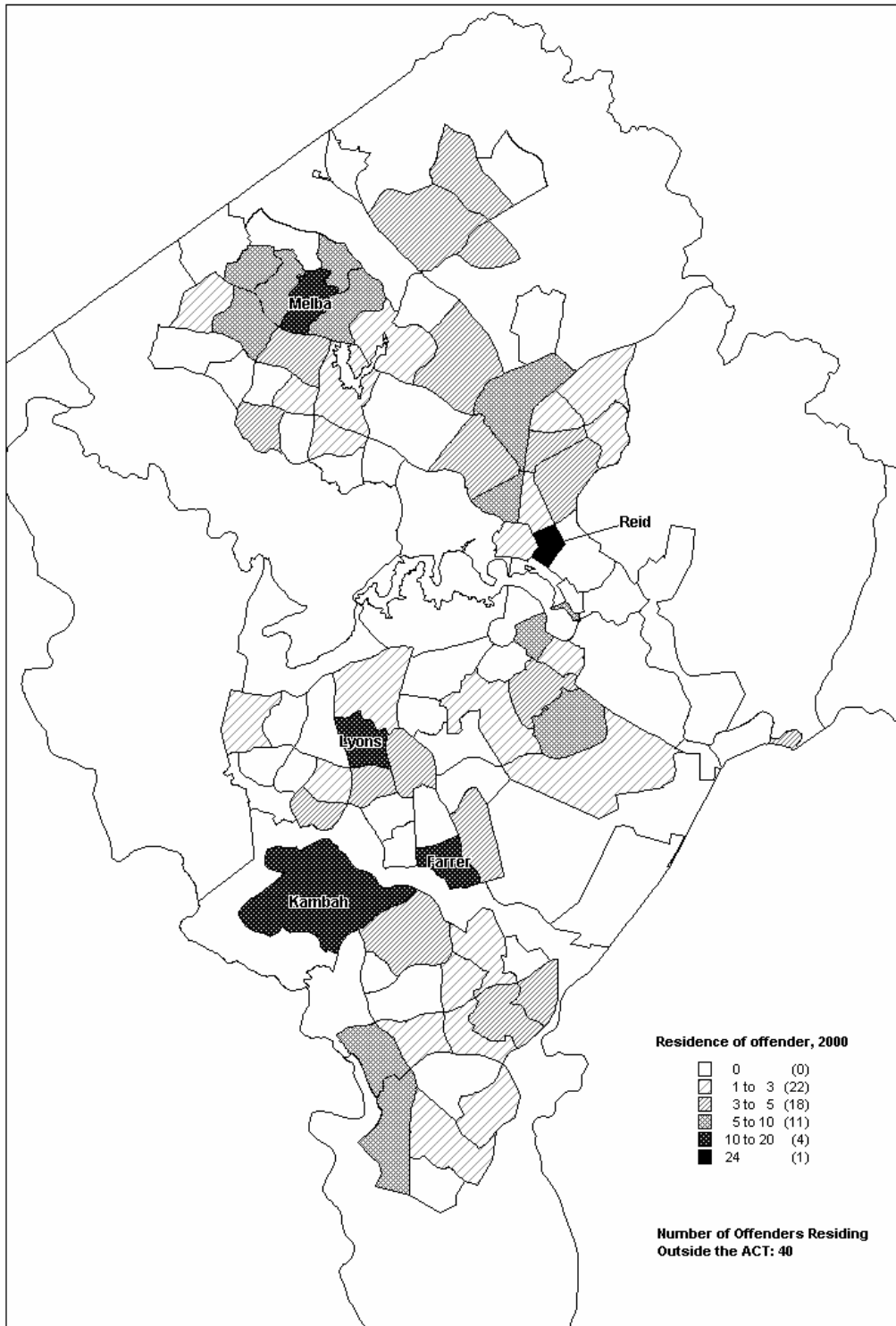
9.5.2 Cannabis Offence Notices

Under the *(ACT) Drugs of Dependence Act 1989*, simple cannabis offences can be dealt with by an offence notice and a small fine. The offence is expiated on payment of the fine. In 1999–2000 there were 160 simple Cannabis Offence Notices issued in the ACT (Table 15). Thirty-two were for cultivation of a prohibited plant and 133 were for possession of a prohibited plant. Males were twice as likely as females to be issued with a notice. Of the 160 issued, 62 were expiated.

Table 15: Cannabis Offence Notices issued in the ACT, by age and sex, 1999–2000

Age group	Male(s)	Female(s)	Total
14 years or younger	2	0	2
15–17 years	7	1	8
18–25 years	15	75	90
26–35 years	37	6	43
36–45 years	15	4	19
46+ years	4	0	4
Age unknown	7	2	9
Total	133	56	160

Source: AFP (ACT Region)



Map 5: Usual place of residence, drug-specific offenders, ACT, 1999–2000

9.5.3 Property Offences

In addition to drug-specific charges, there were a total of 31,517 property offences reported to or becoming known to the AFP (ACT Region) in 1999–2000. These offences are commonly associated, but not exclusively, with drug use. Table 16 shows the offences for the first and second six months of 1999–2000. Armed robbery was a relatively rare offence, while burglary (dwelling) and theft were relatively common.

Table 16: Numbers of property offences, by offence and period of financial year, 1999–2000

Offence	1 Jul 1999 – 31 Dec 1999	1 Jan 2000 – 30 Jun 2000
Bicycle theft	407	393
Burglary – dwelling	3,064	2,957
Burglary – other	760	927
Burglary – shops	406	410
Fraud, misappropriation, counterfeiting	399	301
Other theft	5,907	5,508
Robbery – armed	53	55
Robbery – other	109	96
Shop stealing	387	362
Theft, illegal use motor vehicle	1,780	1,825
Theft, illegal use other vehicle	12	18
Theft – dwelling	2,607	2,752

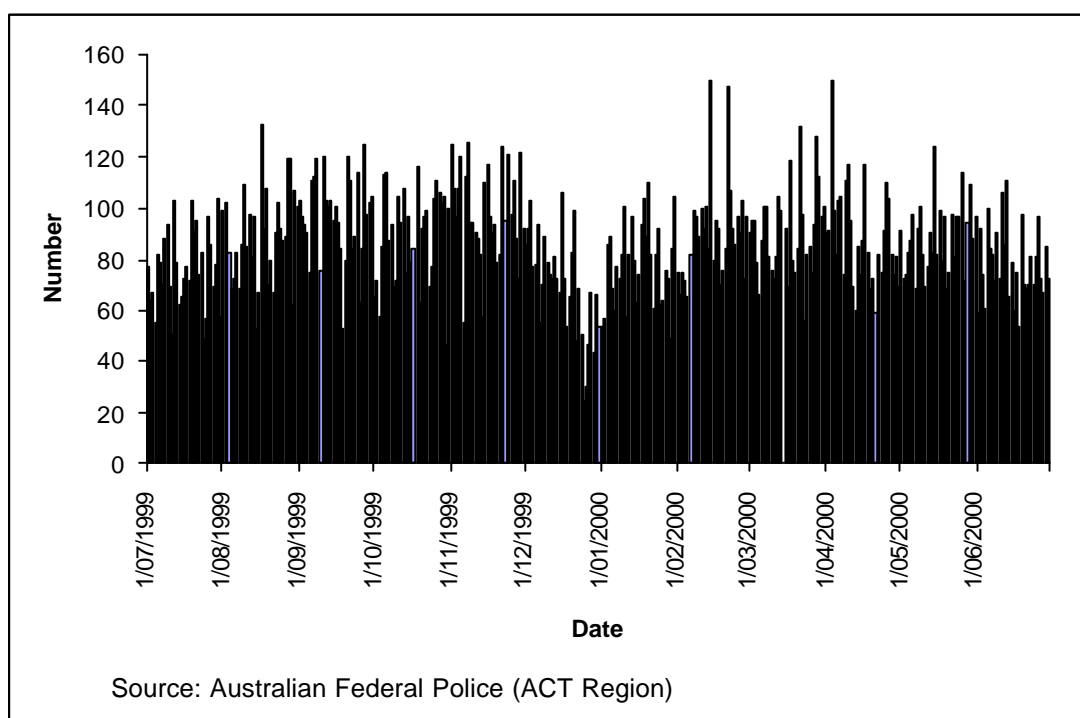


Figure 21: Numbers of property offences, ACT, 1999–2000

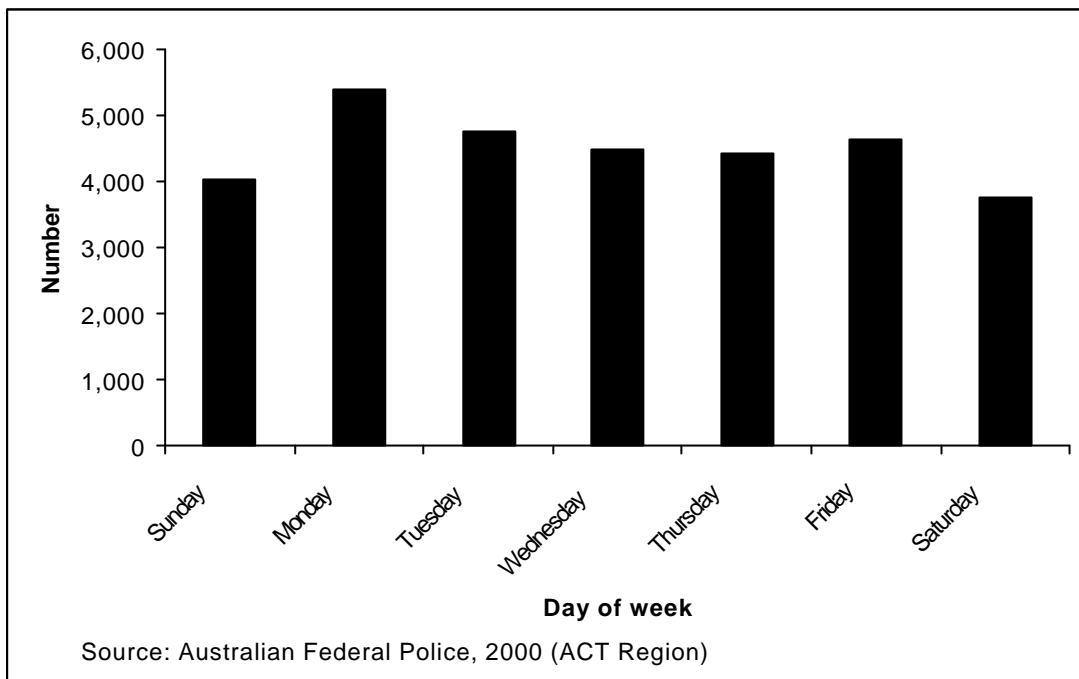


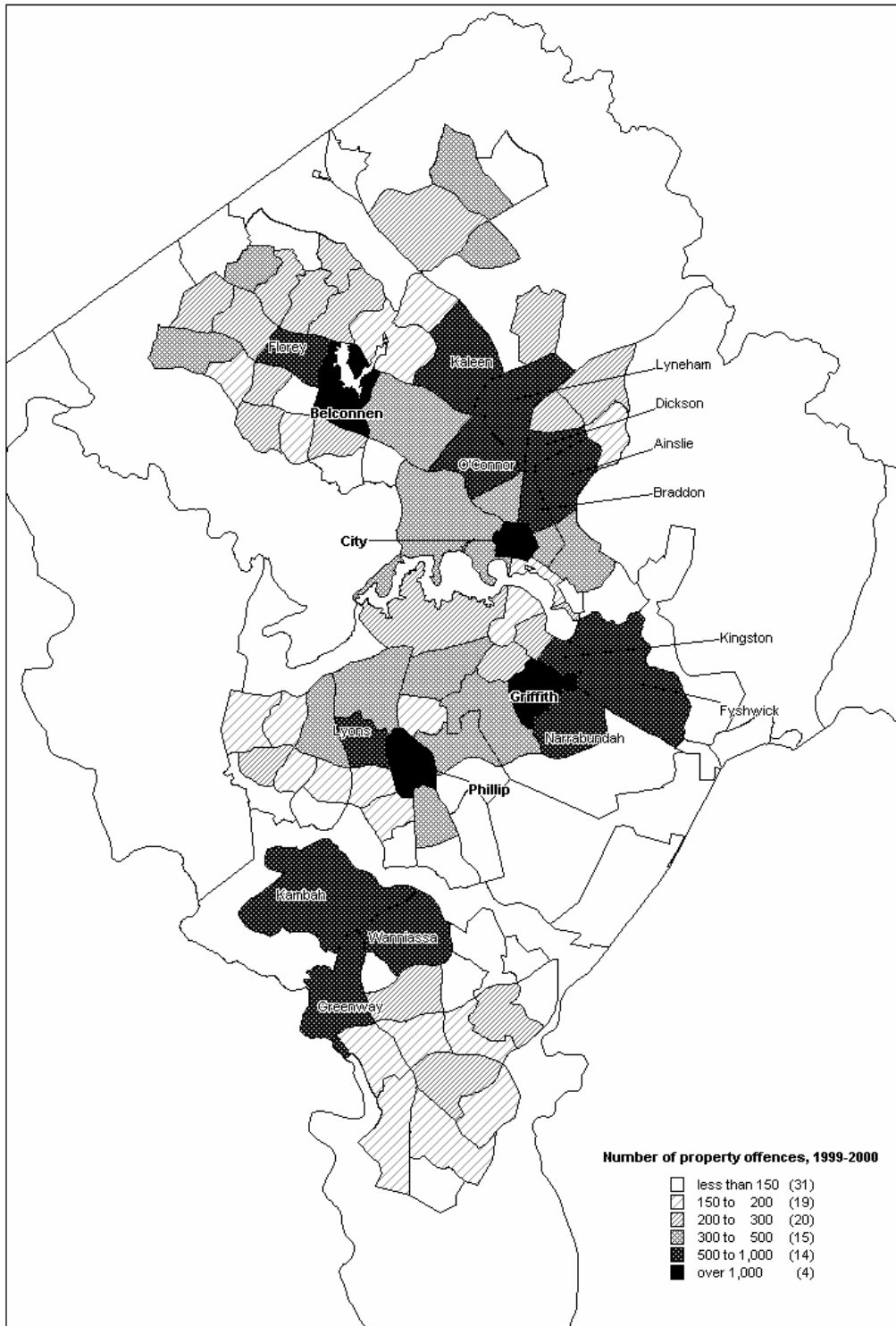
Figure 22: Number of property offences by day of week, ACT, 1999–2000

As with drug-specific offences, there were no clear seasonal trends in property offences, apart from slightly higher numbers of offences in the autumn and spring, and a marked decrease in January (Figure 21). There were no clear trends in property offending by day of the week (Figure 22).

Map 6 shows that property offences were concentrated in areas also prevalent in drug overdoses (i.e. the CBD, suburbs adjacent to town centres and suburbs with high concentrations of public housing).

9.6 EXPENDITURE ON DRUGS

Just over half the IDUs (58%) had spent money on drugs the day prior to the interview, with 37 per cent spending less than \$100, and 21 per cent spending more than \$100 (Figure 23). Forty-three per cent of female IDUs spent less than \$100 on the day prior to the interview, compared to 28 per cent of male IDU respondents. Twenty-seven per cent of IDUs age 25 and under spent more than \$100 on drugs the day prior to the interview compared with 18 per cent of those aged over 25.



Map 6: Number of property offences, ACT, 1999–2000

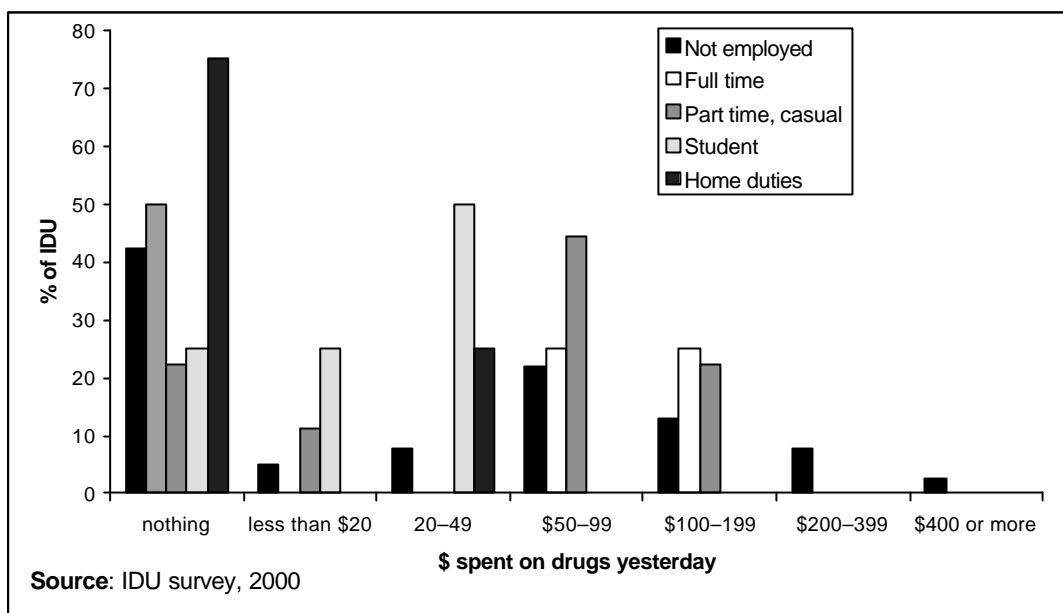


Figure 23: Amount (\$) IDUs spent on drugs yesterday, by employment status, ACT, 2000

9.7 SUMMARY

The main drug-related trends in 1999–2000 are summarised in Table 17. Compared to 1998–99, there was not an increase in violent crime, with the exception that IDUs reported that dealers had become more aggressive. IDUs were aware of increased activity of police. Drug-related problems were endemic in the IDU population.

Table 17: Summary of drug-related issues

<p>Drug-related health.</p> <ul style="list-style-type: none"> Continuing general health problems. High levels of venous damage. Decline in heroin-related overdoses. Increase in dental, and mental health problems. Concentration of overdoses in the CBD. Slight decline in the number of needles and syringes dispensed by NSEPs. Continued increase in number of heroin-related withdrawal clients. Perception that non-heroin treatment places and programs are unavailable. Indigenous IDUs reluctant to access mainstream treatment places. <p>Crime and police activity.</p> <ul style="list-style-type: none"> Perception of increased police activity. Drug-specific offences predominantly in the CBD, suburbs adjacent to town centres and suburbs with high concentrations of public housing. Property offences concentrated in the areas where drug-specific offences occur.

10 SUMMARY AND CONCLUSION

Tables 18–22 contain information on current and emerging trends detected by the 1999–2000 IDRS study on the four main drug types which are the principal subject of this study, other drugs and drug-related matters.

There was high agreement among sources for heroin, amphetamines and cannabis, but lower agreement among sources for cocaine, other drugs and drug-related issues. Part of the explanation for cocaine is its relatively rarity of use among ACT IDUs (and perhaps among any population in the ACT), and hence the degree of reliability of information relating to the drug. A similar explanation might apply to other drugs. The non-convergence of evidence for drug-related issues (Table 23) is largely due to the specialised nature of information from particular sources, rather than divergence of evidence or opinion.

Table 18: Cross validation (✓), contradiction (✗), or neither validated nor contradicted (—), by IDU, key informant and indicator data for HEROIN

	IDU	KIS	Indicator data
Price \$50 a cap,	✓	✓	✗ (\$25)
\$300 a gram;	✓	✗ (\$120–400)	—
stable to decreasing	✓	✓	—
Purity 53.5%, medium	✓	✗ (high)	✓
Availability easy to very easy, stable	✓	✓	✓
Number of users increasing	✓	✓	✓
Number of young users increasing	✓	✓	✓
Number of Indigenous users increasing	✓	✓	—
Polydrug use common	✓	✓	—
Increase in health-related problems	✓	✓	✓
Decrease in overdoses	✓	—	✓
Increase in violent crime by IDU	—	✓	✗ (decrease)
Increase in police activity	✓	✓	✓
Increase in violence by dealers to clients	✓	✓	—
Increase in ‘rock’	✓	✗ (rebaked powder)	—
Increase in ‘snowballing’	—	✓	—
Increase in alternating heroin and amphetamine injecting	✓	✓	—
Increase in direct transition from cannabis to heroin injecting	✓	✓	—
Increase in demand for treatment, particularly for young novice users	✓	✓	✓
Chronic housing shortage among users	—	✓	—

Table 19: Cross-validation (✓), contradiction (✗), or neither validated nor contradicted (—), by IDU, key informant and indicator data for AMPHETAMINE

	IDU	KIS	Indicator data
Price \$50 a street deal,	✓	✓	✓
\$180 gram;	✓	✗	—
stable	✓	(\$100) ✓	✓
Purity			
<1% amphetamine; low	✓	—	✓
9.8% methamphetamine, medium to high	✓	✓	✓
Mainly methamphetamine	—	✓	✓
Availability easy to very easy, stable	✓	✓	—
Prescription amphetamine popular	✓	✓	—
Number of users increasing	✓	✓	✓
Number of younger users increasing	✓	✓	✓
(As per heroin above) increasing			
alternating amphetamine/heroin injecting	✓	✓	—
among heroin users			
More use in ‘club scene’	—	✓	—
Injecting users turning to snorting,	—	✓	—
swallowing			

Table 20: Cross-validation (✓), contradiction (✗), or neither validated nor contradicted (—), by IDU, key informant and indicator data for COCAINE

	IDU	KIS	Indicator data
Price \$60 a cap,	✓	—	—
\$200 gram;	✓	—	✗
stable	✓	—	(\$250) ✓
Purity 25.9%, lower	✗	—	✓
Availability difficult, stable	(high) ✓	—	✓

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

Table 21: Cross-validation (✓), contradiction (✗), or neither validated nor contradicted (—), by IDU, key informant and Indicator data for CANNABIS

	IDU	KIS	Indicator data
Price \$25 foil,	✓	—	—
\$300 ounce;	✓	—	—
stable	✓	—	—
Potency high,	✓	✓	—
stable	✓	✓	—
Availability easy to very easy	✓	✓	✓
stable	✓	✓	✓
IDU use daily, but fewer IDUs using	✓	—	—
Increase in younger users	✓	✓	✓
Cannabis users switching to heroin	✓	✓	—
Cannabis dealers now also dealing in harder drugs	✓	✓	—
Increase in demand for cannabis treatment places	—	✓	✓
Increased popularity of drug due to growing <i>perception</i> that it is safe and legal	—	✓	—
Increase in cannabis-related health problems	—	✓	—

Table 22: Cross-validation validation (✓), contradiction (✗), or neither validated nor contradicted (—), by IDU, key informant and indicator data for OTHER DRUGS

	IDU	KIS	Indicator data
Ecstasy			
Price undetermined	—	—	—
Purity 30%	—	—	✓
Availability undetermined	—	—	✗
			(seizure of large amount of tabs, laboratory)
<i>It would appear that this study did not capture the main ecstasy-using population in the ACT, or ecstasy use is relatively rare.</i>			
Methadone (diverted)			
Injection common	✓	✓	—
Benzodiazepines			
Use common among IDUs	✓	✓	—
Injecting common, swallowing more popular	✓	✓	—
Availability easy	✓	✓	—
Forging less common	—	✓	—
Antidepressants			
Use common among IDUs	✓	—	—
Other opiates			
One-third of IDUs used other opiates	✓	—	—
Steroids			
Not popular among IDUs	✓	—	—
Seizures up	—	—	✓
<i>It would appear that this study did not capture the main steroid-using population in the ACT, or steroid use is relatively rare.</i>			
Hallucinogens			
Three-quarters of IDUs have used LSD most popular form	✓	—	—
	✓	—	—

Table 23: Cross-validation validation (✓), contradiction (✗), or neither validated nor contradicted (—), by IDU, key informant and indicator data for DRUG-RELATED ISSUES

	IDU	KIS	Indicator data
Treatment			
Demand up	✓	✓	✓
Perception non-heroin places unavailable	✓	—	—
Average of 585 clients on <u>methadone Maintenance</u> per quarter (pq)	—	—	✓
Average of 173 <u>opioid-related case-managed</u> clients (pq)	—	—	✓
Average of 183 <u>detoxification</u> clients (pq), ACT Gov't places	—	—	✓
Average of 37 <u>withdrawal</u> clients per mth at Arcadia House	—	—	✓
Total of 80 <u>court referrals</u> for treatment and/or assessment	—	—	✓
Overdoses			
Non-fatal – two-thirds of IDUs had overdosed at least once, one in ten in the last year	✓	—	—
Total of 478 ambulance attendances, 33 presentations at hospitals	—	—	✓
Injection-related problems			
Bruising, scarring	✓	✓	—
Abscesses	✓	✓	—
Dirty hits	✓	—	—
Needle sharing			
Sharing uncommon	✓	—	—
Needle and syringe exchange			
Distributed – 593,960 (fewer than 1998–99)	—	—	✓
Returned - 270,961 (stable)	—	—	✓
Crime			
Drug-specific – 549 (fewer than 1998–99)	✓	✓	✓
Property crime – 31,517 ¹¹	—	—	✓
Armed robbery – 108	—	—	✓

¹¹ Not all property crime was drug-related.

10.1 METHODOLOGICAL CONSIDERATIONS

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

The IDU survey comprised just 100 informants who were drawn from a convenience sample of injecting drug users at three locations. They are a special population not representative of the general population. An underlying assumption of the IDRS is that this group acts as a sentinel group for possible trends which might, in the absence of appropriate interventions, spread into the general population. On the other hand, the National Drug Strategy Household Survey employs a representative geographic stratified random sample (and in 1998 in the ACT, the sample was over 1,200) of households; in other words, members of the general community. Prevalence rates of drug use and other behaviours found in the Household Survey are very much lower than those revealed by the IDRS. As well, the IDU sample in the IDRS does not capture the main cocaine, ecstasy or steroid-using populations in the ACT. An alternative conclusion is that use of these illicit drugs is relatively rare in the ACT. The true picture of drug use in the ACT lies somewhere between the Household Survey and the IDRS study.

The IDRS IDU respondents in the ACT 1999–2000 study were interviewed by an external, trained interviewer (n=59), by trained peer interviewers (n=6) and by trained (disinterested) facility staff (n=35). It cannot be dismissed that responses to facility personnel in particular, might have been influenced by the underlying relationship (provider/client).

Similarly, key informants can, in some circumstances, be perceived to have a vested interest which might manifest itself intentionally or otherwise, through the emphasis or de-emphasis of elements of their experiences of contacts with drug users. In a few instances, information provided by key informants was not supported (and in some cases directly contradicted) by the IDUs and/or indicator and other data.

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

10.2 IMPLICATIONS

There are a number of implications which flow from the 1999–2000 ACT IDRS study. The first, concerning the continuing burden on data providers, has been addressed in the immediately preceding section. In the 1998–99 report, we appealed for the urgent addition of an IDU survey to the study in those jurisdictions which previously did not include this component. We are grateful for the funding from the NDLERF to include the survey in this year's study, and the richness of the data which flowed from that component is here for all to see. The IDRS *in toto* however, is not guaranteed to continue in its present or any other form. We understand that the Commonwealth will be

addressing this matter shortly. We advise that we consider the IDRS to be an integral part of the overall National Drug Strategy monitoring and evaluation menu of data vehicles, and its absence in future years will hamper the development of appropriate responses to current and emerging drug issues.

From a drug use and related behaviours perspective, the 1999–2000 ACT IDRS supports the following recommendations:

- a continuation of research into the factors influencing the current popularity of heroin, its availability, and interventions to reduce the harms associated with its use;
- an examination of the apparent acceleration in heroin use among Indigenous people first identified by the ACT IDRS in 1998–99, and determination of the factors which contribute to their failure to access treatment services;
- an examination of the factors which influence the apparent increasing rates of transition from cannabis to ‘harder’ drugs such as heroin;
- an examination of a law enforcement assessment of the extent and nature of the dual cannabis/heroin market;
- an examination of the reasons for the perception among non-heroin drug users in the ACT that there is an absence of, and a resistance to, the provision of non-heroin-related treatment places;
- an examination of the factors associated with the relatively widespread disposal of used needles and syringes in public places; and
- continued funding of the IDRS.

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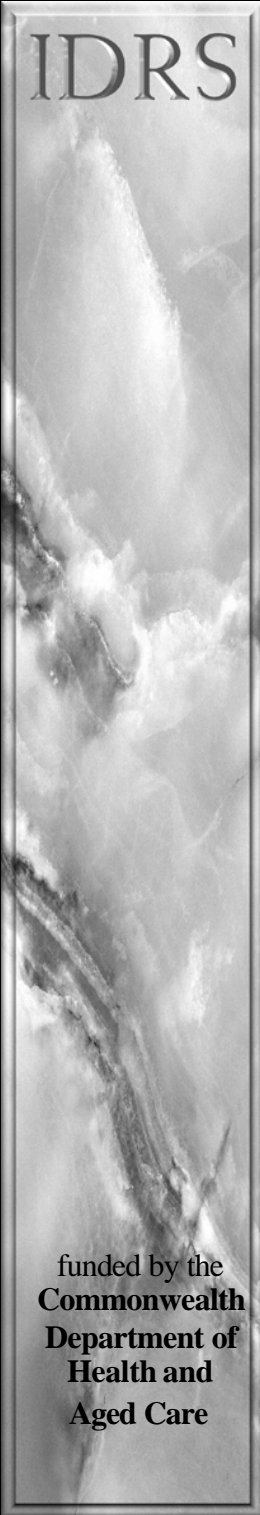
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12 APPENDIX

IDU SURVEY

IDRS



funded by the
Commonwealth
Department of
Health and
Aged Care

National Drug and Alcohol
Research Centre

University of New South Wales

©NDARC 2000

Date ____/____/00

Interviewer _____

State _____

A: DEMOGRAPHICS

1. Sex:
 - Male1
 - Female0

2. Age _____ years

3. Suburb/town where you live
 _____ (State code _____)
 (mark 'no fixed address' if homeless)

4. What is the main language you speak at home?
 - English.....1
 - Other2
 (Specify_____)

5. Are you of Aboriginal or Torres Strait Islander descent?
 - Yes1
 - No.....0

6. How many years of school did you complete?
 _____yrs

7. Have you completed any courses after school?
 - No.....0
 - Yes, trade/technical1
 - Yes, university/college2

8. How are you employed at the moment?
 (mark only one)
 - Not employed1
 - Full time2
 - Part time/casual3
 - Student.....4
 - Home duties.....5
 - Sex industry worker.....6

9a. What is the main type of drug treatment you are currently in?(*mark only one*)

- Not in treatment 0
- Methadone 1
- Detoxification..... 2
- Therapeutic community..... 3
- Narcotics Anonymous 4
- Drug counselling 5
- Naltrexone treatment 6
- Buprenorphine treatment 7
- Other (specify)_____

9b. [*If currently in treatment*]

How long have you been in your *current* treatment for?

_____ months

10. Have you used naltrexone in the last 6 months?

- Yes 1
- No 0

If yes, specify source_____

11. Have you ever been in prison?
(i.e. convicted of an offence)

- Yes 1
- No 0

SECTION B: DRUG USE

1. How old were you when you first injected any drug?

_____ years

2. What drug did you first inject?
(mark only one)

- Heroin 1
- Methadone 2
- Other opiates..... 3
- Amphetamines 4
- Cocaine 5
- Hallucinogens 6
- Ecstasy..... 7
- Benzodiazepines 8
- Steroids 9
- Other (specify) _____

3. What is your main drug of choice?
i.e. your favourite or preferred drug
(mark only one)

- Heroin 1
- Methadone 2
- Other opiates..... 3
- Amphetamine 4
- Cocaine 5
- LSD..... 6
- Ecstasy..... 7
- Benzodiazepines 8
- Alcohol 9
- Cannabis 10
- Inhalants 11
- Steroids 12
- Other (specify) _____

4. What was the **last drug** you injected?

- Heroin 1
- Methadone 2
- Other opiates 3
- Amphetamines 4
- Cocaine 5
- Cocaine+heroin 6
- Steroids..... 7
- Other (specify) _____

5. What was the **drug** you injected most often in the last month?

- Heroin 1
- Methadone 2
- Other opiates 3
- Amphetamines 4
- Cocaine 5
- Cocaine+heroin 6
- Steroids..... 7
- Other (specify) _____

6. During the **last month** how often did you inject drugs?

- Not in the last month..... 0
- Weekly or less 1
- More than weekly, not daily 2
- Once a day..... 3
- 2 to 3 times a day 4
- More than 3 times a day 5

7. Have you used the following drugs?

Drug Class	Ever used	Ever Injected	Injected last 6 mths	Ever smoked	Smoked last 6 mths	Ever snorted	Snorted last 6 mths	Ever Swallowed	Swall. last 6 mths	No. days used last 6 mths
1. Heroin										
2. Methadone										
3. Other opiates										
4. Amphetamines										
5. Cocaine										
6. Hallucinogens										
7. Ecstasy										
8. Benzodiazepines										
9. Steroids										
10. Alcohol										
11. Cannabis										
12. Anti-depressants										
13. Inhalants										
14. Tobacco										

Yes=1 No=0

8. What forms of drugs have you used in the last 6 months?

(when asked to specify mark only one main brand)

Drug type	Yes=1 No=0
1a. Heroin powder	
1b. Heroin rock	
2a. Methadone syrup	
2b. Physeptone tablets	
3a. Other opiates	
3b. Specify main brand	
4a. Amphetamine powder	
4b. Amphetamine liquid	
4c. Prescription amphetamine	
4d. Ice or Shabu (smokeable crystals)*	
5a. Cocaine powder	
5b. Crack cocaine (smokeable crystals)*	
6a. LSD/trips	
6b. Mushrooms	
7a. Benzodiazepines	
7b. Specify main brand	
8a. Marijuana head	
8b. Marijuana leaf	
8c. Hash	
8d. Hash oil	
9a. Anti-depressants	
9b. Specify main brand	
10a. Inhalants	
10b. Specify main type	
11a. Steroids	
11b. Specify main type	
12. Any other drug use last 6 months (specify)	
13. Any other drug use last 6 months (specify)	

* check that the subject has used this form

SECTION C: PRICE, PURITY and AVAILABILITY

These questions are about the price, purity and availability of certain drugs. Please answer only if you are confident that you know about these issues.

Heroin

1. How much does heroin cost at the moment?

\$ _____ gm \$ _____ `cap'

Other amount _____ \$ _____

1a. What amounts of heroin have you bought in the last 6 months?

[Record amounts – if have not bought that amount in last 6 months then leave blank]

What did you pay last time you bought each amount?

- a cap of heroin? \$ _____ cap

- a 'rock' of heroin? \$ _____ rock

- 1/8 of a gram? \$ _____ 1/8

- a quarter gram? \$ _____ quarter

- a half weight? \$ _____ half weight

- a gram of heroin? \$ _____ gram

Other amount _____ \$ _____

Other amount _____ \$ _____

2. Has the price of heroin changed in the last six months?

- Don't know.....0
- Increasing1
- Stable2
- Decreasing3
- Fluctuating4

3. How pure would you say the heroin is at the moment?

- Don't know0
- High1
- Medium2
- Low.....3

4. Has the purity of heroin changed in the last 6 months?

- Don't know0
- Increasing1
- Stable2
- Decreasing.....3
- Fluctuating.....4

5. How easy is it to get heroin at the moment?

- Don't know0
- Very easy.....1
- Easy2
- Difficult3
- Very difficult4

6. Has this changed in the last 6 months?

- Don't know0
- More difficult1
- Stable2
- Easier3
- Fluctuates4

7. If you have used heroin in the last 6 months, what is the main place you usually scored it from? *(mark only one)*

- Don't use heroin.....0
- Street dealer1
- Dealer's home2
- Friend3
- Mobile dealer.....4
- Other (specify)_____

Amphetamine

Again, please only answer these questions if you are confident of your knowledge in this area.

1. How much does speed cost at the moment?

\$_____ gm \$_____ ounce

Other amount _____ \$_____

1a. What amounts of speed have you bought in the last 6 months?

[Record amounts – if have not bought that amount in last 6 months then leave blank]

What did you pay last time you bought each amount?

- 1/8 of a gram? \$_____ 1/8

- a quarter gram? \$_____ quarter

- a half gram? \$_____ half gram

- a gram of speed? \$_____ gram

- an 'eightball'? \$_____ 1/8 oz

- an ounce of speed? \$_____ ounce

Other amount _____ \$_____

Other amount _____ \$_____

2. Has the price of speed changed in the last 6 months?

- Don't know.....0
- Increasing1
- Stable2
- Decreasing3
- Fluctuating4

3. How pure would you say speed is at the moment?

- Don't know0
- High.....1
- Medium2
- Low.....3

4. Has the purity of speed changed in the last 6 months?

- Don't know0
- Increasing1
- Stable2
- Decreasing.....3
- Fluctuating.....4

5. How easy is it to get speed at the moment?

- Don't know0
- Very easy.....1
- Easy2
- Difficult3
- Very difficult4

6. Has this changed in the last 6 months?

- Don't know0
- More difficult1
- Stable2
- Easier3
- Fluctuates4

7. If you have used speed in the last 6 months, what is the main place you usually scored it from? (*mark only one*)

- Don't use speed.....0
- Street dealer1
- Dealer's home2
- Friend3
- Mobile dealer.....4
- Other (specify)_____

Cocaine

Again, please only answer these questions if you are confident of your knowledge in this area.

1. How much does cocaine cost at the moment?

\$_____ gm \$_____ `cap'

Other amount _____ \$_____

1a. What amounts of cocaine have you bought in the last 6 months?

[Record amounts – if have not bought that amount in last 6 months then leave blank]

What did you pay last time you bought each amount?

- a cap of cocaine? \$_____ cap

- 1/8 of a gram? \$_____ 1/8

- a quarter gram? \$_____ quarter

- a half weight? \$_____ half weight

- a gram of cocaine? \$_____ gram

Other amount _____ \$_____

Other amount _____ \$_____

2. Has the price of cocaine changed in the last 6 months?

Don't know.....0

Increasing1

Stable2

Decreasing3

Fluctuating4

3. How pure would you say cocaine is at the moment?

Don't know0

High.....1

Medium2

Low.....3

4. Has the purity of cocaine changed in the last 6 months?

Don't know0

Increasing1

Stable2

Decreasing.....3

Fluctuating.....4

5. How easy is it to get cocaine at the moment?

Don't know0

Very easy.....1

Easy2

Difficult3

Very difficult4

6. Has this changed in the last 6 months?

Don't know0

More difficult1

Stable2

Easier3

Fluctuates4

7. If you have used cocaine in the last 6 months, what is the main place you usually scored it from? (*mark only one*)

Don't use cocaine0

Street dealer1

Dealer's home2

Friend3

Mobile dealer.....4

Other (specify)_____

Cannabis

Again, please only answer these questions if you are confident of your knowledge in this area.

1. How much does cannabis cost at the moment?

\$_____ gm \$_____ ounce

Other amount _____ \$_____

1a. What amounts of cannabis have you bought in the last 6 months?

[Record amounts – if have not bought that amount in last 6 months then leave blank]

What did you pay last time you bought each amount?

- a gram of cannabis? \$_____ gram

- 2 gms of cannabis \$_____ 2 gms

- a 'bag' of cannabis \$_____ 'bag'

- a quarter ounce? \$_____ quarter

- a half ounce? \$_____ half ounce

- an ounce? \$ _____ ounce

Other amount _____ \$_____

Other amount _____ \$_____

2. Has the price of cannabis changed in the last 6 months?

- Don't know.....0
- Increasing1
- Stable2
- Decreasing3
- Fluctuates.....4

3. How strong would you say cannabis is at the moment?

- Don't know0
- High.....1
- Medium2
- Low.....3

4. Has the strength of cannabis changed in the last 6 months?

- Don't know0
- Increasing1
- Stable2
- Decreasing.....3
- Fluctuates4

5. How easy is it to get cannabis at the moment?

- Don't know0
- Very easy.....1
- Easy2
- Difficult3
- Very difficult4

6. Has this changed in the last 6 months?

- Don't know0
- More difficult1
- Stable2
- Easier3
- Fluctuates4

7. If you have used cannabis in the last 6 months, what is the main place you usually scored it from? (*mark only one*)

- Don't use cannabis0
- Street dealer1
- Dealer's home2
- Friend3
- Grow your own.....4
- Gift from friends.....5
- Other (specify)_____

SECTION D: CRIME

Property Crime

- 1. How often, on average, during the last month have you committed a property crime?
No property crime0
Less than once a week1
Once a week2
More than once a week3
(but less than daily)
Daily4

Dealing

- 2. How often, on average, during the last month have you sold drugs to someone?
No drug dealing0
Less than once a week1
Once a week2
More than once a week3
(but less than daily)
Daily4

Fraud

- 3. How often, on average, during the last month have you committed a fraud?
No fraud0
Less than once a week1
Once a week2
More than once a week3
(but less than daily)
Daily4

Crimes Involving Violence

- 4. How often, on average, during the last month have you committed a crime involving violence?
No violent crime0
Less than once a week1
Once a week2
More than once a week3
(but less than daily)
Daily4

CRIME TOTAL _____

- 5. Have you been arrested in the last 12 months?
No.....0
Yes.....1
- 6. *If yes to Q5...*
What were you arrested for?
Was not arrested0
Use/possession1
Dealing/trafficking2
Property crime3
Fraud4
Violent crime5
Other6
Specify _____

SECTION E: RISK-TAKING

Heroin Overdose

1. How many times have you overdosed? _____
2. How long is it since you last overdosed?
_____ months (<= 1 month = 1, etc)
3. How long is it since you last had Narcan administered to you? _____ months
4. How many times have you been present when someone else has overdosed? _____
5. How long is it since you were present when someone else overdosed? _____ months
6. *Where* were you when you injected **last**?
 - Private home1
 - Street/park or beach.....2
 - Car3
 - Public toilet.....4
 - “Shooting” room..5
 - Other6
 - Specify _____
7. What drugs or alcohol did you take yesterday? (*can mark more than one*)
 - None0
 - Heroin1
 - Amphetamine2
 - Cocaine3
 - Cannabis4
 - Benzodiazepines5
 - Other opiates.....6
 - Methadone7
 - Alcohol8
 - Other9
 - Specify _____

Needle Risk-taking

1. How many times in the last month have you used a needle after someone else had already used it?
 - No times.....0
 - One time1
 - Two times2
 - 3-5 times3
 - 6-10 times4
 - More than 10 times5
2. How many different people have used a needle before you in the last month?
 - None0
 - One person.....1
 - Two people2
 - 3-5 people3
 - 6-10 people4
 - More than 10 people5
3. Who were these people? (*can mark more than one*)
 - No people0
 - Regular sex partner1
 - Casual sex partner2
 - Close friends3
 - Acquaintance4
 - Other5
 - Specify _____
4. How many times in the last month has someone used a needle after you have used it?
 - No times.....0
 - One time1
 - Two times2
 - 3-5 times3
 - 6-10 times4
 - More than 10 times5

5. What injecting equipment have you used after someone else in the **last month**?

(Read out items, can mark more than one)

No equipment0
Spoons or other mixing containers
.....1
Filters2
Tourniquets3
Water4
Other5
Specify _____

6. How much did you spend on illicit drugs yesterday? \$ _____

Nothing0
Less than \$201
\$20-492
\$50-993
\$100-1994
\$200-3995
\$400 or more6

SECTION F: HEALTH

I am going to read out a list of health problems. Please answer 'Yes' if you have had any of these problems over the last month. The cause of these symptoms does not matter - just say if you've ever had them in the past month.

<i>Injection Related Problems</i>	Yes = 1 No = 0
Overdose	
Abscesses/infections from injecting	
Dirty hit (made feel sick)	
Prominent scarring/bruising	
Difficulty injecting	
Thrombosis	
SUBTOTAL	

SECTION G: GENERAL TRENDS

1a. Has there been any recent change in the number or type of people using (main drug)?
 Yes 1
 No..... 0
 If YES, please specify.....

1b. Have you noticed any recent changes in how often people are using or how much they're using (main drug)?
 Yes 1
 No..... 0
 If YES, please specify.....

1c. Has there been any recent change in the types of drugs your friends have been using?
 Yes 1
 No..... 0
 If YES, please specify.....

5. Other comments

2. Have there been any recent changes in police activity in the last 6 months?

Don't know..... 0
More activity ... 1
Stable 2
Less activity..... 3

3. Has police activity made it more difficult to score drugs recently?

Don't know..... 0
Yes..... 1
No 2

4. Have more of your friends been busted recently?

More 1
Stable 2
Less 3

ID No.	_____
Date	___ / ___ / 00
State	_____
Interviewer	_____

KEY INFORMANT SURVEY



Illicit Drug Reporting System (IDRS)

National Drug and Alcohol Research Centre

University of New South Wales

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funded by the
Commonwealth Department of Health and Aged Care

SCREENING QUESTIONS

1. What is the **main illicit drug** used by the drug users you have had the **most** contact with in the past 6 months? (*circle one only*)

Heroin 1
Amphetamine..... 2
Cocaine 3
Cannabis 4
Ecstasy..... 5
Hallucinogens 6
Benzodiazepines 7
Steroids 8
Inhalants..... 9
Methadone 10
Morphine 11

Other (specify)_____

2. How do you know about these illicit drug users?

Work..... 1
Personal/social 2
Both..... 3

3. How many days per week, on average, have you had contact with these users during the past 6 months? ____ days

4. How many different users have you seen in the past week?

Less than 10 1
10-20 2
21-50 3
51-100 4
100+ 5

5. What sort of work do you do? (*circle the main type only*)

Drug treatment worker..... 1
Methadone worker 2
General health worker 3
Needle exchange worker 4
User group rep..... 5
Outreach 6
Youth worker 7
Researcher 8
Police officer..... 9

Other (specify)_____

6. Do you work with any special populations? (*can mark more than one*)

- None0
- Youth..... 1
- Aborigines2
- Persons from non-English speaking backgrounds..... 3
- Injecting drug users4
- Prisoners.....5
- Women..... 6

Other (specify) _____

7. Gender of key informant:

- Male 1
- Female2

Minimum criteria for selection:

- Average weekly contact with illicit drug users in past 6 months (ie. 24 days) &/or
- Contact with 10 or more different illicit drug users in past 6 months
- Plus select a range of key informants in each site

Further Contacts:

Can you recommend anyone else who could participate in this project?

INTERVIEW SCHEDULE

ID No. _____

Date __/__/__

Proceed with this section if participant satisfies selection criteria. If screening participant at a different time to the interview, make sure the same ID numbers are used.

Read out to key informant before commencing the interview:

When answering the following questions refer to only ONE group of illicit drug users, those with which you are MOST familiar.

Make sure that they are the illicit drug users you know best, and that you have had first hand contact with in the last 6 months.

If you are familiar with an additional group of illicit drug users, you can provide information about them at the end.

For law enforcement personnel: Focus on street level use rather than supply unless asked.

Please only report information that you feel confident about – it's OK if you don't know some of the things I'll ask you.

A copy of the results will be available at the end of the project.

Do you have any questions about the study?

1.0 Describe the types of people currently using (main illicit drug _____) in (your jurisdiction) and the way they use these drugs.

Interviewer: Specify the number/proportion of drug users the key informant is referring to where relevant.

Probes:

1.01 Main illicit drug used

1.02 Suburbs reside in

1.03 Age range and typical modal age (*eg. Users' age ranges between ____ and ____, but most are aged about ____*)

1.04 % Males

1.05 Ethnicity

For later use:

% from NESB	
% ATSI	
% ESB	

1.06 Highest level of education (eg. Year 9 or less? Year 10 or School Certificate equivalent? Year 12 or HSC equivalent? Trade or technical qualifications? University?)

1.07 Employment

For later use:

% unemployed/sickness benefits	
% full-time students	
% full-time work	
% part-time work	
kinds of professions	

1.08 Sexual preference (eg. mainly heterosexual? gay? lesbian? bisexual? other?)

1.09 Currently in drug treatment?

For later use:

% NOT in treatment	
% on methadone	
% in detox	
% in TCs	
% in counselling	
% on naltrexone	
% in NA	

1.10 Previous prison history? (*what proportion?*) Currently in prison? (*what proportion?*)

1.11 Form, route, quantity and frequency of **MAIN** illicit drug

MAIN ILLICIT DRUG

For later use:

- Heroin
- Ecstasy
- Steroids
- Other drug (specify)_____
- Amphetamine
- Hallucinogens
- Inhalants
- Cocaine
- Benzodiazapines
- Methadone
- Cannabis

FORM

For later use:

Heroin

- Powder
 - Rock
 - Other
- _____

Amphetamine

- Powder
 - Ice/ Shabu
 - Other
- _____

Cocaine

- Powder
 - Crack cocaine
 - Other
- _____

Cannabis

- Leaf
 - Head
 - Hydroponics
 - Hash
 - Hash oil
 - Other
- _____

ROUTE

For later use:

- Inject
 - Snort
 - Smoke
 - Swallow
 - Other
-

FREQUENCY AND QUANTITY

For later use:

Frequency of use

- Daily
- More than daily but less than weekly
- Weekly
- Less than weekly
- Binge
- Sporadic

How many times do they use per day of use?

How much do they use per day of use? What amount? (*eg. grams, caps, cones*)

1.12 Forms, routes, quantity and frequency of **ANY OTHER** licit and illicit drugs used

For each, specify main route of administration, form of drug and quantity and frequency of use

	Main route of administration	Form of drug	Frequency of use	Quantity of use
Heroin				
Amphetamine				
Cocaine				
Cannabis				
Ecstasy				

1.12 Forms, routes, quantity and frequency of **any other** licit and illicit drugs used (cont'd)

For each, specify main route of administration, form of drug and quantity and frequency of use

	Main route of administration	Form of drug	Frequency of use	Quantity of use
Hallucinogens				
Benzo's				
Steroids				
Inhalants				
Methadone				
Alcohol				
Other _____				
Other _____				

1.13 Other features of use

2.0 Describe any changes in this drug use in the last 6 months.

Probes:

2.01 Changes in methods of drug use (eg. route, frequency, quantity, forms)
--

For later use:

Frequency Increase _____ Decrease _____ No change noted _____

Quantity Increase _____ Decrease _____ No change noted _____

Route of administration Specify route: _____

Increase _____ Decrease _____ No change noted _____

Form of drug used (e.g., crystalline/rock, powder)

Specify form of drug: _____

Increase _____ Decrease _____ No change noted _____

Other change Specify _____ change:

Increase _____ Decrease _____ No change noted _____

Approximate number/proportion of users:

2.02 Changes in **types or number** of people using this drug

For later use:

- Number of users Increase _____ Decrease _____ No change noted _____
- Age Increase _____ Decrease _____ No change noted _____
- Ethnicity (specify) Increase _____ Decrease _____ No change noted _____
- _____
- Other _____ Increase _____ Decrease _____ No change noted _____

2.03 **Different drugs** being used

Specify different drugs or different patterns of drug use.

Drug: _____

Description of different drug use:

Approximate proportion of users:

2.04 ***For service providers:*** Changes in **types or number of users presenting to your service** (*specify type of service, problem drug/s and severity of problems*)

Type of service:

Type of problems:

Severity of problems:

Nature of change:

2.05 **Other changes** (eg. overdose, general health, drug-related health problems, needle risk-taking behaviours)

For later use:

- Overdose
- General Health problems
- Drug-related Health problems
- Needle-sharing and other HIV/HCV risk-taking behaviours

Specify problem:

Increase _____ Decrease _____ No change noted _____

Specify problem:

Increase _____ Decrease _____ No change noted _____

Specify problem:

Increase _____ Decrease _____ No change noted _____

Approximate number/proportion of users:

2.06 **Changes** in the last 12 months (if so, specify time period)

3.0 Have there been any changes in the price, purity or availability of (main illicit drug _____) in the last 6 months?

Interviewer: Specify the number/proportion of drug users the key informant is referring to where relevant.

Probes:

3.01 How much does this drug cost at the moment? \$_____gm/\$_____other amount (specify)

3.02 Has this price changed in the last 6 months?

- Don't know 0
- Increased 1
- Stable 2
- Decreased 3
- Fluctuated 4

3.03 How pure/strong would you say this drug is at the moment?

- Don't know 0
- High 1
- Medium 2
- Low 3

3.04 Has the purity/strength of this drug changed in the last 6 months?

- Don't know 0
- Increased 1
- Stable 2
- Decreased 3
- Fluctuating 4

3.05 How easy is it to get this drug at the moment?

(if KI unclear on to WHOM this question refers, specify FOR USERS)

- Don't know 0
- Very easy 1
- Easy 2
- Difficult 3
- Very difficult 4

3.06 Has the **availability changed** in the last six months?

Don't know 0
More difficult 1
Stable 2
Easier 3
Fluctuates 4

3.07 **Changes in the types of people selling** this drug

For later use:

- Younger/Older dealers
- Ethnicity
- ATSI
- User dealers
- No change
- Other

3.08 **Changes in the manufacture/importation** of this drug

For later use:

- Locally produced
- Imported
- Type of precursor chemicals used
- Growing techniques/plant strains (cannabis)
- Note any changes in the colour, texture or appearance of drug
- Changes in cutting agents
- No change
- Other

3.09 ***For police:*** Changes in arrests

For later use:

- Number of arrests
- Types of people getting arrested
- Offence
- Nature of arrests
- Where arrests occur
- Other

3.10 ***For police:*** Changes in seizures

For later use:

- Size of seizures
- Frequency of seizures
- Drug being seized
- Where seizure occurs
- No change
- Other

3.11 Changes in the price, purity or availability of **other drugs** used by this group

For later use:

Specify drug: _____

- Price Increase _____ Decrease _____ No change _____
 Availability Increase _____ Decrease _____ No change _____
 Purity Increase _____ Decrease _____ No change _____

Specify drug: _____

- Price Increase _____ Decrease _____ No change _____
 Availability Increase _____ Decrease _____ No change _____
 Purity Increase _____ Decrease _____ No change _____

Specify drug: _____

- Price Increase _____ Decrease _____ No change _____
 Availability Increase _____ Decrease _____ No change _____
 Purity Increase _____ Decrease _____ No change _____

3.12 **Changes in last 12 months** (if so, specify time period)

4.0 In the last 6 months, have you noticed any changes in the type of crime, if any, being committed by the illicit drug users you see?

Probes:

4.01 Property crimes (e.g. break & enter, shoplifting)

For later use:

- No change
- More property crime
- Less property crime
- Different people committing property crime (specify) _____

- Different type of property crime (specify) _____

Approximate number/proportion of users:

4.02 Dealing drugs

For later use:

- No change
- More dealing
- Less dealing
- Different people dealing (specify) _____

- Different type of dealing (specify) _____

Approximate number/proportion of users:

4.03 **Fraud** (eg. tax fraud, credit card fraud)

For later use:

- No change
- More fraud
- Less fraud
- Different people committing fraud (specify) _____

- Different type of fraud (specify) _____

Approximate number/proportion of users:

4.04 **Violent crimes** (eg. assault, armed robbery)

For later use:

- More violent crime
- No change
- Less violent crime
- Different people committing violent crimes (specify) _____

- Different type of crime (specify) _____

Approximate number/proportion of users:

4.05 **Changes in crime in the past 12 months** (if so, specify time period)

5.0 Have there been any changes in police activity towards these illicit drug users in the last 6 months?

Probes:

5.01 **Change in police activity**

For later use:

- Increase
- Decrease
- No change
- Fluctuating
- Different type of police activity (specify) _____

5.02 **Type of change**

For later use:

- More/less visible activity
- More/less beat police
- More/less undercover police
- More/less activity around drug users agencies (e.g., NSPs)
- Other (specify)_____

5.03 **Other comments** on police activity

5.04 **Changes in the last 12 months** (if so, specify time period)

6.0 Have you noticed any other changes among this group that we have not already covered?

Probe. Specify the number/proportion of drug users key informant is referring to, and the time period that the change occurred in.

7.0 Generally, from where do you get the information you have provided us with today?

Probes:

7.01 Source (*eg. contact with users, the media, observation, talking with colleagues*)

7.02 Certainty of knowledge (mark only one)

Very certain..... 1
Moderately certain 2
A little unsure..... 3
Very unsure 4

7.03 *Researcher to complete:* Do you recommend participation in the project?

Yes 1
No..... 2
In reserve 3
Contact next round 4

